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Developing a Patient-Centered Approach to Optimizing Veterans' Access to Health Care Services: A Workshop

Session 4: Increasing Access Capacity

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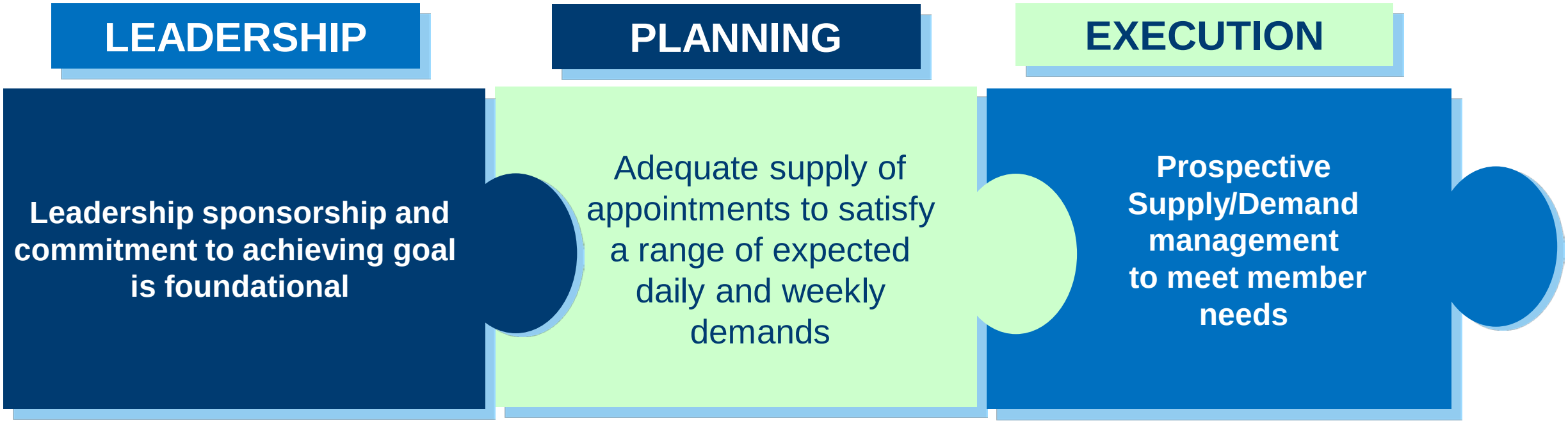
Strategies and Tools to Build Access Capacity and Optimize Health Care Access within Health Care Systems

