

# One Team | United on Access

**Overview** 



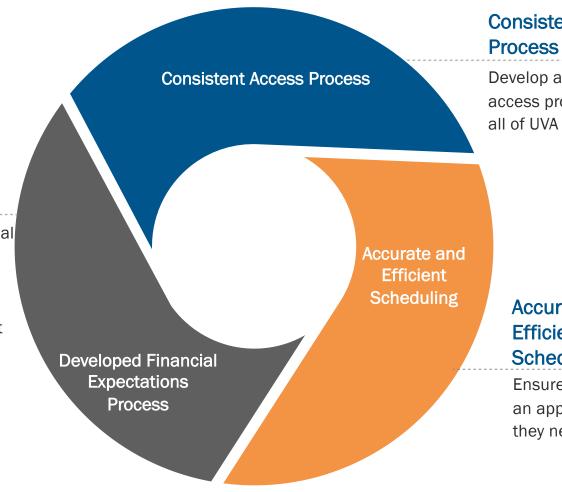


## One Team Project Goals





Optimize current financial clearance process to ensure patients understand financial liability pre – and – post service



## Consistent Access Process

Develop a consistent access process across all of UVA Health

# Accurate and Efficient Scheduling

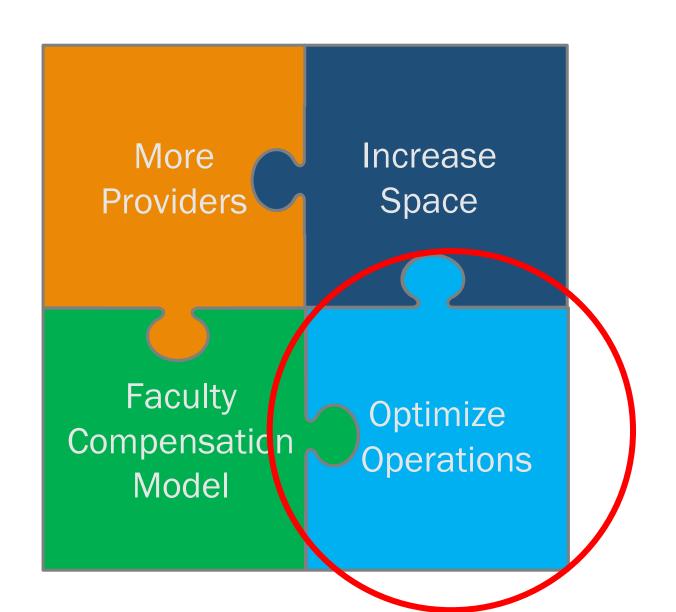
Ensure patients get an appointment when they need one





## **Building Blocks of Improved Access**









## One Team Project Principles





•Patients are first in everything we do – improve the experience for our patients when scheduling an appointment and when in our clinics for their appointment



•Care team members are supported in their work and in their career – streamlined processes using enhanced Epic functionality is a satisfier; offering career progression opportunities for all team members promotes retention



•Physicians/APPs are partners in the work – these efforts are most effective when our physicians/APPs are engaged in the development of decision trees, diagnosis matrices, visit types, templates, and outside medical record set specific to their specialty



•One access model, tailored for specialties – this model has been designed with best-in-class principles from other public, academic health systems using common tools across each specialty that are applied to meet the needs of that specialty



•Clinics will optimize resources – when clinics are open they will have patients and care teams present to ensure we are matching our crucial staffing and space resources with the needs of the patients







# What we are going to do



## Addressing Evolving Expectations



### Why Behind This Work

What will the work include

How we will accomplish this

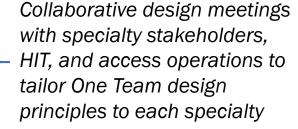


Improve patient experience through consistent access and financial expectation processes Tailoring One Team guard rails to each specialty for a unified access experience and rolling out a Financial Clearance policy



Ensure accurate and efficient scheduling

Consistent scheduling protocols across a specialty and optimized provider templates





