

The Journey to Rebuild Ambulatory/ASC Volumes

CASE STUDY | OHIO GASTROENTEROLOGY

Agenda

- About Ohio Gastroenterology Group
- History of Patient Engagement
- Nov/Dec – Lessons Learned
- Jan/Feb – Unusual Golden Months
- And Then Came COVID-19
- How They Rebuilt After COVID-19
- What Can You Learn?
- Other Ideas, Questions?



About Ohio Gastroenterology Group

- 47 providers
- Largest GI group in Central Ohio
- Privileges at all major acute care facilities in the area
- 10 locations
- 4 ASCs
- Our pride is our low-cost and high-quality GI care and complex inpatient care



*Dr. Raghuram Reddy
OGGI Exec Board Member
Mayo Clinic, Michigan State*



Today will be about Ohio Gastro

Here is a snippet about AlertMD

- 12-year old software company in the business of analytics, patient engagement, and computer-aided document interpretation.
- 25,000+ customers, all US-based workforce
- badri@alertmd.com Badri Narasimhan, President
- 312-282-6846

NO CONFLICT OF INTEREST

- *Dr. Reddy is not paid for his time today in cash or in kind.*
- *There is no equity/financial relationship between AlertMD and Dr. Reddy...other than his being a paid customer*

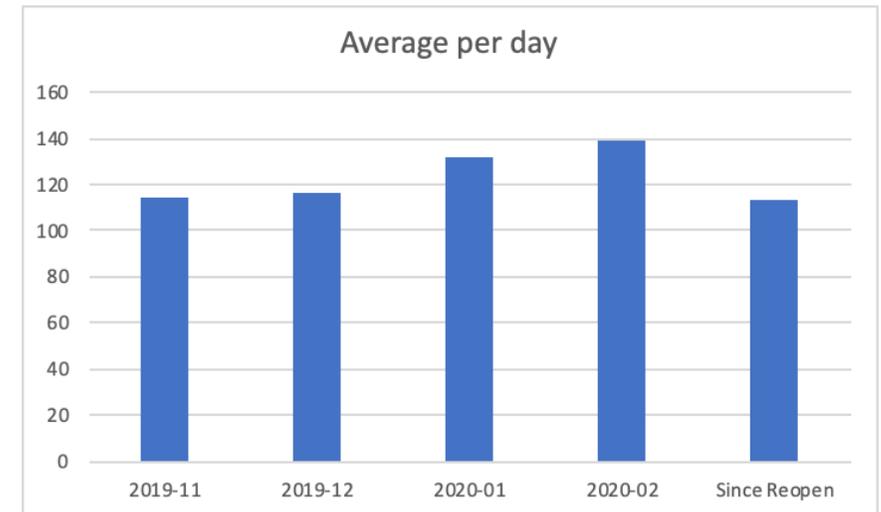
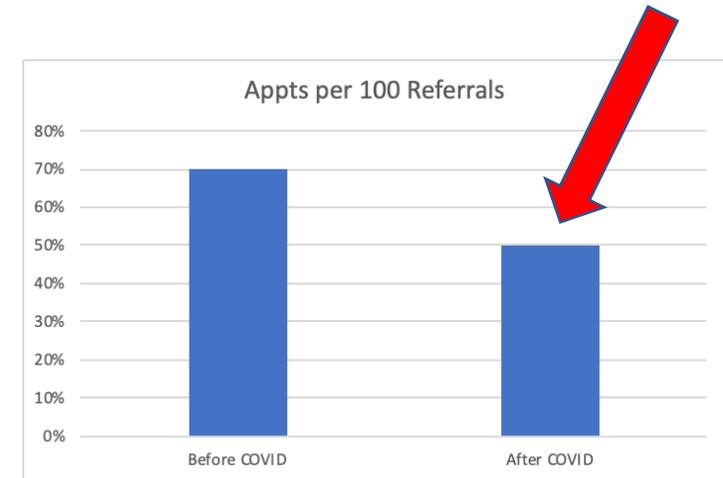
A View of the Landscape...

