

# One Team: United on Access

Project Planning & Implementation Overview



**ONE TEAM**  
United on Access

Why are we doing this work?

## PATIENT EXPECTATIONS ARE EVOLVING

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79%

want a single point of contact for their health care



59%

“shorter wait time” was the most frequently given reason for why a patient would change providers



68%

Of patients would be more likely to select a provider who offers the ability to book, change, and cancel appointments online



84%

of patients say that price estimates have an impact on choosing a provider

# 45.4%

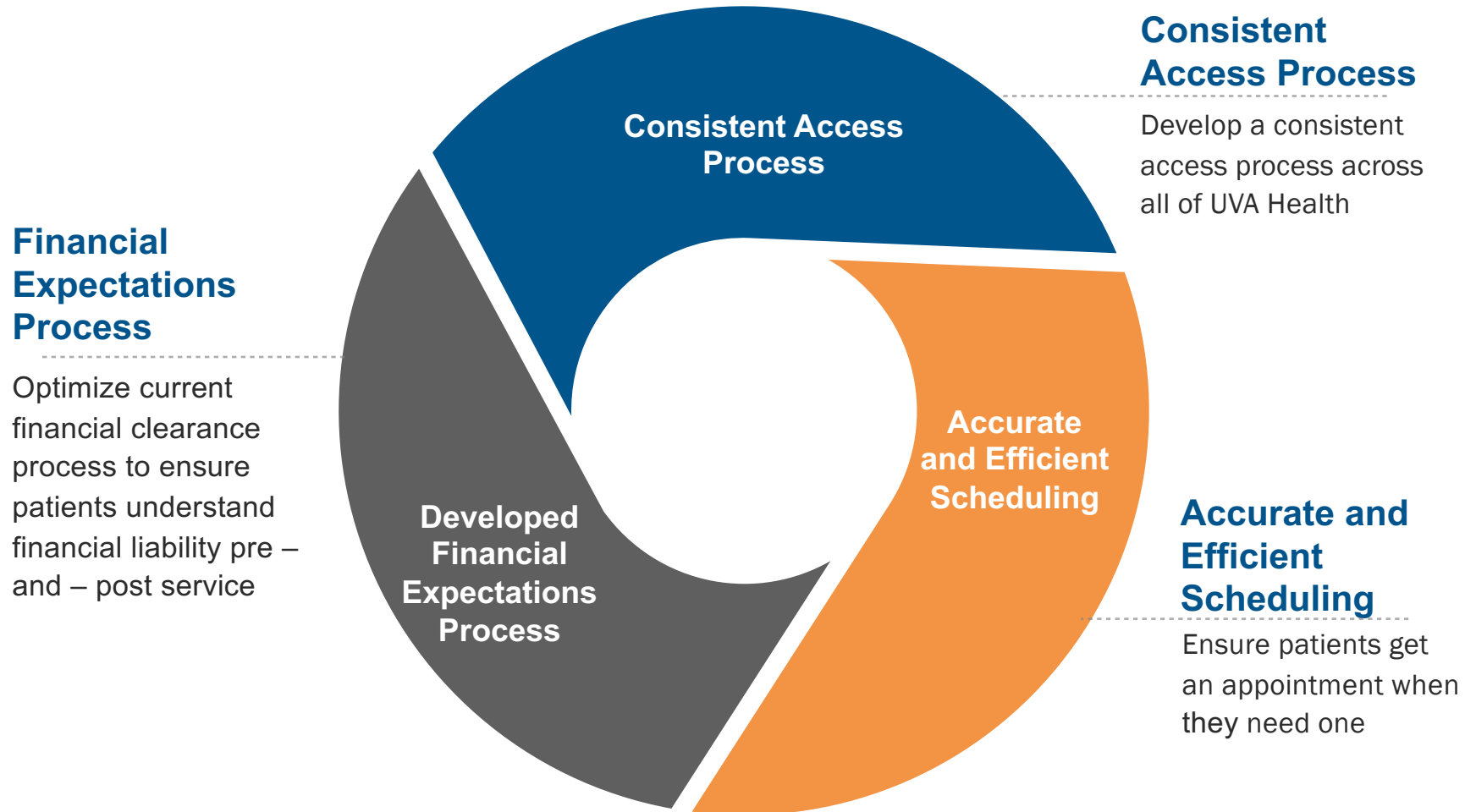
new patients seen within  
14 calendar days



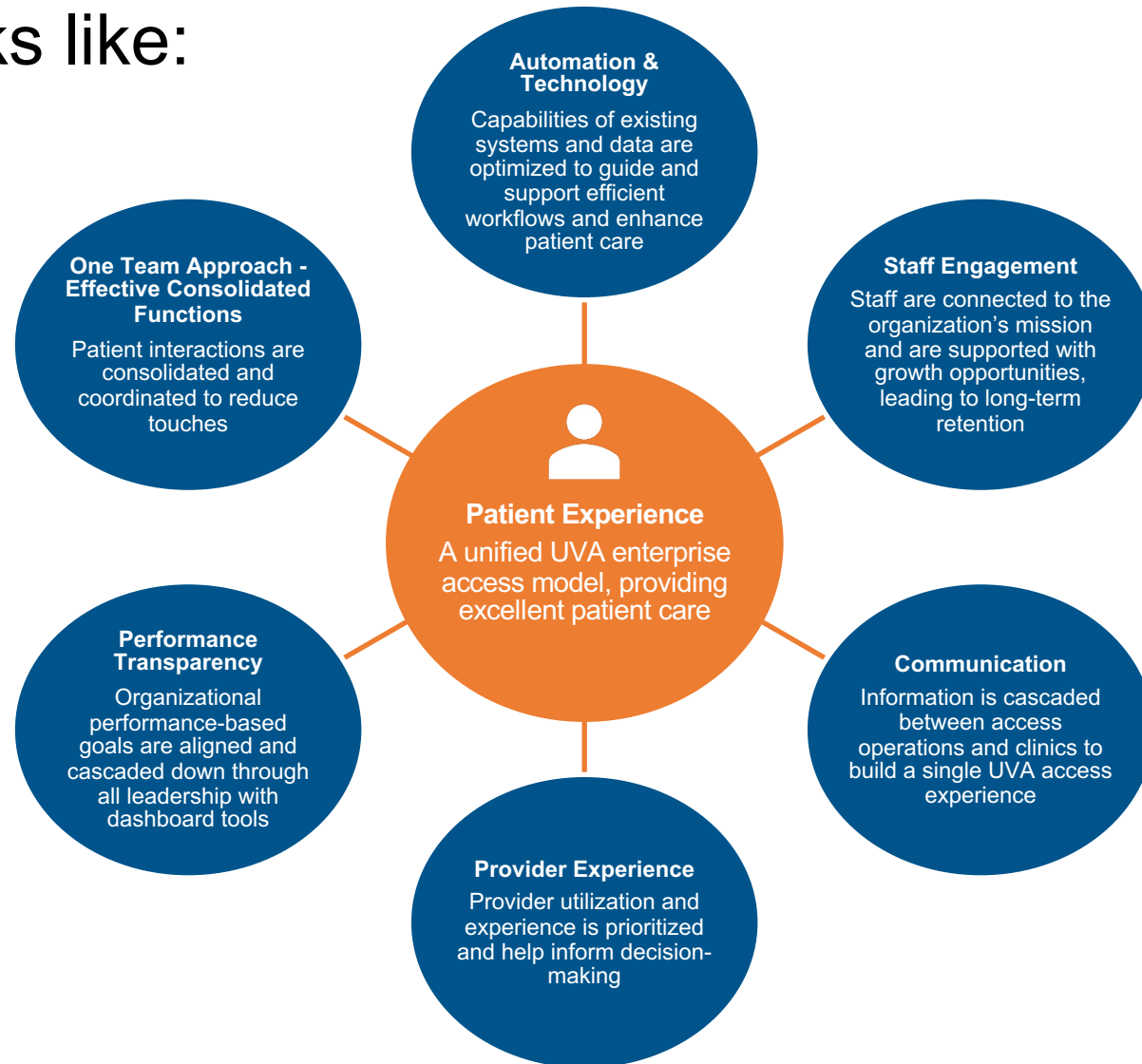
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What we are going to do

