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Ambulatory Operations February Progress Report

March 14, 2024



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Executive Summary

- A new report feature has been added to help ensure that faculty have the key One Team | United on Access project information they need. See slides 5-6.
- One Team Wave 3 clinics continue to show strong performance post-go live. The post-go live survey of providers, clinical team members, and access associates is expected to launch at the end of March.
- One Team Wave 4 planning for Medicine Subspecialties and Women's Health is underway and more details are expected to be shared soon.
- Providers and clinical teams are reminded that effective fall 2023, only LIP's may remove/discontinue medications from patient medication lists.
- E-Visits are on track for go-live on March 15. Communication to patients about potential message billing via E-Visits has launched.



One Team | United
on Access

Did You Know?

Key Facts for Clinical Faculty



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 Have Flexibility With Session Hours?

Flexibility is important to allow faculty to deal with professional and personal obligations that might occasionally conflict with clinic hours. This is why United on Access sets the expectation that physicians will meet the four-hour clinic session adherence standard 85% of the time. If there is an emergency, personal need, or an academic obligation that occasionally presents itself during clinic, the 85% expectation allows the flexibility to fulfill these obligations but still meet the United on Access standards. It is requested that physicians provide advance notice, at least for elective absences, so clinics can notify patients that an appointment may need to be rescheduled.

New Metric Created to Support Flexibility

Based on feedback from faculty, changes have been made to the metrics as well. The Four-Hour Session Adherence metric is still in place. Physicians still need to create four-hour sessions in their templates. Another metric has been added – Scheduled Slot Adherence – that complements the Four-Hour Session Adherence metric and offers greater flexibility in how to utilize the four-hour sessions. The intent of this new metric is to allow physicians to pursue the other academic missions (teaching, research, etc.). It is not intended to allow physicians to start clinic late or to end clinic early on a recurring basis.

For more information

- For an example illustrating the new Scheduled Slot Adherence metric, please visit the [One Team | United on Access Faculty FAQs](#).
- If you have any questions about One Team | United on Access, please reach out to John Bennett, Chief Ambulatory Operations Officer, your [Ambulatory ACMO](#), your department chair, or send an email to ROneTeamUnitedonAccess@uvahealth.org.

Did You Know?

Key Facts for Clinical Faculty



Did You Know Feedback from Faculty Has Focused on Flexibility, Staffing, and Operations?

Feedback from faculty about United on Access has focused on providing flexibility with template standards, staffing, and other operational concerns. UVA Health Leadership have listened and worked to be responsive to physician concerns while staying true to the project's fundamental goals of patient-centered care. Examples of this responsiveness include the following:

- Allowing flexible start/end times for clinic sessions as long as this is coordinated with staff
- Adding 90 minute or less sessions that are not included as part of the metrics
- Implementing MyChart changes to patient messages to encourage more appropriate patient use of MyChart

- Decreasing primary care physician panel target sizes below the expected national median resulting in a decrease in the number of required new initial visits. We will continue to have dialogue on panel size targets to account for patient complexity and other markers of health.
- Adding asynchronous slots so that physicians have the ability to catch up on charting and other patient related work. The addition of asynchronous slots for primary care is underway with plans to look at this option on an enterprise scale in the future.
- Adding the new metric, Scheduled Slot Adherence, to provide flexibility to pursue other non-clinical academic missions
- Decreasing the number of new initial visit slots
- Granting exemptions from the metrics for grand rounds, tumor boards, many multi-disciplinary clinics, and out of town conferences.
- Enabling primary care physicians to bill for MyChart message responses as appropriate/eligible effective Mar. 15.
- Implementing operational improvements such as new protocols (e.g., point of care testing) and MyChart/Epic enhancements to help improve clinic operations and reduce provider in basket work.
- Increasing investment in recruiting and staffing efforts to support clinic operations (ongoing).

For more information

- For an example illustrating the new Scheduled Slot Adherence metric, please visit the [One Team | United on Access Faculty FAQs](#).
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Recent Progress & Upcoming Milestones

Wave 3

- We end this month celebrating two successful One Team go-lives across Adult and Pediatric Primary Care teams. Both groups have already:
 - Seen over 90% of their teams successfully use the decision tree to schedule visits.
 - Have transitioned to centralized medical records collection.
- The Adult and Peds groups will transition into long-term sustainability in March with ongoing meetings that will continue to address issues and discuss potential enhancement opportunities.

Wave 4

- Wave 4 planning conversations are underway, with Medicine Subspecialties and Women's Health as the planned participants.
- Design workgroups are targeted for kickoff later this spring.
- More details will be shared soon.

Recent Progress & Upcoming Milestones

System-Wide Initiatives

- **Genesys Migration** – *As a reminder, this initiative will migrate clinics to a new Genesys cloud-based phone system so each clinic will have the same functionality and reporting capabilities, and patients will have a more consistent user experience.*
 - Patient-Friendly Billing and Patient Financial Services went live with the new system on Feb. 29.
 - The Ophthalmology access team went live March. 13.
 - The Women’s Health access team is scheduled to go-live in April.
- **MyChart FastPass**
 - Discussions underway to implement FastPass for ZCSC Neurology.
 - A system-wide review is in progress to determine which clinics are actively using Fast Pass.
- **Enhanced Referrals**
 - The team is continuing to work with Neurology and Vascular to implement the new approach.
 - Behavioral Medicine and Diabetes Education reached out this month to express interested in the enhanced referral approach, joining Otolaryngology and Pulmonary in the queue for implementation.