As of 7/8/2020, a survey of 257 practices indicates...

- 0% of GIs are back to “normal” capacity with a social distancing plan
- 38% of GIs are at < 50% of “normal”
- 25% of GIs say they need more than 6 months to get back to “normal”
- More than 50% are operating at reduced hours with furloughed employees
- Reference: http://www.tiogapublishing.com/news/state/covid-19-continues-to-disrupt-patient-care-among-specialty-physicians-though-there-are-early-signs/article_f400d7a4-5aa6-5ca9-973c-7d91655299de.html
- Today, we will talk about a GI practice that has not just exceeded “normal” but has leapt ahead to 93% of their highest ever appointment volume record and is social distancing as well – all this in 16 days after reopening! The work done is not specialty-specific.

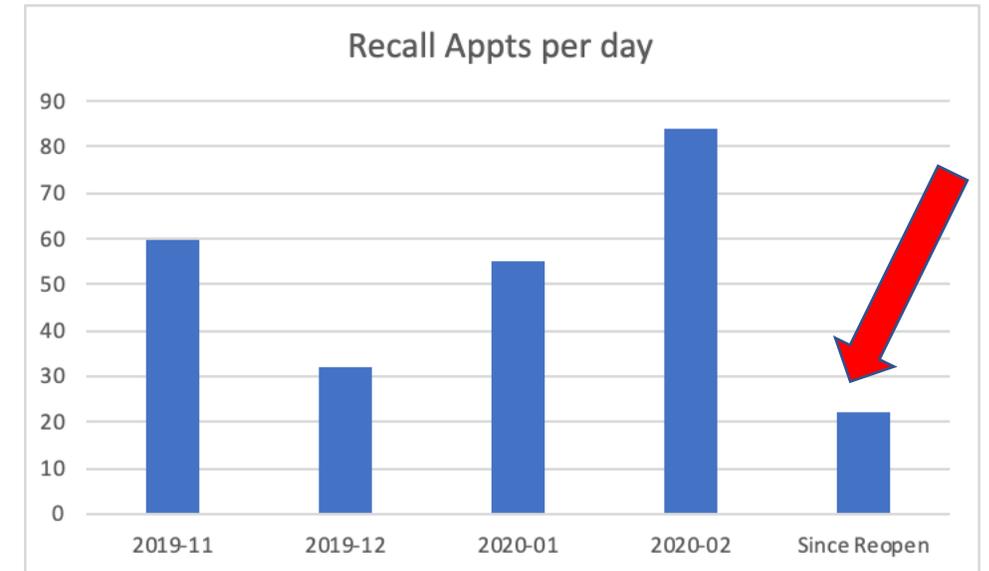
Reopening Day – If we only relied on new referrals...

- Our referral volume was down 60% the first few weeks after we reopened. It is still down 25% but picking up
- Conversions from referrals (# patients out of 100 contacts that schedule an appointment) is still down by 40%
- In aggregate, we have a 56% gap in referrals to recover from.
- If our volume dropped by 56% and we did nothing, we will not be profitable.



