

Improving Patient Access to Care: Change Concepts, Specific Changes, and Examples of Common Solutions

Five-Step Foundation

- 1) Set Access Aim; Consider the Gold Standard (Note below)
- 2) Measure Delay with Third-Next Available Appointment
- 3) Measure Demand, Supply, and Activity
- 4) Empanel Patients to a PCP
- 5) Measure Panel Size and Continuity with PCP

High-Leverage Changes (Make many changes simultaneously; it is not necessary to do these in order.)

CHANGE CONCEPT	CHANGES TO MAKE; IMPORTANT MEASURES	EXAMPLES OF COMMON SOLUTIONS
Match Supply and Demand daily and weekly	5 Supply/Demand measures: Learn, Use, and Take Action with <ul style="list-style-type: none"> ○ Panel Size (per provider/provider-based team) ○ Delay (Days till Third-Next Available Appt) ○ Demand (Appts scheduled per day/wk) ○ Supply (Available Regular Return Appts) ○ Activity (Appts Completed in a day/week) 	<ul style="list-style-type: none"> • Assign different staff, based on role and interest, to gather different measures. • Discuss measures regularly in improvement team or general staff meetings so everyone knows what they mean and why they matter.
Reduce Appointment Backlog (Intense effort: Existing providers add more capacity)	<ul style="list-style-type: none"> • Each provider agrees to see 1 to 3 more patients each day she is in clinic. MEASURE: Third-Next Available Appointment	<ul style="list-style-type: none"> • When patients call in for appointments, they are offered these additional slots to avoid adding to the end of the line of appointments into the future.
Simplify Appointment Types and Times	<ul style="list-style-type: none"> • Eliminate visit types one by one, to make schedule easy for patients to get in, and for staff. • Separate registration and paperwork steps from the provider visit time. • For time-consuming visit types, separate registration and paperwork time from provider appointment time and duration (eliminating need for special appt type). 	<ul style="list-style-type: none"> • As access improves, eliminate carve-outs for next-day access, or “urgent care.” • Eliminate different appointments for “new” patients, “women’s health,” etc. • Establish 1 “short” and 1 “long” appt type. • Do registration by phone the day before. • Give patients an appointment time that reflects time needed to do paperwork prior to seeing provider.

Contingency Planning	<ul style="list-style-type: none"> Plan for Supply Contingencies (provider vacations, medical leaves) Plan for Demand Contingencies (flu season, pediatrician school sports physicals) 	<ul style="list-style-type: none"> Have a plan for sharing work between providers when someone is out. e.g. who will do what for complex patients, who will cover urgent care needs of this panel Block a few days AFTER provider vacation, open these days while provider is out, to fill while she is gone. Host drop-in hours for school sports physicals
Reduce Demand for Unnecessary Visits	<ul style="list-style-type: none"> Extend Visit Intervals Max-pack visits: Handle urgent and preventive care tasks in one visit Comb schedules to eliminate non-necessary appointments Handle lab results and other information by phone, or with non-provider visits <p>MEASURES: Internal Demand, External Demand</p>	<ul style="list-style-type: none"> Extend visit intervals based on clinical guidelines. Do phone visits/check-ins with patients to save their time and your schedule. Do lab result notifications by phone. If you have care teams, schedule patients with non-provider care team members. Use group visits, including all-in-one chronic illness visits, drop-in group medical appts.
Optimize the Care Team	<ul style="list-style-type: none"> Spread work across team members Break a delay-causing visit step down into actions <ul style="list-style-type: none"> divide them up across all clinic staff test different solutions and steps Standardize all appointment work Standardize all non-appointment work <p>MEASURES: Cycle Time, Minutes Behind for Provider</p>	<ul style="list-style-type: none"> Establish a set process for handling patient forms, patient phone calls, refills, and other regular tasks, include the “who” for each step. List all activities for one appointment, and decide as a team who is ideal person to handle this task; change tasks around to support the ideal person doing each thing.
Assign and Manage Patient Panels	<ul style="list-style-type: none"> Each patient is assigned to a specific provider. Each provider-based team sees own patients Monitor panel capacity monthly, by provider (use demand numbers). Assign staff to partner with providers in regular care teams . <p>MEASURES: Panel capacity per provider FTE</p>	<ul style="list-style-type: none"> Use four-cut method to assign all patients. Use supply numbers in the schedule template to establish panel capacity. Analyze panel sizes monthly for each provider, to know who needs more/less. Front desk staff ask “who is your provider?” of patients, steers them to their own.
Manage (Maximize) Supply	<ul style="list-style-type: none"> Schedule providers to fit what patients need. 	<ul style="list-style-type: none"> For patients who don’t need frequent return

	<ul style="list-style-type: none"> • Don't park patients in the schedule just to keep tabs on them. • Don't give far-future appointments to people who won't or can't keep them. <p>MEASURES: Supply, Activity, No-Show Rate</p>	<p>visits, or who fail to show, develop panel management tasks to keep track of them without parking them in the schedule.</p> <ul style="list-style-type: none"> • Deploy provider supply to match demand patterns daily and weekly. • Do confirmation and troubleshooting calls with patients prior to visit. Help them attend.
<p>Look Before You Book: Smart Scheduling</p>	<ul style="list-style-type: none"> • Prebook appointments in a way that preserves same-day access once you get there. • Use data to see what your demand trends are, by day and by week. • MEASURES: Daily Demand, Weekly Demand 	<ul style="list-style-type: none"> • Schedule future appointments in the morning, to allow travel time for same-day visits in late morning or afternoon. • Unless the patient needs a certain day, schedule future appointments as much as possible on your practice's least-busy days.

A note about the Golden Standard Access Aim:

The benefits of ideal access can't be realized with simply a better-than-before delay, e.g. if we go from 20 days to 5 days. To end the days of triage, front-desk negotiations for overbooks, and saying "no, sorry, not today, and no, not tomorrow either" and other chaos we put patients and ourselves through, a practice must work hard to achieve and stay as close as possible to a 0-day delay.

Here are two examples of ways to phrase this Golden Aim:

"We will offer an appointment today to any of our patients for any reason, with his or her own primary provider or a team member."

"We will offer an appointment today, or on the next day the provider is in, to any patients for any reason with her or her own provider."



