



Advanced Access

Manitoba's Access Improvement Initiative

Original 2008 Primary Health Care Branch,
Manitoba Health version

Revised April 2013 to support orientation to WRHA Primary Care Direct
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Success Stories...

Kaiser Permanente, Roseville, Northern California, the clinic in which Dr. Murray, a family physician former assistant chief of medicine for Kaiser Permanente in north Sacramento Valley, Calif. Catherine Tantau is the former director of special projects. They now operate the consulting firm of Murray, Tantau and Associates in Chicago Park, California originated their work:

- Reduced the wait time for routine appointments from 55 days to one day in less than one year.
- Increased patient satisfaction scores to among the highest in the organization. Increased patients' likelihood of matching with their personal physician from 47 percent to 80 percent.
- Decreased the number of visits per patient per year to 10 percent below the baseline for the previous year.
- Reduced the wait time for routine appointments from 26 days to one day in just five months.
- For a full listing of Success Stories visit:
<http://www.aafp.org/fpm/2000/0900/p45.html#fpm20000900p45-bt2>



Advanced Access

Vision

- Same-day access to primary care services will be available to all Manitobans.
- Ability to book an appointment within 24-48 hours OR at the convenience of the patient.
- Pre-booking should be done if convenient for the patient - best for this to be a commitment of clinic teams.
- While 24-48 hour access is the goal, lessons learned indicate not to promise this to patients as we may not always be able to deliver given our ebb and flow of demand and supply against activity. It is a clinic goal!



Advanced Access is...

*A comprehensive approach to
effective patient care delivery by
doing today's work today*



Advanced Access

What is it?

- A process of reengineering clinic practices so that clients can see a primary care provider at a time and date that is convenient for them.
- A comprehensive approach of optimizing clinic efficiencies in order to optimize care delivery and achieve primary care system goals.
- Based on Queuing Theory



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Benefits



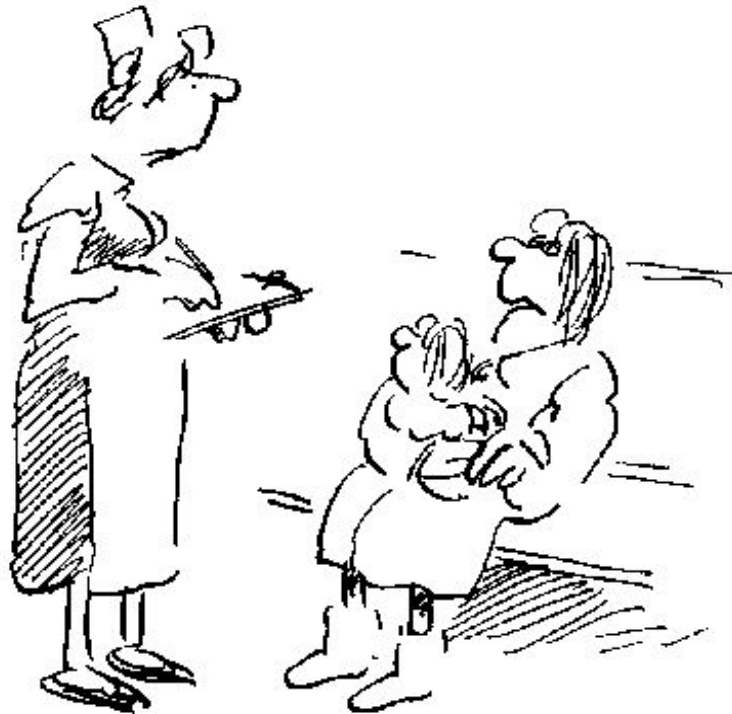
Advanced Access – Benefits *for*

Patients:

- Decreased wait for & at appointments
- Health issues addressed earlier/potentially better health outcomes
- Decreased visits/year; multiple issues addressed in 1 visit (more robust visits)
- Better continuity of care
- Increased satisfaction



Advanced Access Reduce delays for and at appointments to avoid...



"Age? You mean now or when we first sat down?"



