



# True North Goals Update: Ambulatory Access

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# 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**

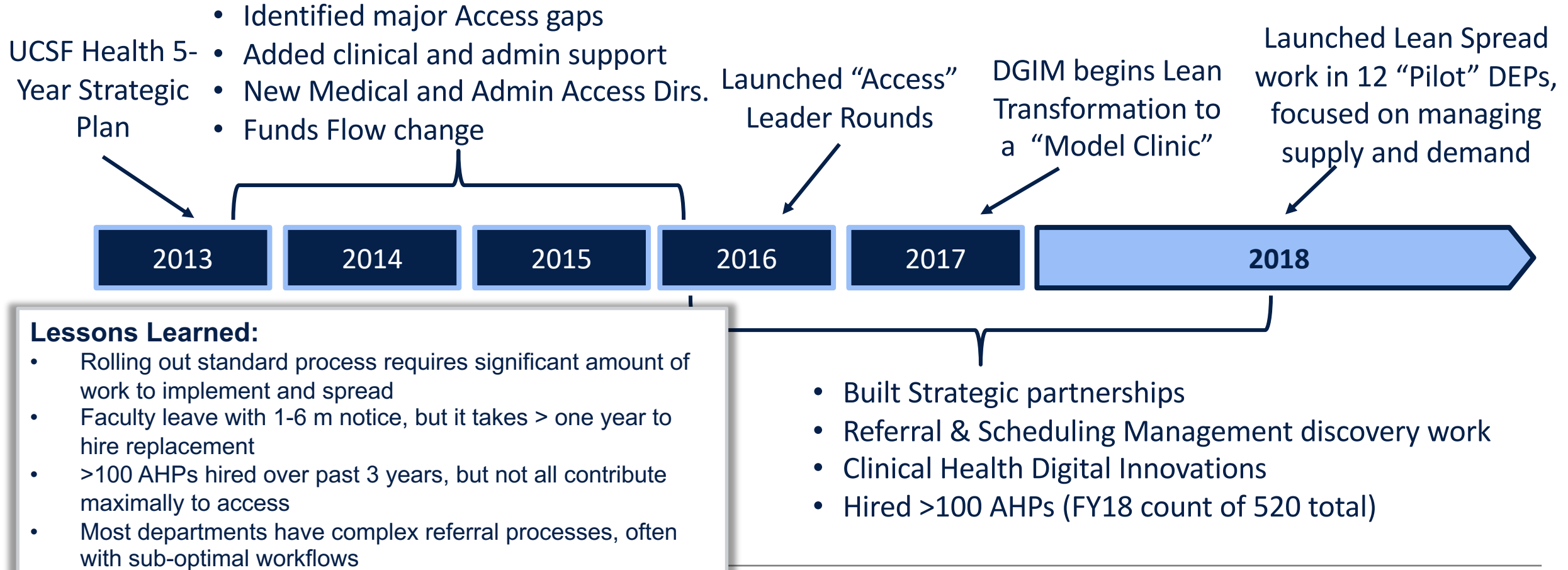
- New patients seen within 7 calendar days for Cancer, 14 days for other specialties
- Referrals processed in 5 calendar days
- Synchronous vs. asynchronous

