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Ambulatory Operations August Progress Report

August 31, 2023



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Executive Summary

- One Team | United on Access Wave 3 is progressing on schedule, with project guardrails near final and template and scheduling tool design slated to start in September.
- As the project looks to long-term sustainability, One Team-related support and continuous improvement opportunities will be overseen by the Access team.
- The Ambulatory Role Delineation Project will focus the remainder of the year on supporting clinic leaders with implementation of the first three phases. Work on the remaining groups will resume in January 2024.
- The Same-Day Clinic that opened July 11 is thriving and will add APP appointments in late September to accommodate primary care overflow.



One Team | United
on Access

Recent Progress

Wave 1

- 98% of template/tool issues identified (272 total) have been resolved for Wave 1 specialties

Wave 2

- All specialties have transitioned to long-term sustainability with Access Implementation Team.
- 96% of template/tool issues identified (239 total) have been resolved for Wave 2 specialties
- Key lessons learned compiled for future waves

Wave 3

- Adult and Pediatric Primary Care Leadership Accountability Groups met throughout August to define primary care guardrails for development of tools and workflow design process. Specific issues addressed include how to manage sick/urgent patients; how to use provider panels to inform patient scheduling; and approach to primary care provider templates, including learners (residents and fellows).
- Primary Care clinic observations and survey completed to enhance understanding of current state operations and inform Wave 3 work.

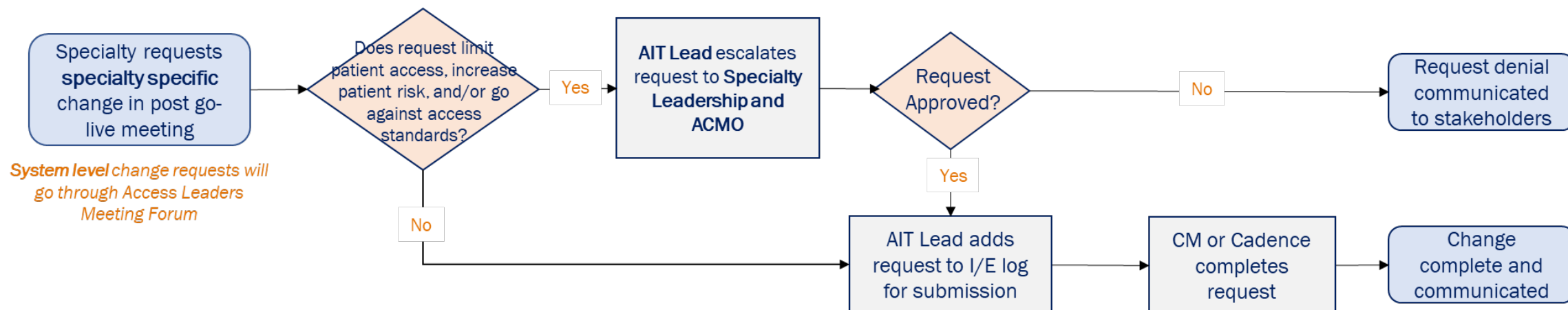
Recent Progress (cont.)

System-Wide Initiatives

- Genesys Migration – Roll out of the first wave of phone migrations was delayed from August to resolve outstanding technical issues, many related to integration with various platforms including Epic and Globo interpretation services.

Sustainability and Long-Term Support

- One Team-related support and continuous improvement opportunities overseen by Access team.
- Process established for specialty-specific requests for changes to templates and decision trees (see chart below). Access Implementation Team, Capacity Management Team, and HIT will oversee this process to ensure changes align with patient access principles and are vetted and resolved as appropriate.



Upcoming Milestones

Wave 3

- Adult and Pediatric Primary Care Leadership Accountability Groups to finalize primary care guardrails.
- Vet and verify current state research findings with specialty stakeholders to inform Wave 3 work.
- Adult and Pediatric Primary Care work groups will launch in September to begin work on decision tree and template designs

System-Wide Initiatives

- Genesys Migration – Teams will continue work to resolve technical integration issues in preparation for first wave of migrations. A Genesys governance group is being formed to coordinate technical and operational oversight and decision making.
- Access Policies – Work on Wait List, Recall, and Appointment Reminder SOPs to begin in September.

