Ambulatory Operations July Progress Report

August 3, 2023

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Executive Summary

- One Team | United on Access Wave 2 go-lives are complete, stabilized, and transitioning to long-term sustainability.
- One Team | United on Access Wave 3 is underway, focused on adult and primary care. Leadership groups are defining guardrails for template and scheduling tool design and clinic observations are in progress to further inform design work.
- To enhance accuracy of metrics, modifications have been made to how Four-Hour Session Adherence and Appointment Slot Utilization are calculated on the Ambulatory Scorecard.
- The Ambulatory Role Delineation Project will soon begin implementing changes delineating Administrative Support roles. After this implementation kickoff, the project will focus the remainder of the year on supporting clinic implementation of the first three phases.

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One Team | United on Access

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Recent Progress

Wave 1

- 98% of template/tool issues identified (270 total) have been resolved for Wave 1 specialties.

Wave 2

- All specialties have completed go-live. Daily debriefs to continue through 30-day transition.
- Orthopedics and Plastic Surgery have completed 30-day transition to long-term sustainability with Access Implementation Team.
- 89% of template/tool issues identified (130 to date) have been resolved for Wave 2 specialties
- Compiling key lessons learned for future waves.

Wave 3

- Adult and Pediatric Primary Care Leadership Group kick-off meetings completed.
- Leadership Accountability Groups working to define primary care design guardrails. Expected completion in August.
- Primary Care clinic observations nearly complete and current state survey of clinic team members in the field through Aug. 4.

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Recent Progress (cont.)

System-Wide Initiatives

- **Pre-Visit Update Optimization**
  - Updated clinical tip sheets for determining which patients have completed Pre-Visit Update and how to review and pull patient responses into medical records, to be distributed via Nursing Blast/Practice News.
- **Access Policies**
  - Submitted new pediatric versions of all No Show letters for system build.
  - Finalized and communicated revised list of template unavailable reasons and operational approach to managing meetings and preserving clinic time for patient visits (details here).
- **CRM**
  - New project request for CRM data integration with Genesys, currently in HIT Intake Review Process.
- **Genesys Migration**
  - Technical build and test are in process for first of the rolling go-lives in August. End user training and readiness is also underway.

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Upcoming Milestones

Wave 2

- 30-day transition for Pain and PMR expected at the end of July
- 30-day Transition for Neurology, Neurosurgery, Spine, and Peds Ortho expected for mid-August

Wave 3

- Template design workgroups to launch in late August / early September.

System-Wide Initiatives

- Genesys Migration: First go-live slated for August and will include Children's Hospital and Oncology teams.
- Pre-Visit Update Optimization: Working to identify any additional training needs by end of month.

Wave 2 Go-Live Dates
for reference

June 14
- Orthopedics (excluding Peds)
- Plastic Surgery

June 28
- Pain
- PM&R

July 12
- Spine
- Neurosurgery
- Neurology
- Peds Ortho

Key Learnings

- Go-live testing and appointment conversion (the process by which previously scheduled visits and provider schedules are moved to the new templates) ran more smoothly in Wave 2. This was because schedulers started final testing of tools and appointment conversion in the days leading up to go-live, rather than waiting until go-live. This timing was key to schedulers acquainting themselves with the new environment and getting a head start on appointment conversions.

- The implementation of a unified records collection team supports efficiency and reduces overall eHealth cost. Supplementing decision trees with additional, specialty-specific questions may allow specialties to further enhance the efficiency of records collection.

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Measuring Our Impact: Improving Performance in Access Metrics

Wave 1 specialties improved performance *in key Access metrics from April-June '22 baseline to April-June'23**

↑29%

Scheduled Visits

Increased Average Monthly Vol. from 13,768 to 17,693

↓12%

New Patient Scheduling Lag

Decreased from Average of 59 to 53 Days

↓60%

Reduction in Visit Types

Decreased from 266 to 107

↑12%

Completed Visits

Increased Average Monthly Vol. from 9,487 to 10,650

↑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 and compared on a 3-month timeline against a baseline of same 3-month period year prior.*

