Ambulatory Operations March Progress Report

April 11, 2024

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UVA Health

Executive Summary

- Planning for One Team | United on Access Wave 4 continues, with start up activities commencing soon. The Wave 3 sustainability handoff is on the horizon and initial lessons learned from this third wave are now available.
- The Access Implementation Team will begin work with Wave 1 and 2 specialties to apply key learnings from the first three waves to optimize the tools and protocols implemented in these early waves of the One Team project.
- UVA Community Health Medical Group clinic data is now easier to find and use, thanks to key updates to the UVA Health data portal.
- There is an updated University Medical Center Suicide Prevention policy that is inclusive of ambulatory areas. Supplemental training on the new policy is required for many ambulatory team members.
- The recently launched UVA Health Ambulatory Quality Collaborative is focused on bringing quality alignment to and achieving top performance within clinics across all UVA Health entities.

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One Team | United on Access

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Did You Know?

Key Facts for Clinical Faculty

ONE TEAM
United on Access

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 Can Work Outside the Usual 8am-12pm and 1pm-5pm Templates?

Providers can work outside the usual 8am – 12pm templates, but this requires coordination with the access and clinical teams.

For example, if you want to begin clinic at 8:30am and go to 12:30pm, this would be possible. You need to work with the clinic manager and access leader to ensure that the necessary staff is available. As you might anticipate, a change in schedule that accommodates you might be an imposition for the staff and, thus, coordination is required. If you want to make a change, you need to work with the clinic leadership. If you are unsuccessful, you can reach out to John Bennett, and he will put together the correct individuals to address this issue.

For more information

- Visit the One Team | United on Access Faculty FAQs.
- Contact John Bennett, Chief Ambulatory Operations Officer, your Ambulatory ACMO, your department chair, or send an email to ROneTeamUnitedonAccess@uvahealth.org.

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Did You Know?

Key Facts for Clinical Faculty

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Did You Know Providers Can Add Patients/Sessions on Non-Clinic Days?

There are a few ways in which providers can add on patients/sessions on non-clinic days. These sessions are meant to be non-recurring sessions that are added beyond your existing four-hour sessions for the purposes of either making up a clinic session or improving patient access by having additional sessions to work down the backlog.

- Less than 90 Minutes – Sessions under 90 minutes in length can be added by the local access team. The main requirements are that both space and support staff can accommodate the added session. These sessions do NOT negatively impact the metrics.
- More than 90 minutes but less than four-hours – Sessions that are more than 90 minutes but less than four-hours can also be added. These sessions need to be added by the Central Template Team and can be requested through your local access supervisor. The main requirements are that both space and staff can accommodate the added session and that the request has been made several days in advance of the session occurring. These sessions do NOT negatively impact the metrics/compliance.

For more information

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Recent Progress & Upcoming Milestones

Wave 3

- Access Implementation Team (AIT) representatives are meeting weekly with Adult and Peds leaders to work toward a long-term sustainability plan.

- The post-go-live survey has been delayed to allow for additional feedback from stakeholders. The team is eager to deploy the survey and gather this important data and will launch it as soon as possible.

Wave 4

- Wave 4 planning conversations continue, with Medicine Subspecialties and Women's Health as the planned participants. This work will be conducted in two phases:
  - 4a: Women's Health, Nephrology, Allergy
  - 4b: Infectious Disease, Endocrinology, Rheumatology, Pulmonary + PFT, Sleep Center

- AIT will soon begin current state observations and gathering data about current practices for scheduling, triage, and pre-visit planning.

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Recent Progress & Upcoming Milestones

Waves 1 and 2 Optimization

- The project team will partner with specialty leaders from Waves 1 and 2 to optimize One Team tools and workflows and fix issues that may be preventing them from reaching organizational goals.

- Having completed three waves and gleaned significant lessons, the time is right to revisit Wave 1 and 2 specialties and apply these lessons so they, too, can more fully experience the benefits that One Team delivers to patients, providers, and team members.

- This work will be targeted, intentional, and guided by data for key operational metrics (quantitative) and input from specialties (qualitative). Some examples of things that may be in scope include:
  - Decision tree end point discussion and adjustment
  - Specialty-specific visit types
  - Medical records collection workflow
  - Specialty-specific Pre-Visit Planning guides
  - Pre-Scheduling Triage workflow enhancements
  - Enhanced, targeted team member training

- Collaboration among the project team and specialty leaders will be central to the process. While the timelines will be different for each specialty, the goal is to complete the optimization work as soon as possible, bearing in mind that the teams working on it (Access Implementation, Central Template, HIT Cadence, and Training teams) will also be working on specialty Wave 4 concurrently.

