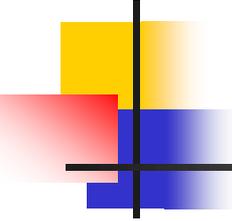


Advanced Access; What's it All About?

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Objectives

- Discover the basic principles behind dramatic access improvement using the Advanced Access model.
- Recognize 3 basic access models and where your clinic fits in this continuum.
- Explore examples from other primary care sites, including IHS sites.

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"Mind your own business! This is how I like it."

“I had to think about this for awhile before I jumped in. I realized everything in medicine has changed steadily constantly looking for better ways to diagnose and treat patients. But, office flow has stayed the same for 50 years. It is about time we pay attention to it.” Patrick Macken M.D., nephrologist, Luther Middlefort

Waiting list of 4 months for 26 years eliminated in four months—50% now booked same day, 50% next day

- Phone abandoned rate reduced from 20% to <1%**
- Protocols to refill common meds**
- Anticipate need for x-rays, complete pre-visit**

“Minor changes in flow can help greatly with a very busy schedule”

—Steve Smith M.D., West Olympia Eye Services

**3rd next available 15 days to 5 days in
4 months...**

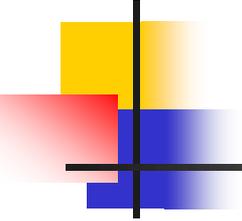
- Reduced appointment types from 7 to 3**
- Refraction and entry testing delegated to technicians**
- Start on time**
- Chart preparation the day before**
- Pre-history form**
- Huddles**

“I have seen that it works in other places so we have adapted the principles in our service.”

**Marc Lowe M.D., Urology,
Group Health Cooperative**

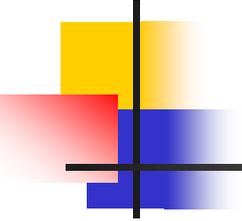
Achieved access goals in 5 months.

- **Phone abandoned rate reduced 25% to 5%**
- **Late and missing encounter forms reduced from 151 per month to 0 in four months**
- **Standardized exam rooms and stocking lists**
- **Patient clinic discharge form allows MA/LPN to complete visit and fill out majority of paperwork**



What if....

**...you could offer your patients
an appointment with the
physician of their choice at a
time that was convenient for
them?**



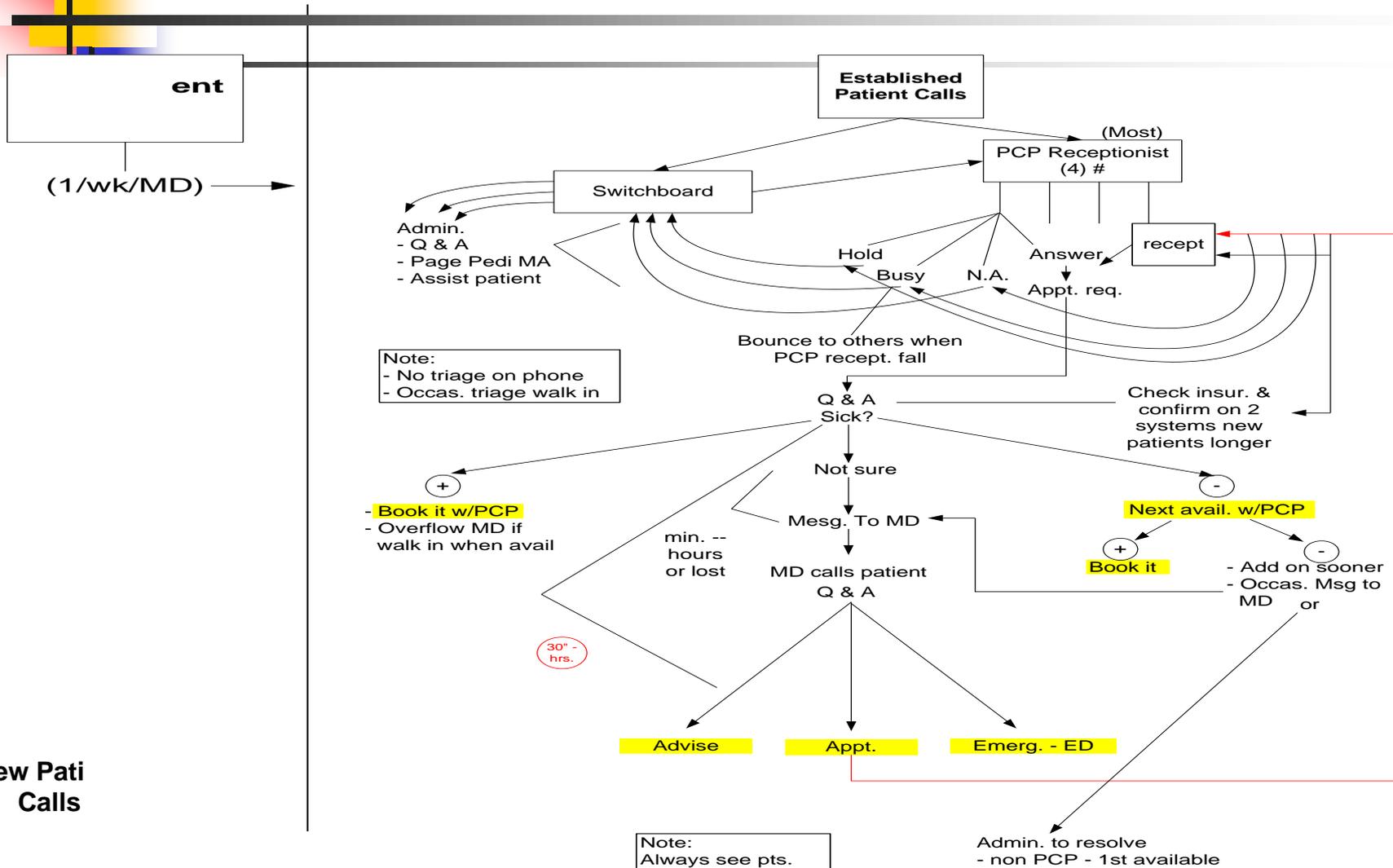
Access

An access problem is...

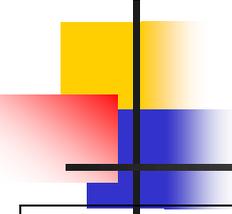
Delay problem

System property

The longer patients/families wait, The harder we work....



New Pati
Calls



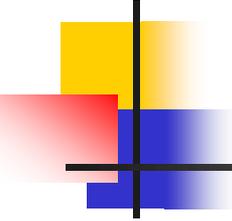
Advanced Access

AA is...

- **No delays for an appointment.**
- **CONTINUITY for patients and providers.**
- **Doing today's work today**

AA is Not...

- **Holding appts in anticipation of same day urgent demand.**
- **A Walk in Clinic or Urgent Care Clinic.**
- **100% open schedule each day**
- **Telling pts to all back tomorrow**



Advanced Access is the
ability of a practice to...

**...Offer patients/families
an appointment with the
provider of their choice
at a time that is
convenient for them.**

Start with an Aim

The Gold Standard

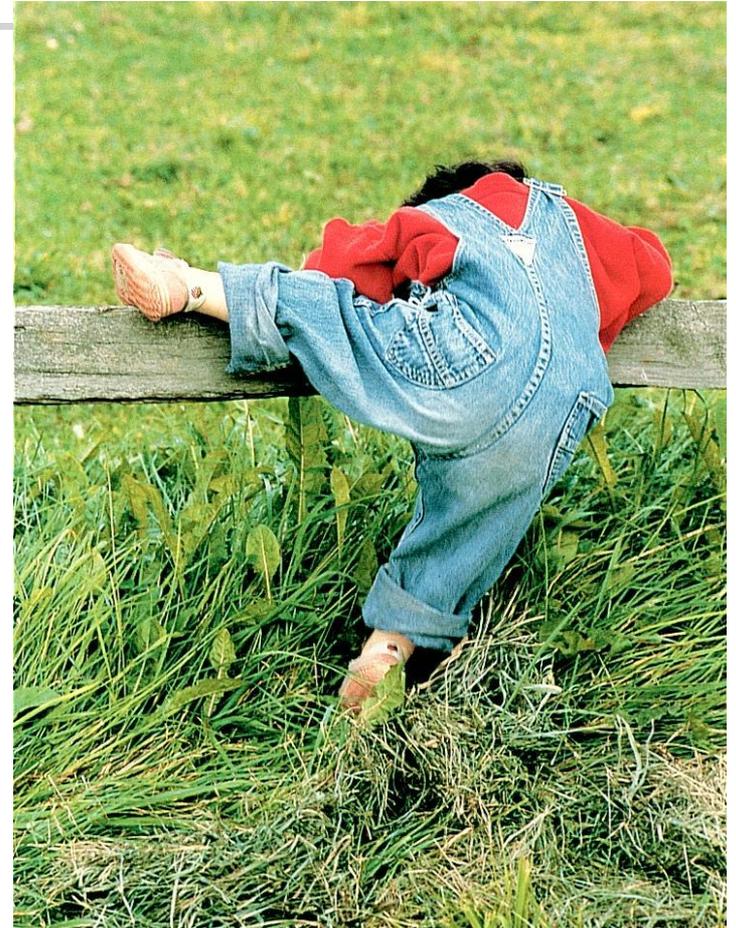
Primary Care:

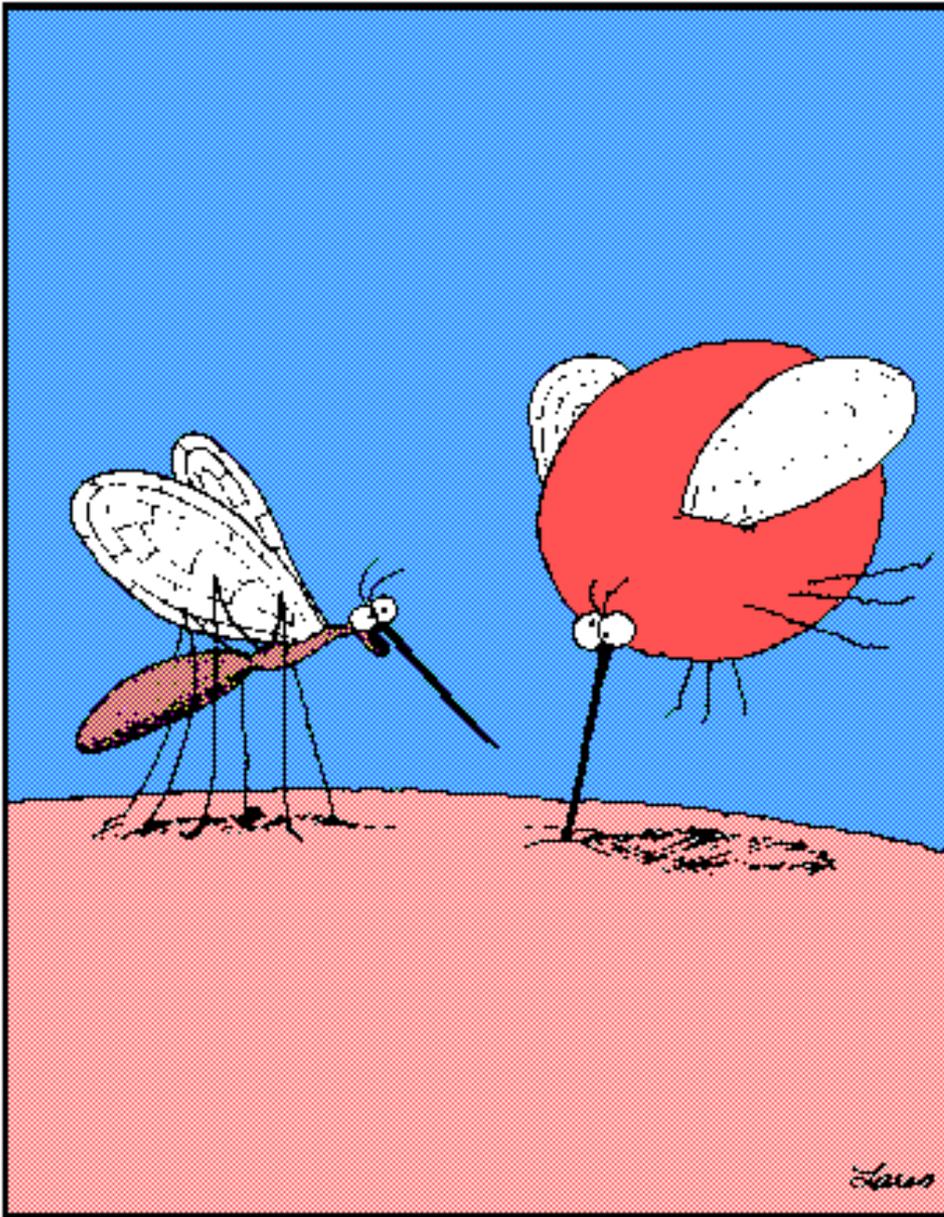
Offer an appointment today for any problem (urgent or routine) with the PCP or teammate in the absence of the PCP.*

Specialty Care

Offer an appt this week for any problem (urgent or routine) with the specialist of record or teammate in the absence of the specialist of record.

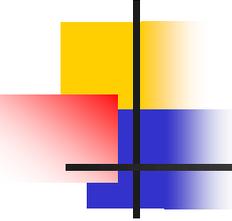
WHY???





