

## One Team | United on Access - Project Overview & FAQ

**Purpose:** The following document presents an overview of the UVA One Team | United on Access project and provides answers to commonly asked questions that may arise surrounding scope, stakeholders, timeline, and project goals.

**Note:** Terms and teams *highlighted and bolded in blue* are defined in the appendix.

### Project Overview

In 2021, UVA Health announced plans to restructure Patient Access and selected a strategic partner to help create a roadmap for transformational change. The ultimate vision for this initiative, which is called One Team | United on Access, is to develop a strategy and operating model for our academic medical enterprise that connects patients to care in a consistent and standard fashion during their interactions with our teams. This work is creating a set of procedures and practices that provides a unified experience as patients progress through the various parts of our system.

The project is being directed by an **executive committee** of key physician and administrative leaders. Huron Consulting Group is aiding the committee in addressing opportunities to enhance the current use of technology, access processes, key performance metrics, and the patient access experience.

The One Team initiative kicked off in January 2022 with a four-month design and project implementation phase. In spring 2022, leadership shared recommendations and timelines for implementation. In July 2022, the first wave of a multi-year, full system wide roll-out began.

### What are the expected benefits?



Patients

- Improved and 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** that reduce manual management of Epic schedules
- **Accurate patient** scheduling requires less service recovery for providers
- Decreased patient access 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

## Frequently Asked Questions

### Providers

#### How will this project impact me?

- The One Team project will support all providers in delivering care without distractions or inefficiencies. Toward that end, processes are being reviewed and designed to support the unified access model. The model will be standardized where possible and allow for accommodation when needed – using thoughtful flexibility.
- To support the aim of the One Team project, providers will have an opportunity to recommend approaches to **template** build. Physician leaders will support specialty specific design during implementation.

#### How will I need to be involved? What do you need from me?

- Physician and administrative leaders are serving on the One Team **executive committee**, a group that is championing access model design and gathering feedback from a provider stakeholder council.
- Your input will be crucial in ensuring that changes reflect the needs of individual providers and clinics. Please reach out to your manager or specialty ACMO for more information about submitting input.
- At various stages of the initiative, as a provider, you will be contacted to attend meetings, review documents, and share your thoughts about the changes being planned. Your review and approval will be requested before any changes are made to individual **templates**. Please be on the lookout for future communications.

#### How will this affect my day-to-day work?

- Changes to process workflows or **templates** will support higher accuracy in scheduling. Therefore, as a provider, you should expect fewer scheduling errors and higher satisfaction from your patients and staff.
- Some team members with whom you work closely will remain in your location; others may move to a central location. No matter where they are located, this group will still be on your team and responsible for supporting you.

### Clinic Support Staff (MAs, RNs, LPNs)

#### How will this project impact me?

- As a member of the clinical support staff, you can expect greater role clarity and more consistent work processes across all in-scope areas.

#### How will I need to be involved? What do you need from me?

- Key members of the clinical support staff served on the **Support Services Workgroup** that created process maps and standard work for the unified operating model. The workgroup met weekly over a four-month period.
- Feedback from you and other clinic support staff throughout specialty implementation will be used to support a more efficient and accurate work process. Please reach out to your pod or clinic manager when you have suggestions or questions.
- You will receive training or process change communication before the unified operating model is implemented.

#### How will this affect my day-to-day work?

- Optimized workflows will be adjusted to support a more consistent approach across clinics and departments where possible. Therefore, some of your responsibilities may be adjusted to support the unified operating model. This will apply to all in-scope **clinics, specialties, and departments**.
- If needed, you will receive training to ensure role clarity.

## Access Team

### How will this project impact me?

- Your workflows will be redesigned and optimized to support a more unified experience for patients, providers, and clinics
- Optimized workflows will support a more unified and consistent approach across teams. These changes were decided within the **Support Services Workgroups**.
- Greater role clarity will ensure greater efficiency and ease of scheduling and registering patients.

