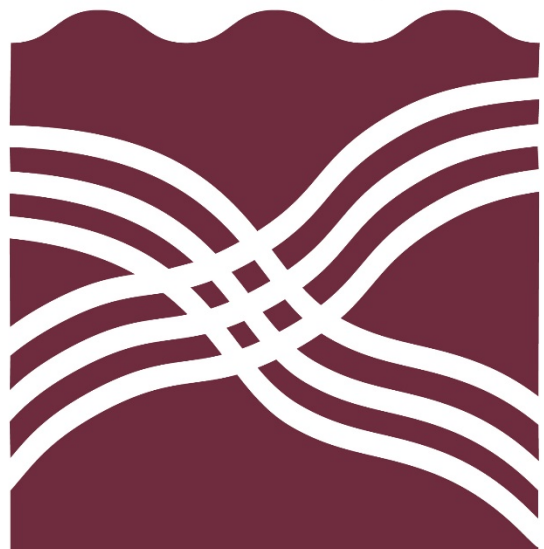




PARTNERSHIP



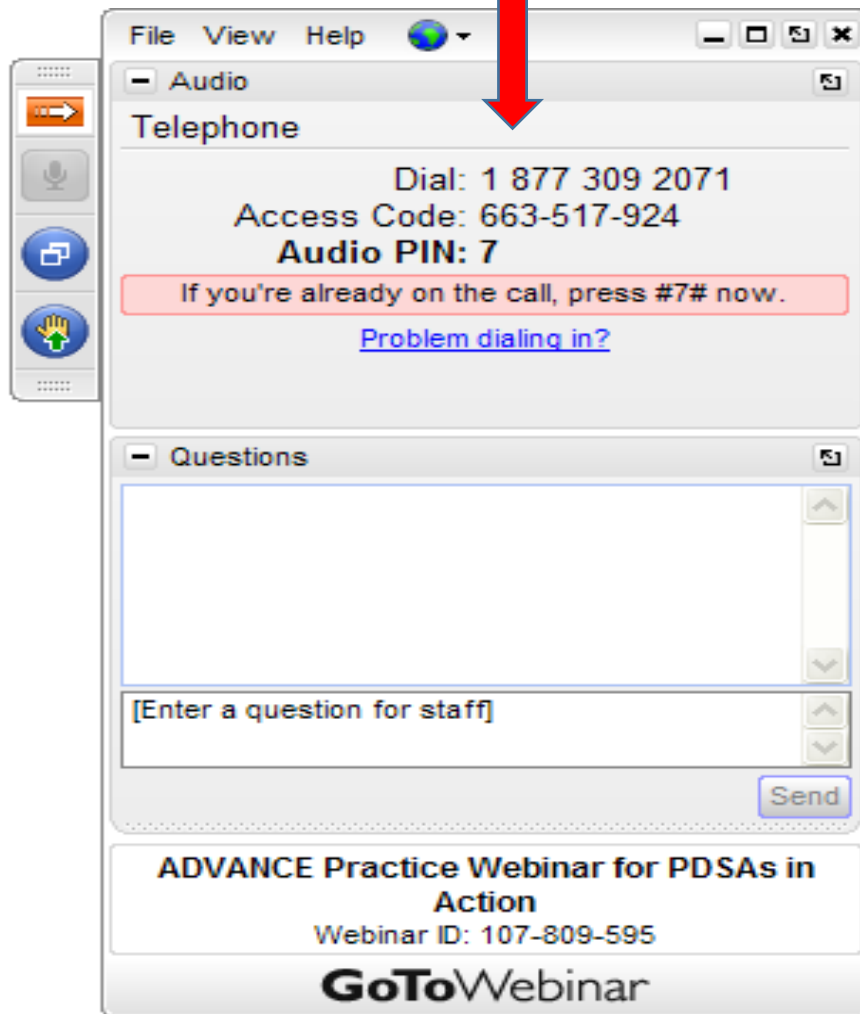
HEALTHPLAN
of CALIFORNIA

Introduction to Advanced Access

April 24, 2019

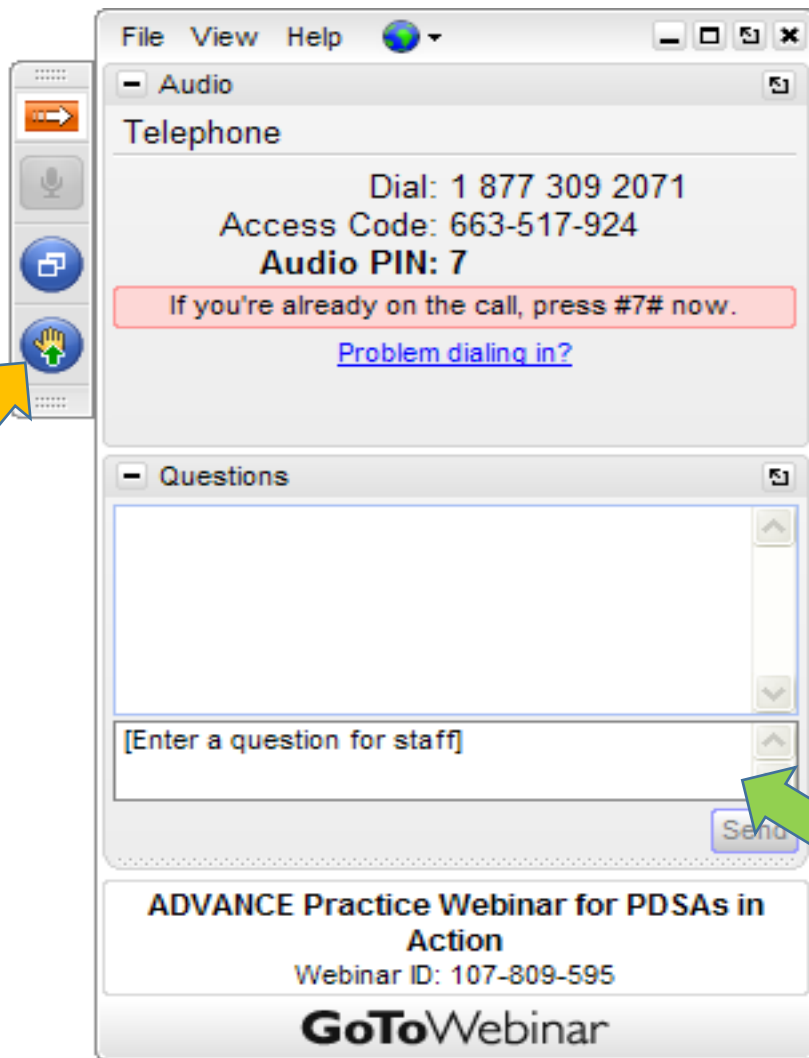
Barbara Boushon, RN, BSN

Webinar Instructions



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.**

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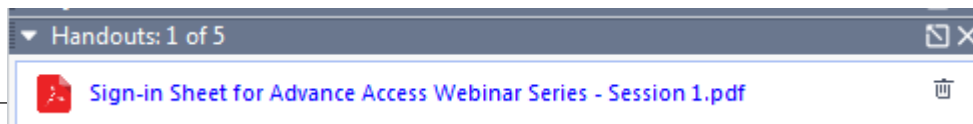
