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Medicaid Reimbursed Clinics vs. Private Practices
Programmatic Differences
(Second in a Three-Part Series)

Dental Exam Room
John W. Baumgarten Architect, P.C.

In our last issue, we focused on how the Americans with Disabilities Act (ADA) impacts physical plant configurations in Medicaid funded Diagnostic and Treatment Centers (D&TCs). In this issue, we will discuss a D&TCs functional program which is considerably more extensive than that of a private medical practice.

The primary code governing the Programmatic requirements for D&TCs is the Facility Guidelines Institute's "Guidelines for the Design of Health Care Facilities" (FGI). Most jurisdictions are using FGI 2010 or FGI 2015. FGI has chapters relating to "Small Neighborhood Health Centers" (3 or fewer exam rooms per provider) and "Outpatient Facilities" (more than 3 exam rooms). For the purposes of this article, we will be focusing on larger primary care D&TCs, which are covered by other FGI chapters and are also subject to the requirement of FGI 3.1.

Like ADA Compliance, FGI Compliance starts outside the building with stated requirements for proximate and accessible parking and a grade level sheltered entry.

As we move into the lobby and administrative areas, FGI requires provisions for drinking water, wheelchair storage space, a reception station, local telephone access and public toilets.

Administratively, dedicated space for private interviews is required along with general or individual offices and provisions for securing medical records of all media types.

FGI also has staff support requirements such as lockable storage for staff's personal effects. Some jurisdictions (such as New York) extend these requirements to include separate staff toilets and a multi-purpose staff room which doubles as both a lounge and conference space. It is important to note that FGI is a minimum standard and as such, state health departments have the right to go beyond its requirements and often do.

Multi-Purpose Room
John W. Baumgarten Architect, P.C

Our firm currently works in seven (7) states and we as a team are constantly taking continuing education seminars to stay ahead of jurisdictional interpretations and code changes. There is no substitute for working with a health care architect who is active in your jurisdiction and who has the trust and respect of health department bureau chiefs and plan reviewers.

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Clean Utility Room
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FGI requirements for clinical/treatment areas vary with medical specialty and with the level of treatment to be rendered. Medical procedure rooms and operating rooms have stringent requirements and need many support spaces and systems which cannot be adequately covered by the scope of this article. General purpose exam rooms are the core of any D&TC and FGI "treats them the same" whether the services are Pediatric, Geriatric, Internal Medicine, etc.

Any space where a member of the medical staff comes in physical contact with a patient must have a hand wash station. Obviously exam rooms fall into this category. FGI also requires provisions to maintain patient privacy from observation through an open door (cubicle curtains). FGI exam rooms must be a minimum of 80 square feet (with an 8 foot minimum dimension) and must maintain a minimum of 2-8" clear on 3 sides of an exam table/chair. This means in a D&TC, the exam table cannot be placed against a wall like in most private practices. FGI exam rooms are also required to have documentation space. Traditionally, a charting counter met this requirement. However, most exam rooms today have a wall mounted computer and keyboard arm to interface with Electronic Medical Records (EMR) systems. This EMR charting configuration is FGI compliant. Remember that 50% of exam rooms must be larger, ADA accessible rooms and must be accessed by corridors that are at least 5 feet wide (corridors on many private practices are less than 5 feet in width). Suites of exam rooms must be supported by dedicated patient toilet facilities. The number of toilets is governed by local building code and good practice.

FGI also has specific clinical support space requirements which are focused on infection control. These include a medication distribution station which may also double as a clean utility room and must have a work counter, sink, refrigerator and locked storage for biologicals and drugs. Clean storage for sterile supplies is also required. Where space is tight, most jurisdictions will allow some of this requirement to be met by locked overhead cabinets in exam rooms.

Clean Utility Room
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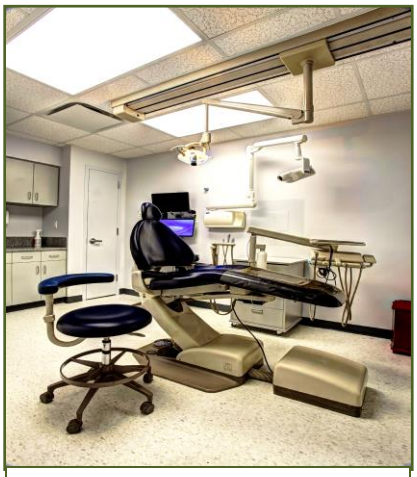
D&TCs must also have soiled holding area(s) for collection, storage and holding of soiled materials. Most jurisdictions interpret this as a walk-in red-bag room where waste from exam rooms is stored until it is picked up and removed from the premises. FGI also requires a dedicated janitorial closet with space for a service sink and storage of janitorial supplies.

If a D&TC does not use disposable instruments, then sterilization facilities must be provided for on-site. Similarly, if laboratory services are contracted for off-site, there are no FGI on-site requirements. On-site specimen collection facilities must include a work counter, sink, seating space and a recliner or gurney for patients who become unsteady.



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FGI requires "Equipment and Supply" storage, but does not give specific site requirements. Good judgement based on functional/operational necessity are the drivers here. At the heart of the treatment suite is its nurse/staff station which must include a work counter, communication system, space for supplies and provisions for charting. The required medication distribution station may be made part of the nurse station.

So far we have talked about different care levels and medical specialties in the context of how they dictate the type and size of spaces required in a D&TC. The level of physical and mental acuity of your patients also makes a huge difference in the type of facility you must build. It boils down to one critical question; can your patients self-evacuate with minimal assistance during an emergency? If the answer is "yes", then your D&TC is classified as a business occupancy. If the answer is "no" or "sometimes" then your D&TC is an ambulatory health occupancy with more stringent construction standards especially in the area of fire protection. This question is not always easy to answer and sometimes it's left to your architect to make the final decision.

For example, I know as a family caregiver, that patients in an infusion center can become debilitated from a course of chemotherapy. Therefore, when I designed an outpatient infusion center for NYU, I classified it as an ambulatory health center. Other clinic types are not as clear cut. Is a D&TC which focuses on treating the developmentally disabled an ambulatory health center or a business occupancy? Even if a developmentally disabled patient is escorted to an appointment does that constitute the ability to self-evacuate? These are certainly hard questions but ones which must be answered during a clinic's design development.

Patient Interview Area
John W. Baumgarten Architect, P.C.

In our next issue we will discuss what goes on "behind the walls" of a D&TC with a discussion on mechanical, electrical, plumbing and fire protection system requirements.