Improving Outpatient Services using Day-to-Day Data

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Agenda

University Goal

Data

Department Challenges

Project Overview

Key Success Factors

McKesson Analytics Explorer

Results

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University Goal

URMFG United is about changing the way we think about and deliver patient care.

Our goal is to be singularly focused on providing exceptional customer service and high quality care at every patient interaction — and to do so in a way that meets patients' and insurers' demand for value: high-quality care at a low-cost.

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University Policies - Scheduling

0.1 Ease of Making Timely Appointments: Four New Policies

Policy	Rationale
0.1.1 Referral Screening: Make appointment first; request additional information after appointment is made as needed. *Approved January 2014 by URMFG Executive Committee.*	Increase and improve patient access. Increase efficiency in scheduling patients.
0.1.2 New Patient Appointments: 80% of all new patients will be seen within 14 days of requesting appointment. *Approved January 2014 by URMFG Executive Committee.*	Increase and improve patient access.
0.1.3 Wait Lists: Use Flowcast wait list functionality. *Approved January 2014 by URMFG Executive Committee.*	Increase and improve patient access (schedulers can fill open appointment slots).
0.1.4 Urgent Referrals: Provide appointment for patient with acute needs same day. *Approved January 2014 by URMFG Executive Committee.*	Increase and improve patient access. Improve customer service.

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University Policies – Communication

0.3 Improve Communications with Referring Providers and Patients: Three New Policies	
Policy	**Rationale**
0.3.1 External/Internal Referral Communications: Providers will communicate with the referring provider the patient status: - After seeing a new outpatient consult within 72 hours - After an operative procedure within 72 hours - Other serious patient status change Note: Admission and discharge of patients trigger automatic notification from eRecord to referring providers and PCPs. *Approved June 2014 by URMFG Executive Committee; Revised/approved October 2014 by URMFG Executive Committee.*	Improve referring provider communications and satisfaction. **Note:** Admission and discharge of inpatients trigger automatic notification from eRecord to referring providers and PCPs.
0.3.2 Communication to Patient: The ORDERING provider/designee is responsible for communicating significant test results to patients/guardians. Communications should be documented in eRecord. *Approved June 2014 by URMFG Executive Committee.*	Identify accountable provider for communications. Improve quality of care and patient satisfaction.

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University Policies - Communication

0.3 Improve Communications with Referring Providers and Patients: Three New Policies [continued]	
Policy	**Rationale**
0.3.3 Provider Documentation: Complete documentation, reflecting clinical services provided, and close encounter within 2 business days of visit. *Approved March 2014 by URMFG Executive Committee; Revised/approved May 2015 by URMFG Executive Committee.*	Improve quality of care.

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Previous Enterprise Data

	FEB		MARCH		APRIL		Average Percentage
	Total Encounters*	Closed w/in 2 business days	Total Encounters*	Closed w/in 2 business days	Total Encounters*	Closed w/in 2 business days	
HH Endocrinology	21	100%	14	100%	23	100%	100%
Speech Therapy	16	100%	19	100%	17	100%	100%
Surg - Peds	114	98%	110	99%	106	98%	98%
PT/OT	6330	98%	7554	97%	11842	95%	97%
Palliative care	186	96%	242	93%	217	97%	95%
Dentistry	725	96%	755	96%	739	92%	95%
Orthotics	884	95%	1141	94%	1159	94%	94%
Surg - Vascular	593	96%	639	93%	745	92%	94%
HH Programs 1	511	91%	595	92%	590	95%	93%

- High level view of data
- Unable to drill into information
- Stored in multiple locations
- Goals were not listed
- Not all needed data sets were available
- PDF format