Advanced Access – *Benefits* *for...*

Staff:

- Work at full scope of practice
- Know their patients
- Become experts in their patients' need
- Better able to meet patients' needs
- Physicians, nurses, administration, receptionist function as a team
- Increased job satisfaction
- Increased revenue for fee-for-service clinics





Advanced Access – *Benefits for...*

Clinic/System:

- More efficient clinic operations
- Better utilization of financial resources
- Better coordination & integration
- Improved structure that facilitates patient flow

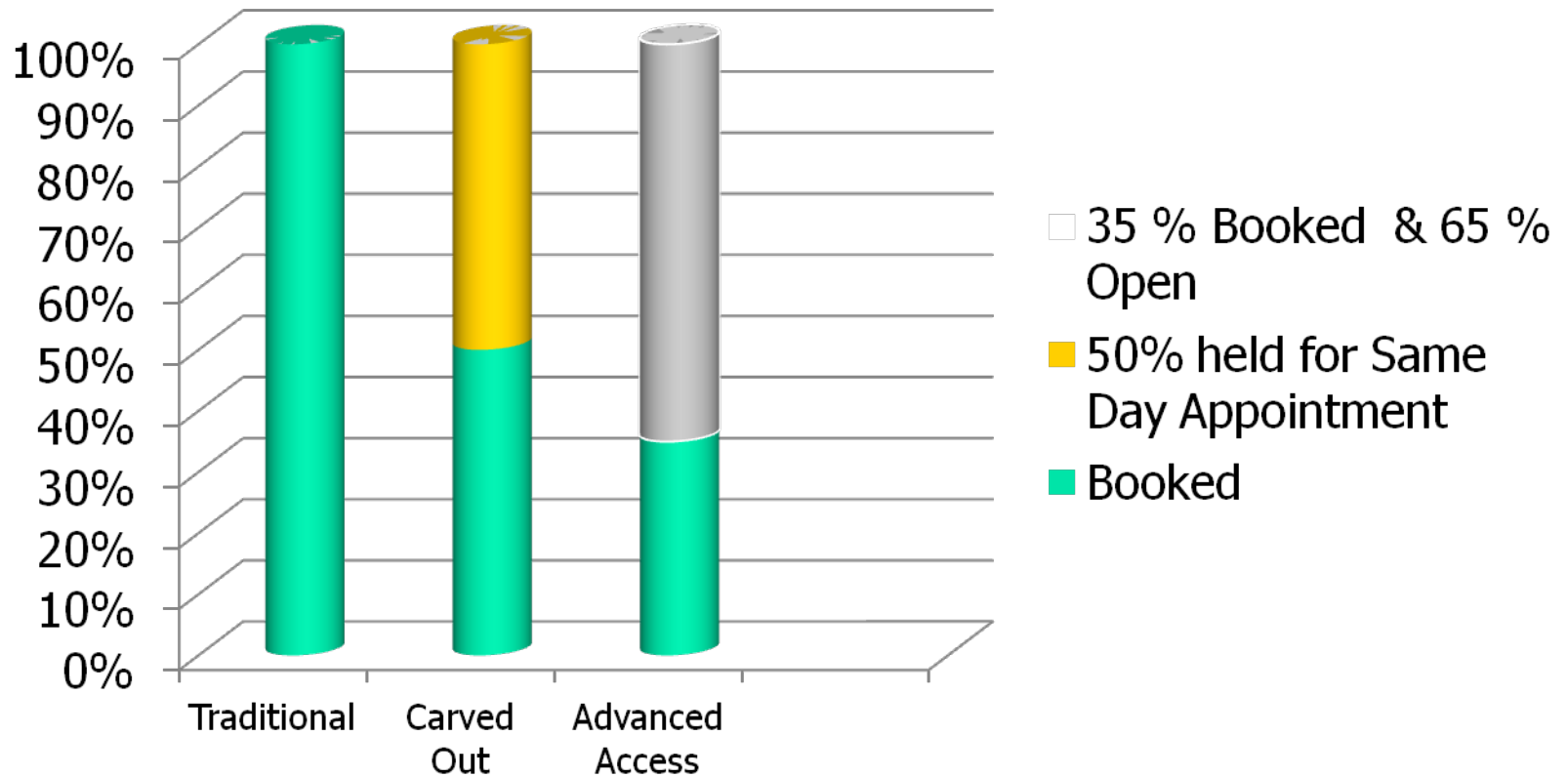




Different Types of Access Models

- In the traditional model, the schedule is completely booked in advance; same-day urgent care is either deflected or piled on top of existing appointments.
- In a carve-out model, appointment slots are either booked in advance or held for same-day urgent care; same-day non urgent requests are deflected into the future.
- In advanced access, where practices are doing today's work today, there is true capacity: The majority of appointment slots are open for patients who call that day for routine, urgent or preventive visits. Excerpt from "Same Day Access Appointments Exploding the Access Paradigm" <http://www.aafp.org/fpm/2000/0900/p45.html>

Different Types of Access Models





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Paradigm Shift

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

*Do today's work today or this week's
work this week*

VS

*Do last month's work today & schedule
today's work 1 month from now.*



Advanced Access Improvement is

- Handling today's demand today
- Respect for patient's time
- Matching patients with their provider
- Balancing patient demand & provider supply
- Improve office efficiency & workflow
- Optimizing the care team to provide the best care in the best way

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Improvement is NOT....

