

ASCO's Quality Training Program

Project Title: Retention of Patients from Referral to Simulation in Radiation Oncology

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Institution: Oregon Health and Science University

Date: October 18, 2017

Institutional Overview



- Oregon Health and Science University is the state's only academic health center.
- It includes OHSU Hospital and Doernbecher Children's Hospital with a combined 576 beds.
- In 2015, the hospital saw more than 1 million patient visits. More than half of the hospitalized patients are either uninsured or insured through a public payer.
- Radiation Medicine at OHSU treated 1,108 patients last year.
- The Department has 8 Physicians, 6 Residents Physicians, and 7 Medical Physicists.

Problem Statement

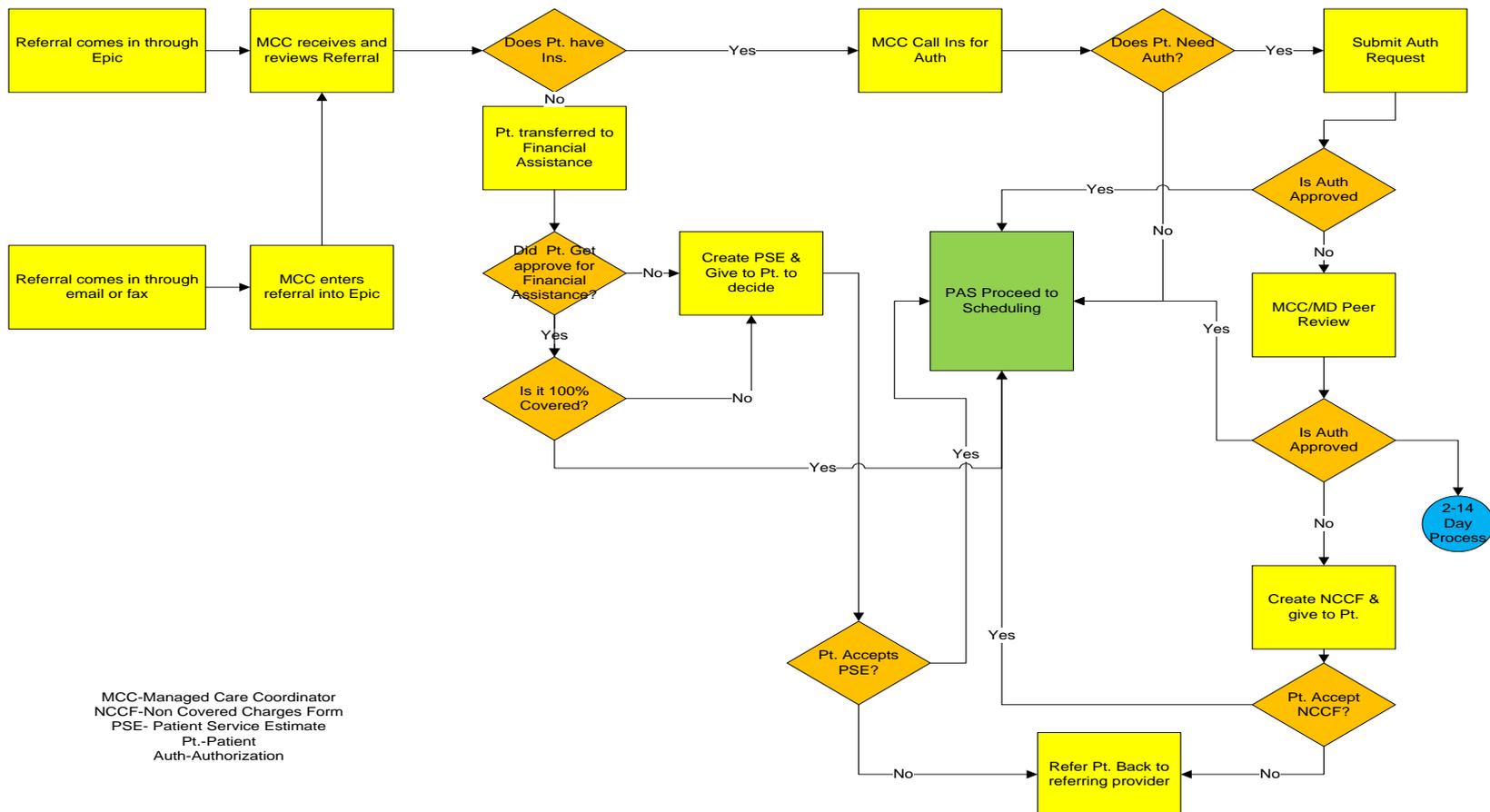
Between February and April 2017, 54% of patients in the Radiation Medicine Department were seen as a new patient consult at the OHSU Radiation Oncology Department* ≥ 2 weeks from the date of referral. This resulted in treatment delays, decline in patient satisfaction and possibly compromised patient outcomes.

