Access Strategies: Reducing Delays *for* Appointments (1)

May 7, 2019

Barbara Boushon, RN, BSN

PARTNERSHIP HEALTHPLAN of CALIFORNIA

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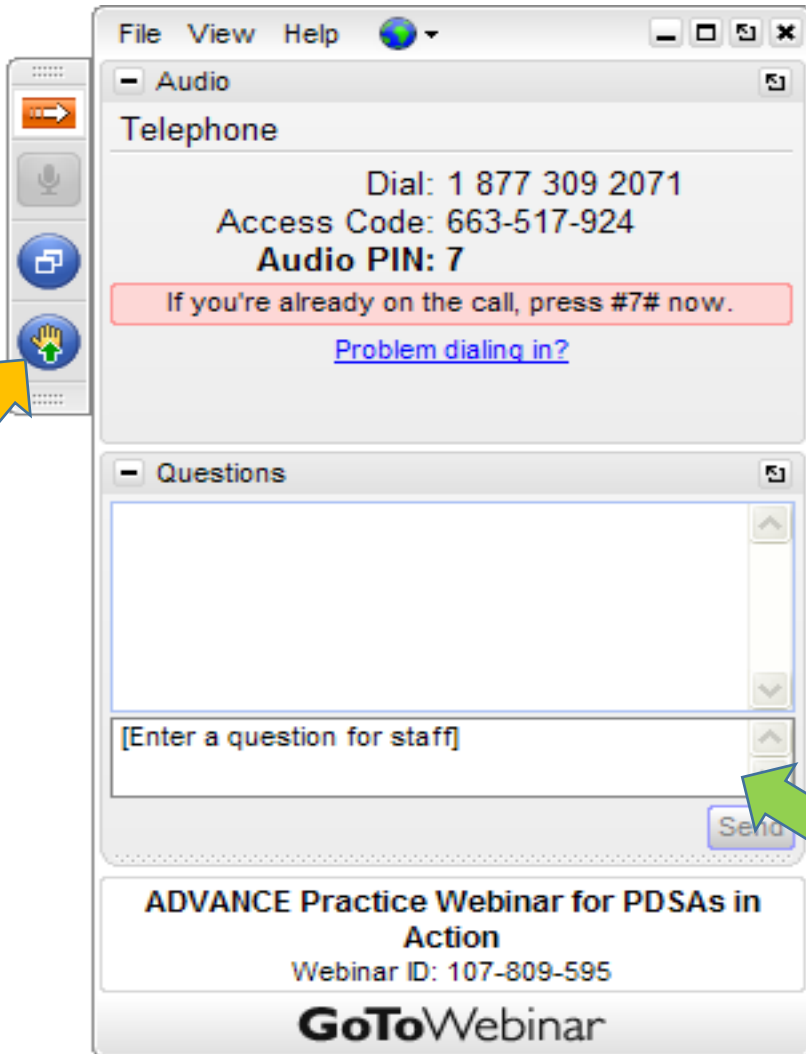
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No Conflict of Interest

- 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: Reducing Delays for Appointments May 7, 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

Handouts: 1 of 5

Sign-in Sheet for Advance Access Webinar Series - Session 1.pdf
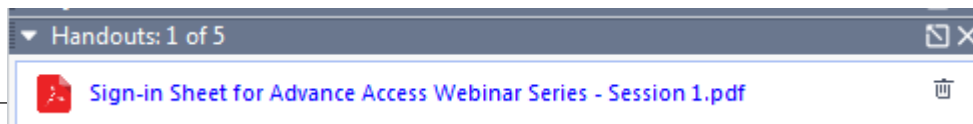
Instructions: Each participant that would like to receive CME or CE credit must fill in the highlighted areas, sign and email back to kgoelz@partnershiphp.org

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 Liscense #	Time In & Out	Signature
Name: Title: Organization: Email:		Credential(s) ___ License # ___	Time In: 12:00 pm Time Out: 1:00 pm	
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Name: Title: Organization: Email:		Credential(s) ___ License # ___	Time In: 12:00 pm Time Out: 1:00 pm	

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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 <u>for</u> Appointments"*
#3 May 21, 2019 (12-1 pm)   *Access Strategies: "Reducing Delays <u>for</u> Appointments"*
#4 June 4, 2019 (12-1 pm)   *Access Strategies: "Reducing Delays <u>for</u> Appointments"*
#5 June 18, 2019 (12-1 pm)   *Office Efficiency:*   *"Reducing Delays <u>at</u> Appointments"*

Objectives for Today

- List elements of the Model for Improvement

- Explain at least 3 methods to reduce demand for appointments

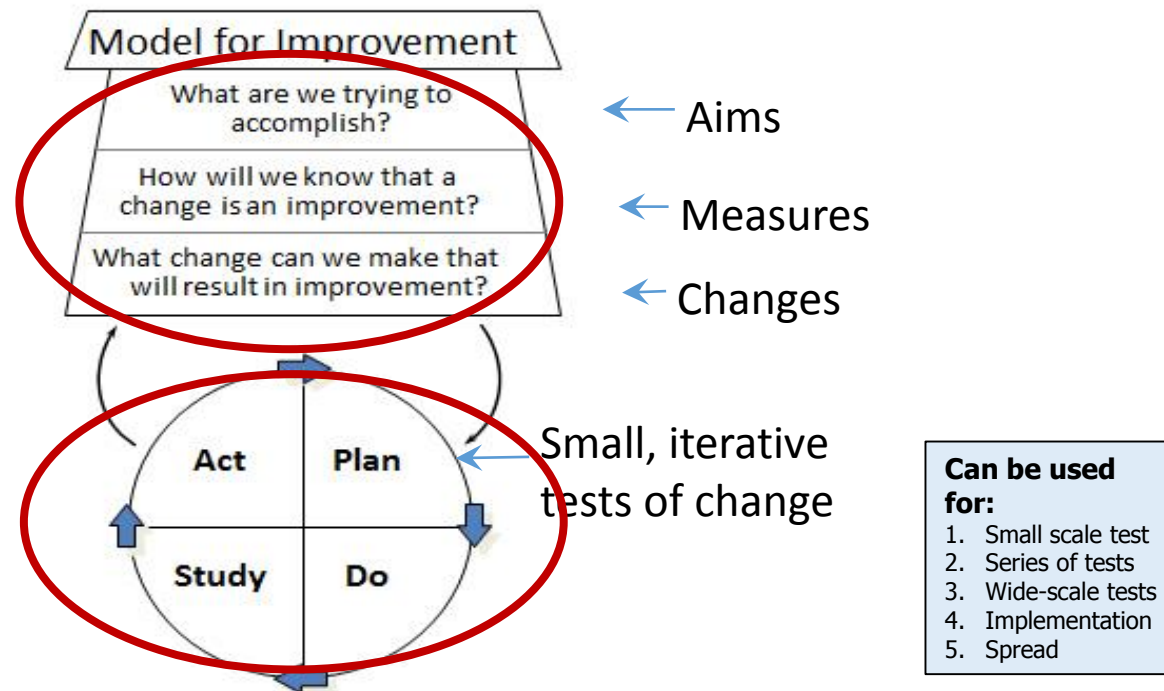- Explain at least 3 change ideas to reduce no-show appointments

"Improving our work _is_ our work, not a distraction from our work!"

