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CARE ACCESS TRANSFORMATION IN THE MODERN ERA

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EXECUTIVE SUMMARY

Care access and scheduling often represent key pain points for hospitals, health systems, and other providers, and must remain key areas of focus in assessments and initiatives in order to achieve a high-performing physician enterprise. New means and models of care delivery, as well as rapid technological advancement, have precipitated significant ambulatory care access transformation. To demonstrate value and facilitate meaningful change, decision-makers must adapt to these changes, while still incorporating tried-and-true techniques.

WHAT IS CARE ACCESS?

Care access represents everything that affects a patient's ability to access the right care at the right time, in the right place and with the right provider.

Providers can engage patients in several different ways, including:

- Acute care, including emergency department (ED) and urgent care visits.
- Chronic care, including recurring face-to-face scheduled appointments.
- Annual physical/wellness visits.
- Home visits.
- Nursing home visits.
- Post-discharge visits from hospital.
- Hospital visits/critical care.

Furthermore, in this digital era, providers are connecting with their patients using several remote or digital methods. The choice to discuss care access, as opposed to patient access, extends beyond semantics; care access broadens the discussion of care delivery to include nontraditional modes of healthcare, such as video-chat consultations or patient phone calls facilitated by care coordinators. Thus, not only do patients routinely present with different illnesses and backgrounds, but each patient can receive care or counsel from their provider or clinic in many ways.

HISTORICAL CONTEXT AND PROBLEM DEFINITION

Understanding the many complexities and nuances surrounding access is crucial. After all, scheduling and access are the first lines of defense against patient dissatisfaction and inefficiency. Given the innumerable downstream effects of each method and model for scheduling patient care, it is crucial that providers and decision-makers focus special attention on this bottleneck.

Optimizing patient scheduling to ensure maximum patient access to care — while minimizing overall cost — is a difficult endeavor. As discussed above, many factors and advancements have complicated this problem.

Different models for scheduling and access have been tried and tested over the years.

In traditional models, providers' schedules are booked months in advance, leaving little flexibility in schedules despite new demand daily. Unsurprisingly, this has historically lead to inefficiencies as well as patient dissatisfaction, especially with those who are imminently ill and require more urgent care.

Several other factors have driven this need for change in the way we approach patient access and scheduling — most notably, the profound shift toward value-based payment models. With increased emphasis on quality outcomes versus simple volume and output, coupled with ever-important patient satisfaction metrics, patient scheduling can no longer be driven solely by efforts to increase the number of patients coming in and going out of the clinic.

Scheduling and access have also been complicated by the growing number of ways patients can visit their doctors, especially with rapid technological advancement. The advent of telehealth methods, for instance, has paved the way for alternative doctor visits and consultations, challenging existing conceptions and protocols. Finally, the increasing diversity in provider types and support staff, each with different skill sets and billing rates, necessitates looking at each prospective patient in a more nuanced way.

Figure 1: The complex dilemma of patient scheduling. As possible appointment types and patient volumes grow in number, so too does the complexity of the patient scheduling process.

Why is This a Difficult Problem?
Size of the Solution Space

5 types of infusion appointments...	1 hour	2 hour	3-5 hour	6-8 hour	9+ hour
...each with a different daily volume of patients...	20	20	15	10	5
...resulting in a total of 256 possible appointments slots...	64 slots 7:00.7:10,etc. until 5:30pm		X	Max of 4 patients can start at a given time	
...leading to an enormous solution space!	$\left(\frac{256}{20}\right) \times \left(\frac{256-20}{20}\right) \times \left(\frac{256-40}{15}\right) \times \left(\frac{256-55}{10}\right) \times \left(\frac{256-65}{5}\right) \times 2(clinics) \times 7\left(\frac{days}{week}\right)$ $= 4.6 \times 10^{107}$				

Credit: Becker's Hospital Review: https://media.licdn.com/mpr/mpr/shrinknp_800_800/AAEAAQAAAAAAAAUlAAAAJGE5YjE5ZGUwLWNmMWYtNGMzZC1iNzFhLWU5OWE3ZGRiYjNlZg.png

Figure 2: With ambulatory care access transformation and technological advancement, patients can seek services from professional providers in many ways.

