Health Partners Plus

Webinar #1
Patient Experience| Access Redesign

About PCDC

Primary Care Development Corporation (PCDC) is a national nonprofit organization and a community development financial institution catalyzing excellence in primary care through strategic community investment, capacity building, and policy initiatives to achieve health equity.

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Catalyzing excellence in primary care to achieve health equity

TRANSFORM

We partner with health care providers to build capacity and improve services and outcomes

INVEST

We provide capital to integrate services, modernize facilities, or expand operations
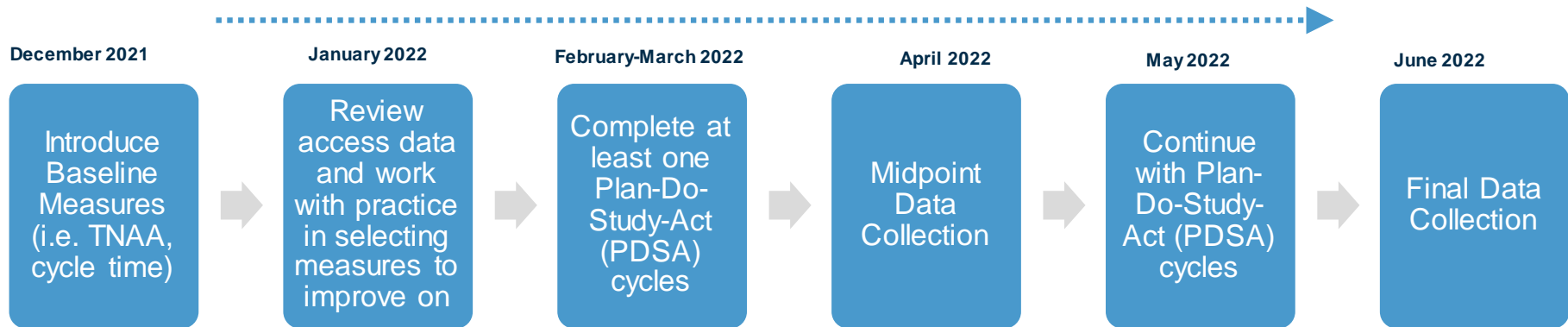
ADVOCATE

We advance policy initiatives to bring resources, attention, and innovation to primary care

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Webinar Logistics

- Will be recorded and sent out after
- Please fill out the evaluation after
- Use the chat box and address to all panelists and attendees

Deliverable 1 Timeline

6 Month Engagement

December 2021

Introduce Baseline Measures (i.e. TNAA, cycle time)

January 2022

Review access data and work with practice in selecting measures to improve on

February-March 2022

Complete at least one Plan-Do-Study-Act (PDSA) cycles

April 2022

Midpoint Data Collection

May 2022

Continue with Plan-Do-Study-Act (PDSA) cycles

June 2022

Final Data Collection

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Future Webinar Topics

Webinar #2: Enhancing and Professionalizing Customer Service
Date: Thursday January 6th
Time: 12PM – 1PM
Registration Link: https://pcdc.zoom.us/webinar/register/WN_Ai9er-aQSfmDPTzjk0soIw

Webinar #3: Leveraging QI and Equity to Drive Experience and Access Improvement
Date: February 3rd
Time: 12PM- 1PM
Registration Link:
https://pcdc.zoom.us/webinar/register/WN_GCGsVYeBTdW5tze4Yf1hZg

Remember: First Thursday of every month from 12PM-1PM

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Agenda

Deliverable #1: Introduction to Access and Impact on Patient Experience Data

Strategies for improving patient experience through access

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Access

- Objectives:
  - Identify and define ways to enhance patient access by utilizing technology
  - Discuss efforts to improve patient engagement

- Benefits:
  - Enhances patient satisfaction
  - Builds effective patient engagement
  - Helps strengthen quadruple aim

POLL - Who are we

- **What type of site do you represent?**
  - Small independent practice (less than 5 providers)
  - FQHC or FQHC lookalike
  - Hospital-owned office based primary care practice
  - Health Plan-owned practice
  - Private solo practice
  - Private group practice

- **What is your role at your organization?**
  - Provider (MD, DO, NP, PA)
  - Nurse (RN, LPN)
  - Medical Assistant
  - Front Desk
  - Practice Administrator
  - Other

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Defining & Measuring Access

Demand in Healthcare

- Reflects **need for service** by a panel of patients for
  - Clinical care, referrals, advice, condition monitoring
  - Prescriptions, forms and results
  - Self-management support, education

