Improving Patient Access to Health Care

Julie Kallies
VP Revenue Cycle, Patient Services

2016 Mega Conference
January 21, 2016
Aurora At A Glance

• Private, not-for-profit, integrated health care provider
• Head quarters in Milwaukee, WI
• Largest employer in the state
  – 30,000 employees
  – 1,500+ employed physicians
• 7.8 million patient encounters
  – More then 1.2 million unique patients
  – Serving 90 communities in 31 counties
Improving Patient Access to Quality Health Care

Our Patient’s definition of Access

• Care is available
• Care is appropriate
• Care is affordable

Overall objective today

• Share Innovative Solutions
  • Specific ways to improve patient access
  • Costs, benefits, barriers and joys in this journey
# The Transformation of Patient Access

<table>
<thead>
<tr>
<th>From</th>
<th>To</th>
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<tbody>
<tr>
<td>&quot;Built for Us&quot; Delivery Model</td>
<td>&quot;Built for the Patient&quot; Delivery Model</td>
</tr>
<tr>
<td>Controlled Appointment Scheduling</td>
<td>Open Access Scheduling</td>
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<tr>
<td></td>
<td>- Right care, at the right time, at the right place</td>
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<tr>
<td>Single Access Point for Service</td>
<td>Multi Channel access</td>
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<tr>
<td></td>
<td>- Telehealth – Retail Health – Self Monitoring – Mobile</td>
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<tr>
<td>Traditional Revenue Cycle Approach to Collect Payment</td>
<td>Financially Clear patients before scheduling</td>
</tr>
<tr>
<td></td>
<td>• Providing education on insurance benefits, limits &amp; patient financial responsibility</td>
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<tr>
<td>Limited business service hours</td>
<td>24x7 Business service hours</td>
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<tr>
<td></td>
<td>- Online and mobile applications – Self help</td>
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The “Business” of Healthcare

Goal: Engage the patient in the “Business” of Healthcare providing education and information about their health care costs and financial liability. Provide tools to enable patients to pay for their services using their preferred method.

Financial advocates are reaching out to patients with scheduled events

- Uninsured: Screen for Eligibility for Insurance, Programs, or Aurora’s charity care
- Insured: Educate patients on their insurance benefits
- Discuss financial obligation, repayment or down payment requirements

All caregivers in the PreService roles address financial obligations with our Patients

Continuously improve Patient self help tools

“Empower me to easily do my financial business with Aurora.”

“Personalize the experience for me.”

“Give me easy access.”
Improving Patient Access to Quality Health Care

Panel Discussion
Improving Patient Access in the Ambulatory Setting
A Success Story

Denise Zang, MBA, FACMPE

2016 Mega Conference
January 21, 2016
Objectives

– Understand the process developed for reducing the access wait times associated with an outpatient clinic
– Learn the volume implications of improving patient access in the outpatient setting
– Learn the financial advantages that affect the clinic and surround ancillary services
Background of CVM Division (2012)

35 Physicians, 23.09 clinical FTE equivalent
- 8 Invasive
  - 5 intervention, 3 Electrophysiology
- 30 Non-Invasive
  - 4 heart failure, 2 Gen IM, 21 general cardiology
- 123,951 wRVU

8 Advance Practice Providers
- 2 Heart Failure, 2 inpatient consult service, 2 cath lab, 1 EP lab, 1 outpatient
Faculty by Rank

<table>
<thead>
<tr>
<th>Year</th>
<th>Professor</th>
<th>Associate Professor</th>
<th>Assistant Professor</th>
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<tr>
<td>2010</td>
<td>10</td>
<td>17</td>
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<td>22</td>
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<tr>
<td>2015</td>
<td>8</td>
<td>13</td>
<td>20</td>
</tr>
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FY
Background of CVM Division

- Outpatient Locations
  - 4 in Madison
  - 10 in the Region
- UW Hospital
- William S. Middleton Veterans Hospital
- Meriter Hospital
- Watertown Regional Medical Center
Background of Access Problem

- New patients - next available appointment averaged 8 weeks in July 2012
- Return patients – total recall backlog was nearly 600 patients
- Physicians choose to add patients based on their time and clinic space availability
- Physician morale was at a low point
- Clinic flow often slow due to many obstacles
Background of Access Problem

