Ambulatory Operations April Progress Report

May 10, 2024

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Executive Summary

- One Team | United on Access Waves 1 and 2 optimization work is underway, with 7 of 12 specialties in progress.
- One Team Wave 4 will take a staggered approach to implementation, with Women's Health and two Internal Medicine sub-specialties in "4a" and five Internal Medicine sub-specialties in "4b." This concentration on fewer specialties over a shorter duration supports best use of resources and quality engagement with stakeholders.
- The Ambulatory Role Delineation project is focused on delineation of dialysis roles.
- University Medical Center will move to centralized instrument purchasing on May 15.
- The Virtual Care Fast service currently is underutilized. All clinics are encouraged to refer as appropriate to support patient access and alleviate Emergency Department overcrowding.
- While the early results of the E-Visits launch are positive, the billing team has flagged several key points for reinforcement with providers to ensure their E-Visits are billable.

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One Team | United on Access

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Did You Know?

Key Facts for Clinical Faculty

ONE TEAM
United on Access

Welcome to Did You Know? *This new report feature highlights key facts and information for faculty about One Team | United on Access.*

Did You Know Providers Can Start Clinic Early and End Clinic Late?

Starting clinic early or ending clinic later is possible but requires coordination with the access and clinical teams. For example, if you want to begin clinic at 7:30AM and go to 11:30AM, this would be possible. You can also start at 8:30am and end at 12:30pm.

Providers need to work with the clinic and access leadership to ensure the staff necessary to support the session are available. As you might anticipate, a change in schedule that accommodates you might be an imposition for the staff and, thus, coordination is required. If you want to make a change, please work with your clinic leaders. If you are unsuccessful, you can reach out to John Bennett who will put together the correct individuals to address this issue.

For more information

- Visit the One Team | United on Access Faculty FAQs.
- Contact John Bennett, Chief Ambulatory Operations Officer, your Ambulatory ACMO, your department chair, or send an email to ROneTeamUnitedonAccess@uvahealth.org.

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Did You Know?

Key Facts for Clinical Faculty

ONE TEAM
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Did You Know Residents and Fellows are excluded from One Team | United on Access Metrics and Standards?

One Team | United on Access follows ACGME guidelines for training resident and fellow physicians. Templates and patient volumes for residents and fellows are at the discretion of program directors. All residents and fellows are excluded from One Team metrics and template/compliance standards.

Learn more by referring to Q. 27 in the One Team | United on Access Faculty FAQs.

For more information

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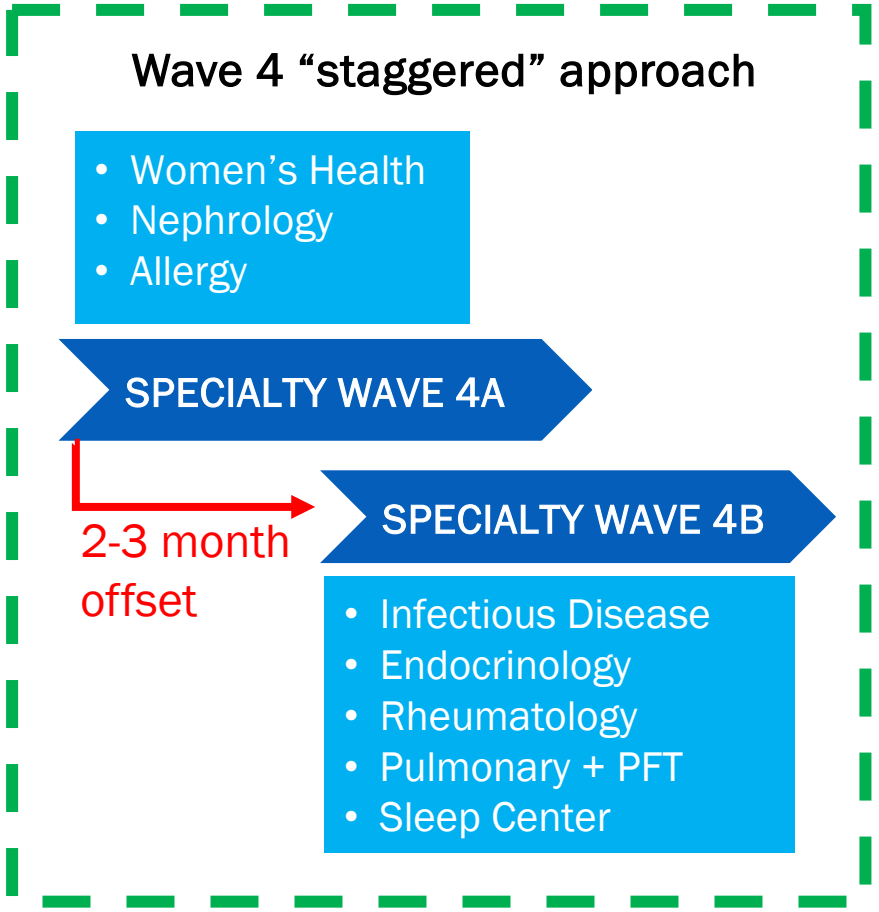
Waves 1 & 2 Optimization Underway

