Increasing Surgical Yield through Improved Medical Practice Access: A Gynecology Example

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Background: The Department of Medical & Surgical Gynecology at Mayo Clinic in Arizona provides comprehensive gynecologic care inclusive of medical gynecology, urogynecology, gynecologic oncology, and surgical gynecology. In early 2017, a sharp decline in scheduled surgical patient appointments and surgical volume was noted. This was in follow-up to similar decreases in volume noted in mid-2016, though end of year volume had rebounded slightly. This decreased volume was unexpected and unexplained, resulting in decreased financial performance and surgical yield, as well as dissatisfied surgeons. In contrast to such decreases in surgical volume, the medical gynecology team did not experience such decline, and volume remained strong and consistent with time to next available medical gynecology consult averaging 2+ weeks.

Objective: To increase volume of scheduled patient appointments and surgical volume within the department. Primary metrics of success include increased volume of scheduled patient appointments per month (booked appointments) and increased surgical cases per month, meanwhile ensuring continued strength in Press Ganey® patient satisfaction scores by maintaining or improving overall assessment satisfaction score.

Planning/Research Methods: Administrative and physician leaders engaged in a comprehensive review and analysis to determine variables that may have contributed to decreased volume and implement a solution to return practice to expected volume and enable growth. Activities included:

- Engaging key stakeholders and resources (physicians, patients, revenue cycle, finance, provider relations, marketing, and the Central Appointment Office) to understand current volume decline, financial impact, patient waitlists, scheduling patterns, and market activities/changes that may have resulted in changes in patient volume and referrals.
- In analyzing declining referral volumes by provider, unfilled consult appointment rates, booked appointments, surgical case volume, and variability between medical and surgical gynecology volumes, key results and insights were arranged into 4 general themes: (1) increased competition in the market was driving surgical referrals to other outside surgical centers, (2) surgical volume and case yield had decreased, despite consistent demand and volume within the medical gynecology practice, (3) total number of surgical cases per month and surgical yield was directly related to booked appointments by month, inclusive of medical gynecology appointments, and (4) patients and referring providers continue to value accessibility to routine gynecologic care, even in a tertiary care center such as Mayo Clinic. In prioritizing interventions available to address these themes, expansion of access to medical gynecology appointments for patients was selected as having the most potential impact, while also addressing other challenges identified simultaneously.

Interventions Implemented: Beginning May 2017, clinic calendars of all providers within the department, inclusive of surgeons, were opened to medical gynecology appointments and patients. While a hierarchy remained in place, such that surgeons’ calendars were first filled with surgical consults, if appointment slots were not filled with such volume 2 weeks prior to calendar date, the calendar was opened for all medical gynecology patients, as well. Additionally, physician assistant (PA) calendars were also opened to medical gynecology volume to increase capacity, resulting in pre- and post-operative volume shifting to surgical fellows’ calendars primarily. This added significant incremental capacity for medical gynecology volume, including calendars of 2 full-time PAs, 6 consulting surgeons, and 4 surgical fellows.

Results: Total volume of booked appointments within the department and surgical cases per month were tracked pre-intervention (January 2016 through April 2017) and post-intervention (May 2017 through September 2018), to observe trends and impact of such intervention. These results and impact are largely transferrable to other combined medical and surgical practices, demonstrating the key impact that medical practices have in surgical case yield.

- Results showed a 21.54% increase in booked appointments per month (average of 610 per month pre-intervention and 742 per month post-intervention)
- Surgical cases per month increased 10.77% overall (average of 80 cases per month pre-intervention and 88 cases per month post-intervention). Greatest number of cases per month pre-intervention was noted at 98 vs. 113 cases per month maximum post-intervention
- Patient satisfaction was positively impacted, as evidenced by an average 2% increase in the overall assessment section of the Press Ganey® survey (89th percentile score for 12 months pre-intervention vs. 91st percentile score for the 12 months post-intervention)

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