Attachment 1
Southwestern Vermont Medical Center
FY 2023 GMCB Operating Budget
Section D – Wait Times

Current State

How do you currently measure and benchmark wait times?

- SVMC measures the third available appointment for each provider and specialty as defined by the Institute for Healthcare Improvement,

  http://www.ihi.org/resources/Pages/Measures/ThirdNextAvailableAppointment.aspx

  "Average length of time in days between the day a patient makes a request for an appointment with a physician and the third available appointment for a new patient physical, routine exam, or return visit exam." The data is collected by calling the practice and requesting an appointment.

- The goal is to decrease the number of 'days to the third next available appointment' to zero days (same day) for primary care and two days for specialty care.

  What efforts is your organization making to improve wait times, particularly in areas where your organization records wait times longer than available benchmarks?

- We focus efforts on a wide range of initiatives to reduce wait times, including:

  - Recruiting additional providers into our health system;
  - Use of contracted service providers as needed (for example, call coverage, locum tenens, endoscopy procedures);
  - Staffing model inclusive of physicians and advanced practice providers;
  - Assigning additional advanced practice providers designated for walk-in and same-day appointments;
  - Walk-in availability 7 days per week at Express Care;
  - Centralized nurse triage that uses clinical algorithms to assist in scheduling based on acuity;
  - Telemedicine services with MDLIVE and Dartmouth Health;

  What EHR system(s) does your organization use and how does that impact your ability to measure wait times?

- The electronic health record (EHR) for outpatient physician practices at SVMC is Athenahealth;

- The EHR captures the dates referrals are received, appointments are scheduled, and visits are completed;

- The EHR does not capture the acuity or patient need. For example, the EHR does not differentiate between a patient needing to see a dermatologist for a new skin lesion and a patient needing a 6-month follow-up exam for an existing skin lesion.

Processes

Please overview your clinic scheduling process, including centralized scheduling if applicable.

- The primary care offices utilize centralized triage nurses to determine acuity:
    - When it is determined that the patient needs to be seen that day, the nurse will schedule the patient;
    - For routine care, the nurse informs administrative staff in the specific practice site, who then schedule the visit (as described in the following question);
- Scheduling in specialty offices occurs by staff in the practice who utilize a standard process to manage incoming referrals, factoring in acuity.

Please describe how referrals enter your system, and how staff triage, schedule and prevent the loss of those referrals.

- A patient calling to establish with a primary care practice will speak with a centralized triage nurse. The nurse will determine and document the acuity:
    - If the situation is urgent, the nurse may schedule a same-day visit with an available primary care provider, regardless of practice location, or refer the patient to Express Care or Emergency Department.
    - If the situation is not urgent, the information is sent to the administrative staff of the specific practice to obtain payer information, collect medical records from the previous primary care provider (or, if no prior provider, send the patient a health questionnaire), and schedule the patient.
- Referrals to specialty offices may occur through the electronic health record or by paper, depending on the referral source.
    - An acknowledgment is sent to the referral source.

  - Requests are triaged by clinical staff (RN, LPN, or provider) for urgency and appropriateness and routed back to the administrative team for scheduling.
  - Letters are sent to the referral source after the encounter.

- A cancelation list is kept at each practice to facilitate opportunities for earlier appointments.

Recommendations

What metrics (qualitative and quantitative) would you suggest using to track and report wait times?

- Qualitative: Individual practices and health systems should continue to solicit patient feedback, as these stories help identify barriers and complexities that may not be apparent to staff.

- Quantitative: Individual health systems and practices should strive to collect referral lag, visit lag, and third available, utilizing automation over manual abstraction.

In your opinion, how should state regulators best account for and measure the intricacies (e.g., acuity, uniform reporting) of wait times?

- Benchmark organizations against past performance rather than aggregate comparisons.

Data

Please submit a sample of recent anonymized patient feedback concerning wait times, if available.

- Not Available

Please submit, if available, any aggregate reports based on patient satisfaction surveys regarding wait times produced by the hospital/health system.

- Attached