Clinica Action Plan for Managing Demand During Cold/Flu Season

1. Master Schedule all afternoon appts. each Monday.
2. Limit number of new patients entering the Clinic (Note: OB, COLA, Medicaid, Medicare, CHP+ are not considered new pts and should be provided an appt when they call).
3. When possible, schedule new pts with the providers that are not fully paneled.
4. Hold a Cold/Flu Cluster Visit the end of each day.
5. Train all staff involved in the cold/flu cluster on the flow of the cold/flu cluster prior to holding the first session.
6. Get all chronic patients in for their routine appt before January.
7. Get in as many WCC and Adults Well Exams as possible prior to January
8. Postpone the scheduling of annual adult and child well exams between January and March.
9. Be aware not to limit new pts and annual well exams until the demand for visits increases (this will keep backlog to a minimum).
10. Create posting to put out prior to cold/flu season telling patients to get in for well care before January
11. Coordinate a provider all staff education with all staff on “How to stay healthy during the cold/flu season”.
12. Encourage staff to get flu shots and post the Kaiser flu shot schedule.
13. Train nurses on how to do cold/flu assessment and documentation, so they can bring patients in for nurse assessment and then flip into a provider consult billable visit.
14. Train front desk staff on how to fill out and distribute back to work/school slip that indicates when the pt can go back to work (this process to include a pt education flyer that will be given to the pt at the time the back to work slip is handed out).
15. Put out Kleenex, face masks and hand sanitizer at front desk and on pods to deter the spread of germs and train staff on how to tell a pt that they need to put on a mask if the pt is coughing.
16. Add a message to the phone tree that informs pts on the signs/symptoms/treatment of cold/flu.
17. Create a poster, for the waiting/exam/group rooms and elevators, that reviews the symptoms of cold/flu, describes what pt can do to take care for self, and when pt should call to make an appt with a provider.
18. Manage patients needing birth control pills, so they don't need to come in for a well exam during cold/flu season
19. Post the “Wash your Hands” posting in all staff/pt bathrooms and break rooms.

20. Do flu shot walk in clinics and immunize as many pts as possible (consider Saturday shot clinics if need). Start walk in clinics in October each year.
21. Check with clinical team to determine what medical supplies we need to stock up on to be prepared for the increased demand during cold flu season.
22. Order extra medical supplies needed for cold and flu season
23. Do refresher training with staff on how to manage an infant in the clinic that is awaiting transport to the hospital (RSV).
24. Have a script for what staff should say to pts when they get upset that we wont test for H1N1
25. Post that we will not be testing for H1N1 unless warranted.
26. Get all staff that have direct pt contact fitted for face masks.
27. Retrain on EHR Quick visits for URI and Flu.
28. Add appropriate antivirals to medication module favorites.

Revised 9/15/10

Sustaining Advanced Access

Carolyn Shepherd

- Initial time to follow up appointment 4-5 weeks
- Time to well exam 6 weeks
- No-show rates 36%
- Started Advanced Access in 2000 in one clinic
- Spread to other clinics over 1 year
- Current time to 3rd any visit in flu season: 3 d
- Current no show rate 9%



Key Success Factors

- Engaged leadership
- Critical mass of engaged staff
- Plan for training and re-training
- Managing supply and demand
- Data, data, data



Engaged Leadership

- These concepts are not easy
- Panic is common
- Document and refer to your baseline data
- Remind people there is no return to the old scheduling strategy
- CEO, CFO, COO, CMO need to be on board
- Get the patient to help



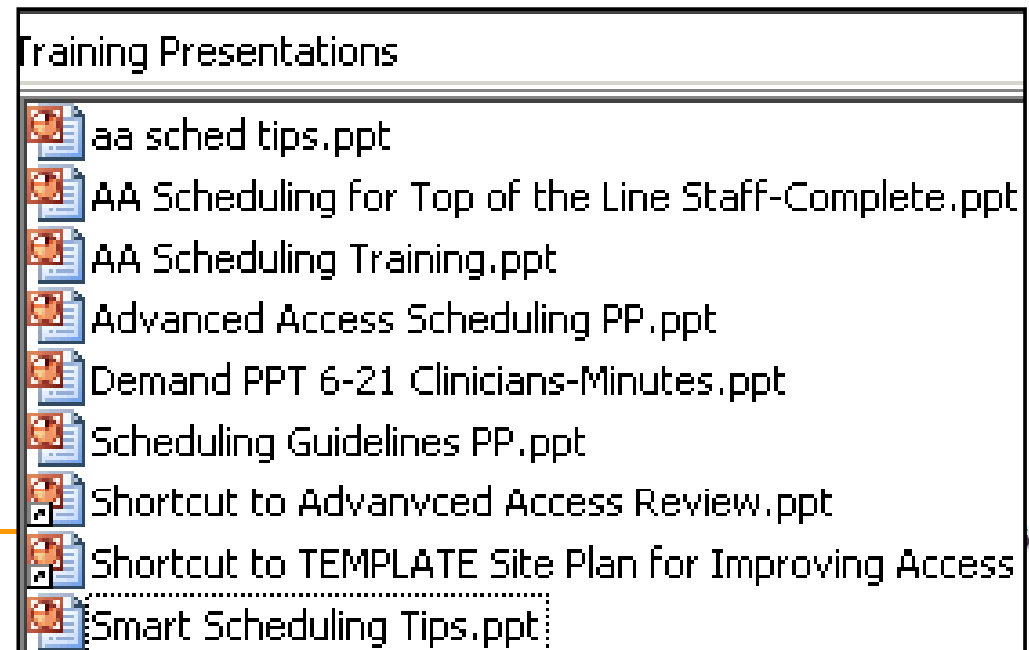
Critical Mass of Engaged Staff

- This is not a one person job
- Operations and clinical are critical
- The concepts are difficult for staff
- There are cycles that demand steady on line leadership
- If there is only one champion, they get weary
- Great place for a patient on your committee



Plan for Training and Retraining

- New employees think we are crazy
 - Full training as standard orientation
- Old employees forget the imperative
 - Share outcomes
 - Share patient satisfaction data
 - Forecast expected variation
 - Celebrate gains



Managing **Supply** and Demand

- Control high demand vacation times
 - Flu Season, Holidays and August back to school
- Schedule leave coordinated by team and site
- Adjust meeting schedules
- Increase nurse time for co-visits
- Scheduling FMLA when possible



Managing **Supply** and Demand

- Hiring in early so trained and ready
- Providers and nurses get flu vaccines
- Master schedule Mondays
- DIGMAs or Cluster visits on each pod in heavy seasons
- Accept 4th year medical students for rotations



Managing Supply and Demand

- Give as many flu shots as possible
- Adjust chronic care intervals
- Decrease unnecessary provider visits-excuses
- Insured patients get lab work done off-site
- Adjust periodic care to miss high season
 - Depo, PAPs, give extra birth control pills



