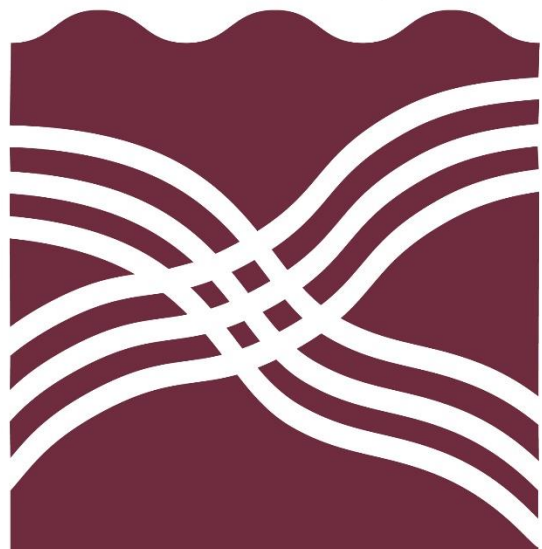




PARTNERSHIP



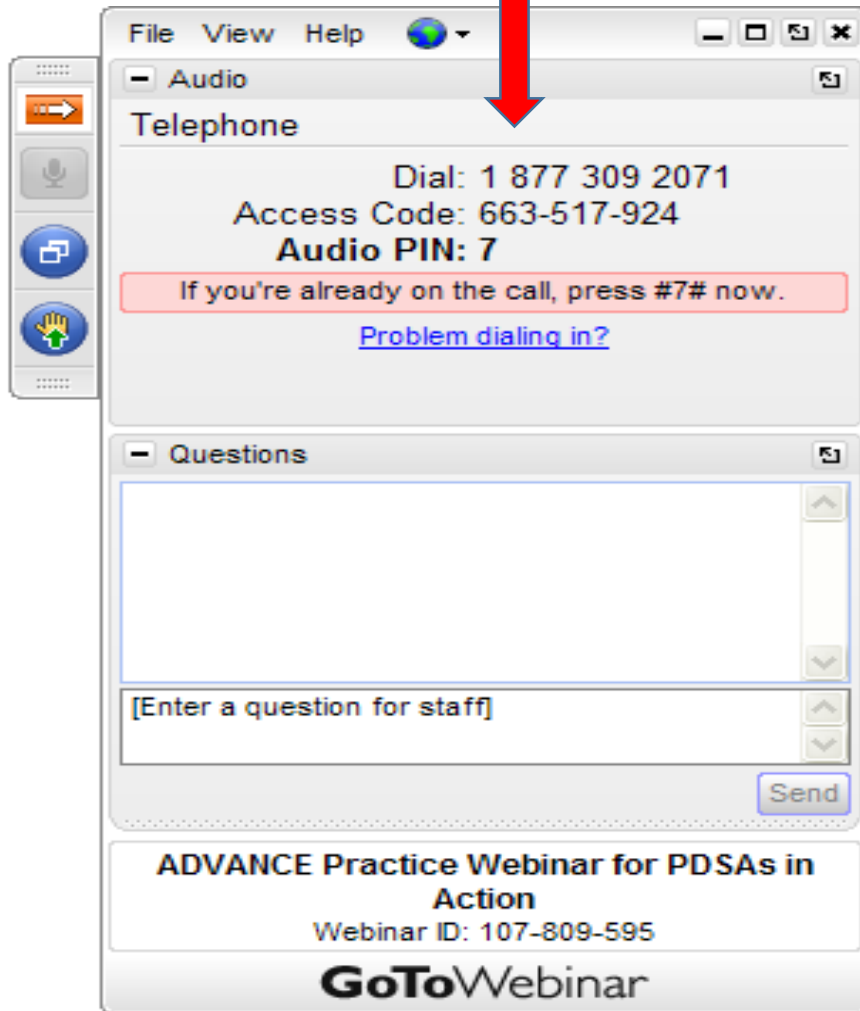
HEALTHPLAN
of CALIFORNIA

Access Strategies: Reducing Delays *for* Appointments (2)

