



# Clinical Safety & Effectiveness Cohort # 18

**Cultivating a High Efficiency Practice to  
Improve Satisfaction and Revenues**



# The Team

- ▶ UT Medicine
  - ▶ Misty Espinoza, Practice Manager Westover Hills
  - ▶ Linda McFarlin RN, Practice Manager MARC Family and Internal Medicine
  - ▶ Liz Rodriguez-Balch, Practice Manager Urology
  - ▶ Pam Glasscock
  - ▶ Gorden Whiting
  - ▶ Sherry Martin, Facilitator
- ▶ Sponsor Department: Family and Internal Medicine
  - ▶ Chandana Tripathy, M.D.

# AIM Statement

The aim of this project is to increase throughput and improve patient and Provider satisfaction by reducing patient visit cycle time from the current 62 minutes to 51 minutes, an 18% reduction, by August 1, 2016.

Improvement will also be measured by:

- Increase in positive responses to patient surveys reported via NRC Picker's Catalyst application
  - Provider knew important information about medical history
  - Got appointment when needed for urgent and routine care

# Project Milestones

- Team Created January 2016
- AIM Statement Created January 2016
- AIM Statement Revised February 2016
- Weekly Team Meetings 01/20/16–06/01/16
- Background Data, Brainstorm Sessions,  
Workflow and Fishbone Analyses 02/04/16–03/01/16
- Interventions Implemented 03/01/16 - Ongoing
- Data Analysis 02/26/16 - Ongoing
- CS&E Presentation 06/03/16

