

A solid orange horizontal bar.

# Ambulatory Operations October Progress Report

November 2, 2023



# Table of Contents

- i. Executive Summary
- ii. One Team | United on Access
- iii. Additional Ambulatory Developments
- iv. ARD Reminders
- v. Champions of Change



# Executive Summary

- One Team | United on Access Wave 3 is progressing on schedule with design workgroups wrapping up decision tree design and focus shifting to provider template optimization. Triage and pre-visit planning clinical workflows are also being reviewed and optimized for the primary care setting.
- Communication to frontline Wave 3 team members is in full swing with a kickoff message, weekly Workgroup Summaries, and a webinar series all launched. Training-specific communication will begin in November.
- The Cancer Center and Children's are on track to cutover to the new Genesys Cloud phone system in November.
- Direct Scheduling and Virtual Urgent Care have expanded as part of ongoing efforts to provide a digitally-enabled patient experience that is simple, convenient, and competitive in the regional marketplace.



One Team | United  
on Access

# Recent Progress

## Wave 1 & Wave 2

- As of Oct. 20, ALL post-live issues have been completed across Wave 1 and Wave 2 specialties. There continues to be collaboration between the Access Implementation Team (AIT) and HIT to work through requested optimizations/enhancements for Wave 1 and Wave 2 specialties.

## Wave 3

- The Adult and Pediatric Primary Care (inclusive of Family Medicine, Internal Medicine and Pediatrics) workgroups have completed designing tree trunk, new patient, and return patient branches for decision tree build. All workgroup stakeholders received a live demo of the Primary Care decision tree in Epic on October 6. Currently in-progress are sick patient and urgent/emergent decision tree designs.
- Adult and Pediatric future state template proposals are currently being drafted for provider review.
- Adult and Pediatric Primary Care Workgroups have completed review of the Age/Condition Matrix (scheduling support tool). The project team is reviewing Nurse Triage and Pre-Visit Planning workflows with stakeholders to ensure alignment with Primary Care needs.
- *Take 30 for One Team* webinars have kicked off for all Adult and Pediatric Primary Care team members to learn what to expect from the One Team wave process and when. Complete schedule, webinar links, and recordings of past sessions are available on the [project website](#).
- Weekly summaries continue to be shared with Workgroup representatives to cascade to team members in their areas. The summaries are also archived 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.*
  - User testing and issue resolution is wrapping up for the first batch of cutovers (Children's and Cancer) slated for November.
  - Beginning initial preparations for Revenue Cycle cutover slated for this winter.

# Upcoming Milestones

## Wave 3

- Both workgroups are targeting completion of decision tree design (including Leadership Accountability review) by early November.
- Future state template proposals are expected to be reviewed with providers and clinic leadership in mid-November.

## System-Wide Initiatives

- Genesys Migration – Cancer Center and Children’s cutover to Genesys Cloud on track for mid-November.

## Training

- Wave 3 will incorporate a Super User strategy to supplement go-live training and support. Super Users are designated team members who develop extensive knowledge of new workflows and applications. Super Users are currently being identified and are on track for training in November. All managers and supervisors will be trained as Super Users.
- All managers are required to attend a briefing on the Wave 3 training program in mid-November so they are familiar with the plan, requirements, and how it will prepare their teams for go-live.


# Measuring Our Impact: Wave 2 Early Returns

*Wave 2 Preliminary Results –Based on Two Months of Data Post Go-Live (Aug-Sep).*

