Ambulatory Operations Progress Report
December 22, 2022

Dear Colleagues,

The holiday season is in full swing and in Ambulatory Operations, a tremendous gift has already arrived: after much planning, coordinating, building, and training, our first go-live of the One Team | United on Access project has launched! Congratulations to the Colorectal, Pelvic Medicine, Urology, and Digestive Health, and soon-to-launch Cardiology and Cardio and Vascular Surgery specialties!

As we implement changes big and small across Ambulatory Operations, it's important to remember that change is an imperfect and often messy process. We should expect bumps in the road. What's critical to success is that we listen and respond, that we learn and apply lessons moving forward, and that we never forget why we're doing this work: for our patients.

We are filled with optimism, gratitude, and excitement about what 2023 holds for our team and the opportunity to realize our full potential as the health system's front door. We are ever grateful for your individual and collective contributions.

Warmest wishes for a joyous holiday season and a transformative new year,

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Chief Ambulatory Operations Officer

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Associate Chief Medical Officer – Medicine

Gina D. Engel, MD
Associate Chief Medical Officer – Primary Care

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Associate Chief Medical Officer – Surgery

One Team | United on Access | Major Milestone Reached with Wave 1 Go-Live

With a staggered go-live over several weeks starting November 30, four of six Wave 1 specialties are now live and operating in the transformed access environment and we are meeting expectations both in terms of progress and challenges. Case in point: after an initial (and expected) dip, daily scheduled visit volumes have stabilized and are starting to exceed pre-go live levels. Decision trees are being widely used and yielding fewer scheduling discrepancies. Pockets of low decision tree compliance do exist but are largely isolated to areas with lower patient volume and thus fewer opportunities to practice the new process. Another early learning from Wave 1 is that Epic training needs to be improved and expanded. These are not the only nor the last hiccups that we will encounter in this complex project. We continue to work closely with clinics to support staff as they become comfortable with their new workflows. Importantly, we are committed to working through these and all issues until they are resolved. We will be holding formal meetings with each specialty over the next month to review their metrics and discuss their feedback on the go-live and the new processes. Read below for more detail on Wave 1 go-live.

To help prepare future wave providers, the Faculty Communications Council sponsored a One Team | United on Access clinical faculty roundtable on December 14 to brief providers on the project and address questions. The meeting featured multiple physician perspectives and a candid and productive discussion ensued. The meeting recording will be shared with faculty and all who did not attend are strongly encouraged to watch. A similar meeting is being scheduled for advanced practice providers.

DECEMBER KEY MESSAGES

December Key Learnings	• Teamwork and thoughtful communication are the cornerstones of a successful go-live and to identifying and resolving issues quickly. • Wave One specialties have learned about various tools such as Tags within Decision Tree Scheduling to flag various appointments for additional needs, such as Priority Tiering, Warm Transfers, and Nurse Triage. This allows both schedulers and the clinical team to sort and filter appointments in their work queue based on different scheduling needs. • Wave One specialties have also learned about setting up advanced filters within their specialty work queues. Advanced filtering is a resourceful tool for the clinical team to use when working through the Pre-Visit Planning and Nurse Triage work queues, allowing for an efficient way to track and monitor progress for subsets of appointments.

Work Started or Finished	• Wave One Specialties have followed a phased go-live approach over the course of this month. Go-live is inclusive of Decision Tree Scheduling, new work queues for Pre-Visit Planning, Nurse Triage, and Scheduling, as well as Template Optimization. During this go-live period, UVA One Team stakeholders for each specialty have provided on-site support for schedulers and held daily debriefs with specialty leadership to address and prioritize issues or enhancements as they are identified. In addition, UVA One Team stakeholders are monitoring go-live metrics to track the impact of these initiatives and ensure they are functioning as intended. Go-live metrics include daily scheduled visit volume, decision tree compliance, and records turnaround time and completion, among others.
	• Additionally, optimizations to the medical records collection process went live mid-December. The HIM team will collect external medical records for Wave 1 specialties using Care Everywhere and E-Health, supporting the goal of allowing clinic staff to focus on in-clinic responsibilities. Like other go-lives, there will be a transition period as the changes take hold and gaps are identified and resolved.
	• Wave Two specialty kick-off meetings are currently underway and will continue through the month of December into early January. The tentative go-live for Wave 2 is May/June 2023.
	• System-wide initiatives:
	   o The Access Policies Workstream is finalizing approvals and signatures for the Late Arrival/Late Cancel/No Show Policy. Training and communication to prepare for implementation has begun and will continue through January, with a goal to go-live on February 1.
	   o The MyChart Pre-Visit Update Optimization team has determined how best to consolidate pre-visit notifications to patients with multiple appointments. Technical updates to enable this functionality are in

