

## Ambulatory Operations Progress Report – Inaugural Edition October 27, 2022

Dear Colleagues,

As [shared](#) last summer, Ambulatory Operations has begun a transformational change focused on providing a unified, best-in-class experience to patients at every step of their UVA Health journey.

To keep you informed of our progress and changes impacting ambulatory care, we will provide a monthly Ambulatory Operations Progress Report, the inaugural edition of which follows. With consistent, transparent updates, our aim is to keep leaders and team members informed and engaged, while setting the stage for transition to our envisioned future state.

We are grateful to each of you for supporting this important work and we look forward to sharing our progress and the positive impact it will have for patients and team members alike.

Sincerely,

**John Bennett, MPA**  
Chief Ambulatory Operations Officer

**Alan C. Dalkin, MD**  
Associate Chief Medical Officer - Medicine

**Gina D. Engel, MD**  
Associate Chief Medical Officer - Primary Care

**William C. Peterson, MD**  
Associate Chief Medical Officer - UVA Children's

**Shayna L. Showalter, MD**  
Associate Chief Medical Officer - Surgery

### Ambulatory Operations October Progress Report

Fall is upon us and as the leaves change, so too will we begin to see exciting changes in the delivery of ambulatory care at UVA Health.

One issue that may be top-of-mind related to the transformation of Ambulatory Operations is job security. We want to make it clear that we are not seeking to eliminate jobs through this work. Whether it's One Team United on Access, Ambulatory Role Delineation, or other changes, these initiatives are an investment in our people as we seek to empower you with more effective processes, tools, and frameworks for doing your job. Once implemented, the changes will make it easier to care for patients, while also enhancing the experience of Ambulatory team members. If you have any outstanding questions or concerns, please send a message to [ROFFICEOFTHECAOO@uvahealth.org](mailto:ROFFICEOFTHECAOO@uvahealth.org); we commit to being available to answer your questions.

#### One Team United on Access | Wave One in Full Swing & New Access Policies on the Horizon

The One Team United on Access project is tasked with developing an enterprise-wide access model that will make it easier for patients to access the healthcare services they need. This may sound like a simple goal, but the scope and scale of work required to achieve it is significant. Below are high-level project updates and we encourage you to visit the [project intranet site](#) for more information, including a [project overview](#) and [timeline](#).

One near-term milestone meriting call-out is the creation of new access policies to address patients who are chronically late to appointments, cancel late, or fail to show. A revamped financial clearance policy is also in progress to better communicate and connect patients with financial counseling and other resources. The Project Team has been working with stakeholders from across the enterprise to develop these policies. They are entering final reviews with health system leadership and we anticipate rolling them out by year end.

<p><b>October Key Learnings</b></p>	<ul style="list-style-type: none"> <li>• Scheduling decision trees are a key strategy in enabling faster patient access. Decision trees are an Epic-based tool where a user inputs responses to defined questions to reach the appropriate visit type and provider(s) to schedule a visit. Specialty workgroups were each given a decision tree demo by HIT to show the functionality of the tool in Epic, in alignment with each specialty. Various scheduling situations were demonstrated, and workgroups witnessed the positive impact that decision trees can have for ease of scheduling in their respective specialties.</li> <li>• Specialty workgroups have also started to discuss template strategies, such as overbooks, block usage, and session lengths as future state template design begins. Workgroups are leveraging historical data within each individual provider template to inform where these strategies would have the most benefit.</li> </ul>
<p><b>Work Started or Finished</b></p>	<ul style="list-style-type: none"> <li>• Wave One Specialty workgroups (click <a href="#">here</a> for project timeline, including wave schedule) are finishing decision tree development for both new patient and return patient scheduling and transitioning into provider template optimization. Workgroups have started reviewing current state templates and preparing for future state template design development. The goal of the template optimization work is to align provider templates with the decision tree design to create an optimized scheduling process and promote timely access.</li> <li>• System-wide initiatives have been prioritized based on scope, available resources, and impact to organization. Progress highlights include:             <ul style="list-style-type: none"> <li>• The Access Policies Workstream continues vetting proposed Late Arrival/Late Cancel/No Show and Financial Clearance Policies with the goal of rolling out by end of year, pending approvals.</li> <li>• The MyChart Pre-Visit Update Optimization team is working with pilot departments to outline work required to enhance the patient experience. Focus areas include consolidating/limiting appointment reminders, updating questionnaires, and streamlining patient arrival processes.</li> <li>• The Access Metrics and Reporting workstream is bundling resource requirements and tasks with the Ambulatory Scorecard project for greater efficiency.</li> <li>• The Phone System and Call Center Planning workstreams are identifying requirements for near-term and long-term operations.</li> </ul> </li> </ul>
<p><b>Kudos and Acknowledgments</b></p>	<ul style="list-style-type: none"> <li>• We would like to give kudos to the Specialty workgroup members for their continued engagement as we work through the multitude of project initiatives. We recognize the significant time that this work entails and are grateful for everyone's continued support. Thank you!</li> </ul>

