

Developing a Patient-First Approach to Scheduling Outpatient Therapy

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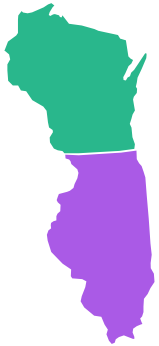


MEDBRIDGE

Learning Goals

1. Develop a deeper understanding of what drives patients to select a therapy provider
2. Evaluate the clinical implications of access to the value of care
3. Review the construction of a patient-facing scheduling process for specialty practices of therapy across a multistate healthcare system

Aurora Health Care, Inc.



Wisconsin:
180K orders
in 2021
(690 per day)

Wisconsin:
76 Outpatient
Locations



WI Patient
Satisfaction
WI Explain: 93.7%
WI Listen: 95.1%



Wisconsin:
1800+ Team
Members
Engagement
Score:
4.39
89th percentile



WI 1.5M
Visits
Outpatient
Visits in 2021

WI Outcomes/Quality

- **98.7%** of patients have a clinically significant improvement in function
- **7.2 visits:** average duration of care
- **96%** of patients who complete the Workforce Health Program return to work without restriction

Craig
Jankuski

*Vice President Rehabilitation Services,
Wisconsin Region*
*Vice President Sports Health
Aurora Health Care, Inc.*



Advocate Aurora Health

- 27 hospitals
- 500+ sites of care
- 75,000 team members
- 10,000 physicians
- \$2.5+ billion in community benefits
- \$14 billion in revenue
 - \$2.5 billion in charitable care and services to our communities in 2020
 - \$220 million in annual business diversity spend
 - 100% renewable electricity by 2030
- Top 12 not-for-profit health system
- Nationally recognized for excellence

Purpose and Values

- **Our purpose**
 - We help people live well
- **Our values**
 - **Excellence**
 - We are a top performer in all that we do
 - **Compassion**
 - We unselfishly care for others
 - **Respect**
 - We value the unique needs and preferences of all people



COVID Reactivation

Rehab services contributing statement

- To be industry leaders through an integrated product that delivers unequaled value to our stakeholders while restoring patients to their highest level of function

Reimagine rehab

- The aim is to become the industry leader of care delivery through leveraging an on-demand model for physical therapy. We are creating an Epic-first structure to meet every consumer wherever they are for scheduling and care (clinic, home, work, virtually).

Chapter 1

Consumer Insights and Preferences Related to Scheduling Care

Reimagine Rehab

- The aim is to become the industry leader of care delivery through leveraging an on-demand model for physical therapy. We are creating an “Epic first” structure to meet every consumer wherever they are for scheduling and care (clinic, home, work, virtually).

Improve
the patient
experience

Reduce
the cost of
healthcare

Improve
the staff
experience

Improve
the health of
the population

Improved Patient Experience

- **Evaluation of Patient Satisfaction of the Status of Appointment Scheduling Systems in Outpatient Clinics: Identifying Patients' Needs¹**

Key points

- Ease of scheduling had a statistically significant impact on patient satisfaction
- Patients prefer phone calls and SMS reminders before their appointments
- Majority of the patients (67.1%) agreed that the implementation of a web-based appointment scheduling system increases patient satisfaction and decreases patient wait times

1. Mazaheri Habibi et al., 2018

Reduced Cost of Care

- **Cost-Effectiveness of Primary Care Management With or Without Early Physical Therapy for Acute Low Back Pain: Economic Evaluation of a Randomized Clinical Trial¹**

Key points

- Low back pain is one of the most common conditions prompting a consultation in primary care
- Individuals with an acute episode of LBP tend to experience rapid improvement, prompting recommendations for delaying referral to physical therapy to permit spontaneous improvement and avoid unnecessary healthcare costs
- Cost effectiveness analyses found early physical therapy to be a cost-effective strategy based on typical willingness-to-pay thresholds

1. Fritz e al., 2017

Improve Health of the Population

- **Timing of Initiating Manual Therapy and Therapeutic Exercises in the Management of Patients After Hindfoot Fractures: A Randomized Controlled Trial¹**

Key points

- Early PT intervention is associated with improved function
- Late intervention may increase the risk of adverse events
- No difference with ROM, pain, and swelling with timing of PT

1. Albin et al., 2018

Improve the Staff Experience

- **Job Satisfaction in Health-care Organizations¹**

Key points

- The work itself
 - Responsibility, interest, and growth
- Quality of supervision
 - Technical help and social support
- Relationships with coworkers
 - Social harmony and respect
- Promotion opportunities
 - Chances for further advancement
- Pay
 - Adequacy of pay and perceived equity

1. Bhatnagar & Srivastava, 2012

Patient Revenue Is Decreasing Due to Referral Leakage

- According to a Cerner survey, many providers are losing at least 10% of patient revenue to referral leakage
- Providers often make **referrals based on who they know** without taking into consideration provider capacity and patient needs/preferences
- Opportunity to address this gap by
 - Embracing standardization
 - Creating a foundation to map consumer need to provider availability
 - Pivoting from retroactive analysis to real-time decision-making



Nonoperative Orthopedic Trends

2019–2029 Outpatient Rehabilitation

- Growth should be strong: 11% increase
- Growth lags population predicted forecasts

Scheduling Impacts

- Increased need to schedule evaluations
- Patient will be seen for limited follow-ups
- Increased need for automation/patient-driven scheduling