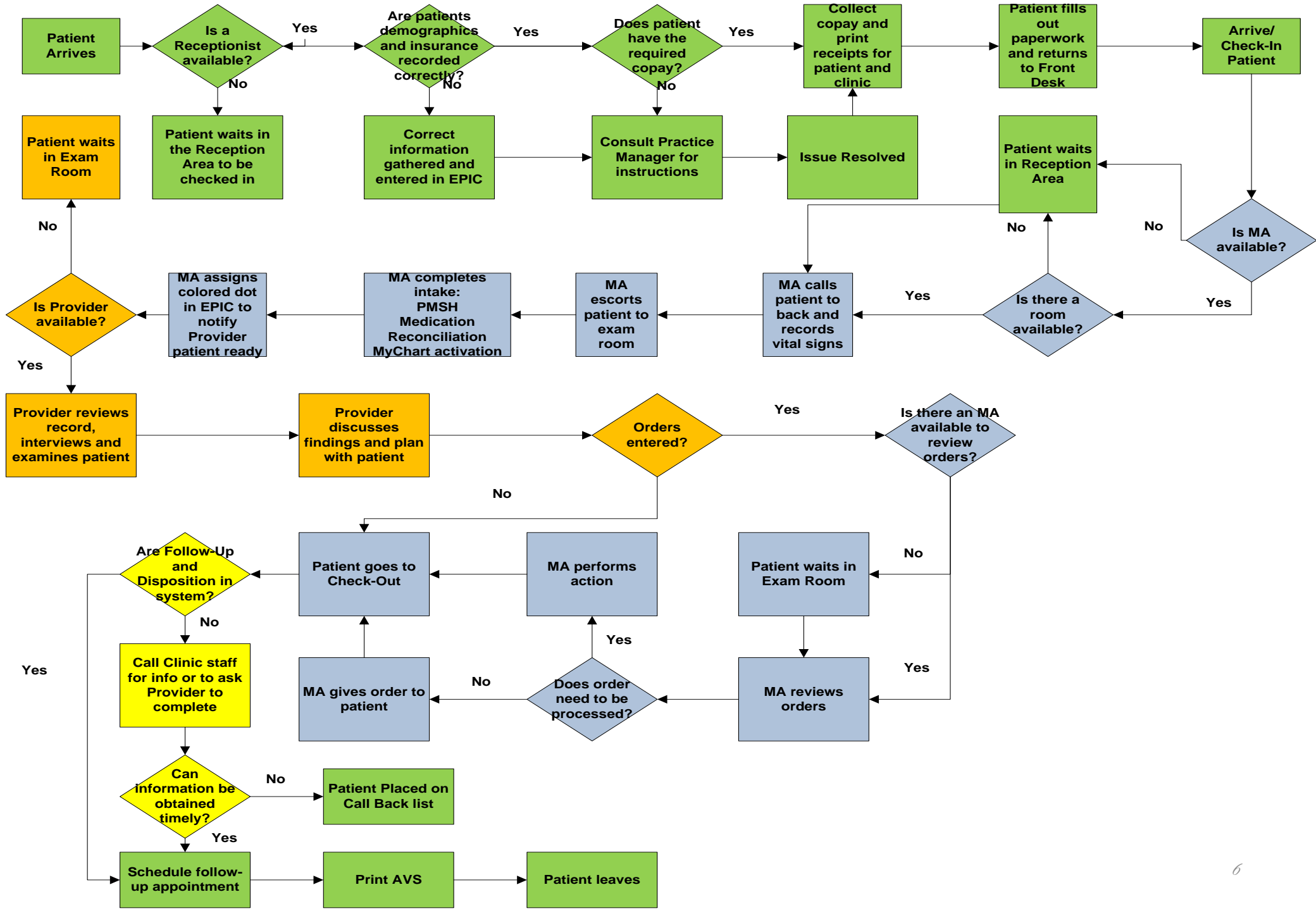
# Background

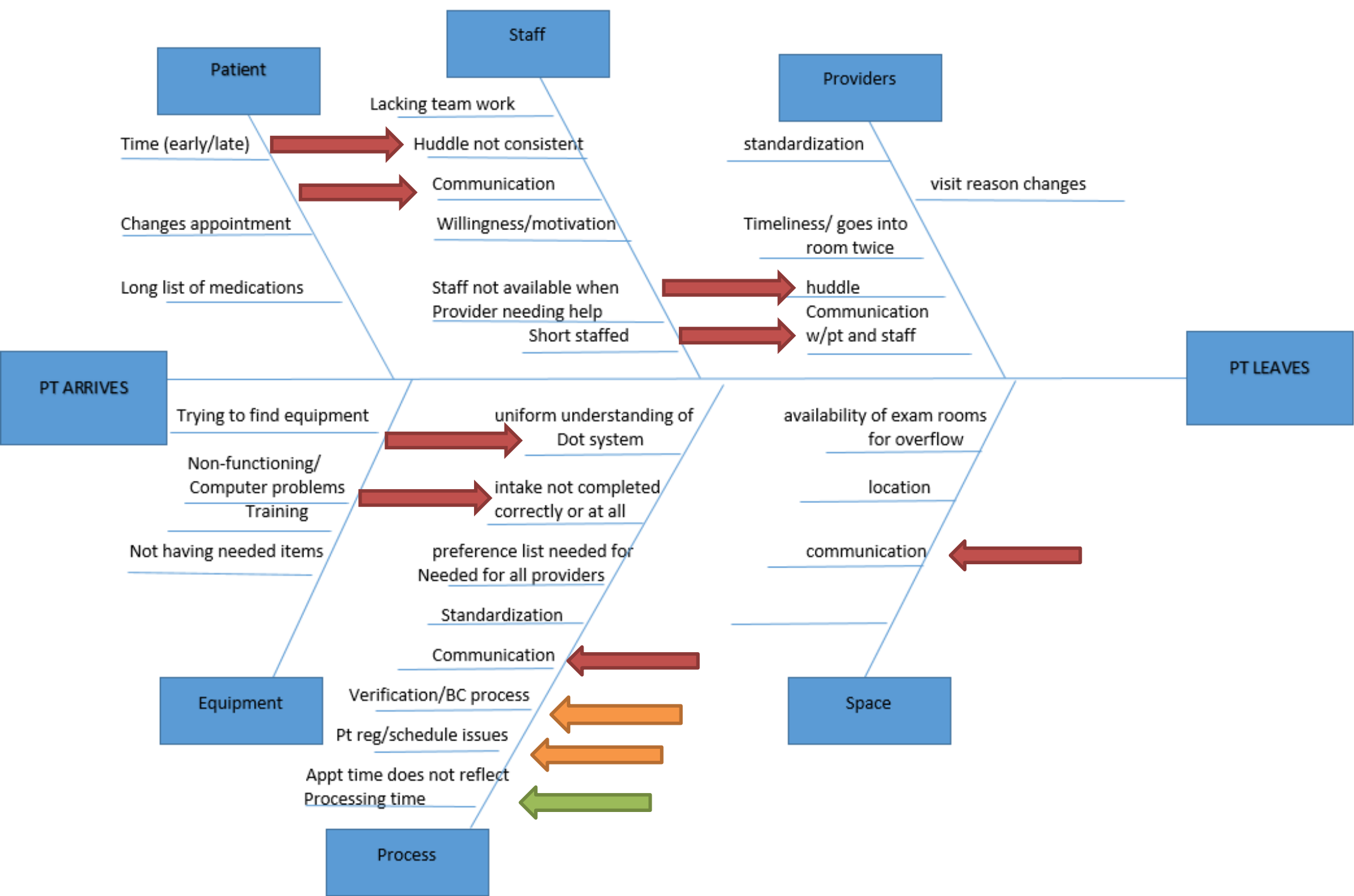


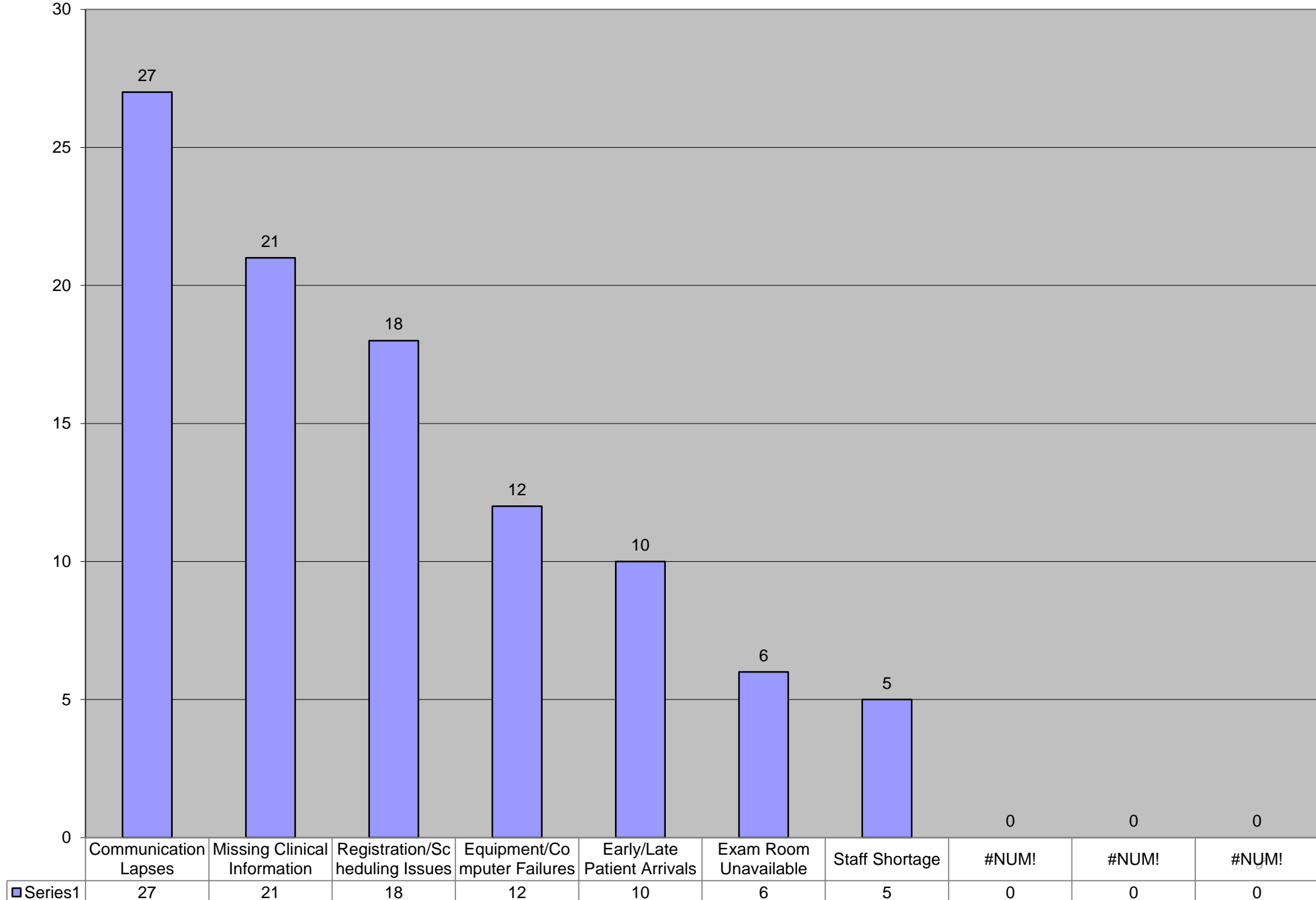
- Wait time and appointment duration are issues industry wide; according to literature, average wait time is 19.16 minutes, face to face time with provider is approximately 18.53 minutes.
- Wait time and appointment duration have a direct correlation to Patient Experience scores and perception of care.
- Important to address these issues to positively impact patient satisfaction, perception of care, practice efficiency and morale, and patient access to care.

- **References:**

1. Larson, G. (2015, March 31). *Wait Times for Doctors Decrease, Even as More Americans Enter Health Care Systems*. Retrieved from [www.vitals.com](http://www.vitals.com)
2. Gottschalk, A. & Flocke, S. (2005). Time Spent in Face to Face Patient Care and Work Outside the Examination Room. *Annals of Family Medicine*. 20015 Nov; 3(6) 488-493







