



# Lahey Hospital & Medical Center



H-Lab 2016

## Company Background



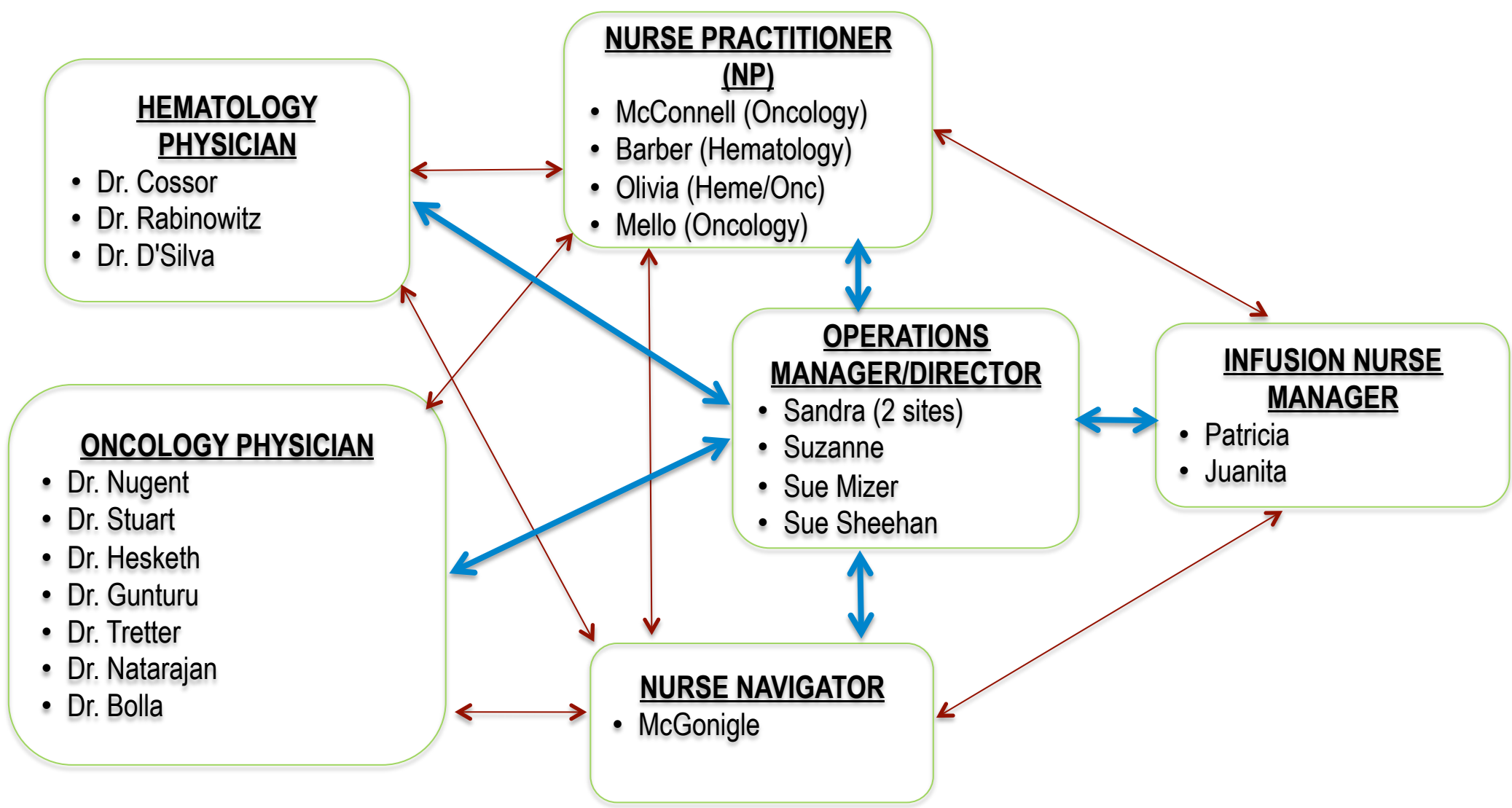
- Physician-led, nonprofit group practice
- Medical centers in Burlington, Lexington, and Peabody, MA with more than a dozen community primary care and satellite specialty care locations throughout northeastern MA and southern NH
- Over 500 physicians and 5,000 nurses, therapists and other support staff

## Problem Statement

- Characterize inefficiencies in current oncology/hematology clinical workflow at Peabody, Burlington & Winchester campuses