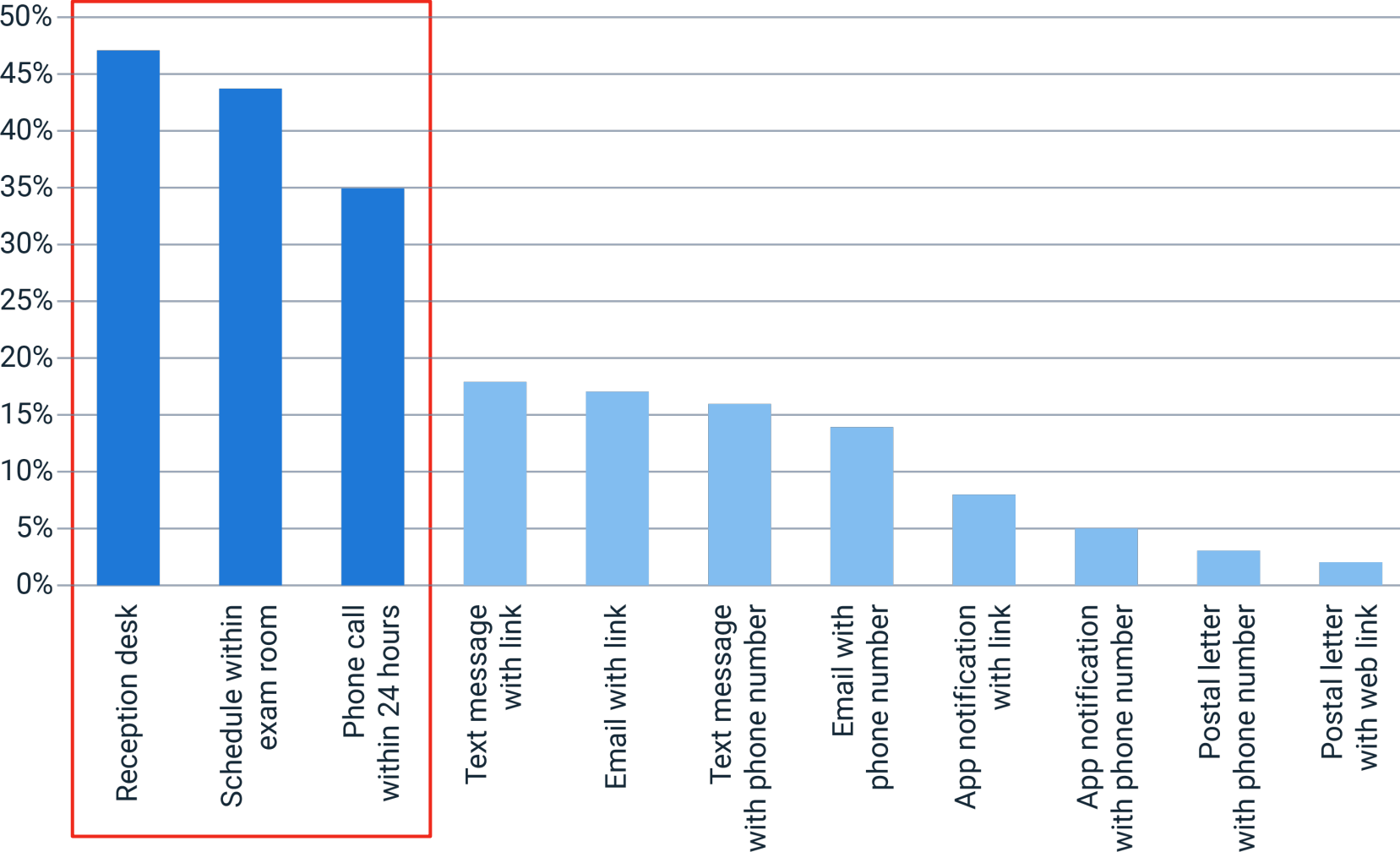
Pulling It All Together

- A **patient-first approach** to scheduling improves the Quadruple Aim of healthcare
 - Improved patient experience through self-scheduling
 - Overall reduction in waiting for care decreases cost
 - Improved access of care increases patient function
 - Deployment of new scheduling systems must come with proper technical support

Chapter 2

Impact of Access and the Internal Environment

Patient Preference Related to Scheduling

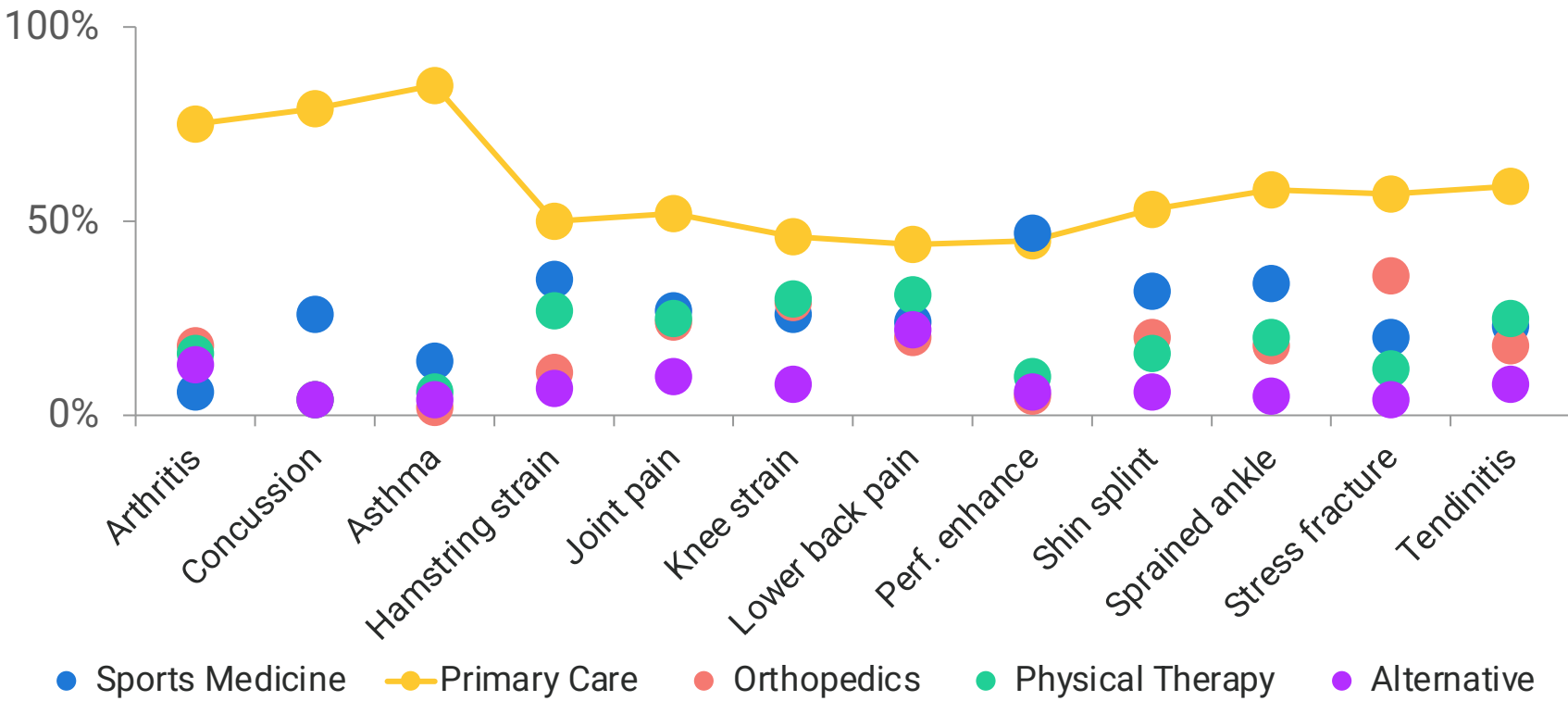


What Is the Most Likely “Path to Purchase”?

