Self Service Estimates Using My Health Connection

Project Summary and Demonstration

Health Care Summit
March 2019

uchealth

Price Transparency in Colorado

CO Legislation

- *House Bill 10-1330* – Colorado All Payers Claims Database (CO APCD)
  - Created CO APCD to provide transparent public reporting of healthcare information, including pricing and patient experience data for consumers (first report published 2012)
- *Senate Bill 17-065* -Transparency in Health Care Prices Act
  - Requires health care providers to make available to the public self pay pricing for the most common healthcare services (50 most used DRG's and 25 most used CPT's) offered at every facility
- *Senate Bill 18-146* – Freestanding Emergency Departments Required Consumer Notices
  - Requires every freestanding emergency department (FSED) to provide written statements of information that include the pricing for the 25 most used CPT's

CMS

- *FY2019 IPPS Final Rule Regulations*
  - Requires hospitals to publish a list of standard charges for all items and services provided by the hospital online

Patient Estimates Project Summary

Business Case:

-with higher deductibles and coins plans, patients increasingly want to know their cost share prior to services
-new regulatory requirements requiring price transparency and cost information not valuable to patients

Problem:

-patient experience is not consistent and difficult - unsure how to request estimate and many transfers or hand offs
-no system standard for providing or completing estimates
-Epic estimator tool functionality is used minimally
-no process or measurements to determine accuracy and quality of estimates completed

Customer Benefits:

-Access to estimate information will be easy, consistent, with no transfers or hand offs
-Estimate requests will be processed faster and be more accurate
-One system team trained to use and optimize Epic tools to continually improve service
-Better communication of estimates with uniform letters and push to MyChart
-Reduce administrative burden in clinics – improved staff satisfaction

Goal: Improve the patient experience by creating a UCHealth patient estimate service team capable of processing patient estimate requests for both hospital and professional services, as well as, begin to allow patients to create their own estimates using MyChart.

uchealth

Video Demonstration

https://www.youtube.com/watch?v=trJ3vY4kmow

uchealth

Patient Estimates – Next Steps

- Build more templates to expand self service offering
  - More categories and services
  - Additional UCHealth facilities
  - Add professional services
- Automate estimates for scheduled services
- Present patients with payment options
- Collect patient feedback/user experience data

uchealth

Questions?

Matt Kelly
Senior Director, Patient Access
Matt.Kelly@uchealth.org

uchealth

UCHealth Process Improvement and Innovation Tools

Vikki Wagner, Director of Process Improvement, Northern Colorado
Heather Kenney, MSPT, MBA, Process Improvement Consultant

uchealth

Define the UCHealth experience
experience
Perform exceptionally, every time, in all we do
performance
Design the future of medicine
innovation
We improve lives.
accessibility
Extend our network of care

uchealth

UCHealth Process Improvement (PI) Department's Mission

We improve lives by giving teams the freedom to focus on patients.

The Process Improvement team's collaborative design processes and data-driven innovations are used to educate, inspire and empower others to create and sustain meaningful change that sets the standard for excellence in healthcare.

Create a culture of problem solvers

uchealth

UCHealth PI Philosophy

Based on two simple concepts:

