Pre-Procedure Management

Outsourcing the Pre-Procedure Colon Prep

Business Plan Submission

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This paper is being submitted in partial fulfillment of the requirements of Fellowship in the American College of Medical Practice Executives.
# Table of Contents

I. **Project Summary** .......................... 3  
II. **Executive Summary** .................. 6  
   The Company ................................. 6  
   Market Opportunity ......................... 8  
   Mission Statement ......................... 9  
   Management .................................. 9  
   Competitors (Direct and Indirect) ....... 9  
   The Company’s Competitive Advantages ... 10  
   Financial Projections ..................... 11  
III. **Part I: The Organizational Plan** ... 12  
    Summary Description of the Business ... 12  
    1. Mission ..................................... 12  
    2. Business Model .......................... 13  
    3. Strengths, Weaknesses, Opportunities and Threats ........................................ 13  
    4. Strategy .................................... 14  
    5. Strategic Relationships ................. 14  
    6. Key Stakeholders/Decision Makers ... 15  
   Products or Services ....................... 15  
   Administrative Plan ....................... 16  
   Approval Plan Process ........................ 17  
   Operational Plan ............................ 18  
   Timeline ...................................... 18  
IV. **Part II: The Marketing Plan** ...... 25  
   Overview and Goals ....................... 25  
   Market Analysis ............................ 25  
   Marketing Strategy ......................... 25  
   Implementation of Marketing Strategy ... 27  
V. **Part III: Financial Documents** ... 28  
   Summary of Financial Needs ............. 28  
   Pro Forma Cash Flow Statement (Budget) ... 28
VI. Part IV: Innovative Elements and Expected Business Outcomes

Why and how does this innovative idea positively impact the health of your population and the organization? .......................... 31

What challenges did you encounter during this process and what have you learned? ...................... 31

Next steps to put project in action......................... 32
Project Summary

This is a proposal to outsource management of the pre-procedure colon prep. With approximately 150,000 new cases of colorectal cancer in the United States each year (50,000 of which result in death,) it is the third leading cause of cancer deaths in the United States. Many patients avoid having a screening colonoscopy because of the daunting process of the pre-procedure preparation. Preparation for a colonoscopy usually includes a period of dietary restrictions as well as drinking a “prep solution” with certain laxatives to clean out the intestine. The practice struggles with high cancellation rates, administrative burden and frequent poor prep quality. The reasons for inadequate prep can vary from patients not complying with prep instructions, to having a medical condition or impairment that makes it difficult to drink large quantities of water or make it to the bathroom quickly.

The current process for the gastroenterology practice consists of scheduling the patient for a procedure with a brief overview of the prep process, mailing or distributing a copy of the colonoscopy prep paperwork to the patient and then a reminder call 3 days prior to the procedure. A team of 2 part-time registered nurses is responsible for answering all incoming patient calls related to colon preparation and confirming that all of the required paperwork is returned prior to the procedure. The practice is experiencing a 2% no-show rate and a 14% cancellation rate which could impact the bottom line by $1.6 million annually. They are also seeing many patients with inadequate bowel prep. Inadequate bowel prep can result in discontinued or rescheduled procedures and increased costs to the patient.

The practice is exploring opportunities to outsource the labor-intensive task of educating its patients about the importance of following prescribed guidelines for pre-procedure bowel preparation. By outsourcing the pre-procedure management, the practice hopes to see better patient engagement with multiple touch-points, decreased staffing resulting in decreased
operational costs and better patient outcomes because of better understanding and improved adherence to colon prep instructions.

Captify Health™ proposes to decrease the practice’s no-show rate by 70% and its cancellation rate by 20% which could translate into an additional $434,000 annually for the practice. All correspondence materials will be customized to the practice. Additional parts of the proposal include increasing communication contacts with patients, increasing patient support through expanded call center hours, earlier detection of patients who are non-responsive and therefore, at a higher risk for cancelling or no-showing, better adherence and understanding of the bowel prep process and follow up patient satisfaction surveys. This proposal met or exceeded the expectations of the practice and the decision was made to present a Business Plan to the Board of Directors.
Captify Health Commitment

Captify Health drives down cancellation rates, saves your staff time, delivers important business analytics, and boosts practice revenue.