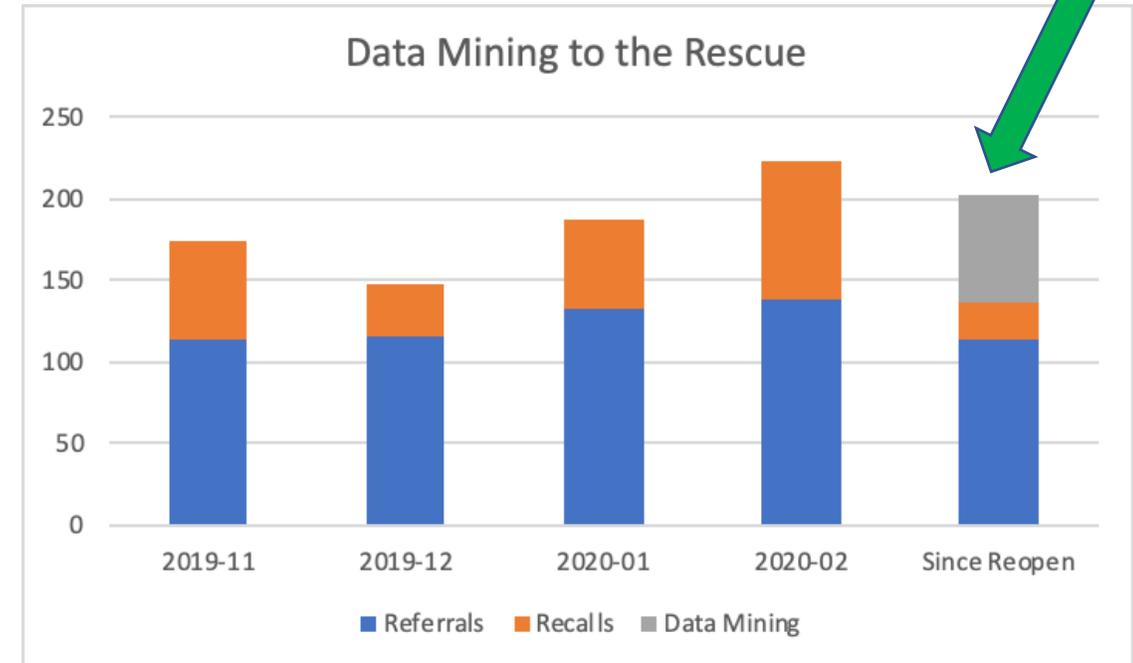
Reopening Day – Just recalls that come due...

- Our biggest challenge was that patients whose routine recalls were due did not want to show up
- If we did what we did before and nothing else, our recall volume would be down by 75% compared to peak
- We had to rethink – we had to data mine to survive and thrive – here is what we did...



The New Story – as of 7/7/2020

- We had to innovate with no time
- We are happy to say that we are within **93% of the highest volume our 20-year-old company every reached while our referrals, recalls and conversions are down severely**
- Let us see how we did it...



Let us rewind time...

- To before there was COVID-19
- The date is 11/1/2019



Before Nov/Dec 2019 and Pre-COVID...

- No tracking
- Conversions measured by whether the phone rang a lot
- No crisp data on whether the patient volume was increasing or decreasing...because of efforts
- No reporting on failures, incorrect emails, incorrect phone numbers, etc