- Respect for people:
  Patients, Staff, and Community
- Continuous Improvement

Our customers define
VALUE

uchealth

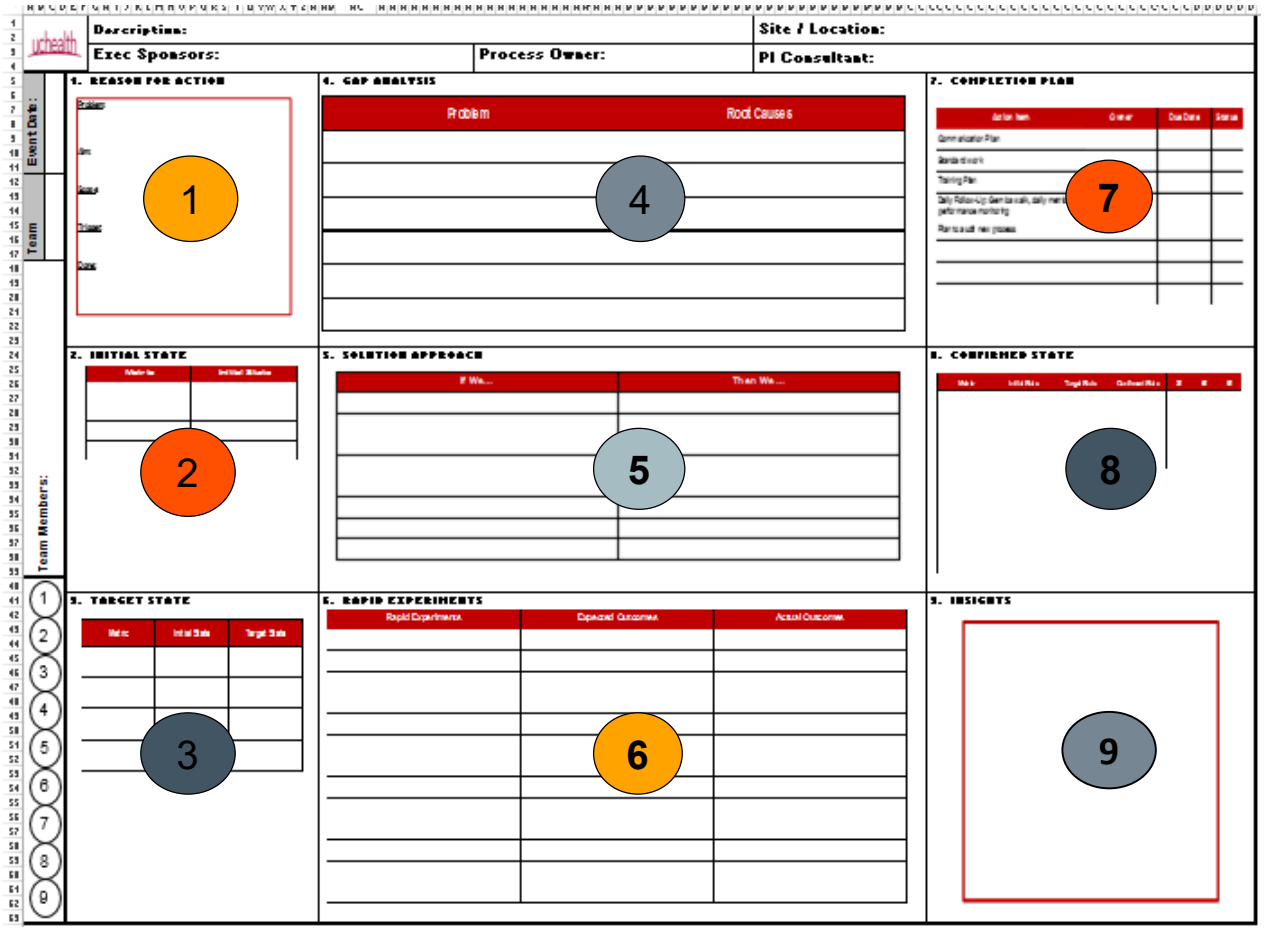
Problem Solving and Innovation Tools

A3

Eight Wastes (DOWNTIME)