- Optimization work is underway with kick-off meetings for the first seven specialties completed in April (see chart) to understand pain points and optimization opportunities.
- Detailed work and timelines vary by specialty, but in general, in-progress teams are aligning on scope, developing timelines, and engaging workgroups to conduct the work.
- As a reminder, the optimization project stems from lessons learned over three implementation waves and will be targeted, intentional, and guided by data for key operational metrics (quantitative) and input from specialties (qualitative). Some examples of things that may be in scope include:
  - Decision tree end point discussion and adjustment
  - Specialty-specific visit types
  - Medical records collection workflow
  - Specialty-specific Pre-Visit Planning guides
  - Pre-Scheduling Triage workflow enhancements
  - Enhanced, targeted team member training

Specialty/ Focus Area	Kickoff
Pain	5/2/24
PMR	4/30/24
Plastic Surgery	4/29/24
Neurosurgery	4/26/24
Digestive Health	4/19/24
Orthopedics	4/10/24
Neurology	4/10/24
Heart & Vascular	Group B
Urology	Group B
Spine	Group B
Colorectal Surgery	Group C
Pelvic Medicine	Group C

Wave 4 Will Take Staggered Approach

- As Wave 4 work progresses, a staggered timeline has been developed to better support the 8 specialties implementing in the wave.
- Why a staggered approach?
  - Concentration on fewer specialties over a shorter duration supports best use of resources
  - Fewer specialties allows for higher quality engagement with stakeholders
  - It will enable more focused optimization efforts for Waves 1 & 2
- Communication planning and current state observations of scheduling, triage, and pre-visit planning practices of the 8 Wave 4 specialties are also currently in progress.



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Implementation Timeline: Updated as of May 2024

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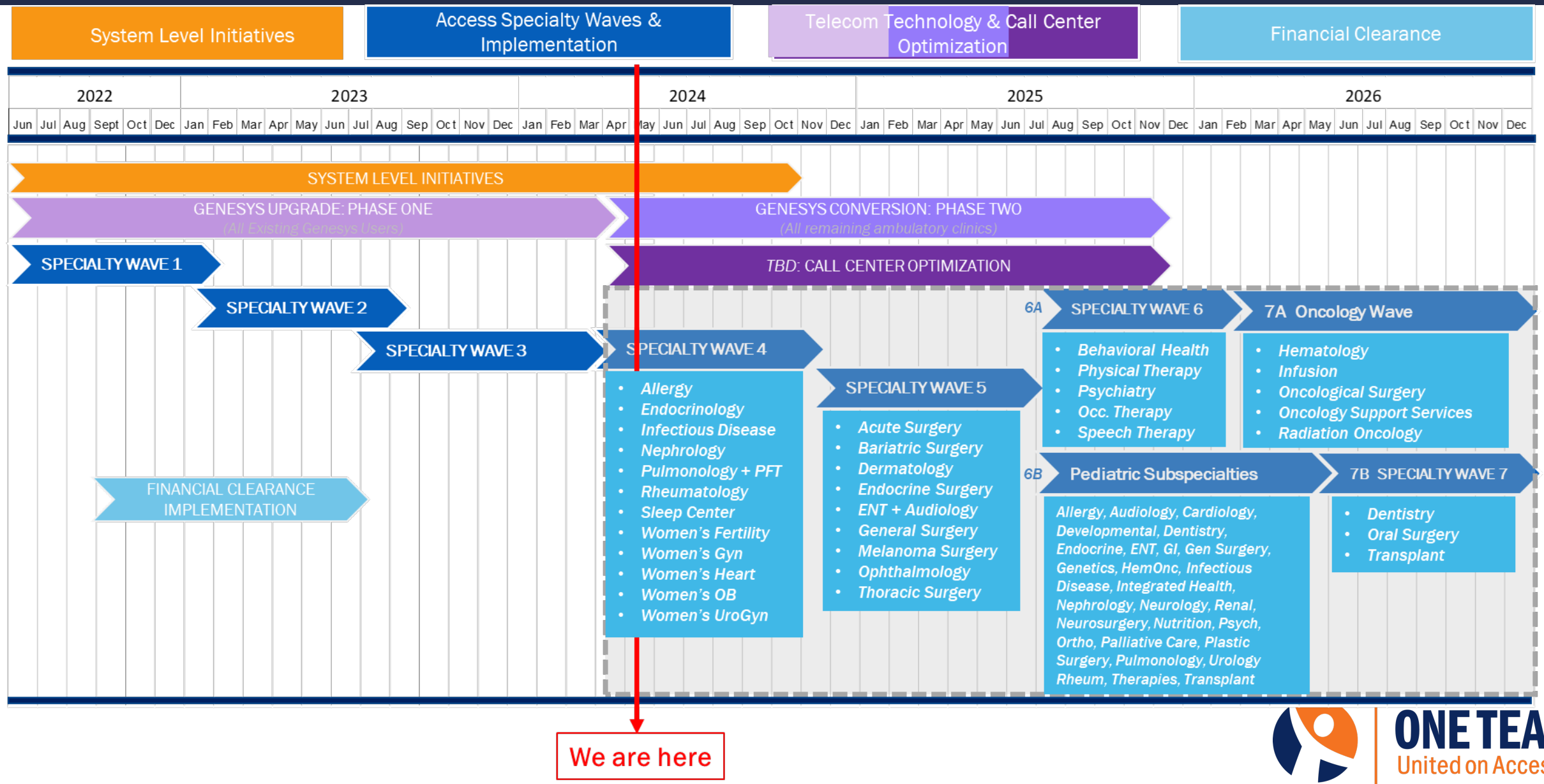