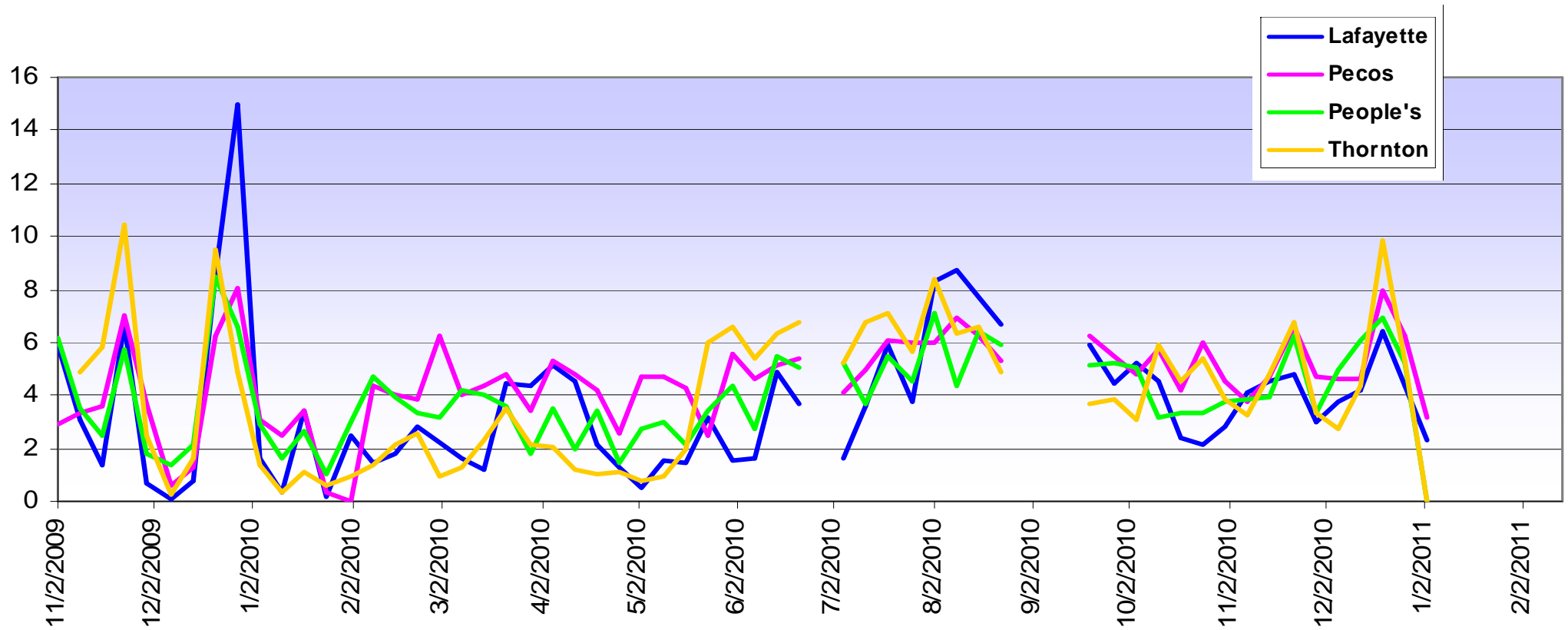
Managing Supply and Demand

- Stagger flu post cards
- Posters, flyers, phone care
- No routine OBs, WCC or newborns on Mondays
- Automatically create 4 and 5 y/o list March
- Do 4 and 5 year old well child checks in Apr/May/June