External/Internal Referral Communications June 2015

COMMUNICATION PERCENTAGE

SPECIALITY DEPARTMENT	MARCH	APRIL	MAY	JUNE	JULY	AUG	SEPT	OCT	NOV	DEC	JAN	FEB	MAR	April	Ma
SMH Cardiac Surg	N/A	N/A	70.37%	95.24%	92.00%	90%	83.33%	63.79%	66.67%	52.94%	44.83%	75.86%	92.31%	88.24%	85.7
Orthopedics	51.41%	60.13%	74.70%	76.57%	72.40%	83%	81.85%	80.82%	95.49%	95.52%	96.70%	97.17%	95.69%	95.07%	95.1
Sleep Medicine	97.82%	96.36%	97.22%	94.16%	97.67%	97%	96.41%	94.47%	94.88%	94.23%	95.96%	95.53%	96.33%	96.36%	97.4
Urology	85.27%	91.12%	86.88%	86.15%	84.60%	87%	85.69%	83.15%	84.65%	85.78%	84.04%	82.41%	95.12%	91.24%	94.8
Vascular Surg	46.59%	45.08%	64.14%	76.00%	77.85%	82%	86.09%	93.43%	93.33%	97.26%	99.25%	99.19%	97.18%	93..53%	100.0
Colorectal Surgery	62.05%	66.94%	78.26%	75.27%	90.58%	98%	95.17%	95.90%	94.64%	94.19%	90.38%	91.60%	89.35%	92.12%	96.4

DEPARTMENT	NEW PATIENT SCHEDULING - ARR ONLY								NEW PATIENT BILL		
	Total Scheduled Appts (ARR,BMP,CAN,NOS)		% New Patients scheduled within 7 days		% New Patients scheduled within 14 days		Total New Patient Visits		New Patient Billings as % of Total Billed Visits		Tot
	Jun-15	6 mo. Avg	Jun-15	6 mo. Avg	Jun-15	6 mo. Avg	Jun-15	6 mo. Avg	Jun-15	6 mo. Avg	Jun
ANESTHESIOLOGY - PTC	2,099	1,898.0	15.8%	13.5%	20.3%	21.0%	202	175.5	14.0%	16.1%	
DERMATOLOGY (S)	5,260	5,259.5	23.7%	28.6%	32.6%	52.5%	789	912.8	27.8%	31.7%	2
HIGHLAND FAMILY MEDICINE	9,843	9,389.7	49.7%	44.5%	75.4%	70.4%	175	229.0	2.5%	3.6%	5
MEDHH DEPARTMENT OF ME	1,858	1,801.7	28.2%	22.4%	35.6%	31.7%	177	153.3	15.9%	15.1%	1
MEDICINE (S)	58,035	52,804.2	38.3%	40.0%	61.1%	60.9%	3,567	3,352.5	17.8%	19.2%	12
CANCER CENTER	19,959	18,327.5	43.4%	46.4%	78.6%	77.9%	987	884.2	18.5%	19.7%	
CARDIOLOGY	11,947	9,710.7	51.8%	49.7%	69.8%	71.7%	600	547.2	17.8%	18.4%	
CARDIOLOGY HIGHLAND	1,999	2,274.0	48.8%	67.0%	88.3%	90.0%	240	209.3	19.6%	22.5%	
DIGESTIVE & LIVER DISEASE UNIT	7,174	5,627.2	27.0%	27.9%	43.7%	44.6%	403	409.5	24.0%	26.2%	
MED-ALLERGY/IMMUN/RHEUM	3,179	3,093.7	18.6%	22.2%	30.7%	34.1%	296	285.3	17.5%	16.6%	
MED-ENDOCRINE PRACTICE GRO	2,131	2,039.2	25.9%	29.0%	34.5%	37.7%	220	238.8	17.4%	21.9%	
MED-HEALTHY LIVING CENTER	324	316.2	46.7%	46.3%	65.0%	66.9%	60	58.3	18.8%	25.7%	
MED-INFECTIOUS DISEASE GROUP	1,123	1,154.2	68.8%	66.4%	81.3%	82.6%	48	44.2	21.0%	21.5%	
MED-INTERNAL MEDICINE GROUP	1,128	1,021.5	7.7%	9.0%	7.7%	10.8%	26	27.8	4.3%	4.7%	
MED-MEDICINE RESIDENT CLINIC	2,997	2,996.0	96.0%	69.0%	99.5%	75.0%	61	65.7	3.1%	3.6%	

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Previous Department Data Sources

# of Bumped FUV and NPV

Month	FUV	NPV
Dec	235	47
Jan	157	48

FUV Bumped Within 60 days?

Month	NO	YES
Dec	37.4%	62.6%
Jan	35.7%	64.3%

NPV Bumped Within 60 days?

