



CLINICAL SAFETY & EFFECTIVENESS COHORT #15 – TEAM 7

IMPROVING ACCESS FOR NEW REFERRALS TO CARDIOLOGY



Educating for Quality Improvement & Patient Safety

THE TEAM

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AIM STATEMENT

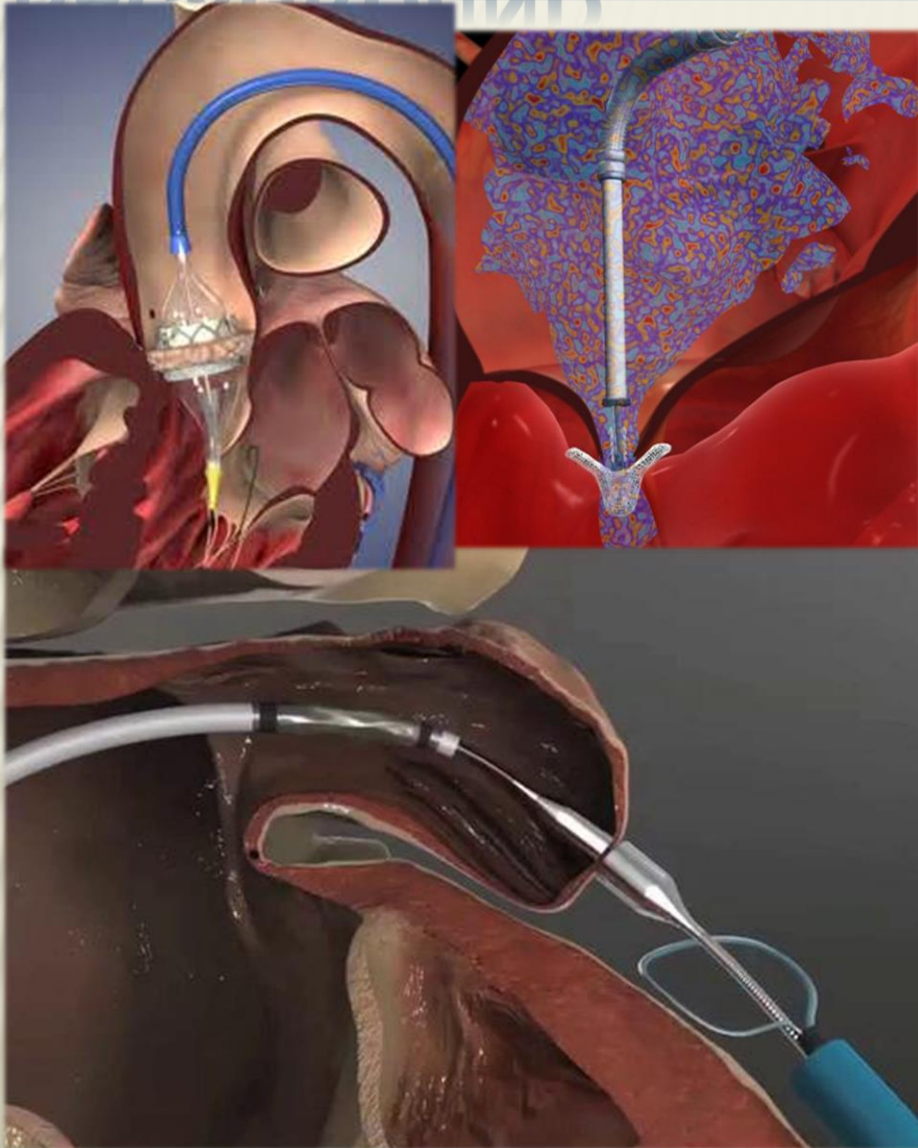
The aim of this project is to increase the number of available slots on cardiology physicians' schedules by 10% by January 2015.

This is important to improve because current wait times for a new patient to see a cardiologist exceed 14 days which can potentially delay evaluation / management and discourage referring providers from utilizing our services.