Procedural Improvement

No-Show Rate  Cancellation Rate  Prep Quality
-70%  -20%  Improved

Practice Operations Improvement

✓ Reduced administrative burden for practice staff
  Focus your frontline staff on high-value tasks instead of managing mailings and inbound patient queries

✓ Performance tracking across all prep steps
  Understand which prep-procedure steps are working well and which need adjustment

Revenue Impact

$30K  Documented Captify Health revenue impact per physician, per year

$30K  practice

$ Retained procedure revenue from avoided cancellations and no-shows

$ Practice efficiencies

$ Mailing costs for patient education materials
Executive Summary

The Company

Gastroenterology Associates of the Piedmont, P.A. ("GAP") consists of two of the leading and longest established gastroenterology practices in the Piedmont Triad. Salem Gastroenterology Associates, established in 1979, and Piedmont Gastroenterology Specialists, established in 1957, merged in 2013 to form “GAP.” Together, offering some of the most respected physician names in the Piedmont Triad community, its group has established a standard of excellence to patients with digestive and liver diseases. Patients choose GAP not only for an exceptional level of service, but also for its patient-centered approach to the delivery of the best care possible.

GAP has fifteen board-certified gastroenterologists who specialize in the prevention, diagnosis, treatment, and management of digestive and liver diseases. It employs a workforce of 126 clinical, clerical and management staff and they have 6 advanced practice providers that enhance the delivery of care to its patients. It provides gastroenterology and hepatology services, including advanced evaluation and treatment of diseases of the esophagus, stomach, small intestine, colon, pancreas, biliary system (gallbladder and bile ducts), and liver; and is an expert in colorectal cancer diagnosis and prevention. The practice has a long-standing reputation for taking care of patients who have complex diseases. As a result, the practice draws patients from all over the state of North Carolina and from adjacent states like Virginia. GAP has an additional clinic in Clemmons and performs GI endoscopy procedures at LifeBrite Community Hospital of Stokes in King, NC.
GAP is recognized by the National Committee of Quality Assurance (NCQA) as a Patient-Centered Specialty Practice. This rigorous certification process ensures that its awardees are physician practices committed to access, communication, and care coordination. As a result, GAP demonstrates patient-centered care and clinical quality through streamlined referral processes and care coordination with referring clinicians, timely patient and caregiver-focused care management and continuous clinical quality improvement. For example, GAP offers patients same-day referral appointments, and with an established reputation of ease of access, GAP receives patient referrals from physicians throughout the state. GAP consistently tracks performance on these appointments and adjusts the schedule as needed.

Additionally, the Accreditation Association for Ambulatory Health Care, Inc. (AAAHC) accredits GAP’s endoscopy centers. This demonstrates that GAP meets nationally recognized standards for efficient, cost-effective, high-quality healthcare. The physicians of GAP provide over 17,000 procedures a year to patients in the Piedmont Triad area and surrounding communities.
Digestive diseases are difficult for patients and physicians to manage. The GAP practice culture is one of tackling complex digestive and liver cases. GAP is a training site for residents in gastroenterology from Wake Forest Baptist Medical School. The practice holds monthly internal education sessions in which physicians and advanced practice providers explore current research developments in digestive and hepatology diseases and how they apply to their patients. They regularly hold clinics for patients who have specific problems like Crohn’s Disease, Irritable Bowel Disease (IBD) and liver disease. These clinics provide patients and their families with current education, diagnostic, and treatment information.

**Market Opportunity**

GAP has a well-established, strong referral base which is nurtured and supported with a personable and professional Outreach team. As a specialty provider, it is dedicated to being affable, available and attentive to its referring providers, creating a cohesive approach to patient care. The practice demographic includes patients from the greater Triad area and surrounding communities. With 21 providers, it is the largest independent gastroenterology practice in the area and continues to pursue satellite opportunities in Kernersville, King, Salisbury and beyond. It’s ASC’s have a total of 8 Certificates of Need (CONs) which allows the opportunity to perform 28,500 procedures annually. The practice is currently operating at a 60% utilization rate in its ASCs which supports increased patient capacity. GAP continues to successfully recruit new physicians which will allow them to meet community demands for comprehensive gastroenterology care and endoscopic services.
Mission Statement

GAP’s mission is to provide compassionate, patient-centered care in gastroenterology and hepatology in a timely and cost-effective manner. Their values of teamwork, transparency and communication allow them to deliver high quality consultative services to both their patients and referring providers.

Management

- Michelle Torak, CMPE, Practice Administrator with over 30 years of experience in the medical field. Ms. Torak was involved in the initial talks with Captify Health™ (formerly known as “The Colon Prep Center”) in early 2015 and opened up talks again in 2017.
- Alexis Horton, RN, Process Improvement Coordinator - Responsible for oversight and implementation of “Your Patient AdvisorSM” with Captify Health™.
- Keith Luther, Data Analyst - Responsible for reporting and data analytics.
- Theresa Brown, Clerical Operations Manager - Responsible for providing recommendations related to scheduling.
- Sabrina Stoltz, RN, ASC Nurse Manager - Responsible for management of GAP Ambulatory Surgical Centers.
- Christopher D. Connolley, MD, ASC Medical Director - Responsible for overall direction of GAP Ambulatory Surgical Centers.
- Anne Hill, MBA, FACMPE, Chief Executive Officer - Responsible for continued viability of GAP.
- Robert J. Holmes, MD, President- Responsible for overall direction of GAP.

