

A Guide to Advanced Access and Efficiency for Primary Care Providers: Time for Change

Module 3

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Practice Assessment Tool – Your Practice Profile

Practice Name:	Contact:	Date:				
Know Your Purpose						
Why does your practice exist?						
Know Your Patients/Clients: Take a close look at your practice, create a 'high-level' picture of the POPULATION you serve.						
# of unique patients/clients in the practice:	% Females:	% Males:				
Estimated % distribution						
% Birth-10yrs:	% 11-18yrs:	% 19-45yrs:				
% 46-64yrs:	% 65-79yrs:	% 80+yrs:				
List your top 10 diagnoses/conditions:						
1.	6.					
2.	7.					
3.	8.					
4.	9.					
5.	10.					
List your top referrals (e.g., GI, cardiology, etc.)						
List the most common reasons for a visit:						
Patient/client population census: (Do these numbers change by season? Y/N)	#	Y/N	Patient Satisfaction Scores	% Excellent		
Patients seen in last week			Experience via phone			
New patients in the last month			Length of time to get your appointment			
Disenrolling patients in last month			Saw who patient wanted to see			
Encounters in the last year			Satisfaction with personal manner			
Home visits in the past month			Time spent with person today			
Reflections from the Clinic Walk-Through						
Know Your Professionals: Use the following template to create a picture of your practice.						
Days of Operation	Hours	Do you offer the following?	Appoint. types	Duration	Comment	
Monday		<input type="checkbox"/> Group Visits				
Tuesday		<input type="checkbox"/> E-mail				
Wednesday		<input type="checkbox"/> Web site	Do you use On-Call?	Y	or	N
Thursday		<input type="checkbox"/> RN Clinics				
Friday		<input type="checkbox"/> Phone Follow-up	Do you use float pool?	Y	or	N
Saturday		<input type="checkbox"/> Phone Care Management				
Sunday		<input type="checkbox"/> Disease Registries				
		<input type="checkbox"/> Protocols/Guidelines				

Panel Size Equation

Annual Supply:

Annual Demand:

If demand is > supply, # of appointments/day to make up to achieve balance:

Third Next Available (Record your Third Next Available appointment here)	Current Practice Providers & Staff Enter names and positions below	FTEs	Comment/Function
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Week	Third Next Available

Continuity (Record your continuity data here)			
Month	Numerator = # of visits/month to the care team	Denominator = # visits/month to the practice	Continuity x 100 = percentage

Know Your Processes: How do things get done? What are the step-by-step processes? How long does the process take? Where are the delays?

Cycle Time / Red Zone (Value-Added Time) (Record your collated data from the completed cycle time forms (Form 4) here.)			
Month	Numerator = # of minutes / visit spent with the care team (red zone time or value-added time)	Denominator = # of minutes from the beginning of the scheduled appointment to the time patient leaves (Cycle Time)	x 100 = percentage of red zone time (value-added time)



Know Your Patterns:

Does every member of the practice meet regularly as a team? If yes, how frequently?

Do the members of the practice regularly review and discuss safety and reliability issues?

What is the most significant pattern of variation?

What have you successfully changed?

What are you most proud of?

What challenges do you experience?

Adapted from Clinical Microsystems, "The Place Where Patients, Families and Clinical Teams Meet", Assessing, Diagnosing and Treating Your Outpatient Primary Care Practice, ©2001, Trustees of Dartmouth College, Godfrey, Nelson, Batalden, Institute for Health Improvement, Adapted from the original version, Dartmouth-Hitchcock, Version 2, February 2005, www.clinicalmicrosystem.org.

Form 1

Panel Size Equation (Annual Supply & Annual Demand)

Annual Supply= (#weeks worked annually) x (# units/week)

Annual Demand = (# patients) x (visits per patient per year*)

*To calculate visits per patient per year, use one of the following methods:

- 1) Divide the number of unique patients seen in the last 12 months into the number of visits to the practice that these patients generated within the same period.
- 2) Use 3.19 as a proxy until you are able to calculate your own¹

Your turn:

_____ x _____ = _____
#weeks worked annually # units/week Annual Supply

_____ x _____ = _____
patients visits per patient per year* Annual Demand

- If supply is \geq demand, you are ready to embark on achieving an Advanced Access working environment.
- If demand is $>$ supply by a modest margin of 600 visits* or less (600 visits is used as a guide based on our experience with other practices implementing Advanced Access), then you must increase supply, decrease demand or do both. Achieving an Advanced Access working environment is within your reach.
- If demand is $>$ supply by a large margin (more than 600 visits per year), you may have a panel size that is too large for your current supply. Looking at ways to decrease demand and increase supply is important, and examining efficiencies in patient flow and non-appointment work will also help. In a practice setting where demand is significantly greater than supply, the likelihood of reaching a zero TNA standard is less than for the previous two conditions. By applying many of the principles and strategies of access and efficiency, wait times for patients/clients can be significantly reduced, from weeks to days.
- Calculate the number of appointments per day by which either demand must be reduced or supply increased (or a combination of both) — e.g., decrease demand by one appointment and increase supply by one appointment — to achieve balance.

Annual demand – annual supply = X
 $X \div \# \text{ weeks worked annually} = Y$
 $Y \div \# \text{ days in work week} = \# \text{ appointments you must make up to achieve balance}$

Example:
 $3380 - 3000 = 380 \text{ appointments/year}$
 $380 \div 45 = 8.4 \text{ appointments/week}$
 $8.4 \div 4 = 2.1 \text{ appointments/day to make up to achieve balance}$

Your turn:

¹ The proxy of 3.19 comes from 5 years of data through Mark Murray's work with Kaiser primary care practices in the US.

Form 2

Tracking Daily Demand, Supply, Activity and No Shows by the Provider

Instructions:

Supply: At the beginning or end of each day, use the appointment schedule to gather the supply information. Record the number of appointments (using the shortest appointment slot) for each day. This includes all appointments in the schedule, whether they are booked or not.

Demand: Every day, record the number of requests for an appointment with the provider. Record every request, whether or not the appointment is booked for that day or a future date. This includes follow-up appointments people make as they leave your office (internal demand), as well as the external demand that comes through by phone, walk-ins, fax or email. Tip: Use the shortest appointment slot as your basic unit of measurement, and tick off every unit of appointment. For example, if your shortest appointment slot is 10 minutes, use this as your basic unit of measurement; e.g., a 30-minute appointment would be recorded as three ticks.

Demand Count: Place a tick beside each request for a short appointment. Remember that long appointments need more ticks.

No shows (FTKA): At the end of the day, count the number of booked appointments that were not used and for which the patient did not call to cancel.

Activity: At the end of the day, use the schedule to identify the actual number of short appointment slots used that day. If the provider had add-ons, then the number will be higher than the supply. If the provider had no shows or vacancies, then the number will be lower than the supply.

DAY:	INTERNAL DEMAND	EXTERNAL DEMAND	DEMAND TOTAL	SUPPLY TOTAL	ACTIVITY TOTAL	NO SHOWS
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						

Week of: _____

Third Next Available Appointment: _____ days

Form 3

Summary of your daily Demand, Supply & Activity Data

Take your 4-8 weeks of daily demand, supply, activity and no show data and summarize in the table below.

Week Day	Internal Demand Range	Median Internal Demand	External Demand Range	Median External Demand	Supply Range	Median Supply	Activity	Average/ Median Activity
Monday								
Tuesday								
Wednesday								
Thursday								
Friday								

Sample

Summary of your daily Demand, Supply & Activity data

Take your 4-8 weeks of daily demand, supply, activity and no show data and summarize in the table below.

Week Day	Internal Demand Range	Median Internal Demand	External Demand Range	Median External Demand	Supply Range	Median Supply	Activity Range	Median Activity
Monday	2-15	8	30-36	32	30-36	36	30-38	36
Tuesday	4-14	5	21-23	22	30-33	30	20-32	28
Wednesday	1-4	3	9-14	9	16-20	18	12-16	15
Thursday	4-5	4	11-21	14	24-36	36	24-34	33
Friday	0-3	2	12-18	14	10-18	18	10-20	12

Primary Healthcare Practice Patient Cycle Time

Type of visit Day Date

Scheduled appointment time Provider you are seeing today

Time

- 1. Time you checked in
- 2. Time you sat in the waiting room
- 3. Time staff came to get you
- 4. Time staff member left you in the exam room
- 5. Time provider came in the room. If the provider left the room more than once, please note the times

