OPTIMIZING PATIENT ACCESS

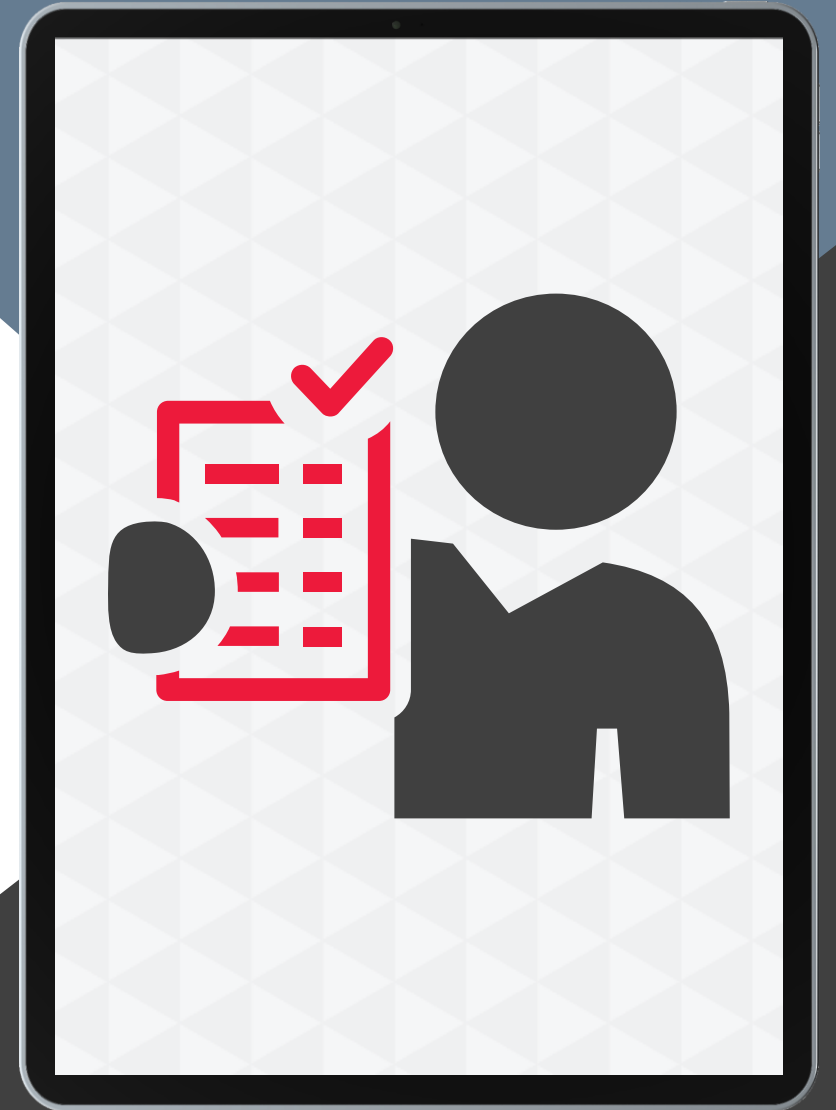September 15, 2023

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Agenda for Today

Healthcare Challenges

What is Patient Access

Why Patient Access is Critical

Key Actions Providers Can Take

A Success Story

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With You Today

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in

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Are you experiencing any of these challenges?