Team Members

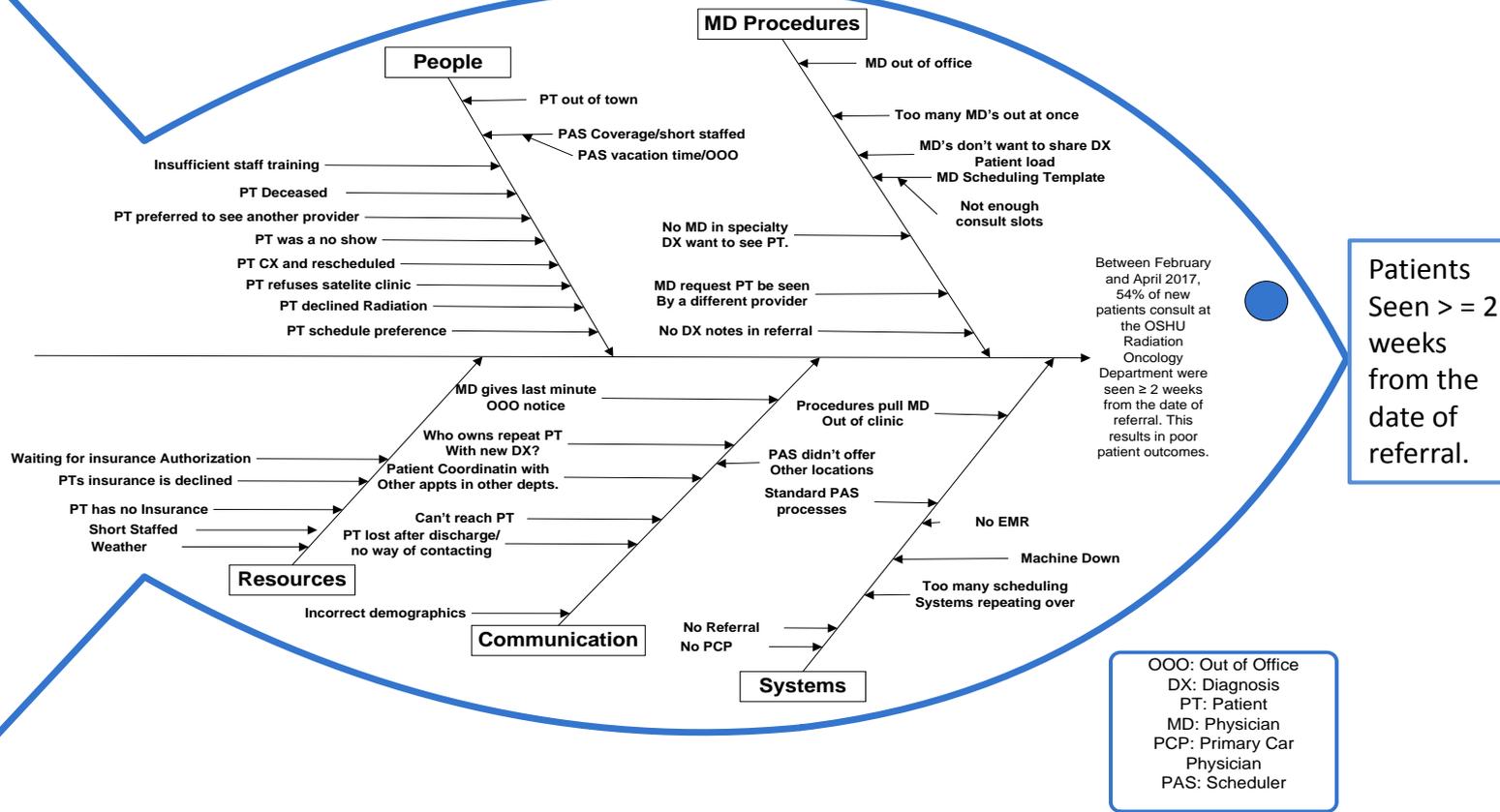
- Bridgett Sparkman, Operations Supervisor, Team Leader
- Jerry Jaboin, MD, PhD, Vice-Chair of Clinical Affairs
- Marita Keppel, Finance Manager
- Daphne Baracena, PAS Specialist
- Feather Coates, PAS Specialist
- Lindsay Tillman, Administrative Coordinator
- Ryan Bjerke, Project Coordinator
- Pelin Cinar, MD, MS, Clinical Assistant Professor of Medicine in Oncology

