Established 5 ambulatory workgroups, the Ambulatory Executive Committee, and the Ambulatory Board Committee involving at least 70 physicians to create a physician led and professionally managed organization for clinical operations

- Overall POS collections increase over last FY of 14%
- Overall increase in visit volume over last FY of 13%
- Improved no-show rate for clinical areas by making personal calls to patients before day of appointment
- Incorporated 1st and 2nd year Medicine Residents into clinics
- Initiated measures to begin alignment with TJC Competencies and guidelines to meet patient safety goals and expectations
- Initiated steps to align staffing and clinical costs to better measure revenue/expenses by clinical areas
- Opened HOPD Wound Management Clinic
- Opened MIND Center collaborative clinics in Suite F
- Improved MyChart Adoption Rates from 11% - 55% of all active patients and developed plan for continued growth
- Developed successful PQRS reporting avoiding 1.5% payment adjustment
- Avoided 2.0% payment adjustment for e-Prescribing as part of Meaningful Use
- Began billing resident visits for resident Meaningful Use project (ongoing 2015)
- Positive gains in Patient Satisfaction
  - Increase in overall doctor rating from 82.9% to 84.6%
  - Recommend this provider office from 89.7% to 91.3%
  - See provider within 15 min from 67.7% to 71.8%
- 117 New physicians joined UMMC
- Increased ambulatory float pool from 4 to 12 employees allowing more coverage
- Alignment of ambulatory and hospital operations through revised policies and procedures (ongoing in 2015)
- Established partnership between the Epic Team, academic department, and ambulatory operations to complete Epic Optimization and Outline the Epic Optimization cost schedule with all ambulatory specialties (ongoing 2015)
- Established ambulatory operations for newly formed Department of Dermatology including increased cFTEs and clinic locations
- Established greater awareness with admin/staff regarding aesthetics for an improved patient experience
- Launched regular staff/area meetings to improve communication throughout clinical areas and revised clinical infrastructure
- Established regular meetings with Physician champions/Divisional chiefs/ chairs for improved communication
- Revised Appointment Request Guidelines (ARGs) for providers (ongoing in 2015)
- Reviewed and revised Televox Messages to improve patient/provider communication regarding appointments
- Improved and Developed an Epic registration and scheduling training program for ambulatory staff - Insurance 101 and Soft Skills Training (to minimize front end errors)
- Increased # of ambulatory referral clinics for improved access across certain specialties
- Began design for EOS system in the Pediatric Ortho Clinic in the Pavilion
- Moved Lakeland Family Medicine Center to a newly renovated space on the 2nd floor of the Lakeland Medical Building offering more exam rooms and better surroundings for our patients
- Moved West Jackson Family Medicine Center to a newly constructed leased space in Flowood with better access and nicer décor for our patients
- Deployed pilot kiosks in both family medicine locations
- Implemented patient daily average cycle time reports in family medicine and experienced an immediate and sustained reduction
- Increased Visit Volume at Grants Ferry from a Monthly Total average of 4379 in Fiscal Year 2013 to a Monthly Total Average of 5095 per month (increase of 716 additional visits per month). *Does not include Ancilliaries, PAT, PT/OT.*
• Increased Patient Per Day Visit Volume at Grants Ferry from an Average of 207 in FY13 to an average of 243 in FY14 (net increase of 36 clinic patients per day). *Does not include Ancilliaries, PAT, PT/OT.

• Ambulatory ended FY2014 with better than budgeted financial performance

• Repaved the parking lot at Grants Ferry, sealed skylights in Pavilion, repaired stucco and roof on the Pavilion

• All Ophthalmic Tech’s became BLS certified

• All residents in Ophthalmology received their RAT (residents as teachers) certifications

• Began evaluations of OptoVue Prototype next generation OCT Instrument (May 2014)

• Began process for participation with IRIS (Intelligent Research In Sight), the world’s first comprehensive, EHR based on eye disease and clinical registry

• ACGME Approved expansion of Ophthalmology Residency Program from 9 to 12 Residents

• Established routine employee appreciation incentives (MyChart Challenge) in Orthopedics

• Decreased patient wait time in Orthopedics with a “Zone Coverage” Initiative, “Early Bird” Initiative and a revised scheduling template.

• Reduced overtime to a very low percentage, resolved lost revenue issues due to EPIC billing issues, and started UPC Council for UMMC Magnet status at the Cancer Institute.

• Started development of an OB/Gyn clinic at the Jackson Medical Mall with expected completion date on 9/2/14

• Developed and presented in-service for all registration and scheduling staff in Ophthalmology

• Implemented Quality Assurance Program to review 3 calls per Guide/Scheduler and provide monthly feedback to each Guide/Scheduler

• Implemented Monthly Scorecards measuring the 4 Key Performance Indicators of Confirmed Errors, Quality, Attendance and Ready Time

• Launched the dedicated number for Pediatric Referring Providers (855) 984 KIDS effective 8/2/13 answered by the Access Guides

• Implemented the Extra Mile Program with the Access Guides to help create an environment where employees strive to go above and beyond what is expected

• RFP approved to renew ECHO (Physician Credentialing and Access Guide Non Accommodation Reporting) contract and upgrade scheduled for 9/1/14

• Access Guides were a Tier I on the Moorehead Satisfaction Survey and held focus groups with Tier II and Tier III groups to assist in creating action plans to improve employee satisfaction

• Held Monthly Meeting with Access Guides to improve communication

• Completed Decentralization of Schedulers from the CBO back to clinics

• Created a Career Progression Program for Schedulers to help retain talented employees (move from a Physician Scheduler I to a Physician Scheduler II)

• Implemented Error Tracking workflow process for Scheduling

• Created a new “call center” Scheduling group in the system and hired additional personnel to staff the location at the Face & Skin Center in Ridgeland.

