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
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.
# University Policies - Scheduling

## 0.1 Ease of Making Timely Appointments: Four New Policies

<table>
<thead>
<tr>
<th>Policy</th>
<th>Rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>0.1.1 Referral Screening:</strong> Make appointment first; request additional information after appointment is made as needed. <em>Approved January 2014 by URMFG Executive Committee.</em></td>
<td>Increase and improve patient access. Increase efficiency in scheduling patients.</td>
</tr>
<tr>
<td><strong>0.1.2 New Patient Appointments:</strong> 80% of all new patients will be seen within 14 days of requesting appointment. <em>Approved January 2014 by URMFG Executive Committee.</em></td>
<td>Increase and improve patient access.</td>
</tr>
<tr>
<td><strong>0.1.3 Wait Lists:</strong> Use Flowcast wait list functionality. <em>Approved January 2014 by URMFG Executive Committee.</em></td>
<td>Increase and improve patient access ( schedulers can fill open appointment slots).</td>
</tr>
<tr>
<td><strong>0.1.4 Urgent Referrals:</strong> Provide appointment for patient with acute needs same day. <em>Approved January 2014 by URMFG Executive Committee.</em></td>
<td>Increase and improve patient access. Improve customer service.</td>
</tr>
</tbody>
</table>
### 0.3 Improve Communications with Referring Providers and Patients: Three New Policies

<table>
<thead>
<tr>
<th>Policy</th>
<th>Rationale</th>
</tr>
</thead>
</table>
| **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 inpatients 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. |
### 0.3 Improve Communications with Referring Providers and Patients: Three New Policies [continued]

<table>
<thead>
<tr>
<th>Policy</th>
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</tr>
</thead>
</table>
| **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. |
Previous Enterprise Data

- 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

<table>
<thead>
<tr>
<th>DEPARTMENT</th>
<th>Total Scheduled Appts (APR, EMP, CAN, NUS)</th>
<th>% New Patients scheduled within 7 days</th>
<th>% New Patients scheduled within 14 days</th>
<th>Total New Patient Visits</th>
<th>New Patient Billings as % of Total Billed Visits</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANESTHESIOLOGY - PTC</td>
<td>2,039</td>
<td>15.8%</td>
<td>28.8%</td>
<td>202</td>
<td>175.5%</td>
</tr>
<tr>
<td>DERMATOLOGY (S)</td>
<td>5,269</td>
<td>23.7%</td>
<td>52.5%</td>
<td>789</td>
<td>31.7%</td>
</tr>
<tr>
<td>HIGHLAND FAMILY MEDICINE</td>
<td>9,493</td>
<td>44.5%</td>
<td>57.4%</td>
<td>175</td>
<td>2.5%</td>
</tr>
<tr>
<td>MEDICAL DEPARTMENT OF ME</td>
<td>1,659</td>
<td>20.4%</td>
<td>24.3%</td>
<td>202</td>
<td>24.3%</td>
</tr>
<tr>
<td>MEDICAL (S)</td>
<td>50,035</td>
<td>23.7%</td>
<td>17.7%</td>
<td>502</td>
<td>71.7%</td>
</tr>
<tr>
<td>CANCER CENTER</td>
<td>9,355</td>
<td>43.4%</td>
<td>67.9%</td>
<td>969</td>
<td>71.7%</td>
</tr>
<tr>
<td>CAPIDIOLOGY (HIGHLAND)</td>
<td>1,505</td>
<td>19.8%</td>
<td>17.7%</td>
<td>187</td>
<td>81.8%</td>
</tr>
<tr>
<td>MEDICAL IMMUNOFLETHUM</td>
<td>3,785</td>
<td>22.2%</td>
<td>22.2%</td>
<td>397</td>
<td>16.5%</td>
</tr>
<tr>
<td>MED-ENDOCRINE PRACTICE GRC</td>
<td>2,138</td>
<td>22.2%</td>
<td>22.2%</td>
<td>239</td>
<td>17.5%</td>
</tr>
<tr>
<td>MED-HEALTHY LIVING CENTER</td>
<td>1,512</td>
<td>22.2%</td>
<td>22.2%</td>
<td>181</td>
<td>18.1%</td>
</tr>
<tr>
<td>MED-INFECTIOUS DISEASE GRC</td>
<td>2,138</td>
<td>22.2%</td>
<td>22.2%</td>
<td>239</td>
<td>17.5%</td>
</tr>
</tbody>
</table>

