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# Ambulatory Operations January Progress Report

February 15, 2024



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# Executive Summary

- A provider-specific update regarding One Team | United on Access recently was shared with faculty. Included was news about a new Scheduled Slot Adherence metric; asynchronous slots; and clarification around four-hour session scheduling.
- One Team | United on Access completed two successful go-lives for Adult and Pediatric Primary Care. They were the smoothest go-lives to date and adoption of the decision trees and updated clinical workflows is widespread. The volume of issues reported has been lower than in previous waves.
- Specialty Wave 3 is the first implementation wave that has been led entirely by UVA Health team members. Ambulatory leaders wish to recognize the Access Implementation Team for their excellent work that resulted in two very successful go-lives.
- The Ambulatory Role Delineation project will begin its next phase in March, working with Dialysis and UVA Community Health Medical Group.
- E-Visits will be available to adult primary care providers starting March 15, allowing them to convert some complex MyChart messages requesting medical advice to billable patient encounters. Other departments may also request E-Visits.



One Team | United  
on Access

# One Team Updates for Providers: *Changes Made Based on Feedback from Faculty & Providers*

An update on provider-specific issues related to One Team was shared with School of Medicine Clinical Chairs earlier this month. See the summary below and visit the Ambulatory website for the [full update](#). Many of the changes made were based on feedback from faculty and other providers.

- Allowing flexible start/end times for clinic sessions as long as coordinated with staff
- Facilitating add-on clinic sessions and add-on telehealth sessions
- Implementing MyChart changes to encourage more appropriate patient use of MyChart
- Decreasing primary care physician panel target sizes
- Decreasing the number of new initial visit slots for primary care physicians
- Adding asynchronous slots
- Provide flexibility to pursue other non-clinical academic missions
- Granting exemptions for grand rounds, tumor boards, multi-disciplinary clinics, etc.
- Enabling physicians to bill for MyChart messages as appropriate/eligible
- Implementing operational improvements such as new protocols (e.g., point of care testing)
- Making Epic improvements to help reduce provider In Basket volume
- Increasing investment in recruiting and staffing efforts to support access and clinic operations.

[Full update](#) available on the Ambulatory website. If you have questions, please reach out to your ACMO or a member of the project team.

# Recent Progress

## Wave 3

- Adult Primary Care Go-Live Jan. 17
  - Decision tree use in adult clinics is strong and continuing to trend upward toward the target, ahead of Wave 1 and 2 metrics for this same time.
  - Clinical leaders report that items are landing in the Triage and Pre-Visit Planning work queues and appear to be functioning as intended. Use is increasing as clinical team members become familiar with the workflows.
  - Overall, the volume of issues reported and enhancements requested to the new adult decision trees and workflows in Epic have been lower than in previous waves. HIT and the Central Template Team continue to work to address them:
    - *# of Issues Reported as of Feb. 7: **111***
    - *% of Issues Resolved as of Feb. 7: **87%***
    - Top issues/concerns include clinical re-review of sick pathway endpoints and sick symptoms/reason for visit (decision tree) and initial visits pulling for sooner appointments when a subgroup is applied (decision tree).
  - Team members have shared positive feedback about the availability and effectiveness of at-the-elbow support at go live.

# Recent Progress

## Wave 3

- Pediatric Primary Care Go-Live Jan. 31
  - Decision tree usage exceeded target within 1 week of go-live.
  - Like their adult counterparts, pediatric clinical leaders report that items are landing in the Triage and Pre-Visit Planning work queues and appear to be functioning as intended.
  - Again, the volume of issues reported and enhancements requested to the new pediatric decision trees and workflows in Epic have been lower than in previous waves. HIT and the Central Template Team continue to work to address them:
    - *# of Issues Reported as of Feb. 7: 51*
    - *% of Issues Resolved as of Feb. 7: 96%*
    - Top issues/concerns include creating additional decision tree pathways for urgent/sick reasons for visits and reevaluating symptoms resulting in RN triage for patients under 2.
  - Pediatric leaders praised the go-live process as smooth and well-executed, crediting the tremendous collaboration that made it possible.

## Thank you!

The project team and ambulatory leaders are grateful to the many Wave 3 providers, access, and clinical team members and their technical counterparts for their months of hard work and collaboration that resulted in a smooth go-live for both areas.

# Recent Progress (cont.)

## System-Wide Initiatives

- MyChart FastPass
  - Neurology went live with FastPass on 1/23 in UVPC Neurology, UVPC Peds Neurology and UVBB Neurology.



