

Epic Fast Pass: A QI Initiative to Improve Outpatient PM&R Patient Access

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INTRODUCTION

- Timely outpatient access remains a challenge, affecting outcomes, satisfaction, and costs.
- Manual rescheduling of late cancellations is labor-intensive and limited by staffing.
- Patient portals like MyChart improve outcomes and engagement; 92% of Carilion PM&R patients are enrolled.
- Epic Fast Pass (EFP) automates offering earlier slots to waitlisted patients, reducing staff workload.
- From March 2024 – March 2025, the clinic had an 18% late cancellation rate within 48 hours of appointment, with only 51% of slots refilled, and an initial appointment 38-day wait time.
- The aim of this project is to implement EFP in the Carilion Clinic PM&R clinic to improve schedule utilization and access, reduce patient wait times, improve satisfaction, and decrease administrative burden (see figure1).

MATERIALS & METHODS

- EFP was launched in April 2025 to automate offering earlier appointment slots to waitlisted patients via MyChart, text, or email, giving patients 12 hours to accept (see figure 2).
- The system prioritizes urgent cases, longest wait times, patients without appointments, and those seeking to move appointments sooner.
- Open slots are identified twice daily for the preceding seven days, with multiple EFP offers per slot.
- Health Administrative Assistants (HAAs) monitor late cancellations within 24 hours of appointments and may override slots as needed.
- Key measures include late-cancelled slot rescheduling rates, waitlist reduction, EFP offer acceptance rates, patient satisfaction, and days to first appointment.