Process Map – Prior to April 2017

Radiation Medicine Referral Current Workflow

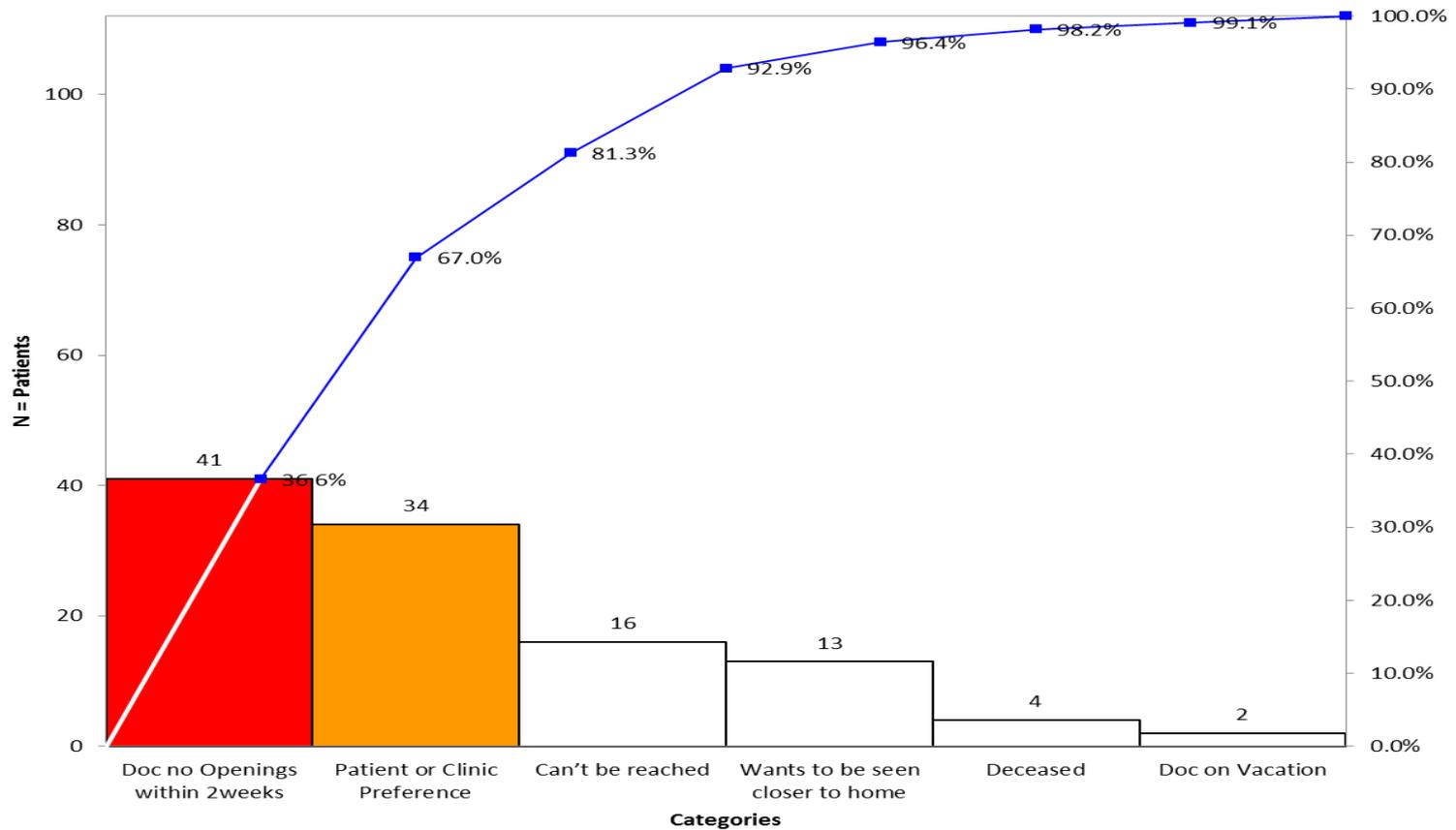


Cause & Effect Diagram



Diagnostic Data

February 2017 - July 2017



Aim Statement

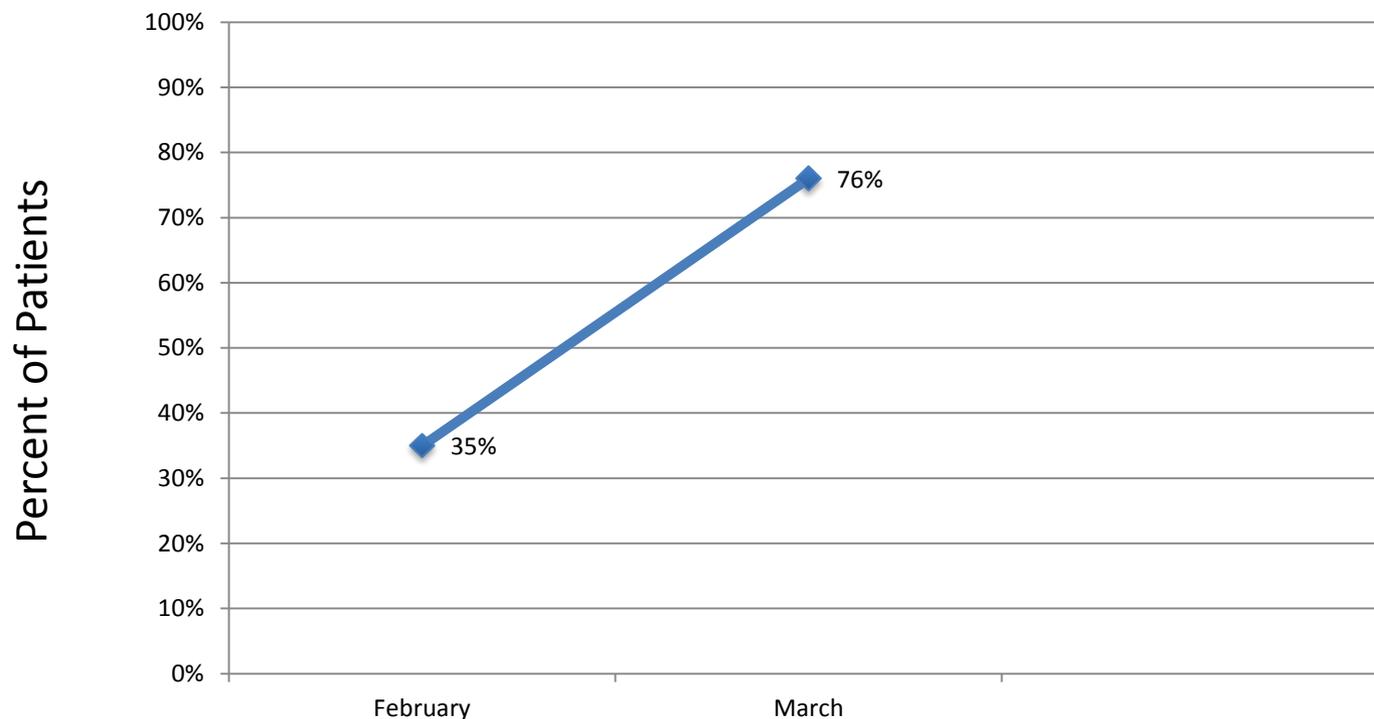
By the 31st of July 2017, we will reduce the percent of patients* seen as a new consult at the OHSU Radiation Oncology Department \geq 2 weeks from the date of referral from **54%** to **30%**.

Measures

- **Measure:** The collected data will comprise of the (1) number of patients seen as a new patient consult ≥ 2 weeks from the date of referral and (2) the cause for the scheduling delay.
- **Patient population:** The patient population will comprise of patients with prostate, gastrointestinal, breast, and head and neck cancers who are referred to Radiation Oncology.
- **Calculation methodology:** Includes the number of patients seen as a new patient consult ≥ 2 weeks from the date of referral over the total number of patients seen at the OHSU Radiation Oncology Department in the aforementioned disease groups.
- **Data source:** The data will be collected monthly from Epic.
- **Data quality (any limitations):** The data quality may be limited by the accurate determination of the patient's diagnosis, as the diagnosis code may be determined approximately 3 weeks from the patient's appointment date by the Department's Billing Coder.

