2011 Military Health System Conference

Best Practices in Access to Care

How the most successful clinics are improving both access and continuity

The Quadruple Aim: Working Together, Achieving Success

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Navy Medicine

Report Documentation Page

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Access to Care Success

- Overview of advanced access scheduling
- Consider new approaches to templates and template management
- Discuss the importance of business rules and appointing
- Review options for advanced communication and demand management

"Every system is perfectly designed to get the results it produces"

W. Edwards Deming

Healthcare is no different -- if patients have a several week wait to get an appointment -- it is because we have designed the system that way!

Green Team: Patient Testimonial

- Why should you care about this talk?

Traditional Model of Healthcare

- Doctor shows up to work with full schedule
- Anyone else needing to be seen:
  - Doctor begged to add them on
  - Patient told to call back tomorrow
  - “Go to the ER” or “I’ll take a message”
- Vain attempts to fix:
  - Vast array of restrictive and complex appointment types

Advanced Access Scheduling

- Redesigns scheduling systems
- Do today's work today
- System focuses on the doctor patient relationship and stresses:
  - Continuity with personal provider
  - Capacity to care for the anticipated demand
- Also referred to as "open access" or "same day scheduling"

Demand is fairly predictable

- Somewhere between 0.5% – 0.6% of enrollees will call for urgent visits
  - 45 to 55 of 10,000 enrollees
  - Rate will vary depending on day of week
- Many open access practices have found:
  - 50% of patients are seen same day
  - 20% seen the next day; rest within 3 days
- My experience is that 60% of appointments should be within 24 hours (urgent or desired)

Consider a Med Home Port team

- 4 providers on the team
- 4440 patients
- Anticipated demand for same day care at 0.5% would require 22 urgent visits
- If 4 providers are all in clinic that day and each has 16 appointments = 64 available
- Thus, to cover urgent care needs 33% of appointments needed when day starts

But what about non urgent?

- If we assume that 1% of patients may want care (urgent plus routine) same day…
  - 44 will want to come in
  - 44/64 = 70% of appointments available
- Open access literature supports 65-75% same day
- Remaining 25-35% for good backlog:
  - Follow ups needing specific date in future
  - Patients who don't want appointment today

Open Access Scheduling

- Don't do last month's work today!
- Eliminates the distinction between urgent and routine care
- Do all of today's work today!
- By committing to doing today's work today, maximum capacity is created for tomorrow
- Demand is not insatiable
- Once backlog is removed, practices are surprised their capacity often meets demand

Five necessary changes

- Commit to model of practice
  - Traditional to open access
- Reduce the backlog (6 to 8 weeks)
  - Pick a date on calendar
- Use fewer appointment types
  - Simplify to 2-3 types only, same length
- Develop contingency plans
  - For deployments, leave, holidays, etc.
- Reduce demand for unnecessary visits
  - Richer visits, provider practice patterns

NH Pensacola: A Case Study

- Implemented two appointment types in primary care (Peds, IM, FM, Branch Clinics)
- ACUT for same day care
- EST for good backlog (future)
- PROC used for procedure clinics
- Developed standardized templates
- Templates:
  - 16 available slots
  - Contingency slots if needed
  - Time built in for team based care

Standardized Continuity Template

Morning

Check In	Physician	Type
7:45:00 AM	8:00:00 AM	EST
8:00:00 AM	8:20:00 AM	EST
8:20:00 AM	8:40:00 AM	ACUT
8:40:00 AM	9:00:00 AM	ACUT
9:00:00 AM	9:20:00 AM	ACUT
9:20:00 AM	9:40:00 AM	ACUT
9:40:00 AM	10:00:00 AM	EST
10:00:00 AM	10:20:00 AM	EST
10:20:00 AM	10:40:00 AM	ADD-ON
10:40:00 AM	11:00:00 AM	ADD-ON
11:00:00 AM	11:20:00 AM	ADMIN
11:20:00 AM	11:40:00 AM	ADMIN

Afternoon

Check In	Physician	Type
12:45:00 PM	1:00:00 PM	ACUT
1:00:00 PM	1:20:00 AM	ACUT
1:20:00 PM	1:40:00 AM	EST
1:40:00 PM	2:00:00 PM	ACUT
2:00:00 PM	2:20:00 PM	EST
2:20:00 PM	2:40:00 PM	ACUT
2:40:00 PM	3:00:00 PM	EST
3:00:00 PM	3:20:00 PM	ACUT
3:20:00 PM	3:40:00 PM	ADD-ON
3:40:00 PM	4:00:00 PM	ADD-ON
4:00:00 PM	4:20:00 PM	ADMIN
4:20:00 PM	4:40:00 PM	ADMIN

