



## Advanced Access

**AA is...**

- No delays for an appointment.
- CONTINUITY for patients and providers.
- Doing today's work today

**AA is Not...**

- Holding appts in anticipation of same day urgent demand.
- A Walk in Clinic or Urgent Care Clinic.
- 100% open schedule each day
- Telling pts to all back tomorrow

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## Advanced Access is the ability of a practice to...

**...Offer patients/families an appointment with the provider of their choice at a time that is convenient for them.**


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## Start with an Aim

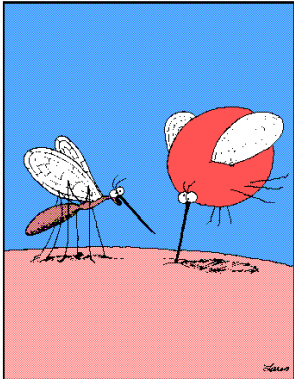
### The Gold Standard

**Primary Care**

Offer an appointment today for any problem (urgent or routine) with the PCP or teammate in the absence of the PCP.



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Feeling overwhelmed?

"Pull out, Belly! Pull out! ... You've hit an artery!"

## Gold Standard; Why Today ????

**Constant tension between medical definition of Urgent and patient definition.**

- Nice for pts.
- Transformative** for the practice
- Room to grow practice TODAY.
- Competitive advantage

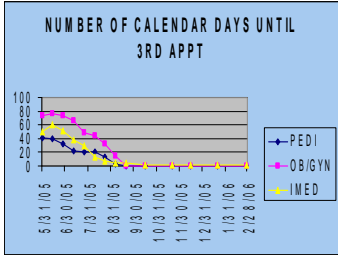
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## Advanced Access

- Innovative model
- Primary, specialty care x 15 years.
- System wide applications

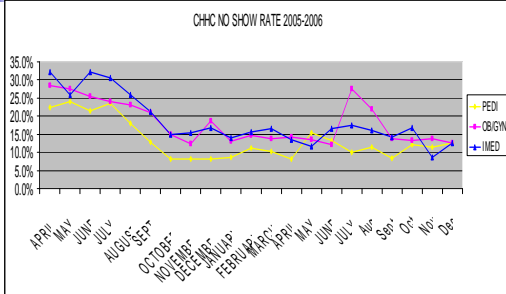
NUMBER OF CALENDAR DAYS UNTIL 3RD APPT



Source: Providence CHC

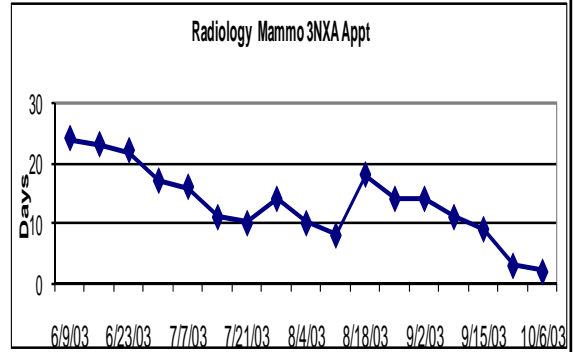
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**Capitol Hill CHC  
Providence, Rhode Island  
Decrease No Show rate**



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**Radiology Mammo 3NXA Appt**



**The Big Picture:  
High Leverage Changes for Access Improvement**

- Balance demand and supply daily
- Reduce backlog
- Decrease appointment types, times
- Develop contingency plans
- Reduce demand for visits
- Optimize the Care Team

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**Critical Access Design Elements**

1. Continuity / familiarity
2. Appointment capacity
3. Demand and Supply equilibrium

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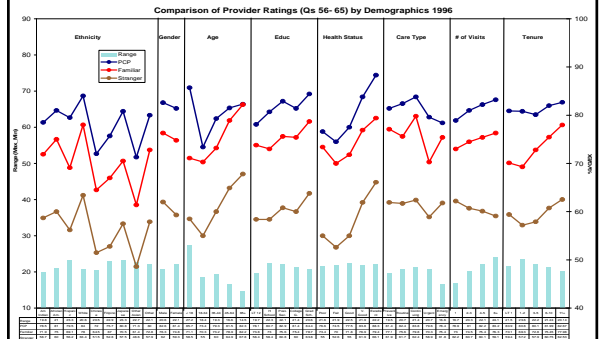
**What is Continuity?**

The rate at which patients see their PCP when coming in for primary care visit.

- Continuity decreases:
  - Hospitalizations and LOS
  - ER visits
  - UC visits
  - Referrals
  - RX's
  - Tests
  - Demand for appts.
- Continuity increases:
  - Pt, provider and staff satisfaction

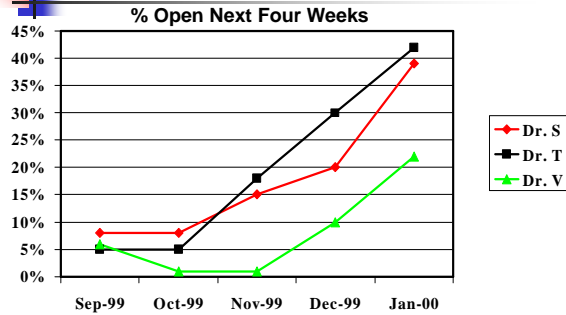
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**1. Continuity Satisfaction Ratings**



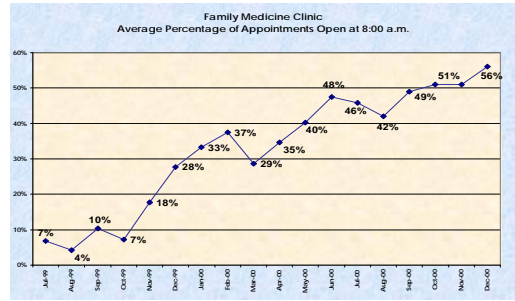
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## 2. Capacity (appt supply)