RESULTS

Figure 1: Quintuple aims

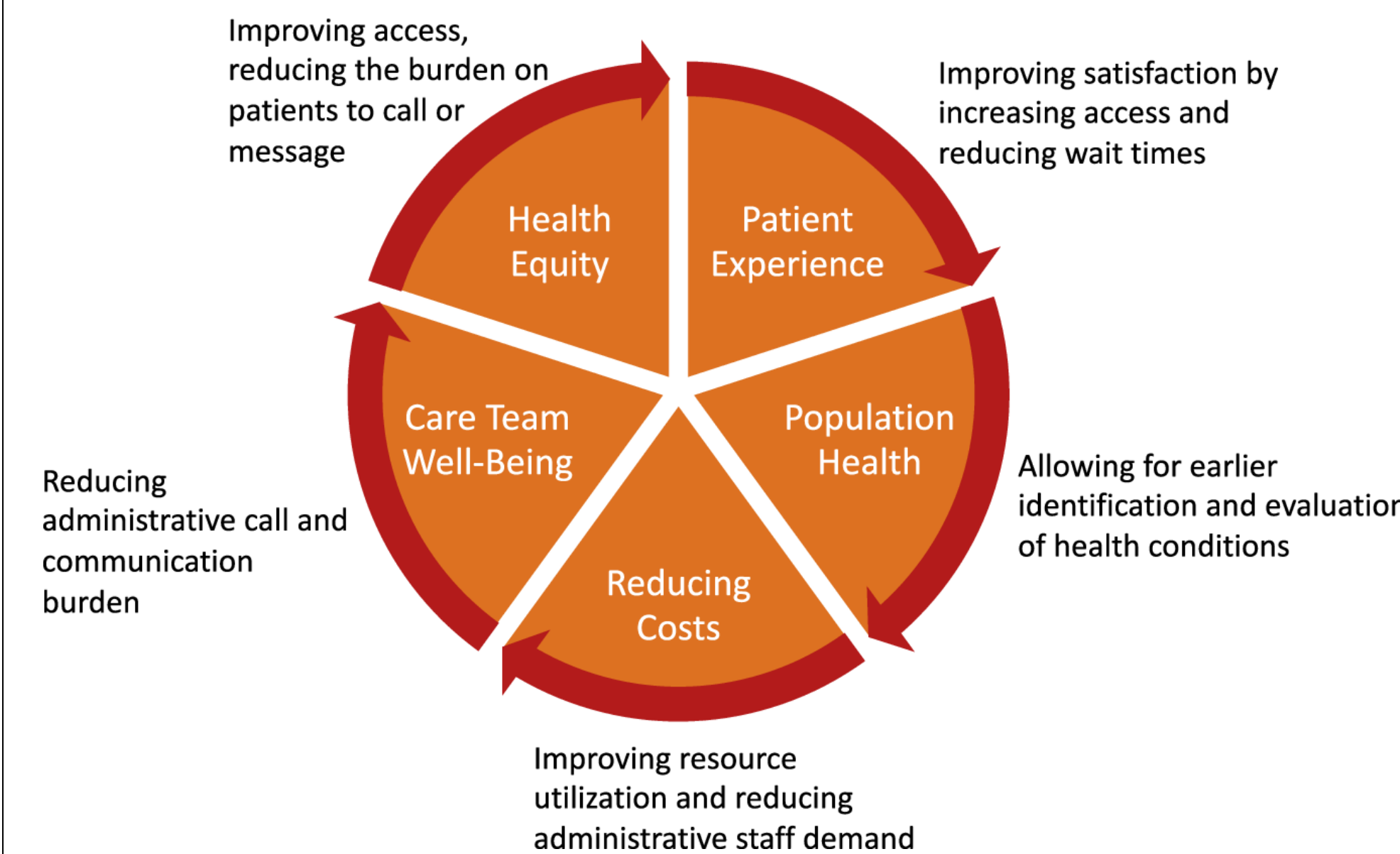


Figure 3: Correlation Between Fast