Technology and Analytics within Patient Access

Christian P. Larsen, MD, DPhil
Dean, Emory University School of Medicine
CEO, The Emory Clinic

Alan F. Kramer, MPH
Director of Patient Access, The Emory Clinic and Emory Specialty Associates
Overview of Emory Healthcare and Our Patient Access Journey

Our Access Strategy

Creating a World Class Contact Center

Process & Partnership in a Large, Multispecialty Practice

The Future of Patient Access
THE LARGEST, MOST COMPREHENSIVE HEALTH SYSTEM IN GEORGIA

EMORY UNIVERSITY
Woodruff Health Science Center

EMORY HEALTHCARE

EMORY SCHOOL OF MEDICINE
EMORY SCHOOL OF PUBLIC HEALTH
EMORY SCHOOL OF NURSING
EMORY WINSHIP CANCER INSTITUTE
YERKES NATIONAL PRIMATE RESEARCH CENTER

EMORY CLINIC
EMORY SPECIALTY ASSOCIATES
EMORY HOSPITALS
EMORY Healthcare Network

AMGA 2016 Annual Conference
Named one of Atlanta’s Best and Brightest Companies to work for in 2014 & 2015

Employer Health Solutions

Accountable Care Organizations

AMGA 2016 Annual Conference
OVERVIEW OF EMORY SCHOOL OF MEDICINE

2,359
Faculty

712
Volunteer Faculty

1,205
Residents and Fellows in 98 accredited programs

$330.5M
In sponsored research funding + $74.1M in funds received by medical faculty at other units and at VA

$6.3M+
In scholarships to medical and academic health students

14
Hospitals or institutions and dozens of outpatient locations as training sites for students

1 in 4
MDs in GA trained at Emory

550
Medical students

521
Academic Health Students in 5 programs

AMGA 2016 Annual Conference
OVERVIEW OF EMORY HEALTHCARE

2016 EHC NETWORK

POPULATION DENSITY

- ≤ 600
- 600-1,500
- 1,500-2,500
- 2,500-3,500
- > 3,500

- Hospital
- ASC
- Imaging (Off-campus)
- Physician offices
- Physician offices opened in early FY16
- Select Medical
- CVS Minute Clinic

AMGA 2016 Annual Conference
**OVERVIEW OF EMORY MEDICINE**

**EMORY MEDICINE VISION**
To be recognized as the leading academic and community health enterprise, differentiated by discovery, innovation, education, and quality, compassionate, and patient- and family-centered care

<table>
<thead>
<tr>
<th>GOALS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improve the health of 1M/10M</td>
</tr>
<tr>
<td>Provider of choice</td>
</tr>
<tr>
<td>Innovative discovery</td>
</tr>
<tr>
<td>Education destination of choice</td>
</tr>
<tr>
<td>Best place to work</td>
</tr>
<tr>
<td>Strategic growth and investment</td>
</tr>
</tbody>
</table>

**DIFFERENTIATING STRATEGIES**

<table>
<thead>
<tr>
<th>Improve the health of 1M/10M</th>
</tr>
</thead>
<tbody>
<tr>
<td>Distinctive Signature Programs informed by visionary research and delivered by world-class clinical care teams</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Provider of choice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population health management capabilities to provide value-based care in partnership with patients, families, and communities</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Innovative discovery</th>
</tr>
</thead>
<tbody>
<tr>
<td>Discovery spanning from fundamental science to health outcomes research</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Education destination of choice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education in inter-professional, team-based environments with a focus on patient safety and quality improvement</td>
</tr>
</tbody>
</table>

**FOUNDATIONAL STRATEGIES**

<table>
<thead>
<tr>
<th>INVESTED PEOPLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>who are engaged, committed to service, and supported to achieve their fullest potential</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ACCESSIBLE NETWORK</th>
</tr>
</thead>
<tbody>
<tr>
<td>providing exceptional patient experience &amp; timely, coordinated care across the continuum</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CONTINUOUS OPERATIONAL EXCELLENCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>resulting in exceptional quality, technology enabled processes, and cost-effective delivery</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FINANCIAL SUSTAINABILITY AND STRENGTH</th>
</tr>
</thead>
<tbody>
<tr>
<td>through aligned investment, operating performance, and philanthropy</td>
</tr>
</tbody>
</table>

**AMGA 2016 Annual Conference**
OVERVIEW OF EMORY HEALTHCARE

CARING FOR 1M/10M/1 Patient at a Time

IN ATLANTA, SERVE THE CONTINUUM OF CARE FOR 1M PATIENTS

BEYOND ATLANTA, BE THE REFERRAL CENTER OF CHOICE IN EACH OF OUR SIGNATURE PROGRAMS FOR 10M PATIENTS
**OVERVIEW OF EMMORY HEALTHCARE**

**EMORY SIGNATURE PROGRAMS ARE THE FOUNDATION OF OUR BRAND AND IDENTITY**

U.S. News and World Report ranks Emory #1 in all specialties for Atlanta and Georgia

Emory has a growing list of signature programs Nationally Ranked in U.S. News

<table>
<thead>
<tr>
<th>Rank</th>
<th>Program</th>
</tr>
</thead>
<tbody>
<tr>
<td>#8</td>
<td>Cardiology, Nephrology, Top 10 NIH funding</td>
</tr>
<tr>
<td>#9</td>
<td>Neurology &amp; Neuroscience</td>
</tr>
<tr>
<td>#12</td>
<td>Cancer</td>
</tr>
<tr>
<td>#15</td>
<td>Cardiology &amp; Heart Surgery</td>
</tr>
<tr>
<td>#7</td>
<td>U.S. Transplant Volumes, Top Tier Outcomes</td>
</tr>
<tr>
<td>#31</td>
<td>Orthopedics</td>
</tr>
</tbody>
</table>

**PATIENT CARE PLATFORMS**

- Child Health
- Brain Health & Neuroscience
- Winship Cancer Institute
- Cardiovascular Health
- Organ Failure & Transplantation
- Musculoskeletal

**RESEARCH PLATFORMS**

**EDUCATION PLATFORMS**

---

**AMGA 2016 Annual Conference**
- **ELECTRONIC MEDICAL RECORD**
  - Cerner PowerWorks®
  - Cerner PowerChart®

- **PATIENT REGISTRATION AND INSURANCE ELIGIBILITY**
  - Global Patient Registration (GPR)

- **PATIENT PORTAL**

- **REVENUE CYCLE | BILLING**

- **PATIENT SCHEDULING**

- **DESKTOP VIRTUALIZATION**
1. Lack of standard operational processes.
2. Lack of standard master schedules and visit types.
3. Lack of call quality assurance.
4. Lack of consistent role clarity and accountability.
5. Lack of standard and efficient work space.

