



CASE STUDY

High-Impact Ambulatory Operations

A highly reliable and efficient ambulatory operations model is a critical dimension of transforming care to increase quality, reduce costs and improve patient and provider experience in today's healthcare environment. Leading provider organizations are developing capabilities to support a seamless, system-wide approach to interacting and communicating with patients beyond an episode or appointment; providing timely and convenient access to services and information across the continuum; and helping patients navigate to the right services for their care needs and preferences. This "next generation" performance supports growth and retention, optimal use of capital, cost-effectiveness and patient engagement – all of which are critical in both traditional payment models and the evolving value-based environment.

The following case study highlights one organization's journey to advance ambulatory operations performance, achieving a **22% increase in ambulatory visit volumes** and **20th percentile improvement in CAHPS "access to care" scores**.

Background

The University of Alabama Health Services Foundation (UAHSF) is a 950-plus, multi-specialty physician practice serving over 1.2 million patients per year. The Kirklin Clinic, its primary ambulatory care site, is one of the busiest outpatient centers in the U.S. With more than 250 exam rooms, Kirklin is a state-of-the-art facility with more than 600 physicians in 35 specialties serving more than 2,000 patients per day.

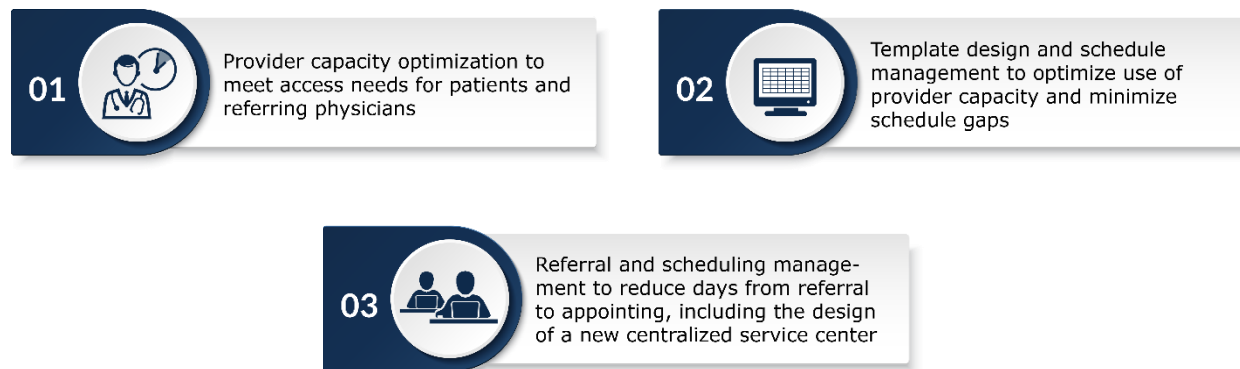
UAHSF leadership partnered with The Chartis Group (Chartis) to identify and

Recognizing the strategic importance of optimizing ambulatory access, leadership of UAHSF partnered with The Chartis Group to identify and implement strategies to meet patient and referring physician requirements for access to primary and specialty care, and to support Department and system financial and service objectives.