ONE TEAM
United on Access

New Members Broaden Representation on One Team Steering Committee

The following leaders recently joined the One Team Steering Committee:

- Becky Compton, DNP, MBA
- Bill Lombardi, DNP, RN
- Blake Herring, MSN, RN
- Brad Kesser, MD
- Karin Skeen, PhD, RN
- Mitch Rosner, MD
- Paola Gehrig, MD
- Scott Just, MD

They join these current members:

- Alan Dalkin, MD
- Andrea Garrod, MD
- Billy Petersen, MD
- Brent McGhee, JD
- Gina Engel, MD
- Jason Lineen, MBA
- Jim Min, MD
- John Bennett, MHA
- Karen Rheuban, MD
- Kari Ring, MD
- Katie Fellows, MBA
- Lisa Badeau
- Rachel Nauman, DNP, RN
- Robin Parkin
- Shayna Showalter, MD
- Stephen Keiser, MBA

Responsibilities of One Team Steering Committee

- Serve as a champion of change for the ambulatory access vision
- Support the communication of project goals and outcomes
- Ensure direction aligns with overall UVA strategic goals and timelines
- Escalate and help manage any risks
- Solicit support from team members on execution of design

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Ambulatory Role Delineation Project

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ARD Focusing on Dialysis Roles

- The ARD Project Team began working on delineation of dialysis roles on April 22 in partnership with dialysis leaders Dwayne Phillips and Toynetta Morgan.
- The team has completed its current state analysis of dialysis roles and updated job descriptions and Onboarding Competency Assessment (OCA) forms for the following roles:
  - Dialysis Assistant
  - Dialysis Administrative Assistant
  - Dialysis Technician
- Next steps:
  - Engage dialysis team members identified as subject matter expert (SME) – champions to contribute to job descriptions and OCA review and validation
  - Finalize job descriptions and OCA forms and submit for Steering Committee approval
  - Begin implementation preparations
- Save the Date: Dialysis Town Hall Wednesday, May 29 at 12 noon

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Additional Ambulatory Developments

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Ambulatory Clinical Quality Collaborative

Recent and In-Progress Work

- Key metrics for adult patients defined: BP, BMI, and Tobacco metrics
- HIT (Epic and Data Analytics) resource partners identified for
  - Epic logic build
  - Epic dashboard build
  - Data portal Clinical Quality Metric tiles build
- Gathering of baseline and benchmark data against which to set goals in progress

Next Steps

- Define the interventions/process measures (e.g., rooming SOP and new Epic workflow builds)
- Develop education and communication plan
- Implement tests of change

Contact

- Rachel Nauman, DNP, RN, administrator for ambulatory nursing

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Virtual Care Fast Under-Utilized, Available

- **The UVA Health Virtual Care Fast service is currently under-utilized. All clinics are strongly encouraged to refer as appropriate to support patient access and alleviate Emergency Department overcrowding.**
- Virtual Care Fast is a convenient option for patients when they cannot be seen in clinic for various needs (see box at right). **It is available to any Virginia resident.**
- Hours: Monday – Friday, 8 a.m. – 5 p.m.
- Scheduling:
  - Appointments are self-scheduled online, with or without a MyChart account, at: uvahealth.com/services/virtual/urgent
  - Clinics should provide this link or tell patients to Google "UVA Health virtual care," which will direct them to this page for self-scheduling
- If the referring clinic deems that the patient needs labs or in-person evaluation, the clinic may schedule them for an in-person visit at UVA Health Same Day Care.
- Questions or feedback: contact Ben Dolewski, Ambulatory Operations Director