PROJECT MILESTONES

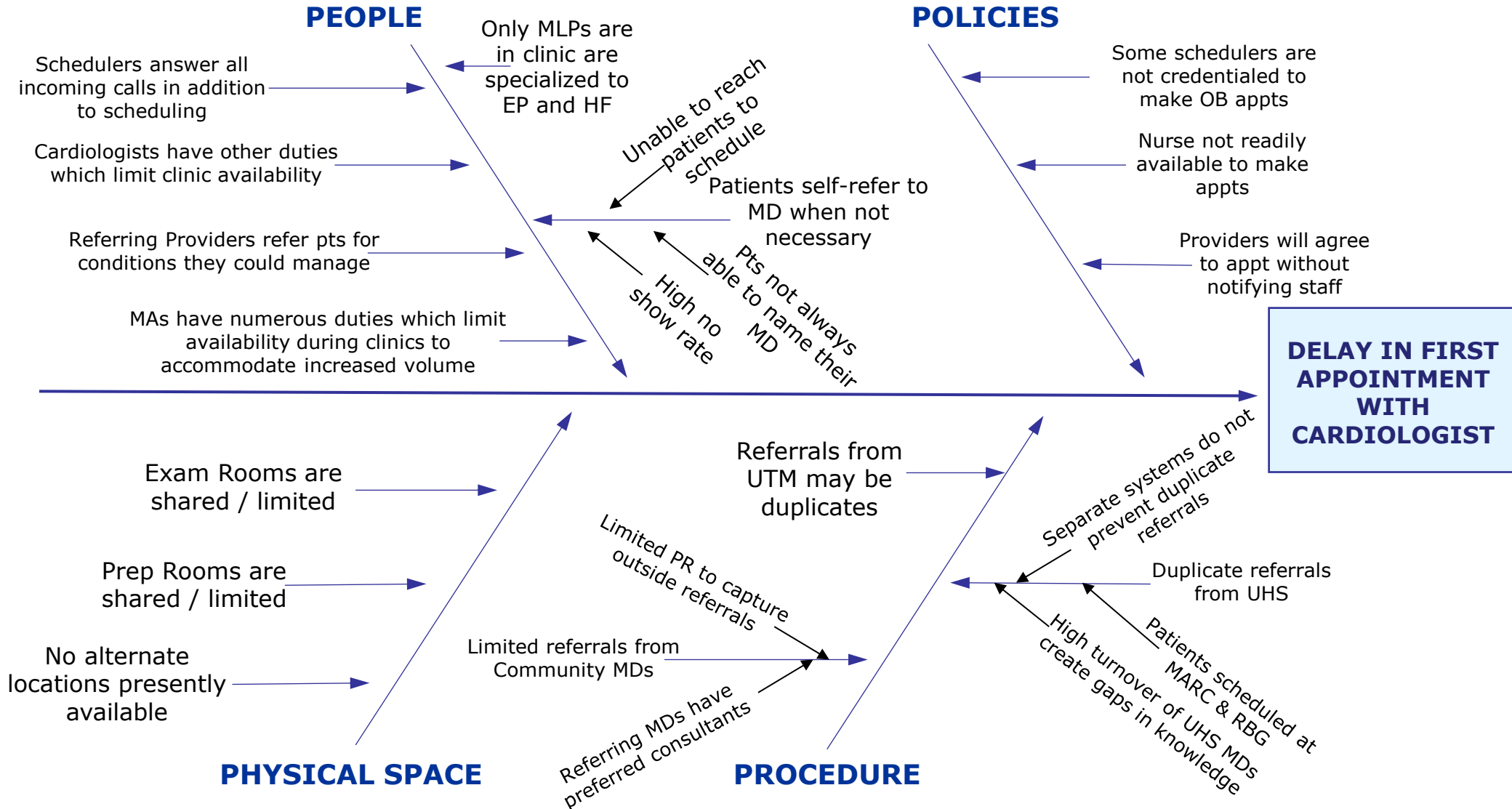
- Team Created September 2014
- AIM statement created September 2014
- Weekly Team Meetings September – December 2014
- Background Data, Brainstorm Sessions, Workflow and Fishbone Analyses September – December 2014
- Interventions Implemented November 2014
- Data Analysis December 2014 – January 2015
- CS&E Presentation January 23, 2015