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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.*
  - Post-live survey of Cancer Center and Children's complete; findings reviewed with Genesys governance group to inform future migrations.
  - The Women's Health access team is on track for go-live April 10.
  - Work is underway to transition Digestive Health/Colorectal Surgery, Neurology, Infectious Disease, and Transplant.

- **Open and Direct Scheduling**
  - Community Health open scheduling is slated for go-live on April 23.
  - Community Health Primary Care and OBGYN direct scheduling is planning for a May go-live.

- **Enhanced Referrals**
  - The team is continuing to work with Neurology and Vascular to implement the new approach.
  - Behavioral Medicine and Diabetes Education recently expressed interested in the enhanced referral approach, joining Otolaryngology and Pulmonary in the queue for implementation.

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Wave 3 Lessons Learned Summary

Numerous sessions were held to gather feedback from Wave 3 stakeholder groups throughout February and early March to glean their feedback and key lessons learned.

- What went well? Themes:
  - Project team collaboration
  - Go-live support, especially at-the-elbow
  - Training enhancements from previous waves
- What could have gone better? Themes:
  - Stakeholder communication- start earlier; engage broader audiences more frequently; communication of scope and key decisions
  - Communication within/among project team
  - Project execution- engagement of clinical SMEs; more frequent and regular reviews of workflows and decision-trees; further optimize training with specialty-specific training
- Next steps: socialize lessons among team; apply them to Wave 4; track and assess progress

Wave 3 Feedback Gathered from:

- Adult LAM
- Adult Workgroup
- Peds LAM
- CPG Lead Physicians
- Medical Directors
- Ambulatory ACMOs
- All segments of project team

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Performance Metrics

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UVA Community Health Medical Group Clinic Data Now Easier to Find and Use

- UVA Community Health Medical Group leaders worked with the ambulatory data team to restructure their data in the UVA Health data portal, making it easier to find and view data for individual clinics.
  - Clinical areas now show breakdown of data by individual clinic (not available previously).
    - E.g., CHMG Family Medicine data now broken down and viewable for each of the four family medicine clinics.
  - Live as of Mar. 19
  - Creates parity with how other UVA Health entities' ambulatory data is grouped/displayed.

- Additional enhancements coming soon will allow UVACH Medical Group data to be sorted by these categories:
  - Primary Care
  - Specialty Care
  - Surgical Care

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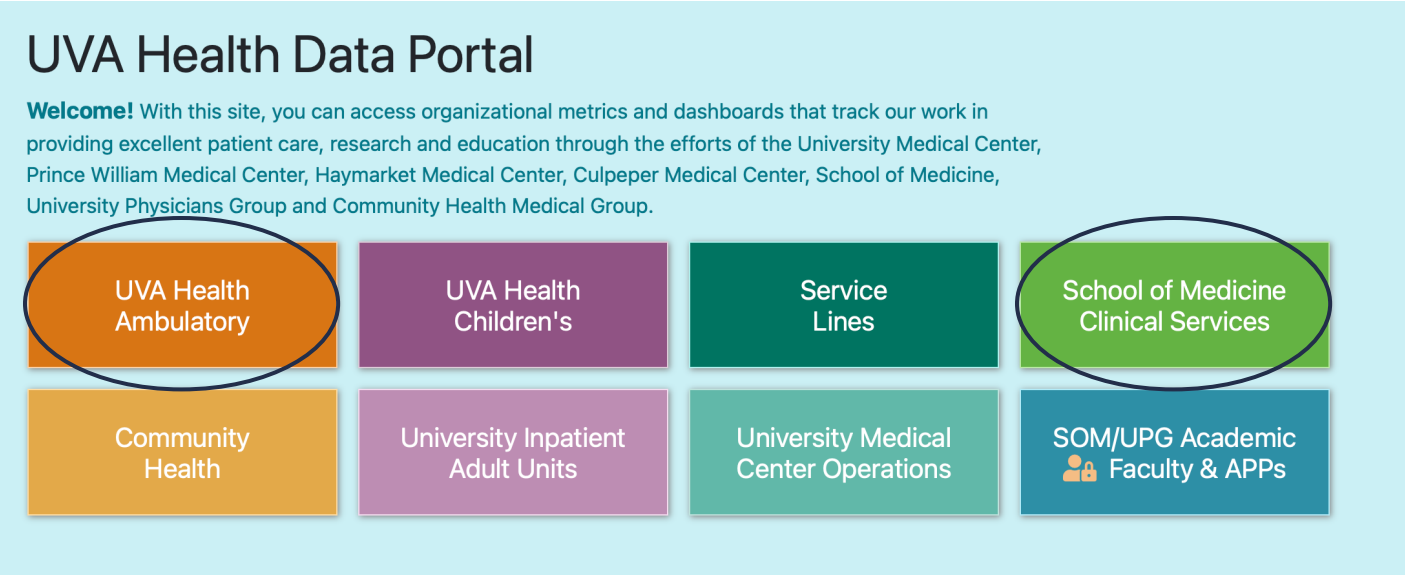
Filters Are Your Friend: Tips for Using Filters to Find Your Data in the Portal