## Assess & Aggregate

- Provider shadowing



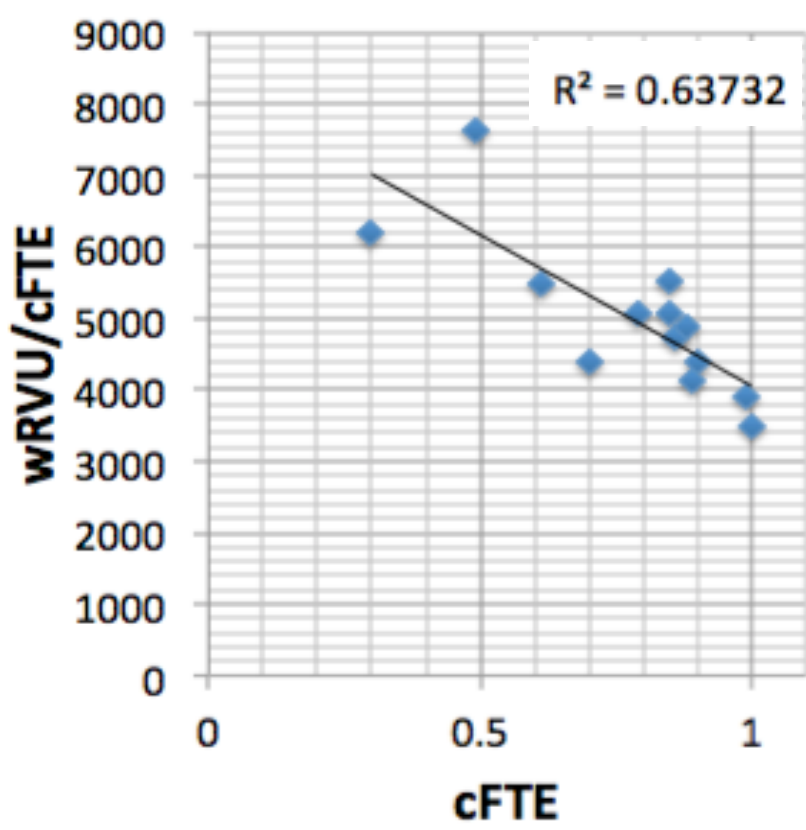
## Observational Hypotheses

- Epic Interactions**
  - Ineffective use of orders sets and treatment plans for placing lab orders, resulting in lengthy click through and misordered labs.
  - Do not utilize smart phrases or shortcut creation
  - Do not utilize Epic's internal tracking tools to leverage "small data"
- Patient/Provider Scheduling**
  - Congestion in infusion chairs and office visits at peak time of day.
  - First consults and more complex patients can cause long delays.
- Technology Use**
  - Physicians are not consistent in choosing to take advantage of computer in room with patient

## Reassess Productivity Benchmarks

**Current Approach:** Net Productivity (Work RVUs vs. cFTE)

- Problem 1** – Actual scheduled clinic hours do not align with cFTE
- Problem 2** - Physicians with fewer clinical hours overbook
- Problem 3** – Physicians split time differently among locations

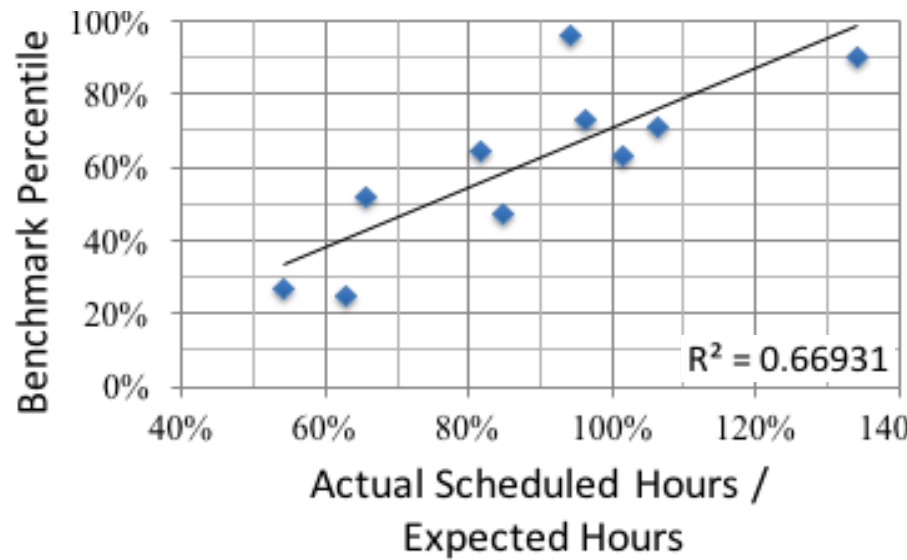


**Proposed Approach:** Work RVUs relative to actual hours worked

- Actual hours includes time spent with patients in clinic and time spent updating and reviewing Epic records for patients