**Patient Satisfaction: 29th Percentile**

*OUR ACCESS JOURNEY*
*THE CASE FOR CHANGE*
The Voice of Emory, Quality, Training, Workforce & Staffing Management.

Design, monitor & maintain provider schedules in accordance with set access standards.

Live clinical call answering, nurse triage & telephonic nursing encounter.

Metric Monitoring, Process Improvement, Technology Implementation & Management.
 Overview of Emory Healthcare and Our Patient Access Journey

Our Access Strategy

Creating a World Class Contact Center

Process & Partnership in a Large, Multispecialty Practice

The Future of Patient Access
DELIVER THE IDEAL PATIENT AND FAMILY EXPERIENCE

- Guarantee Today, Tomorrow, or Within the Week access
- Facilitate real-time access to care teams for clinical needs
- Support patient-centered clinical care pathways & care coordination through multi-disciplinary scheduling
- Deploy patient facing technologies
- Drive informed decision making through sophisticated analytics

PATIENT ACCESS INFRASTRUCTURE

- CONTACT CENTER
- CLINICAL CALL MANAGEMENT
- CAPACITY MANAGEMENT
- ACCESS OPTIMIZATION

JUST IN TIME ACCESS
FOR NEW & RETURN PATIENTS TO MANAGE THE HEALTH OF OUR POPULATION

- INVESTED PEOPLE: who are engaged, committed to service, and supported to achieve their fullest potential
- ACCESSIBLE NETWORK: providing exceptional patient experience & timely, coordinated care across the continuum
- CONTINUOUS OPERATIONAL EXCELLENCE: resulting in exceptional quality, technology enabled processes, and cost-effective delivery
- FINANCIAL SUSTAINABILITY AND STRENGTH: through aligned investment, operating performance, and philanthropy

AMGA 2016 Annual Conference
1. Overview of Emory Healthcare and Our Patient Access Journey
2. Our Access Strategy
3. Creating a World Class Contact Center
4. Process & Partnership in a Large, Multispecialty Practice
5. The Future of Patient Access
**PATIENT ACCESS METRICS**

**A DAY IN PATIENT ACCESS**

**DATA FROM 12.01.2015 – 12.31.2015**

<table>
<thead>
<tr>
<th>CONTACT CENTER</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>200</strong></td>
<td><strong>200 number of budgeted Patient Access Associates and Specialists</strong></td>
</tr>
<tr>
<td>Average number of daily calls received</td>
<td><strong>12,400</strong></td>
</tr>
<tr>
<td><strong>3:52</strong></td>
<td><strong>AVERAGE CALL HANDLE TIME</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>ACCESS OPTIMIZATION</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>76%</strong></td>
<td><strong>SERVICE LEVEL</strong></td>
</tr>
<tr>
<td><strong>ABANDON RATE 2.0%</strong></td>
<td></td>
</tr>
<tr>
<td><strong>FIRST CONTACT RESOLUTION</strong></td>
<td></td>
</tr>
<tr>
<td><strong>SCHEDULING THE RIGHT PATIENT IN THE RIGHT SLOT WITH THE RIGHT PROVIDER</strong></td>
<td></td>
</tr>
<tr>
<td><strong>BRAND AMBASSADORS</strong></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>RN ADVISORS</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>9.9</strong></td>
<td><strong>number of budgeted RN ADVISOR FTEs</strong></td>
</tr>
</tbody>
</table>
| 112 | **CONTACTS**
| 25 inbound calls | 37 outbound calls | 50 EeMR messages | **PER RN PER DAY** |

<table>
<thead>
<tr>
<th>CAPACITY MANAGEMENT</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>8</strong></td>
<td><strong>number of Capacity Management Architects</strong></td>
</tr>
<tr>
<td>40</td>
<td><strong>MASTER SCHEDULE BUILDS/EDITS</strong></td>
</tr>
<tr>
<td>170</td>
<td><strong>DAILY SCHEDULE AND TEMPLATE BUILDS/EDITS</strong></td>
</tr>
</tbody>
</table>

**AMGA 2016 Annual Conference**
DATA FROM 1.01.2016 – 1.31.2016

Welcome to the Emory Department of **SPECIALTY CARE**.
(185,478 CALLS)

If you have previously been seen by an Emory Specialty Care provider, please press 2.

If you are new to Emory Specialty Care, please press 3.

To refill a prescription, obtain lab results, or leave a message for the nurse, please press 2.

Welcome back. To make, change, or cancel appointments please press 1.

166,094 appointments made across PGP

69,436 were made by contact center

91,793 arrivals

74,301 non-arrivals

25% new patients

59.9% new patients seen within 14 days

65,443 EeMR messages

69.4% responded to within 2 hours

8.9% no show rate

65,554 appointments made across PGP

17,498 were made by contact center

36,053 arrivals

29,501 non-arrivals

10% new patients

78.1% new patients seen within 14 days

32,640 EeMR messages

81.8% responded to within 2 hours

6.6% no show rate

Welcome to the Emory Department of **PRIMARY CARE**.
(51,051 CALLS)

If you have previously been seen by an Emory Primary Care provider, please press 2.

