



# Case Study

## Centralized Access for Primary Care Service Line

### PROJECT OVERVIEW

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Culbert was engaged by a market-leading, mid-western health system consisting of five hospitals operating 1,837 licensed beds, seven outpatient centers, 13 urgent care centers, 210-physician practice sites and 800 providers. We were engaged through the first phase of the project and were contracted to assist the leadership in understanding the benefits of centralizing patient registration, scheduling and insurance verification. Some highlights of the engagement included:

- Organizing and initiating a system-wide patient access steering committee.
- Optimization of Epic workflows, tools and utilization, increasing provider efficiency.
- Development and implementation of centralized patient access center.

### GOALS/CHALLENGES

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The primary objectives and goals of this engagement were to:

- Create a new access governance structure through the development of an access steering committee.
- Assess selected primary care practices for Epic optimization and workflow enhancements.
- Construct new standardized front desk and access center workflows prior to the transition.
- Develop and open a centralized patient access center.
- Analyze access metrics and pragmatically increase slot and appointment availability.

### SOLUTION DESIGN/PROJECT MANAGEMENT

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- In order to obtain leadership approval for centralization, developed a comprehensive business plan to include organizational chart, optimization of telecom and Epic Cadence/Prelude models, and development of the patient access governance structure.
- Presented the leadership with current state data that supported barriers to patient access in the current state.
- Provided industry related benchmarks that supported centralization.
- Evaluated Epic Cadence and Prelude workflows across primary care practices.
- Reviewed physician productivity and scheduling templates in an effort to align capacity with patient access.

*“...exhilarating and leaving us in a much stronger place”.*  
-Client physician

*“...immediate improvement...”*  
-Client executive sponsor



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## KEY SUCCESSES/OUTCOME

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The creation and implementation of a centralized access center, as well as the optimization to Epic systems was highly successful. Key achievements include:

- Effectively organized and initiated a health system patient access steering committee which included the key steps of:
  1. Establishing access metrics and key performance indicators
  2. Benchmarking performance with national and best practice standards
  3. Defining provider expectations
  4. Creating a structure and process for capacity prediction, management and optimization
- Increased ambulatory clinic slot availability, improved template and capacity management and increased patient access.
- Optimized Epic ambulatory workflows, tools, and utilization, which increased provider efficiency.
- Developed a centralized patient access center which included creating future state workflows, updating policies (scheduling, registration, messaging) template updates, as well as guidelines and protocols.
- Aligned access center with front office roles.
- Within the access center, developed and implemented a new pre-registration process with real time benefit authorization.
- Developed and implemented a provider optimization training process, including use of Epic's new provider proficiency profile and the implementation of a learning home dashboard.
- Improved patient satisfaction measures from the prior decentralized model.

## LESSONS LEARNED

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1. Physician engagement throughout the design and implementation process is a crucial component for obtaining both insight into their challenges, as well as buy-in to the final recommendations. Physician feedback regarding clinical workflows was instrumental for ensuring the growth of appointment slots could be supported within the practices. A physician executive should be enlisted to support this initiative.
2. A patient access steering committee representing all stakeholders plays a pivotal role in defining standards and communicating how this initiative supports an organization's strategic objectives.
3. The budgeting process should not only include the capital and operating costs of developing and maintaining a central access center, but also the expected ROI based on defined performance metric targets.