- All presenters have signed a conflict of interest form and have declared that there is no conflict of interest and nothing to disclose for this presentation.

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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:					
Name:			Credential(s)	Time In: 12:00 pm	
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Name:			Credential(s)	Time In: 12:00 pm	
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”

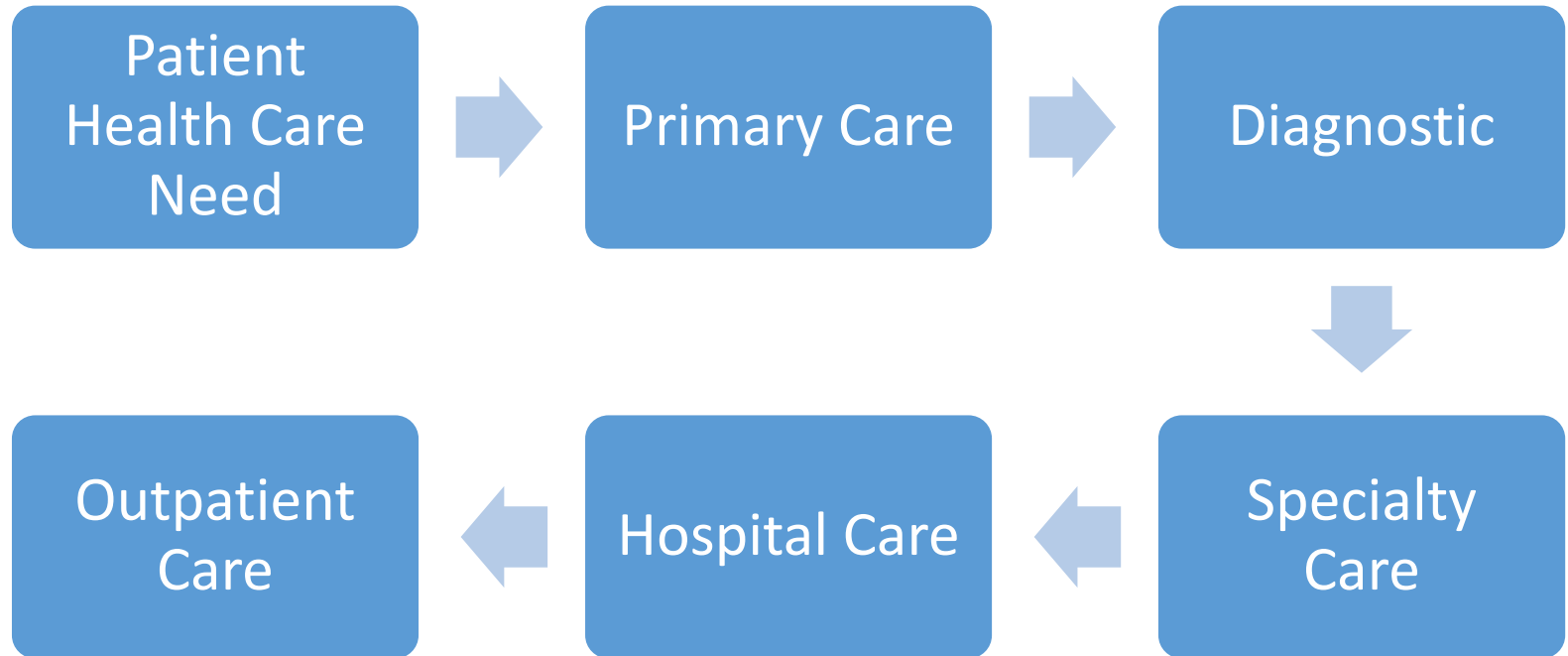
#5 June 18, 2019 (12-1 pm)