Figure 2A: Traditional View of Patient Access

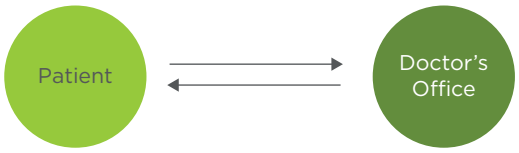
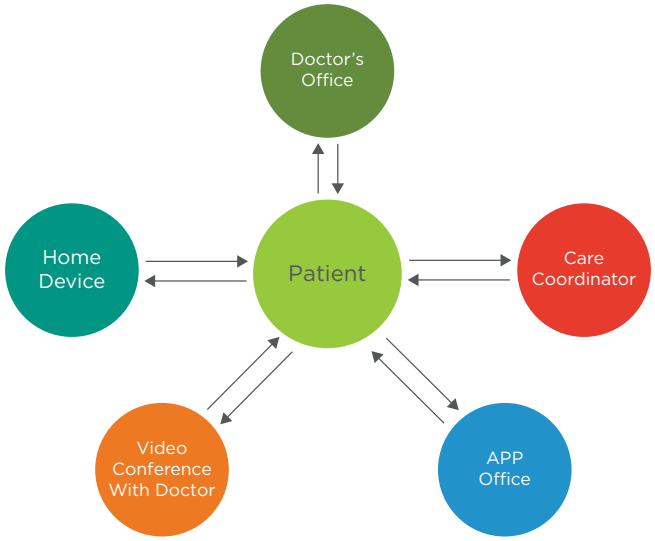


Figure 2B: Future View of Patient Access



CURRENT AND FUTURE METHODS OF IMPROVEMENT

Solving existing and future limitations to access necessitates an understanding of what has worked in the past. Navigant has historically collaborated with its clients to employ several strategies to successfully streamline the scheduling and access process.

The simplest means of addressing this dilemma is to increase the overall number of patients seen, which can be achieved by:

1. Increasing provider office hours. For example, providers have been successful in implementing longer, four-hour sessions.
2. Increasing the number of patients treated per hour to meet and exceed productivity benchmarks by specialty and provider type, and improve practice economics.
3. Establishing a third appointment slot (e.g., an additional slot on top of the traditional morning and afternoon blocks). This is a foundational element of the extended hours arrived patient model — in which providers in a practice rotate holding office hours on nights and weekends to accommodate additional patients for whom normal clinic hours are inconvenient or infeasible — that has been a critical tool for Navigant in several of its access initiatives.

Standardization is another effective tactic — specifically, ensuring consistency in visit types and times based on standard care paths to optimize care access and patient flow. This approach still leaves room for flexibility — visit times can be stratified across different illness types or depending on whether a patient is new or returning, for example — while ensuring efficiency and satisfaction through increased predictability in access and visit times. While under- or over-standardization can lead to unrealized opportunity and inefficiency, as well as provider, staff, and patient dissatisfaction, standardizing at the level of subspecialty and provider type represents a happy medium. We have observed that setting consistent working-hour expectations helps promote a positive working environment and ensures predictable office schedules. Establishing clinical hour targets, along with standardizing appointment lengths, helps providers avoid the need to sacrifice time with patients to maintain sufficient patient volume.

A third consideration when approaching the task of patient access and scheduling is choosing between different open-access models. The fundamental idea behind open access is to leave slots open for same-day appointments, where patients are scheduled on a first-come, first-served basis (after initial triage based on severity of illness). This minimizes the need for and length of patient waitlists. Within the open-access model, the implementation of wave scheduling allows providers to schedule multiple patients at a time at the top of each hour, thus minimizing physician downtime with minimal wait time for patients within the same arrival time.

