

Access Enhancement: Digital Front Door to Care Strategy

Client Profile

- Academic medical center, >2,000 beds, >6,500 physicians across two competitive practice plans, an ambulatory care network, and hospital employed community-based medical group
- Shared governance across the “system”, however each entity maintained operational autonomy in areas of patient access and revenue cycle operations
- Migrated onto shared instance of Epic in 2020 – during COVID pandemic

The Challenge

1. Poor access performance recognized as major cause of declining financial performance:
 - Long scheduling lag despite low slot utilization, particularly for new patient visits
 - Scheduling highly de-centralized within each entity
 - Referral leakage to competitive health systems
 - Common labor challenges: unions, shortages, turnover, rising pressures on compensation
2. Highly competitive market
 - Various digital health strategies to provide patient centric scheduling options (MyChart, Zocdoc, Open scheduling)

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Vision

“Front Door to Care” initiative to improve competitiveness through a series of access transformation efforts:

- Accelerate self-service scheduling (Direct) through MyChart
- Open scheduling on all websites, utilizing specialty specific scheduling protocols (“scripting”)
- Centralize referral management, supported by custom development of Salesforce.com
- Migrate to central access center for all appointment scheduling

Culbert’s Engagement

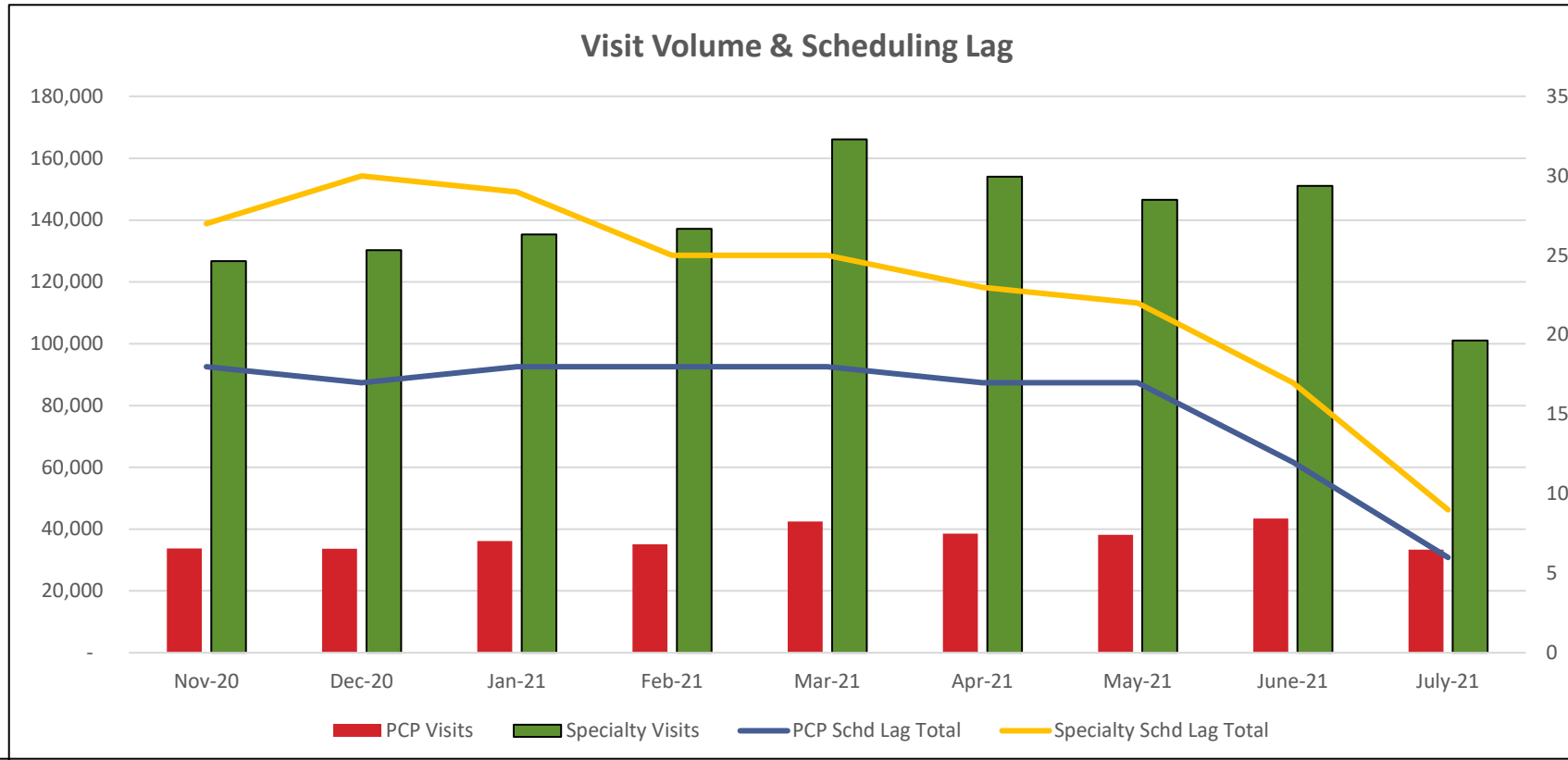
1. Execute on foundational components of access transformation not identified &/or not included in FDTC roadmap:
 - Standardization of template design and scheduling policies and procedures (sessions, block, bumps, visit types, new and established visit targets)
 - Standardized template maintenance
2. Led comprehensive optimization of over 7,500 provider scheduling templates (avg. 7 changes per template)
3. Accelerate self-service enablement of direct (MyChart) and open scheduling across all websites, for existing and new patients: patient satisfier, improve competitive position, maintain labor costs of scheduling
4. Develop and implement standardized referral management program, centrally managed within each entity

