PRIMARY HEALTH CARE OPERATIONAL GUIDELINES	**Operational Guideline:** Advanced Access Strategies	**Guideline Number:** PCOG#12
	Approved By: Community Primary Care Council	**Pages:** 1 of 9
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1.0 INTENT:

- This guideline provides strategies for clinics to maximize client access to primary care using advanced access methodology

UNDERLYING PRINCIPLES

- Client access to primary care is a program priority and outlined in *PCOG#1: "Patient Access and Transfer"* and *PCOG#9: "Staff Access to Primary Care Services"*. http://home.wrha.mb.ca/prog/primarycare/guidelines_operational.php
- Building and maintaining therapeutic relationships with clients in order to optimize care is a program goal.
- Continuity of quality care is the main way to foster therapeutic relationships. However, longitudinal relationships can be enhanced by superior teamwork and continuity of information, in the absence of the client's primary care provider.
- Advanced access provides guidance for appointment bookings, internal office efficiencies and optimizing the roles of the entire clinic team in order to provide client access to care from the most appropriate provider when required within advanced access benchmarks.

2.0 DEFINITIONS:

Advanced Access - 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. This includes obtaining appointments within a three day time frame. The advance access model is often considered to be a scheduling system; however, it is a comprehensive approach of optimizing clinic efficiencies in order to optimize care delivery and achieve primary care system goals.

Six Conditions/Elements to Implement Advanced Access

1. Understand the Supply and Demand: Supply is the number of hours and appointments available in a primary care provider's practice. Demand represents the client's request for appointments (external and internal). It is believed that demand can be managed and planned by following trends and patterns in utilization.
2. Balance Supply and Demand: When demand outnumbers 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.
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.
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.
5. Meet client's needs creatively: Use multidisciplinary visits, deal with multiple issues at one visit, use of technology such as email and maintain continuity of primary care provider (most important for client satisfaction).
6. Increase effective supply: Ensure that all primary care providers are functioning with their maximum scope of practice, and that functions that can be done by someone else are reassigned. Collaboratively manage provider hours, vacations and remuneration with sites, providers, and program.

3.0 GUIDELINE:

3.1 Understanding Supply, Capacity and Demand

3.1.1 Calculating Supply

- Supply = provider Full-Time Equivalents (FTE's) times the number of appointments they have the capacity to deliver over a specified time frame. A primary care provider's capacity can vary depending on length of time in practice, complexity of clients, acuity of clients, mentoring students, etc.
- Count the number of FTE providers in the office on a daily, weekly, and monthly basis. Subtract all the time, clinical and non-clinical, that keep providers out of the office and seeing clients. Then, subtract this time off of the total available time.
- Multiply this daily clinical office FTE by the standard number of appointments on the appointment template (how many scheduled appointments each day). This is the supply. Once supply is known on a daily basis, and demand trends are known, efforts can be made to match the supply required to meet the demand.

3.2 Measuring Capacity

3.2.1 Defining Active vs Inactive clients

- Client status criteria are outlined in *PCOG#10: "Patient Status Criteria".*

3.2.2 Measuring Panel Size

- Panel is the number of unique clients per primary care provider who have received services in an 18 month period.
- A list of clients seen by a primary care provider can be obtained from Manitoba Health using billing data, however this data in not optimal for measuring panel size in a clinic setting where clients can see more than one primary care provider.
- Maintaining clients status is important to ensure that clients listed for a clinic are active vs. inactive.

3.2.3 Panel Size

- Refer to current panel size data located within the Primary Health Care Dashboard on the Primary Health Care shared folder.

3.3 Measuring Demand

3.3.1 Calculating Demand

- Daily Demand = A1+A2+A3+A4+D = Total Demand
  A1= total of appointment requests called in to your office on any given day regardless of the day to which the appointment is actually assigned.
  A2= total number of individuals walking in to be seen on a given day, whether seen then or given a future appointment.
  A3=total number of clients requesting and getting an appointment through any other methods/venues.
  A4= deflections (sent away or who leave due to lack of appointment availability).
  *NOTE: A1-4 above also known as external demand.
  D= total number of follow-up or return appointments generated during the day. This is defined as internal demand.
- See *APPENDIX F - Measurement Guide for Reporting AA and MIS*
- This data should be collected daily for increased accuracy.
- Demand should be measured for each provider and the clinic as a whole, and reported by the day of the week.