Month	NO	YES
Dec	12.8%	87.2%
Jan	52.1%	47.9%

Utilization
June 2015

Monthly Available Clinic Hours	4761
Monthly Booked Clinic Hours	3431
Monthly Utilization	72%
Monthly Underutilization	28%
FYtD Available Clinic Hours	58949
FYtD Booked Clinic Hours	38652
FYtD Utilization	66%

Neurology - Monthly

28% / 72%

Neurology - FYTD

34%

Average 3rd Available - Neurology

Neurology Appointment Summary

	Sum of JANUARY	Sum of FEBRUARY	Sum of MARCH	Sum of APRIL
ARRIVED	3958	3514	4315	4166
BUMPED	276	239	346	511
CANCELLED	1905	1999	1930	1771
NO SHOW	517	445	515	502

Booking NPV 0-7 days

Month	yes	no
Dec	18.0%	82.0%
Jan	21.0%	79.0%
Feb	20.8%	79.2%
Mar	18.7%	81.3%
Apr	18.5%	81.5%
May	15.4%	84.6%
6 month Average	YES 18.7%	NO 81.3%
Department 6 month Average	YES 18.9%	NO 81.1%

Booking NPV in 0-14 days

Month	yes	no
Dec	30.0%	70.0%
Jan	30.8%	69.2%
Feb	32.5%	67.5%
Mar	31.7%	68.3%
Apr	32.7%	67.3%
May	25.6%	74.4%
6 month Average	YES 30.5%	NO 69.5%
Department 6 Month Average	YES 30.6%	NO 69.4%

- Scheduling data only
- **Hours** every month to compile

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Department Challenges

Access to <u>useful</u> data

- Time wasted on reworking raw data
- Lack of patient satisfaction and EMR data

Provider buy-in

- Strong departmental leadership
- Detailed data for providers
  - Perception is not always reality

Understand our patient population

- Despite available clinic spots, not all patients want to be seen within 2 weeks

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McKesson Patient Access Dashboard

Scheduling Metrics

Metric	Value	Target	Performance
% New Patients scheduled within 14 days	30.2 %	80 %	
Bumped Appts within 60 days as a % of Total Appts	3.3 %	2 %	
% New Patients scheduled within 7 days	18.5 %		
% of Total Scheduled Appts Recorded as Bumped	5.5 %		
% of Total Scheduled Appts that Cancel within 2 Days	10.5 %		
% of Total Scheduled Appts that No Show	7.4 %		
% of No-Shows that are FUV-Follow Up Visits	64.4 %		
% of No-Show New Patient Visits Scheduled within 14 Days	3.2 %		
% of No-Show New Patient Visits Scheduled > 14 Days	16.8 %		

eRecord Metrics

Metric	Value	Target	Performance
% Encounters that are Closed for all Visits	91.4 %	95 %	
Communication Percentage for New Visits	78.2 %	95 %	
Average Days to Close an Encounter for all Visits	3 d 1..	2 d	
Average Days for Communication for New Visits	3 d 1..	2 d	
Open Encounters	1,781		
New Visits with No Communication	934		

Patient Satisfaction CGCAHPS

Question	% Always	Target	Performance
Get Answer as Soon as Needed	4.7 %	90 %	
Get Answer Same Day	17.9 %	90 %	
Get Appointment as Soon as Needed	43.7 %	90 %	
Get Urgent Appointment as Needed	14.4 %	90 %	
See Provider within 15 Minutes	48.1 %	90 %	

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Project Overview

Scope

Flowcast

- Scheduling Metrics

Patient Satisfaction

- Questions for Access of Care

eRecord

- Referral Communication
- Method of Provider Communication
- Closed Encounter

Accomplished

All Items in Scope Completed

Additional Functionality Delivered:

- Days to 3rd Next Available
- 240 Minute Data for Clinic Utilization
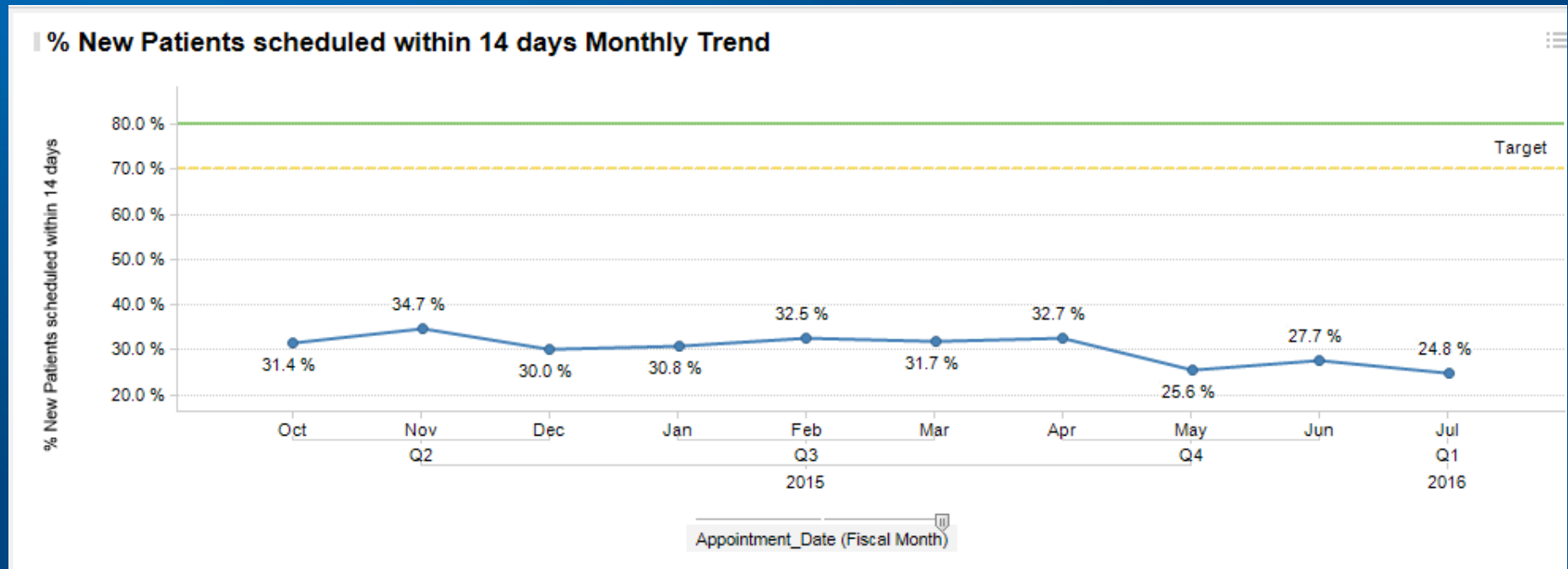- Elapsed Time for Provider Communication

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Project Overview

Project Kickoff
- March 25th

→

Data Extracts Available
- April 24th

→

Data Transformation
- May 1st

Application Development
- June 26th

→

User Acceptance Testing
- July 8th

→

End User Training
- July 14th

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Key Success Factors

Physician involvement in the core team

Upper management support

User involvement

Responsiveness of Decision Support

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Meeting Scheduling Goals

% New Patients scheduled within 14 days Monthly Trend

There is no way to implement an improvement plan without identifying the problem.