May 21, 2019

Barbara Boushon, RN, BSN

Webinar Instructions



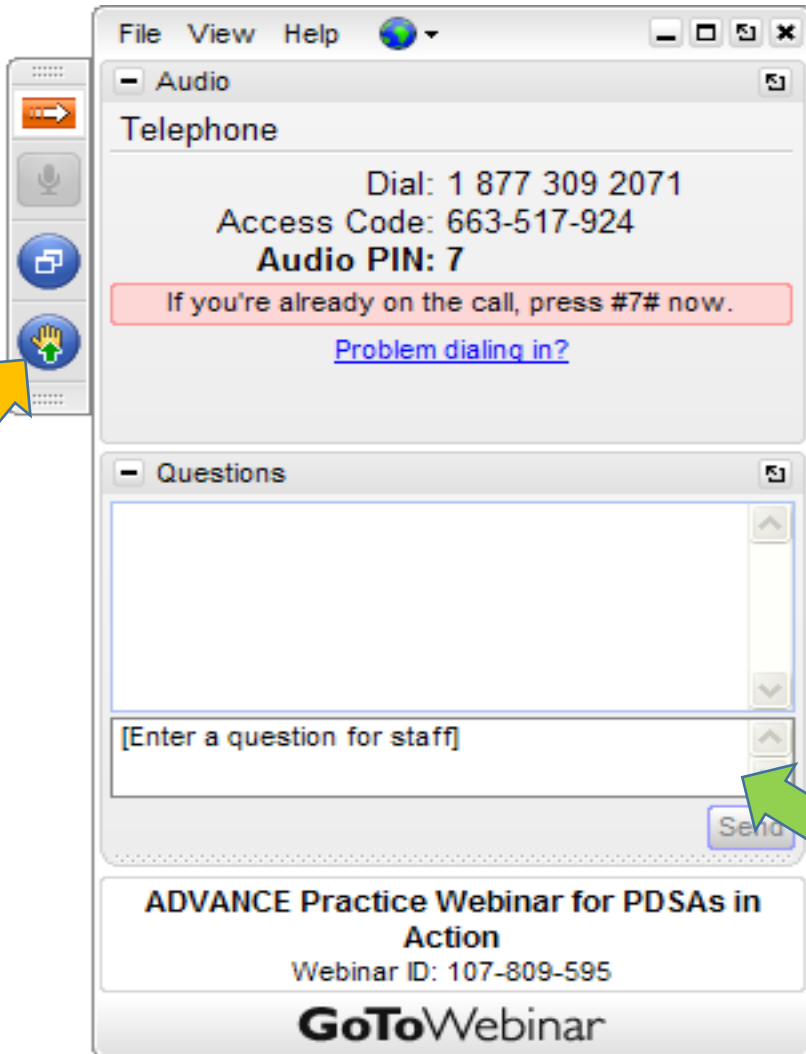
The screenshot shows the GoToWebinar interface. A red arrow points to the 'Audio' tab, which is currently selected. The 'Audio' section displays the following information:

- Telephone
- Dial: 1 877 309 2071
- Access Code: 663-517-924
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Below the 'Audio' section is a 'Questions' section with a text input field and a 'Send' button. The text input field contains the placeholder text '[Enter a question for staff]'. At the bottom of the interface, the text 'ADVANCE Practice Webinar for PDSAs in Action' and 'Webinar ID: 107-809-595' is displayed, followed by the 'GoToWebinar' logo.

To avoid echoes and feedback, we request that you **use the telephone** *instead* of your computer microphone for listening/talking during the webinar.

Webinar Instructions



- All participants have been muted to eliminate any possible noise interference/distraction.
- If you have a question or would like to share your comments during the webinar, **please type your question in the “question” box or click on the “raised hand” icon.**

No Conflict of Interest

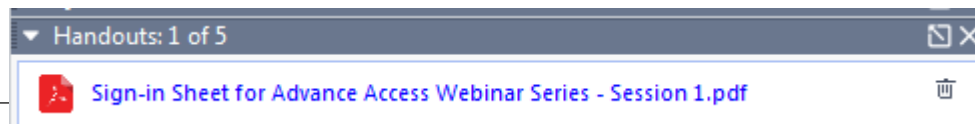
- All presenters have signed a conflict of interest form and have declared that there is no conflict of interest and nothing to disclose for this presentation.