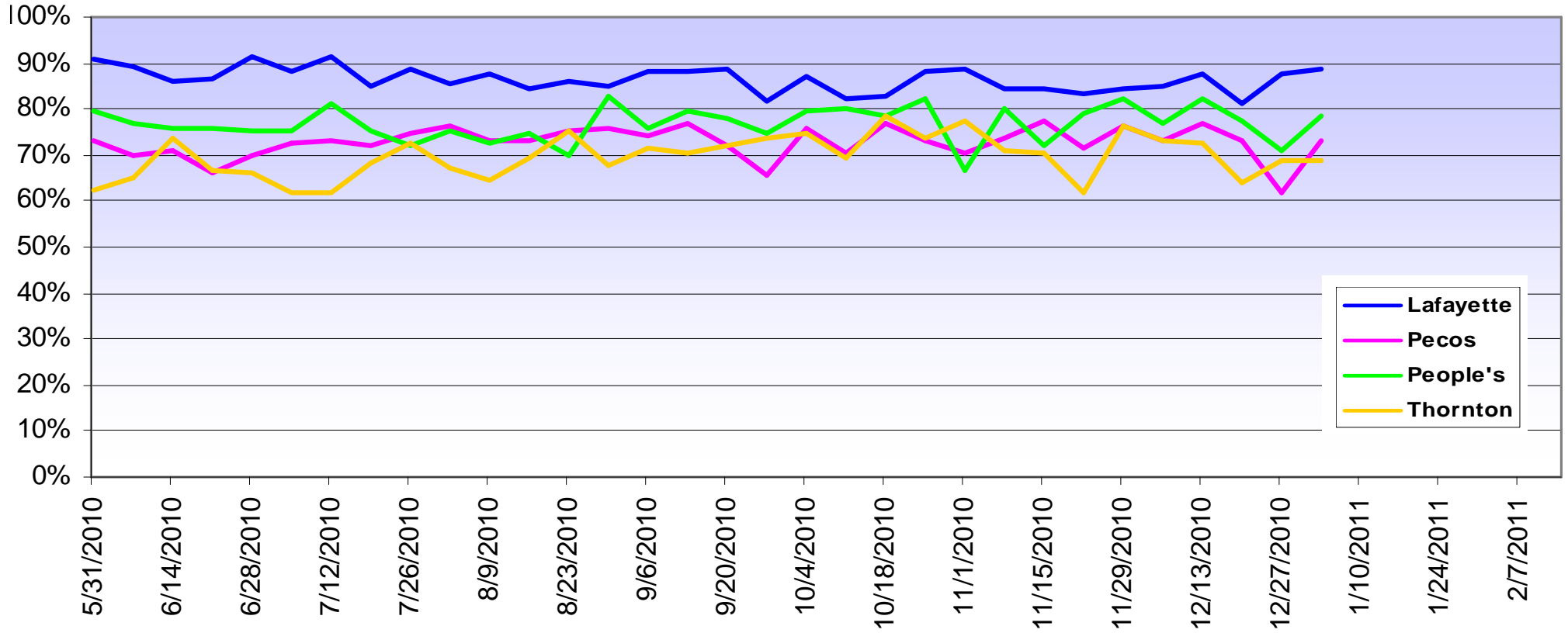
Data

Time to Third



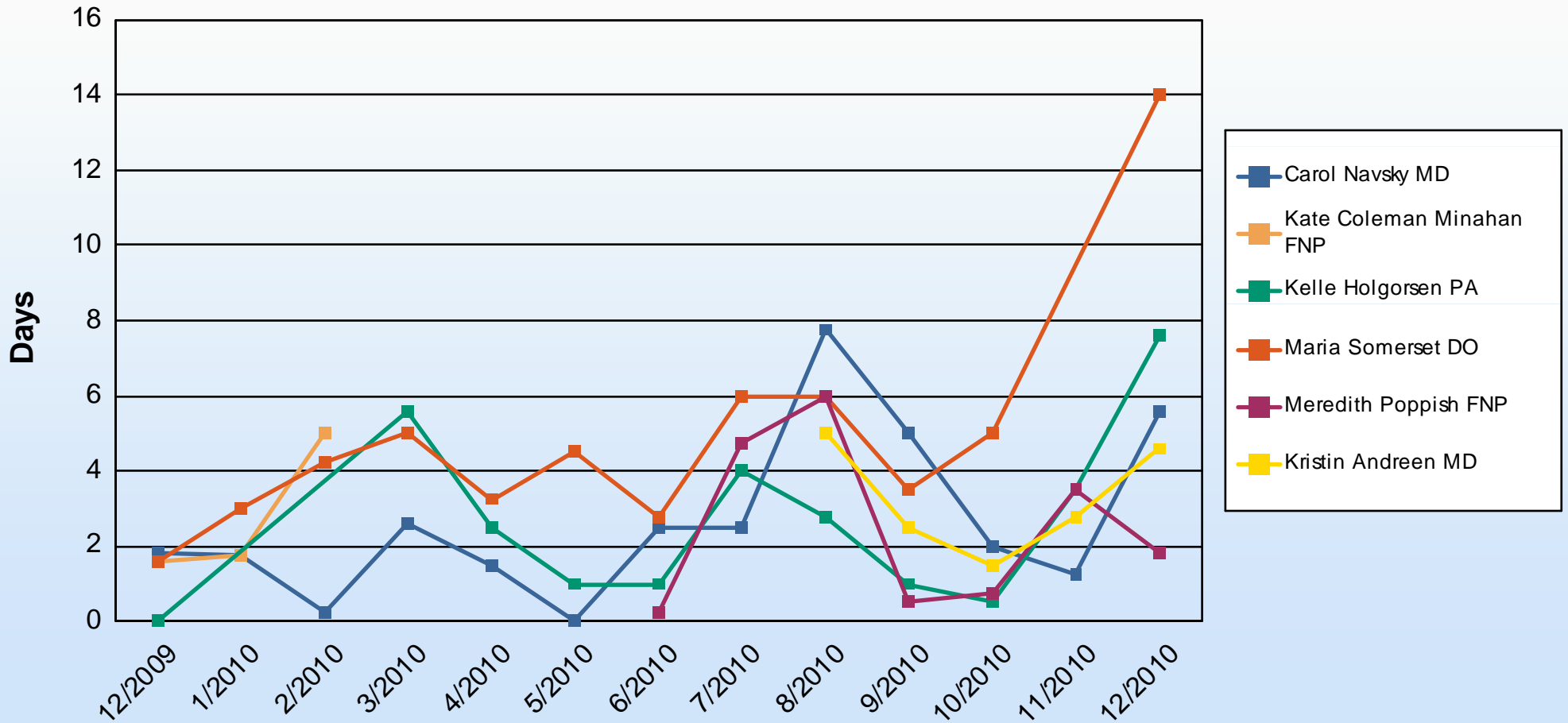
Data

Continuity Match %



Data

Time To Third by Month For Pecos - Orange



Data

Panel Size Report

Provider	Pod	FTE	Current Number of Patients	Goal (w/factor)	2010-3 Panel (adjusted)	2010-4 Panel (adjusted)	Over (Under)
<u>Lafayette</u>							
Himan, Julie	Purple	0.91	1077	1092	1,132	1,137	45
Keenan, Chris	Purple	0.50	683	600	681	711	111
Mitchell, Susan	Purple	0.75	985	900	1,035	1,016	116
Obrien, Daniel	Purple	0.80	785	980	780	812	(148)
Shepherd, John C	Purple-Gon	0	6	0	2	6	6
Boysen, Eric	Red	0.55	468	660	414	428	(232)
Funk, Karen	Red	0.60	808	720	831	829	109
Johnson, Jennifer	Red	0.60	867	720	921	901	181
Kamer, Mary	Red	0.65	885	780	901	884	104
Montok, Eileen	Red	0.68	809	816	795	794	(22)
Unassigned	No PCP		23		30	26	N/A
Total - Lafayette		6.04	7420	7248	7,530	7,572	270

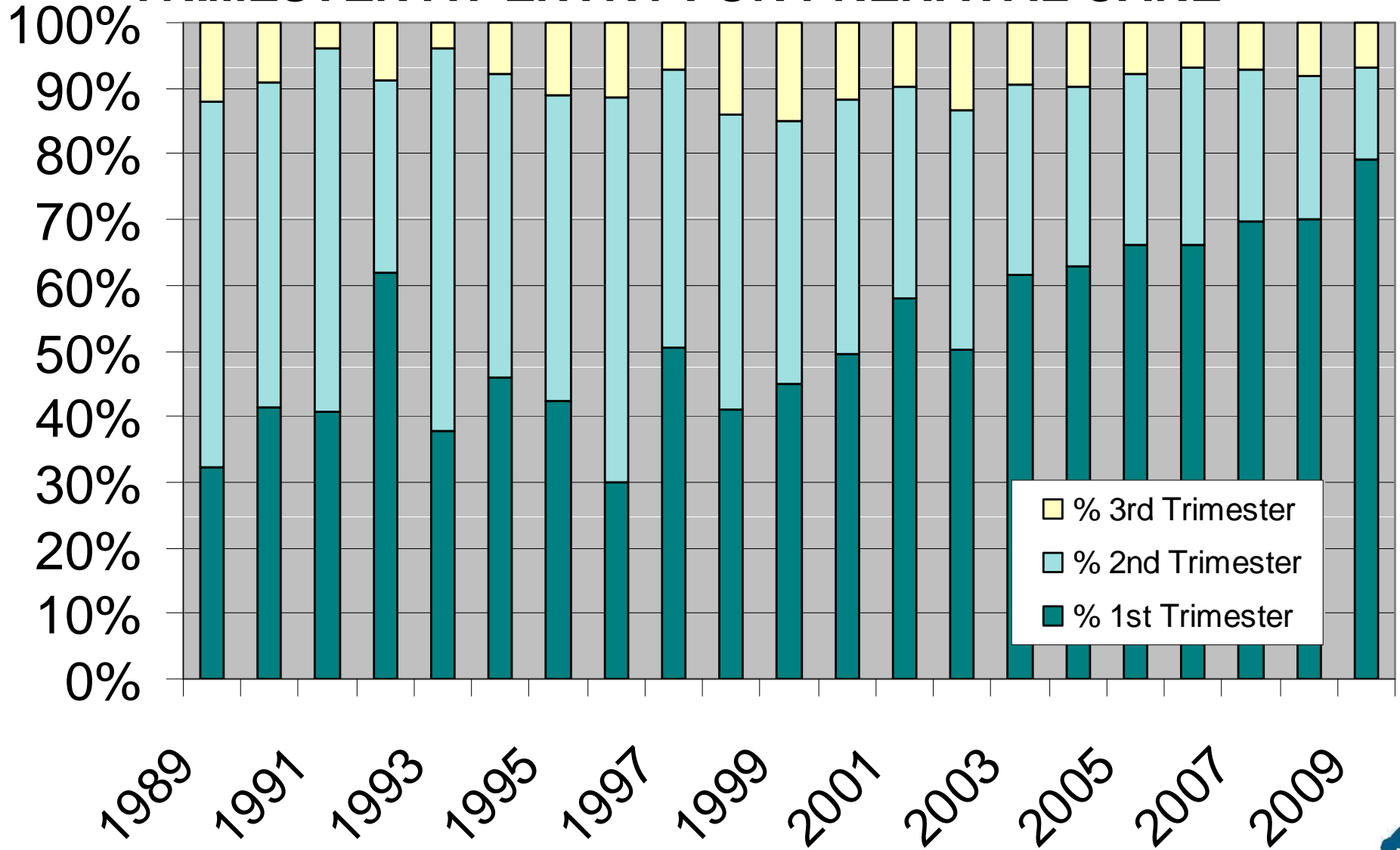
GOAL= less than 4% of patients unassigned