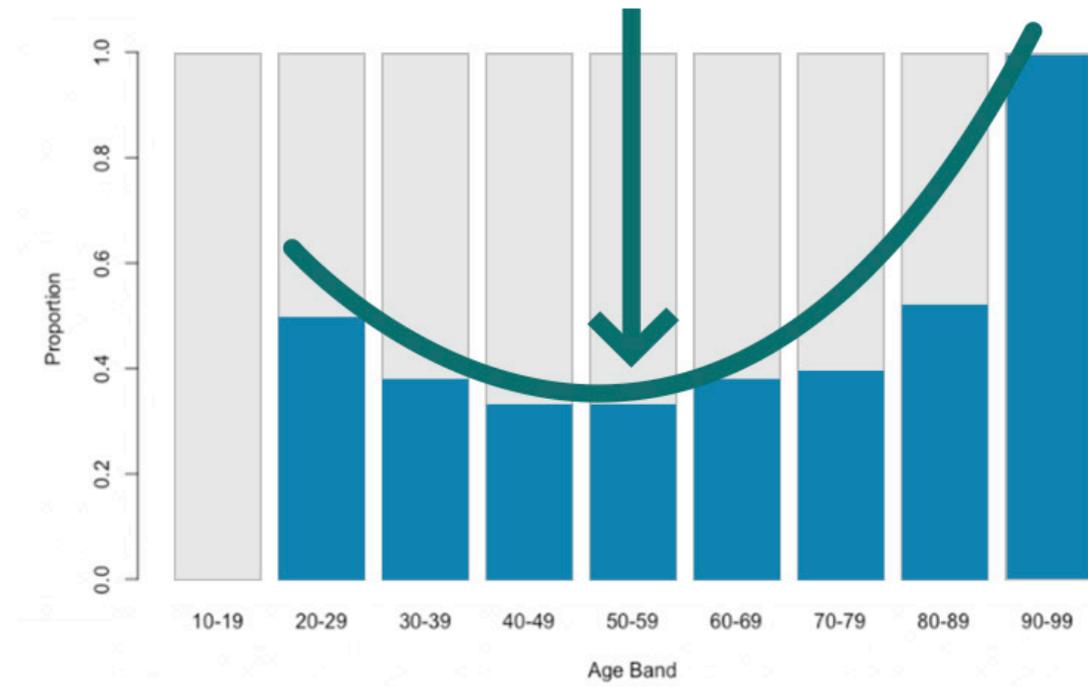
Nov/Dec – Getting Processes In Place



- We created a tracking system
- It enabled us to see how many of our outreach efforts led to an appointment
- We could see referral and recall conversion separately
- We were able to understand whether an email was read or whether a phone call was answered
- We were able to see daily and hourly detail to figure out staffing
- Nov/Dec is busy season in GI – we were pleased with what we saw volume was high
- Jan/Feb is typically a low season for GI, which is cause for concern

Getting Ready for Jan/Feb

- We were able to get mathematical models on who was scheduling and who was not
- We understood who our “best customer” was
- We then wanted to see if we could use this knowledge and address volume issues in Jan/Feb



Jan/Feb – Unusual Golden Months



- We targeted our best customers
- We had the busiest month in the history of our 20-year-old practice in January 2020
- We fine-tuned it and made adjustments to branding emails, additional messages, scheduling changes, etc., to get ready for February
- We beat January numbers in February, turning the slowest month into the busiest on record. **Our fill rate for February was 99.8%!**
- And then there was COVID... and the lights went off...

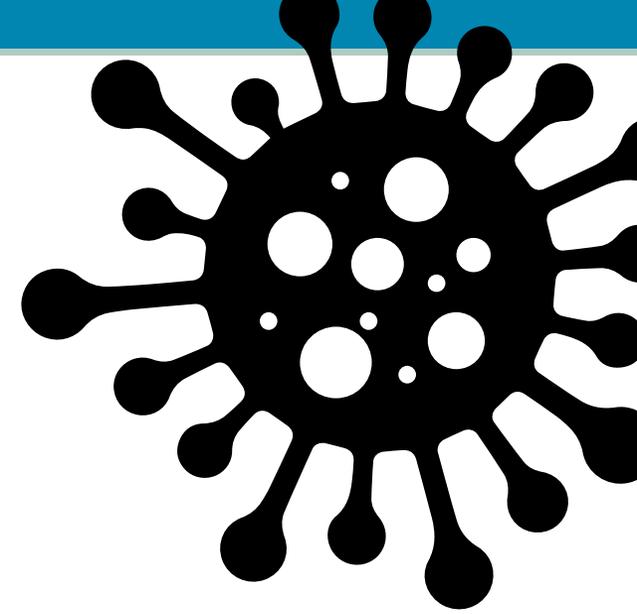


What COVID-19 Did to Us

- Clinics were shutdown
- ASC shut down
- We, like many others, had to do a furlough

8 weeks later...