# One Team Project Goals



## What right looks like:

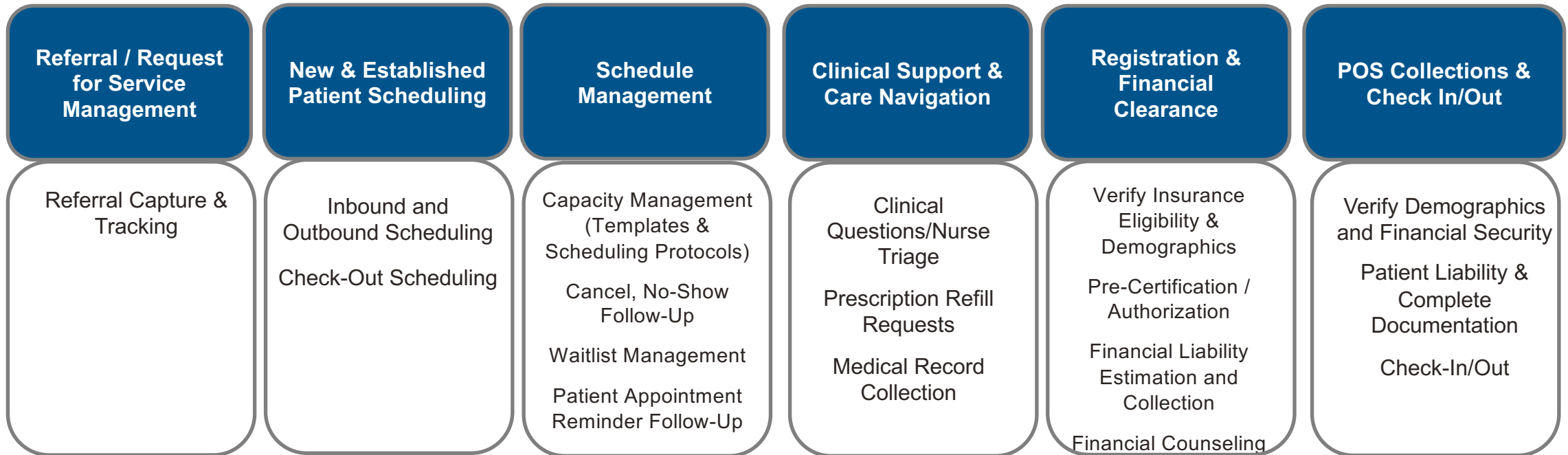


# Project Timeline: What we've accomplished





# Project Functional Scope



Governance & Accountability

Change Leadership & Communication

Enabling Technology

# System Strategy Guardrails

Defined the following decisions (guardrails) that were incorporated into system-wide revenue cycle and access processes for UVA system to adopt.  
Highlighted decisions below:

## Referral / Request for Service Management

- Epic Care Link will be used to capture external referrals
- Efax & Care Link will be used to transcribe external referrals
- Close the Loop process will be used to inform referring providers of select referral statuses
- Direct referrals will be honored and offered next available appt
- **Self-referrals will be permitted (some specialty considerations)**

## New & Established Patient Scheduling

- Decision Trees will be utilized for scheduling patients
- **Self-scheduling and virtual appts will be offered to patients (some specialty considerations)**
- **Patient will be offered next available appt across all applicable locations without delaying for medical record review**
- Age requirements & urgent symptoms will be standardized across specialties

## Schedule Management

- **Visit Type & template expectations will be standardized across a specialty**
- Block *Auto-Release* will be utilized and standardized by specialty
- APPs will see patients independently with their own templates
- **Non-single day template changes will be managed by centralized Template Management Team**
- No-Show policy will be implemented

## Clinical Support & Care Navigation

- Medical records will not be reviewed prior to scheduling patient
- **Nurses will work in a shared model across locations for a specialty for triage**
- Triage protocols and workflows will be consistent across specialties
- Standard tools and expectations for pre-visit planning
- **Nurses will schedule patients for standard office visits if that is the result of their triage**

## Registration & Financial Clearance

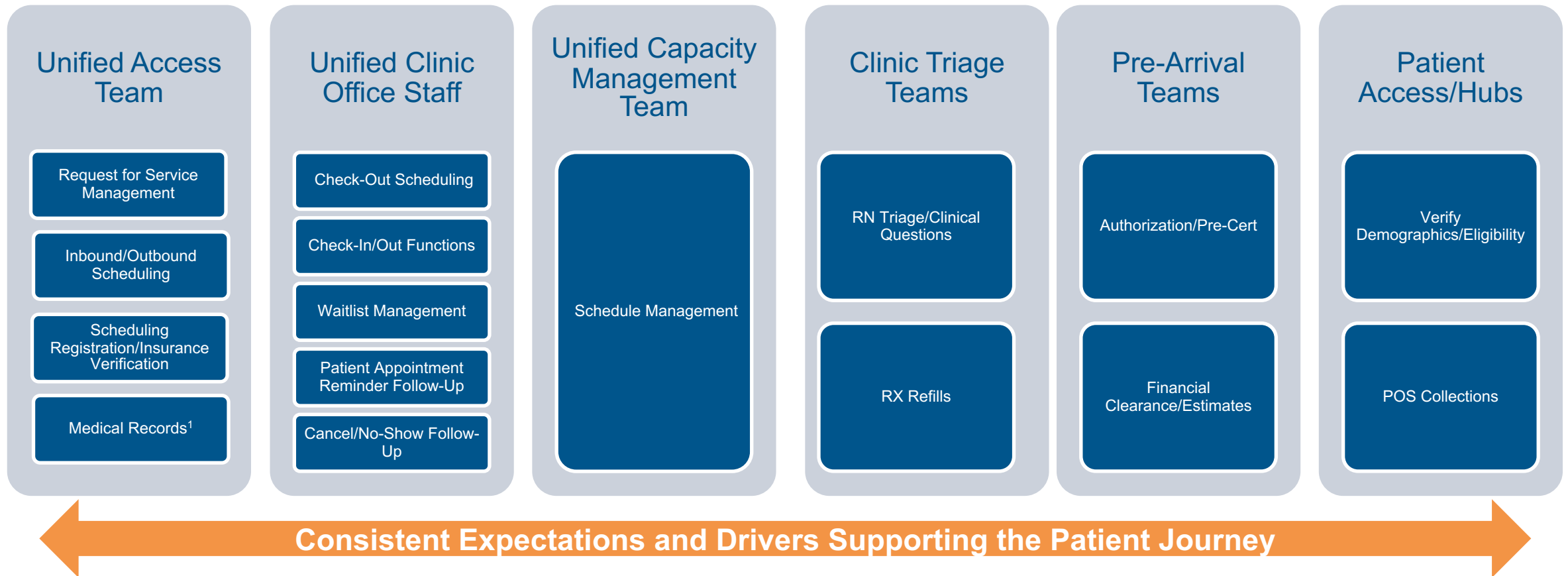
- **Minimum Data Set will be established, enforced by hard and yield stops in Epic**
- Standard financial clearance policy will be published to direct self-pay patients to financial counseling, outline protocol for service deferrals, etc.
- Estimates will be generated for self-pay patients in accordance with No Surprises Act
- Authorization will not be required prior to scheduling (with some exceptions)