$$29/7420 = .04\%$$



Data

TRIMESTER AT ENTRY FOR PRENATAL CARE

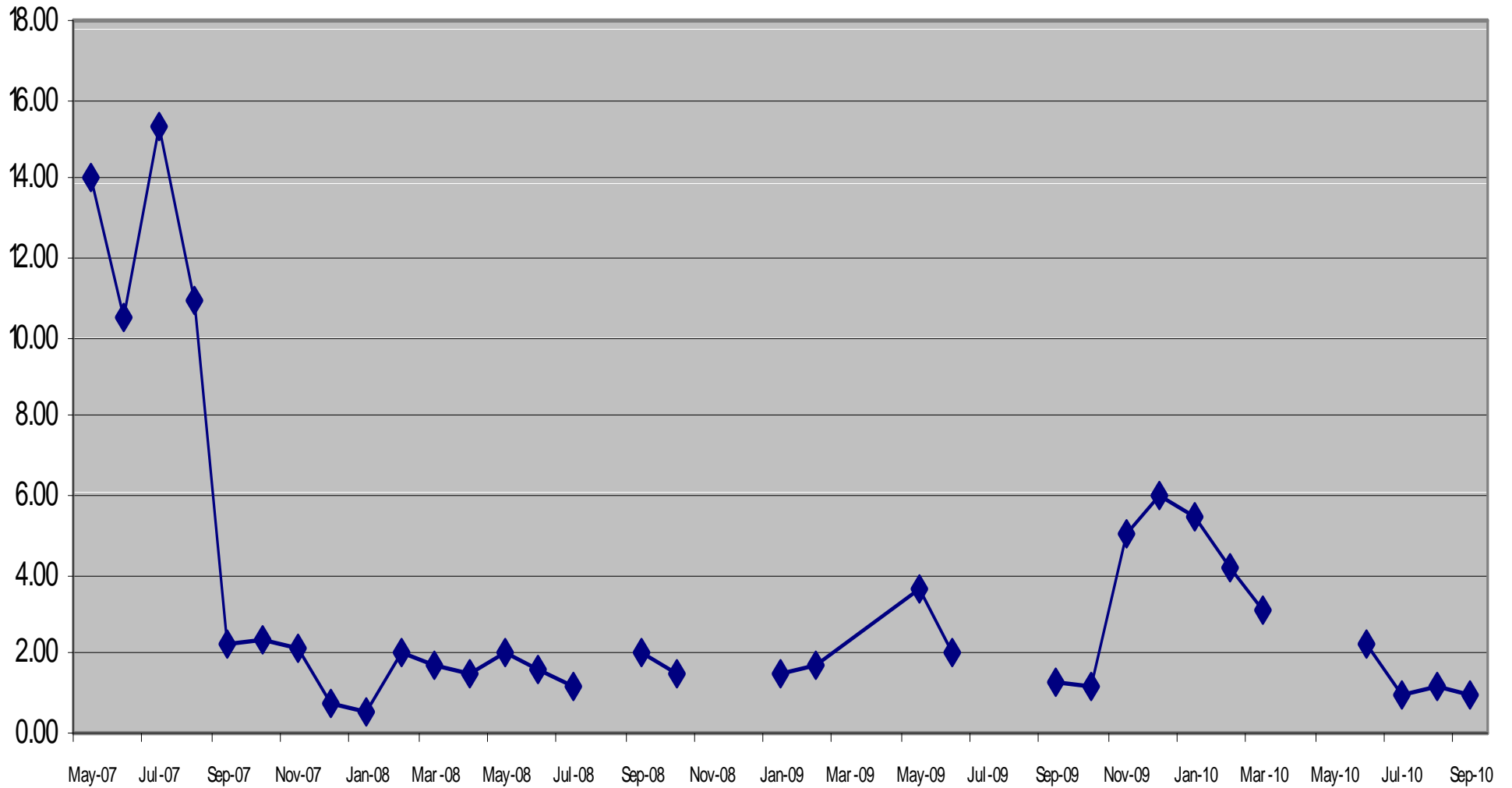


Improved Access to Care

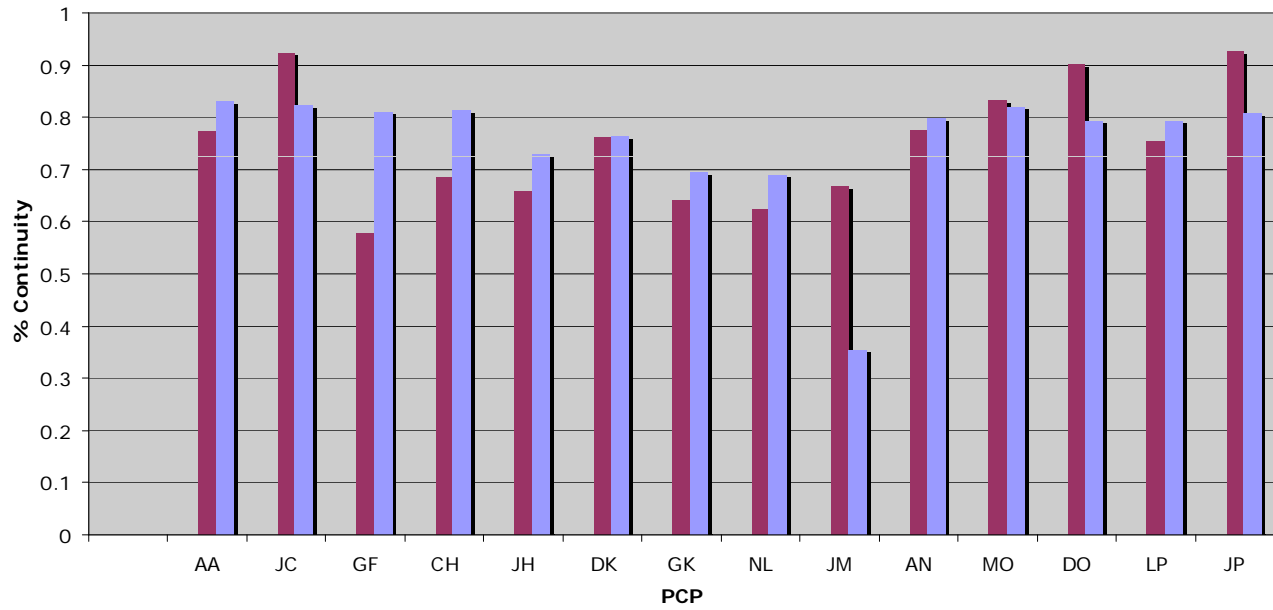
John Pendleton, MD
Associate Medical Director
Petaluma Health Center
2011 CHCF Patient Experience Conference



