Ambulatory Management

OBPSS Template Readiness Q&A

Question	Answer
Timeline/Definition Questions	
How was the Ticket Effective Date determined?	The Ticket Effective Date was determined by analyzing historical data to find an average timeframe of when templates show at least 40% available slots.
Does the Ticket Effective Date change? If so, how often?	No, it will not change - this is a one-time date relevant to the project roll out. We are trying to prevent the patient from receiving a ticket before our templates show enough availability for them to self-schedule into.
Does the Ticket Effective Date vary by practice?	The Ticket Effective Date is not the same for all practices. Please refer to your practice's project plan and any questions re: the exact dates for your project timeline and ticket effective dates should be directed to your Ambulatory Management project team lead.
Why do we need to place an order before scheduling a patient who needs to seen before the Ticket Effective Date? Can't we just schedule the patient without the order? Is that only if the providers are ordering and not the front desk staff?	Orders need to be placed for *all* planned follow visits to track and ensure follow-through on expected appointments. This is true regardless of who places the order (provider or admin) and who is doing the scheduling (practice or patient). The order serves as a record of intended follow-up visits and appointments. Even if scheduled at the time of check-out, a patient's appointment may be cancelled later. The order ensures that there is follow-up with the patient in those cases.
Does the front desk staff need to consider if the patient is part of Patient Gateway at checkout?	No, the consideration is around timeframe of the needed appointment. Any appointment needed prior to your ticket effective date should be scheduled by the practice. For appointments needed on/after the ticket effective date, the check-out staff must consider the # of days until that appt date. If 14 or less, the practice should schedule at check-out. If > 14 days, it is best practice to hold off on scheduling regardless of if the patient has patient Gateway. Either the patient will be invited to schedule themselves via Patient Gateway or scheduling staff will reach out to schedule closer to the needed appointment date.

Order Questions	
Can Epic link the check-out comment or wrap up notes to create the follow up order?	This is not currently possible because Epic is built at the MGB level. If we were to automatically link this, it would require that we customize the build of that wrap up section to each area and this build is not available/supported at MGB. Opportunities to create more efficiency in this workflow will continue to be explored.
How is the patient going to know what type of appointment to schedule?	Patients will only see availability for the appointment type on the order. This is built into the order based on design criteria outlined by each AM division along with their OBPSS project team. A decision tree will pull all of the necessary logic into the search to allow the patient to find an appointment with the appropriate provider and visit type.
Is it standard practice for the orders to be placed by admins? Or do any practices have providers placing the order?	Workflows vary by practice. Orders can be placed either by providers or by administrative staff. This should be decided by the practice, documented and communicated prior to the practice's order go-live.
Will patients be able to schedule testing such as cardiac echos and other necessary testing along with the visit appointment?	Eventually! There is a question on the order that asks about pre-visit coordination. For most practices, self-scheduling tickets will not be generated when testing/labs, etc. are required. A pilot is underway to understand the build and workflow implications that allow patients to self-schedule their imaging AND follow up appointments in one bundle. Once the pilot is complete, this will be scaled to all groups.
How will the patient be contacted to schedule for an ordered future appointment?	Patients will receive an email invitation ~60 days* prior to the expected appt date inviting them to self-schedule their appointment on Patient Gateway. Patients that do not have Patient Gateway will be sent a letter ~60 days* in advance of their expected appointment date or will be called by practice staff leveraging the Orders WQ. *Note: 60 days is the standard timeframe, but this timeframe may be different for some practices based on specific patient/practice needs.