- Start with Departments menu on the data portal home page to start filtering for the most relevant data:
  - Operations leaders choose “UVA Health Ambulatory” (UPG and UVACH should always choose this option)
  - School of Medicine (SOM) stakeholders should choose “SOM Clinical Services.”
  - What’s the difference?
    - For each metric, Ambulatory view shows results for ALL appointments and providers in a clinic- e.g., no-show rate for every appointment in a clinic.
    - SOM Clinical Services displays only faculty data – other provider types NOT included in data. Filters data by clinical departments and division and is most useful to department chairs, administrators, and analysts.



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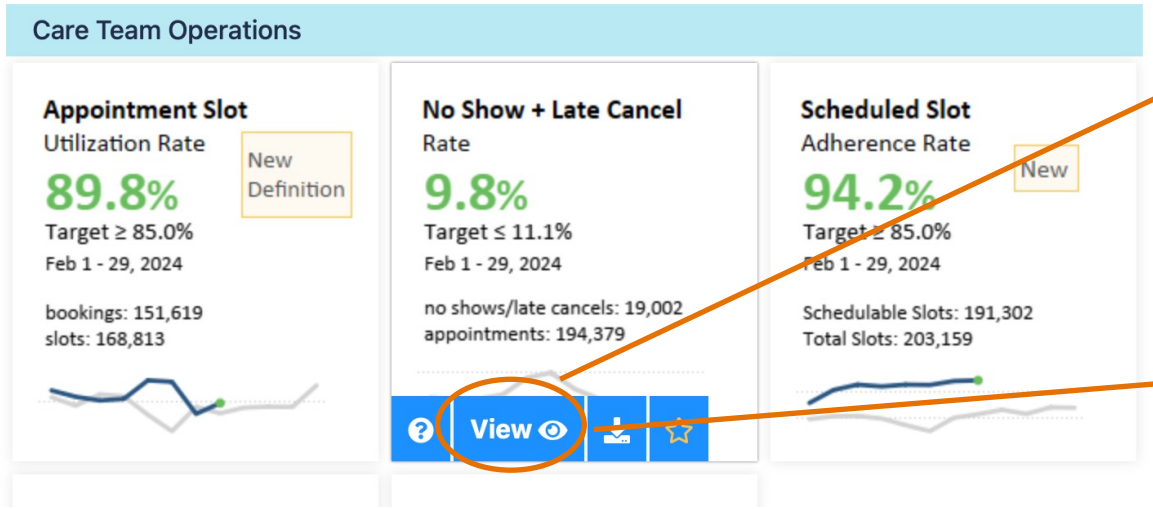
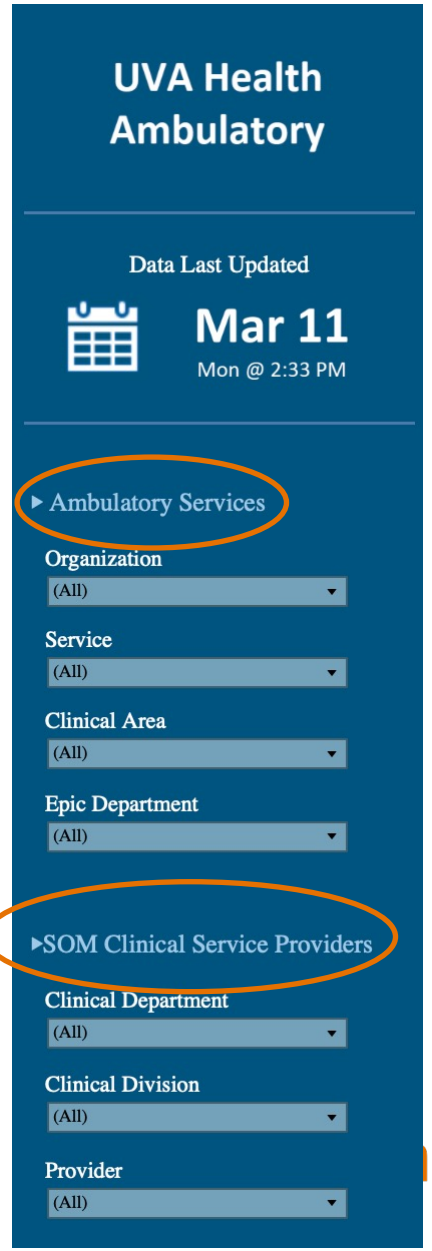
Tips for Using Filters to Find Your Data in the Portal (cont.)

