

“APEX” Tops UCHealth Efforts to Streamline Patient Care

By Tyler Smith

To anyone who has ever had a doctor’s appointment, the scene on a late afternoon last week at University of Colorado Hospital’s AF Williams Family Medicine Clinic was unremarkable. Nine people were scattered about the long rectangular waiting room, waiting to be called back to the exam area, while care team assistants at the front desk checked in another three.



AF Williams Family Medicine Clinic

If all goes as planned over the next several months, however, this scene will become far less familiar. AF Williams and Snow Mesa Internal Medicine Clinic in Fort Collins are pilots in a University of Colorado Health initiative aimed at drastically decreasing the amount of time patients spend waiting for care and making their visits with providers more productive.

Dubbed APEX (Awesome Patient Experience), the initiative, which goes live Feb. 9, is designed to streamline appointments that all too often leave patients stranded on islands of delay and clog a clinic’s available space, said Karl Sudfeld, practice manager for AF Williams.

“So much of a patient’s visit now is spent waiting – in waiting rooms, in exam rooms, and back at the front desk waiting to check out,” Sudfeld said. “It’s non-value-added time.”

Dump the delays. To change that, the APEX team analyzed the processes of patient care in the two pilot clinics, identifying points where delays, duplications, and waste occur. They developed solutions that include maximizing the skills of staff and providers – “getting people to work at the top of their scope,” as Sudfeld put it – tapping into the power of the Epic electronic health record (EHR), and collecting data to measure the efficiency of care delivery, clinical outcomes, and patient and provider satisfaction.

Ultimately, APEX leaders believe the new processes can trim as much as 20 minutes from the 40 minutes that providers now spend on new-patient visits, Sudfeld said. At AF Williams, that would mean opening as many as 250 new appointment slots a month for patients in the Stapleton neighborhood and other nearby areas, he said. At Snow Mesa, Practice Manager Heidi Robinson thinks a similar capacity increase is conceivable.

Today, a visit scheduled for 40 minutes at Snow Mesa averages 61 minutes. During that hour, patients spend only a little more than 20 minutes with a provider, Robinson said. Eliminating wasted time means a more satisfying visit for patients and providers (*see box*). It also promises to free up clinic space. That means increased volume – good for the financial health of the clinics and the system as a whole.

Changing roles. One way APEX aims to change that ratio is by redefining the roles and responsibilities of medical assistants. Instead of escorting patients to an exam room, taking vitals, and then leaving them to wait for providers, as they often do today, MAs in the APEX clinics will be with patients for the duration of their visits.

During a roughly 20-minute period before the provider arrives, the MA will perform “an exhaustive agenda setting,” Sudfeld

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said. That includes gathering information on the reason for the visit, a more detailed history than is typical today, and an assessment of “gaps in care,” such as needed tests for patients with chronic conditions.

The general idea is to prepare providers for their patient encounters, so they can begin immediately to address their patients’ health concerns, Sudfeld said. More broadly, APEX envisions MAs expanding patient care beyond an isolated reason for a visit. For example, an MA might notice that it’s time for a patient with diabetes who comes in for treatment of a sinus condition to get an A1C test to measure his or her blood sugar.



Snow Mesa

“It’s not just preventive care,” Sudfeld said. “This type of care can make UCHealth’s vision of turning ‘Health care to health’ a reality. It’s the next level of improving the health of the community.”

That kind of work will be crucial in a health care environment that continues to tilt toward improving outcomes and reducing the volume of unnecessary procedures and tests, Sudfeld added.

“Our aim is to identify gaps in care before they become problems that send patients to the ED or require hospital readmissions,” he said.

[Jean Kutner](#), MD, MSPH, chief medical officer for UCH and a practicing internist, said the new approach is part of a broad effort by UCHealth to make health care “proactive rather than reactive. We’re trying to engage patients in their own care.”

For the record. The EHR also plays an important role in the revamped model, Sudfeld said. When an MA collects from the patient the reason for the visit – say a respiratory problem – Epic

will bring up a set of additional questions, based on the symptoms, the MA asks to gather additional information for the provider. If predetermined protocols indicate the patient needs tests, screenings, or medications, the MA can “pend” the orders, saving time for the provider, who needs only to decide whether to approve them or not.

After the MA finishes, he or she can mark the information as ready for the provider to review, either from a workstation or, ideally, in the exam room with the MA and the patient, Sudfeld said.

“Our goal is not to leave the patient alone in the room,” Sudfeld said.

