

2022

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# Aligning Spine: Access, Triage and Navigation at Penn Medicine

**Rachel Kanter, MSN, RN**

Director of Access, Neuroscience Service Line

**Lee Leibowitz, MBA**

Chief Administrative Officer, Neuroscience Service Line

Penn Medicine

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# Learning Objectives

- Discuss how to develop and manage a multidisciplinary consult order spanning multiple divisions in an electronic health record system.
- Explain how a coordinated approach to spine care improves patient access and referring provider satisfaction.



# Aligning Spine: Access, Triage and Navigation at Penn Medicine

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# Penn's Neuroscience Service Line Governance

## Committees

Quality

Operations

Network and  
Market  
Development

## Disease Teams

Dementia

Multiple  
Sclerosis

Epilepsy

Neuro-  
Vascular

Movement  
Disorders

Spine

# Spine Program Feedback in 2018

## **FRAGMENTED**

“Spine is the most fragmented program at Penn Medicine!”



## **ACCESS CHALLENGES**

“There are often long waits for appointments with certain providers or locations.”

## **INEFFICIENT**

“I never know where spine providers are located and how they work together.”

## **HARD TO NAVIGATE**

“I never know which specialist is appropriate for my patient.”

## **BARRIERS TO CARE**

“Some providers won’t schedule until they’ve reviewed records and imaging. It delays care and is expensive.”

# Provider Decision Making in 2018

## Consult to Ortho

- Requires Xray

## Consult to Pain

- Requires record screen in order to schedule

## Consult to Physical Medicine & Rehab (PMR)

- Only some providers perform injections, but each provider has a preference for cervical vs. lumbar

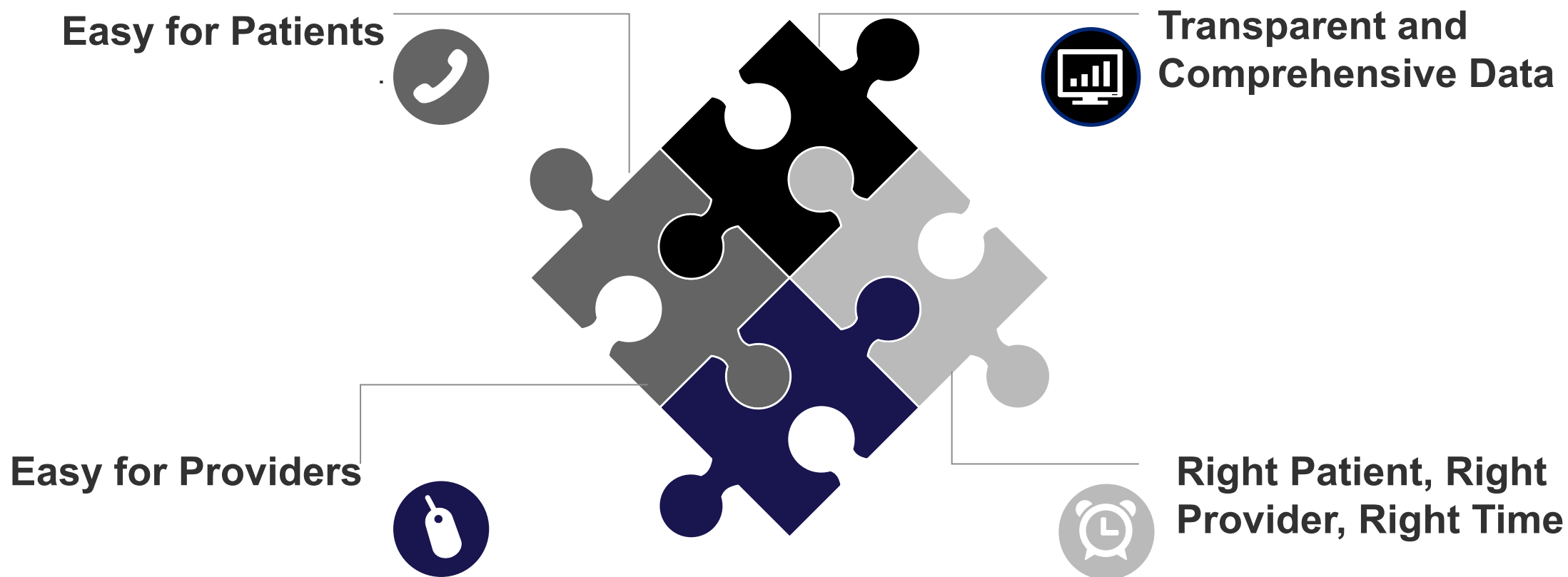
## Consult to Neurosurgery (NSG)

