



ACE Annual Meeting 2020

Always Open: How to Offer Same-Day Appointments

January 24, 2020

CONFIDENTIAL

Agenda

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II. Pain Points in Oncology Patient Access

III. Oncology Patient Access Improvements

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I. Oncology Patient Access Overview

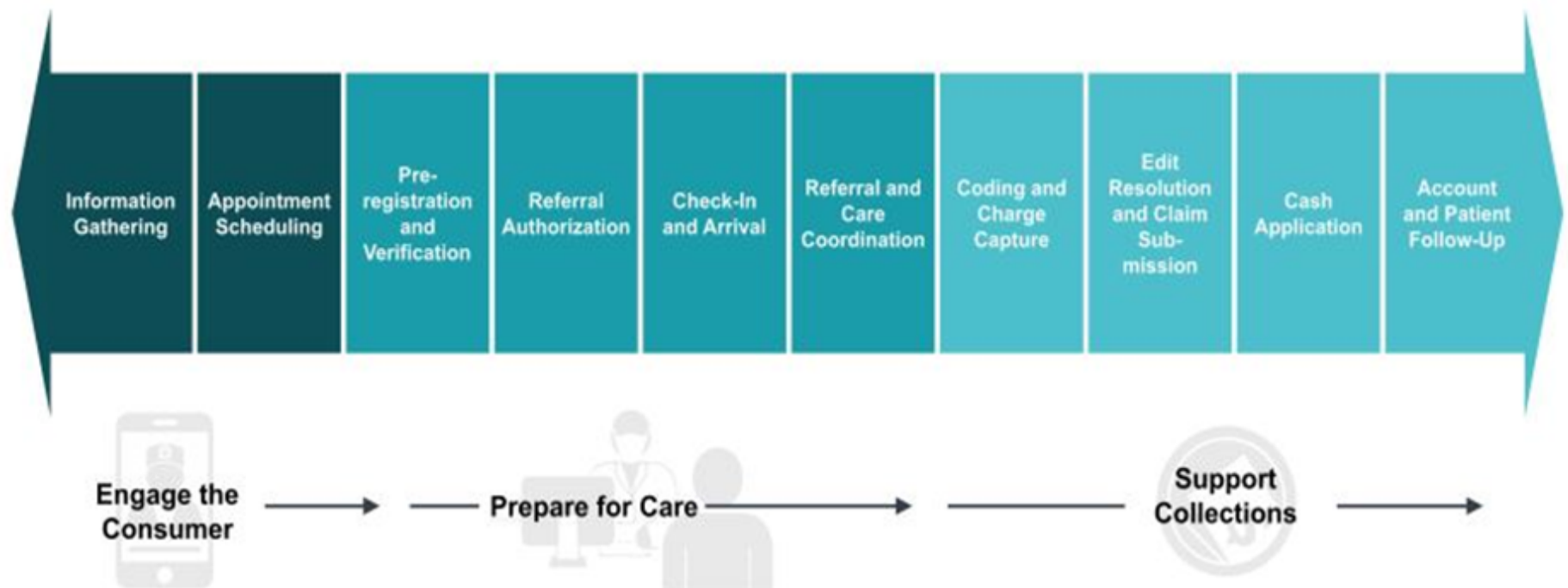
I. Oncology Patient Access Overview

What Is Patient Access Today?

The concept of patient access has expanded from just the initial patient engagement to cover the entire continuum of care, including each instance in which a patient seeks care from a healthcare provider.

Care Access-to-Collections Continuum

Patient access is a multifaceted term that is used to describe how consumers interact with their healthcare providers. Failure to meet consumer expectations can have significant implications on attracting and retaining patients.



I. Oncology Patient Access Overview

Complexities with Oncology Patient Access

In oncology, there are a multitude of providers, touch points and pathways—more so than in other service lines, creating complexities in patient access.

Multitude of Referral Pathways



Patients are referred to cancer specialists through a variety of referral pathways. From PCPs to surgical specialists to second opinions and clinical trial matching, these referral patterns result in endless care pathways.