## POS Collections & Check In/Out

- Onsite financial counseling will be made available, via a regional model
- Collection attempts will be made pre-service via patient portal, e-check-in, and outbound phone campaigns for determined dollar threshold
- Upon check-in, staff will complete registration alerts, and all eligible patients will be asked to sign Advanced Beneficiary Notices (ABNs) and the Long Term Signature Cards

# Future State: Access Operating Model Ownership

To support a more standardized and consistent approach to the patient journey, provider experience, and staff experience at UVA, the leadership group has developed the following functional unification structure below. Teams are unified into teams with specific ownership of tasks:



# Expectations: Improved Patient Journey

## Patient Impact

Patient is notified that referral was received

Most patients experience **one call resolution**

Patient can **self schedule for some specialties/scenarios**

Patient receives **financial estimate**

Patient receives **financial counseling** – if needed

Patient receives **instructions** for visit

**Financial responsibility is collected**, and patient is checked in

Patient is **scheduled for follow-up**

## Functional Changes

**Internal and incoming referrals** are managed from workqueues (WQs) with external requests for service captured for the system

**Marketing outreach channels** to patient and tracked in **CRM**

Unified scheduling process driven by **specialty-specific Decision Trees** to guide patients to the appropriate provider and appointment type

Registration information and initial insurance verification are completed

If Triage required, call is transferred to clinical team

**Financial Considerations**

**Insurance verification** is sent to appropriate WQs to be reviewed or prepared for authorization, as needed by scoping

**Pre-Auth** completed – if needed

**Medical Records** are collected, scanned into Epic, and reviewed

Clinic staff and hubs **complete registration**

**Next Steps In Care**

Check-out staff schedule or help patients schedule. If necessary, financial obligation communicated.

Changes in templates, no show/cancel/waitlist **management streamlined**



**Request for Care**



**Scheduling and Triage**



**Financial Considerations**



**Pre-Visit Planning**



**Check-In**



**Provider Visit**



**Next Steps In Care**





## Patients

- Improved/consistent **pre-visit experience**
- **Patient-centric** scheduling process
- Accurate patient scheduling and one-touch call resolution leading to **improved patient satisfaction**



## Providers

- **Improved Provider satisfaction**
- **Efficient and predictable schedules** results in less manual management of Epic schedules
- **Accurate** scheduling requires less service recovery for the providers
- Decreased access patient complaints



## Support Staff

- Greater **role and responsibility clarity**
- Standardized protocols and accountability measures create a **consistent experience**
- Established **escalation protocols** for when to engage clinical care team
- Decreased competing priorities within clinic



## Technology

- **Optimized technology** to support efficient clinical care
- Deeper operational insights and **data-driven performance** improvement initiatives
- Utilize **close the loop** communication tools for patients & providers



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How we are going to do the work

# Implementation Roadmap: Approach Overview

## System Level Initiatives

- Designed and implemented across UVA Health

## Access Specialty Waves & Implementation

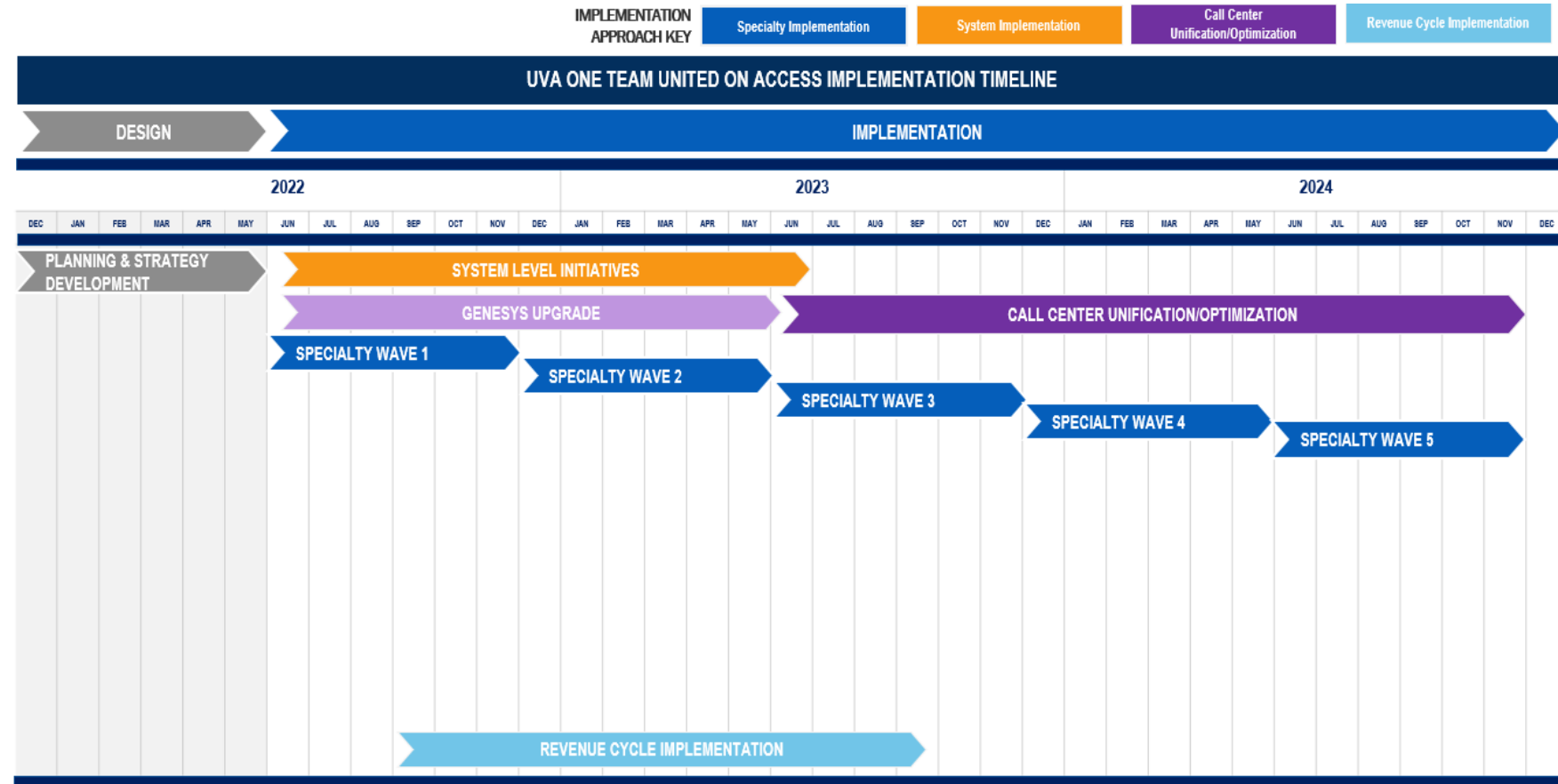
- Requires specific design and/or change management for stakeholders
- Includes 4-6 specialties mixing appropriate size and change management needs