# Upcoming Milestones

## Wave 3

- The project team will continue to monitor metrics and work with Wave 3 leaders as we near formal 30-day check-ins and transitions to sustainability.
- The work by HIT and the Central Template Team to address issues and enhancements will continue until all logged items are resolved.
- Lessons Learned sessions are in progress with Wave 3 stakeholder groups (e.g., leadership groups, workgroups, etc.) to capture feedback on the One Team process. These sessions are in addition to the post-go-live survey that will be sent to all Wave 3 team members in the coming weeks.

## Wave 4

- Planning discussions are in progress for an anticipated spring kick off. More details will be shared soon.

# Upcoming Milestones (cont.)

## 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 is scheduled to go-live with the new system on Feb. 29
  - Access Ophthalmology is scheduled to go-live March. 13.
- **MyChart FastPass**
  - Discussions underway to implement FastPass for ZCSC Neurology.
  - Urology Oncology has requested FastPass and work is underway to facilitate.
- **Enhanced Referrals**
  - The team is partnering with Neurology and Vascular to implement the new approach in early 2024.
  - Scoping work in progress for Otolaryngology and Pulmonary implementation.
- **Digital Patient and Provider Experience** – The team continues to partner with the Digital Experience Project to expand MyChart functionality following Wave 3 optimization.
  - Restoring direct/open/ticket scheduling to UVA Community Health Primary Care clinics is on track for spring 2024.

# Wave 1 Outcomes

Colorectal Surgery | Digestive Health | Pelvic Medicine | Urology | Cardiology | Cardiac Surgery | Vascular



## 20%

### Scheduled Visits

*2,943 additional patients scheduled per month*



## 18%

### Scheduled New Patient Visits

*609 additional patients scheduled per month*



## 41%

### NSA Compliance Rate

**(UVA Only)**

*Increased from 58% to 100% from Dec '22 to Aug '23*



## 7%

### Completed Visits

*762 additional patients seen per month*



## 15%

### 4 Hour Sessions

*Adherence increased from 63% to 78%*



## 60%

### Reduction in Visit Types

*Decreased from 266 to 107*

- Improvement (+3% compared to pre go-live)
- No Change (+/- 2% compared to pre go-live)
- No improvement (-3% compared to pre go-live)

Data is aggregated on monthly average post-live timeline baselined against a monthly average for 1 year pre-live  
Baseline: 12/1/21 - 11/30/22  
Measurement Period: 2/1/23 - 12/31/23

# Wave 2 Outcomes

Plastic Surgery | Orthopedics | Prosthetic & Orthotics | Pain Management | PM&R | Neurosurgery | Neurology |



**17%**

**Scheduled Visits**

*4,581 additional patients scheduled per month*



**13%**

**Scheduled New Patient Visits**

*1,093 additional patients scheduled per month*



**41%**

**NSA Compliance Rate  
(UVA Only)**

*Increased from 58% to 100% from Dec '22 to Aug '23*



**5%**

**Completed Visits**

*1,344 additional patients seen per month*



**73%**

**4 Hour Sessions**

*Adherence increased from 22% to 95%*



**45%**

**Reduction in Visit Types**

*Decreased from 235 to 130*

- Improvement (+3% compared to pre go-live)
- No Change (+/- 2% compared to pre go-live)
- No improvement (-3% compared to pre go-live)