uchealth

A3 for Problem Solving and Innovation



uchealth

A3 Principles

Emphasizes the **process** behind the problem

Uses **data analysis and measures** to drive, monitor and sustain improvements

Root cause analysis to drive solutions and rapid experiments

Rapid/just in time problem solving

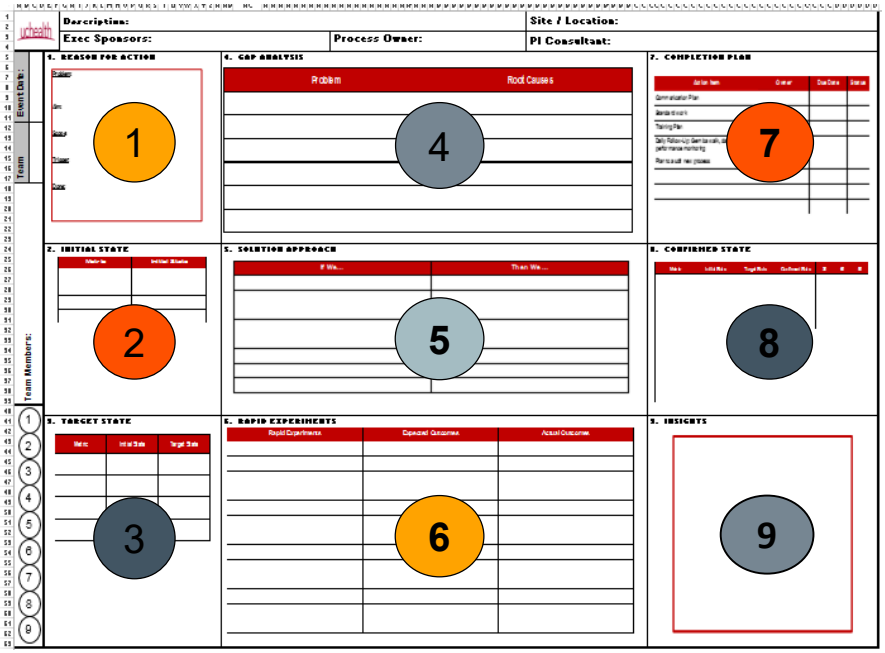
Engages all stakeholders to **find and trial solutions**

Continuous improvement

uchealth

A3 for Problem Solving - Steps to create an A3

- Box 1: State reason for action, aim, scope
- Box 2: Measure initial state
- Box 3: Set target state
- Box 4: Find root cause
- Box 5: Develop solutions
- Box 6: Test the hypothesis
- Box 7: Create a plan
- Box 8: Track the results and benefits
- Box 9: Share the knowledge