*Office Efficiency:
“Reducing Delays at Appointments”*

Objectives for Today

- State 3 benefits of improving access
- List two guiding principles of Advanced Access improvement
- Be able to measure 3NA, panel, no-show appointments, and demand/supply/activity
- State why the demand/supply balance is important

Health Care Flow System



Every system is perfectly designed to get the results it gets.

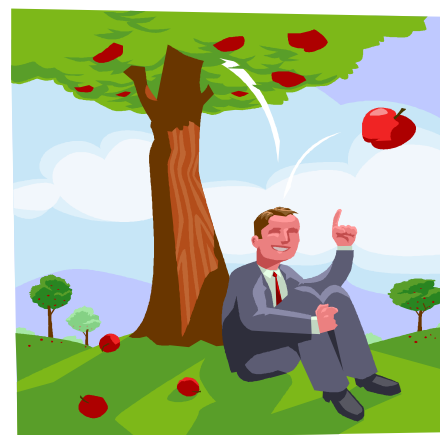
Match Demand and Supply

Choice:

- Do it well—Work without a wait
- Do it poorly---Delay

Effective, efficient,
and satisfying systems
work without a wait!

- An access problem is a delay problem
- An access problem is a system problem

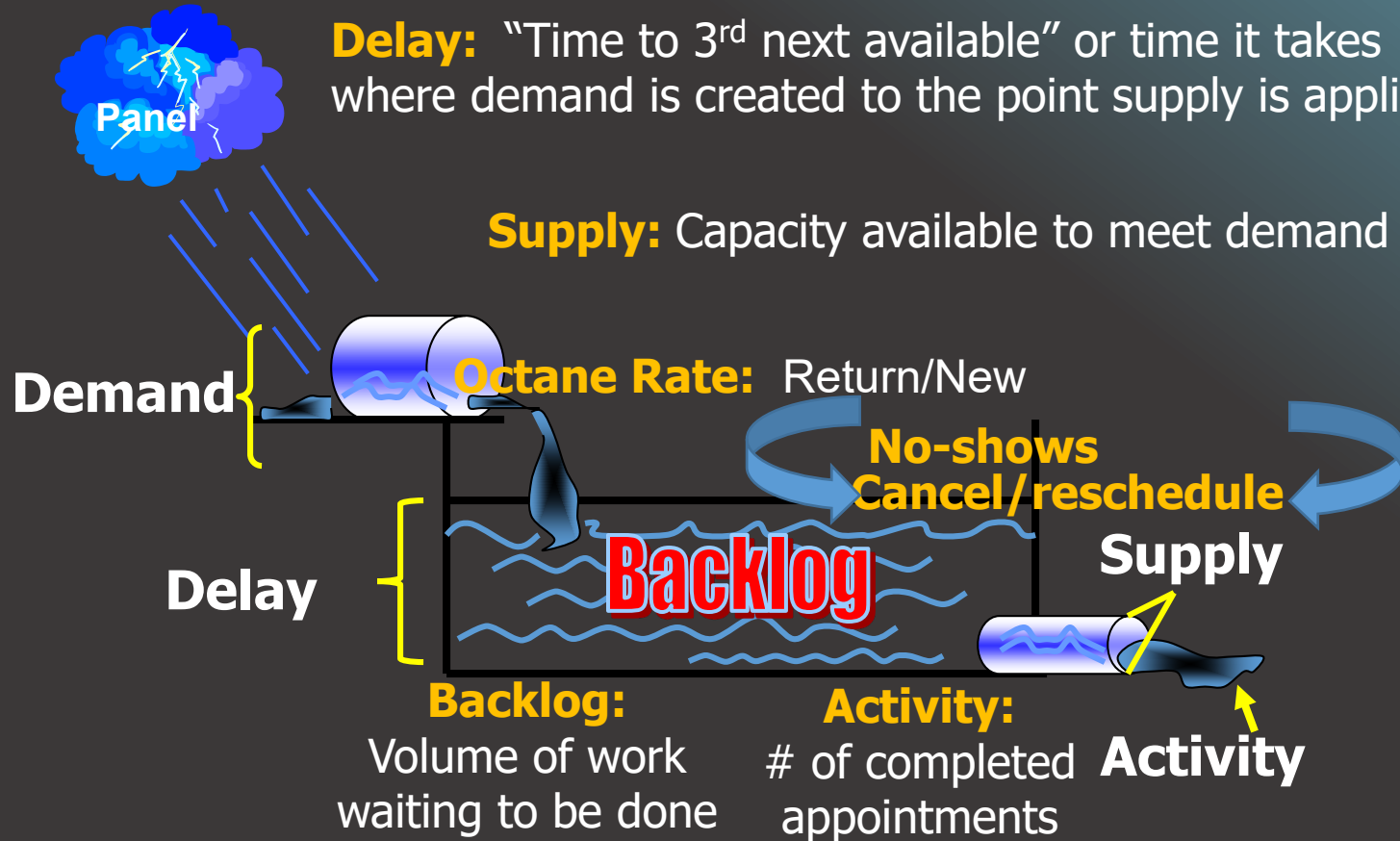


Definitions.....

