



True North Goals Update: Ambulatory Access

February 2019

Diana Vaughn
David Morgan
Susan Smith, MD

True North Metric Update

Strategic Growth: Ambulatory Access

Current State:

- How are we performing against our True North Ambulatory Access Goals?
- What are the barriers to achieving the goal?

Looking Ahead:

- How are we problem solving?
- Where are we focusing our FY19-20 efforts to sustain and accelerate this improvement?

Goals:

- Access achieves “Right Patient, Right Time, Right Modality”

Right patient

- High complexity patients
- ACO patients and employees
- Referrals from CIN / strategic partners

Right time

- New patients seen within 7 calendar days for Cancer, 14 days for other specialties
- Referrals processed in 5 calendar days
- Synchronous vs. asynchronous

Right modality

- In person vs. remote (video, e-consult, MyChart messages)
- Geography – SF, North/East/South Bay

What We've Done

Innovation and operational improvements have been launched, with full implementation on-going

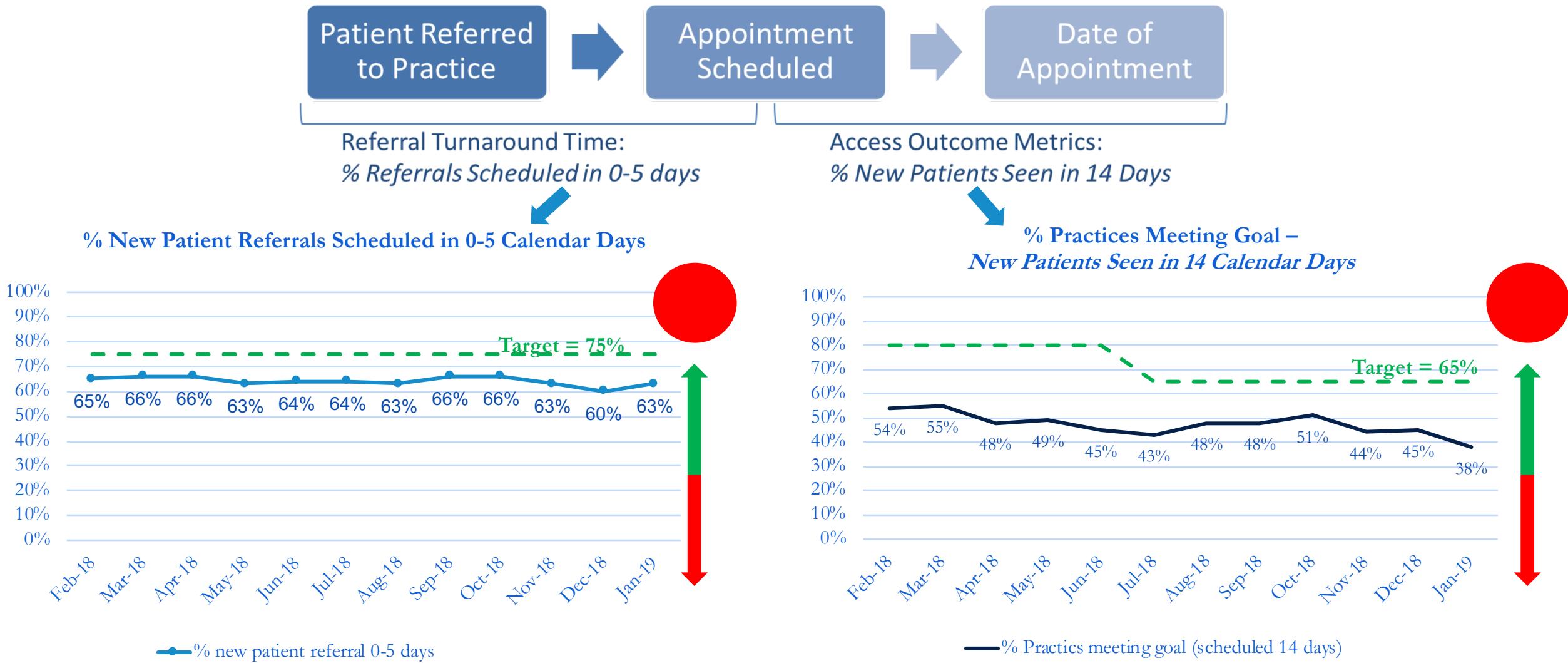


Lessons Learned:

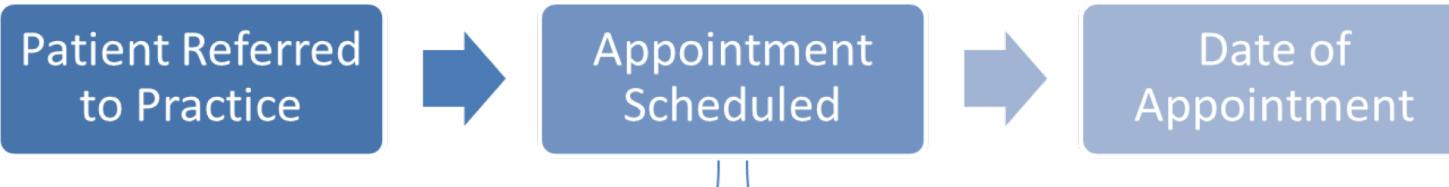
- Rolling out standard process requires significant amount of work to implement and spread
- Faculty leave with 1-6 m notice, but it takes > one year to hire replacement
- >100 AHPs hired over past 3 years, but not all contribute maximally to access
- Most departments have complex referral processes, often with sub-optimal workflows

- Built Strategic partnerships
- Referral & Scheduling Management discovery work
- Clinical Health Digital Innovations
- Hired >100 AHPs (FY18 count of 520 total)

Current State: Referral TAT & Patient Seen



Current State: Canopy & One Medical



Referral Turnaround Time:

% Referrals Scheduled in 0-5 days

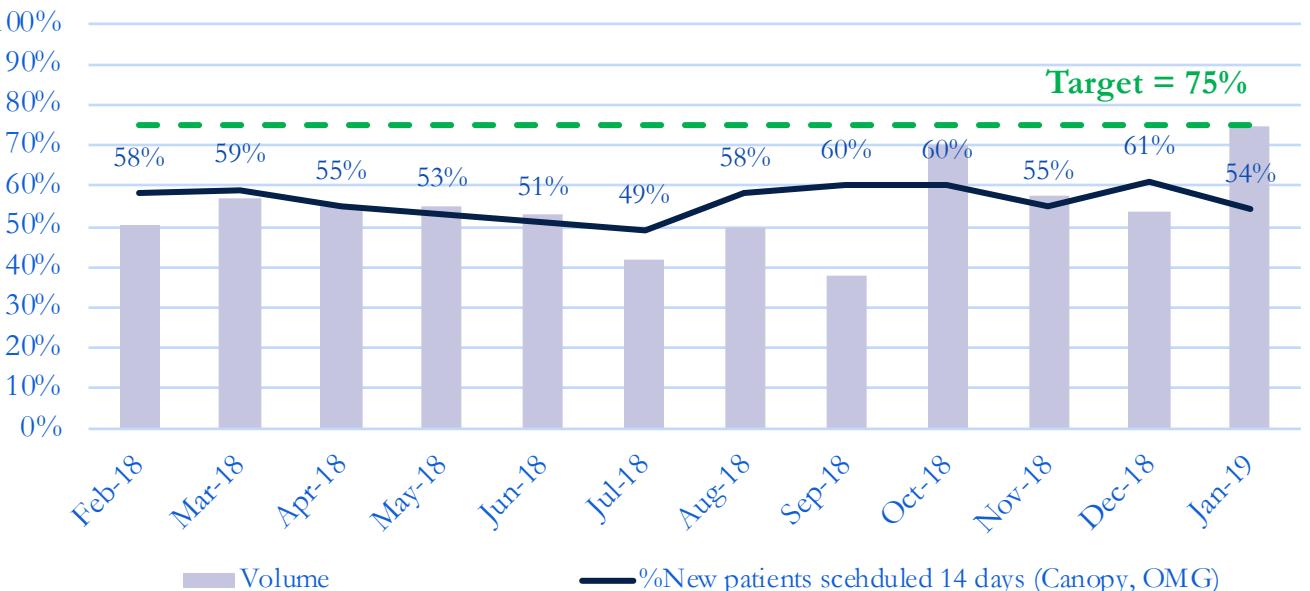
Appointment Scheduled

Date of Appointment

Access Outcome Metrics:

% New Patients Seen in 14 Days

% New Canopy and One Medical Patients Seen in 14 Days



* New Canopy plans added to data in Jan. 2018

What's the Problem?

Access is a problem affecting our reputation and competitive position in the healthcare market.