To further streamline the process, the clinics have also expanded the role of care team assistants (CTAs). With the Feb. 9 launch, CTAs will begin calling new patients before their visits to gather information on their clinical histories. At AF Williams, two CTAs will staff the front desk for check-in while a third will make the “outreach calls,” Sudfeld said. That change promises to save time for the MAs and could cut another 10 minutes from the front end of a new-patient visit, he added.

Roots of redesign. Staff and providers from the two clinics have spent months preparing for the launch, working closely with UCHealth Process Improvement Consultant Ellen Seymour. But the preparations extended across the entire UCHealth system, Seymour said, with 125 participants, including 47 providers, from each region taking part in eight “events” aimed at fine-tuning the process.

Primary care leaders at UCH and CHMG had already demonstrated “a history of collaboration and working together,” which made the collaborative approach of Care by Design a logical choice for process redesign, Kutner said. The model’s emphasis on teamwork and coordination also fits nicely with the [patient centered medical home](#) (PCMH) concept, which is solidly in place at each of UCH’s eight primary care practices.

The strategies for building UCHealth’s primary care line “started with those connections and a shared vision” for patient-centered care, Kutner said. When she and other leaders thought about what a system geared to serving patients, engaging staff, and maximizing productive clinic time would look like, they found that Care by Design fit the bill.

"We thought, 'Why reinvent the wheel?'" Kutner said.

No free lunch. But the APEX pilot required a significant investment of both time and money. The new model calls for a ratio of 2.5 MAs for every provider – up from 1:1. That's meant a hiring surge that will ultimately add 14 new MAs to the AF Williams staff. The clinic last week had hired eight, Sudfeld said. Snow Mesa will need to hire three more MAs to reach its target of 15, Robinson said.

"One of our biggest struggles has been finding good MAs," she added. Many applicants have no experience – not necessarily a bad thing for a clinic going through significant change. "It's an opportunity to help people grow and find their way into the medical field," she said.



If the APEX initiative is successful, the waiting room at AF Williams might very often look like this.

The added staff also needed plenty of training. Robinson said Snow Mesa developed online training modules built around "packets of information" on such topics as recognizing high-risk medications, checking patients for allergies, taking medical histories, and conducting "motivational interviews" that build rapport with and engage patients. Each packet concludes with a test for competency, Robinson said.

Sudfeld said MAs at AF Williams each received about 30 hours of training. The APEX go live also roughly coincides with the upgrade to Epic version 2014 on Feb. 7. The APEX team designed the clinics'

workflows and trained staff in the updated version of Epic to make the best use of their time, Sudfeld said.

Last week, both AF Williams and Snow Mesa began the countdown to launch with "dress rehearsals" that simulated

patient encounters in the APEX environment (see accompanying story, this issue). The exercises gave people a chance to practice and identify kinks that could impede patient flow.

"When we go live Feb. 9, we hope people will feel more competent," Robinson said.

The venture into a brave new world of health care offers great possibilities, Kutner concluded.

"We're transforming the way we deliver care," she said. "APEX is part of an overall strategy to position UCHealth as a true leader."

Satisfaction for Providers, Too

[Peter Smith](#), MD, vice chair for clinical affairs for the CU Department of Family Medicine, says the APEX initiative rests on a “quadruple aim.” Three-quarters of the target are familiar to health care improvement plans, Smith said in an email: enhancing the patient experience of care, improving the health of populations, and reducing per-capita costs.

The fourth aim, making the “experience of care” more satisfying for members of the health care team, is not as well recognized, Smith said. But he maintained it’s essential to the success of the entire initiative, because burnout and dissatisfaction among clinical providers and other team members are linked to less satisfied patients, poorer patient outcomes, and higher costs.

Smith noted that a host of factors contribute to physician burnout and the potential departure of many primary care physicians from the profession at the very time that the Affordable Care Act and changing demographics promise to add 30 million new patients to the system in the next decade. Chief among the reasons: a heavy administrative burden, increasingly complex cases, and heavier responsibilities imposed by electronic health records.

“For every hour spent seeing patients, physicians spend about 15 minutes on unreimbursed administrative work,” Smith wrote. “For our providers, this translates into 2 additional hours after a full day of work, usually performed at home in the evenings and on weekends, away from their families and necessary rejuvenation time.”

The upshot, Smith said, is “too many hours working and, worst of all, the inability to provide the quality of care and level of service that patients need and deserve.”

APEX aims to relieve that pressure, improve patient access, and simultaneously increase both patient and provider satisfaction, Smith said.

“When we started the process of deconstructing and reconstructing the patient visit from scratch, we focused our efforts on improving the experience for the customer, but defined ‘customer’ to include providers and staff as well as the patient,” Smith wrote. “The general approach is to make everyone’s work more meaningful by enhancing a sense of shared mission and allowing people to operate at their full capacity.”