	1	2	3
Time left	<input type="text"/>	<input type="text"/>	<input type="text"/>
Time returned	<input type="text"/>	<input type="text"/>	<input type="text"/>

Comments

- 6. Time provider left the room
- 7. Time you left the room
- 8. Time you arrived at check out
- 9. Time you left the practice

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Form 5

Clinic Walk-Through Notes

Date:

As you experience the walk-through write down brief notes to remind you about your feelings, observations and improvement suggestions. These notes will help you when talking to the team about the experience.

Patient Flow Through Clinic	What are you feeling?	What are you observing/questioning?	What needs to be improved?	What does staff say needs to be improved?
Scheduling appointment				
Arrive for appointment - parking, enter office etc.				
Check in at front desk				
Waiting room				
Called to room				

Wait for provider				
Time with nurse				
Visit with provider				
Time with nurse, if applicable				
Booking follow-up appointment				
Leave clinic				

Other Notes:

Clinic Walk-Through ‘How To’ Suggestions

The clinic walk through is a way for teams to get a better understanding of the patient experience in their practice. Insights from patients let you know what the experience is like for your patients. The information provides great ideas for improvement opportunities. Some teams ask patients to complete the clinic walk through while other teams prefer to role play a patient.

1. Let the staff at your office know in advance that the clinic walk through is happening.
2. Capture the experience.
 - a. If you are asking a patient to complete the walk through, ask them to record whatever thoughts and feelings they have during their experiences. They do not need to fill in all of the boxes on the form but rather, encourage them to fill in any areas they want to comment about.
 - b. If you are role playing a patient, go through the experience just as the patient would. Call in advance to experience booking an appointment. Drive to the clinic, find a place to park, and check in. Try to act as if you have never been there before. Follow the signs. Actually fill out the forms if there are ones to fill out. Find out about how long patients wait and sit in the waiting room that long; wait your turn. Do the same in the examining room. Ask each health care provider to treat you as if you were a real patient. Experience it all. As you go through the process, try to put yourself in the patient's position. Look around as they might. What are they thinking? How do they feel at this moment?
3. At each step, ask the staff to tell you what changes (other than hiring new staff) would make the experience better for the patient and what would make it better for the staff. Write down their ideas as well as your ideas. But also write down your feelings.
4. Write down your ideas for improvement.

Adapted from the Institute for Healthcare Improvement

Form 6

Patient/Family Satisfaction with Primary Healthcare Practice Access Survey

Date:

Please take a few minutes to tell us how satisfied you are with your appointment today:

1. How would you rate your satisfaction with getting through to the office by phone?

- Excellent Very Good Good Fair Poor

2. How would you rate your satisfaction with the length of time you waited to get your appointment today?

- Excellent Very Good Good Fair Poor

3. How would you rate your satisfaction with the availability of the clinician or staff member you wanted to see today?

- Excellent Very Good Good Fair Poor

4. How would you rate your satisfaction with the personal manner of the person you saw today (courtesy, respect, sensitivity, friendliness)?

- Excellent Very Good Good Fair Poor

5. How would you rate your satisfaction with the time spent with the person you saw today?

- Excellent Very Good Good Fair Poor

6. Is there anything else you would like to tell us?

Form 7

Patient Access Satisfaction Tally Sheet

Number of patients surveyed:					
Questions	Excellent	Very Good	Good	Fair	Poor
How would you rate your satisfaction with getting through to the office by phone?					
How would you rate your satisfaction with the length of time you waited to get your appointment today?					
How would you rate your satisfaction with the availability of the clinician or staff member you wanted to see today?					
How would you rate your satisfaction with the personal manner of the person you saw today (courtesy, respect, sensitivity, friendliness)?					
How would you rate your satisfaction with the time spent with the person you saw today?					
Comments:					

