The Four Pillars of Ambulatory Care Management - Transforming the Ambulatory Operational Framework

Institution: The Emory Clinic, Inc.

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Year Innovation Initiated: 2008

Description

Emory Healthcare is the clinical care delivery component of Emory University’s Robert W. Woodruff Health Sciences Center and is the largest health system in Georgia. Emory Healthcare includes Emory University Hospital, Emory University Hospital Midtown, Emory University Orthopaedics & Spine Hospital, Emory Johns Creek Hospital, three faculty practice plans - The Emory Clinic, Emory-Children's Center, Emory Medical Care Foundation, Emory Specialty Associates (employed, non-faculty physician practice) and Wesley Woods Center, Emory’s geriatric facilities, as well as the jointly-owned Emory Adventist Hospital and Saint Joseph’s Hospital.

The Emory Clinic employs more than 1,600 physicians, nurse clinicians, physician assistants, and other providers, 2,500 employees that provide care for over 2.2 million patient visits per year, in 27 locations in Georgia. The Emory Clinic was founded in 1953 by 17 private practice physicians. Similar to many faculty practice plans, The Emory Clinic practiced as a conglomeration of specialty departments run independently with little centralization or standardization.

The Emory Clinic Four Pillars of Ambulatory Care Management is a management model focused on transforming care by achieving “The Ideal Patient and Family Experience” in an academic healthcare center setting by delivering consistent, reliable, and excellent clinical and service outcomes. The Four Pillars focus areas for management are (1) clinical quality, (2) patient access, (3) clinical care, and (4) service & referral management.

The Emory Clinic has aligned the Four Pillars with its governance structure and the Emory Healthcare Strategic Agenda, which focuses on improving the patient and family experience through the application of the Care Transformation Model, with a focus on coordination and standardization of care and improving access. The Care Transformation Model is comprised of the cultural attributes of patient and family centered care, shared decision making, cultural competency and diversity, fair and just culture, and transparency, that shape the interactions and process improvement initiatives at Emory Healthcare.

Source: https://www.mededportal.org/icollaborative/resource/129
Goals & Objectives

The overarching goal of the Four Pillars of Ambulatory Care Management is to move The Emory Clinic into a new era of patient care delivery, operations, and business management through intentional design and standardization to ensure a consistent, reliable experience for providers, staff, patients, and families. The model requires the strategic development and leveraging of centralized resources.

Annually, the Emory Healthcare Hospitals and The Emory Clinic complete the annual operating plan, which links each operating unit’s tactics to the Emory Healthcare Strategic Agenda. The Emory Clinic utilizes the Four Pillars model as the framework for accomplishing the tactics.

The priorities of the Four Pillars are

1.) Clinical Quality
   Purpose: To assess, monitor, and improve the clinical outcomes for patients of The Emory Clinic and create standard processes that leverage technology, simplify workflow, and result in best practices for quality and service. The Clinical Quality pillar activity will prepare The Emory Clinic for pay-for-performance strategies.

2.) Patient Access
   Purpose: To establish intentionally designed clinic-wide access standards to ensure the ideal patient and family experience. Key initiatives include (1) consolidation / optimization of call centers, (2) improved provider flow through intentional master scheduling and (3) established access standards and reports.

3.) Clinical Care
   Purpose: To intentionally design standard processes in the clinic environment. These processes will set the standard across clinic specialties and locations to provide the patients, staff, and providers with a consistent, patient and family centered experience. This standardization also supports regulatory compliance and gains efficiency.

4.) Service & Referral Management
   Service Management Purpose: To ensure a coordinated and consistent patient satisfaction and process improvement effort to achieve continuous improvements in creating the ideal patient and family experience.
   Referral Management Purpose: To develop a coordinated system aimed to strengthen referring provider relationships and ensure appropriate clinical information is communicated timely to the referring provider.

Implementation

In 2003, The Emory Clinic created the first Four Pillars management model, the Four Pillars of Revenue Cycle Management, as the mechanism to cover practice expenses and meet physician income expectations using intentionally designed systems, tactics, and information. The focus areas within this framework are (1) financial clearance, (2) charge capture, (3) denial management, and (4) payment variance.