## Call Center Unification/Optimization

- Updated phone routing, menus, and tools to support unified scheduling and triage teams

## Revenue Cycle Implementation

- Designed and implemented Financial Clearance workflows, policies, and accountability



# Implementation Roadmap: Approach Detail

## System Level Initiatives

- MyChart E-check in and self-registration/Pre-Visit Update
- MyChart activation campaign
- Policy development/roll-out (e.g., No Show)
- External referral transcription structure
- Metrics & reporting communication & training development
- Customer Relationship Manager (CRM)/Physician Relationship Manager (PRM)
- Real Time Pharmacy Benefits

## Specialty Wave: Core Scheduling & Access Initiatives

- Decision Trees
- Template refinement and visit type updates
- Schedule Management
- Clinical support & care navigation
- Close the loop communication
- Pre-registration
- Records collection
- Referral workqueue centralization and outbound workflow
- Visit preparation
- Appointment Reminder/Confirmation
- Online patient self-scheduling
- No-show and cancellation follow-up
- Surgical scheduling roles/workflows
- Wait List and Fast Pass management

## Call Center Unification

- Call center planning & strategy
- Specialty specific planning
- Tool roll-out with Genesys upgrade
- Genesys upgrade operational management

## Revenue Cycle Optimization

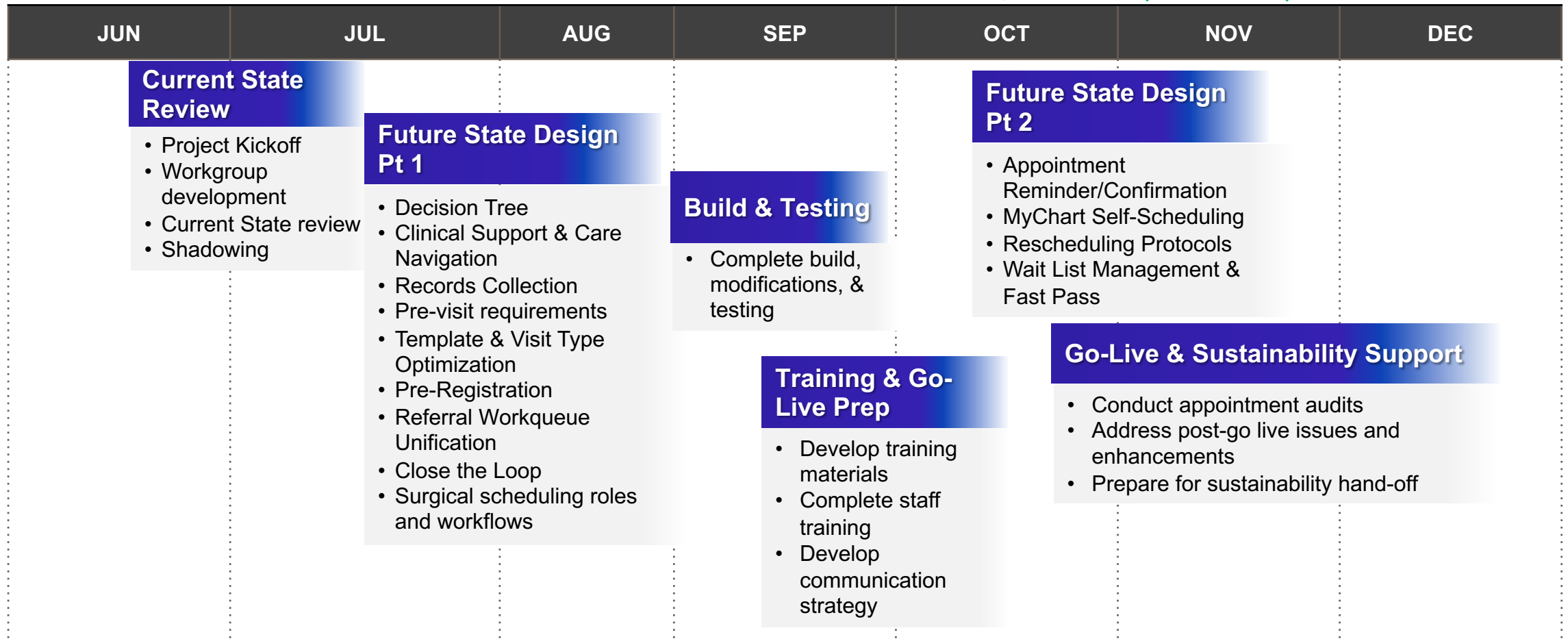
- Baseline patient access metrics
- Reporting & analytics
- Financial Clearance policy roll-out (FCP)
- FCP Epic workflow enhancements
- Financial clearance workflows
- Staff performance management