Pass Utilization and Clinic Slot Fill Rates

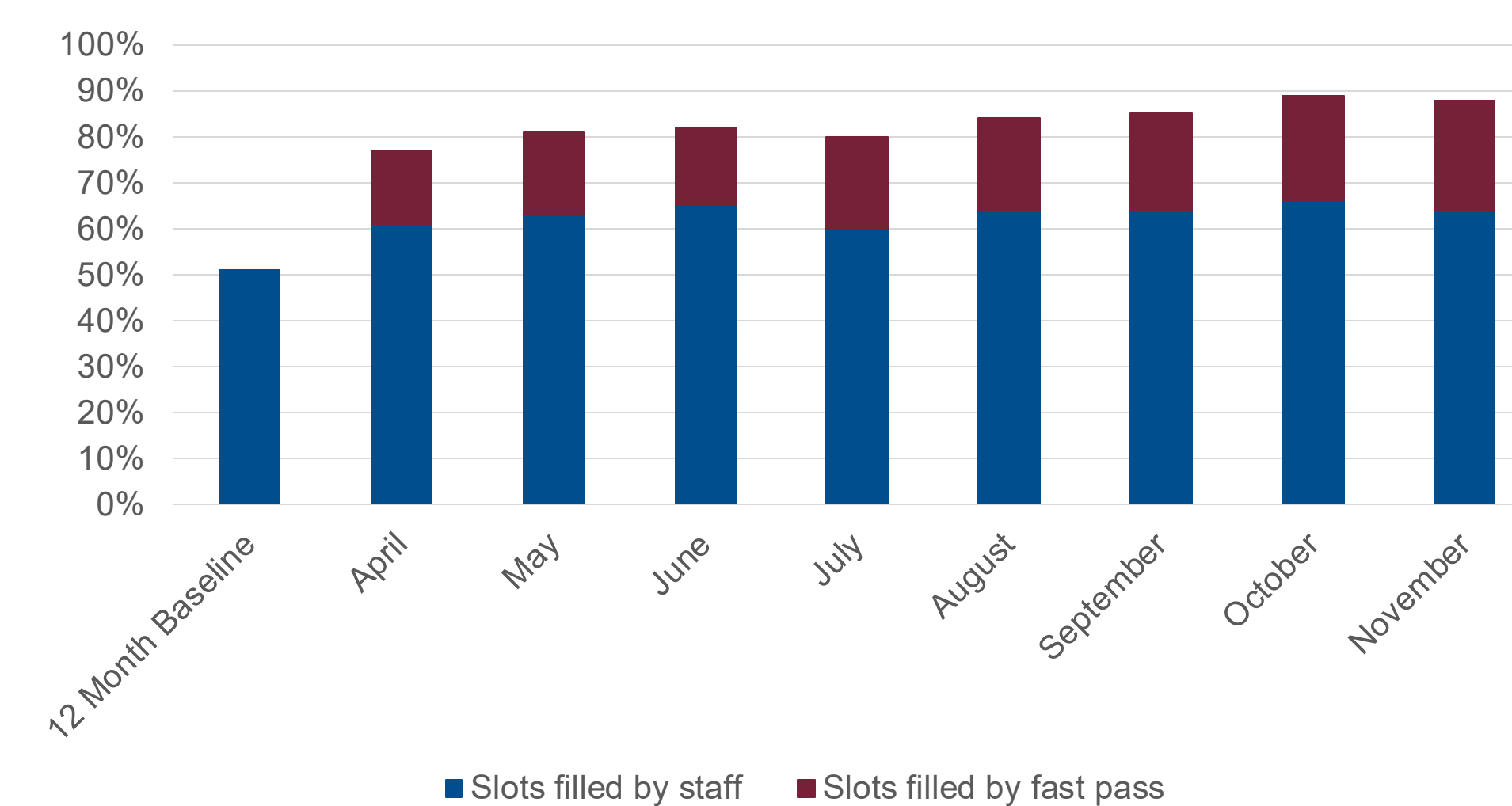


Figure 5: Epic Fast