Petaluma Health Center FQHC
15,000 active patients
15 family medicine providers

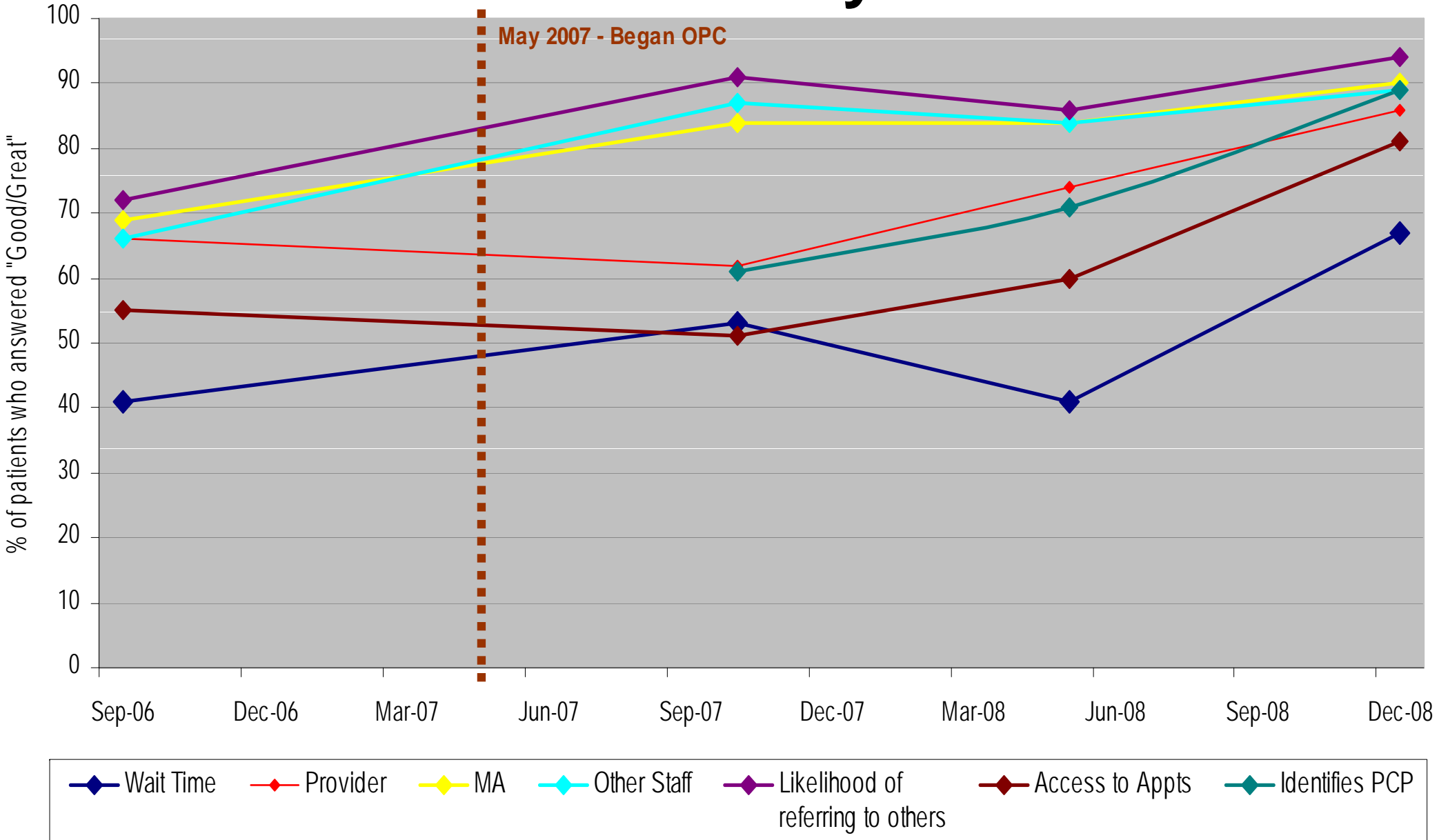


PHC - Continuity 9/08 - 3/09



- Percent of provider's encounters with panel
- Percent of encounters by panel with their PCP
- Percent of provider's encounters with panel

Patient Satisfaction Survey



Avoiding Failure

- Backlog will come back without fundamental change in organizational mindset and function surrounding:
 - appt types
 - acceptable patient wait times
 - continuity goals
 - ultra proactive supply and demand predictions
 - systems that can flex to meet variation
 - data maintenance and transparency
 - re-training
- Must have provider buy-in!!

Steps to Advanced Access

1. Collect supply and demand data
2. Study, fix and solidify panel sizes
3. Plan backlog reduction strategy
4. Plan maintenance strategy

Supply and Demand

- Are you just behind, or does demand greatly overmatch supply? Can you adjust demand?
- Don't start backlog reduction until you are sure you can maintain the gains.
- Measure daily the demand and supply for appointments by provider. How many are provider driven vs patient driven?

Dr. Happy

Date	Shift	Hours Worked	Potential Appts	Scheduled at 8am	Scheduled_ Same Day	Total Seen	Total Fail	Corrected Seen Per 4 Hour
8/3/2009	PM	4	12	11	6	12	5.00	12.00
8/3/2009	AM	4	12	13	1	10	4.00	10.00
8/4/2009	EV	3	9	6	2	6	2.00	8.00
8/4/2009	PM	4	12	12	2	9	5.00	9.00
8/5/2009	AM	4	12	14	2	12	4.00	12.00
8/6/2009	PM	4	12	14	1	13	2.00	13.00
8/6/2009	AM	4	12	15	1	14	2.00	14.00
8/7/2009	PM	4	12	14	3	13	4.00	13.00
Total	8	31	93	99	18	89	28.00	11.50

8am Summary Report - Medical Department

8/1/2009 to 8/17/2009

Date_shift	Total Seen	Potential Appts	Total Goal	Percent Goal	Percent Fail	Unfilled Appts	New Patients
Sat, 8/1/09	29	24	23	126.10	6.50	-5	2
Mon, 8/3/09	154	181	165	93.30	25.60	27	14
Tues, 8/4/09	151	166	165	91.50	14.70	15	5
Wed, 8/05/09	153	172	165	92.70	21.90	19	10
Thur, 8/06/09	131	148	165	79.40	24.30	17	2
Fri,8/07/09	143	139	138	103.60	19.70	-4	12
Sat, 8/08/09	19	33	23	82.60	40.60	14	3
Mon, 8/10/09	149	159	165	90.30	23.20	10	9
Tues, 8/11/09	132	163	165	80.00	33.30	31	8
Wed,8/12/09	169	176	165	102.40	20.70	7	10
Thur, 8/13/09	158	152	165	95.80	15.10	-6	7
Fri, 8/14/09	135	126	138	97.80	15.10	-9	14
Sat, 8/15/09	16	12	23	69.60	20.00	-4	1
Mon, 8/17/09	176	173	165	106.70	22.10	-3	13
Total Days - 14	1715	1824	1830	93.70%	21.70%	109	110

Panel Size

- Make them transparent
- Make them accessible at least monthly
- Give providers extra data about their panels – high utilizing patients, age distributions, disease types.