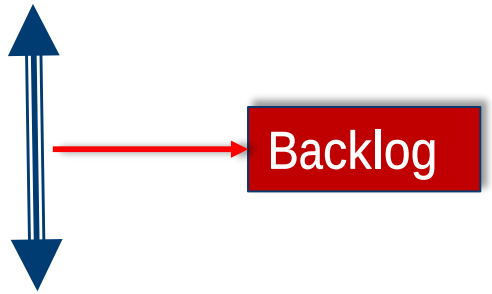
Operational Access Concepts

Embodies 3 different, yet inter-related operational elements



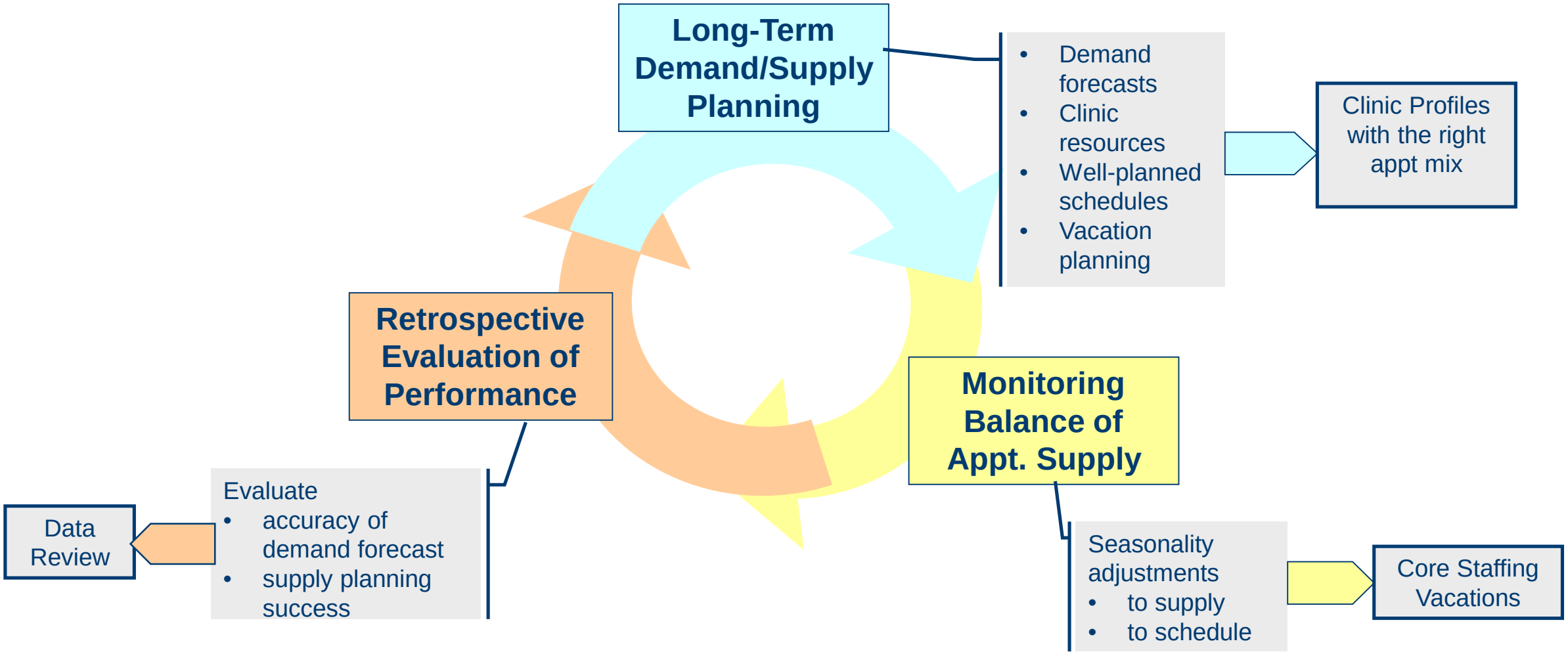
Pillars of Access

Demand (= Utilization)