Competitors (Direct and Indirect)

- Digestive Health Specialists (“DHS”) is the main competitor in the Piedmont Triad area. This practice has 12 board certified physicians in 4 counties.
- Wake Forest Baptist Health is the clinical enterprise of Wake Forest Baptist Medical Center. WFBH clinics are considered hospital-based outpatient clinics or facilities which translates into much higher costs for patients.
• Cologuard® is a stool DNA test which is a non-invasive screening test for colorectal cancer. This test is done in the comfort of the patient’s home, there is no bowel prep required and no pre-test diet changes are needed. The cost for the test is $600 and it has a 13% false-positive rate. The test does not detect polyps. If the test is positive, patients will need a diagnostic colonoscopy which is no longer considered screening. This results in higher costs for the patient.

### The Company’s Competitive Advantages

• The leading and longest established gastroenterology practice in the Piedmont Triad

• Fifteen of the most respected physician names in the Piedmont Triad community

• GAP’s clinics were the first gastroenterology practices in North Carolina to be recognized by the National Center for Quality Assurance (NCQA) as Patient-Centered Specialty Practices

• The endoscopy centers are accredited by the Accreditation Association for Ambulatory Health Care, Inc. (AAAHC)

• Open-access scheduling allows patients to schedule a screening colonoscopy without a referral or prior appointment

• Freestanding facilities are a lower cost option than area hospitals

• Outstanding leadership team comprised of some of the Piedmont Triad’s top executives

• GAP is privately owned; allowing the company to have a lower expense ratio vs. its public competitors

• Provides the latest in contemporary outpatient gastroenterology care to its patients

• Superior patient-to-patient referral ratio
Financial Projections

GAP’s financial projections are based on savings realized by outsourcing. The company can use this model for its current facilities and expects to replicate this model with future expansion.

<table>
<thead>
<tr>
<th>Estimated Annual Savings</th>
<th>Annual Costs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prep Team</td>
<td>41,569</td>
</tr>
<tr>
<td>Postage &amp; paper for packets ($1.50 per packet)</td>
<td>17,218</td>
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<tr>
<td>Scheduling time for mailing of packets</td>
<td>8,788</td>
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<tr>
<td><strong>Estimated Current Costs</strong></td>
<td><strong>76,185</strong></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Estimated Costs Using Captify</th>
<th>Annual Costs w/Captify</th>
</tr>
</thead>
<tbody>
<tr>
<td>GAP Staff Costs to handle days 1-9</td>
<td>33,038</td>
</tr>
<tr>
<td>Postage &amp; paper for packets ($1.50 per packet)</td>
<td>5,076</td>
</tr>
<tr>
<td>Scheduling time for mailing of packets</td>
<td>2,591</td>
</tr>
<tr>
<td>Captify Costs (prescription preps instead of standard)</td>
<td>6,182</td>
</tr>
<tr>
<td><strong>Estimated Costs Using Captify</strong></td>
<td><strong>49,424</strong></td>
</tr>
</tbody>
</table>

| Estimated Annual Savings | $26,760 |

![Estimated Costs Using Captify Chart]
Part I: The Organizational Plan

Summary Description of the Business

1. Mission

GAP’s mission is to provide compassionate, patient-centered care in gastroenterology and hepatology in a timely and cost-effective manner. The practice has some of the most well-respected, highly specialized physicians in the area. They offer patients same-day referral appointments and consistently track performance on these appointments and will adjust the schedule as needed. This demonstrates that being available to its patients is one of its highest priorities. The physicians and staff are affable and patients choose them not only for an exceptional level of service, but for their compassionate patient-centered approach to the delivery of the best care possible.

As a corporation, GAP reaches out to and educates patients and referring providers through local community outreach efforts. As an example, each year GAP sponsors Get Your Rear in Gear, a 5k race dedicated to raising awareness for colorectal cancer screening. In addition, it is a sponsor for the Ardmore RAH (Race Against Hunger), and the YMCA Mistletoe Run. Employer group health fairs are another way that GAP tries to connect with patients in the community by being supportive and accessible right where they work. GAP is a sponsor of the local Piedmont Association of Physician Assistants (PAPA) meeting each year which allows them to serve as a resource for many of the local advanced practitioners and to provide educational resources for others throughout the state.

