One Mission,

We are called to make a healthy difference in people's lives.

♡ **The Heart of High Reliability for our Patients**

Right Care, Every Patient, Every Time, Everywhere

One Essentia

The Integrated Clinical Call Center

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System Director Telecare Services

Quality | Hospitality | Respect | Justice | Stewardship | Teamwork

Essentia Health

15,000 Employees
17 Clinics
4 Independent Living

1,900 MDs/APCs
7 Long Term Care Facilities
5 Ambulance Services

15 Hospitals
2 Assisted Living
1 Research Institute

Essentia Health

Hospital & Clinic Locations

LEGEND

Essentia Health Market

Essentia Health Hospitals

Essentia Health Clinics

Essentia Health Convenient Care / 7 Day Clinics

Last Updated: May 2017
Created by:
Market Research Department

Integrate Call Center – Essentia Health Telecare encompasses….

- RN Triage, Scheduling, Standing Orders
- Prescription Refill Authorization
- Physician to Physician Acute Referral and Transfer
- Post Discharge Follow Up Calls
- Patient Appointment Scheduling, Pre-Visit Planning, Schedgistration
- Population Health Registry Management Team
- Referral Center
- In-Clinic Reception and Check Out
- Registration and Admission
- Switchboard and Physician Paging

Annual Telecare Encounters

Encounter Type

- Prescription Refills
- RN Triage
- STAT Doc
- Patient Care Contact Center
- Transitional Care Calls
- Switchboard
- Patient Reminders
- Outbound clinical calls
  (COAT, CRC, MSSP, Gaps, Unassigned PCP, MyHealth, Online Appointment Requests, External Referrals)
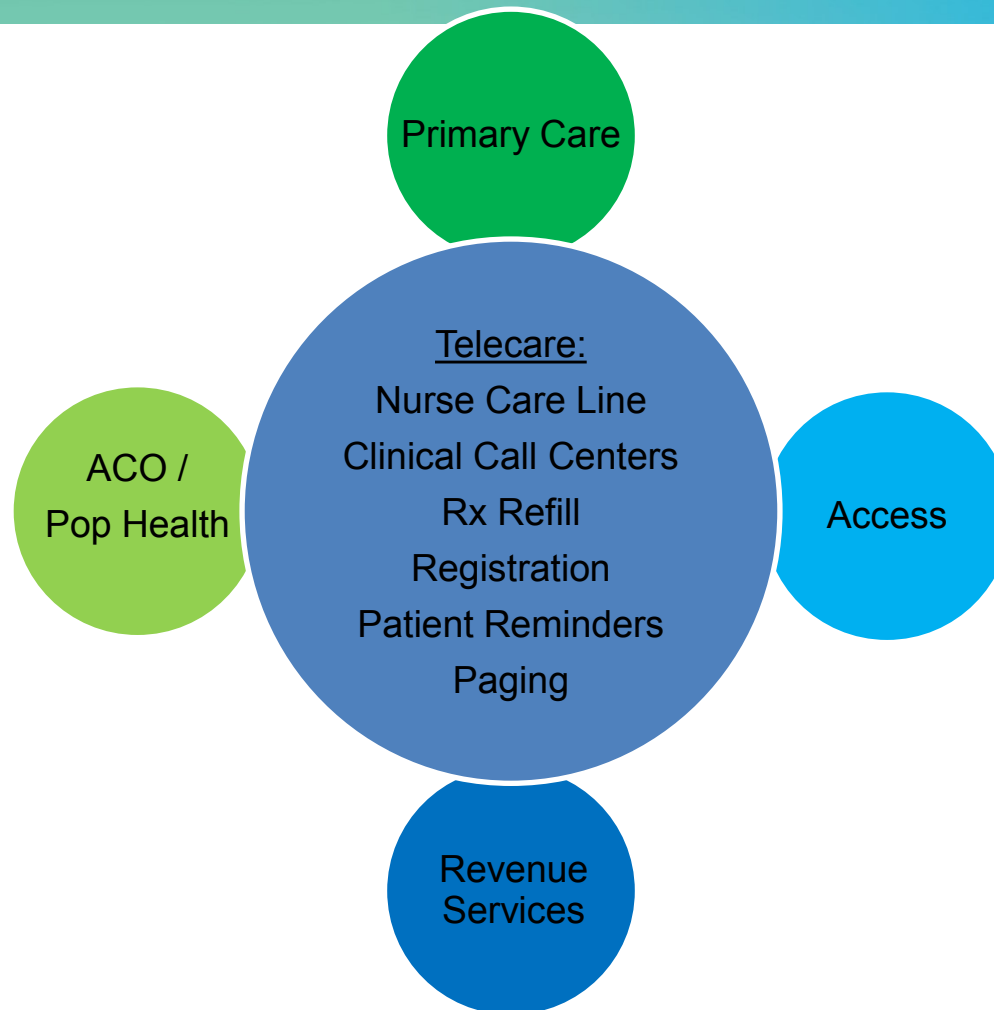
Total Encounters