Poor patient retention rates

Scheduling Challenges

Low patient satisfaction ratings

Clinician Burnout

High rates of patient non-compliance
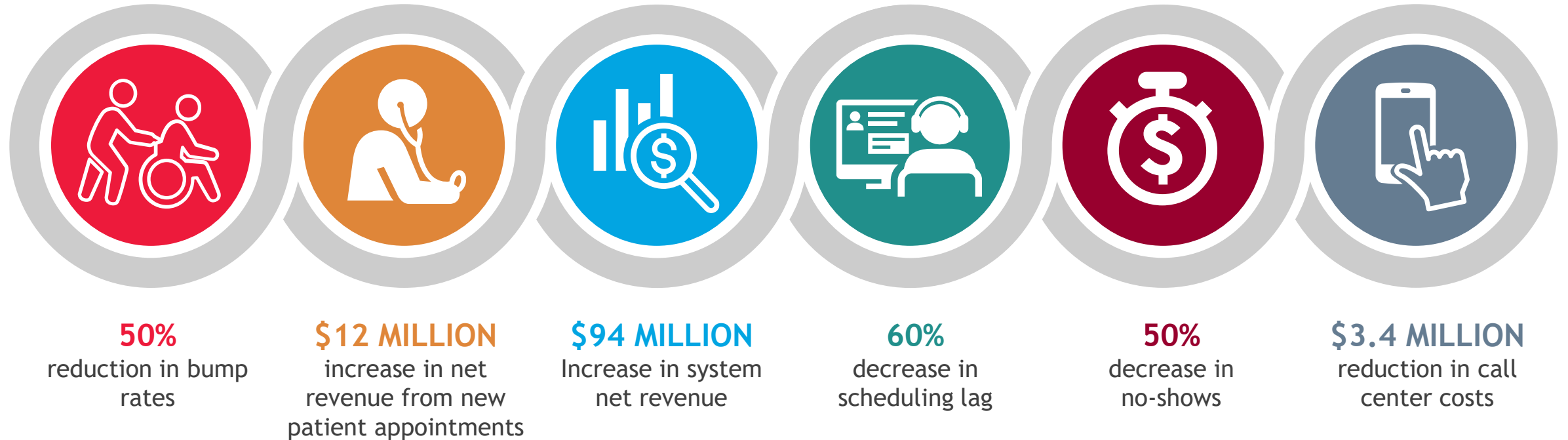
Missed revenue opportunities

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Optimizing Patient Access May Be an Important Next Step

WHAT DO WE MEAN BY PATIENT ACCESS?

Patient access is about ensuring patients have access to high quality care and information they need in a timely and efficient manner. From a provider perspective, patient access is essential for efficient practice operation, balancing patient demand with clinical resource productivity, managing patient populations and successfully managing value-based contracts.

Why Should You Optimize Patient Access?

ORGANIZATIONS THAT OPTIMIZE THEIR PATIENT ACCESS EXPERIENCE SIGNIFICANT BENEFITS. SOME OF THE RESULTS OUR CLIENTS HAVE ACHIEVED INCLUDE:

50%
reduction in bump rates

$12 MILLION
increase in net revenue from new patient appointments

$94 MILLION
Increase in system net revenue

60%
decrease in scheduling lag

50%
decrease in no-shows

$3.4 MILLION
reduction in call center costs

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Discussion Question

Which of the following is not an intended Patient Access Outcome?

A — Providers can balance their schedule to achieve an appropriate service mix balance

B — Schedules can be designed to ensure patients with chronic conditions are seen more timely

C — Preferences and control of schedules is taken from Providers

D — Accurate, transparent, and faster access to appointments for patients and schedulers

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Discussion Question

?

Which of the following is not an intended Patient Access Outcome?

A Providers can balance their schedule to achieve an appropriate service mix balance

B Schedules can be designed to ensure patients with chronic conditions are seen more timely

C Preferences and control of schedules is taken from Providers. Organizations that assume a collaborative approach realize greater engagement and acceptance from Providers and Staff

D Accurate, transparent, and faster access to appointments for patients and schedulers

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Key Actions Providers Can Take

1. OPTIMIZE YOUR SCHEDULING TEMPLATE

❑ Review your current scheduling templates.
  How long is each appointment type scheduled?
  Which appointments, if any, must happen on a certain
  day or at a certain time?
❑ Revalidate the current rationale for templates, assess template design, standards and maintenance policies, and scheduling protocols.
❑ Adjust your scheduling templates to address identified gaps and inefficiencies.
❑ Evaluate updated scheduling templates for ease and accessibility by testing the patient portal and call center.
❑ Identify and rebook displaced patients to minimize disruption to your patients during implementation.

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Key Actions Providers Can Take

2. IMPROVE REFERRAL STRATEGY

- ❑ Identify the KPIs you want to track to measure the efficacy of your referral strategy.
- ❑ Assess your current referral policies and procedures to identify gaps.
- ❑ Standardize the referral management processes both internal and external.
- ❑ Implement consistent and streamlined referral workflows supported by your health information technology system (ex. Epic).
- ❑ Establish governance for referral management standards/accountability.
- ❑ Train your clinicians and front-office staff in the new referral process.