Demand: Requests for new, physicals, returns, procedures

Delay: "Time to 3rd next available" or time it takes where demand is created to the point supply is applied

Supply: Capacity available to meet demand



Measuring 3NA

Manually

- Select appointment types
 - PC: Long and short
 - SC: New and Return
- Count the number of days from today until the third next available appt. of that type
- Do this at the same time on the same day every week
- Caution: Don't count held times or carve-outs (PC)

Electronically

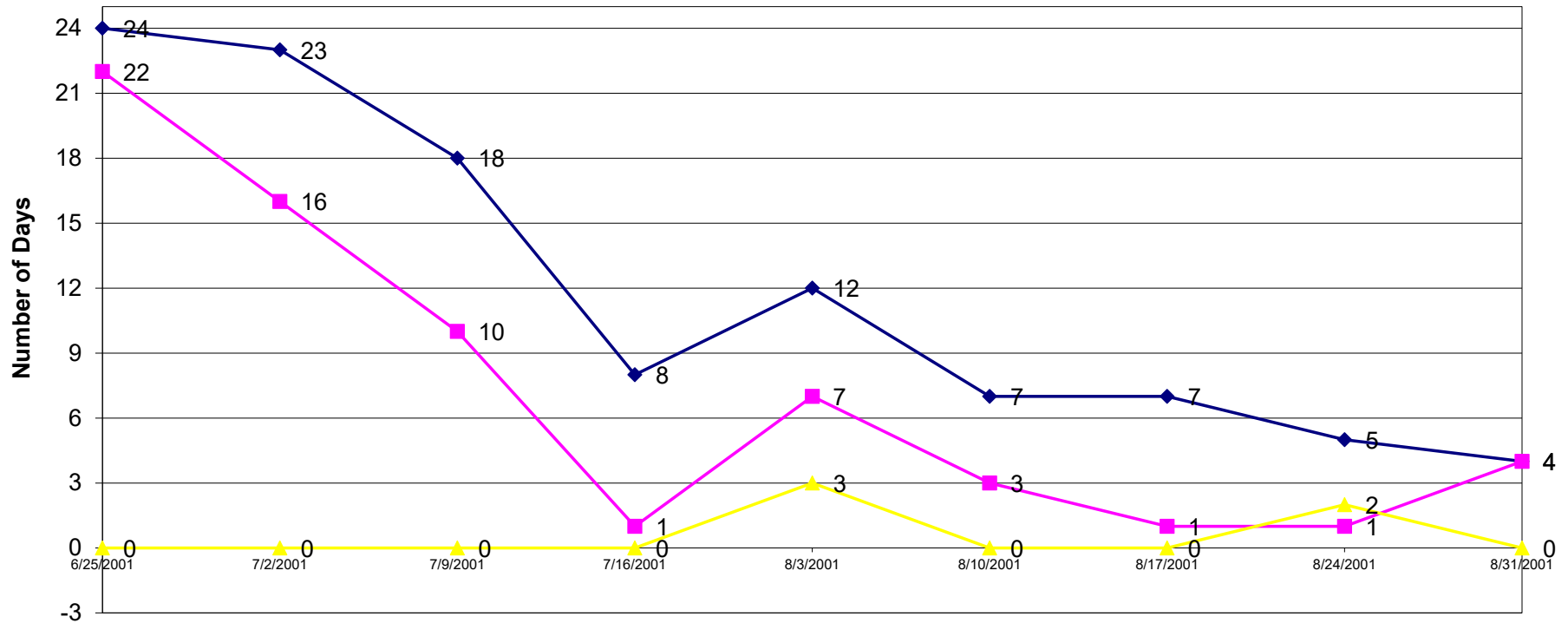
- Check if there is a report that can automatically pull and report the 3NA data.

Counting the Days....

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Monday
Time	5-Nov-07	6-Nov-07	7-Nov-07	8-Nov-07	9-Nov-07	10-Nov-07	11-Nov-07	12-Nov-07
0900-0910	BP check	Shrt of breath	BP check	BP check	BP check	closed	closed	BP check
0910-0920	Prenatal	Remove Wart	Prenatal	Prenatal	Not booked			Prenatal
0920-0930		Asthma			Meeting			
0930-0940	Well baby	Not booked	Well baby	Not booked	Flu			Not booked
0940-0950	Sore toe	#2 Prenatal	Sore toe	Sore toe	Sore toe			Sore toe
0950-1000	Nursing home	Well baby	Nursing home	Nursing home	Nursing home			Physical
1000-1010	discussion	Ear syringe	discussion	discussion	discussion			
1010-1020	Dressing	Dressing	Dressing	Dressing	Dressing			Dressing
1020-1030	Sore eye	Sore eye	Sore eye	Sore eye	Sore eye			Sore toe
1030-1040	Flu	Flu	Flu	Flu	Flu			Flu
1040-1050	Diabetes	Diabetes	Diabetes	Diabetes	Sore Knee			Diabetes
1050-1100	Back pain	Back pain	Back pain	Back pain	Back pain			Back pain

Graph and Analyze

Third Next Available



Measuring Daily Demand

The number appointments booked on today (calls, fax, email, walk-in, squeeze-in, follow-up) no matter the day of the actual appointment.