- 577,301
- 121,142
- 13,588
- 1,834,106

- 6,247
- 2,057,124
- 1,313,911
- 174,033
- **Total 6,097,452**

What is Essentia Health Telecare? How does Telecare integrate and support Essentia Health?

- Transitional Care Calls post hospital discharge
- Colorectal Cancer Screening 50th birthday program
- Registry Management Teams (new)
- Smoking Cessation Support Line scheduling
- Patient Attribution

- Pre-registration for all appointments scheduled via phone
- Registration and check out at clinic

Primary Care

ACO / Pop Health

Telecare:
Nurse Care Line
Clinical Call Centers
Rx Refill
Registration
Patient Reminders
Paging

Access

Revenue Services

- After-hours RN triage support for Essentia Health patients
- Daytime RN triage for Primary Care
- Prescription Refill Authorization
- Pre-visit planning

- Champion for standardized scheduling
- Incoming/Outgoing Appt. Referral Center (new)
- Patient Appointment Reminders
- STAT Doc
- Online appointment requests
- Essentia MD on-call schedules and paging

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Constancy of Purpose - *Our shared commitment to our three Aspirational Aims.*

Engaged & Inspired People

Zero Preventable Harm

Achieve Health & Vitality with our Communities

Achieve Mission-advancing financial performance.

Quality | Hospitality | Respect | Justice | Stewardship | Teamwork

Telecare: One Essentia Health Standardized Approach Ensuring Consistent, Reliable Outcomes

Telecare Operations

Consistent staffing models in all Patient Care Coordination Centers

Standardized Telecare job descriptions for all positions in Essentia East, West , Central

Rapid cycle execution of Essentia Health initiatives through standard process alignment

Engaged Inspired People

Telecare Technology and Metrics

Avaya technology in all clinical call centers yielding standardized reporting to ensure operational excellence

Consistent use of Epic for all workflows in east, west, and central for consistent patient outcomes and ability to measure quality

Zero Preventable Harm

Telecare Patient Experience

Standard service level metrics in all Telecare departments

Standard turnaround time expectations to ensure consistent positive patient experience

Standard quality monitoring and performance expectations to ensure safe, high quality and positive patient experience

Health and Vitality of our Communities

The Clinical Call Center is STRATEGICLY important!

With the **complexities of health care delivery**, how can YOU position your clinical call center to improve health, lower cost, advance organizational goals, drive quality, and be mindful of consumerism?

One Mission, One Essentia

Build Healthy Communities	Improve the Patient Experience	Be the Best Place to Receive Care	Be the Best Place to Work	Make Healthcare Affordable
Smoking Cessation Scheduling Line	One contact resolution	Prescription Refill Program	Employee Engagement Surveys	Improve Access
Opioid program support	Service Level	RN Triage with Primary Care Stranding Orders	Weekly Huddles	Schedgistration
	RN Triage Response Time	Post Discharge Calls	Gemba Rounds	
	Referral Center	Registry Management Team	Connect work to mission	
	STAT Doc			

Quality | Hospitality | Respect | Justice | Stewardship | Teamwork

Nurse Care Line
The Value RN-based services bring

Daytime RN triage support for Primary Care

- RN triage support "off loads" important clinical work from clinic practice, so they can focus on the patient in clinic.

- Patients can choose RN triage up front through
  "One Contact" resolution (consumerism)

- RN triage is inversely related to access, working hand in hand with our clinical call center when access to appointments is not available in a timeline needed

Value = partnership with clinic practice and placing "right work" in "right place" with "right staff"

Nurse Care Line
The Value RN-based services bring

Prescription Refill Support for Primary Care

- Refill support "off loads" clinical work from the clinic practice
- Ensures safe medication therapy
- Acts as a "safety net" for quality and chronic disease

Value = safe, timely care, applying same standard of care for all patients

Linking Refill to Primary Care Strategy and Quality Outcomes

- Refill Protocol
  - What, where, how?
  - Who are the stakeholders?
  - How do MD/PA/NP collaborate and understand the process?