Patient Satisfaction Survey question:
Appointment available when needed
FY11, Q2
Methods of Innovation – Fiscal Year 2013

• Financial Incentive instituted
• Assessment against clinical revenue
  – $50 per new patient paid to physicians up to maximum of 50% of template
• Reduced wait time to 3.2 weeks
Methods of Innovation – Fiscal Year 2014

- All new patients seen by physicians
- NPs see follow up patients and return phone calls
Methods of Innovation – Fiscal Year 2015

• Morning team huddle
  – Physician, NP, MA, RN
  – Schedule modifications managed
  – Medical record review to determine any diagnostics needed
  – Opportunity for add-ons
  – Address potential patient flow problems
AVATAR - Available for Appointment when Needed - Strongly Agree
4 - Quarter Moving Average by Location

Overall  Central  East  West  Park St

<table>
<thead>
<tr>
<th>Year</th>
<th>Overall</th>
<th>Central</th>
<th>East</th>
<th>West</th>
<th>Park St</th>
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<tr>
<td>11</td>
<td>79.3%</td>
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<td>12</td>
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<td>15</td>
<td>81.3%</td>
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<td>16</td>
<td>80.0%</td>
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<tr>
<td>17</td>
<td>82.1%</td>
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Target: 79.0%
Outpatient Clinical Visits/Room
Room Utilization and Capacity
FY-11 thru FY-15
*Annualized

Min

Max

Central

West

East

<table>
<thead>
<tr>
<th>FY11</th>
<th>FY12</th>
<th>FY13</th>
<th>FY14</th>
<th>FY15*</th>
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<tr>
<td>1119</td>
<td>1203</td>
<td>1355</td>
<td>1350</td>
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<td>542</td>
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<td>501</td>
<td>1069</td>
<td>1305</td>
</tr>
<tr>
<td>570</td>
<td>584</td>
<td>705</td>
<td>1361</td>
<td>1361</td>
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Downstream Revenue Growth by Fiscal Years 2012 - 2015

- 2012: Base
- 2013: Base
- 2014: Base
- 2015: Base

Growth Rates:
- 2012: 21.96%
- 2013: 21.96%
- 2014: 76.71%
- 2015: 135.03%
The American Center
Patient- and family-centered care

- Include patients and families in design of the facility
- Ensure model includes patients and families as care team members
- Coordinate multiple disciplines and modalities in one-stop experience for patients

Quality

- Provide state of the art care that meets or exceeds quality benchmarks
- Ensure coordination and smooth transitions of care – within The American Center and from/to other settings

Environmentally responsible, patient-centered physical spaces

- LEED certified (Leadership in Energy and Environmental Design)
- Welcoming, easy to navigate environment, designed around patient needs
- Staff input to facilitate efficient workflows
- Interiors to promote a healing environment

Financial Health

- Best-in-class cost per unit of treatment
- Planning and construction on time and within budget
- Community hospital cost benchmarks
Current State Fishbone

Ambulatory Specialty Clinics Current State Fishbone Diagram

KEY
- METHOD
- MACHINES
- MATERIALS
- MANPOWER

Appt requested via call, fax, MyChart, referral or Inbasket
Triage
Guidelines
Gather & abstract records
Insurance approval
Assess mobility
Review provider template & assess other appts
Review uninsured

Scheduling
- Language Line
- Paper
- Fax
- Telex
- Kiosk
- Appt letter reminder
- Questionnaires
- Consents
- HHFY
- POI
- Orientation Materials

Check-In
- Scheduler
- Lab Reception
- Central Registration
- Ortho, Onc, Other Separate Reg

Rooming
- Bladder scanner
- Computer
- Electronic tablet
- Vital signs monitor
- Pulse Ox
- Scale (wheelchair & regular)
- O2 Sat monitor
- EKG

Follow-Up
- Communicate results
- Lab letters
- Review results
- Schedule surgery
- After visit review
- MyChart messages
- Huddle/team meeting
- Re-order supplies
- Cell PDP
- Prior auth for meds
- Pre-authorization call backs
- Order medications
- Coordinate with home care
- Order labs
- Place referrals
- Template changes
- MyChart
- Cancellations
- No-show letters
- Med record collection
- ?? action

