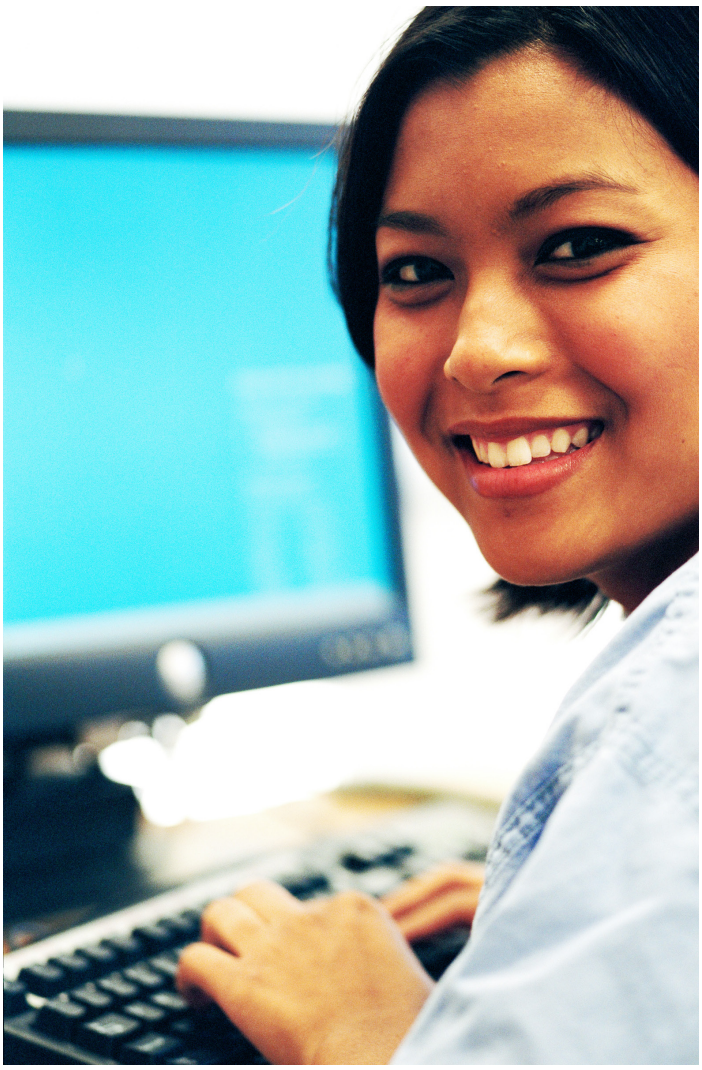
ENSURING BEST ACCESS FOR PATIENTS: QUESTIONS FOR MANAGERS AND TEAMS

PCMH Change Concept: Enhanced Access

A first step for enhancing access is to understand the barriers, waits, and delays that limit patient access. One way to start this process is to have a team closely examine the practice's appointment schedule.

- Key activity: Have a systematic approach for managers and teams to review schedules.

Practice coaches and practice managers can use the questions below to help teams identify access problems and develop ways to solve them. These questions should also prompt conversations about the value of continuity and pre-visit planning and the real cost of no-shows.



- Are patients being scheduled to see their assigned provider and care team (vs. any provider with an open appointment slot)? This matters because discontinuity can increase demand when a provider who does not know the patient treats the issue and tells the patient to follow-up with his/her assigned provider. That is two visits where one would have been possible.

- Are providers and care teams preparing for today's visits with a daily huddle? Are care teams identifying patients on the daily schedule with unmet care needs beyond the stated reason for the visit that they can take care of today vs. in another future visit? This is referred to as "max packing."

- Are future scheduled appointments for patients who walk-in and are treated today by their assigned provider canceled if no longer needed? Are future appointments for patients where max packing addressed an unmet care need canceled if no longer needed? Canceling unneeded appointments opens capacity for other patients.

- What is the no-show rate? Is it the same every day? Is it the same for each provider? Are patients with visits scheduled at particular times of day more likely to no-show? Do you know what is driving the no-show rate? How can you find out? No-shows reduce capacity because practices cannot typically react quickly enough to the available capacity and lose much or all of it before the new appointment slot can be used to see another patient. Double- or triple-booking appointments is a losing strategy compared to finding out why patients no-show and working to fix the issues that drive no-shows.

- Does each provider have enough same-day appointments on the daily schedule to meet patient need? Are same-day appointments being fully used each day? Are same-day appointments available at the right times to meet patient demand? Do more same-day appointments need to be added to the schedule to meet today's demand today?

- What is the cycle time for a visit? Long cycle times are associated with increased no-show rates and reduce the amount of patients the practice can accommodate.

- What is the time to third next available appointment (TNAA)? The longer the backlog for an appointment, the more likely it is that patients with a need now and an appointment later will no-show later and walk in sooner. Are you using high-leverage strategies to lower the backlog?

- Are group visits and shared medical appointments being used as well or as frequently as possible?

- Are patients being given face-to-face appointments when they could have gotten follow-up in another manner, (e.g., phone call, email)? Unnecessary face-to-face appointments increase the likelihood of patient no-shows and reduce the number of available appointments for other patients needing a face-to-face visit.

Safety Net Medical Home Initiative

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The objective of the Safety Net Medical Home Initiative was to develop and demonstrate a replicable and sustainable implementation model to transform primary care safety net practices into patient-centered medical homes with benchmark performance in quality, efficiency, and patient experience. The Initiative was administered by Qualis Health and conducted in partnership with the MacColl Center for Health Care Innovation at the Group Health Research Institute. Five regions were selected for participation (Colorado, Idaho, Massachusetts, Oregon and Pittsburgh), representing 65 safety net practices across the U.S.

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