

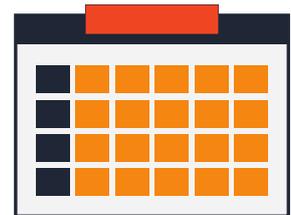
EPIC PATIENT ACCESS OPTIMIZATIONS THAT WILL IMPACT YOUR BOTTOM LINE

Provider Templates

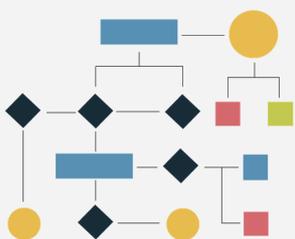
Provider templates are not always built with patient preferences and convenience in mind, leading to unused slots and unrealized revenue. Block utilization can have a significant impact on flexibility, patient distribution, and the ability to automate processes. If templates are overly customized, they can prevent you from taking advantage of automated and self-scheduling tools.

We suggest a data-driven approach combined with valuable inputs from scheduling SMEs to optimize provider templates. Provider Utilization Health Report is a useful tool to combine following metrics into one report:

- Provider utilization
- Schedule utilization
- No-show rate
- Late cancellation rate
- Lead time goals met
- Template slot type utilization



Scheduling Protocols



Yes it is possible to schedule an appointment with the correct provider or a resource, in the correct timeframe, and at the right location. You can leverage Epic's new Decision Tree functionality by developing lean workflows to improve patient access, scheduling speed & appointment accuracy (right provider, location, & time).

Decision Trees are especially useful in centralized outpatient scheduling, enhancing patient experience with first call resolution, & reducing the burden on nurses through less clinical triage. It is essential to gain a better understanding of processes by observing your staff and reviewing current state processes for recalls, waitlist management, and no show rates to streamline scheduling workflows.

Online Scheduling



One size doesn't fit all, and that's why Epic offers several online scheduling options such as Fast Pass, Appointment Request, Open, Direct, & Ticket scheduling to meet your needs. These scheduling options not only boost patient engagement but also increase revenue by attracting new patients, & decrease cost by efficiently utilizing operational and clinical resources.

Workqueues

Workqueues (WQs) are crucial to an efficient patient access and revenue cycle operation. However, many organizations struggle with multiple WQ issues. We suggest mapping out your referral, scheduling, and registration workflows to incorporate them into WQs.

- A crosswalk of all WQ rules to identify missing & duplicate WQs.
- Correctly written rules are crucial to support scheduling, registration, & authorization workflows.
- Build dashboard components and reports to monitor WQ volumes & productivity



Referrals Management

Closing the loop on referrals is not only important for meaningful use compliance, but also critical for patient retention & satisfaction. To prevent referral leakage & claims denials due to improper or missed preauthorizations, we recommend the following:

- Review your Provider Finder and Order Composer configuration to ensure that when the system prioritizes the display of providers, it is using the correct logic.
- Analyze current reporting capabilities on out-going referrals at the provider level to increase your ability to provide individual assistance.
- Analyze your Auto Status Assignment and Auto Scheduling Status configuration for automation opportunities to reduce the number of manual touches required by your Referral Coordinators.
- Review your Benefits Engine setup for procedures requiring pre-authorization, and evaluate workqueue assignments and monitoring to identify any inconsistent workflows.