Promote workflows that support staff and providers

Supporting tools and workflows such as Wait Lists and unified referral workqueues to support scheduling processes and promote role clarity





## 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:



Ensuring patients are scheduled at the right time with the right provider



Better communicating outcomes of patient care with referring providers



Appropriately navigating calls requiring clinical triage



Better preparing for patient appts through medical record collection & visit prep



Automating outbound contact to patients to schedule referrals and referral tracking



Prioritizing patients based on diagnosis and clinical urgency



Hardwiring escalation protocols into scheduling tools



Providing options for patients to be seen sooner if requested





## One Team Stakeholder Impact





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



- **Providers**
- Improved provider satisfaction
- Efficient & 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



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





## Patient Journey



Patient is notified that referral was received

Most patients experience one call resolution

Patient can self schedule for some specialties/scenarios financial estimate Patient receives

**Pre-Visit** 

**Planning** 

Patient receives

if needed

financial counseling -

Patient receives instructions for visit

Medical

reviewed

**Records** are

collected and

Financial responsibility is collected, and patient is checked in

Check-In

**Provider Visit** 

Clinic staff and hubs **complete** registration

**Scheduling** and Triage

Request for Care

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

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

Registration information and Linitial 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

**Next Steps** In Care

Patient is

follow-up

scheduled for

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

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







# 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**

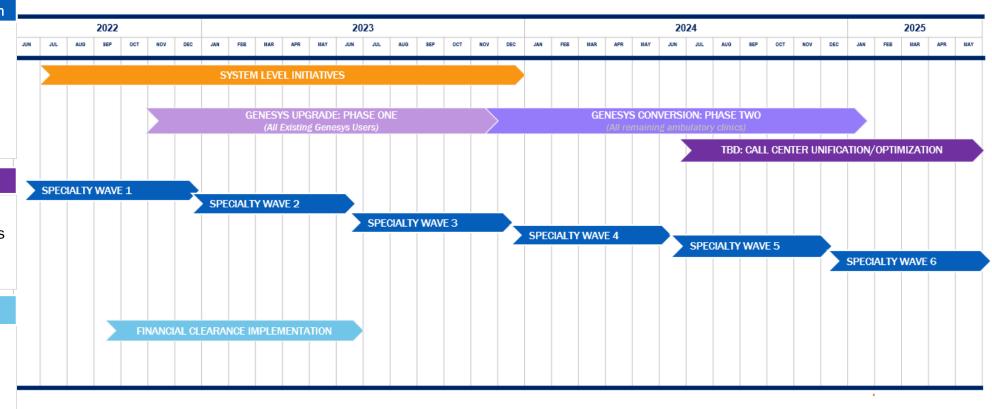
- Requires specific design and implementation one specialty at a time
- Includes 4-6 specialties mixing appropriate size and change management needs

### **Telecom Technology Enhancements**

 Designed and implemented in phases for all existing genesys users across the organization, and for all remaining ambulatory areas

### Revenue Cycle Implementation

 Designed and implemented across UVA Health







## Implementation Roadmap

### Approach Detail



### System Level Initiatives

Projects that will be implemented across the organization, including:

- Access Policy and Standard Operating Procedure development/roll-out
- Metrics & Reporting Daily operations dashboard and provider scorecards
- MyChart Pre-Visit Update Optimization
- Customer Relationship Manager (CRM) integration strategy
- RTPB Optimization

## Telecom Technology Updates

- Genesys Phone system upgrade to cloud version
- Call center optimization planning & strategy

## 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 work gueue 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