 **19%**

**Scheduled Visits**

*Increased Average Monthly Vol. from 22,031 to 26,276*

 **<1%**

**New Patient Scheduling Lag**

*Increased from Average of 33 to 34 Days*

 **45%**

**Reduction in Visit Types**

*Decreased from 235 to 130*

 **7%**

**Completed Visits**

*Increased Monthly Vol. from 16,198 to 17,327*

 **73%**

**4 Hour Sessions**

*Adherence increased from 22% to 95%*

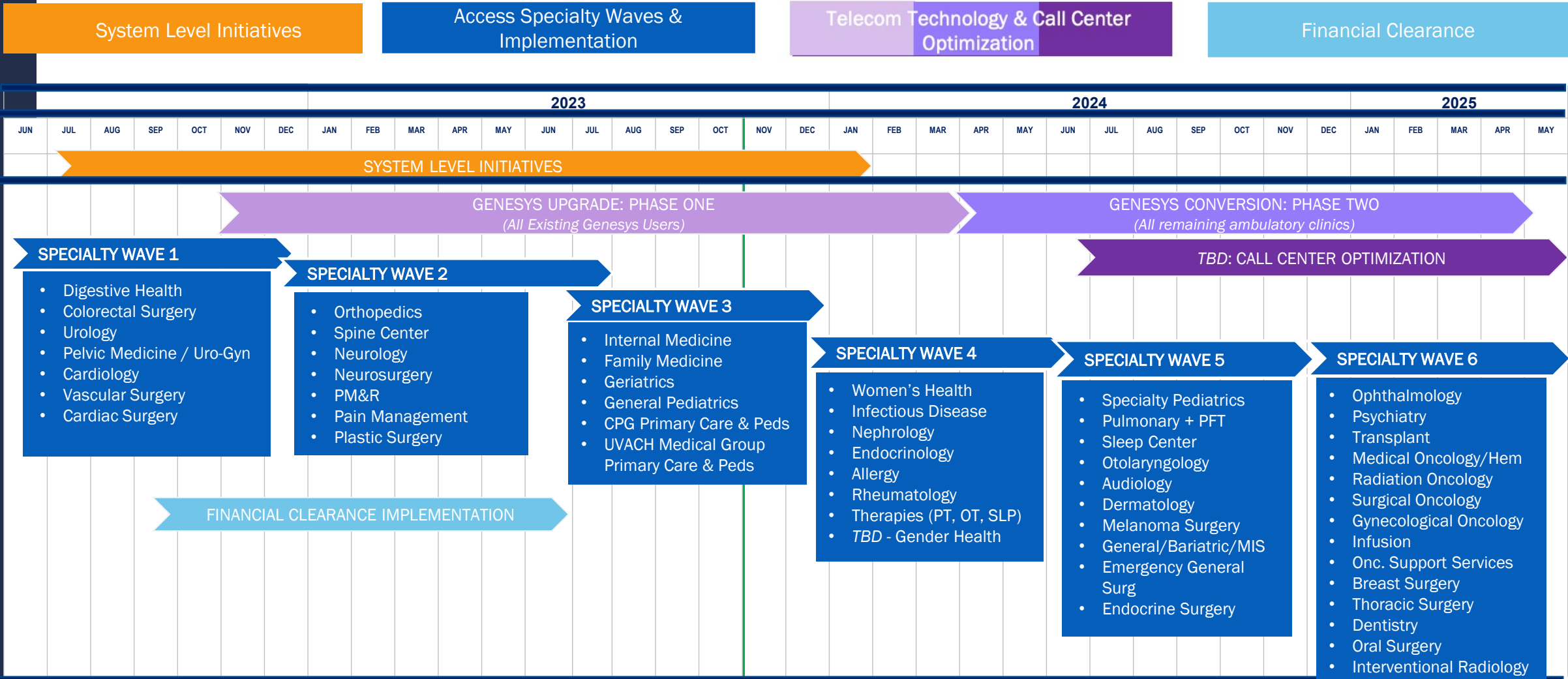
**Wave 2 Data is just now starting to reflect actual operations as templates stabilize and we transition away from summer schedules.**

Wave 2 specialties: Plastic Surgery, Orthopedics, Prosthetics & Orthotics, Pain Management, Physical Medicine & Rehabilitation, Neurosurgery, Neurology and Spine

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 – 9/30/23



# One Team Implementation Timeline



We are here

*\*Future waves are subject to change.*



# Additional Ambulatory Developments

# UVA Community Health Medical Group Launches Direct Scheduling

- As part of UVA Health's Digital Patient Experience initiative to provide a digitally-enabled patient experience that is simple, convenient, and competitive in the regional marketplace, the UVA Health Access team is working to implement direct online scheduling for existing patients.
- UVA Community Health Medical Group is taking the lead in this arena, activating direct scheduling for Preventative Care and Medicare Annual Wellness visits in six Primary Care clinics.
- Since the functionality went live in August 2023, 780 visits have been scheduled by patients.
- The UVA Health Access team is in the process of expanding direct scheduling to additional UVA Community Health clinics.

## Benefits of Direct Scheduling

- User-friendly for patients
- Leverages Epic/MyChart functionality
- Increases patient satisfaction and loyalty
- Decreases no-show rates
- Helps access/scheduling team work at the top of their skill set

# Virtual Urgent Care Expands to Boost Access

**UVA Health Virtual Urgent Care (VUC) is now available Monday – Friday, 8 a.m. – 5 p.m.**

- Previously, VUC was only available three days a week on a varied schedule.
- This expansion is also part of the Digital Patient Experience initiative.