- Two types of demand:
  - **External**: from patients directly, or referral sources on behalf of patients
  - **Internal**: generated by provider-directed return visits to the clinic or health center.
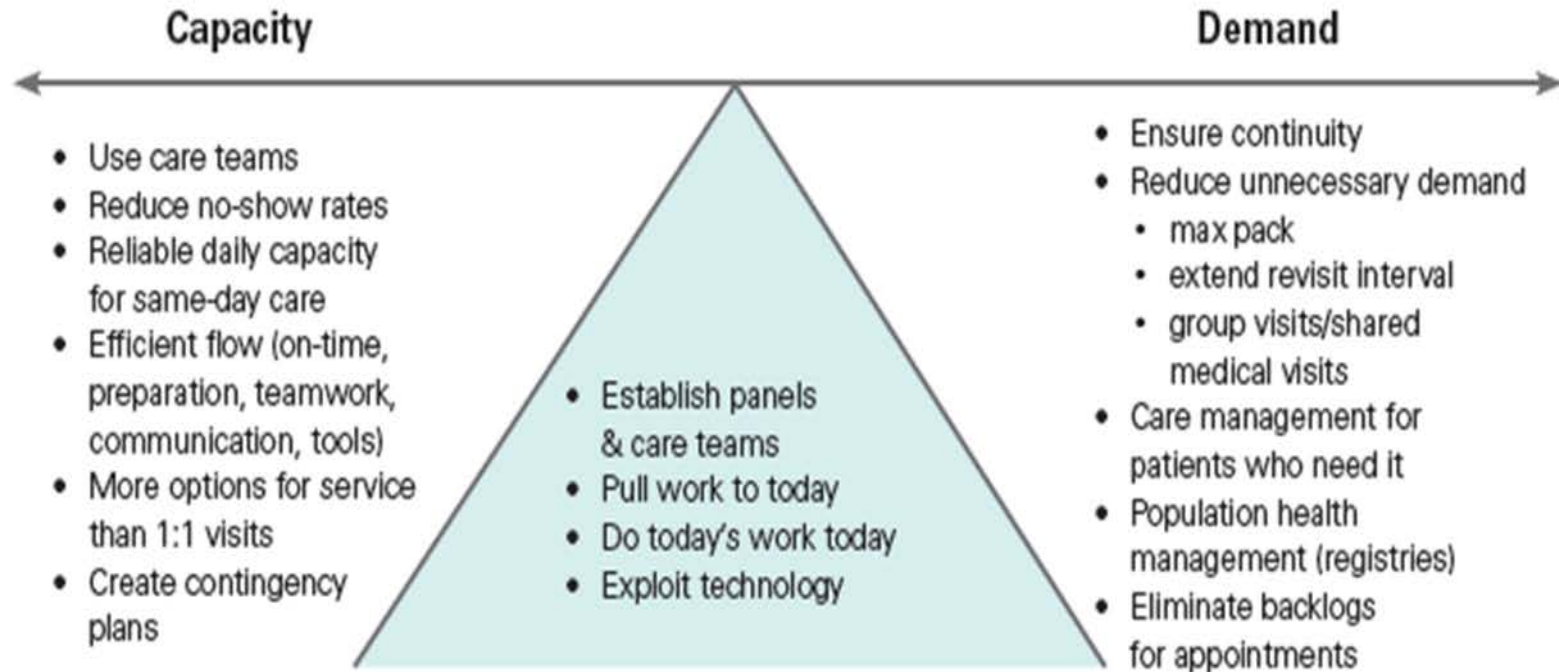
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Capacity in Healthcare

- Reflects your ability to **accommodate the demand for needed services** for a panel of patients

- Factors that influence your capacity:
  - Appropriately triaging and matching time slots to appointment types
  - Distribution of work among the **care team** (clinical care, advice, prescription refills, education, self-management support, etc.)
  - Provision of care in alternative ways (phone, electronic communication, group visits, etc.)

System Properties Desired

Patient-Centered, "Whole Person" Approach

24/7 Access, No Barriers, Continuity, On-time/Efficient, Quality Outcomes, Satisfaction/Joy

Capacity

Demand

- Use care teams
- Reduce no-show rates
- Reliable daily capacity for same-day care
- Efficient flow (on-time, preparation, teamwork, communication, tools)
- More options for service than 1:1 visits
- Create contingency plans

- Establish panels & care teams
- Pull work to today
- Do today's work today
- Exploit technology

- Ensure continuity
- Reduce unnecessary demand
  - max pack
  - extend revisit interval
  - group visits/shared medical visits
- Care management for patients who need it
- Population health management (registries)
- Eliminate backlogs for appointments

Source: Adapted from work completed by the Primary Care Development Corporation for the San Francisco DPH "Changing the Way We Care" Collaborative.