BACKGROUND

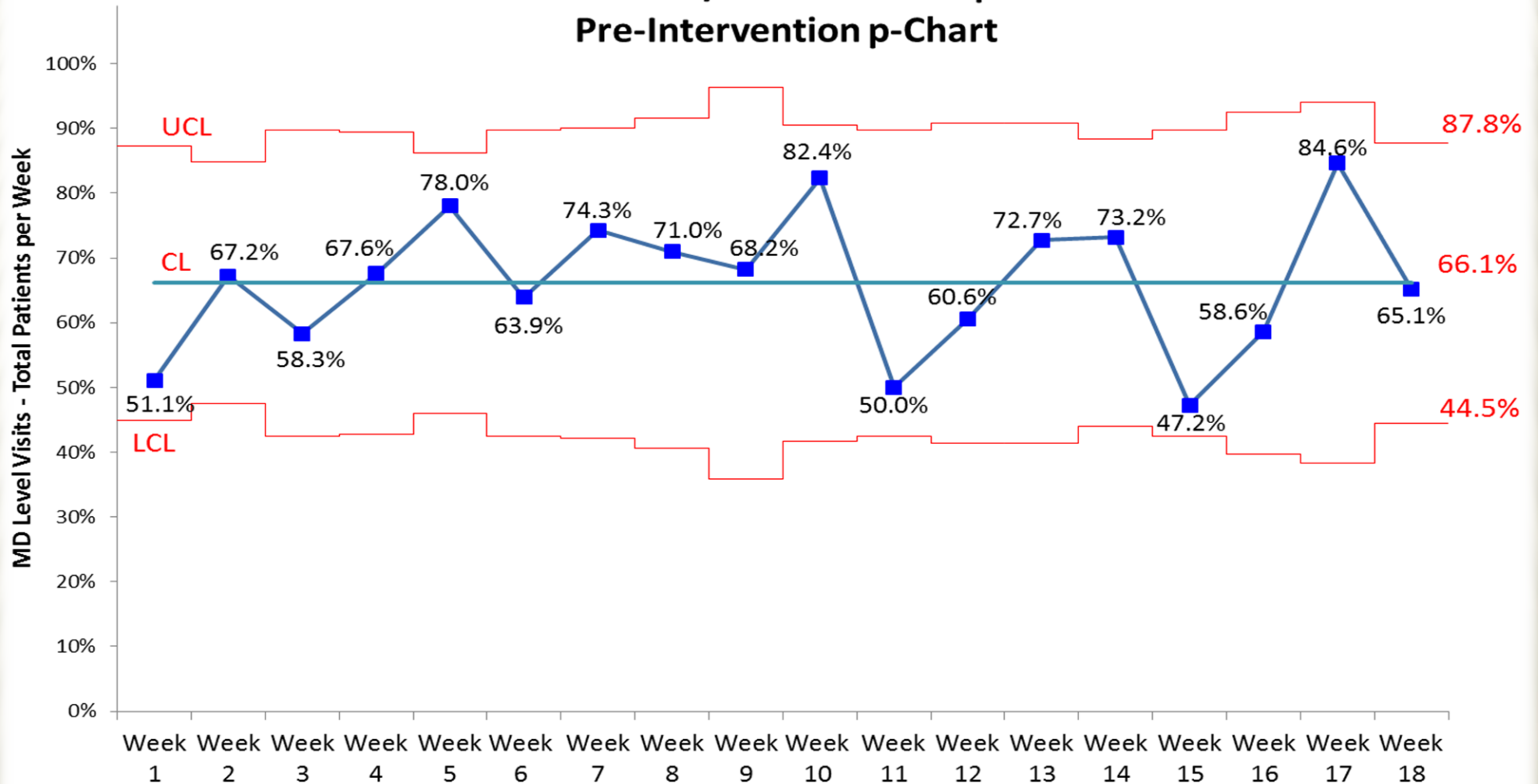


- UT Medicine Cardiologists provide advanced therapies beyond what is considered standard of care in general cardiology.
- Delays to initial visit with cardiologist can negatively impact patient outcomes, prevent practice expansion, and limit patient access to research studies.

CAUSES OF DELAY IN SCHEDULING APPOINTMENTS WITH CARDIOLOGIST



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MD Level Visits / Total Patients per Week
Pre-Intervention p-Chart



SWOT ANALYSIS

Primary factors

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Strengths

- UTM Cardiology consists of 22 cardiologists, many who are highly subspecialized and providing services not widely available
- UTM offers partnerships with all specialties to provide comprehensive care to complex patients
- Call center has very low abandonment rate
- NRC Picker reveals high patient satisfaction scores
- 24 hour MD hotline for urgent referrals
- Care coordination structure in place and available 24/7

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Opportunities

- Immediately increase capacity to see new referrals
- Capitalize on the APRN's ability to focus on education and risk factor modification to improve outcomes
- Form an alliance to become the preferred cardiology provider for Christus Accountability Care Organization (ACO)

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Weaknesses

- Limited hospital partners that may not meet patient expectations
- Limited space to accommodate clinic appointments
- No dedicated full time case manager
- UTM Cardiology is not formally marketed in the San Antonio and surrounding area

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Threats

- Success with increased volume will eventually exceed new capacity and space
- Competing cardiology practices have established themselves to extend beyond our geographic area

PATIENT SATISFACTION (NRC PICKER)

Did you get an appointment as soon as you thought you needed?

