THE University of Vermont HEALTH NETWORK

Delivered electronically

August 5, 2022

The Honorable Kevin Mullin, Chair
Green Mountain Care Board
144 State Street
Montpelier, VT 05602

RE: FY23 Hospital Budget Wait Times Metrics

Dear Chair Mullin:

Pursuant to Section III, Subsection D of the Green Mountain Care Board's (GMCB's) FY23 Hospital Budget Guidance and Reporting Requirements, further amended by your letter dated May 9, 2022, please find attached the University of Vermont Health Network's (Network's) responses regarding wait times and access. The answers and data provided in this filing represent information for Central Vermont Medical Center (CVMC), Porter Medical Center (Porter) and University of Vermont Medical Center (UVMMC). Please be in touch should you have any questions about our responses or data included in this submission.

Sincerely,

Rick Vincent
CFO, UVM Health Network

GMCB Instructions

For any referrals or appointments requested in the first two weeks of June 2022, please report the following metrics (in response to part A. below if possible, and if not possible then in response to part B.) for each hospital owned practice (for each primary care and specialty care), as well as the top five most frequent imaging procedures.

GMCB Question

A. For hospitals that can, please report for each practice and imaging procedure:

i. Referral lag, the percentage of appointments scheduled within 3 business days of referral (percentage of all referrals where the clinic or hospital has completed scheduling an appointment within 3 business days of receiving the referral, regardless of the date on which the appointment will take place), and

ii. Visit lag, the percentage of new patient appointments scheduled for the patient to be seen within 2 weeks, 1 month, 3 months, and 6 months of their scheduling date. (The scheduling date is the date the hospital or practice schedules the appointment, not the date the referral was received or the date the patient will be seen.)

Network Response

Please see attached file named UVMHN Referral and New Patient Visit Wait Times_ALL, with clinic data detailed for CVMC, Porter and UVMMC. Please see files named CVMC Radiology Data, Porter Radiology Data and UVMMC Radiology Data, for responses regarding the top five most frequent imaging procedures.

GMCB Question

Current State

- *How do you currently measure and benchmark wait times?*
- *What efforts is your organization making to improve wait times, particularly in areas where your organization records wait times longer than available benchmarks?*
- *What EHR system(s) does your organization use and how does that impact your ability to measure wait times?*

Network Response

- The Network currently measures and tracks wait times using a network-wide Access Dashboard. Specific to wait times, the primary metric used is the percentage of new patients arrived within two weeks. The Network's metrics are benchmarked against Vizient (www.vizientinc.com) data. As a result of a recommendation from GMCB member, Dr. Jessica Holmes, the Network is beginning to also track the percentage of new patient visits arrived within 30 days, 90 days, and 180 days. This allows insight into the "tail" of how far patients are booking out, recognizing it is not clinically-appropriate to see all new patients within two weeks. The Network also measures the percentage of referrals with appointments scheduled within three business days, no show rate, same day access rate, provider and schedule utilization.
- The Network recognizes that providing timely access to quality health care services requires continuous attention and improvement, which is why the Network's multi-year Access Action Plan was launched in the fall of 2021. The goal is to improve the patient experience and to accelerate the Network's ability to expand access to care for patients in need. The Plan has three main goals:
    - Hire successfully amid a national staffing shortage
    - Reduce wait times for specialty care, including through:

        - Implementation this year of eConsults, with a focus on continuous growth
        - Hiring of remote staff to more quickly address referrals to ensure patients are scheduled in a more timely manner and allows patients to more expeditiously understand when their appointments will be
        - Implementation of automation in Epic to send information to non-Epic providers (i.e. non-Network-employed providers) when an appointment was scheduled off of a referral they initiated
    - Increase hospital and emergency capacity
- The Network has invested in Epic across the hospital and physician practice sites in both New York and Vermont. Epic allows for consistent documentation and reporting across the Network, and thanks to the expertise of the Data Management Office (DMO), clinical and administrative leaders are able to evaluate access and wait times across all clinical sites using consistent benchmarks.