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Meeting Scheduling Goals
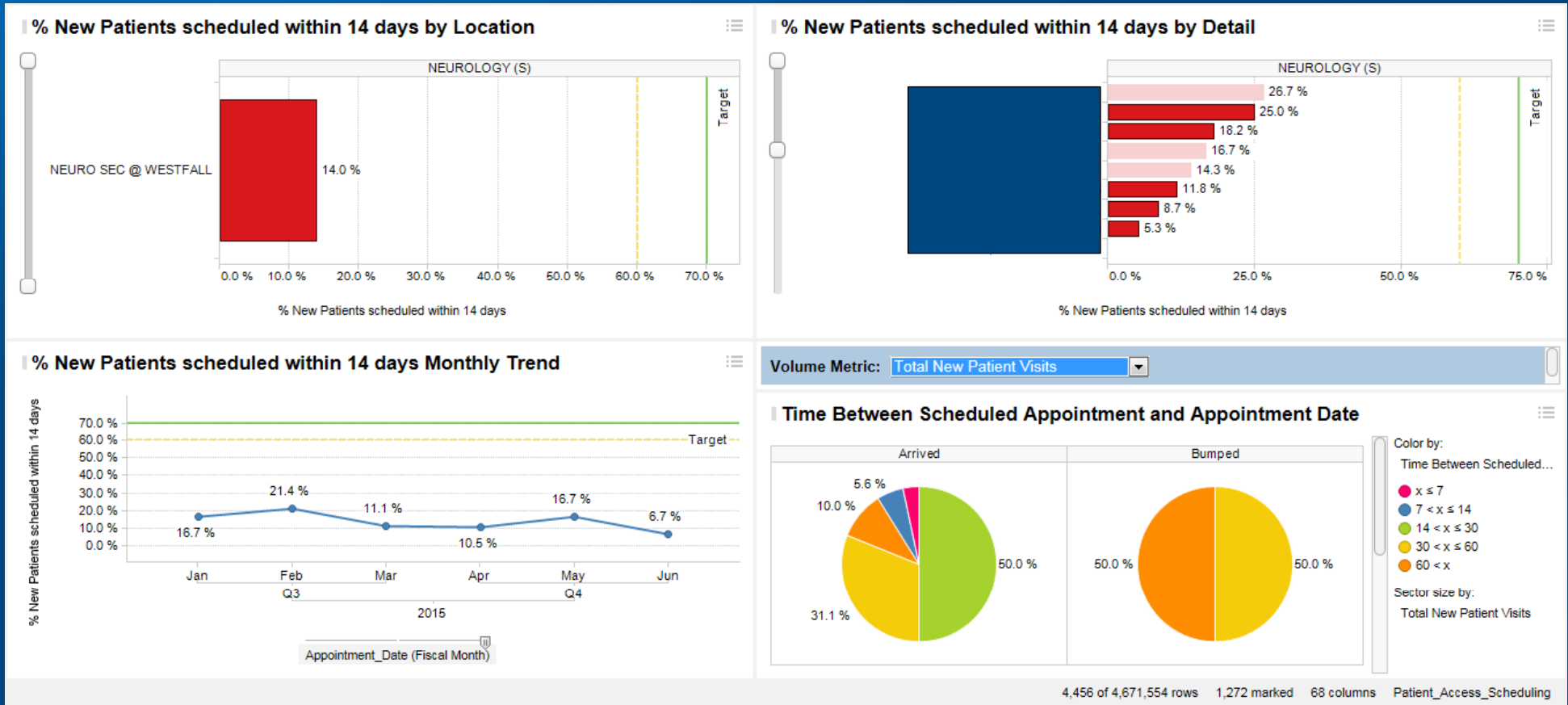
We now have the ability to see exactly what locations and providers are struggling

Meeting Scheduling Goals – 3rd Available
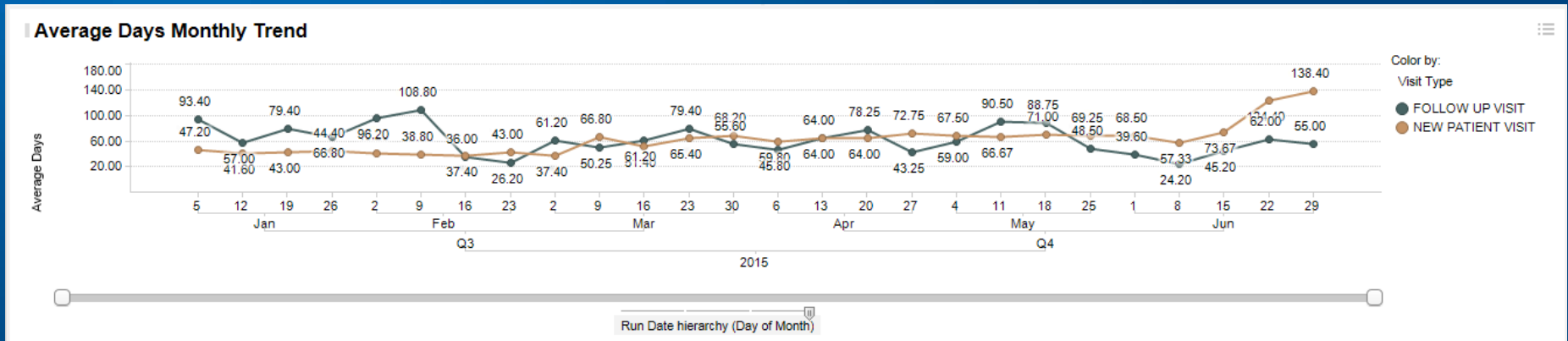
- Available appointments but they are not all being filled
- Epilepsy worked with scheduling team
  - Subspecialty patients were not interested in 1st available
  - Testing requested by referring provider needed prior to visit
  - Provider preference
 - Too many available new patient appointments and not enough follow up appointments

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Meeting Scheduling Goals – Clinic Utilization