Issues treated by Virtual Care Fast

- Allergies, runny nose, sore throat, ear pain, sinus pain
- Rashes, small cuts, abrasions, insect bites
- Fever, cough, body aches
- Upset stomach, diarrhea, nausea
- Urinary complaints (urgency, burning when urinating)
- Bone, joint pain unrelated to a major injury

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Process Change: Centralized Instrument Purchasing
(University Medical Center)

To help ensure that team members have the quantity and quality of instruments they need to deliver patient care, the University Medical Center will shift to a centralized purchasing model for all clinical instruments, effective May 15.

- **Replacement of Defective Instruments**: If an instrument is sent for sterile processing and deemed defective, a replacement instrument will be returned at no cost to the unit or clinic.

- **Local Purchasing to Cease**: Centralized purchasing will be managed within the Perioperative Services Department. Individuals currently ordering instruments for their unit or clinic will no longer perform this task as of May 15.

- **Etching to Cease**: The Medical Center will stop etching names on new instruments on May 15. As we move to a shared, centralized inventory, units/clinics will receive instruments etched with the names of other units/clinics – these etchings should be ignored. As our inventory turns over, etched instruments will be phased out.

- **Sterile Processing Requests Move to REDCap**: The paper Instrument Tracking Form that accompanies items submitted for sterile processing will be replaced by a new online tool built on the REDCap platform in the coming weeks. This tool will not be live by May 15. Until notified, teams should continue to use the paper Instrument Tracking Form.

- **Questions:** Managers should reach out to their directors for support or with questions. The email CLCentralizedInstrumentPurchasingSupport@uvahealth.org also has been created for questions.

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E-Visits: Ensure That Your E-Visits Are Billable

While the early results of the E-Visits launch are positive, the billing team has flagged several key points for reinforcement with providers using E-Visits:

1. Per CPT/AMA, E-Visits MUST originate from a **patient-initiated MyChart message**- not a phone call. They also cannot stem from a conversation initiated by a provider.

2. When a patient is instructed to report back after an in-person or virtual visit an E-Visit may not be used to respond to those questions. The service in that scenario is considered provider initiated.

3. Use the auto–generated notes template in Epic for E-Visit notes and complete all fields. This template collects all the information required to bill for the E-Visit, including **the date of the patient initiated MyChart message** that led to the E-Visit. Please do not delete any fields from the template.

4. **If E-Visit documentation is incomplete or non-compliant, it will not be billed.**

A detailed provider FAQ is available and should be reviewed and kept on hand if you plan to use E-Visits:
https://ambulatoryops.uvahs.org/sites/ambulatoryops/assets/Resources/E-Visits/E-Visits_Provider_FAQs.pdf

E-Visit Resources

- Provider FAQs
- E-Visit User Guide on ELL
- Provider message (sent 2/21)
- Email ASKUPGACC@uvahealth.org for billing questions.

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Champions of Change

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Thank you to our April 2024 Champions of Change!

Claire O'Donnell, Manager, Capacity Management, UVA Health Access

Claire was recently recognized as a 2024 Patient Access Champion by the Patient Access Collaborative. Below is an excerpt from her nomination by Ambulatory ACMOs Alan Dalkin, MD, and Gina Engel, MD. Congratulations, Claire, and thanks for being a Patient Access Champion *and* a Champion of Change!

"Claire O'Donnell is wonderful to work with and has helped enforce and create best practice. Among the best practices instituted, she has helped make clear what our system standards are for creating a template. She has helped educate our access team members, department leaders, and individual providers. Through her efforts, we have clear and concise documentation of guidelines and FAQs that serve as a critical resource across the ambulatory enterprise. She has led many difficult conversations and is always a model of professionalism. Claire listens to the concerns and the nuances that occur within varying departments and creatively solves problems to help people meet the system standards while simultaneously having a session that works for the provider and the clinical team. She has helped us maintain a consistent standard approach with thoughtful flexibility and understanding that every area is not the same."

Mark Shaffrey, MD, Professor and Chair, Dept. of Neurosurgery

"Dr. Shaffrey is an exemplary model of the physician-leader. Through Wave 2 of One Team and now the optimization work, he has been a thoughtful, collaborative, and insightful partner to the Access Implementation Team (AIT) and our Access leadership team. He is a strong advocate for his department, while understanding the need to advance from the status quo. He is not afraid of iteration and understands it is part of effective growth and change. On behalf of the entire Access team, we are grateful for Dr. Shaffrey's partnership and leadership.

–Katie Fellows, Administrator, UVA Health Access