- Primary care is the entry point for most patients for sports-related conditions



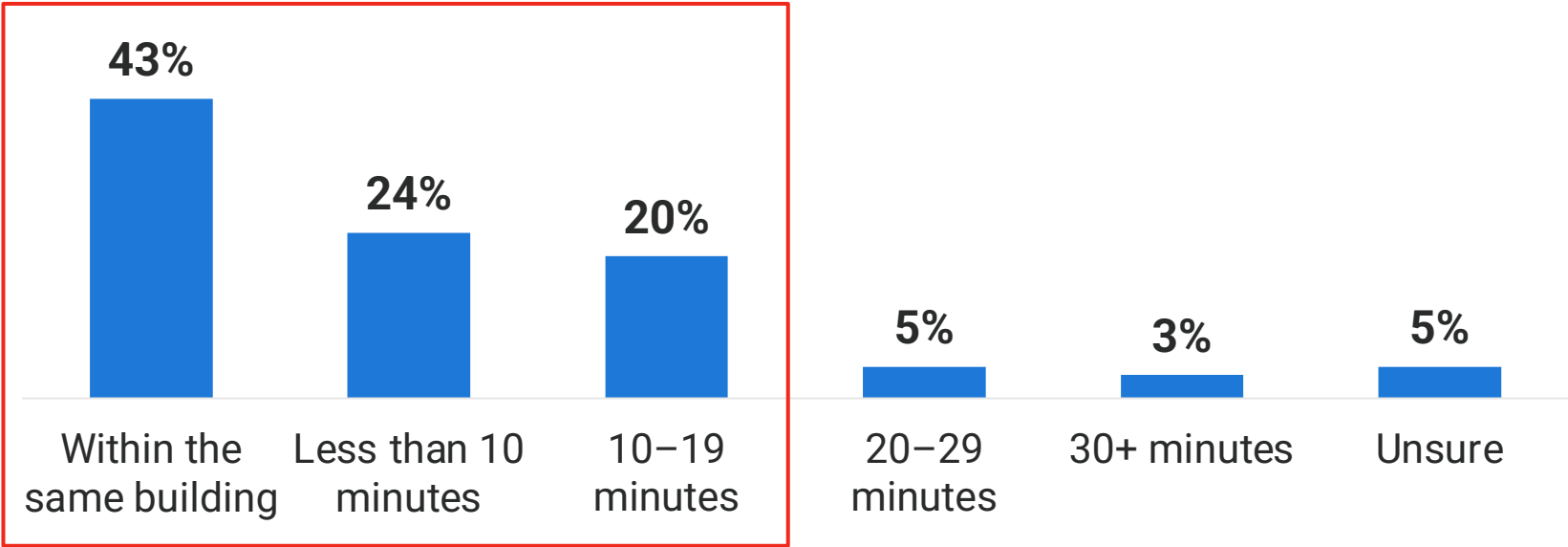
Most Likely Future Provider(s) for Selected Conditions



Consumer Access to Advocate Aurora PT Department

Travel Time to Nearest Advocate Aurora PT Department

67% within 10 minutes

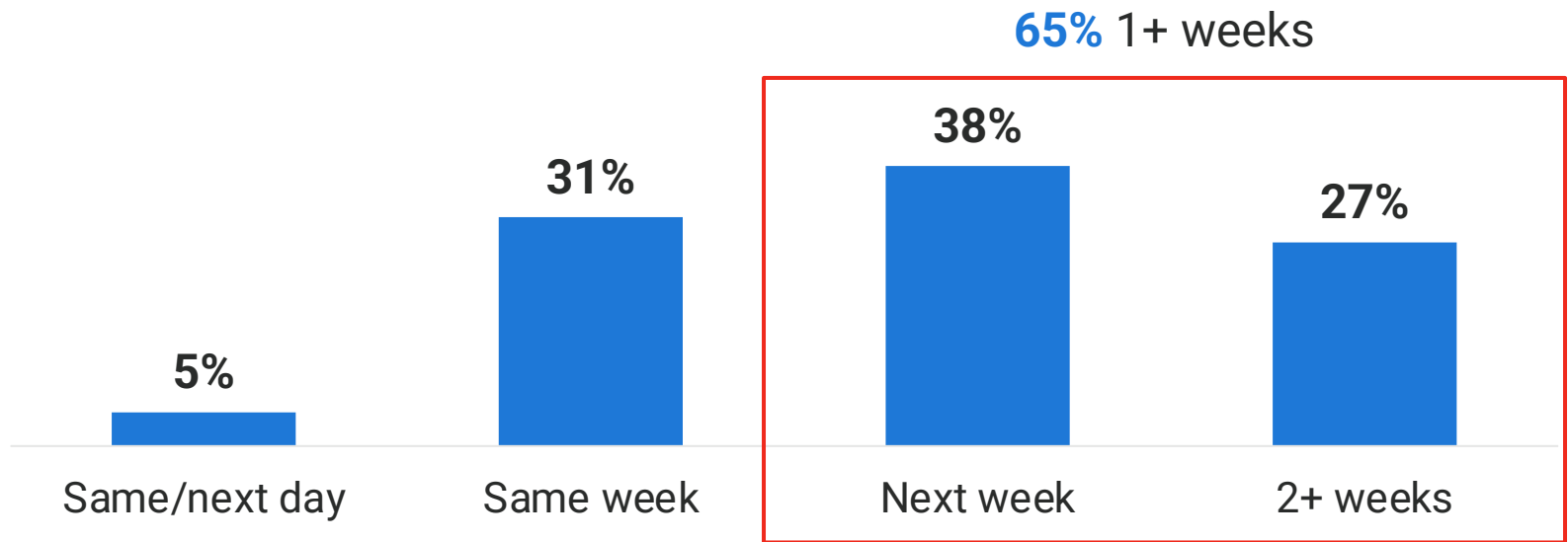


Consumer Willingness to Travel to Advocate Aurora PT Department

Travel time	Cumulative % of population	% of population
5 min. or less	2%	2%
6 to 10 min.	7%	5%
11 to 15 min.	29%	22%
16 to 20 min.	55%	26%
21 to 25 min.	58%	3%
26 to 30 min.	90%	32%
31 to 45 min.	96%	6%
More than 45 min.	100%	4%