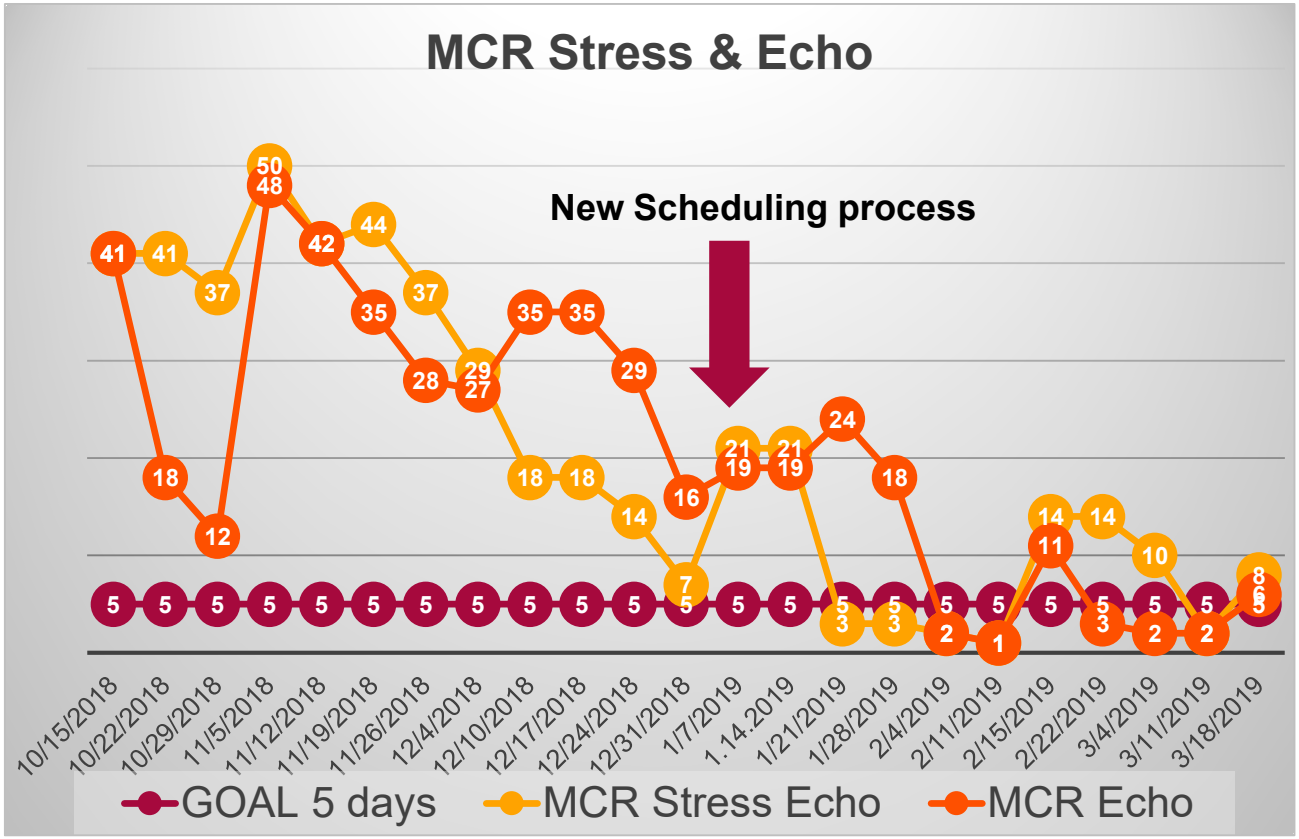
Living document
Confirmed State = Target State
(Box 3 = Box 8)

uchealth

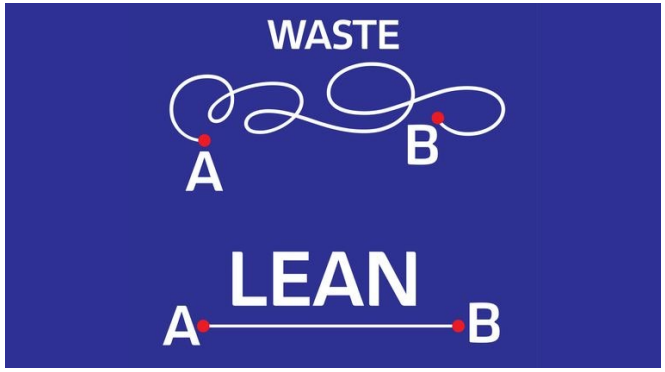
A3 & Value – Access to schedule cardiac tests

Problem: Access for patients to schedule cardiac tests was taking too long, sometimes as much as 50 days.

Aim: Reduce time from patient phone call to testing to five days.



Eight Wastes (or DOWNTIME)



Anything that doesn't add **value** and consumes resources is considered waste

Eight wastes help us identify the type of waste in a process

uchealth

Exposing the Eight Wastes - DOWNTIME

Defects: Errors, mistakes or rework

Excess/Poor Processing: A process that builds in any of these types of waste

Overproduction: Requesting or producing more than is necessary, redundant steps, multiple forms with the same information, more than the patient/customer needs

Motion: Reaching, stretching, searching for an item; multiple trips for copies/supplies

Waiting: Lots of examples! Any idle time, not ready

Inventory: Stocking more supplies than you need, scheduling more patients than the system can handle at one time

Not Harvesting Innovation: Under-utilizing the talents or ideas of the people to improve the process