- We reopened to an uncertain future
- Our volumes were non-existent and we needed to rebuild



Data Mining Recalls

- We had to create a safe environment for patients
- We needed to convince our patients to come back to the clinic again
- We created an education program to stress upon the importance of routine care
- We created a video message
- We sent them both and made it easier for the patient to request a call back via a chatbot
- We dredged up older recalls and used them to increase



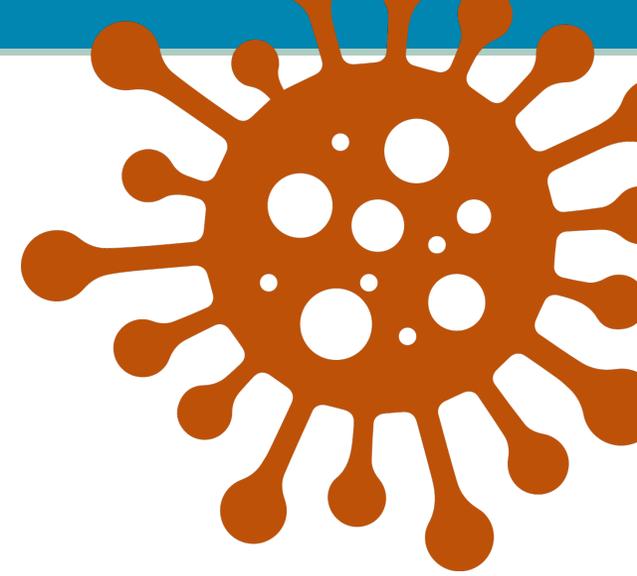
Data Mining Referrals

- We waited one more week to make the corresponding changes to referrals – i.e., dredging older referrals to add volume, adding the chatbot self-schedule, etc.
- We have created a new metric that we call the “circuit-breaker” – it is the number of outreaches we make for every 10 minutes that results in the volume of calls to keep all our agents busy
 - If all agents are mostly busy during the day, we will get to 200 appointments a day. If we reach 200 appts a day, we will be at 99.8% fill rate
 - We have reached that in 19 of the last 21 working days!
 - We miss that when we have too many staff out – a whole different story and our next project is self-scheduling

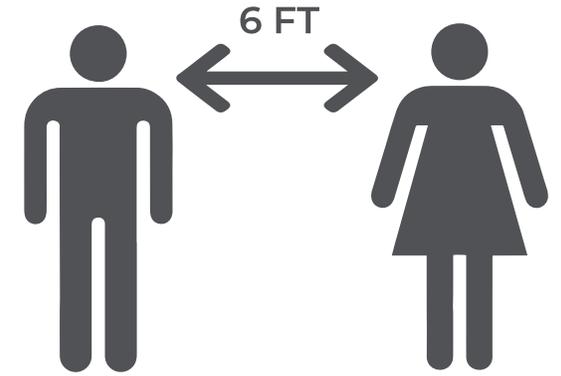


COVID-related process changes

- COVID-related changes have created huge inefficiencies for all of us
- We now need to get the patient to get a screening test 72 hrs prior to our procedure
- We need to social distance them
- We need to triage them in the parking lot
- We need additional staff to manage the process
- We did not want to throw more bodies at the problem – we automated this as well...