Pre Registration
- Electronic insurance
- Referral reminder call
- HCCMA referrals
- Safe light system
- (for desk availability)
- Kiosk
- Palm scanner
- Update/verify info
- Co-pay collection
- Signature deposits
- Financial forms
- Wayfinding

Diagnostic Testing
- Finance Resp Form
- New Pt Packet
- ROI
- MyChart materials
- Notices of privacy
- Registrar admissions

Registration
- Provider or nurse
- Registrar admissions (Prior Auth)

Visit
- Obedry
- Care management
- (community & workers comp)
- Resident/fellow
- Med students
- Health psych
- Social work
- Nutrition
- Pharmacy

Check Out
- Scheduler
- MA
- RN
- Specialty Scheduler
- Surgery scheduler
7 Ways Pull Down
0.5” Scale Model

Color Key
Clinical Areas
- IT
Support Areas
- Utility
- Restrooms
7 Flows of Medicine

Color Key
1. Patient
2. Staff
3. Medication
4. Supplies
5. Equipment
6. Information
7. Process
Center Wing

- Clinic Exam Rooms
  - 1st floor: Specialty Clinics
    - Cardiology
    - Medical and Surgical Weight Management
    - Hernia
    - Urology
    - General Surgery
    - Neuro Spine
    - Plastic and Reconstructive Surgery
  - 2nd floor: Orthopedic Clinics, OrthoCare Now®, Radiology Suite

- Faculty offices
Cardiology Rooms

- 11 patient rooms with room expansion/retraction
- 1 stress echo room
- 2 transthoracic echo rooms
- 1 echo MD reading room
- Tilt table testing

- Cardiac rehab is part of the Wellness Center
Unique & State of the Art

– All rooms are bariatric accessible
– Each patient room has a patient door and professional door
– Care collaboration areas, completely hidden from patients
– Flexibility to work collaboratively or in private
– Opportunity to collaborate with bariatric surgery program
Prior Home
Vision

• Focus on patient wait times
• Preserve provider & patient face-to-face time
• Eliminate inefficiencies & waste
  – Motion
  – Waiting
  – Over Processing
  – Defects
  – Transportation
  – Inventory
  – Overproduction
• Monitor patient satisfaction
Instituting Change

• Work on one MD at a time
• Every day, “what can we do better?”
• Specialty RN/MD dyad
• Standardization of work
• LEAN is not an add-on to the workflow
• Visual communication
Thank you

• Annie Kelly, MD
• Matt Lemahieu, MBA
• Deborah Barnish, RN, MSN
• Jamie Key, MBA
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Improving Workforce Access to Health Care

WORKPLACE HEALTH: SUPPORTING EMPLOYEES’ PURSUIT FOR HEALTH

Jessica Raddemann, Executive Director
To help my employees live well, I will...

**learn**
- **GET CERTIFIED**
  - Earn WELCOA Faculty status and become a certified wellness practitioner – for free!
- **GROW MY CAREER**
  - Gain knowledge of best practices from industry experts, statewide programs, case studies, and more.
- **ATTEND THE CONFERENCE**
  - Engage with 600 professionals at the largest regional worksite wellness conference.

**connect**
- **BUILD MY NETWORK**
  - Connect with over 600 like-minded wellness professionals throughout the state.
- **ENGAGE WITH EXPERTS**
  - Complete the Checklist and receive consultation on WELCOA's patented Well Workplace Process.
- **BE SUPPORTED**
  - Join the Mentor and Ambassador programs to learn from experienced wellness practitioners.

**grow**
- **ADVANCE MY ORGANIZATION**
  - Use WELCOA's patented 7 Benchmark process to build a results-oriented wellness program.
- **ACHIEVE RECOGNITION**
  - Earn a national Well Workplace designation, join DISH, and participate in Light of Wellness awards.
- **IMPROVE MY COMMUNITY**
  - Join a Well City USA project to make an impact on your employees and your community.
Lifestyle of American Workers

☑ At least one quarter of American adults eat fast food every day.