If you are new to Emory Primary Care, please press 3.

To refill a prescription, obtain lab results, or leave a message for the nurse, please press 2.

Welcome back. To make, change, or cancel appointments please press 1.

166,094 appointments made across PGP

69,436 were made by contact center

91,793 arrivals

74,301 non-arrivals

25% new patients

59.9% new patients seen within 14 days

65,443 EeMR messages

69.4% responded to within 2 hours

8.9% no show rate

65,554 appointments made across PGP

17,498 were made by contact center

36,053 arrivals

29,501 non-arrivals

10% new patients

78.1% new patients seen within 14 days

32,640 EeMR messages

81.8% responded to within 2 hours

6.6% no show rate
PATIENT SERVICE COORDINATOR (PSC) 
JOB DESCRIPTION CONVERSION

1. No defined progression model in appointment center
2. No clear differentiation of responsibilities between PSC I, II and II
3. Same job description for appointment center and front desk
4. Primarily transactional / task based functions
5. Reset role expectations and responsibilities to meet demand of a consumer driven market
PATIENT ACCESS ASSOCIATE (PAA):
- Master general scheduling, registration, and customer service duties
- Coordinate the patient experience throughout the access process
- Directly impacts Emory Clinic patient satisfaction metrics, proactively recognizes and reports access barriers

PRIORITY ACCESS SPECIALIST (PRAS):
- Schedules appointments across multiple clinical departments
- Exhibits proactive problem-solving skills, monitors access metrics
- Assists in coordinating training/onboarding of new team members, under direction of supervisor, may assign or distribute work

SENIOR PRIORITY ACCESS SPECIALIST (SR.PRAS):
- Participates in clinic-wide access improvement initiatives
- Coordinates training and onboarding of new team members
- Performs quality assurance functions and duties, assists in overseeing distribution of work queues & assignments
- Monitors team metrics and distributes relevant reports

PRIORITY ACCESS SUPERVISOR:
- Provides direct supervision to appointment center staff, participates in recruitment/onboarding new team members
- Performs quality and coaching of appointment center staff, ensures adherence
- Identifies and may lead process improvement activities, analyzes data, reports on team performance

PATIENT ACCESS SPECIALIST (PAS):
- Maintains strong working relationships with clinical department care teams
- Proactively performs outbound call work and other special projects
- Proactively monitors patient access metrics and access standards

PATIENT ACCESS ASSOCIATE (PAA):
- Master general scheduling, registration and customer service duties
- Coordinate the patient experience throughout the access process
- Directly impacts Emory Clinic patient satisfaction metrics, proactively recognizes and reports access barriers
RECRUITMENT/RETENTION PROCESS & STATISTICS
MARCH 2015 – JANUARY 2016

732 candidates screened by phone
424 candidates recommended for an onsite interview
355 candidates recommended for an onsite interview
148 offers extended
108 new hires on-boarded

120 Patient Access Associates recommended for promotion to Patient Access Specialist

AMGA 2016 Annual Conference
The Voice of Emory...

WE ENGAGE.

WE CARE.

WE RESOLVE.

continuing our climb

KEY COMPONENTS

1. Call Quality
2. Schedule Adherence
### Agent Performance Program Scorecard

#### Contact Center Agent Performance Program

**Agent Performance Program Scorecard**

<table>
<thead>
<tr>
<th>Average Time Out of Adherence Per Day</th>
<th>Points</th>
<th>Overall Scoring Scale</th>
</tr>
</thead>
<tbody>
<tr>
<td>0:00-5:00 minutes</td>
<td>20</td>
<td>Commendable 100-96</td>
</tr>
<tr>
<td>5:01-10:00 minutes</td>
<td>15</td>
<td>Exceeds Expectations 95-91</td>
</tr>
<tr>
<td>10:01-15:00 minutes</td>
<td>10</td>
<td>Fully Meets Expectations 90-85</td>
</tr>
<tr>
<td>15:01-20:00 minutes</td>
<td>5</td>
<td>Needs Improvement 84-80</td>
</tr>
<tr>
<td>&gt;20 minutes</td>
<td>0</td>
<td>Does Not Meet Expectations &lt;80</td>
</tr>
</tbody>
</table>

#### Call Quality

<table>
<thead>
<tr>
<th>Call Quality</th>
<th>Points</th>
<th>Possible</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0.00</td>
<td>80.00</td>
</tr>
</tbody>
</table>

#### Adherence

<table>
<thead>
<tr>
<th>Adherence</th>
<th>Points</th>
<th>Possible</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>20.00</td>
<td></td>
</tr>
</tbody>
</table>

#### Minutes Out of Adherence

<table>
<thead>
<tr>
<th>Minutes Out of Adherence</th>
<th>Points</th>
<th>Possible</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0.00</td>
<td></td>
</tr>
</tbody>
</table>

#### Monthly Score

<table>
<thead>
<tr>
<th>Monthly Score</th>
<th>Points</th>
<th>Possible</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0.00</td>
<td>100.00</td>
</tr>
</tbody>
</table>

#### Fiscal Year Performance

<table>
<thead>
<tr>
<th>Fiscal Year Performance</th>
<th>Points</th>
<th>Possible</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>#DIV/0!</td>
<td></td>
</tr>
</tbody>
</table>

#### Months

<table>
<thead>
<tr>
<th>September 2015</th>
<th>December 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>October 2015</td>
<td>January 2016</td>
</tr>
<tr>
<td>November 2015</td>
<td>February 2016</td>
</tr>
</tbody>
</table>

AMGA 2016 Annual Conference
Piloted with 15 agents in April 2015
- Expanded to 50 agents in October 2015
- Growing to 70 agents in March 2016
- Additional growth to 100 agents in May 2016

Criteria for Participation (Minimum Qualifications)

- Minimum time with Patient Access: 6 months
- Minimum cumulative APP score: 90.0
- No Corrective Action in previous 12 months
- Agree to all aspects of the Patient Access Telecommuting Agreement
VERINT SYSTEM UPGRADE

- Unified application providing workforce management, recorder, and quality.
- Quality scores can feed key performance indicators (KPIs) in scorecards, which in turn can drive performance-based coaching and eLearning.
- Enables real time coaching sessions and allows you to attach scorecard KPIs, policies, and other relevant information.