This Live activity, Advanced Access Webinar Series: Office Efficiencies: Reducing Delays **for Appointments, May 21, 2019 has been reviewed and is acceptable for up to 1.00 Prescribed credit(s) by the American Academy of Family Physicians. Physicians should claim only the credit commensurate with the extent of their participation in the activity.*



Sign-In Sheet

To receive CME/CE credit for this webinar please download the attached sign-in sheet fill it out and email it back to kgoelz@partnershiphp.org



Instructions: Each participant that would like to receive CME or CE credit must fill in the highlighted areas, sign and email back to kgoelz@partnershiphp.org

SIGN-IN SHEET					
Title: Introduction to Advance Access					
Date: Wednesday, April 24, 2019			Time: 12-1:00 p.m.		
Location Name & Address: Partnership HealthPlan of California, Fairfield CA					
Point of Contact Name & Email Address: Karen Goelz, kgoelz@partnershiphp.org					
Last Name, First Name Title, Organization Email Address		CME or CE Indicate below	Credentials License #	Time In & Out	Signature
Name:			Credential(s)	Time In: 12:00 pm	
Title:					
Organization:			License #	Time Out: 1:00 pm	
Email:					
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Title:					
Organization:			License #	Time Out: 1:00 pm	
Email:					

Our Fearless Leader

Barbara Boushon, RN, BSN

An expert in the field who has over 20 years' experience serving as faculty for Advanced Access collaboratives, training sessions and webinars.



Introductions

- Faculty
- Participants
- The webinar series
 - Format
 - Topics
 - Preparation

#1 April 24, 2019 (12-1 pm)

Introduction to Advanced Access

#2 May 7, 2019 (12-1 pm)

Access Strategies: “Reducing Delays for Appointments”

#3 May 21, 2019 (12-1 pm)

Access Strategies: “Reducing Delays for Appointments”

#4 June 4, 2019 (12-1 pm)

Access Strategies: “Reducing Delays for Appointments”

#5 June 18, 2019 (12-1 pm)

*Office Efficiency:
“Reducing Delays at Appointments”*

Objectives for Today

- Describe three ways to reduce appointment types and times
- Explain at least 3 change ideas to optimize the care team to increase supply
- Be able to perform a Care Team Work Analysis (CTWA)

Changes: Access Principles

1. Understand and balance supply and demand
 - a) Individual
 - b) Practice
 - c) Organization
 - d) System
2. Reduce demand
- 3. Reduce appointment types and times**
- 4. Optimize the care team to increase supply**
5. Resynchronize the system (Reduce the backlog)
6. Develop contingency plans

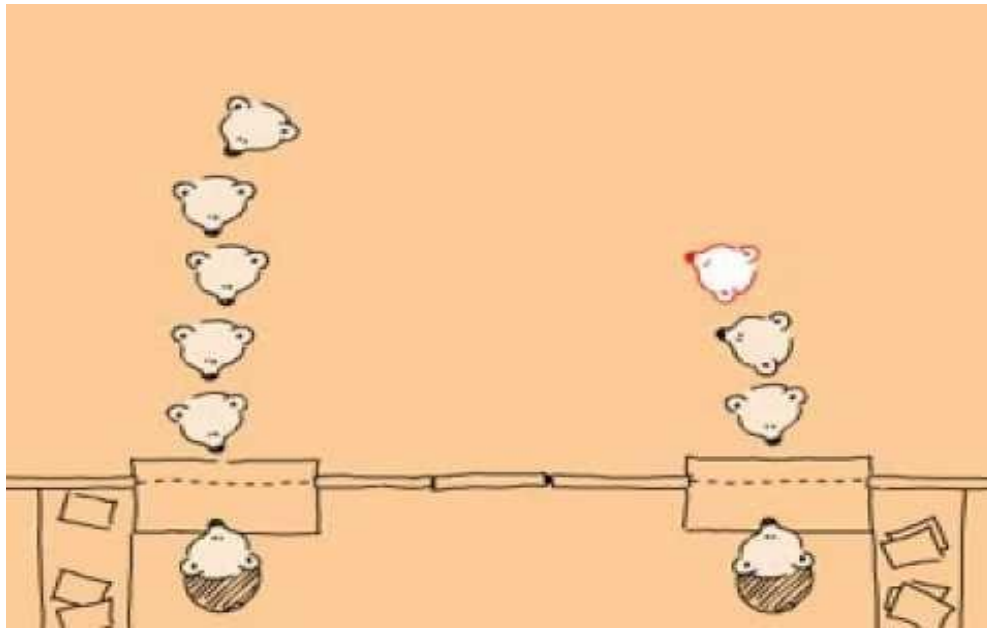
Reduce Appointment Types and Times

Decrease Appointment Types/Times

- Appointment types are distinct streams of demand
 - Work that requires different room, equipment, staff or time
 - Long and short for PC
 - ~~Body parts, diagnoses, or “clinics”~~
- Reducing the number of different appointment types/times on schedule reduces queues
- Reducing the # of queues decreases the delay

