Discovery Phase – Assessment Outcome Document
Project Name: Clinical Ops – CMSL Institute – Care Teams Modification
Entity: Clinical Ops
Institute: CMSL
Department Name: CMSL Clinical Ops
Project Owner: Matt Nussbaum

I. Assessment Information/Data:

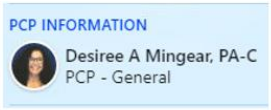
Primary reason to automate the process		Productivity/Quality
Projected Realized Benefits	Total Projected Annual Realized Benefits: • 12,600 Hours • $ 250,236	Projected Annual Cost Avoidance: • 12,600 Hours • $ 250,236 **Calculations:** 63,000 pts per month X 1 min per pt = 63,000 mins monthly 63,000 mins per month X 3 months = 189,000 mins quarterly 189,000 mins for three months X 4 quarters = 756,000 mins annually 756,000 mins annually / 60 = 12,600 hrs annually 12,600 hrs annually X $19.86 for PAR = $250,236
	Other benefits:	Automation will allow the following benefits to quality and productivity: • Telephone Messages routed to correct provider/dept • Results routed to correct provider/dept • Refills routed to correct provider/dept • Reduce delayed messages • Scheduling patient with correct provider/dept • Increase patient satisfaction, continuity of care
Process Assessment:	Process Complexity	Medium
	Number of process steps	>25
	Number of applications used List all applications used	2 Epic, Excel, Tableau/Clarity
	Title of the staff completing the task today	PAR
	Average Processing Time per transaction	1 minute
	Process Volume Process Frequency	189,000 pts per quarter Quarterly
	Process Changes Expected in the next 6 months?	No Change Expected
	Application Changes Expected in the next 6 months?	Some Changes with Epic SU (upgrade)
	Data input • % of Digital data input • Scanned Data Input • % of Structured Digital Data Input	 • 100% digital • 0% scanned data input • 100% structured
Others		

II. Decision: **Date reviewed with business: _____**

X	All intake criteria met and approved to move forward to Design phase
	Not a good RPA candidate - Intake criteria not met (Low impact and Low benefit)
	Not a good RPA candidate - Intake criteria not met (Process requirements beyond IT solution)
	Not a good RPA candidate - Intake criteria not met (Risk with upcoming changes)
	Other reason: Please indicate:

III. Process Document (Process Map, Workflow diagram, Procedures, etc.):

Screenshot below shows Care Teams in Epic (Physician or AP):



Current State

1. Completed visit by PCP/AP
2. PAR, Nurse or Provider can update the patient's Care Team section of the EHR in Epic.
3. Usually, the PAR does this function and it is done at check out at the end of a completed visit.
4. PAR accesses Care Teams from the Staff Daily Schedule, Chart Review or Appt Desk feature.
5. PAR views Care Teams in Storyboard for Non-Clinical Storyboard.
6. PAR clicks on Patient Care Team if PCP or supporting AP needs to be changed/updated or removed.
7. PAR has PCP/AP partnerships (pairings) on paper or spreadsheet for reference.

Future State

1. Align with the Primary Care Attribution Business Logic Model developed by business with Digital Solutions Analyst.
2. Bot will look at Report/Crosswalk created by Digital Solutions Analyst that pulls:
    a. Patients seen in last 3 months
    b. Current PCP in epic for patient
    c. PCP that should be assigned to patient
3. Bot will follow Care Team PCP assignment as who pt was seen by with in last 18 months per CMSL (quarterly update).
4. Bot will look at the Patient's Care Team section and match the Provider with the PCP Type section.
5. Bot remove or add providers to the Care Teams.
6. Bot will enter comments when provider is removed or added from Care Teams (to be decided on scripting).
7. If bot removes a provider from Care Teams, bot will click on END and add free text comments (to be decided on scripting).

Calculations:

63,000 pts per month X 1 min per pt = 63,000 mins monthly

63,000 mins per month X 3 months = 189,000 mins quarterly

189,000 mins for three months X 4 quarters = 756,000 mins annually

756,000 mins annually / 60 = 12,600 hours annually

12,600 hrs annually X $19.86 for PAR = $250,236