- Requires MRI and record screen in order to schedule

**Which one would you choose?**



# We Created a Vision



# A New Consult Order: “Consult to Spine”

CONSULT TO SPINE CARE (ALL SERVICES) Accept Cancel Remove

Class:

! What type of spine care are you looking for?

! When do you want the appointment?

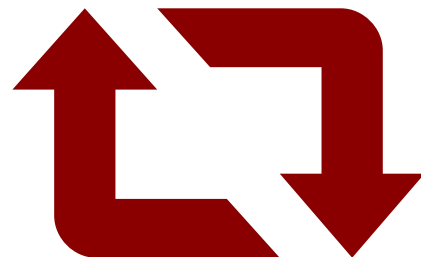
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- Focus on type of care vs. department
- No need to worry about prior imaging, treatment or geographic location – Spine Access does the work!
- “Unsure” option for RN triage

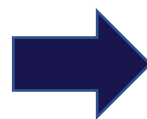
# A New Team: Spine Access



**Penn Medicine  
Provider  
Places New  
“Consult to  
Spine” Order  
in EMR**



**Order Enters  
Spine Work  
Queue in EMR**



**Spine Access  
Team Calls  
Patient**

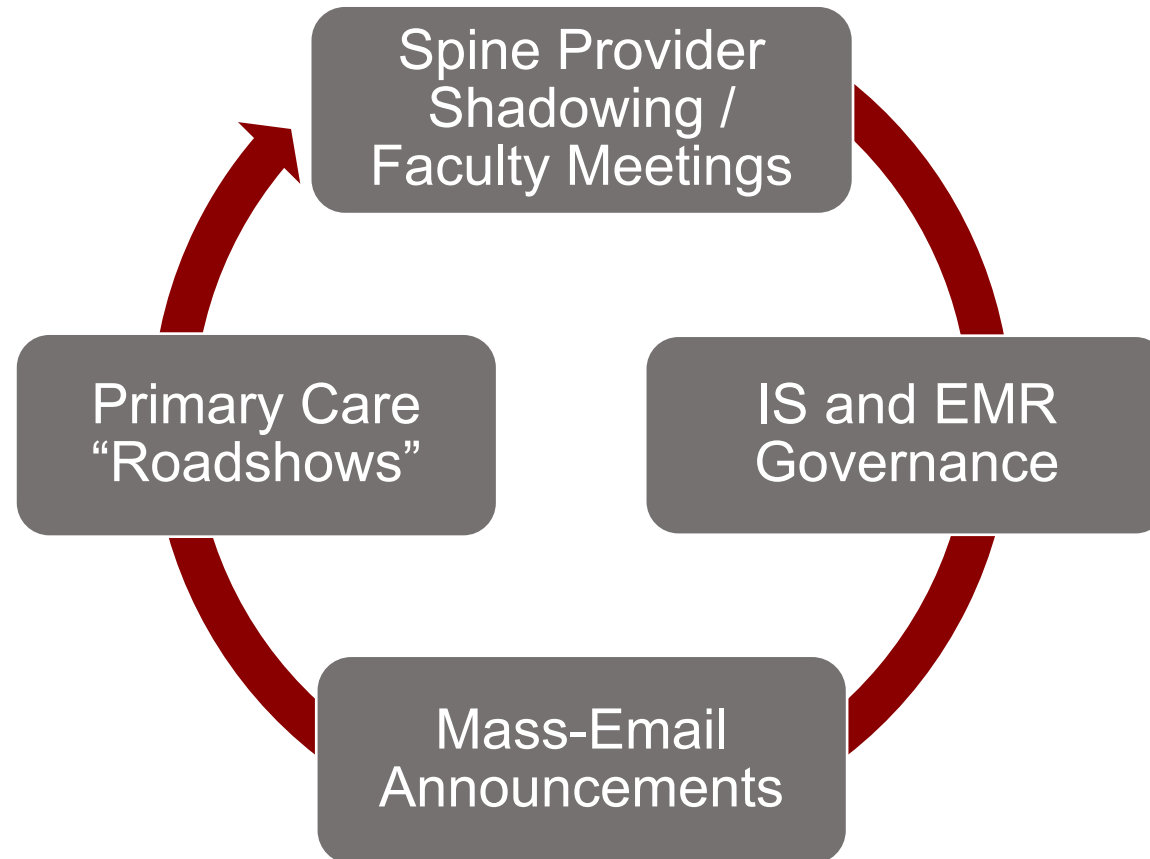


**Patient  
Scheduled  
with  
Appropriate  
Penn Spine  
Provider**

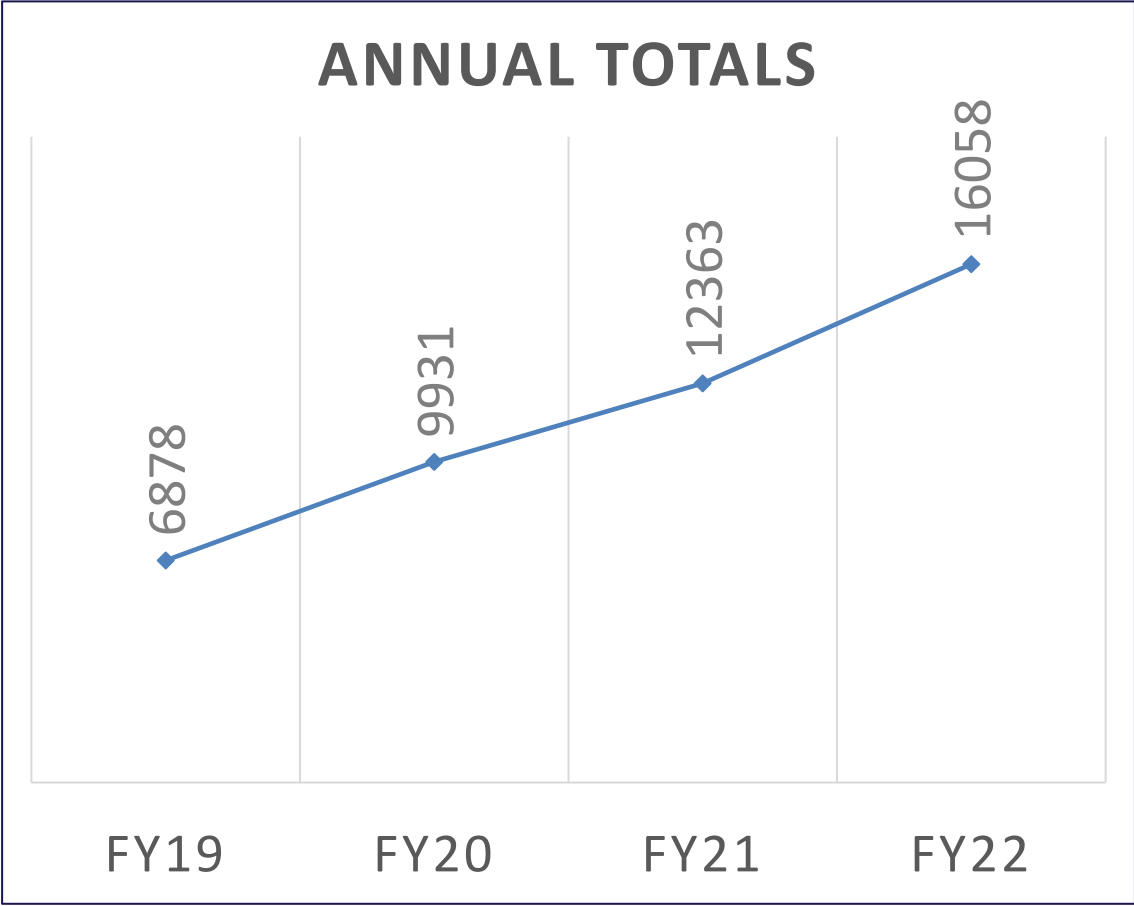
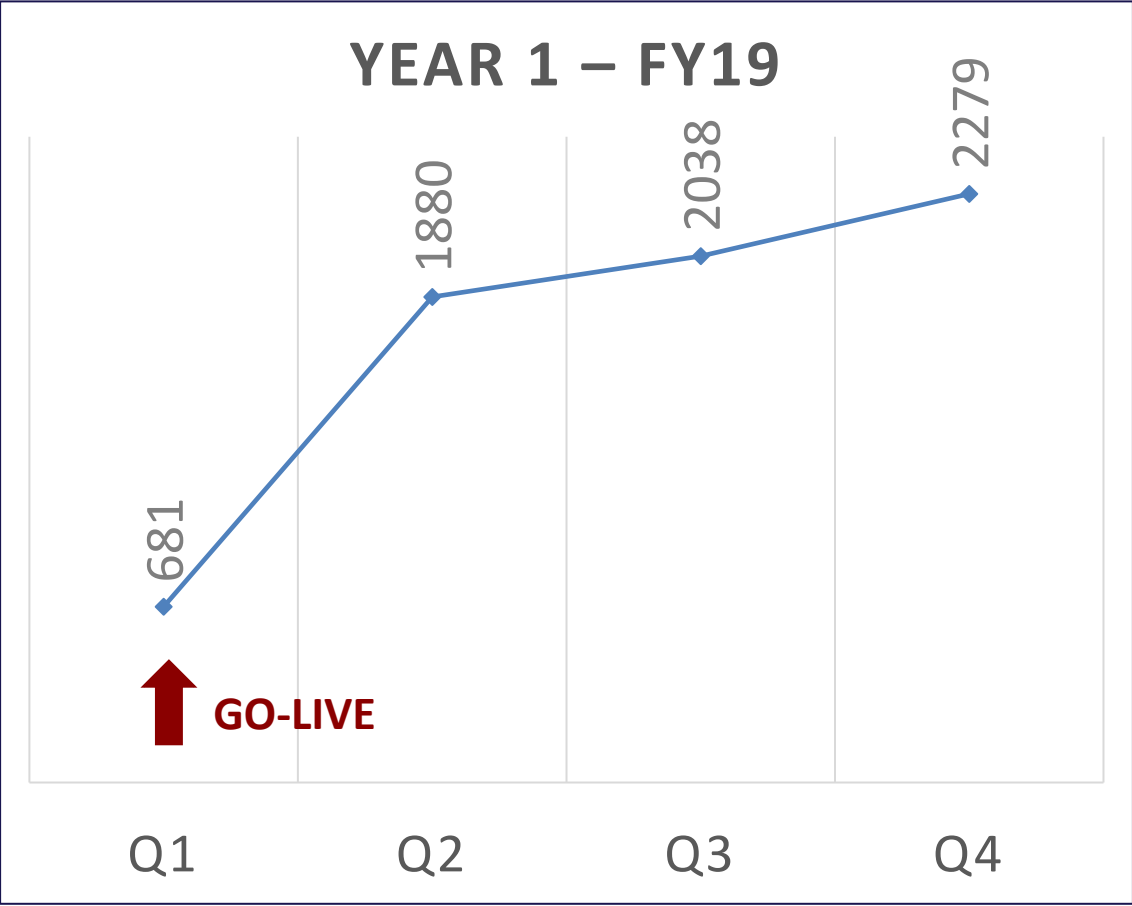
# A New Team: Spine Access