- Actual scheduled clinic hours do not align with cFTE

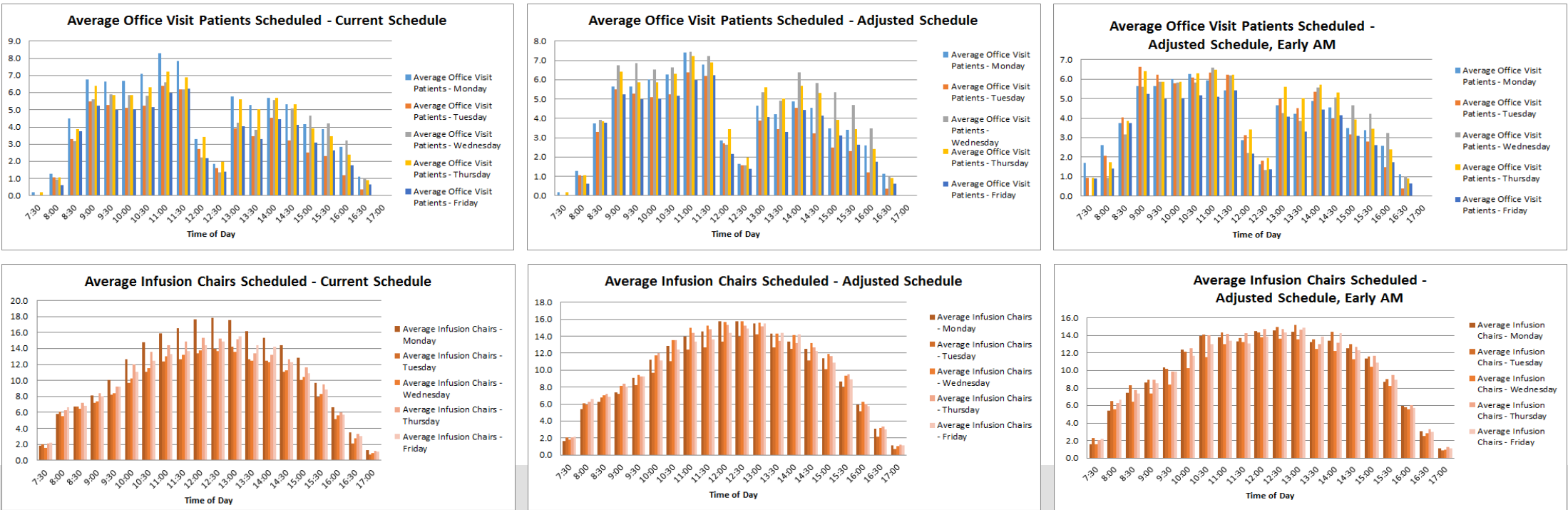
- 'Less efficient' providers are not being scheduled for enough hours



## Provider Scheduling

- Problem:** Providers each have different infusion utilization levels
- Solution:** Change schedule to minimize peak utilization
- One schedule change can give a 10% decrease in peak office visits and 11% decrease in peak infusion chair usage
- Additionally moving 5 morning clinics to early morning clinics can reduce peak office visits by 20% and peak infusion chair usage by 15%

MD Providers	Monday	Tuesday	Wednesday	Thursday	Friday
	Early AM ASPM AM AM PM OFF OFF Early ASPM AM OFF AM ASPM OFF OFF Early ASPM	OFF OFF AM OFF ASPM OFF OFF Early ASPM AM OFF AM ASPM OFF OFF Early ASPM	OFF ASPM OFF OFF ASPM OFF OFF Early ASPM AM OFF AM ASPM OFF OFF Early ASPM	ASPM OFF ASPM OFF AM OFF OFF Early ASPM AM OFF AM ASPM OFF OFF Early ASPM	OFF ASPM OFF OFF AM OFF OFF Early ASPM AM OFF AM ASPM OFF OFF Early ASPM
TOTAL FTE	6	6	6	6.5	5.5



## Final Recommendations

- Internally, examine the issues that are affecting the under-scheduling of providers.
- Use integer programming model to begin testing scheduling recommendations immediately. First one shift per week, then add early morning clinic.



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*The Team!*