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How can we measure appointment availability?

Third Next Available Appointment (TNAA)

- Measures the wait for an appointment in your system due to patient, provider and system generated demand.

- TNAA has been found to show how many days most patients typically have to wait for an appointment.

- More accurate than considering the "next available" appointment which may become available due to a cancellation or other event that is not predictable

- High TNAA indicates a clogged and backlogged system which typically results in:
  - Poor access and continuity
  - Delay in care for patients who must wait
  - High no-show rates
  - High walk-in/drop-in rates

- TNAA is a good single indicator of the success of the balance between capacity and demand in the system

Take Action –
Reduce Provider and system generated demand

- Extend intervals and having the patient call for their next appointment

- Use new methods/technology for meeting patient needs, e.g., phone, email, text

- Create alternative processes to 1:1 face to face visits with a provider for some services & needs i.e. forms, blood work, test results, pharmacy refills, referrals

- Comb the schedule to remove unnecessary or duplicate visits

- Use the patient care team for specific services and follow-up

Third Next Available Appointment

> # of days from the initial appointment request to the third available appointment on the schedule

What we want to learn:
- What is our true appointment availability?

- **GOAL** = within 3 weeks for routine physical or preventive care; 24 hours for urgent care

TNAA Example

APC 5 Weeks TNAA by Provider - Nov/Dec 2017

All PCP Attendings

	Awwal, S		Bakshi, P		Dhayaparan, T		Jacob, J		Khan, N		Qureshi, S		Valceanu, A		Average TNAA	
FTE (Direct Care)	0.6		0.6		0.7		0.6		0.5		0.7		0.6			
	New	Revisit	New	Revisit	New	Revisit	New	Revisit	New	Revisit	New	Revisit	New	Revisit	New	Revisit
11/6/2017	24	24	30	29	25	24	44	44	25	24	15	14	35	31	27	24
11/13/2017	18	18	25	22	18	17	38	31	22	22	15	14	37	30	23	20
11/20/2017	24	22	22	18	17	11	47	44	21	18	15	15	18	18	22	19
11/27/2017	22	18	16	15	10	3	9	9	17	15	11	11	18	11	16	12
12/4/2017	17	17	18	18	14	7	44	40	15	11	15	14	25	25	20	16
Site Total															22	18

POLL – TNAA Use

- Are you currently measuring Third Next Available Appointment (TNAA)?
  - Yes
  - No

- How likely are you to now incorporate TNAA to measure appointment availability?
  - Already using the measure (in the EHR or manually)
  - Will investigate EHR to see if the report is available
  - Will begin measuring TNAA manually
  - Not capable of measuring TNAA at this time
  - Use alternative method of measuring appointment availability

What are same-day appointments?

Same Day Appointments

- Appointment slots reserved within a provider schedule that may be booked by patients with **routine and urgent** needs.

- Practices should consider both same day availability (how many appointments slots are reserved) and same day utilization (how many are used/booked).

Same Day Appts

- Attempt to accommodate and organize practice same day demand
- Utilized for urgent and non-urgent care needs
- Does not disrupt provider schedule and increase cycle time

Double Booking

- Less organized method of accommodating walk-in patients
- Best used for sick walk-in patients
- May disrupt provider schedule and increase cycle time

Take Action –
Implementing Same-Day Access

- Perform a demand study to determine the number of daily requests for appointments by provider (for routine and urgent care).
- Based on results of the demand study, identify the number of appointments to reserve on daily provider schedules.
- Block the number of same-day slots in the schedule.
- Give these slots a new label (ex. "Same-day") to allow you to more easily monitor and run reports for that appointment type.
- Train all staff on the use of same day appointment slots. Monitor slots to ensure they stay open.
- Adjust the number of same-day slots reserved based on demand.

