Atrius Health
Internal Medicine/Family Medicine
Scheduling Optimization

Workshop on Key Operational Characteristics and Functionalities of a State-of-the-Art Patient Scheduling System
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Atrius Health: 31 medical practice locations in eastern Massachusetts

- 2.3 million patient visits annually
- 745,000 adult and pediatric patients
- 715 physicians and primary care providers; 425 additional clinicians
- 5,300 employees
- $1.9B revenue
Purpose and Goals

• Schedule Optimization is about *time* and *access*
  
  • We want to maximize the time we can potentially offer patients, and we want to enhance the appointment access experience for patients, staff and clinicians

• To accomplish this, we did the following:
  
  • Created schedule templates according to long-established service line standards
  • Made it easier for staff and patients to schedule appointments
  • Created protocol-driven schedules informed by clinician guidelines
  • Decreased the maintenance burden of schedule templates
  • Established a foundation using available, under-utilized technology tools, to improve system-wide function and offered patients new ways to engage with our primary care team staff
Reason For Action: Data Informed the Situation

Patient Satisfaction scores and comments about access – “Ability to Get Appt When Wanted”

IM Patient Access Trend - % of PCPs with Physical Exams Within 30 Days

IM Clinical Time Utilization – Expected, Available, Booked & Used Hours
Reason For Action: Provider Feedback Informed the Process

PCP Survey from 2018 (131 responses); PCP Comments
Survey Question Open Comments: (from the provider perspective)
When I create my clinical template it is important for me to include the following:

“My same day access is usually accomplished by my adding on over and above my template. I am at the goal productivity targets and that overbooking habit keeps me there.”

“Perhaps the weekly encounter expectation should bake in the DNK rate.”

“Very difficult to achieve, but avoiding clustering of challenging appointments a worthy goal.”

“Simplify/limit appt types”

“I just want my template set up in such a way that it is never the barrier to access.”
Scope of Project

In Scope for 2019:
- Internal Medicine, Family Medicine, Geriatrics – 26 locations
- Provider schedules – 394 providers
- All staff with scheduling responsibility- Just under 900 staff

Out of scope for 2019:
- Urgent care
- Nursing schedules
  - Will address flu schedules Q3 2019
- Clinical Pharmacy
High Level Changes in Scope for 2019:

➢ Template Options with Session Limits:
  • Session limits to control how many visits of each type can be booked into a given timeframe
  • There are 8 different options for template session limits for providers to select from
  • Decreased from 39 appointment type options to 10 (11 for FM)

➢ Introduced Epic efficiency tools
  • Snapboard
  • Auto Scheduler
  • One Click
  • Schedules will be automatically released 18 months out
  • Arrival Time
  • Fast Pass
Framework of Project

- Determined what decisions needed to be a Service Line standard versus a local decision
  - Some examples:
    - Visit type selection: Service Line Standard
    - Visit type length for certain visits such as hospital follow up and physicals: provider choice
    - Template options to choose from: Service line Standard
    - Template option from Menu: Provider choice
  - Steering Committee governance put in place to review all decisions as and new requests as well as address issues and barriers
    - Membership included
      - Clinicians
      - Operations Leaders
      - Project lead
      - EPIC Team
      - Registration/Billing
High level Project steps and role responsibilities

- **Data analysis**
  - Individual provider data packets pulled containing information to inform decision points - Site Leadership
  - Cadence Security review - Site Leadership
  - Team (subgroup) review - Site Leadership

- **Communication**
  - Meeting with site leadership on project deliverables, changes and role expectation – Project Leads & Executive Sponsor
  - Site level meetings/trainings on new functionality – Training Team
  - One on one conversations with all providers to obtain individual modifier needs – Site Leadership

- **Template modification**
  - Site level working session with template owners to make changes identified on provider worksheets – Epic, RDO, Site Leadership, and Local Template Owners

- **Go live**
  - On site elbow support providing training and resolution to identified problems - Local Epic Site Support
Provider Engagement

One on one meetings between IM Site Leadership and providers to determine decision points that meet needs of individual provider, department and service line:

- Start and end time each day
- Template option and visit length
- Redeployment time/ Practice Management time
- Max # of visits (if threshold is ABOVE minimum)
- Overbooks
- Modifier's
  - Age or sex restrictions
  - Back to back physicals
  - Patient modifiers

Outputs of discussions were documented on provider checklist worksheet and also includes information such as:
- UC or Call rotations
- Known time off or unavailable time
What Changed: Open View versus Block Types

Initial View:
Block types restrict options for scheduling and are a set length in the template.

New View:
Open view allows increased options to pts and staff. Appt length is determined by visit type versus block type.
What Changed: New Efficiency Features for Schedulers

Auto Scheduler

Snapboard

One Click
What Changed: Fast Pass Utilization to Automatically Work Wait Lists

1. Patient cancels an appointment.

2. Fast Pass automatically offers the newly available appointment slot to Myhealth patients.

3. Recipients can accept or decline the offer via their Myhealth account or via the app.
What Changed: New Feature - Arrival Time

Patient view through portal

Staff view in scheduling

Patient view on AVS
Role out Schedule

One pilot site went live early in 2018. Several lessons learned helped inform broader timeline

2018

North Region
Sept 3rd - October 31st

Group: West Region
- Beverly
- Chelmsford
- Burlington
- Peabody
- Concord

Group: West Region
- Norwood
- Dedham
- Wellesley
- Needham

Groups #1
- Watertown
- PO Square
- Quincy
- Granite

Groups #2
- Braintree
- Weymouth
- Copley
- Kenmore

Groups #3
- PMG (5 locations)
- Cambridge
- Medford
- Somerville

2019

West region
Jan 14th - Mach 22nd

Group # 1
April 1st – April 26th

Group # 2
April 29th - May 24th

Group # 3
May 27th - June 28th

Revised schedule and combined kick off meetings

Project status

One pilot site went live early in 2018. Several lessons learned helped inform broader timeline.
Results to Date:

- Template standardization is fully deployed in **14 locations or 198 providers (50% complete)**

- Fast Pass functionality: a total of 1843 appointment offers accepted at sites that are live since this feature became available in December resulting in those **patients getting an appointment an average of 81 days sooner than originally scheduled.**

- **Online scheduling of visits is up 37% when comparing Q418 to Q119** as a result of standardizing appointment availability on Myhealth.
  - IM monthly average Q4 was 2476 compared to Q1 average of 3385
  - Same day acute scheduling continues to increase month over month
    - Starting average was 80 per month compared to March results of 199
      (3 month average is 181)

- No show rate for online scheduling is **1.48% for March**
Lessons Learned

- Be consistent with setting and communicating standards yet be open to understanding requests for variation before responding
- People Learn in different ways need to plan for that
  - Hands on training
  - Webinars
  - Tip sheets & standard work documents
- You can never communicate to much
  - Glossary of terms and FAQ sheets
  - Multiple meeting forums and lead with purpose
- Organizational alignment and clarity of vision with leadership is critical
Questions?

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