Social Distancing on the Day of the Appointment



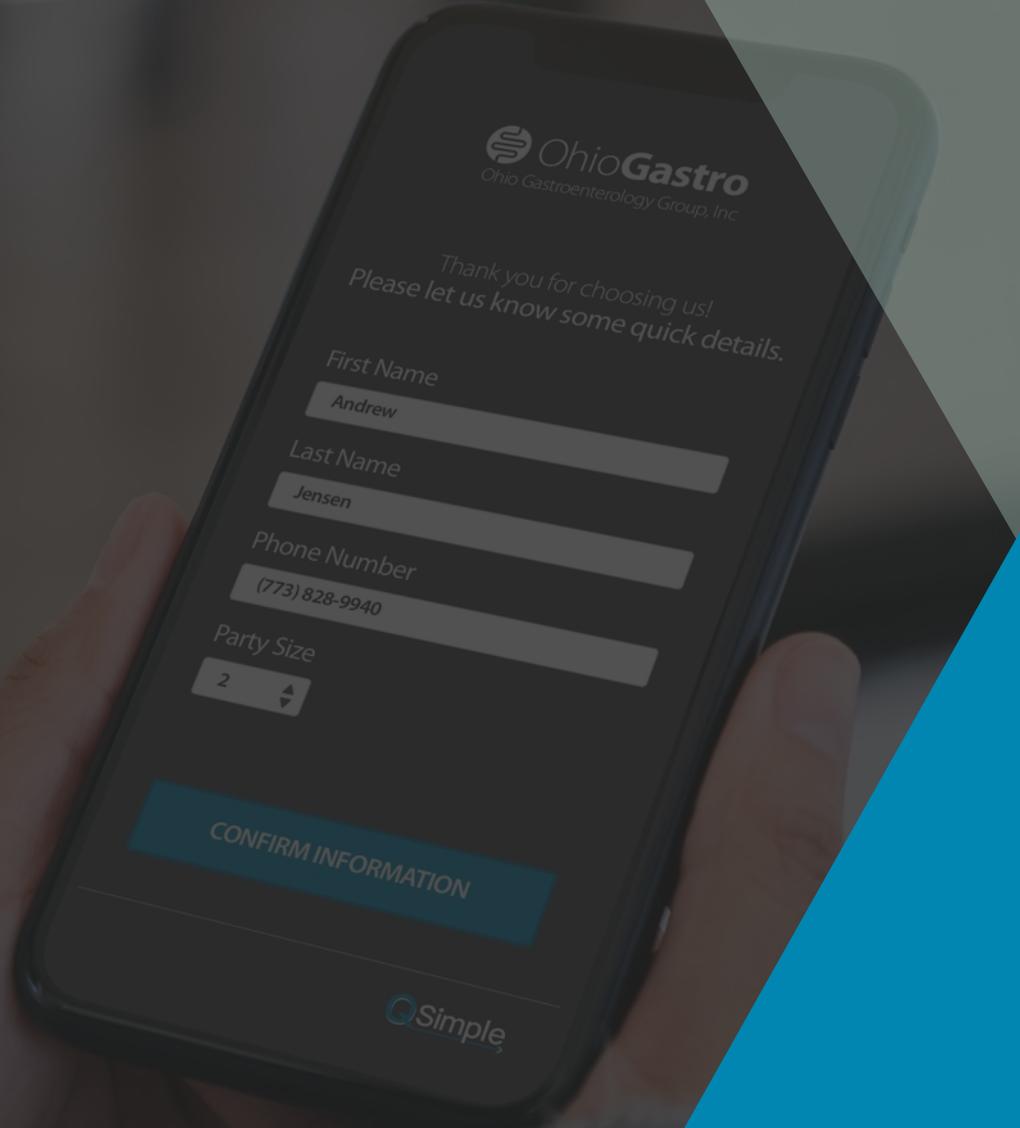
- For 3 weeks and counting, we started engaging the patient 1-hr before the appointment
- We requested them to stay in the car via a text message
- We reminded them of the precautions we are taking
- We messaged them when the room was ready
- We automated all the above steps to reduce labor
- Time will tell if this works – **we are optimistic...**

Lessons Learned

- This is an uncertain time for many patients. They need additional reassurance
- The Recall Mandate – good for the patient and the practice
 - The patient needs follow up care at the right time – better late than never
 - Recalls are also a liability issue
 - You had a past relationship with the patient – it should be easier to bring them back
- Using manual processes for such a project is cost-prohibitive
- **Using automation is the right answer**
- We are learning if old referrals will work the same
- **Giving more access** (text, chatbot, call inbound, call outbound, etc.) is key
- All said and done, things are getting better – we are seeing a greater number of conversions per 100 outreaches. **The horizon looks promising...**

Questions/Comments?

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THANKS FOR
ATTENDING

Questions?