## 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





## Implementation Timeline

**Specialty Waves** 



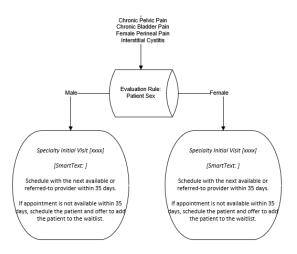
Access Specialty Waves & System Level Initiatives Telecom Technology Optimization **Financial Clearance Implementation** 2024 2022 2023 2025 OCT DEC SYSTEM LEVEL INITIATIVES **GENESYS UPGRADE: PHASE ONE GENESYS CONVERSION: PHASE TWO SPECIALTY WAVE 1** TBD: CALL CENTER OPTIMIZATION **SPECIALTY WAVE 2**  Digestive Health **SPECIALTY WAVE 3**  Colorectal Surgery Orthopedics **SPECIALTY WAVE 4**  Urology **Spine Center** Internal Medicine **SPECIALTY WAVE 5** Pelvic Medicine / Uro-Gyn Neurology **Family Medicine** Women's Health **SPECIALTY WAVE 6** Cardiology Neurosurgery Infectious Disease Specialty Pediatrics Geriatrics Vascular Surgery PM&R **Ophthalmology**  Pulmonary + PFT Nephrology **General Pediatrics Cardiac Surgery**  Pain Management Endocrinology Sleep Center **Psychiatry CPG**  Plastic Surgery Transplant **Community Health** Allergy Otolaryngology Medical Oncology/Hem **Primary Care** Rheumatology Audiology Therapies (PT, OT, SLP) Dermatology **Radiation Oncology Surgical Oncology** • TBD - Gender Health Melanoma Surgery **Gynecological Oncology**  General/Bariatric/MIS Infusion · Emergency General Surg **Onc Support Services** FINANCIAL CLEARANCE IMPLEMENTATION Endocrine Surgery **Breast Surgery Thoracic Surgery** Dentistry **Oral Surgery** 



## Implementation Core Deliverables

### **Specialty Waves**





	/4	roinder P	o de la	S rounder	Conder	O de roude	to ide	k k
Diagnoses					logy			
Bladder Scan/Uroflow				X				
Bladder Installation for Bladder Pain			Х					
Foley Catheter Removal								
Catheter Complications								
Cystoscopy	X	Х	Х	X	Х	Х	Х	X
Cystoscopy with Biopsy	X	X	X	X	X	X	X	X
Cystoscopy with Stent Removal	X	X	X	X	X	Х	X	X
Percutaneous Tibial Nerve Simulation (PTNS)				х				

	Quota/	Monday		
TIME	Overbook	Block Name or Open Scheduling		
8:00 AM	1/0	IVS		
8:15 AM	1/0	103		
8:30 AM	1/0	FV		
8:45 AM	1/0	FV/PO		
9:00 AM	1/0	IVS		
9:15 AM	1/0			
9:30 AM	1/0	FV		
9:45 AM	1/0	FV		
10:00 AM	1/0	IVG		
10:15 AM	1/0			
10:30 AM	1/0	FV		
10:45 AM	1/0	FV		
11:00 AM	1/0	N/C		
11:15 AM	1/0	IVS		
11:30 AM	1/0	EV		
11:45 AM	1/0			

Decision Tree

Appropriate Visit Type, Duration and
Scheduling or Triage Pathway for
each patient

Diagnosis Matrix
All clinically appropriate providers to
see each patient

Provider Templates
All appropriate scheduling times to see each patient

### All information integrated into Epic

Complemented by MyChart Scheduling, Fast Pass Use, Wait List Management, RN triage workdrivers and medical record collection workdrivers