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Same Day

Same Day Appointment Availability:

$$\frac{\text{\# of appointment slots available at the beginning of the day}}{\text{\# of appointment slots each day}}$$

Same Day Appointment Utilization:

$$\frac{\text{\# of same day visits seen}}{\text{\# of patients seen}}$$

Same Day Report

Date	Provider	Appt Capacity # of appt slots on provider schedule (potential # of patient visits)	# Appts Reserved for Same Day # of slots blocked out for same day availability	# Appts Scheduled Patients on the schedule at the beginning of the day	# Same Day Appts Seen Patients called/walk-in today and seen today	# No Show Patients Scheduled patients didn't show	Total Patients Seen
Monday 02/03/2020	Dr	40	2	11	12	2	21
Monday 02/03/2020	Dr	40	3	12	13	0	25
Monday 02/03/2020	Dr	40	2	13	15	0	25
Monday 02/03/2020	Dr	40	5	1	31	0	32

What we want to learn:

- How many appointment slots are actively reserved for same day use?
- How many patients that request to be seen today are actually seen the same day?

- **GOAL** = up to 30% of schedule reserved for same day appointment demand

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POLL – Same Day Use

- Are you currently measuring same day appointment availability?
  - Yes
  - No

- How likely are you to now incorporate same day appointment?
  - Already using the measure (in the EHR or manually)
  - Will investigate EHR to see if the report is available
  - Will begin measuring same day manually
  - Not capable of measuring same day appointment availability at this time
  - Use alternative method of measuring appointment availability

How can we measure idle time during a visit?

Cycle Time

- Total time that elapses from the point when a patient enters your center to when they exit your center.

- Important because it includes the time the patient is not actively meeting with a provider or other care team member (ie. wait time)

Take Action –
Improving Cycle Time

Consider your space:

- Bring All Services To the Patient
- Have 2 exam rooms for each provider
- Providers move from room to room

Work as a team:

- Increase Support for the Clinical Provider
- Use Teams to Deliver Care
- Establish Broad Work Roles
- Leverage capability of the full team

Take Action –
Improving Cycle Time

Manage your time:
- Everyone and everything on time, all the time
- Monitor patient flow throughout the day; react and adjust
- Communicate directly and in real time

Be Prepared, Work Smart:
- Prepare for the day and anticipate needs
- All equipment and supplies at hand
- Leverage technology
- Eliminate unnecessary work
- Do Today's Work Today

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Cycle Time

Time patient was at the practice from initial arrival time to the time the patient left the building

What we want to learn:

- How much time does the patient spend in our office?
- What are our points of inefficiency?

- **GOAL** = 45 minutes complete visit; no more than 30 minutes idle time

Cycle Time Study

Patient Number	Check-in Time	Roomed Time	Provider Time	Checkout	Cycle Time (hours:minutes)	Cycle Time (minutes)
1	1:00	1:15	1:45	1:15	1:15	75 mins
2	1:15	1:20	1:30	2:05	50 mins	50 mins
3	8:52	9:02	9:10	9:32	40 mins	40 mins
4	9:04	9:07	9:17	9:39	35 mins	35 mins
5	9:13	9:17	9:23	9:54	41 mins	41 mins
6	10:01	10:03	10:12	10:34	33 min	33 min
7	10:11	10:15	10:21	10:43	32 mins	32 mins
8	10:27	10:30	10:42	11:01	34 mins	34 mins
9	11:23	11:30	11:46	12:10	47 mins	47 mins
10	11:42	11:51	11:57	12:20	38 mins	38 mins
11	11:53	11:58	12:10	12:25	32 mins	32 mins
12	12:20	12:25	12:32	12:57	37 mins	37 mins
13	12:35	12:40	12:59	1:32	57 mins	57 mins
14	12:47	12:51	1:05	1:20	33 mins	33 mins
15	1:07	1:12	1:23	1:42	35 mins	35 mins
16	1:42	1:51	1:56	2:19	37 mins	37 mins
17	2:01	2:21	2:33	3:02	1 hr. 2 min	62 mins
18	2:18	2:32	2:41	3:03	45 mins	45 mins
19	3:07	3:12	3:21	3:43	36 mins	36 mins
20	3:21	3:26	3:32	3:58	37 mins	37 mins
						Avg: 41.80

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Poll – Cycle Time

- Do you measure cycle time?
  - Yes
  - No

  - If yes, what is your average cycle time?
  - Less than 45 minutes
  - Between 45 minutes and 75 minutes
  - Between 75 minutes and 90 minutes
  - More than 90 minutes

What is No Show Rate?

No-Show Rate

- How frequently patients do not show for appointments.
- If patients cancel or reschedule then it is not considered to be a no-show. If you have 20 appointment scheduled today and 10 patients do not show, your no-show rate is 50%.

Double Booking Appts to Reduce No-Show Rate

- Double booking can be effective for ensuring that providers see their full capacity of patients and offset a high no-show rate
  - But…it is challenging to predict which patients will no-show.

