VANDERBILT UNIVERSITY MEDICAL CENTER

Vanderbilt-Ingram Cancer Center

Title: Development and Implementation of a Scheduling Tool to Increase Advanced Practice Provider Utilization in an Academic Cancer Center

Authors: Karline Peal, Shelton Harrell, Nicole Freitas, Heather J. Jackson

Objective of Program: Advanced practice provider (APP) unused template time was tracking approximately 50% across the Vanderbilt-Ingram Cancer Center (VICC), negatively impacting unused time rates overall. During scheduled operations meetings, providers, clinical, and scheduling staff shared multiple opportunities for return patients to be seen by the APP; subsequently allowing increased new patient appointment availability. *The purpose of this project was to improve scheduling of multifaceted treatments and care within an outpatient clinic while simultaneously improving utilization rates for advanced practice providers.*

Planning/Research Methods: The focus, analyze, develop, execute, and evaluate (FADE) model guided implementation of this intervention to ensure optimal implementation and evaluation of this intervention. We instituted an ongoing collaborative multi-disciplinary working group including inclusive of the following representatives: Executive Medical Director, APP Director, APP Manager, APP Team Leaders, Administrative Operating Officer, Access Customer Relations Manager, Patient Service Specialists Supervisors as well as other key stakeholders to align schedules between physicians and APPs.

Implementation Methods*:* An MD/APP alignment grid was developed and implemented within Research Electronic Data Capture (REDCap) improve timely and appropriate appointments with dedicated providers. A robust communication strategy was followed to ensure adequate engagement of teams impacted by this change. Prior to full adoption, the tool was piloted within one specialty practice, evaluated, and modified with input from stakeholders incorporated.

Results: A precipitous drop in unused time percentages for both APPs and physicians (Figure 1 & 2) was quickly identified. New patient access for physicians improved by nearly 10% within 3 months, contributing to improved RVU accrual and continued to rise as a result of this effort (Figure 3). Within our pilot, pre-intervention patient satisfaction as it relates to 'ability to get desired appointment' improved from 93.6% to 96.7% within a 3-month period. Providers, clinical, and scheduling staff reported the scheduling tool was acceptable, appropriate, and feasible as measured by the 9 question Acceptability Intervention Measure (AIM), Intervention Appropriateness Measure (IAM), and Feasibility of Intervention Measure (FIM). APPs further reported higher satisfaction in being able to practice at the top of their license and improved transition of care from the inpatient to outpatient setting. Scheduling specialists also reported reduced messages related to scheduling.

Figure 1 Overall Unused Rate

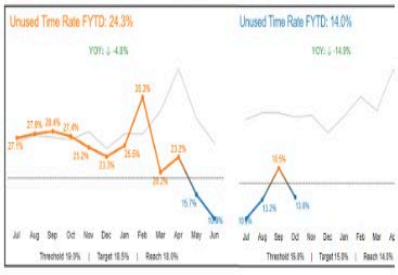


Figure 2 APP & MD Unused Rates

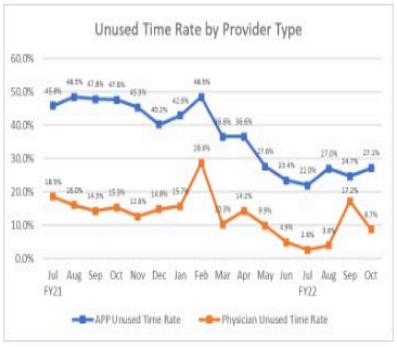
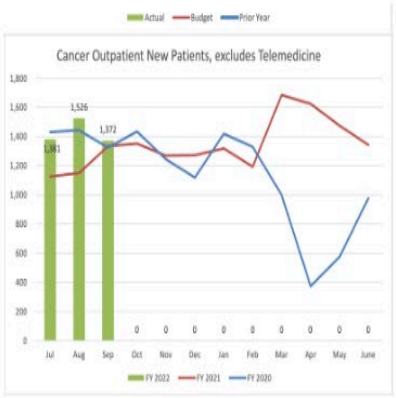


Figure 3 New Patient Volumes



Heather.jackson@vumc.org