Utilization Monthly Trend

Jan 77.6 %, Feb 83.8 %, Mar 84.7 %, Apr 85.4 %, May 74.5 %, Jun 87.9 %
Q3 / Q4 — 2015 — Date (Fiscal Month)
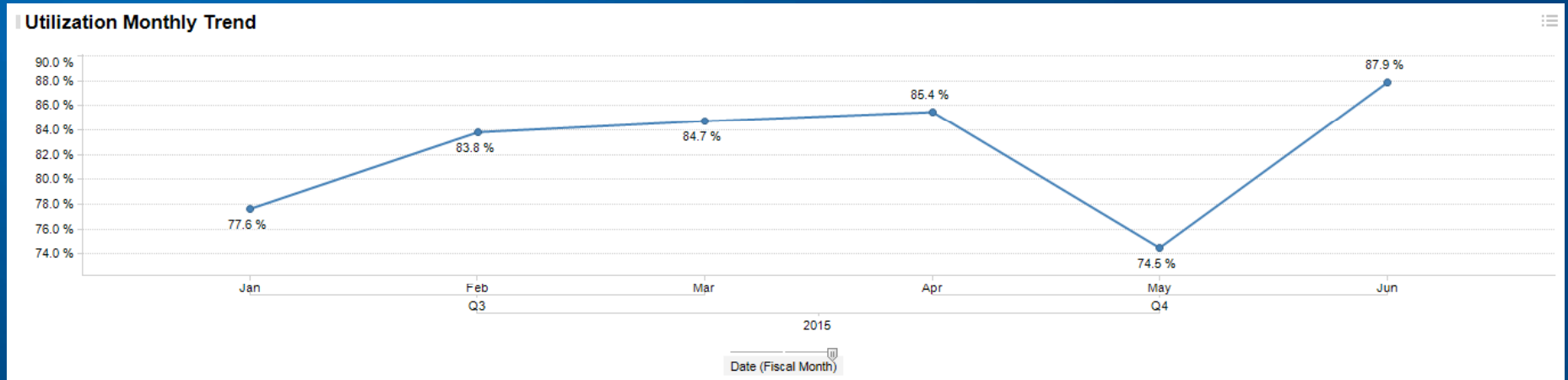
- Epilepsy converted some new patient visits to follow up visits
  - Decreased wait times for follow ups
- Decreased the length of new patient visits
  - Allowed for even more additional follow up visits
- Continued challenges with improving access
  - Schedulers encouraged to offer 1st available
  - Providers actively requesting patients move to sooner appointments
 - Urgent new patient spots unavailable for general use until 2 weeks out

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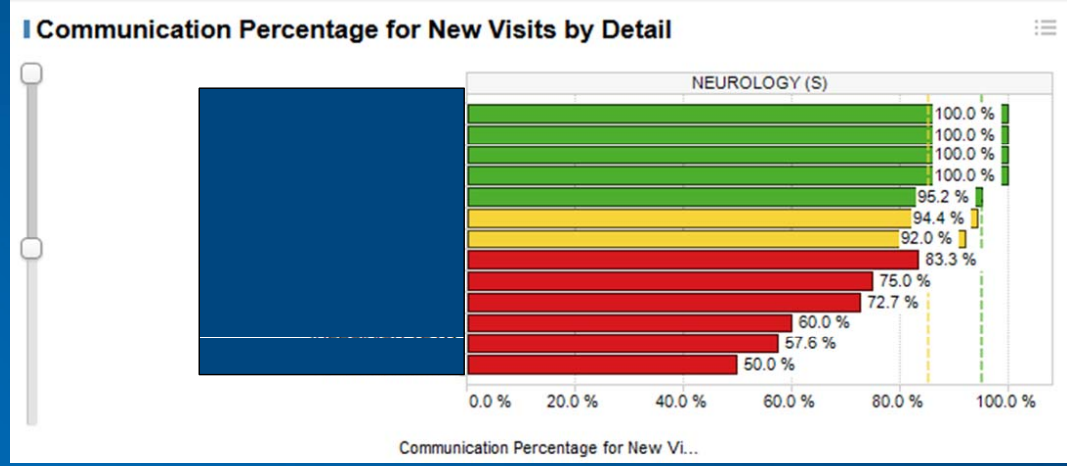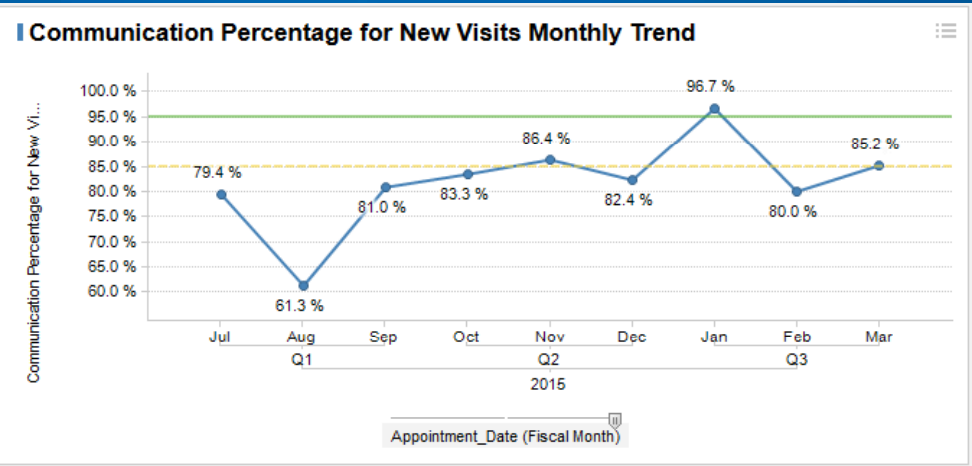
EMR Documentation