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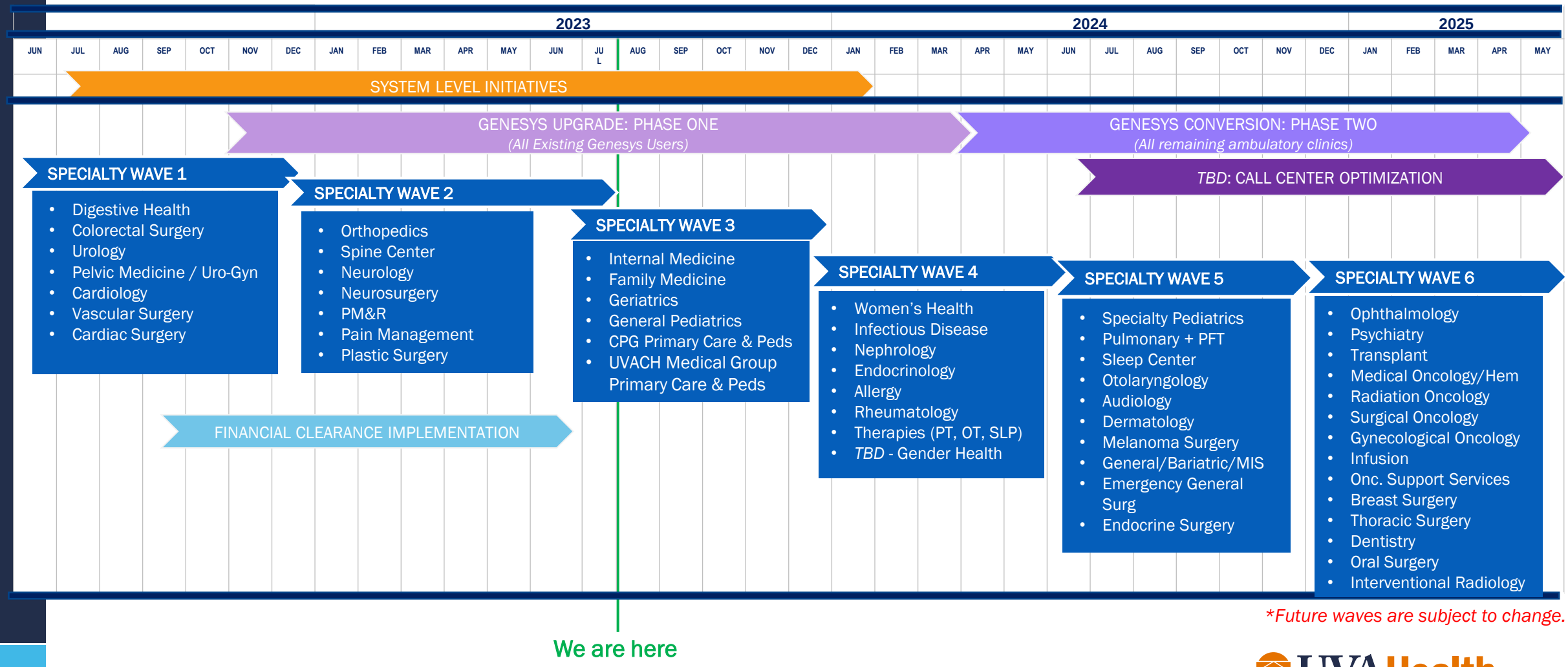
One Team Implementation Timeline

System Level Initiatives | Access Specialty Waves & Implementation | Telecom Technology & Call Center Optimization | Financial Clearance



*Future waves are subject to change.

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Performance Metrics

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FY24 Metrics: Improving the Accuracy of Key Access Metrics

- **Four-Hour Session Adherence*** – *FY24 target: 85%*
  - Based on sessions that are 4 hours in duration, a change from 3.5 hours.
  - May result in slight dip, but in many cases this will be covered by 15% flex time and/or will improve with One Team | United on Access wave process.
  - Project your score using the new definition.

- **Appointment Slot Utilization*** – *FY24 target: 85%*
  - Reflects template unavailable reasons, including newly exempted meetings.
  - Likely to have positive or no impact on metric.

- All learners with templates have been removed from metric calculations.
- Changes effective July 1, will appear in Aug. 18 data refresh.

**FY24 Ambulatory DAR goal*

Why are we changing?

- Four-Hour Session Adherence and Slot Utilization are leading indicators of patient access. To ensure that One Team and other projects are achieving their objectives, we must have the most accurate data possible.
- These metrics are also indicators of staffing needs and specifically, when and where more providers and new clinics are needed to meet patient demand.