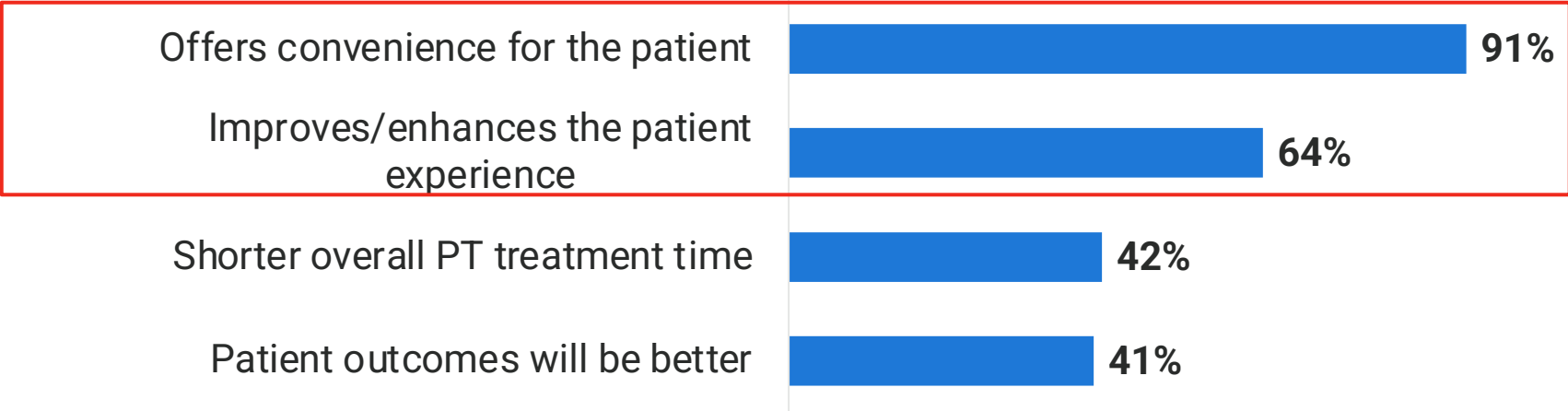
Majority Believe Patients Cannot Be Seen for Initial Evaluations Within the Same Week

Average Time for Patients to be Seen for a First-Time Evaluation



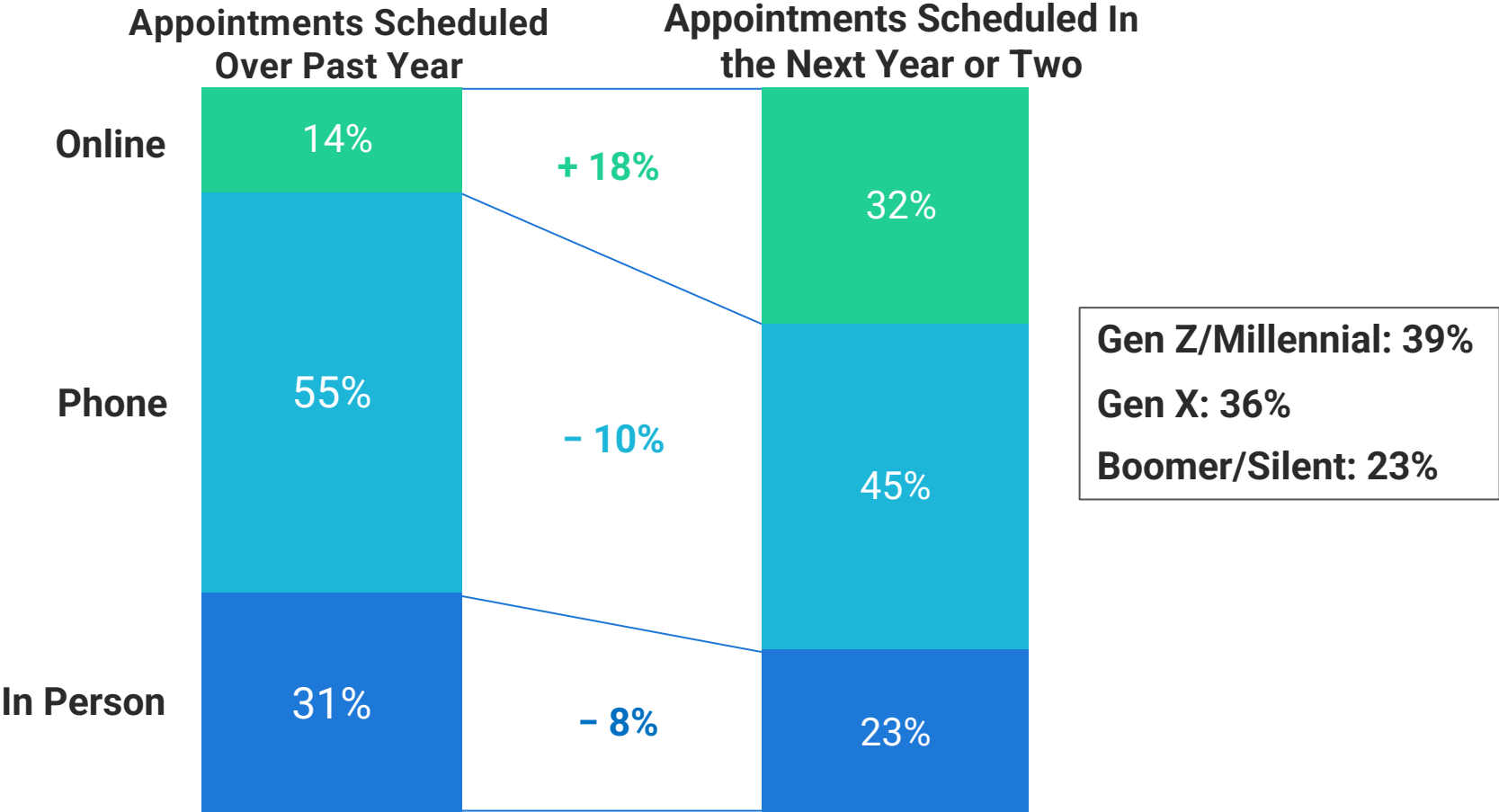
Concept Perceptions Lean More Toward Convenience and Enhanced Patient Experience