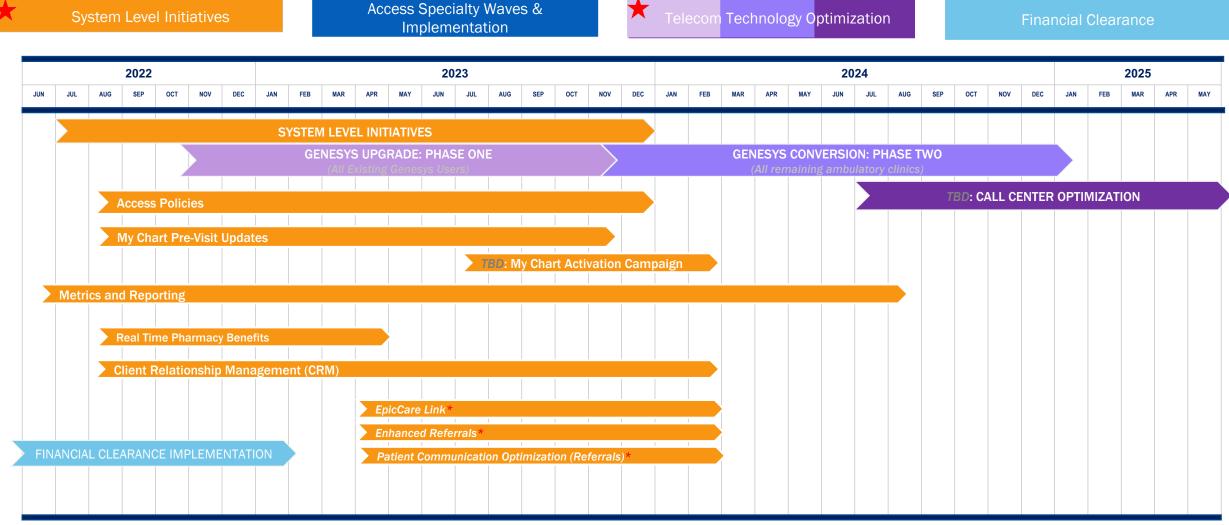




## Implementation Timeline

System Level Initatives





#### Notes:

- 1. \* Additional development / planning needed behind resources & timelines. These items may overlap with specialty specific waves.
- 2. TBD Additional development / planning needed behind timelines. These items are dependent upon completion of other projects.



## Implementation Core Deliverables

### System Level Initatives



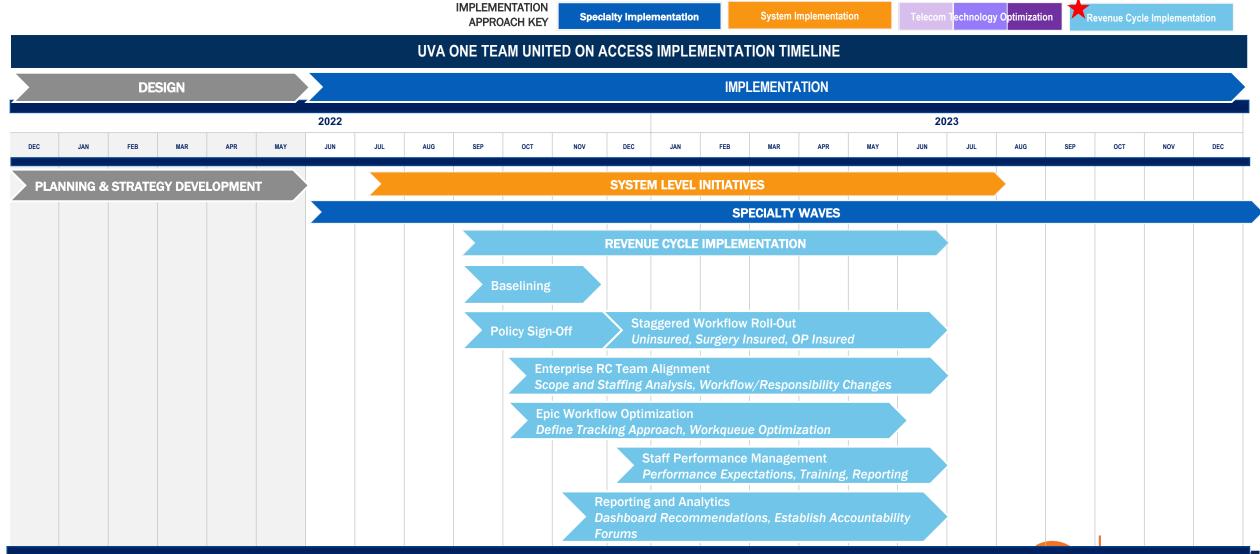
Work Stream Categories	Purpose
Access Policies	<ul> <li>Create health system policies and standard operating procedures that support the One Team Program Initiatives (may include: no-show, template change mgmt., appointment reminders, waitlist, etc.)</li> </ul>
MyChart	Evaluate & optimize Pre-Visit Planning (previously e-check-in) + Self-Registration pathways
Metrics & reporting	<ul> <li>Determine specs for real-time baseline Patient Access Metrics</li> <li>Create dashboards for access daily operations management</li> </ul>
Call Center Optimization	<ul> <li>Analyze staffing levels for all access positions and &amp; prepare recommendations for grouping</li> <li>Create approach to optimize &amp; unify call center structures and triage teams where appropriate</li> </ul>
Genesys Upgrade	<ul> <li>Upgrade phone system for all ambulatory clinics to a cloud version</li> <li>Enhance user experience with standardized phone routing, menus, and tools</li> </ul>
Customer Relationship Management (CRM)	Integrate marketing CRM technology / platforms in order to track & report marketing campaigns related to patient volume
Real Time Pharmacy Benefits	Enhance existing epic functionality to obtain estimated cost for medications based on the patient's benefit plan and pharmacy selection at time of prescribing
Additional work streams that may be included (pending approvals):  Epic CareLink  Enhanced Referrals  Patient Communication Optimization (Referrals)	<ul> <li>Epic Care Link: Standardized process for external referral workflows</li> <li>Enhanced Referrals: Increased and streamlined functionality for internal referral workflows</li> <li>Patient Communication Optimization: once referrals are received, standardize approach to send patients text messages with a reminder to contact the scheduling team</li> </ul>



