

Meeting Institutional Goals in Academic Medicine

Society of Academic Urologists
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What's required to be "Productive"?



Time



Flexibility



Incentives



Wellness



Support Systems
/ Infrastructure



Education



Teamwork



Leadership



Resources



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Disclaimer!!

- We do not work in the perfect practices
- Faculty complain often
- Our patients complain much more than we would like
- Each system is vastly different – data, metrics and access to information varies widely

If you figure it all out, please tell us!



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Access

Education?

Research?

Outcomes

Institutional Goals

MPS

Kaiser Permanente

LSU Health Urology

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Academic Setting

County hospital

Community Hospital

Integrate Health Care System

Kaiser Permanente

Urology

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Overview

How to maintain productivity?

Start with Access!

Success requires collaboration and clinical team building



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Overview

Improved access will enhance multiple measures



BUT! - it's not that easy....

In order to achieve results, we must *change the culture of care delivery in each clinical unit*



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Access: Patient-centered perspective

1. Am I covered (Insurance)?
2. Can I get in?
3. Can I get there?
4. Can I actually get seen?
 - Excessive waiting, cancellations, no referral / records
5. Can I get the follow-up I need?
 - Authorization, scheduling, call backs



5 of the top 10 factors in selecting a medical practice are related to ACCESS



Adapted from nrchealth.com



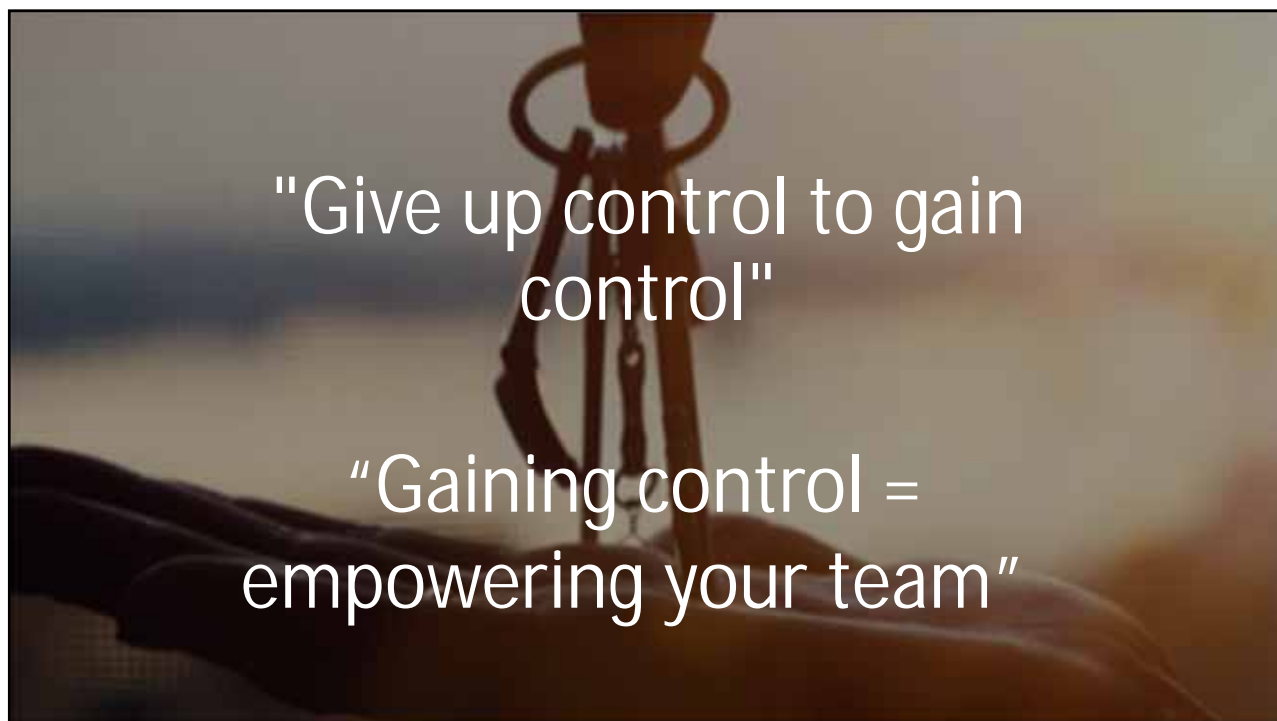
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Access: Changing the Culture

- Leadership
 - Must be top priority of executive leadership
 - Must be ingrained in the organizational culture of every clinical unit in the organization
- Team Empowerment
 - Everyone in the organization needs to be engaged
- Accountability
 - With control comes accountability!!!