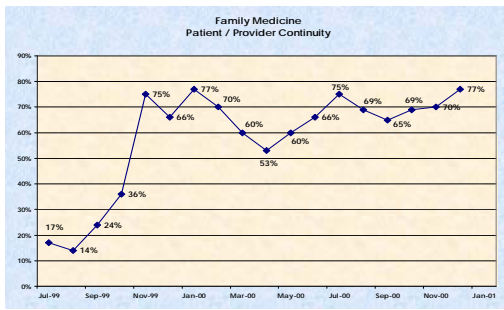
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## Appointment Availability...Capacity



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## Patient / Physician Continuity



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## Access Continuum

- Traditional Model
- Carve Out Model
- Advanced Access Model

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## Traditional Model

- Saturated schedules
- Excessive Triage & rework
- Expensive folks book appts (MD and RN)
- Multiple appointment types, times
- Urgent , Routine juggled
- Capacity: Overbook, over there
- Continuity: sacrificed, delayed

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## Carve Out Model

- Smoller's formula
- Predict demand for Urgents
- Carve out appts for Urgent demand
- Routines delayed
- No space for intermediate care
- Continuity: fair to poor
- Capacity: Future filled or held

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## Carve Out Collapse; Signs and Symptoms

- "Call back tomorrow"
- Black market
- More holds than open
- Run out of appts early
- Self – destruct

"Do some of today's work today"

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## Advanced Access

- Paradigm shift: No distinction between Urgent & Routine
- Some evidence of stable reservoir
- Backlog eliminated (good vs. bad)
- Continuity: System property
- Capacity: Future is open not held
- Pull into today vs push in to future  
Do Today's work today.

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## Push vs Pull

Traditional and  
Carve Outs

*In order to  
protect today,  
we push work to  
tomorrow.*

Advanced Access

*In order to  
protect tomorrow,  
we pull work into  
today.*

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### Advanced Access Fears & Pitfalls

Fears	Remedy
Appt Demand is insatiable	Measure Demand. Compare to Supply.
Super-saturated schedules	Measure, compare utilization patterns and internal demand among PCPs
Panel Size too big	Develop reliable process to monitor and distribute new pts. Track pts leaving.
Actual Pitfalls	Remedy
Panel Size: too big or too small	Right size panels Fairly and Equitably distribute pts. Develop continuous empanelment process Optimize Care Team Relentlessly drive Continuity
Supply Side Variation	Use Demand data to create Supply templates. Out of office guidelines Optimize the Care Team Contingency planning

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### Most Common Pitfall; "Stuck in Lodi"

**Remedy:**  
Revisit the Basics....

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### Most Common Pitfall; Stuck in Lodi

- Stuck in Carve Out
  - Don't recover after leave
  - Backlogs persist
  - Out of appts within minutes each day
  - More triage needed.
  - Solve every problem by holding appts.
  - Schedule looks like swiss cheese with too many holds.
  - Pts complaining....don't want to call back
  - Sacrifice Continuity!
  - Drive up Demand!

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### The Basics: High Leverage Changes for Access Improvement

- Balance demand and supply, daily
- Reduce backlog
- Decrease appointment types, times
- Develop Contingency plans
- Reduce demand for visits
- Optimize the Care Team

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### When Demand truly is greater than Supply...(and you know because???)

**Four Options...**

- Work harder ???
- Buy more supply ???
- Defer, delay the work ???
- Try doing things differently....

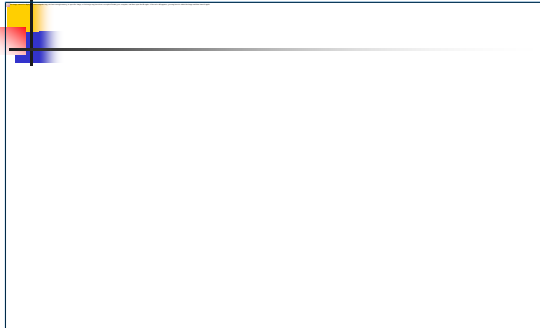

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### Results of Advanced Access



- Reduced delay appts
- Decreased UCC and ER visits
- Improved Continuity / pts, providers, Care Team
- Improved clinical outcomes
- Enhanced compliance with guidelines...skin in the game
- Reduced No Show rate
- Growth opportunities and financials
- Increased patient, physician and staff satisfaction.

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## IPC2, White Earth



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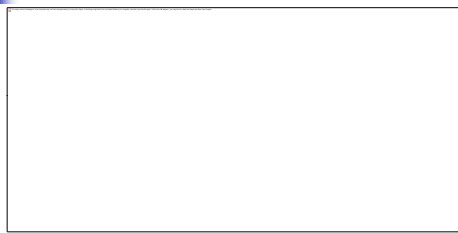

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### Delay drops... No Show rate drops



Source: Emory

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### Your Next Steps.....



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## The Big Picture: High Leverage Changes for Access Improvement

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### Advanced Access Sequencing

Empanel pts
Set Access Aim...Gold Standard
Measure delay...3 <sup>rd</sup> next available routine appt
Measure Demand, Supply, Actual
Match Demand, Supply, daily and weekly
Reduce Backlog
Simplify appt types/times
Contingency planning
Reduce Demand for visits
Optimize the Care Team

At every step...  
Track and display data  
Celebrate successes and failures!

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Last  
Chance?

XXXX

What's next????????

## More on Access...

- 10:15 Improving Access; Optimizing the Care Team, A Case Study
- 11:00 Improving Access; Appointment Demand and Supply Forecasting
- 2:00 Improving Access; Problem Solving Your Access Challenges

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