1. **One entry point** into all spine care at Penn Medicine - for all sites and locations, for all referring providers and patients.
2. **Consistent approach** to patient scheduling, triage and navigation across all spine specialties.
3. Improved **data collection and reporting** on program access – to identify strengths and opportunities to become more competitive.

# Keys to Success: Heavy Socialization Before Go-Live



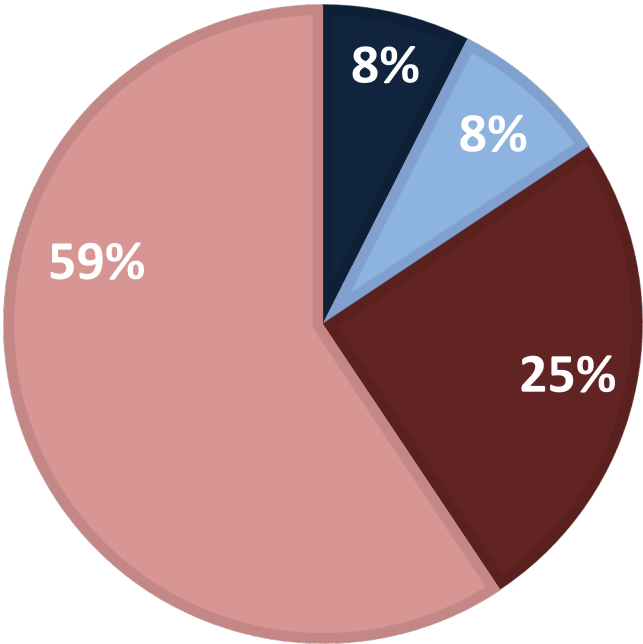
# 45,000+ Referrals to Spine



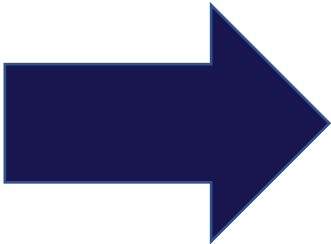
# 35,000+ Spine Appointments Scheduled

FY19

■ NSG ■ Ortho ■ Pain ■ PMR

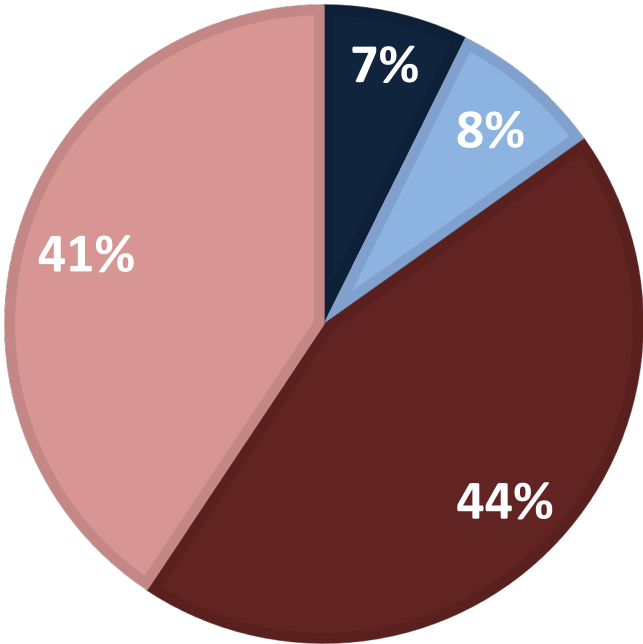


N = 6,248



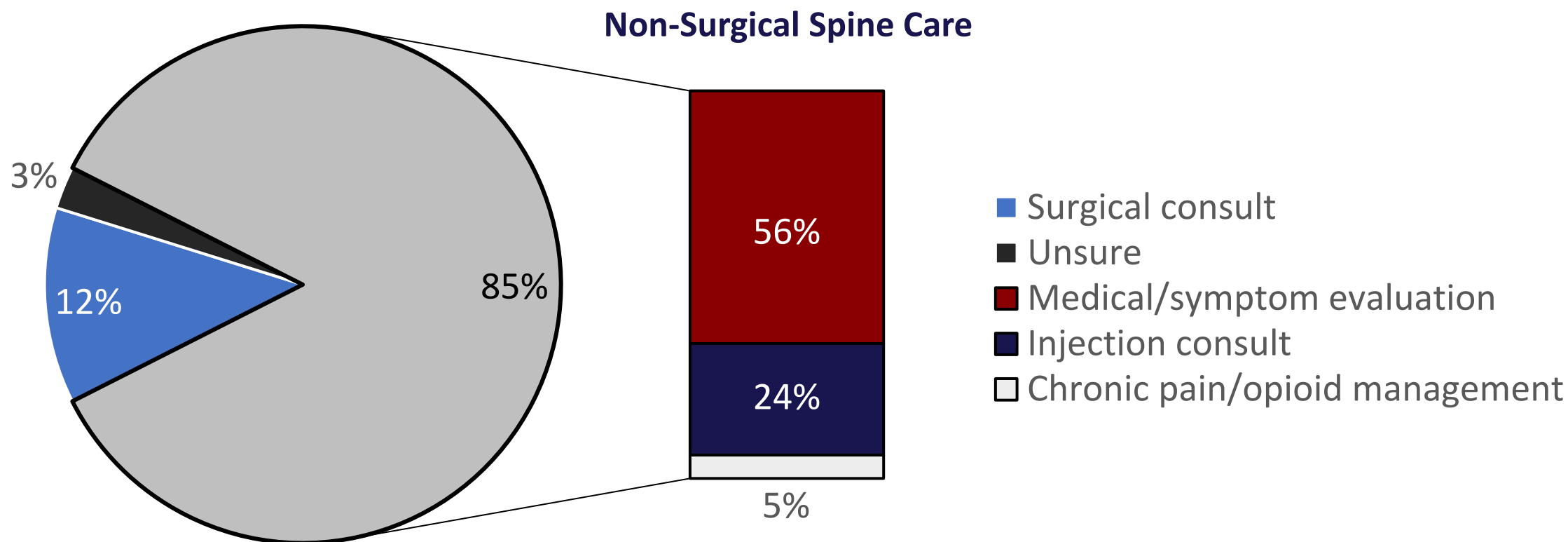
FY22

■ NSG ■ Ortho ■ Pain ■ PMR



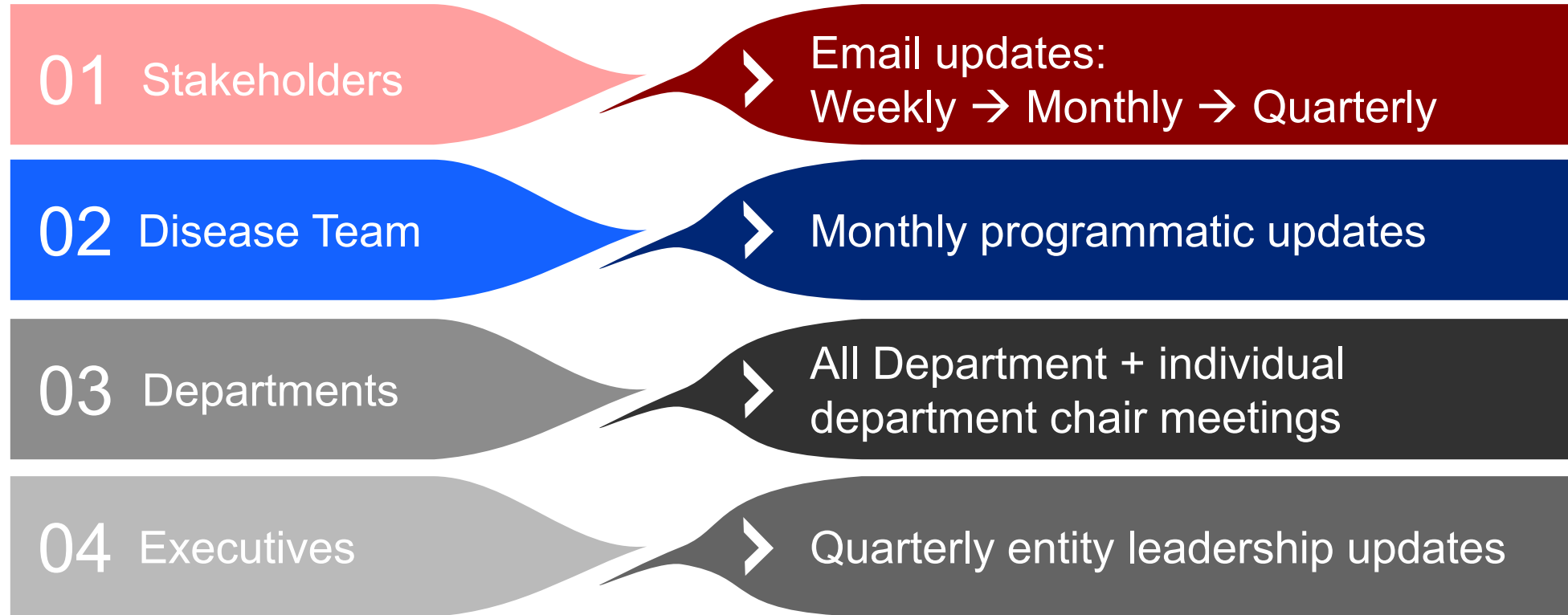
N = 11,979

# Type of Spine Care Requested



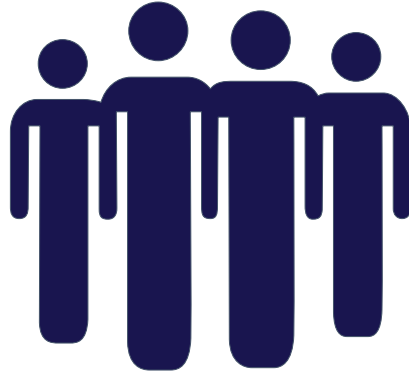


# Keys to Success: Transparent Data Sharing After Go-Live



# Referring Provider Feedback Today

**“This is one of the best programs at Penn Medicine. Can you replicate it?”**



**“The spine [EMR] order is THE MODEL for bringing complicated services under one roof. It takes the ‘guessing game’ away from the PCP and makes it easy to refer internally.”**