Change……

Improvement usually requires change…..

However not all change is an improvement!

The Model for Improvement

Model for Improvement

What are we trying to accomplish? ← Aims

How will we know that a change is an improvement? ← Measures

What change can we make that will result in improvement? ← Changes

Act | Plan
Study | Do

Small, iterative tests of change

Can be used for:
1. Small scale test
2. Series of tests
3. Wide-scale tests
4. Implementation
5. Spread

Langley, Gerald; Kevin Nolan; Thomas Nolan; Cliff Norman; and Lloyd Provost; "The Improvement Guide" Second Edition San Francisco, CA; Jossey-Bass, 2009

The Three Questions

- **What are we trying to accomplish?**

- How will we know a change is an improvement?

- What changes can we make that will result in improvement?

Aim

Change
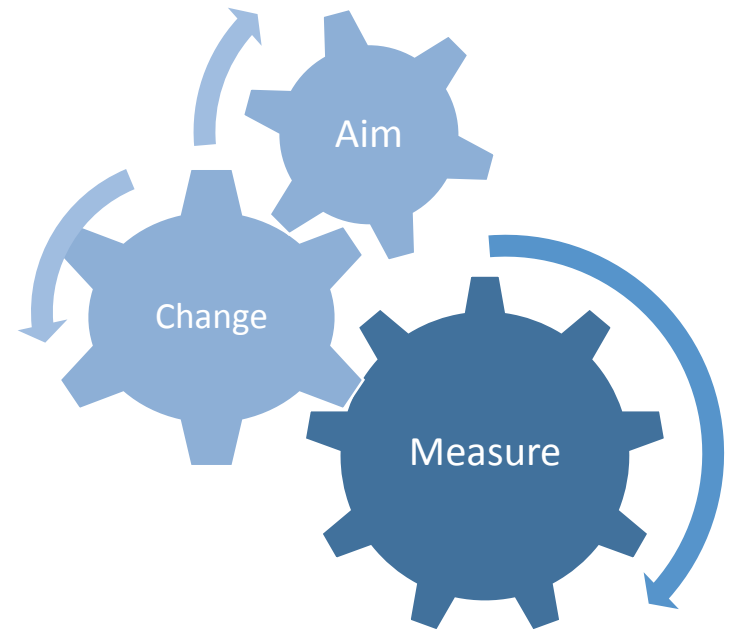
Measure

What Are We Trying To Accomplish?

Team aim content:
- Initial focus
- Stretch vs. incremental
- In alignment with leadership/mission

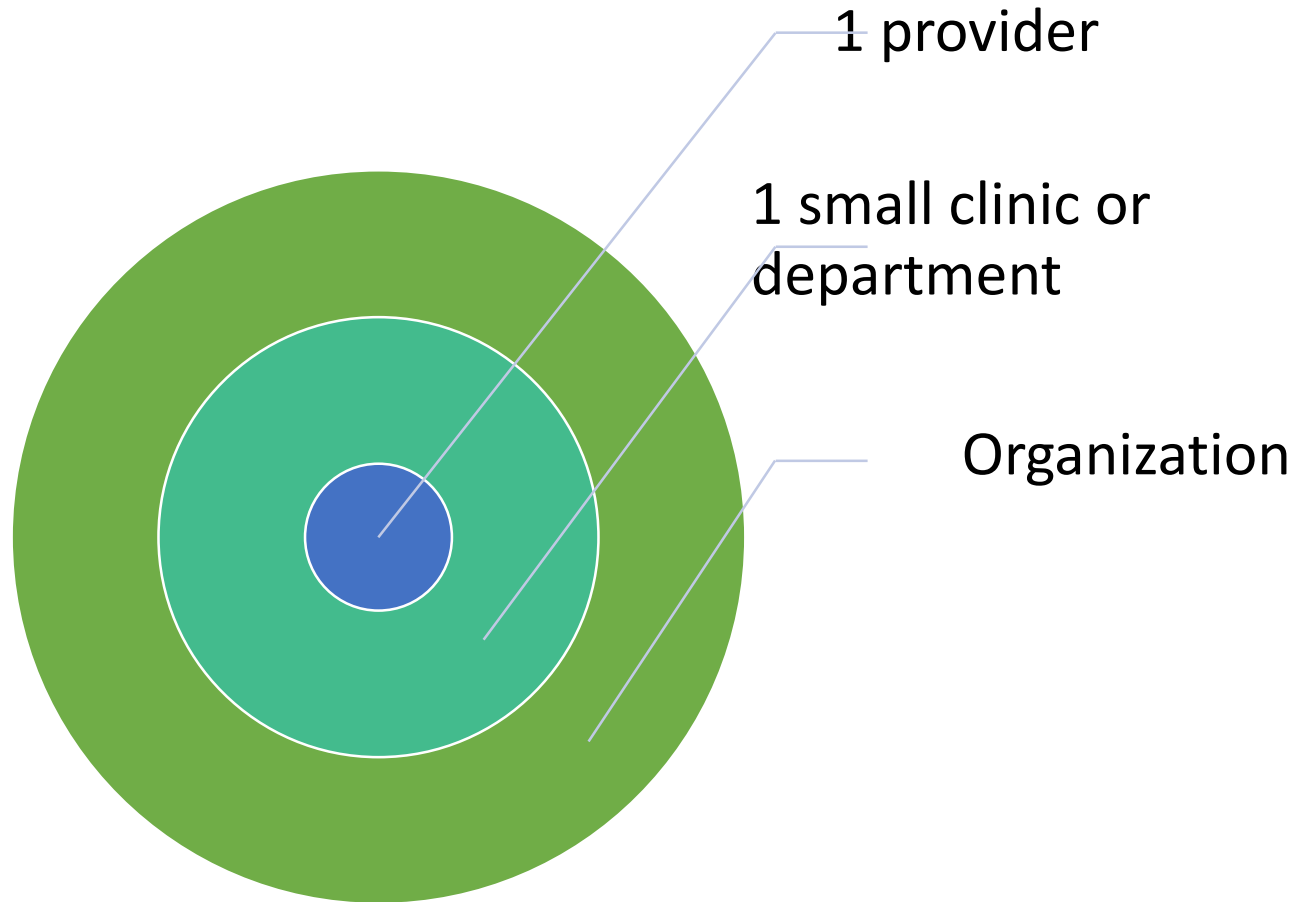SMART Aim Characteristics:
- Specific
- Measurable
- Achievable
- Realistic/relevant
- Time-bound