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Immediate ROI

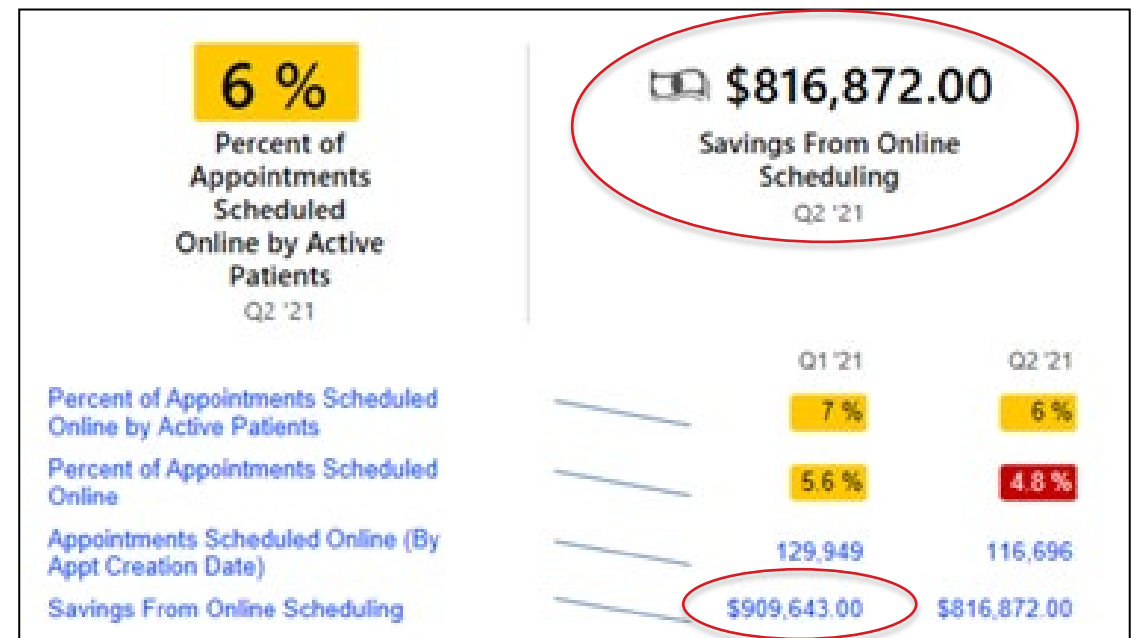
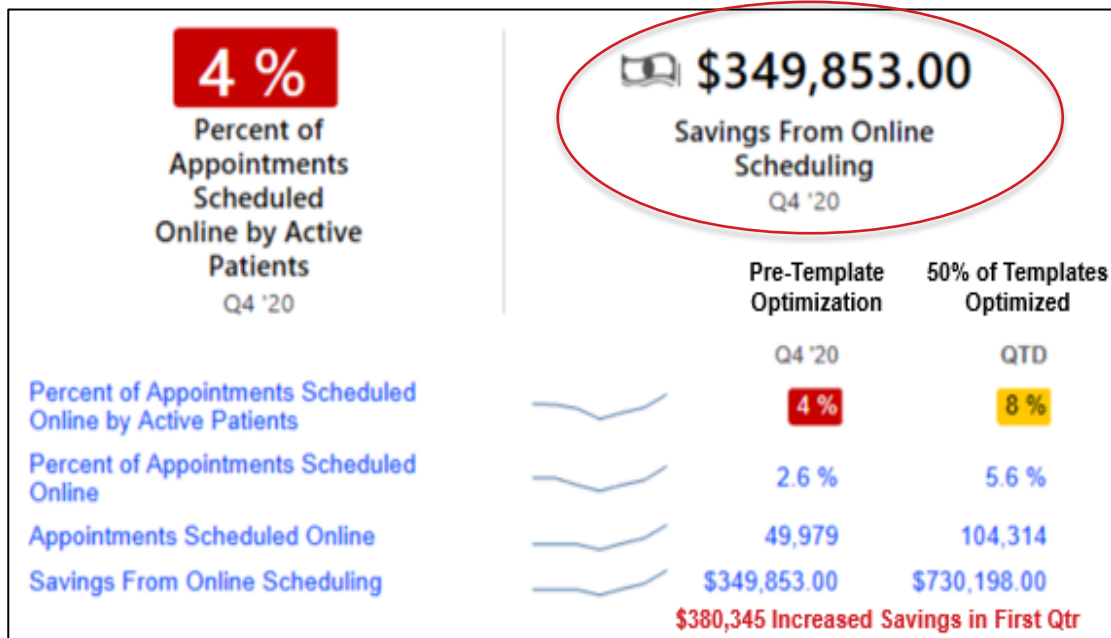
1. 1,700 providers enabled for patients to schedule in self-service model (MyChart and/or Open)
2. Q1 call center savings of \$900k due to shift to self-service scheduling:
 - 45% increase in New Patient appointments across primary care practices
 - 260% increase in New Patient appointments across specialty practices
3. 4-day improvement in average scheduling lag, however some specialties experienced 50% decline in lag
4. Bump rate reduced by 50% (from 2.1% to <1)

