

UCSF Department of Surgery Bariatric Surgery

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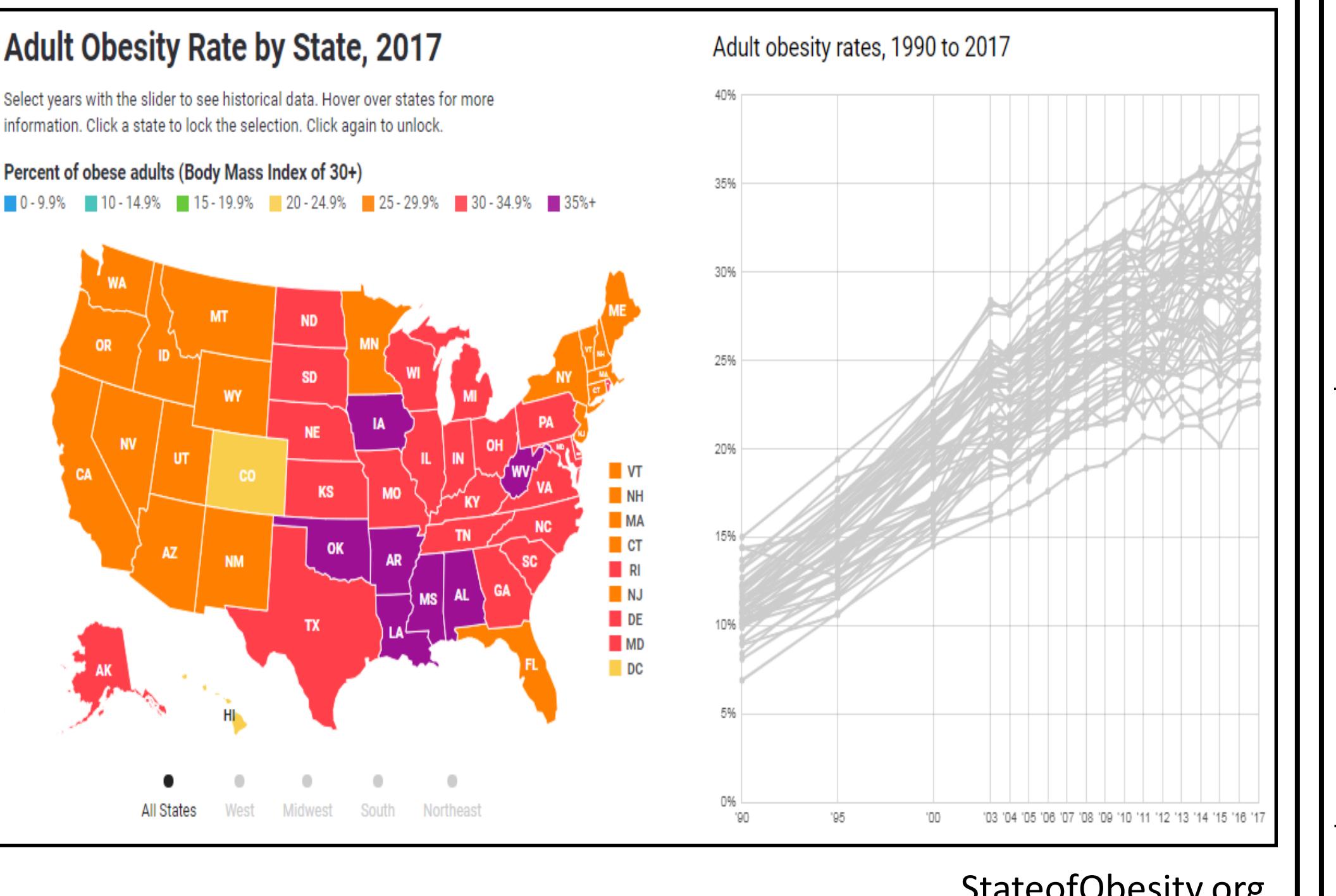
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Background

BACKGROUND:

