Patient Access: Hot Topics & Best Practices

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Call to Action

- Institutional priority, driven by leadership
  - Senior Level Management
  - Physician Champions

Call to Action

INSTITUTE OF MEDICINE
OF THE NATIONAL ACADEMIES

"Access to Care": #1 on
Healthy People 2020 Report

CONCIERGE CHOICE PHYSICIANS™
PERSONAL CHOICE. PERSONAL CARE.

minute clinic

THE HENRY J. KAISER FAMILY FOUNDATION

The Affordable Care Act Timeline
See What's Changing and When

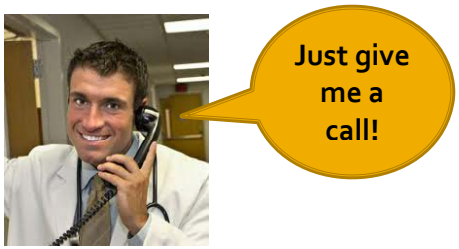
PPC-MEDICAL HOME NCQA RECOGNIZED PRACTICE

Accountable Care Organizations

Call to Action

Call to Action

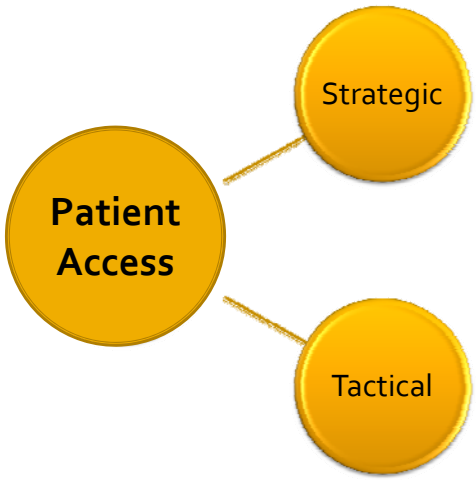
Managing patients is your mission
(Oh, and how you get paid…!)



Call to Action

1. "Elizabeth, we could do our jobs really well if we just didn't have any patients…"
2. Get voicemail. Get an automated phone attendant. Expand the parking lot. Hire some more CMAs. Get an electronic health record.

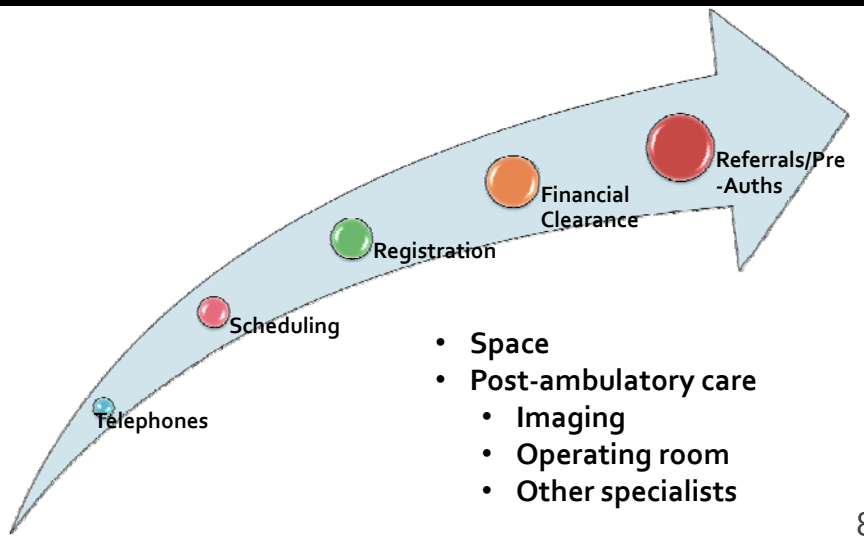
Patient Access



- Defining Physician Supply & Patient Demand
- Imbalance? Improve internal capacity or recruit

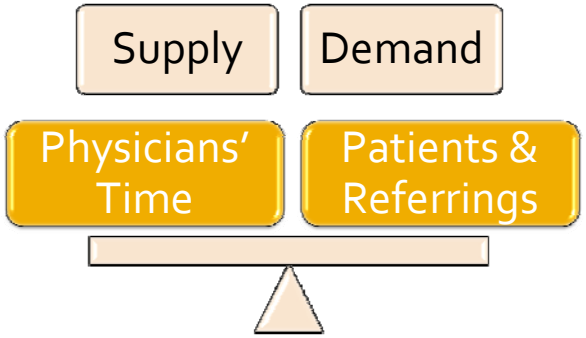
- Customer Service
- Telephone Call Management
- Schedules
- Practice Efficiency