GAP’s long-term goal is its commitment to improving the health of its patients and seeing better patient outcomes. If caught early, colorectal cancer has a 90% survival rate. GAP is determined to educate its patients about the importance of scheduling a screening colonoscopy which can lead to the earlier detection of colorectal cancers and increase mortality rates.
2. Business Model

GAP is an independent gastroenterology practice solely owned by its revenue generators. The company pays out all of profits to avoid double taxation and has limited access to capital except for debt. The practice is unique in that it treats its non-shareholders as shareholders and respects the value they bring to the practice. The practice is dependent on referrals from outside providers and a high percentage of its revenue is derived from procedures performed in its ambulatory surgical centers.

3. Strengths, Weaknesses, Opportunities and Threats

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Weaknesses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Financial stability of company</td>
<td>Not utilizing reminder technology</td>
</tr>
<tr>
<td>Referral and recall base</td>
<td>Not making multiple points of contact</td>
</tr>
<tr>
<td>ASC utilization rates</td>
<td>Unable to anticipate probable no-show</td>
</tr>
<tr>
<td>Knowledgeable prep team with years of experience in GI</td>
<td>Inefficient process; multiple areas doing parts of the process</td>
</tr>
<tr>
<td></td>
<td>Decreased scheduling numbers due to mailing paperwork</td>
</tr>
<tr>
<td></td>
<td>OT for prep nurses due to volume of calls and proactive education</td>
</tr>
<tr>
<td><strong>Opportunities</strong></td>
<td><strong>Threats</strong></td>
</tr>
<tr>
<td>Decreased inadequate bowel prep rates</td>
<td>Competitor switching to Epic EMR</td>
</tr>
<tr>
<td>Decreased no-show and cancellation rates</td>
<td>Patient frustration with prep process</td>
</tr>
<tr>
<td>More efficient communication process</td>
<td>Failure to diagnose early cancer</td>
</tr>
<tr>
<td>Increased patient satisfaction</td>
<td>Multiple repeat procedures due to unclean colons</td>
</tr>
<tr>
<td>Increased scheduling numbers</td>
<td></td>
</tr>
<tr>
<td>Decreased staffing hours and OT</td>
<td></td>
</tr>
<tr>
<td>Entire process &quot;owned&quot; by one entity</td>
<td></td>
</tr>
<tr>
<td>Prep team able to focus on medical questions</td>
<td></td>
</tr>
<tr>
<td>Consolidate prep with triage team for better patient care</td>
<td></td>
</tr>
</tbody>
</table>
4. Strategy

GAP is committed to the delivery of quality care with each patient and with every procedure. By outsourcing the pre-procedure management, the practice hopes to see better patient engagement with multiple touch-points, better patient outcomes because of improved adherence to colon prep instructions and decreased staffing resulting in decreased operational costs. Making the process easier for patients to navigate will also be a patient satisfier and will help to ensure that the practice can meet quality measures and targets in the impending value-based world of medicine.

The practice hopes to increase screening colonoscopy rates, decrease inadequate bowel preparation and see improved adenoma detection rates which reduces the incidence of “interval cancer,” i.e. colorectal cancer found after a prior colonoscopy. GAP has future expansions planned outside of the Triad area. The long-term objective is to use the initial outsourcing model for the current endoscopy centers and replicate it for GAP’s future facilities. The outsourcing model allows for increased patient touch points, decreased operating expenses, and reduced employee work load.

5. Strategic Relationships

- **Piedmont Medical Group Research** – All of the providers participate with referral efforts to enroll in appropriate gastroenterology-related medical research studies. Some GAP providers are primary investigators for these studies and provide study-related visits and procedures.

- **Novant Health Forsyth Medical Center** – All of the providers are credentialed to provide in-patient hospital consultative services and procedures and outpatient hospital-based procedures for those patients who do not meet the health requirements for their procedure to be performed safely in the ambulatory surgical center setting.

- **Novant Health Community Connect** – This enables independent physicians to connect with the Epic practice management and electronic health record technology to help improve outcomes, more efficiently manage the practice, and enhance patient communication.
- **Novant Health Clinically Integrated Network** – Includes NH employed physicians and independent physicians working together to improve the patient experience, offer better quality of care and lower healthcare costs.

- **Digestive Health Physicians Association (DHPA):** A trade association currently comprised of 78 independent gastroenterology (GI) physician practices across the country with the aim of promoting and preserving accessible, high quality and cost-efficient care in the independent GI medical practice setting.

6. **Key Stakeholders/Decision Makers**

   The key stakeholders and decision makers at GAP are 9 physician Shareholders and 6 employed physicians. GAP also has a strong, experienced Leadership team which works together to review new processes to determine how each department might be affected by the proposed operational change.