Initial Focus

1 provider

1 small clinic or department

Organization

Sample Access Aim

100% of patients will be *offered* an appointment today for any problem with their PCP or with a teammate in the absence of the PCP by September 1, 2019 as measured by third next available appointment (0-1 days).

Changes: Access Principles

1. Understand and balance supply and demand
    a) Individual
    b) Practice
    c) Organization
    d) System
2. **Reduce demand**
    *   **Decrease no-show appointments**
3. Reduce appointment types and times
4. Optimize the care team to increase supply
5. Resynchronize the system (Reduce the backlog)
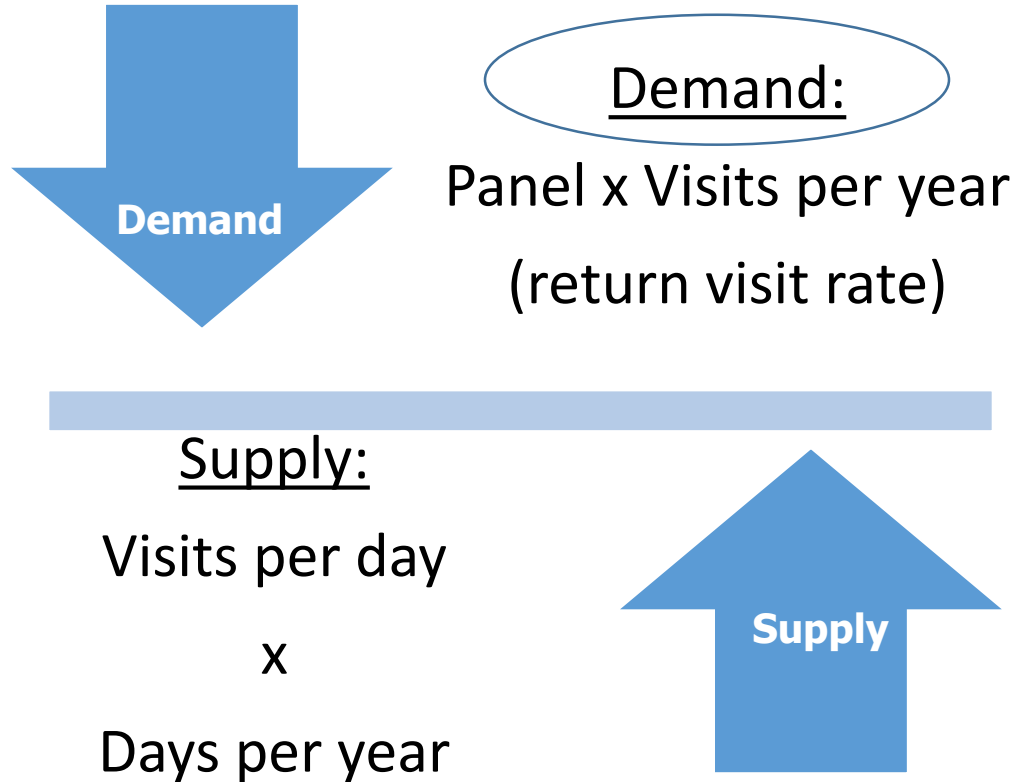6. Develop contingency plans

Reduce Demand

Balance Supply and Demand

Supply

Demand

- Daily
- Panel

Panel Size Equation

Demand: Panel x Visits per year (return visit rate)

Supply: Visits per day x Days per year
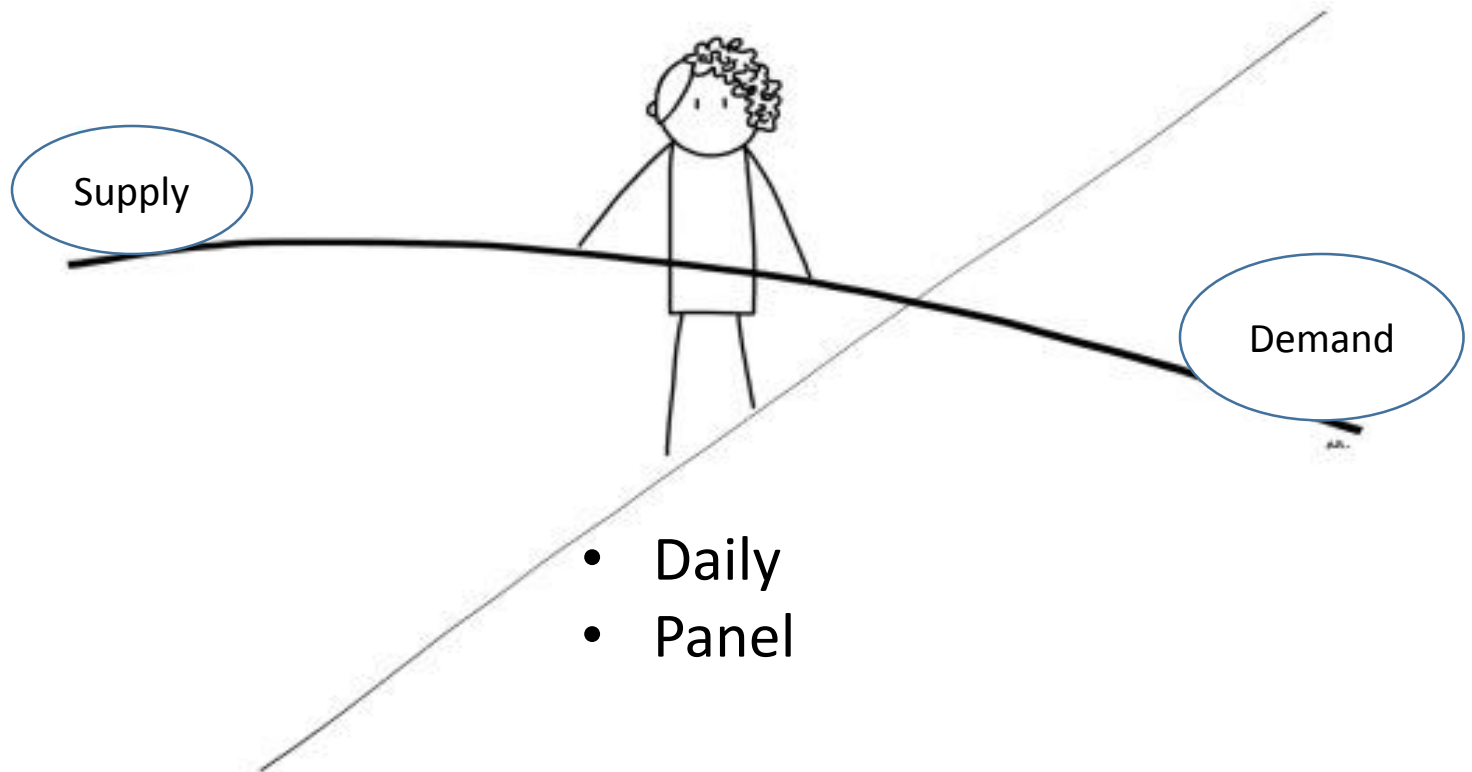
Strategies to Reduce Demand