**Feeling
overwhelmed?**

"Pull out, Betty! Pull out! . . . You've hit an artery!"



Gold Standard; Why Today ????

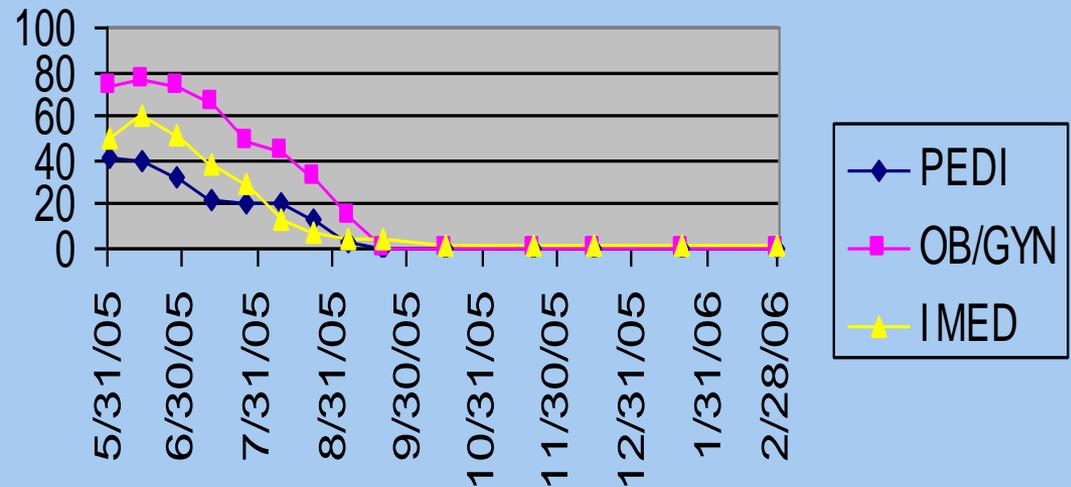
Constant tension between medical definition of Urgent and patient definition.

- Nice for pts.
- **Transformative** for the practice
- Room to grow practice TODAY.
- Competitive advantage

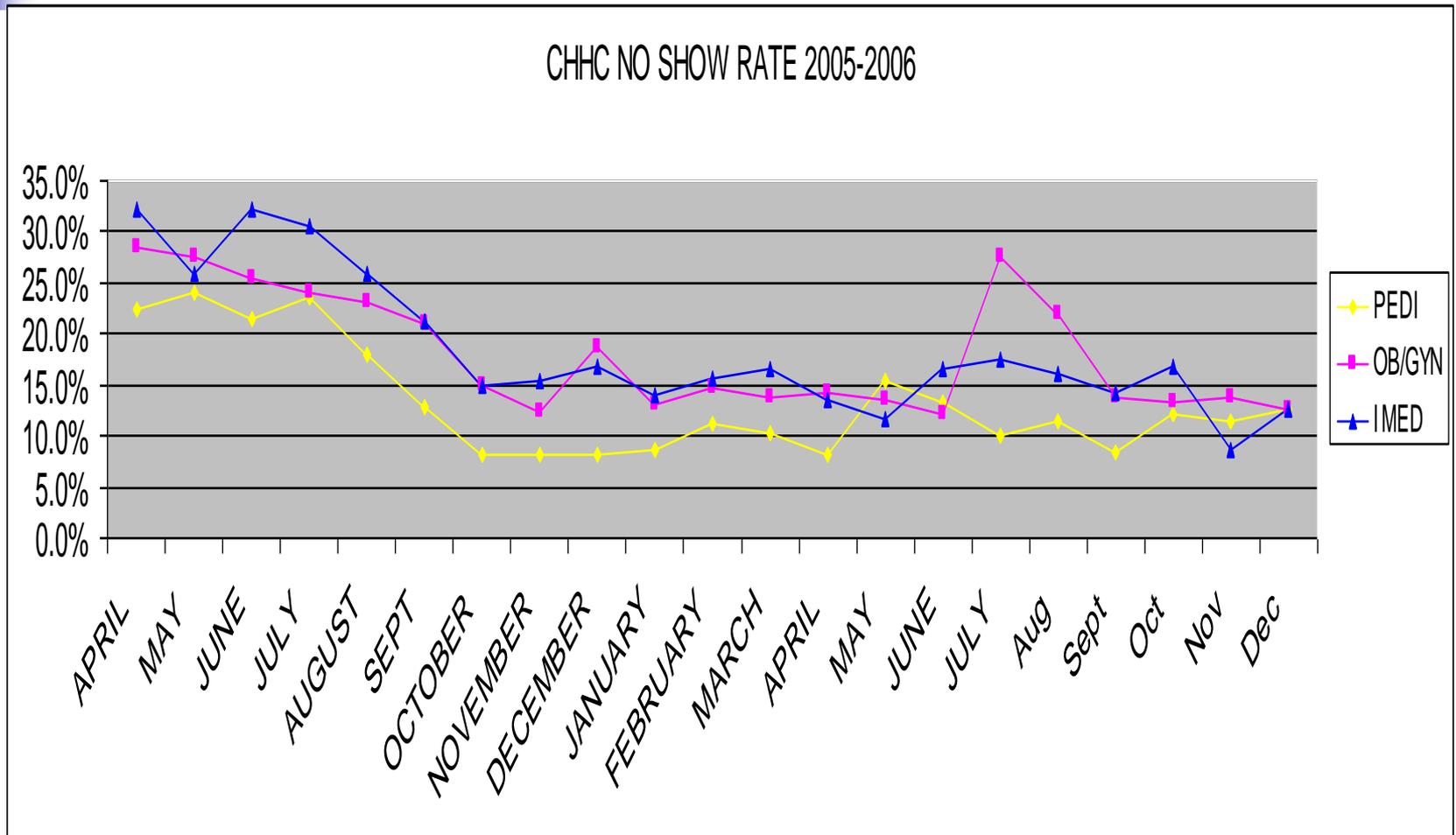
Advanced Access

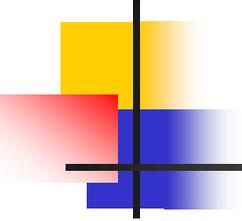
- Innovative model
- Primary, specialty care x 15 years.
- System wide applications

NUMBER OF CALENDAR DAYS UNTIL 3RD APPT



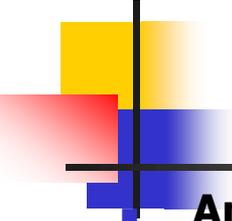
Capitol Hill CHC Providence, Rhode Island Decrease No Show rate





Delay

**What's a
“3rd Next Available”?**



3rd next available appt...

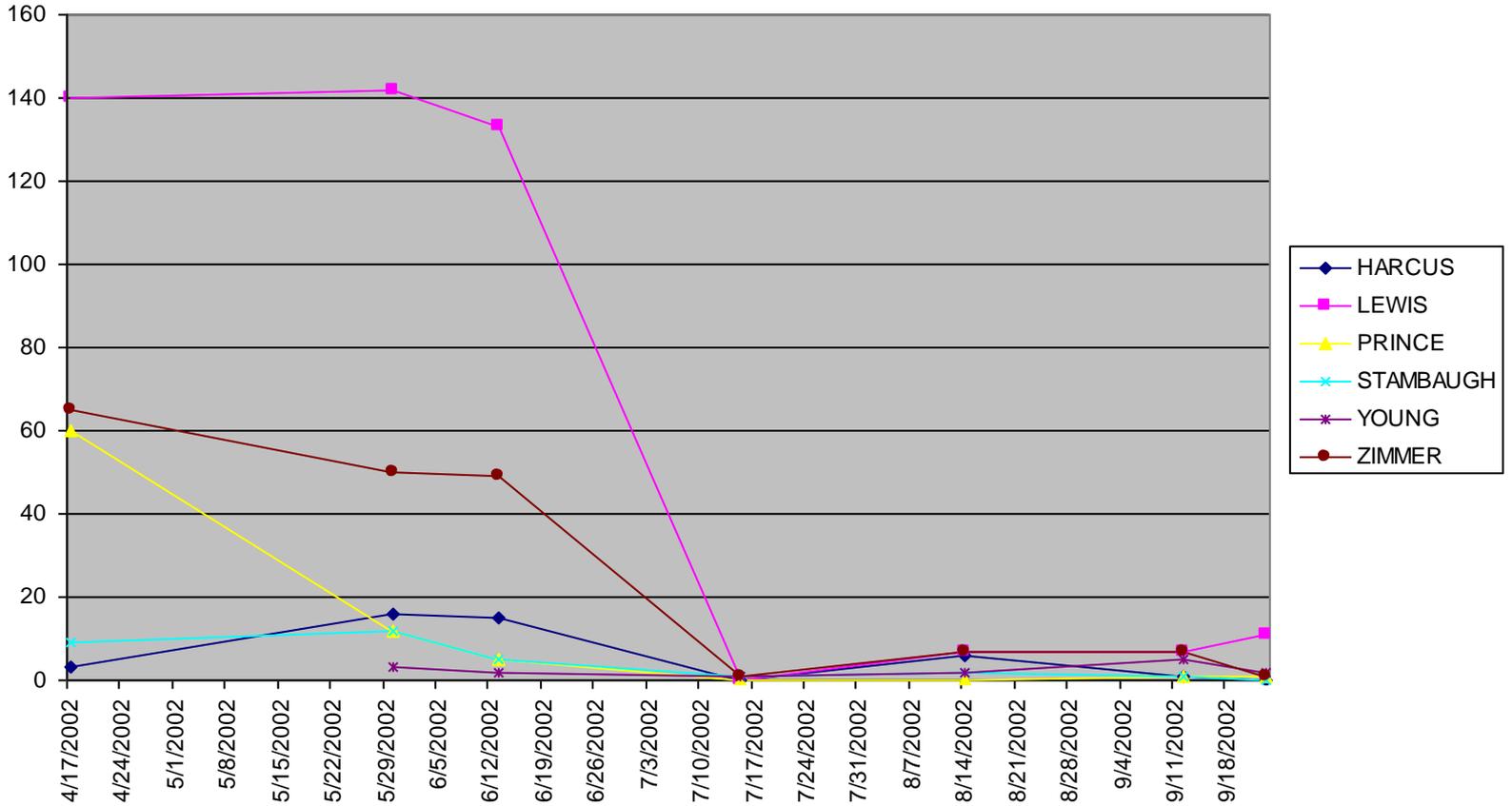
■ **Anchor Measure for Access**

■ **Delay for a Routine Appointment**

- Number of *calendar days* to third next available routine appointment.
- Pick appt type or length most delayed (physical?) to track
- Or, measure Long appts and Short appts. If that is more meaningful to you.
- 3rd Next Available is a more reliable reflection of your system's availability. The first or second appointment likely due to cancellation or other random event.
- Use your scheduling system (whether it is computerized or manual) to count the number of days from today to the day when the third next appointment is available.
- Measure the third next available appointment for **each PCP** on your clinical team.
- Measure same day and time each week ... 7:30 Monday morning is good.
- Plot the number of calendar days to the third next available appointment each week
- An example of a Delay run chart