## Implementation Timeline

Revenue Cycle









## Implementation Core Deliverables

### Revenue Cycle



### **WORKFLOW GUARD RAILS**

Registration,	<b>Financial</b>	Clearance	POS	Collections
Mogistiation,	I IIIaiioiai	Olcarance,	1 00	

Hard and soft stops will be built in Epic to ensure workflow consistency Authorization requirements will be auto-generated from the referral Add-ons and "exceptions" (e.g., CPT code changes) will be managed within workqueues **Key Tool Decisions** Estimates will be generated for self-pay and out-of-network patients Patients will be able to pay outstanding balances through a patient financial platform e-Check-In will be offered Pre-registration to be completed as part of the schedgistration process Minimum Data Set will be established, enforced by hard and yield stops in Epic Authorizations/insurance referrals will not be required before scheduling (with some exceptions) Referring clinics will initiate authorizations for outside of the system in select situations **Workflow Guard** Rails A standard financial clearance policy will be developed and will include a protocol for service deferrals Collection attempts will be made over the phone Financial counseling will be available and grouped with like specialties Consistent check-out processes to be developed





## Implementation Roadmap

Approach Overview



### **Performance Improvement Initiatives**

- + <u>Staff Training</u> Refresh staff on scripting, workflows, and standard situational responses
- Workflows & Infrastructure Ensure staff have all required equipment as well as an understanding of hand-offs across teams
- Epic Optimization Implement system optimizations such as enhanced registration warning/error signs
- Staffing & Organizational Alignment –
   Confirm workforce component required to complete financial clearance work and where it best aligns across the system

### **Key Performance Metrics**







Payment Plans Created

Financial Assistance Adjustments

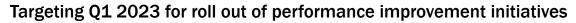
+ Insurance VerificationSecure Rates











Key metric baselines and performance will be included in January Steering Committee deck





## Implementation Roadmap

Revenue Cycle: Maturity Curve



UVA Health will move towards <u>consistently</u> <u>communicating and requesting financial</u> <u>responsibility</u> to their patients as part of a comprehensive access journey

UVA Target Performance

NSA Guidance

**UVA Current Performance** 



Patients can
generate a generic
estimate (not
specific to their
benefits) while
shopping for or prior
to their service.