- Trying to add more patients to already crowded schedules
- Working harder/longer/faster
- Not scheduling follow-up/return appointments...patients need choices



Advanced Access what has to be met to Implement....

- *How to get to Doing Today's Work Today by...*



...Work down the Backlog & Develop Contingency Plans

See Deeper Dive into Backlog Reduction, Panel & Contingency Planning (power point)

Remember that there is good backlog and bad backlog. Good backlog involves two kinds of patients:

- 1) those who don't want an appointment today (no more than 25 percent of patients, in Mark Murray & assoc. experience) and
- 2) those whom the physician elects to see on a specific date for follow-up, based on clinical necessity.

Bad backlog, on the other hand, would involve any other patient that the practice deflects into the future.



Six Conditions/Elements to Implement Advanced Access

- 1) Understand the Supply Demand Activity
- 2) Balance Supply and Demand
- 3) Reduce the Number of Appointment Types
- 4) Develop Contingency plans to sustain the system
- 5) Meet clients needs creatively
- 6) Increase effective Supply



#1 Understand Supply Activity and Demand:

- Supply is the number of hours and appointments available in a primary care provider's practice.
- External Demand represents the clients' requests for appointments (i.e.'s, include, external phone calls, patients who walk in requesting an appointment, deflections to ER department, Quick Care)
- Internal Demand generated by any Provider of the clinic recalls, follow-up appointments....teams are able to manage this!!
- Activity provides information on how much work was completed each day.
- The Advanced Access measurement tool helps teams measure supply / demand / activity it can be managed and planned by following trends and patterns in utilization.



The Universe of Demand:

"Panel Size"

- Panels are important as they are the "universe" from which "all demand" comes from.
- Factors affecting Panel Size with an Interprofessional Team are as follows:
 - Admin makes up 10% variation
 - PCN's, Dietician, Counsellors can support up to 72% of panel size
 - Rooms (5% variation)
 - Experience (young providers less)
 - New providers (take 15-18 months to build a full panel), part time vs. fulltime equally productive



Panel Size Calculator

- Critical tool that provides valuable information related to over/under paneling of providers and the overall clinic.
- Assists teams in determining whether a Physician or Nurse Practitioner is over or under paneled to assist with planning



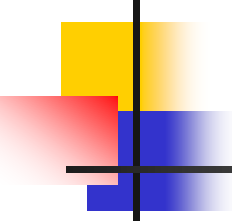
#2 Balance Supply and Demand:

- When demand outnumbered supply, backlog is created. Backlog is the number of clients waiting to see a primary care provider. This backlog must be eliminated in order to balance supply and demand.
- **How do we measure Delay**
 - Third Next Available short and Long Delay does not include carved out appointments
 - Future Open Capacity determines how many appointment slots a provider has within a specified period of time
- **How do we know when to take on New Patients ?**
- When supply exceeds demand, it is possible to accept new clients into clinic.
- With up-to-date supply and demand numbers, clinics can use this information to discover their capacity to respond to requests for new clients.
- If a primary care provider has capacity, new clients can be provided with an intake appointment to the clinic.



#3 Reduce the number of appointment types:

- All appointment types are considered equal, so no differentiation in labeling appointments is necessary, whether it is urgent, routine, or preventative.
- Use building blocks (i.e., 15-minute appointment slots) to standardize to one appointment type.
- Reason for appointment should be articulated in the booking so that the team can properly prepare for the visit supports daily team huddles. Team Huddles are an essential ingredient to support patient care.



#4 Develop contingency plans to sustain the system:

- Plan for vacations and seasonal increases in demand to best distribute and match staffing levels to demand.
- End of day management have a cut off time, how to support the provider that may be running behind
- Fail to Keep Appointments strategies
- Late Patients strategies
 - For example, front reception lets the patient know that the provider has moved on to the next patient, but they will make every attempt to work them in by the end of the session as the schedule allows, without causing the provider to be late for the other patients.
- Predict the Expected & Prediction of Demand
- Manage Demand Variation (by season, by day and by the hour)
- Manage Return visits
- Manage Supply (i.e. time off guidelines, flexing resources to meet the demand)
- Scripting for Common Occurrences



Contingency Planning

- The number of staff off on vacation should be balanced to maintain a balance of supply and demand.
- Whenever possible, match vacation time with lower client demand timeframes.
- Whenever possible, use locums to provide consistent supply with vacation or vacancy.
- A soft prediction of the number of visits that will need to be managed can be made in the event of a care provider's absence. Expect that half of the demand on that given day will choose or be clinically required to see a present provider.
 - Divide those required visits amongst the providers who are present.



