ACCESS:
The Song That Never Ends

SullivanLuallin Group

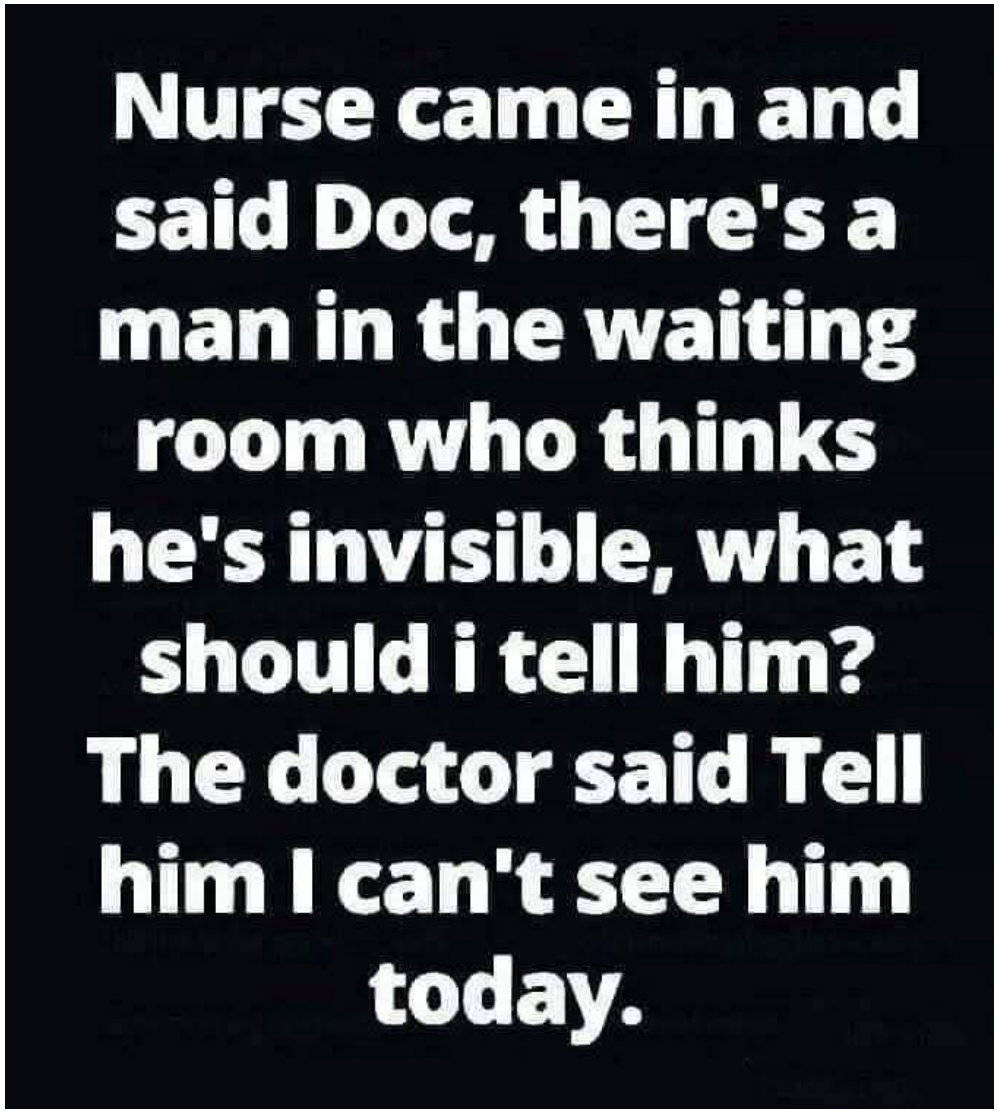


The Challenge of
Balancing Appointment Supply
With Appointment Demand

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Sorry, we can’t see you today!