The Four Pillars of Revenue Cycle Management key accomplishments since 2003 include:
- Patient Financial Services ranked 3rd nationally in revenue cycle management by University HealthSystem Consortium Faculty Practice Solutions Center in 2010.
- Financial Clearance: Reduce denials from 10% to 3.0% of claims. Collect 77% of co-pays at time of service.
- Charge Capture: Increase charges captured within 10 days of service from 60% to 88%.
- Denial Management: Denials decreased from 40% of all claims to 6.5%.
- Payment Variance: Average annual collections of 1% of net revenue from net underpayments.

Given the success of the Four Pillars of Revenue Cycle Management, The Emory Clinic expanded the structure and strategy, in 2008, to support practice operations with the Four Pillars of Ambulatory Care Management. The focus areas within this framework were defined as (1) clinical quality, (2) patient access, (3) clinical care, and (4) service and referral management.

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The introduction of the Four Pillars of Ambulatory Care Management appointed four individuals to operationalize this model by working in collaboration with each of the 30 department administrators on the focuses of the Four Pillars.

With the implementation of this framework affecting a majority of the stakeholder groups involved with The Clinic; department administrators, department chairs, division chiefs, physicians, clinical support staff, administrative support staff, patients and family and the referring provider community; it became increasingly important to formulate practical ways of understanding how leadership could be effective in the relationships with each of these key stakeholder groups.

As the management team worked through implementing the new model, the first step was to meet with key stakeholders throughout the organization in an attempt to receive buy-in on the approach and begin developing a constituent base that would be able to model the way for physicians and employees throughout the organization. The Emory Clinic leadership understood that creating the foundation of the Four Pillars of Ambulatory Care Management would challenge the current processes in every aspect including standard daily operations, communications, strategy, financial accountability, supervision, and initiative prioritization.

The implementation story for each of the Four Pillars is shared below.

1.) **Clinical Quality**

   The Clinical Quality pillar established the set of common themes that could serve as the priorities across specialties. A select set of initiatives was identified and positioned for practice-wide measurement and management, whereby measures were produced and published, unblinded, monthly. Examples include (1) use of EMR based electronic prescribing tool, (2) completion of verbal order sign-off, (3) completion of medical records, (4) performance of hand hygiene in the clinic setting, and (5) participation in CMS-based Physician Quality Reporting Initiative / System.

   In all cases, best practices were identified or developed using various performance improvement methods. The best practices were then implemented as Standard Operating Procedures that were taught across the practice by a variety of communication methods. Metrics were developed and utilized as a part of each roll-out plan. The specialty and individual physicians were expected to attain set goal levels, and specialty leaders were held accountable for this performance. Leadership email communication, using web-based tools and drill-down enabled spreadsheets and graphs, allowed specialty leaders to assess and improve performance at regular intervals.

2.) **Patient Access**

   The Patient Access pillar developed an access strategy that focused on the science behind call center operations and capacity/demand management. Emory Healthcare is dedicated to improving the experience of patients and referring providers seeking care within our health system. A key opportunity is their ability to gain timely access with Emory providers.

   Inconsistent processes and a lack of focus on call center operations led to the consolidation of over 160 employees across two locations. Once consolidated, a quality program, new tracking tools, and agent level accountability were all part of the new management science to focus efforts on exceptional customer service.

   Provider capacity management is a key focus to improving appointment availability with providers. Patient Access focused on standard template design and standard session duration of 240 minutes was instituted to enhance provider productivity. Visit types were then consolidated and standardized to eliminate hidden availability within schedules. Finally, master schedule management is currently being centralized to ensure schedule compliance and limit unnecessary closure of clinics. Once schedules were optimized, Patient Access focused on the development of a science that uncovers availability opportunities by monitoring no-shows and/or last minute cancels, appointment utilization, and provider efficiency. A standard transparent reporting dashboard was created to inform and hold accountable section administrators and providers.

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3.) **Clinical Care**

During the initial implementation stage, nursing staff members came together in practice-wide settings and discussed current practices on a variety of clinical care topics. Best practices from across The Emory Clinic were identified and nursing staff agreed on items of standardization across specialties. Examples include (1) patient intake standardization, (2) patient education standardization, (3) clinical attire, (4) phone triage, and (5) prescription refills.

The Emory Clinic established weekly patient safety meetings to communicate best practice methods across the organization. In addition, a buddy system was developed to allow for internal monitoring and education. A leadership rounding system was also implemented, led by a team from nursing and quality leadership, to measure and monitor the compliance with best / recommended and standardized practices. Other tools employed were continual process improvement models, including Lean and Plan-Do-Study-Act (PDSA), as well as required online learning modules for all clinical care staff.