**Products or Services**

- Comprehensive care and follow up of GI-related conditions
- Screening, diagnostic and therapeutic colonoscopy and endoscopy
- Capsule endoscopy
- Flexible sigmoidoscopy
- Fecal microbiota transplant (FMT)
- Orbera gastric balloon weight loss therapy
- Advanced endoscopic procedures (ERCP, EUS)
- In-office infusion services (Entyvio®, Remicade®, Injectafer®)
- Specialized IBD clinic
- Hemorrhoid banding
The Practice Administrator met with the Process Improvement Coordinator and members of the Leadership team to discuss the possibility of outsourcing the pre-procedure prep process. The team recognized that the current process for pre-procedure prep management was inefficient and had many inconsistencies of system, process and people. The team reached the conclusion that if they can provide patients with an easier to navigate prep process, the practice will see less no-shows and cancellations and cleaner, more adequate colon prep. Better quality preps improve adenoma (benign tumors) detection rates. Improved adenoma detection rates reduce the incidence of “interval cancer”, i.e. colorectal cancer found after a prior colonoscopy. The decision was made to investigate outsourcing companies.

Initial research revealed only one company offering a viable option. A meeting was scheduled with representatives from Captify Health™ to review the proposal and documentation which outlined the managed communication process through customized, interactive patient communications including tracking and analytics “audit trails” for every touchpoint. The practice will only be charged for 2 reasons: 1. If the physician writes a prescription prep (e.g. Suprep, Colyte, GoLYTELY®, Prepopik™) the practice will incur a $6.00 charge or 2. If the scheduled
procedure is for an esophagogastroduodenoscopy (EGD) or flexible sigmoidoscopy, the practice will incur a $3.00 charge. Captify Health™ makes its profit from supplying the patient with the standard prep kit, mailing it directly to the patient’s house and charging the patient $34.00-$36.00. The leadership team found this cost to be comparable with what patients were already paying to purchase over-the-counter prep items. An added bonus was that at the end of the communication process, each patient would be sent a patient satisfaction survey which was currently being managed only quarterly by the practice.

The Process Improvement Coordinator compiled and organized the information gathered at this meeting and created a proposal to present to the CEO. After the CEO reviews and approves the plan, the proposal will then be presented to the Board of Directors. Upon approval from the Board, the project to outsource the pre-procedure prep will be set in motion.

**Operational Plan**

**Timeline**

<table>
<thead>
<tr>
<th>Month 1</th>
<th>Meet with Captify Health™</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>▪ Roadblock: Will this interface with Epic EHR?</td>
</tr>
<tr>
<td></td>
<td>▪ Weakness: Lose control of managing in-house</td>
</tr>
<tr>
<td></td>
<td>▪ Threat: Could potentially lose 2 part-time Prep Team nurses</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Month 2</th>
<th>Captify Health™ reference check</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Follow up questions to Captify Health™</td>
</tr>
<tr>
<td></td>
<td>Present to Board of directors</td>
</tr>
<tr>
<td></td>
<td>Notify Prep Team nurses</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Month 3</th>
<th>Announcement and introduction to staff</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Early implementation stage</td>
</tr>
<tr>
<td></td>
<td>Internal forms updated as needed</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Month 4</th>
<th>Update on status to staff and physicians</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Staff training sessions</td>
</tr>
<tr>
<td></td>
<td>Captify information added to website</td>
</tr>
<tr>
<td></td>
<td>Social media posts</td>
</tr>
</tbody>
</table>

| Month 5 | Go live |
During the initial stages, GAP will need to work closely with Novant Health, the hospital system that provides Epic Community Connect EHR access and licensure. The practice hopes that the process of transferring patient data from the Epic scheduling system to Captify Health™ can be integrated and automated but does have a manual process solution that will allow the project to move forward regardless.

Captify Health™ references were checked to see what their existing client experiences are and they were all very positive. Practices were said to have a decrease in cancellations and a dramatic drop in no-show rates. They saw improved prep quality for patients and patients seemed to understand the prep process better. Operationally, these practices reported that patient questions about their prep were now being routed to Your Patient Advisor™ which decreased the number of calls being fielded by clerical and clinical staff within the practice. Because of this, the staff’s time could be spent serving more patients. The practice had some initial follow-up questions and needed clarification from Captify Health™ regarding the following:

1. **Holiday coverage**—Captify Health™ observes 7 holidays and traditionally does not have coverage on those days. However, they do ask Your Patient Advisor™ volunteers to work those days for a pay differential and pro-actively contact patients who are scheduled the day after a holiday.