Pass Acceptance Rate

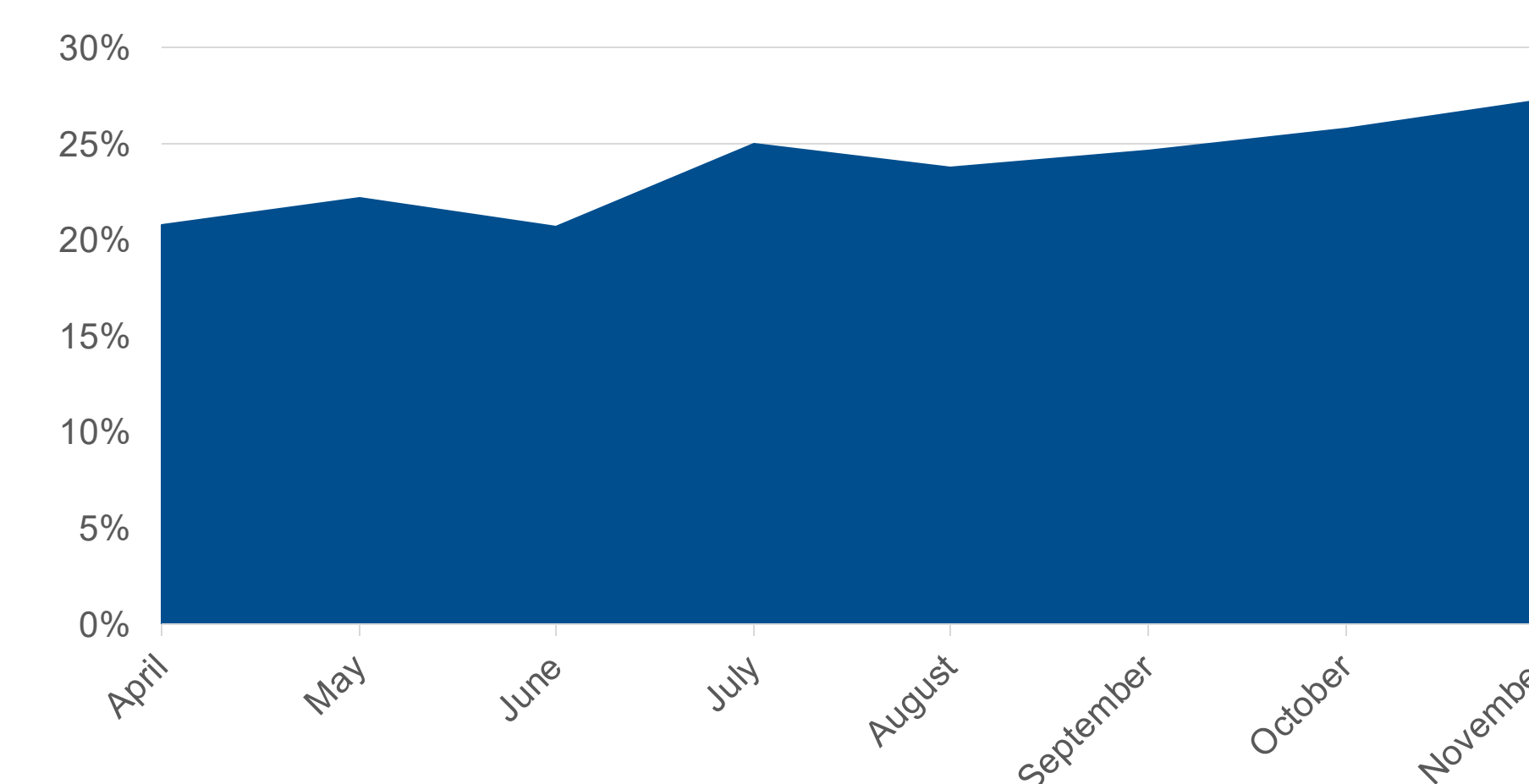


Figure 7: Days to First Appointment Decreased Over Time