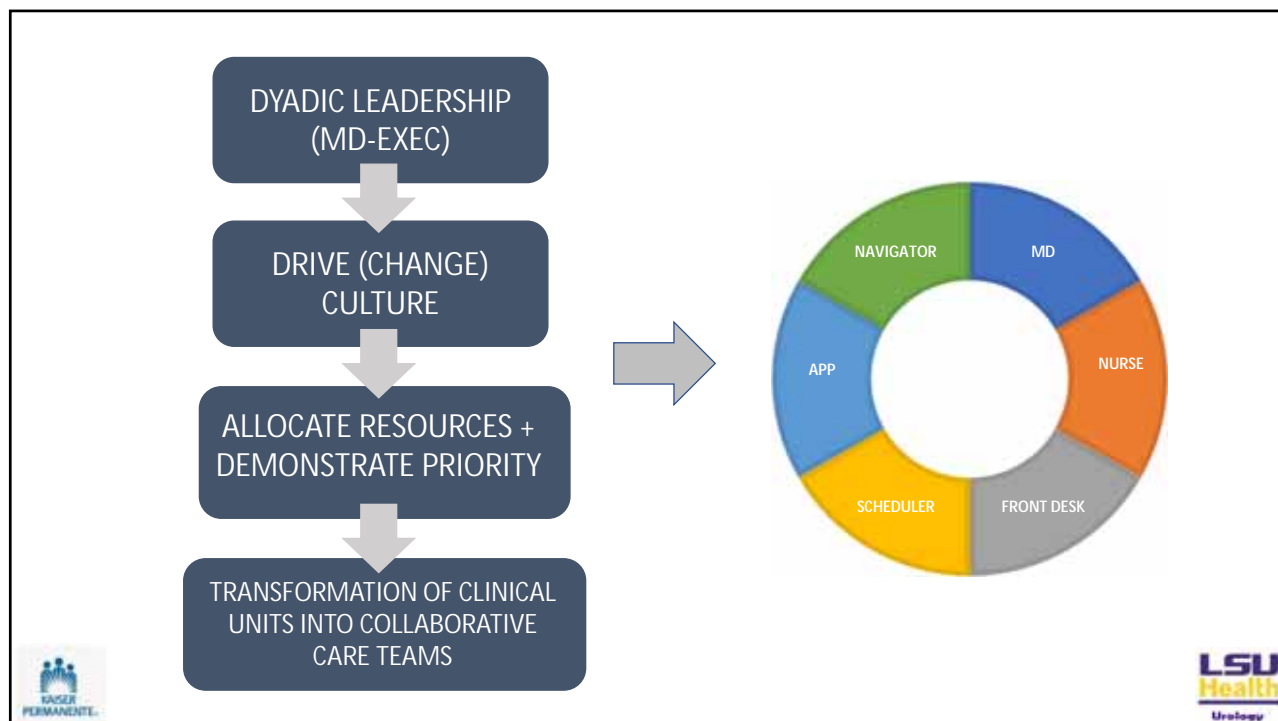
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Collaborative clinical care teams are a partnership



- We must always be respectful
- We should always listen
- All opinions are highly valued – seek perspectives of all involved
- All accomplishments are celebrated, by everyone on the team
- All setbacks are approached by the team collectively – everyone is accountable
- We must be concerned for the well-being as well as sense of purpose of everyone on the team.

Access and Quality Depend on Culture



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Access: Personalizing it to the physician

Schedule

- Flex scheduling
- Shift starting at different hours depending on needs
- Night, weekend clinics if desired

Template

- Let physicians decide patient patterns and types of visits
- Optimize telehealth

MD scheduling

- Enhances access
- Overbook busy clinics
- Prompt follow up / post op

OR Utilization

- Transparency with data
- Block utilization
- Costs
- Readmission



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MD Productivity

- What type of practice does the provider want? Does it fit?
- Must provide the protected time
 - Acquire funding
 - Adjust clinical productivity expectation



Resident Education

Meeting /
Networking timeResearch / Academic
interests

Administrative tasks



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Access: Physician Education

Understanding the goals

- Access goals
- How to meet patient satisfaction goals
 - Medicare 5 star questions
 - Press Ganey