#### **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



# Current State: Referral TAT & Patient Seen

Patient Referred  
to Practice

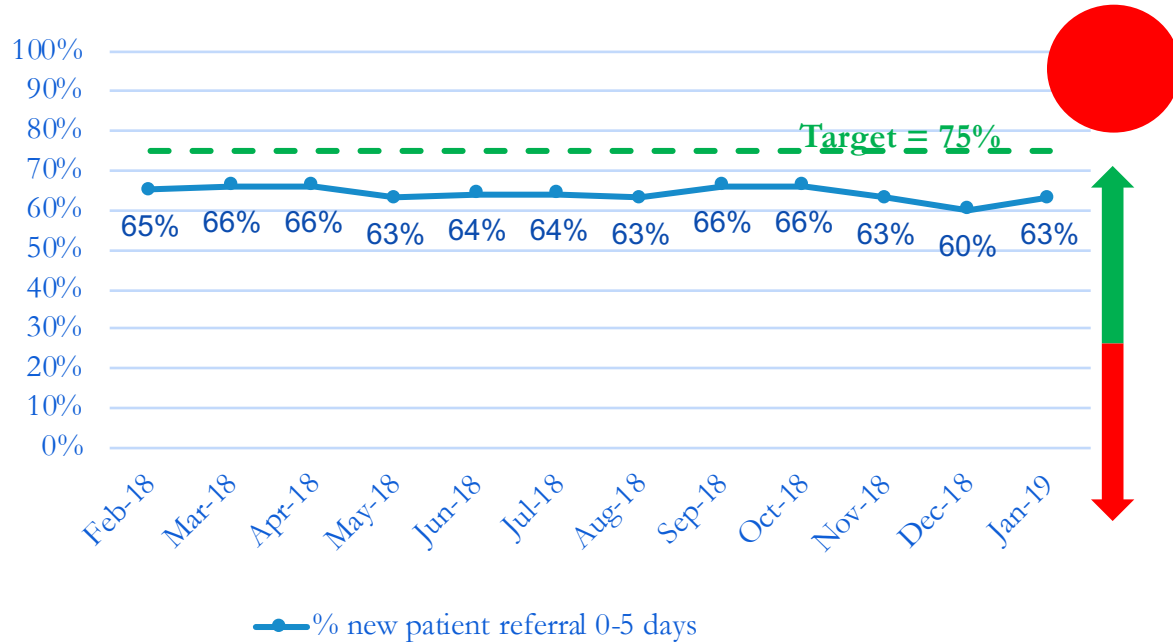
Appointment  
Scheduled

Date of  
Appointment

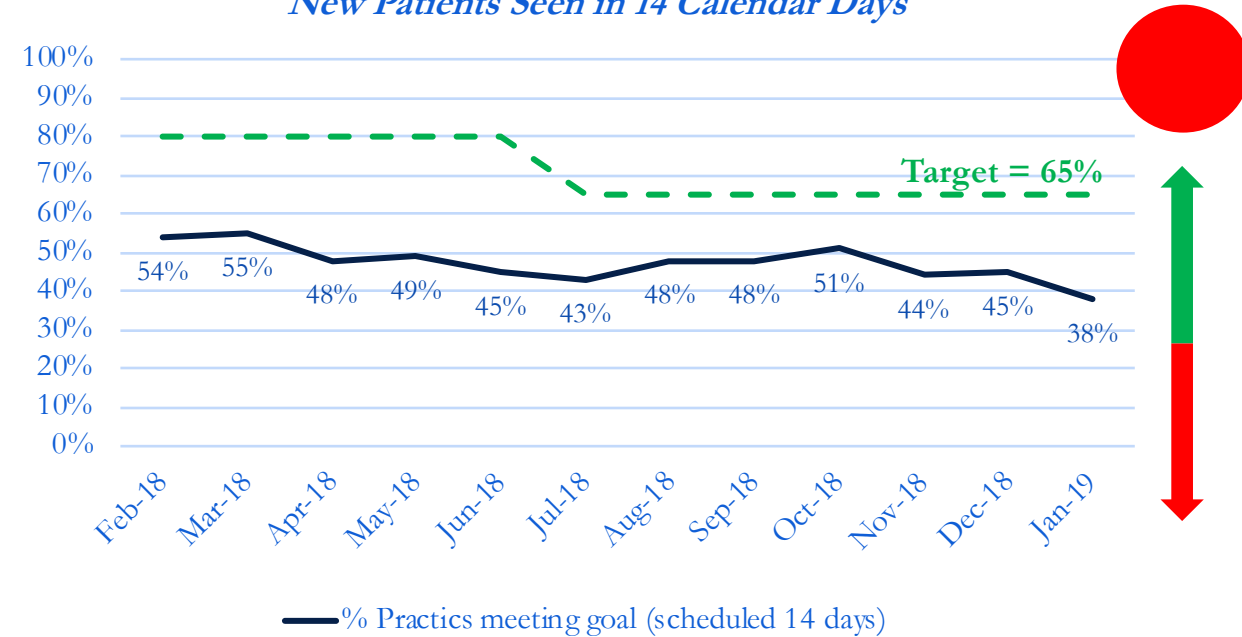
Referral Turnaround Time:  
% Referrals Scheduled in 0-5 days