- ▶ Done by hash marks on a paper or by computer
- ▶ Often measured electronically

Quiz: Count as Demand?

- Patient is seen today & rescheduled in 1 week?
- Patient walks in asking for appointment?
- Patient calls in requesting a med refill?
- Patient writes a letter requesting appointment?
- Patient calls in asking the doctor to call her back?
- Patient requests appointment, but we're full, so they're sent to the ER?
- Patient e-mail medical question to the nurse?
- Patient asks for appt. today and receives it?
- Patient schedules appt. for 1 year from today?

Measuring Supply

High-level supply:

- Provider scheduled visits per day \times Provider days per year in clinic

Daily-level supply: Number of appointments available on template in a given day by provider

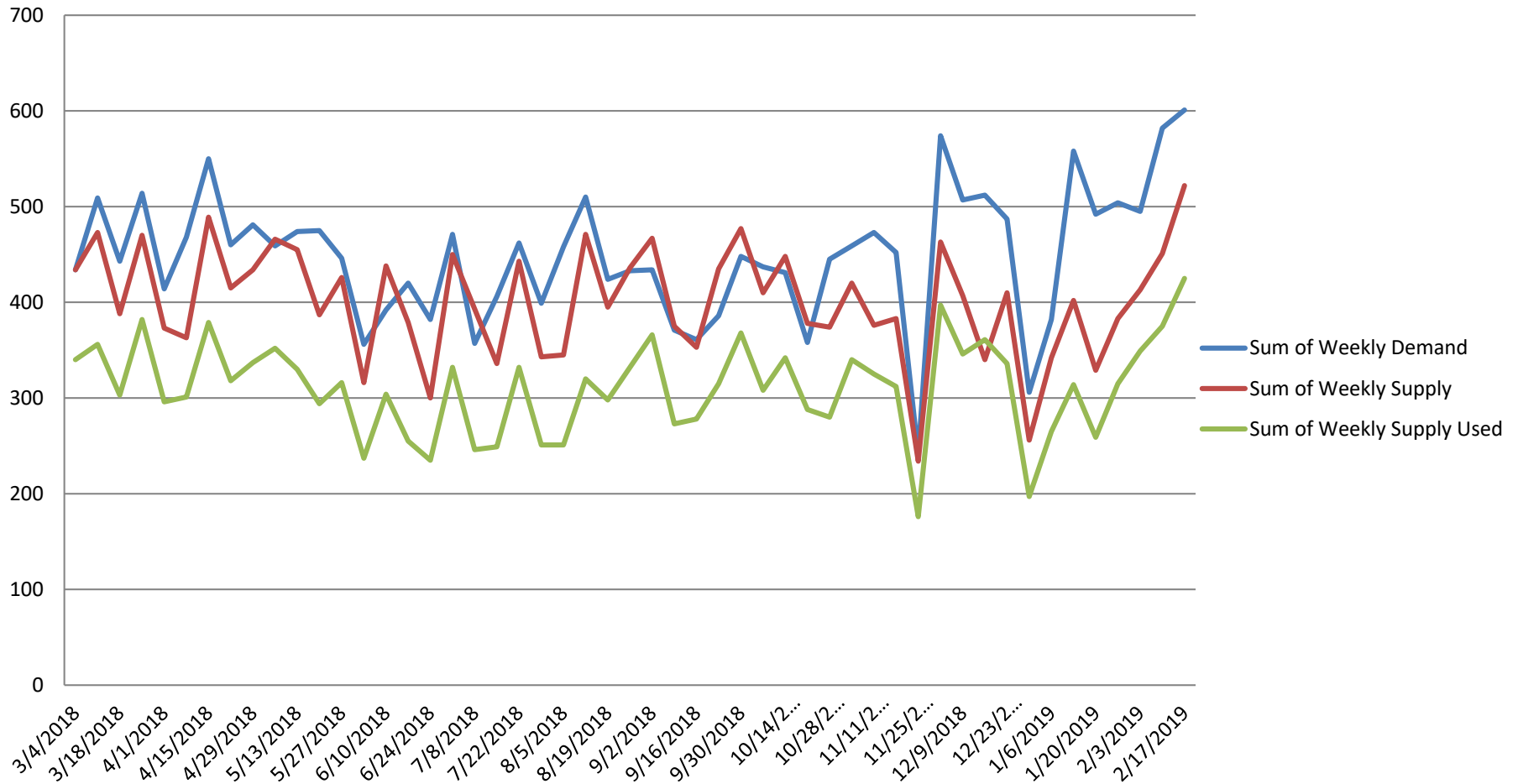
- Filled
- Unfilled
- (In same units as demand)

Measuring Activity/Supply Used

- Also called patient count
- Retrospective: what we did
- Useful to compare activity to supply
- Did we use all our available supply?/Did we use more than our available supply?
- Activity = appointments filled plus squeeze- ins minus no show's
- (No-shows get counted as demand, but never materialize as activity)

Demand/Supply/Supply Used

Demand, Supply & Supply Used



What Causes Delays?

