Ambulatory Operations November Progress Report

December 10, 2024

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Executive Summary

- One Team | United on Access Wave 4a go-lives are on track, with the first slated for Dec. 11. Wave 4b specialty design groups continue to make progress on their decision trees and are starting work on template design.
- A One Team Faculty Advisory Council has been established to provide Ambulatory leadership with constructive feedback and faculty perspectives on a range of project-related topics.
- The RN Navigator job role has been reinstated with revisions to more clearly delineate the position from the RN Care Coordinator role.
- New Epic features allow providers to invite live interpreting support to telehealth visits, while adult and pediatric primary care clinics may now use ticket scheduling as another way to empower patients to schedule online.
- Ambulatory and Anesthesia leaders are working to optimize preoperative anesthesia triage and assessments with the implementation of a new Epic module called Procedure Pass in 2025.

One Team | United on Access

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One Team Faculty Advisory Council Formed

Purpose

Provide Ambulatory leadership with constructive feedback and faculty perspectives on a range of project-related topics, including but not limited to communication, how best to engage faculty in each wave to solicit and understand feedback, timelines, etc.

Membership

Clinical chairs identified faculty to serve on the council. From these submissions, a diverse cross-section of eight faculty from different care centers and implementation waves were selected to serve on the inaugural council for a term of one year.

Meetings

Council will meet monthly initially with the first meeting on Dec. 4. Faculty may share feedback with council member(s) or request time on the council agenda to share feedback.

Inaugural Council Members

- Kim Dowdell, MD, Internal Medicine (Wave 3)
- Laahn Foster, MD, Hematology/Oncology (projected Wave 7)
- Peter Hallowell, MD, Surgery (projected Wave 5)
- Brian Halstater, MD, Family Medicine (Wave 3)
- Ann Kellams, MD, Pediatrics (Wave 3)
- Rohit Malhotra, MD, Cardiology (Wave 1)
- Leslie Olsakovsky, MD, Ophthalmology (projected Wave 5)
- J.T. Stranix, MD, Plastic Surgery (Wave 2)

Wave 4a Go-Lives Start Dec. 11

- All scheduling tools currently being built and tested by HIT & Central Template Team:
  - Decision Trees
  - Diagnosis Matrices
  - Optimized Provider Templates

- Training – on track
  - Any team member who does meet their specialty's training deadline will be blocked from Epic at go-live until their training is complete.

- Scheduled Go-Lives – on track
  - Dec. 11 – Allergy
  - Jan. 8 – Nephrology
  - Jan. 29 – Women's Health

Wave 4a Key Training Dates

Allergy
- Dec. 6 | Training deadline

Nephrology
- Dec. 20 | 12-1 p.m. | Office Hours
- Dec. 23 | Practice scenarios available
- Jan. 3 | Training deadline

Women's Health
- Jan. 13 | Practice scenarios available
- Jan. 14 | 12-1 p.m. | Office Hours
- Jan. 24 | Training deadline

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Wave 4b Progress & Upcoming Milestones

Workgroup Updates:

- Diagnosis matrix designs completed, in final review
- Decision tree designs in progress (Endo & ID) or close to wrapping up (Rheum, Pulm, Sleep)
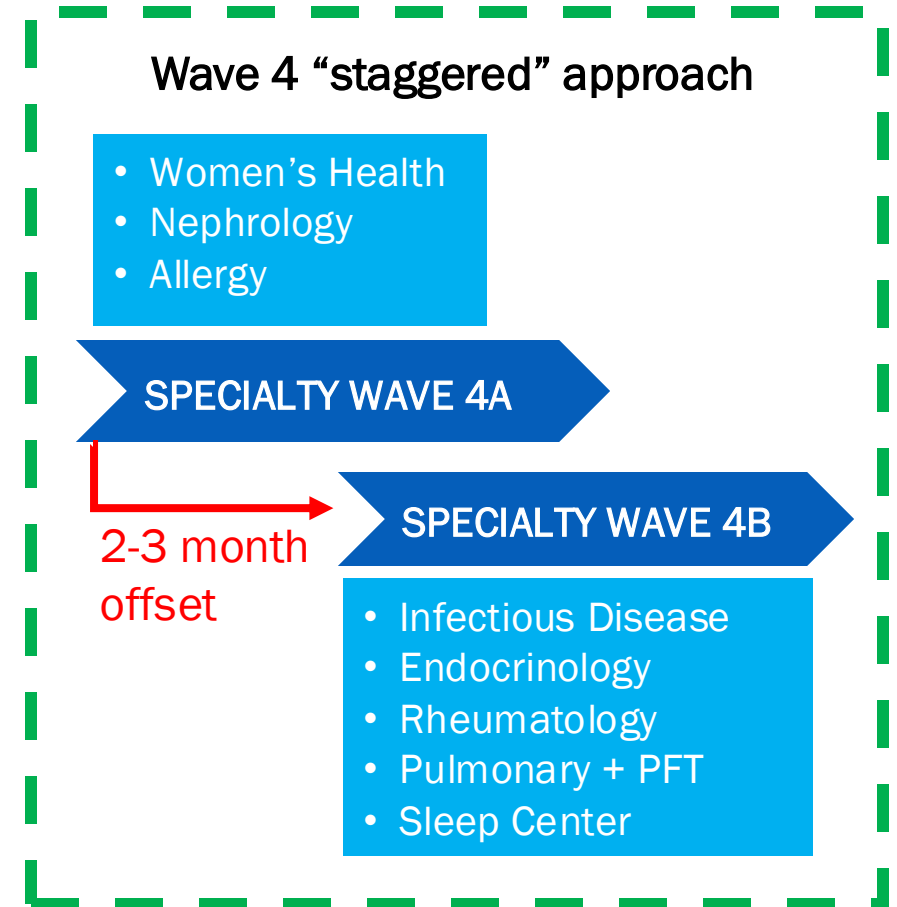- Next area of focus: template design

Anticipated Go-Live Dates & Training Deadlines

- Go-Live Feb. 26: Rheumatology | Pulmonology & PFT | Sleep
  - Training deadline Feb. 21

- Go-Live March 12: Endocrinology | Infectious Disease
  - Training deadline Mar. 7

All dates subject to change

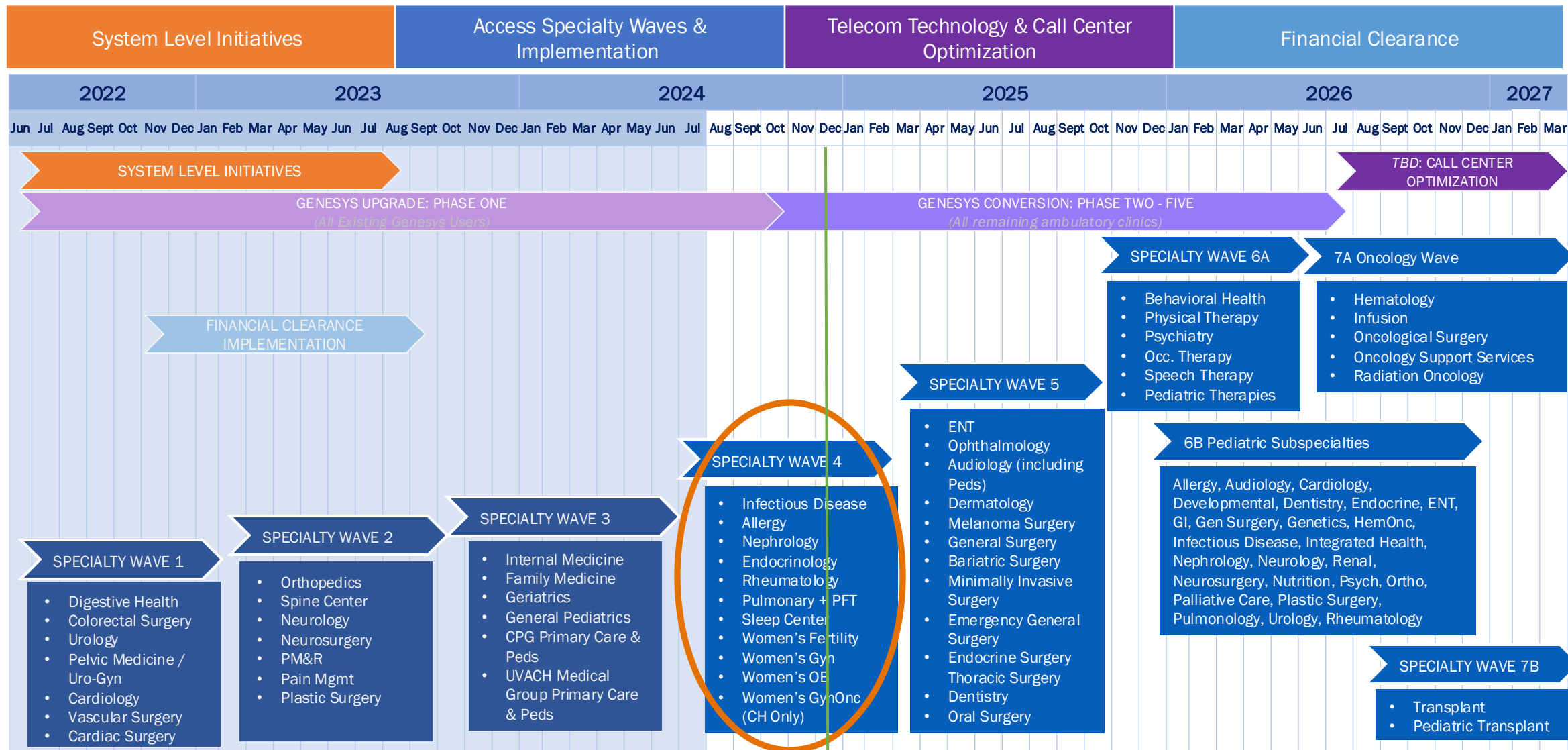**Take 30 for One Team Webinar Dates Set**