4.) **Service & Referral Management**

*Service Management.* The Service Management pillar developed the structure to intentionally centralize and monitor the multitude of service efforts underway at The Emory Clinic. Service Management was designed to be the single resource to assist staff, physicians, and leadership in service improvements to create The Ideal Patient and Family Experience.

The initial phase of development focused on the creation of a consistent service message for The Emory Clinic. Based on the Care Transformation Model, Service Management defined Service Principles to support the four core concepts of Patient and Family Centered Care – respect and dignity, information sharing, participation, and collaboration. To educate and reinforce the Service Principles, Service Management developed the structure for Daily Huddles at The Emory Clinic. Daily Huddles are conducted daily in each clinical section for approximately 3-5 minutes. The dedicated time is utilized by staff and care providers to discuss clinic operations (i.e. review and plan for the day ahead), to reinforce service messages, to share best practices, and to provide key updates.

To further support the Service Management structure and initiative, the roles and responsibilities of the Service Management team members have evolved since 2008 based largely on feedback from staff and patients. First, the core of the department is the role of the Service Ambassador. Service Ambassadors are tasked with assisting staff and physicians in creating the ideal patient and family experience through visibility in the clinical environment, responsiveness to patient feedback, and involvement in clinical section process improvement activities. The Service Ambassadors have become a critical resource and team member in The Emory Clinic clinical sections. Second, the role of Service Training Specialist was derived from a need for a more customized approach to service education and coaching. Lastly, the Service Management department also includes the roles of Data Analyst and Project Manager. The Data Analyst is responsible for patient feedback reporting, and the Project Manager assists with The Emory Clinic-wide service initiatives.

The direction for service improvement at The Emory Clinic is obtained from the analysis of data from Press Ganey surveys. The survey process continues to evolve to meet the needs of the patient. The Emory Clinic is continually evaluating survey methodology (i.e. electronic/email survey options), data validity, and appropriate benchmark organizations. The deployment of Service Management resources is monitored utilizing both Press Ganey benchmark data and internally tracked patient feedback.

*Referral Management.* The implementation of the Referral Management pillar focused on the development of the structure and resources required to ensure provider data is captured and maintained, clinical information is communicated back to the referring provider in a timely fashion, and referring provider access to appointments is appropriately managed. The Emory Clinic developed a Referral Management Department in February, 2010 to ensure intentional, daily focus on and accountability for referrals and referring providers.

Since its development, the Referral Management department has established common definitions for provider data fields across the Emory Healthcare system and systematically cleaned and established the Emory Healthcare provider master database. In addition, the Referral Management department developed the technical tools and workflow in the electronic medical record to allow providers to electronically submit...
requests to the centralized Referral Management Correspondence Center for referring provider communication. Lastly, the Referral Management department, in partnership with Patient Access and Clinic Sections, developed the methodology to analyze appointment utilization and reserve capacity for internal referrals. The Emory Clinic TEC MD Internal Referral Line provides a dedicated phone line for internal referrals, improved appointment access, and streamlined scheduling.

**Evaluation & Measurement**

Through the evolution of The Four Pillars of Revenue Cycle and Ambulatory Care Management initiatives, there has been extensive evaluation and measurement of various metrics since 2008. In an effort to ensure metrics are consistently evaluated and communicated throughout the organization, The Emory Clinic “Big Ten” metrics, were developed in 2011 and are reported monthly by section. The Big Ten metrics create focus and accountability to ensure metrics monitored and improved.

The Big Ten metrics include:

1.) Exam Room Utilization  
2.) Patient Satisfaction  
3.) Physician Administrative Time  
4.) Appointment Utilization  
5.) Correspondence Center Participation  
6.) Prescriptions Electronically Prescribed  
7.) Call Center Service Level  
8.) Encounters Documented Electronically  
9.) Percentage Accounts Receivable  
10.) Charge Capture

**Results**

The Four Pillars operational framework has transformed the approach to improving the model of patient and family centered care and service delivery in The Emory Clinic. Intentional design is emphasized; standardization across practice sites and specialties is required; measurement and accountability are clearly defined, and there is dedicated time each week for these activities, across the system.