			2014		
NRC Average	Current YTD Average	Previous Year	Q3	Q2	Q1
94%	92.4%	90.9%	87.1%	91.6%	94.3%
N=58,971	N=344	N=440	N=31	N=155	N=158

PLAN: INTERVENTION

The intervention will be implemented during the scheduling process.

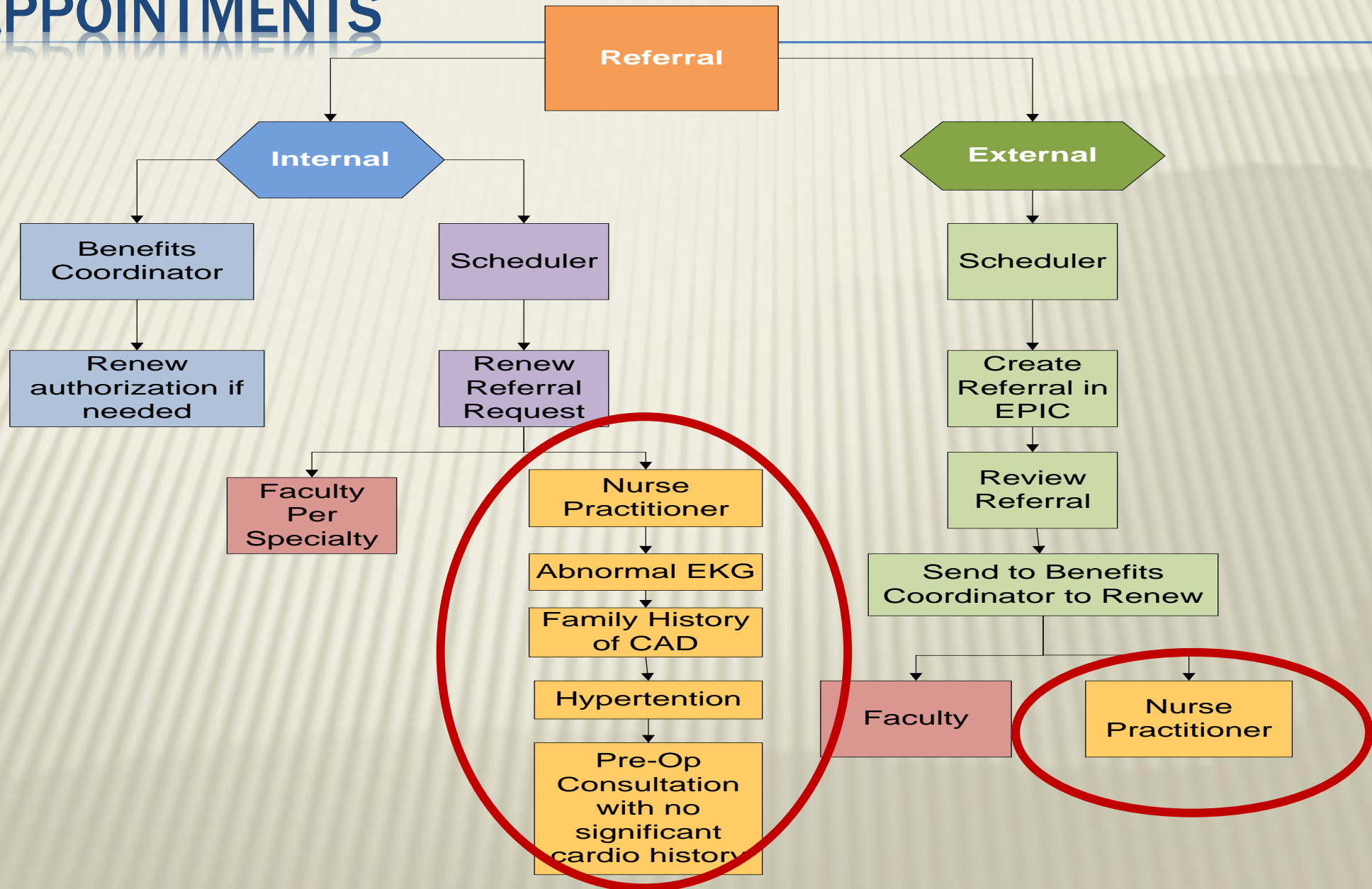
- Prior to intervention, all new patient referrals were scheduled with the next available cardiologist.
- With the addition of a non-physician provider (APRN or PA), a specific cohort of new patient referrals will be shifted to his/her clinic, thereby opening a significant number of new patient slots for the cardiologists to accommodate more complex patients in an expeditious manner.