Impact of Template Optimization on Volumes & Lag



1. Avg. Total Monthly Visits increased est. 15%
2. PCP Scheduling Lag decreased from 18 to 6 days
3. Specialty Scheduling Lag decreased from 27 to 9 days

Impact of On-line Scheduling on Call Center Costs



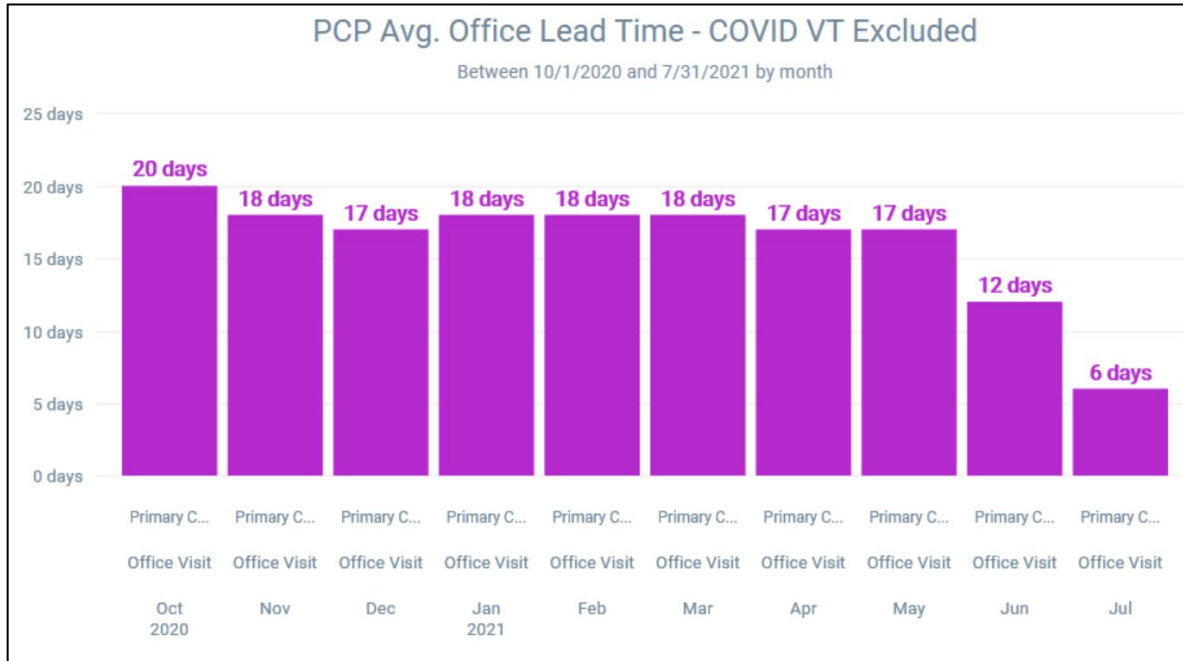
Acceleration of on-line scheduling supports volume growth in more efficient & sustainable call center cost structure