Post Vacation Contingency Scheduling

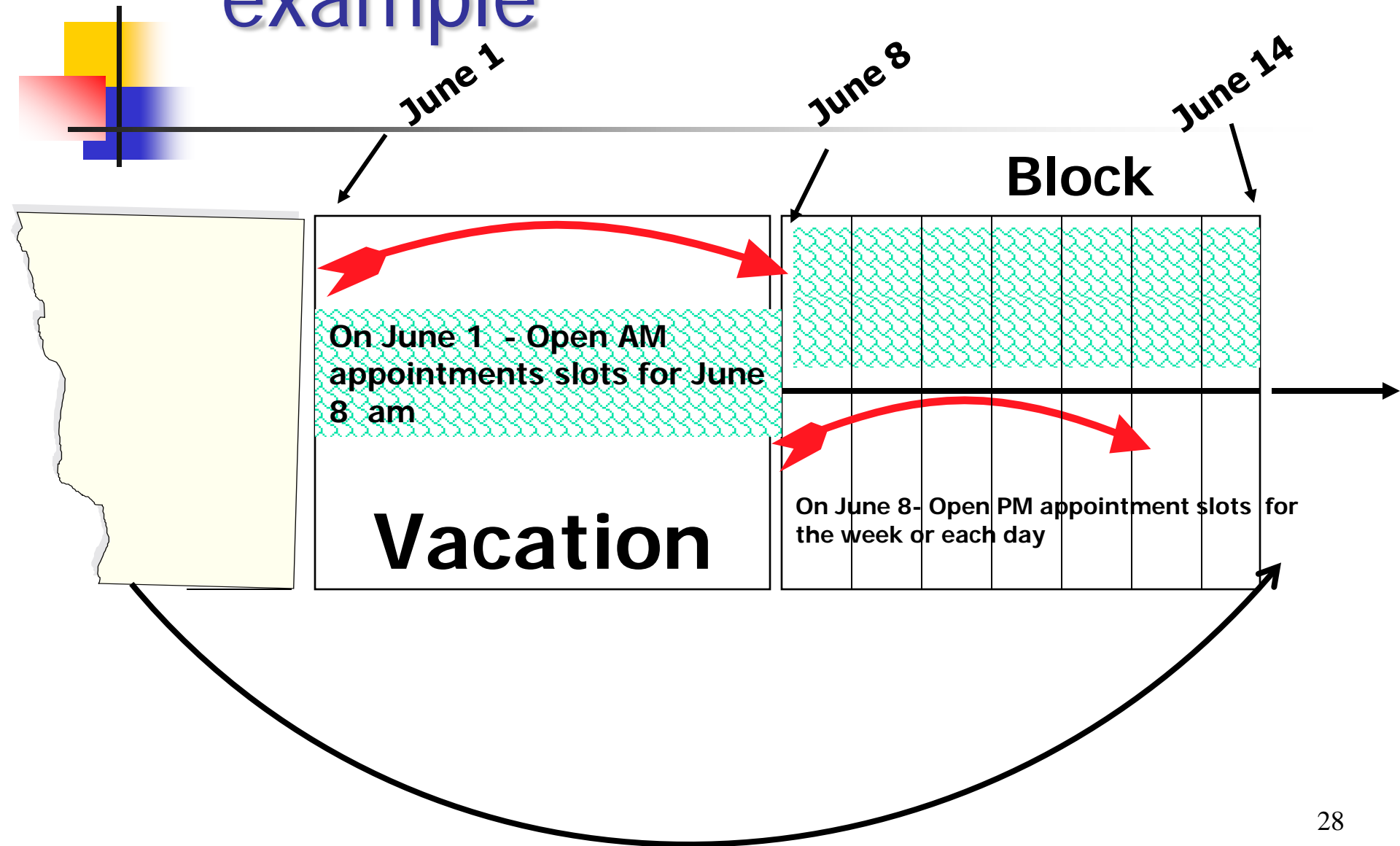
- To reduce the demand surge that occurs after vacation.
- As soon as a provider's vacation has been approved, block that timeframe and block the week following return from vacation. The week before the provider returns, open the mornings of that following week when they return. Those providers' patients who call during the week (s) that they are absent who are willing to wait for an appointment can then be booked into those morning appointments in the second week. When the provider returns open up the afternoon, either one day at a time or all together.
- Note: Providers do not have to open 50% and keep 50% closed until the day they return; the proportion may be different. This closure time does not have to be morning and afternoon it can be some combination of those.