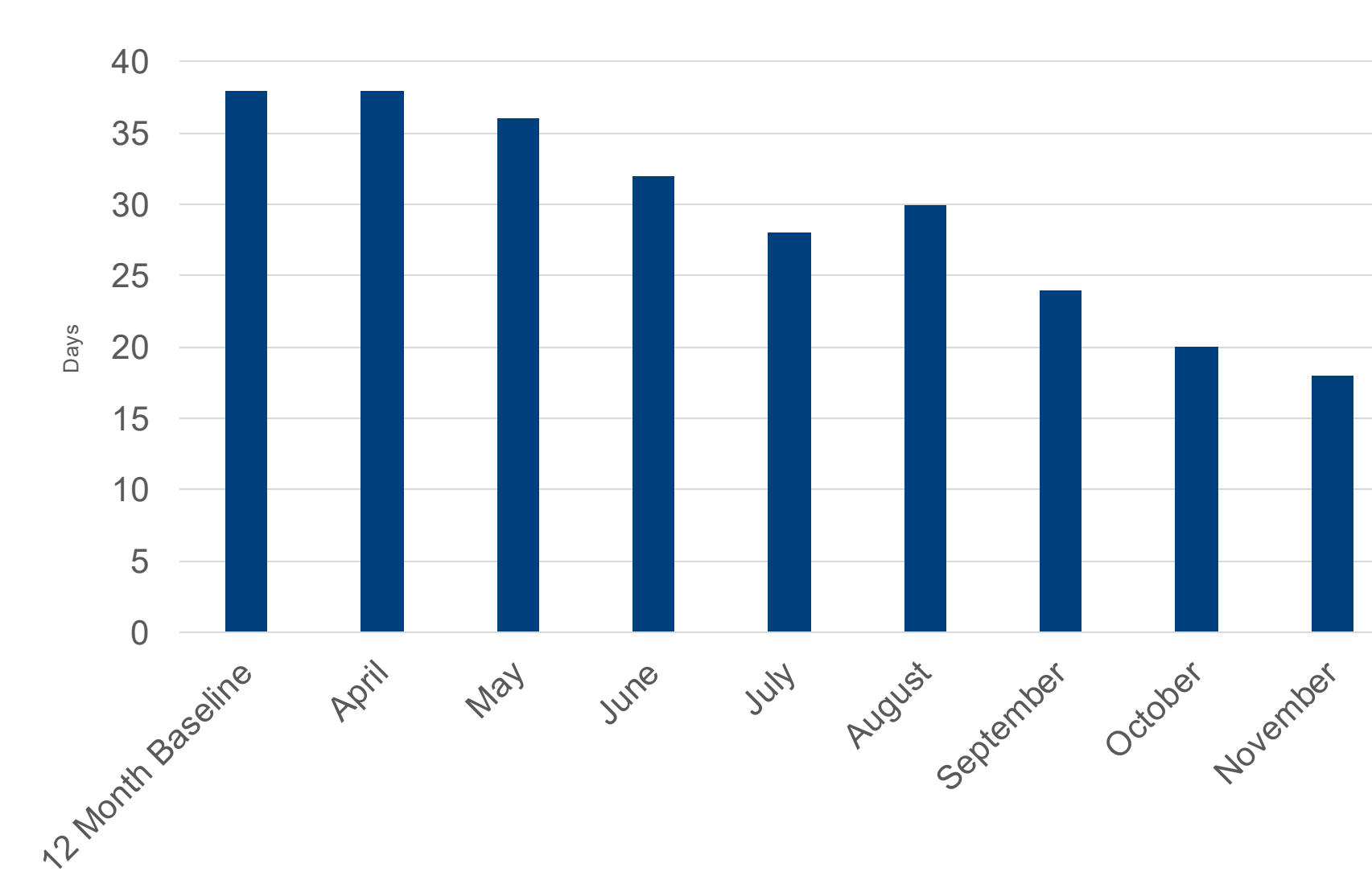


Figure 2: EFP Flow

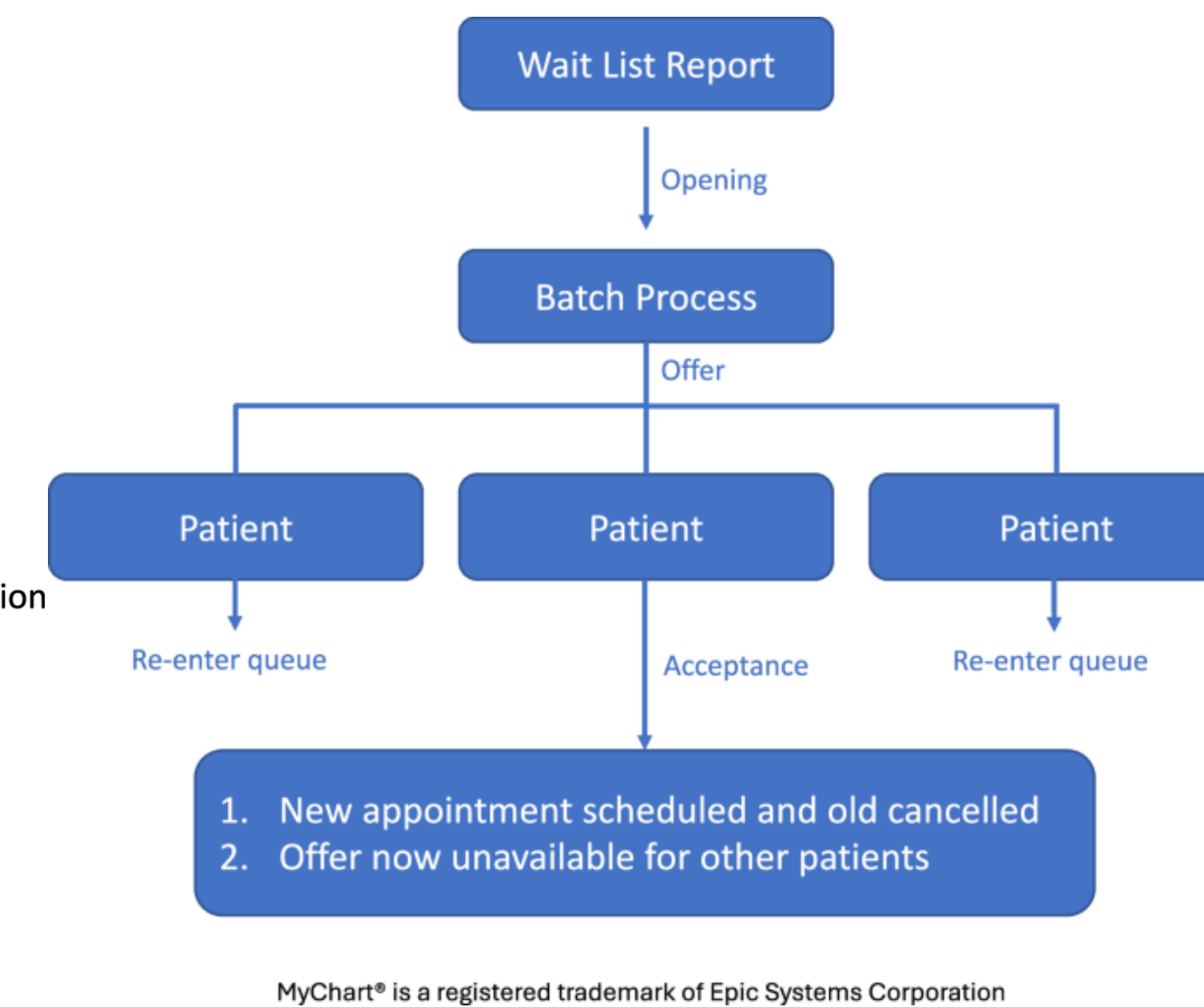