Patient Access



- Space
- Post-ambulatory care
  - Imaging
  - Operating room
  - Other specialists

Patient Access



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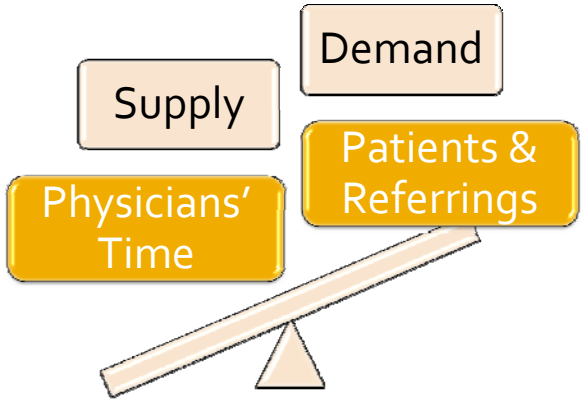

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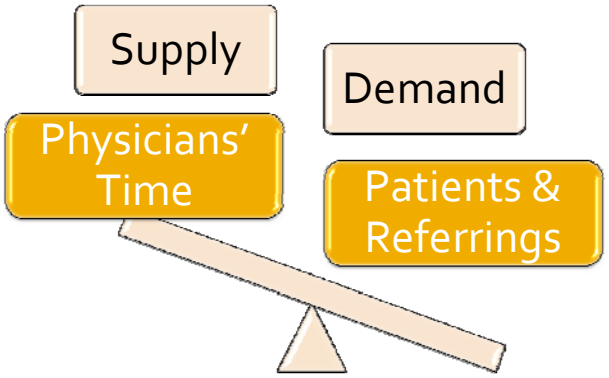

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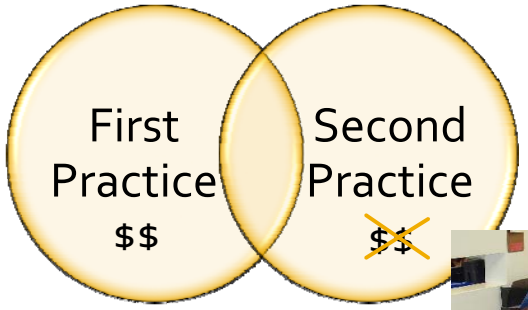
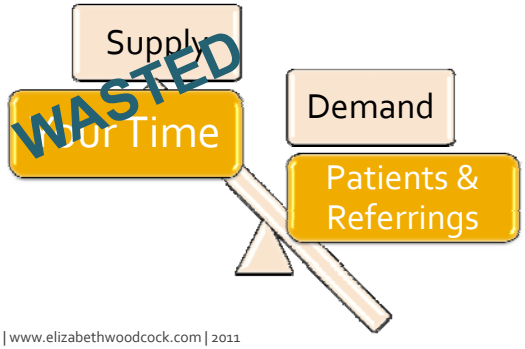


Patient Access

- The longer to next available appointment, the higher the rate of missed appointments



Patient Access

Supply

- What is *supply*?
  - Definition: "The amount of a good or service available for purchase"[1]
- What is *capacity*?
  - Definition: "The maximum amount or number that can be contained or accommodated"[2]
- Challenge
  - Defining the Clinical FTE… "it's the "Holy Grail"[3]

[1, 2] *Source: Merriam Webster Dictionary*
[3] *VP of Ambulatory Care, Southeastern Faculty Practice Plan*

Patient Access

Supply

www.corbis.com

Your Physician's <u>Time</u> is the Institution's Most Precious Asset

[or any billable provider]

Patient Access

Supply

But managing it means more work for everyone else involved!