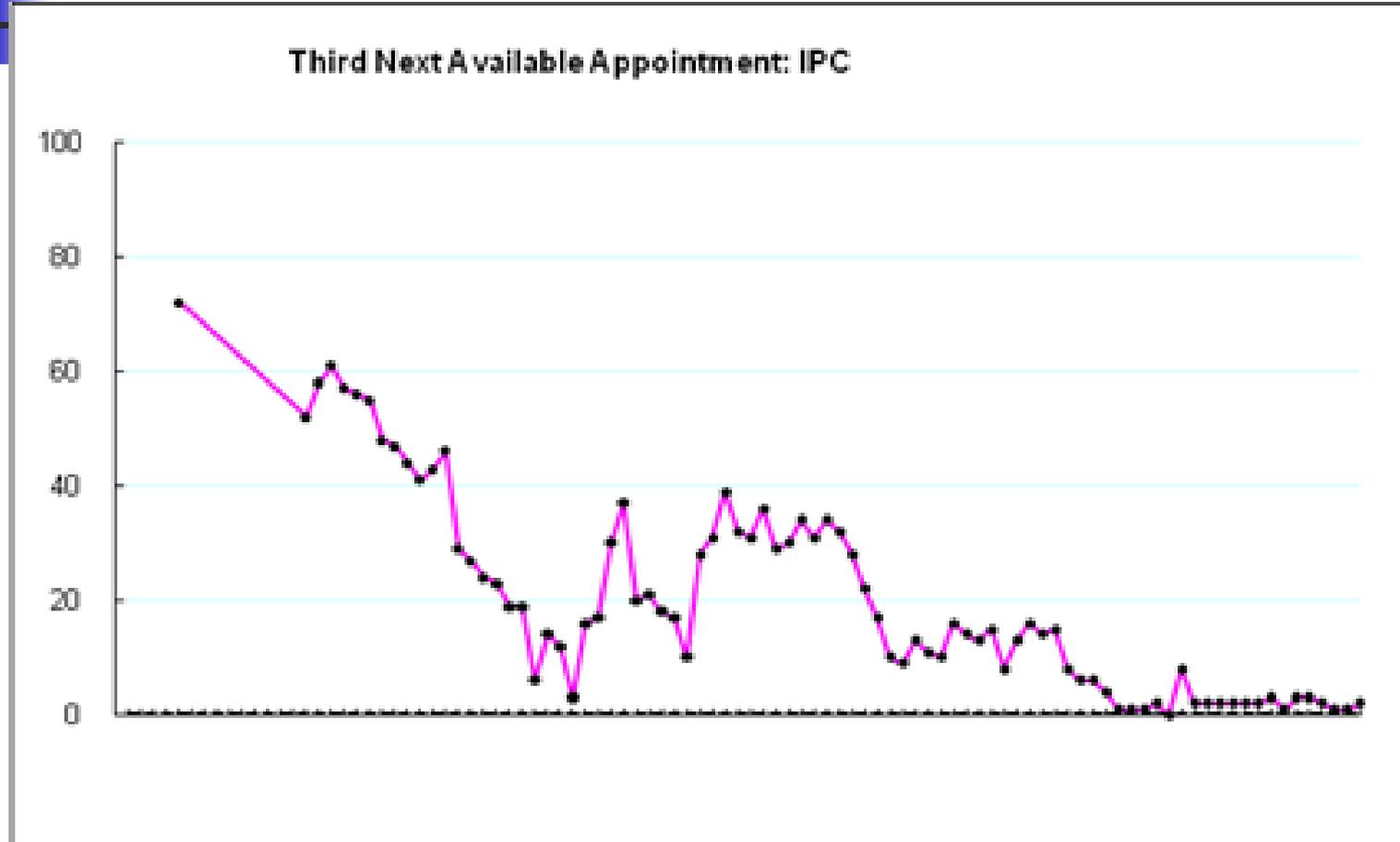
3rd NEXT AVAILABLE PHYSICAL

Carillion Medical Group Team 1



IPC2 White Earth

source: Lori Sampson

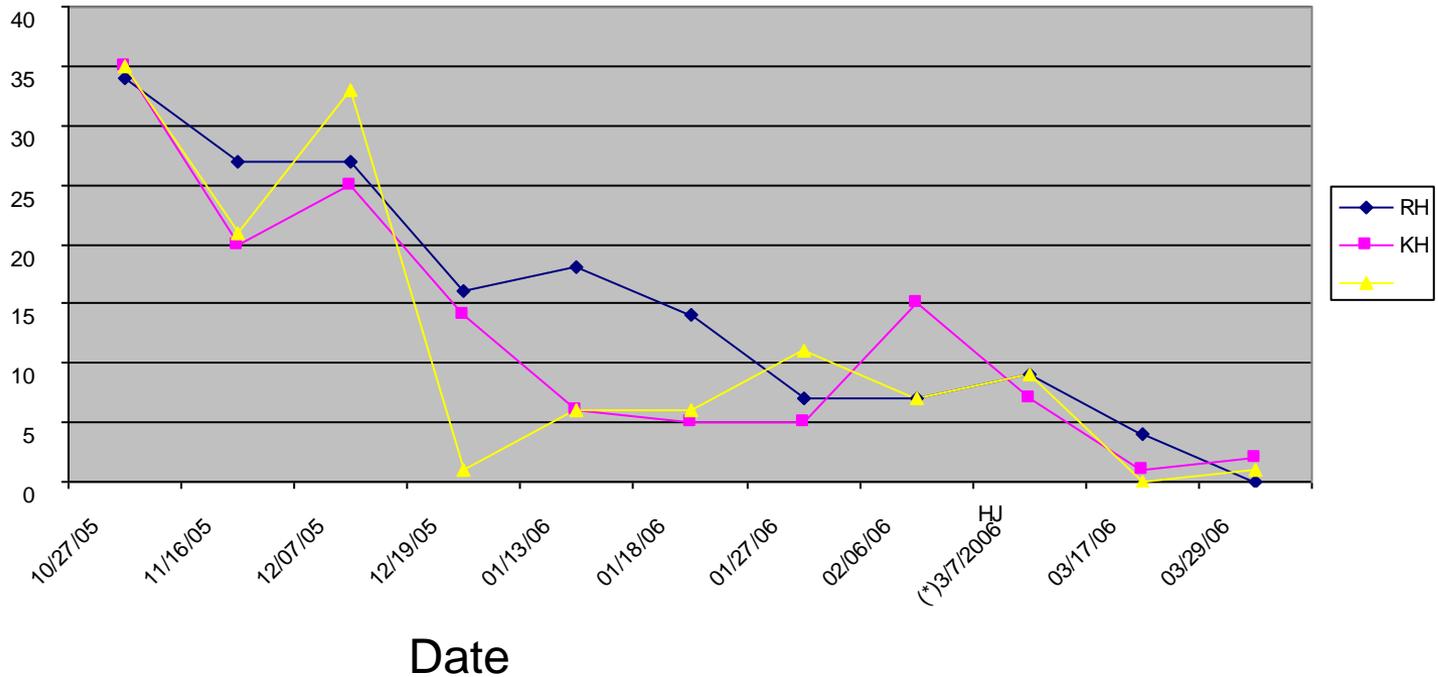


YKHC Physical Therapy Reduction in Delays for Appointments

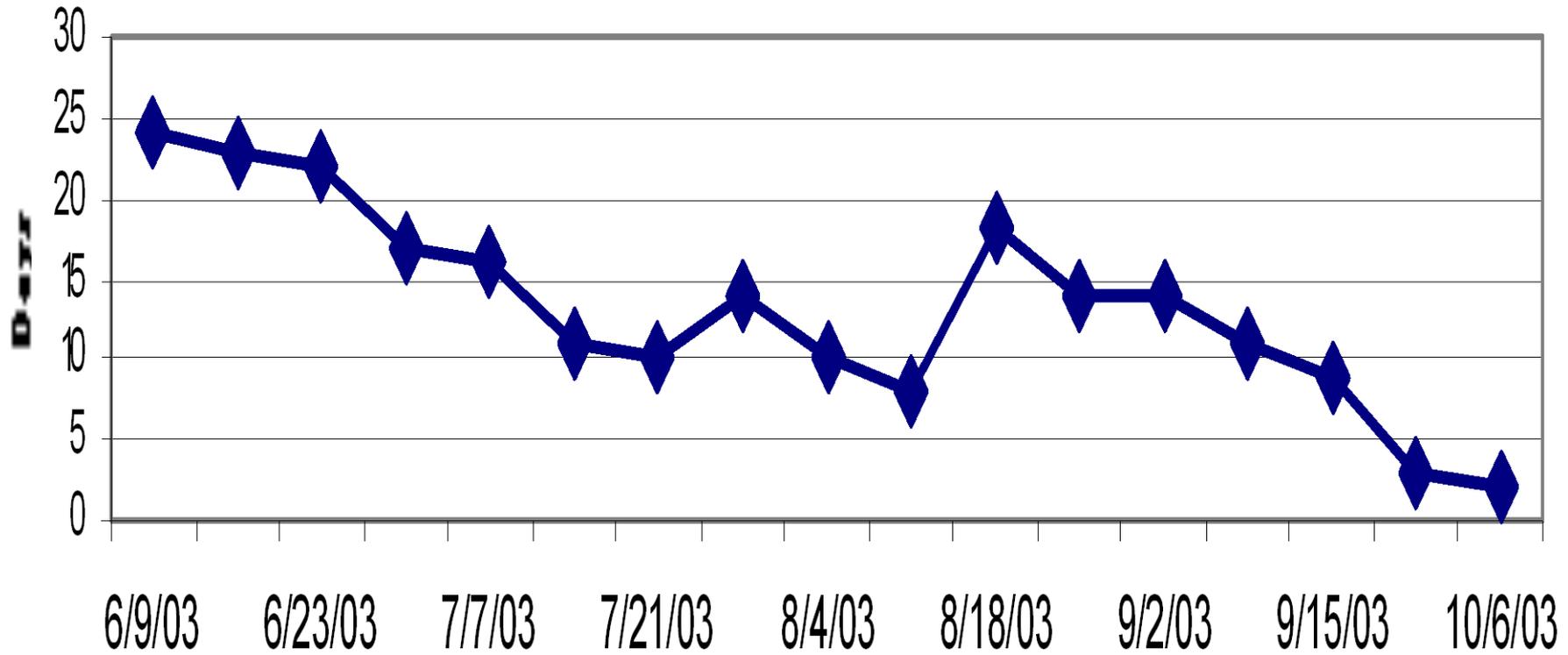
Stopped serial
Booking of
returns

Third next appointment -PT

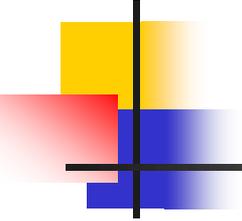
No. of
Days



Radiology -Hospital Mammo 3N/A Appt



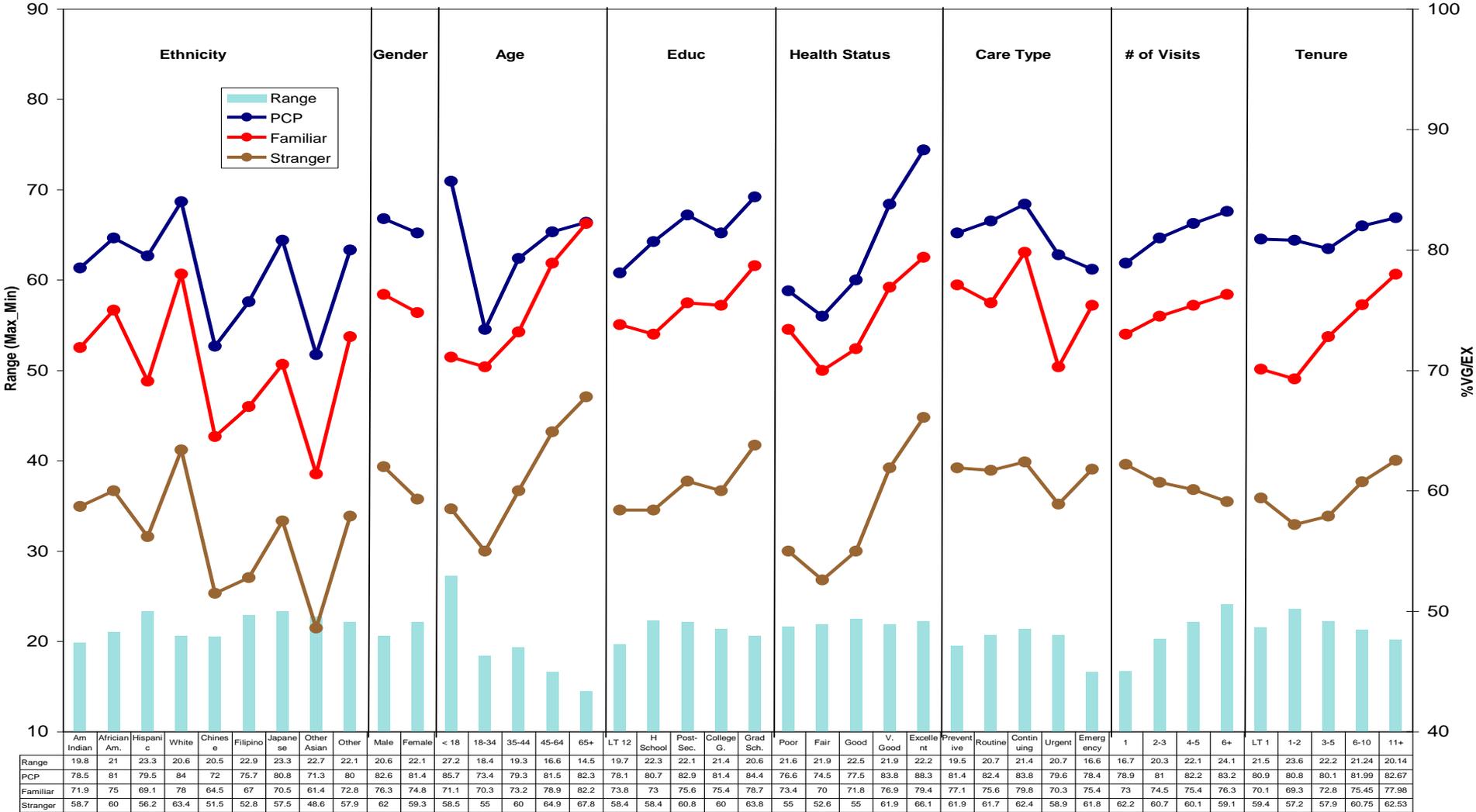
Critical Access Design Elements

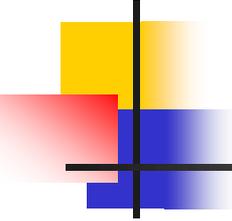


- 1. Continuity / familiarity**
- 2. Appointment capacity**
- 3. Demand and Supply equilibrium**