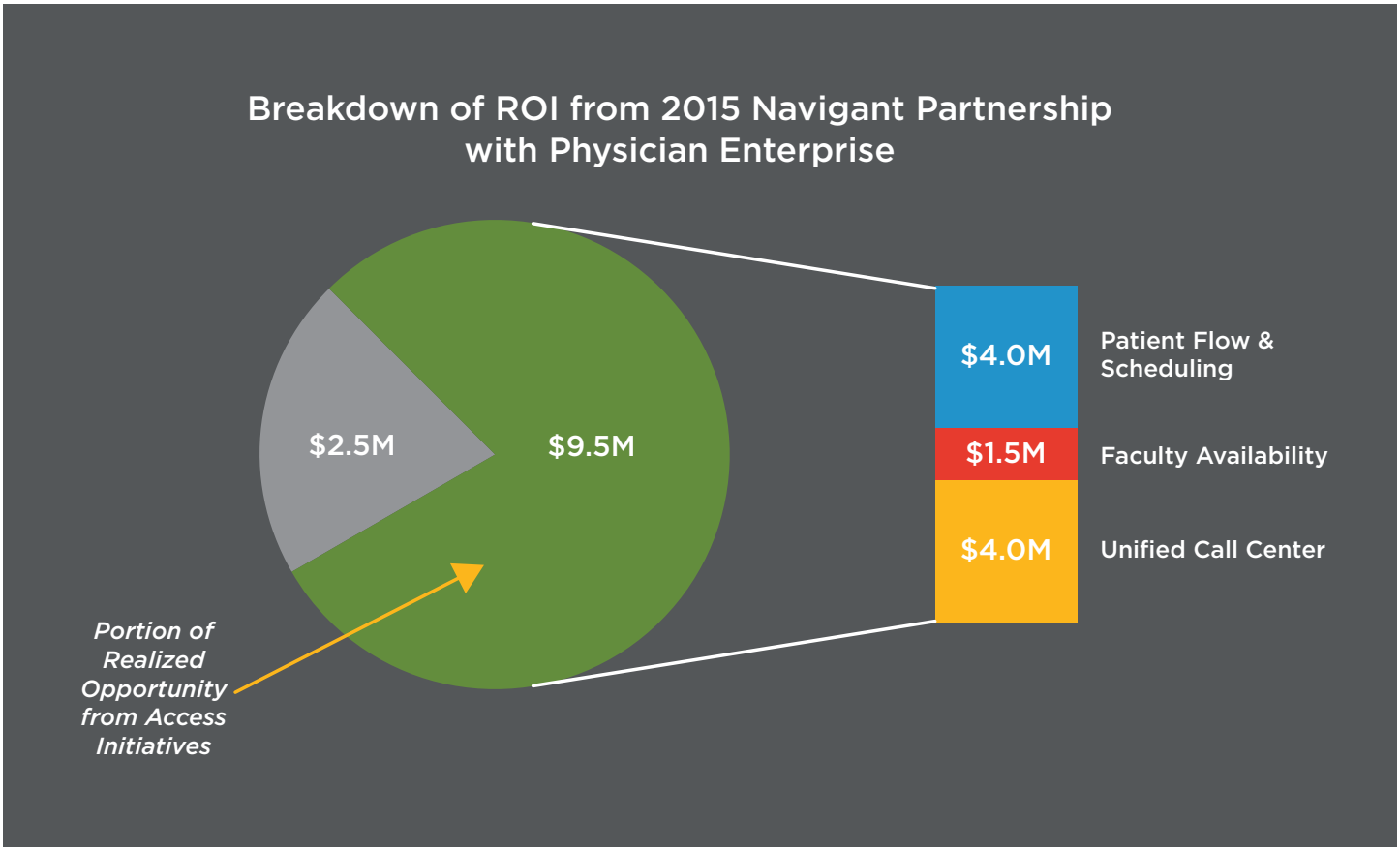
Finally, we have observed increased productivity in centers that effectively utilize clinical and clerical support to assist with scheduling and documentation. This support allows higher-wage physicians and clinicians to focus more attention on engaging and treating more patients per hour to practice at the top of their license.

REPORTS FROM THE FIELD: SUCCESSFUL ACCESS INITIATIVES

Two real-world provider engagements have served to reinforce the opportunity associated with care access improvement initiatives.

In 2015, Navigant partnered with a large university health system in the southern United States. As part of this engagement, our physician enterprise solutions team identified and realized a $12 million opportunity within the system's physician enterprise. Of the $12 million, about $9.5 million of the savings were realized through patient access initiatives. This access improvement was driven by three main improvement areas: (1) patient flow and scheduling, (2) faculty availability, and (3) creation of a unified call center.

Figure 3: A breakdown of the savings realized during a 2015 Navigant engagement. Over 75% of the opportunity realized was derived from initiatives tied to care access improvement.



