Utilizing Flexible Scheduling & Team-Based Care to Improve Operational Performance in a Pain Medicine Practice

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Background
Faced with long wait times for appointments, low Advanced Practice Provider (APP) utilization, low patient satisfaction scores, Allied Health (AH) staff turnover, and a negative operating margin, the Department of Pain Medicine undertook significant practice redesign efforts to address long-term issues in the department.

Program Objectives
1. Improve patient satisfaction by reducing procedural wait times
2. Improve staff satisfaction by changing AH staff schedules and developing a care team approach to patient care
3. Achieve break-even operating margin
4. Increase utilization of APPs

Planning Methods
Practice leadership reviewed Press Ganey scores and free text comments to identify patient satisfaction improvement opportunities. Common themes identified from 2017 scores included dissatisfaction with seeing multiple providers and long wait times for both office visits and procedures. AH staff expressed similar dissatisfaction working with multiple providers, noting the difficulty to care for patients. The department decided to move towards a care team model, in which each physician was paired with an APP and Registered Nurse (RN) to care for a panel of patients. AH staff had expressed interest in transitioning to four ten-hour shifts from the traditional five eight-hour shifts. While the shift to ten-hour clinical days did not align with provider preferences, a financial analysis indicated that the department could realize gains in net operating income if incremental AH staff were hired to support extended procedural days and the care team model.

Implementation Methods
1. Care Team Model Implementation
   a. Developed patient information cards explaining the care team model, the department emphasized the care model through Medical Secretary and AH staff scripting, and managed patient expectations through physician communication of APP and physician involvement.
   b. Hired one incremental RN and one incremental Licensed Practical Nurse (LPN) to support the care team model.
   c. Reinforced the care team model by scheduling patient visits with members of the care team.
2. Clinic Template Redesign
   a. Increased the number of operating room starts by two per month, which remain unassigned until two weeks prior to meet real-time demand of OR procedures.
   b. Reduced the number of return visits by 30% and increased consults by 50% on physician templates.
3. Increased Procedural Availability
   a. Increased procedural slots on average by 30% per week using longer AH staff shifts and updated physician templates.

Results
The Department of Pain Medicine experienced top box score increases across several patient satisfaction score categories compared to prior quarters (Overall Assessment – 69.5% to 82.1%; Access – 60.0% to 70.3%; Moving through Your Visit – 56% to 75.4%; Nurse/Assistant – 74.2% to 88.6%). December year-to-date gross revenue and net revenue increased by 28% and 26%, respectively year-over-year; net operating income increased 367% year-over-year, surpassing the break-even margin target. APP calendar utilization increased from 69% (January 2018– May 2018) to 81% (June 2018– October 2018; Mayo Clinic Florida implemented Epic in mid-October 2018). Patient access to procedures improved to within two weeks from four weeks previously, while only increasing wait times for consults by 10%. Staff satisfaction was not measured directly before or after implementation of these redesign efforts. However, anecdotal feedback from staff is positive; the care team model streamlines communication between providers and enables more efficient care of patients.

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