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Ambulatory Operations November Progress Report

November 30, 2023



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Executive Summary

- One Team | United on Access Wave 3 Workgroups completed design of the decision trees and HIT has begun building them in Epic. Optimized provider templates currently are being reviewed and finalized for build starting in December.
- A robust Wave 3 go-live training initiative launched this month, including for the first time the development of "super user" experts to support team members at go-live and beyond, as well as new and revamped training materials on the [Epic Learning Library](#).
- As part of UVA Health's ongoing journey to enhance our data and analytics capabilities, health system leaders have commissioned the development of a new Provider Dashboard that will display individual provider metrics in one place.
- A multidisciplinary effort is underway to educate patients on best practices for using MyChart and MyChart messaging.
- MyChart E-Visits will soon be available for adult primary care.



One Team | United
on Access

Recent Progress

Wave 3

- The Adult and Pediatric Primary Care Design Workgroups (inclusive of Family Medicine, Internal Medicine, and Pediatrics) completed design of the decision trees and have handed them off to HIT to begin building in Epic.
- The Access Implementation Team is partnering with specialty operational and clinical leaders to review optimized provider templates and begin finalization of templates for the Central Template Team to update ahead of go-live.
- Training roadshow presentations held on Nov. 15 previewed the One Team training process and gave leaders resources to begin enrolling their team members ahead of the Dec. 1 enrollment deadline. Super user training kicked off the week of Nov. 13. A host of go-live training resources also have been added to the [Epic Learning Library](#), including:
 - [Access Framework Guide](#)
 - [Clinical Framework Guide](#)
 - [Leader Checklist](#)
- The second *Take 30 for One Team* webinar was held on Nov. 29 for for all Adult and Pediatric Primary Care team members with a focus on go-live training. Complete schedule, webinar links, and recordings of past sessions are available on the [project website](#).

Recent Progress (cont.)

System-Wide Initiatives

- **Genesys Migration** – *As a reminder, this initiative will migrate all clinics to a new Genesys cloud-based phone system so each clinic will have the same functionality and reporting capabilities.*
 - Successful cutover for Medical Center Children’s and Oncology clinics in mid-November completed. Following some initial technical issues that were quickly resolved, the feedback from both teams is that the training and support through go-live was exceptional and the new system has been well received by team members.
 - Children’s reports that the updated call routing is improving efficiency by allowing calls to be routed more quickly to the right team/agent.
 - Work is in progress to assess the patient experience in the new system.

Upcoming Milestones

Wave 3

- For both Adult and Pediatric Primary Care, decision tree testing began Nov. 20 with tree trunk and new patient branches and will continue through the middle of December.
- Wave 3 Virtual Office Hours will be held Dec. 6, 12-1 p.m. This is an informal setting in which team members may drop in to ask questions and seek clarification about One Team.
- Training key dates:
 - **Dec. 4** – Instructor led-training begins for Super Users.
Epic Refresher CBL opens (required of anyone who schedules patients, including any clinical team members who schedule).
 - **Dec. 11** – Instructor-led training sessions begin being offered for remaining team members.
 - **Jan. 3** – Adult CPG and Adult Medical Center clinic team members complete trainings and pass exams by this date.
 - **Jan. 17** – All Peds and all UVA Community Health clinic team members complete trainings and pass exams by this date.
Adult MC and Adult CPG go-live.
 - **Jan. 31** – **All Peds and All UVA Community Health go-live.**

Upcoming Milestones (cont.)

System-Wide Initiatives

- Genesys Migration – Beginning initial preparations for Revenue Cycle cutover slated for this winter.
- Work continues to optimize the use of MyChart Fast Pass across ambulatory clinics.
- Internal referrals workflow enhancements are underway for Urology and Neurology, with Otolaryngology and Pulmonary to follow shortly.
- The team continues to partner with the Digital Experience Project to expand MyChart functionality following Wave 3 optimization.