Complex Scheduling



Oncology care requires a multidisciplinary care team, which complicates scheduling as patients often must coordinate across a team of providers. Referral management pathways become more complex, with many different avenues through which a patient can enter.

Extensive Information Gathering



Cancer patients require extensive information gathering and medical record reviews before receiving services. This could include gathering clinical records, pathology slides, and radiology scans. This process could take days to weeks and create a bottleneck related to scheduling patients for appointments.

High Cost of Care



With some treatment options reaching several thousands of dollars, oncology care is one of the highest-cost healthcare services for patients. This high price tag creates barriers to patients receiving care due to the rigor necessary for financial clearance.

Complex Treatment Modalities



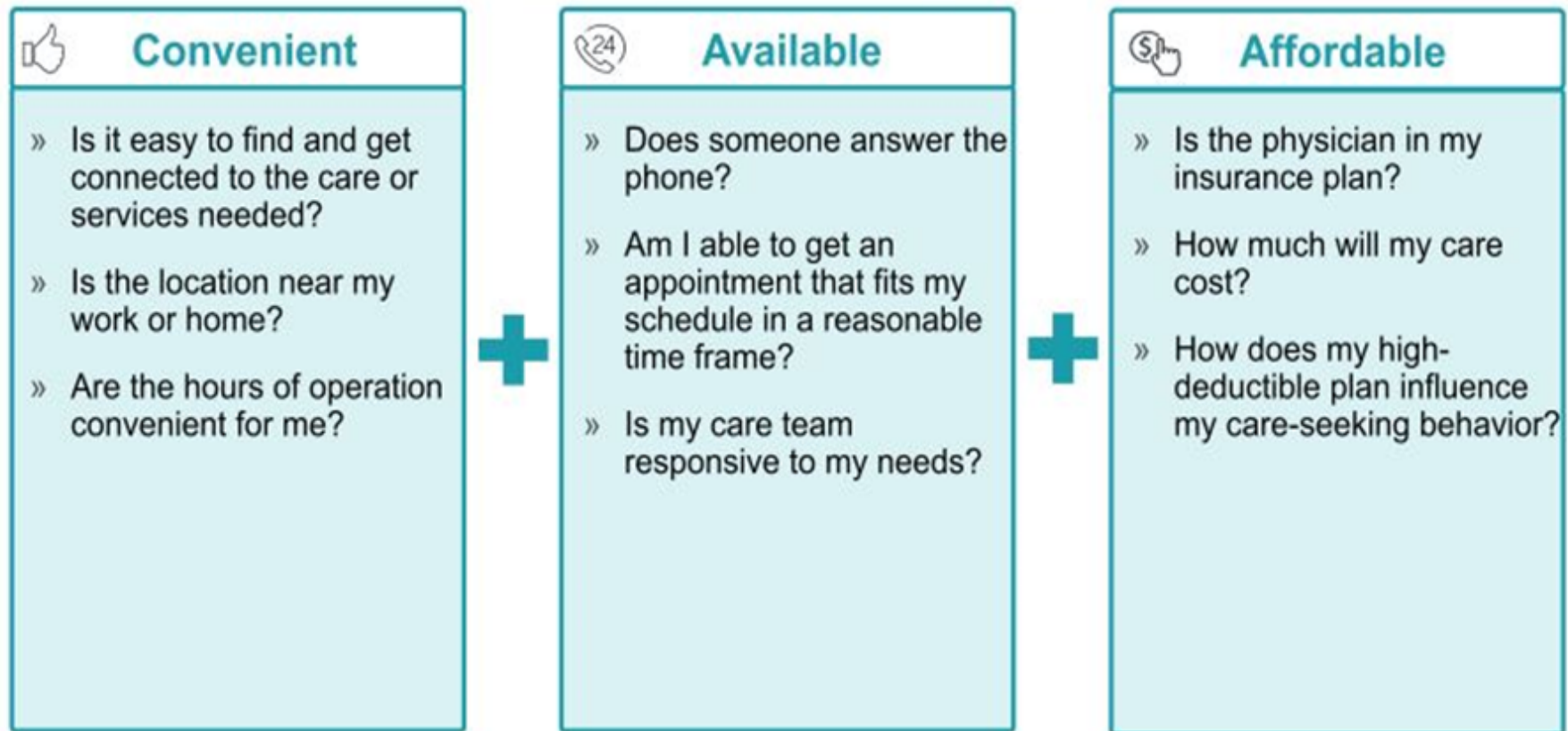
Once a patient is receiving care at a cancer facility, infusions (scheduling and management) are among the more complex services to operate efficiently due to the wide variety of infusion times, limited number of chairs and nursing staff, and variety of patient acuity levels.