Baseline Data

Percent of Patients * Who are Scheduled > 2 Weeks after Referral



Prioritized List of Changes (Priority/Pay –Off Matrix)

Impact	High	<ul style="list-style-type: none"> • Standardize PAS Scheduling Process • PAS encourage patient to see other MDs and to go to satellite clinics for consult • PAS confirm demographics, insurance and PCP information upon scheduling • MCCs develop insurance matrix of common insurance payers that are OON or will require authorization for visits • PAS educates patient of insurance, upon being scheduled, if patient needs authorization or insurance is out-of-network (OON). MCCs will handle further insurance questions. 	<ul style="list-style-type: none"> • Better Physician Coverage • Increase number of physicians • Increase number of consult slots • Develop & Implement Physician Scheduling Preference Matrix • Develop Interface of Scheduling Systems • Standardize PAS/MCC Training • Better PAS/MCC Coverage
	Low	<ul style="list-style-type: none"> • Biweekly PAS/MCC Meetings regarding Process Improvement/Check-Ins 	<ul style="list-style-type: none"> • Increase communication between PAS and MCCs regarding patients scheduled who have OON insurance and will require authorization for visits

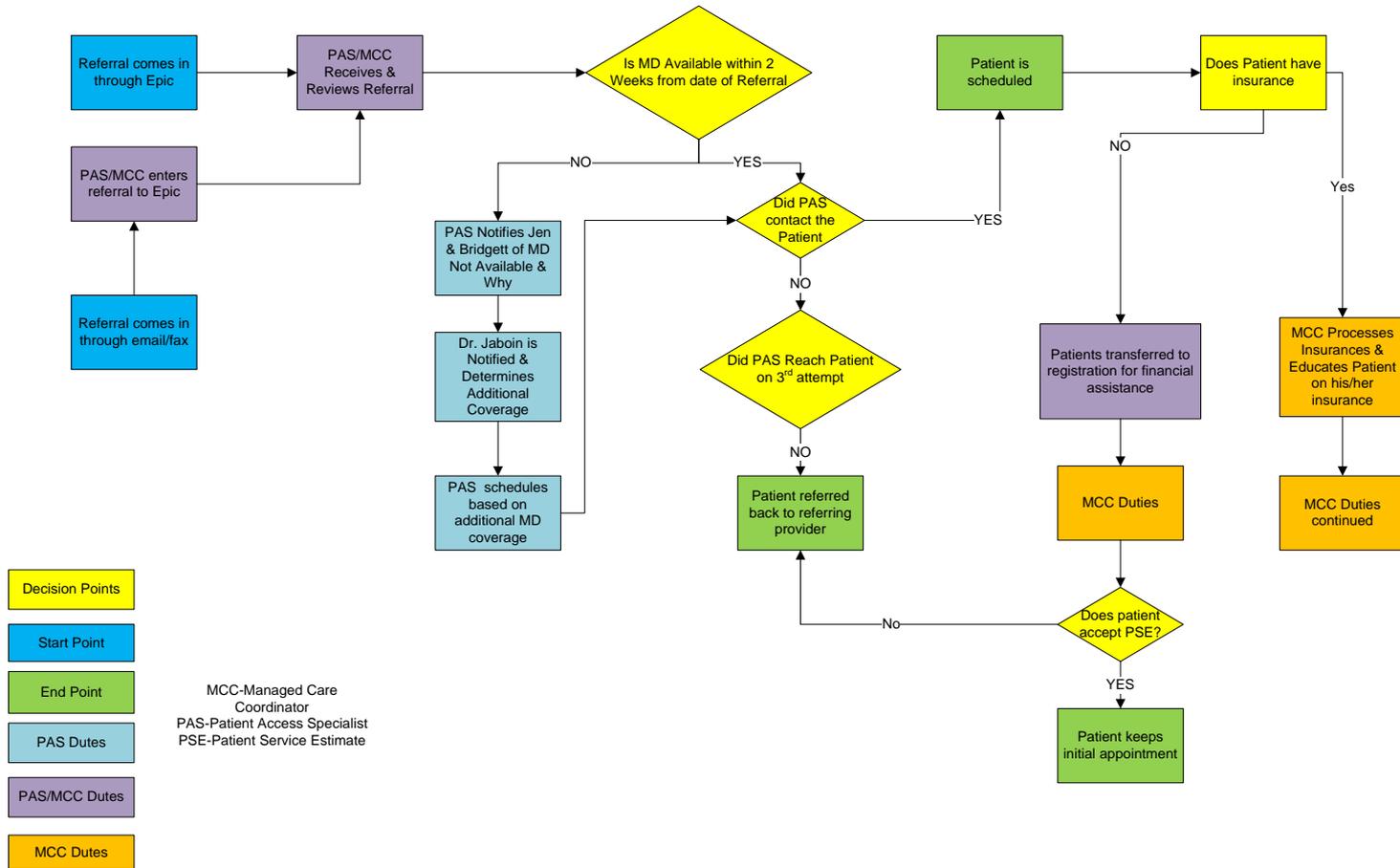
Easy

Difficult

Ease of Implementation

New Process Map – Effective June 2017

Radiation Medicine Referral Workflow

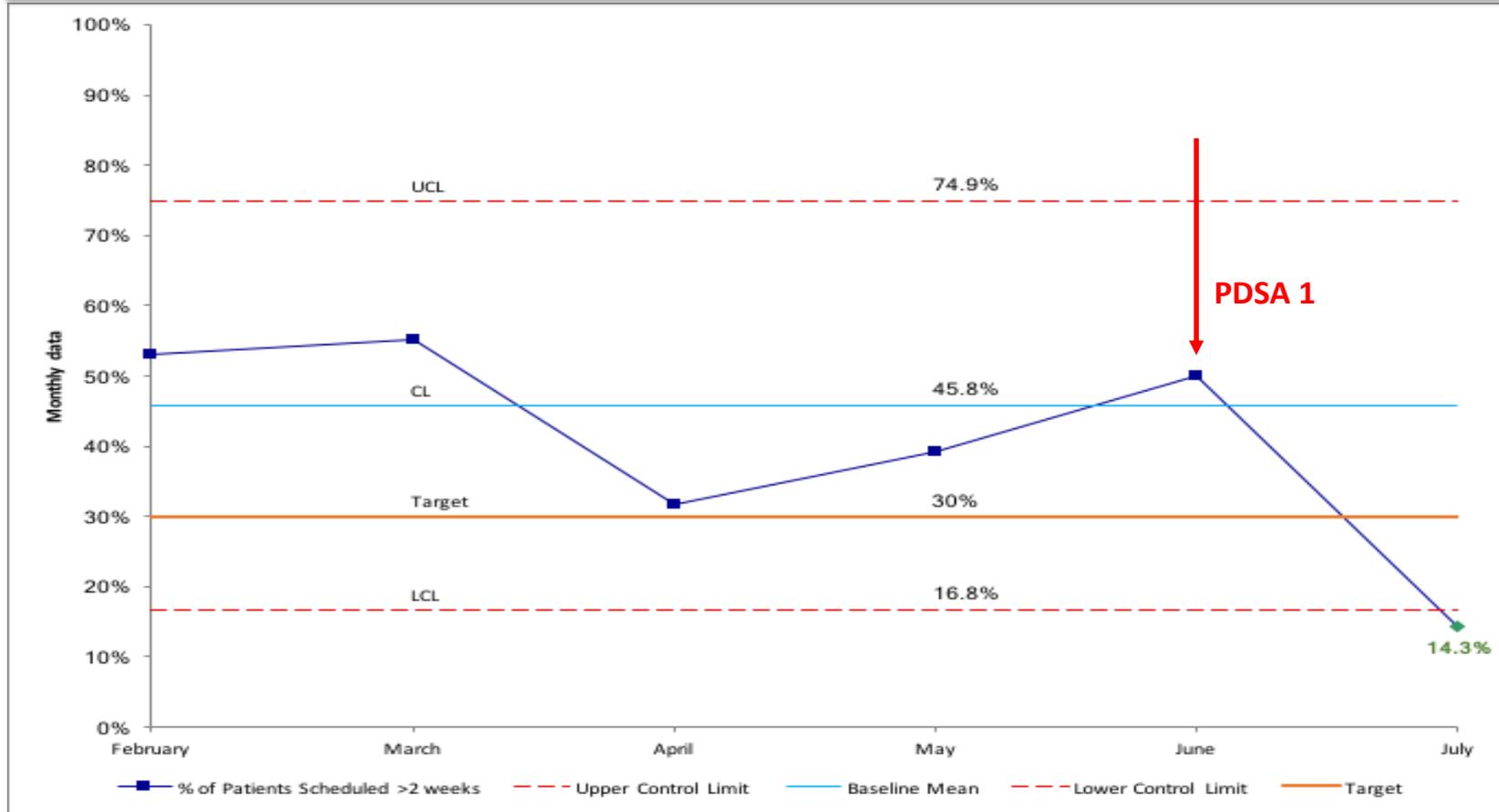


PDSA Plan (Test of Change)

PDSA Cycle Start Dates	Description of Intervention	Results	Action Steps
June 5 th	<ol style="list-style-type: none"> 1. Modify the standard scheduling process map. Patients are first scheduled and the insurance authorization is obtained later. 2. Discuss and Educate Patient Access Specialists (PAS) and Managed Care Coordinators on process map. 3. Measure the # of consults seen ≥ 2 weeks from the date of referral and reasoning for scheduling delay. 	<p>consults seen ≥ 2 weeks from the date of referral from 54% to 14.3%</p>	<ol style="list-style-type: none"> 1. Biweekly PAS/MCC meetings. 2. Communication between PAS & MCC
November 1 st	<ol style="list-style-type: none"> 1. Engage Physicians in building a physician scheduling matrix and dedicating primary, secondary and tertiary physicians per diagnosis. 2. Educate PAS and MCCs on scheduling matrix. 3. Measure # of consults seen ≥ 2 weeks from the date of referral and reasoning for scheduling delay. 		