- Session 1: Tues., Dec. 10 | 12:30-1 p.m.
- Session 2: Wed., Jan. 15 | 12-12:30 p.m.
- Session 3: Thurs, Feb. 13 | 12-12:30 p.m.

Wave 4 "staggered" approach

- Women's Health
- Nephrology
- Allergy

SPECIALTY WAVE 4A

2-3 month offset

SPECIALTY WAVE 4B

- Infectious Disease
- Endocrinology
- Rheumatology
- Pulmonary + PFT
- Sleep Center

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One Team Implementation Timeline

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

2022	2023	2024	2025	2026	2027

Jun Jul Aug Sept Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sept Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sept Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sept Oct Nov Dec Jan Feb Mar Apr May Jun Jul Aug Sept Oct Nov Dec Jan Feb Mar

SYSTEM LEVEL INITIATIVES

TBD: CALL CENTER OPTIMIZATION

GENESYS UPGRADE: PHASE ONE
(All Existing Genesys Users)

GENESYS CONVERSION: PHASE TWO - FIVE
(All remaining ambulatory clinics)

FINANCIAL CLEARANCE IMPLEMENTATION

SPECIALTY WAVE 6A
- Behavioral Health
- Physical Therapy
- Psychiatry
- Occ. Therapy
- Speech Therapy
- Pediatric Therapies

7A Oncology Wave
- Hematology
- Infusion
- Oncological Surgery
- Oncology Support Services
- Radiation Oncology

SPECIALTY WAVE 5
- ENT
- Ophthalmology
- Audiology (including Peds)
- Dermatology
- Melanoma Surgery
- General Surgery
- Bariatric Surgery
- Minimally Invasive Surgery
- Emergency General Surgery
- Endocrine Surgery Thoracic Surgery
- Dentistry
- Oral Surgery

6B Pediatric Subspecialties
Allergy, Audiology, Cardiology, Developmental, Dentistry, Endocrine, ENT, GI, Gen Surgery, Genetics, HemOnc, Infectious Disease, Integrated Health, Nephrology, Neurology, Renal, Neurosurgery, Nutrition, Psych, Ortho, Palliative Care, Plastic Surgery, Pulmonology, Urology, Rheumatology

SPECIALTY WAVE 4
- Infectious Disease
- Allergy
- Nephrology
- Endocrinology
- Rheumatology
- Pulmonary + PFT
- Sleep Center
- Women's Fertility
- Women's Gyn
- Women's OB
- Women's GynOnc (CH Only)

SPECIALTY WAVE 3
- Internal Medicine
- Family Medicine
- Geriatrics
- General Pediatrics
- CPG Primary Care & Peds
- UVACH Medical Group Primary Care & Peds

SPECIALTY WAVE 2
- Orthopedics
- Spine Center
- Neurology
- Neurosurgery
- PM&R
- Pain Mgmt
- Plastic Surgery

SPECIALTY WAVE 1
- Digestive Health
- Colorectal Surgery
- Urology
- Pelvic Medicine / Uro-Gyn
- Cardiology
- Vascular Surgery
- Cardiac Surgery

SPECIALTY WAVE 7B
- Transplant
- Pediatric Transplant

Future waves are subject to change.