ENHANCED ABILITIES TO STORE CALLS AND CAPTURE SCREENSHOTS
Key Metrics Monitored Daily

- Forecasted vs. Actual Service Level
- Average Speed to Answer
- Volume
- Abandonment Rate
- AUX Time

![Patient Access Daily Snapshot Table](image-url)
WHAT IS A WIKI?
- Online knowledge management system housing all scheduling guidelines and provider & clinic information

WHAT ARE THE ADVANTAGES?
- Single source of truth
- Increase job knowledge and confidence
- Multidisciplinary scheduling
- Increased transparency and communication between clinic and call center
- Decrease in errors
- Decrease in on-boarding time
- Easy to update
Patient Access

Welcome to the Patient Home Page
When you login to the emoryclinicwiki.net, you will always be directed to this main home for all wikis and will contain department information. To navigate to your section's wiki, click "my wikis" in the top menu or on the left page, then click on your section's name, or click on a link below.

Section Wikis:
- Emory Clinic CT Surgery
- Emory Clinic Wiki
- Primary Care

Please contact Michelle Foote (michelle.foote@emoryhealthcare.org)
Guided Scheduling hard-wires scheduling algorithms that ensure patients are scheduled with the correct physician, at the clinically correct time, at the correct location.

GUIDED SCHEDULING IS COMPRISED OF:

- Question Guides
- Rules
- Appointment Sets
FY16 ACCESS STANDARD
TODAY. TOMORROW. WITHIN A WEEK

WHAT:
A centrally managed, one-call system established in September 2011 to strengthen referral relationships, improve and streamline scheduling and access, and track referrals.

SCOPE:
Internally referred patients being referred from an Emory Healthcare Network provider and Emory employees.

WHO:
A team of advanced appointment center agents with multidisciplinary scheduling proficiency dedicated to scheduling priority referral patients.

HOW:
Reserved time slots (PRA & PRB), establishing scheduling processes, empowerment of agents to meet access standards, productive relationships with department administrative and clinical leadership.
FY16 Performance:

82% all Emory-sponsored health plan members and patients referred by Emory providers access to appointments with Emory Clinic providers **Today, Tomorrow, or Within the Week.**

September 1, 2014 – January 22, 2016
APPOINTMENT REMINDERS

TEXT MESSAGE REMINDERS

Patients who receive appointment reminders via text message have a higher response rate than those who receive phone calls.

Patients who receive text message appointment reminders are less likely to "no-show" to their appointments than patients who receive appointment reminder calls.

AMGA 2016 Annual Conference
1. Overview of Emory Healthcare and Our Patient Access Journey

2. Our Access Strategy

3. Creating a World Class Contact Center

4. Process & Partnership in a Large, Multispecialty Practice

5. The Future of Patient Access
# Patient Access

<table>
<thead>
<tr>
<th>PATIENT ACCESS</th>
<th>Clinical Department</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Proactively recruit and train talented individuals for agent and supervisor positions within the call center.</td>
<td>Actively participate in Clinical Department placement and help in on-boarding with introduction to Clinical Department.</td>
</tr>
<tr>
<td>2. Manage staff performance through daily supervision and the agent performance management program.</td>
<td>Work with supervisors and site leaders to engage in call center and agent performance.</td>
</tr>
<tr>
<td>3. Foster an environment of support and growth for staff members.</td>
<td>Regularly visit the Contact Center to work directly with agents and supervisors.</td>
</tr>
<tr>
<td>5. Optimize and manage provider schedules to enable access into the Emory Clinic.</td>
<td>Proactively monitor provider schedules for opportunities to improve access.</td>
</tr>
<tr>
<td>6. Document and share best practices based on tests of change and pilot programs.</td>
<td>Participate in tests of change and support the introduction of new processes.</td>
</tr>
<tr>
<td>7. Identify and leverage opportunities to improve access related processes.</td>
<td>Identify and leverage opportunities to improve access related processes.</td>
</tr>
</tbody>
</table>
**Monthly Report**

![Patient Access Dashboard - December 2015](image)
Reporting Structure:
Dual direct reporting relationship to Department Administrator and Alan Kramer; indirect leadership of Call Center Supervisor

Span: Clinic based and Any Hospital Services

Time Allocation: 80% of time in clinic, 20% of time with Patient Access team (Call Center, Capacity Management, Access Optimization)

Office Location: In Clinic

Accountability
1. Lead weekly Clinical Department/Access call
2. Call Center Accountability
   a. Non-Clinical
   b. Clinical
      i. Clinical Messaging Data
      ii. Nurse Triage Structure
3. Pre-Cert Management
4. Nurse Navigator Processes (if applicable)
5. Press Ganey/CG CAHPS Related Score
6. PSAT Access Related Projects
7. Access Metrics
8. Patient Itineraries
"NEVER SAY NO" INITIATIVE

OBJECTIVE: To improve the patient experience by focusing on identifying and removing barriers to the patient scheduling process.

METHODOLOGY: 200 call center associates/specialists participated in 25 sessions, and answered the question ‘What barriers are in place for you to offer first call resolution to your patients?’

OUTCOMES:
- Nearly 500 comments were collected across all Emory Clinic departments.
- Facilitators help categorize comments based on common themes.
- Comments were distributed to Clinical Department and call center leadership.
- Clinical Departments created action plans aimed at removal of barriers.

TOP 5 NEVER SAY NO THEMES IDENTIFIED:
1. Physician Specific Preferences
2. Access and Capacity Issues
3. Clinical Call Management
4. Partnership & Communication between Contact Center & Clinic
5. Financial and Insurance Issues
**% NEW PATIENTS SEEN WITHIN 14 DAYS:** Percentage of new patients that are scheduled and arrived within 14 days.