*Panel
Size*



DEMAND

Key Insight: Supply
must be \geq Demand

Delay is the
relationship
between supply
and demand

SUPPLY



What Causes Delays?

*Panel
Size*



DEMAND

Key Insight: Supply
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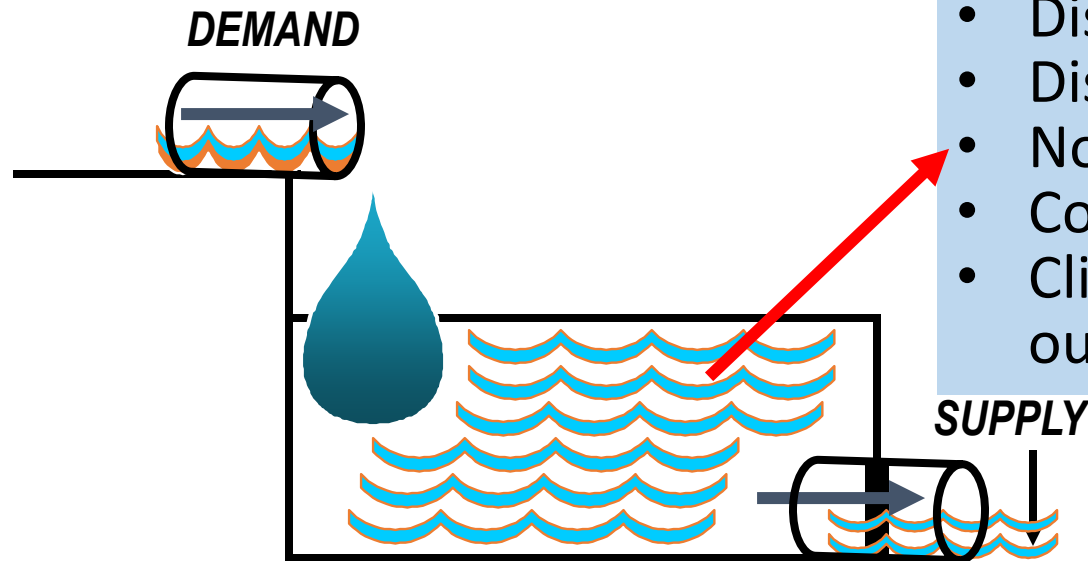
Delay is the
relationship
between supply
and demand



SUPPLY



Demand and Supply



- Phones chaos
- Triage cycles
- Rework
- Dissatisfaction
- Discontinuity
- No-show appts
- Cost \$\$
- Clinical outcomes

Major Insight: Supply must \geq Demand!

Appointments

Why Do Queues (Delays) Happen

- ▶ Demand > Supply
- ▶ Variation
- ▶ Paradigm
- ▶ Buffer

How To Do It Well

- Match supply and demand
- $S \geq D$
- Demand reduction
- Supply enhancement
- Reduce variation
- Flex supply
- Recalibrate the system

Access Models for Matching Supply and Demand

Difficult

- Traditional Model (saturated)

Better

- Carve-Out Model



- Access by Denial Model

Optimal

- Advanced Access Model
- (“Do-Today’s-Work-Today” Model)

Reflections

Thinking about the supply/demand matching systems

- Which one are you using?
- What are the benefits of each?
- What are the drawbacks of each?

Difficult

- Traditional Model (saturated)

Better

- Carve-Out Model

Optimal

- Access by Denial Model

- Advanced Access Model
- (“Do-Today’s-Work-Today” Model)