- Balancing Timeliness and Quality
  - Staffing….need more staff
  - Turnaround times…volume drive up processing time
  - Solution….Efficiency through automation

How can efficiency be found through automation of RN based refills?

Our History

- We started processing refills in a centralized environment in 2003 for two clinics.
- We currently handle refill requests for just over 500 primary care providers
- We process approximately 60,000 refills per month
- As more clinics wanted refill support, we needed more RNs

Essentia Health

Hospital, Clinic & Other Facility Locations
West, Central, East, & Critical Access Hospital Group Regions

Why We Needed A Solution

- Paying overtime, staff working above their FTE

- We had planned to add 8-10 more full time RN's to accommodate our upcoming volume increase

- Duplicates were causing non-value-added work

We Found Swoop

- Organization's vision to have NCL process all of Primary Care's refill requests

- Our organizational metric for refill turnaround time is 90% of refills being completed by the end of the next business day. We were not meeting that goal very often and pre-Swoop had a low of 78%.

- We implemented Swoop in December 2014.

- Our current turnaround times are stable in the mid 90% range
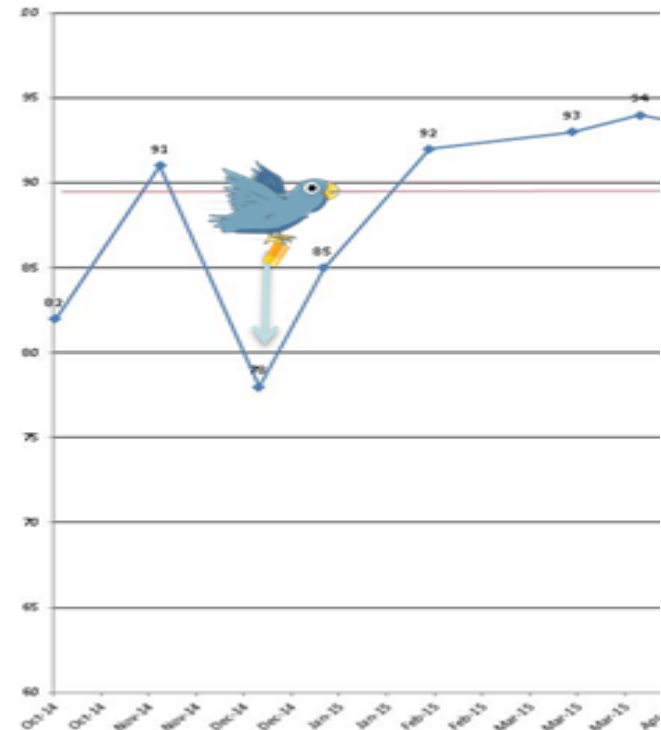
How Swoop Helped

- We use our EH Medication Refill Protocol (custom-built within Swoop)
- Categorizes refill requests into "buckets"
- Auto-denies duplicates
- Gives us warnings (i.e. dose change, historic med)
- Sends scheduling action messages to refill schedulers instead of RN work

Status	Date and Time	Refill Status	Pool	P.	Controlled?	Medication
New	05/03/2017 12:56 PM	In Protocol	X	F..		atorvaSTATin (LIPITOR) 40 MG tablet...
New	05/03/2017 12:57 PM	Off Protocol	X	H.		FLUoxetine (PROZAC) 20 MG capsul...
New	05/03/2017 12:59 PM	Medication Error	X	K.		metoprolol tartrate (LOPRESSOR) 1...
New	05/03/2017 1:00 PM	Controlled	X	K.	X	ALPRAZolam (XANAX) 0.25 MG table...
New	05/03/2017 1:00 PM	Out of Protocol	X	C.		NOVOLOG FLEXPEN 100 UNIT/ML pe...
New	05/03/2017 1:00 PM	Manual Review	X	K.		levothyroxine (SYNTHROID) 150 MCG...

Filters: High Priority | In Protocol | Duplicate | Out of Protocol | Off Protocol | Medication Error | Medication Status |

Sort: Advanced Sort | Default Sort

Brief Summary of Swoop

1. Swoop is a refill automation tool that does much of the chart review and documentation for us, which increases efficiency.

2. Swoop **does not** authorize refill on the provider's behalf; that part has to be done by a human.

3. The RN cannot authorize Off-Protocol, Controlled Substance, or any request where the patient is not eligible for a refill per the protocol – those refills need to be addressed by a provider.