	<ul style="list-style-type: none"> <li>We would also like to give kudos to the HIT team for their continued dedication to the One Team work. The HIT team created and facilitated decision tree demonstrations that were key to helping the Specialty workgroups understand their value. Thank you!</li> </ul>
<b>What's Next?</b>	<ul style="list-style-type: none"> <li>Specialty workgroups are transitioning from decision tree design to provider template optimization, focusing on template strategy and future-state design. Template optimization will be the priority for the next few weeks.</li> <li>Late Arrival/Late Cancel/No Show and Financial Clearance policies are being vetted and should enter health system review processes in the next few weeks.</li> <li>Other system-wide initiatives will finalize timelines, develop scope documentation, and continue to align with workstreams across the organization (see details above in Work Started).</li> <li>Planning for Specialty Wave Two has commenced. Leaders in Wave Two specialties will be contacted about kick off meetings, the work involved, and the roles needed to participate in the project.</li> </ul>

### Ambulatory Role Delineation | Launching Our Next Transformative Step

Last week we shared news of the Ambulatory Role Delineation (ARD) Project. Led by Rachel Nauman, Administrator, Ambulatory Nursing, this project will streamline and clarify certain Ambulatory job roles by creating standards for scope of practice and competency assessments. In doing so, we will reduce confusion around job responsibilities, barriers to working at top of practice, and team members working beyond the scope of their training. In turn, clinic managers will be better informed to optimize clinic staffing.

The project team will be hosting ARD Town Halls starting next week and we hope everyone will try to join. Watch your email for more information and visit the project [intranet site](#) for FAQs, timelines, and more.

### Scorecard & Clinic Rankings | Don't Wait to Act on Data Insights

In case you missed it, Phase 2 of the [Ambulatory Scorecard](#) went live in mid-September with six new metrics:

<ul style="list-style-type: none"> <li>Budgeted Units of Service (Visits)</li> <li>Established Patient Access</li> </ul>	<ul style="list-style-type: none"> <li>Referral to Scheduling Time</li> <li>Self-Scheduling</li> </ul>	<ul style="list-style-type: none"> <li>Workforce: Time to Fill</li> <li>Workforce: Functional Vacancy</li> </ul>
--	--	--

Additionally, a Session Availability metric is currently being tested on the [beta site](#), measuring percentage of the provider sessions in Ambulatory clinics that meet the four hour session standard. Please send any feedback on this proposed addition to Project Manager Katie Pennock [KVP20@uvahealth.org](mailto:KVP20@uvahealth.org).

In other metrics news, the monthly [Ambulatory Clinic Rankings](#) of top performing and most improved clinics have recently refreshed for the first time since launching in September.

With the maturing of our performance measurement tools, clinic managers, medical directors, and access leaders should study these data regularly and work together to act on the insights gleaned as part of our shared commitment to continuous improvement. While exciting changes are pending via One Team United on Access, ARD, and other projects, clinic leadership teams should not wait to start making improvements – based on data insights or otherwise – in their clinics.

Remember, too, that you have resources outside of your clinic triad: idea sharing and partnering to solve common challenges among peers across other the Ambulatory clinics is encouraged and expected. For our part, we, your ACMOs and Chief Ambulatory Operations Officer, along with Ambulatory Nursing Administrator Rachel Nauman, stand ready to assist in identifying opportunities for improvement and overcoming obstacles. Soon we will begin reaching out to leaders in lower-ranked clinics for collaborative discussions on how to elevate operations.

### **We Welcome Your Ideas and Suggestions**

No matter your role at UVA Health or whether you come to us for your own medical care, we welcome your thoughts and input as we move our vision of being best-in-class toward reality. Please email messages to: [ROFFICEOFTHECAOO@uvahealth.org](mailto:ROFFICEOFTHECAOO@uvahealth.org).

***Bookmark the Ambulatory Operations intranet page for quick access to this important resource!***  
<https://ambulatoryops.uvahs.org>

###