1. Continuity Satisfaction Ratings

Comparison of Provider Ratings (Qs 56- 65) by Demographics 1996





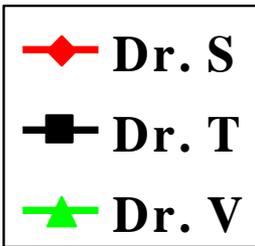
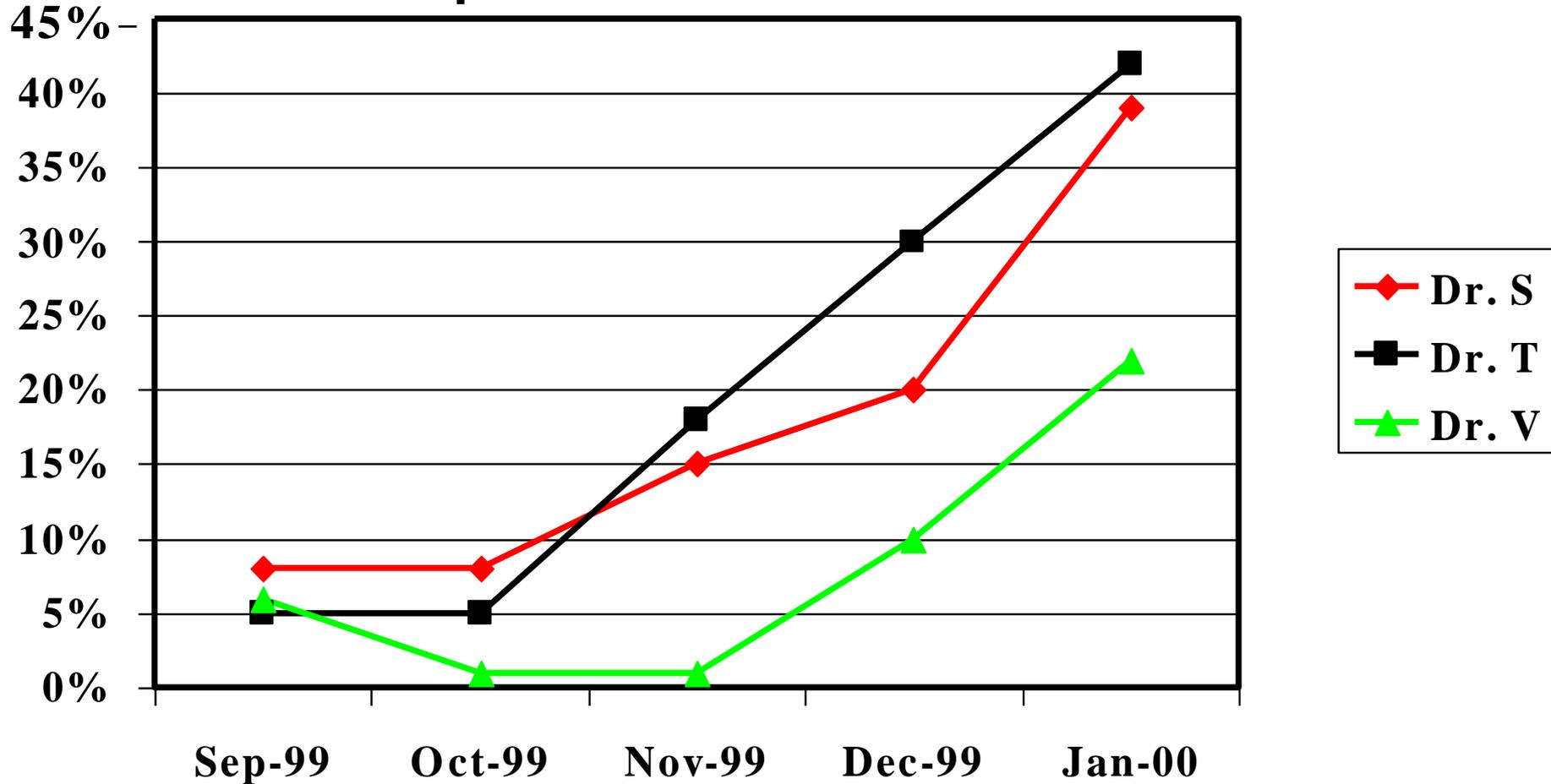
Delays decrease Continuity

Poor Continuity results in....

- More hospitalizations
- Longer Length of Stay
- More referrals to specialists
- More prescriptions
- More ED visits
- More studies
- Increase Demand
- More costs for everyone

2. Capacity

% Open Next Four Weeks



3. Demand and Supply Equilibrium

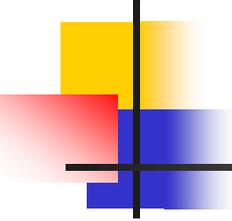
- No Shows
- Triage
- Rework
- Call backs
- Messages
- Testing
- Rx's

Demand



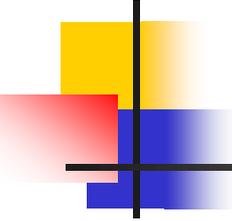
Supply

Evidence of a stable reservoir ???



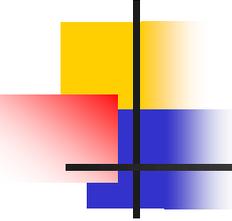
Access Continuum

- **Traditional Model**
- **Carve Out Model**
- **Advanced Access Model**



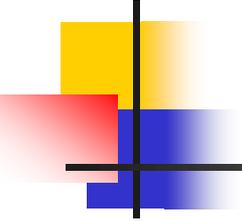
Traditional Model

- **Saturated schedules**
- **Triage & rework use expensive resources (MD and RN)**
- **Multiple appointment types**
- **Urgent , Routine juggled**
- **Capacity: Overbook and over there**
- **Continuity: delayed**



Carve Out Model

- **Predict demand for Urgent**
- **Reserve space for Urgent demand (carve out)**
- **Routines delayed; no space for intermediate care**
- **Continuity: fair to poor**
- **Capacity: Future filled or held**

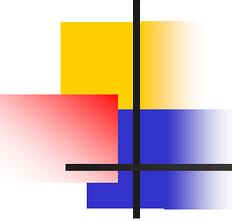


Carve Out Model

Flaws

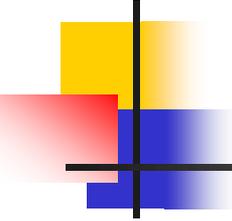
- Call back
- Black market
- Self – destruct

“Do some of today’s work today”



Advanced Access

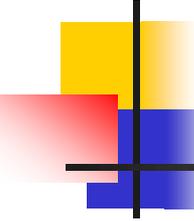
- **Paradigm shift: No distinction between Urgent & Routine**
- **Evidence of stable reservoir**
- **Backlog eliminated (good vs. bad)**
- **Continuity: System property**
- **Capacity: Future is open**
- **Push vs. pull**



Advanced Access

- **Fears:**
 - **Saturated schedules**
 - **Demand is insatiable**
 - **Panel size**
- **Pitfalls:**
 - **Panel size**
 - **Supply side variation**

“Do today’s work today.”

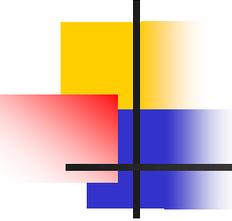


Traditional and Carve-outs

In order to protect today, we push work to tomorrow.

Advanced Access

In order to protect tomorrow, we pull work into today.

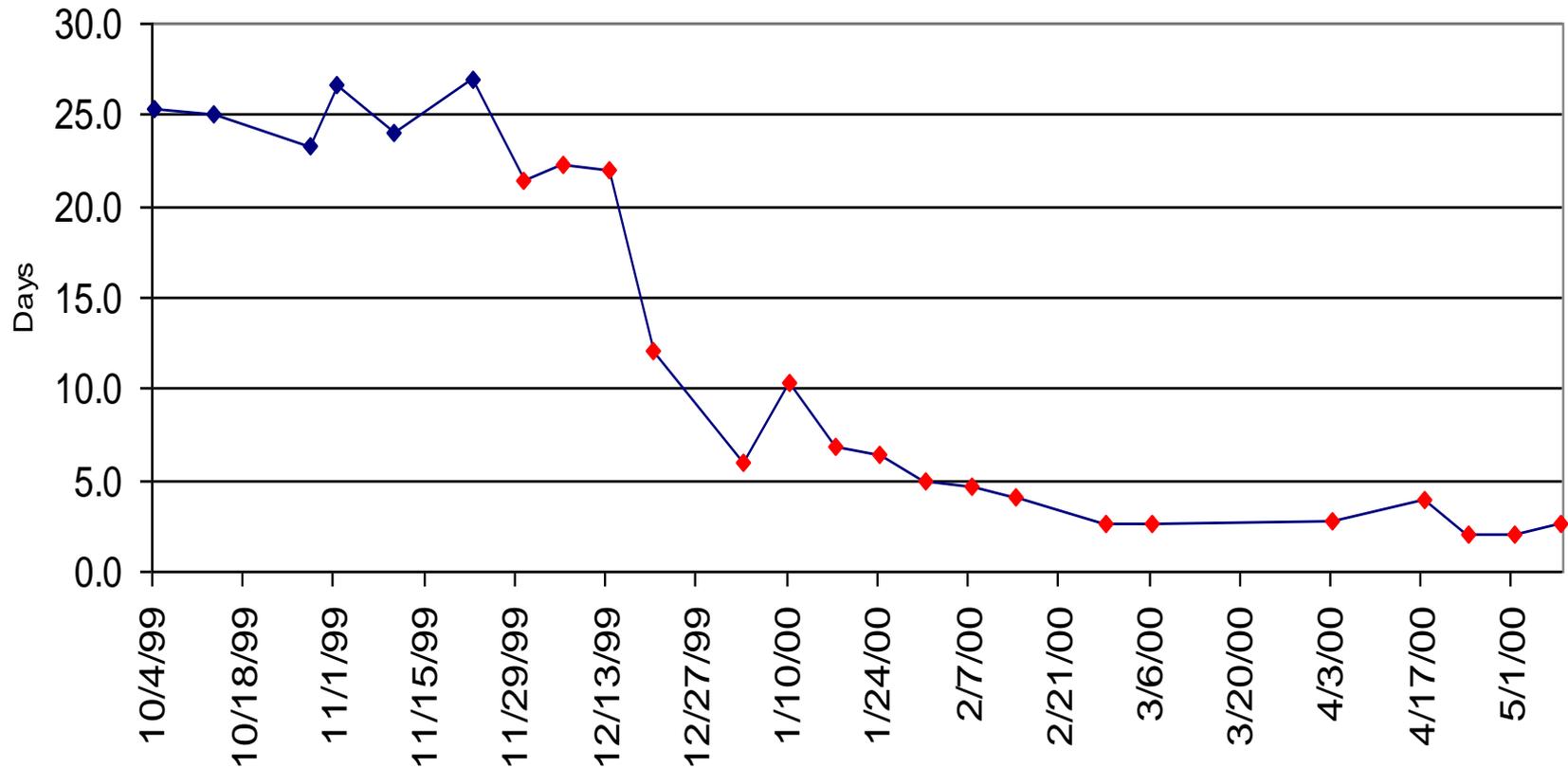


Results of Advanced Access

- **Reduced delays for appointments**
- **Decreased Urgent Care and ED visits**
- **Improved continuity for patients and physicians**
- **Improved clinical outcomes**
- **Enhanced compliance with guidelines**
- **Reduced No Show rates**
- **Growth opportunities and financials**
- **Increased patient, physician and staff satisfaction.**