Supply

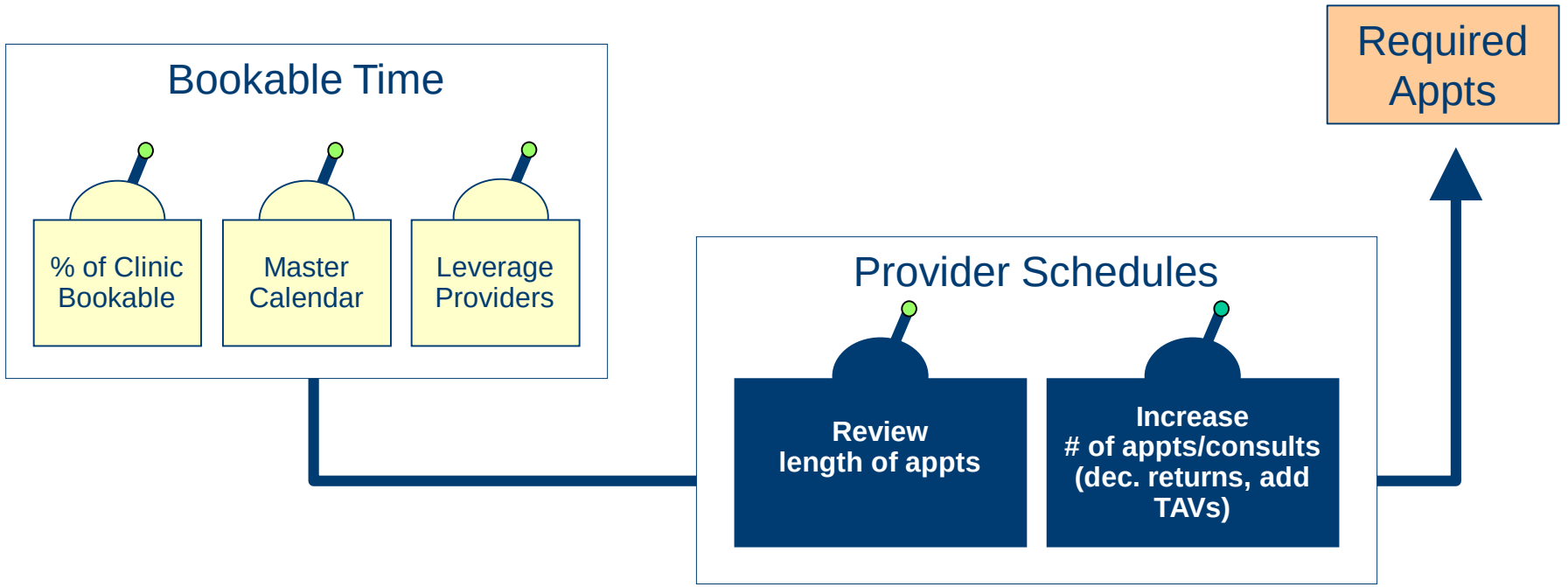
Access Cycle



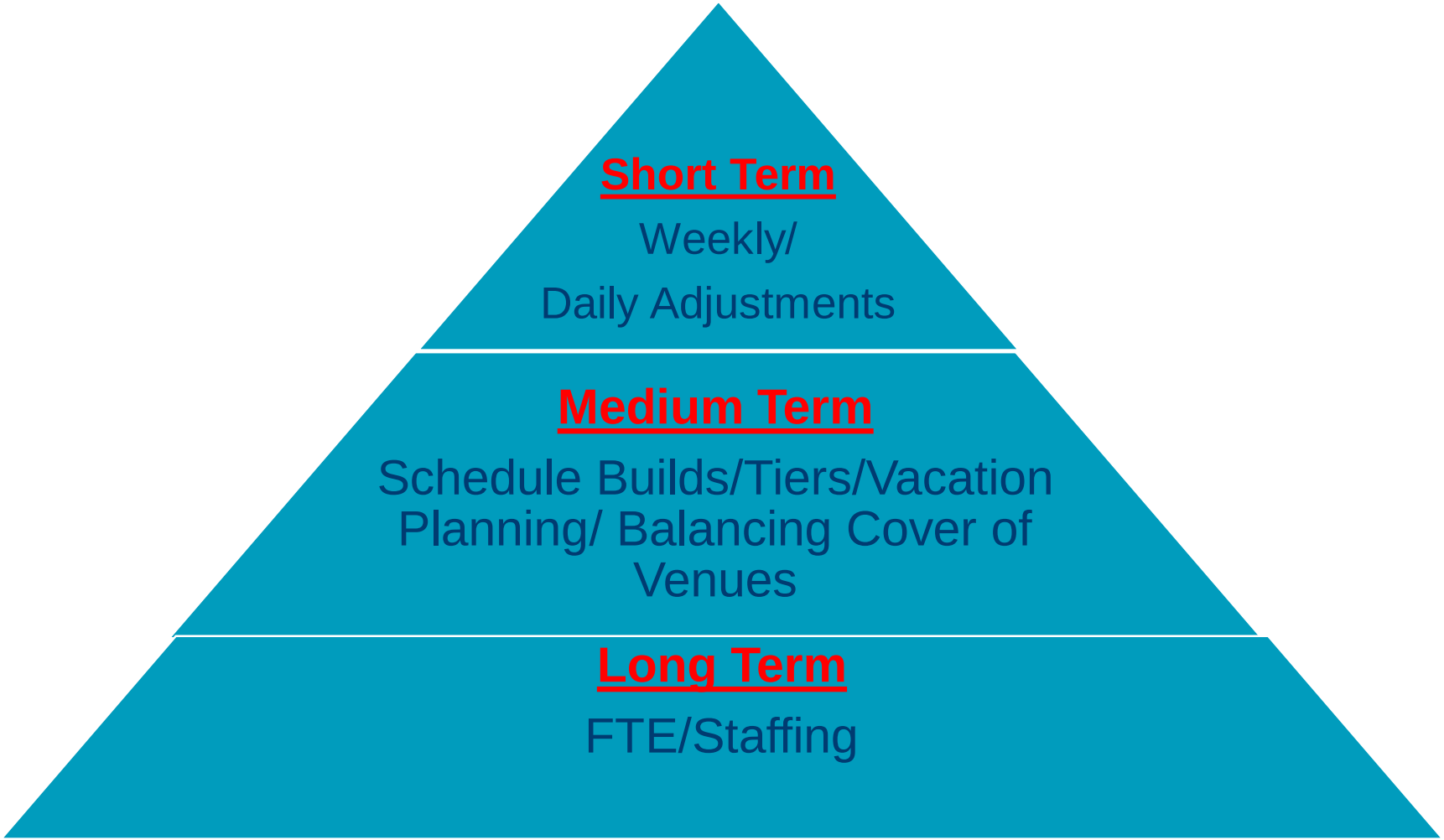
Pulling the Right Levers: Supply Levers

Achieving the required number of appointments depends on pulling the right levers

The key levers of bookable time are clinic coverage and % bookable in clinic. The key levers within the provider schedules are appointment length and appointment mix.



Strategy for successful access planning



Managing Supply

- Schedules and Profiles
- Appt type mix
- Consult erosions
- Supply and demand review
- Innovations in delivery to reduce touch points
- Chart Reviews by Specialists – Enables PCPs to run cases by Specialists for guidance on next steps before booking a consult
- pConsults, Telephone return visits
- Digital image secure messages
- Classes and more ?
- Vacation planning

- ,

Vacations

- Do you have a ‘Written Time off Policy’?
- How far in advance you ask for vacation requests ?
- Do you have a minimum staffing requirement criteria for each Medical Center ?
- What do you do, if you have requests additional time offs, that will result in less than minimum staffing?

Fixed vs. Variable Templates

TEMPLATE VARIATIONS BY SERVICE AREA BELOW							
General Surgery		4 hour session Standard +			4 hour session Standard Template		
Appt Type	Time Slot	# Appt Slots	Total Bkbl Time	% Dist	# Appt Slots	Total Bkbl Time	% Dist
CO	30	7	210	87.5%	5	150	55.6%
F/u - Undefined	15	1	15	12.5%	3	45.0	33.3%
PR-CO	30	0	0	0.0%	1	30	11.1%
PR	30	0	0	0.0%	0	0	0.0%
Phone	15	0	0	0.0%	0	0	0.0%
Total Minutes		8	225	100.0%	9	225	100.0%

+ 2 CO (from 5 to 7)

- 2 F/u (from 3 to1)

- 1 PR Co (from 1 to 0)

