

## Outpatient Care Services Manual



Policy Name	<b>Provider Bump Policy</b>
Policy Number	<b>OCS 00XX</b>
Date this Version Effective	<b>January 2017</b>
Responsible for Content	<b>Outpatient Care Services Administration</b>

### I. Description

- a. This policy defines provider initiated cancellations (also known as “bumps”), outlines a bump approval process, and describes the appropriate contact with patients in the event of a provider cancellation.

### II. Rationale

- a. Provider initiated cancellations may occur for a variety of reasons. Although some provider cancellations are clinically appropriate, many bumps can be avoided through implementation and enforcement of a provider cancellation policy. The clinic should work to mitigate the number of provider cancellations as they delay patient care, decrease patient satisfaction, and disrupt clinic flow. Furthermore, it is difficult for the clinic to hold patients to a certain standard with respect to cancellations, no shows, and timeliness if it cannot embody like principles of accountability.

### III. Definitions

- a. **Patient Cancellation:** The patient notifies a member of the department scheduling staff *more than 24* hours before their scheduled appointment to cancel the appointment. Cancellation may occur via MyChart note, phone call, voicemail, Televox or text appointment reminder response, or in person.
- b. **Provider Cancellation (Bump):** The provider requests to cancel patient appointments that have been scheduled for an upcoming clinic day

### IV. Policy/Procedure

#### a. RESPONSIBILITIES

- i. It is the responsibility of the provider to:
  1. Inform Clinic Manager of planned absences at least three months in advance so that patients can be rescheduled and clinic coverage can be secured. Away requests should be documented and submitted through the Medical Director/Division Chief/Department Chair/Hospital Department Director as appropriate.
    - a. Requests greater than 90 days may be submitted to the clinic manager at the same time as submission to the medical director/division chief/department chair/hospital director
    - b. Request between 30 and 90 days may be submitted to the clinic manager at the same time as submission to the medical director/division chief/department chair/hospital director if an alternative is provided (alternative day for appointments for alternative provider)
    - c. Requests less than 30 days require approval by the medical director/division chief/department chair/hospital director before action being taken by clinic manager
  2. Submit per department defined process (e-mail or form) to the Medical Director/Division Chief/Department Chair or Hospital Department Director (if a hospital-based clinic) to cancel any scheduled appointments. If a cancellation is within 30 days of the patient's appointment ( a bump), providers will need to explicitly indicate that on the request. Bumps will be assessed with a higher degree of scrutiny than routine away requests due to the potential negative patient satisfaction, clinic flow, and cost effects associated with them. The request will either be approved or rejected by the Medical Director/Division Chief/Department Chair or Hospital Department Director (if a hospital-based clinic) before the cancellation is confirmed and communicated to the patient.
  3. Provide rescheduling options (e.g., substitute provider or alternate clinic sessions/days) for the scheduling staff to accommodate bumped new patients such that their rescheduled date of

service is within two weeks of their original appointment date, as the clinic schedule permits. Bumped return patients should be rescheduled such that their rescheduled date of service is within four weeks of their original appointment date, as the clinic schedule permits. The clinic should take care to ensure that return patients are rescheduled with their established provider.