Communication to referring providers
    Improves satisfaction of referring providers
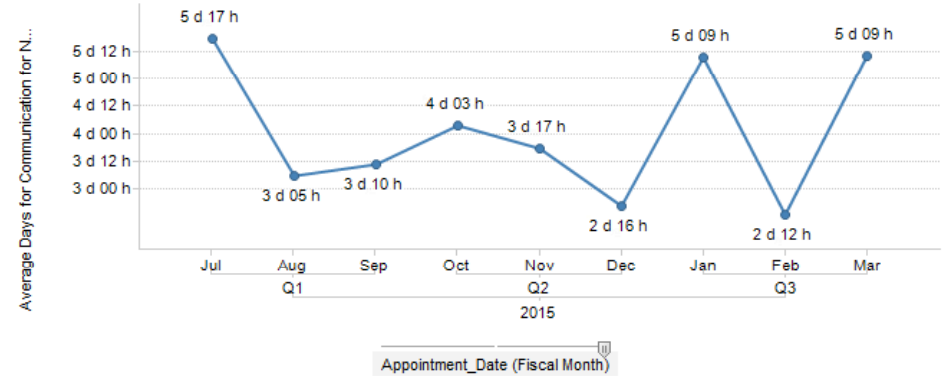   Supports patient centered care
    Critical for billing and compliance

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EMR Documentation

Average Days for Communication for New Visits by Detail
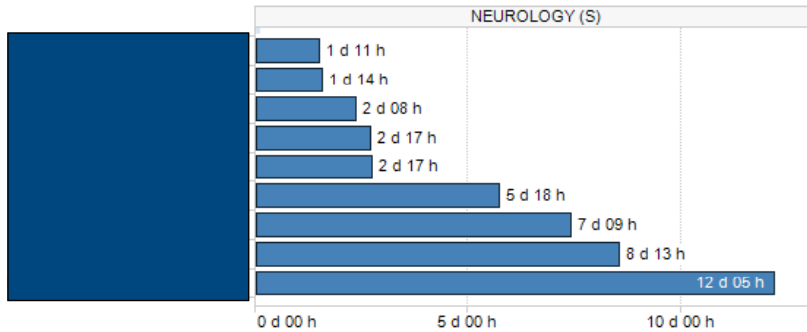
Average Days for Communication for New Visits Monthly Trend

Delay in documentation
- Delay in further treatment/testing
- Delay in billing

Used as performance evaluation
- Fellowship
- Attending

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Effecting Change throughout URMC

Learning to use the data

Computer-based training for departments

- Includes thought-provoking questions

Quarterly workshops

- Decision support

- Super Users

Connecting departments

- Best practice standards

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Success Measures

Initiative	Measure	Outcome
Cost	Increase in charges	⬆ $8,749
Quality of data	Easy to read dashboard	⬆ Departments utilizing the dashboard
Utilization	Ability to improve clinic schedules to maximum	⬆ Increased from 77.6 to 87.9%
Efficiency	Time saving to gather and clean data	⬇ 2-3 hours monthly