4. The protocols that are built into Swoop have been reviewed and signed-off on by our organization.

Swoop applies the correct refill protocol to each refill request in "Buckets"

- **In-Protocol** – The medication requested meets all parameters of the protocol
- **Out-of-Protocol** – The medication requested does not meet the protocol
- **Off-Protocol** – The medication requested is not covered by a protocol
- **Controlled Substance** – The medication requested is a controlled substance
- **Potential Medication Error** – The medication requested can't be found on the patient's active medication list or it does as a different dosage
- **Duplicate** – The medication requested is a duplicate of another request (These can be set to be auto-denied)
- **Manual Review** – The medication requested needs to be manually reviewed by the RN
- **Coumadin** – Contains all requests for Coumadin

In Protocol

Medication meets all protocol requirements; the details are documented in the request

levothyroxine (SYNTHROID) 50 MCG tablet [Pharmacy Med Name: LEVOTHYROXINE 50 MCG TABLET 50 MCG TAB]
Protocol: Thyroid

-> Refill x 12 months (until due for a(n) TSH check)

Last qualifying visit: 03/03/2017 (with ▮▮▮▮▮▮▮▮▮▮M)
Next scheduled visit: 03/05/2018 (in Family Practice)
Last ordered by ▮▮▮▮▮▮▮▮ M: 05/03/2016 (366 days ago) QTY: 90, Refills: 3, Sig: take 1 tablet by mouth one time a day (unchanged)

▮▮▮▮
TSH: 2.52 uIU/mL on 03/03/2017

PATIENT IS DUE FOR:
- HBA1C for metFORMIN (GLUCOPHAGE) 500 MG tablet (Sent to RW RX Scheduling on 04/10/2017)

scrubs chart for other medication gaps

Out of Protocol

One or more of the protocol parameters are not met.

Swoop will automatically generate a separate telephone encounter into a queue that the non-RN scheduling staff will work through, contacting patients to schedule appropriate appointments.

NOVOLOG FLEXPEN 100 UNIT/ML pen injection [Pharmacy Med Name: NOVOLOG FLEXPEN INJ 5X3ML (ORANGE)]
Protocol: Diabetes: Other

-> HBA1C is abnormal (11.3 % is greater than 7.9 %)

-> Refill x 3 months (until due for a(n) HBA1C check)
-> Calculate quantity and refills manually. They could not be estimated due to missing or unreadable information.

Last qualifying visit: 03/16/2017 (with ███████████████ R)
Next scheduled visit: 09/07/2017 (in Family Practice)
Last ordered by ███████████████ R: 03/08/2017 (56 days ago) QTY: 15, Refills: 0, Sig: administer 15 units under the skin three times daily with meals (unchanged)
Last fill date from pharmacy: 03/08/2017

HBA1C: 11.3 % on 03/16/2017

PATIENT IS DUE FOR:
- HBA1C for multiple medications including NOVOLOG FLEXPEN 100 UNIT/ML pen injection (Sent to RW RX Scheduling)

Scheduling staff will contact patient

Improvement Analytics

Message Volume		
Type	Requests	Percent
Total Requests	46345	-
In Protocol	14851	32.0%
Out Of Protocol	3727	8.0%
Off Protocol	2066	4.5%
Controlled	4620	10.0%
Med Error	3508	7.6%
Duplicate	2188	4.7%
Manual Review	14733	31.8%
Coumadin	652	1.4%

Improvement Analytics

Scheduling Recommendations		
Type	Notifications	Percent
Total Notifications	5199	-
Office Visit Notifications	1985	38.2%
Lab Notifications	2336	44.9%
Combined Notifications	878	16.9%

Registry Management Team

- A partnership (Quality, Primary Care and Telecare) that supports care teams in their standard work at the visit, in addition to population management outside the visit

- A goal of improving overall health by meeting the ambulatory metric targets in the Clinical Quality Dashboard

- A replication modeled after a pilot in our Central market which showed sustainability and success