Figure 4: Monthly Wait List Patient Counts

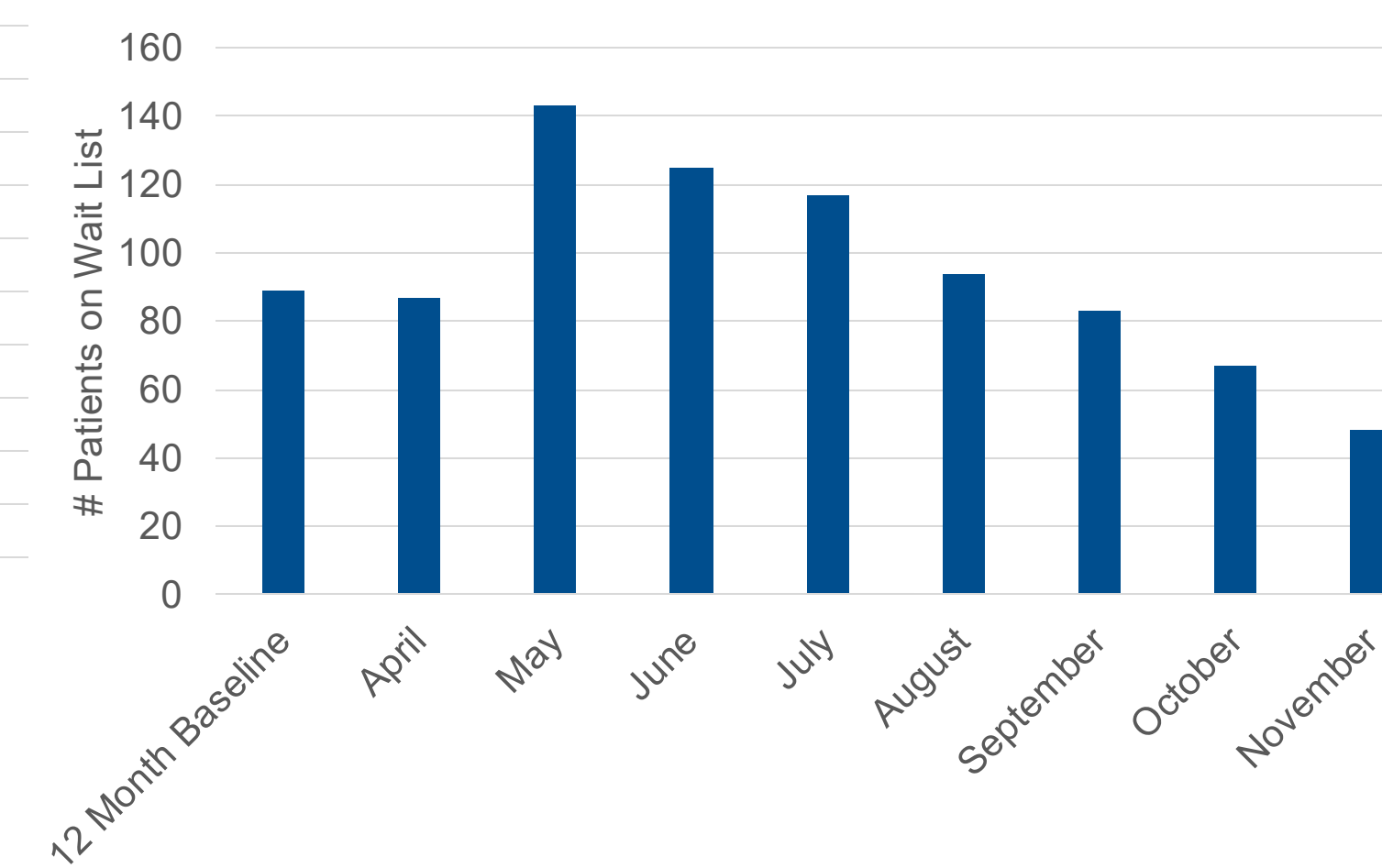


Figure 6: Patient