Key Learnings – Wave 2

- **SuperUser Training** – Engage key specialty and operational leaders in SuperUser training to promote clinic readiness and ensure process adoption at go-live.
- **Robust End-to-End Testing** – Support project members ability to fully test access workflows to reduce clinic-identified issues post-go-live.
- **Coordinated Go-Live Support** – Ensure project support team members are allocated equally across go-live command center and on-site, at-the-elbow support to facilitate prompt issue resolution.
- **Proactive Patient Rescheduling** – Allow specialty operations teams to begin rescheduling patients into the new provider templates as soon as possible prior to go-live so focus can be new processes and workflows at go-live.



Measuring Our Impact: Improving Performance in Access Metrics

Wave 1 specialties improving performance in key Access metrics*

 **22%**

Scheduled Visits

*Increased Average Monthly Vol. from
14,218 to 17,307*

 **12%**

New Patient Scheduling Lag

Decreased from Average of 59 to 53 Days

 **60%**

Reduction in Visit Types

Decreased from 266 to 107

 **10%**

Completed Visits

*Increased Average Monthly Vol. from 9,366
to 10,272*

 **15%**

4 Hour Sessions

*Adherence increased from 63% to
78%*

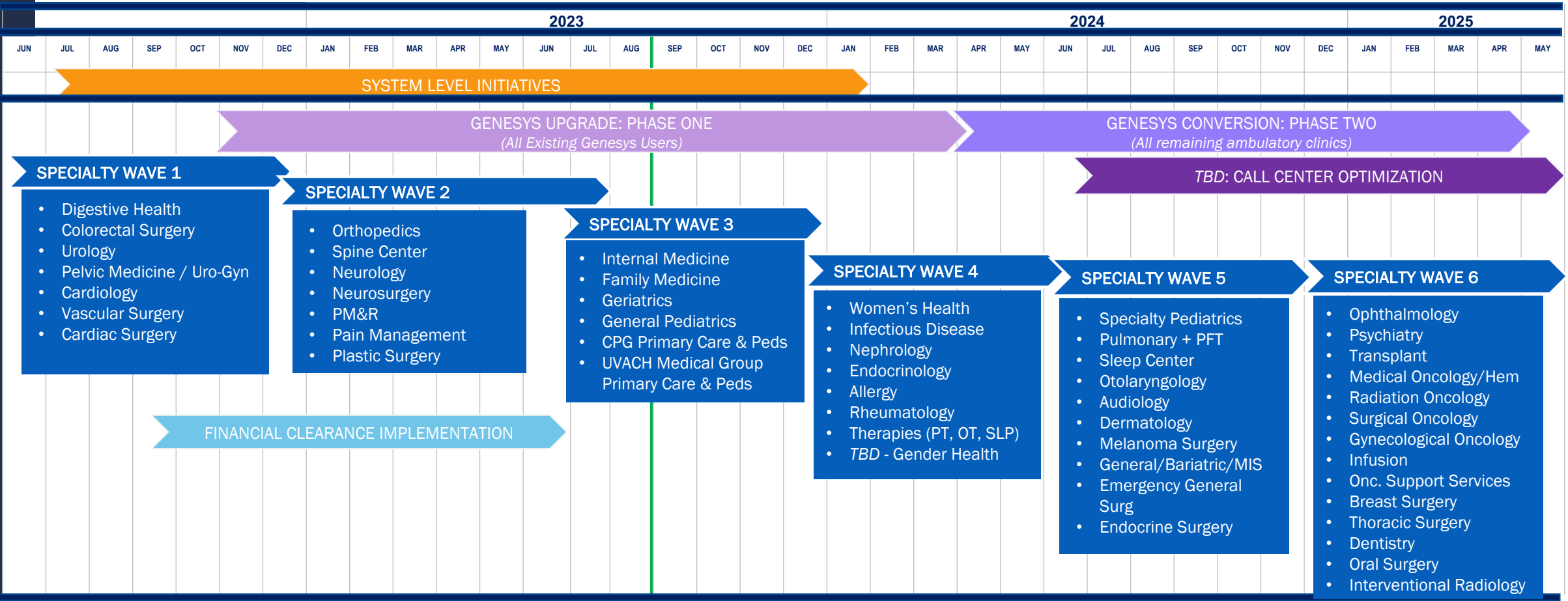
 **15%**

**Service Level
(Answered w/in 30 sec)**

Increased from 53% to 68%

*Data is aggregated on monthly average post-live timeline baselined against a monthly average for 1 year pre-go-live.

One Team Implementation Timeline



We are here

*Future waves are subject to change.





Ambulatory Role Delineation Project

The ARD Project scope includes all UVA Health Ambulatory clinics, however, UVACH Medical Group clinics will not implement until 2024.

ARD Focused on Implementation through EOY

Group 3a Status

- Post-implementation town hall completed Aug. 24
- Access leaders continues to gather information to inform delineation of CPG Access and Administrative Support roles. The next step will be to discuss options with clinic managers and directors.

Project Implementation Focus