Registry Management Team
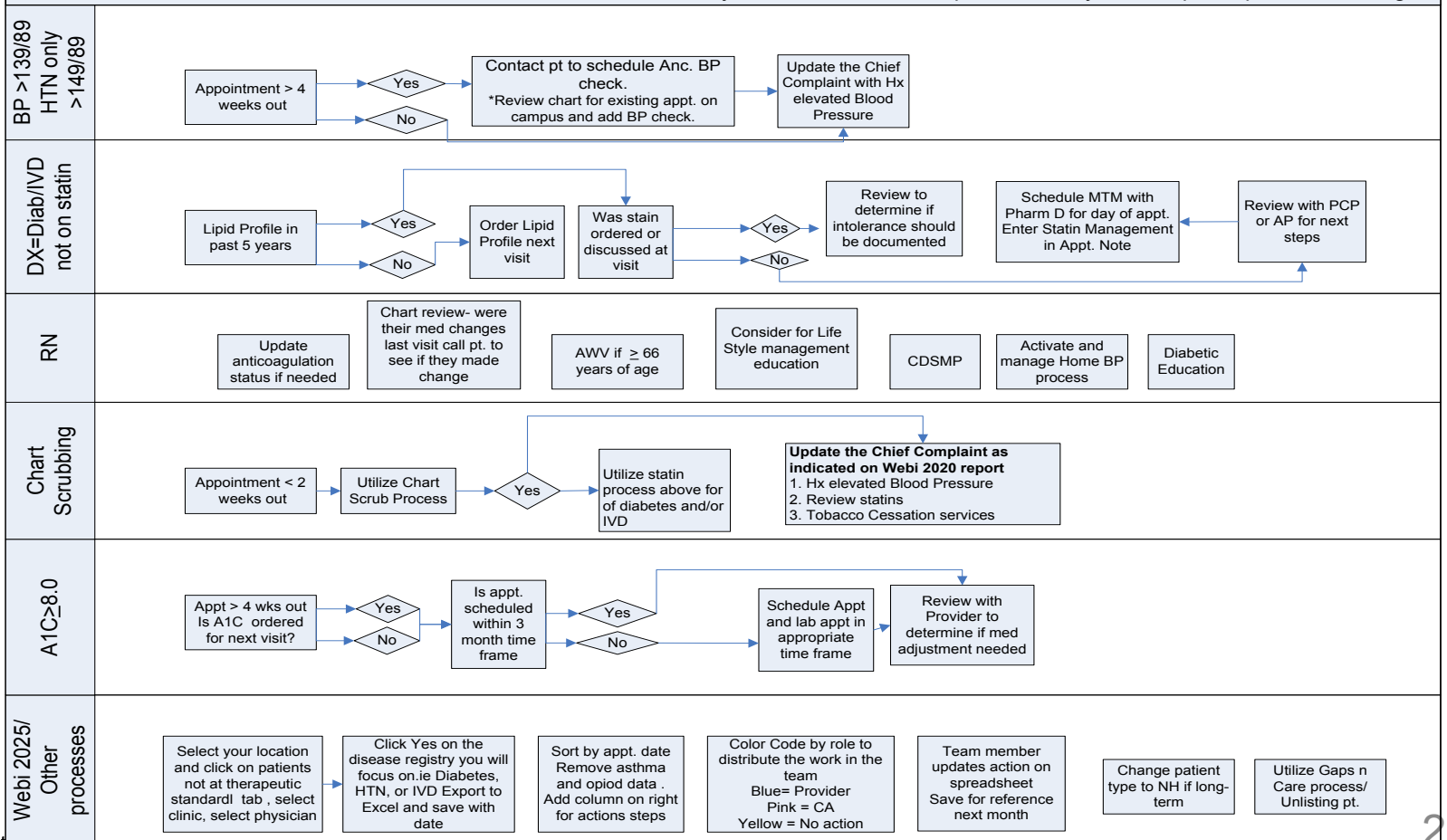
Registry Management Team Keys to Success

- Dedicated staff who focus daily work on chart scrub and registry management

- Adoption of standard work

- Staff alignment to specific clinics to create relationships with patients and providers in the clinics and communities they are supporting

- A highly engaged TEAM that understands their role in achieving Essentia's Aspirational Aims

Population Health Registry Management Team

Team Follow up Diabetes/HTN/IVD with appointment >4 weeks out; BP >139/89 (HTN only 60 years and older BP > 149/89): No statin; A1C ≥8; HX Smoking

June 2015

Monthly Review Webi 2025 report to identify next steps for patients not at goal

BP >139/89 HTN only >149/89

Appointment > 4 weeks out → Yes → Contact pt to schedule Anc. BP check. *Review chart for existing appt. on campus and add BP check. → Update the Chief Complaint with Hx elevated Blood Pressure
No

DX=Diab/IVD not on statin

Lipid Profile in past 5 years → Yes/No → Order Lipid Profile next visit → Was stain ordered or discussed at visit → Yes → Review to determine if intolerance should be documented → Schedule MTM with Pharm D for day of appt. Enter Statin Management in Appt. Note → Review with PCP or AP for next steps
No