## Estimates Proactively Created

Estimates based on patient benefit information are generated (or automated) preservice and available to patients upon arrival for care.

### Responsibility Consistently Communicated

Estimates are proactively provided to patients by an organizational representative ready to discuss options for resolution.

### Responsibility Consistently Requested

Conversations with patients about their financial responsibility, payment expectations, and other options for resolution are had consistently throughout the access journey

## Responsibility Resolution Required

Patient care will be deferred if patients are unwilling to meet financial clearance criteria prior to their service. Full payment is not necessarily expected, but there needs to be a commitment to another form of responsibility such as a payment plan.

## Payment in Full Required

Payment in full or at a certain threshold compared to estimates and/or outstanding balances is required prior to elective care being provided. Patients will have the chance to make payments multiple times during the access process.





## Implementation Core Deliverables

Revenue Cycle: Financial Clearance Policy – Purpose / Focus



## **Why Financial Clearance Matters**

- + Cultivate a **better patient experience** across full access spectrum by creating cost transparency, safe forums for patients to proactively discuss their responsibility, and a sense of ownership of the process
- + Ensure **strong financial health** through reduced risk of administrative write-offs and uncollectible patient balances resulting from incomplete authorizations and patient responsibility not addressed prior to service
- + Drive **better internal processes** across all UVA teams for identifying, addressing, and tracking patients who are financially at risk and the impact to the organization

## **Key Objectives**

- + **Proactive and consistent patient communication** with regards to the financial components of care, such as authorizations, deductibles/co-pays, and outstanding balances from previous care
- + Reduced write-offs through improved financial security
- + Clearer expectations for staff regarding their role in the financial clearance process
- + Improved metrics and reporting on financial clearance outcomes and impact

Financial clearance is part of our comprehensive access to care journey, and should never prevent patients from receiving medically necessary care.



## Who is involved?



## Implementation Governance

### Purpose



### **Accountable Forums**

Executive Steering Committee (ESC)

Support overall progress of implementation, project risks, and change communication

#### Stakeholder Council

Provider and operations group to vet project progress and communication needs on a quarterly basis

### Specialty Leadership Check-In

Cross-functional forum with specialty pod managers, directors, other leaders to address risks, barriers, and collaboration points while ensuring alignment with documented goals and timelines

### **Executive Sponsor Update**

Provide executive-level update on project progress and address barriers items unable to be resolved locally

#### **Execution Leads Meeting**

Discuss status update across systemwide, wave, and HIT workstreams with execution team

### One Team Leadership Group

Review any escalated deviations from design model, as shared by specialty workgroups



### Specialty Workgroups

Design forums for workflows from design, prepare for go-live

### System-Wide Leads

Review any escalated deviations from design model, as shared by specialty workgroups



### System-Wide Workgroups

Design forums for system-wide initiatives (e.g., MyChart activation)

#### HIT Build Leads

Review HIT team capacity and upcoming build timelines



### HIT Build Updates

Meetings for HIT and Huron teams to discuss build/design

### **Additional Groups**

Marketing & Communications

Discuss upcoming communication needs, project status, website development

### Training

Prepare for upcoming impacted user training needs, discuss new hire training adjustments, discuss design progress





## Implementation Governance

### Attendees



### **Accountable Forums**

Executive Steering Committee (ESC)

\*All names listed in appendix Executive level representation Community Health Leadership

#### Stakeholder Council

\*All names listed in appendix Providers Nursing representatives PFA Pod Mgmt representatives

### Specialty Leadership Check-In

Chair ACMO Ambulatory Director PFA Leadership/Pod Manager Other Specialty Leaders Huron

## HURON

### **Executive Sponsor Update**

John Bennett Maura Green Kate Wright Dan Callahan Katherine Lourie Loni Davidson

### **Execution Leads Meeting**

Alan Dalkin, MD Bob Burns Brent McGhee Gina Engel, MD John Bennett Katie Fellows Maura Green Mike Navetta/Robin Parkin Shayna Showalter, MD William Petersen, MD Huron Leadership