Efficiency

- EMR education to boost clinic efficiency
- Pairing with IT-feedback

Hospital resources

- Who's available to help?
- Maximizing our network
 - I.e. Nutrition, smoking cessation, etc

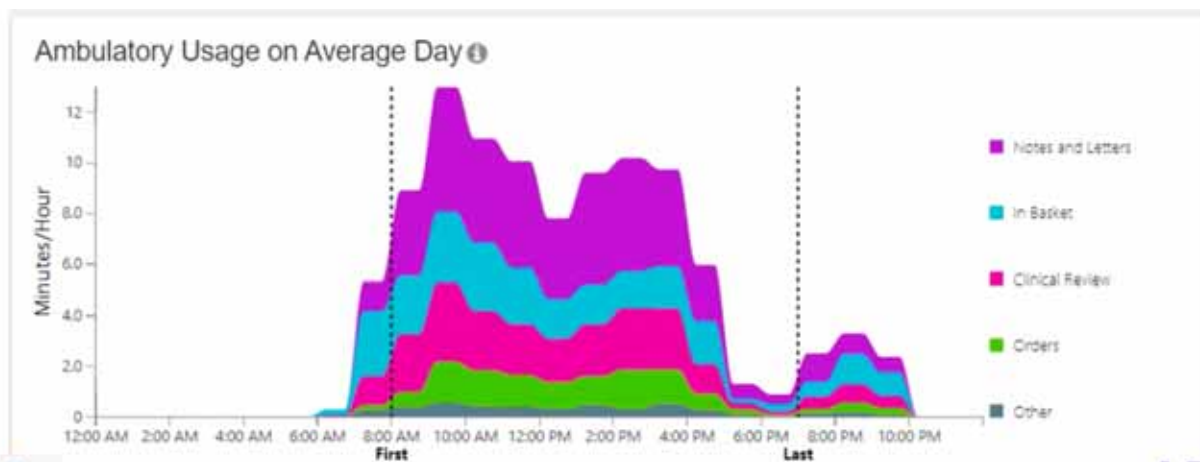
Feedback

- Frequent/ real time feedback about how we're doing
- Dashboard productivity data and patient surveys



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Benefit of Real-time feedback / data

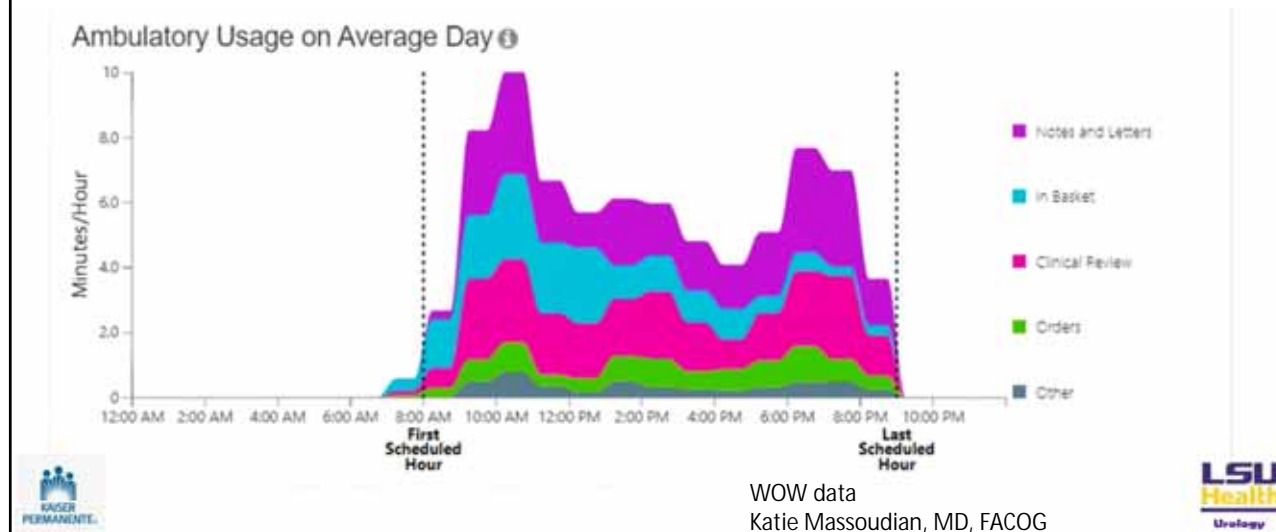


WOW data
Katie Massoudian, MD, FACOG



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Benefit of Real-time feedback / data