<table>
<thead>
<tr>
<th>METRIC</th>
<th>FY16</th>
<th>GOAL</th>
<th>DESIRED DIRECTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>% NEW PATIENTS SEEN WITHIN 14 DAYS – PRIMARY CARE</td>
<td>72.3%</td>
<td>75.7%</td>
<td>INCREASE ↑</td>
</tr>
<tr>
<td>% NEW PATIENTS SEEN WITHIN 14 DAYS – SPECIALTY CARE</td>
<td>59.6%</td>
<td>65.5%</td>
<td>INCREASE ↑</td>
</tr>
</tbody>
</table>

Compared to our benchmarking group, specialty care is in the 77th percentile & primary care is in the 93rd percentile.

**BENCHMARK DATA**

- **25th PERCENTILE:** 46.2% (BENCHMARKING GROUP)
- **50th PERCENTILE:** 55.3% (BENCHMARKING GROUP)
- **75th PERCENTILE:** 58.2% (BENCHMARKING GROUP)
- **77th PERCENTILE:** 59.6% (EMORY SPECIALTY CARE)
- **93rd PERCENTILE:** 72.3% (EMORY PRIMARY CARE)

*Data is from April 2015 and is self-reported by 33 academic medical centers representing 40 million outpatient visits.*
### Patient Access Metrics

**Service Level:** percentage of calls answered within 40 seconds or less

<table>
<thead>
<tr>
<th>Metric</th>
<th>FY11</th>
<th>FY12</th>
<th>FY13</th>
<th>FY14</th>
<th>FY15</th>
<th>FY16 Annualized</th>
<th>Desired Direction</th>
</tr>
</thead>
<tbody>
<tr>
<td>Call Volume</td>
<td>1,443,778</td>
<td>1,926,930</td>
<td>2,107,261</td>
<td>2,143,602</td>
<td>2,614,676</td>
<td>2,900,000</td>
<td></td>
</tr>
<tr>
<td>Service Level</td>
<td>56%</td>
<td>60%</td>
<td>78%</td>
<td>75%</td>
<td>68%</td>
<td>76%</td>
<td>Increase ↑</td>
</tr>
<tr>
<td>Patient Satisfaction</td>
<td>63rd</td>
<td>66th</td>
<td>73rd</td>
<td>75th</td>
<td>77th</td>
<td>70th</td>
<td>Increase ↑</td>
</tr>
</tbody>
</table>

#### 56% Improvement in Average Speed to Answer

From January 2015 – December 2015

**Service Level**: percentage of calls answered within 40 seconds or less
PATIENT ACCESS METRICS

SCHEDULED UTILIZATION: Measures how effectively a provider’s schedule works and how easily the patient can access the provider.

REALIZED APPOINTMENT UTILIZATION: Shows how effective the department’s efforts are in utilizing the total available provider time, rebooking last minute cancellations, and offsetting no shows.

<table>
<thead>
<tr>
<th>METRIC</th>
<th>FY16</th>
<th>GOAL</th>
<th>DESIRED DIRECTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>SCHEDULED APPOINTMENT UTILIZATION</td>
<td>89.8%</td>
<td>90.0%</td>
<td>INCREASE ↑</td>
</tr>
<tr>
<td>REALIZED APPOINTMENT UTILIZATION</td>
<td>75.5%</td>
<td>78.0%</td>
<td>INCREASE ↑</td>
</tr>
</tbody>
</table>

WE ARE STEADILY APPROACHING OUR TARGETS FOR REALIZED UTILIZATION (78%) & SCHEDULED UTILIZATION (90%).

AMGA 2016 Annual Conference
THE GOAL: Provide detailed overview of department and provider access metrics to help better understand practice operations and identify solutions to access barriers.

MEASURES OF SUCCESS: First contact resolution, patient satisfaction, timely access to care, efficiency, and resource utilization.

KEY METRICS: Appointment utilization, arrived duration, appointment lag, no-shows and last minute cancellations.

PROPOSED PLAN: To optimize all providers’ schedules within FY15 to increase access and maximize resource utilization.

STEPS:

1. Meet with administrative and clinical staff to review provider and departmental specific metrics and to identify opportunities for improvement.

2. Design focused tests of change at provider level.

3. Monitor outcomes of piloted improvement project.

EXAMPLE:

![Example Table]

**Call to Action**

- Be open to partnering on tests of change
- Better integrate with the call center & collaborate to remove barriers to access

**Process & Partnership**

**Schedule Optimization**
### BEFORE OPTIMIZATION

<table>
<thead>
<tr>
<th>THURSDAY – EVERY WEEK</th>
<th>AM Session</th>
<th>End Time: 12:45</th>
<th>Location: A BLDG 3RD FL CLIFTON</th>
</tr>
</thead>
<tbody>
<tr>
<td>**09:00A 09:30A ------</td>
<td>NEW 1 30</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>EST 1 15</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>POP 1 15</td>
<td></td>
<td></td>
</tr>
<tr>
<td>**09:30A 10:00A ------</td>
<td>Switch</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>PRA 1 30</td>
<td></td>
<td></td>
</tr>
<tr>
<td>**10:00A 10:30A ------</td>
<td>Switch</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>EST 1 15</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>POP 2 15</td>
<td></td>
<td></td>
</tr>
<tr>
<td>**10:30A 11:00A ------</td>
<td>Switch</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>NEW 1 30</td>
<td></td>
<td></td>
</tr>
<tr>
<td>**11:00A 11:30A ------</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### AFTER OPTIMIZATION