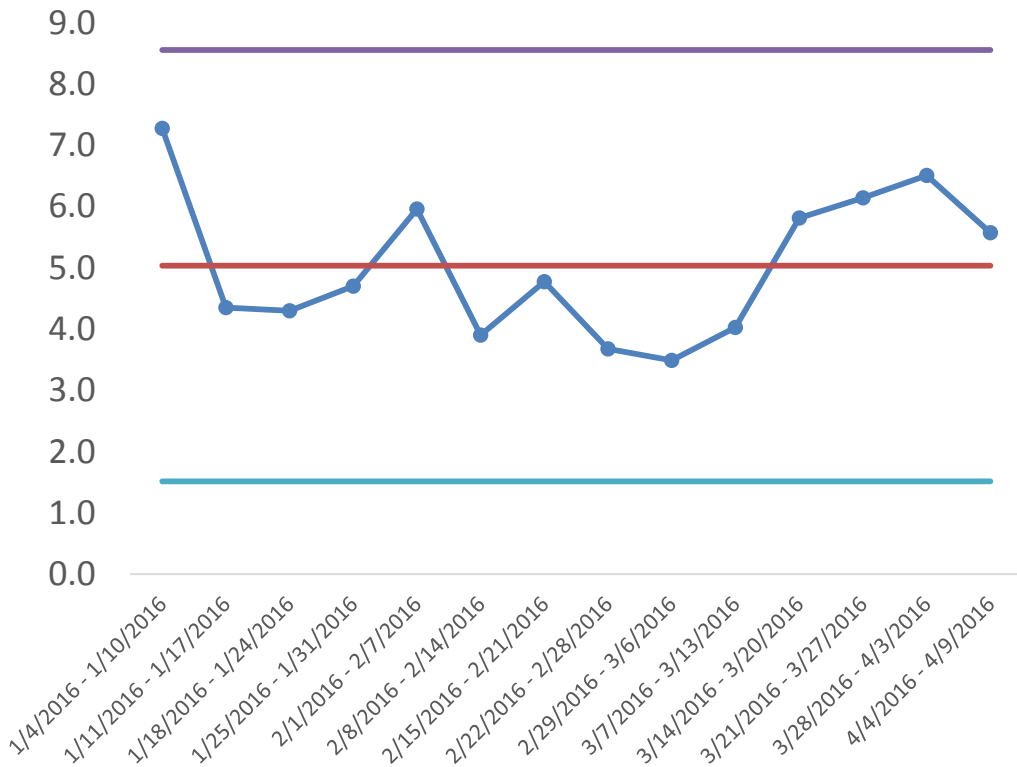
■ Series1



# Statistical Process Control

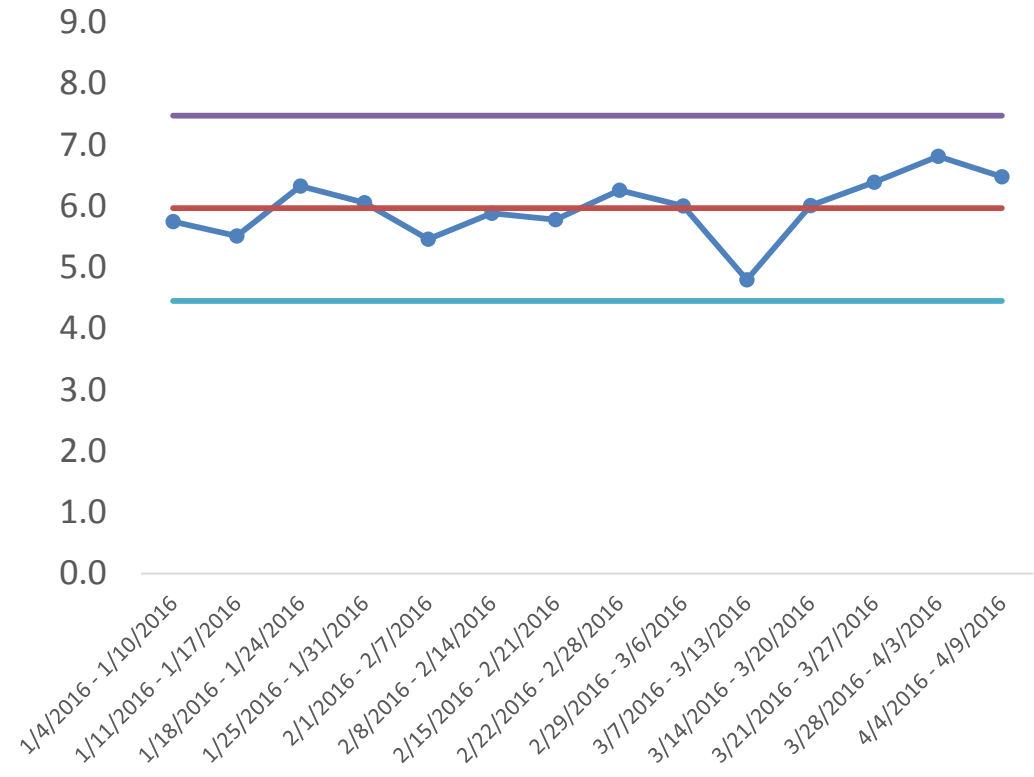
## MARC PCC

MEAN (CL) UCL LCL



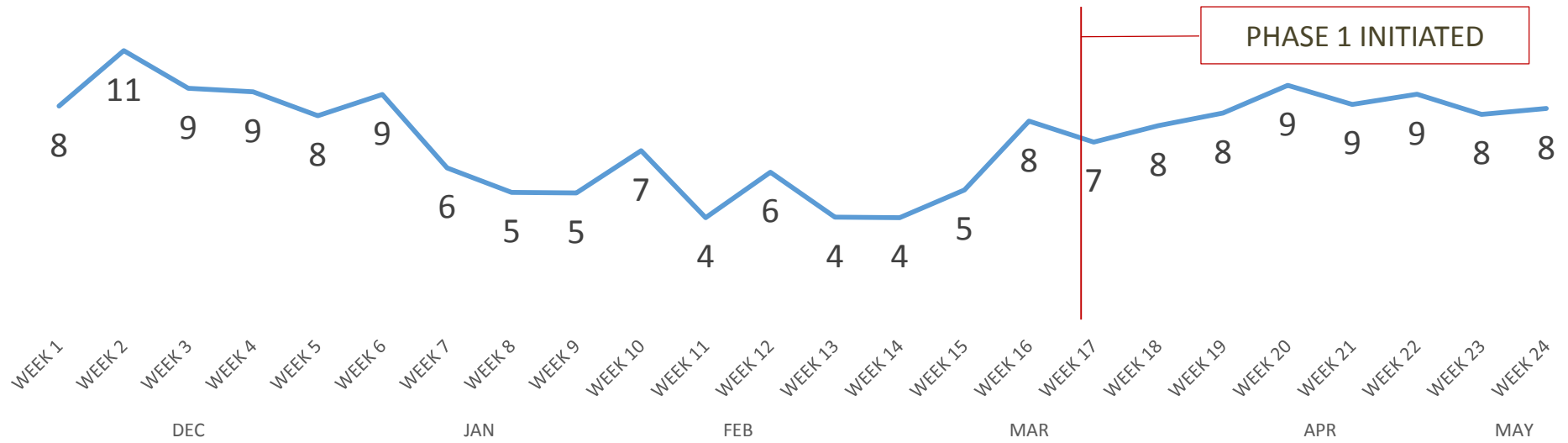
## WH FAMILY MEDICINE

MEAN (CL) UCL LCL



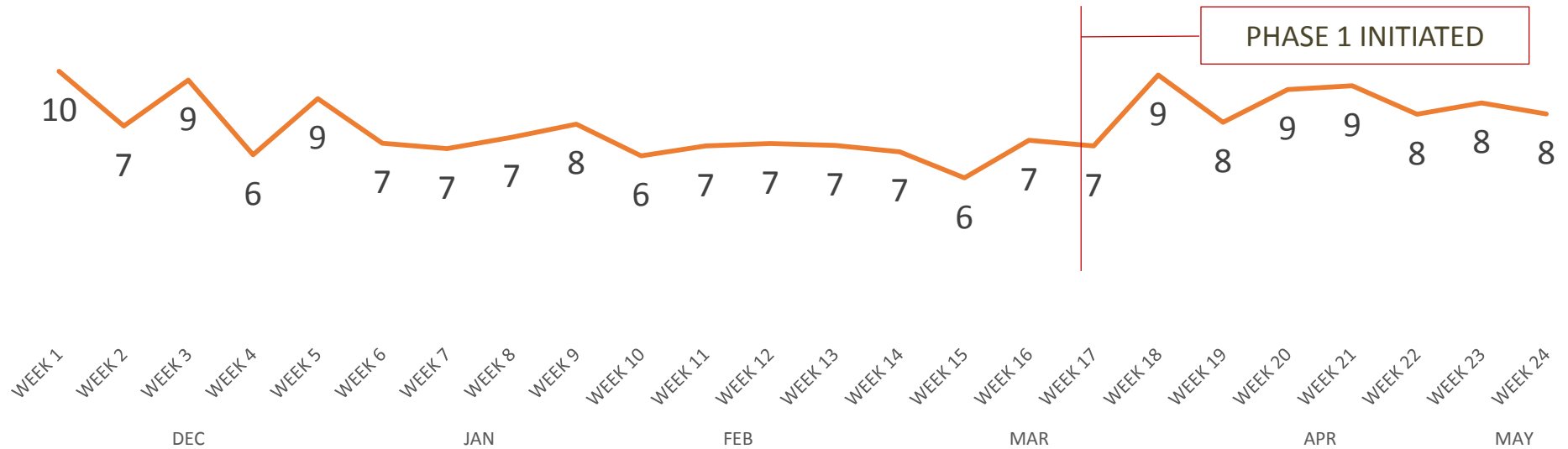
MARC

### CHECK IN TO ROOMED TIME (AVG # MINUTES IN WAITING ROOM)



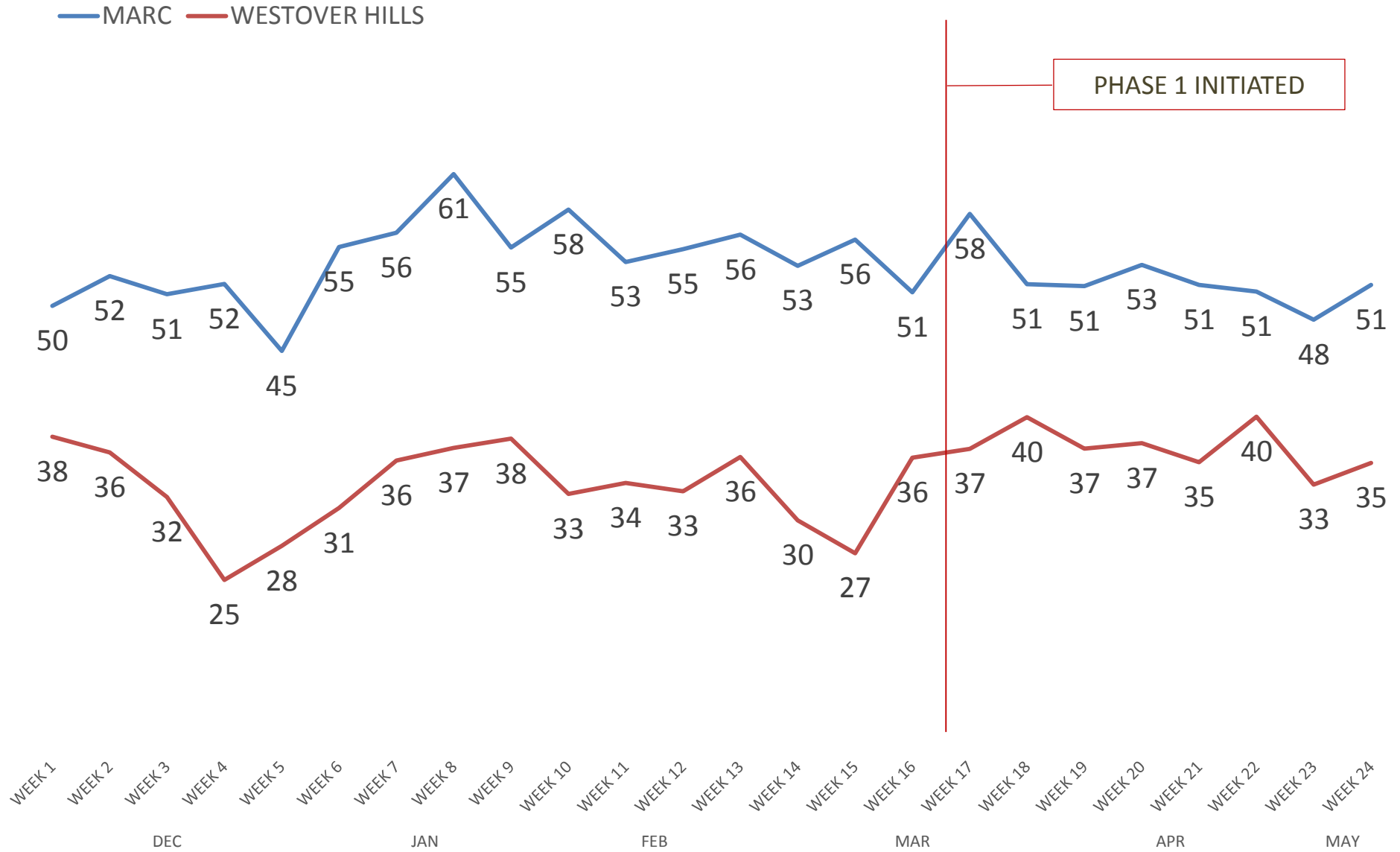
WESTOVER HILLS

### CHECK IN TO ROOMED TIME (AVG # MINUTES IN WAITING ROOM)



Source: Decision Support RPJA027 Pulled by Jordan Whiting (5.20.16)

# ROOMED TIME TO CHECK OUT (AVG # MINUTES IN ROOM)



# Goal

Reduce visit cycle time by 18%, from 53 minutes to 45 minutes by August 1, 2016