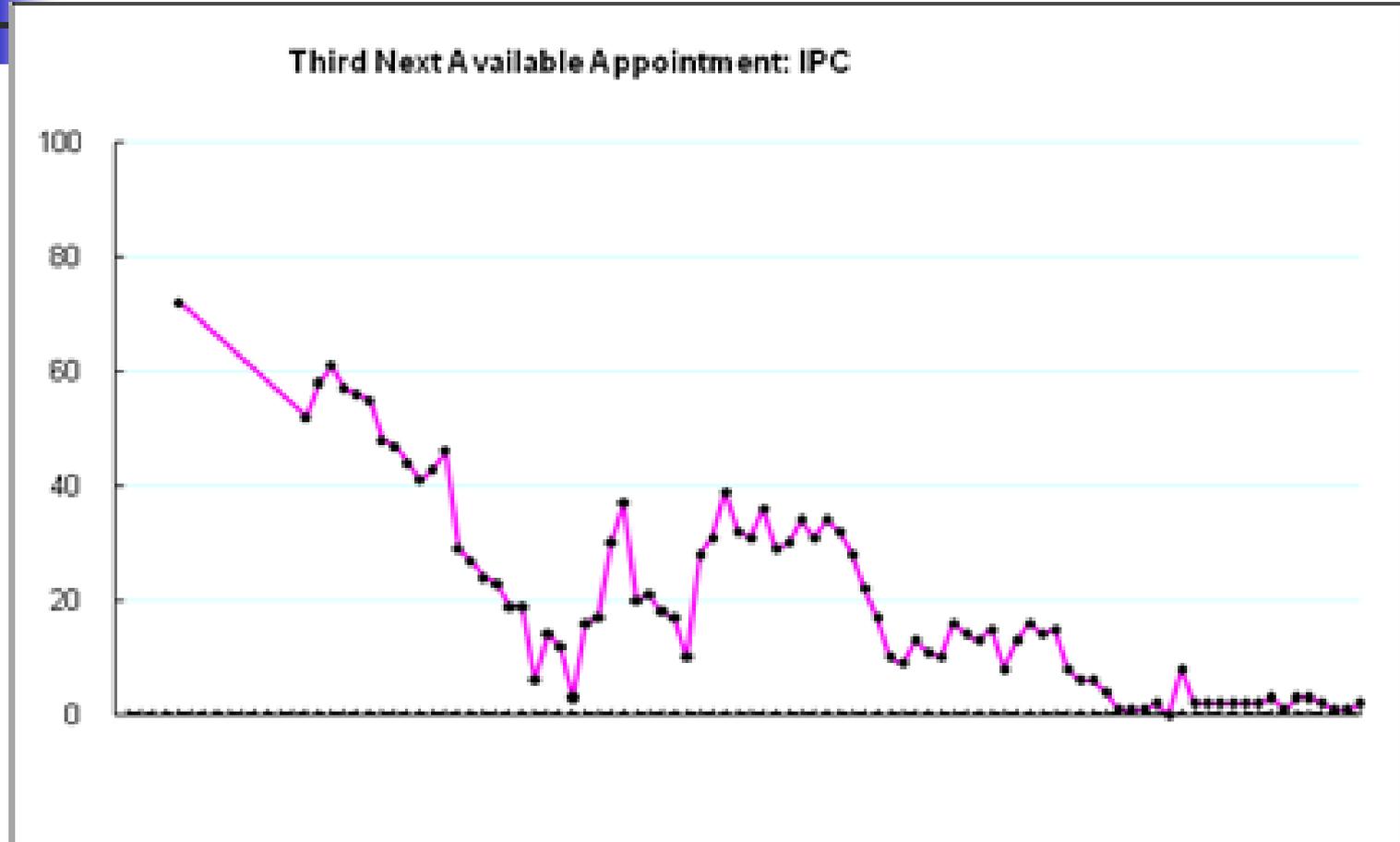
Delay Reduced

3rd Next Avail. Appt. for PE Appt. with PCP



IPC2 White Earth

source: Lori Sampson



Delay for Appointments

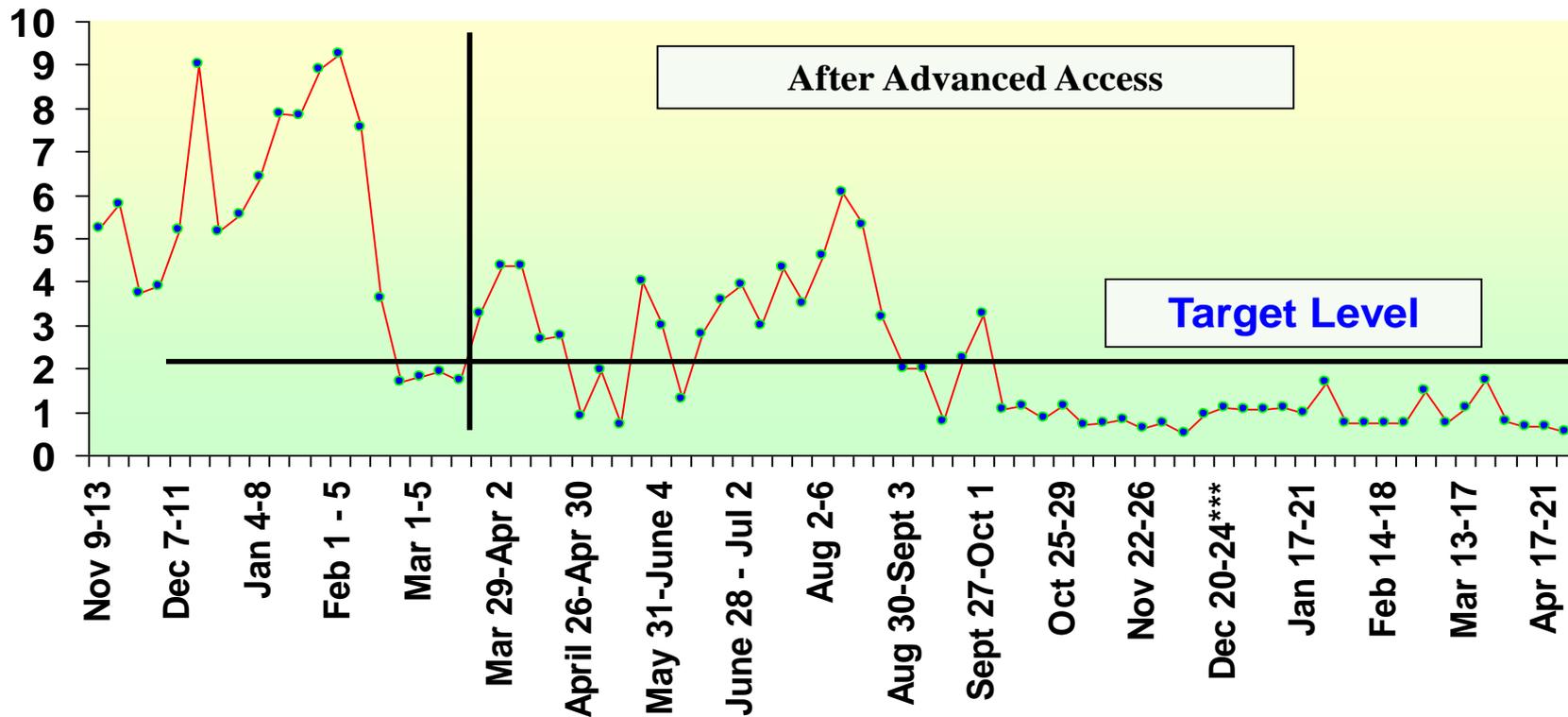
Wisconsin Group 1

Days to 3rd Next Available Appointment

Before
Advanced
Access

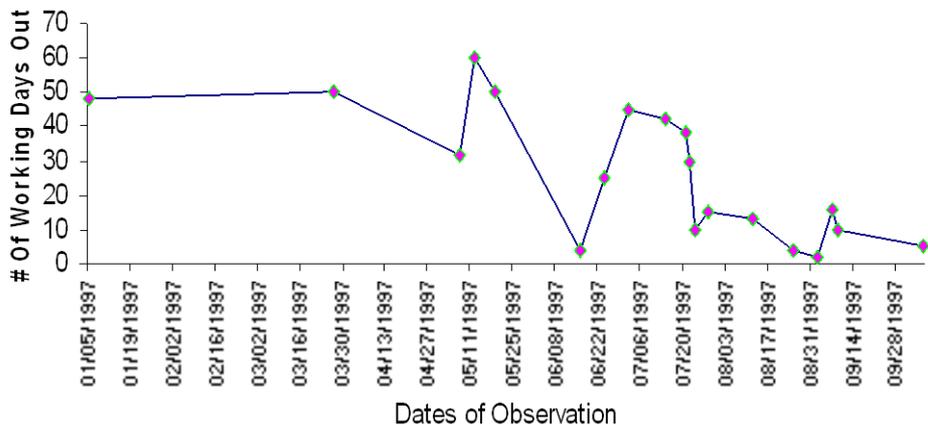
After Advanced Access

Target Level

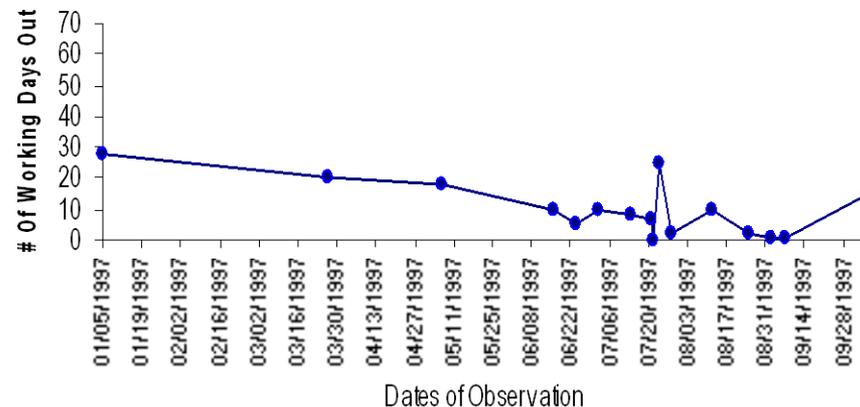


Days til 3rd Available Routine Appointment

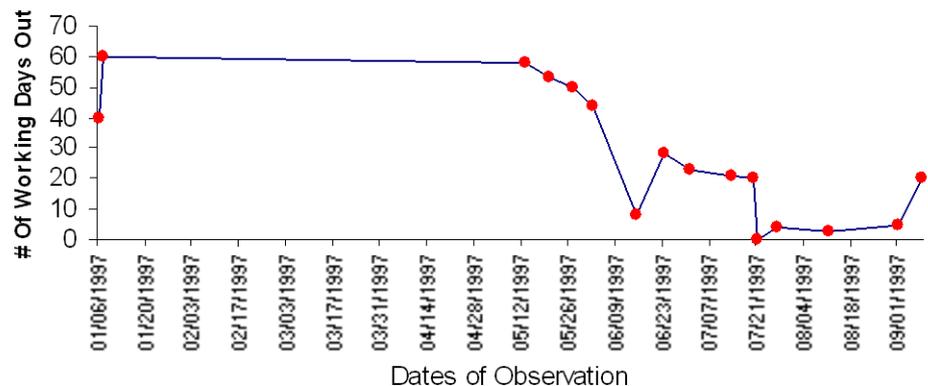
Provider 1



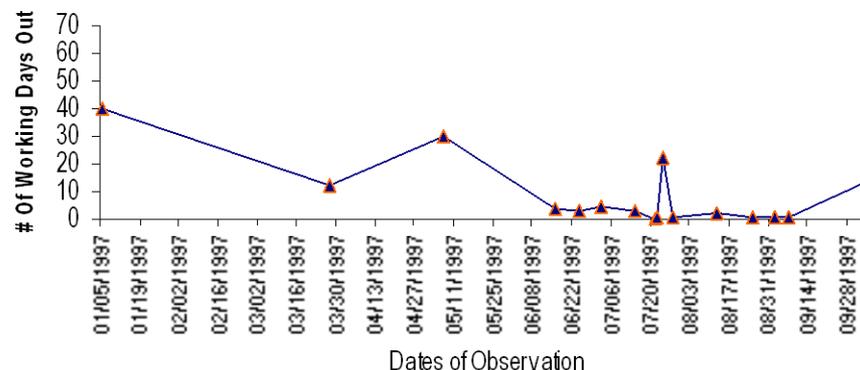
Provider 3



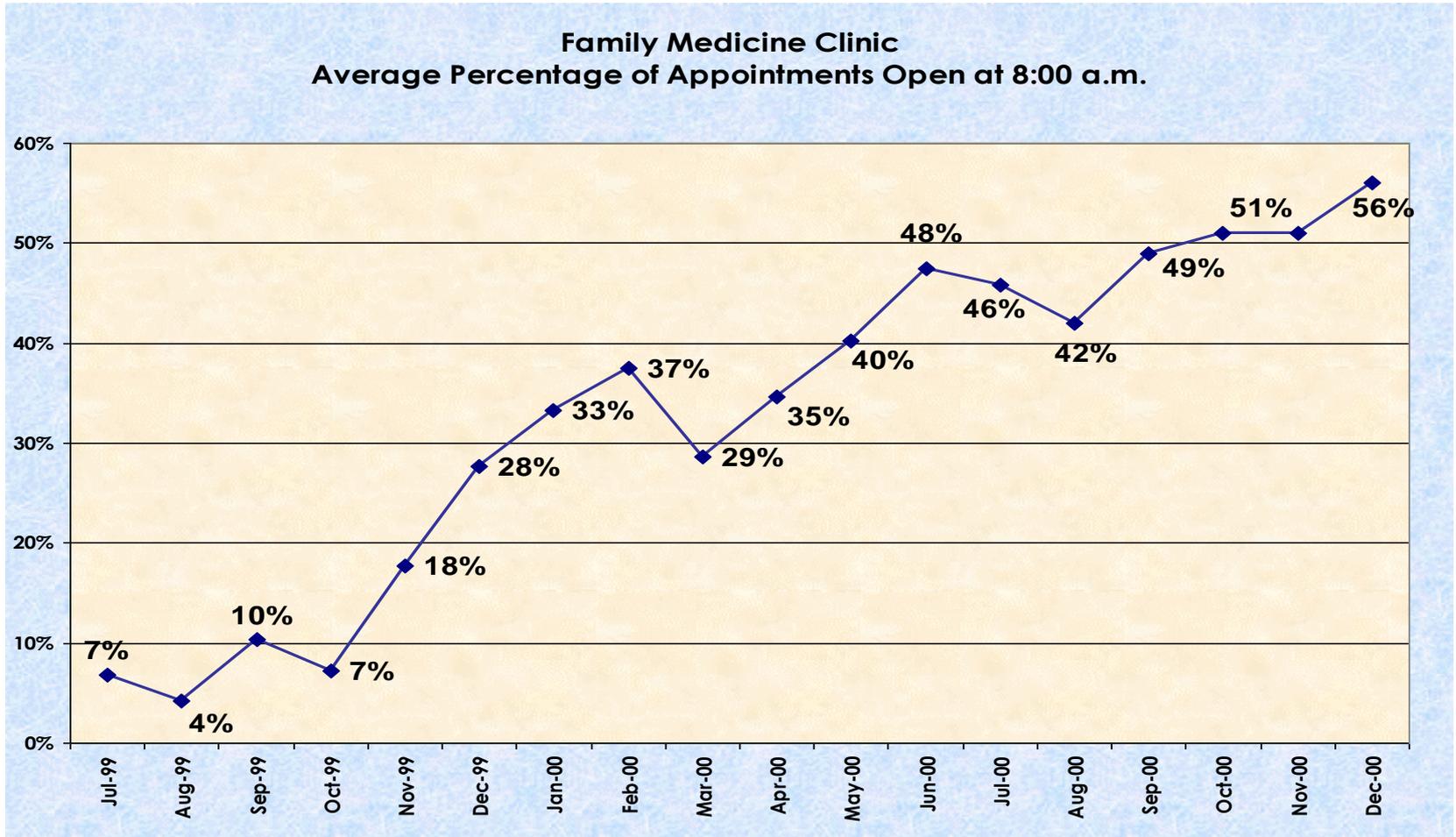
Provider 2



Provider 4

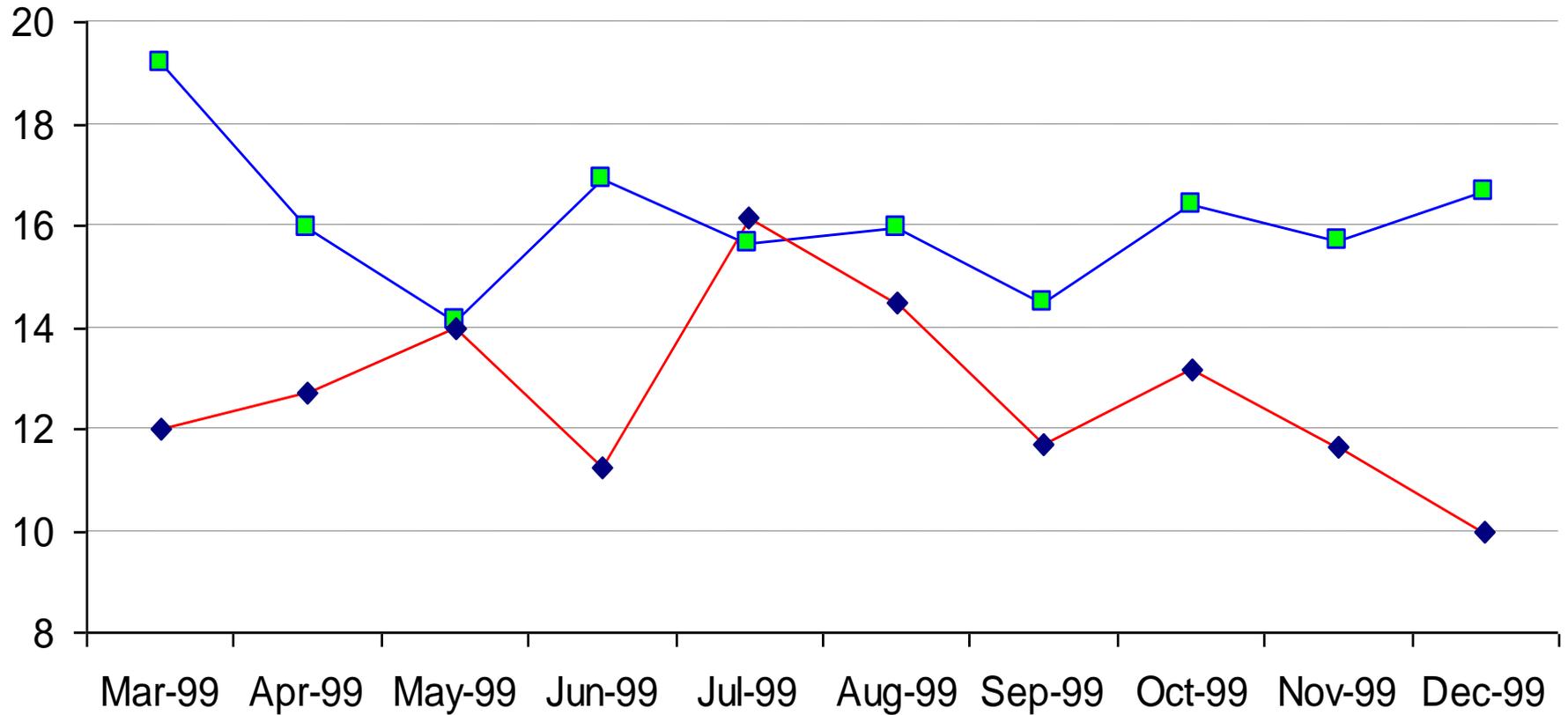


Appointment Availability

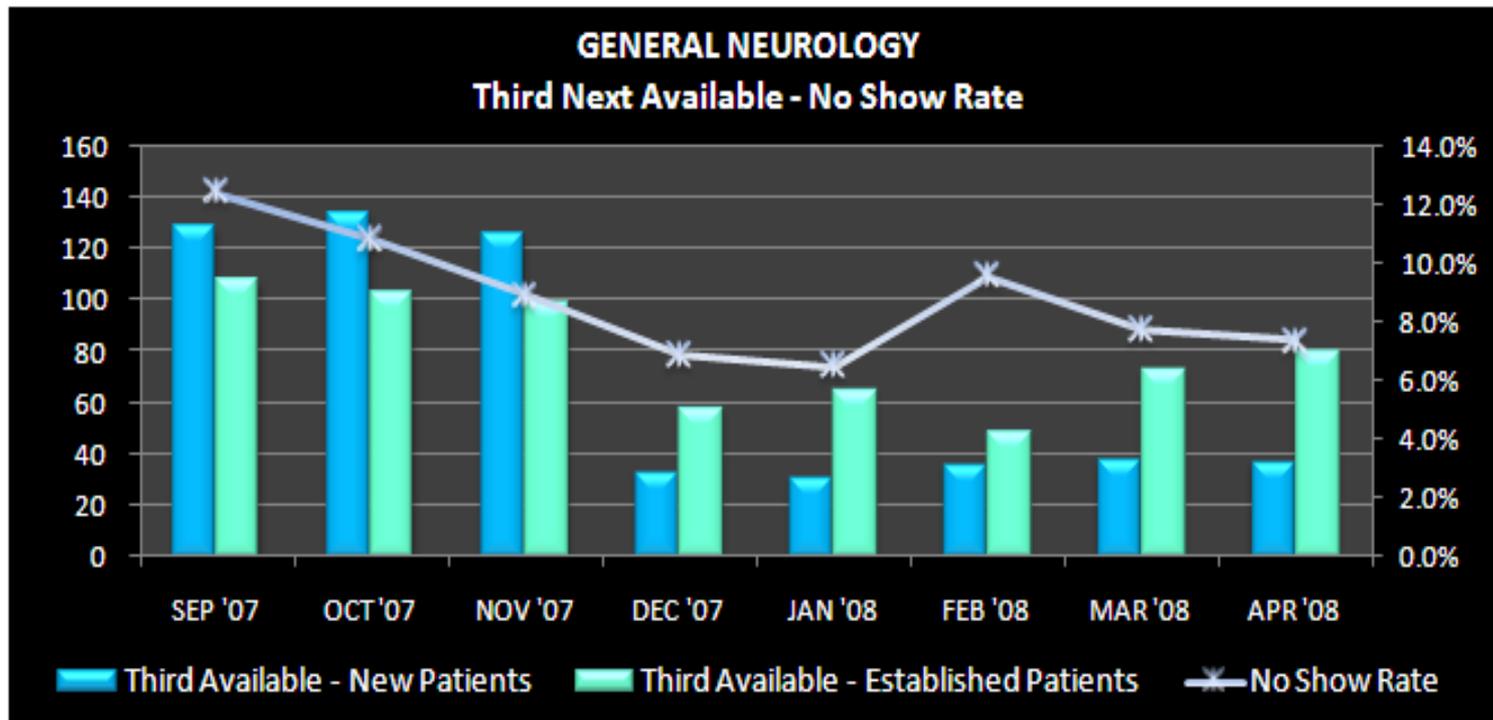


Emergency Department Visits

ER Visits per 1000 Patients in Panel

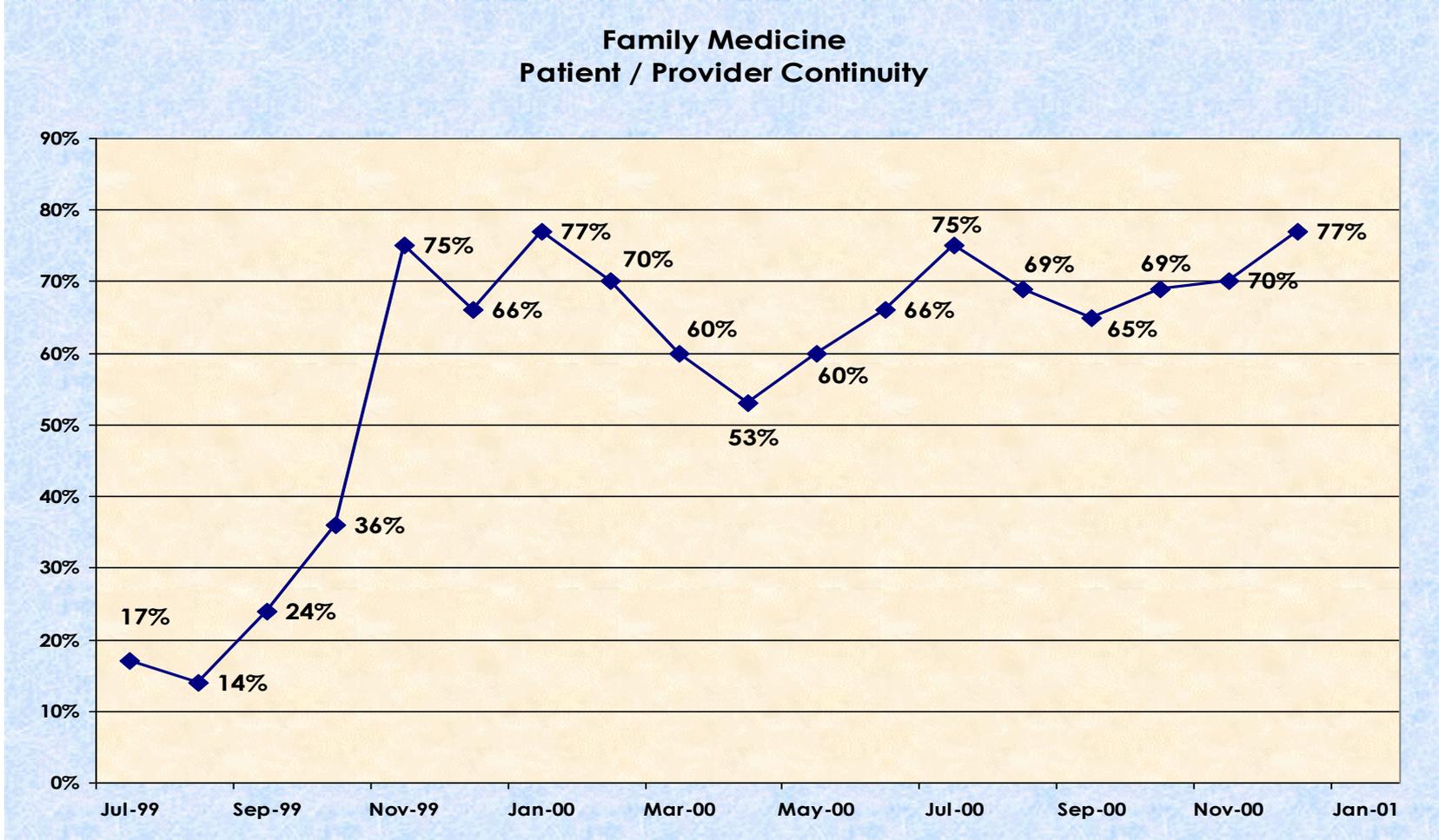