<table>
<thead>
<tr>
<th>THURSDAY – EVERY WEEK</th>
<th>AM Session</th>
<th>End Time: 12:30</th>
<th>Location: A BLDG 3RD FL CLIFTON</th>
</tr>
</thead>
<tbody>
<tr>
<td>**09:00A 09:30A ------</td>
<td>Switch</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>NEW 1 30</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>EST 1 15</td>
<td></td>
<td></td>
</tr>
<tr>
<td>**09:30A 10:00A ------</td>
<td>Switch</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>NEW 1 30</td>
<td></td>
<td></td>
</tr>
<tr>
<td>**10:00A 10:30A ------</td>
<td>Switch</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>EST 1 15</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>POP 2 15</td>
<td></td>
<td></td>
</tr>
<tr>
<td>**10:30A 11:00A ------</td>
<td>Switch</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>NEW 1 30</td>
<td></td>
<td></td>
</tr>
<tr>
<td>**11:00A 11:30A ------</td>
<td>Switch</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>EST 1 15</td>
<td></td>
<td></td>
</tr>
<tr>
<td>**11:30A ------</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### TOTAL ESTIMATED YEARLY IMPACT

<table>
<thead>
<tr>
<th>Category</th>
<th>Incremental Impact</th>
<th>% of FY14 Total</th>
<th>Impact Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Productivity (WRVUS)</td>
<td>332.23</td>
<td>22.51%</td>
<td>HIGH</td>
</tr>
<tr>
<td>Financial (NPSR)</td>
<td>$27,523</td>
<td>22.82%</td>
<td>HIGH</td>
</tr>
<tr>
<td>New Patient Slots</td>
<td>73</td>
<td>20.70%</td>
<td>HIGH</td>
</tr>
</tbody>
</table>
THE GOAL: Increase patient, physician, and staff satisfaction efficiency of clinic operations, as demonstrated by 10% improvement in patient, staff, and provider satisfaction scores by January 1st, 2015 and will sustain gains throughout FY15 while remaining budget neutral.

CHALLENGE IDENTIFIED: Endocrinology’s intake and rooming process is currently not factored in when assigning appointment times to patients. This impacts our ability to operate on-time, and results in frustration for patients, staff, and physicians.

KEY METRICS: Patient satisfaction, provider satisfaction, clinic staff satisfaction, patient wait time, session start time, session end time, total appointment time, provider time with provider.
MEASUREABLE IMPACT: Pre / Post PRESS GANEY RESULTS

Patient Satisfaction: Time With Dr. Bowen
**NO SHOW FEE**

Live with $25 clinic appointment fee and $100 procedure fee in the following areas:
- Gastroenterology
- General Internal Medicine
- Dermatology
- Rheumatology
- Endocrinology
- Pulmonary Care
- Vascular Surgery
- Medical Bariatrics
- ESA - IMAA

**CALL CENTER SCRIPTING**

Piloted scripting:
“The department of X has a no show and late cancellation policy. When an appointment is missed, the patient puts his health at risk and wastes our providers’ limited time goes unused. We appreciate your commitment to this policy and look forward to seeing you in clinic.”

**REMINDER CALLS**

Piloted the following call schedules:
- 7 business days and 1 business day out
  - Allow more time to plan for visit
  - Saw an increase in last minute cancellations
- 6 business days and 3 business days out
  - Difficult to discern impact as areas piloting new call schedule also rolled out fee

**EDUCATIONAL MATERIALS**

Created educational videos and flyers:
Survey responses indicated that many patients indicate that they do not understand the negative impact of missed appointments and believe that no shows may be a positive event for the provider (more time in day to catch up)

**OTHER INITIATIVES INCLUDE:** IMPLEMENTATION OF TEXT MESSAGE REMINDERS, PREDICTIVE MODELING, & LIVE CALL REMINDERS
INFLUENCING PATIENT BEHAVIOR THROUGH NO SHOW FEES

WHAT
ENCOURAGE PATIENTS TO ARRIVE FOR THEIR APPOINTMENTS THROUGH THE IMPLEMENTATION OF A $25 FEE FOR MISSED CLINICAL APPOINTMENTS & A $100 FEE FOR MISSED PROCEDURES

WHERE
ACROSS THE EMMORY CLINIC (LIVE IN RHEUMATOLOGY, ENDOCRINOLOGY, NEPHROLOGY, PULMONARY CARE, GENERAL INTERNAL MEDICINE, NEUROLOGY, CARDIOLOGY, FAMILY MEDICINE, EMMORY AESTHETIC CENTER, GASTROENTEROLOGY, DERMATOLOGY, & ESA IMAA)

COMMUNICATION

“THANK YOU FOR CHOOSING THE EMMORY CLINIC AS YOUR PROVIDER. IT IS OUR PLEDGE TO YOU THAT WE WILL CARE FOR YOU IN AS TIMELY A MANNER AS IS POSSIBLE AND WE EXPECT FOR YOU TO MAKE ALL REASONABLE EFFORTS TO ATTEND YOUR APPOINTMENTS, WHEN YOU SCHEDULE AN APPOINTMENT, WE RESERVE TIME ON OUR PROVIDER’S SCHEDULE SPECIFICALLY FOR YOU. IF YOU NEED TO CANCEL OR CHANGE YOUR APPOINTMENTS, WE ASK THAT YOU CONTACT OUR OFFICE AS SOON AS POSSIBLE SO THAT WE CAN CONTACT ANOTHER PATIENT WAITING TO BE SEEN. IF YOU MISS AN APPOINTMENT WITHOUT PRIOR NOTIFICATION, THERE WILL BE A $25 FEE. SUBSEQUENT MISSED APPOINTMENTS WITHIN A 6 MONTH PERIOD WITHOUT NOTIFICATION CAN RESULT IN DISCHARGE FROM THE CLINIC. WE LOOK FORWARD TO SERVING YOU.”

CONTACT CENTER

“PLEASE NOTE THAT THERE IS A $25 FEE FOR MISSED APPOINTMENTS.”