# Primary Driver

Reduce barriers to effective communication between Providers and MAs

# Interventions

MA will "scrub" patient charts 1 day prior to visit 03/01/16

Huddle with Provider and MA prior to start of each clinic to review patients for the day 03/01/16

Use colored dot system in EPIC to monitor various phases of throughput 03/01/16

Use Schedule Notes in EPIC to list interventions needed by patient so that anyone may assist with processing orders 03/01/16

Reduce patient Check-In time

Review DAR to identify any potential insurance issues 04/07/16

Review Confirmation Report 04/15/16

Reduce patient rooming time (period from patient leaving Reception Area for Clinic Area until Check-Out)

Review templates for new vs established patients; should time be modified to allow for prep time? 05/01/16

PHASE 1

PHASE 2

PHASE 3

# Intervention Plan – Phase 1

- Initial interventions target communication lapses
  - Record review
    - “scrubbing” patient record day prior to appointment
      - Use Epic schedule notes to list interventions patient requires for visit
  - Huddles
    - Team huddle to include Provider(s) and MA(s) occurring at least once per day
      - Reinforce expectations
      - Make preparations
      - Strategize and proactively address potential issues
  - Dot System
    - Effective tracking of patient through clinic
    - Flags Provider(s) and support staff to efficiently move patient through clinic