☑ At 4:00 PM, three quarters of Americans have no idea what they’ll have for dinner.

☑ Average number of Americans killed annually by vending machines falling on them: 13.

☑ 30% of workers say they are unhappy with the amount of sleep they get.

☑ 76% say they feel tired most days at work.

☑ But 15% say they fall asleep in the office at least once a week.
The Significance of Lifestyle

- Like it or not, employers are in the healthcare business.
- Shift from economic strategies to lifestyle strategies.
- “…the only group to rally behind the need to improve lifestyle is employers.”
  – Steve Aldana, PhD
- If an employer is not focusing on lifestyle, they are not managing the major contributor to healthcare costs!
IMPROVING WORKFORCE ACCESS TO HEALTH CARE: SUPPORTING EMPLOYEES’ PURSUIT FOR HEALTH

✓ An organized, carefully designed, and properly implemented program

✓ Addresses both the major health concerns of your organization and your employees’ individual wellness needs and interests

✓ Activity-Centered versus Results-Oriented

✓ Includes a number of common elements inherent in successful health promotion initiatives
Seven Benchmarks

1. Capture Senior Level Support
2. Create a Cohesive Team
3. Collect Data
4. Craft an Operating Plan
5. Choose Appropriate Interventions
6. Create Supportive Environments
7. Carefully Evaluate Outcomes
50% +
of small employers offer some type of health and wellness program. Among large employers, 60 – 80%.

Disease management programs:
42% of small employers
80% of large employers

Health Assessments
36% of small employers
78% of large employers

Lifestyle Management Programs
35% of small employers
66% of large employers

90% physical activity
86% nutrition
77% preventive care
75% stress management
68% tobacco cessation

Onsite clinics are offered at 29% of organizations with 5,000 employees.*

*2014 Mercer’s National Survey of Employer Sponsored Health Plans
Workplace Health Benefits

★ Reduce major health expenditures
★ Improve productivity
★ Improve recruitment and retention
★ Improve employee moral
★ Reduce sick leave/absenteeism
★ Reduce workers’ compensation
★ Reduce injury experience

Source: Aon Hewitt 2014 Consumer Health Mindset Study
Seven Benchmarks

1. Capture Senior Level Support
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5. Choose Appropriate Interventions
6. Create Supportive Environments
7. Carefully Evaluate Outcomes
Benchmark #3

Collecting Data to Drive Health Efforts

- Personal Health Assessments or Health Risk Assessments
- Biometric Screenings
- Fitness Tests
Segmenting by Risk Status

- **30%** Low Risk: 0-1 Risks
- **50%** Moderate Risk: 2-3 Risks
- **20%** Low Risk: 4-6+ Risks
Big Idea!

✓ By collecting data from these three sources, you will know:

• what your organization needs,
• what your employees want, and
• how act along the way.
Choosing Appropriate Interventions

- Lifestyle Management: Awareness, Education, Behavior change
- Disease Management
- Consumerism
- Onsite or Telephonic Health Coaches
- Flu Shots
- Telehealth
- Onsite Clinics
- Onsite Pharmacies
Benchmark #6

Creating a Supportive Environment

✓ Policy
✓ Benefit Design
✓ Environmental Engineering
✓ Relaxation | Meditation Rooms
✓ Fitness Center | Activity Space
IMPROVING WORKFORCE ACCESS TO HEALTH CARE: SUPPORTING EMPLOYEES’ PURSUIT FOR

“*I know I play a big part in my own health.*”

**Actions That Lead to Good Health** (rank 1, 2 or 3)

- **Making smart health choices in my daily life**
  - 2011: 85%
  - 2012: 83%
  - 2013: 79%

- **Getting regular preventive care**
  - 2011: 58%
  - 2012: 59%
  - 2013: 68%

- **Living and/or working in a healthy environment**
  - 2011: 40%
  - 2012: 40%
  - 2013: 42%

- **Having a positive attitude**
  - 2011: 23%
  - 2012: 43%
  - 2013: 41%

- **Having good genes**
  - 2011: 34%
  - 2012: 38%
  - 2013: 32%

- **Having enough money to pay for all the care I need to stay healthy**
  - 2011: 22%
  - 2012: 21%
  - 2013: 26%

- **Having good doctors**
  - 2011: 27%
  - 2012: 18%
  - 2013: 21%

**Source:** Aon Hewitt 2014 Consumer Health Mindset Study
Wellness Council of Wisconsin

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262-696-3655

www.wellnesscouncilwi.org

Wellness Council
Improving Health to Empower Business
UW Health Telehealth

The utilization of innovative technology to collaborate with health care teams, patients, and families regardless of physical distance, advancing health in Wisconsin and beyond.