Wave 1 Outcomes

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



21%

Scheduled Visits

2,995 additional patients scheduled per month



20%

Scheduled New Patient Visits

647 additional patients scheduled per month



41%

**NSA Compliance Rate
(UVA Only)**

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



8%

Completed Visits

775 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 - 10/31/23

Wave 2 Outcomes

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



22%

Scheduled Visits

4,655 additional patients scheduled per month



18%

Scheduled New Patient Visits

1,190 additional patients scheduled per month



41%

NSA Compliance Rate (UVA Only)

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



10%

Completed Visits

1,750 additional patients seen per month



73%

4 Hour Sessions

Adherence increased from 22% to 95%



45%

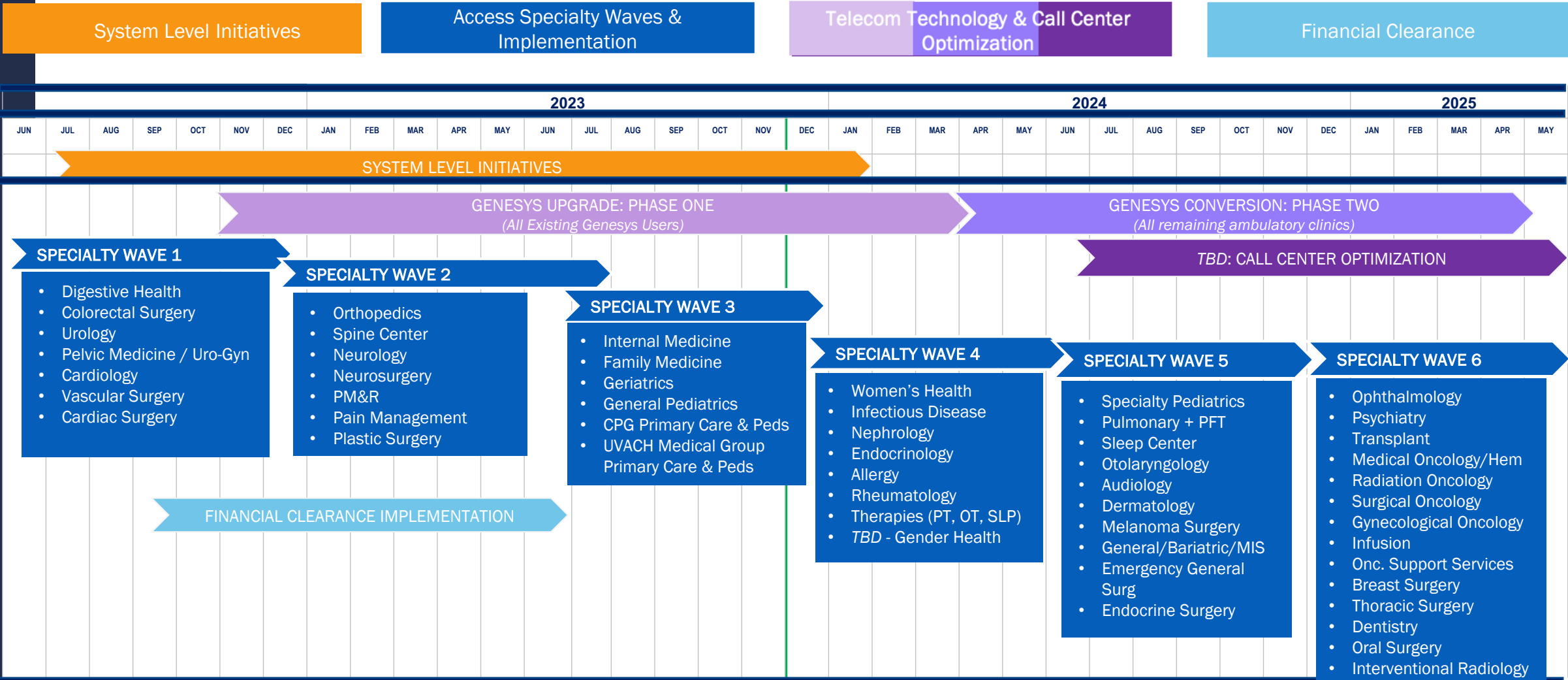
Reduction in Visit Types

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 - 10/31/23

One Team Implementation Timeline



We are here

*Future waves are subject to change.



Performance Metrics

New Dashboard Aims to Empower Providers With Easily Accessible Data

As part of UVA Health's ongoing journey to enhance our data and analytics capabilities, and [strengthen our foundation](#), health system leaders have commissioned the development of a new Provider Dashboard that will display individual provider metrics in one place.