- Additional filters for each metric are available when you click on the “View” link at the bottom of the tile. Then look for the filters menu in the lefthand column of the new window.
  - Again, operations, UPG, and UVACH leaders should use the filters in the Ambulatory Services menu.
  - SOM leaders should choose filters from the SOM Clinical menu.





Additional Ambulatory Developments

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Joint Commission Readiness: New Suicide Prevention Policy and Training

A University Medical Center Suicide Prevention Workgroup was formed to enhance compliance with regulatory standards for reducing the risk for suicide.

What's Changed?

Policy Updates	• Inclusive of all areas in Ambulatory • Escalation of high/moderate risk interventions • Role delineation and clarification
EPIC Updates	• Standardizing screening to use the Ask Suicide-Screening Questions (ASQ) • Have a BPA alert when a screening is required • Create automated escalation and assessment for positive screenings
Telephone	• Standardizing 911 escalation for patient's calling in with suicidal ideation or threats
Compliance Monitoring	• Building Epic compliance report to assist with assessment of compliance to workflows and safety precautions

Resources

1. Revised policy
2. Educational Resources
3. Questions? Email SIPrevention@uvahealth.org.

Training

- Supplemental training is required for impacted team members.
- Check Workday to see if you have been assigned this training.
- To be completed by April 23.

Introducing the Ambulatory Clinical Quality Collaborative

Purpose

Launched in winter 2024, the UVA Health Ambulatory Quality Collaborative is focused on bringing quality alignment to and achieving top performance within clinics across all UVA Health entities (University Medical Center, UVA Community Health, and UVA Physicians Group). The quality collaborative serves to unify voices across UVA Health, complement strategic planning, and steer quality improvement across the UVA Health enterprise.

Leadership

Name	Area of Representation
John Bennett	Chief of Ambulatory Operations, UVA Health
Jim Min, MD	Physician Market Executive, UVACH
Rachel Nauman, DNP, RN	Administrator, Ambulatory Nursing
Gina Engel, MD	Associate Chief Medical Officer, Ambulatory UVA Health
Rebekah Compton, DNP, RN	Chief Clinical Officer, UPG
Karin Skeen, PhD, RN	Associate Chief Nursing Officer
Stephen Keiser	Chief, Operations and Growth Officer, UVACH
Andrea Garrod, MD, MSN, RN	Medical Director, UVA Children's
Ruby Higgins, BSN, RN	Director of Quality and Nursing, UVACH

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Ambulatory Clinical Quality (cont.)

Goals

- **Establish Ambulatory Quality Improvement Collaborative that is:**
- System wide – Medical Center, UPG, Community Health
- Laser focused – start with a few metrics → act → learn → improve
- Iterative – adding other or more quality measures over time
- Distinctive to ***clinical*** quality measurement*

** Data Portal currently displays Patient Experience, Operational, and Access metrics*

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Ambulatory Clinical Quality (cont.)

Selected Metrics for 2024

Adults

- Blood Pressure
- Body Mass Index
- Tobacco Screening

Pediatrics

- Well Child Checks by 2yo
- Adolescent Vaccines
- Antibiotic Stewardship (URI/Acute Bronchitis)
- SDOH (Food Insecurity)

Acute – Adults/Peds

- Strep Test Usage & Antibiotic Stewardship
- HcG Testing with Imaging in Females of Childbearing Age
- Antibiotic Stewardship (URI/Acute Bronchitis)

Continue current foci: Breast & Colorectal Cancer Screening, HgbA1C, and specialty metrics
Coming soon: Depression Screening

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Ambulatory Clinical Quality (cont.)