Perceptions of PT On Demand



Consumers' Scheduling Preferences: Current/Future State

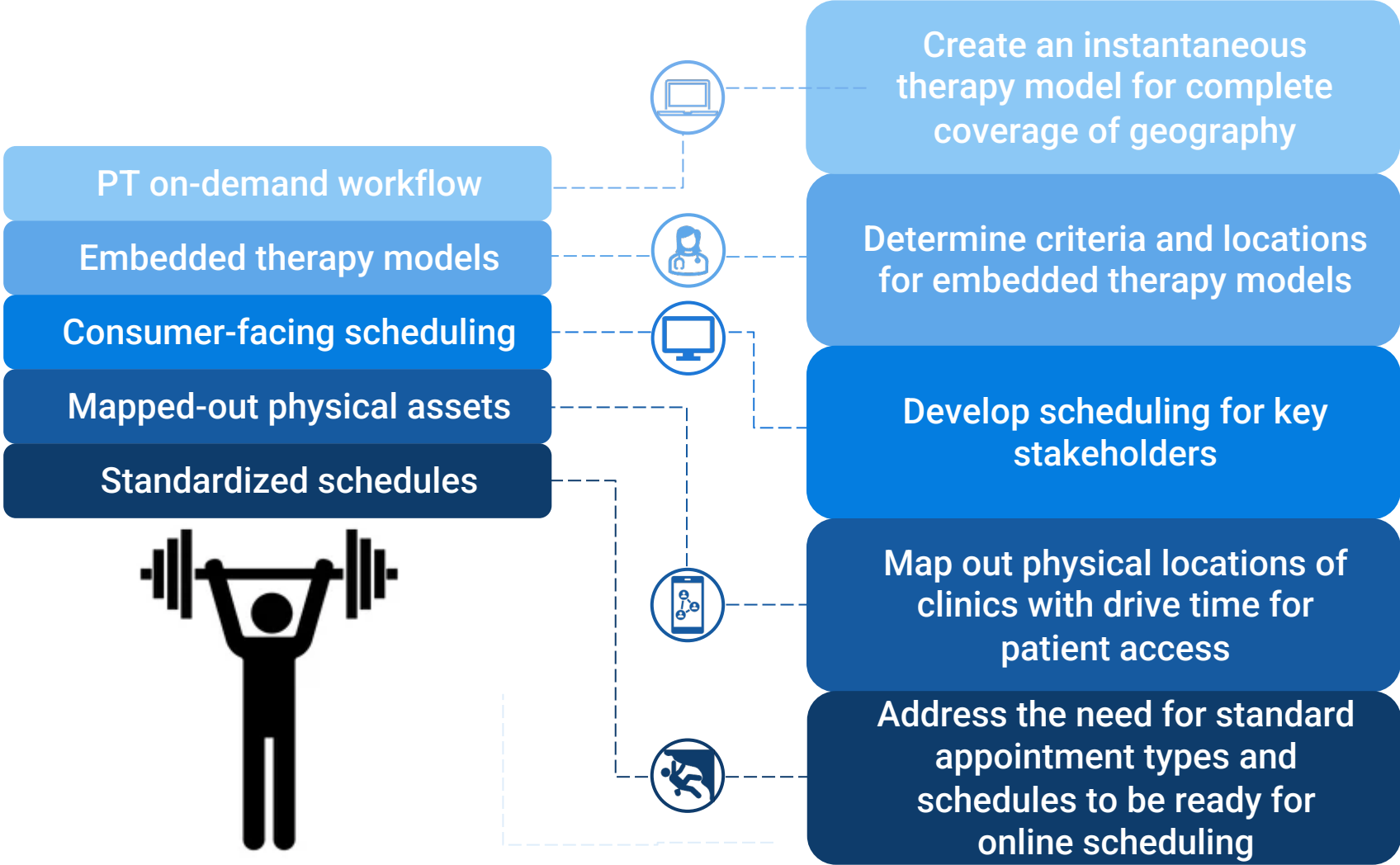
Gen Z, millennials, and Gen X will be primary drivers of the move to online scheduling



Chapter 3

Construction of a Patient-Facing Scheduling System

Reimagine Rehab: Lift





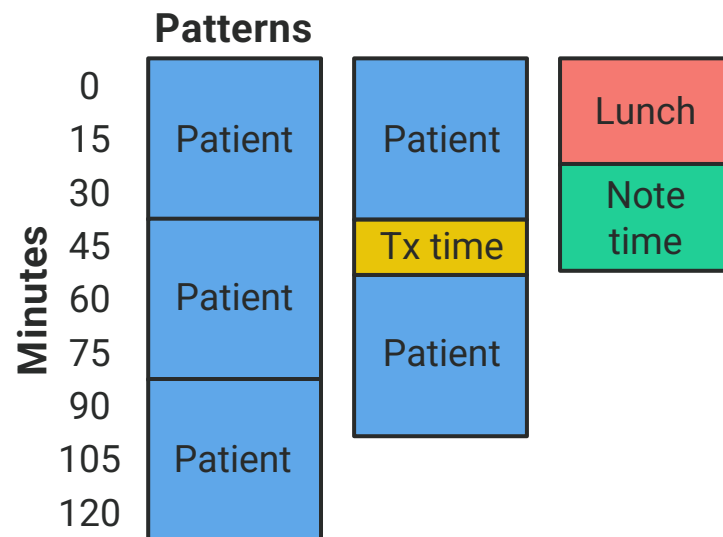
Schedule Standardization

Starting Point

- 1150+ therapists, 100 clinics
- 170 unique visit types
- 13 schedule type blocks
- 15/30/45/60/90-minute visit duration
- No virtual capability
- Schedules based on hours worked in day
 - Varied number of treatments per week
 - Varied amount of documentation
 - Varied amount of breaks/lunch

Ideal/Current State

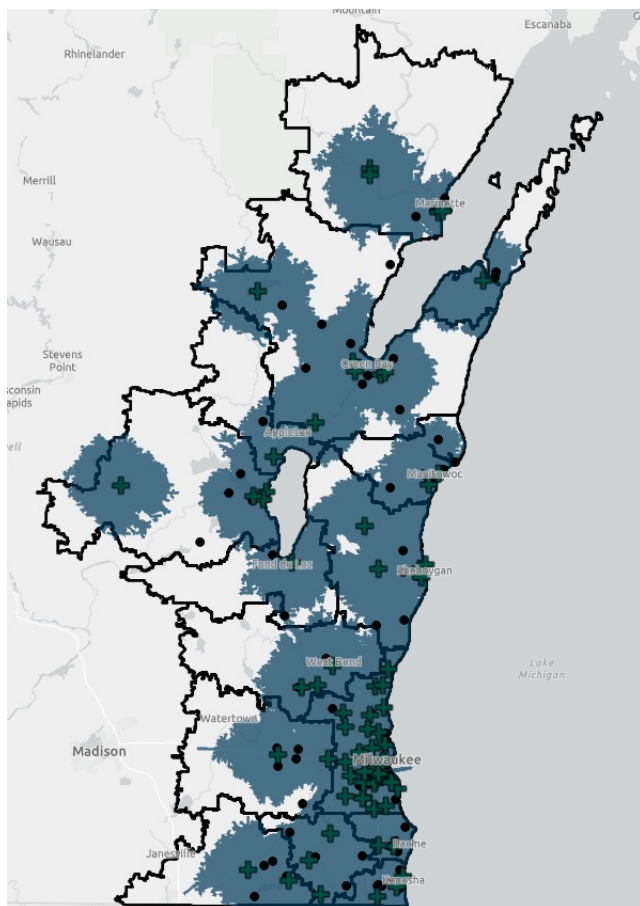
- 1200+ therapists, 110 clinics
- 20 unique visit types
- 2 schedule type blocks/patterns
- Standard 45-minute visit duration
- 100% of visits are virtual capable
- Schedules based on specialty and FTE
 - Therapist-created schedules