Measures to Guide Your Decision Making Quick Tip Sheet

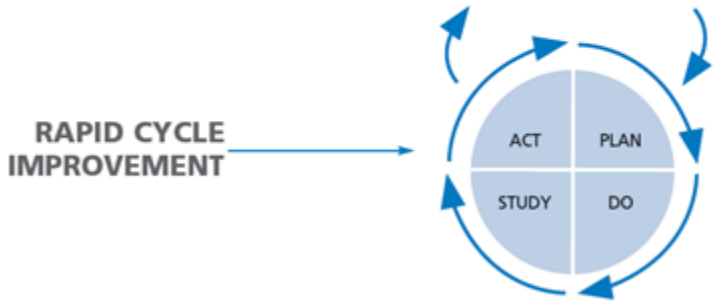
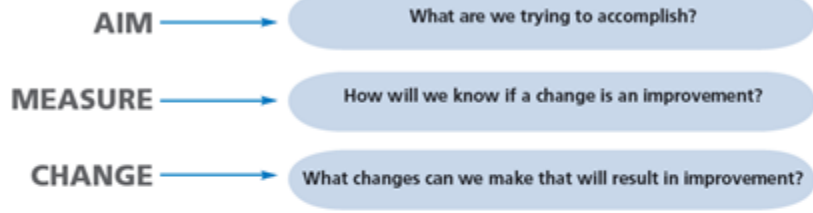
From: Health Quality Ontario, *Advanced Access and Efficiency Workbook For Primary Care*, 2012

Measure	What is it & Why do it?	How to Gather	Frequency of Collection	Tips
Panel Size Equation (Form 1)	To understand the relationship between supply and demand within your practice, and to be able to develop strategies to balance if necessary.	Use the panel size equation on Form 1.	Annually, or as changes in supply or demand occur.	If demand is greater than supply, remember that this is a yearly number. It must be divided by 12 to understand the number of appointments required monthly, and then by four to see the number of extra appointments needed each week, etc.
Supply	The number of appointments available in the schedule. All appointments should be multiples of the short appointment length.	Count the number of available appointments for each work day. (Track in Form 2)	You should understand supply on a daily, weekly and annual basis. Once established it does not have to be counted unless supply changes.	If provider supply increases or decreases permanently, then the equation must be recalculated.
Demand	The number of appointments requested today for any day. Demand can be generated internally by the provider and externally by the patient. It is important to understand both internal and external demand, and to measure each separately using Form 2.	Using a tick sheet (see Form 2), place a tick mark for every appointment requested, depending on the origin. External demand is patient request and internal demand is provider request (see Form 2).	Daily until practice confidently knows range of demand for each working day.	It is important to gather this data anytime practice demand seems to be changing. It may be necessary to rebalance supply and demand.
Activity	The actual number of short appointment slots used that day. If the provider had add-ons, then the number will be higher than supply. If the provider had no shows or vacancies, then the number will be lower than supply.	From the EMR/EHR or schedule book, count the number of short appointments used each working day. (Track in Form 2.)	Daily until practice confidently knows the range of activity for each working day.	If the number of short appointments used is consistently greater than the number of appointments in the schedule, it is important to recalibrate appointments to better reflect what is actually happening in the practice. If the provider never starts before 9:15, for example, do not begin appointments at 9:00.

Measure	What is it & Why do it?	How to Gather	Frequency of Collection	Tips
No Shows	Patients who do not keep appointments and do not notify the practice prior to their scheduled time. These appointments represent lost productivity and resources.	Keep track of the number of patients who fail to keep their appointments and record on Form 2.	Daily	When patients notify the practice of their inability to attend, their appointment is a cancellation and not a no show.
Third Next Available Appointment	This is the gold standard for measuring the length of time patients in your practice are waiting for an appointment. First and second available appointments are not used, as they could be the result of a recent cancellation.	At the same time on the first day of the work week, look ahead in the schedule for the TNA appointment slot and then count the number of days to that appointment. Do not count saved appointments or carve out model appointments.	Weekly until the value is consistently zero. Then use future open capacity to measure availability of appointments.	It is important to use a consistent method of data collection. Counting weekends is a choice (either do or don't) but the same method of data collection must be used consistently.
Continuity	The number of times patients are able to see their own provider relative to other providers of the same discipline within the practice.	Calculate the percentage of patients seen by their own provider: Divide the number of patients of Provider X who were seen by Provider X in the past 30 calendar days by the total number of patients of Provider X who were seen by any provider in the practice in the past 30 calendar days. Multiply by 100.	Monthly	Patients who see their own provider generate fewer visits.
Backlog	The number of appointments between the present and the TNA appointment. Do not count appointments that are booked due to patient choice or physiology.	Count the number of appointments between now and TNA.	Anytime the TNA is increasing above acceptable practice targets.	Be sure the practice can distinguish between good backlog and bad backlog.
Cycle Time	The time elapsed between the scheduled appointment time and the time the patient is walking out the door. This information will help the practice understand the patient flow and where waiting occurs. It will also identify opportunities to improve efficiency or reduce the number of steps in the process.	A cycle time tracking sheet is necessary. Patients can be asked to track the times at various steps within their appointment. Other methods to collect this information may work better for your practice. This information is used in conjunction with the process map.	As often as is required to understand the length of patient visits in order to inform tests of change. Repeat each time changes are tested or implemented.	Decide as a team the number of random samples required to inform the quality improvement team. Sample at different times of the day or days of week.