- Obesity is a rising epidemic in the United States. U.S. obesity rates have gone from less than 10% obesity in the year 1990 to over 40% obesity by 2017. Bariatric surgery is the only long term successful treatment for morbid obesity with >80% of patients being able to achieve and maintain their weight loss goals for life. Obesity-related co-morbidities are contributing to rising healthcare costs and reduce both the length and quality of the lives in the patients who suffer from obesity.
- We trialed a new program to make bariatric services more easily accessible for patients and cost-effective for bariatric programs. The Pathways to Weight Loss Surgery Clinic (P.W.C.) will not only improve revenue by increasing the number of completed surgeries but will also reduce waste through unbillable telephone encounters that risk historical inaccuracies as they are all done retrospectively. Currently ineffective or insufficient specialty clinic or weight management documentation attempts continue to cause patient fallout.
- Elective surgeries are a major positive revenue source for institutions including UCSF Health and are prime targets for quality improvement initiatives aimed at streamlining patient care and enhancing programmatic efficiency. With rising obesity rates a program's abilities to safely and successfully treat a large number of patients while decreasing patient fallout caused by the insurance mandated, consecutive, monthly, non surgical weight management requirements is a primary area of focus for institutions. This often requires full body workups with 15 plus tests and consultations prior to being medically cleared for bariatric surgery which could be done through billable revenue positive visits. The Pathways to Weight Loss Surgery Clinic (P.W.C.) will not only improve revenue by increasing the number of completed surgeries but will also reduce waste through unbillable telephone encounters that risk historical inaccuracies as they are all done retrospectively. Currently ineffective or insufficient specialty clinic or weight management documentation attempts continue to cause patient fallout and the P.W.C. will bridge the gap to meet the insurance requirements.
- This project aligns with multiple UCSF True North Board Pillar Goals to improve "Patient Experience" and will positively affect "Strategic Growth". This sets the stage for a truly unique interdisciplinary clinic and will allow programmatic growth and dissemination to satellite campuses through the planned UCSF Bariatric Surgery Network.

Project Goals



StateofObesity.org

PROBLEM STATEMENT:

- UCSF Bariatric Surgery Program currently has a 86% patient pre-op fallout prior to bariatric surgery caused by insurance requirements (up to 6+ consecutive months).

PROJECT GOALS:

- Pre project Current Condition:** average 8.2 months – data set 2017-2018.
- Target:** Reduce time from New Appointment to Pre Op ("Packet Ready Patient" or P.R.P.) visit to 5 months or 39% over next 12 months Feb 1st, 2018 – Feb 1st, 2019.
- Gap:** 3.2 months.
- 1. Create "Pathways to Weight Loss Clinic" a patient safety net to decrease patients fallout in the healthcare system due to heavily impacted clinics (weight management, nutrition services, PCP's etc.).
- 2. Provide a streamline clinic to supplement or replace the need for referrals out to specialty clinics to achieve insurance requirements and therefore increase elective surgery case volume.
- 3. Create additional support and educational opportunities for patients. Create revenue positive encounters from previously unbillable provider labor and over processing. Reduce the burden on referring providers including PCPs, Weight Management, and Nutrition clinics.

Project Plan and Intervention

Problem Solving:

- Using the A3 model we identified the current state, target condition, identified the gap, all the bottlenecks and quantified outcomes by time. We determined the primary root cause in order of importance to be as follows: Insurance mandated nonsurgical weight management progress notes, specialty clinic referral delay, OR block time availability, and lastly in-person new patient orientation (See Footnote).

Footnote:

- We have since created a new patient orientation video which is available online for patients who are unable to make it to the 8 am, once per week in-person orientation and created an open forum orientation once per month eliminating this bottleneck completely.

Pathways to Weight Loss Surgery Clinic

Root Causes and Barriers:

- Due to the volume overload on referring providers, including PCPs, weight management, and nutrition clinics, patients are currently not consistently able to schedule consecutive monthly visits for non-surgical weight management attempts. This together with insurance companies' strict adherence to their pre-op bariatric surgery criteria, leaves patients with no viable options. This blocks or seriously delays them from medically necessary bariatric surgery increasing the likelihood that they become discouraged and drop out of the program.
- Difficulties following and/or comprehending their insurance company's requirements left many patients confused and not fully understanding what was needed to proceed with elective surgery.