I. Oncology Patient Access Overview

Demand for Streamlined Patient Access

Despite the complexities of and barriers to oncology care, consumers and payers are demanding more a streamlined patient access experience.

What Do Consumers Want?



II. Pain Points in Oncology Patient Access

II. Pain Points in Oncology Patient Access

First-Point-of-Contact Challenges

Key pain points in first point of contact relate to appointment availability, limited responsiveness, and complex referral management.

Challenges with First Point of Contact



71% of callers were unable to receive timely appointments when seeking treatment.



39% of callers were denied an appointment as a result of **lack of medical records**.



24% of callers were **unable to reach a scheduler** after multiple attempts.






18% of callers were denied as a result of **arduous referral requirements**.

¹ "Appointment Access for New Cancer Patients" (2011), https://ascopubs.org/doi/abs/10.1200/jco.2011.29.15_suppl.6128.

II. Pain Points in Oncology Patient Access

Previsit Challenges

After initial contact, there can be challenges in scheduling patient appointments and gathering the necessary information before a patient arrives for evaluation or treatment.

<i>Activity</i>	<i>Description</i>	<i>Challenges to Access</i>
Appointment Scheduling 	Scheduling is often complex to organize, given the multidisciplinary teams required to provide oncology care for patients. Some oncology programs have individual schedulers for each provider, creating operational inefficiencies and barriers to appointment.	<ul style="list-style-type: none">» Callbacks for appointments» Increase in time to appointment» Inefficient provider schedules
Medical Record Collection and Review 	<p>Medical record review frequently requires having a patient's clinical records, pathology slides, and radiology scans.</p> <p>If a provider does not send records electronically, the time to acquire the records increases significantly.</p>	<ul style="list-style-type: none">» Increase in time to appointment (if not automated)» Appointment cancellations
Pre-Authorization 	Pre-authorization is common in oncology due to high-cost treatments and drug therapies. This often requires extensive paperwork and discussion with payers for approval.	<ul style="list-style-type: none">» Increase in time to appointment» Appointment cancellations

II. Pain Points in Oncology Patient Access

Scheduling Challenges: Infusion Example

There are scheduling challenges throughout oncology care. In particular, infusion centers pose a scheduling challenge due to variable treatment lengths and nursing resources.



Regardless of a center's size, peak volume is typically achieved between 11 a.m. and 2 p.m. Often, peak capacity is sustained for only a brief period, resulting in the missed opportunity to maximize the utilization of chairs and other resources and increase patient throughput.