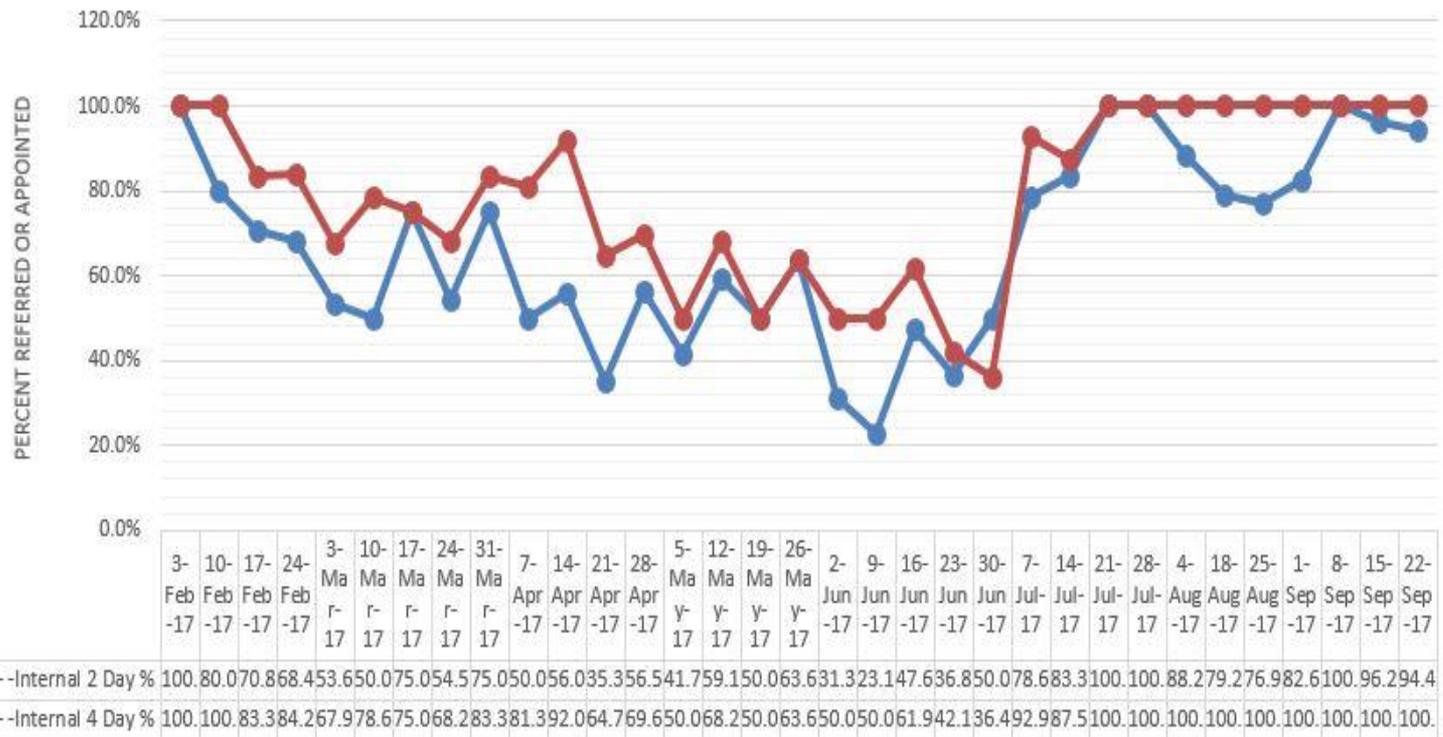
Change Data

Percent of Patients* who are Scheduled >2 weeks after the Referral
February-July 2017



Change Data: Referral 2-Day/4-Day Metrics

Internal 2 and 4 day Referrals



Since the implementation of the new process in June, we are more consistently meeting the hospital metric of 80% and/or getting our patients scheduled within the 2-day/4-day window.

Conclusions

- Implementation of new scheduling process, which allows the PAS to schedule patients prior the MCCs obtaining insurance authorization allowed us to schedule more patients* <2 week after referral.
- We were able to reach our target goal within one month.

Next Steps/Plan for Sustainability

- We will continue to collect data to determine if we will continue to see similar results.
- We anticipate implementing our **PDSA Cycle 2: Developing and Utilizing Physicians' Scheduling Matrix** by November 2017.



Retention of patients from referral to simulation in Radiation Oncology

AIM: By the 31st of July 2017, we will reduce the percent of patients* seen as a new consult at the OHSU Radiation Oncology Department ≥ 2 weeks from the date of referral from 54% to 30%.

INTERVENTION:

- Modify the standard scheduling process map. Patients are first scheduled and the insurance authorization is obtained later.