2. **After hours coverage**—The patient care center is open Monday-Friday, 8:00am-11:00pm, Saturday. 11:00am-7:00pm and Sunday, 1:00pm-9:00pm. These hours are well beyond the Monday-Friday 8:00am-5:00pm support currently offered by GAP. Calls received outside of GAP’s normal business hours would normally be routed to the provider on call. If the pre-procedure management is outsourced, the unexpected outcome will be less after-hours on-call coverage for the physicians.

3. **Instructions for esophagogastroduodenoscopy (EGD) or flexible sigmoidoscopy**—These procedures do not require the extensive prep, but they do have detailed instructions that the patient must follow carefully. Captify Health™
will send whatever information the practice requests and use the same multiple touch-point communication process. There will be a $3.00 charge to the practice.

4. **Double procedures**—Some patients will have a colonoscopy and EGD on the same day. Captify Health™ will include any specific information the practice has at no extra charge.

5. **Patients scheduled less than 9 days prior to their procedure**—Because Captify Health™ must have enough time to implement the communication process and get the prep kit mailed to the patient, these patients will continue to be managed by GAP internally. GAP does have the option to contact Captify Health™ to secure the prep kit for these patients, but the patient would need to be present to supply payment information. It was decided that the recommendation to the Board would be for GAP to continue to manage these patients internally. These patients will not purchase their prep kit from Captify Health™. Instead, GAP staff will give the patient instructions about what over-the-counter or prescription items they will need to obtain for their prep.

6. **Contact process**—The contact process includes patient contact 4 weeks prior to the procedure then 14, 7, 3 days prior and then 1 day before. These are responsive communications based on the patient’s preferences (phone call, email or text.) The patient is also given the opportunity to reschedule during all communication points which is then reported to the practice as needed. Patients are asked to confirm that they read their instructions and procured their prep solutions. If the patient is non-responsive during the process, Captify Health™ will notify the practice.
**Patient Contact Flow**

Your patients enter the Captify Health communication flow when they are scheduled. Captify Health uses responsive marketing principles to measure and improve patient engagement and compliance with the prep regimen directed by their physician.

- **Patient Scheduled**
  - An appointment confirmation goes to patients right away, asking patients to order a Captify Health prep kit online, fill their prep prescription, or to purchase prep supplies at their local retailer.
  - Patient phone calls and questions go to our Patient Care Center.

- **-7 Days**
  - Practice alerts go to key contacts if patients do not show engagement (by calling, clicking, texting, or ordering) 6 days before their appointment.

- **-6 Days**
  - Dietary prep reminders, a link to instructions, and a reschedule option go to patients 3 days before their appointment.

- **-3 Days**
  - Captify Health sends a final reminder and a link to instructions 1 day before their appointment.

- **-1 Day**
  - Appointment

- **+7 Days**
  - Captify Health sends a satisfaction survey 7 days after their appointment.
7. **Correspondence and prep information**—All correspondence sent to GAP’s patients will be personalized to the practice and the physician. Captify Health™ drives patient engagement by educating patients about the importance of a good prep and gently reminds them to take action and follow the recommended steps.
   a. Letters and emails will include a photo of the physician.
   b. The prep information will be customized to whatever the needs of the practice are.
   c. Captify Health™ sends educational messages via patient instructions, dietary information and “what to expect” multi-media links.
   d. Emails are sent with links to a map of where their procedure will be performed.
   e. Links to the patient’s individual prep instructions are embedded in the emails.
   f. The Captify Health™ website includes a page branded for the practice.

8. **Quarterly reports and benchmarking**—Captify Health™ will provide GAP with key improvement indicator reports measured against their national dataset. These reports show the cancellation rate improvements and the impact this has on revenue. Reports on patient engagement will show what percentage of patients ordered the kit through Captify Health™, purchased supplies at the store or how many were non-responsive. GAP can then use these data analytics to compare them to their direct competitors. With outsourcing, GAP expects to have a competitive advantage in the areas they are benchmarking.

9. **Patient satisfaction survey**—Seven days after the appointment, a patient satisfaction survey will be sent to each patient. This survey can also be customized to the practice.
Once the practice has thoroughly researched how Captify Health™ works and determines how it will fit in with GAP’s standards and culture, the proposal is complete and ready to be presented to the Board. When the final decision is made to move forward with outsourcing pre-procedure bowel prep, the Process Improvement Coordinator will work closely with Captify Health™ to start the implementation process.