1. Promote continuity
2. Eliminate delays (reduce the backlog)
3. Reduce no-show appointments
4. Max-pack and reset
5. Challenge/extend re-visit intervals
6. Comb the future schedules
7. Alternatives to single provider in-person visits

Maximize Visit Efficiency (Max Pack)

Do more than one task with one visit a day and "save" a future visit….

- Assume: 20 visits a day

- Assume: 20 working days a month

- Assume: 10 working months a year

- Result: 200 less visits per year (10 doctor days)

Extend the Visit Intervals

- Specific patient

- Specific diagnosis or care pathway

- Eliminate or combine certain return visits
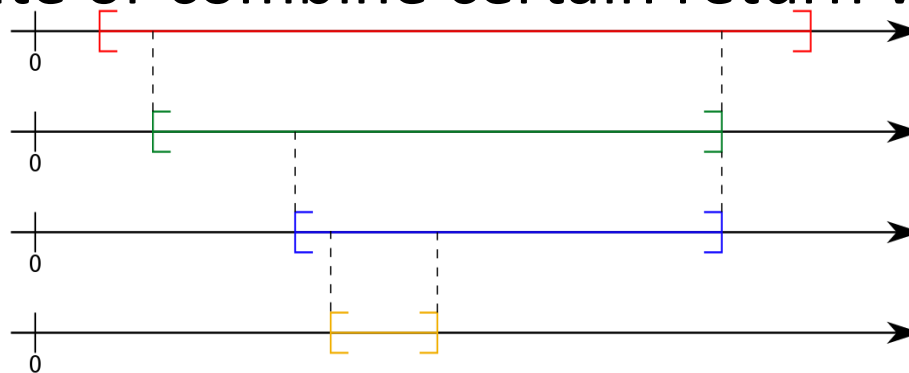
Return Visit Interval Thought Experiment

Assume:

- 1 provider with a caseload (unique patients/year) of 1200

- 200 clinic days/year

- 18 appointments per clinic day

- Steady state

- What is the yearly supply of appointments?

- What is the yearly demand for appointments:
  - If each patient returns twice per year?
  - If the patient returns 3 times per year?
  - If the patient returns 4 times per year?

- How does each option change the supply/demand balance?

Provider Return Visit Habit Impact

RVR = Return Visit Rate
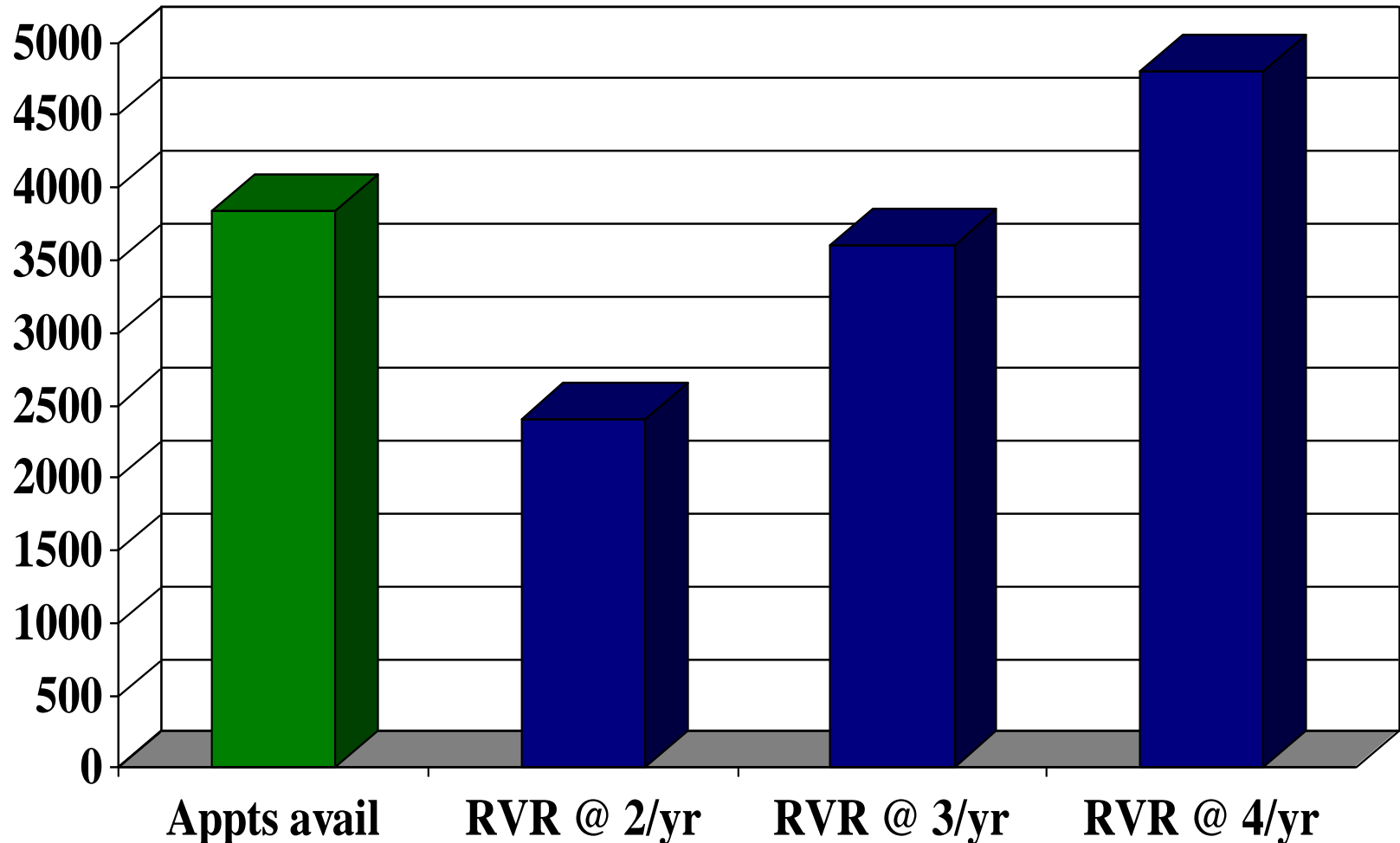
Increase Return Visit Interval