Clinic Rankings Updated to Reflect Access Priorities

Slot Utilization Replaces No-Show Rate

- Consistent with our goal to improve patient access, Slot Utilization will replace No-Show/Late Cancellation Rate as the Care Team Operations metric used in the monthly clinic rankings calculations.
- Effective July 1, will appear in Aug. 18 data refresh.
- See the rankings

FY24 Clinic Rankings Metrics & Weighting

Patient Access & Loyalty (55%)
- Clinic patient experience — Staff worked together (teamwork)
- Provider-initiated cancellation (bump rate)
- New patient access within 14 days

Workforce (25%)
- Functional vacancy
- First-year retention

Care Team Operations (20%)
- **NEW: Slot Utilization**

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Ambulatory Role Delineation Project

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

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Group 3a: *Administrative Support* Implementation on the Horizon

Roles In-Scope for 3a (other administrative roles to be addressed in future)

- Medical Center Clinics: Ambulatory Administrative Coordinator
- UPG CPG: Medical Office Assistant- Senior; Medical Office Specialist (including float)

The Work

- Group 3a: *Administrative Support* has focused on:
  - Delineating between clinic ***administrative support*** and ***Access*** work
  - Delineating between ***administrative*** support roles and ***clinical*** support roles
  - Expanding awareness of administrative support role as part of clinic staffing model
  - ***What we are <u>not</u> doing: reducing headcount or adversely impacting salary***
- Working closely with Access leaders
- Frontline team members engaged as subject matter experts
- Pre-Implementation Town Halls held July 24 and 26

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New Job Title/Role:
Ambulatory Clinic Administrative Coordinator (ACAC)

What it is…

- An Administrative / Clerical Role
- An evolution of the existing MC Ambulatory Administrative Coordinator role
- MC- reports to clinic mngt
- UPG- reports to practice mgr

What it is not…

- A Clinical Role
- An Ambulatory Program Assistant Coordinator – APACs do clinical work and require an MA or EMT
- An Access role, does not report to Access leader

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Group 3a: *Administrative Support* Next Steps

Med Center Clinics: New Job Title, OCA Effective in Workday Aug. 6

- **Ambulatory Administrative Coordinators become Ambulatory Clinic Administrative Coordinators (ACAC)** with revised job description
- Updated OCA form – ACACs complete with manager by Oct. 2

UPG: Deep-Dive Analysis of Medical Office Assistant- Senior, Medical Office Supervisor to Align with ACAC and Access Roles

- Led by Katie Fellows and Victoria Sims
- Evaluate roles to inventory access vs. clinic administrative support work
- Engage local leaders to determine how best to realign work
- Will complete this fall before One Team Wave 3 implementation

Save the Date: Post-Implementation Town Hall Aug. 23, noon-1pm for Managers and Directors

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Support Ongoing for Groups 1 & 2 Implementation

Group 1: *Clinic Support*

- Intermittent urinary catheterization is in-scope for MAs in Pediatrics, Urology, and Primary Care clinics *with* required UVA training. A computer-based learning module is now available in Workday (to be paired with skills validation with return demonstration). The ARD team is also offering on-site training support.

Group 2: *Nursing*

- Implementation began on May 31. In recognition of the effort required to assess and implement revised clinic staffing models, December 1 is the target for completion date. Clinic leaders should contact the project team if they need support navigating implementation.
- RNCC training curriculum in development and slated for a fall launch.

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Champions of Change

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Thank you to our July 2023 Champions of Change!

Heather Rojas
Ambulatory Access Director

"Heather's sophisticated understanding of patient access and Epic allows her to see the tremendous value of the One Team project and she is 100% committed to its success. She works tirelessly to ensure that every provider template is carefully reviewed, that there is a clear understanding of the new workflows, and that the right questions are driving the decision trees. This dedication, combined with her expertise, allow everyone to be confident that provider schedules are accurate and that we are truly improving patient access."

– Katie Fellows, MBA, Administrator, UVA Health Access

J.T. Stranix, MD
Plastic Surgery One Team Liaison

"Dr. Stranix was actively involved from the initial informational meetings, through design phases and go-live. His collaborative leadership style has been crucial to keeping up the momentum of the One Team work as well facilitating a team approach to this significant change. He has been a passionate advocate for patients, team members, and providers. Thank you, Dr. Stranix!"

– Shayna L. Showalter, MD, Associate Chief Medical Officer – Surgery

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