Day 2: Disruptive Innovation in Healthcare

Key Learning: What will you apply to your job on Monday from your experience at SHS2015? #SHS2015 #SHSIInnovation
Project Landscape

Current State Analysis
- Data Gathering
- Process Mapping
- Root Cause Analysis
- Improvement Ideas

Improvement Design and Test
- Future State Process Design
- Tool & Technology Planning for Metrics
- Pilot Test

Roll Out and Sustainability
- Roll Out Plan
- Change Management
- Toolkit Creation for UW Health

FOCUS PDCA
Worst Specialty Performer
New Patient Appointment Seen within 30 Days UW Health Metric

Dermatology - % New Appts Completed

Highest performer=89%
Specialty clinic average=72%
Derm average=52%

Appointments scheduled within:
- 0-30 Days
- 30-60 Days
- 60 Days

Goal: Decrease time to appointment for new appointments to less than 30 days
**Project Aim:** Develop Process to Transition Patients to Primary Care to Reduce Stable and Established Patients in System

Goal is that process will improve new patient appointment availability long term.
Current State Process Map

Referral

Receive Referral

Schedule or Triage

Triage/Staff Process Referral

Scheduled by Receptionists

Obtain Records

Determine Need/Time of Appointment

Referral Schedule

Schedule

Schedule or Triage

Main Registration

Roomed (Clinical)

Resident

Provider

Triage

Triage

Appointment

Derm Check-In

Consult

Procedure/Follow Up Decisions

Procedure

After Care Instructions

Setup

Prescription

Send to Pharmacy

Biopsy

Detailed Procedure Information or F/U Appt.

Ongoing Care

Communication to Primary Care and/or Patient

Discharge?

Follow-Up?

No

Yes

Schedule at Front

Detailed Letter to PCP via Health Link

None

- Prescription

- Biopsy

- Nothing Further

After Visit Summary

Detailed Procedure Information

Follow-Up?

Yes

No

Send to Pharmacy

Prescription

Biopsy

Detailed Letter to PCP via Health Link

Ongoing Care
Root Cause Analysis

Top 3 Themes or Buckets: Expectations, Guidelines, and Communication

Tasks
- Schedulers lack automatic follow-up with patient notes before scheduling
- Lack of time to outline after-visit care/education for patient
- Communication with primary care provider

Organization
- Open loop for patients to reschedule immediately after appointment
- Method for turning away patients and their ‘lesions of concern’

Environment
- No communication about policies changing as trends in dermatology treatment changes
- Inconsistency between staff/provider disagreement
- Multiple clinics with different practice

Tasks
- Lack of guidelines/literature support
- Communicating prior to appointment

Person
- PCP has no treatment plan to complete before sending patient to Derm
- Missing info in patient files, not thinking of impact on providers in other clinics
- Underutilized problem list, smart phrases, pop-up msgs
- Limited online provider descriptions

Effect
- No communication about policies changing as trends in dermatology treatment changes
- Inconsistency between staff/provider disagreement
- Multiple clinics with different practice

Tools/Technology
- Health facts for you not utilized/informative
- Patients confused how to use existing online resources
- PCP unaware of types of appointments Derm providers accept

Person
- Patient expectations of dermatology
- Patients schedule themselves regardless of instruction

Environment
- Lack of patient trust in PCP abilities
- Lack of clarity for patient
- Too accepting of warts/acne—should focus on cancer

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Root Causes Identified

1. **Expectations**: Culture that patients can stay in dermatology clinic for as long as they want

2. **Guidelines**: Lack of agreement and inconsistency with what conditions should be treated and how treatment and follow up should be provided

3. **Communication**: No tools in place if patients were to be discharged
Implementation Plan

• Two workgroups addressing root causes
  o Guidelines and Conditions – Providers
  o Expectations and Communication – Clinical Staff and Managers

• Provider Workgroup
  o Work to determine acceptable discharge criteria and guidelines for Acne and Non-melanoma Skin Cancer (16% and 20% of appts)

• Clinical Workgroup
  o Design ‘Discharge Process’ to Primary Care and create tools necessary to capture metrics
Leveraging Technology

• No native capability within the Electronic Medical Record system to capture the ‘discharge’ of a patient to PCP → required creativity

• Utilized EMR features to close communication loop

• Minimized increase in provider workload or inputs
Change Management

- Communicating to other stakeholders
  - Newsletters, Councils, Dyads, Patient Advisory

- Staff involvement in process design and implementation
- Tweaks to process – one time visits, prescriptions etc.
- Metric tracking and goal setting
Results and Progress

- April – July 2014: 604 total discharges out of 2069 appts

Patients Discharged from Derm.

Four month average:
29.8% patients discharged

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<th>Month</th>
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<tr>
<td>July</td>
<td>183</td>
<td>722</td>
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</tbody>
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Sustainability
• Clinic expectations set for providers
• Individual goal setting and monthly data tracking
• EMR System feature design requests being processed

Organizational Impact
• Toolkit created for UW Health – discharge process being implemented in specialties across the organization

Lessons Learned
• Data, Methodology, Communication, Follow Up