Patient Flow

The health system identified and realized $4 million in savings by improving patient flow and scheduling. Many of the scheduling strategies discussed earlier in this article were employed in this effort in order to deploy standard operating procedures for patient flow, scheduling, and referral. In particular, a preliminary assessment revealed that the system's physician groups had over 100 established appointment types. After these appointment types and times were consolidated during the implementation phase to a resulting four to five appointment types, the system observed increased efficiency and satisfaction, and realized substantial savings. Furthermore, a targeted engagement of an orthopedic physician group affiliated with this system allowed the group to achieve nearly $700,000 in annual savings based on improvements to scheduling and access.

Faculty Availability

The physician enterprise achieved another $1.5 million in savings when it expanded faculty responsibilities to increase capacity to see clinic patients. Not only did this effort help the health system attain over $1 million in savings, but it also improved patient satisfaction and increased productivity and efficiency.

Creation of a Unified Call Center

The third major area of improvement was the creation of a unified call center. Ultimately, this collaborative effort to develop and implement a tactical plan to centralize all scheduling and related functions into a unified call center yielded realized savings of $4 million. As part of the initiative, Navigant team members worked with the system to standardize questions asked of patients during calls at the subspecialty level. This standardization allowed the system to avoid the problem of new-patient filtering via targeted questioning, thus minimizing a big potential barrier to patients getting an appointment. The success of this call center endeavor has given Navigant the tools and assurance to work with several other clients to establish a centralized contact center, including an ongoing project at another large university health network in the southern United States.

MOVING FORWARD

Looking at the different historic methods of access and scheduling improvement through the lens of new techniques and technological advancement, we see several options for improvement:

- Striking the proper amount of openness when considering different open-access models. On one hand, truly open access satisfies acute care need by carving out the entire day's schedule for same-day appointments, but alienates chronic care patients who benefit from the security of booking appointments ahead of time. On the other hand, devoting more of each day's schedule to prescheduled appointments disadvantages individuals requiring urgent care. It is crucial that each system and clinic takes the temperature of its own demand profile and patient population to gauge exactly where they belong along this open-access continuum.
- Capturing services that often go under the radar. Physicians who can demonstrate thorough documentation of patient follow-up calls or videoconferences by their staff, for example, can bill for these services. These efforts will be especially fruitful in oft-overlooked, high-spend areas such as transitional and chronic care management. Now and moving forward, it is crucial that providers utilize technology to take advantage of these sorts of opportunities.
- Incorporating telehealth and other innovative care delivery methods. These mechanisms allow providers to remotely engage more patients — often from consultation to treatment or medication to follow-up — in a more cost-effective manner. Providers can even continuously and remotely monitor patient health data and vital signs via the internet, and contact patients directly when they sense a problem that calls for attention or treatment. Forward-thinking institutions must take full advantage of these exciting new care delivery methods.

Figure 4: Telehealth and other nontraditional care delivery methods are an effective way to improve patient access and realize significant savings, but they must not supplant a solid foundation of access initiatives and strategies. Rather, these newer tools are the exclamation point for forward-thinking physician enterprise.

A — Access Model

- Evaluate and develop access model
- Establish baseline metrics
- Take temperature of care demand profile of patient population

C — Clinic/Physician Schedule Templates

- Obtain clinic schedules to identify opportunities for extended hours to capture additional patient volume
- Obtain and analyze physician schedule templates to understand current scheduling process and identify bottlenecks

C — Clinical Productivity

- Assess providers' clinical productivities and set appropriate targets
- Summarize potential financial opportunities

E — (Patient) Experience

- Analyze the relationship between access-related patient satisfaction survey scores and current clinical operation
- Understand patient needs and incorporate their needs in clinical process redesign

S — Standardization

- Standardize scheduling templates, clinical hours, and appointment length/types to maximize providers' productivities and patient satisfaction

S — Staffing Mix

- Adjust staffing mix
- Move APP work effort to top of licensure level by increasing their number of independent clinic sessions and freeing up physician capacity to see new patients

! — Technology and Other Modern Resources

- Leverage telehealth and other non-traditional care delivery methods to improve patient access, outcomes, & satisfaction and realize large savings opportunities

Above all, decision-makers must not forget the tried-and-true strategies. Standardization, for example, will be as important as ever as the velocity and complexity of health data collection and analysis increases. Similarly, documentation and clerical support for physicians will remain invaluable given increased efforts to collect and systematize patient information. It is only with an understanding of past strategies, as well as a recognition of growing trends and transformations, that the problem of access and scheduling can truly be solved.

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