Sequenced approach to improve speed and level change management



# Timeline Example: Specialty Wave 1

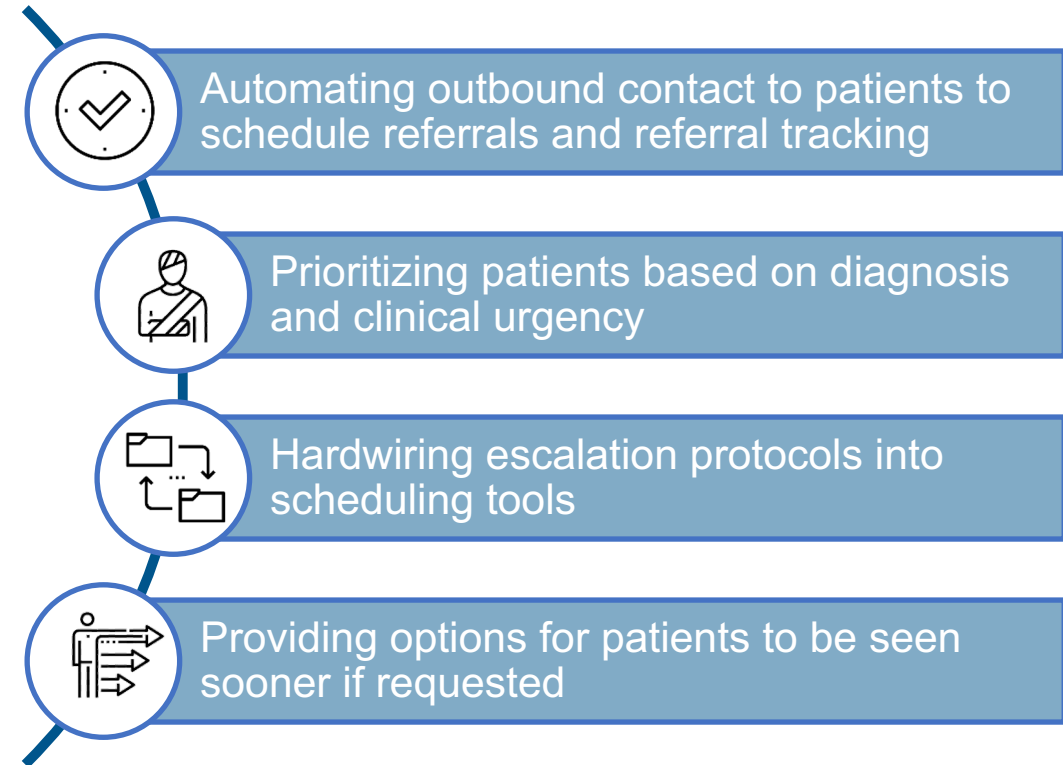
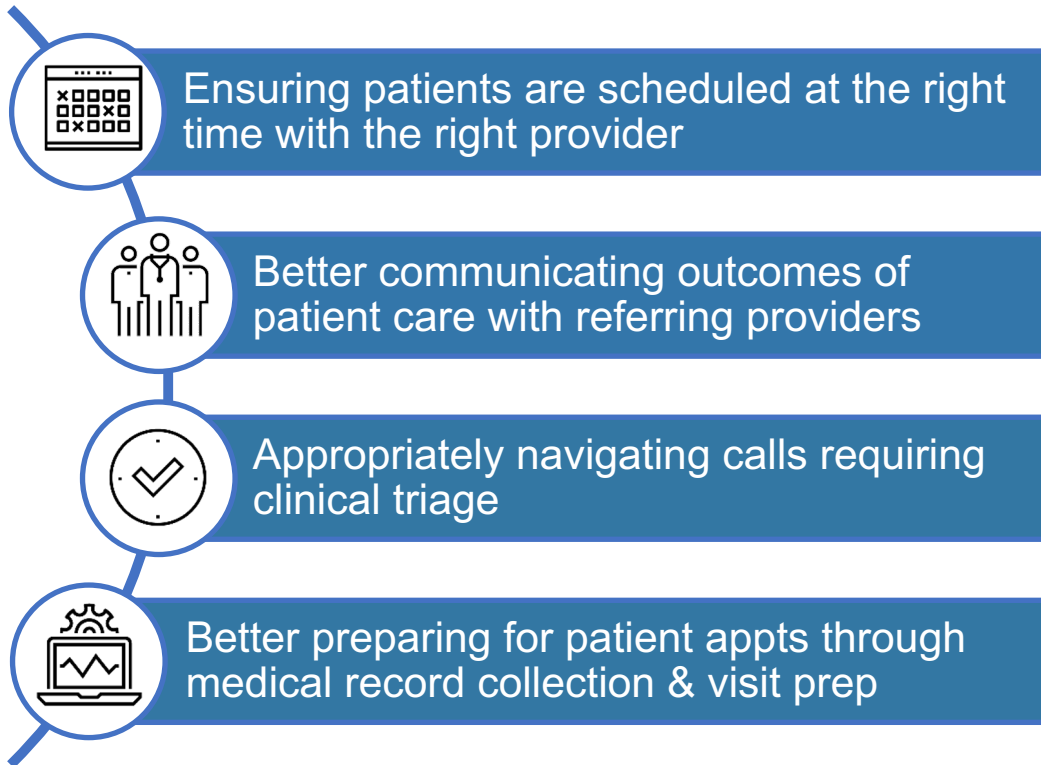
Go-Live Pt 1    Go-Live Pt 2    MyChart Go-Live

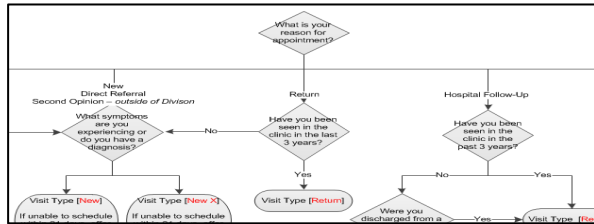



\*Note: Specific timelines are subject to change to align with shifting project needs

# Scheduling Initiatives: Goals & Impact

Goals of scheduling initiatives are to **improve patient access and access tools and support to deliver a consistent patient experience** while **enhancing provider satisfaction** by:





## Decision Trees (DT) & Diagnosis Matrix

### What:

- Diagnosis Matrix: Tracks diagnoses seen by each provider within a specialty to support DT build
- DT: Used by schedulers, so each patient is appropriately scheduled, transferred to RN for triage, or re-directed

### How:

Recurring design workgroups with identified clinician, operational, scheduling, & HIT representation

# of Slots		Time	Block(s)
Reg	Ovrbk		
1	0	8:00 AM	New
1	0	8:30 AM	
1	0	9:00 AM	
1	0	9:30 AM	New
1	0	10:00 AM	
1	0	10:30 AM	Return Follow-Up
1	0	11:00 AM	
1	0	11:30 AM	

## Templates

### What:

Provider clinic schedule as reflected in Epic, including start/stop times, durations, and sequencing of appt types

### How:

- Recurring design meetings with department/division leadership, access representation & HIT representation
- Template sign-off by department



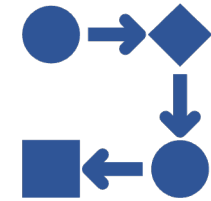
## Referral Workqueue Unification

### What:

Unified workqueues by specialty that track referrals for outbound efforts and send status notifications to referring providers for select scenarios

### How:

Recurring design meetings with identified operational, scheduling, and HIT representation