GMCB Question

Processes

- *Please overview your clinic scheduling process, including centralized scheduling if applicable.*
- *Please describe how referrals enter your system, and how staff triage, schedule and prevent the loss of those referrals.*

Network Response

- The Network is engaged in an effort to systematically and strategically expand centralized and self-scheduling functionality across the system in Vermont and northern New York as part of the above noted Access Action Plan. The goal is to help patients access available appointments within the integrated system. Since October of 2021, the Patient Access & Service Center – the functional area responsible for centralized scheduling – has scheduled nearly 3,000 appointments each month, reducing the backlog of patients awaiting appointment scheduling and connecting patients with providers sooner. Three outpatient clinic examples include:
    - Since the Network began centralized scheduling for urology, there has been a 55% reduction in appointment backlog, 214 patients have received care more quickly by accessing services at CVMC instead of waiting for an appointment at UVMMC, and 239 additional patients accessed available appointments at UVMMC by maximizing provider schedules when other patients cancel.
    - Since the Network began centralized scheduling for pulmonology, there has been a 59% reduction in appointment backlog, and 1,206 patients have received care more quickly by accessing services at UVMMC instead of waiting for an appointment at Champlain Valley Physicians Hospital in Plattsburgh, NY.
    - Since the Network began centralized scheduling for neurology and rheumatology, there has been a 97% reduction in Neurology appointment backlog for electromyography (EMG) tests at UVMMC, and 500 additional patients were scheduled for Rheumatology appointments across the Network's clinical sites.

  Centralized scheduling requires a dedicated, integrated team of professionals, and requires learning as each new clinic is brought online. This will take time, but in the end, will deliver a much more patient-focused process for patients to schedule their appointments. In 2022, additional phlebotomy labs are slated to join centralized scheduling, along with up to four more outpatient clinics.

- Referrals inside the Network are all processed via Epic. Once in Epic, staff work the referrals to schedule them as appropriate. Referrals from outside of the system come in different ways (e.g. fax, mail). The process is to put all referrals into Epic, regardless of the original source.

GMCB Question

Recommendations

- *What metrics (qualitative and quantitative) would you suggest using to track and report wait times?*
- *In your opinion, how should state regulators best account for and measure the intricacies (e.g., acuity, uniform reporting) of wait times?*

Network Response

- A few years ago, the percent of new patients arrived within two weeks became the leading measurement in the health care industry, replacing third next available appointment. While neither are perfect, using a percentage of patients arrived within a certain timeframe allows for a global, population health-based metric to understand where there is opportunity for improvement. It also inherently recognizes not all patients need to be seen within two weeks for clinical reasons (although, many do). Adding additional timeframes such as 30 days, 90 days, and 180 days further allows an organization to see how much access they are or are not providing over longer timeframes. Additionally, measuring the "Referral Lag" – the time between a referral coming in and the time it takes to schedule the appointment is important. Measuring this in business days is imperative to allow for a higher degree of consistency in the data. The Network measures using three business days.
- As discussed in the Wait Time Work Group, transparently showing wait times to our community is an important next step *and* presents several challenges. One key challenge – noted in this question – is being able to risk adjust wait time reporting for acuity. Understanding risk-adjusted panel sizes, work the Network is doing in FY23 in its primary care clinics, is a key step to this measurement. From there, schedules should be built that allow for blocks of patients to be seen based on acuity (of course, predicated on the ability to adequately staffed clinics). Additionally, accounting for and recognizing all of the work providers do outside of seeing patients in person or via telehealth is critically important. Providers and their staff spend a significant amount of time corresponding and collaborating with their peers in order to triage patients into appropriate schedule slots so that patients with more urgent needs are seen timely. The metrics do not reflect the amount of work that is done every day to do this. Moreover, this work is not reimbursed in a fee-for-service environment, however is imperative to meeting the needs of our communities and providing high value care.

GMCB Question

Data

- *Please submit a sample of recent anonymized patient feedback concerning wait times, if available.*
- *Please submit, if available, any aggregate reports based on patient satisfaction surveys regarding wait times produced by the hospital/health system.*

Network Response

- Please see attached file named UVMHN Patient Experience Comments, with anonymized feedback broken-out by Positive, Mixed and Negative feedback for CVMC, Porter and UVMMC randomly collected from an extraction report of verbatim responses.
- Please see attached file named UVMHN Patient Satisfaction Data, with satisfaction data related to access extracted from Press Ganey surveys for CVMC, Porter and UVMMC.