Access Outcome Metrics:  
% New Patients Seen in 14 Days

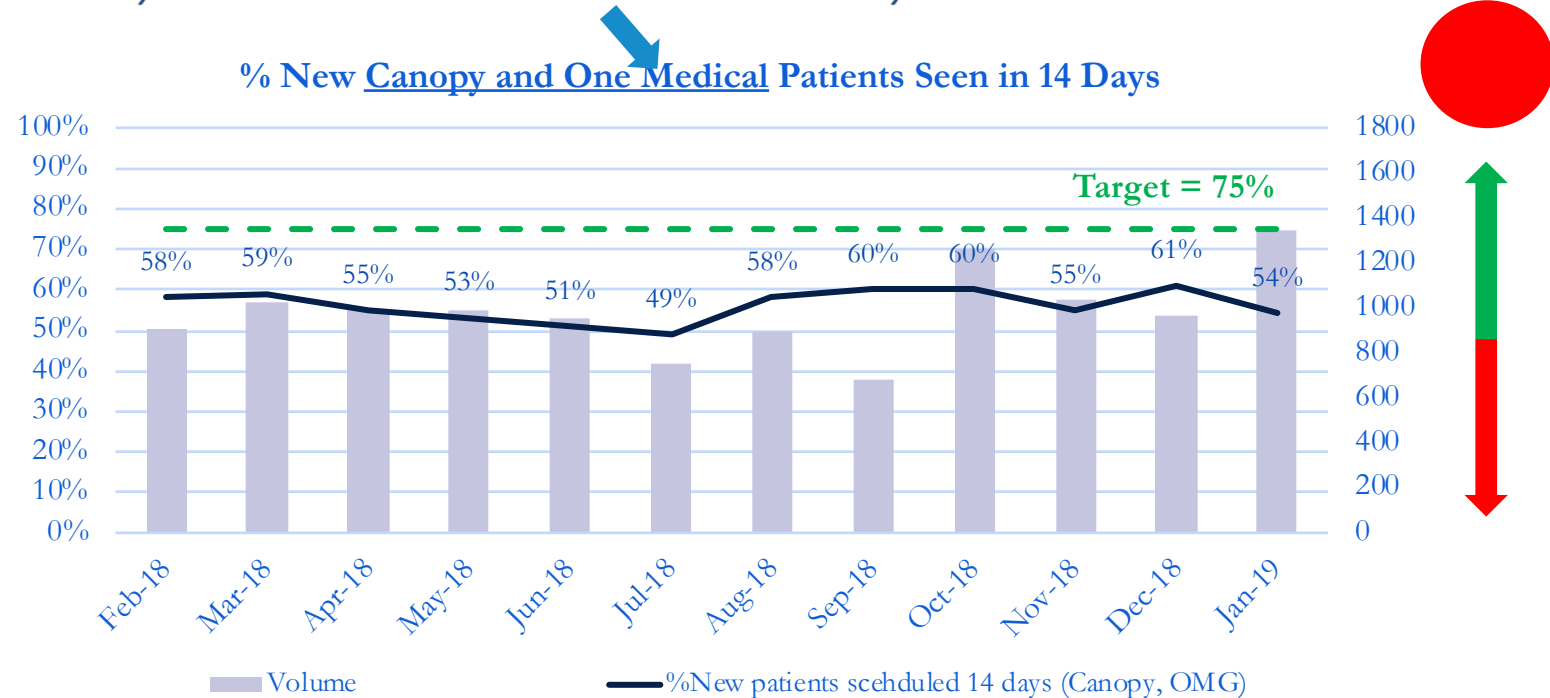
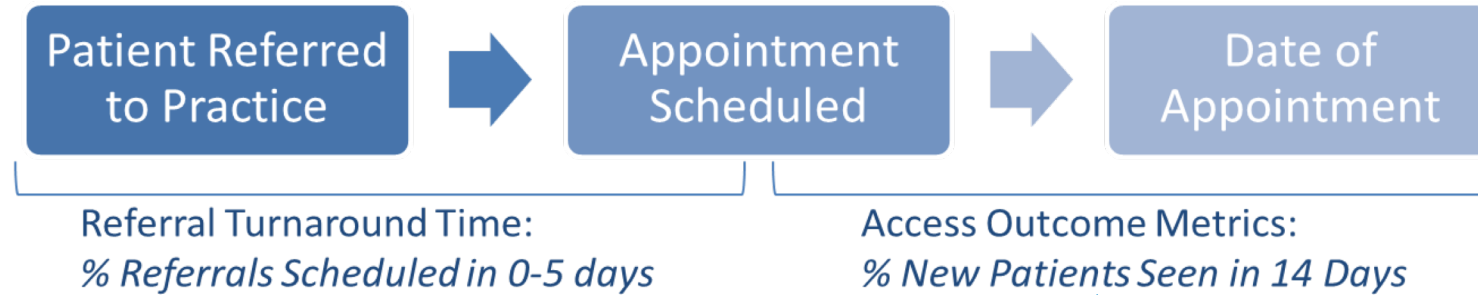
% New Patient Referrals Scheduled in 0-5 Calendar Days