- If 50 patients who would have returned in 3 months move to 4 months........50 visits per year saved! Assuming 20 visits per day, that's 2.5 physician days!

- If 600 patients move from visits 4x/yr (2400 visits) to 2x per year (1200 visits) this opens up 1200 appointment slots, or 60 physician days (3 months)
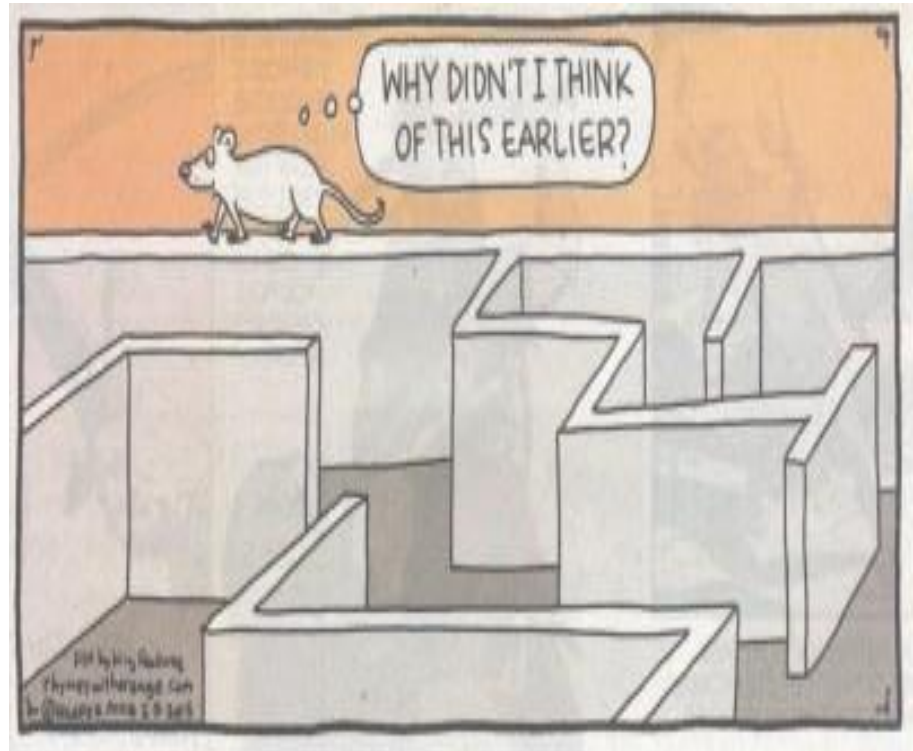
Look Ahead at the Schedules

- Is it a duplicate visit?

- Can someone else do it?

- Will a telephone call suffice?

- Can more be done at today's visit to eliminate the future visit?
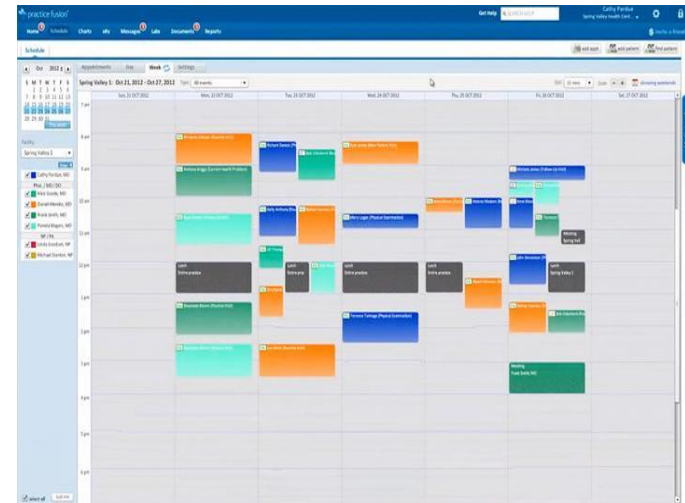
Manage Follow-ups in a New Way

- Nurse follow-up
- Group visits
- Telephone advice protocols
- Phone call
- Secure messaging

- We scrubbed schedules and charts and eliminated duplicate and unnecessary appointments
  - We found there to be many of these appointments

- We talked with patients about lab and other results
  - Most patients are fine with a phone call for normal results
  - We extended intervals of appointments for patients with controlled chronic conditions
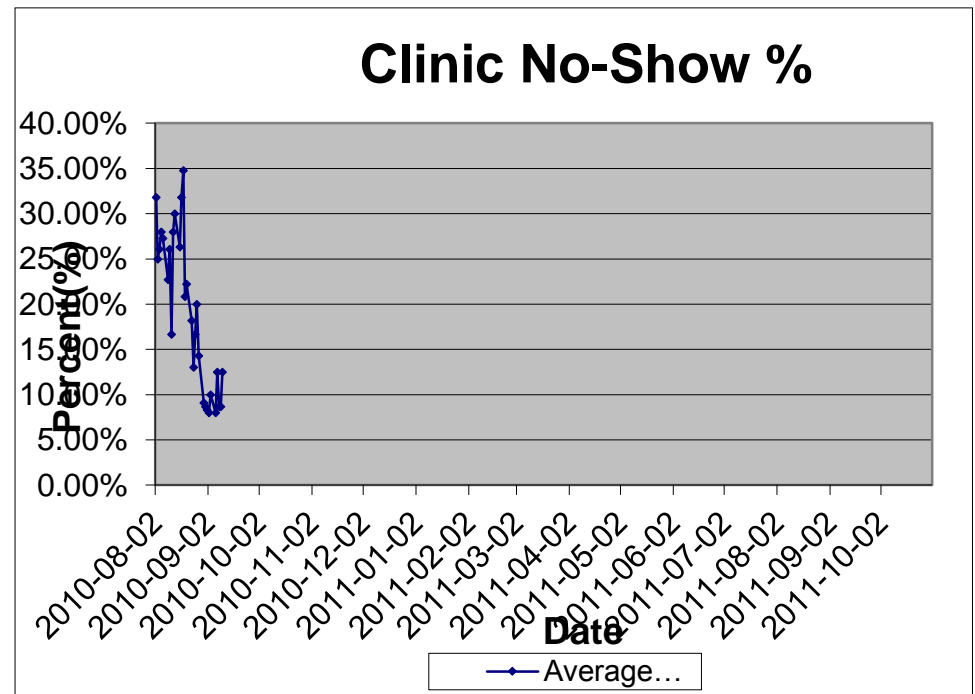
Reduce No-Shows