Next Steps

Collaborate with larger interdisciplinary Ambulatory leadership team for current state assessment to:

- Identify active data and reporting sources
- Understand departmental or local QI efforts

Then:

- Develop resource plan to support quality work (data analytics)
- Create communication strategy
- Socialize and cascade within Ambulatory Operations
  - Department Chairs
  - Medical Directors
  - Operational Directors
  - Managers and other local leaders
  - Frontline team members
  - Ancillary support services leaders

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Process Change: Protocol Orders for Diagnostic Testing (University Medical Center)

Please be reminded of these updates shared by CMO Reid Adams and CNO Kathy Baker by email on March 18:

- Medicare requires that orders for diagnostic services – including all diagnostic imaging and laboratory tests – be signed by the ordering physician or APP (LIPs) ***before*** the test is performed.

- All University Medical Center non-LIP-initiated protocol orders for diagnostic testing must be directly ordered by the LIP or pended for LIP signature and ***signed by the LIP prior*** to the performance of the test, except in emergency situations.

- University Medical Center is reviewing and revising existing non-LIP-initiated protocols to ensure their compliance with CMS regulations.

- As an initial, temporary step toward this goal, non-LIPs may select generic "initiate protocol" order (NUR1172), enter free text that specifies the applicable protocol, and pend the order for the LIP's signature. LIPs may also initiate protocols directly. Protocols governing emergency situations, therapeutic-specific interventions, and immunizations are not impacted by this review.

- The Epic team will work with departments to create Smart Sets/Order Sets in Epic that, once initiated and signed by the LIP, allow an RN or appropriate clinical team member to follow the approved protocol order.

- Please also be aware that:
  - Protocols must be CSEC approved.
  - Local/departmental protocols are not allowed.
  - Smart Sets/Order Sets must be signed by an LIP before they are carried out.

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Process Change: Immediate Release of Radiology, ECG, Ophthalmology, & Audiology Results to MyChart

Please be reminded of these changes shared by email on April 3:

- Effective April 9, all UVA Health entities will release radiology, echocardiogram (ECG), ophthalmology, and audiology results to patients through MyChart as soon as the relevant provider signs off on the final report. This is a change from current practice, in which these results are released following a 48-hour hold to allow practitioners time to review prior to discussing with their patients (the 48-hour delay for pathology reports will remain in place).

- This change is being made to:
  - Comply with the 21st Century Cures Act, which mandates that patients get access to results as soon as they become available.
  - Align with patient expectations to receive results through the portal despite viewing them prior to discussion with a provider.
  - Gain parity with other health care systems where this has become a standard practice.

- In a minority of situations where routine imaging reveals unexpected and life-altering findings, the radiologist will have the option to delay the release of results for three days to give the ordering provider time to communicate with patients (the option to delay is available for radiology results, but not ECG, ophthalmology, and audiology).

- To review the test result types that will not auto-release due to state regulations, visit the Epic Learning Library. For more background on federal "information blocking" regulations, visit the Info Blocking intranet page. If you have questions, email medicalinformatics@uvahealth.org.

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Champions of Change

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Thank you to our Mar. 2024 Champions of Change!

Kirsten Greene, MD, Professor and Chair, Department of Urology

"As Urology was one of the very first specialties to go through the One Team Specialty Wave process, Dr. Greene has been a key leader since the earliest days of the project. She has remained engaged and continues to provide constructive, honest feedback that has helped the Access Implementation Team refine the tools, workflows, and processes of the project. The improvements that result from her feedback and partnership serve not only Urology, but all departments and patients. Thank you, Dr. Greene, for your ongoing collaboration."

–Katie Fellows, Administrator, UVA Health Access

Brad Kesser, MD, Professor, Otolaryngology

"Dr. Kesser has shared invaluable insights with the One Team | United on Access Project in his role as a School of Medicine Faculty Senator. His thoughtful, collaborative approach to communication and change management has proven instrumental in helping to bring faculty along on this journey. I am personally grateful for his partnership and look forward to continuing to work together to evolve and improve Ambulatory Operations for patients, providers, and team members."

–John Bennett, Chief Ambulatory Operations Officer