Outcomes to date have included redefinition of functions, responsibilities, and corresponding management structure to ensure achievement of goals. Coordination through an annual planning process ensures that The Emory Clinic is positioned to excel in an increasingly competitive environment by improving quality outcomes, patient satisfaction, financial performance, revenue cycle management, physician and employee engagement, and exam room utilization. Examples of results by pillar are included below.

1.) Quality

- **Physician Steering Committee for Clinical Redesign**: A physician led committee responsible for reviewing and recommending strategies to redesign the academic practice model and manage two-way communication between department physicians and The Emory Clinic administration.

- **Medication Management**: Standardized medication and pharmaceutical management implemented across all practice sites.

- **Weekly Patient Safety Conference & Self Assessments**: Implemented in 2009, a weekly program focused on three core dimensions: (1) a dedicated time to concentrate on patient safety, (2) didactic teaching that simplifies current guidelines and standards, and (3) shared learning through a buddy system of monitoring.

- **Hand Hygiene**: Implemented a clinic-wide patient hand hygiene survey on faculty and staff to monitor the success of the health system-wide “Foam In, Foam Out” campaign. Since the start of the campaign, compliance rates above 90% have been sustained.

- **Physician Quality Reporting Initiative (PQRI) / Physician Quality Reporting System (PQRS)**: Since 2007, The Emory Clinic has successfully participated in PQRI/PQRS as well as the CMS Electronic Prescribing Incentive Program.
2.) Patient Access

- **Consolidated Call Centers:** Consolidated The Emory Clinic call centers to standardize training, technology, and quality monitoring. Over 160 agents were consolidated across two locations with new technology and processes.

- **Data Reporting:** Implemented access reports for No-Show Rates, Third-Next Available Appointment, Appointment Utilization, and Exam Room Utilization.

- **Priority Scheduling Lines:** Implemented simple process for Emory employees and select referring providers to have priority access to Emory schedules.

- **Capacity Management:** Achieved an additional 18,000 clinic minutes per month of available schedule time to improve our provider’s ability to meet demand.

- **Exam Room Utilization:** Increased clinic-wide exam room utilization from 30% to approximately 48% in four years through efficient re-organization of clinic schedules. The target exam room utilization is 60%.

- **Master Scheduling:** Completed one-on-one physician master schedule review and built masters to optimize physician schedules, increase capacity, and create efficiencies in the scheduling process. Centralized management of schedules within 12 sections.

3.) Clinical Care

- **Clinical Process Redesign:** The redesign of key clinical processes including: (1) prescription refill, (2) patient check-in, patient rooming, and patient check-out processes and scripting, (3) medication reconciliation, (4) medication administrations, and (5) results communication and management.

- **Phone Triage Protocols:** Developed and implemented protocols, utilizing electronic medical record messaging, to ensure patient calls are appropriately and efficiently managed.

- **Clinical Skills Fair:** Initiated a yearly skills fair to review, monitor, and ensure compliance with nursing job description competencies.

- **Clinical Attire:** In May 2010, implemented standard clinical attire for RNs, LPNs, Techs, Medical Assistants, Ophthalmology Techs, Radiation Therapists, and Respiratory Therapists to ensure the patient and family confidence, clarity, and satisfaction.

4.) Service & Referral Management

**Service Management**

- **Patient Satisfaction Scores:** The Emory Clinic has received three Journey of Improvement Awards from Press Ganey for achieving statistically significant change in mean score for overall satisfaction. The percentile rank for The Emory Clinic has increased from the 34th percentile to the 71st percentile in overall rating of Care from 2009-2011, when compared to Press Ganey medical practice clients nationally.

- **Clinic Ambassadors:** A redesigned approach for Clinic Ambassadors, focused on patient and family experience improvements, coaching and training, complaint management, and service recovery.

- **Daily Huddles:** Implemented daily huddles as a time, each business day, to help staff better prepare for the patient experience, and to identify any potential opportunities for improvement. Daily Huddles, standardized across all Emory Clinic locations, begin with a review of the previous day, recognition, planning for the day ahead, and the sharing of important news and updates, and end with a message of encouragement.

- **Patient and Family Advisors:** Developed the structure to incorporate patient and family advisors in improvement workgroups throughout The Emory Clinic.