4. Mitigate patient bumps as much as possible through effective planning. Providers should be sure to consider the criteria of patients who will be affected in the event of a cancellation. Providers should work to minimize and preferably eliminate the occurrence of bumps for patients who:
  - a. Are scheduled for an appointment that has already previously been canceled and rescheduled
  - b. Have a follow-up or sequential appointment that is on the same day as and contingent on the appointment the provider wishes to cancel
- ii. It is the responsibility of the Medical Director/Division Chief/Department Chair/Hospital Department Director to:
  1. Inform providers of the *Provider Bump Policy* at time of hire, or, with implementation of the policy.
  2. Review each formal provider bump request to determine necessity and appropriateness, grant approval, or reject the request
  3. Be sure to take various cancellation elements into consideration when evaluating cancellation requests. The elements that the Medical Director/Division Chief/Department Chair/Hospital Department Director should consider are:
    - a. The number of patients that will be affected by the cancellation
    - b. The number of contingent appointments that will be affected by the cancellation
    - c. The number of times that the patient may have already been bumped for the appointment
    - d. The urgency of the request
    - e. The timeframe of the request (is the request within 30 days?)
    - f. The availability of a substitute provider
    - g. Whether or not the provider canceling the appointment(s) is offering a make-up day
  4. Communicate approved provider cancellations to the Clinic Manager
  5. Regularly review the Bump Rate to ensure compliance with best practice
- iii. It is the responsibility of the Clinic Manager to:
  1. Communicate approved provider cancellations to the clinic scheduling staff so that staff may contact patients immediately to reschedule appointments
  2. Clearly delineate which patients should be rescheduled by each scheduler (if needed) and identify any patients whose diagnosis and/or clinical needs require urgent scheduling
    - a. The Clinic Manager can also opt to have staff utilize the *Reschedule Work List* in Epic™ to reschedule bumped patients
- iv. It is the responsibility of the clinic scheduling staff to:
  1. Contact the bumped patient as soon as possible on the day that the bump is approved and reschedule the bumped patient at the time of cancellation (if possible)
  2. Leave a message on the patient's voicemail (if applicable) informing the patient of the cancellation and the clinic's desire to reschedule the appointment, and requesting the patient call the clinic to reschedule. The clinic scheduling staff should make three contact attempts at varying times of day to reschedule the bumped patient.

3. Cancel original appointment using the appropriate provider cancellation reason code and link the rescheduled appointment to the original canceled appointment
4. Work with the provider to eliminate the occurrence of bumps for patients whose appointments have previously been canceled and rescheduled
5. Reschedule bumped new patients for an appointment within two weeks of original appointment date
6. Reschedule bumped return patients for an appointment within four weeks of original appointment date

b. **CLASSIFYING BUMPS**

- i. A bump is classified as a provider-initiated cancellation within 30 days of the date of the visit. In the event of a bump, the scheduler should use an Epic™ cancellation reason that accurately describes why the appointment was canceled. A canceled appointment may be appropriately classified as a bump in the following scenarios:
  1. Provider
    - a. unplanned absences including personal/family emergencies
    - b. Unplanned absences including meetings, presentations, etc.
  2. Provider Emergency Medical Care (i.e. being called to the OR for emergency surgery)
- ii. Epic™ cancellation reasons that do not accurately describe bumps should not be used when canceling an appointment. Care should be taken to not misclassify bumps when choosing cancellation reasons so that root cause and trend analyses are accurate and reflective of the actual reason for an appointment cancellation.

**V. Data Elements and Appropriate Forms**

- a. *Provider Cancellation Approval Form or E-mail*

**VI. Approval Process**

- a. The following forums will be utilized for decision-making, advisory, and information sharing purposes related to this policy:
  - i. **Decision-Making Forums and Approval Process:** Ambulatory Care Policy Committee → Physician Practice Management Committee → CEO Roundtable (if appropriate)
  - ii. **Advisory Forums:** Medical Directors, Clinical Chairs, Entity specific forums (Ambulatory Governance-UNCMC, Physician Oversight-Rex, PN Operations-UNCPN, PN Executive-Caldwell, RP Leadership-Highpoint, others as identified)
  - iii. **Informational Forums:** Leadership Groups at each entity, ACA/VP Meetings (at each entity), Physician Networks, ISD

**VII. Enforcement/Exceptions**

- a. Enforcement
  - i. It is the responsibility of the Medical Director, with support from the Division Chief and Department Chair, to promote accountability with respect to the *Provider Bump Policy*. The Medical Director will make final decisions in cases of extenuating circumstances.
- b. Exceptions
  - i. Providers who must cancel a clinic session due to a high acuity or emergent patient requiring medical attention are not required to fill out and submit for approval. Rather, they will be expected to notify all affected staff (e.g., nurse, Clinic Manager, schedulers) either in written communication or verbally that they will be unavailable for clinic that day and to reschedule all patients.

**VIII. Related Policies**

- a. *Provider Clinical Effort and Expected Patient Contact Hours*

**IX. Policy Reevaluation**

- a. Following policy approval by the aforementioned approval forums (Section VI), the above policy should be re-evaluated after four months to assess its effectiveness and progress towards metric goals. The following measure(s) will be used to assess policy effectiveness against baseline results:
  - i. Bump Rate Best Practice Goal  $\leq$  1%;

**X. Appendices**