Medicine of the Highest Order
Previous Department Data Sources

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

Access to useful 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
### McKesson Patient Access Dashboard

#### Scheduling Metrics

<table>
<thead>
<tr>
<th>Metric</th>
<th>Value</th>
<th>Target</th>
<th>Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>% New Patients scheduled within 14 days</td>
<td>30.2%</td>
<td>80.3%</td>
<td></td>
</tr>
<tr>
<td>Bumped Appts within 60 days as % of Total Appts</td>
<td>3.3%</td>
<td>2%</td>
<td></td>
</tr>
<tr>
<td>% New Patients scheduled within 7 days</td>
<td>18.5%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% of Total Scheduled Appts Recorded as Bumped</td>
<td>6.5%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% of Total Scheduled Appts that Cancel within 2 Days</td>
<td>10.5%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% of Total Scheduled Appts that No Show</td>
<td>7.4%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% of No-Shows that are FUV-Follow Up Visits</td>
<td>64.4%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% of No-Show New Patient Visits Scheduled within 14 Days</td>
<td>3.2%</td>
<td></td>
<td></td>
</tr>
<tr>
<td>% of No-Show New Patient Visits Scheduled &gt; 14 Days</td>
<td>16.6%</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### eRecord Metrics

<table>
<thead>
<tr>
<th>Metric</th>
<th>Value</th>
<th>Target</th>
<th>Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>% Encounters that are Closed for all Visits</td>
<td>91.4%</td>
<td>95%</td>
<td></td>
</tr>
<tr>
<td>Communication Percentage for New Visits</td>
<td>78.2%</td>
<td>95%</td>
<td></td>
</tr>
<tr>
<td>Average Days to Close an Encounter for all Visits</td>
<td>3 d 1..</td>
<td>2 d</td>
<td></td>
</tr>
<tr>
<td>Average Days for Communication for New Visits</td>
<td>3 d 1..</td>
<td>2 d</td>
<td></td>
</tr>
<tr>
<td>Open Encounters</td>
<td>1,781</td>
<td></td>
<td></td>
</tr>
<tr>
<td>New Visits with No Communication</td>
<td>934</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Patient Satisfaction CGCAHPS

<table>
<thead>
<tr>
<th>Question</th>
<th>% Always</th>
<th>Target</th>
<th>Performance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Get Answer as Soon as Needed</td>
<td>4.7%</td>
<td>10%</td>
<td></td>
</tr>
<tr>
<td>Got Answer Same Day</td>
<td>17.9%</td>
<td>90%</td>
<td></td>
</tr>
<tr>
<td>Get Appointment as Soon as Needed</td>
<td>43.7%</td>
<td>90%</td>
<td></td>
</tr>
<tr>
<td>Get Urgent Appointment as Needed</td>
<td>14.4%</td>
<td>90%</td>
<td></td>
</tr>
<tr>
<td>See Provider within 15 Minutes</td>
<td>40.1%</td>
<td>90%</td>
<td></td>
</tr>
</tbody>
</table>
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 3<sup>rd</sup> Next Available
  • 240 Minute Data for Clinic Utilization
  • Elapsed Time for Provider Communication
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
Key Success Factors

Physician involvement in the core team
Upper management support
User involvement
Responsiveness of Decision Support
Meeting Scheduling Goals

There is no way to implement an improvement plan without identifying the problem.
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
Meeting Scheduling Goals – Clinic Utilization

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

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

Used as performance evaluation
  • Fellowship
  • Attending
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
## Success Measures

<table>
<thead>
<tr>
<th>Initiative</th>
<th>Measure</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cost</td>
<td>Increase in charges</td>
<td>$8,749</td>
</tr>
<tr>
<td>Quality of data</td>
<td>Easy to read dashboard</td>
<td>Departments utilizing the dashboard</td>
</tr>
<tr>
<td>Utilization</td>
<td>Ability to improve clinic schedules to maximum</td>
<td>Increased from 77.6 to 87.9%</td>
</tr>
<tr>
<td>Efficiency</td>
<td>Time saving to gather and clean data</td>
<td>2-3 hours monthly</td>
</tr>
</tbody>
</table>
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