My Experience Managing Access

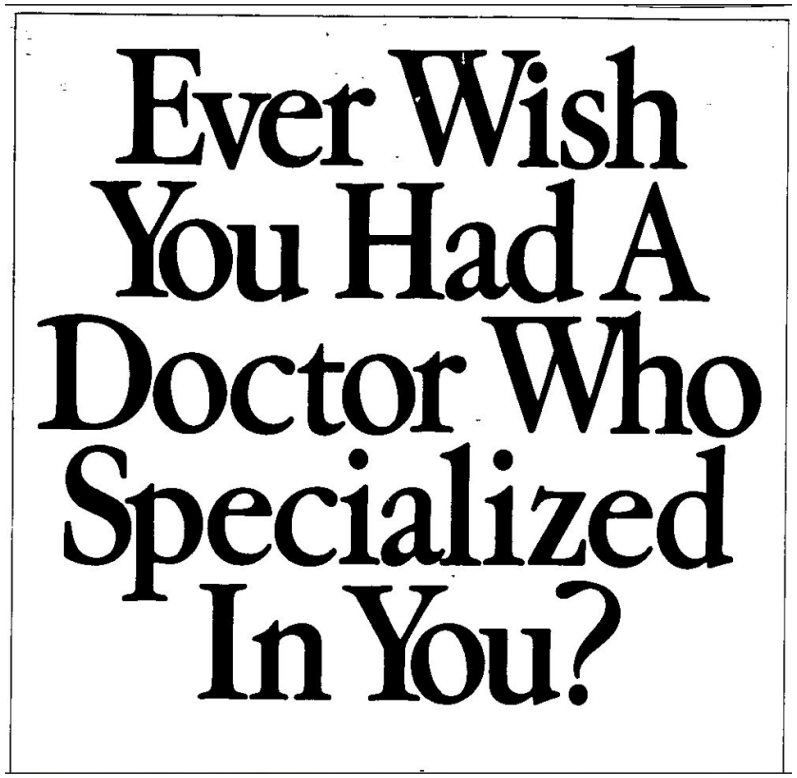
- Managing a primary care panel whose demand for visits outweighed my supply of visits – adding on patients daily and not winning the battle
- As a Chief managing a large Primary Care Department whose demand for visits outweighed our supply of visits – requiring extra appointments per day, canceling leave, denying sabbaticals
- Working in a Health Care Organization whose demand for visits outweighed supply of visits.
- Led national internal KP study into successful practices around primary care access.

THE KEY DRIVERS FOR PATIENT SATISFACTION



- ✓ Have a Doc!
- ✓ See a Doc!
- ✓ Nice Doc!

HAVE A DOC: BENEFITS OF HAVING A PCP



Most patients want a PCP, especially if they become ill

- Continuity of care
- Medication management
- Time savings
- Prevention
- More awareness of your health and social history.
- Patients who have a PCP benefit from better management of chronic diseases
- Lower overall health care costs
- A higher level of patient satisfaction
- For the organization: accountability

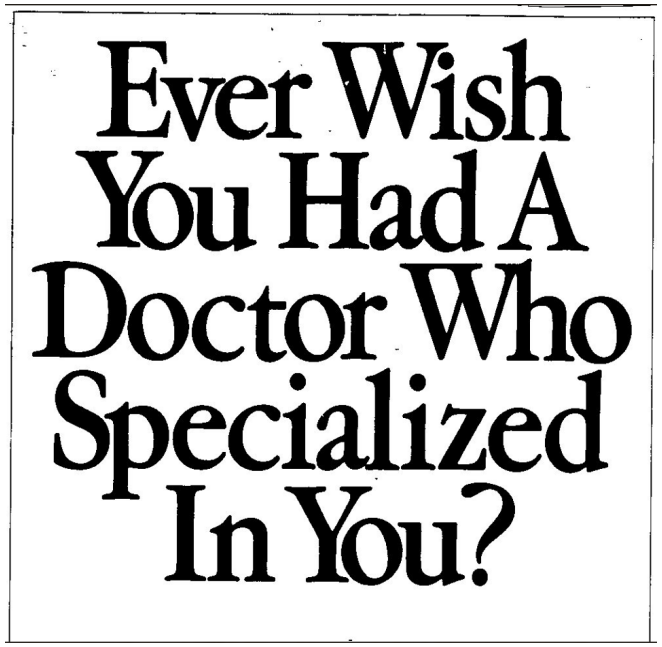
CHALLENGE OF HAVING A PCP BASED MODEL



- Choice may be limited
- May affect/delay access (access to care vs access to PCP)
- May encourage MD to limit care (Not my patient!)
- Coverage/ownership issues
- More demand than supply in most models due to staffing/cost
- With hospitalists doing all the inpatient, PCP might matter less?

MOST PATIENTS, MEDICAL GROUPS, AND HEALTH PLANS AGREE:

The benefit of having a PCP>>The risk of not having a PCP



The best Health Care is relationship based
with continuity!