Setting business rules

- Protect the patient provider relationship
- Only pre-schedule when necessary
- Providers care exclusively for their patients
- Don’t force overflow to colleagues
- Exceptions:
  - Absences and extreme demands
- Use patient reminder systems
- Team operates at top of license
- Asynchronous messaging

Managing Provider Absences

- Deployments
  - Be creative in how you use OCO backfills
- Provider leave
  - Rules can help avoid backlog build
  - One practice that uses a 5 day window
    - Block schedule for the week they are on leave
    - Three days prior to return open half appointments for first day back
    - Two days prior to return open half slots on second day back
    - One day before return open remaining slots

Green Team: Staff Testimonial

- Team Based Care

Tools to manage capacity / demand

PROVIDER	TEAM	TODAY							MONDAY				TUESDAY		
Pediatrics		**ACUT**	**EST**	**OTHER**	**BOOKED**	**OPEN**	**WAIT**		**ACUT**	**EST**	**KEPT**		**ACUT**	**EST**	**KEPT**
Dr A	Race Car	2	3	0	3	2	0		3	2	5		0	0	0
Dr B	Race Car	0	0	0	0	0	0		2	4	6		0	0	0
Dr C	Race Car	6	10	0	9	7	0		5	2	7		14	2	16
PNP D	Race Car	0	2	0	2	0	0		3	3	6		2	0	2
Total		**8**	**15**	**0**	**14**	**9**	**0**		**13**	**11**	**24**		**16**	**2**	**18**

Tools to manage capacity / demand

TOTAL LAST WEEK					
ACUT	**EST**	**OTHER**	**KEPT**	**NO-SHOW**	**OPEN**
8	18	0	24	2	14
9	18	0	27	0	20
28	26	0	51	3	16
13	12	0	25	0	15
58	**74**	**0**	**127**	**5**	**65**

Pediatrics Team

-4 providers

-Equal 2.0 c-FTE

-2,000 patients

-Open for enrollment!

LAST FULL MONTH (November 2010)					
ACUT	**EST**	**OTHER**	**KEPT**	**NO-SHOW**	**OPEN**
29	41	1	67	4	20
69	103	0	161	11	30
62	97	0	157	2	31
47	91	0	124	14	9
207	**332**	**1**	**509**	**31**	**90**

Measuring Access to Care: MHS

- Suggested Principle Metrics
  - 3rd next available – Routine Care (< 7 days)
  - 3rd next available – Acute Care (< 1 day)
  - Team continuity (pending 4th level MEPRS)
  - PCM by name continuity
  - Patient satisfaction with access
- 3rd next available can be looked at two ways:
  - Lead time to appointment
  - % time goal is met

3rd Next Available Metrics

- Includes the following Third Level MEPRS Codes
  - Family Practice Clinic (BGA)
  - Flight Medicine Clinic (BJA)
  - Internal Medicine Clinic (BAA)
  - Pediatric Clinic (BDA)
  - Primary Care Clinics (BHA)
  - Primary Med Care Not Elsewhere Classified (BHZ)
  - TRICARE Clinic (BHH)
  - Underseas Medicine Clinic (BKA)

3rd Next Available Metrics

- Fourth level MEPRS Code Exclusions
  - Codes 0,1,2,5,6,7 are excluded
    - APVs, Observation, Troop Readiness Clinics
  - Air Force facilities exclude BGAZ
    - Coumadin clinics, etc.
- Two metrics:
  - Routine Care (ROU and EST appt types)
  - Acute Care (ACUT and OPAC appt types)
  - Measures third next available in the system
- *Much better* measure of ATC than old metrics

