

[Insert Primary Care site] High Leverage Changes for Primary Care Advanced Access

The following table includes strategies that could be used to help you achieve your access aims. Please remember that not all strategies will apply to every clinic, so consider the ones that you feel would be most beneficial in your situation.

*****SAMPLE WORKSHEET AVAILABLE FROM PRIMARY HEALTH CARE PROGRAM UPON REQUEST*****

Priority Rating				
	Idea/Strategy	Lead Responsibility	Timeline	Action Steps
	<input type="checkbox"/> Report and Review History of Staff Retiring, leaving the clinic practice, LOA's and Attendance			
	<input type="checkbox"/> Review and Analyze Site Specific Quality Improvement Roadmap (QIR)			
	<input type="checkbox"/> Review and Analyze current and forecasted staffing changes			

Priority Rating				
	Idea/Strategy	Lead Responsibility	Timeline	Action Steps
	<input type="checkbox"/> Panel clean up to inform what changes should occur. <input type="checkbox"/> Based on what the Panel size suggests in terms of the 4 cut method should be a good indicator on if you should be hiring a Physician or an NP. <input type="checkbox"/> Advanced Access 4 Cut Method: <p>Cut 1. Patients who have seen only one provider for all visits are assigned to that provider.</p> <p>Cut 2. Patients who have seen more than one provider are assigned to the provider they have seen most often.</p> <p>Cut 3. The remaining patients who have seen multiple providers the same number of times are assigned to the provider who performed their most recent physical or health check.</p> <p>Cut 4. The remaining patients who have seen multiple providers the same number of times.</p>			
Priority Rating	Understand and Balance Supply and Demand			
	Idea/Strategy	Lead Responsibility	Timeline	Action Steps
	<input type="checkbox"/> Measure demand for all appointment services (by the practice, by the individual provider, and by the day)			

Priority Rating				
	Idea/Strategy	Lead Responsibility	Timeline	Action Steps
	<input type="checkbox"/> Measure supply of appointments for all providers			
	<input type="checkbox"/> Identify number of providers and appointments needed to meet daily demand			
	<input type="checkbox"/> Readjust provider staffing/hours to match pattern of demand			
	<input type="checkbox"/> Commit to doing today's work today after the backlog is eliminated			
	<input type="checkbox"/> Identify a plan to continuously measure demand/supply for appointments			
	<input type="checkbox"/> Determine target panel size by dividing unique patients in the practice by clinical FTE worked by providers (this is the "target" panel size)			
	<input type="checkbox"/> Determine ideal provider panel size using the formula: # patients X avg # of visits/yr = # of visits a provider sees per day X # of days the provider works in a year			

Priority Rating				
	Idea/Strategy	Lead Responsibility	Timeline	Action Steps
	<input type="checkbox"/> Make panel size equitable based on clinical FTE of each provider (providers should have a patient panel proportionate to the amount of time they are in clinic)			
	<input type="checkbox"/> Develop a plan for distributing new patients among providers			
	<input type="checkbox"/> Make a commitment to continuity (patients being able to see their own providers)			
	<input type="checkbox"/> Other ideas			

Priority Rating	Reduce the Backlog			
	Idea/Strategy	Lead Responsibility	Timeline	Action Steps
	<input type="checkbox"/> Measure the extent of the backlog (by measuring third next available appointment)			
	<input type="checkbox"/> Distinguish between “good” and “bad” backlog			

Priority Rating	Reduce the Backlog			
	Idea/Strategy	Lead Responsibility	Timeline	Action Steps
	<input type="checkbox"/> Create a plan to reduce the backlog (e.g. add additional appointments, extra clinics, etc.) that is time specific			
	<input type="checkbox"/> Develop a communication plan for staff			
	<input type="checkbox"/> Set begin and end dates for backlog reduction			
	<input type="checkbox"/> Plan for staffing support			
	<input type="checkbox"/> Plan for extra “needs” during backlog reduction			
	<input type="checkbox"/> Display wait time data where everyone in the clinic can see it. Extract pieces of information that are significant and make posters to explain the progress/activity.			
	<input type="checkbox"/> Protect providers who have shorter wait times			
	<input type="checkbox"/> Develop a strategy to ensure clinic is maximizing exam rooms during clinical hours Open Rooming Concept/ Standardizing Supply and Inventory and the Rooming Roles and Responsibilities of the Primary Care Assistant, Traffic Manager.			
	<input type="checkbox"/> Other ideas:			

Priority Rating	Reduce Appointment Types			
	Idea/Strategy	Lead Responsibility	Timeline	Action Steps
	<input type="checkbox"/> Standardize appointment types and lengths			
	<input type="checkbox"/> Use as few appointment types as possible			
	<input type="checkbox"/> In the schedule, identify any appointments needing a specific room, specific staff, or needing more or less time Use the Accuro functionality “Booking Restrictions” or Flag details in the EMR to communicate to Primary Care Assistants			
	<input type="checkbox"/> Develop a plan to accommodate appointments that predictably take longer (e.g. book them last thing in the day, book more than the usual appointment length)			
	<input type="checkbox"/> Wherever possible, book a patient for his/her own provider, not into the first available slot with any provider			
	<input type="checkbox"/> Other Ideas:			

Priority Rating	Develop Contingency Plans			
	Idea/Strategy	Lead Responsibility	Timeline	Action Steps
	<input type="checkbox"/> Study the demand/supply appointment pattern and discover all causes of demand or supply variation			
	<input type="checkbox"/> Develop proactive plans for demand surges and variances, including flu season, holiday periods, back to school physicals, etc.			
	<input type="checkbox"/> Develop a plan to cover the appointment and non-appointment work of absent providers for both expected and unexpected absences			
	<input type="checkbox"/> Have a plan to manage the end of the day (how will providers manage their patients if they are running behind?) What alternatives or examples have other sites implemented to create alternatives in this area?			
	<input type="checkbox"/> Book follow-up appointments toward the end of the week, early in the day (these are the times that are often hardest to fill)			
	<input type="checkbox"/> Cycle Time: The total time patients spend in the office from check in (arrival) to check out (completed) including the amount of time patients spend at each steps within the office. This measure provides information on office efficiency and patient flow as well as the delay the patient experiences across the office visit.			