RN

- Update anticoagulation status if needed
- Chart review- were their med changes last visit call pt. to see if they made change
- AWV if ≥ 66 years of age
- Consider for Life Style management education
- CDSMP
- Activate and manage Home BP process
- Diabetic Education

Chart Scrubbing

Appointment < 2 weeks out → Utilize Chart Scrub Process → Yes → Utilize statin process above for of diabetes and/or IVD → **Update the Chief Complaint as indicated on Webi 2020 report** 1. Hx elevated Blood Pressure 2. Review statins 3. Tobacco Cessation services

A1C≥8.0

Appt > 4 wks out Is A1C ordered for next visit? → Yes/No → Is appt. scheduled within 3 month time frame → Yes/No → Schedule Appt and lab appt in appropriate time frame → Review with Provider to determine if med adjustment needed

Webi 2025/ Other processes

- Select your location and click on patients not at therapeutic standardl tab , select clinic, select physician
- Click Yes on the disease registry you will focus on.ie Diabetes, HTN, or IVD Export to Excel and save with date
- Sort by appt. date Remove asthma and opiod data . Add column on right for actions steps
- Color Code by role to distribute the work in the team Blue= Provider Pink = CA Yellow = No action
- Team member updates action on spreadsheet Save for reference next month
- Change patient type to NH if long-term
- Utilize Gaps n Care process/ Unlisting pt.

Registry Management Team Reliability and Sustainability

- RMT is a sustainable and highly reliability quality management model.

  - Centralized team with dedicated focus on standard work allows for a highly reliable process and improved quality outcomes.

  - Registry management supports the adoption of standard work for day of visit when patients are in the clinic, and decreases the number of missed opportunities.

  - Consistent chart scrubbing prior to the visit decreases rooming time for the CMA/LPN and assure the patients chronic disease and prevention needs can be addressed at the time of visit

Recent Success

- After focusing on **Depression** for 4 months, RMT helped to move the KPI Quality Metrics from red to green through focused patient contact using registries, remained green.

- After focusing on **Adult and Pediatric Asthma** for 3 weeks of working the clarity reports, we have moved from red to green and remain green.

KEEP CALM AND LOVE QUALITY

Transitional Care Calls (TCC)

- Most challenging RN based program in Telecare

- Average 420 patients a month are called

- Staffing requires 2 RNs per day

- Calls are placed 24 hours after discharge

- Calls done all days with the exception of Christmas Day

- Readmission rate averages 13.4% for all hospitals

Patient Criteria For TCC

- Lace score greater than 10
- Inpatient problem list during hospitalization that includes diagnosis of:
  - COPD
  - CHF
  - AMI
  - Pneumonia

Patient Pick-Up & Discharge Only

What happens during a TCC ?

- Specific encounter flow was created in Epic with discreet data points

- RNs use the Teach Back Method for all Transitional Care Calls

- Average call length is 30 minutes

- Focus on:
  - Med reconciliation
  - Discharge summary present
  - Follow up appointment made

Outcomes and Challenges

- Reports were created tying readmission outcomes to specific criteria:
  – Med reconciliation
  – Discharge summary present
  – Follow up appointment made
- Most challenging aspect of program is who owns the feed back and the correlation of findings to readmission

Patient Care Coordination Centers Overview

- Clinical Call Centers in four cities
- Consistent technology build and reporting in all centers
- Same job description, regardless of bargaining unit
- Consistent management structure
- Service level and quality metrics are standard in all centers
- Processes are standard to the degree possible

Call Center Functions

Core Function

- Appointment scheduling
- Pre-visit planning
- Empanelment
- Colorectal cancer screening
- Smoking cessation line
- Pre-registration

Alignment to Strategy

- Standard work
- Chronic Disease Mgmt.
- ACO
- Population Health

- Population Health
- Cost effective care

Overview – Schedgistration

- <u>What is a Schedgistration Model</u>?

  The integration of scheduling and pre-registration functions into a **single patient contact.**

- Functions of the model include the following:
  - Scheduling the appointment
  - Patient demographic collection
  - Insurance verification/benefit eligibility
  - Financial Counseling routing

- Using "schedgistration" to provide a one-call pre-arrival process is considered a generally accepted best practice for providers[1] and is a necessary function to downstream financial clearance workflows

1 – Healthcare Business Insights, "Best Practices in Strategic Management: Governing and Assessing the Revenue Cycle"

Schedgistration Model Details

- Built off success seen in our Central Market call center who had a pre-reg process embedded in scheduling call center workflow

- **Eliminates extra hand-off** to Pre-Reg; hand-offs only occur to Financial Counseling team

- Schedulers are responsible for completing the following tasks to minimize the number of patient contacts:
  - ✓ Patient information
  - ✓ Guarantor information
  - ✓ Creating coverage record within system
  - ✓ Verifying insurance eligibility and benefits electronically
  - ✓ Completing transfer to pre-service financial counseling team if patient is high risk

Measurement of Success
Is there a return on investment?

