

Advanced Access Basics; Appt Demand and Supply Forecasting

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It's harder than it looks...



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.
- Telling pts to call back when appts are released.

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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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Start with an Aim The Gold Standard

Specialty Care
Offer an appt this week for any problem (urgent or routine) with the specialist of record or teammate in the absence of the specialist of record.



WHY???

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Delayed systems...

- Tension; medical definition, patient definition
- Waste inherent in tending the delays
- "If you're sick and you can prove it."
- Pts get in anyway!
- Delays increase workload.
- Can't transform practice or pt experience

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What is Advanced Access ?

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

So how many appts do we need today?

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Critical Access Design Elements; The Big Three

- Continuity
- Capacity
- Demand and Supply Equilibrium

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Demand and Supply Equilibrium

Demand → DELAY → Supply

Evidence of a stable reservoir ???

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Source of Appt. Demand

- Illness Burden of Population
- Mood and Attitude
- Continuity
- Panel Size and Case Load; drivers for demand
- Practice style
- Measures: True appt. demand

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Demand

- Look at historical data?
- True Demand Formula:
 - External**
 - Appointment requests, called in and appted regardless of day appted to (today or future)
 - + Walk-ins for appts.
 - + Other portals of entry?(email, fax, "add-ons" etc.)
 - + Deflections (UCC etc)
 - Internal**
 - + Returns booked today for the future

Total Demand

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Appointment Demand Worksheet Primary Care

Date: _____

Care Unit 3	Patients calling today, requesting appt, regardless of day appted to (External)	Walk-ins today appted (External)	Deflections, eg UCC, if trackable (External)	Future Return appts booked today as pts leave today's appt. (Internal)	Total Demand	Optional: Pts turned away, not booked. Do not add into Demand
Provider A						
Provider B						
Provider C						
Provider D						
Total						

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Appt Demand Inventory for Specialists

Spec Provider	Pts referred today regardless of day they are appted. (External)	Walk-ins apptd (External)	Other venues (External)	Urgent referrals / consults received regardless of day they are appted. (External)	Any follow-up appts or returns generated today (Internal)	Total (External + Internal)	Optional: pts turned away, not booked. FYI only. Do not include in total demand.
Provider 1							
Provider 2							
Provider 3							
Totals							

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What are we counting???

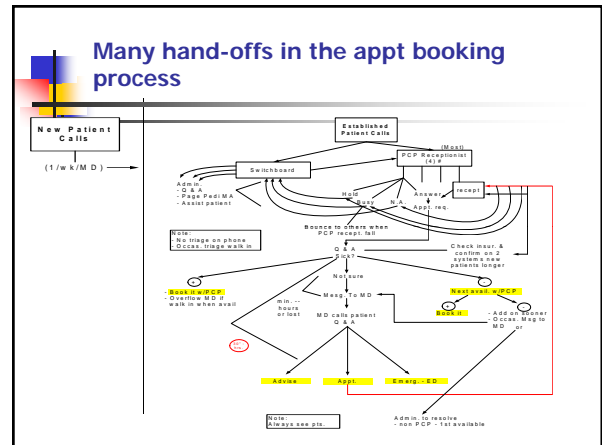
- Appts generated and booked today, for today or the future.
- Today's appt booking transactions for each provider.

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What are we not counting???

- What is already on today's schedule is irrelevant... represents previous demand, not today's demand.
- All calls for appts. Pts often call multiple times for a single appt. All calls do not result in appt booked.

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Appt Supply

- Macro Supply...dept level
- Deployment of Supply...bookable hours
- Measures
 - Measure when schedule is released.
 - Appts per session for each day of week per provider.
 - Estimate % long and shorts based on prior schedules
- Hours per session ?
- Productivity standard?
- Office FTE modification