- Variable templates can mitigate or minimize the impact on supply
  - During vacations
  - Temporary seasonal increase in the demand
  - Expected loss of supply due to FMLA's
- Switch to variable template must be planned ahead to minimize impact on cancellations or rescheduling

NET LOSS Calculation

Lost or wasted appts as a % of total appts supplied during a defined period of time, with credit given to worked-in/force booked appts in the net loss

$$\text{Net Loss} = \frac{(\text{FTKA}^* + \text{Unused}) - \text{Worked In}}{\text{Supply}}$$

- Do you have a goal for Net Loss?
- Is Net Loss data shared with all providers within that department consistently (unblinded)?

**** FTKA: Failed To Keep Appointment (No Show)***

Variable Appt Templates vs. Hybrid/Flexible Templates

Variable Appt Templates

- Different appointment lengths for Consults, Follow up appts and Procedures
- Allows customization of length based on the expected time demand for the respective services
- However it cages the appt types
- Less choice to appt time preference to patients
- Higher likelihood of net loss

Specialty Dept with with **Variable length** appt template

CLINIC	
EFFECTIVE	
TIME	**BLOCK**
8:30:00 AM	FOL UP, VIDEO VISIT
9:00:00 AM	FOL UP, VIDEO VISIT
9:30:00 AM	CO
10:30:00 AM	FOL UP, VIDEO VISIT
11:00:00 AM	NON-BOOK
11:30:00 AM	CO
12:30:00 PM	**LUNCH**

Hybrid/Flexible Appt Templates

- Similar appointment lengths for Consults, Follow up appts and Procedures (if there are in that department)
- Schedule is uncaged with all appt types
- Any appointment type can be booked into any available slot
- More choice to appt time preference to patients
- Lower Net Loss