- \$1.7M in call center cost avoidance in first 2 quarters after optimized templates and on-line enablement commenced

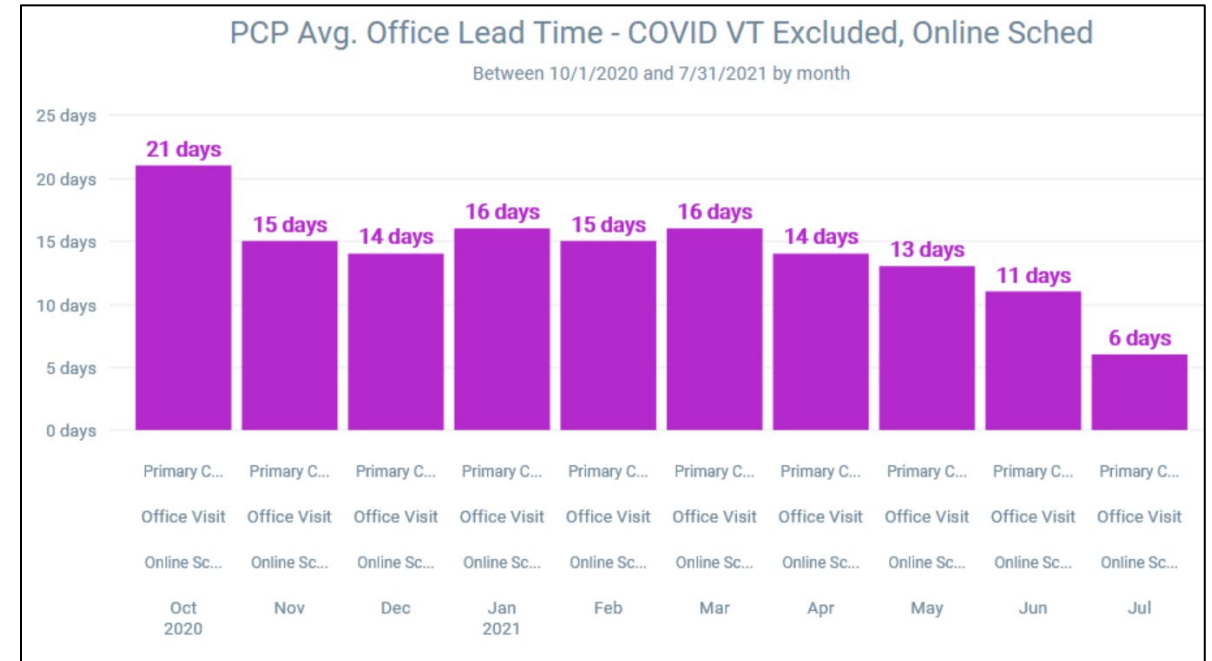
Note: Q2 go-lives impacted open scheduling availability in Q2

Impact of On-line Scheduling on Scheduling Lag

All Primary Care Visits



On-Line Scheduled Primary Care Visits



➤ MyChart scheduling functionality, such as Express Search, often enable patients to find earlier appointments