- Unintended consequences of double booking:
  - Cycle time will increase for patients
  - Care team will be stressed
  - Patient and staff satisfaction may decline

Take Action –
Before an Appointment

- Schedule Patients As Soon As Possible When They Call
- Provide a Printed Copy of the Appointment Time
- Provide Appointment Reminders Using an Automated System
- Don't just Remind Patients, Confirm Appointments
- Double Check the Phone System

Take Action –
During the Visit

- Reduce patient wait times at the practice
- Thank patients who keep appointments and arrive on time
- Monitor the history no-show rate by patient

Take Action –
After a No-Show

- Investigate "Why" Patients No-Show
- Send Patients a "Sorry We Missed You" Message
- Maintain a Dialogue with Your Patients

No-Show Rate

$$\frac{\text{\# of patients that do not show for their appointment}}{\text{\# of scheduled appointments}}$$

What we want to learn:

- How frequently do patients not show for their appointments?

- **GOAL** = no more than 20% of scheduled appointments

No-Show Report

Date	Provider	Appt Capacity	# Appts Reserved for Same Day	# Appts Scheduled	# Same Day Appts Seen	# No Show Patients	Total Patients Seen
		# of appt slots on provider schedule (potential # of patient visits)	# of slots blocked out for same day availability	Patients on the schedule at the beginning of the day	Patients called/walk-in today and seen today	Scheduled patients didn't show	
Monday 02/03/2020		40	2	11	12	2	21
Monday 02/03/2020		40	3	12	13	0	25
Monday 02/03/2020		40	2	13	15	0	25
Monday 02/03/2020		40	5	1	31	0	32

POLL – No-Show Rate

- Do you measure no-show rate?
  - Yes
  - No

- What is the approximate no-show rate for your practice?
  - 10% or less
  - ~ 20%
  - ~ 30%
  - ~ 40%
  - ~50% or higher

Are you monitoring telephone availability?

Telephone Access

- Considers a practice's availability to receive phone calls of all types and especially requesting clinical advice 24 hours a day, seven days a week.

- Telehealth capabilities are a bonus, but are not required for telephone availability.

- Answering services may be used during after hours, but the person must be capable of taking a message and contacting the physician directly and immediately.

POLL – Telephone Response Monitoring

- Has your practice set a standard for response to clinical advice calls by a provider during and after hours (e.g. one hour from when the call was received)?
  - Yes
  - No
  - Not sure

- Does your practice monitor response times against the standard you have set?
  - Monthly or more frequently
  - Quarterly
  - Annually
  - Never
  - Not sure

Take Action –
Improve Telephone Access

- Monitor response times to clinical advice calls

- Perform a 'Secret Shopper' call on your practice
  - Develop a fake patient profile and attempt to make an appointment
  - Consider:
    - How many times the phone rang before the call was answered
    - If you were put on hold
    - Was the phone picked up by an auto attendant, a person, or were you placed on hold
    - Record the length of time on hold
    - Record the helpfulness of the person that answered the call

Call Response Log from Athena

App response time by week

	week	initial messages responded to within 15 mins	total initial messages	% within 15 mins (target ≥ 90%)	% within 30 mins (target ≥ 95%)	% within 60 mins (target = 100%)
1	2020-09-28	249	257	96.89%	99.61%	99.61%
2	2020-09-21	416	429	96.97%	99.07%	99.77%
3	2020-09-14	343	353	97.17%	99.43%	99.72%
4	2020-09-07	326	334	97.60%	99.70%	100.00%
5	2020-08-31	325	332	97.89%	99.10%	99.70%
6	2020-08-24	355	364	97.53%	99.18%	99.73%