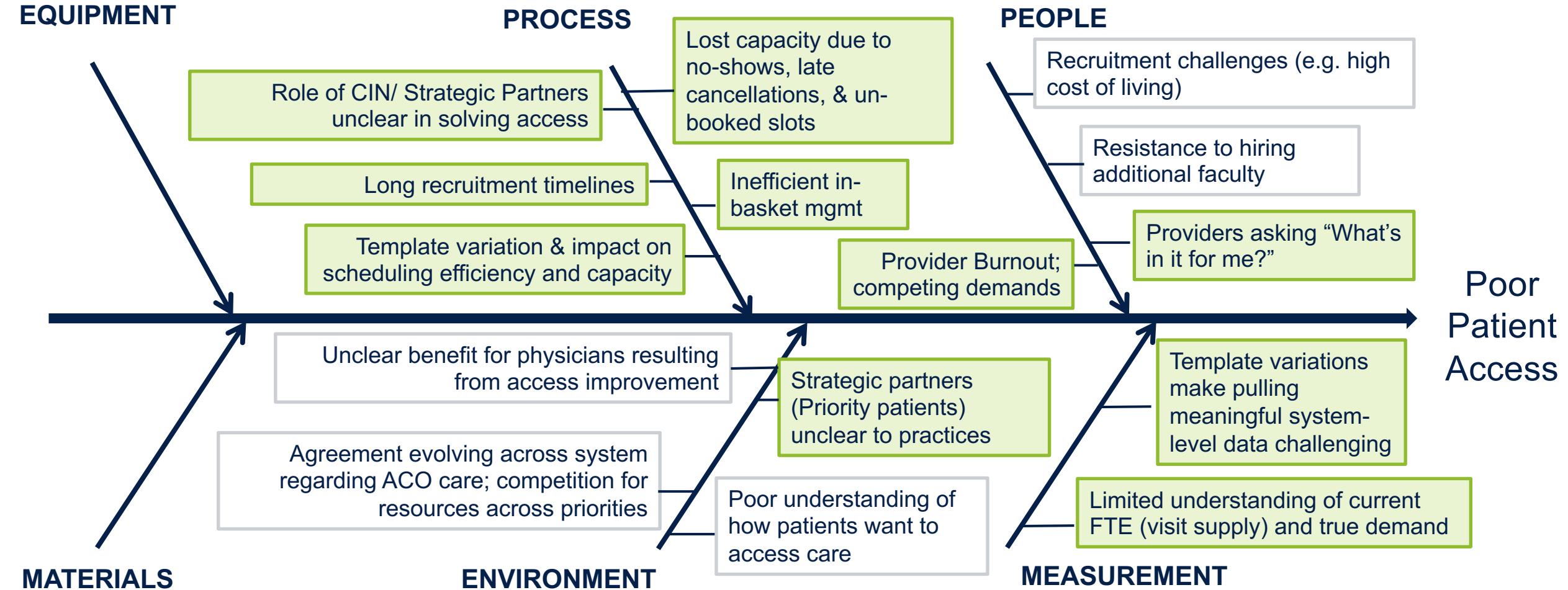
What's the Problem?

- The organization continues to be challenged in meeting the demand of patients seeking care at UCSF, even among strategic patient populations, due to a variety of barriers
- In an increasingly **competitive healthcare market**, we are at risk of having patients with **CHOICE** choose other providers, impacting our financial and growth goals as well as our reputation.