#### One Team Leadership Group

Specialty Workgroups

Alan Dalkin, MD Anna Blackburn Brent McGhee Gina Engel, MD John Bennett Katie Fellows Maura Green

**Specialty Attendees** 

PFA Implementation

**UVA HIT Builders** 

Huron

Mike Navetta
Rachel Naumann
Robin Parkin
Shayna Showalter, MD
William Petersen, MD
Ginny Clemenko
Huron Leadership

### System-Wide Leads

Maura Green (PM)
Katie Fellows
Individual System-Wide UVA Leads
System-Wide PMs
Huron Support



### System-Wide Workgroups

Individual System-Wide UVA Project Teams HIT (ad-hoc) Huron Support

#### HIT Build Leads

Brian Shifflett Charlotte Graham Jen Fuchs Huron



### HIT Build Updates

UVA HIT Builders

### **Additional Groups**

Marketing & Communications

Ginny Clemenko Maura Green (PM) Huron

#### **Training**

Kate Bakich Shenia Thompson Maria Wassilchalk Steve Allen Elissa Ramcharitar Jessica Fuller Maura Green (PM) Huron



## Stakeholder Expectations



### COLLABORATE, SHARE KNOWLEDGE, BE TRANSPARENT, SPONSOR THE CHANGE

Chair/Physician Leads	Workgroup Attendees
<ul> <li>Communicate project goals, objectives, and status with clinicians</li> <li>Represent clinician perspective</li> <li>Participate in sign-off meetings to implement future state processes in collaboration with Huron</li> <li>Advocate change and assist project team in resolution of problems as needed</li> </ul>	<ul> <li>Participate in vetting, design, and sign-off meetings to implement future state design in collaboration with Huron</li> <li>Provide department/division-specific context surrounding scheduling &amp; clinical operations</li> <li>Support Huron with coordination of staff training, communication, and change management</li> <li>Understand project goals and outcomes in order to prepare for long-term support model</li> </ul>
ACMOs	Huron Team
<ul> <li>Represent clinician and leadership perspective</li> <li>Advocate change and assist project team in resolution of problems as needed</li> <li>Respond to and/or escalate provider concerns if they arise</li> <li>Understand project goals and outcomes in order to prepare for long-term support model</li> </ul>	<ul> <li>Identify improvements in access based on best practice recommendations</li> <li>Design future state processes in accordance with UVA guardrails &amp; department/division-specific needs</li> <li>Vet future state design with specialty &amp; clinic leadership</li> <li>Escalate risks/barriers to achieving project goals and/or meeting UVA guardrails to leadership as needed</li> <li>Communicate changes to current processes to all impacted</li> </ul>







Appendix



## One Team Guiding Principles



What Right Looks Like

#### **Provider Experience**

Provider utilization and experience is prioritized and help inform decision-making

### Performance Transparency

Organizational
performance-based
goals are aligned and
cascaded down through
all leadership in order to
maintain financial
discipline, rigor and
accountability

#### One Team Approach -Effective Consolidated Functions

Patient interactions are consolidated, and duplication and unnecessary variation is eliminated

## Patient Experience

A unified UVA enterprise access model, putting the patient first and deepening ties to the community

### Automation & Technology

Capabilities of existing systems and data are optimized to guide and support efficient workflows and enhance patient care

#### Staff Engagement

Strengthening the wellbeing of our workforce through, collaboration, inclusiveness and teamwork connecting them to UVA's mission

#### Communication

Making decisions in a transparent, proactive, nimble and data-driven way between access operations and clinics to build a single UVA access experience





## System Guardrails



The following guardrails were defined for UVA Health 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 selfpay 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, echeck-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

