

## CLIENT PROFILE

- Academic Medical Center
- 1000+ employed physicians
- 800+ affiliated network physicians
- Implemented enterprise wide EHR software

## THE CHALLENGE

- Negative patient experience data in satisfaction surveys
  - Long call times for appointment scheduling
  - Long wait times for specialist appointments
- Referral leakage to competitive health system due to long appointment wait times
- Schedules are not optimized – variances in visit types and durations, scheduling templates often failed to support wRVU expectations
- Inefficient clinical workflows and poor use of EHR tools provider dissatisfaction, open encounters
- Centralized call center often called providers administrators to check availability before scheduling appointments, regardless of schedule availability

## RETURN ON INVESTMENT

- Reduced number of visit types from 150 to roughly 20
- Improved E&M coding through specialty specific provider education
- Aligned registration and scheduling templates to ensure providers RVU's are met
- Instituted patient access best practices to avoid losing patients to competing healthcare facilities due to inability to see patients
- 14% growth rate in ambulatory practice revenues
- 25% increase in available ambulatory appointment slots
- 20% increase in new patient referrals
- 20% increase in new patients

## HIGHLIGHTS

A sample of optimization initiatives include:

- Interview administration, managers, clinic and call center staff, and providers
- Collecting documentation including provider templates, scheduling guidelines, and various patient access metrics from each provider
- Assess the call center's strengths and challenges in the areas of call wait times, managing incoming requests, patient screening protocols, process for overriding the schedule and need to contact clinics and providers
- Observe the clinic intake staff in the areas of appointment scheduling, changing, cancelling, and management of administrative and clinical calls
- Perform an analysis of CPT code utilization as compared to specialty norms and performed records reviews on E/M services
- Eliminate diagnosis specific scheduling
- Consolidate and standardize visit types
- Optimize EHR to reduce physician documentation time
- Implement customized schedule with improved patient throughput
- Standardize and reduce visit lengths through improved uses of EHR documentation tools
- Provide best practices on call center's database related to managing patient referrals and authorizations
- Provide Super User and End-User template training
- Implement oversight and standardization of time off approvals and template