**“With service like this, I will refer to spine much more.”**

**“Patients RAVE about how competent and helpful the Spine Access team is.”**

**“This is the best thing going for Primary Care Providers!”**

# Lessons Learned

1

Be transparent

2

Be iterative

3

Be clear about ownership

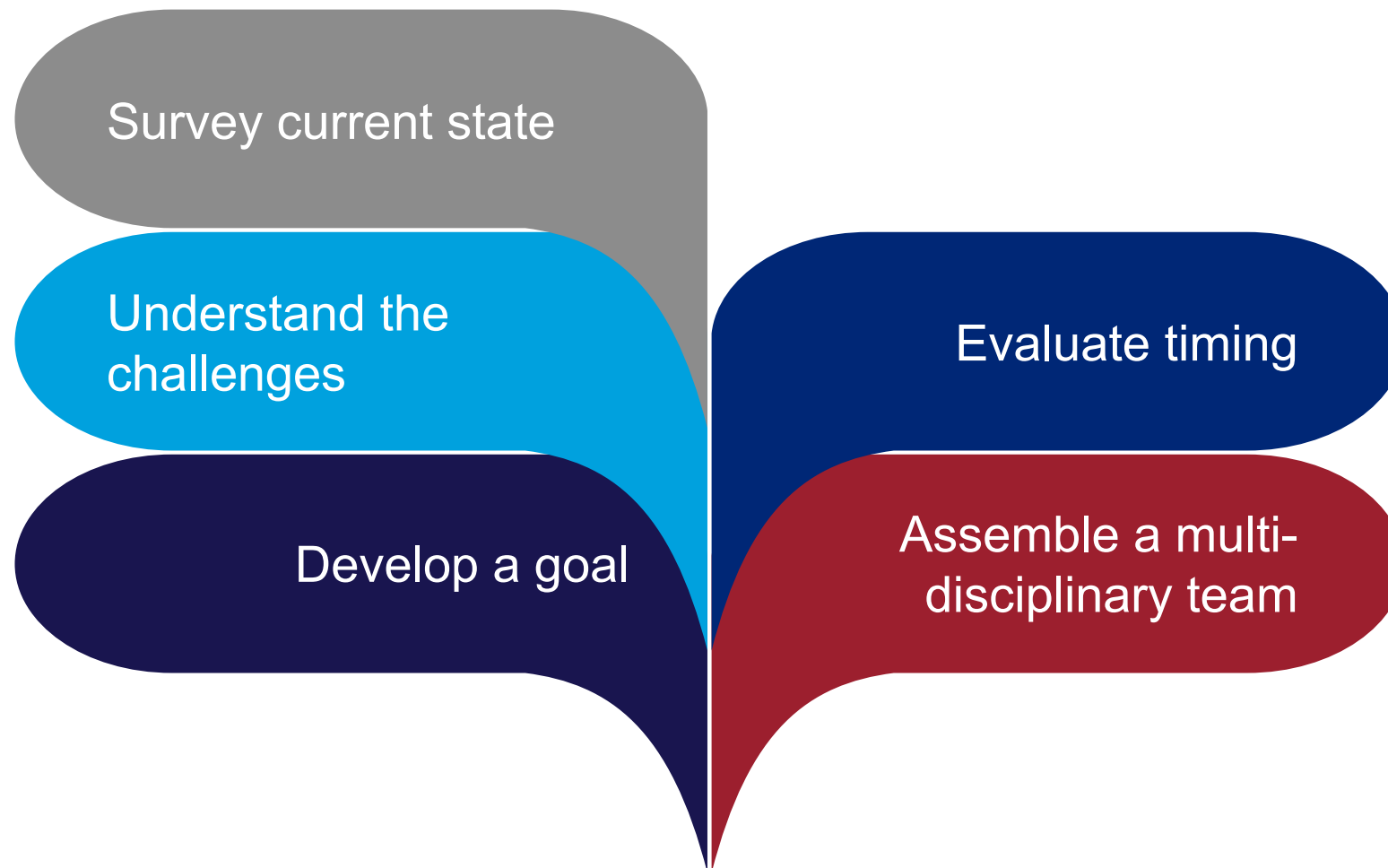
4

Define value

5

Be politically aware

# Key Takeaways



# Questions?



Penn Medicine  
Neurosciences

## Contact:

Lee Leibowitz, MBA: [Lee.Leibowitz@pennmedicine.upenn.edu](mailto:Lee.Leibowitz@pennmedicine.upenn.edu)

Rachel Kanter, MSN, RN: [Rachel.Kanter@pennmedicine.upenn.edu](mailto:Rachel.Kanter@pennmedicine.upenn.edu)