Patient Access

Supply

- Defining expectations
  - Weeks per year
  - Session duration
  - Session start time and end time

  - Minutes booked v. arrived

Patient Access

Supply

- Defining expectations
  - Reduce volume of appointment types
    - Measure the percent utilized
    - Use "modifiers" instead of types
  - Switch to time versus type

Patient Access

Supply

- Shifting
  Instead of: "Dr. Jones isn't available"
  or "our junior faculty (or fellow) could see you if you really wanted to get in…"

"Dr. Jones isn't available until XYZ, but his partner, Dr. Smith, has an opening next week. May I go ahead and schedule you with Dr. Smith?"

Important to define "area of interest"

Patient Access

Supply

- Optimizing

What does an

"8:00 a.m. appointment with Dr. Jones"

mean to your patient?

For that matter, what does it mean to you?

Arrival, not appointment, times

Patient Access

Supply

- Optimizing
  - Prepare, prepare, prepare
  - Work to the level of licensure
  - Deploy supportive support staff
  - Standardize exam rooms
  - Avoid batching work; "just do it"
  - Keep track of time

Techniques to improve efficiency

Patient Access

Supply

- Defining
- Shifting
- Optimizing

Patient Access

Supply

- Once capacity is (truly) reached, is it time to recruit?
  - Physician extender
  - Faculty attending
- [...or stop taking new patients]
- [...or stop accepting an insurance]

Patient Access

Demand

Defining Patient Demand

Patient Access

Demand

- Demand is actually relatively predictable
  - History
  - Time to third next available appointment
  - Percent of new/consults versus established
  - Number of patients in the "queue"

Patient Access

Demand

- Disposition of requests

Filled

Not filled

- Medical records request
- Patient/referring dissatisfied with timeliness
- Insurance issues
- Location
- Others?

Patient Access

Demand

- Disposition of requests

Filled but not arrived

- Missed (no-show)
- Cancelled
  - Rescheduled?
- Bumped
  - Rescheduled?

Patient Access

Demand

- Physicians create most of their own demand
  - Recalls (future appointment)
  - Return visit intervals
  - Fulfillment of demand through alternative means
    - Group visits
    - Physician extenders, nurses
    - Nurse call
    - Online visits

"Care Teams"

Patient Access

Demand

- Patient graduation
  - Communication with referring… and patients

Patient Access

Demand

- Prevent "missed" opportunities
  - Supplement automated reminders with warm confirmation calls
- Manage cancellations
  - Maintain a wait ("priority") list
- Convert bumps and cancellations to reschedules
  - Document → for schedulers

Patient Access

Demand

- Determine point of dimensioning returns for future appointments (return-to-clinic process)
  - "Forgetful-ness" factor
  - Based on patient population
- Prevent demand
  - Case management
  - Place outbound calls/secure email after an event

Patient Access

Demand

- Can't manage demand?
  - Overbook accordingly* in waves
    - 9 a.m.: 5 patients
    - 9:15 a.m.: 2 patients
    - 9:30 a.m.: 1 patient

Capacity of 6 patients per hour with a 30% no-show rate

*Use average missed appointment rate or base overbooking on history of missed appointments and payer mix

Patient Access

Demand

- Analyze how patients/referrings determine *how* to communicate with you
  - Internet
  - Website
  - Phone book
- Consumer/patient versus Referring

Easy to remember?
800-123-KIDS
800-123-BONE
800-12HEART

Patient Access

Demand

- Adequacy of management of inbound requests
  - Call response rate/abandonment rate
  - Speed to answer
  - Customer service

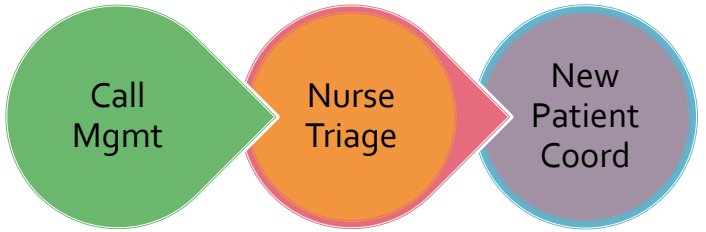
Use Technology to Streamline (and Increase) Communication
Online/portal request
Open scheduling
Automated referral management system