The next phase will focus on communicating the practice’s intent to outsource pre-procedure prep management. Buy-in from the staff will be critical to the success of this project. The Prep Team nurses will be notified first and reassured that their services will still be required for continued management of communication with patients who have appointments scheduled less than 9 days prior to their procedure. Other clinical staff will need to be made aware of the new process to educate patients about Your Patient Advisor™. Physicians should see a decrease in after-hours calls from patients with questions about their colon prep. Clerical staff workflow will be impacted in positive ways:

1. **Paperwork**—Currently, a member of the scheduling team is briefly reviewing the appointment paperwork that will be mailed to the patient. It can take 10-15 minutes for the scheduler to schedule the procedure, relay the importance of returning the completed paperwork in a timely manner, discuss purchasing the prep solution, and outline how to follow the prep instructions carefully. In addition, they must also give general directions to the endoscopy center where the procedure will be performed. The scheduler must address the envelope, fold the packet of information and apply postage. This packet is estimated to cost the practice $1.50/packet. The time spent by the scheduler and the cost of the packet will be recouped if pre-procedure management is outsourced. The practice estimates these savings to be over $24,000 and the time saved will allow schedulers to serve more patients.

2. **Patient Calls**—All calls related to the colon prep process are currently being answered by a member of the switchboard team and transferred to a member of the
Prep Team, Triage or a message is being generated in the EHR. Patients can now be re-routed to Your Patient Advisor<sup>SM</sup>.

The Process Improvement Coordinator will need to work closely with Captify Health™ to set up and launch the Your Patient Advisor<sup>SM</sup> program. This includes:

1. Submitting GAP demographics and preferences
2. Submitting provider information including photos
3. Submitting and reviewing standard prep information and special prep information (e.g. diabetes, renal patients or patients on blood thinners)
4. Submitting and reviewing the standard informational packet sent to all procedure patients

The Process Improvement Coordinator will communicate regularly with the Leadership team and physicians to keep them informed of the status of the project. Other staff will be updated regularly. During this time, clerical staff will attend educational sessions to learn about how Your Patient Advisor<sup>SM</sup> works and what processes will need to be followed to ensure that appointment information is crossed over to the outsourcing company. The scheduling team will be responsible for placing “YPA” in the appointment note line which is the discrete data used to indicate that this patient is being managed by Captify and is required for interface transfer.
Part II: The Marketing Plan

Overview and Goals

The practice will not have to do any formal outside marketing plan other than advising referring practices of the ease and efficiency of pre-prep instructions and support for their mutual patients. There are no direct costs associated with this as the Outreach Coordinator is currently making regular visits and communicating with our referring practices.

Market Analysis

GAP has a well-established, strong referral and patient recommendation base which is cultivated and supported with a personable and professional Outreach team. This Outreach team visits over 150 practices a year throughout the Piedmont Triad and surrounding communities. GAP is positioned for expansion and anticipates opening a satellite clinic and ASC within the next year. The population of GAP’s service area is both growing and aging according to the North Carolina Office of State Budget and Management (NCOSBM). The population of Forsyth county is growing one percent annually, with the age 50-74 segment growing faster than the total population at a rate of 1.03 percent. With this growing patient demographic, GAP should expect to see a significant increase in patients.

Marketing Strategy

GAP marketing strategy is currently almost all concentrated in the Triad area and surrounding communities. A large part of their marketing strategy is to help raise awareness for preventing colorectal cancer and to communicate the important part screening colonoscopy plays in detecting colorectal cancer. GAP focuses its efforts on local community events and seminars. Employer health fairs, referring provider outreach and local races are all major events that GAP uses to promote colon awareness and their other services. By partnering with their local community, GAP creates a strong brand identity and has developed a large patient recommendation base.
Implementation of Marketing Strategy

The practice will rely heavily on its staff and providers for the successful implementation of the outsourced pre-procedure management project. Your Patient Advisor℠ links will be added to the GAP website which will provide patients with contact information and patient-friendly, educational videos.

Regularly scheduled posts will be added to the GAP Facebook page. Patients calling the office with questions about their prep will be given contact information for Your Patient Advisor℠ or may still choose to be routed to a member of the Prep Team or Triage.
Part III: Financial Documents

**Summary of Financial Needs**

This project is a savings-based model. All financials are based on savings. GAP is a privately-owned company and the financials are proprietary. GAP will not have any financial needs related to outsourcing the pre-procedure colon-prep process management. There are no initial expenses related to supplies, set up or implementation. The practice will be using existing personnel to manage internal functions.

**Pro Forma Cash Flow Statement (Budget)**

A Pro Forma Cash Flow Statement is not applicable since this project is a savings-based model.

**Three-Year Income Projection Based on Savings**

Based on the assumptions that GAP will see an annual increase of 3% in total procedures and a decrease in net no-shows and cancellations of 5%, in three years, the practice should expect to see an average increase in net revenue of $533,000.