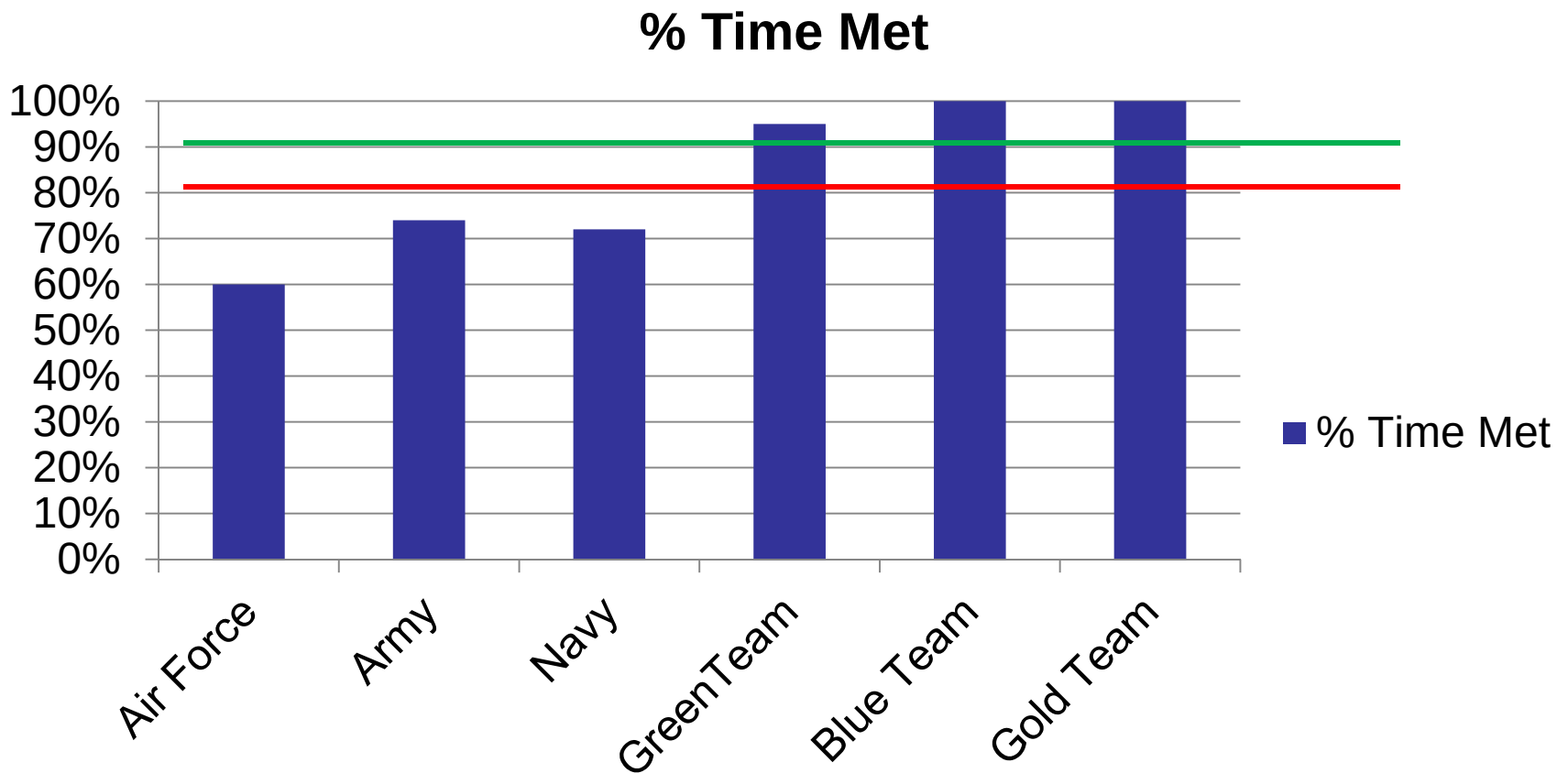
PCM Continuity Metric

- Same MEPRS inclusions and exclusions
- Direct care enrollees assigned PCM at site
- Enrollee visits at that site
- Appointment statuses:
  - Pending, Kept, Walk-in, Sick Call and LWOBS
- Appointment types:
  - ACUT, OPAC, WELL, EST, ROU and PCM
- Non provider visits excluded