Specialty Dept with a 40 min **Fixed length** FLEX appt template

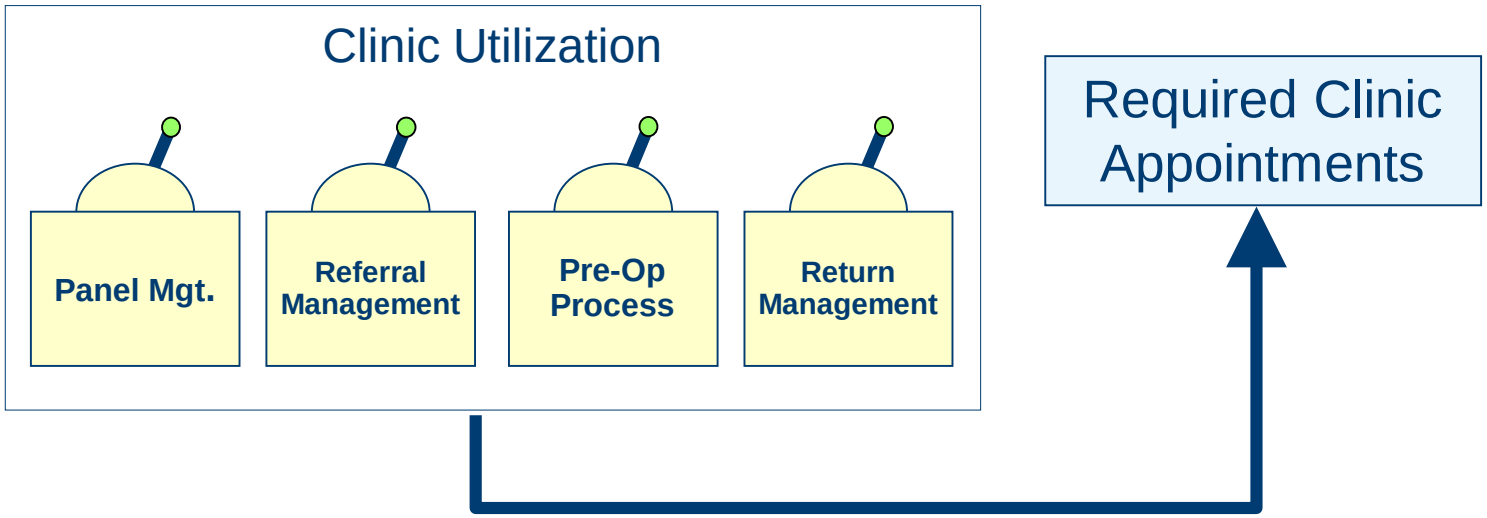
CLINIC			VIRTUAL A	
EFFECTIVE	7/6/2020		EFFECTIVE	7/6/2020
TIME	**BLOCK**		**TIME**	**BLOCK**
8:30:00 AM	FLEX, FLEX VIR		8:30:00 AM	FLEX VIR
9:10:00 AM	FLEX, FLEX VIR		9:10:00 AM	FLEX VIR
9:50:00 AM	NON-BOOK		9:50:00 AM	NON-BOOK
10:00:00 AM	FLEX, FLEX VIR		10:00:00 AM	FLEX VIR
10:40:00 AM	NON-BOOK		10:40:00 AM	NON-BOOK
11:10:00 AM	FLEX, FLEX VIR		11:10:00 AM	FLEX VIR
11:50:00 AM	FLEX, FLEX VIR		11:50:00 AM	FLEX VIR
12:30:00 PM	**LUNCH**		12:30:00 PM	**LUNCH**

Pulling the Right Levers – Demand levers

Opportunities to influence the total demand for clinic services

Panel Management – are your members empaneled and are panels effectively managed? (Primary Care Departments)

