ECU Physicians Pediatric Endocrinology New Patient Referrals: Streamlining the Referral Process to Improve Patient Access

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ECU Physicians Pediatric Endocrinology

Unified Quality Improvement Symposium
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Despite a need for Pediatric Endocrinology Services...

- Clinic schedules were underutilized (55-68%)
- Multiple factors were identified to be contributing to both low fill rates (66-90%) & high no show rates (20-25%)
- Delays in scheduling new patient referrals with long wait times

- While new patients account for only 20% of our patient volume, we choose to focus on this process to improve our utilization rates and improve access to Pediatric Endocrinology Services in Eastern North Carolina
Team Members

- Jennifer Sutter, Physician
- Rebecca Ayscue, Nurse Specialist
- Mona Ham, Referral Coordinator
- Rhonda Strickland, Nurse Manager
- Susan Albritton, Patient Access Services, Manager
- Betty-Jo Scott, Director Patient Access Services for Pediatrics
- Brett Erwin, Quality Coordinator, Pharmacy Services
- J. Todd Jackson, Director of Pharmacy Services
Over the next two years, we will streamline the new patient referral process and apply template standardization to improve patient access for new referrals to ECU Physicians Pediatric Endocrinology with the goal to:

1. Schedule a new patient referral in less then 5 days
2. Decrease wait time to less than 28 days for routine referrals and less than 14 days for urgent referrals
3. Decrease the new patient no show rate to less than 20 percent
Phase 1: Identification of Problem
(March to August 2017, 6 months)

Phase 2: Streamline Referral Process
(September to December 2017, 4 months)

Phase 3: Template Standardization – Gradual Roll Out
(January to June 2018, 6 months)

Phase 4: Template Standardization – Fully Implemented
(July to December 2018, 6 months)
Phase 1: Identification of Barriers to Scheduling & Seeing New Patients in a Timely Fashion?

- Mapped out the process for scheduling a patient
- Collected data regarding the time it takes to complete the required steps to schedule a new patient referral
- Presented the data to the key players in the process to determine what needed to be adjusted
Average Time in Days from Referral Placed to Patient Scheduled

10.9 Days

Days from Referral placed to Endo
Time for Review for Urgency
Time for Referral Coordinator to Schedule
Average Time in Days from Referral Being Placed in Endocrine Work Queue to Patient Scheduled

8.2 Days

- Time for Review for Urgency
- Time for Referral Coordinator to Schedule
Average Time in Days to New Appointment

32.2 Days
18.2 Days
Original Referral Process & Identified Barriers

Regional PMD Office
- Referral was not placed in nurse specialist in-basket
- Referral was not modified by local coordinator to drop into work queue or was placed in the wrong work queue

Vidant Referrals

Internal Referrals from ECU/Vidant
- Pediatric Endocrine Work Queue
- Nurse Specialist In-basket

Faxed Directly from PMD Office

Review for Urgency by Peds Endo Nurse Specialist
- Nurse specialist out of the office
- Other tasks given priority

Referral Coordinator for ALL Pediatric Subspecialties
- Schedules Appointment
- Single coordinator managing all pediatric subspecialties
- Provider out of the office without reliable back up
- Other tasks given priority
- Patient families often cannot be reached by phone

Patient seen by Provider
- Limited number of new patient appointments
- New patient appointment converted two return patient spots
Phase 2: Streamline the Referral Process

- A single referral coordinator was assigned to Pediatric Endocrinology (without other routinely assigned sections) with a single back up person
- Endocrinology Nurse Specialist was given access to the Pediatric Endocrinology Referral Work Queue
- A written protocol was developed for the referral process including the ability to blind schedule patients and the expectation that providers will review referrals for urgency if the nurse specialist is not in the office
- Informal education was provided to VMG/ECU Referral Coordinators regarding how to place a referral in the Pediatric Endocrinology Work Queue
Streamlined Referral Process

- Vidant Referrals
- Internal Referrals from ECU/Vidant
- Faxed Directly from PMD Office
- Pediatric Endocrinology Work Queue
  - Review for Urgency by Nurse Specialist OR covering provider
  - Referral Coordinator for Pediatric Endocrinology Schedules Appointment
  - Patient seen by Provider
- Regional PMD Office
Average Time in Days from Referral Placed to Patient Scheduled

- Days from Referral placed to Endo: 10.9 Days
- Time for Review for Urgency: 2 Days
- Time for Referral Coordinator to Schedule: 3 Days

Bars show the time in days from referral placed to endo, time for review for urgency, and time for referral coordinator to schedule for each month from July to December.
Average Time in Days to New Appointment

32.2 Days

33.4 Days

March: 35.4, April: 32.5, May: 24.7, June: 32.1, July: 33.4, August: 36.1, September: 28.1, October: 34.3, November: 38.1, December: 32.8
Average Time in Days to New Urgent Appointment

- **March:** 18.1 days
- **April:** 21.8 days
- **May:** 15.7 days
- **June:** 21.5 days
- **July:** 21.8 days
- **August:** 19.3 days
- **September:** 10.8 days
- **October:** 19.7 days
- **November:** 15.3 days

The chart shows the average time in days to a new urgent appointment for each month. The months are divided into two categories: those with an average time of 18.2 days and those with 15.3 days.
### Phase 3: Improve Access – Template Standardization (Gradual Roll Out)