- ✓ Have a Doc!
- ✓ See a Doc!
- ✓ Nice Doc!

PRIMARY CARE PHYSICIANS SIZING UP EACH OTHERS WORK ENVIRONMENT



How many patients on your panel?
How many appts do you see per half day?

According to a study by the Commonwealth Fund, the average primary care provider sees between twenty and thirty patients a day.

WHAT IS AN "IDEAL" PANEL SIZE IN PRIMARY CARE?

Given a specific work environment:

An ideal panel (practice) size is one for which every team member has the time and resources to manage the work demands of the panel to be able to meet or exceed:

- Organizationally defined role (range of practice)
- Patient expectations
- Regulatory standards
- Quality standards
- Workload standards



PRIMARY CARE : APPOINTMENT SUPPLY
NUMBER OF SCHEDULED APPOINTMENTS PER DAY

The daily patient count is essentially a **negotiated balance between:**

- Time per visit
- Budget realities
- Clinical quality
- Physician well-being
- Operational efficiency

For most primary care physicians this ranges from 20 -30 appointments per day in 8 hours.

WHY AREN'T WE THERE?
INCREASING APPOINTMENT SUPPLY COST MONEY



- Finite Resources with Competing Demands
- Few are willing to pay the additional costs:
  - Increased premiums for patients
  - Lower salaries for providers
  - Work "smarter" brings marginal improvement
  - Work harder and longer, the usual answer

TRYING TO BEND THE "IRON TRIANGLE"
"PICK – TWO"



- The "iron triangle" in healthcare, a concept introduced by William Kissick, describes the inherent trade-offs between access, cost, and quality in healthcare systems, suggesting that improvements in one area often come at the expense of the others.

The Concept: The "iron triangle" posits that it's difficult, if not impossible, to simultaneously achieve high access, low cost, and high quality in healthcare:

- Improving access (e.g., expanding coverage) might lead to increased costs or potentially lower quality.
- Reducing costs (e.g., through rationing or using less expensive treatments) could negatively impact access and/or quality.
- Focusing on improving quality (e.g., through advanced technologies or specialized care) might lead to higher costs and potentially limit access.
- The concept was first introduced by William Kissick in his 1994 book, "Medicine's Dilemmas: Infinite Needs Versus Finite Resources".

CG-CAHPS Survey Questions

Getting Timely Appointments, Care, and Information Composite:

- ❑ Got appointment for urgent care as soon as needed (Q13)
- ❑ Got appointment for nonurgent care as soon as needed (Q15)
- ❑ Got answer to medical question the same day (Q17)



TO IMPROVE ACCESS YOU NEED TO INCREASE YOUR APPOINTMENT SUPPLY

If access is the priority, you would strive to have the provider supply of appointments greater than the demand for those appointments.

The ultimate solution:
Your supply of appointments must exceed your demand for those appointments.

VERY RARE IN MOST HEALTH CARE SYSTEMS



DEPARTMENT OF Managed Health Care

Urgent Care

prior authorization **not required** by health plan
48 hours

prior authorization **required** by health plan
96 hours

Non-Urgent Care

Doctor Appointment

PRIMARY CARE PHYSICIAN
10 business days

SPECIALTY CARE PHYSICIAN
15 business days

Mental Health Appointment
(non-physician[1])
10 business days

Appointment
(ancillary provider[2])
15 business days

Follow-Up Care

Mental Health / Substance Use Disorder Follow-Up Appointment
(non-physician)
10 business days from prior appointment

IT’S ALL ABOUT DEMAND VS SUPPLY



LET'S DO THE MATH FOR ONE PCP'S PANEL:

Outcome	Formula	Math
PCP Appointments per year (supply)	# of workdays X number of appointments per day	(260 weekdays – 30 days not seeing patients) X 22 appts per day = 5060 slots per year
Predicted Demand	Panel size X ave visits/pt	Let's say panel size 2500, ave visits 2.0 = 5000 slots of visit demand
Excess or deficit	Slots per year – predicted visits year	5060-5000= 60 visit excess

Data Needed:

- Number of workdays per year
- Number of appointments per day
- Average number of visits per panel member per year (3.19 in one study, 2.0 in another)
- Panel size

DEMAND VS. SUPPLY MATHEMATICS

Demand varies throughout the year: (historical and predictive data is needed)

- Cold and flu season
- Epidemics
- January new patients
- End of year preventive care catch up
- Local factors like weather, ethnic breakdown
- Etc.