Root Cause Analysis: Overall Access

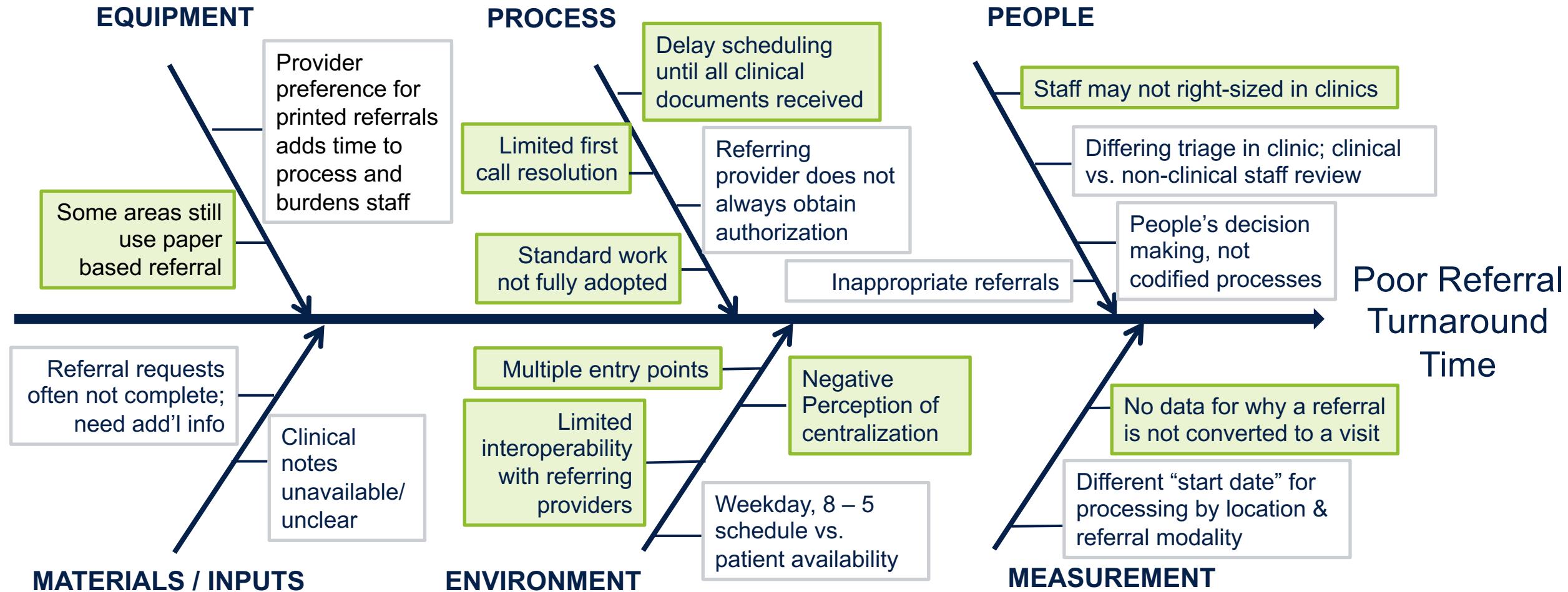
Priority root causes are focused in Process, People and Measure

Priority



Root Cause Analysis: Referral Management

Priority root causes are focused in Process, People and Measure



Strategic Next Steps

Shaping supply and demand through **long term system-level strategy**

Increase Supply

- **Continue developing strategies to support maximum productivity** of all providers, especially part-time practitioners
- **Quantify cFTE and space needs** to accommodate unmet current demand per practice; develop escalation process for bridging gaps
- **Develop new recruitment and retention** strategies (e.g. MSP / non-faculty MD hires)

Right-Sizing Demand

- Continue **strategic partnerships** and **Clinical Network Integration**
- Explore **reciprocal referrals** with partners (e.g. two-ways) to reduce low complexity or otherwise inappropriate demand
- **Market Destination Programs** and quaternary care

Tactical Next Steps: Supply

Opportunities for practices to manage supply through counter-measures in **existing clinic operations**.

Counter-Measure	Examples	Challenges
1. Maximize existing supply	<ul style="list-style-type: none">- Fully leverage AHPs- Reduce no-shows & late cancellations- Improve clinic flow	<ul style="list-style-type: none">- Patient misunderstanding of AHP role- Space constraints
2. Implement template and scheduling best practices	<ul style="list-style-type: none">- Simplify visit types- Level load schedules- Enable nimble scheduling (session limits, auto hold release, etc.)	<ul style="list-style-type: none">- Unknown/Fluctuating provider cFTE- High volume of low cFTE providers and limited ability/willingness to flex schedule
3. Address provider burnout	<ul style="list-style-type: none">- Increase use of scribes- Assess support staffing ratios- In-basket management	
4. Increase use of digital health resources	<ul style="list-style-type: none">- Video visits- MyChart messaging	<ul style="list-style-type: none">- Patient/Provider Adoption

Tactical Next Steps: Demand

Opportunities for practices with **demand > supply** to manage demand through counter-measures in existing operations.

Counter-Measure	Examples	Challenges
1. Reduce demand for follow ups	<ul style="list-style-type: none">- Offer group visits- Provide population management- Scrub follow up schedule for unnecessary visits	
2. Optimize the referral process to capture the “right patients”	<ul style="list-style-type: none">- Automate fax referrals (in process)- Codify triage decision process to efficiently review referrals- Increase eReferrals- Increase adoption of <i>Patient Referral Prioritization</i>	<ul style="list-style-type: none">- Patient/Provider adoption- Change management for entire care team
3. Increase use of digital health resources	<ul style="list-style-type: none">- Offer eConsult alternatives for low complexity referrals- Offer MyChart/ phone/ video visits for just in time response	
4. Utilize care network	<ul style="list-style-type: none">- Graduate patients to community specialists or PCP	

Discussion

- What additional barriers should be included?
- Where do *you* think we should focus improvement efforts?
- What methods might we consider to further prioritize countermeasures?

Questions??