Family Medicine Green Team

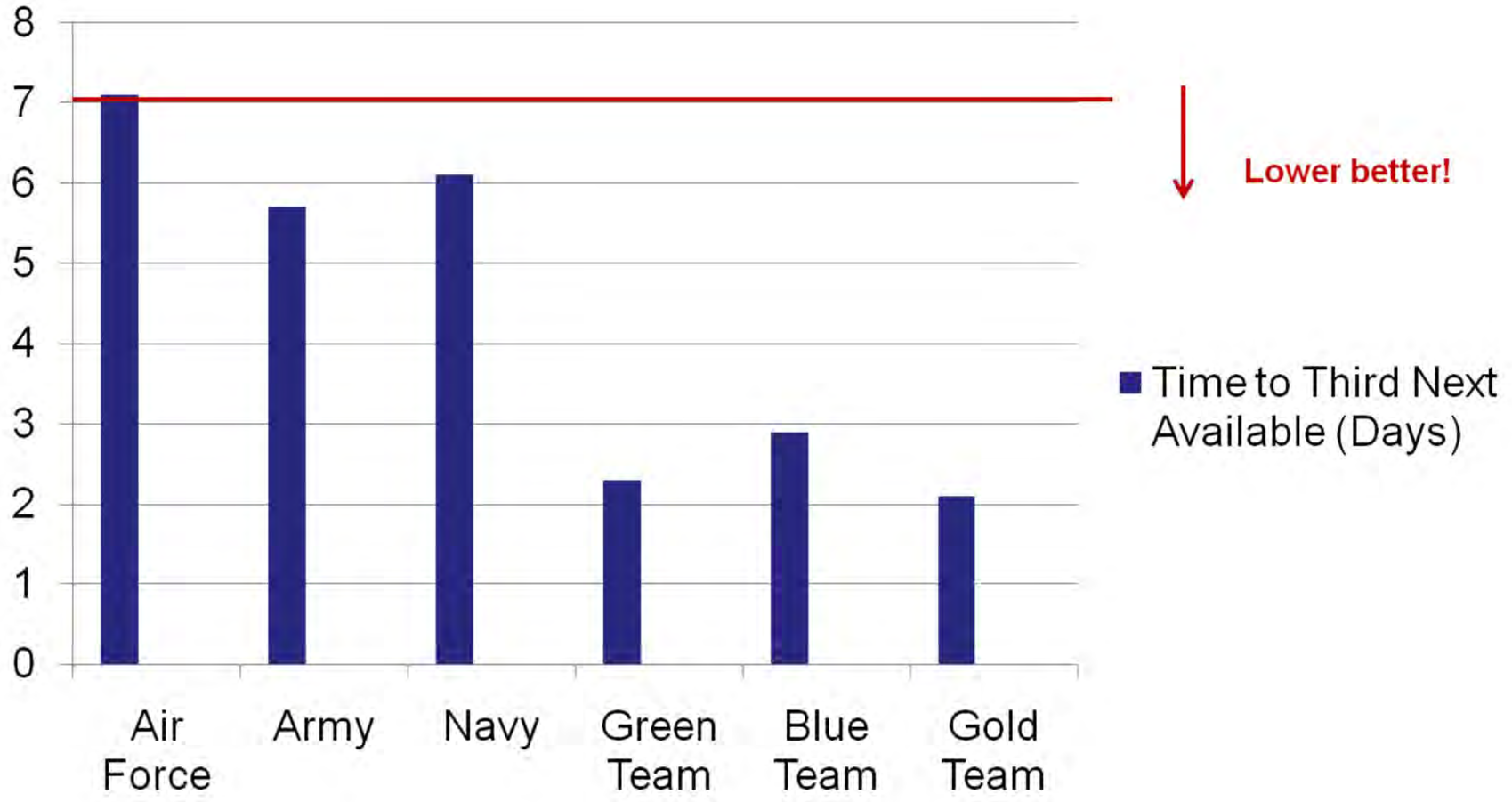
- Pilot Medical Home
- Opened Nov 2009
- Integrated team of military and civilian faculty, military residents and civilian FNP or PA
- 4.8 c-FTE on the team
- 2 military faculty deployed; 1 OCO backfill
- Enrollment: 4,108 and open
- 8 other teams opened Nov 2010 based on pilot experience