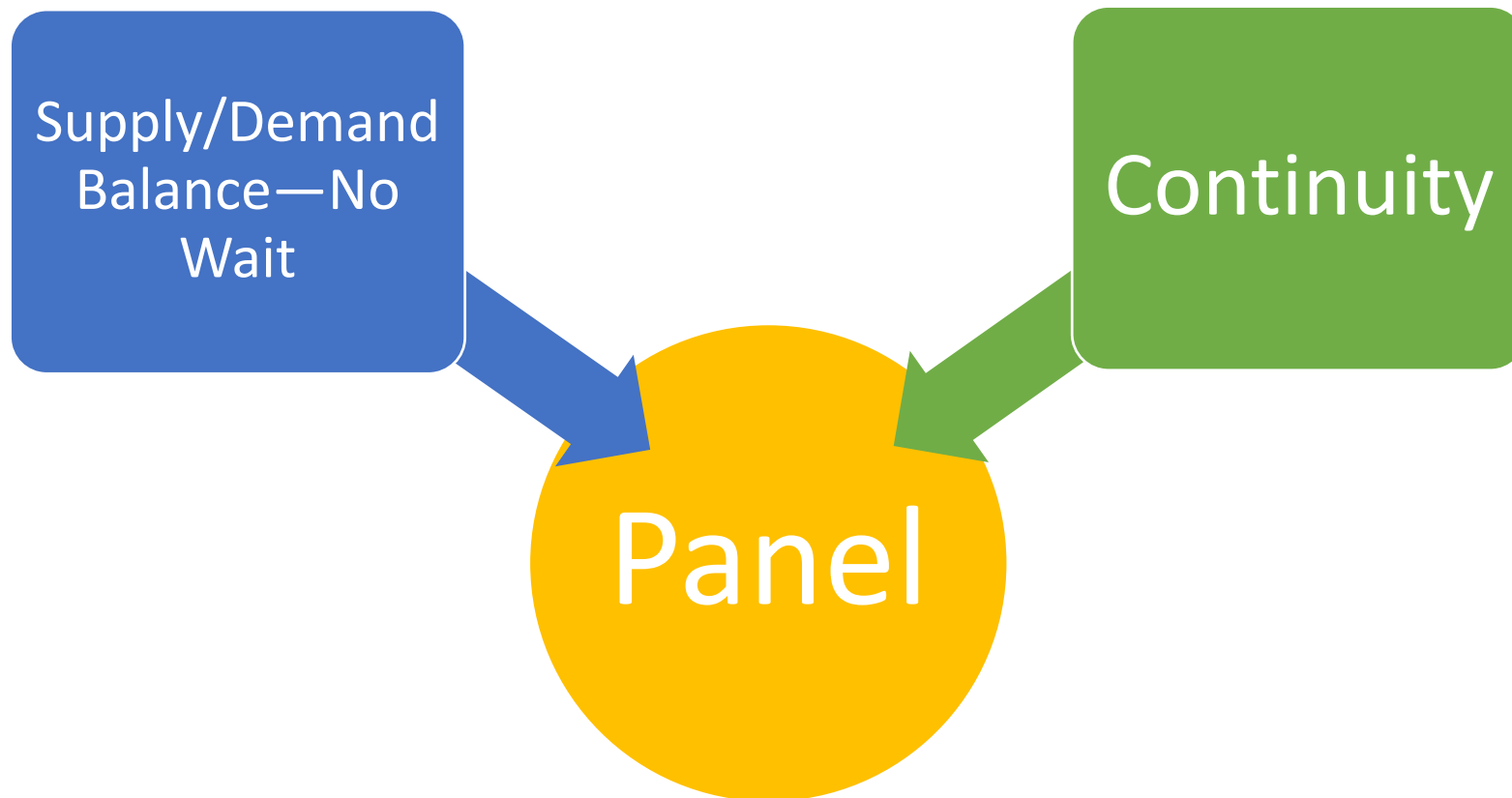
Paradigm Shift

New:
In order to
protect
tomorrow, we
pull work into
today

“To gain control
over your schedule,
you must do the
unthinkable: *offer*
every patient an
appointment for
today”

Mark Murray

Guiding Principles: Two Critical Access Components



“See your own. Don’t make them wait.”



Continuity From Provider Perspective

“Of all the patients on today’s schedule, what % were on my panel?”

of panel patients on my schedule (15)

of patients on my schedule (20)

Continuity = 75%



Continuity From Patient Perspective

“Of my patients’ visits to primary care, how many visits were to me?”

Visits by my panel patients to me (20)

Total visits by my panel patients to the clinic (40)

Continuity = 50%

Demand and Panel

Panel size drives demand

- Macro-level demand = Panel size x visits/patient/year
- Micro-level demand: Requests for appointments made today for today or future
 - Done by hash marks on a paper
 - Eventual electronic data collection



Panel Size: Practice

Number of
unique
patients seen
in the last 12
months
(rolling)

Four-cut method

- Cut 1: Patients seen exclusively by 1 doctor
- Cut 2: Patients seen predominately by 1 doctor
- Cut 3: Those patients seen same number of times by multiple doctors cut by sentinel exam (i.e. physical)
- Cut 4: Patients seen same number of times by multiple doctors with no sentinel exam-- cut by who saw them last

Why Are Panels Important?

- Define the workload: which patients have established a healing relationship with which providers
- Assign accountability
- Establish the platform to promote continuity
- Allow equitable distribution of work
- Are the “universe” from which demand” comes:
- Panel drives demand

See your own; don't make them wait

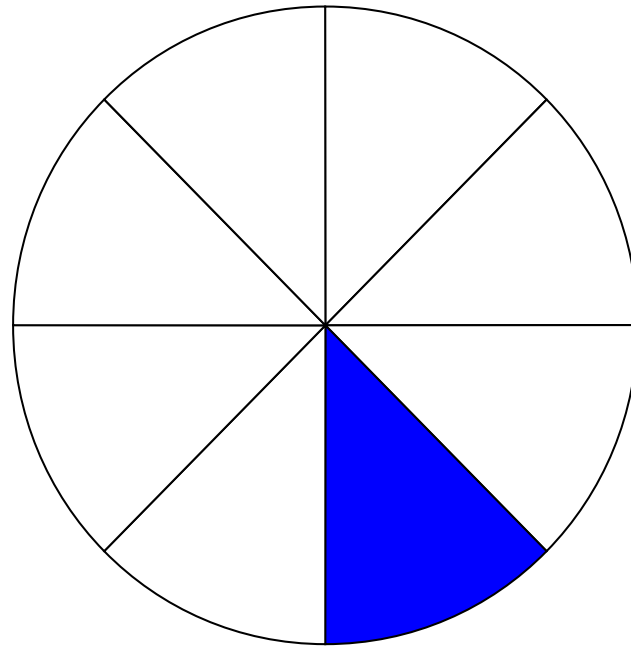
Factors That Affect Panel Size

- Support Staff
- Rooms
- Mid-levels
- Experience
- New Providers
- Part time vs. Full time
- Age/Gender/Acuity