TIERED POLICY

1ST NO SHOW: $25 FEE APPLIED TO PATIENT’S ACCOUNT

2ND NO SHOW: SECOND $25 FEE APPLIED TO PATIENT’S ACCOUNT & A WARNING LETTER IS SENT TO PATIENT OF POTENTIAL DISCHARGE FROM CLINIC

3RD NO SHOW: PATIENT IS REVIEWED BY PROVIDER & IS POTENTIALLY DISCHARGED FROM PROVIDER’S CARE DUE TO EXCESSIVE NO SHOWS WITHIN A 6 MONTH TIMEFRAME

APPLICATION OF FEE

DAILY REPORTS ARE SENT TO MANAGERS & CHARGE ENTRY STAFF OF PATIENTS WHO NO SHOWED IN CLINIC THE PREVIOUS DAY

• MEDICAID PATIENTS & PATIENTS HOSPITALIZED IN THE LAST 5 DAYS WITHIN THE EHC NETWORK ARE EXCLUDED FROM THE FILE
**NO SHOW RATE:** Percentage of potential appointments for the day for which the patient failed to arrive in clinic

<table>
<thead>
<tr>
<th>METRIC</th>
<th>FY16</th>
<th>GOAL</th>
<th>DESIRED DIRECTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>NO SHOW RATE</td>
<td>7.9%</td>
<td>11.0%</td>
<td>DECREASE ↓</td>
</tr>
</tbody>
</table>

**SUCCESSFULLY IMPLEMENTED A NO SHOW FEE ACROSS THE EMMORY CLINIC. ON AVERAGE, REDUCED THE NO SHOW RATE BY 31% SINCE JANUARY.**

- **IMPLEMENTED NO SHOW FEE IN GASTROENTEROLOGY CLINIC ON 1/20**
- **EXPANDED NO SHOW FEE FROM GASTROENTEROLOGY TO RHEUMATOLOGY & ENDOCRINOLOGY**
- **WENT LIVE WITH HIGH VOLUME CLINICS (NEUROLOGY, CARDIOLOGY, FAMILY MEDICINE, OTOLARYNGOLOGY, GENERAL SURGERY, AESTHETIC CENTER)**
GOAL: Build a logistic regression model that provides predictive intelligence around patient behavior

VARIABLES INCLUDED: Ran stepwise logistic regressions to determine strongest variables, selecting variables using a 95% level of significance

1. Ratio of no-shows to arrived appointments within GI
2. Ratio of no-shows to arrived appointments within PGP
3. # of prescriptions
4. # of diagnoses
5. Lag time (Time from when patient schedule appointment to arrival/no-show)
6. FSC category (Private Insurance, Medicare, Medicaid, or Self-Pay)

RESULTS: Created model that predicts patient no-shows with 70.9% accuracy

<table>
<thead>
<tr>
<th>OBSERVED</th>
<th>PREDICTED</th>
<th>Percentage Correct</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No show to Clinic</td>
<td></td>
</tr>
<tr>
<td>No</td>
<td>No</td>
<td>13111</td>
</tr>
<tr>
<td>No</td>
<td>Yes</td>
<td>167</td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
<td>356</td>
</tr>
<tr>
<td>Yes</td>
<td>Yes</td>
<td>869</td>
</tr>
<tr>
<td>Overall Percentage</td>
<td></td>
<td>96.4%</td>
</tr>
</tbody>
</table>
### Patient Demographics

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>53.03%</td>
</tr>
<tr>
<td>Male</td>
<td>46.97%</td>
</tr>
<tr>
<td>Race/Ethnicity</td>
<td></td>
</tr>
<tr>
<td>African American at Black</td>
<td>1.48%</td>
</tr>
<tr>
<td>Asian</td>
<td>4.91%</td>
</tr>
<tr>
<td>Caucasian or White</td>
<td>71.29%</td>
</tr>
<tr>
<td>Hispanic</td>
<td>0.17%</td>
</tr>
<tr>
<td>Multiple races</td>
<td>4.14%</td>
</tr>
<tr>
<td>Marital Status</td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>18.12%</td>
</tr>
<tr>
<td>Married</td>
<td>42.28%</td>
</tr>
<tr>
<td>Divorced</td>
<td>11.24%</td>
</tr>
<tr>
<td>Widowed</td>
<td>0.64%</td>
</tr>
</tbody>
</table>

### Total Number of Patients Scheduled: 19

<table>
<thead>
<tr>
<th>Patient</th>
<th>Visit Category</th>
<th>Time of Appointment</th>
<th>Propensity Score</th>
<th>Z-score</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>New</td>
<td>8:00 AM</td>
<td>0.77</td>
<td>1.19</td>
<td>MD Choice</td>
</tr>
<tr>
<td>B</td>
<td>Established</td>
<td>8:30 AM</td>
<td>0.01</td>
<td>-4.10</td>
<td>No Action</td>
</tr>
<tr>
<td>C</td>
<td>Established</td>
<td>8:46 AM</td>
<td>0.00</td>
<td>-29.40</td>
<td>No Action</td>
</tr>
<tr>
<td>D</td>
<td>New</td>
<td>9:00 AM</td>
<td>0.87</td>
<td>1.92</td>
<td>MD Choice</td>
</tr>
<tr>
<td>E</td>
<td>Established</td>
<td>9:30 AM</td>
<td>0.18</td>
<td>-1.09</td>
<td>No Action</td>
</tr>
<tr>
<td>F</td>
<td>Established</td>
<td>9:45 AM</td>
<td>0.26</td>
<td>-1.12</td>
<td>Live Reminder Call</td>
</tr>
<tr>
<td>G</td>
<td>Established</td>
<td>10:00 AM</td>
<td>0.03</td>
<td>-3.35</td>
<td>No Action</td>
</tr>
<tr>
<td>H</td>
<td>Established</td>
<td>10:15 AM</td>
<td>0.00</td>
<td>-14.40</td>
<td>No Action</td>
</tr>
<tr>
<td>I</td>
<td>Established</td>
<td>10:30 AM</td>
<td>0.00</td>
<td>-2.25</td>
<td>No Action</td>
</tr>
<tr>
<td>J</td>
<td>Established</td>
<td>10:45 AM</td>
<td>0.00</td>
<td>-47.72</td>
<td>No Action</td>
</tr>
<tr>
<td>K</td>
<td>Established</td>
<td>11:00 AM</td>
<td>0.00</td>
<td>-10.68</td>
<td>No Action</td>
</tr>
<tr>
<td>L</td>
<td>Established</td>
<td>11:15 AM</td>
<td>0.00</td>
<td>-7.72</td>
<td>No Action</td>
</tr>
<tr>
<td>M</td>
<td>Established</td>
<td>11:30 AM</td>
<td>0.00</td>
<td>-29.40</td>
<td>No Action</td>
</tr>
<tr>
<td>N</td>
<td>New</td>
<td>12:45 PM</td>
<td>0.88</td>
<td>1.95</td>
<td>MD Choice</td>
</tr>
<tr>
<td>O</td>
<td>Established</td>
<td>1:15 PM</td>
<td>0.03</td>
<td>-3.35</td>
<td>No Action</td>
</tr>
<tr>
<td>P</td>
<td>Established</td>
<td>1:30 PM</td>
<td>0.00</td>
<td>-47.72</td>
<td>No Action</td>
</tr>
<tr>
<td>Q</td>
<td>Established</td>
<td>1:45 PM</td>
<td>0.00</td>
<td>-10.68</td>
<td>No Action</td>
</tr>
<tr>
<td>R</td>
<td>New</td>
<td>2:00 PM</td>
<td>0.87</td>
<td>1.92</td>
<td>MD Choice</td>
</tr>
<tr>
<td>S</td>
<td>New</td>
<td>2:30 PM</td>
<td>0.25</td>
<td>-1.12</td>
<td>Live Reminder Call</td>
</tr>
</tbody>
</table>