DO: IMPLEMENTING THE CHANGE

Implementation will begin with inservicing of all schedulers on 12/1/2014

- Patients with low risk characteristics such as chest pain or abnormal ECG with no risk factors, HTN, family history of CVD, preoperative evaluation in low risk patients will be scheduled with nonphysician provider (APRN or PA).
- Schedulers will be provided with a rubric to determine with whom the patient may be scheduled.
- In the event a scheduler has difficulty determining the appropriate provider, the referral will be reviewed by an RN or provider to assign the patient.

REVISED FLOW FOR NEW CARDIOLOGY APPOINTMENTS



RETURN ON INVESTMENT

6/30/14 -- 10/31/14

MD	# Cases	MD Reimbursement / Code	Total / Code
93000	316	\$48.00	\$15,168.00
99204	35	\$255.00	\$8,925.00
99203	23	\$149.00	\$3,427.00
99205	19	(New Patient) \$329.00	\$6,251.00
99214	17	\$153.00	\$2,601.00
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99215	6	\$216.00	\$1,296.00
99202	4	\$98.00	\$392.00
99242	2	\$173.00	\$346.00
99213	1	\$100.00	\$100.00
93010	1	\$25.00	\$25.00
93001	1	n/c	
85610	1	\$16.00	\$16.00
CONCR	1		\$0.00
MD Total	437		\$38,547.00

Cases deemed appropriate for NP level visit

MD	# Cases	MD Reimbursement / Code	Total / Code
93000	176	\$ 48.00	\$ 8,448.00
99204	22	\$ 255.00	\$ 5,610.00
99214	8	\$ 153.00	\$ 1,224.00
99203	7	\$ 149.00	\$ 1,043.00
99205	3	\$ 329.00	\$ 987.00
(blank)	3		\$ -
99213	2	\$ 100.00	\$ 200.00
99244	1	\$ 353.00	\$ 353.00
99202	1	\$ 98.00	\$ 98.00
93784	1	\$ 152.00	\$ 152.00
NP Total	224		\$ 18,115.00

* Represents 18 weeks of new patient reimbursement only.

Numerator or Net Return

Continue appropriate MD reimbursement 437 cases	\$ 38,547.00
Plus estimated 224 newly opened visits created at higher MD reimbursement (224 x \$329)	\$ 73,696.00
Plus New NP capacity reimbursement (85% of MD Reimbursement or 224 x 279.65)	\$ 62,641.00
Equals	\$ 174,884.00

Divided By

Denominator or Investment Costs

Plus cost of new NP	\$ 48,375.00
Equals	\$ 48,375.00

ROI = Numerator or Net return divided by Denominator or Costs

3.61

ROI does not include down stream revenues i.e.EKGs, Holters, ECHOS, Imaging, Lab and F/U visits.

