

Changing The Patient Access Dialogue: How A Three-Pronged Approach Is Bringing About Performance Breakthroughs

AMGA 2014 Annual Conference Meyers Stallings & Paul Schmitz



Vanderbilt University Medical Center













- Patient Care/Research Biomedical Information
- 600+ Beds Adult Care
- Level I Trauma Center
- Comprehensive Burn/Life Flight
- Magnet Designated Institution
- 50,000+ Admissions Annually

- 250+ Pediatric Beds
- Leapfrog Recognition
- Level IV Neonatal ICU
- 13,000+ Admissions Annually

Vanderbilt Medical Group:

- 1.9 Million Visits Annually
- 1,200+ Faculty Physicians
- 125+ Outpatient Clinics



Our Access Challenges 2008 Environment

- Inconsistent service levels
- Poor access management
- Highly variable & complex scheduling rules
- Limited understanding of capacity/utilization
- Lack of standardization: measurement or transparency
- Underutilization of Epic/scheduling software capabilities



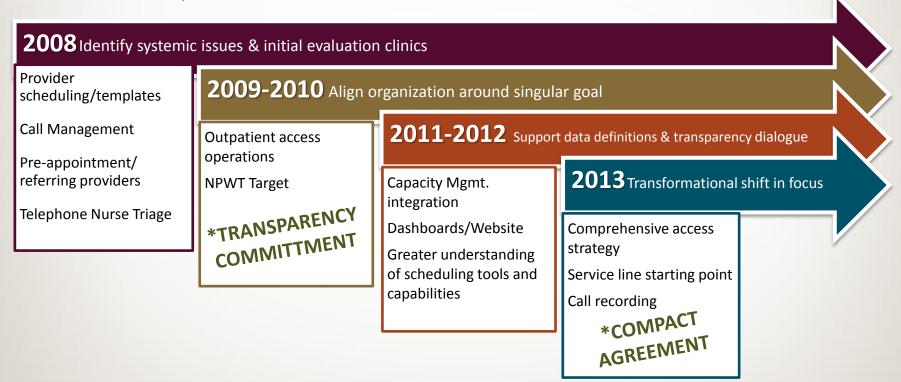
Our Vision: As A High Performing Health System

- Responsive to patient needs
- Clear accountability for total care of patient
- Coordinated care & transitions actively managed
- Easy access to appropriate care
- Commitment to process & measurement transparency
- Continuously learning & improving



Developing An Access Strategy High Level Timeline

- Patient Family Advisory Committee
- VUH & SOM Leadership, peer leaders
- Employing consultative work led to creating Performance Improvement Office





Developing An Access Strategy Performance Improvement Office

- Formed in 2008
- Three-part mission
 - Create value
 - Develop & internally export talent
 - Collaboration
- Focus: access & clinical operations
 - Patient-centric focus
 - Add value via people, process, technology integration
 - Methodology neutral (Lean, Six Sigma, etc.)



PIO Structure 2013

Capacity Management Services

- Advanced Analytics
- EPIC Tools
- Website/Toolkit

Operations Consulting Projects

- Operations/Capacity
- Resources for Chairs
- VUMC Operations Initiatives

Access Operations

- Advanced Call Center
- Integrating Access
 Centers
- Next generation tool deployment



A Starting Point How Do We Define "Access?"

Engagement

What does it mean to our customers?

Alignment

How are the systems aligned?

Measurement

What goes into the core & How do we make it transparent?



What Did We Do? Engagement

- Conducted a full process/analytic access review
- Engaged patients & Patient Family Advisory Group
- Asked & listened to front-line workers
- Partnered with leadership at all executive levels & clinical services
- Collaborated with peer organizations
- Grew our reengineering & analytics resources
- Created service line agreements



WANDERBILT VUNIVERSITY MEDICAL CENTER Aligning Goals: Service Compacts

Outcomes & Agreements

Long-term investment

10

ACCESS COMPACT AGREEMENT

is the **FOUNDATION** of our future

NEW PARTNERSHIP

	The "GIVE" (old way)	The "GET" (new model)
Divisions	 No common alignment with goals Inconsistent experiences Unpredictable/patient frustration 	 Alignment with organizational goals New Access "Toolkit" Operations accountability
Clinic	Unpredictable, reactionary workload"Putting out fires"Physician frustration	 Prospective mgt. Transparent service performance Patient experience feedback
Access Services Team	 "All hands on deck" Inability to leverage new tools & processes Constant readjustments 	 Mgt. of scheduling process & staff Opportunity to pilot new access features/tools/ideas



Building The Core Establishing The "Vanderbilt Way"



- Accountability & consistent performance
- Standardized & comparable access measures
- Specific goals & data transparency
- Common definitions for metrics



MEDICAL CENTER

Data Transparency & Management

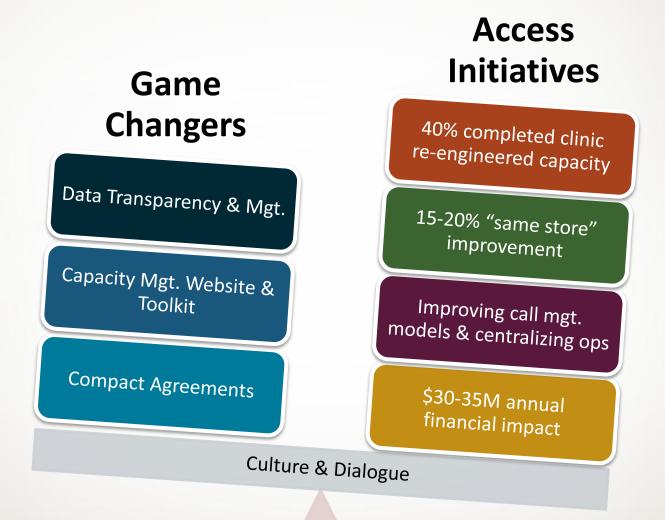


Management Snapshot

- Completed Visits to Budget
- Template Unavailable & Completed Outside Template
- New Patients 15 Days & Median Days to Return
- Available Slots & Adjusted Template Utilization
- Unique Provider Count
- Cancels, Reschedules, No Shows



Tipping The Balance Game Changers & Value Impact



Leadership Commitment



Why Is This So Challenging?

CULTURE

- History of designing to unique preferences
- Wide range of organizational definitions/understanding of access operations
- Potential loss of control vs. scalable solution

ENGINEERING

- · Complex current operational design/rapid growth
- Little documentation/tribal knowledge or measures
- Consensus from current to future state

TECHNOLOGY

- Inconsistently utilized & deployed across organization, multiple systems
- Historically underutilized but recent improvements have been made

STAFF

- Unclear expectations & role accountabilities across decentralized units
- Lack of robust programmatic training
- Historical job descriptions
- Multiple management models



What Have We Learned? Critical Success Factors



Engagement is Critical:

- Strong patient advocacy required
- Stakeholders at every level
- Leadership commitment



Necessary Infrastructure Fundamentals:

- Effective capacity management
- Changes in one area affect other areas
- Dedicated multidisciplinary team/resources



Change Management is Challenging:

- Clear roles & accountabilities
- Measureable performance
- This is a journey



No "Gold Standard," Still Learning:

- Visible progress in performance –Transparency is key
- Commitment to real-time learning



Thank You! Q&A