"At NWH I heard managers get an email for when a patient self-schedules...is there a way we can get this setup as well? Our MDs are concerned that pts will be booked incorrectly and it will be more of a burden" Is it possible to receive an email when a patient self-schedules?	No, but you can see this in Epic. Both on the app desk and in the DAR, the "PHS, PARTNERS PATIENT GATEWAY" in the ***By*** field if the patient self-scheduled. We are working on building a report for practices to use.
What is the safety net if the order expires without the patient being scheduled? How do we make sure no one is lost to follow up?	Administrative staff should be sorting the workqueue to make sure orders that are close to expiring are managed. An order's expiration date can be extended if the patient does still need to be seen.
Can a ticket be set for two providers, for example their PCP and APP for f/u?	Yes, depending on your order build, there may be an option to select MD or APP as an option for who to schedule with. This varies by department and if there is collaboration.
What happens if a patient cancels and reschedules? Is there a limit on the number of times a patient can do this for the same ticket?	There is not a technical limit. Patient will not have opportunity to reschedule immediately - this will happen at 12 AM to see if any orders are not satisfied within the scheduling window. The next day, the patient will receive an email to self-schedule.
What about patients who have standing appointments where they come every 3 months and have to book flights to come? Are we not going to do this anymore because of tickets and a stop in pre-booking?	This is about figuring out best practice for each group, in some cases you may decide to book patients in advance, and outside of the standard scheduling window (typically 60 days) set for your practice (check with your practice manager/ AD if you do not know your practice's standard scheduling window). The access and utilization data clearly demonstrates that appts booked within 60 days have a higher likelihood of being kept and the patient arriving without canceling/rescheduling. Booking > 60 days out most often requires rework/rescheduling.

Workqueue Questions	
To confirm, essentially the admin staff needs to watch the workqueue closely to assure things are getting scheduled.	Correct – the workqueue should be monitored daily to ensure patients are ending up on the schedule.
In regards to WQ, how are they going to be worded? Also, providers ask patients to come back 4-6wks after -Pt, verses 2wk from procedures, some 2-3mth depending the specialist?	Depending on the notification window, typically 60 days, the patient will receive ticket once the expected date is within 60 days. At 30 days, if they have not yet taken any action to self-schedule, that is when scheduling staff would be expected to make an outbound call to the patient for scheduling. Let's say patient has a scheduled visit, if that day comes and patient no-shows the visit, the order will automatically repopulate to the workqueue. This is why it is so important to place orders for all expected follow-up appointments.

Template Questions	
What happens if the provider does not have any available openings during the ticketed time frame? Will the system inform the patient to call the office to schedule?	There is a message on Patient Gateway with the phone number of the practice with instructions to call if you do not see any availability that works for you.
What if MD's have different visit type durations. Some MD's do follow up in 20 minutes others 30 minutes? We don't set durations for some visit types...these are EPIC defaults. Are you saying that we need to set each appt type for each provider? For instance, virtual visit f/u appts lengths for Dr A may be different than Dr. B Just to clarify, 15 minute template slots cannot accommodate a 30 minute follow up and the slots will have to be revised to 30 minutes, correct?	Visit Type durations may be set at the DEP level or customized at the provider level via a ticket to Cadence. Visit type durations do need to be divisible by template slots in order for auto-search and patient self-scheduling to work. For example, if a visit type is set for 20 minutes, but the provider's template is in 15 minute blocks for follow ups, the patient will see 0 availability.

Can we use hold time in situations where the provider is unavailable?	That is not best practice. Hold time will prevent a patient from self-scheduling at that time; however, the best practice is to set that time as unavailable. Hold time is best for short periods of time, for example, when a provider is waiting for a patient to return a call.
Will there be a way for us to see the availability that the patients see on PG?	The patients are essentially using autosearch. The best way to see the availability a patient sees is to use autosearch instead of manual scheduling. If you use autosearch and do not have to override or overbook anything, this mirrors a patient self-scheduling flow. If you do find that you need to surpass warnings/override to appropriately schedule, then the provider's template likely requires one of the modifications that were reviewed. Patients are not able to override any warnings.
What about out of state virtual?	Consider the appropriateness of a virtual visit for the follow-up at the time of the order placement. The visit must be clinically appropriate for a virtual follow-up, the provider type must be one of the approved types (Physician, NP, etc), the patient must live in one of the approved states (New England or Florida) and the provider must be credentialed in that state. If the answers to any of these is "No" the order should indicate that an in-clinic visit is required.