Transportation: Movement of people or equipment from one spot to another

uchealth

Examples of Waste

TYPE OF WASTE	HEALTHCARE EXAMPLES	
Defects/Rework	• Resticks, redraws • Medication errors	• High infection rates • Wrong patient, procedure or site surgery
Overproduction	• Multiple bed moves • Retesting	• Multiple QC checks • Performing services the patient doesn't need/want
Waiting	• Patient awaiting bed assignment • Waiting for suppliers or staff	• Waiting for results, decisions
Not Harvesting Innovation	• Not using team to help with improvements • Waiting for a problem to be fixed by someone else	• Not asking questions of staff regarding performance and decisions made
Transportation	• Excessive travel for samples and specimens • Moving supplies / equipment	• Excessive transporting of patients for procedures • Moving patients when service could go to them
Inventory	• Patients waiting to be checked in • Lab samples and specimens batched for analysis	• Dictation ready for transcription • Supply room with expired items
Motion	• Looking for patients • Missing meds	• Missing charts • Searching for equipment
Excess Processing	• Inappropriate admits • Rechecking work	• Hard copies of emails and/or attachments • Unnecessary handoffs

uchealth

Example of a “waste” project

Problem:

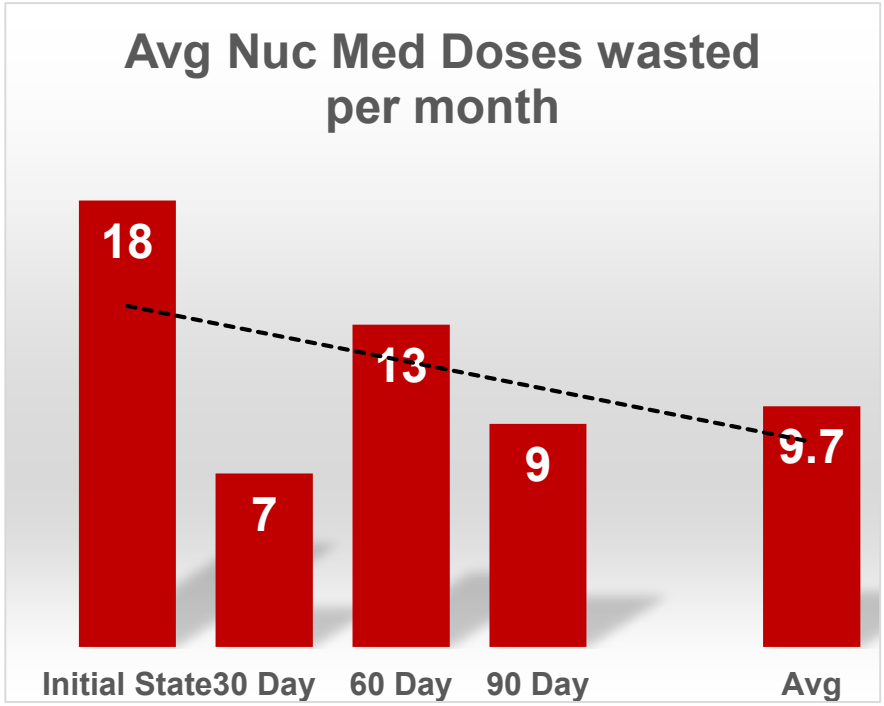
The Cardiovascular (CV) Nuclear Medicine Department have wasted doses of nuclear dye.

In 2017, 213 doses were wasted at a cost of $31 / Dose. These wasted doses increase the CV Service Line operating expenses by $6,603/year

Root Causes:

- Inconsistent delivery and timing of giving prep instructions to patients
- Difficult for patients to communicate with the Nuc Med Dept to cancel or reschedule
- No trigger for the Nuclear Medicine Technologist indicating exam was cancelled

Metric	Initial State (per Yr)	Target State (per Yr)	Current or Final Result
Wasted Doses (Annually)	**213**	**96**	**116 (-46%)**



uchealth

Thank you!

uchealth