- Discuss and Educate Patient Access Services (PAS) Specialists and Managed Care Coordinators (MCCs) on process map.

TEAM:

- Bridgett Sparkman, Operations Supervisor and Team Leader
- Marita Keppel, Finance Manager
- Daphne Baracena, PAS Specialist
- Feather Coates, PAS Specialist
- Lindsay Tillman, Administrative Coordinator
- Ryan Bjerke, Project Coordinator
- Pelin Cinar, MD, MS, Team Coach

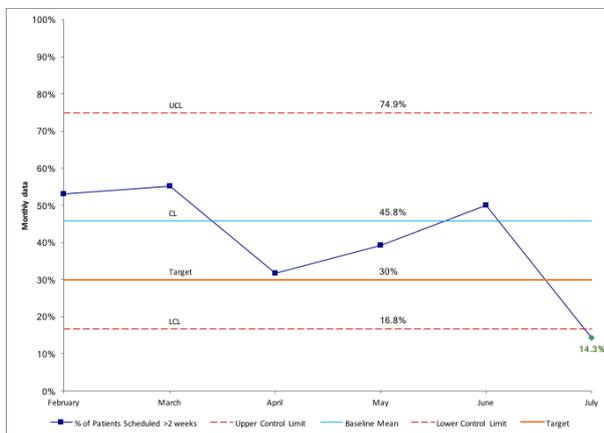
PROJECT SPONSORS:

- Jerry Jaboin, MD, PhD, Vice-Chair of Clinical Affairs

RESULTS:

After implementation of interventions, 14.3% of patients were scheduled >2 weeks after referral. The hospital goals of 2-day and 4-day scheduling was reached following the intervention.

Percent of Patients* who are Scheduled >2 weeks after the Referral February-July 2017



CONCLUSIONS:

Implementation of the **new scheduling process, which allows the PAS to schedule patients prior to MCCs obtaining insurance authorizations** allowed us to schedule more patients* <2 week after referral. The target goal was reached within one month.

NEXT STEPS:

- Continue to collect more data
- We anticipate implementing our **PDSA Cycle 2: Developing and Utilizing Physicians' Scheduling Matrix** by November 2017.