# Intervention Plan – Phase 2

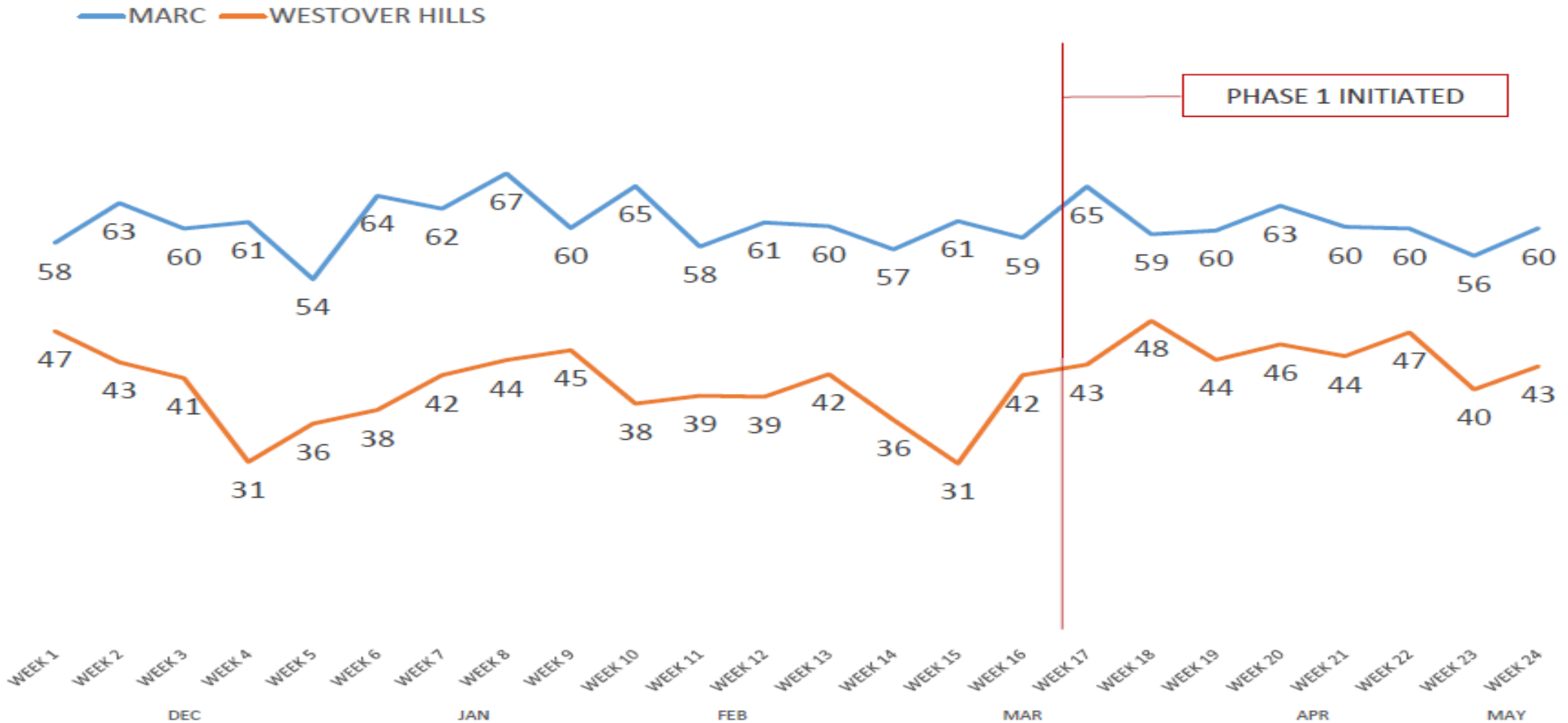
- Phase 2 interventions target Check-In process improvements
  - Confirm insurance information during confirmation calls
  - Review Daily Appointment Report (DAR)
    - 2-3 days in advance of appointment to identify any potential insurance issues
      - Changes in coverage or no coverage
      - Out of network
  - Review all insurance cards on arrival to Front Desk

# Intervention Plan – Phase 3

- Reduce patient rooming time
  - Template review
    - New vs Established patients
    - Consider modifying time to account for prep time

# Results/Impact

APPOINTMENT CYCLE TIME  
(AVG # MINUTES FROM CHECK IN TO CHECK OUT)