We are here

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Ambulatory Role Delineation Project

RN Navigator Job Role Returns

▪ The RN Navigator job role has been reinstated with revisions to more clearly delineate the position from the RN Care Coordinator role. Correlating Orientation Competency Assessments (OCA) have also been created.

▪ The updated RN Navigator role was informed by UVA Health internal subject matter experts as well as nursing peers and leaders from UNC and Duke, and the AONN Nurse Navigation Domains.

▪ Job descriptions now available in Workday:
   – MC_100735 - RN Navigator
   – MC_101984 - RN Navigator Wage

▪ Questions? Email RAmbulatoryRoleDelineation@uvahealth.org.

Group 5b: UVACH Nursing Roles in Progress

Key Updates:

- Group 5a: *Clinical Support Staff* roles within UVA Community Health Medical Group are wrapping up and moving toward implementation and communication.

- Review of Group 5b: *Nursing* roles within UVA Community Health Medical Group is underway with review of LPN and RN roles.

Next Steps:

- Group 5b: Continue with Registered Nurse review.

- Pre-planning has begun for a phased approach to Group 6: *Healthcare Specialists,* which includes more than 40 roles, and will start with care management roles.

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Additional Ambulatory Initiatives & Developments

Ambulatory HIT Governance Committee Formed

- The new Ambulatory HIT Governance Committee is charged with:
  - Ensuring that Ambulatory HIT changes align with overall UVA Health and Ambulatory strategic priorities.
  - Providing an escalation pathway for other Ambulatory committees (e.g., Ambulatory EHR Informatics Committee, MyChart Steering Committee, etc.).
  - Reviewing all ambulatory-related project proposals prior to their submission to the Strategic Technology Council to ensure alignment with the health system ambulatory vision.
  - Reviewing updates from Ambulatory EHR Informatics Committee (AEIC) and provide guidance on AEIC recommendations that require policy changes.

- Committee membership developed with input from clinical chairs, UVA Community Health and UPG Clinical Practice Group leaders, and HIT and Ambulatory leaders.

- The committee will meet monthly initially, starting Jan. 16, 2025.

Voting Membership

- Co-Chairs: John Bennett & Robin Parkin
- Becky Compton, DNP
- Andrew Barros, MD
- Martha Hellems, MD
- Kim Dowdell, MD
- Aaron Freilich, MD
- Mark Lepsch, MD
- James Min, MD
- Rachel Nauman, DNP
- Ruby Higgins
- Katie Fellows
- Anna Blackburn
- Michelle Lardner, DNP
- Mike Navetta
- Tracey Patterson, MSN
- CMIO (tbd)

DAX Copilot Documentation Tool Is Coming to Support Providers

- DAX Copilot is an ambient listening tool that helps providers document patient encounters more quickly and easily when used within Epic Haiku. It is a Microsoft-Nuance product that is integrated within Epic.

- A 10-provider pilot of DAX Copilot tool was completed in summer of 2024, yielding very positive results.

- UVA Health is preparing to rollout DAX Copilot to Primary Care, Heart and Vascular, and Emergency Department physicians and APPs in the first phase of a multi-phase rollout.

- **Timelines are still being determined for phase 1 and remaining phases, but we know providers are eager to have this tool and deployment is a top priority. Please watch your email for updates.**

- In the meantime, interested providers are encouraged to learn more about the tool on the DAX Copilot website for clinicians.

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Point-of-Care Testing:
Updated Order Entry Guidance

Diagnostic

For those showing symptoms, intended to diagnosis, definitive

Ex: Flu, Strep, COVID, Urine

Order modes:

- Direct LIP order

- Pended and with LIP signature *prior to performing test*

Coming soon to Ambulatory:
  Epic Secure Chat to promote communication efficiency and PHI security

Monitoring

Used to monitor an existing, diagnosed condition or disease progress and/or treatment

Ex: HbA1c or glucose for patients with diagnosed diabetes; PFT for patients with diagnosed chronic asthma

Order modes:

- Same as Diagnostic *or*

- Future and Standing Order placed by LIP or pended during PVP with LIP signature *prior to performing first test*

−*Up to 13 months*

−*Can be included in a Smart Set (requested via Epic ticket), customizable preference lists*

Screening

Intended for asymptomatic patients, not diagnostic, provides information regarding risk

Ex: hCG prior to radiology; screening mammogram, screening colonoscopy or FIT, vision and/or hearing screening

Order modes:

- Same as Diagnostic, Monitoring *or*

- *Approved* screening Protocol Order (*new document nomenclature*)

  − Developed by practice area and approved via PCC pathway

  − Placed via protocol order mode per Medical Orders for Patient Care Medical Center Policy

Interpreters Now Available for Telehealth

- Effective Dec. 10, health system providers may request an interpreter to join Epic video client telehealth sessions in real time for the following languages:
  - American Sign Language
  - Arabic
  - Dari
  - Pashto
  - Spanish

- Interpreting services are provided by our existing third-party partner Globo, which estimates that an interpreter will be available to join your call within 60 seconds of requesting.