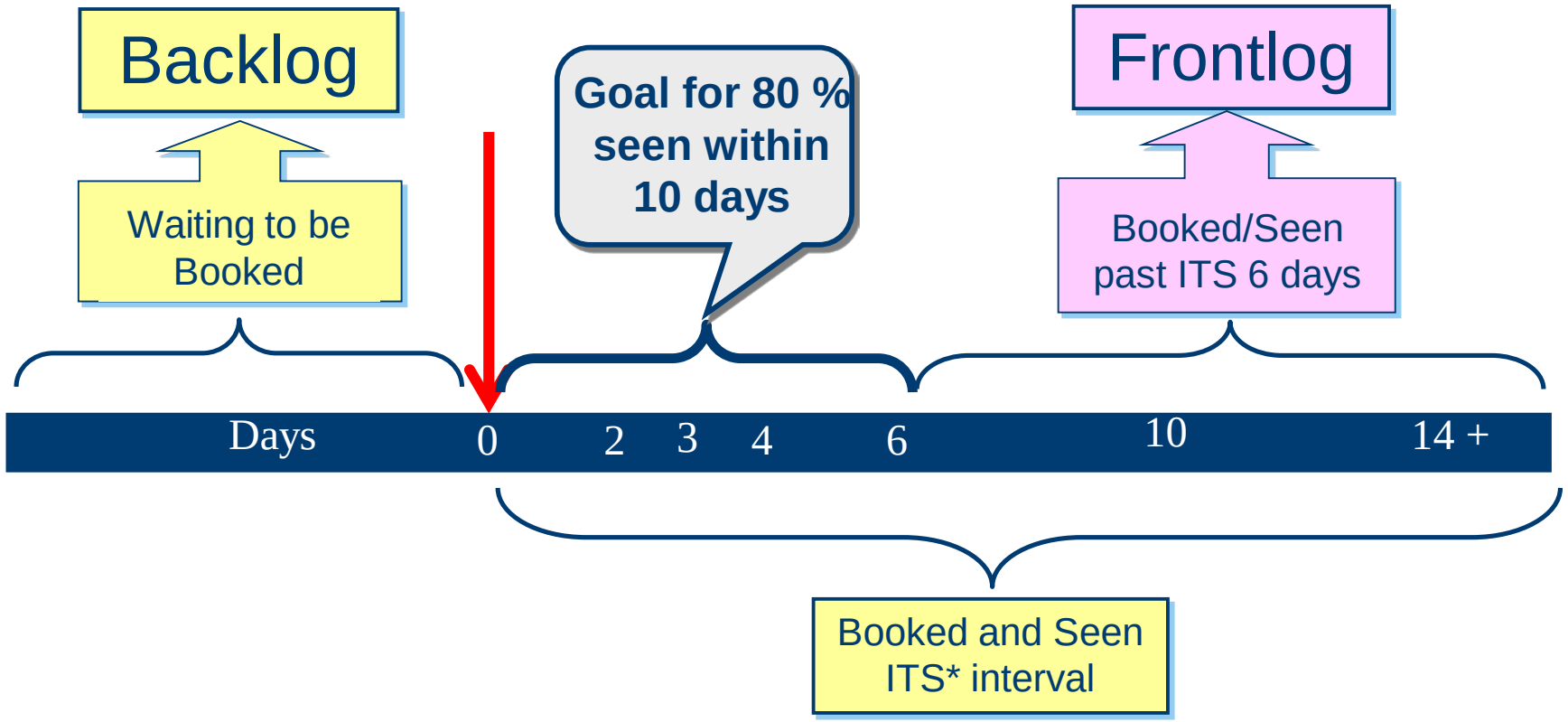
- **Referral Management** – Are all referrals leaving/coming to your department appropriate? Do all encounters require a face-to-face visit?
  - ✓ **Reduce Variation!!**
  - ✓ **Pay attention to 'High Utilizers'**
- **Pre-Op/Post-op Process** – Reduce touch points, to add value to the overall clinical outcome
- **Return Management** –Are all of your returns medically necessary?