Variability Sources

Treatment Length and Acuity

Treatment Frequency

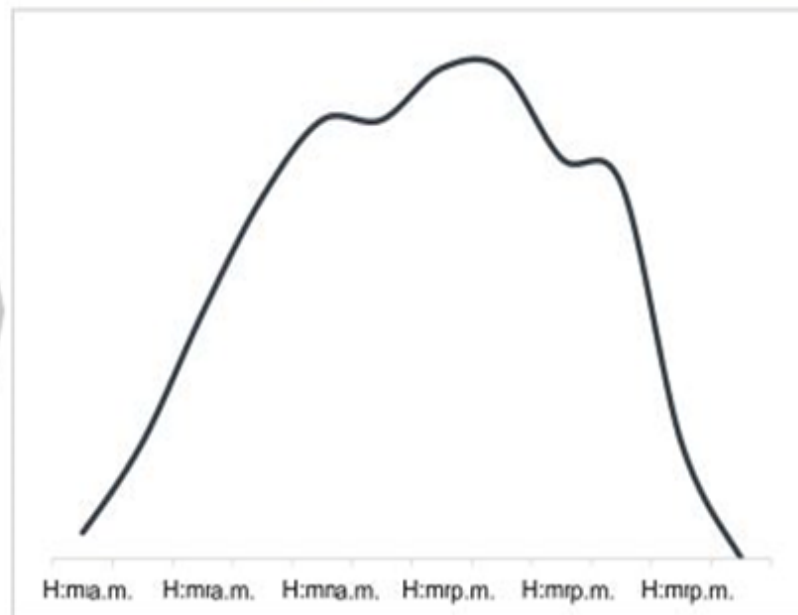
Nurse Availability

Pharmacy and Lab Delays

Ad Hoc Scheduling

Clinic Workflows

Common Daily Chair Utilization Pattern



Results

 Patients Waiting

 Staff Downtime

 Staff Overtime

 Staff Burnout

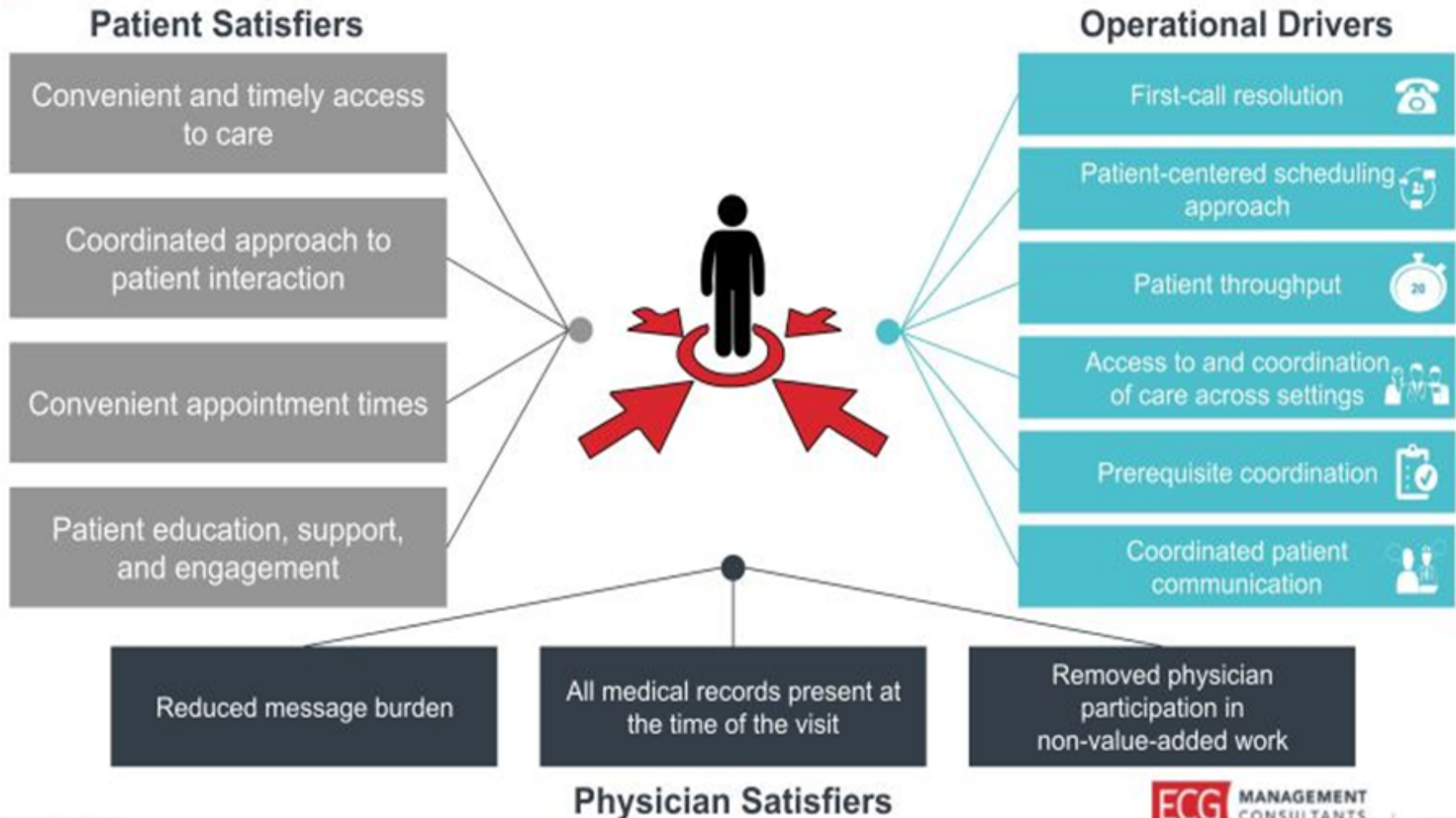