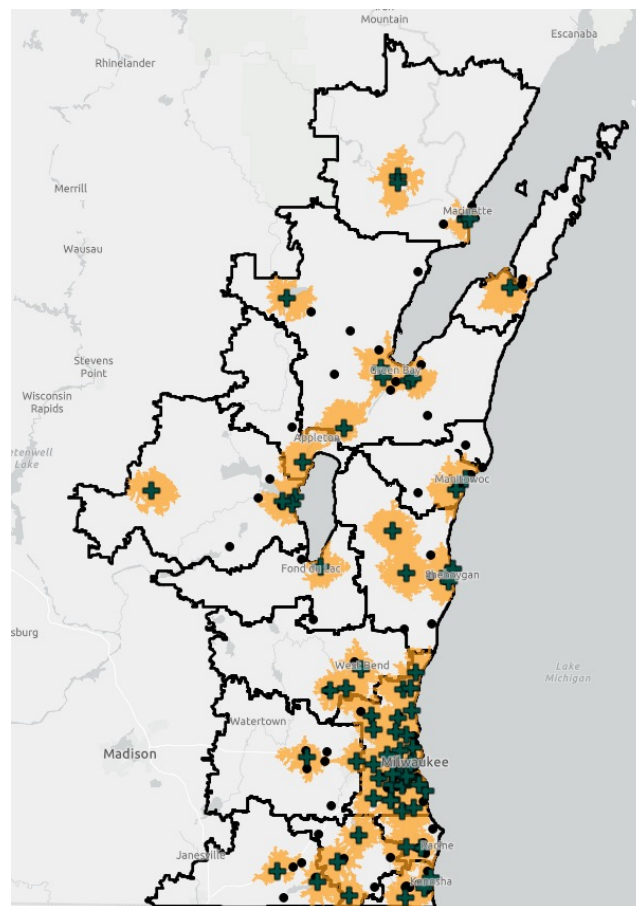


Mapping out Physical Locations

20-minute drive time



10-minute drive time





Consumer-Facing Scheduling

- Platform optimization
- Electronic medical record
- Fast pass/decision tree
- Virtual visit capabilities



Connecting
and sharing



Health



Messaging



Scheduling and
appointments



Payment and
insurance



Preferences

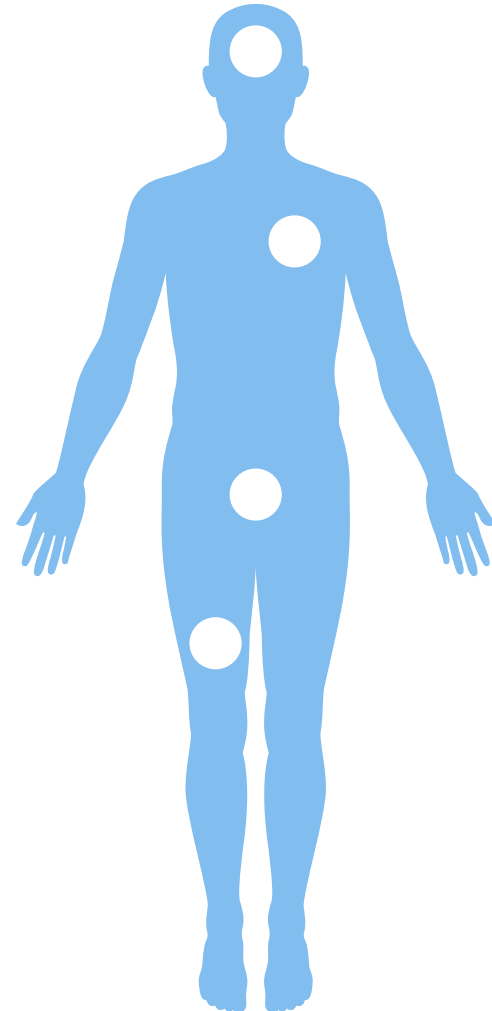


Mobile
features



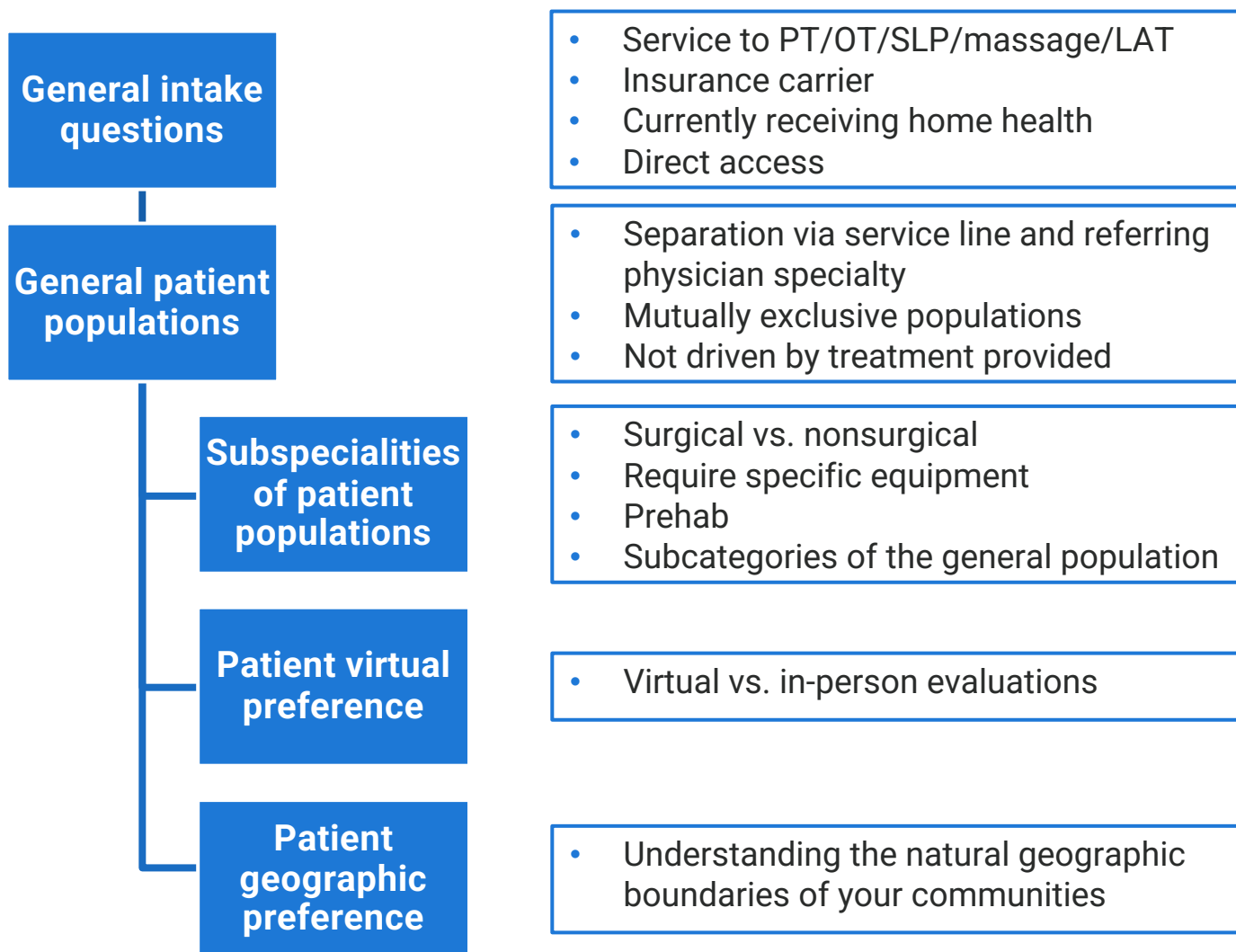
Consumer-Facing Scheduling (cont.)

