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 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%.

Final Recommendations

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