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Key Actions Providers Can Take

3. ENHANCE CALL CENTER

- ❑ Review performance data, call center structure and call center goals.
- ❑ Engage stakeholders, including staff, to understand the current state of the call center.
- ❑ Use operational and benchmark data and stakeholder feedback to define KPIs.
- ❑ Improve software, workflows, and tools to help boost patient engagement, call quality and call efficiency.
- ❑ Implement decision trees to improve workflows for the scheduling process.
- ❑ Pilot a staffing model for an optimized call center prior to go-live.
- ❑ Provide implementation support and training.
- ❑ Regularly evaluate key performance indicators.

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Discussion Question

What is a common contributor to poor schedule design that creates long visit waits times, patient, provider, and staff dissatisfaction?

A Closing the departments and practices at lunch time

B Lack of standardized visit types and visit type durations

C Decentralized scheduling and registration

D Incorporating digital tools that add convenient and easy to use solutions for scheduling, registration, and visit check-in and rooming

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Discussion Question

What is a common contributor to poor schedule design that creates long visit waits times, patient, provider, and staff dissatisfaction?

A Closing the departments and practices at lunch time

B Lack of standardized visit types and visit type durations. Lack of standardization across organizations leads to scheduling errors, unbalanced scheduling, and patient dissatisfaction

C Decentralized scheduling and registration

D Incorporating digital tools that add convenient and easy to use solutions for scheduling, registration, and visit check-in and rooming

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Drive Engagement Across Your Organization

**You want to create the most impactful change in the simplest way. How do you do that?
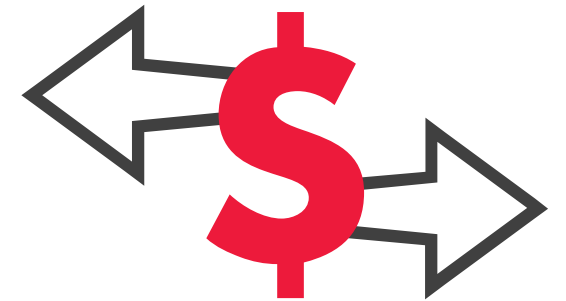Get ahead of the questions and answer proactively:**
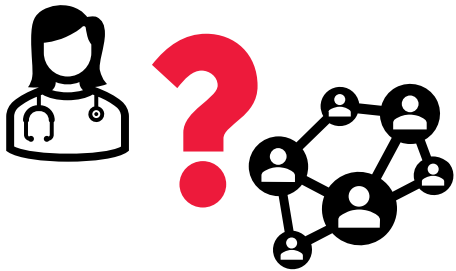
Who?

What?

Why?

How?

What is the outcome?
How will it support
internal stakeholders,
departments, and
ultimately the patients.

Discussion Question

Which of the following are key considerations in a communication strategy to achieve engagement for your Access initiatives

A — Recognizing and targeting key stakeholders with customized messaging to address their needs

B — Governance comprised of decision-making leaders and key SME

C — Systemic messaging to emphasize patient centric strategies without ignoring providers/staff

D — All of the above

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Discussion Question

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Which of the following are key considerations in a communication strategy to achieve engagement for your Access initiatives

A Recognizing and targeting key stakeholders with customized messaging to address their needs

B Governance comprised of decision-making leaders and key SME

C Systemic messaging to emphasize patient centric strategies without ignoring providers/staff

D All of the above. All of the above including the approach that will be employed to generate engagement, positive word of mouth marketing, and drive change and success

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Case Study

PATIENT ACCESS TRANSFORMATION & DIGITAL FRONT DOOR TO CARE STRATEGY

INTRODUCTION

CLIENT PROFILE:

- Integrated Delivery Network
- 10 Hospitals
- 3,000 Employed Physicians

BRIEF COMPANY DESCRIPTION:

- 2020: $1B in financial losses due mostly to COVID-19
- Long wait times for appointments, low provider productivity, loss of market share to competitive health systems

AREA OF FOCUS:

- Scheduling template optimization
- Digital Front Door Strategy

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Case Study

PATIENT ACCESS TRANSFORMATION & DIGITAL FRONT DOOR TO CARE STRATEGY

BUSINESS CHALLENGE

▶ To improve the patient experience through timely access to clinical services, and the ease of appointment scheduling for new and existing patients

▶ To improve the provider experience through template design to enable them to meet or exceed individual productivity and patient volume targets

▶ Enhance the efficiency and effectiveness of practice operations in terms of scheduling, patient throughput, and improved resource and asset utilization