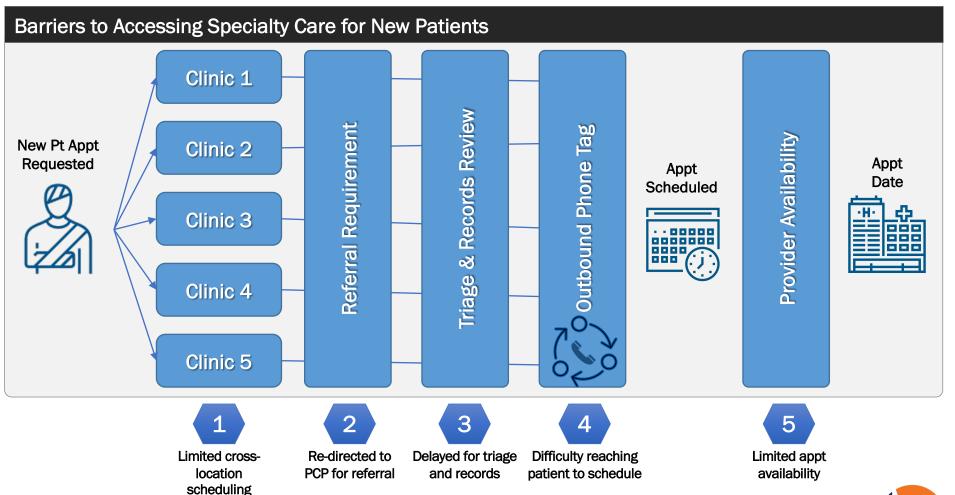




## Current State Scheduling Process & Barriers



Typical current state example and barriers with new patient scheduling processes



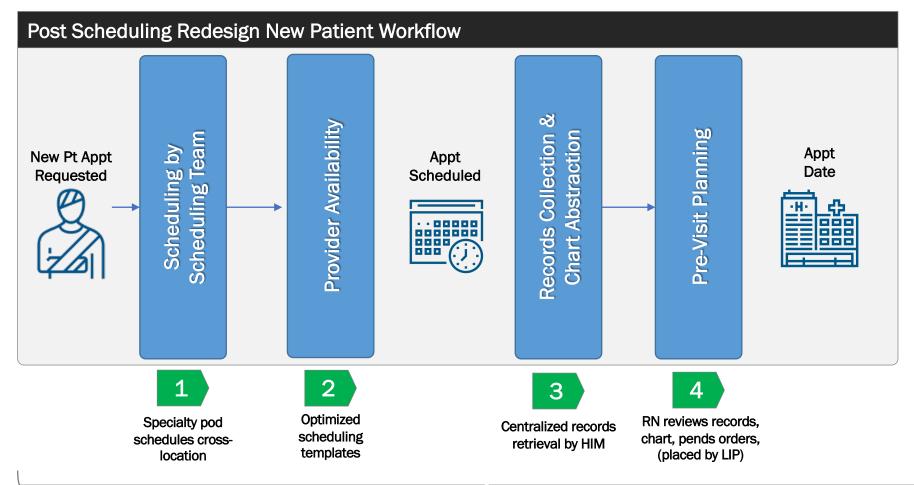




## Future State Scheduling Process



Future state example for new patient scheduling with removed access barriers









## **Financial Clearance Policy**



## **Definition: Financial Risk Categories**

The following categories will be assessed for as part of this policy and procedure. If one of these risk categories is determined prior to service it may be a candidate for deferral, and the patient access team will confirm with providers service is non-medically urgent before continuing.

Risk Category	Definition
Uninsured/Non-covered	Patients who do not have active health insurance coverage, or patients who have insurance that does not cover the scheduled service
Missing or Inaccurate Referral/Pre-cert/ Authorization	Patients without a referral or prior authorization from their provider or managed care company if required for services
Outstanding Balances	Patients with financial responsibility (outstanding patient balance and/or balances sent to an agency) greater than or equal to a pre-determined amount
High Expected Liability	Patients who owe greater than or equal to a pre-determined (estimated) amount for upcoming services
Out-of-Network	Patients with an insurance plan that is not in specific facility or offices' contracted network of payers