% Practices Meeting Goal –  
New Patients Seen in 14 Calendar Days



# Current State: Canopy & One Medical



\* 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.

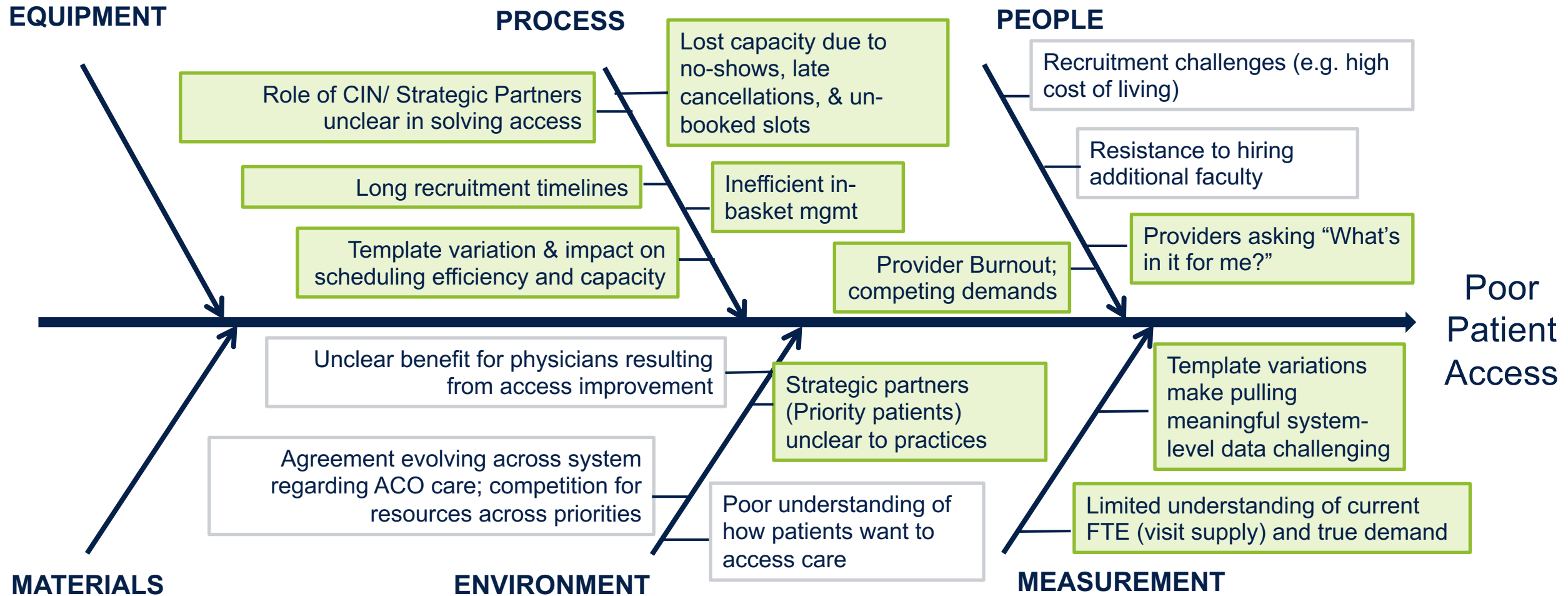
## What's the Problem?