## **How do patients get a VUC appointment?**

- The service is open to any Virginia resident. They do not have to be an existing UVA Health patient, but they must reside in Virginia.
- Appointments are scheduled online, with or without a MyChart account, at [uvahealth.com/services/virtual/urgent](https://uvahealth.com/services/virtual/urgent)

## **Should clinics refer patients to VUC if they can't see them?**

- Yes- clinics may refer by telling the patient to Google “UVA Health virtual urgent care,” which will direct them to this page for self-scheduling: [uvahealth.com/services/virtual/urgent](https://uvahealth.com/services/virtual/urgent)

## **What's the difference between Virtual Urgent Care and Same Day Care?**

- Same Day Clinic (SDC) appointments are in-person and must be scheduled by the referring clinic/provider. VUC appointments are virtual and may be scheduled online by anyone in Virginia.
- The use of VUC vs. SDC will be based on symptoms and the triage of the patient. If the visit is appropriate for virtual, the patient can use this platform. However, if the referring clinic or VUC provider deems that the patient needs labs or in-person evaluation, they should be scheduled for an in-person visit at SDC.

# Same Day Care: Clarifying *Who & How* to Schedule

Some confusion has been reported about which clinics may refer patients to the Same Day Care (SDC) clinic and how patient visits are scheduled. Please see below and contact Clinic Manager [Dwayne Phillips](#) with any other questions.

- **Which Ambulatory clinics/providers may refer patients to Same Day Care?**

- Adult primary care providers/clinics affiliated with the Medical Center and UPG CPG who cannot accommodate acute/urgent patients for same day visits.
- SDC is not a walk-in urgent care. All patients must be referred and have an appointment.

