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

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Institution: Oregon Health and Science University

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* This study will focus on Prostate, Gastrointestinal, Breast and Head and Neck Cancers as the primary focus
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.
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.

* This study will focus on Prostate, Gastrointestinal, Breast and Head and Neck Cancers
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
Radiation Medicine Referral Current Workflow

**Referral comes in through Epic**
- MCC receives and reviews Referral
  - Does Pt. have Ins.?
    - Yes: MCC Call Ins for Auth
    - No: Pt. transferred to Financial Assistance
      - Did Pt. get approved for Financial Assistance?
        - Yes: Create PSE & Give to Pt. to decide
        - No: Is it 100% Covered?
          - Yes: Yes
          - No: No
            - Yes: Yes
            - No: No

- Referral comes in through email or fax
  - MCC enters referral into Epic
    - Does Pt. need Auth?
      - Yes: Submit Auth Request
      - No: MCC/MD Peer Review
        - Is Auth Approved?
          - Yes: Yes
          - No: No
            - Yes: Yes
            - No: No

- Does Pt. Need Auth?
  - Yes: Yes
  - No: No

- Is Auth Approved?
  - Yes: Yes
  - No: No

- Is it 100% Covered?
  - Yes: Yes
  - No: No

- MCC/MD Peer Review
  - Create NCCF & give to Pt.
    - Pt. Accepts PSE?
      - Yes: Yes
      - No: No
        - Yes: Yes
        - No: No

- PSE Proceed to Scheduling
  - Yes: Yes
  - No: No

- MCC-Managed Care Coordinator
- NCCF-Non Covered Charges Form
- PSE-Patient Service Estimate
- Pt.-Patient
- Auth-Authorization
Between February and April 2017, 54% of new patients consult at the OSHU Radiation Oncology Department were seen ≥ 2 weeks from the date of referral. This results in poor patient outcomes.
Diagnostic Data

February 2017 - July 2017

- Patients with Head and Neck, Prostate, Gastrointestinal and Breast Cancers

* Patients with Head and Neck, Prostate, Gastrointestinal and Breast Cancers
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 ≥ 2 weeks from the date of referral from 54% to 30%.

* Patients with Head and Neck, Prostate, Gastrointestinal and Breast Cancers
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

* Patients with Head and Neck, Prostate, Gastrointestinal and Breast Cancers
### Prioritized List of Changes (Priority/Pay-Off Matrix)

<table>
<thead>
<tr>
<th>High Impact</th>
<th>Low Impact</th>
</tr>
</thead>
</table>
| • 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. | • Biweekly PAS/MCC Meetings regarding Process Improvement/Check-Ins |
| • 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 | • Increase communication between PAS and MCCs regarding patients scheduled who have OON insurance and will require authorization for visits |

### Ease of Implementation

- **Easy**
- **Difficult**
**New Process Map – Effective June 2017**

**Radiation Medicine Referral Workflow**

1. Referral comes in through Epic
2. Referral comes in through email/fax
3. PAS/MCC enters referral to Epic

**Decision Points**
- Start Point
- End Point
- MCC Duties
- PAS Duties
- PAS/MCC Duties

**MCC-Managed Care Coordinator**
- PAS-Patient Access Specialist
- PSE-Patient Service Estimate

**MCC Duties**
- MCC Processes Insurances & Educates Patient on His/her insurance
- MCC Duties continued
- MCC Duties

**PAS Duties**
- PAS notifies Jen & Bridgett of MD Not Available & Why
- PAS schedules based on additional MD coverage

**PAS/MCC Duties**
- PAS/MCC Receives & Reviews Referral
- Did PAS contact the Patient
- Did PAS reach Patient on 3rd attempt
- Patient referred back to referring provider

**Patient is scheduled**
- Does Patient have insurance

**Patient is scheduled**
- MCC Processes Insurances & Educates Patient on His/her insurance

**Patient referred back to referring provider**
- Does Patient accept PSE?

**Yes**
- Patient keeps initial appointment

**No**

**MCC Duties continued**

- *Patients with Head and Neck, Prostate, Gastrointestinal and Breast Cancers*
## PDSA Plan (Test of Change)

<table>
<thead>
<tr>
<th>PDSA Cycle Start Dates</th>
<th>Description of Intervention</th>
<th>Results</th>
<th>Action Steps</th>
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</table>
| June 5<sup>th</sup>    | 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. | consults seen ≥ 2 weeks from the date of referral from 54% to 14.3%                              | 1. Biweekly PAS/MCC meetings.  
                           2. Communication between PAS & MCC |
| November 1<sup>st</sup> | 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. |                                                                                                  |              |
Physician Scheduling Matrix

<table>
<thead>
<tr>
<th>Diagnosis/ reason for Referral</th>
<th>Specialty</th>
<th>Provider</th>
<th>Timeline for appointment urgent, 1-2 weeks, routine</th>
<th>Required Records</th>
<th>Required Diagnostic Testing</th>
<th>Medical Review Required</th>
<th>Approved to Overbook</th>
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Change Data

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

* Patients with Head and Neck, Prostate, Gastrointestinal and Breast Cancers
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.

* Prostate, Gastrointestinal, Breast and Head and Neck Cancers
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.
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.

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.

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.