UNIVERSITY OF CALIFORNIA, DAVIS
AUDIT AND MANAGEMENT ADVISORY SERVICES

UC Davis Health Scheduling
Audit & Management Advisory Services Project #19-20

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MANAGEMENT SUMMARY

Background

As part of the fiscal year (FY) 2019 audit plan, AMAS reviewed processes for scheduling outpatient appointments at UC Davis Health.

UC Davis Health clinics include academic clinics largely located on the Sacramento campus; network clinics located throughout Sacramento, Yolo, and Placer counties; and clinics associated with Centers of Excellence including the Transplant Center and the Cancer Center.

In FY 2018, there were approximately 194,000 new patient referrals to UC Davis Health clinics. The majority of the referrals, approximately 80%, were to academic clinics. Additionally, approximately 23% of the total referrals were from external providers while 77% were from providers within UC Davis Health.

The management for Academic, Network, and Center Clinics monitor clinics' efficiency in scheduling. They measure the number of days between when referrals are received, when new patients are contacted, scheduled, and appointed. The results are compared with goals listed on an internal dashboard and in the UC Davis Health Ambulatory Care Practice Standards, which are: first contact within three days, appointment scheduled within five days, and patient seen within 14 days. The units also receive quarterly reports from Vizient, an industry consortium that produces nationally recognized benchmarks. These reports track UC Davis Health's results and benchmark them against similar academic medical centers. In FY 2018, the overall results for UC Davis Health's clinics were as follows:

Overall		
Metric	Goal	% Goal Met
First Contact	<=3 days	68%
Scheduled	<=5 days	60%
Appointment	<=14 days	45%

The units are cooperating in an effort to centralize access to appointments for both patients and referring physicians, with the goal of overcoming some of the roadblocks to timely care. Under this model, a central unit will process referrals and schedule appointments for all clinics.

Purpose and Scope

The purpose of this audit was to assess the efficiency and effectiveness of practices for patient scheduling at UC Davis Health. In order to accomplish this we reviewed data on referrals and scheduling as well as data from Vizient. We also interviewed key executives from Academic Clinics and Network and Affiliates Clinics and the Practice Management Board, and discussed scheduling procedures and policies with the Physician Referral Center, Centralized Access Unit (PRC) and appropriate staff from a selection of clinics.

The timeframe under review was FY 2018.

<u>**Conclusion**</u>

The Academic Clinics and Network and Affiliates Clinics units should be commended for their efforts to improve patient access and satisfaction. We found that they actively monitor the performance of the clinics and physicians, and benchmark themselves against like institutions. Their plan to centralize access is expected to improve the experiences of patients and referring physicians.

We also identified systemic problems that create unnecessary delays in scheduling. These must be addressed if a move to a centralized model is to succeed: the records that accompany referrals are often incomplete; physicians' availability may not be aligned with patients' needs; and a best practice for assessing referrals procedures has not been adopted.

Management Action Matrix

Reference	Brief Observation	Management Action	Point of Contact	Dean/VC	Due Date
19-20.A.1	The EMR referral and Referral Intake should be reviewed and optimized to capture the necessary information without undue burden on the referring providers.	The Academic, Network, and Center Clinics unit will request from all clinics a list of requirements for a referral to their clinics.	Mike Condrin Megan Lunsford	David Lubarsky	4/15/2019
19-20.A.2	The EMR referral and Referral Intake should be reviewed and optimized to capture the necessary information without undue burden on the referring providers.	The Academic and Network leadership will collaborate with IT and Health Information Management (HIM) to develop a plan to update the referral guidelines by specialty and make them easily accessible to all referring physicians.	Mike Condrin Megan Lunsford	David Lubarsky	7/15/2019
19-20.B.1	The Academic Clinics should standardize template design for each specialty.	The Academic Clinics will update provider templates to match specialty specific Vizient / FPSC new patient ratio benchmarks to increase new patient appointment availability.	Mike Condrin Megan Lunsford	David Lubarsky	7/15/2019
19-20.C.1	The Academic Clinics unit should develop reports to be used by clinics and departments to measure triage days.	The Academic Clinics unit will create a report on triage days which will be made available to Clinic, Practice Management, and Department leadership so they can monitor changes in average triage days in their clinics.	Mike Condrin Megan Lunsford	David Lubarsky	4/15/2019
19-20.C.2	The Academic Clinics unit should use the report to identify clinics with extended triage times and assist those clinics with modifying their triage process, including expanding the role of MOSCs and the potential use of EPIC decision trees.	The Academic Clinics in collaboration with the Practice Management Board, Network and Center Clinics, and IT will identify opportunities to expand the use of decision trees to assist with triaging by MOSCs.	Mike Condrin Megan Lunsford	David Lubarsky	4/15/2019

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<u>**Observations, Recommendations, and Management Actions**</u>

A. Delays caused by incomplete referrals

Referrals that are sent without sufficient information cause delays while staff contact referring physicians to obtain additional information.