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Access: Incentives for Productivity



Pay for Performance

Increase base pay for increased number of patients



Incentives for teaching



Med Students / Sub-Is / Medicine residents and fellows take time from clinic – to encourage engagement



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Access: Physician support teams



Identify needs for each MD	Back office staff	Ancillary staff	Utilizing APPs
<ul style="list-style-type: none"> • Dedicated RN / LVN • Improve clinic flow and efficiency • Provide tailored patient educational resources 	<ul style="list-style-type: none"> • Dedicated staff with defined roles • Messaging, scheduling, results • Nursing clinic for non-MD tasks 	<ul style="list-style-type: none"> • Care coordinators (ie. Stoma nurses, support groups, survivorship, educational clinics) • Pre op Clinics • Patient Education 	<ul style="list-style-type: none"> • Helps with Access • Enhances Specialty clinics

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Access: Clinic Metrics

Variables	Action Items
<ul style="list-style-type: none"> • Space + Room Allocation • Overall % room utilization <ul style="list-style-type: none"> • Avg room time / encounter by provider • Procedural utilization by provider (?flex time) • "Encounters" by hour / day <ul style="list-style-type: none"> • Calls • Check-in and check-out • Visits • Procedures • Expenses by providers 	<ul style="list-style-type: none"> • Shifting of fixed resources by time of day • Maximize room utilization • Identify scheduling procedural gaps <ul style="list-style-type: none"> • More procedure time for higher volume • Decrease expenses via cost comparison • Identify opportunity for APP's

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Phone Stats

Phones are the largest source of frustration for many practices – both Provider and patients

Phone Stats	Action Items
<ul style="list-style-type: none"> • Total calls by day, total calls by hour • Dropped calls, avg wait time • Calls by person: Avg time on call, call completion rate, time of call • Patient surveys post call 	<ul style="list-style-type: none"> • Identify call volume “surges” – allocate resources (within clinic or from remote) • Verify adequate staffing numbers • Identify strongest performers on phone – prioritize these employees, ? alternate environment • Monitor wait hours / call drops – incentivize improvements

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Telehealth and Digital Health

Portal Management	Digital Check in	Postoperative follow-up	Telemedicine Visits
<ul style="list-style-type: none"> • Embrace it! • Med-recs and other check in processes online in advance of visit • Lab follow-up – develop a routine of portal reporting if possible • Appt scheduling – saves phone calls 	<ul style="list-style-type: none"> • Kiosks and other methods have facilitated this process. 	<ul style="list-style-type: none"> • Routine • Nursing or MD /resident • Can reduce urgent care / ER visits • Boosts satisfaction 	<ul style="list-style-type: none"> • Facilitates Regional reach

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Empower your patients!

Education and Resources

Discharge planning and instructions

Communication with Care team / Clinic Cancellations

Ability to arrange follow up

Ability to provide feedback



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HCAHPS Survey

*Hospital Consumer Assessment of Healthcare Providers and Systems

29 items: 19 items regarding critical aspects of the hospital experience

- Communication with nurses
- Cleanliness of hospital
- Communication with doctors
- Quietness of hospital
- Response of hospital staff
- Overall rating
- Communication about medicines
- Overall recommendation
- DC information



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Access Improvement: Results

- Increased Productivity
 - Fixed costs largely the same, thus margins increase exponentially
- Improved patient satisfaction
- Improved HCAPS
 - Part of access is transition of hospital care and scheduling of follow-up care
- Rankings: "Can't Hurt"



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Harvard Medical School Joins Boycott of U.S. News Rankings

Last fall, the university's law school joined other top programs in dropping out of the magazine's annual list. The medical school's dean said the rankings "cannot meaningfully reflect" the school's goals.

Give this article



Harvard Medical School, in Boston, is dropping out of U.S. News & World Report's ranking of top programs. Brian Snyder/Reuters



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Investing in our Residents

- Residents are CRITICAL in our care delivery
- Resident-run clinics
- Involving residents in faculty clinics
- HCAHPS - more reflective of trainees than faculty

Kaiser Permanente

LSU Health
Urology

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The "value" of Education

Incentives for resident teaching

Rankings / Reputation are directly related to research

Need for available and engaged faculty

Protected time for conferences (near and far)



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Enhancing resident education

Align their priorities with those of the faculty

Residents should be aware of institutional metrics / pressures

Quality review / Survey results / Conflict Resolution

Improving patient care experience is all of our responsibilities

They will have to do all of this one day too!!