## Supporting Access Workflows

### What:

Updated workflows on MyChart Scheduling, Fast Pass use, and Wait List Management

### How:

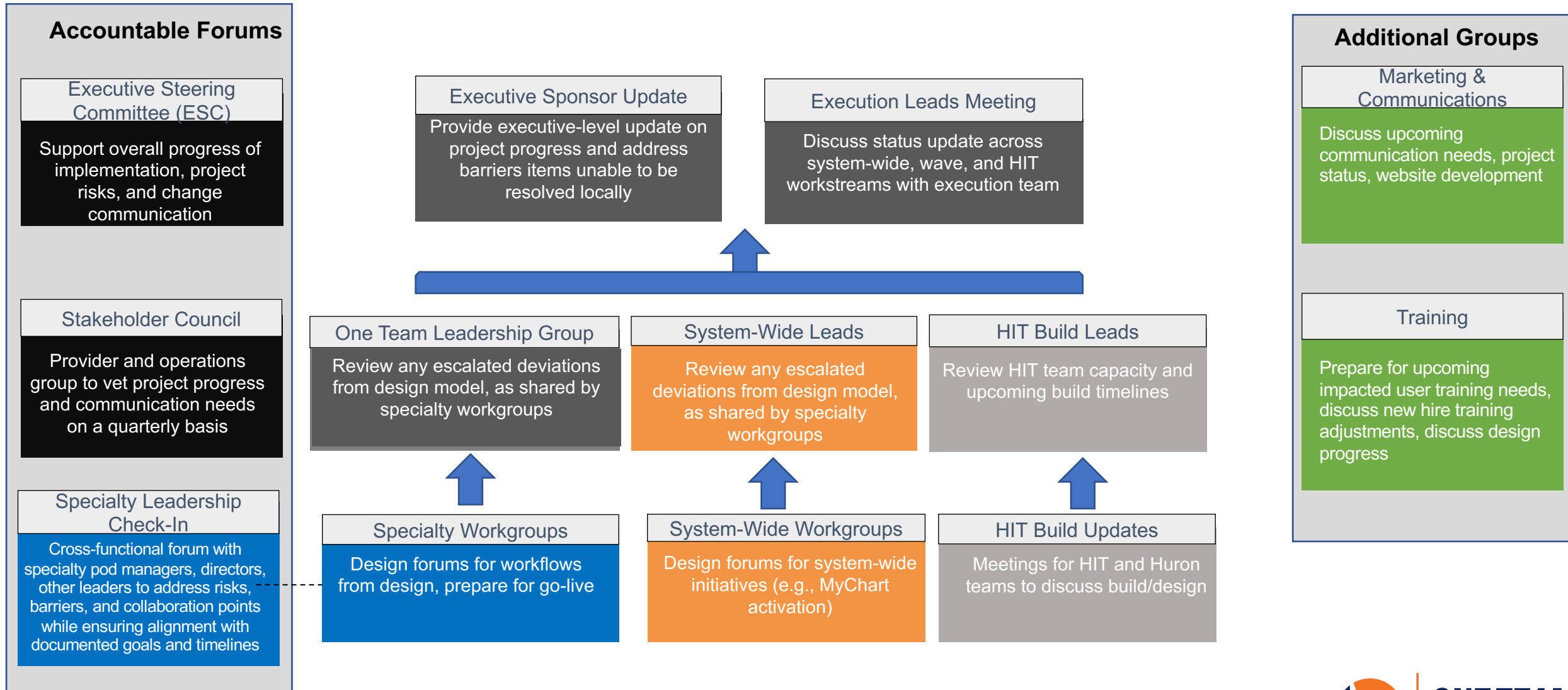
Recurring design workgroups with identified department/division, operational, scheduling, and HIT representation



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Who will be involved?

# One Team: Implementation Governance



# Specialty Workgroup Structure

- Each specialty and sub-specialty will have design meetings to design tools and workflows to meet the needs of their specialty, within the project guardrails
- Communications will be sent out and training will be conducted for all future state changes

Meeting	Time Commitment	Objective
<p><b>Design Workgroups Part 1</b></p>	<p><u>Frequency</u>: Weekly <u>Length</u>: 1-4 hours, depending on meeting frequency</p>	<p><b>Decision Tree (DT) Design:</b></p> <ul style="list-style-type: none"> <li>• Review scheduling protocols and design DT</li> <li>• Sign off on key future-state design/operational decisions</li> </ul> <p><b>Template Optimization:</b></p> <ul style="list-style-type: none"> <li>• Discuss UVA Health standards and provider template best-practice approaches</li> <li>• Review current state templates and design future state according to UVA guardrails and department/division requirements</li> </ul> <p><b>Additional Scheduling Initiatives:</b></p> <ul style="list-style-type: none"> <li>• Design and implement workflows for additional scheduling initiatives according to UVA guardrails and department/division specifications</li> </ul>
<p><b>Design Workgroups Part 2</b></p>	<p><u>Frequency</u>: Weekly <u>Length</u>: 1 hour</p>	<ul style="list-style-type: none"> <li>• Design and implement workflows for additional scheduling initiatives according to UVA guardrails and department/division specifications for:             <ul style="list-style-type: none"> <li>• Appointment Reminder/Confirmation</li> <li>• MyChart Self-Scheduling</li> <li>• Rescheduling Protocols</li> <li>• Wait List Management &amp; Fast Pass</li> </ul> </li> </ul>

# Specialty Workgroup Team Members



The following roles, or assigned representatives, are required to attend design workgroups:

Attendees for All Workgroups	Additional Attendees by Workstream		
	Decision Tree Design	Template Optimization	Additional Scheduling (Pt 1 & Pt 2)
<ul style="list-style-type: none"> <li>• Clinic Manager</li> <li>• Pod manager</li> <li>• HIT</li> <li>• Provider and/or nursing representative (attending on a semi-regular basis)</li> <li>• Front desk representative</li> <li>• CPG Regional Manager or representative (if applicable)</li> <li>• Huron team</li> </ul>	<ul style="list-style-type: none"> <li>• Scheduling representative</li> <li>• Referral coordinator (if applicable)</li> <li>• Front end supervisor</li> <li>• Ambulatory Operations Director</li> </ul>	<ul style="list-style-type: none"> <li>• SOM Administrator</li> </ul>	<ul style="list-style-type: none"> <li>• Scheduler</li> <li>• Front desk</li> <li>• Referral coordinator (if applicable)</li> <li>• Front end supervisor</li> <li>• Ambulatory Operations Director</li> </ul>



We will use the forums below to communicate to project stakeholders throughout the One Team Project:

Meeting	Details	Objective	Attendees/Recipients
<b>Faculty Meeting/ Communication</b>	<u>Frequency</u> : Monthly meeting or communication <u>Length</u> : At your discretion	Communicate initiative design and decision-making, solicit feedback through questions targeted towards upcoming decision points	<ul style="list-style-type: none"> <li>- Department/Division Leadership</li> <li>- Clinic Leadership</li> <li>- Providers</li> </ul>
<b>All Staff Meeting/ Communication</b>	<u>Frequency</u> : Monthly meeting or communication <u>Length</u> : At your discretion	Communicate initiative design and decision-making, solicit feedback if needed	<ul style="list-style-type: none"> <li>- Clinic Leadership</li> <li>- Clinic Staff</li> <li>- Front Desk Staff</li> </ul>
<b>Go-Live Communication/ Training</b>	Communications sent out and training is conducted prior to go-live of initiatives	Distribute communications regarding and train staff on changes to workflows and technical tools	All impacted parties
<b>Post Go-Live Debrief</b>	<u>Frequency</u> : Weekly or as needed <u>Length</u> : At your discretion	Review any post-go-live issues and/or enhancements and coordinate updates with appropriate teams	<ul style="list-style-type: none"> <li>- Clinic Leadership</li> <li>- Pod Manager</li> <li>- HIT Representation</li> </ul>
<b>Specialty Leadership Accountability Meeting</b>	<u>Frequency</u> : Every 3 weeks <u>Length</u> : 1 hour	Review design progress, discuss timelines, and risks/radar items for specialties	Specialty senior leadership (e.g., Chair, ACOMO, Ambulatory Director, Access United leadership)