Priority Rating	Develop Contingency Plans			
	Idea/Strategy	Lead Responsibility	Timeline	Action Steps
	<input type="checkbox"/> Smooth the flow of appointment work			
	<input type="checkbox"/> Develop time-off policies (e.g. only a certain number of providers can be absent at a particular time) Develop a Guideline that is in line with the Advanced Access Contingency planning			
	<input type="checkbox"/> Review bookable hours (too many? too little? Do they need to be expanded?)			
	<input type="checkbox"/> Develop and implement plans for booking physicians who are away from the office (e.g. vacation, etc.) and for their return to the office			
	<input type="checkbox"/> Develop a “cut-off time” for the end of the day (not just based on a “full” schedule)			
	<input type="checkbox"/> Develop a plan for working with other health care providers (Physician and Nurse Practitioner only need to do “Physician Nurse Practitioner ” work. All other work could be done by someone else).			
	<input type="checkbox"/> Develop scripts for receptionists (for getting the reason for the visit, what to say when a provider is absent, getting the patient to commit to calling to cancel his/her appointment if he/she is not able to make the			

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	appointment)			
	<input type="checkbox"/> Use appointment reminders (phone call the day before, letter, email, etc.)			
	<input type="checkbox"/> Post no shows in the front end reception Did you know that over the past 3 months, 1 in 7 patients didn't show up for their appointment When you don't show up for your appointment it hurts you, your Provider and others who are trying to see the clinic team. Please call and provide 24 hour cancellation notice.			
	<input type="checkbox"/> Other ideas If the patient no shows can the missed visit be managed in a different way (could the issue be handled by the Physician over the phone, by e-mail, by having a nurse see them, by someone giving them a phone call, etc.). Essential for the PCP to sell the next visit.			

Priority Rating	Reduce Demand			
	Idea/Strategy	Lead Responsibility	Timeline	Action Steps
	<input type="checkbox"/> Match patient with his/her own provider whenever at all possible (continuity)			

Priority Rating	Reduce Demand			
	Idea/Strategy	Lead Responsibility	Timeline	Action Steps
	<input type="checkbox"/> Create alternatives to traditional face-to-face interactions, including group visits, e-mails, and telephone care management (<i>What alternatives or examples have other sites implemented to create alternatives in this area</i>).			
	<input type="checkbox"/> Promote patient self-care			
	<input type="checkbox"/> Extend intervals for return appointments (seeing a patient every four months instead of every three months frees up one visit per year per patient. If a provider has 1,000 patients, that would free up 1,000 appointments per year for that provider)			
	<input type="checkbox"/> Look ahead into the future schedule to see if patients can be managed in a different way (could they be handled by email, by having a nurse see them, by a PCP giving them a phone call, etc.)			
	<input type="checkbox"/> Do as much as possible with each visit (maximizing the efficiency of each visit). If a patient who comes in infrequently presents for a sore throat, use the opportunity to renew prescriptions, order screening tests, etc. as appropriate for that patient. Make the most of the visit when the patient is already in the clinic)			
	<input type="checkbox"/> Use other team members during a visit to			

Priority Rating	Reduce Demand			
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	make the visit more effective			
	<input type="checkbox"/> Develop a plan to reduce no-shows. Keep data on when the no-shows occur, who the patients are that are no-showing, etc. then decide how to best get them to call to cancel if they aren't able to make their appointment. Consider a "no-show" policy.			
	<input type="checkbox"/> Other ideas			

Priority Rating	Optimize Care Team to Increase Supply			
	Idea/Strategy	Person Responsible	Timeline	Action Steps
	<input type="checkbox"/> Ensure all roles in the practice are maximized to meet patient needs <input type="checkbox"/> IPC and IPE assessment complete <input type="checkbox"/> IPC and IPE analysis and next steps <input type="checkbox"/> IPC 8 questions complete and next steps			
	<input type="checkbox"/> Minimum of a daily (IHI would say twice daily) team huddles to maximize team performance and prepare for the day.			

Priority Rating	Optimize Care Team to Increase Supply			
	Idea/Strategy	Person Responsible	Timeline	Action Steps
	<input type="checkbox"/> Review frequency and effectiveness of team meetings <input type="checkbox"/> Discuss how the team will manage conflict when different opinions of clinical management arise use S-BAR tool kit can be helpful S=Situation (a concise statement of the problem) B=Background (pertinent and brief information related to the situation) A=Assessment (analysis and considerations of options — what you found/think) R=Recommendation (action requested/recommended — what you want) See S-BAR toolkit http://www.ihl.org/knowledge/Pages/Tools/SBARToolkit.aspx S BAR Tools			
	<input type="checkbox"/> Take all unnecessary appointment work away from providers (patient vitals, patient history, requisitions, forms, etc. could be at least partially completed by a team member other than the physician)			
	<input type="checkbox"/> Reduce variation in provider styles. Try to get providers to agree on standardized appointment lengths, visit tasks, etc.			
	<input type="checkbox"/> Use of guidelines for prevention, treatment and management			
	<input type="checkbox"/> Implement case consultations			