 Expansion Costs

III. Oncology Patient Access Improvements

III. Oncology Patient Access Improvements

Patient-Centered Patient Access

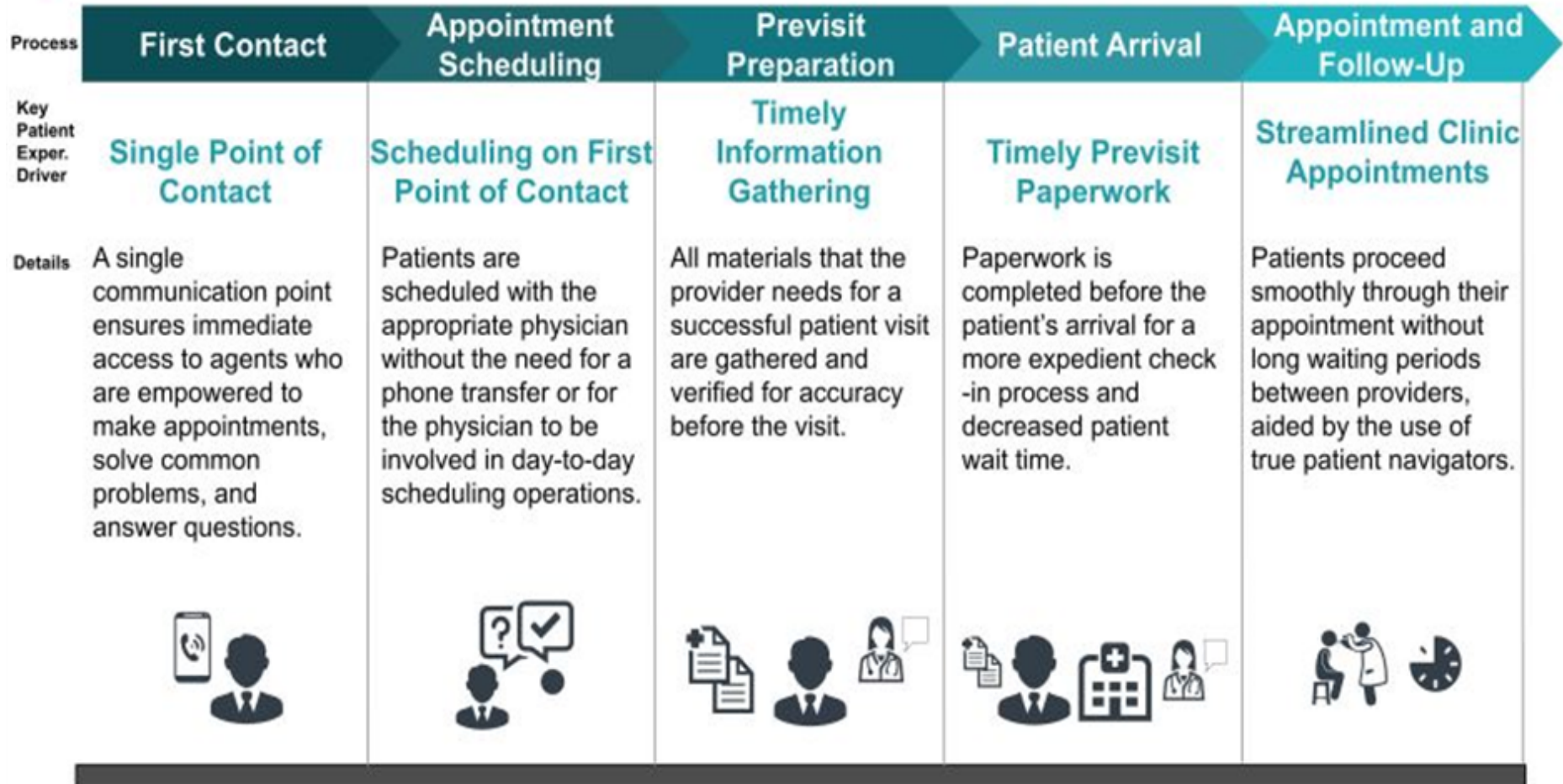
As an organization looks to grow its patient base, its clinical capabilities coupled with an optimal patient access experience will distinguish it from other programs in the market.