Post Vacation Contingency Scheduling

- For example, if a PCP plans a single week of vacation, hold the schedule for two weeks. When the provider leaves for the first week of vacation, open mornings of the second week. This allows accumulating demand to fill the AM's on the second week.
- When the PCP returns on the second week, open each PM day in sequence allowing that to fill on each day.

Post Vacation Schedule example





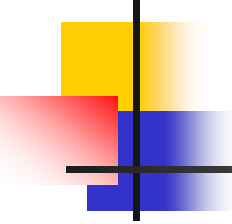
#5 Meet clients needs creatively:

- Use multidisciplinary visits, deal with multiple issues at one visit (AKA max pack visits) , use of phone calls for managing appointments instead of in person, maintain continuity of primary care provider (**most important for patient satisfaction**).



#6 Increase effective supply:

- Ensure that all Primary Care Providers are functioning with their maximum scope of practice;
- Functions can be done by someone else are reassigned to the Provider who can provide the best clinical care delivered the best way “Right Work Right Provider on time every time”
- Lighten the Back Pack



Improve Workflow & Remove Waste #7 Changes for Improvement

- Find and Remove Bottlenecks
- Remove Intermediaries
- Use Automation and Technology
- Move Steps in the System Closer Together
- Standardize Rooms, Equipment, Patient Flow, and Information Flow
- Use Just-in-Time Processing



Improve Workflow and Remove Waste Cont'd

- Do Tasks in Parallel
- Synchronize Patient, Provider, and Information
- Use Continuous Flow to Avoid Batching



Advanced Access – *Optimize Team*

Develop & optimize team to avoid...



We have perfected how to “work alone together”, one visit at a time.



Advanced Access – *Optimize Team*

Well functioning teams have:

- Leadership & direction
- Common aim
- Clearly defined roles & responsibilities
- Share work & process
- Shared information
- Communication Plan
- Work together to support patients' needs
- Have tools to conduct their work
- Flexibility
- Ideal work environment





High Leverage Changes for Primary Care Access

- “Let’s talk about Team strategies”



Advanced Access - *Office Efficiency: High Leverage Changes*

- Balance Supply & Demand for Non-Appointment Work
- Synchronize Patient, Provider, and Information
- Optimize the Environment (Rooms & Equipment)
- Manage Constraints



Advanced Access – *Implementation*

Components to be successful:

- **Understand practice**
- **Organize practice to do
*today's work today***
- **Increase office efficiency**
- **Optimize care team**
- **Measure, Measure, Measure**



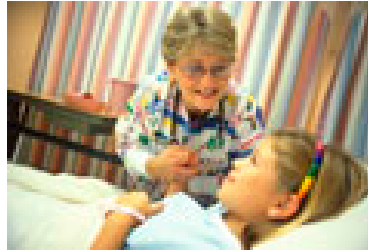
Advanced Access Tips

1. Before a practice can implement advanced access, it must work down its backlog of appointments and develop a contingency plan.
2. Roll out the new system by showing, not telling, patients how it works. When we try to explain our systems, we often make them overly complicated.
3. Begin offering every patient an appointment on the day they call your office, regardless of the reason for the visit.
4. If patients do not want to be seen on the day they call, schedule an appointment of their choosing. Do not tell them to call back on the day they want to be seen.
5. Allow physicians to pre-schedule patients when it is clinically necessary (“good backlog”).
6. Reduce the complexity of your scheduling system to just three kinds of appointments (personal, team and unestablished) and one standard length of time.
7. Make sure each physician has a panel size that is manageable, based on his or her scope of practice, patient mix and time spent in the office.
8. Encourage efficiency and continuity by protecting physicians' schedules from their colleagues' overflow.
9. Develop plans for how your practice will handle times of extreme demand or Primary Care Provider absence.
10. Reduce future demand by maximizing today's visit.

Excerpt from “Same Day Access Appointments Exploding the Access Paradigm”

<http://www.aafp.org/fpm/2000/0900/p45.html>

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Questions?





Resources and Acknowledgments

- Institute for Health Improvement
<http://www.ihl.org/Pages/default.aspx>
- College of Family Physicians of Canada Best Advice Panel Size (June 2012) [Timely Access to Appointments in Family Practice: Same-Day/Advanced Access Scheduling](#)