- To request an interpreter, join your Epic video client telehealth session and click the "Request Interpreter" button and follow the prompts.

- For workflow details, visit the Epic Learning Library.

Ticket Scheduling Now Available in Primary Care

Effective Dec. 10, ticket scheduling is available for use in primary care and general pediatrics across the health system.

What is ticket scheduling?

▪Ticket scheduling is an easy way to give patients the ability to schedule an appointment using MyChart (even if they don't have a MyChart account). The scheduling ticket will have information about the appointment (type of appointment, when, where, with whom).

Why use ticket scheduling?

▪Reduce the back-and-forth messaging that can result from patient requests for medical advice.

▪Give patients the flexibility to self-schedule while ensuring that they schedule the right *type* of appointment with an appropriate *provider* in the desired *timeframe*.

▪Provide helpful prompts to patients to schedule recommended care.

▪Streamline the responses to MyChart appointment requests by adding the option to respond with a scheduling ticket.

Get started: visit the Epic Learning Library to learn how to use ticket scheduling.

Visit Types Eligible for Ticket Scheduling

1. PC Follow-Up
2. Peds Follow-Up
3. Sports Physical
4. PC Pre-Op
5. PC Same Day
6. Peds Sick Visit
7. PC Adult Preventative Care
8. Peds Well Child
9. PC Medicare Annual Wellness
10. PC Transfer Visit
11. Peds Pre-Op

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New Epic Module Aims to Streamline Preop Anesthesia Assessments for UMC Patients

Ambulatory and Anesthesia leaders are working to optimize preoperative anesthesia triage and assessments for University Medical Center patients with the implementation of a new Epic module called **Procedure Pass.**

- The implementation of Procedure Pass aims to:
  - Improve efficiency, communication, and visibility of information between surgery clinics and the Preoperative Anesthesia Clinic.
  - Reduce short-notice surgery cancellations.
  - Improve the overall patient experience.

- Procedure Pass will streamline triage with automated anesthesia risk scoring and support task tracking by surgeons, surgery clinics, and Preoperative Anesthesia Clinic nurses and providers.

- Procedure Pass is expected to launch in Q1 2025, and much more detail will be shared in the coming months, including training and support materials for providers, clinical teams, and access associates.

- Clinical leaders may request a presentation about this work at an upcoming department meeting by contacting Project Manager Joyce Miller.

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Champions of Change

Thank you to our November 2024 Champions of Change!

Amy Gilchrist, BSN, RN, Clinical Program Coordinator – Ambulatory Operations

"It's a pleasure to recognize Amy Gilchrist for the outstanding contributions she has made in a relatively short time in her new role. In addition to supporting One Team| United on Access clinical workflows, patient progression efforts, and development of nurse-sensitive indicators, Amy took the initiative to address a growing need for supplemental training resources for One Team clinical workflows. Amy's proactive leadership and deep clinical knowledge have already led to several creative solutions to enhance nursing and clinical practice across Ambulatory Operations (as well as her insane PowerPoint skills!). Perhaps Erin Pearsall says it best, 'Clone her.'" Thank you, Amy!

–Rachel Nauman, Administrator, Ambulatory Nursing

Endocrinology Providers – Drs. Crook, Eagleson, Jan De Beur, & Kirby

"Working with the Endocrinology providers in Wave 4b has been incredible. Not only do they attend each workgroup, they are prepared and 100% engaged in the discussion throughout each meeting. They are active, thoughtful advocates for their patients as well as their clinical and access colleagues. As a result, the design process for each of the One Team Epic tools has been collaborative, efficient, and has their clinics strongly positioned for success at go-live. Their partnership is a model for other leaders and on behalf of the Access Implementation Team, I am pleased to recognize them as Change Champions."

–Justina Sutphin, AIT Endocrinology Workgroup Lead