III. Oncology Patient Access Improvements

Example of Patient-Centered Patient Access

Key drivers of patient-centered access focus on single points of contact and speed to care through streamlined processes.



III. Oncology Patient Access Improvements

First Point of Contact

The first point of contact needs to be simple and reliable and fit the needs of today's patients so they can seamlessly get access to care.

Simplify Communication with Patients

- » Develop a single point of contact through a 1-800 main telephone line for cancer patients; advertise this number to the community online as well as through other media outlets.
- » Adjust scripting and all communications to reflect a consistent message.
- » Cross-train new-patient schedulers to allow them to schedule for multiple specialties.
- » Eliminate personal lines for new-patient schedulers.
- » Standardize when and how to contact physicians/providers across specialties so the call center can follow a single process.

Ensure All Patient Calls Are Accepted

- » Eliminate the use of voicemail for live patient calls.
- » Institute warm transfers in situations where transfers are absolutely necessary.

Make an Online Option Available

- » Build out chatbot capabilities to respond to patient inquiries and questions.
- » Integrate online scheduling into the cancer center website.

These changes should also make it easier for management to gain insight into current call volumes via improved call reporting.

III. Oncology Patient Access Improvements

Appointment Scheduling

Appointment scheduling can be improved through specialty-level standardized scheduling rules and scheduling automation.



Physician Schedule Requirements

- » Develop diagnosis-specific scheduling guidelines.
- » Develop standard overbooking policies.
- » Formalize policies regarding use of appointment types in the EHR.
- » Standardize the scheduling approach, including when during the day certain appointment types are scheduled (e.g., longer appointments in the mornings)
- » Allow staff to start the day 15–30 minutes before the first patient appointment so as to begin with on-time starts.



Clinic Scheduling

- » Develop algorithms to ensure eligible new patients are consistently routed through oncology clinics.
- » Analyze clinic blocks and volumes to expand or retract blocks where needed.
- » Reduce the number of templates for scheduling clinic appointments. Ensure templates are following a standardized protocol.

These changes ensure that patients can be scheduled correctly regardless of the agent they reach on the phone.

III. Oncology Patient Access Improvements

Previsit Preparation and Patient Arrival

Assign dedicated roles and develop automated patient intake processes to reduce rework and streamline the pre-patient visit process.



New-Patient Intake

- » Use navigators as a single point of contact for all intake patient activities (scheduling, medical records, etc.)
- » Develop and institute new-patient questionnaire algorithms based on diagnoses.
- » Implement a work queue and tickler system to track new-patient medical record procurement.