- The project team will focus the remainder of the calendar year on supporting clinic leaders with implementation of the first three groups (Clinic Support, Nursing, Administrative Support). Work on the remaining groups will resume in January 2024.

ARD Implementation Basics

What steps should managers take to implement ARD changes?

1. Read the [implementation guides](#) to better understand how the changes affect your clinic(s).
2. Review job description and OCA updates with all relevant team members.
3. Update OCA forms for newly delineated roles by the respective deadlines.
4. Continue using updated OCA forms and job profiles for onboarding and annual needs.
5. Reassess and redesign your clinic staffing model in partnership with Triad leaders to account for newly delineated roles.

Visit the [ARD website](#) for more information and [contact the project team](#) for implementation help!

Implementation – OCA Completion Deadlines

Group	Review New OCA Form(s) by	Roles Impacted
1- Clinic Support	Jan. 30, 2023	<ul style="list-style-type: none"> • Medical Assistant Ambulatory (CMA, CCMA, RMA, NRCMA, NRCAMA, MA Trainee, APAC) • Patient Care Tech Ambulatory (PCT, CNA, EMT) • Patient Care Tech Dialysis
2- Nursing	Dec. 1, 2023* <i>*For most competencies, these will be transcribed from existing OCAs.</i>	<ul style="list-style-type: none"> • RN • RNCC • Clinical Program Coordinator • Ambulatory Charge Nurse • Ambulatory LPN • Medical Assistant Ambulatory • Patient Care Tech Ambulatory
3a- Administrative Support	Oct. 2, 2023	<ul style="list-style-type: none"> • Ambulatory Clinic Administrative Coordinator (formerly Ambulatory Administrative Coordinator)

ARD Impact to Date

Roles Assessed & Delineated

- Group 1: *Clinic Support* – CMA, CCMA, RMA, NRCMA, NRCAMA, MA Trainee, APAC, PCT, CNA, EMT
- Group 2: *Nursing* – RN, RNCC, CPC, Charge Nurse, LPN
- Group 3a: *Administrative Support* – AAC, MOA-Sr, MOS

Results by the Numbers

- Redundant or outdated job profiles eliminated: **24**
- Job profiles revised: **15**
- OCA forms revised: **10**
- Frontline SME-Champions engaged: **85+**



