

IMPACT: Improving Patient Access to Care and Treatment A Department of Pediatrics Chair's Initiative

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To successfully implement a bundle of evidence-based strategies to improve patient access in the ambulatory clinic environment using operations management, implementation science and the Baldrige performance excellence framework (Approach – Deployment – Learning – Integration).

At the beginning of the project cycle (July 2019), the wait time for a new patient to been seen in the specialty care setting had climbed to 40.1 days, averaged across all Pediatrics divisions. Reducing this metric, reported as New Patient Lag, was the primary outcome and measure of success for the project's evidencebased interventions.

Text Message Communications

- Fast Pass
 - Inform patients and families on the waitlist that a sooner appointment is available for their child when a slot opens by both MyCHOP messaging and Patient.ly text messaging.
 - Pilot expanded to all Specialty Care and rolled out to enterprise (see Allergy & Pulmonary Pilot results to right)

Video Visit Reminders

- Automated 20-minute Patient.ly text message reminders for patients with a scheduled telehealth appointment in both Primary and Specialty Care.
- Overall decrease in No Show visits from 9.2% to 7.8% across Primary and Specialty Care combined

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Project Goal

COVID Impacts

In March 2020, specialty care clinics closed across the CHOP network. For the six to eight months following the onset of the pandemic, divisions were struggling to fill schedules. As a result, focus shifted to the use and efficiency of video visits, and technology-dependent interventions were put on hold while services such as Fast Pass were paused.

Evaluations & Interventions





Customer Lifetime Value

Allergy CLV Results

- Overall actual CLV for holdout: \$22,917,429
- Overall model CLV for holdout: \$23,184,229
- Difference: \$266,800
- Percent error: 1.2%
- Allergy lends itself to a consistent schedule as patients are likely coming back each year throughout much of their childhood.

*Pulmonary's combination of acute and chronic patients makes it more difficult to accurately predict the number of visits and average spend - making it more challenging to accurately predict CLV.



Research and Discussion

- After Visit Survey: Evaluating Telehealth vs. Onsite
- Outcome: Confirmed specialty care visits were referred and scheduled in the appropriate setting
- Equity
- Outcome: Connected with Language Services
- Next Steps: Enterprise-wide evaluation of translation services and MyCHOP language support

Fast Pass and Recall Lists

- Outcome: Mapped Workflows
- Next Steps: Evaluation of Appointment Reminders and recent Epic upgrade capabilities