RETURN ON INVESTMENT ANNUALIZED

Represents 18 weeks of new patient reimbursement

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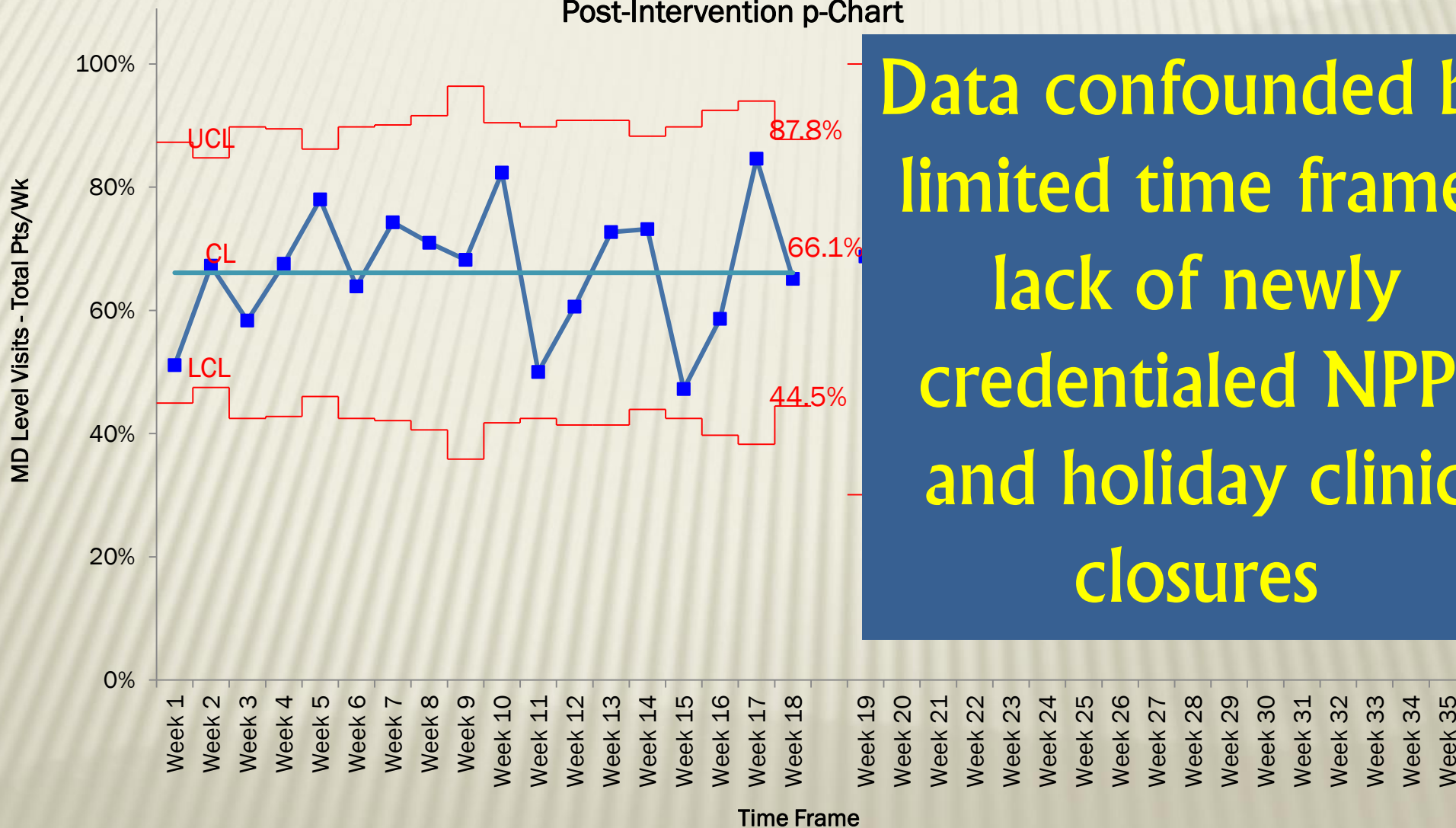
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18 Week Data Annualized

Numerator or Net Return	\$174,884.00	Divided by 18 Weeks =	\$9,715.77	Multiplied by 48 weeks worked in 1 year =	\$ 466,356.56	ROI = 3.61
Denominator or Investment Costs	\$ 48,375.00		\$2,687.50		\$ 129,000.00	

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MD Level Visits / Total Patients per Week
Post-Intervention p-Chart



Data confounded by
limited time frame,
lack of newly
credentialed NPP,
and holiday clinic
closures

ACT: SUSTAINING THE RESULTS

The ROI of a nonphysician provider will allow UTM Cardiology to continue to expand its practice over time by justifying additional providers to meet the demands of the referral base.

As the subspecialty practices grow, nonphysician providers with specific focus in care would augment the care provided by highly specialized cardiologists to complex patients.

CONCLUSION

- Subspecialists will be recognized as “super experts” in a highly specialized fields and will stand out among competitors.
- Strengthen collaboration among all specialties to increase referral base

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- Strategize for potential relationships with additional hospital systems.
- Propose future clinic locations.
- Budget for dedicated case manager within next 3 years.
- Market practice broadly.

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Increasing Access to Cardiology

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- Capitalize on opportunity as preferential cardiology practice for ACO.
- Develop template for APRN immediately pending credentialing.

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- Monitor and project growth to determine when additional locations will be necessary.
- Market practice throughout region to highlight how UTM Cardiology provides services that are not available in the general community.

Thank you!



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