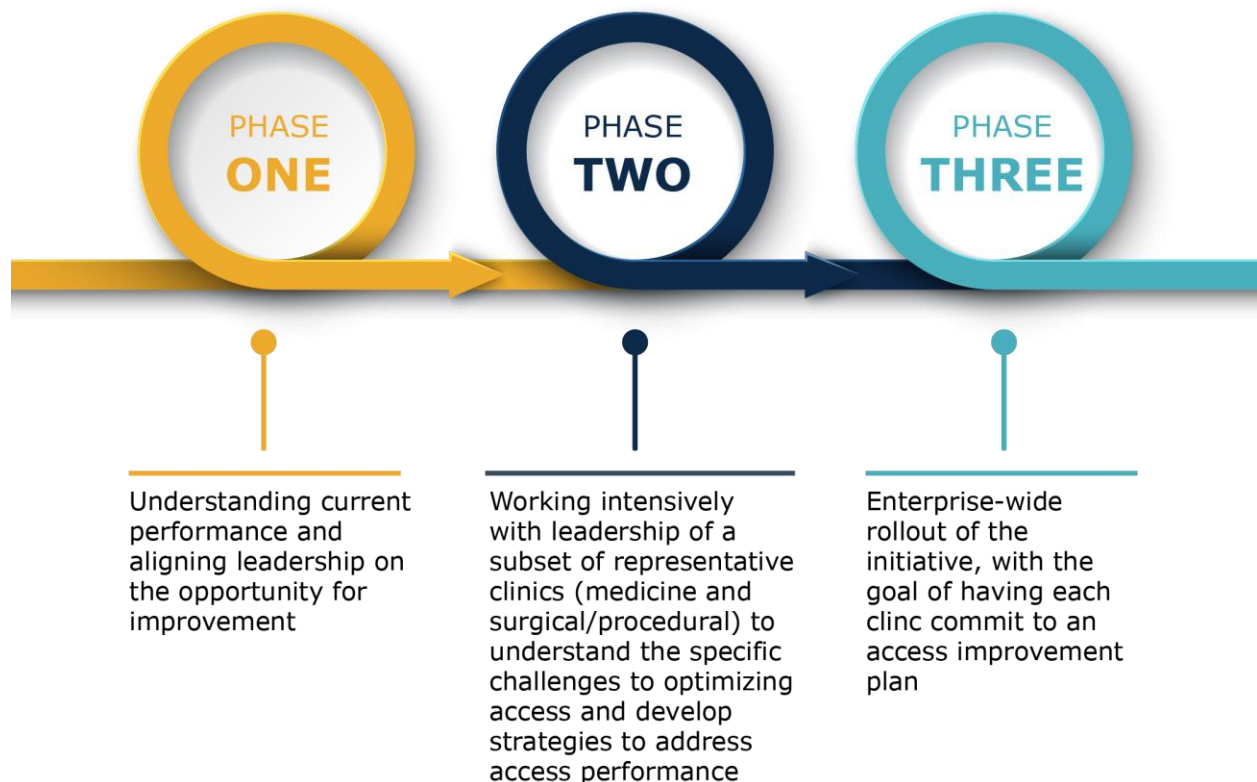
implement strategies to meet patient and referring physician requirements for access to primary and specialty care as well as support department and system financial and service objectives. The project focused on the design of a centralized service center as well as department-specific customizations to ensure appropriate utilization of provider capacity.

Approach

UAHSF and Chartis worked together over a nine-month period to align senior leadership around expectations, understand baseline performance, and develop and implement solutions. The approach to access improvement focused on three key levers:



The work was organized into three phases, as outlined below:



In addition, clinical and administrative leaders worked together to develop a centralized service center to improve the reliability of referral management, appointing and other patient calls, and to improve service to patients and referring physicians. At the onset of the project, patient call management was decentralized to the department and in some cases down to the practice level. As a result, it was very important for clinical and administrative leaders to achieve alignment around the objectives and benefits of a more consistent, centralized approach. Extensive discussions were facilitated to review concerns, share data on current performance and outline the merits of a new approach to handling patient calls. A detailed business plan was developed that outlined all major dimensions of the centralized service center model including performance standards, staffing – including roles, recruitment, and levels – management structure, quality assurance process and stakeholder engagement.

Strategy at Work

UAHSF leadership implemented several key strategies to improve access:

- 1.** A design for a new centralized service center was approved and has since been implemented. It is performing ahead of schedule in terms of practice transitions and performance levels. The detailed design plan included components such as service center configuration, role and workflow requirements, staffing approach, use of technology, governance and management model, pricing and service contract model, and performance measurement, among others.
- 2.** A set of access standards were adopted for all departments. They included:
 - a. Establishing annual session count expectations by provider to quantify and manage provider capacity.
 - b. Setting standard clinic session lengths to a minimum of three and a half hours with a preference of four hours.
 - c. Creating a policy that requires bumped appointments be rescheduled within two weeks of the original appointment dates.
 - d. Creating a policy requiring direct patient or family involvement in scheduling.
 - e. Developing a set of template design principles and a standard process for creating new or modifying existing provider templates.
- 3.** An Access Dashboard was developed and implemented to be routinely reviewed by the UAHSF Ambulatory Governance Council and Executive Committee.
- 4.** Standard role descriptions were created for all clinic care team members.
- 5.** A standard template for an access improvement plan was created and implemented across all departments.

Impact

As a result of this work, UAHSF has achieved:

- **22%** increase in patient volumes;
- **20th percentile** improvement in CAHPS “access to care” scores;
- **22%** reduction in bumps, cancellations and no shows;
- **68%** reduction in average speed to call pick-up; and
- **36%** reduction in call abandonment rate.

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