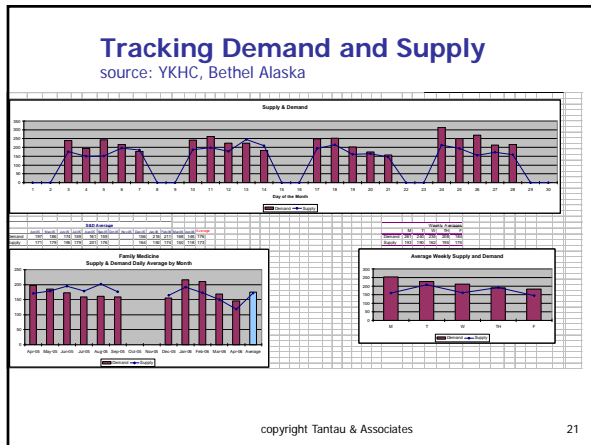
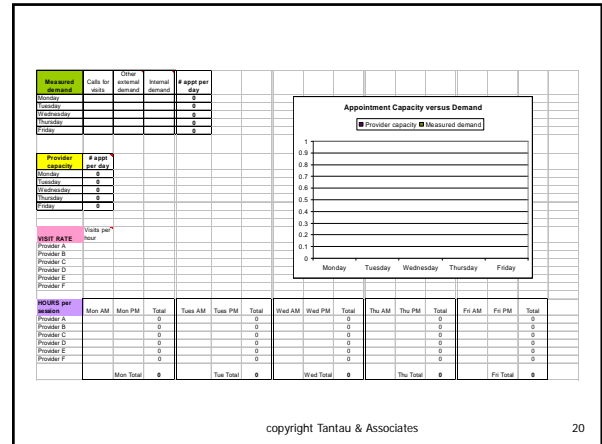
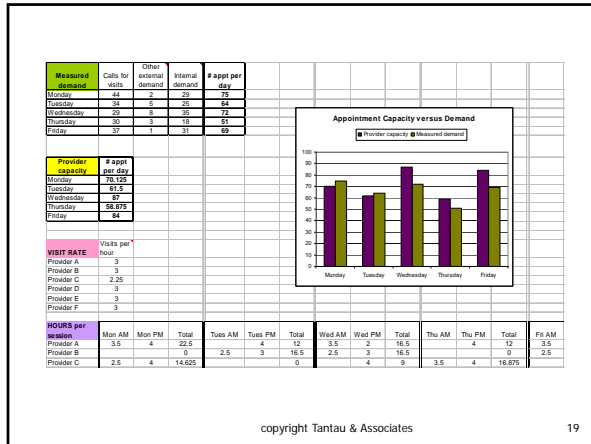
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Appointment Supply Worksheet

Week of: _____

Provider	Mon	Tues	Wed	Thurs	Fri	Sat	Total Supply
Provider A							
Provider B							
Provider C							
Provider D							
Total							

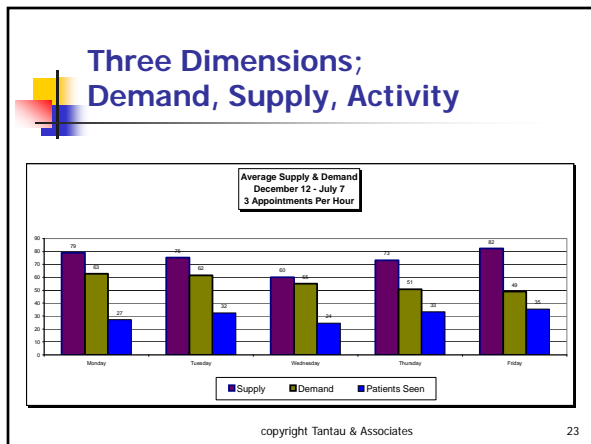
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Activity; the 3rd Dimension

- Activity is the measure of patients who were actually seen today.
- At the end of the day, regardless of demand or supply, count the number of patients seen.
- Accounts for No Shows.

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Appointment Activity Worksheet

Week of: _____

	Mon	Tues	Wed	Thurs	Fri	Sat	Total Activity
Provider A							
Provider B							
Provider C							
Provider D							
Total							

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Demand, Supply, Activity

A three dimensional look at what's really going on in the practice.

Source: Huron Gastro, Ann Arbor

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Surgical/Procedure Demand/Supply/Activity

- OR is key 2nd venue for surgeons
- Carve out part of week for surgery
- Same principles of Demand, Supply and Activity for surgeries for each surgeon

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Surgery Supply

- Appts**
Appt slots per template normally available to each provider in dept. each week. May track MLP's and physicians separately.
- Surgery / Procedures**
Surgery slots/hours normally available to each surgeon each week. Segment between Long and Short cases.

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Surgeons get to have 2 graphs...

Appts

Surgeries/Procedures

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How to Track... How long to track...

- Tic Marks vs Electronic tracking
- 4-6 weeks and then forever
- Separating Internal from External

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What's your situation? How do you know?

- D>S ?
- D<S ?
- D:S ?

- "Our schedules are jammed every day. Our Demand must outstrip our Supply"(?????)
- "We've had the same Delay for months."
- "We measure D and S, continuously and map the trends."

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If Demand is Greater than Supply

Four Options

1. Work harder ?
2. Delay the work ?
3. Buy more supply ?
4. Do the work differently !!! ...test....

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Do the Work Differently....

- Shape Demand; the Monday tsunami
 - Eliminate duplicate visits; comb schedules
 - Care Team development; leverage the work
 - Huddles; include max pack opportunities
 - Extend visit intervals
 - Promote Continuity
- Simplify Appt types and times
- Nurse Appts, phone appts, Group appts, pt Portals, SMS
- Improve Access; reduce No Shows; re- capture Supply
- Go system-wide
- Other?????

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Identify source of demand and ask, "Why?"

- Internal
- External
- Discontinuity
- Single issue visits to ramp up visit count?
- Bumping
- Delays and defensive booking
- Sub-optimized Care Team
- Growth


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Your Next Steps...Action Period 2

- Continue
 - Delay measures; appts and surgeries
 - Continuity
 - No Show
- **Start Demand and Supply measures for each provider**
- Consider Activity measures

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Don't be afraid of the data...



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