Hypothesis:

- We hypothesized that a streamlined non-surgical weight loss clinic geared toward preparing patients for surgery would ensure they meet their individual insurance plan's requirement more consistently.
- This will provide patients another tool to complete the pre-op process and become "packet ready" for surgery in a shorter period of time. The P.W.C. is aimed at decreasing the number of patient fallout within the program while also driving up revenue by increasing completed surgeries and generating additional billable clinic visits.

Interventions prioritized:

- Using time as our quantitative measurement, we determined the important bottlenecks in the following order:

1. Weight loss visits: 6.5 months delay
2. Specialty clinic referrals: 3-4 months delay
3. OR block time: 1-2 months delay
4. In person Orientation: Max available slots 4 per surgeon, once per week (12 total)

Working towards our target state:

- Each new patient is encouraged to enroll in our P.W.C. If they choose to opt out and run into any delays with the previous process i.e. PCP, weight management, or nutrition clinic visits, patients will be offered the PWC as a safety net.

Project Evaluation & Impact

Data:

- 2/1/18 – 2/1/19 we had 172 completed P.W.C. visits generating increased revenue and reducing waste.
- In the year 2017-2018 our clinic saw 135 new patients and 42 PRP pts. In 2018-2019 we had 244 new pts and 44 PRP pts.

Results:

- We shared our Pathways to Weight Loss Surgery Clinic Project as an experiment in our clinic's True North Board Pillars for Financial Strength to highlight the program's strengths as both a cost-cutting and revenue generating pathway to surgery.

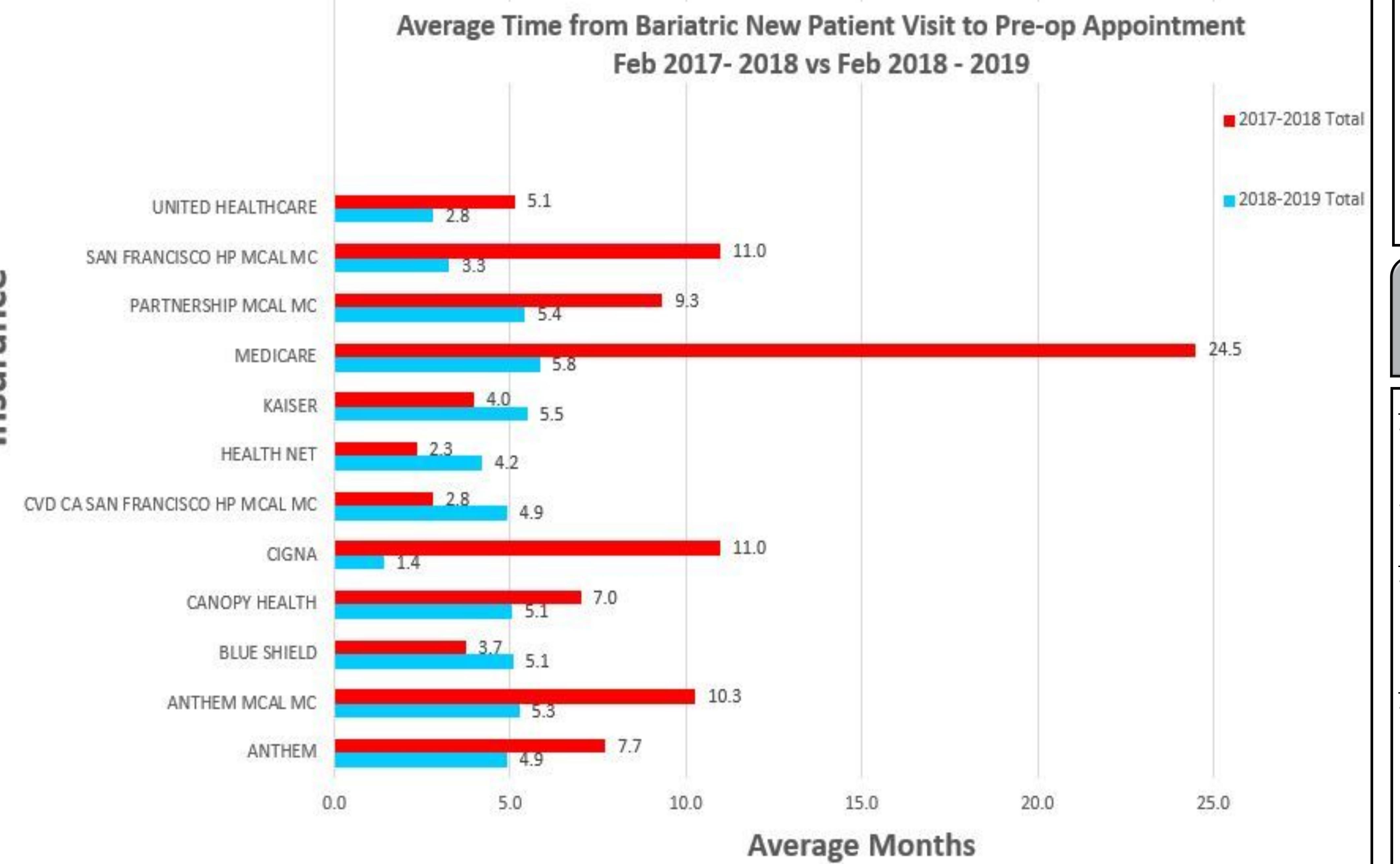
- At the time of completion of TNB pillar 8/3/18, 7 months after rolling out the P.W.C., we were able to reduce the time from the new patient visit to P.R.P. visit from 8.2 months to 4.1 months surpassing our target by 118% of goal. By Feb 2019 we were able to sustain 4.9 months a 102% improvement beyond our target. For reference the average monthly requirements of all insurance payer is 4.3 months.