Panel size calculation

Hours worked per year X Visits per hour

divided by

Visits per patient per year

Keys To Backlog Reduction

- Keep backlog reduction as brief as possible
- Decrease demand and increase supply
- Celebrate and reward extra efforts

Decreasing Demand for Backlog Reduction

- Choose low demand months of year
- Thoroughly comb schedule for issues that can be met without an office visit
- Start extending follow up visit intervals months ahead of time and use phone or email followup
- Shift physicals to low demand times of year
- Use specialty groups/clinics for predictable demand surges
- Address multiple issues during same visit
- Consider brief reduction in new patients

Increasing Supply

- Extend clinic hours
- Use well trained locums or new hires
- Decrease administrative time, vacations and cme
- Support providers with extra MA or RN help during busy days
- See more visits!
- Watch the backlog melt away..

Maintaining Gains

- Scheduling system should be simple with few appt types to avoid unused supply
- Make sure systems in place to maintain the gains – how will system flex for busy days in the future? Cross-training, etc
- Continue many of demand reduction strategies used during backlog reduction
- Manage predictable yearly supply/demand flux
- Strong data management plan

Creating a Patient-Centered Clinic Through Improved Access to Care

Albert Yu, MD, MPH, MBA

Director, Chinatown Public Health Center

San Francisco Department of Public Health

Clinical Professor, Family and Community Medicine

UCSF School of Medicine

Patients have needs (*Demand*) that they expect their medical home to address efficiently (*Do Today's Work Today*) & effectively (*Improvement is Everyone's Work*).

- See my PCP when it is convenient to me & where I feel heard
- Receive effective treatment and understandable recommendations that can address my health needs
- Get advice when I cannot make it to my PCP's office
- See my results in a timely manner with clear explanations and appropriate actions
- Be able to communicate efficiently with my medical home
- Get refills, referrals or forms executed in a reasonable time frame and without errors
- Interact with courteous and professional staff

**Purpose: Why are you doing
what you aim to achieve?**

Shared Vision

- Does each staff at every level of the organization understand where the practice is going or what it wants to become?
- Are frontline staff involved in the process of defining this vision?
- Is the vision achievable, with clear milestones?
- Does the vision address this principle?
“Put staff and team in positions to succeed”

*“If you don’t know
where you are
going,
you will end up
somewhere else.”*

Yogi Berra

Executive Level Engagement

- ROI – enhanced patient satisfaction, access mandates, higher productivity, improved morale
- Create a high-performance “Change Team”
- Set clear expectations and goals
- Demand accountability
- Be patient and focus on results and purpose (patient-centered)
- Commit to putting staff in positions to succeed – right panel (workload), sufficient resources, adequate training & tools, and positive reward & feedback

PCP Engagement

Identify a physician champion who has the skills to:

- Gain the trust & confidence of other PCPs
- Reframe frustration into opportunities for collective problem-solving
- Challenge habits and dogma respectfully
- Help PCPs who feel “entitled” to reflect on personal attitudes, actions, and words
- Provide positive and consistent feedback for efforts and willingness
- Work with management and change team to assure sufficient resources

ROI – better care continuity, more predictable work flow, more fulfilling pt encounters, less cross coverage, better team support

Staff Level Engagement

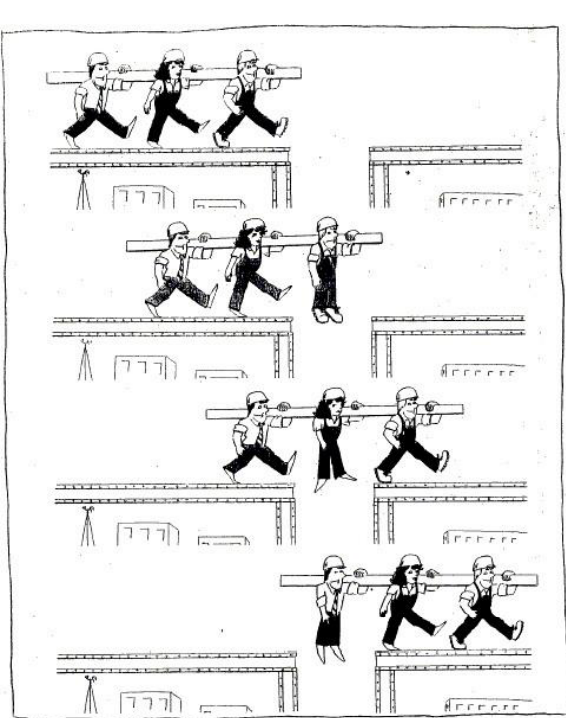
They must develop a trust that:

- Their ideas matter & will influence change plans.
- They can challenge PCPs/management/change team without reprimand as long as it is done respectfully.
- Their contributions as “team” members are valued.
- They will be given the necessary tools, trainings and time to master new roles and responsibilities.
- They will be rewarded and recognized for their efforts.
- They will be receive feedback on their performance.

ROI – apologize less to pts, don't have to deal with frustrated pts who can't get an appt, greater work satisfaction & professional growth

Change Team Engagement

- Select members who are:
 - Early adopters
 - Problem-solvers
 - Team players
 - Good communicators/listeners
 - Respected
- Must establish ground rules and commit each other to creating a truly cohesive team



A truly cohesive team...

Trusts one another



Engages in unfiltered **conflict** around ideas



Commits to decisions and plans of action



Holds one another **accountable** for delivering those plans



Focuses on the achievement of collective **results**

Maintain Regular and Open Communication

Be Prepared to Shift Resistance

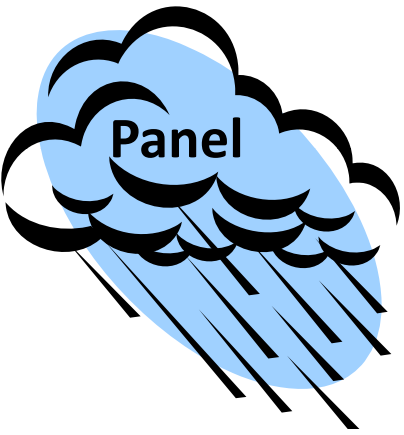
“Faced with the choice between changing one's mind and proving that there is no need to do so, almost everyone gets busy on the proof.”