- Subgroups
 - Condition/diagnosis specific
 - Body-part directed
 - Facility capabilities
 - Consumer facing
 - Must lead to provider subgroup uniqueness
 - Incorporation of virtual visits from start
 - Direct access—enabled process
- 55 subgroups based on diagnosis/condition
- 37 unique geographies
- 2000+ subgroups



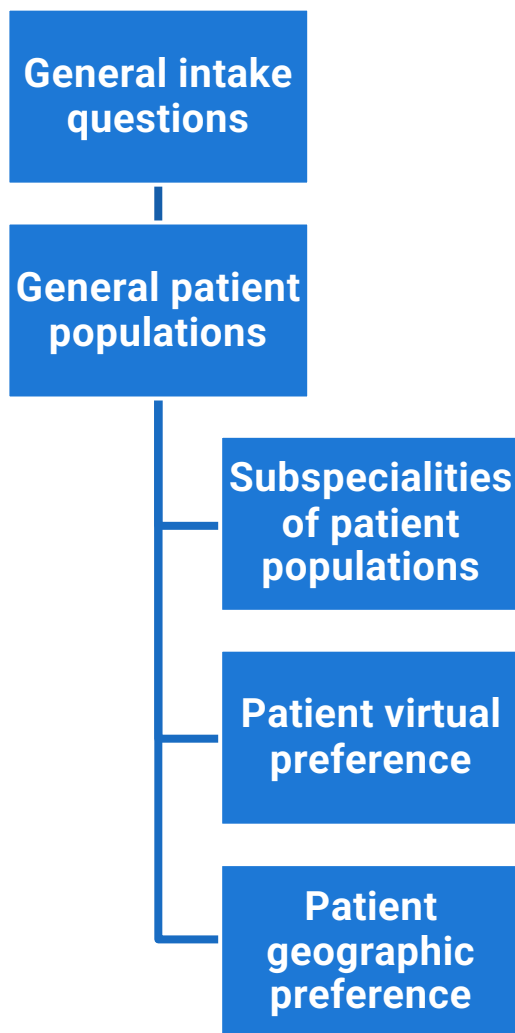


Consumer-Facing Scheduling (cont.)





Consumer-Facing Scheduling (cont.)



General Comments

- A tool for evaluation scheduling only
- The use of “hard stops”

- Ortho, Peds, Neuro, Cancer, Spine, Sports
- Pelvic floor, concussion, balance, lymphedema, concussion, speech, ergonomic assessment