Delay drops... No Show rate drops

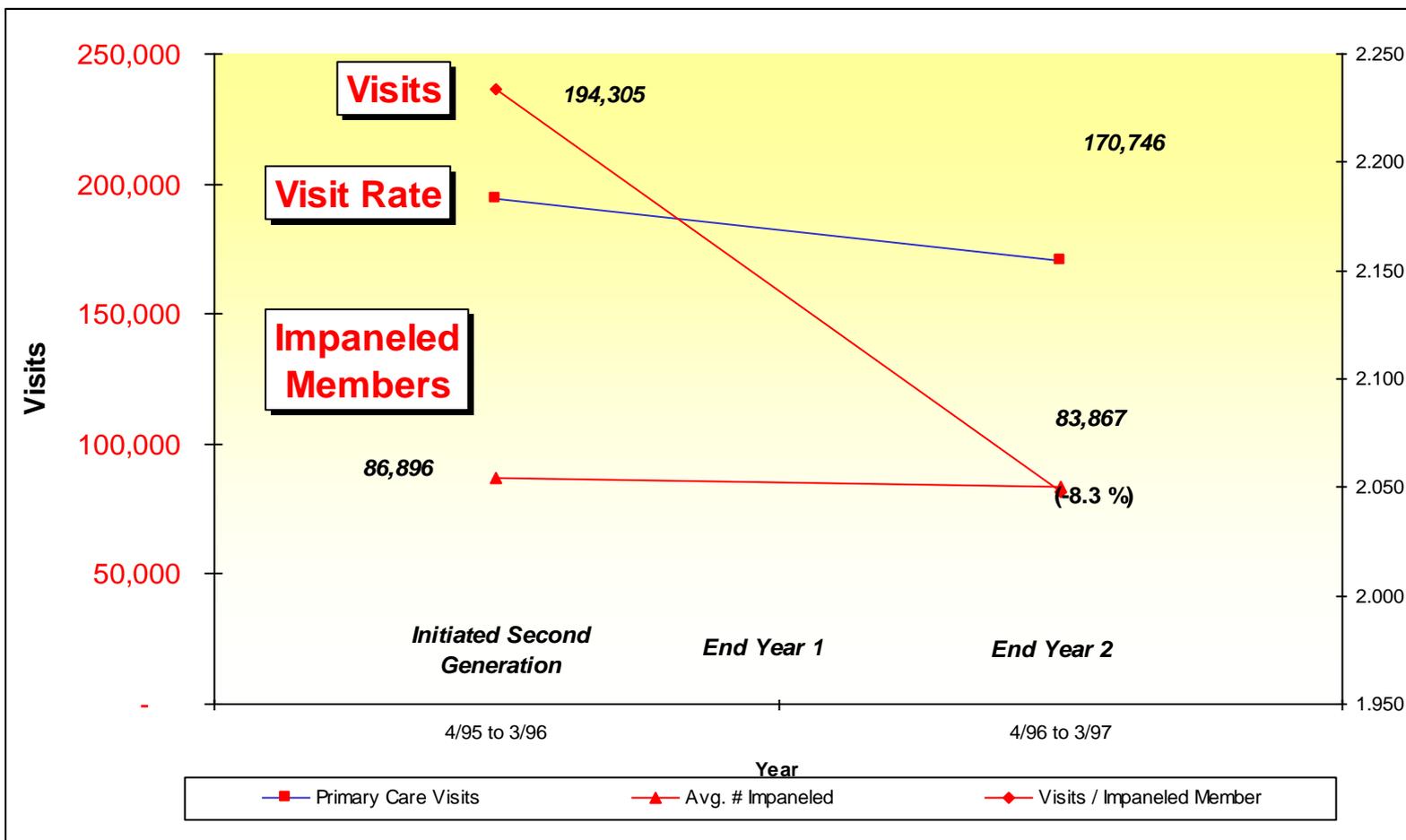


Source: Emory

Patient / Physician Continuity

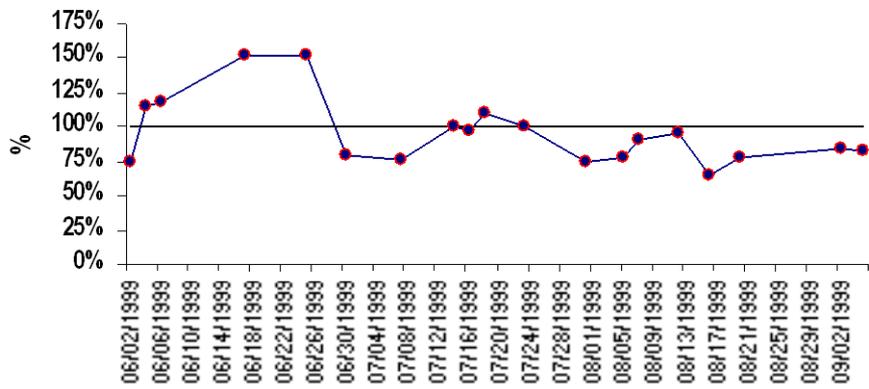


Change in Visit Utilization April 1995 - March 1997 Sacramento

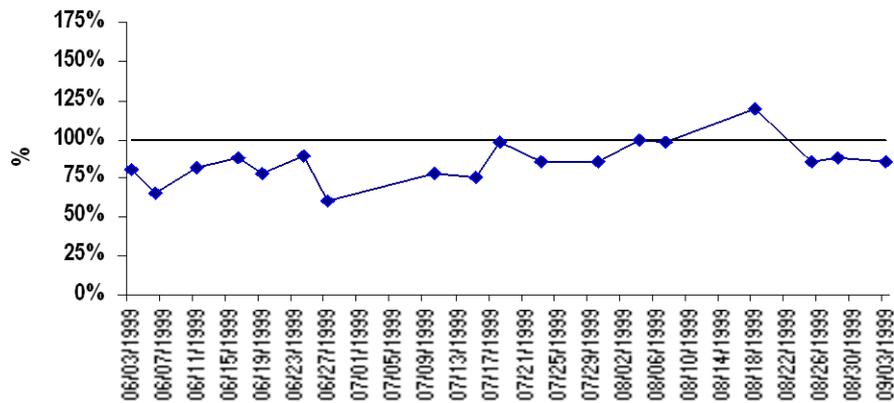


"Over and Under" Appointments

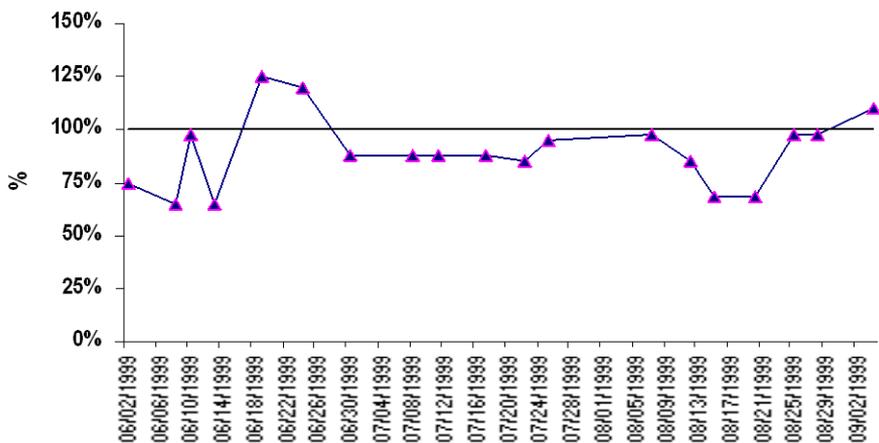
"Over and Under" Appointments - Provider 1
of Appt slots Filled / # of Appt Slots Available



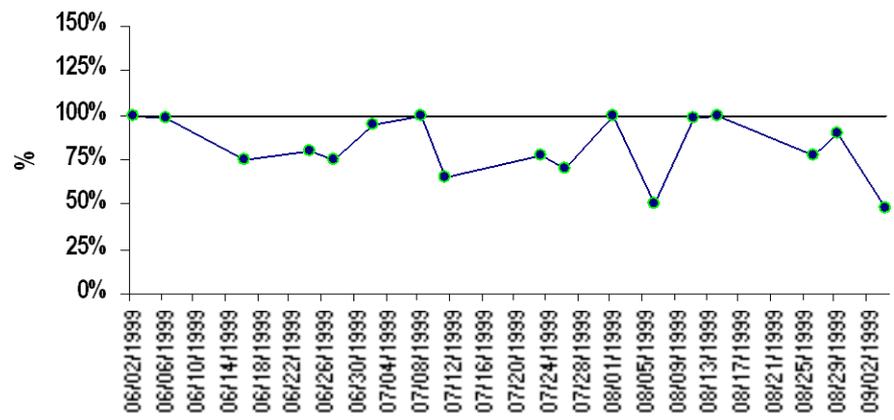
"Over and Under" Appointments - Provider 3
of Appt Slots Filled / # of Appt Slots Available



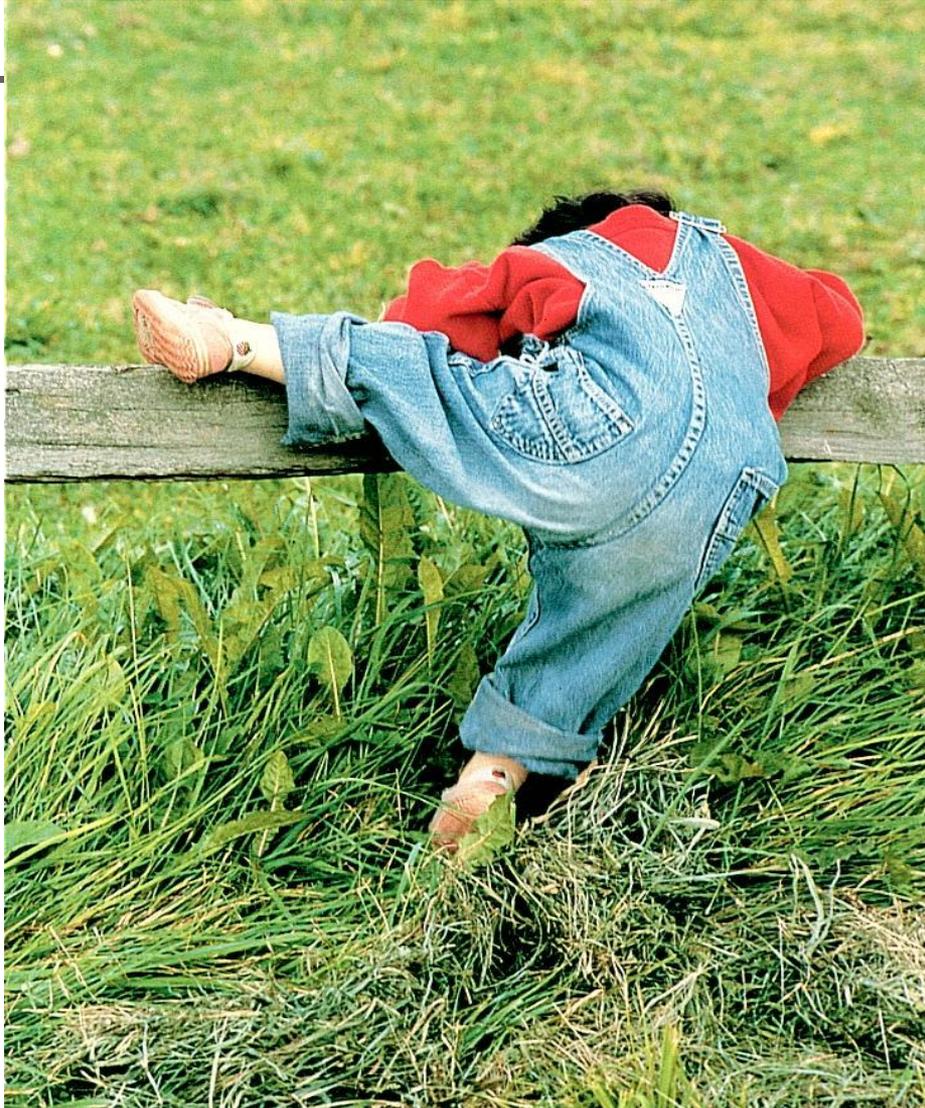
"Over and Under" Appointments - Provider 2
of Appt Slots Filled / # of Appt Slots Available

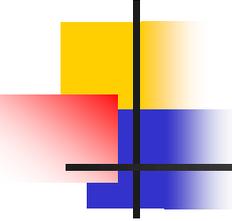


"Over and Under" Appointments - Provider 4
of Appt Slots Filled / # of Appt Slots Available



