

**Ambulatory Enhancements  
Save Clinicians  
10–20 Minutes Per Day**



**bluetree**

# Background and Challenge

A California-based health organization went live on Epic in April 2017. The system includes five hospitals and 19 outpatient facilities and treats a half-million patients annually through 2,600 affiliated physicians. As dissatisfaction mounted, their leadership began exploring opportunities for clinical and patient access optimization to remediate challenges.

The healthcare organization brought in Bluetree to assess challenges, determine root causes, and recommend improvements. Our assessment revealed that existing policies were creating unnecessary administrative work and slowing down patient task turnaround time. Additionally, ordering delays and an unclear understanding of billing practices were creating confusion around scope of practice. Based on our findings, we partnered up to help outline a 2-3 year initiative roadmap to address organizational changes in addition to system updates.

## Solution

After assessing and defining scope of the problem areas, our partner further engaged Bluetree to begin a comprehensive transformation as part of a 2-3 year strategic roadmap. The project's intent extended beyond optimizing Epic EHR build and enhancing the front-end of the revenue cycle.

**Together, these integrated initiatives sought to:**

1. Save clinicians time
2. Redefine scope of practice and allow staff to work to the top of their license
3. Improve the patient experience
4. Improve revenue tracking and accelerate authorization turnaround times
5. Increase transparency into clinic operations through analytics

In April 2019, an integrated team of Bluetree revenue cycle and clinical specialists and members from their Information Services (IS) teams got to work. Below are highlights from the different initiatives Bluetree and the organization collaborated on to transform front end and clinical practices.



# Execution

## Clinical Transformation

### Top of License

Our partner believed they were being too restrictive with their daily roles and responsibilities, leading to a bevy of administrative work falling to providers instead of support staff. They reviewed and outlined daily tasks for 15 different support roles through communication with multiple medical boards, their existing internal policies, other California-based Epic organizations, and other individual practices. The review clarified tasks and immediately started saving time and clicks for their end users.

#### **Bluetree and our partner:**

- Updated scope of practice to include 70+ additional tasks for support staff
- Identified 58+ tasks providers would no longer need to do personally
- Created 7 best practices to define Medication and Problem List etiquette, In Basket message routing, charging workflows, and patient communication with specific outcomes attached to each best practice

### In Basket

In Basket—Epic’s application for messaging and daily task management—is notoriously difficult to manage. Most of their clinicians were unclear on how to divide responsibilities among staff members and efficiently address messages that truly needed clinician input.

With the Information Services (IS) team, we removed 400 relegated pools, 74 unused message types, and decreased system message volume by nearly 1,000 messages per day. Additionally, Epic and the IS teams were able to restart their In Basket message cleanup effort with our spotlight on updating the system. This removed about 3 million messages that did not need provider intervention.

#### **We also:**

- Trained 103 users on In Basket in 1:1 sessions with a 96% satisfaction rate
- Mentored educators on In Basket best practices
- Collaborated with operations to help establish division-wide standards and allow support staff to address more messages
- Updated pool build for end users to improve response time



## Reducing Clicks: Preference Lists and Charging Updates

Our partner was deeply interested in finding the quick wins that could save clicks. Click-counting is a common practice in clinicians' minds for measuring success, meaning iterative changes were necessary to keep end users engaged.

We worked together to update orders preference lists and charging workflows to reduce the number of clicks for providers, clinical support staff, and coders when entering information in their workspaces.

### Those changes resulted in:

- A 33% increase in automated charging from Procedure Documentation within 1 month of updates to live environment
- More than 3,500 preference list changes to assist in order and charge entry, saving 1-3 clicks per update
- Automated charging logic for injection administration fees, saving about 1,100 manual charge entries per month

## Patient Access Transformation

Through our assessment and data analysis, we discovered front end optimizations that could help reduce patient scheduling delays and ensure appropriate authorizations were collected. We focused on three primary objectives:

- Refresher education to reduce registration errors
- Visit type consolidation to streamline scheduling workflows and analytics
- Guardrails for referral processes to help decrease authorization-related denials

### Those efforts resulted in:

- 327 adjusted Epic registration confirmation records to ensure significantly greater consistency in what we're systematically asking staff to collect and correct
- Average reduction of available specialty visit types by 34%
- Streamlined and trained referral escalation policies for front desk and central authorization staff
- A roadmap for further front end efficiencies, such as updates to the Benefits Engine



# Outcomes Summary

By focusing on a series of tangible projects across both operations and IT, our partner achieved many of their pre-project goals:

## Goals

### 1. Save clinicians time

- Saved an estimated 10-20 minutes per provider per day

### 2. Define scope of practice

- Updated scope of practice to include 70+ additional tasks and outlined 58+ tasks that providers would no longer need to do personally

### 3. Improve the patient experience

- Decreased In Basket turnaround time per provider
- Reduced confusion with patient scheduling by reducing visit types by an average of 34%
- Created policies that will lead to more accurate medication and problem lists

### 4. Improve revenue tracking and accelerate authorization turnaround times

- Improved registration accuracy and created 51 new WQs for auditing upcoming encounters missing authorization

### 5. Increase transparency into clinic operations through analytics

- Created dashboard with 8 custom components and 20 custom metrics to track progress for each initiative
- Created division-specific action plans with executive accountability

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## Summary

In taking a step back and planning a strategic roadmap with an experienced partner, the healthcare organization demonstrated a commitment to sustained organizational change. By letting data drive decisions and with education serving as the backbone, our partner involved the right stakeholders at the right time to increase buy-in. Small, iterative wins throughout the process for front end users and clinicians empowered users to feel more in control of their use of Epic.



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*It has been a pleasure to partner with Bluetree for our Epic Optimization work. I am impressed with the professionalism and organizational skills in carrying out the workgroup meetings, Epic build, and education for the multiple initiatives that lead to an end goal. Each member of the consultant team is a wealth of knowledge in both technical and operational knowledge, and truly partner with the organization on any challenge that may arise. Bluetree also has a vested interest in helping to develop metrics and processes to support sustainment of changes implemented.*”

AVP