- **Staff Recognition:** Implemented recognition rounding to enhance staff and physician appreciation, and support, promote, and reinforce the Care Transformation Model and Emory Healthcare’s mission, vision, and values.

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Referral Management

- Referral Management Department: In 2008, TEC created a Referral Management Department to ensure the successful implementation and management of a coordinated system to strengthen provider relationships.

- Correspondence Center: Implemented a correspondence center to ensure reliable, consistent, and timely communication of clinical information and results to referring providers following a patient’s discharge from an Emory Healthcare hospital. Utilization currently represents 25% of all inpatient discharges.

- Internal Referral Call Line (TECMD): Implemented a central phone number to establish a one-call system for internal providers to strengthen referral relationships, improve and streamline scheduling and access, and track referral trends.

The Emory Clinic received recognition for these efforts at the June 2009 University HealthSystem Consortium Faculty Practice Solutions Center Users Group Meeting for the model best demonstrating innovation and an effort to lead performance improvement.

Lessons Learned

Throughout The Emory Clinic’s improvement journey, the Four Pillars of Ambulatory Care Management has brought to light the fact that traditional, specialty centric operations allowed for a lack of standardization, making the experience of the patients, their families, and even the staff variable based on location and provider. The chief lessons learned include:

1.) Intentional Design: Comprehensive patient and family centered processes that have been simplified and piloted to ensure transferability and sustainability in the dynamic, complex physician practice environment.

2.) Expert Teams: The development and utilization of content experts to work collaboratively with Sections to ensure standards are implemented and maintained.

3.) Hardwiring Workflow: Hard to do the wrong thing, by making it easy to do the right thing. The utilization of technology to streamline consistent, repeatable workflows.

4.) Common Vocabulary: The power of common vocabulary and consistency of messaging from leadership to front-line staff member.

5.) Attention to Detail: There is a significant need for attention to detail to achieve standardized, intentional design across a large organization.

6.) Iterative Improvement Process: To ensure standardization and improvement is sustainable the process must be iterative.

7.) Simplicity: Standards and standardized processes must be easy to understand, create easier workflow, and involve more straightforward operations.

8.) Evolving Goals: Improvement fosters further improvement, meaning that there is always a new goal.

9.) Patient and Family Experience: Patients and families must be at the forefront of improvement decisions and process development.

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Integration of research and education

The Emory Clinic, as an academic outpatient practice, had several opportunities to leverage the academic mindset throughout implementation. Included below are a few examples

1. **Academicians respect for scientific method.** The Emory Clinic leveraged this mentality in discussions on the need for standardization to allow for critical improvements.

2. **Intentional design.** Intentional design is a combination of evidence based methodology, scientific discipline, measurement and results communication. As such, intentional design is well aligned with the research practices of clinicians. The methodology is seen as more scientifically sound than passively layering improvement initiatives on top of old methodology to meet new requirements.

3. **Data.** Researchers like data, react to data, and understand how to manage data. Therefore, if you provide clinicians with data, they are more likely to perform as intended.

4. **Standard Operating Procedures.** The education of medical students, interns, and residents has necessarily moved out of the apprentice model. Thus, having standard operating procedures facilitates teaching and learning.

5. **Patient Access.** Implemented a process that allows clinical trial patients to be efficiently scheduled and identified at check-in.

6. **Weekly Patient Safety Conference & Self Assessments.** The Emory Clinic’s Weekly Patient Safety Conference include three critical dimensions: (1) a dedicated time to concentrate on patient safety, (2) didactic teaching that simplifies current guidelines and standards and (3) shared learning through a buddy system of monitoring.

7. **Service Training and Education.** Unique approaches to the delivery of consistent service messaging to staff and physicians – from quarterly Patient Satisfaction Conferences to standardized tools used for front desk Service coaching and improvement.

8. **Quality Academy.** Emory Healthcare offers both a 2-day course and a 12-day course (3 days over 4 months) to training leaders and front line workers in quality improvement skills that they can spread to their local settings. In addition, Emory Healthcare hosts an annual Quality Conference to reinforce quality messaging, celebrate quality successes, and disseminate best practices.

The overall philosophy at The Emory Clinic is to be a multispecialty academic outpatient practice focused on discovery through intentionally design best practices, to enable the experience and study of best practices, and to serve as the teaching site to spread the knowledge to future leaders, clinicians, and external peers. Discovered Here, Experience Here, Taught Here.