Queueing Theory

- <https://www.youtube.com/watch?v=IPxBKxU8GIQ>

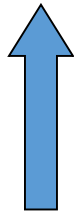


Queuing Theory

Motor Vehicle

Dept: Old

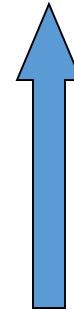
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2



3



4



Motor Vehicle

Dept : New

1-3



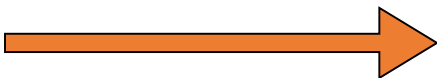
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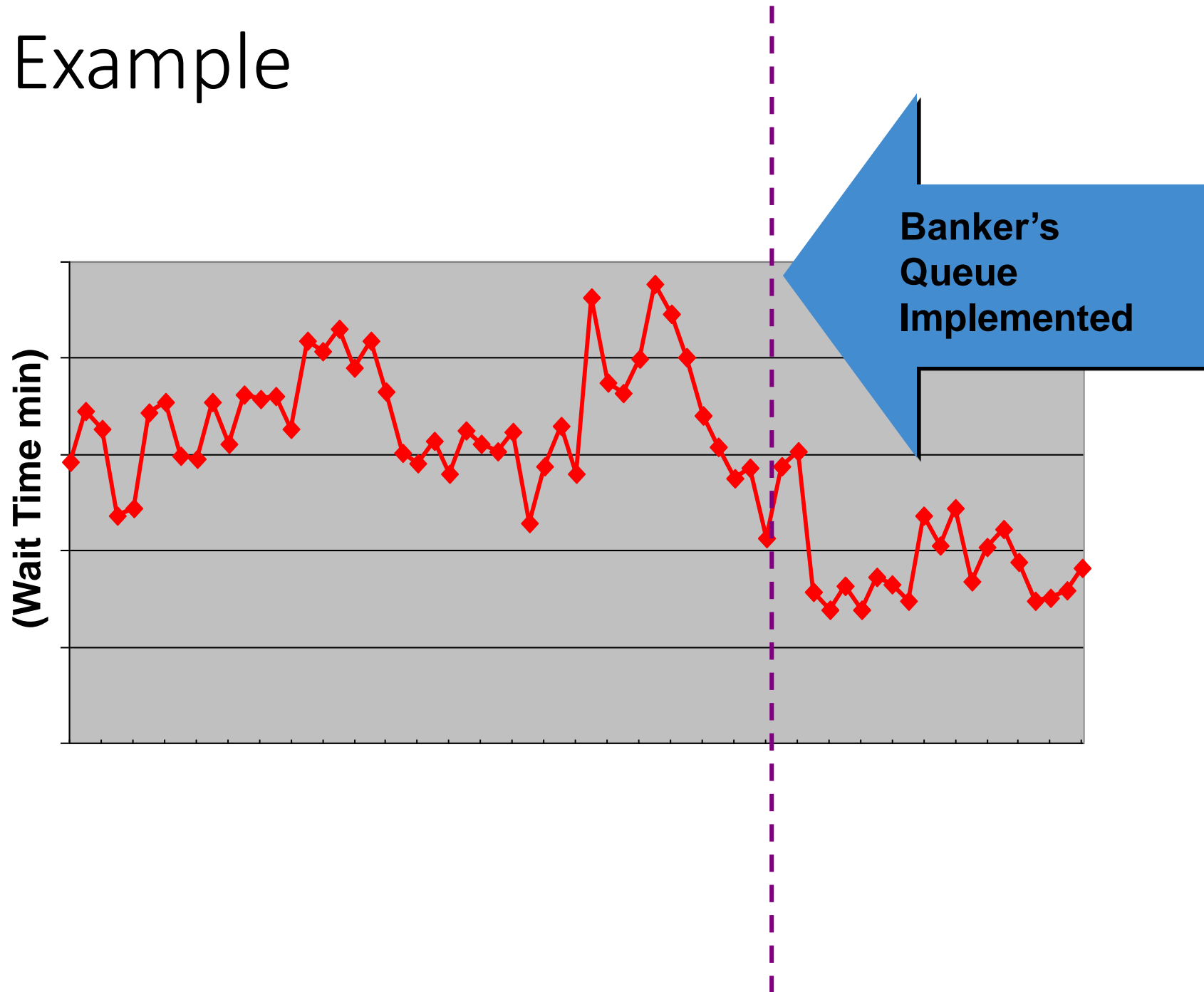
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4 (1-3)