<table>
<thead>
<tr>
<th>BASELINE TEMPLATES</th>
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<tbody>
<tr>
<td><strong>Provider</strong></td>
<td><strong>New Patient Visit (min)</strong></td>
<td><strong>Return Patient Visit (min)</strong></td>
<td><strong>Additional Requirements</strong></td>
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<tr>
<td>1</td>
<td>40</td>
<td>20</td>
<td>Schedule 8-12 pts/4 hrs (0-4 new pt visits)</td>
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<tr>
<td>2</td>
<td>45</td>
<td>30</td>
<td>Schedule 7 pts/4 hrs (2 new pt visits)</td>
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<tr>
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<td>60</td>
<td>30</td>
<td>Schedule 4-6 pts/4 hrs (2-4 new pt visits)</td>
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### NEW TEMPLATES

**All Providers**

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| 40                       | 20                         | • Schedule 8 pts/4 hrs (goal to see 6 pts/4 hrs)  
• 4 new & 4 return spots/4 hours  
• New patient slot can be split into 2 return slots only with permission from provider |
Phase 4: Improve Access – Template Standardization (Fully Implemented)

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Average Time in Days to New Appointment

32.2 Days
33.4 Days
18.3 Days
20.6 Days
Average Time in Days to New Urgent Appointment

- March: 18.1 Days
- April: 21.8 Days
- May: 10 Days
- June: 15.7 Days
- July: 21.5 Days
- August: 21.8 Days
- September: 9.3 Days
- October: 21.3 Days
- November: 19.7 Days
- December: 5 Days
- January: 5.5 Days
- February: 10 Days
- March: 11.9 Days
- April: 8.4 Days
- May: 11.8 Days
- June: 14.6 Days
- July: 15.8 Days
- August: 14.2 Days
- September: 10.5 Days

- 18.2 Days
- 15.3 Days
- 8.8 Days
- 13.6 Days
Average Time in Days from Referral Placed to Patient Scheduled

10.9 days

7.2 Days

5.3 Days

4 Days
Ultimate No Show/Cancellation Rate

Phase 1 | Phase 2 | Phase 3 | Phase 4

March | April | May | June | July | August | September | October | November | December | Jan-18 | February | March | April | May | June | July | August | September | October | November

Phase 1: Ultimate No Show/Cancellation Rate

Phase 2: Ultimate No Show/Cancellation Rate

Phase 3: Ultimate No Show/Cancellation Rate

Phase 4: Ultimate No Show/Cancellation Rate

Graph showing the Ultimate No Show/Cancellation Rate across different phases and months.
# Summary of Outcomes

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<tr>
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<th>Phase 1 (6 mo)</th>
<th>Phase 2 (4mo)</th>
<th>Phase 3 (6mo)</th>
<th>Phase 4 (6mo)</th>
</tr>
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<tr>
<td><strong>Number of Referrals Processed</strong></td>
<td>495 (82.5/mo)</td>
<td>277 (72/mo)</td>
<td>448 (74.7/mo)</td>
<td>513 (85.5/mo)</td>
</tr>
<tr>
<td><strong>Referrals NOT scheduled (percent of referrals)</strong></td>
<td>49 (9.9%)</td>
<td>16 (5.6%)</td>
<td>22 (4.9%)</td>
<td>16 (3.1%)</td>
</tr>
<tr>
<td>1. Time from Referral Placed to Work Queue</td>
<td>2.7 (only 2 mo)</td>
<td>3.2</td>
<td>2.4</td>
<td>0.95</td>
</tr>
<tr>
<td>2. Time for Review for Urgency (monthly avg)</td>
<td>1.8 (0.9-3.3)</td>
<td>1.1 (0.8-1.4)</td>
<td>0.5 (0.2-0.8)</td>
<td>0.3 (0.1-0.4)</td>
</tr>
<tr>
<td>3. Time for Referral Coordinator to Schedule (monthly avg)</td>
<td>6.4 (3.2-10)</td>
<td>2.9 (2.9-3.9)</td>
<td>2.4 (1.5-3.6)</td>
<td>2.7 (1.9-4)</td>
</tr>
<tr>
<td><strong>Average Total Time in Days to Schedule</strong></td>
<td>10.9</td>
<td>7.2</td>
<td>5.3</td>
<td>3.95 *</td>
</tr>
<tr>
<td><strong>Time in Days to New Appointment (All)</strong></td>
<td>32.2</td>
<td>33.4</td>
<td>18.3 *</td>
<td>20.6 *</td>
</tr>
<tr>
<td><strong>Time in Days to New Appointment (Urgent)</strong></td>
<td>18.2</td>
<td>15.3</td>
<td>8.8 *</td>
<td>13.6 *</td>
</tr>
<tr>
<td><strong>Avg Monthly No Show/Cancellation Rate</strong></td>
<td>18% *</td>
<td>11.3% *</td>
<td>11.3% *</td>
<td>24%</td>
</tr>
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Challenges & Lessons Learned

- **Phase 1: Identification of the problem**
  - Overcoming assumptions with regards to barriers to scheduling new patients
  - Required data to be presented in black & white
  - Willingness of team members to accept ownership of the problem

- **Phase 2: Streamlining the process**
  - Dedicated Referral Coordinator – recognition of the importance & adequate staffing
  - Willingness of the team to accept logical changes & new ways to do things such as providing nursing access to the work queue and blind scheduling patients
  - Resetting priorities - made scheduling of new patients/filling of clinic schedules a priority

- **Phase 3 & 4: Template Standardization**
  - Provider willingness to adjust templates and accept productivity expectations
  - Continued high no show/cancellation rates
  - Ongoing vacancies in Patient Access Services
Next Steps

- Patient Access Services & Referral Coordinators – Fully Staffed
- Improve No Show & Cancellation Rates
- Filling Return Patient Slots (80% of patient volume)
Questions?

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