### How will I be involved? What do you need from me?

- Key members of the Access Team were part of a **Support Services Workgroup** created to discuss and create process maps and produce work that is consistent with the unified operating model. The workgroup met weekly over a four-month period.
- Feedback from you and other Access Team members throughout specialty implementation will be used to support a more efficient and accurate work process. Please reach out to your pod manager when you have suggestions or questions.
- You will receive training or process change communication before the unified operating model is implemented.
- Some Access Team members were asked to participate in an operational survey. Results were reviewed with leadership and helped reduce organizational variance in the unified operating model.

### How will this affect my day-to-day work?

- Areas included in the One Team project will use processes that make patient scheduling more straightforward, time efficient, and consistent.
- New workflows will prioritize **one-call resolution**, which might change the processes and services you use to help your patients.

### Will schedulers handle calls across all specialties?

- Team members scheduling patient appointments will have access to streamlined **decision trees** for areas with similar scheduling needs and procedures.
- Scheduling processes and tool sets will be periodically evaluated to ensure positive patient and staff experience.

## Pre-Arrival Unit (PAU)

### How will this project impact me?

- As a member of the Pre-Arrival Unit team, you can expect greater role clarity, more consistent processes for all in-scope areas, and greater efficiencies.

### How will I need to be involved? What do you need from me?

- Key members of the Pre-Arrival Unit were part of a Support Services Workgroup created to discuss and create process maps and produce work that is consistent with the unified operating model. The workgroup met weekly over a four-month period.
- Feedback from you and other Pre-Arrival Unit team members will be crucial in identifying areas where processes can be refined or maintained to ensure the continued success of the authorization and collection process. Please reach out to your supervisor if you have suggestions or questions.

### How will this affect my day-to-day work?

- Because workflows will be optimized to support a more consistent approach across clinics and departments, some of your responsibilities may change. These adjustments will apply to all clinics, specialties, and departments within the scope of the One Team Project.
- If needed, you will receive training to ensure role clarity.

## Patient Access Team

### How will this project impact me?

- As a member of the Patient Access team, you can expect greater role clarity and more consistent processes across all in-scope areas and their related hubs.

### How will I need to be involved? What do you need from me?

- Key members of the Patient Access Team were part of a Support Services Workgroup created to discuss and create process maps and produce work that is consistent with the unified operating model. The workgroup met weekly over a four-month period.
- Feedback from Patient Access team members will be used to support a more efficient and accurate process for you and your patients. Please reach out to your supervisor if you have suggestions or questions.

### How will this affect my day-to-day work?

- Because workflows will be optimized to support a more consistent approach across clinics and departments, some of your responsibilities may change. These adjustments will apply to all clinics, specialties, and departments within the scope of the One Team Project.
- Agents' role in each hub should feel more consistent as part of the overall patient access process.
- If needed, you will receive training to ensure role clarity.

## Scope of Project Detail

To improve patient access, UVA is currently conducting four initiatives concurrently:

- **Faculty Compensation Model** - To support greater incentives that align with UVA's access goals, UVA is working to design and implement a Faculty Compensation Model.
- **Increasing Providers** - To create greater opportunities for patient access, UVA is working on an initiative to increase the number of providers and support staff.
- **Increasing Space** - To increase the clinic footprint and space that encourage and support the results of greater patient access, UVA is working on an initiative to review and increase the health system's space.
- **Optimizing Operations** - To optimize operations, UVA is engaging in the One Team: United on Access initiative. Some of the functions included in this endeavor are:
  - Referral Capture
  - Inbound & Outbound Scheduling
  - Capacity Management
  - Clinical Questions/Nurse Triage
  - Verification of Insurance Eligibility & Demographics
  - Verification of Demographics and Financial Security
  - Referral Tracking
  - Check-Out Scheduling
  - Cancel, No Show, Follow Up
  - Prescription Refill Requests
  - Pre-Certification / Authorizations
  - Patient Liability & Complete Documentation
  - Waitlist Management
  - Medical Record Collection
  - Financial Liability Estimation and Collection