• Increased overall Quality Assurance scores for Schedulers 2.6% from FY 2013 to FY 2014 by continuing monthly scorecard & feedback sessions.

• Implemented bi-weekly meetings within the Neurosciences scheduling team and monthly meetings for the Backup scheduling teams to help improve communication and teamwork.

• By implementing various agent level call statistic reports and holding our personnel to a higher standard, we were able to improve on the following call related statistics:
  o The Access Guides handled 10.6% additional calls from FY 2013 to FY 2014, while achieving our abandonment rate goal of under 5%.
  o Reduced the abandonment rate for all departments between 1.89 and 42.0%
  o Reduced the Average Speed of Answer for all departments between 2 and 21 seconds
Ambulatory Operations
FY 2015 Goals

- Establish and maintain a unified ambulatory structure that is physician led
- Install signature pads in all clinical areas
- Develop strategies for continuous increase in MyChart Adoption to 65%
- Move to Phase 2 of Meaningful Use with 5% messaging
- Grow the ambulatory services offered by Grenada Lake Medical Center for north Mississippian patients
- Implement Epic release 2014
- Recruit a new Associate Ambulatory Chief Medical Officer
- Start Telehealth visits through Wound Management
- Open LB Clinic for HTN, Allergy, and all Medicine Residents
- Begin ambulatory quality program led by CMO/CNO and Director of Quality and Service Excellence
- Develop and implement an ambulatory Service Excellence and Recovery Program
- Align ambulatory operations and academic departments
- Reduce Clinic cycle time/patient flow issues for all ambulatory
- Accomplish ambulatory volume growth at Jackson Medical Mall
- Improve ambulatory employee development programs
- Continue to improve employee morale and motivational programs
- Make pertinent staffing adjustments to ambulatory float pool using daily request data
- Receive and begin to implement strategic plan developed by Kurt Salmon consulting
- Build a pharmacy at Grants Ferry (340B pharmacy mirroring the one in the Pavilion) to serve our patients, providers and staff
- Work to have Financial Assistance Policy finalized and implemented
- Evaluate salaries and increase where below average
- Decrease turnaround time for contracts and compliance
- Engage Medical Directors more while communicating expectations and responsibilities
- Improve delivery of care by implementing surgical consent stickers and patient intake questionnaires
- Work to develop a hardware replacement budget in clinical areas
- Reduce employee turnover
- Produce Epic interoperability access
- Increase utilization of Social Workers and Dieticians
- Increase ambulatory visits by 10% in Women’s Health
- Increase and improve educational information and materials provided to Women’s Health patients
- Develop Mirror Lake as a sub-specialty clinic offering clinics for endometriosis, pelvic pain, fibroids, abnormal bleeding, etc.
- Offer at least one educational program per quarter on a women’s health topic to UMMC staff

Epic/Informatics in Ambulatory:

- Improve Epic reporting to reflect metrics, trends, goals, expectations, and find opportunities for improvement
- Develop Epic optimal and compliant templates and workflows for wound management clinic
- Continue to optimize Epic in all ambulatory areas
- Develop/initiate system for enhancing collection of accurate patient demographics
- Implement key patient forms available in Epic
- Streamline response to Epic Issues
Access/Scheduling in Ambulatory:

- Improve access by decreasing patient wait times to 15 minutes or less (95% of visits under 15 minute wait time)
- Increase efficiencies by maximizing clinic space to see more patients (GI Clinics, Sleep Center, Breast Center, etc.)
- Improve 3rd next available access in critical areas including Endo, Rheum, and GI
- Reduce 3rd next available across ambulatory for improved patient access
- Improve denial rates caused by front-end errors
- Continue to work with scheduling groups to reduce our Non Accommodation rate
  - 2012 (11.58%) 2013 (15.29%) and 2014 (17.31%) to a Goal of below 12%
- Improve clinic fee collections at front counter to $750,000/month (6.25% of total collections) by implementing processes for schedulers and front desk employees
- Improve customer service to those patients that are discharged from the ED and Hospital by implementing new processes to provide coordination of follow-up appointments and to ensure all are made in a timely manner
- Improve Provider slot utilization by working with AOD’s in implementing processes that consists of a daily review of Providers schedules and scheduling patients on the wait lists to fill slots due to cancelations
- Finalize RFP with selected vendor for appointment reminder calls
- Ensure ECHO (Access Guide Non Accommodation Reporting) 5.0 system is upgraded effectively by training and project management

Revenue cycle in Ambulatory:

- Reach a goal of 41 Days in AR, compared to the Medical Group Management Association (MGMA) benchmark of large multispecialty practices
- Reach a set goal of 24% over 90 Days in AR by November 30th.
- Decrease Lag days, denials, and work queues for stronger synergy with ambulatory CBO
- Address denial and cancellation reasons - reduce No Show Rates across ambulatory
- Implement check in collections of copays and past due balances and check out collections of co-insurances, other fees and past due balances
- Creation of ambulatory dashboard detailing KPI’s
- Create financial transparency by allocating all costs to the area the cost applies regardless of the accounting unit in which it is recorded

Service Excellence in Ambulatory:

- Begin using American Medical Group Association (AMGA) as patient/provider satisfaction survey vendor
- Recruit a new Director of Quality and Service Excellence to establish a patient service complaint and tracking system for quality and service excellence
- Improve appearance/environment for patient experience in clinical areas
- Aesthetically improve clinics (Pavilion and Select Urology - waiting room)
- Improve ancillary times for greater patient/physician satisfaction