Association of Administrators in Academic Pediatrics

SECTION ONE

ROOM UTILIZATION/THROUGHPUT

1) **What is your standard algorithm for assigning number of clinic rooms (understanding there may be exceptions for clinics such as multi-disciplinary clinics)?**
   a. No standard algorithm is in place
   b. By available slots on the schedule
   c. By number of providers involved in clinic
   d. By specialty, a standard amount is assigned
   e. Specialties have dedicated space and manage on their own room allotment
   f. Other

   ➢ **Please provide algorithms/additional notes as appropriate.**

2) **What is your target for overall exam room utilization?**
   a. No target is set
   b. >85%
   c. 70-85%
   d. 55-70%
   e. <55%
   f. Other

   ➢ **What is your current average exam room utilization?**
   a. No measurement in place
   b. +/- 5% of your target
   c. +/- 10% of your target
   d. +/- 15% of your target
   e. Other

SECTION TWO

STAFFING

1) **Do you utilize scribes in any of your clinics?**
   a. Yes
   b. No

   ➢ **If yes, how are scribes assigned/utilized?**
   a. Available to certain specialties
   b. By productivity/potential for revenue increase
   c. By assessment of cost-reduction
   d. Other

2) **Do you use a standard staffing ratio for non-provider clinical staff (RNs/MAs)? Y/N**
   a. If Y, please provide details.
   b. If yes, please provide details.

3) **Are your prior authorizations for medications managed by a central department or within each local unit/specialty?**
   o Centralized
   o Local
   o Combination of both

4) **Are your prior authorizations for procedures/surgeries managed by a central department or within each local unit/specialty?**
   o Centralized
   o Local
   o Combination of both

5) **Are your prior authorizations for diagnostics managed by a central department or within each local unit/specialty?**
   o Centralized
   o Local
   o Combination of both

Association of Administrators in Academic Pediatrics

SECTION THREE

TEMPLATE MANAGEMENT

1) **How far in advance are your templates required to be open for scheduling?**
   a. No expectation is set
   b. < 3 months
   c. 4-6 months
   d. 7-9 months
   e. > 9 months
   f. Other; please specify:

2) **What are your late session cancellation standards (excluding emergency cancellations)?**
   a. No expectation is set
   b. No cancellations within 6 weeks
   c. No cancellations within 3 months
   d. No cancellations within 6 months
   e. Other; please specify:

3) **What is your session duration expectation for clinics (hours of scheduled patients)?**
   a. 3 hours
   b. 4 hours
   c. 5 hours
   d. No duration expectation set
   e. Expectation varies by specialty (please provide additional details)

4) **Are your templates managed centrally within one department of the hospital or within each specialty?**
   a. All templates are managed by a central team
   b. Some templates are managed by a central team
   c. No templates are managed by a central team; they're managed locally within the divisions/departments
   d. Other; please specify:

SECTION FOUR

ACCESS

1) **How do you measure new patient access?**
   a. 3rd next available new
   b. Average days to new patient
   c. Other; please specify:

2) **Do you have expectations of visits/session by specialty? Y/N**

3) **What is your target no-show rate?**
   a. 5%
   b. 10%
   c. 15%
   d. Other; please specify:

4) **What is your current no-show rate?**
   a. +/- 5% of your target
   b. +/- 10% of your target
   c. +/- 15% of your target
   d. Other; please specify:

5) **How do you build your templates to improve retention of referrals from pediatric practices in your network?**
   a. A percent of slots dedicated on schedules; please specify:
   b. Dedicated clinics; please specify:
   c. Prioritizing referrals for scheduling; please specify:
   d. Other; please specify:

Association of Administrators in Academic Pediatrics

SECTION FIVE

PROVIDER EFFORT

1) **Do you have a target in which office visit encounters should be closed?**
   a. No target is set
   b. All encounters should be closed within 7 days
   c. All encounters should be closed within 14 days
   d. All encounters should be closed within 30 days
   e. Other; please specify:
   ➢ **If you have set targets for closure of office visit encounters, how do you hold your teams accountable to this?**

2) **Do you have target set for response times for MyChart messages? Y/N**
   ➢ If yes, what is the target?

3) **Has your organization implemented any tactics to address the demands of increased MyChart messages? Y/N**
   ➢ If yes, please provide details.

4) **What is your productivity target for providers who practice primarily in the ambulatory setting?**
   a. <25%
   b. 25-40%
   c. 41-50%
   d. 51-60%
   e. 61-75%
   f. >76%

5) **What productivity benchmark do you use?**
   a. AAAP
   b. MGMA
   c. Sullivan Cotter
   d. AMGA
   e. Other; please specify:

MISCELLANEOUS

1) **What are the top 3 ambulatory access standards your institution is striving to meet?**

2) **What are topics you want to learn more about (keeping in mind next year's meeting is a joint meeting)?**

3) **Would you be willing to share more details from lessons learned in your organization about any of these topics? Y/N**