▶ Establish foundational design within HIT platforms to accelerate use of digital engagement

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Case Study

PATIENT ACCESS TRANSFORMATION & DIGITAL FRONT DOOR TO CARE STRATEGY

KEY INITIATIVES

- Expand and accelerate direct self-service scheduling capabilities through patient portal and consumer facing website
- Consumer oriented approach for patient and visit retention
- Facilitate practice growth, but with a more efficient administrative staffing model
- Align templates with strategic needs of the provider or practice

- Address challenge of physician moral injury
- Asset utilization improvement
- Open self-service scheduling through website to capture new patients in a competitive market
- Leverage automation to shift volume from humans to digital tools resulting in an optimized staffing model

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Case Study

RESULTS

▶ Bump rate reduced by 50% (from 2.1% to <1), cleaner schedules reduced provider-initiated cancellations

▶ Year 1 ROI:
- $12M increase in professional revenue from New Patient appointments
- $94M increase in revenue to system
- 60% decrease in Scheduling Lag
- 50% decrease in No Shows
- $3.4M reduction in call center costs due to shift towards online scheduling - 580,000 appointments scheduled online

Discussion Question

What is not addressed in access transformation?

A Bump rates are reduced

B Templates are aligned and designed based on the needs of the organization

C Physician morale improves

D Self-scheduling channels are expanded

ACCESS OPTIMIZATION & DIGITAL FRONT DOOR TO CARE STRATEGIES

Discussion Question

What is not addressed in access transformation?

A   Bump rates are reduced

B   Templates are aligned and designed based on the needs of the organization

C   Physician morale improves

D   Self-scheduling channels are expanded

Case Study

REFERRAL MANAGEMENT STRATEGY

INTRODUCTION

CLIENT PROFILE:

▶ Academic Medical Center

▶ 10 Hospitals

▶ 3,000 employed physicians

BRIEF COMPANY DESCRIPTION:

▶ 2020: $1B in financial losses, due mostly to COVID-19

▶ Referral leakage to competitive health systems due to long appointment wait times

AREA OF FOCUS:

▶ Referral management strategy

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Case Study

BUSINESS CHALLENGE

- Ineffective Governance model with minimal referral management accountability

- Policies and procedures existed but not followed or were non-existent dependent on entity

- High volume referral work queues due to non-standardized processes and lack of management accountability

- Referral work queue rules were not reviewed for accuracy, resulting in high volumes of referrals stuck in Parent WQ

- Provider finder information inconsistent and outdated

- Manual referral workflow processes utilized outside of Software Platform

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Case Study

REFERRAL MANAGEMENT STRATEGY

KEY INITIATIVES

▶ Design a standardized and efficient referral management structure centralized within each entity

▶ Enhance the patient referral experience improving quality outcomes and care coordination

▶ Build the foundation to support high-quality integrated and coordinated patient care access

▶ Implement consistent and streamlined referral workflows supported by optimized Platform functionality

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Case Study

REFERRAL MANAGEMENT STRATEGY

RESULTS

- Implemented Cross-Entity Governance structure to collaborate and make decisions on operational and systematic solutions
- Developed/provided a Future State Roadmap with supporting recommendations maximizing efficiencies through centralization, standardization and system optimization
- Optimized 85 referral order composers cross-entity with department collaboration

- Identified supervisors accountable for 688 scheduling and authorization work queues
- Work queue clean up: deactivated 158 unused work queues
- Completed referral clean up: removed over 25,000 erroneous referrals from work queues
- 14,200+ referrals auto-authorized due to rule issue identification and correction

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Discussion Question

Referrals are essential to any hospital system, which of the following is not a key aspect of a comprehensive referral strategy?

A Enhancing the patient referral experience

B Designing a standardized and efficient referral management structure that is de-centralized within each entity

C Implementing a strong cross-entity Governance structure

D Building a high-quality integrated and coordinated patient care access foundation

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Discussion Question

Referrals are essential to any hospital system, which of the following is not a key aspect of a comprehensive referral strategy?

A Enhancing the patient referral experience

B Designing a standardized and efficient referral management structure that is de-centralized within each entity

C Implementing a strong cross-entity Governance structure

D Building a high-quality integrated and coordinated patient care access foundation

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QUESTIONS?

Thank You.

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