Bree McGrath
Sr. Telehealth Coordinator

UW Health
Madison, WI
UW Health

Academic health center of University of Wisconsin

- UW School of Medicine and Public Health
- UW Hospital and Clinics
- UW Medical Foundation
- American Family Children’s Hospital
- UW Carbone Cancer Center
- 51 Clinical Locations in South Central Wisconsin
- Unity Health Insurance
- The American Center
Telehealth

Telehealth is a broad term for remote healthcare that includes both clinical and non-clinical services. Digital technologies are used for bridging users together across separate locations for the delivery of medical care, health education, or public health services.
Telehealth Services

**Real Time**

**VISIT**
An outpatient video interaction between a patient and a remote-provider who is located at an office, clinic, or other qualifying location.

Equipment:
- Camera, Microphone
- Vidyo Application

**CONSULT**
A video interaction between a patient and remote-provider initiated at the request of another provider to recommend care for a specific condition or problem.

Equipment:
- Camera, Mic, Telemedicine Cart
- Vidyo Application

**CASE MANAGEMENT**
A video collaboration process that facilitates recommended treatment plans to ensure that the appropriate medical care is provided to the patient.

Equipment:
- Camera Mic, Telemedicine Cart
- Vidyo Application E

**Non-Real Time**

**VISIT**
An online interaction between a patient and a health care provider using a system that supports the secure exchange of health care information (i.e. MyChart).

Equipment:
- PC/Mobile Device

**CONSULT**
An online interaction between providers to recommend care for a specific condition or problem using a system that supports the secure exchange of health care information.

Equipment:
- PACs, EMR, Lifelmage, Fax, Citrix, VPN

**CASE MANAGEMENT**
A HIPAA compliant online collaboration process that facilitates recommended treatment plans to ensure that the appropriate medical care is provided to the patient.

Equipment:
- Smartphone, tablets, VPNs
Why Telemedicine?

- Keeps patients and family in local community
- Less travel and time away home/work/school for patients
- Increase access & patient satisfaction
- Avoid unnecessary transfers
- Improve outcomes through real-time collaboration
- Enhance clinician recruitment and retention
- Increase utilization and revenue of ancillary services
Projects Implemented to Help Improve Access to Speciality Care

- Video Consults
- eVisits
- Telestroke
Video Consults

- Live two-way video consults to patients located at facilities other than UW Health University Hospital.
Video Consult Success

- Avoiding transfers – Increasing bed access at University Hospital
- High patient satisfaction
- Provider productivity
- Increasing experience with new care delivery method
Specialty e-Visits

- Dermatology and Rheumatology
e-Visits-Rheumatoid Arthritis

• Rheumatoid Arthritis – Single most common reason for visits to UW Health Rheumatology Clinics.

• Projected that 15-25% patient population would qualify for Rheumatology RA eVisit, reducing the frequency for in person clinic visits by 50%.
e-Visit-Dermatology Changing Lesion

• Shortage of Dermatologist has a negative impact on patient outcomes and satisfaction due to delayed intervention and accessibility of clinic appointments. ~ Year long wait for appointment.

• With the proliferation of smart phone cameras, the exchange of dermatology images between patients and provider, has provided an opportunity to offer the same quality of care in a significantly more efficient manner.
e-Visit Success

• Access for new patients
• Patient and provider satisfaction
• Patient portal utilization
Telestroke

- First telestroke program in Wisconsin
- Start of service March 2009
- Connects with 7 regional ERs
- UW Health Comprehensive Stroke Program
- Fellowship trained stroke neurologists
- tPA recommended in 20.2% of cases
- Transfer recommended in 22% of cases
Questions