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In an Ideal World...



Faculty get...

Support to improve access
 Innovative ways to manage and run
 clinic
 Ample operative time
 Tools to boost patient satisfaction
 Dedicated time for education /
 Academic interests
 Wellness



Residents get...

Faculty available and engaged
 during didactic sessions
 Prompt, timely, thorough feedback
 Faculty mentorship
 Time for teaching in clinic and in
 the OR



Programs get...

Recognition and accolades
 Research funding + resources
 High rankings
 Recruitment of exceptional residents
 and faculty



And Patients get ----> High Quality Care



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Real world examples

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Problem – Lack of transition in post-DC care

- Patient surveys post-discharge revealed difficulties in getting appointments scheduled
- Residents and extenders writing "RTC orders"
- Orders and tests not being appropriately scheduled
- Patients having delays getting follow-up care scheduled
 - Nurse delay in getting information
 - Lack of communication from attending to clinical teams

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Solutions

- Messaging system from hospital to office of provider and nurse / coordinator
- MD's given scheduling access through EPIC with override capability
- Hospital site performs authorization for f/u diagnostic procedures.
- Care teams emphasize med reconciliations with patients upon DC.
- Care team performs transition follow-up with DC patients

*MD able to override and book into full templates
 Outpatient diagnostics scheduled prior to DC
 Patient satisfaction scores improved in category*

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Problem – Lack of timely communication

- Patient complaints
 - call backs
 - Inability to schedule appointments
 - Lack of timely result communication

- Provider complaints
 - Increasing no-shows
 - Less appointments in scheduled time compared to other sites
 - Fielding more complaints

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Phone stats – by hour

Queue by Hour Report

Date: 06/20/2022

Queue : 10 Name: Q10 (412-1200)

Time Start	Total Calls Off'd	Total Calls Ans'd	Ans by 1st	Ans by 2nd	Ans by 3rd	Ans by 4th	TTA Avg Secs	Call Duration Total h:mm:ss	Avg Secs	Total Long Aband	TTAb Avg Secs	Total Short Aband	Sh Ab Avg Secs	Total Calls Inter	TTInt Avg Secs	TSF %	ASF %	Avg Avail. Agents
07:00	3	0	0	0	0	0	0	0:00:00	0	0	0	0	0	3	49	33.33	0.00	5.00
08:00	24	11	11	0	0	0	154	0:41:16	225	5	112	0	0	8	43	37.50	68.75	5.00
09:00	15	14	14	0	0	0	68	1:06:36	285	0	0	0	0	1	238	60.00	100.00	5.00
10:00	31	19	16	3	0	0	115	1:07:02	212	5	133	5	20	2	151	32.26	79.17	5.00
11:00	23	19	19	0	0	0	54	1:11:39	226	3	111	1	12	0	0	52.17	86.36	5.00
12:00	0	0	0	2	0	0	14	0:43:23	325	0	0	0	0	0	0	100.00	100.00	5.00
13:00	18	13	13	0	0	0	61	0:49:37	229	3	69	2	21	0	0	55.56	81.25	5.00
14:00	13	8	7	1	0	0	189	0:44:31	334	3	210	1	29	1	442	23.08	72.73	5.00
15:00	21	7	6	1	0	0	532	0:30:19	260	9	251	2	16	3	205	19.05	43.75	5.00
16:00	5	5	5	0	0	0	31	0:28:56	347	0	0	0	0	0	0	80.00	100.00	5.00
17:00	0	0	0	0	0	0	0	0:00:00	0	0	0	0	0	0	0	0.00	0.00	5.00
Totals	161	104	97	7	0	0	117	7:23:19	256	28	166	11	20	18	116	43.48	78.79	5.00

Abandonment rate = 35.4%

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Analysis and solutions

- Employee allocation to phones not accurate (was actually 3)
- Identified problematic hours, largely mid day.
- Identified stronger phone performers via individual stats

- Increased actual staff numbers to phone each day
- Encouraged patient usage of portal
- Shifted employees based on operational strengths

Increased patient portal activity
Abandonment rate <10%
Increased patient / provider satisfaction