Definition of No-Show

- The number of patients who do not keep an appointment as the numerator divided by the total number of scheduled appointments as denominator.

- Measured by the day; aggregated by the month; expressed as a %

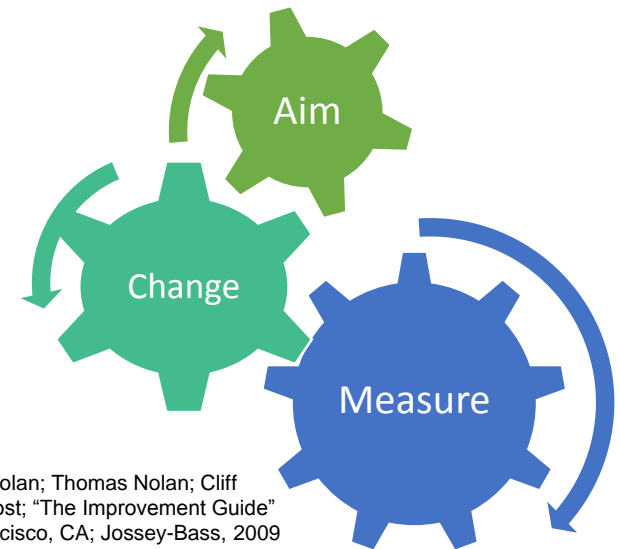- Monthly measure is the sum; not the average of the averages

Clinic No-Show %

The Three Questions…

- What are we trying to accomplish?
- How will we know a change is an improvement?
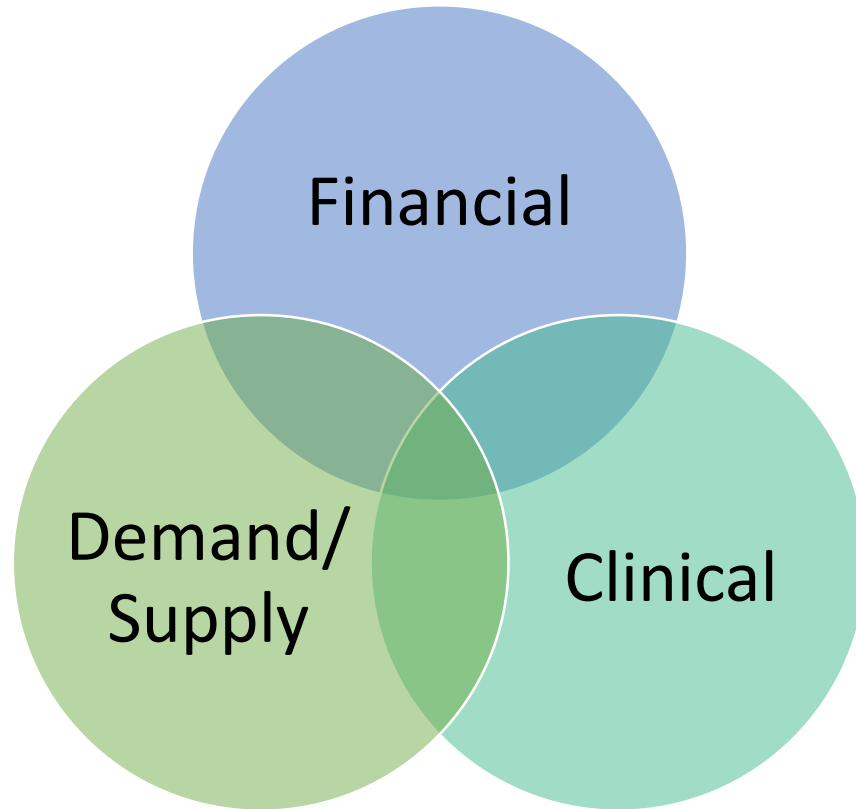- What changes can we make that will result in improvement?

Sample Aim:
Reduce no-show rate from 23% to < 7% by May 2019, as measured by monthly no-show rate by provider and clinic.

Aim

Change

Measure

Langley, Gerald; Kevin Nolan; Thomas Nolan; Cliff Norman; and Lloyd Provost; "The Improvement Guide" Second Edition San Francisco, CA; Jossey-Bass, 2009