- 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

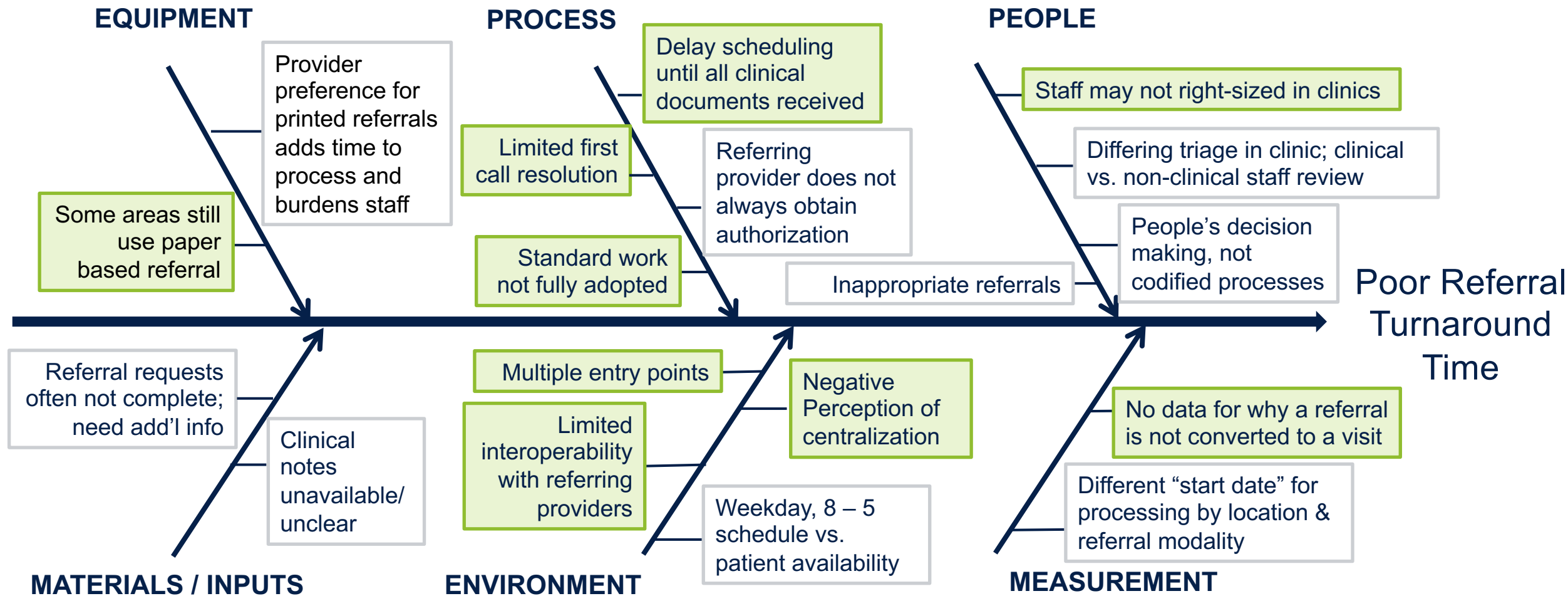
Priority

**Priority root causes** are focused in Process, People and Measure



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

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

# 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??