



Wait Times Working Group

April 22, 2022

Green Mountain Care Board
Budget Process | Fiscal Year 2023

Objectives



- **Lay groundwork for DFR industry-wide metric(s)**
 - DFR planning to potentially issue RFP & work with partners across health care system to identify appropriate wait times metrics
 - DFR to regularly publish wait times across Vermont to inform referring provider and patient decision making, and to more efficiently match consumer demand with health system supply
- **Keep Vermonters informed about efforts to reduce wait times for health services**
- **Capture state of wait times collection & reporting across Vermont hospitals**
 - Answer questions raised by February 2022 Wait Times Report
- **Reduce manual review & reporting burden on health care partners**
- **Provide mix of informative qualitative and quantitative data**

DRAFT Wait Times Self & Needs Assessment



Current State

- How do you currently measure wait times?
 - What *quantitative* metrics do you use to measure wait times?
 - What *qualitative* metrics do you use to measure wait times?
 - At what frequency do you measure wait times (quarterly, weekly, continuously)?
 - How do you compare these metrics against available benchmarks (please also specify benchmarks used)?
- How would you describe the current status/performance of wait times at your organization?*
- On a scale of 0-10 (0 indicating no confidence, 10 indicating full confidence), how confident are that your current metrics accurately capture a patient's experience?
- If you scored less than 8, what do you need to score higher than 8?
- What efforts is your organization making to improve wait times, particularly in areas where your organization exceeds available benchmarks?
- What EHR system(s) does your organization use?
 - How could your systems be configured to measure wait times?
 - What are the challenges to configuring your systems to measure wait times?
 - What other tools would you need to pull this information?

**This section may be excised from FY23 budget guidance and gathered independently through DFR*

DRAFT Wait Times Self & Needs Assessment



Processes

- Please briefly overview your scheduling processes, including centralized scheduling if applicable.
- Please briefly describe how referrals enter your system and how staff triage and schedule those referrals.
 - What percentage of specialty referrals (urgent *and* non-urgent) are *scheduled* within 48 business hours?
 - Please provide by department/specialty.
 - Please describe your process for ensuring all referrals, including those from independent clinic sites and organizations using different EHRs, are appropriately catalogued, and what steps your staff take to ensure referrals are not lost.
- Are any executive-level or managerial staff at your organization tasked explicitly with overseeing wait times?
 - Please list individual(s).

DRAFT Wait Times Self & Needs Assessment



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:
 - Acuity
 - Referral and visit lag
 - Full distribution of appointments, including those scheduled furthest out (distribution “tails”)
 - Uniformity of reporting

Data

- Submit any currently available data on waits for primary care, specialty care, and imaging collected by practice/specialty type (include benchmarks if available).
- Please submit a sample of recent anonymized patient feedback concerning wait times if available.



Next Steps

- **Upcoming Work Group Meetings:**
 - **Monday, April 25**
- **Submission to Green Mountain Care Board:**
 - **Monday, May 2**
- **Final Assessment Due**
 - **July 1, 2022**