# APPENDIX

# Design Phase: Team Members (Jan-May 2022)

## Steering Committee

- Alan Dalkin, MD, Associate Chief Medical Officer (Medicine)
- Art Saavedra, MD, President UPG
- Billy Petersen, MD Associate Chief Medical Officer (Children's)
- Brent McGhee, Administrator Revenue Cycle Access
- Doug Lischke, Chief Financial Officer
- Gina Engel, MD, Associate Chief Medical Officer (Primary Care)
- Howard Goodkin, MD Clinical Chair, Neurology
- Jason Lineen, Chief Strategy Officer
- John Bennett, Chief of Ambulatory Operations
- Karen Forsman, Service Line Administrator, Heart & Vascular
- Karen Rheuban, MD Pediatric Cardiology
- Kari Ring, MD Gynecologic Oncology
- Katie Fellows, Director Patient Friendly Access
- Lisa Badeau, Chief Marketing & Communications Officer
- Robin Parkin, Chief Information & Technology Officer
- Shayna Showalter, MD, Associate Chief Medical Officer (Surgery)
- Wendy Horton, Chief Executive Officer
- \*Adam Weikel, Assistant Vice President, HR Services (Ad Hoc)
- \*Gary DeRosa, MD, Community Health (Northern Virginia) (Ad Hoc)
- \*Tracey Hoke, MD, Chief of Quality (Ad Hoc)

## Project Leadership

- Project Sponsors
- Doug Lischke, Chief Financial Officer
- John Bennett, Chief of Ambulatory Operations
- ACO Team
  - Alan Dalkin, MD, Associate Chief Medical Officer (Medicine)
  - Gina Engel, MD, Associate Chief Medical Officer (Primary Care)
  - Shayna Showalter, MD, Associate Chief Medical Officer (Surgery)
  - Billy Petersen, MD Associate Chief Medical Officer (Children's)
- Project & Operational Leaders
  - Brent McGhee, Administrator Revenue Cycle Access
  - Katie Fellows, Director Patient Friendly Access
- HIT
  - Brian Shifflett, Director, Revenue Cycle Systems
  - Kate Bakich, Administrator, Service Management
  - Mike Navetta, Administrator, Applications
- Marketing & Communications:
  - Leanne Walden, Associate Chief Marketing, Brand Management & Physician Engagement
  - Susann Brent, Senior Director Internal & Executive Communications
  - Ellen McKenna, Manager Internal Communications
- Project Management
  - Maura Green, Project Management Specialist
- Huron Consulting Support
  - Dan Callahan, Senior Director
  - Kate Wright, Managing Director
  - Katherine Lourie, Manager
  - Loni Davidson, Director
  - Paul Johnson, Managing Director

## Stakeholder Council

- Project Leadership Team
- Andrea Garrod, Medical Director Battle Building
- Andrew Lockman, MD, Associate Professor Family Medicine
- Anelyssa D'Abreu, MD Neurology
- Anne Kellams, Vice Chair of Clinical Affairs, Professor of Pediatrics
- Brandy Sweeny, Director of Service Line Marketing
- David Rapp, MD, Professor Urology
- Emily Wong, MD, General Pediatrics
- Heather Rojas PFA Pod Mgr., Ortho
- Janet Heinzmann, Chief Operating Officer Surgery
- Jennifer Wolfe, Regional Manager, Community Health Physicians Group
- Justin Vesser, Director of Ambulatory Pharmacies
- Karin Skeen, Admin Children's
- Kimberly Dowdell, MD Internal Medicine
- Leigh Cantrell, MD, Obstetrics and Gyn.
- Lynn Kohan, MD, Anesthesiology
- Mary-Margaret Noland, MD, Vice Chair of Dermatology
- Michael Cusik, MD, Associate Professor Ophthalmology
- Pete Hallowell, MD, Associate Professor Surgery
- Rachel Nauman, DNP, RN, NEA-BC, Director Ambulatory Svcs
- Rebekah Compton, FNP Family Medicine
- Rob Teaster, Administrator of Transplant
- Sara Kirby, RN, Nurse Manager ECCO
- Sarah Shreckhise, CPG Clinical Manager (UPG)
- Shelly Dean, RN, MSN, PNP, Pediatric Nurse Practitioner
- Spencer Payne, Associate Professor, Otolaryngology
- Stew Babbott, MD, Professor General Medicine
- Susan Jackiewicz, Administrator Service Line, Neuroscience
- Teresa Green, Director Clinical Operations Children's
- Tracey Gosse, Director Ambulatory, Neurosciences & Behavioral Health
- Truitt Cooper, MD, Associate Professor Orthopedic Surgery

# Design Phase: Team Members (Jan-May 2022)

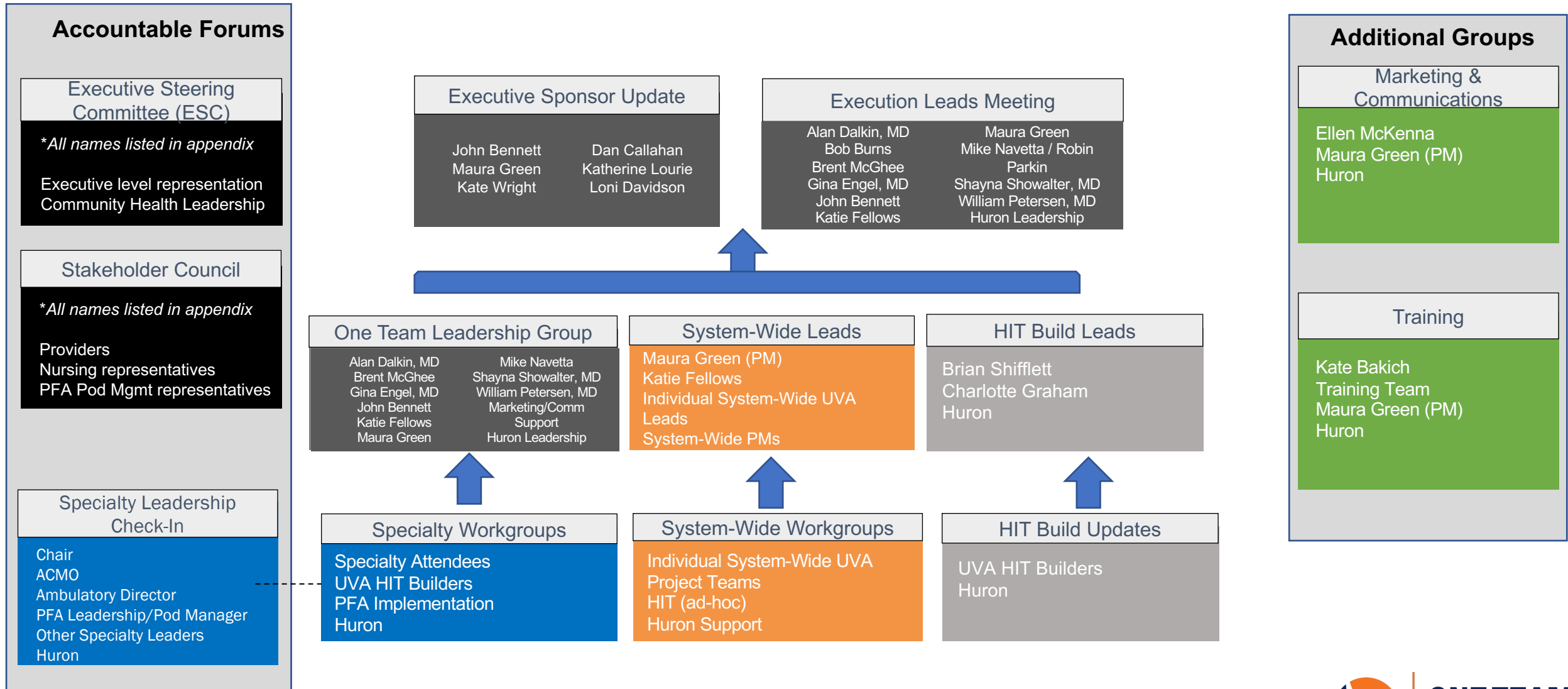
Attendees for the three Support Service Workgroups (SSWG) and SSWG leadership meetings are outlined below. The SSWGs attendees will transition to support specialty design meetings during implementation.