Initial messages with response outside SLA, 14-day lookback

	date	mrn	timestamp	hour	message	type	minutes to response
1	2020-09-29 00:00:00	2335	2020-09-29 09:29:08	9	Works for me. Apologies was celebrating the holiday	message.text	89
2	2020-09-29 00:00:00	189	2020-09-29 13:38:04	13	Hey — no it didn't. I have been doing a lot research on this and the general consensus of what I have is that this is ac...	message.text	17
3	2020-09-29 00:00:00	3274	2020-09-29 13:46:37	13	Hello – for as long as I can remember, I've woken up several times throughout the night (5+). I've wanted to see som...	message.text	16
4	2020-09-29 00:00:00	5571	2020-09-29 14:22:07	14	Good Afternoon I wanted to change my primary to Eden health. How can I change this and can I speak with someone ...	message.text	22
5	2020-09-28 00:00:00	11194	2020-09-28 20:06:49	20		message.image	24
6	2020-09-28 00:00:00	11196	2020-09-28 20:09:20	20		message.image	22
7	2020-09-28 00:00:00	11138	2020-09-28 20:02:46	20		message.image	28
8	2020-09-28 00:00:00	11197	2020-09-28 20:14:12	20		message.image	17
9	2020-09-27 00:00:00	6026	2020-09-27 11:12:40	11	Thank you.	message.text	25
10	2020-09-27 00:00:00	11062	2020-09-27 19:53:15	19	Here is a copy of my insurance card	message.text	27
11	2020-09-27 00:00:00	3880	2020-09-27 16:48:53	16		message.image	17
12	2020-09-27 00:00:00	5049	2020-09-27 11:15:32	11	Hi Eden - im experiencing the same issue I had a month or two ago with an ear ache, swollen lymph node under my ja...	message.text	21
13	2020-09-26 00:00:00	2276	2020-09-26 15:21:31	15	Hi - I'd like to know your thoughts on getting off of Paxil. Lately, I've been feeling great and my anxiety has greatly de...	message.text	23
14	2020-09-26 00:00:00	9027	2020-09-26 14:58:59	14	I'd like to set up an appointment with a mental health specialist. I'd prefer something that can be done virtually.	message.text	17
15	2020-09-26 00:00:00	7013	2020-09-26 15:22:58	15		message.image	31
16	2020-09-26 00:00:00	8861	2020-09-26 11:28:43	11	Good morning.	message.text	16
17	2020-09-25 00:00:00	4007	2020-09-25 17:05:53	17		message.image	37

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Manual Call Response Log

	AC04 - Clinical Advice Call Log						
	06/10/2020 - 06/17/2020						

Date	Time Call Received	Time of Response	Time Lapse (Hrs/min)	Peds Initials	Routine/Non-Urgent Return call within 48 hours Yes/No	Urgent Return call within 5 hr threshold Yes/No	Status
6/10/2020	10:56	13:01	2:05	TM	YES	N/A	CLOSED
6/10/2020	9:15	11:15	2:00	AG	YES	N/A	CLOSED
6/10/2020	9:18	9:57	0:39	AG	N/A	YES	CLOSED
6/11/2020	15:28	15:59	0:31	JLH	YES	N/A	CLOSED
6/12/2020	8:36	9:09	0:33	JLH	N/A	YES	CLOSED
6/12/2020	8:55	9:08	0:13	AG	N/A	YES	CLOSED
6/12/2020	11:55	12:45	0:50	AL	N/A	YES	CLOSED
6/12/2020	16:36	16:55	0:19	AG	N/A	YES	CLOSED
6/15/2020	14:26	15:46	1:20	JJ	YES	N/A	CLOSED
6/16/2020	8:52	9:08	0:16	CE	YES	N/A	CLOSED
6/16/2020	10:12	10:29	0:17	TS	YES	N/A	CLOSED
6/16/2020	10:44	10:54	0:10	CM	N/A	YES	CLOSED
6/16/2020	11:09	12:53	1:44	BP	YES	N/A	CLOSED
6/17/2020	14:06	15:01	0:55	NO	YES	N/A	CLOSED
6/17/2020	14:36	14:41	0:05	ME	YES	N/A	CLOSED

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Secret Shopper Call Summary

Shopper Name: _____   **Time call began:** _____

Health Center: _____   **Time call ended:** _____

Service: _____   **Language of the call:** _____

Type of Appointment: _____   **Total length of call:** _____

Day of the Week: _____   **Date of Call:** _____

Date of the appointment I received: _____

Description and Notes

_____

Phone rings: _____

Phone picked up by (select one) ☐ Auto Attendant   ☐ Person

☐ Placed on hold - **Length of time on hold**: _____

Health Center:	
Caller:	
Health Center:	
Caller:	
Health Center:	

Recommended Action Items

- Determine most efficient way to calculate No-Show
  - Use EMR/Appt System, when possible

- Decide TNAA data collection
  - Determine day, time, and person in charge

- Cycle time
  - Brainstorm on how practice will capture (i.e. allocated resources)

Presenters

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THANK YOU

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Provider Capacity Utilized

- Describes how many provider appointment slots resulted in completed visits with patients.

$$\frac{\text{\# of actualized patient visits}}{\text{\# of available appointment slots on the schedule for the same period of time}}$$

- **GOAL** = 90% of provider's appointment capacity is utilized

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