*MD Choice Indicates Option to Overbook Slot Based on Provider

**Questions | Comments**
• Patient Access partnered with the CDC’s Chronic Disease/Million Hearts team around intersection of Public Health and Healthcare
• Awarded an Ignite Accelerator Grant through Health and Human Services Ideal Lab’s competitive process
• Three month timespan to explore an idea and demonstrate value
Pilot Program within Orthopaedics and Spine Clinic

Goals:
- Improve patient experience by monitoring and sharing information about clinic waits and delays with patients
- Improve productivity and efficiency in clinic operations by collecting and reporting real-time data to clinic staff
- Redesign physician master schedules to prevent delays using trended data

Data:
- Over 13,000 patients have been registered
- On average patients are called back 9 minutes after their appointment time
- Median Waiting Room time is 18 minutes
### Process & Partnership

**Waits & Delays Workflow Application**

#### AMGA 2016 Annual Conference
The Emory Clinic has partnered with HealthPost, an Advisory Board product.

Current pilot with 30 Emory Specialty Associates (ESA) physicians.

Patients have access to book appointments 24/7 online or through their smartphone.

Patient satisfaction with the process is high.

Patients expect to be able to self-serve and communicate with their physician at a time that is convenient with their schedule.

A key success factor in online scheduling is offering “just in time” new and return patient access.
Available Online Appointments

Select & Click your Time using your mouse
Emory at Buford
Emory at Buford 3276 Buford Drive, Suite 200 Buford, GA 30519
(404) 251-2890

<table>
<thead>
<tr>
<th>Tue (01/26)</th>
<th>Wed (01/27)</th>
<th>Thu (01/28)</th>
<th>Fri (01/29)</th>
<th>Sat (01/30)</th>
<th>Sun (01/31)</th>
<th>Mon (02/01)</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:45 am</td>
<td>8:15 am</td>
<td>8:45 am</td>
<td>8:45 am</td>
<td>8:45 am</td>
<td>8:45 am</td>
<td>8:45 am</td>
</tr>
<tr>
<td>2:45 pm</td>
<td>8:45 am</td>
<td>12:45 pm</td>
<td>11:15 am</td>
<td>12:45 pm</td>
<td>2:45 pm</td>
<td>12:45 pm</td>
</tr>
<tr>
<td></td>
<td>Visit-Non-Physical</td>
<td>Visit-Sick Visit</td>
<td>Visit-UC Follow-up</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Only **NEW** patients (who **HAVE NOT** been seen by a provider at this practice within the last three years) can book for one of the following:
- New Patient
- New Patient Visit-Non-Physical
- New Patient-Sick Visit
- New Patient-UC Follow-up

Patient Self-Scheduling Process

Patient reviews openings to find compatible time
Patient adjusts appointment timing as needed
Patient completes appointment as scheduled

Powered by Healthpost

AMGA 2016 Annual Conference
1. **Completed Guided Scheduling Protocols for New Patients**
   Directs patient to the right provider or teams of providers based on clinical need.

2. **Meet or Exceed 65% of New Patients within 14 Days Metric**
   When patients seek access online, we have enough supply to meet their expectations.

3. **Create Just In Time Return Patient Access**
   Our established patients can self serve online and receive timely follow-up care.

4. **Reserved New Patient Slots**
   Differentiate between new and established patients once schedules move online. Must designate specific slots (and % of total clinical time) for new patient to book into.
1. Overview of Emory Healthcare and Our Patient Access Journey

2. Our Access Strategy

3. Creating a World Class Contact Center

4. Process & Partnership in a Large, Multispecialty Practice

5. The Future of Patient Access
## The Future of Patient Access

<table>
<thead>
<tr>
<th>On the Horizon</th>
<th>Art of the Possible</th>
</tr>
</thead>
<tbody>
<tr>
<td>Virtual Visits (Questionnaires, Calls, Videos)</td>
<td>Uber Doc</td>
</tr>
<tr>
<td>Integrated Care Pathways</td>
<td>Wearables (health/fitness data)</td>
</tr>
<tr>
<td>Advanced Call Center Technology</td>
<td>Predictive &amp; Cognitive Analytics</td>
</tr>
</tbody>
</table>

*AMGA 2016 Annual Conference*