3.3.2 Estimating Demand

- Demand can be estimated by multiplying the number of patients by the average number of return visits per year. For example, if a Nurse Practitioner had 1000 clients, and estimated that they each have an average of 4 appointments per year, the demand that the NP would need to meet is 4000 visits per year.

3.4 Balancing Supply and Demand

3.4.1 Measurement of Third Next Available Appointments

- This statistic is best calculated once weekly, on the same day and time each week. Days that the clinic is not open are counted in this measure, so that the wait period reflects the actual time a client must wait for an appointment.
- To calculate the third next available, starting from the present day, count how many days until the third next available appointment for each primary care provider. Days the clinic is not open are counted in this total so that an accurate reflection of how long the client must wait for an appointment is reached.

3.4.2 Intake of New Clients

- 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. See *APPENDIX F - Measurement Guide for Reporting AA and MIS* on how to measure new patients within EMR.

3.5 Reducing the Number of Appointment Types

- Use building blocks of 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. See *PCOG#29: "Optimizing Team Roles through Appointment Types and Reasons".*

3.6 Developing Contingency Plans

- The number of staff off on vacation should be balanced to maintain a balance of supply and demand. See *PCOG#27: "Physician Scheduling and Job Sharing".*
- 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 scheduling is another strategy to help 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 provider's 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 altogether.
  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 a combination of.

3.7 Reducing the Demand for Visits

3.7.1 Measuring Client Attendance

- The philosophy is a missed appointment hurts 3 people- the client, the healthcare provider, and others who were unable to get an appointment.
- "No show Appointments" are lost opportunities and need to be measured and managed.
- MIS stats collate the number of no show appointments per primary care provider; details are outlined in *PCOG#4: "MIS Monthly Data Collection"*.
- No show appointments can also be counted manually and tracked on a spreadsheet.
- No show rate is calculated by measuring number of no-show divided by the number of appointments book= No Show %
- No show rate is measure retrospectively, by provider and by clinic each month and tracked month to month.

3.7.2 Responding to Client Attendance

- Clinics are obliged to support vulnerable clients to improve their attendance at appointments. Support strategies include rescheduling the appointment or calling the person to remind them of future appointments.
- Posting no show rates in the waiting room can remind clients of their responsibility to attend or cancel appointments, See *APPENDIX B - Posting No Shows*
- Booking appointments within a 3 day window can decrease no show rates as clients get appointments when they need them.
- Letter can be sent to client to remind them of missed appointments, See *APPENDIX C – Letter to Patients*

3.7.3 Providing Group Education Visits

- Whenever possible, utilize primary care provider teams to provide education/self-management visits within a group setting.

3.8 Increasing Effective Supply

- Ensure that the correct primary care provider is booked for the clients requirements.
- Utilize other health care professionals in order to work to full scope. See *PCOG#29: "Optimizing Team Roles through Appointment Types and Reasons".*
- Combine partial EFTs and caseloads to equal one full time team. See *PCOG#27: "Physician Scheduling and Job Sharing".*

3.8.1 Increasing Office Efficiencies

- Assign clinic rooms to optimize efficiency on a daily basis, using open rooming concept.
- Standardize equipment in clinic rooms to decrease time spent locating supplies. See *PCOG#28: "Kanban Inventory System".*
- Ensure equipment is stocked daily and in working order.
- Prepare for client visit by ensuring the necessary equipment is ready in the clinic room.
- Cycle times can be measured to analyze where improvements can be made. See *APPENDIX F Measurement Guide for Reporting AA and MIS*

3.9 Reporting on Clinic Accessibility

- Sites will report on demand, supply, and third next available appointment using the standard Advanced Access Data Collection Tool.
- Reports are to be submitted to the Primary Care Program (Quality Improvement and Business Operations Specialist) on a weekly basis.
- Advanced Access Reporting in Optimed is detailed in *APPENDIX D - High Leverage Changes for Primary Care Process Review (Worksheet).*
- Primary Care Program will utilize submitted data for reporting to WRHA Senior Management or MB Health on the accessibility of primary care services across the Winnipeg Health Region.