Lab Example



Reduce Appointment Types/Times

- Simplify: Decrease types and times
 - Use “building blocks”: merge up/split down
 - Short and long OR one length
 - Associated with a procedure
- Eliminate inflexibility for longer appts.
 - Use “building blocks”
 - Reduce/Eliminate limits or carve-outs
- Practice “truth in scheduling”
- Account for the absent provider



Reduce Appointment Types/Times

- Load-level the future
 - Sell early; sell late
 - Back-to-backs
- Sort the work equitably and to the continuity provider, not by urgency or clinical condition
- Communicate with and empower schedulers

Carve-Out Thought Experiment

Assume:

- Full-time provider working M-F (10 sessions/week)
- 1 physical per session carved out (2/day)
- Works 225 days per year (45 weeks)
- Panel size of 1200

$$225 \times 2 = 450/\text{year}$$

$$225 \times 3 = 675/\text{year}$$

$$225 \times 4 = 900/\text{year}$$

Team Exercise

- List all the appointment types that are currently used within your health center/clinic
- Post the list on a flipchart paper
 - Which can be combined or eliminated?
 - Which need to be retained?

Advanced Access Webinar - # 3

Reducing Appointment Types and Times

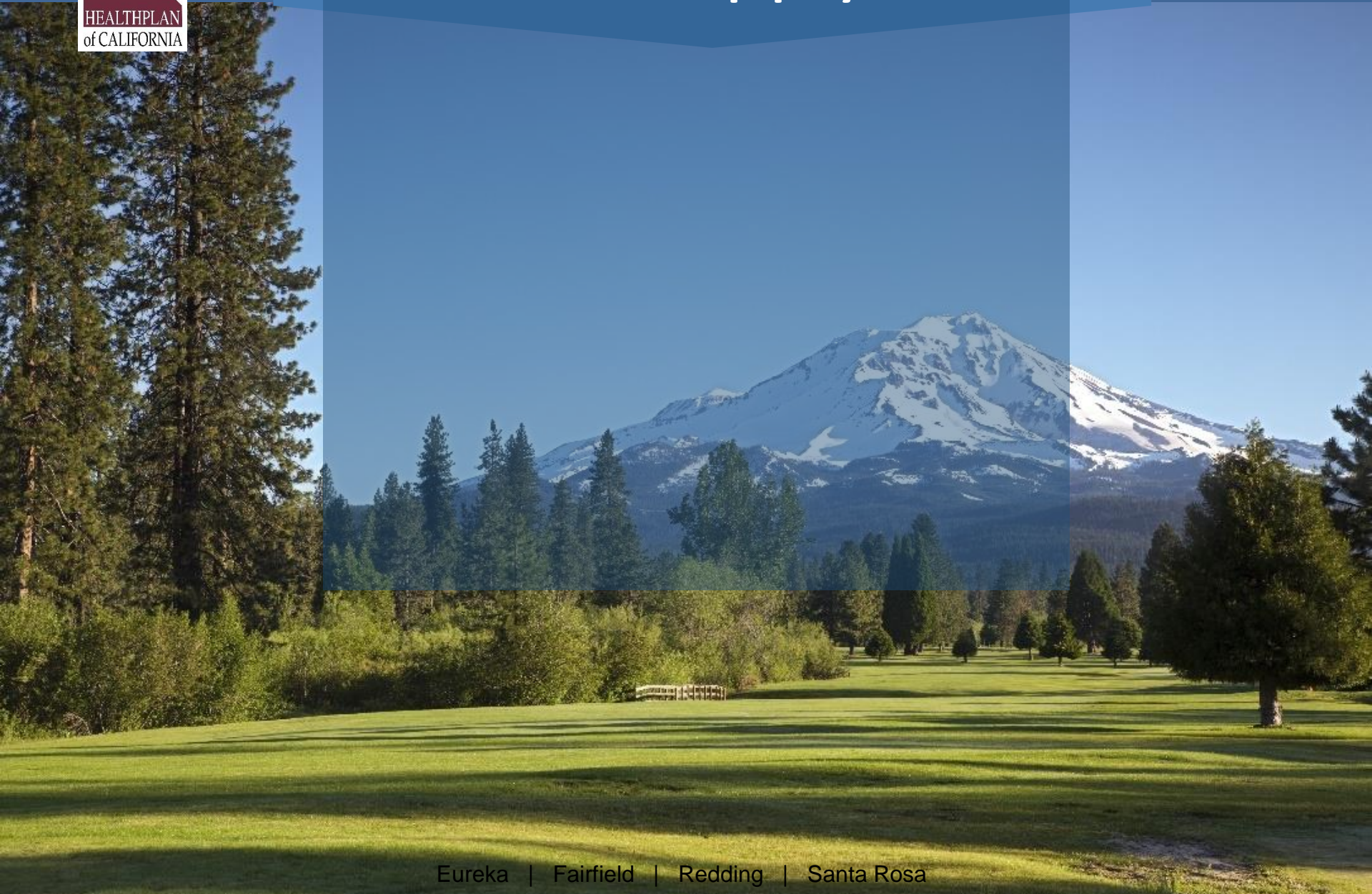
CMC – Vacaville

- We used our Provider Champion to test change
 - We gradually reduced appt types from 6 down to 2. All appointments are 15 mins
 - An Appointment is an Appointment! We did keep a second appointment type so our staff would have control of a few appointments at the end of each session in order for our providers to get out on time (Provider Satisfaction)

Changes: Access Principles

1. Understand and balance supply and demand
 - a) Individual
 - b) Practice
 - c) Organization
 - d) System
2. Reduce demand
3. Reduce appointment types and times
4. **Optimize the schedule, care team, and environment to increase supply**
5. Resynchronize the system (Reduce the backlog)
6. Develop contingency plans

Increase Supply



Increase Supply

- Optimize the supply side of the panel/caseload equation
- Optimize the care team
- Identify and manage the constraint
 - Define the work within and outside of the appointment
 - Delegate appropriate work
- Office efficiencies
- Use of technology
- Efficiencies in other venues of care



A3

Increase Supply

What are some ways to increase the supply side of the panel equation?

- Add providers
- Add days
- Add appointments
 - Increase length of schedule
 - Decrease length of each appointment, and add appointments

- “Truth in Scheduling”