Template Structure and Management

- » Effectively deploy consistent appointment tools and rules (e.g., session limits, patient modifiers, blocks to automate scheduling).
- » Implement consistent appointment designations to enable accurate tracking of canceled and no-show appointments.
- » Redesign templates to allow for overbooking by call center agents.



Messaging

- » Develop cancer center policies governing the use of interdepartmental messages.
- » Establish message pools to streamline communication within specialties.
- » Establish message pool processing standards.
- » Implement standards and escalation hierarchies to ensure timely message processing.

If properly implemented, these improvements will eliminate points of contact with the patient and streamline previsit preparation.

III. Oncology Patient Access Improvements

Patient Appointments and Follow-Up

Defining a clear set of scheduling and operations rules, as well as automating points of contact with a patient, will help streamline on-site visits and follow-up care.



Patient Appointments

- » Develop clear scheduling rules to ensure all appointments are scheduled without external barriers (e.g., infusion appointments scheduled before the pharmacy can mix chemotherapy).
- » Implement an automated scheduling tool for infusion scheduling, to evenly distribute chair utilization throughout the day.
- » Implement telehealth for clinically appropriate follow-up visits, to reduce patient on-site visits and clinic operational burden.



Follow-Up

- » Keep connected with patients through use of automated systems to text and email follow-up appointment reminders.
- » Encourage patient retention for appointments and provide an improved patient experience with an oncology-specific care coordination platform.
- » Use navigators for points of contact that require intervention or discussions with the patient. This will promote continuity of care from their initial on-site visit.

These improvements will improve patient experience and retention while on site and when away from the clinic.

III. Oncology Patient Access Improvements

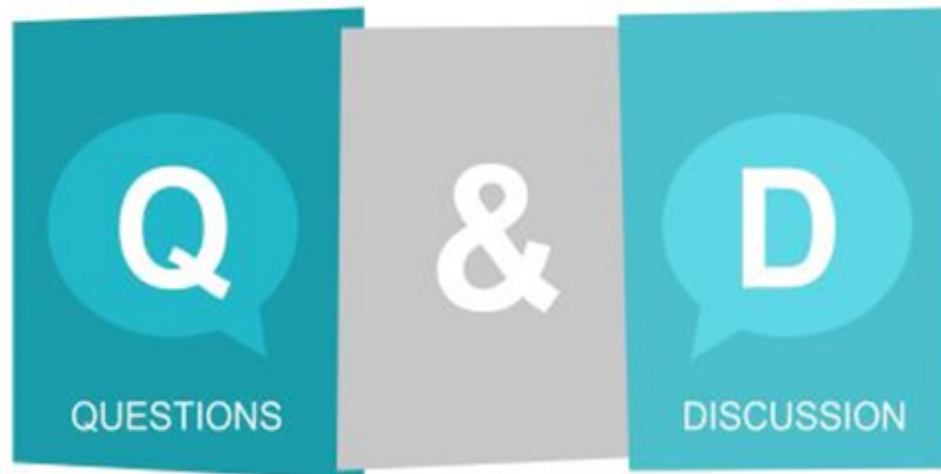
Performance Measurement and Tracking

KPI tracking and performance measurement are critical for improved patient access, patient experience, and a financially sustainable model.

Key Performance Metrics

Metric (average)	Patient Access Driver	Best Practice
Fill Rate	Appointment and Follow-Up	>85%
No-Show Rate	Appointment and Follow-Up	<8%
Bump Rate	Appointment and Follow-Up	<3%
Percentage of Appointments Scheduled on First Contact	First Point of Contact and First-Appointment Scheduling	50%
Time to Appointment	First-Appointment Scheduling and Previsit Preparation	Specialty care (urgent): <48 hours Specialty care (routine): <10 days
Abandonment Rate	First Point of Contact	<5%
Answer Speed	First Point of Contact	30 seconds
Call Handle Time: Full Registration	First Point of Contact and Previsit Preparation	4:30 to 5:00 minutes
Calls per Appointment	Previsit Preparation	<2.5

IV. Questions and Discussion



Contact us



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