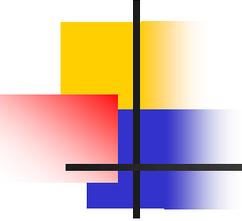
Getting Started.....





High Leverage Changes for Access Improvement

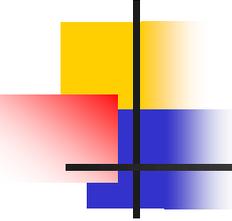
- Balance demand and supply daily
- Reduce backlog
- Decrease appointment types
- Develop contingency plans
- Reduce demand for visits
- Optimize the Care Team



Same Day Appointments

Santa Rose Health Center, IPC

- Donald M Gerstner RN, MSN/ED
- Facility Director, Santa Rosa Health Center



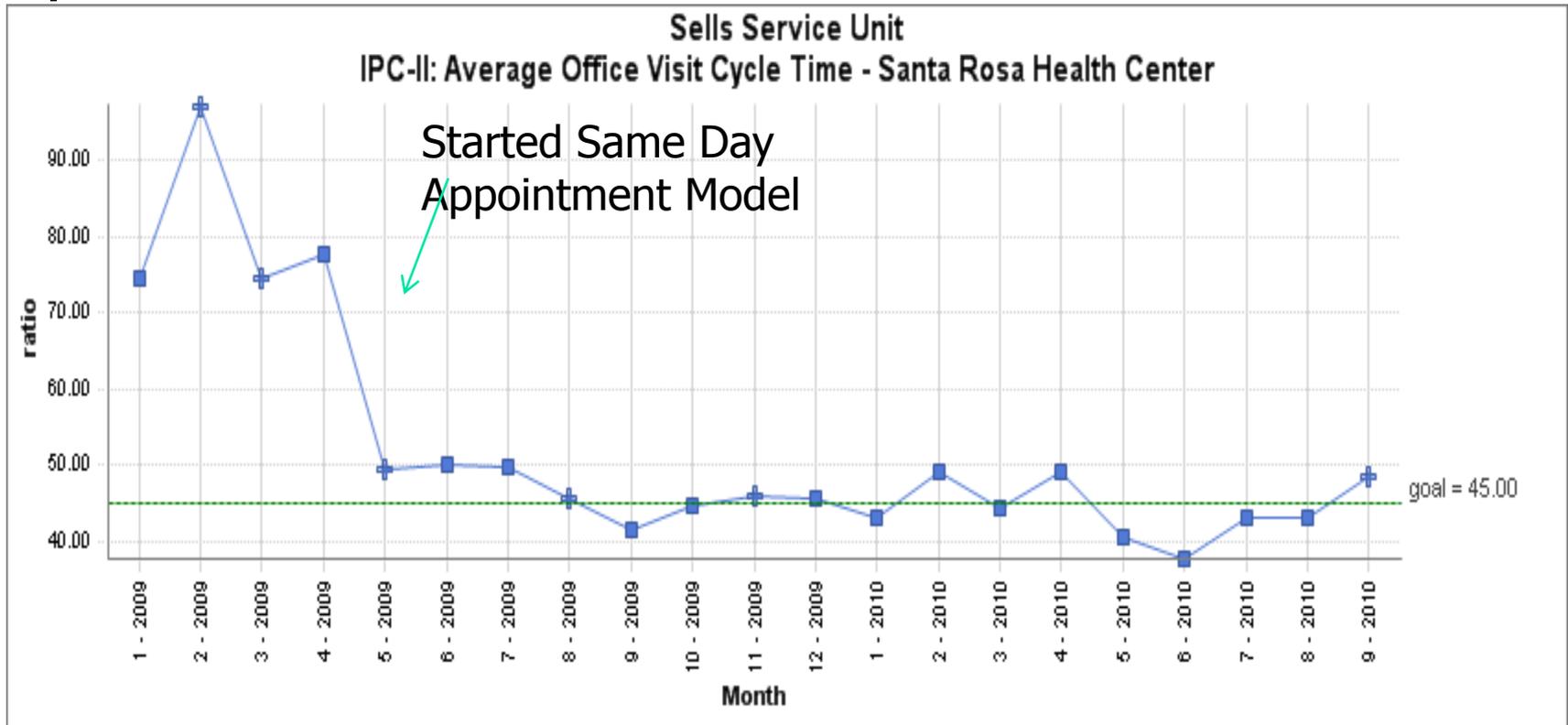
Why Same Day Appointments

- Get control of your schedule
 - Walk-in clinic everyone suffers
- Medical care that you need when you need it.
- More efficient of staff time and abilities.
 - Nursing Triage and use of Nursing Protocols
- Less waiting time for patients
- Decreases No Show Rates
- Increases Productivity
- Increase Collections