**GAP**

**Net Income (From Savings)**

<table>
<thead>
<tr>
<th></th>
<th>Year One</th>
<th>Year Two</th>
<th>Year Three</th>
<th>Grand Total Savings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Revenue</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Cancellations</td>
<td>433,800</td>
<td>532,036</td>
<td>635,677</td>
<td>1,601,513</td>
</tr>
<tr>
<td></td>
<td></td>
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<td>433,800</td>
<td>532,036</td>
<td>635,677</td>
<td>1,601,513</td>
</tr>
</tbody>
</table>
## Procedures

<table>
<thead>
<tr>
<th>GAP Statistics</th>
<th>Procedures</th>
<th>Year One Procedures</th>
<th>Year Two Procedures</th>
<th>Year Thee Procedures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Scheduled Procedures</td>
<td>17,218</td>
<td>17,218</td>
<td>17,735</td>
<td>18,267</td>
</tr>
<tr>
<td>Cancellations with No Reschedule (14%)</td>
<td>2,411</td>
<td>482</td>
<td>621</td>
<td>767</td>
</tr>
<tr>
<td>No-Show/Last Minute Cancellations (2%)</td>
<td>344</td>
<td>241</td>
<td>266</td>
<td>292</td>
</tr>
<tr>
<td>Total Cancellations + No Shows</td>
<td>2,755</td>
<td>723</td>
<td>887</td>
<td>1,059</td>
</tr>
<tr>
<td>Total</td>
<td>14,463</td>
<td>16,495</td>
<td>16,848</td>
<td>17,207</td>
</tr>
</tbody>
</table>

### Assumptions

- Avg Revenue = $600/Procedure
- Scheduled Procedures Increase 3% Annually
- Cancellations and No-Shows Reduce 5% Annually (Estimated)
- Procedures Performed (Scheduled - [Cancellations + No Shows])

### Projected Balance Sheet

A Projected Balance Sheet does not apply because this project is a savings-based model.

### Break-Even Analysis

A Break-Even Analysis does not apply because this project is a savings-based model.

### Profit and Loss Statement (Income Statement)

A Profit and Loss Statement is not applicable because this project is a savings-based model.
Balance Sheet

A balance sheet is not applicable since this project is a savings-based model.

Financial Statement Analysis

A Financial Statement Analysis is not applicable since this project is a savings-based model.

Business Financial History

Because this is a new savings-based model, there is no Business Financial History. The practice expects to see over $26,000 in annual savings in administrative and operational costs. If the projections for reducing the practice’s no-show rate by 70% and the cancellation rate by 20% are accurate, the practice could see an additional $433,000 in retained revenue.
Part IV: Innovative Elements and Expected Business Outcomes

Why and how does this innovative idea positively impact the health of your population and the organization?

This outsourcing project will positively impact the health of the patient population and the organization. The American Cancer Society has been leading the “80% Pledge” initiative with support from the Centers for Disease Control and Prevention (CDC) and the National Colorectal Cancer Roundtable (NCCRT.) The goal of this initiative is to increase the use of recommended CRC screening tests among appropriate populations.

According to the National Health Interview Survey, “colorectal cancer (CRC) screening in accordance with guidelines among adults 50 years of age and older increased from 34% in 2000 to 63% in 2015.” This practice hopes to increase its own CRC screening numbers by making the pre-procedure process easier to navigate and understand.

What challenges did you encounter during this process and what have you learned?

The biggest challenge the practice will encounter is overcoming the employees’ resistance to change. The 2 employees on the Prep Team will be the most threatened and anxious about the outsourcing project. Making communications with them a priority will reassure them that the practice has a plan in place to retain them—their skillset is needed to monitor the patients scheduled less than 9 days out.

The next challenge is physician buy-in. Outsourcing any type of communication feels impersonal and goes against the GAP culture which makes communication a priority. If this model is successful, GAP will see not only a positive financial impact, but a higher level of support to their patients with more touchpoints than they can give without adding more employee
resources. Patients will appreciate having the prep-kit mailed to their home and the increased interactive communication to help them through the prep process. Better after-hours coverage to answer questions will make the process easier for patients to understand which will decrease cancelation and no-show rates and in the end, lead to improved patient satisfaction.

**Next steps to put project in action**

The next steps to put this project in action will be:

1. Presentation to the Board of Directors
2. Introduction to key staff (Prep Team)
3. Introduction to entire staff
4. Contact Novant Health for interface or integration options
5. Set up yourPATIENTadvisor
   - Submit GAP demographics and preferences
   - Submit provider information including photos
   - Submit standard prep and special prep information (e.g. diabetes, renal patients or patients on blood thinners)
   - Submit standard informational packet sent to all procedure patients
6. Staff in-service and training
7. Updated information on GAP forms and website
8. Update message on phone tree
9. Announcement and posts on social media
10. Pro-active education of patients
11. Announcement to referring providers through outreach