Impact of No-Shows

Strategies to Decrease No-Show Appointments

1. Reduce the wait time
2. Measure and display the data
3. Do reminders based on impact
4. Increase time between follow-up appointments
5. Sell the visit
6. Script the confirmation
7. Make cancellations easy
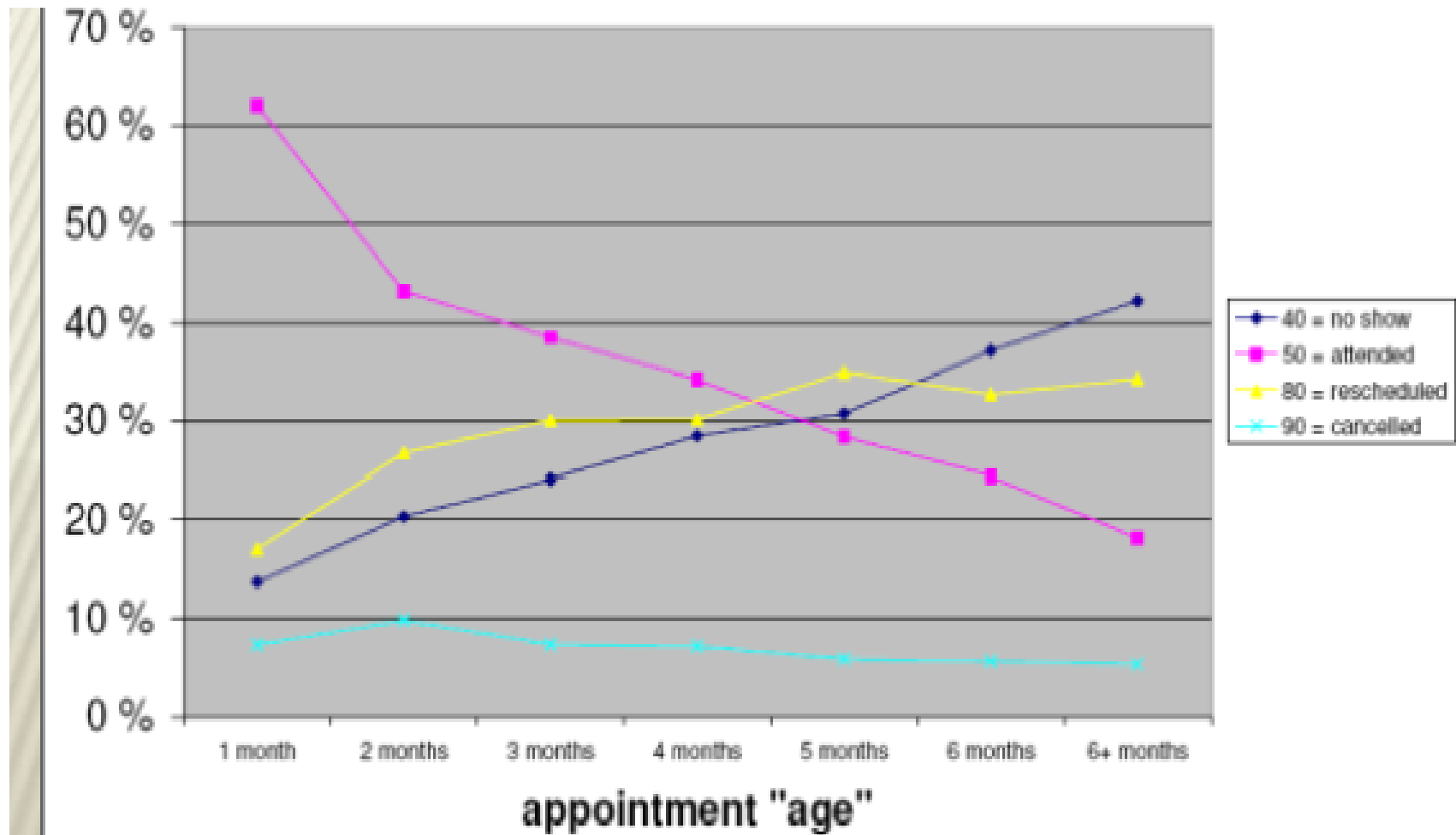8. Actively manage the patient
9. Make the visit pleasant

- Patient factor
- System factor
- Provider factor

Strategy #1: Reduce the Wait Time

- Improve access
- Pull new work towards today
- Don't reschedule too far into future: "sweet spot"
- Use a tickler/reminder system
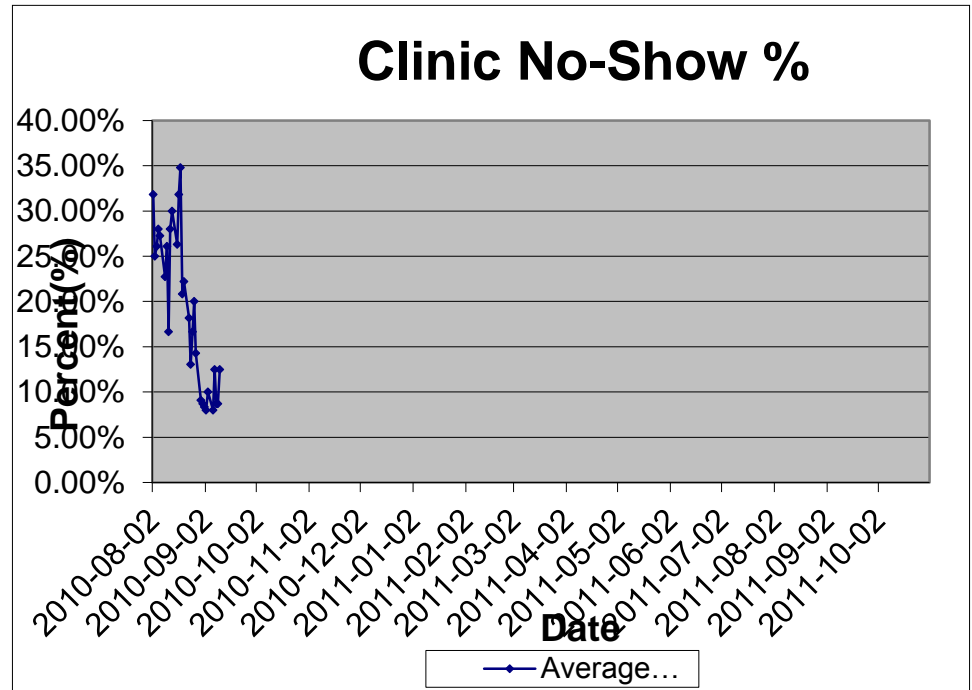

Third Next Available
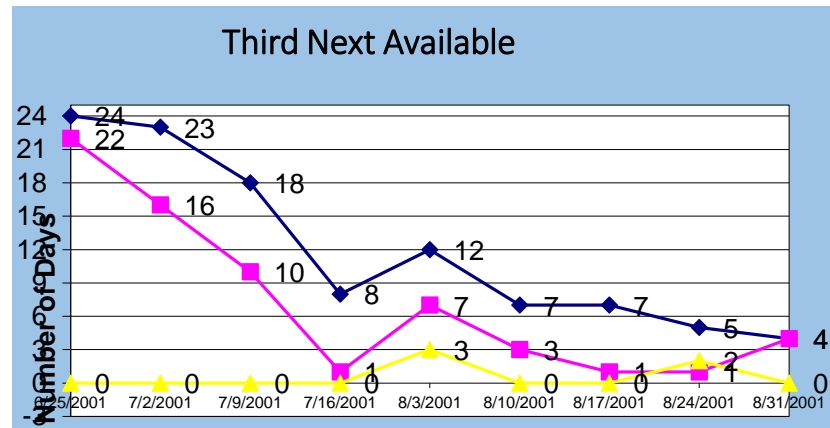
Appointment Use by Appointment Age