Satisfaction Top Box Scores

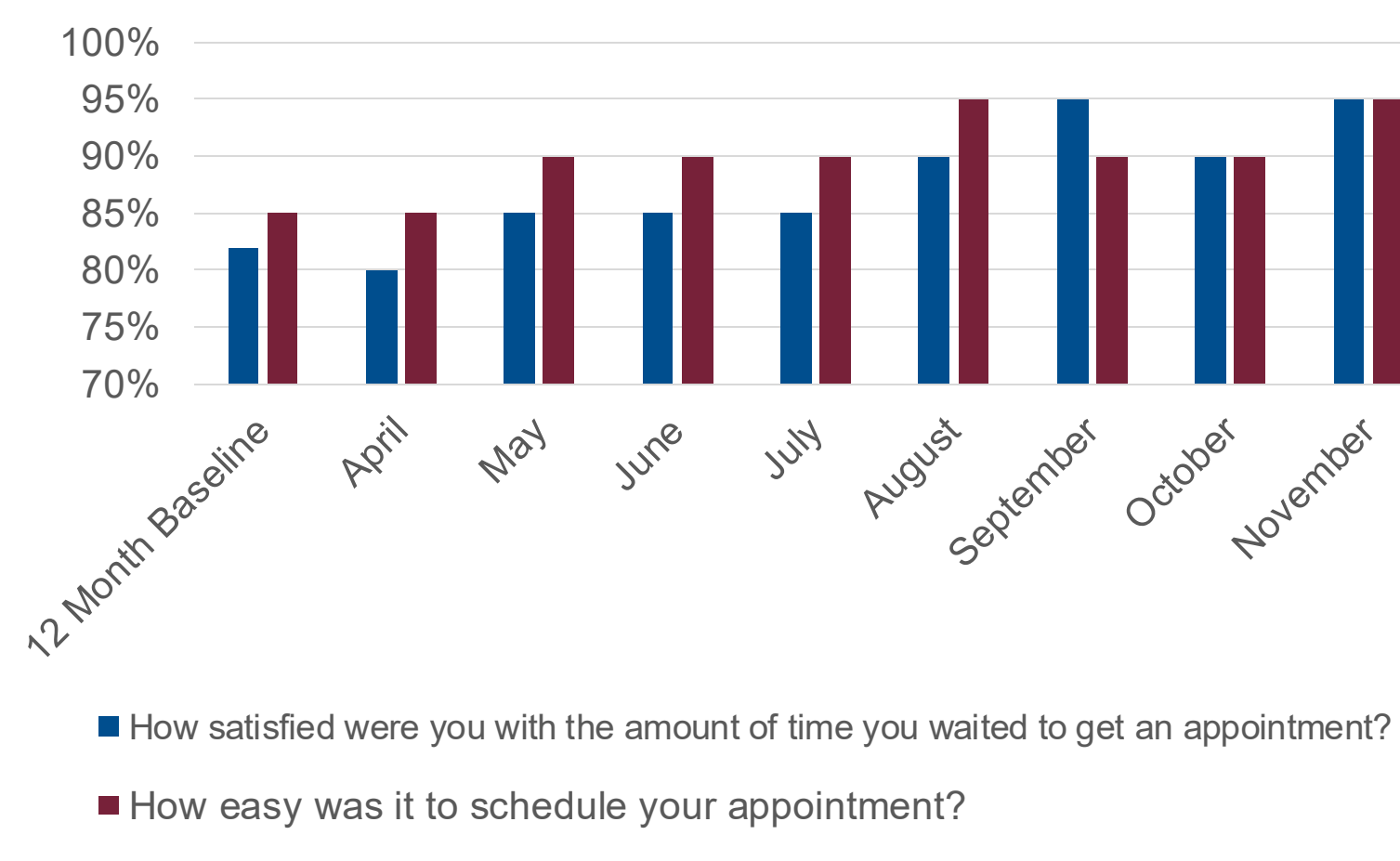
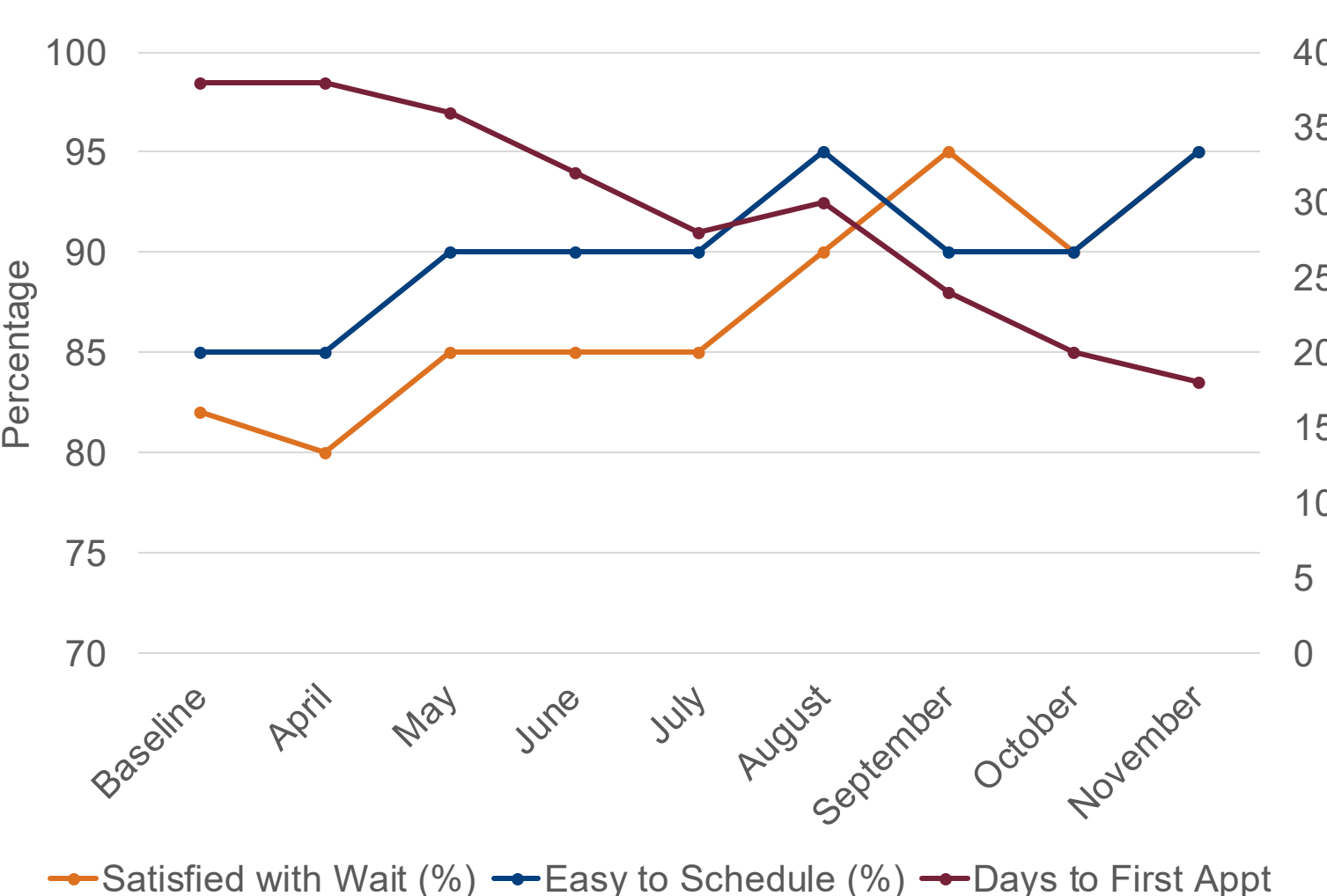