Essentia Health - All Markets
HB Schedgistration Denials
06/2015 to 03/2017

Legend: Central Market, East Market, West Market, Linear (Central Market), Linear (East Market), Linear (West Market)
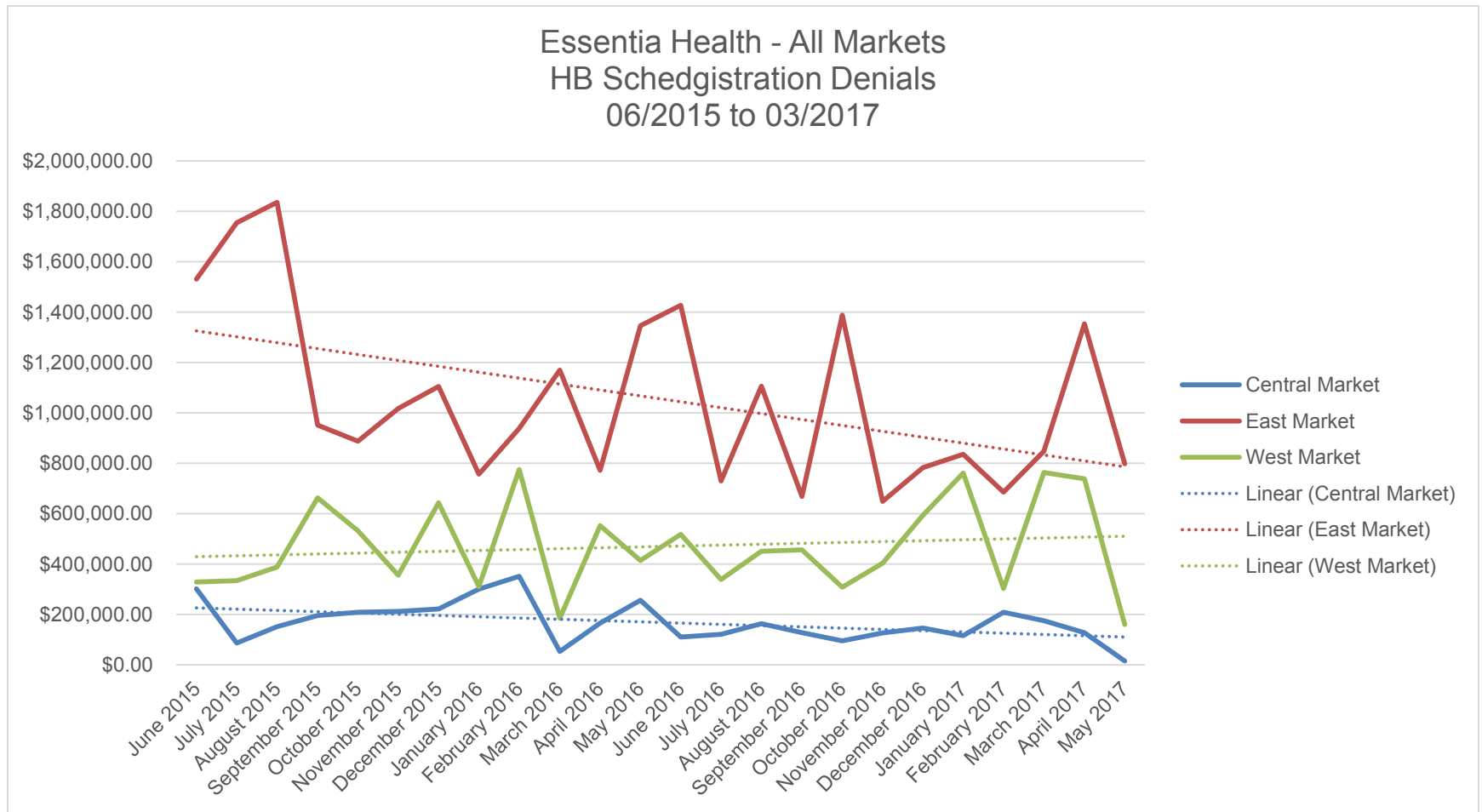
Schedgistration Lessons Learned