- Optimizing the “grid”
- “Red Zone” efficiency

Supply = Appointments/day X Days/year

What is Truth in Scheduling (TiS)?

Match the actual work of the appointment to the length of the appointment

It's like Goldilocks and the Three Bears.....

- Too long
- Too short
- Just right

- “Truth in Scheduling”
- Optimizing the “grid”
- “Red Zone” efficiency



How Do I Do TiS?

- For 4-5 days, measure and record how long each appointment actually takes
 - Provider perspective only
 - Start to finish
 - Include chart review and documentation if this is done before and after each patient
- Separate data by appointment length and average
- Compare actual length of appointment (long/short) to stated length of appointment



What is Red Zone Efficiency (RZE)?

- Red Zone is the provider/patient face time
- Red Zone Efficiency is assuring that the provider is only doing what only the provider can do within the Red Zone



How Do I Do RZE?

- Define the work (tasks/processes) currently being done during the Red Zone
- Identify who is currently doing that work
- Can some of the work (tasks/processes) be moved away from the provider (to another qualified care team member) in a way that does not compromise clinical care of relationship?
- Assess if the care team members (exist, or) can take on these tasks:
 - Workload
 - License, scope, training, competence

What is Optimizing the Grid? (OtG)

How Do I Do It?

In an objective manner, analyze the schedule template (grid):

- Do the scheduled hours match the contracted hours?
- Are there other venues that could be optimized to allow for more hours on the grid?
- Could administrative time be shortened if the care team were optimized (making delegation of some administrative tasks possible?)
- Is the grid utilized? (are there appointment types that are never used and could be eliminated?)

How Does TiS Relate to Red Zone Efficiency and Grid Optimization?

If compared to the “work”, the appointment length is:

- Too long: Change to shorter appointment length per data and add more appointments to schedule
- Too short: Work on Red Zone Efficiency and try to fit work of appointment into the time frame
- Just right: Work on Red Zone Efficiency in order to Optimize the Grid



- **“Truth in Scheduling”**
- **Optimizing the “grid”**
- **“Red Zone” efficiency**

How Does OtG Relate to Red Zone Efficiency and TiS?

- Is there opportunity to gain appointments by improved red zone efficiency?
- Is there opportunity to gain appointments by more accurate truth in scheduling?