Figure 8: Patient Satisfaction versus Access Over Time



RESULTS (CONT.)

- Late cancellations averaged 17% (baseline 18%) from April–November 2025.
- When EFP was rolled out, all eligible patients were added to appropriate wait lists, which initially increased the number of patients on the wait list (from 87 in April to 143 in May).
- Administrative assistant assigned to EFP improved wait list management and scheduling.
- Patients unable to use EFP were flagged and prioritized for direct scheduling.
- Total slots filled increased from 51% (baseline) to 88% (November); Mean 83.3 (95% CI 81.9-84.6), $p < .001$.
- EFP filled 24% of slots by November (0% at baseline).
- EFP acceptance rates rose from 20.8% (April) to 27.3% (November); Press Ganey top box satisfaction with wait times improved from 82% to 95%; Mean 87.1 (95% CI 85.2-89), $P = .023$.
- Press Ganey top box ease of scheduling increased from 85% to 95%; Mean 91.9 (95% CI 90.7-93), $p < .001$.
- Days to first appointment decreased from 38 (baseline) to 18 (November); Mean 28.3 (95% CI 25.8-30.7) $p = .006$.
- The EFP program resulted in \$151,081 in recovered revenue over an 8-month period.

CONCLUSION

- Combining technology with dedicated staff support streamlines workflows and enhances patient care.
- Prioritizing non-digital users ensures equitable access to care.
- Ongoing process evaluation to sustain operational and patient satisfaction gains.
- Financial benefits can support further patient-centered innovations.
- Anticipated reduction in staff-initiated patient calls as EFP use increases.