- All categories need to be mutually exclusive
- 55 defined subcategories

- What can really be treated virtually from the evaluation

- 20 min and 10 min drive times
- Multiplier on subcategories
- 3000+ subgroups

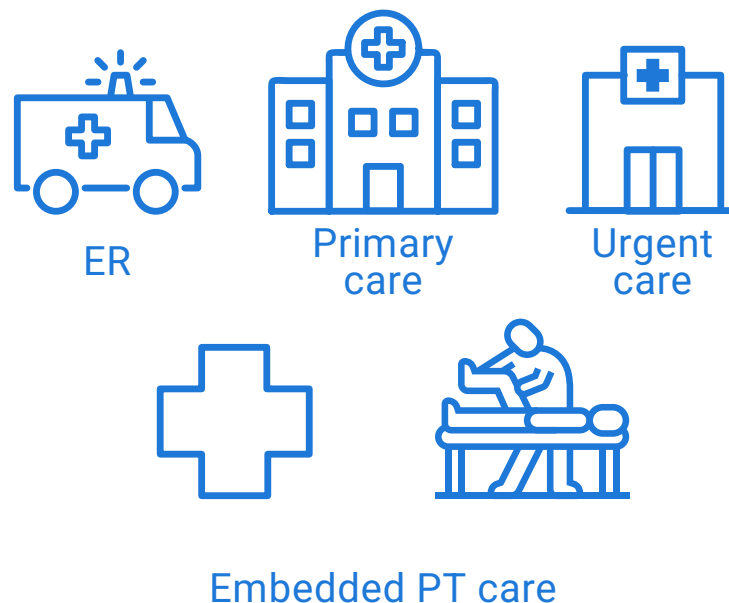


Consumer-Facing Scheduling

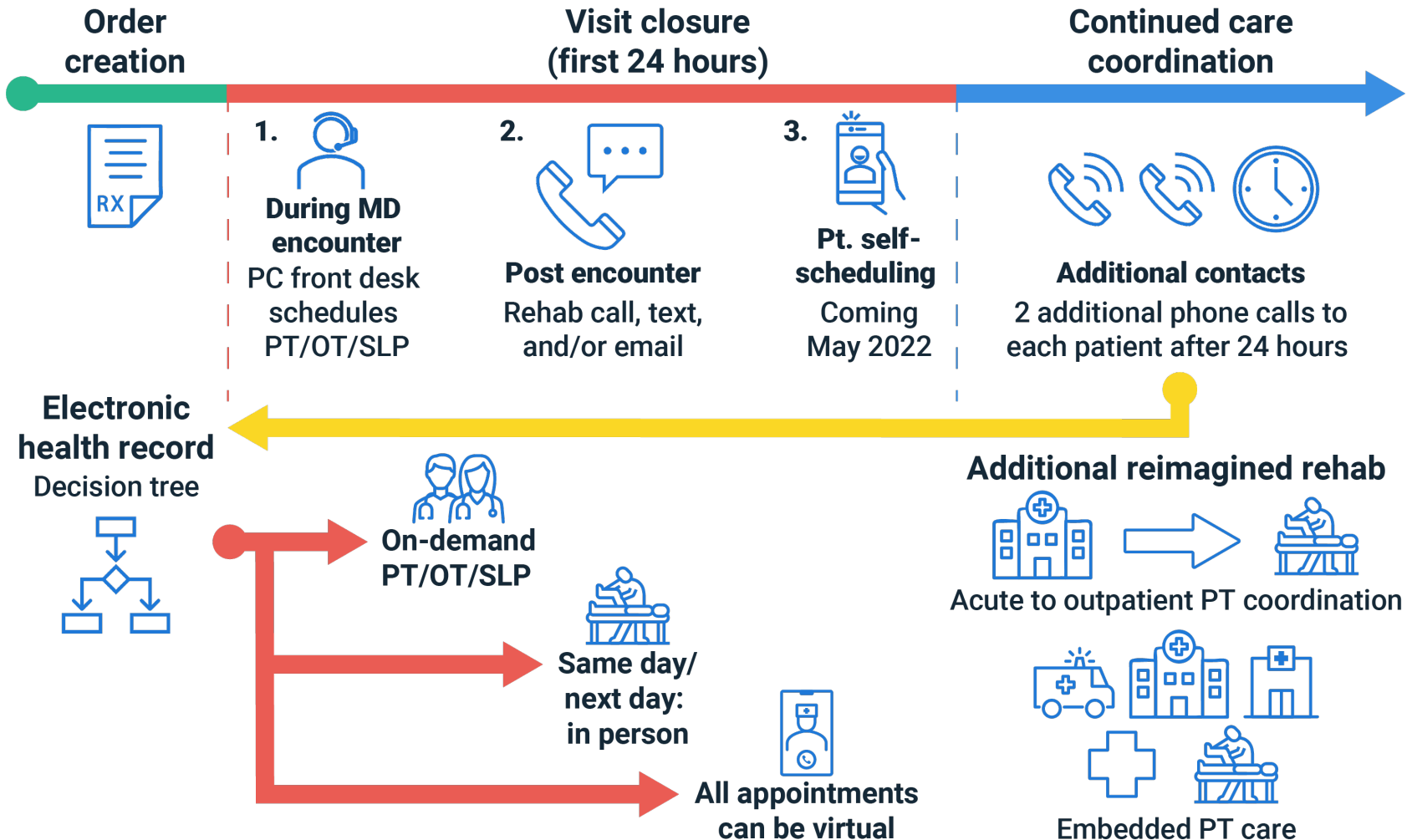
Channel Management

1. Physician clinic scheduling
2. MyChart decision tree
3. On-demand PT
4. Website-based scheduling

- Embedding therapist models

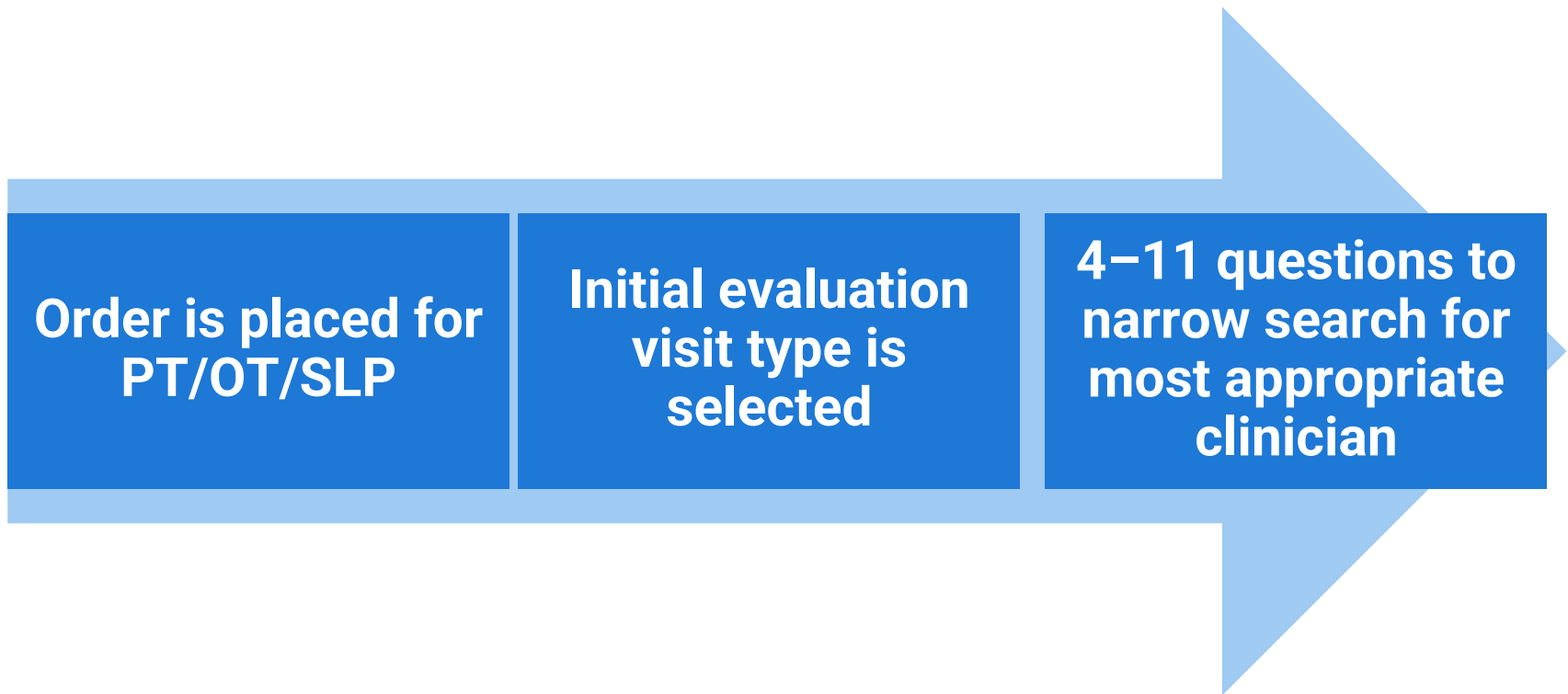


Reimagine Rehab (Access)



How Do Decision Trees Work?

- Decision tree for physical/occupational/speech therapy starts with selecting an initial evaluation visit type



Summary

- Patient/consumer-facing scheduling is a concept our industry needs to embrace
- The volume of patients we will see is increasing
- Research has shown the benefits:
 - Improved patient consumer satisfaction
 - Decreased cost of care
 - Improved function of patient with early intervention
- Employee satisfaction must be maintained
- Construction of a patient/consumer scheduling system must be thoughtful and complete
- Training and communication is pivotal in the success of scheduling