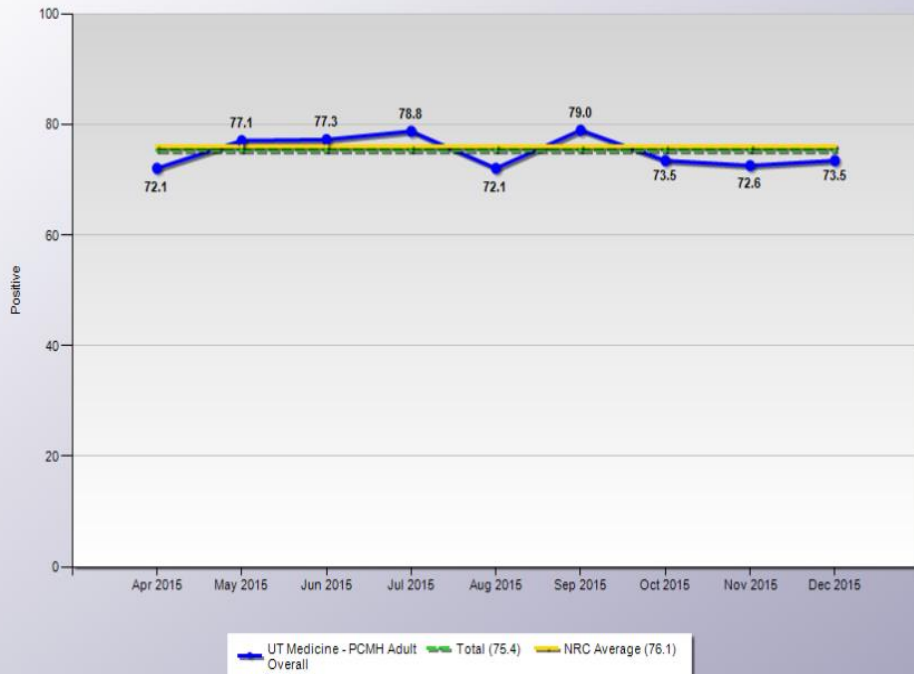


# Patient Experience Impact

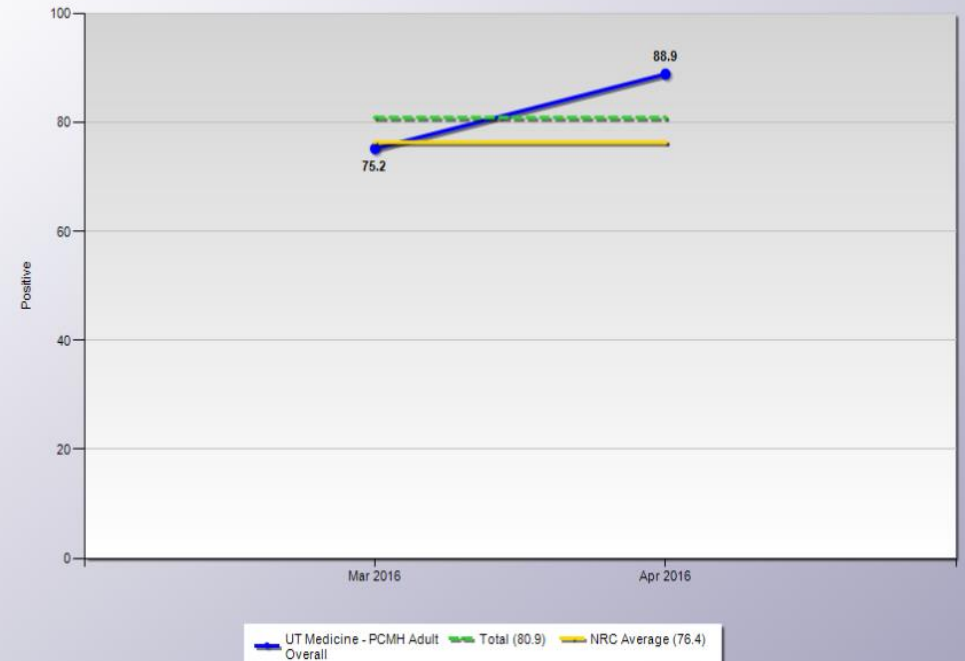
## 2015

## 2016 – Post Intervention

CG6-A: Provider knew important info about medical history



CG6-A: Provider knew important info about medical history



# ACT: Sustaining the Results

Opportunities	Interventions	Associated Changes
Communication Improvements	<ol style="list-style-type: none"><li>1. Record Review</li><li>2. Huddles</li><li>3. Dot System</li></ol>	<p>Sustain Staff and Provider engagement by</p> <ul style="list-style-type: none"><li>• Allowing and encouraging ownership of process</li><li>• Displaying run charts for motivation</li><li>• Reporting results at staff meetings</li></ul>
Check-In Process Improvements	<ol style="list-style-type: none"><li>1. Confirmation of insurance information</li><li>2. Review DAR</li><li>3. Review and scan insurance cards</li></ol>	<p>Above tactics +</p> <ul style="list-style-type: none"><li>▪ Engaging patients in process; explaining importance of demographic and financial checks</li></ul>

# Return on Investment

Potential increase in revenue as a result of decrease in patient visit cycle time allowing for additional visit(s) per session

One additional patient per session

x (5) sessions per week x 47 weeks per year

= 235 additional patient visits x \$99.00/visit

= \$23,265.00/year

**\$23,265.00/year x 12 Providers = \$279,180.00/year**

# Conclusion/What's Next

## Lessons Learned

- Validate problems before trying to solve them
- Staff buy-in is critical element of success
- All must demonstrate commitment and believe in ability to change and make improvements
- Discipline of journey is to get real results

## Future Benefits

- Increased downstream revenue
- Improved access
- Improvement in patient experience creating
  - more robust referrals
  - positive branding
  - contracting leverage

# Team Picture



# Thank you!