Patient Access

Demand

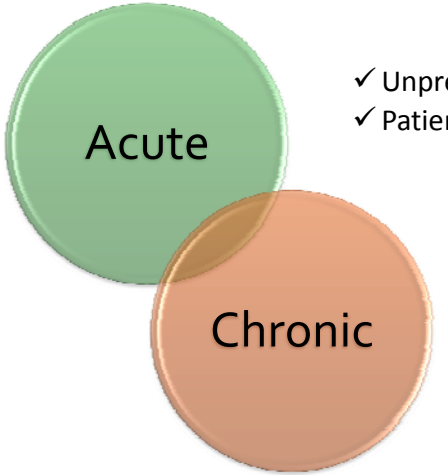
- Best match supply and demand?
  - Find someone who can "sell" your time the most wisely (without your spending more time reviewing than doing)
    - Training regarding your area of interest, disease, etc.
    - Specialty-based appointment scheduling, particularly for new patients
    - Resident/fellow/nurse/attending rotate responsibility for referring "bat" line
    - Nurses in role of scheduler… "New Patient Coordinator" or "New Patient Access Guide"

Patient Access



•Bearing the "burden" of pre-appointment coordination
•Optimizing the physician's schedule
•Coordinating with other resources
•Serving to manage patient in all sites of service (true care coordination)

Matching Supply and Demand



✓ Unpredictable
✓ Patients value more

✓ Predictable
✓ Patients value less

Matching Supply and Demand

- Heavy Hitters?
  - Session duration time
  - Communication (external and internal)
  - Appointment template redesign
  - Early morning/early afternoon
  - Proactive management of expected future demand
  - Return visit intervals
  - Proactive management of missed appointments
    - Avoid the lost opportunities

Acute

- Recognize the burden of deflecting demand
- Staff *will* buy in… and patient satisfaction *will* rise
  - [And, it's the same CPT© code whether you do the work today – or three months from now!!]

Make Access a Priority!
Share Access Scorecard Results with your Physicians & Staff
Declare Public Commitment(?)

Acute

- Analyze your perspective versus your patient's (or referring's) about timing
  - Recognize that consumers believe that healthcare is acute, period
  - Establish timeframes versus words (e.g., acute = 48 hours)
  - Educate referring physicians about acute needs – and how to communicate with you

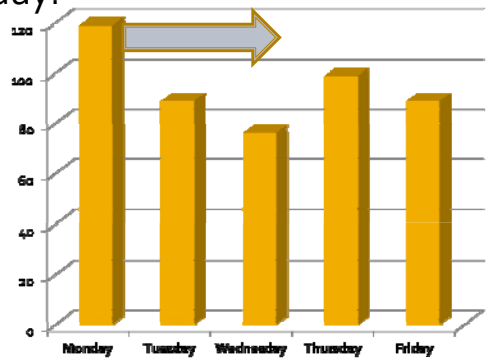
Acute

- Determine how requests will be processed
  - Automated
  - Manual
  - Who responsible?
- …And *who* can drive them?

Key: The Least People Resources Required Possible!

Acute

- Avoid scheduling routine follow-up visits on a Monday!



Acute

- Maintain open slots based on predictable demand for acutes
  - How long do you "freeze"– and when do you "thaw"?
  - What appointment types can be used for these requests?
  - Be strategic regarding cancelled slots (convert!)
- Cancel the slot that was originally scheduled, if applicable

Chronic

- Data: new/consults as a percent of total
  - Current → goal?
  - UHC FPSC Benchmarks

Chronic

- Maintain open slots based on predictable demand
  - Based on data, periodically, expand capacity
    - Add a clinic
    - Add an early morning, evening
    - Convert existing slots for a "new patient day" or "week"

Chronic

- Streamline the "entry" point
  - Call management
  - Scheduling
  - Medical records review

  [Getting the "right" patients to you]
- Shift to less used resources

Chronic

- Coordinate with other Departments
  - WC patients → Ortho/Neurosurgery collaborating with PM&R/Pain
  - Cancer
  - Multi-disciplinary clinics

Chronic

- Collaborate with referrings
  - Clinical protocols
  - Lectures
  - Individual cases

Patient Access

Resources

- http://www.ihi.org/IHI/Topics/OfficePractices/SpecialtyCareAccess/
  - Mayo (Cards), Stanford, Cincinnati Childrens (GI)
- http://www.ncbi.nlm.nih.gov/pubmed/16632994
  - Duke (Surgery)
- http://onlinelibrary.wiley.com/doi/10.1002/art.20239/pdf
  - Geisinger (Rheum)

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