Referrals for services come in to UC Davis Health clinics in a variety of ways. Referrals from internal providers are documented using a form in the Electronic Medical Record (EMR). The majority of external referrals come in through the Physician Referral Center, which gathers necessary information and completes the EMR form. Referrals can also be sent to the PRC from a clinic, or in some instances directly from the external provider to the clinic using the Referral Intake form available on the UC Davis Health website. Patient referrals frequently need to be accompanied by detailed information on the patient's condition, test results, or previous medical procedures to be successfully assessed and the patient scheduled on a timely basis.

The referral form in the EMR and the Referral Intake form do not specify what test results, medical records, or other information must be submitted before a referral can be assessed by a clinic. The necessary information varies by clinic and specialty. Instructions on what should be included for each clinic are provided on the UC Davis Health website, however much of this information is out of date and not easily accessible. As a result, many referrals arrive at clinics missing critical records.

This causes delays as staff must then contact a referring physician's or other external provider's office to obtain missing information before a referral can be assessed and an appointment scheduled. This impedes the clinics' efforts to meet the goal of scheduling patients within five days.

<u>Management Corrective Actions</u>

1) By 4/15/2019, the Academic, Network, and Center Clinics unit will request from all clinics a list of requirements for a referral to their clinics.

2) By 7/15/2019, the Academic and Network leadership will collaborate with IT and Health Information Management (HIM) to develop a plan to update the referral guidelines by specialty and make them easily accessible to all referring physicians.

B. Physician Templates

In academic clinics[1], complex scheduling rules set by faculty members increase appointment lead times and the difficulty of scheduling appointments.

When scheduling in the academic clinics, staff use physicians' templates – sets of rules established by physicians that establish the times at which they will see patients and the types of appointments they will offer. To schedule an appointment, schedulers must first identify open timeslots of the right visit type. In some clinics, restricted templates exacerbate already long wait times of up to several months.

Physicians in many academic clinics determine their own templates. These must be approved by their departments, though it was reported to us that Chairs generally accommodate physicians' preferences.

To treat patient populations effectively, academic clinics must use their available physician and staff time efficiently. Time-to-appointment goals cannot always be met when physicians restrict their schedules.

Management Corrective Actions

1) By 7/15/2019, the Academic Clinics will update provider templates to match specialty specific Vizient / FPSC new patient ratio benchmarks to increase new patient appointment availability.

C. Triage Waits

Lengthy triage processes can increase patients' wait times.

A clinic's first step after receiving a referral is to assess it for appropriateness. This process is referred to as "triaging." Both internal and external referrals must be triaged before a patient is contacted and an appointment scheduled. Internal referrals are reviewed for urgency and to determine whether treatment must be provided within a particular sub-specialty. External referrals are reviewed for these considerations, and to determine whether the clinic has the capacity to accept new patients.

In all academic clinics, some specialized decision making is required to determine the urgency of a condition and to identify a physician to which the referral should be assigned. Each clinic sets its own procedure. Some clinics successfully use clinic-trained Medical Office Service Coordinators (MOSCs) to perform all triage, while in others the triage is done by nurse managers or specialty physicians.

The average time to complete referral triage in FY 2018 varied by clinic from zero days to 15 days, with internal referrals spending less time in triage status than external referrals. The time spent in triage directly affects clinics' ability to meet Ambulatory Practice Standards for access to care. These require that referrals be triaged and patients contacted within three days, appointments be scheduled within five days, and patients be seen within 14 days.

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[1] Network clinics are generally staffed by non-faculty physicians, have less complex schedules, and use more standardized physician templates.

The reports that clinics and departments rely on to monitor performance against these standards do not list average days spent in triage. This prevents them from measuring the efficiency of their triage processes.

We compared practices and statistics from six clinics with large numbers of referrals and found a correlation between the type of staff performing triage and the time to complete triage, with clinics assigning triage to MOSCs averaging fewer triage days.

Management Corrective Actions

1) By 4/15/2019, the Academic Clinics unit will create a report on triage days which will be made available to Clinic, Practice Management, and Department leadership so they can monitor changes in average triage days in their clinics.

2) By 4/15/2019, the Academic Clinics in collaboration with the Practice Management Board, Network and Center Clinics, and IT will identify opportunities to expand the use of decision trees to assist with triaging by MOSCs.

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