

Advanced Access Overview

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Creating timely access for patients is on the agenda for many medical practices. Why? Because improved access means happier patients – and happier referring physicians. Another reason is that many payers are measuring and rewarding physicians on access. Practices that embrace access have also discovered efficiencies in their operations.

The current state of patient access is characterized by long wait times to see providers - up to six months for some providers. When patients with acute conditions cannot see their provider on an emergent, same-day basis, they will seek alternative care (from an urgent care center, for example), or from a colleague of their chosen physician. In many practices, this will be the physician assigned to see all of the “same-day” patients. Even when patients are seeking preventive care or are trying to schedule a first appointment with a new provider, the wait time can be several months. Many medical practices now recognize the problem and are embracing a new way of scheduling called “second generation access.”

The principles of “advanced access” or “second generation access” originated at Kaiser Permanente in the early 1990s. The management team of Mark Murray, MD, and Catherine Tantau, RN, wanted to offer patients timely access to appointments with the provider of their choice. From this experiment at Kaiser was born “second generation access,” which is also referred to as “advanced access.”

Key Concepts

“Second generation access” is based on a combination of four principles.

The continuity of the patient/physician relationship is fundamental to fulfilling patients’ needs - Patients want to see “their” physician for acute visits but often are scheduled to see a covering physician. Many patients end up seeing their chosen provider a minority of the time. When patients are able see their own physicians, their demand for additional appointments actually decreases by at least 5 percent.¹ Moreover, patient satisfaction increases significantly.

Processing work on a real-time basis is critical to be cost-effective and efficient - Delays create unnecessary expenses. Here’s a way many practices cause

¹ Mark Murray, Institute for Health Care Improvement Conference, July 13-14, 2000, Chicago, Illinois

unnecessary delays: patients' telephone messages are taken by an operator, evaluated by a medical assistant, reviewed by a physician and return calls are made by a nurse. This messaging process may take an hour or an entire day to complete.

Because it is difficult for patients to get timely access to care, or even get their telephone calls returned in a timely manner, many try alternative routes to get the care they feel they need. When that happens, the practice has the additional burden of managing the alternative "routes" patients use to get care. As a result, practice resources, including a great deal of administrative and clinical staff time, are spent on fulfilling patients' interim needs and deflecting their demand.

It is usually more efficient to schedule appointments when patients call rather than routing their requests through so many channels. Every hand-off, every new form, reduces the time that staff can productively spend in patient care (and billable activities). It is more efficient to spend time on patient visits instead of finding ways to keep them out of the practice.

Success in creating timely access is dependent on a balance between provider supply and patient demand - In order to meet patients' demands, there must be a reasonable supply of providers. For example, a family practitioner cannot possibly meet the appointment demands of 20,000 patients seeking care but can certainly meet the demands of 2,000. A practice - of any specialty - must supply enough care to meet the demands of the population of patients that it serves.

If the wait time is growing, then supply and demand are out of balance. When average wait times lengthen, a practice should consider improving efficiency in the office, do better time management, or recruit an additional provider. These considerations are made today by practices, but it's usually driven by an internal (provider, staff and management) response versus an external (patient) response.

When provider supply and patient demand are in equilibrium, the practice can accommodate today's appointment requests today - Practices that consistently have long waiting times to the next available appointment have the opportunity to match supply and demand. When demand exceeds supply, the time to the next available appointment will increase over time. However, many practices have consistent access gaps. That is, it took 45 days to see a new patient last March and 45 days this March. If the time is the same (that is, demand is not growing faster than the supply of appointments), there is no reason why the time to the next available appointment can't - and shouldn't - be zero days.

Backlogs develop over time and, in a way, provide “comfort” to many providers because they perceive long wait times as indications of their popularity. Statistically, backlogs should be unnecessary if wait times are stable.

For more information, see the *Institute for Healthcare Improvement’s* Idealized Design of Clinical Office Practices, 135 Francis Street, Boston, Massachusetts 02215, 617-754-4800, www.ihp.org.