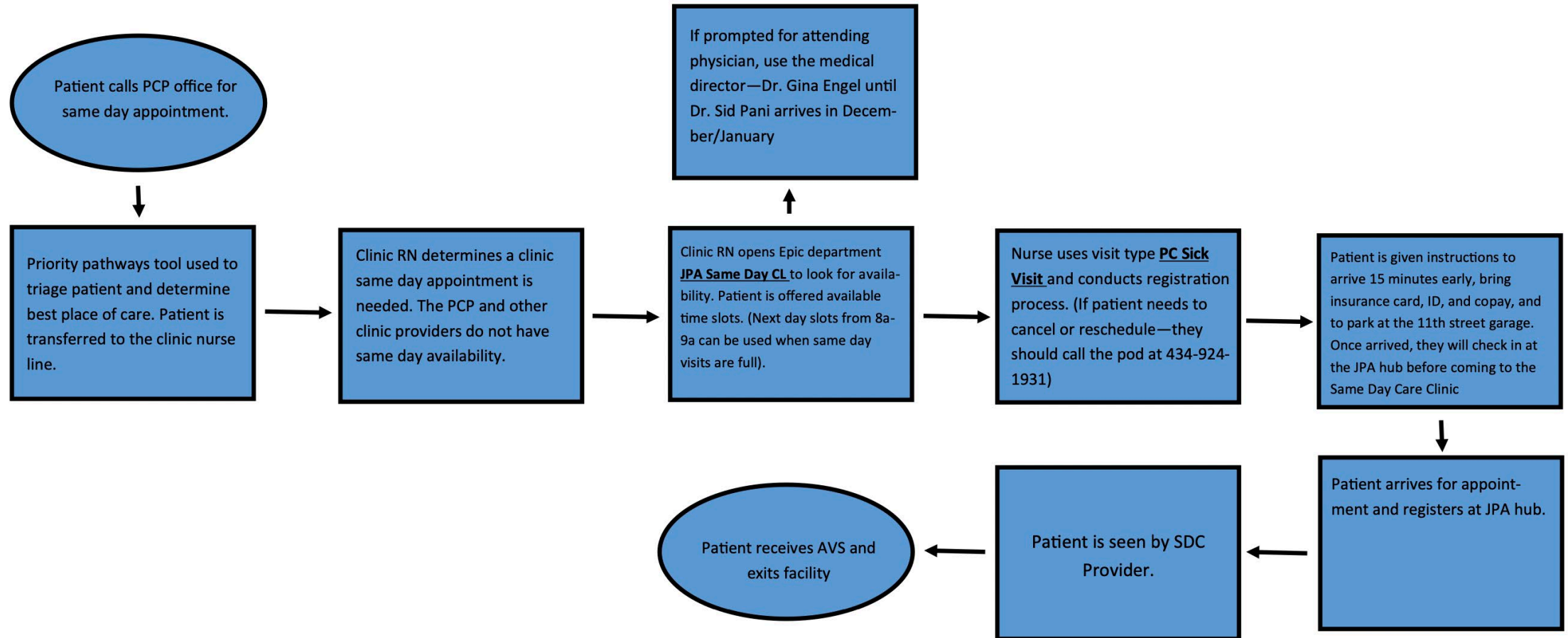
- **Which patients may be referred?**

- Adult patients with non-emergent acute issues who cannot be seen by their primary care provider.
- Same Day Care should not be used to address emergent issues (chest pain, suspicion of stroke, etc.).
- Pediatric patients should not be referred to Same Day Care.

- **How are patient visits scheduled for SDC?**

- Nurses and Access team members may schedule SDC appointments directly through Epic- **see workflow on next slide.**
- Only same day appointments should be scheduled; team members may not book patients any further out. The only exception is if no same day appointments remain. In this scenario, appointments may be booked between 8-9 a.m. the following day.
- The SDC has limited Access support. Please *do not call* the SDC to schedule an appointment.

# Same Day Care: Scheduling Workflow





# Ambulatory Role Delineation Project

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

# Reminder – OCA Completion Deadlines

Group	Review New OCA Form(s) by	Roles Impacted
1- Clinic Support	<b>Jan. 30, 2023</b>	<ul style="list-style-type: none"><li>• Medical Assistant Ambulatory (CMA, CCMA, RMA, NRCMA, NRCAMA, MA Trainee, APAC)</li><li>• Patient Care Tech Ambulatory (PCT, CNA, EMT)</li><li>• Patient Care Tech Dialysis</li></ul>
2- Nursing	<b>Dec. 1, 2023*</b>  <i>*For most competencies, these will be transcribed from existing OCAs.</i>	<ul style="list-style-type: none"><li>• RN</li><li>• RNCC</li><li>• Clinical Program Coordinator</li><li>• Ambulatory Charge Nurse</li><li>• Ambulatory LPN</li><li>• Medical Assistant Ambulatory</li><li>• Patient Care Tech Ambulatory</li></ul>
3a- Administrative Support	<b>Oct. 2, 2023</b>	<ul style="list-style-type: none"><li>• Ambulatory Clinic Administrative Coordinator (formerly Ambulatory Administrative Coordinator)</li></ul>



# ARD Implementation Basics

## What steps should managers take to implement ARD changes?

1. Read [implementation guides](#) to better understand how the changes affect your clinic(s).
2. Review job description and OCA updates with all relevant team members.
3. Update OCA forms for newly delineated roles by the respective deadlines.
4. Continue using updated OCA forms and job profiles for onboarding and annual needs.
5. Evaluate and redesign your clinic staffing model in partnership with Triad leadership team.

# ARD Implementation – Staffing Model Changes

Evaluate and redesign your clinic staffing model as a Triad leadership team

- What is the ideal staffing model for our clinic?
- What do we need to achieve our ideal staffing model\*?
  - Re-designation of job roles for current team members
  - Job role reassignment of open positions or with attrition
- What clinic workflows need to be adjusted based on updated competencies?
- What support do we need? Who can assist us?  
[ambulatoryroledelineation@uvahealth.org](mailto:ambulatoryroledelineation@uvahealth.org)

*\*Timing of this work is key – complete in preparation for next budget cycle.*



# Champions of Change

# Thank you to our Oct. 2023 Champions of Change!



**Steve Allen**  
**IT Specialist Intermediate,**  
**EMR Training**

*“Erica and Steve have been invaluable partners to the One Team | United on Access Project as we work to stand up a robust Super User Program as part of our comprehensive go-live training program for Wave 3. I have been impressed by their knowledge of and intuition for how people learn. Their genuine passion for helping others learn is both inspiring and contagious.”*



**Erica Ortiz**  
**IT Specialist Intermediate,**  
**EMR Training**

*“They’re playing a pivotal role in ensuring that their fellow team members are prepared for the changes ahead and they are fully invested in the success of not only the training program, but the people and the project itself.”*

–Sara Fowler, PMP  
Project Management, Staff Specialist  
and One Team Project Manager