

Case Study

Patient Access Optimization

PROJECT OVERVIEW

A large academic medical center was opening a replacement inpatient facility with additional bed and ancillary capacity. The business plan required new ambulatory volumes across the enterprise to support the pro forma and bond covenants. Newly hired practice plan executives, including a new chief administrative officer, as well as a new chair of a large department, were faced with a series of interrelated challenges:

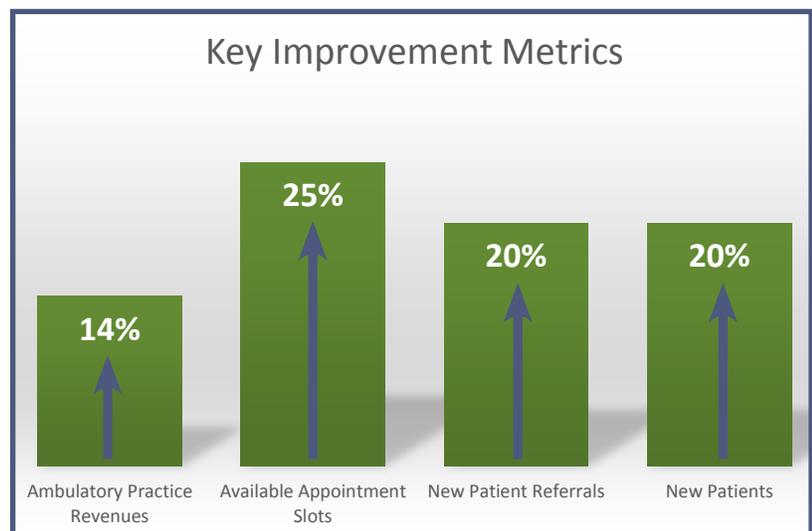
1. The ambulatory practice, as a whole, was performing slightly below the 50th percentile for wRVUs with unfilled capacity.
2. Health system ambulatory scheduling policies were not being followed and provider compensation plans did not support implementing these policies.
3. Referring provider surveys expressed concern over the inability for faculty practice specialists to see their patients in a timely manner.
4. An assessment of physician productivity across the practice plan discovered that a significant variances ambulatory session duration, new patient appointment slots, and visit types.

Culbert was engaged to conduct an assessment of patient access and clinical operations to identify opportunities for improving both access to services, as well as clinical productivity.

SOLUTION

Patient Access Assessment:

1. Conducted interviews with key stakeholders including primary care and specialists, practice plan administration, practice managers, and central access center staff.
2. Collected documentation included provider templates from each provider, as well as scheduling guidelines and various patient access metrics (i.e., 3rd Next Available and New Patient Scheduling Lag).
3. Performed a detailed review of scheduling templates with a focus on efficient use of administrative and clinical staff, provider time and exam room utilization.
4. Assessed 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.
5. Observed the clinic processes with a focus on patient and provider workflow and space usage.
6. Observed the clinic intake staff in the areas of appointment scheduling/changing/canceling and management of administrative and clinical calls.
7. Performed an analysis of CPT code utilization as compared to specialty norms and performed record reviews on E/M services.





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SOLUTION DESIGN (CONT'D)

Optimization Strategy:

Worked with physician executive to obtain provider “buy-in” in the following areas:

- Eliminated diagnosis-specific schedule (except for services that required specialized equipment).
- Consolidated and standardized Visit Types.
- Optimized Epic SmartTools to reduce physician documentation time.
- Implemented a customized “modified wave” schedule with improved patient throughput from presentation to check-out.
- Standardized and reduced Visit Lengths through improved use of Epic’s documentation tools.
- Recommended improvements to the call center’s database related to managing patient referrals and authorizations.
- Provided Super User and End User template training.
- Implemented oversight and standardization of time-off approvals and template changes.
- Recommended opening the closed primary care provider panels when patient volumes were below the norm.

KEY OUTCOMES

1. Reduced the number of visit types from 150 down to around 20, significantly improving open appointment access for referring providers and self-referred patients.
2. Improved E&M coding through specialty-specific provider education.
3. Aligned registration and scheduling templates to ensure provider RVU’s were met.
4. Instituted patient access best practices to avoid losing patients to competing healthcare facilities due inability to see specialists.

KEY IMPROVEMENT METRICS

- 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

KEY SUCCESS FACTORS

1. Physician engagement in the assessment process was a crucial component for obtaining both insight into their challenges, as well as buy-in to the final recommendations. Enlisted a key physician executive to sponsor access improvement initiatives.
2. Improving patient and visit volumes had a direct impact on front desk operations and clinical workflows and bandwidth. The implementation strategy for any access improvement initiative should include a plan for how downstream operations must change in order to accommodate expected growth.
3. Comprehensive, role-based training on policies, procedures, workflows, and application navigation was essential for all staff involved in access operations.
4. Established baseline measures and targeted performance improvement goals in order to monitor the effectiveness of this initiative over time.