Strategy #2: Measure

- Stratify no-shows
  - Provider
  - Type of visit
  - Receptionist
  - Insurance
  - Other

- Display the metrics

Clinic No-Show %

Strategy #3: Reminders

- Letters and/or postcard reminders
- Call patients for appointments with the highest impact
  - Physical exams
  - First appointment of AM or PM
  - High clinical impact
- Reminder calls/texts (make sure to get a reliable phone #)
  - Human
  - "Robot"
- Creative reminders…
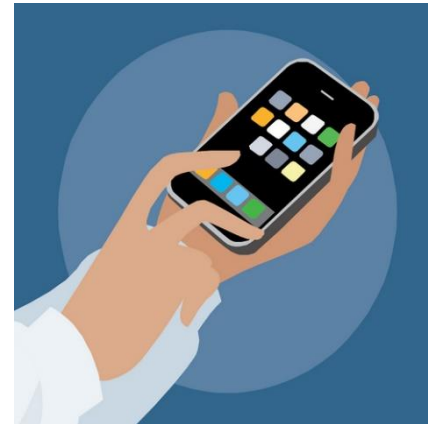
Strategy #4 Increase Time Interval

- Increase time between appointments
  - Negotiate with patient
  - Only if clinically appropriate
- Reset the interval (look ahead and cancel)
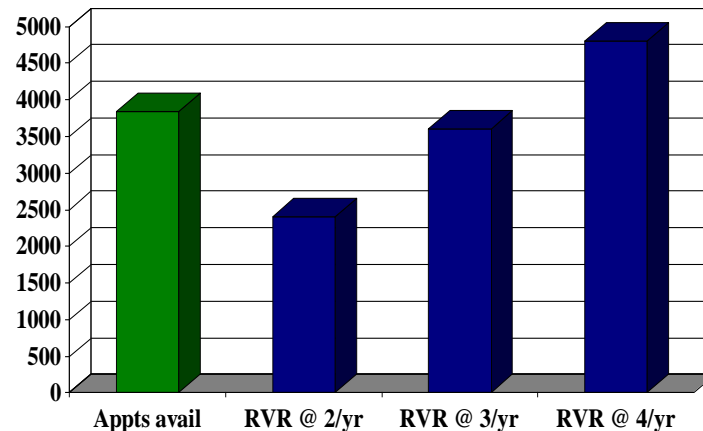
Strategy #5: Sell the Visit

- Use scripting to either close the visit or for new appointments

- Provider sells the return visit
  - "I need to see you back in ___ weeks/months and at that time I will review your meds, …."

- Receptionist sells the new visi

Strategy #6: Script the Confirmation

- Use a script to establish a verbal contract by asking patient to call if they cannot keep appointment, and to confirm if they will
  - "Your appointment is on Monday, May 1 at 2:30 PM. Will you call us if you can't keep that appointment?"
- Closing the visit (provider)

Strategy #7: Make Cancelations Easy

- Hot-line that is always answered (BAT phone)
- No holds
- Voice mail
- 24-hour line (voice-mail or live)
- Electronic
- Cancel upon phone reminder

Strategy #8: Actively Manage the Patient

- Call after missed appointment
  - Clerical Staff (1st)
  - Nurse (2nd)
  - Provider (3rd)
- Don't make appointments for patients who have missed many appointments/offer walk-in or same day
- Discharge per policy/procedure

Strategy #9: Make the Visit Pleasant

Service   Courtesy   Respect   Timely   Environ-ment
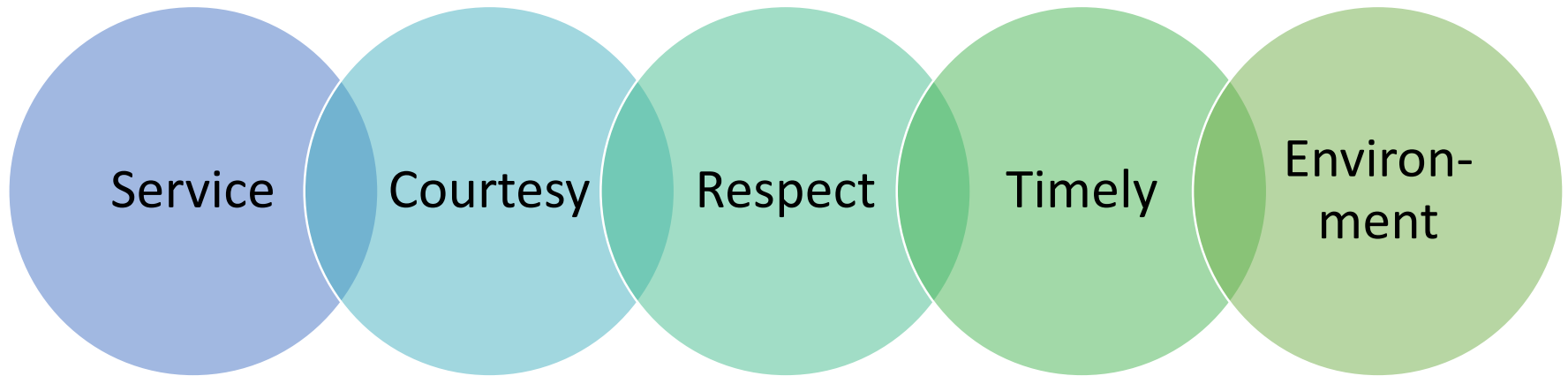
- For chronic No Show patients we only schedule for same day; patient no show rate improved from 11.8 % in August 2017 to 8.9 % current

- We outreach patients starting 3 days before appointments scheduled: We utilize the WELL APP in call confirmations 2 days prior to appointment: Front desk staff also calls any non confirmed appointments

- We try to schedule provider and non billable visits same day for patient convenience. "Do Today's Work Today!"

Key Points Summary

1. Reduce the wait time
2. Measure and display the data
3. Do reminders based on impact
4. Increase time between follow-up appointments
5. Sell the visit
6. Script the confirmation
7. Make cancellations easy
8. Actively manage the patient
9. Make the visit pleasant

Discussion
- Which strategies seem most doable?
- Which seem most powerful?
- What additional ideas do you have/have you seen?

- Patient factor
- System factor
- Provider factor

Changes: Access Principles

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   - **Decrease no-show appointments**
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6. Develop contingency plans

Between Now and Next Session…..

- Set an aim for access improvement

- Set an aim for improving no-show percentage

- Test one change idea to:
  - Reduce demand
  - Decrease no-show rate

Reminder

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Questions?

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