Scary Room

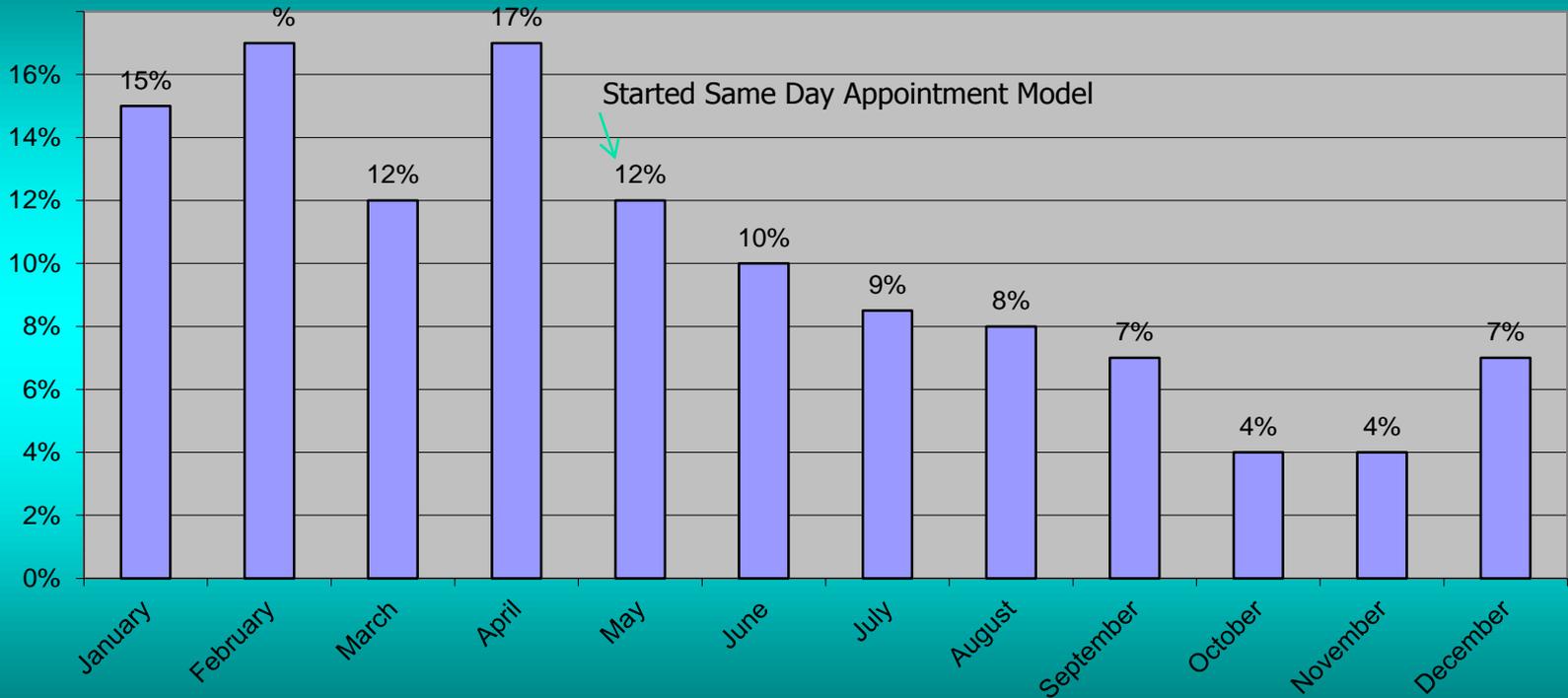


Average Office Cycle Times



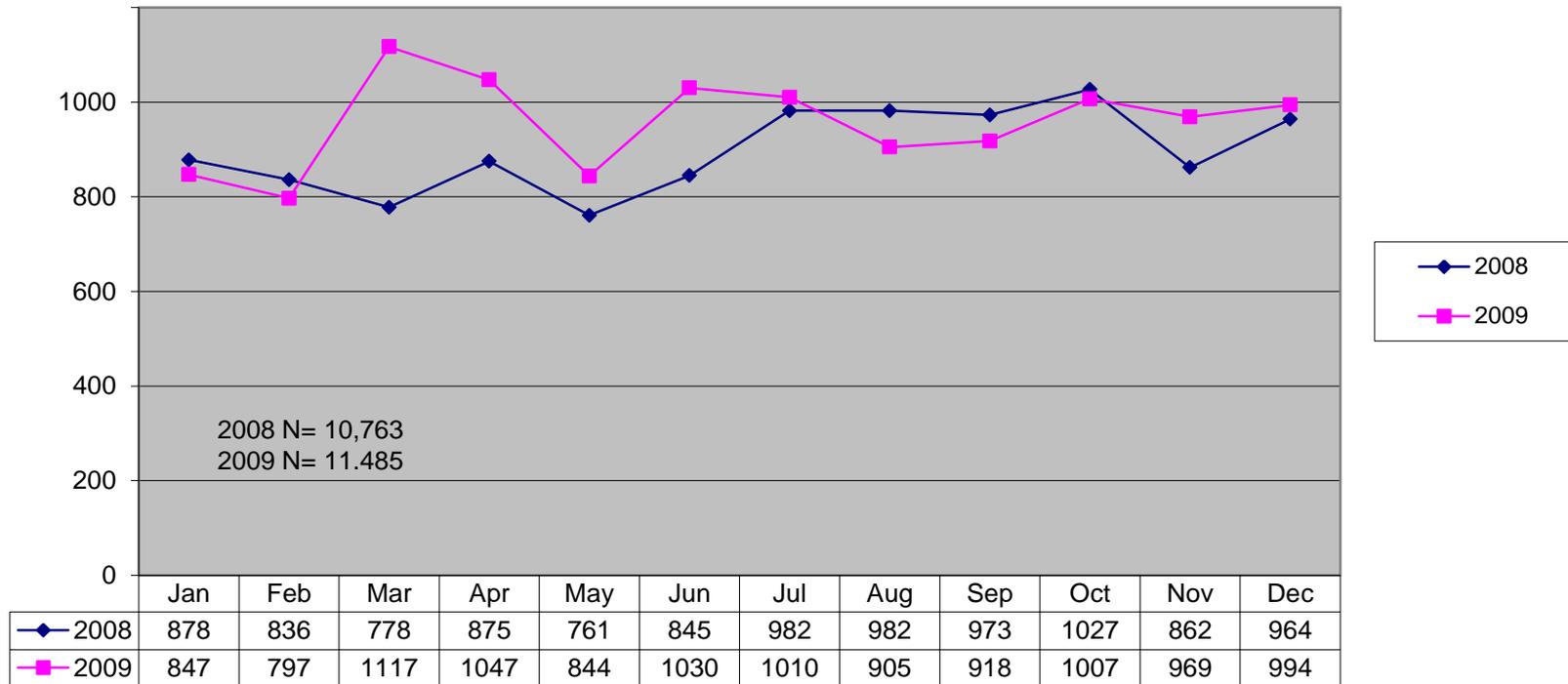
No Show Rates

No Show Rates CY 2009

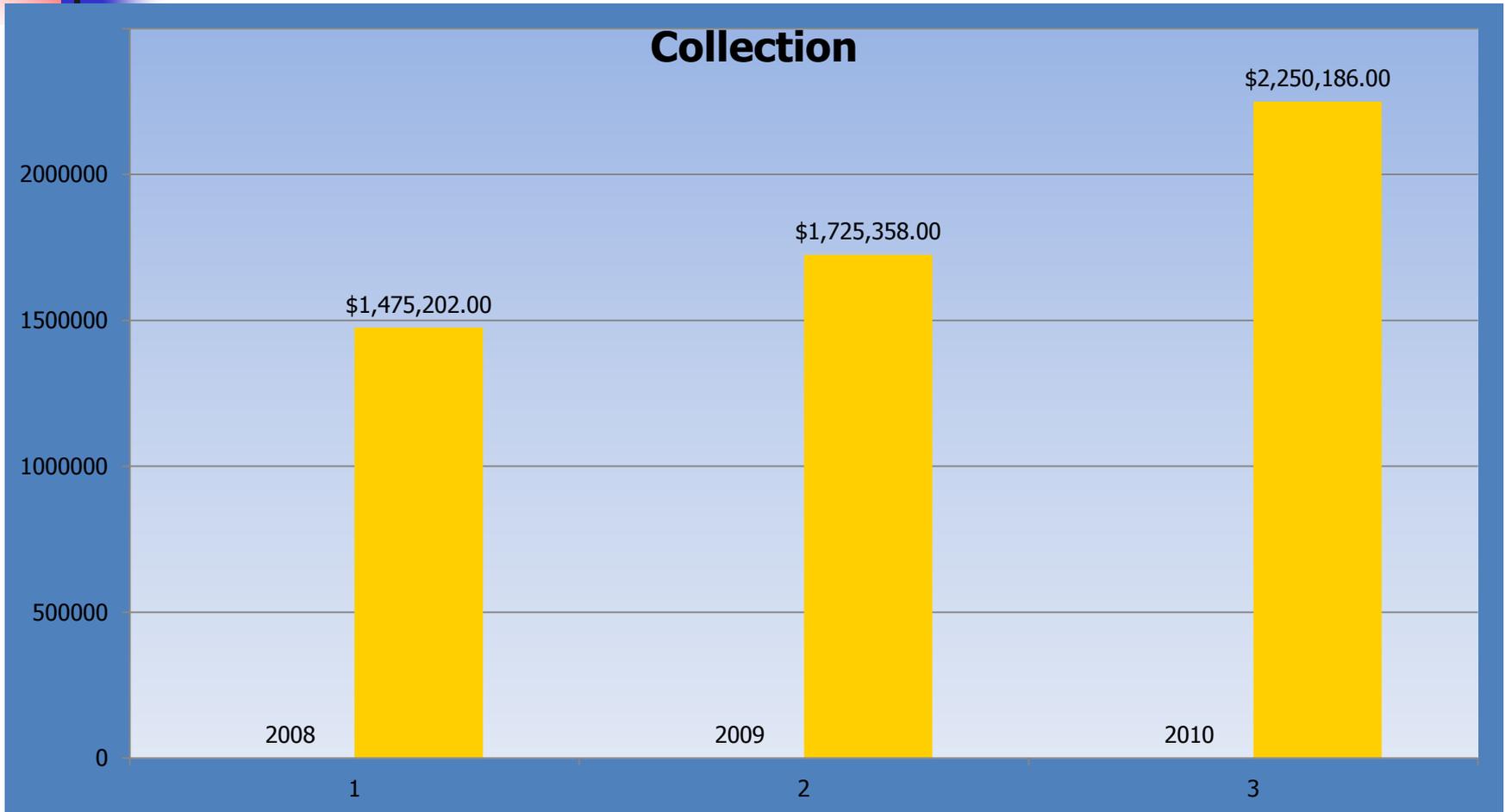


Productivity

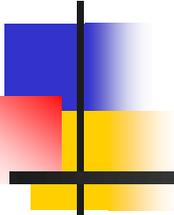
Productivity Comparison CY 2008 to CY 2009



The Bottom Line



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- Jon O. Neher, MD; Gary Kelsberg, MD; Drew Oliveira, MD, ***Improving Continuity by Increasing Clinic Frequency in a Residency Setting***, Family Medicine Journal, Vol.33, no. 10 p 751, November - December 2001
- John W. Saultz, Jennifer Lochner, *Interpersonal Continuity of Care and Care Outcomes: A Critical Review*, Ann Fam Med 2005;3:159-166. DOI: 10.1370/afm.285.

Advanced Access Sequencing

Steps		
Set Access Aim...Gold Standard	Homework Feb 4, 2011	
Measure delay...3rd next available routine appt	Homework Feb 4, 2011	
Measure Demand, Supply, Actual		
Empanel pts (primary care)		
Match Demand, Supply, daily and weekly		
Reduce Backlog		
Simplify appt types/times		
Contingency planning		
Reduce Demand for visits		
Optimize the Care Team		

**At every step...
Track and display data at least monthly
Celebrate successes and failures!**