Managing Demand (Utilization)

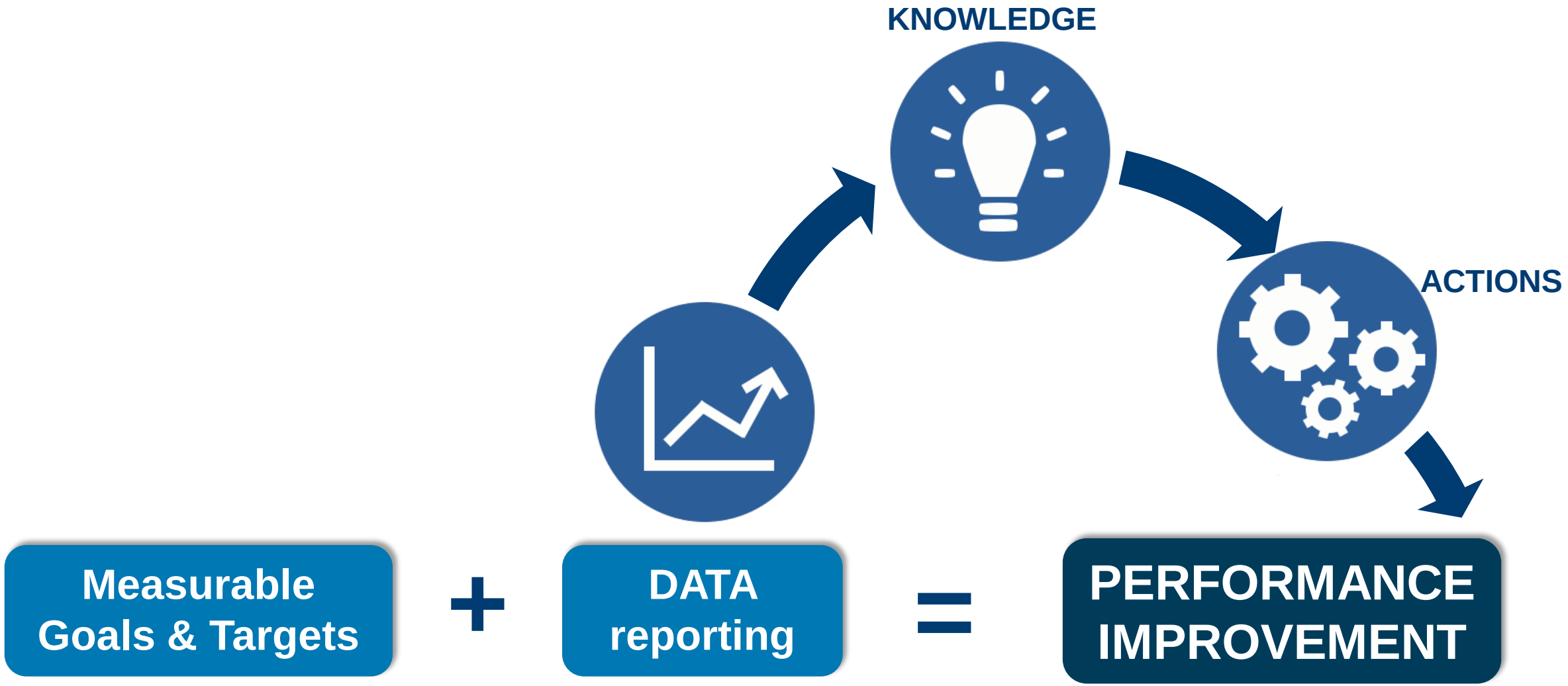
- ✓ Don’t be a victim
- ✓ Take proactive steps and invest time, which will pay off in the long run
- ✓ Communicate and educate repeatedly and constructively (it will decrease your demand)
- ✓ Offer both formal and informal consultations via phone
- ✓ Over time you can actually see a decrease in demand

Backlogs and Frontlogs



***ITS (Initiated to Seen) = The interval from when a member is referred to see a Specialist by the PCP/Patient to the actual date of the appointment (seen)**

Data Drives Performance



Translating Strategy into Actions

1. Leadership engagement
2. Consistency in performance/reducing variability
3. Minimize idle time and wasted resources
4. Technology enabled alternatives to DOV
5. Foster a culture of team work and innovation
6. Monitoring performance with data and sharing it

Access Improvement Steps

- ✓ **Concepts are:** Easy, simple and we all know them
- ✓ **Barriers are:** Generally internal
- ✓ **Implementation is:** Complex, rocky initially, gets easier latter but requires constant watch and leadership commitment and engagement
- ✓ **Outcomes are:** Rewarding and long lasting

“It is not the strongest
or the most intelligent who will survive
but those who can best manage
CHANGE”

~ Charles Darwin