Panel Size Equity

Levels of Panel

- Individual
- Department
- Organization
- System



Panel Size Corridor

Example; not a
recommendation

2500

2200

1900

Overtime

Can't Pay Rent

- **If high or low, equity or cost issues**

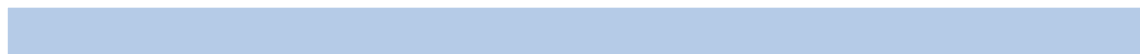
Panel Size Equation



Demand:

Panel x Visits per year
(return visit rate)

$$1200 \times 2.5 = 3000$$



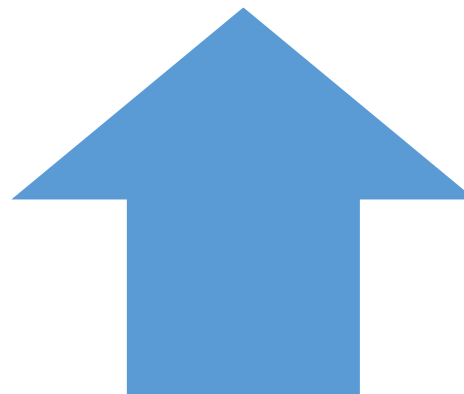
Supply:

Visits per day

x

Days per year

$$15 \times 220 = 3300$$



Revisit Rate/Revisit Interval

- **Revisit Rate:**
 - How many times per rolling year each unique patient on the panel is seen
 - Total panel visits/number on panel (rolling year)
- **Revisit Interval:** How many days/weeks/months between appointments
- Increasing the rate decreases the interval (and the opposite)

Access Improvement

- Fears:
 - Saturated schedules
 - Demand is insatiable
 - Panel size
- Pitfalls:
 - Panel size
 - Supply side variation

Access Improvement Is...

- Handle today's demand today/this week's demand this week.
- Respect patient's time
- Match patients with their provider.
- Balance patient demand and provider supply
- Improve office efficiency and work flow
- Optimize the care team to provide the best care in the best way

Benefits of AA for Patients, Providers & Staff

CMC – Vacaville & Dixon

CMC Vacaville

- Patient Experience vastly improved (Press Ganey) due to appointment availability when patient wants/needs to be seen
- Staff satisfaction also improved and are more efficient as per (Great Places to Work) survey

CMC Dixon

- Patient Empanelment improved quality of care and visit satisfaction for both patient and provider
- Advance Access helped us optimize care teams by allowing staff to work at the top of their scope of practice

Relevance/Benefits

- Improved patient satisfaction
- Improved staff satisfaction
- Lower cost
 - Providers freed to do provider work
 - Discontinuity, delay and right care team
 - Opportunity for growth of practice or enhance enterprise population
- Higher revenue
 - Gross revenue increased minus cost decreased
 - Lower no shows
- Enhanced clinical care

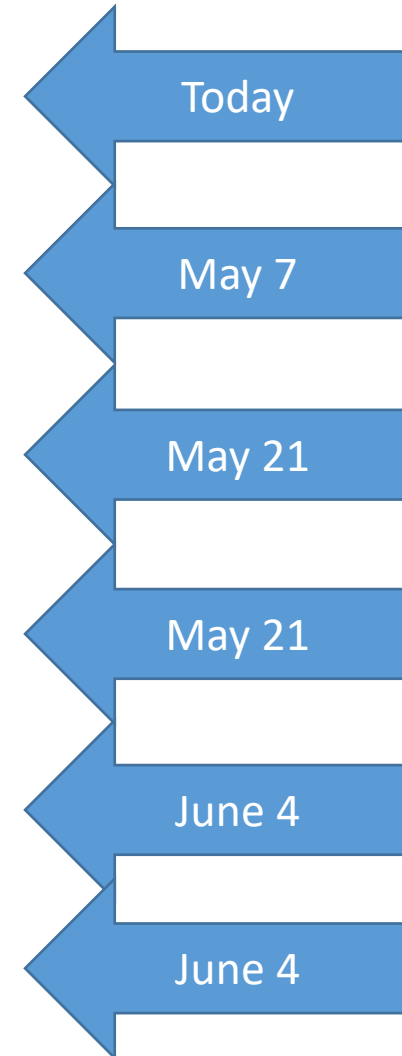


Process for Access Improvement

- Team
- Aim
- Map
- Measure
- Change
- Sustain

Access Change Principles

1. Understand and balance supply and demand
2. Reduce demand
3. Optimize the care team to increase supply
4. Reduce appointment types and times
5. Reduce the backlog
6. Develop contingency plans



Summary: Access Improvement

- Not a product; not a scheduling system
- Fundamental dynamic between supply, demand, and delay—“it’s gravity”
- Outcome:
 - “Do Today’s Work Today”
 - Continuity
 - Set up primary care teams for success

For Next Webinar

- Define the benefits
- Calculate, graph, and analyze 3NA
- Obtain additional data:
 - Panel equation data
 - Demand/supply/activity data
 - Staff/patient/provider satisfaction data
 - No-show data

Reminder

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Thank
you!!

Questions?