Why a Provider Dashboard?

- In current state, providers must pull individual data from multiple locations. The new dashboard will aggregate the most useful metrics by provider in one readily accessible location.
- It will help providers verify that their data is accurate, track their progress against goals, and diagnose operational issues, among other uses.
- Where possible, the dashboard will include benchmarking data.

Creating the Dashboard

- Scope: all UVA Health providers with a scheduling template or a surgical schedule, as well as anesthesia providers.
- Multi-disciplinary workgroups will develop the dashboard with ambulatory, surgical and anesthesia metrics.
 - Metrics around patient experience, quality, productivity, and access are likely to be the focus.
- A beta site will be developed so that providers may test the new tool and provide feedback.
- Work is already underway – watch this space for updates.



Additional Ambulatory Developments

Communicating MyChart Best Practices to Patients

- In an effort to help patients get the most out of MyChart functionality, while also stemming the volume of complex or extraneous messages that providers receive through MyChart, a multidisciplinary effort is underway to share best practices for using MyChart and MyChart messaging with patients.
- Tactics include:
 - MyChart Best Practices Email Message reinforcing the value of the MyChart platform and informing of self-service options, including direct messaging best practices (below).
 - Update uvahealth.com to include key messaging on self-service and messaging best practices.
 - Implement a pop-up window reminding patients about messaging best practices when a new message thread is opened.

Use MyChart Self-Service Tools to:	Send a MyChart Message to:	Call Your Care Team If You:
<ul style="list-style-type: none"> • Request routine medication refills (choose Medications from the Main Menu). • View test results. • Request or change an appointment. 	<ul style="list-style-type: none"> • Ask basic questions such as requesting labs ahead of a scheduled visit or making previously discussed adjustments to a medication. • Ask questions about your test results. • Send medical photographs. 	<ul style="list-style-type: none"> • Have a rapid change in health or new symptoms not previously discussed (in case of emergency, always call 911). • Need an answer on the same day. • Need to talk about a detailed or complex issue.

MyChart E-Visits Coming to Adult Primary Care

Initial Scope

- Limited to primary care patients 18 and over
- Offered via provider order- not discoverable to patients
 - Available to primary care providers across the health system
 - *Future: consider making discoverable to patients; rolled out to other specialties*
- Four types of E-Visits available:
 - General question, Covid, Dysuria (UTI), Heartburn

Status

- Epic build near completion
- Workflows and tip sheets being developed in collaboration with stakeholders
- Go-live date TBD – stakeholder discussions in progress to determine optimal timing to support readiness and adoption, being mindful of One Team Wave 3 go-live

MyChart E-Visit Primer

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

How Do E-Visits Work?

- Clinic orders E-Visit, likely based on MyChart message from patient.
- Patient is notified and logs into MyChart, completes a questionnaire about their symptoms.
- Provider reviews responses along with medical records and recommends treatment plan.
- All E-Visit communication occurs in writing through MyChart.
- The charge for an E-Visit is \$45. Insurance is billed and coverage may vary.



Champions of Change

Thank you to our Nov. 2023 Champions of Change!



Teshema Anderson | Access Supervisor, Zion Crossroads

“Teshema has been an incredibly strong voice in our workgroups, drawing upon her experience from One Team Waves 1 and 2. She is very responsive and generous with her time so that we can meet each deadline. As an example, she recently volunteered to step in and get multiple design resources completed on a very short timeline. It’s clear that she has made the One Team project a top priority and it has made a tremendous difference for the teams she represents and the project writ large. Thank you, Teshema!”

– Katie Fellows, Administrator, UVA Health Access



Keith Foster | Access Manager, UVA Health Children’s

”Keith has been a major asset to the Pediatric Primary Care Workgroup. He comes prepared to every meeting and is one of the first voices to speak up with suggestions. When information is needed, if he doesn’t immediately have the answer, he always follows up with the information. He is making these contributions to the Wave 3 work on top of his extensive support and leadership of the Genesys Phone project. Thank you, Keith, for working to advance patient access on multiple fronts.”

– Katie Fellows, Administrator, UVA Health Access