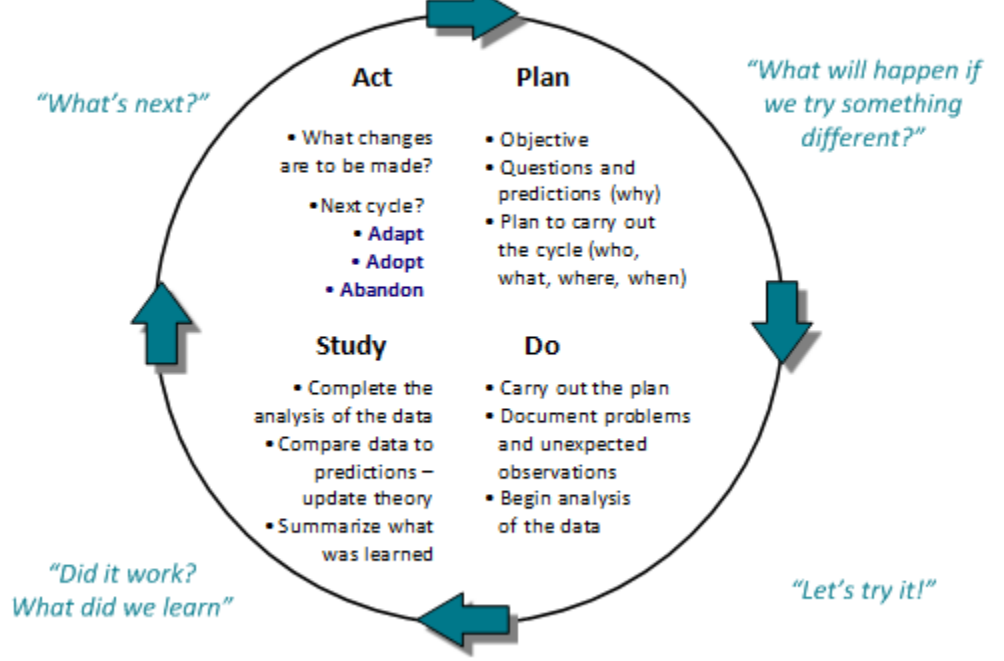
Measure	What is it & Why do it?	How to Gather	Frequency of Collection	Tips
Red Zone (value-added time)	Percentage of the cycle time spent in face-to-face contact with a member(s) of the care team.	On the cycle time form calculate all the minutes spent with members of the care team. Divide by the total number of minutes spent at the appointment and multiply by 100 to get the percentage of face-to-face time.	As often as is required to understand the length of patient visits in order to inform tests of change. Repeat each time changes are tested or implemented.	Include time the patient spends with all members of the care team that adds value to their visit.
Patient Satisfaction	Feedback from patients is essential to respecting their roles as partners within the care team.	Use the survey (Form 6) or a tool of your choosing. Select a random sampling.	At baseline, and whenever improved changes are implemented. Frequency will be a practice decision.	Do not do the survey if data are not going to be studied or acted on. Collate the survey data using Form 7

The Model for Improvement



Langley, Nolan, Nolan, Norman, Provost, Moen "The Improvement Guide"

PDSA Cycles



Lloyd, R. & Scoville, R. "The Science of Improvement"