- Check In/Out
- Patient Appointment Reminder Follow Up
- Financial Counseling
- **Other operational groups** will address and develop plans for other functions, including:
  - Deploy alternative visit models where clinically appropriate to improve throughput and/or reduce need for in-person consult
  - Expedite in-clinic pre and post provider interaction processes
  - Expedite in-visit clinical documentation process
  - Provider burnout and resilience



### Additional Questions

**How will you include the patient's voice in this work?**

- Project leadership will meet with the Patient Advisory and Community Council on a quarterly basis.
- Data from patient satisfactory surveys will be regularly tracked and used as key performance indicators.

**Will there be movement of FTEs to a centralized phone room, initial visit referral team, etc.?**

- The priority of the work is to enable schedulers to schedule across locations within a specialty, giving them the Epic and telecom tools to do so (e.g., Epic Decision Trees). As we work with each specialty individually in implementation, we will have conversations around current job responsibilities and discuss if any shift in FTEs to a more unified team is needed for better role clarity.

**Will there be a centralized call center (will cancer center calls that are currently going to one phone # be rolled into a larger call center)?**

- Although there may be more unified oversight over call center functions across specialties, we do not intend to become fully centralized. Cancer calls would ring to a team specifically dedicated to scheduling for Oncology, and the referral / patient would be routed to the appropriate disease specific team to handle scheduling as needed.

**Will there be a centralized initial visit intake team (folding cancer in with other specialties)? If so, will current fax #s for locations be rolled into one location?**

- Yes, there will be a unified team for transcribing external referrals (e.g., ensuring faxed referrals are entered into Epic). However, teams dedicated to Oncology would do the outbound calling to schedule referrals. Standing up this unified transcription team will involve technical considerations regarding fax routing.

**What is the Capacity Management team responsible for and who will oversee the capacity management work?**

- Capacity Management would be building upon the team that the Director of Patient Friendly Access currently oversees. The team will be responsible for managing and responding to change requests for Decision Trees (Epic scheduling protocol tools) and provider templates outside of daily changes. They will work with Cadence to make updates.



### Teams and Key Term Definitions

- **Executive Committee**
  - Alan Dalkin, MD, Art Saavedra, MD, Billy Petersen, MD, Brent McGhee, Doug Lischke, Gina Engel, MD, Howard Goodkin, MD, Jason Lineen, John Bennett, Karen Forsman, Karen Rheuban, MD, Kari Ring, MD, Katie Fellows, Lisa Badeau, Robin Parkin, Shayna Showalter, MD, Wendy Horton, \*Adam Weikel, \*Gary DeRosa, MD, \*Tracey Hoke, MD (\* Denotes Ad Hoc members)
- **In-Scope Departments**
  - Ambulatory Office Visits (within Medical Center, UVA/UPG-owned community practices (on full instance of Epic), UPG/Clinical Practice Group Practices); In-office Procedures; In-office diagnostics; Coordination with Radiology orders/scheduling after ambulatory visits; Coordination with OR scheduling; Infusions

- These areas are only for the initial project focus, but others may be explored with implementation
- **Support Services Workgroup**
  - Members: Operations Leaders, PFA team members, Financial Clearance and Registration leaders and team members, HIT, Communications, Data Analytics team members, and HR team members
  - Role: Creating process maps and producing work sets as directed by the steering committee, project leadership team, and the stakeholder council
- **Template/Template Build**
  - Provider appointment schedule built out on Epic that is used by schedulers to match the appropriate appointment type to the appropriate part of the provider schedule
- **One-Call Resolution**
  - Patient can resolve their original reason for calling within one call with the agent who answered that call. The goal is to avoid the process of transferring the patient from one agent or department to another, call hopping and call backs.
- **Decision Tree**
  - Logic based Epic functionality that walks the scheduler through the necessary steps to schedule a patient based on their information and the appointment criteria of the specialty/clinic/department