## Support Services Workgroups

Topic	Frequency / Duration	PFA Attendees	Pod Manager Attendees	RC Attendees	UPG	Clinic Manager	IT Attendees
Support Services Leadership Team	1 hr bi-weekly or monthly (TBD)	Katie Fellows	N/A	Brent McGhee Anna Blackburn Julie Keseday	Chris Allison		Brian Shifflett Alan Oktay Charlotte Graham
Access Workflows	1-1.5 hrs/wk	Julia Dahl Claire O'Donnell Kim Burgess Jennifer Garfield Caitlin Jenkins Taelor Lewis Sydney Morris McCalli Norman Paulius Sinkora	AMB: Sarah Mabe AMB: Megan Daniels – Heather Rojas temporarily Amb: Vickie Vess DHC: Lauren Maino TXP: Matt Campo H&V: Tracy Rothgeb	Teresa Hunter John Bruner Holly Bradley-Carter Debra Reese Kim Cook	Victoria Sims Amanda Choisser	PC: Amy Gilchrist Med Subs: Abby Southerland Surg Subs: Debbie Sprouse H&V: Cherie Parks	Jen Fuchs
Revenue Cycle Workflows	1-1.5 hrs/wk	Justina Sutphin	AMB: Kim Pate AMB: Heather Rojas	Laura Salzman Mike Chisholm John Bruner Holly Bradley-Carter Anna Blackburn Melinda Meladay	Luke Heneghan Victoria Sims Holly Keplinger	Med Subs: Rebecca Wade Surg Subs: Jeff Eavey H&V: Felicia Murphy & Robbin Shifflett	
Call Center Workgroup	1 hrs/wk	Erin Pearsall Milencia Pankey Melissa Webb	AMB: Amanda Graves AMB: Jennifer Joseph DHC: Brian Gaffney H&V: Tracy Rothgeb, Marinda Barbour CC: Patty Frye	Julie Keseday* Anna Blackburn*	Brigette Binard Victoria Sims Amanda Choisser	PC: Lauren Mathes Med Subs: Michelle Sutton Surg Subs: Trisha Durfee	Alan Oktay

\*Denotes ad-hoc members

# Implementation Phase: Team Members



# Specialty Wave: Workstreams

Work Stream Categories	Purpose / Tasks
Decision Trees	<ul style="list-style-type: none"> <li>• Design, build, and test Decision Trees</li> <li>• Train end users on Decision Trees</li> </ul>
Templates	<ul style="list-style-type: none"> <li>• Design, build, and test templates</li> <li>• Confirm changes to template build with clinic leadership and providers</li> <li>• Train end users on scheduling with new templates</li> </ul>
Visit Types	<ul style="list-style-type: none"> <li>• Review CS Visit Types</li> <li>• Design FS Visit Types</li> <li>• Build and Test FS Visit Types</li> </ul>
Schedule Management	<ul style="list-style-type: none"> <li>• Design functional ownership and workflows for handling Decision Tree and Template Management/Change Requests</li> </ul>
Clinical Support & Care Navigation	<ul style="list-style-type: none"> <li>• Determine pathways to get clinical calls from schedulers to clinical staff</li> <li>• Create standardized protocols for triage staff</li> </ul>
Close the Loop Communication*	Go live with Close the Loop communication messages to referring providers based on designed referral statuses
Pre-Registration	Roll out updates to pre-registration fields (insurance hard stop) and train on updates/processes.
Records Collection	Standardize process for collecting records through E-Health or centralized HIM team
Referral Workqueue Unification & Outbound Workflow*	<ul style="list-style-type: none"> <li>• Update workflows for automated and appropriate, manual, proactive outbound contact to patients</li> <li>• Update workqueues to centralize referrals for a given specialty</li> </ul>
Visit Preparation	Standardize visit preparation protocols and processes within a specialty
Appointment Reminder/Confirmation	<ul style="list-style-type: none"> <li>• Turn on appointment reminder functionalities across specialties</li> <li>• Design functional workflows for rescheduling appointments for patients who cancel their appointment via appointment reminder text/call.</li> </ul>
MyChart Self-Scheduling	Implement MyChart online scheduling capabilities (New to System, New to Specialty/Service, Provider Initiated Return, Patient Initiated Return, Reschedules)
Rescheduling Protocols	Design workflows for rescheduling appointments for patients who no-show or cancel
Wait List Mgmt & Fast Pass	Build Wait List for all specialties & design workflow for rescheduling patients who can be seen sooner via Wait List

# System-Level: Workstreams

Work Stream Categories	Purpose / Tasks
MyChart	<ul style="list-style-type: none"> <li>• Activation campaign (communications &amp; clinic processes / signage)</li> <li>• Evaluate &amp; update E-Check-In + Self-Registration pathways</li> </ul>
Staffing (scheduling team)	<ul style="list-style-type: none"> <li>• Analyze staffing levels &amp; prepare recommendations for grouping</li> </ul>
Metrics & reporting	<ul style="list-style-type: none"> <li>• Continue planned updates to Scorecards</li> <li>• Determine specs for real time baseline Patient Access Metrics</li> <li>• Rollout and train end users on dashboards</li> </ul>
External Referrals	<ul style="list-style-type: none"> <li>• Optimize current process &amp; develop future state workflows to document / intake external referrals</li> </ul>
Access Policies	<ul style="list-style-type: none"> <li>• Create standard policies &amp; roll-out (e.g., no-show, late arrival, clinic standards)</li> </ul>
CRM	<ul style="list-style-type: none"> <li>• Integrate marketing CRM technology / platforms for tracking &amp; reporting</li> </ul>
Phone System + Call Center Planning	<ul style="list-style-type: none"> <li>• Genesys Upgrade: transfer existing system to cloud infrastructure</li> <li>• Call Center Planning: Prepare for detailed work plan, timelines, and approach to incorporate call center unification in FY24</li> </ul>
Real Time Pharmacy Benefits	<ul style="list-style-type: none"> <li>• Enhance existing epic functionality to obtain estimated cost for medications based on the patient's benefit plan and pharmacy selection at time of prescribing</li> </ul>
Additional work streams that may be included ( <i>pending approvals</i> )	<ul style="list-style-type: none"> <li>• <i>TBD: Epic Care Link (Telemedicine)</i></li> </ul>