- There is a "tipping point" for the base of knowledge that can be expected of staff

- Call cycle times increase – plan ahead

- Understand the ROI for schedgistration and be able to measure it

- Share with stakeholders that there are competing priorities when pre-reg is introduced into the scheduling work flow
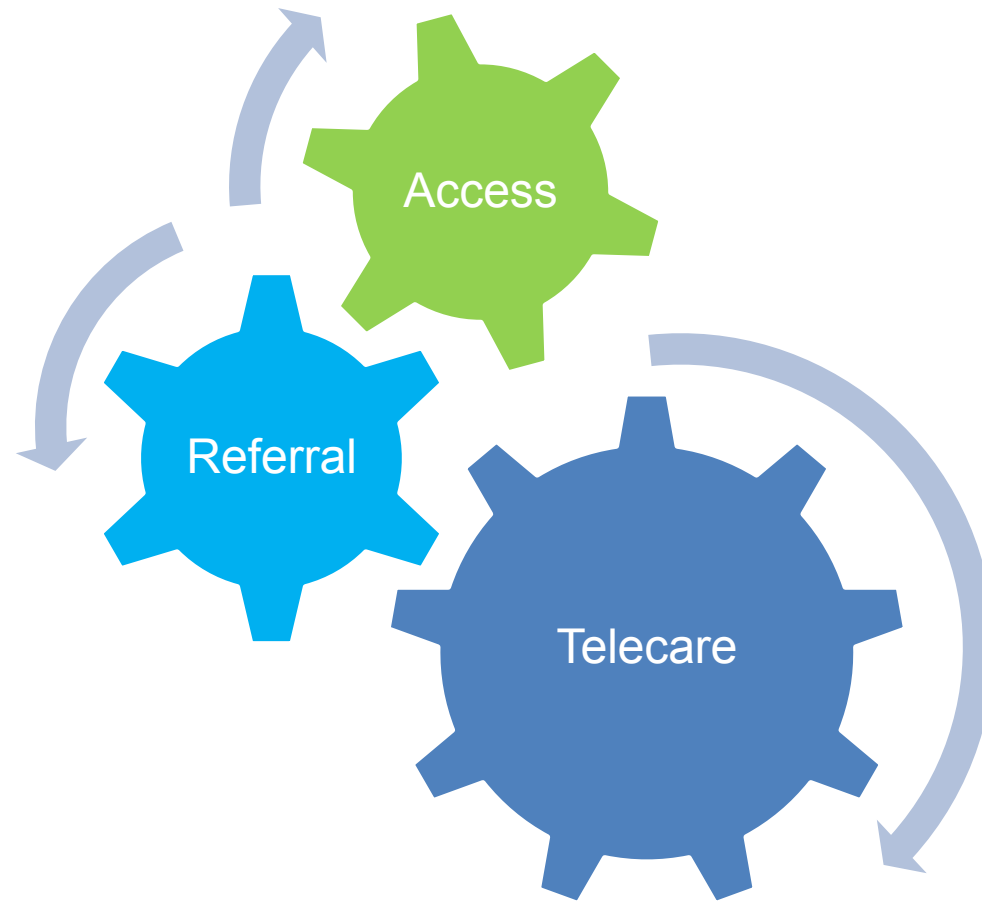
Referral Center

- Establish a single point of contact for incoming external referrals

- Create a smooth system for the flow of information into and within Essentia, with a handover back to the referring physician

- Make it easy for external referrers to obtain consults for patients who need specialty care from Essentia Health

Our customers told us…

- VOC revealed that external referring partners need to keep track of, and maintain numerous points of contact

- The process of scheduling an incoming referral varies between sections creating an inconsistent user experience for both our patients and referring physicians

- EH does not consistently communicate back to the referring physician after consult is completed

Need

- A high touch, high service, consistent brand experience will position Essentia for future growth and customer retention

- EH – East received ~25,000 incoming external specialty referrals over the last two years*

Goals

- Strengthen existing and develop new relationships with external partners

- Improve the pipeline of consults to feed and grow the market share of business

- Improve referral processes for both internal and external providers

**Appointment Access
The foundation of EVERYTHING we do**

Getting appointment access to provider schedules can sometimes feel like this.

How did we begin to overcome the access challenge? One call resolution.

Tie access to strategy!

- Tying barriers to access with revenue
- Tying barriers to access with market share
- Tying barriers to access with patient satisfaction

Work with your clinical leadership to ensure a.) provider templates are open, and b.) remove every scheduling barrier possible for your call center staff.

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Questions