Third Next Available – Routine Care



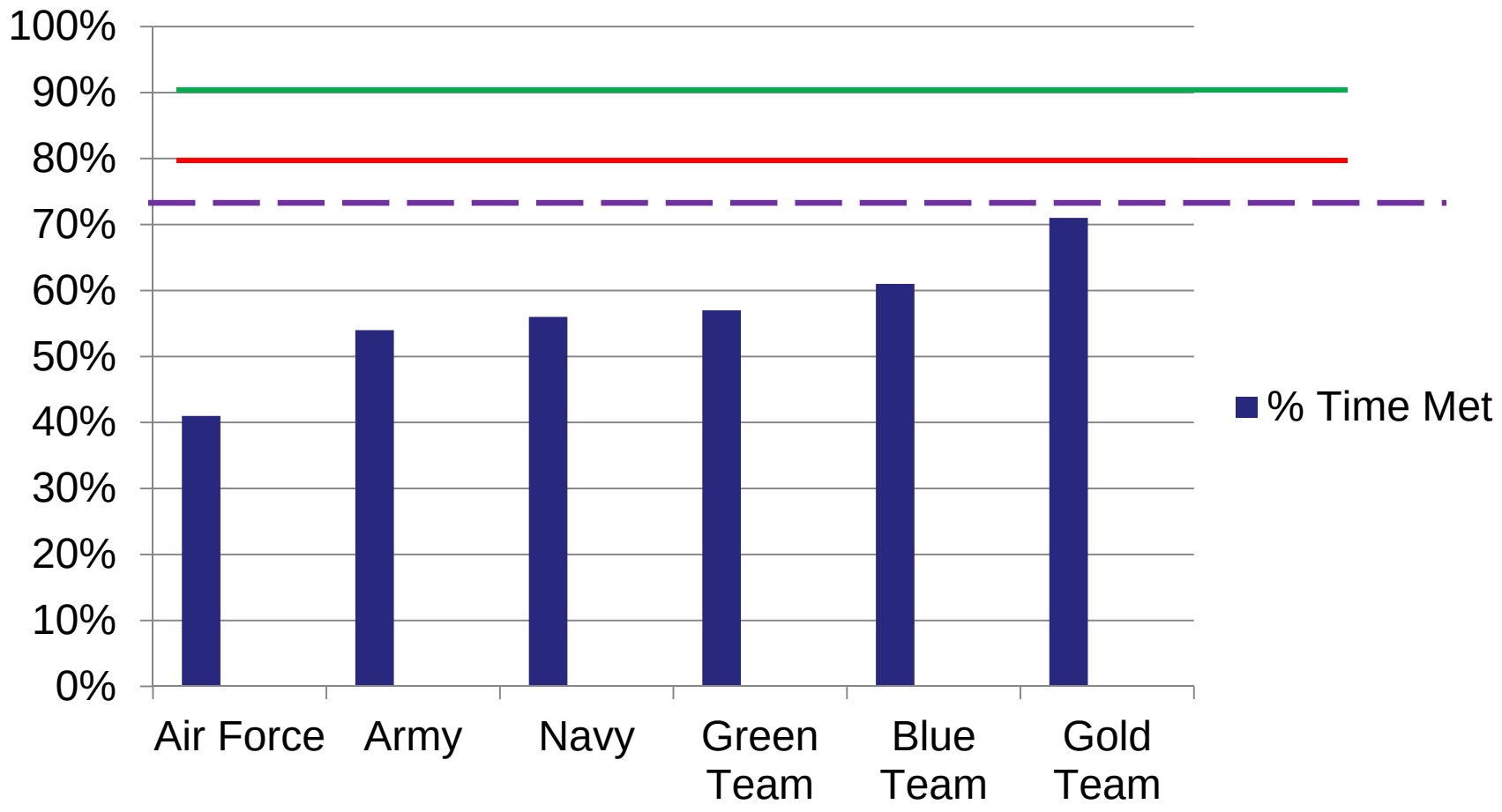
Data from MHS Insight 12/30/2010

Third Next Available – Routine Care



Data from MHS Insight 12/30/2010