Outcome:

- Pathways to Weight Loss Surgery Clinic was able to decrease "patient fallout" and increase our overall patient throughput while significantly decreasing the time it took for patients to proceed from new patient visit to pre-op "packet ready" visit.
- We internalized our process enabling the offload of work from referring providers, increased quality of care, streamlined the PRP process, increased OR volume and overall generated more revenue for our program and UCSF (see footnote).
- We have developed Apex reports to track real time number of patients involved in the program and monitor the program's success.
- With the impute of UCSF Nutrition services we developed a template to improve the efficiency of the P.W.C. documentation while also enabling outside clinics to satisfy the proper insurance requirements for each of their visits utilizing our template as a guide.
- We took this one step further and integrated our paper template into Apex as a Smart Tool to further streamline documentation in clinic.

Foot Note:

- During the same time period that we implemented our P.W.C. Anthem Blue Cross, one of our largest payers pulled UCSF Bariatric Surgery's Blue Distinction Center designation due to a data recording error in 2015. This resulted in a loss of over 180 patients in the PRP process as well as countless patient referrals having to be turned away over the year of 2018. Through the improvements in efficiency with the P.W.C. we were able to not only maintain our completed case volume but increase it by 3%.



Dissemination & Lessons Learned

Next Steps:

- Upload P.W.C. documents to UCSF web site to have available for patients to pre-fill out prior to their visits or utilize by an outside provider.
- Our long term goal is to be able to review patient's pre op packets and schedule surgery directly from the new patients visit.

Dissemination:

- A multidisciplinary approach to treating the disease of morbid obesity by integrating weight management, nutrition services, psychiatry, and bariatric surgery will provide a streamlined holistic approach to care.

Lessons Learned:

- The additional contact points created by having patients come for Pathways to Weight Loss Surgery Clinic simplified the complex and often confusing preoperative process. This also helped ensure patients meet their insurance requirements prior to bariatric surgery, decreasing confusion that often lead to patients delays and fallout while pursuing medically necessary surgery.