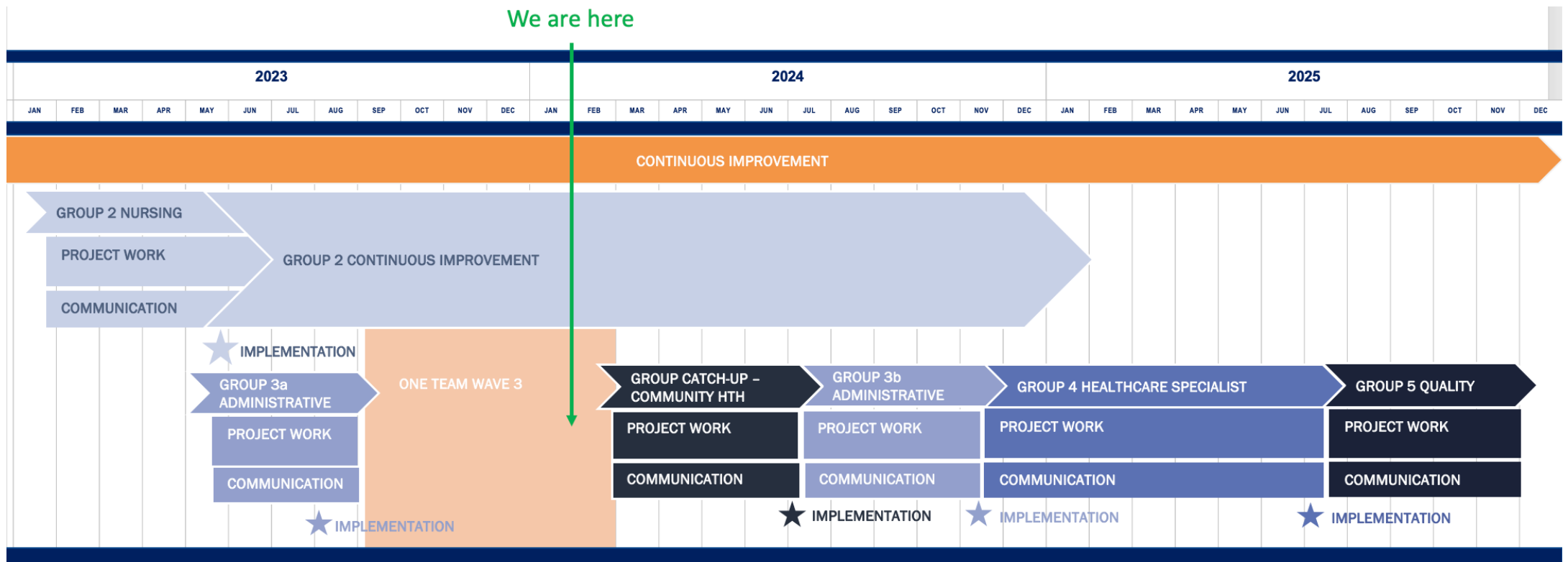
Data is aggregated on monthly average post-live timeline baselined against a monthly average for 1 year pre-live  
Baseline: 6/1/22 - 5/31/23  
Measurement Period: 8/1/23 - 12/31/23



# Ambulatory Role Delineation Project

# ARD Project Coming to UVACH, Dialysis

- 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 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

# MyChart E-Visits Coming March 15

## 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 at that time.
- Offered via provider order- not discoverable to patients
  - *Future: consider making discoverable to patients*
- Three types of E-Visits available:
  - General question; Dysuria (UTI); Heartburn

## Patient Communication

- To support transparency about the possibility of a MyChart message becoming a billable E-Visit, patient notification about the change is planned for the last week of February, including a MyChart message to all active users and a new pop-up message that appears when a patient initiates a new MyChart message asking a medical question.

## Status

- Go-live timing bumped to mid-March to accommodate patient communication.
- Expect communication the week of Feb. 19, including provider FAQs. The [E-Visit Users Guide](#) is live on the Epic Learning Library for anyone interested in a preview of this new tool.

## What's an E-Visit?

E-Visits are an online visit that offer an alternative to a traditional visit. They allow patients access to convenient care for some common, non-urgent health concerns and provides an efficient way to treat patients and be reimbursed for the care they provide.



# University Medical Center Joint Commission Readiness Tools Available

Preparation for the University Medical Center's Joint Commission survey calls for "all hands on deck." Medical Center leaders are asking managers to begin preparing teams for this year's JC survey and make use of the following tools and resources:

- [Introduction to the Daily Management System \(DMS\) course materials and registration information](#)
- [Leader Standard Work for Managers](#)
- [Leader Standard Work for Directors](#)
- [Survey Readiness Tracer Tools](#)
- [Performance Improvement Coach support assignments](#)

*Standard Work and Tracer Tool assignments for non-nursing managers is under development and forthcoming.*

A hub for all JC survey readiness tools has been created on the [Accreditation Office website](#). Please bookmark this page for ready access to these valuable resources.



# Champions of Change

# Thank you to our Jan. 2024 Champions of Change!

## The Access Implementation Team

### Wave 3 Leads

- Janice Garrett
- Erin Pearsall
- Katie Shifflette
- Justina Sutphin

### Wave 3 Support

- Alyssa Campbell
- Brandon Cleary
- Katie Pennock
- Melissa Webb
- Nkandu Yumba

“This month’s Champions of Change were an obvious and undisputed choice – the Access Implementation Team (AIT). Specialty Wave 3 of One Team | United on Access is the first implementation wave that has been led entirely by UVA Health team members. Absorbing all of this work is a feat unto itself, but this was also the smoothest and most successful One Team go-live to date. They have set a new standard of excellence and in doing so, the AIT members were models of professionalism, collaboration, and determination. I am incredibly grateful to each of them and thankful that they are part of our Ambulatory team.

– John Bennett, Chief Ambulatory Operations Officer