Performance Data & Metrics

FY24 Metrics Reminders

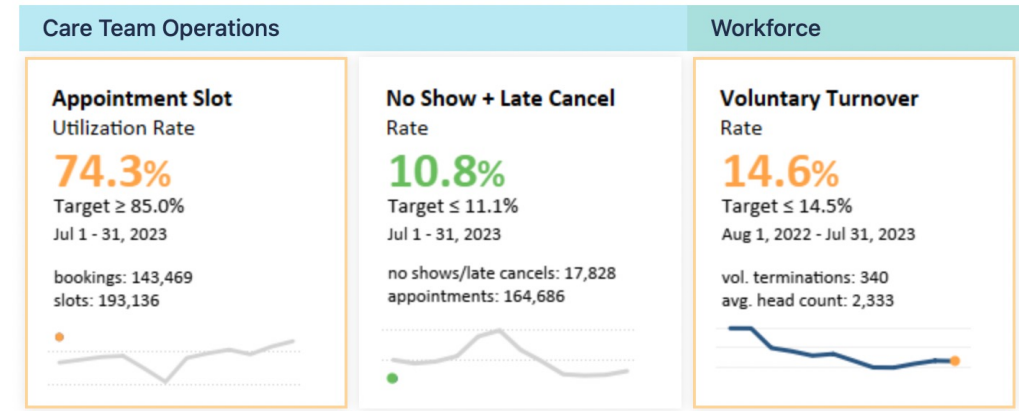
Improving the Accuracy of Key Access Measures

- Four-Hour Session Adherence is based on sessions that are 4 hours in duration, a change from 3.5 hours.
- Appointment Slot Utilization reflects template unavailable reasons, including newly exempted meetings.
 - *Access team members cannot change unavailable reasons after the appointment date has closed. Epic automatically closes a day three days after the date of service.*
- Four-Hour Session Adherence and Appointment Slot Utilization are FY24 DAR goals and both have targets of 85%.
- Learners (residents and fellows) with templates have been removed from department metrics calculations.

Overall Operations

UVA Health Ambulatory July 2023

■ Meets target ■ Between target & threshold ■ Unfavorable to threshold





Additional Ambulatory Developments

Same-Day Clinic Launches, Expanding in Sept.

Overview

- Opened July 11, 2023, at 1222 JPA
- Currently offering nurse visits only for patients referred by the ED, Continuum, and OPAT (*SDC is not a walk-in urgent care clinic* – patients must be referred)
- Objectives are to increase patient access, reduce low-acuity patient visits to ED, reduce readmission

Care Summary to Date

- More than 100 appointments to date
- Common visit types: PICC line care, rabies vaccines, antibiotic infusions, wound care

What's Next?

- Adding APP visits in late September to accommodate minor injury and illness appointment overflow from primary care clinics – watch for details to come.



Impromptu ribbon cutting to celebrate Same-Day Clinic opening on July 11.



Champions of Change

Thank you to our Aug. 2023 Champions of Change!



Steven Tang, MD
Family Medicine Gainesville

“Dr. Tang has a lengthy record of supporting and advocating for changes that improve the experiences of patients, team members, and providers. In addition to his busy family medicine practice, Dr. Tang has and continues to serve on numerous health system advisory groups and project teams, including Epic and MyChart. As a member of the One Team | United on Access Adult Primary Care Leadership Accountability Team, his input is always thoughtful and pragmatic, and his genuine commitment to continuous improvement is one we should all strive to model.” Thank you, Dr. Tang!

– James B. Min, MD, Interim Physician Market Executive, UVA Community Health



Victoria Sims
Senior Manager, Access Operations, UPG Clinical Practice Group (CPG)

“Victoria has fully embraced and supports the movement to a common access model across UVA Health. In doing so, she has approached the Access organization transition from the CPG Practice Managers to UVA Health Access in a collaborative and comprehensive way, prioritizing stakeholder communication while keeping everyone focused on the purpose, goals, and desired outcomes of the transition. Victoria also has led critical data collection work to support the Ambulatory Role Delineation Project and her institutional knowledge of the UPG Clinical Practice Group has been invaluable to the One Team project.” Thank you, Victoria!

– Katie Fellows, MBA, Administrator, UVA Health Access