Wave 3 Post-Go Live Survey Launching at End of March; Revisiting Pre-Go Live Results

- One Team is preparing the post go-live survey of Wave 3 providers, access and clinical team members for the end of the month. Be on the look out for this email seeking your feedback and look for results to be shared in this report.
- As we prepare to collect new data, it's timely to revisit some of the pre-go live survey results collected in late November and early December 2023 (the project team worked to address these concerns in go-live communication and ongoing).

I understand the purpose of the One Team | United on Access project.

Access: 85% agree / 13% disagree

Clinical: 65% agree / 33% disagree

Providers: 54% agree / 46% disagree

I understand the benefits the One Team project aims to deliver to patients and team members.

Access: 84% agree / 15% disagree

Clinical: 66% agree / 32% disagree

Providers: 43% agree / 56% disagree

What are you most concerned about with One Team? (open-ended response themes)

Access:

Project leading to scheduler job loss; Cross-location scheduling concerns and patients ending up at incorrect clinics; Project communication

Clinical:

Access workload shifted to RNs and nurses becoming “glorified schedulers”; Increased RN triage workload; Identifying and merging workflow nuances between MC, CPG, and UVACH

Providers:

Provider retention; Lack of control over provider schedules; Accommodating patient complexity



Ambulatory Role Delineation Project

ARD Project Coming to UVACH, Dialysis in April

- Since November, the Ambulatory Role Delineation (ARD) project team has focused on supporting implementation and sustainability of the previous 3 implementation groups: Clinic Support, Nursing, and Administrative Support.
- Starting in April (bumped from March), the project will begin working with Dialysis and UVA Community Health Medical Group (UVACHMG) to implement the newly delineated Clinic Support, Nursing, and Administrative Support roles. Once caught up, UVACHMG and Dialysis will be included in the remaining implementation groups.



Additional Ambulatory Developments

University Medical Center Joint Commission Update and Reminders

Joint Commission Ambulatory Areas of Focus

See the [March Clinical Practice Newsletter](#) for tips and reminders about proper maintenance and cleaning of medical equipment and suicide prevention in Ambulatory settings.

Local Document Cleanup

University Medical Center directors, medical directors, and managers need to complete a cleanup of local clinical practice guiding documents to ensure all are up-to-date and aligned with medical center policies and procedures. The Accreditation team is supporting this effort. Please share all local documents by emailing PolicyTechAdmin@uvahealth.org so the team can guarantee adherence to TJC standards and help upload documents to our central storage, PolicyTech.

Reminder: Survey Readiness Tools for Ambulatory

- [Leader Standard Work for Managers – Ambulatory](#)
- [Survey Readiness Tracer Tool – Ambulatory](#)
- [Introduction to the Daily Management System \(DMS\) course materials and registration information](#)
- [Performance Improvement Coach support assignments](#)
- [TJC Survey Readiness website](#) – bookmark this page!

Reminder: Medication Review & Reconciliation Process

Only LIP's may remove/discontinue medications.

- Effective fall 2023, the discontinue/delete (X) option for medications was removed from the medication list in Epic for non-LIP users. Instead, the RN/LPN, MA/PCT will choose “not taking,” to flag a medication for removal by the LIP.
- RN/LPN/MA/PCT should still review and document the appropriate response (taking, not taking, or taking differently) for each medication in the medication list.
- The LIP is responsible for reviewing the patient's medication list, discussing with the patient, and removing any medications that need to be discontinued.
- When reviewing medication refill requests, LIPs are responsible for responding to all related questions in the encounter. Failure to respond to questions from clinical team members often results in duplicative work.

Resources

- [Medication review microlearning video](#)
- [Medication Reconciliation Medical Center Policy v.1 \(policytech.com\)](#)
- [Medical Orders for Patient Care Medical Center Policy v.1 \(policytech.com\)](#)

Patient Communication About E-Visits Launched Ahead of Mar. 15 Go-Live

Status

- On track for Mar. 15 go-live

Patient Communication

- To support transparency about the possibility of a MyChart message becoming a billable E-Visit, patient notification about the change was delivered via MyChart the week of Feb. 26. An updated pop-up message that appears when a patient initiates a new MyChart message asking a medical question has also been deployed, notifying patients that their message may be billed as an E-Visit.

E-Visits Scope

- E-Visits are most commonly used in primary care, so the UVA Health rollout of E-Visits will start with adult primary care on March 15, 2024. Other departments may also request E-Visits from HIT at that time.
- Offered via provider order only – not discoverable to patients
 - *Future: consider making discoverable to patients*
- Three types of E-Visits available at launch:
 - General question; Dysuria (UTI); Heartburn

E-Visit Resources

For Providers

- [Provider FAQs](#)
- [E-Visit User Guide on ELL](#)
- [Provider message](#) (sent 2/21)

For Patients

- [Patient FAQs](#) (includes MyChart message and interruptive prompt; also on uvahealth.com)
- [Scripts for addressing common patient questions](#)



Champions of Change

Thank you to our Feb. 2024 Champions of Change!

Central Template Team and HIT Cadence Team

“Last month we recognized the Access Implementation Team for their tremendous work leading Specialty Wave 3 of One Team | United on Access, but they could not have succeeded without their incredible partners on the Central Template and HIT Cadence teams. These teams worked tirelessly and collaboratively to deliver best-in-class template and workflow products for primary care. When faced with challenges (and there were many), they remained solutions-oriented and determined, unwavering in their commitment to the larger project goals of enhancing the patient and team member experience. On behalf of Ambulatory and project leadership, it is my pleasure to recognize the Central Template and Cadence teams as Champions of Change.”

–Katie Fellows, Administrator, UVA Health Access