Third Next Available – Acute Care



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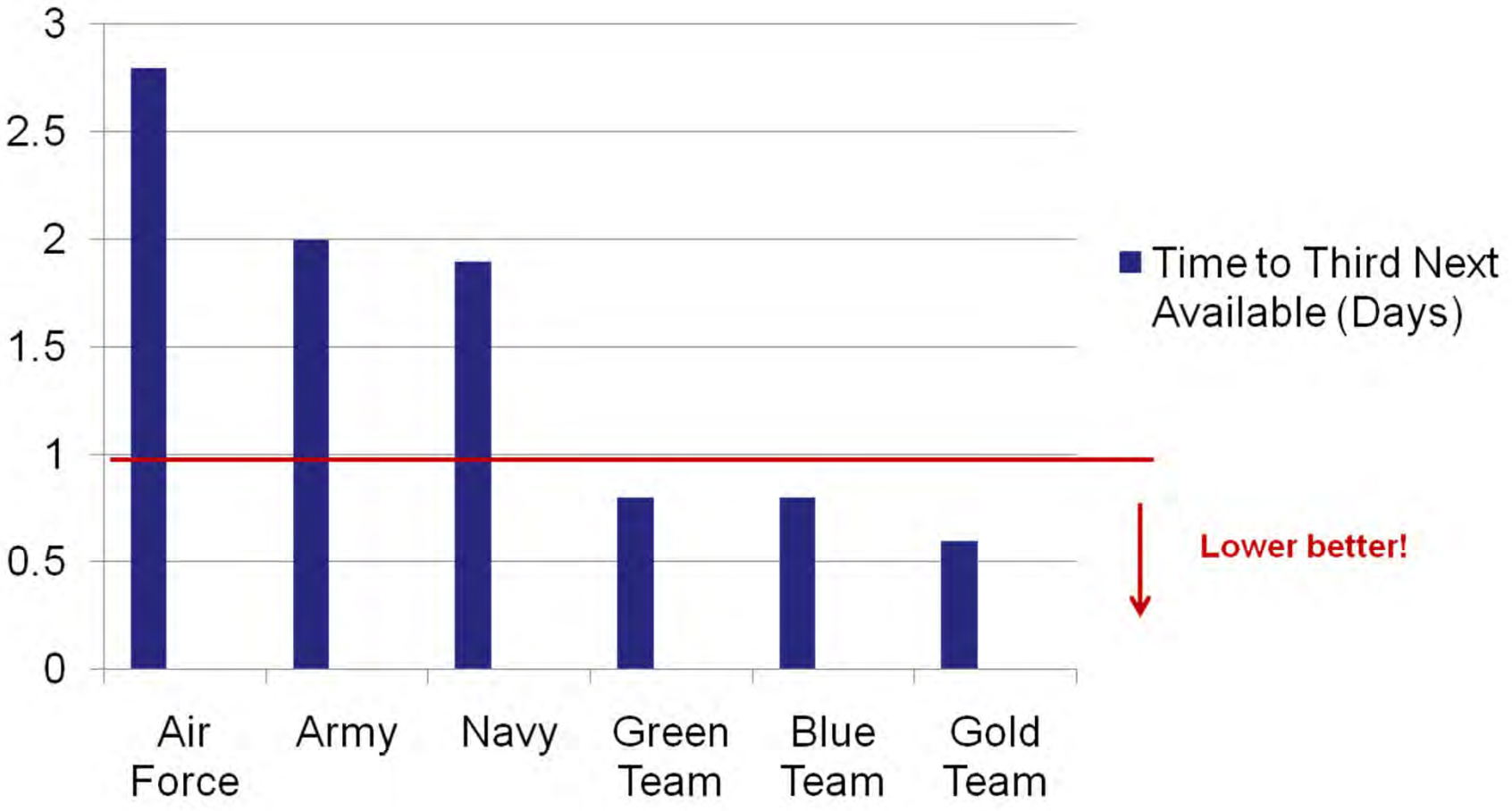
Third Next Available – Acute Care