Advanced Access Steps for Implementation

Here's what you will need to do to use second generation access principles in your practice:

- Educate the stakeholders of your practice. Everyone – from the patient to the provider - needs to believe in it. Staff will almost instinctively want to deflect demand, thinking that they are “saving” work. Patients may be confused about why they can suddenly be seen today. Providers will be anxious about open schedules when they walk in every morning. Understanding the four principles – and recognizing the pitfalls - will allow your practice to traverse them.
- Work through the backlog. In order to implement second generation access, your practice must first eliminate its backlog of patients waiting for appointments. If your time to next available appointment is five weeks away, it will likely take your practice five to six weeks to accomplish this objective.
- Develop an effective process for record retrieval. Since many patients will be scheduled on a same-day basis, your records staff must be able to fulfill requests rapidly.
- Plan contingencies. If patient demand exceeds capacity, what will happen in your practice? Is there an agreement that the demand will be deflected to a certain provider? What's your back-up plan?
- Schedule patients with their chosen providers. The continuity of the patient/provider relationship is essential to second generation access. Midlevel providers should have their own panel of patients, but they can serve as back-ups to physicians when demand exceeds the availability of appointments (and capacity exists in their schedules). Part-time providers should team up so they can function as a full-time provider. To accomplish this, be sure that patients know that the part providers are a “team.”
- Start on time. For real-time work processing to create efficiency, the clinics must start on time.
- Prepare for variability in your day. Most likely, variability exists under your current system. Recognize that variability won't be eliminated under second generation access. There may be days that you need to stay late to meet your patients' needs. On average, however, your day will be shorter.

- Empower staff to meet the patients' needs. For example, instead of five hand-offs for every telephone message, develop a process to manage them on a real-time basis. Instead of four hand-offs to inform a patient of their account balance, develop a real-time process. Real-time processing allows you to reduce staff time in rework and the inevitable errors that result from multiple hand-offs.
- Eliminate "the front versus the back" mindset. Working as a *team* is essential to create an environment in which you can serve the patient in a timely manner. Consider ways to speed communications between the "front" and the "back," to include close physical proximity for the clerical and clinical staff.
- Eliminate appointment distinctions (i.e., routine versus urgent). Multitudinous appointment types become irrelevant under second generation access, although you should continue to distinguish new patients from established patients for administrative and clinical purposes.
- Plan for the visit. At the time an appointment is scheduled, ask patients if there is anything that they need taken care of during the appointment. Seek accurate information at the point of appointment scheduling to be prepared for the visit (e.g., liquid nitrogen to remove a skin wart) by stating, "Ms. Jones, Dr. Smith wants to be prepared for your visit tomorrow; can you tell me what you are coming in for?" Look in the chart for upcoming immunizations, well-woman checks and so forth. Meet with your staff at the beginning of each clinic session to anticipate patients' needs. "Pull" the work into today.
- Complete the visit. Don't deflect work until later in the day. Dictate the note, finalize the paperwork, send the referral, or transmit the prescription to the pharmacy at the time the request or need arises. Consider the length of your appointments. Many practices find that they need to increase the spacing of appointments (for example, from every 15 minutes to every 20 minutes) if paperwork is included. In doing this, remember that real-time work is more efficient than batching work. You may find that the two hours spent doing paperwork each day may be reduced by incorporating that time into the patient's visit. It can reduce the length of your workday.
- Schedule follow-up visits with patients as you normally would, although be sure they aren't clustered. That is, don't schedule all follow-up visits on Mondays. If you find that patient demand for visits is higher on Mondays, your practice should attempt to schedule follow-up visits on another weekday to leave room for same-day appointment requests.

- Manage the demand of your patients with an appropriate supply of providers. If your practice receives word that 1,000 new patients have signed up with your practice, seek out temporary help until you can recruit a provider to meet the patients' needs. Manage vacations in a similar fashion; the majority of your providers cannot go on vacation at the same time that patient demand peaks (e.g., flu season). There is no magical formula to determine the perfect patient panel, but if you find your time to next available appointment growing, you'll know there is an imbalance. Time-to-next-available-appointment times grow when a practice cannot supply enough providers to meet its patients' demands.
- Greet walk-ins with information regarding your new policy of second generation access. Knowing that they can be seen on a same-day basis will influence their behavior next time. If walk-ins persist, measure their frequency and anticipate their occurrence.

The advantages of second generation access include:

- Reduces resources spent to create barriers to access your practice.
- Decreases patient demand.
- Enhances provider efficiency.
- Increases patient satisfaction.
- Fulfills your patients' needs today.
- Increases the level of work per visit (i.e., more RVUs).
- Reduces the time spent explaining poor access.
- Improves provider satisfaction.

Second generation access offers a useful solution to a problem that is growing worse throughout U.S. health care. Implementation of second generation access is not effortless, but remaining focused on your patients' needs will make the transition easier.

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