	progress and a system-wide go-live is planned for early in the new year. Additionally, a pilot will be conducted to test the impact of eliminating the health-history questionnaire and replacing the COVID screening questions with an attestation. ○ The Access Metrics and Reporting Workstream has focused efforts on pulling data to inform key performance indicators for Wave One. In addition, this group continues to develop a framework for access and operations reporting dashboards. ○ The Phone System and Call Center Planning Workstreams continue to develop a future-state roadmap. Detailed work to kick off in the new year.
Kudos and Acknowledgments	• We would like to give kudos to all the Wave One specialties for their continued collaboration, support, and dedication to the United on Access project during the go-live period of this project. We are very appreciative of every stakeholder who has contributed both their time and effort to ensure that our go-lives are successful. Thank you!
What's Next?	• Wave One specialties will continue to work through the new go-live initiatives with "at-the-elbow" support, daily go-live debriefs, and go-live metric monitoring. Project teams are monitoring progress, optimizing any changes, and will begin to implement long-term metric tracking to ensure desired outcomes. Lessons learned are being collected so they may be applied to successive project waves. • Wave Two specialties will continue to hold kick-off meetings through December and early January, then transition into specialty design workgroups in the new year. • Late Arrival/Late Cancel/No Show policy will continue to roll out training information and other details to access leaders, clinic leaders, and providers across all UVA Health entities.

Ambulatory Role Delineation | Focus Turns to Nursing Roles, Town Halls Jan. 6 and 13

The ARD project team has turned its focus to Group 2: Nursing roles, starting with RN Care Coordinators (the complete list of in-scope nursing roles includes: RN, LPN, LPN Supervisor, RN Care Coordinator, RN Supervisor, and RN Travelers). Group 2 work is expected to run through May, including implementation. To provide an overview of the ARD project process and gather input ahead of its technical review, the ARD team will host virtual town halls on January 6 and 13 at noon for anyone in an ambulatory nursing role, as well as clinic managers and directors. Clinic leaders will receive details via email, and they will also be posted on the ARD site.

We also offer our ongoing support to clinic managers, directors, and clinic support staff who continue to work through implementation of Group 1: Clinic Support Staff changes, working toward a January 30 completion date. Feedback on this implementation has been largely positive, and the feedback loop is working, with questions raised and resolved around CMA medication preparation, IV insertion, and urinary catheter insertion. We are grateful to our CMAs and clinic leaders for flagging these questions and working with us to resolve them. A guiding principle of the project is to empower team members to work both *within* and at the *top* of their scope.

Performance Metrics | Dive into the Details to Get the Full Story

The devil is in the details, as they say, and that idiom certainly holds true when it comes to our ambulatory data and analytics. We ask clinic leadership triads and providers to keep the following points in mind as you navigate the data portal:

- Look at the data in the scorecard, not just the clinic rankings. If the rankings are the headline, the scorecard is the story that follows.

- Let's partner: our aim as Ambulatory leaders (CAOO, ACMOs, and Nursing Administrator Rachel Nauman) is to connect with lower-performing clinics to dig into the data and identify opportunities for improvement. We also encourage clinic leaders to reach out to us proactively to schedule a conversation, and to look to peers at other clinics as partners in solving shared challenges.

- If you think a metric is being reported incorrectly, take a closer look at the data that is being input. In almost all cases, data is pulling accurately and from the correct source, so at issue is the data that is input. As shared last month, a common example of this scenario is slot utilization. Today, some provider templates are not appropriately built and some activities that should not be included in the slot utilization calculation are included because the wrong designation is in the template (updates that will ensure that the data collected from templates accurately reflects when providers are in clinic are slated to take place over the next several months).

In other scorecard news, a Referral Processing metric currently is being tested on the beta site through mid-January. It measures the percentage of referrals processed vs. the total number of referrals received and how that rate compares against organizational goal. Please send any feedback on this proposed addition to Project Manager Katie Pennock KVP2Q@uvahealth.org.

Celebrating Success | Crowning Our Inaugural Champions of Change: Wave 1 Specialties

As we kicked off last month, each report will highlight an individual or team going above and beyond in support of our transformation. This month, we crown our inaugural Champions of Change. What makes a Champion of Change?

- Understands and embraces the vision for Ambulatory Operations
- Asks questions and otherwise demonstrates a commitment to change
- Facilitates change by sharing information, ideas, and support to team members and peers
- Works to overcome barriers to change

We can think of no better team members to bestow with this initial Champions of Change honor than the Wave 1 specialties who took the time, made the investment, and had the courage to embrace the vision of One Team | United on Access by going first. They are truly pioneering the future for UVA Ambulatory. It was not easy and not always pretty, but your work is clearing the way for enhanced patient access *and* an enhanced team member experience at UVA Health. Congratulations and heartfelt **thanks to Colorectal, Pelvic Medicine, Urology, Digestive Health, Cardiology, and Cardio and Vascular Surgery for being Champions of Change!**

We Welcome Your Ideas and Suggestions

No matter your role at UVA Health or whether you come to us for your own medical care, we welcome your thoughts and input as we move our vision of being best-in-class toward reality. Please email messages to: ROFFICEOFTHECAOO@uvahealth.org.

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https://ambulatoryops.uvahs.org