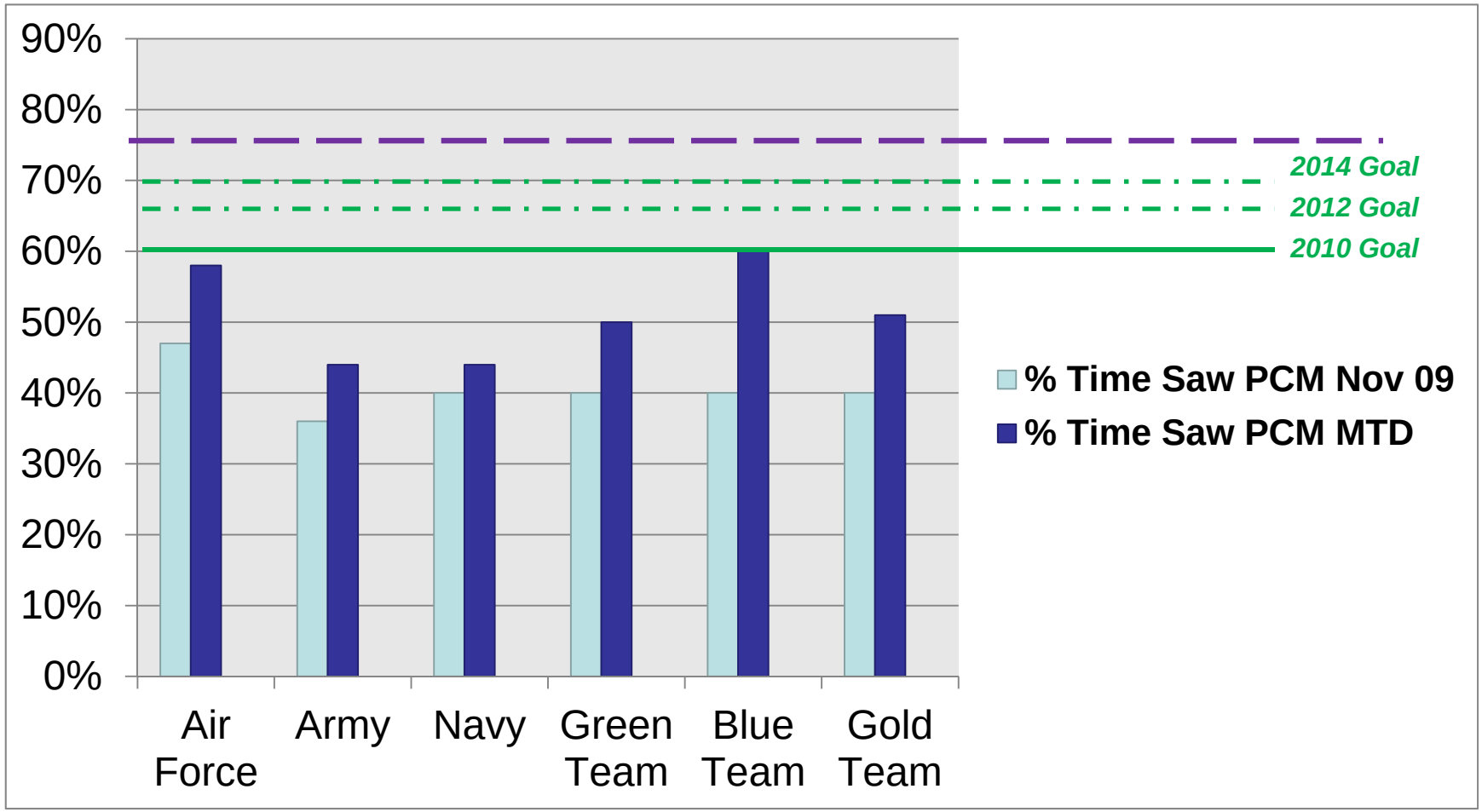


Data from MHS Insight 12/30/2010

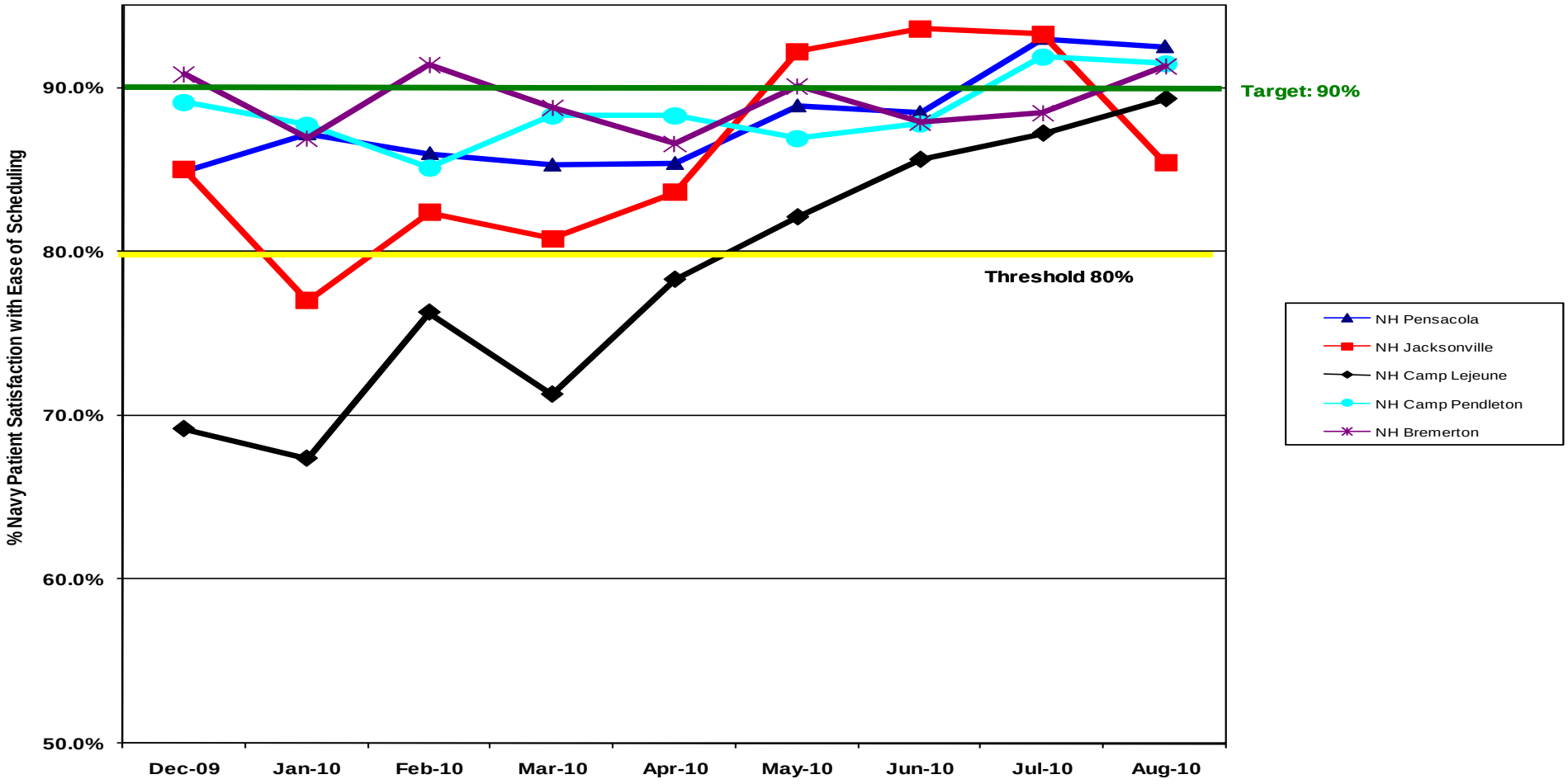
PCM Continuity One Year Ago

Component	Oct 09	Nov 09
MHS	39%	41%
Army	34%	36%
Navy	37%	40%
Air Force	**46%**	**47%**
Coast Guard	42%	42%