Supply needs to match the demand on a daily basis

APPOINTMENT DEMAND VS SUPPLY
Where do you stand?

Demand v Supply	Outcome
Supply>>Demand	
Supply> Demand	
Supply = Demand	
Demand>Supply	
Demand>>Supply	

APPOINTMENT DEMAND VS SUPPLY
Where do you stand?

Demand v Supply	Outcome
Supply>>Demand	Great Access
Supply> Demand	
Supply = Demand	
Demand>Supply	
Demand>>Supply	

APPOINTMENT DEMAND VS SUPPLY
Where do you stand?

Demand v Supply	Outcome
Supply>>Demand	
Supply> Demand	Fair Access
Supply = Demand	
Demand>Supply	
Demand>>Supply	

APPOINTMENT DEMAND VS SUPPLY
Where do you stand?

Demand v Supply	Outcome
Supply>>Demand	
Supply> Demand	
Supply = Demand	Variability in access
Demand>Supply	
Demand>>Supply	

APPOINTMENT DEMAND VS SUPPLY
Where do you stand?

Demand v Supply	Outcome
Supply>>Demand	
Supply> Demand	
Supply = Demand	
Demand>Supply	Challenging Access
Demand>>Supply	

APPOINTMENT DEMAND VS SUPPLY
Where do you stand?

Demand v Supply	Outcome
Supply>>Demand	
Supply> Demand	
Supply = Demand	
Demand>Supply	
Demand>>Supply	Poor access

Strategies to help supply meet demand



Manage Your Access

Working on the changes that are under your control.



Manage Visit Supply Options

A Difficult Challenge

- Increase appointments per day (longer days, more visits/hour, add providers)
- Segmenting appointment types to match demand
  - Urgent/same day
  - Symptomatic
  - Well Visit
  - Procedures
- Narrow the scope of your practice
- Plan seasonal variation in supply
- Vary appointment supply daily by demand

SEGMENTING APPOINTMENT TYPES



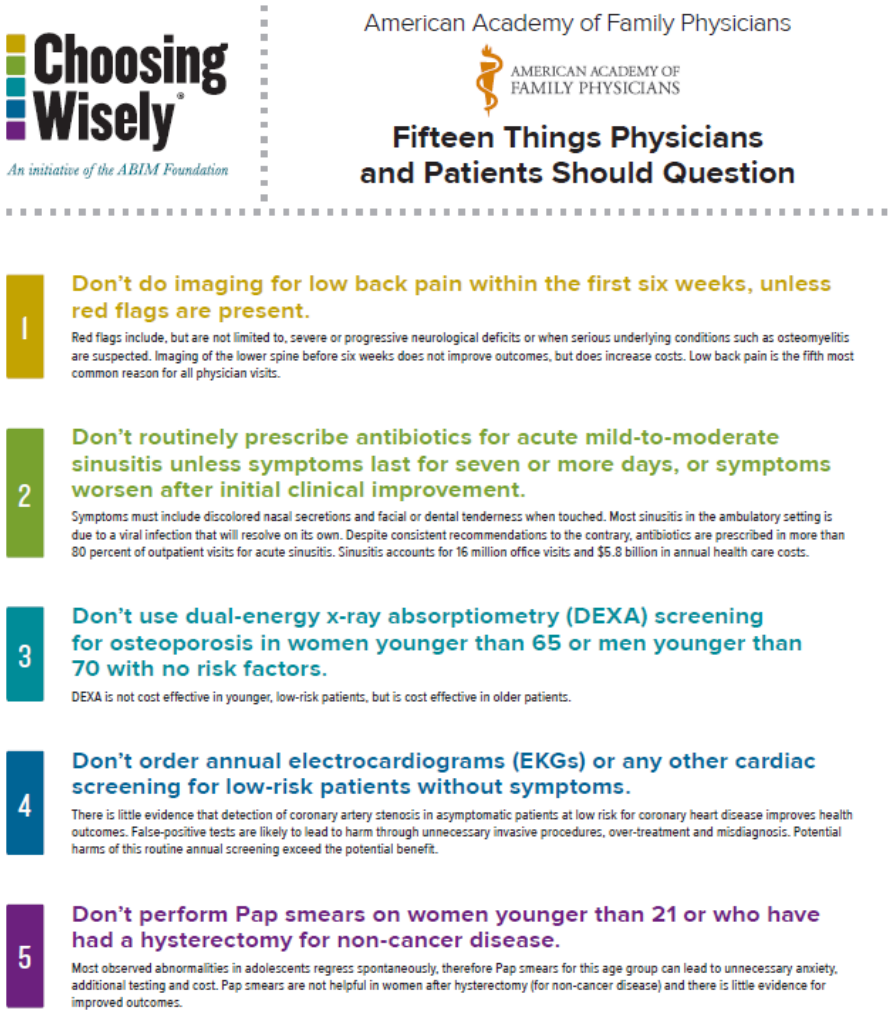
If you don't have enough appointments, segmenting the appointment types:

- Same day
- Walk in
- Routine
- Follow up
- Wellness visit
- Complicated visit
- Pre op
- Procedure visit
- Etc., etc., etc.

Improves one subset of access at the expense of the others. It is a form of rationing. It does not increase total appointment supply.

Managing Visit Demand Options

- Screening/telephone management
- Electronic alternatives to appointments
- Group visits
- Control return intervals and frequency
- Range of practice (OB/GYN/Minor Surgery/hospital work)
- Immunizations
- Practice wisely



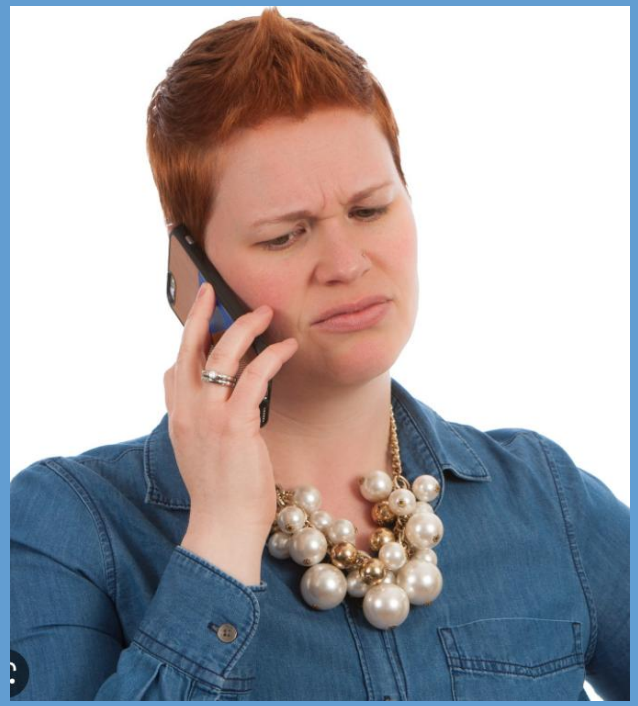
www.ChoosingWisely.org

Optimize Your Present Access to Make It Look It's Best

No matter how well you match your supply to your demand, you can still do a lot to impact the patient's perception of your access and their wait time.



What Does Your Patient Experience When He/She:



- Calls requesting a routine appointment?
- Calls requesting an urgent or same day appointment?
- Calls requesting an urgent appointment when you are fully booked that day?
- Walks in without an appointment?
- Arrives 30 minutes late?
- Wants to be seen sooner than next available?

WORK WITH YOUR TEAM TO DEVELOP POLICIES AND SCRIPTING FOR THESE SITUATIONS

Calls requesting a routine appointment?	Policy:_____ Scripting:_____
Calls requesting an urgent or same day appointment?	Policy:_____ Scripting:_____
Calls requesting an urgent appointment when you are fully booked that day?	Policy:_____ Scripting:_____
Walks in without an appointment?	Policy:_____ Scripting:_____
Arrives 30 minutes late?	Policy:_____ Scripting:_____
Wants to be seen sooner than next available?	Policy:_____ Scripting:_____

IN SUMMARY:

- Make what you are now doing look and feel better
- Provide staff with the resources to succeed
- Pay attention to fairness
- Aggressively monitor supply and demand
- Act daily to maximize supply
- Improving access is a never ending battle…it is the song that never ends

Providing Excellent Access
The Song That Does Not End



And in the End…



Do the best you can do, until you know better.

When you know better, then do it!

Maya Angelou



Thank You!

Any Questions?

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