- **“Truth in Scheduling”**
- **Optimizing the “grid”**
- **“Red Zone” efficiency**

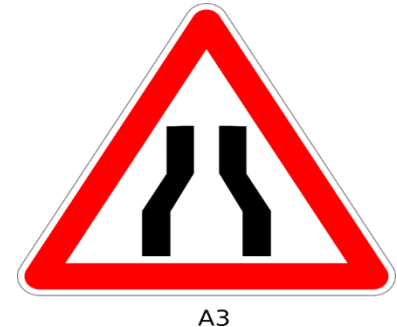
How Does RZE Relate to TiS and OtG

- Moving tasks away from the provider during the Red Zone will decrease the time spent during the appointment.
- Relook at Truth in Scheduling. Is there an opportunity to shorten the appointment length and add more appointments to the Grid?

- **“Truth in Scheduling”**
- **Optimizing the “grid”**
- **“Red Zone” efficiency**

Increase Supply

- Optimize the supply side of the panel/caseload equation
- **Optimize the care team**
- **Identify and manage the constraint**
 - Define the work within and outside of the appointment
 - Delegate appropriate work
- Office efficiencies
- Use of technology
- Efficiencies in other venues of care



Manage the Constraint

1. Identify each constraint or bottleneck (person or process);
Drive unnecessary work away from the constraint
2. Define team roles and responsibilities for processes that support the care
3. Flow map scheduled care processes and care maps; look for bottlenecks or opportunities for improvement



Manage the Constraint

4. Separate responsibilities for phone flow, patient flow, and paper flow
5. Redesign roles and reallocate work to appropriate level of skill, expertise and license so all team members are working to the top of license and within scope of practice and competency



Care Team Work Analysis



Lighten the Back-Pack....CTWA Exercise

- What is the doctor/provider doing during the appointment that another member of the care team could do instead?
 - **By task**
 - **By role**
- What is the doctor/provider doing outside the appointment that another member of the care team could do instead?
 - **By task**
 - **By role**



Care Team Work Analysis Team Exercise

Purpose:

- To identify the various activities within the department, understand who currently performs these functions and who might better perform them.

Goal:

- o To define the work and the worker
- o To elevate each member of the team to the highest level their education, training, and competency allows.
- o To drive the work away from the provider constraint.

Exercise: Work Analysis

1. Identify all tasks (by role, process)
2. What can be eliminated? Combined?
3. Identify who currently does these tasks
4. Should they be doing them?
5. Are all working to their highest level?
6. In a perfect world who would/could/should do these tasks?
7. What is the plan to deliberately move toward that ideal?

Work Analysis Work Sheet by Task

Task	Who does it now?	In a perfect world who would do it?
	Patient	
	Provider	
	Medical Assistant	
	RN, Pharmacist, Social Worker Educator	
	Front Desk Staff	

Work Analysis (another example....)

Task/Process	Who does it now	In a perfect world who would do it
Book appointments	Nurses	Clerical support
Take incoming calls	Providers	Clerical support
Chart prep		
Triage		
Med refills		
Financial authorization		
Etc.		

Increase Supply Summary

- Optimize the supply side of the panel/caseload equation
- Optimize the care team
- Identify and manage the constraint
 - Define the work within and outside of the appointment
 - Delegate appropriate work
- Office efficiencies
- Use of technology
- Efficiencies in other venues of care



A3

Advanced Access Webinar - # 3
Optimizing the Care Team to Increase Supply
CMC – **Dixon**

- Balance supply and demand by adding provider hours
- Medical Assistants call patients on normal lab results to reduce unnecessary visits
- Hired an RN and SW to assist patients with social determinants of health

Changes: Access Principles

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2. Reduce demand
- 3. Reduce appointment types and times**
- 4. Optimize the care team to increase supply**
5. Resynchronize the system (Reduce the backlog)
6. Develop contingency plans

Between Now and Next Session.....

- Perform a Care Team Work Analysis (CTWA)
- Test three change ideas to increase supply
- List appointment types and times
 - Reduce # of types
 - Reduce # of times (merge up/down)

Reminder

~~#1 April 24, 2019 (12-1 pm)~~

~~Introduction to Advanced Access~~

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~~#5 June 18, 2019 (12-1 pm)~~

~~Office Efficiency:~~

~~“Reducing Delays at Appointments”~~



Thank
you!!

Questions?