4.0 APPENDICES:

- APPENDIX A – "Advanced Access" Frequently Asked Questions
- APPENDIX B – Posting No Shows
- APPENDIX C – Letter to Patients
- APPENDIX D – High Leverage Changes for Primary Care Process Review (Worksheet)
- APPENDIX E – Plan/Do/Study/Act (PDSA) Tool
- APPENDIX F – Measurement Guide for Reporting AA and MIS

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SCOPE: Applicable to all WRHA Primary Care Direct Operations Clinics, Family Medicine Teaching Clinics, and Quick Care Clinics.

APPENDIX A

"Advanced Access"
Frequently Asked Questions

1. **What does "Advanced Access" mean?**
   With "advanced access" you simply call near the date you want your appointment. We will schedule you with your practice team within 3 working days of your call, often on that very same day! This means, from now on most appointments will no longer need to be booked weeks or months ahead of time. In other words, most appointments are kept "open" for immediate access instead of being filled weeks in advance. You are able to book weeks or months ahead of time.

2. **What kind of appointment can I make on such short notice?**
   Any appointment, from a regular follow-up, or a medication refill, to a yearly physical, will be arranged within 3 days of your request.

3. **Can I really be seen in the same day that I call for an appointment?**
   As long as you call prior to 3:00 PM there is a good chance of getting you in that same afternoon. However, if the afternoon is already filled you will get an appointment within a day or two with a member of your practice team.

4. **What do you mean by my "Practice Team"?**
   Your practice team is made up of your main primary care provider, the other physicians and nurse practitioners in your practice team area, and the nurses who work with them. We will make every effort to schedule you with the provider who knows you best, but when not available we will schedule you with a team member who has access to all of your information.

5. **What kinds of appointments are made in advance?**
   There are some appointments that are particularly sensitive to timing such as childhood immunizations, and prenatal follow-ups. These appointments can still be made in advance.

6. **Does this mean that this is now a walk-in-clinic?**
   No. We will continue to provide ongoing care to our patients. You will still have your own personal family doctor who will make sure that your problems are being taken care of safely and effectively, and we still ask that you phone for an appointment rather than dropping by.

7. **At my latest appointment, my doctor gave me six months' worth of my prescriptions. Previously he/she would only give me three months' worth. What is happening?**
   Recommendations state that patients whom are medically **stable** may need to come in less often for care and this is **only** suggested when it is safe to do so. Certainly, if you have any health concerns before your prescriptions are due, you are welcome to arrange an earlier appointment.

8. **So how do I make an appointment?**
   Simply call the office within a few days of when you would like to be seen or when you were asked by your care provider to return. Our goal is to get you in within 3 working days of your call. If you call before 3:00 PM we may be able to get you in that same day. You will be asked the reason for your appointment and the name of your regular resident so that we can get you into the best appointment available

APPENDIX B

Posting No Shows - EXAMPLES

Sites should consider posting the following sample "No Show" language including statistics monthly or quarterly in the waiting area.

Q1 - Apr/May/June
Q2 - Jul/Aug/Sep
Q3 - Oct/Nov/Dec
Q4 - Jan/Feb/Mar

Quarterly:

"We need your help……from (April) to (June) one in XXXX patients did not show up for their appointment. Please contact our office 24 hours in advance should you need to cancel your appointment.

When you book appointments but do not show up: it hurts you, your health care provider and other patients who needed help but were unable to get an appointment."

Monthly:

"We need you help…..last month (April) one in XXXX patients did not show up for their appointment. Please contact our office 24 hours in advance should you need to cancel your appointment.

When you book appointments but do not show up: it hurts you, your health care provider and other patients who needed help but were unable to get an appointment."

APPENDIX C

Letter to Patients - EXAMPLE

Date:

Name: Address:

Dear:

You have missed the following appointments: (insert dates)

It is important for your health that you attend all scheduled appointments.

When you book appointments but do not show up: it hurts you, your health care provider and other patients who needed help but were unable to get an appointment.

This is a written reminder to please call and cancel your appointment ahead of time if you are unable to attend. We would ask that whenever reasonably possible you provide at least 24 hour notice.

We now have a new way of booking appointments at the clinic. Please do not book an appointment ahead of time unless your provider specifically asks you to do so. If you need an appointment, call us when you need to be seen and we will try and get you into the clinic within a few days.

If you continue to miss appointments at the clinic, we will need to meet with you and the Primary Care Clinic Team Manager prior to booking any further appointments.

The clinic phone number is to book an appointment.

Sincerely,
(Name of Practitioner)
(Location)

Cc: Team Manager