John Kenneth Galbraith

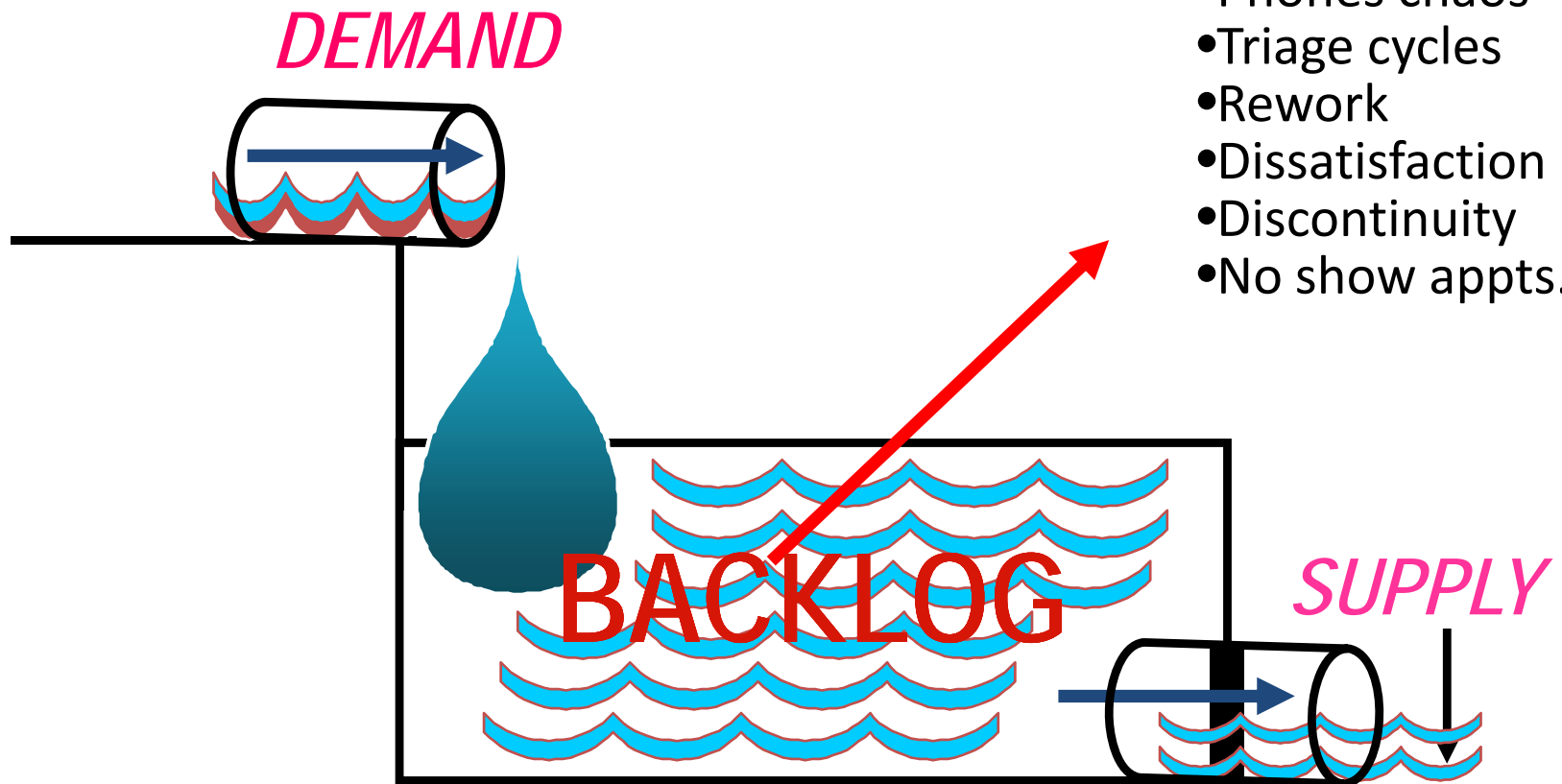
Stay Focused on Results

Celebrate and Reward Success

**Be Mindful to
Take Care of Each Other**



What Is Backlog?



Major Insight: Supply \geq Demand

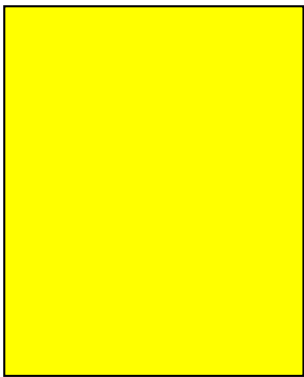
Working Down the Backlog

- Backlog is defined as... Waste and Inefficiency
- Measured by... TNAA & Future Open Capacity
- Created when... system cannot accommodate demand when supply (capacity) \geq demand
- Good backlog vs. bad backlog

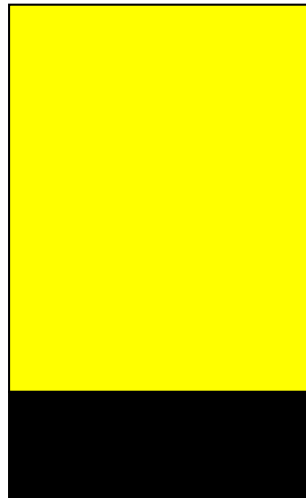
Future Open Capacity

- Determine how many appt slots a provider has within a specified period of time
- Count how many of these are open
- Divide the number of open slots by the total number of slots (filled and unfilled)
- Express this number as a percent
- 150 open slots in next four weeks
- 70 of these are open
- $70/150=.466$
- Future open capacity =46%

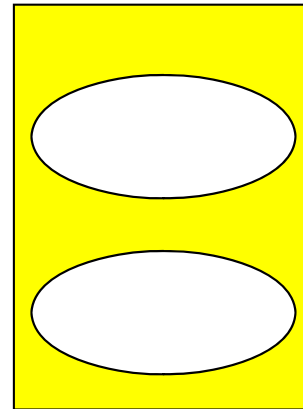
Conversion Strategies to Reduce Backlog



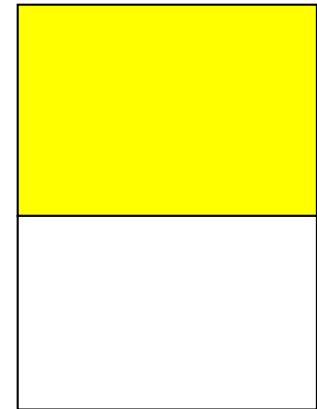
Full schedule



Add new capacity



Fill holes in schedule



Increase open space within existing template



Peace
on Earth

From Colleen and Barack

Yes, We Can!

**But it is harder and
more stressful than we
anticipated.**

**And we have to stay
focused on our
“purpose” and sustain
our gains!**