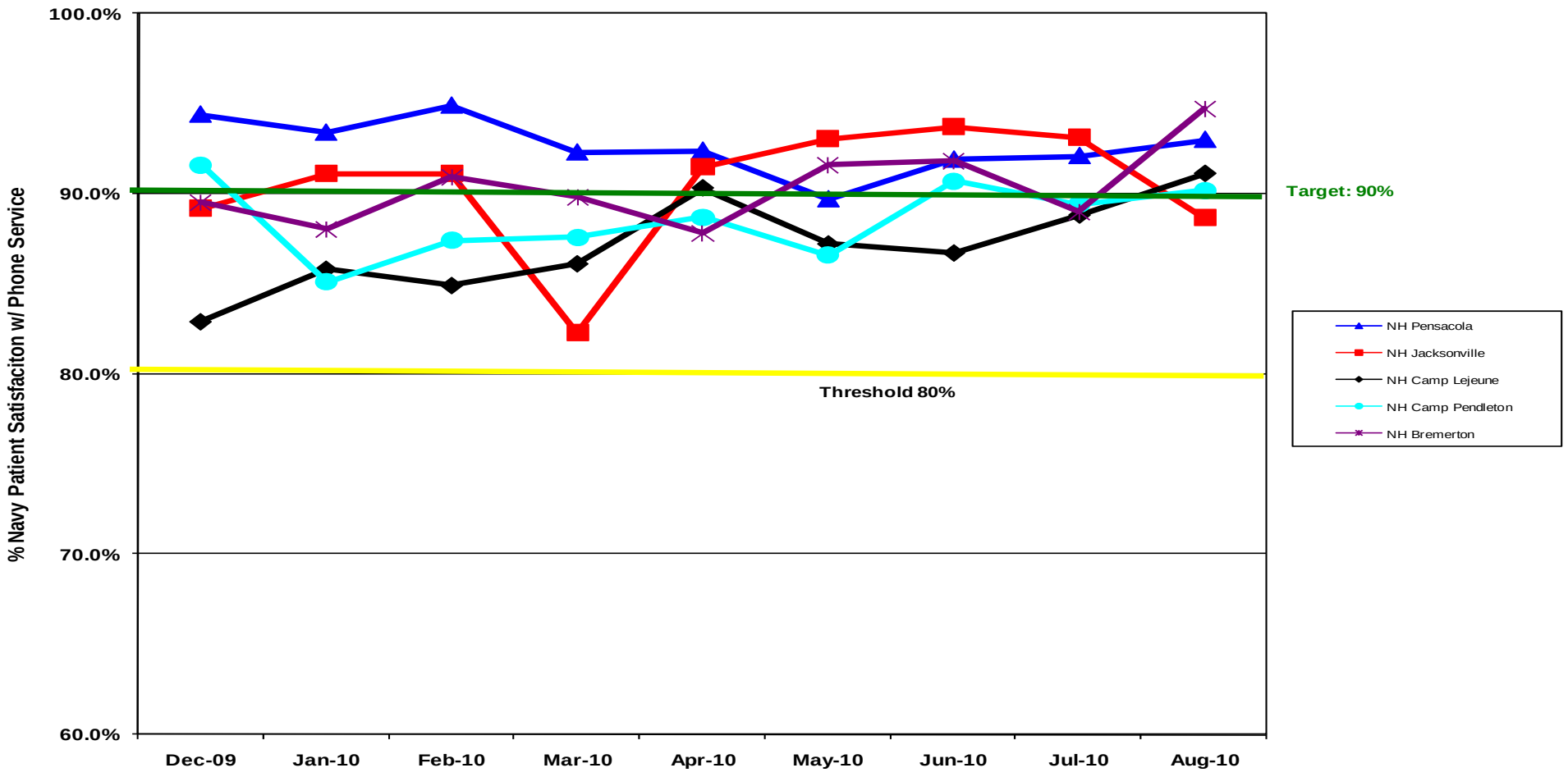
Updated PCM Continuity Metric



Ease of Scheduling



Meets Need for Appointment



Questions?