

High Leverage Changes for Access For Primary Care

The following table includes strategies that could be used to help you achieve your access aims. Please remember that not all strategies will apply to every clinic, so consider the ones that you feel would be most beneficial in your situation.

Recommended Reading: Go to <http://www.albertaaim.ca/articles.html> to access articles which provide further insight into the ideas presented here. Most are relatively short in length.

Understand and Balance Supply and Demand			
Idea/Strategy	Person Responsible	Timeline	Comments
<input type="checkbox"/> Measure demand for all appointment services (by the practice, by the individual provider, and by the day)			
<input type="checkbox"/> Measure supply of appointments for all providers			
<input type="checkbox"/> Identify number of providers and appointments needed to meet daily demand			
<input type="checkbox"/> Readjust provider staffing/hours to match pattern of demand			
<input type="checkbox"/> Commit to doing today's work today after the backlog is eliminated			
<input type="checkbox"/> Identify a plan to continuously measure demand/supply for appointments			
<input type="checkbox"/> Determine target panel size by dividing unique patients in the practice by clinical FTE worked by providers (this is the "target" panel size)			
<input type="checkbox"/> Determine ideal provider panel size using the formula: # patients X avg # of visits/yr = # of visits a provider sees per day X # of days the provider works in a year			

Understand and Balance Supply and Demand			
Idea/Strategy	Person Responsible	Timeline	Comments
<input type="checkbox"/> Make panel size equitable based on clinical FTE of each provider (providers should have a patient panel proportionate to the amount of time they are in clinic)			
<input type="checkbox"/> Identify a plan for redistributing panel workload if necessary			
<input type="checkbox"/> Develop a plan for distributing new patients among providers			
<input type="checkbox"/> Make a commitment to continuity (patients being able to see their own providers)			
<input type="checkbox"/> Other ideas			

Reduce the Backlog			
Idea/Strategy	Person Responsible	Timeline	Comments
<input type="checkbox"/> Measure the extent of the backlog (by measuring third next available appointment)			
<input type="checkbox"/> Distinguish between “good” and “bad” backlog			
<input type="checkbox"/> Create a plan to reduce the backlog (e.g. add additional appointments, extra clinics, etc.)			
<input type="checkbox"/> Develop a communication plan for patients and for staff			

Reduce the Backlog			
Idea/Strategy	Person Responsible	Timeline	Comments
<input type="checkbox"/> Set begin and end dates for backlog reduction			
<input type="checkbox"/> Plan for staffing support			
<input type="checkbox"/> Plan for extra “needs” during backlog reduction			
<input type="checkbox"/> Display wait time data where everyone in the clinic can see it. Extract pieces of information that are significant and make posters to explain the progress/activity.			
<input type="checkbox"/> Protect providers who have shorter wait times			
<input type="checkbox"/> Other ideas			

Reduce Appointment Types			
Idea/Strategy	Person Responsible	Timeline	Comments
<input type="checkbox"/> Standardize appointment types and lengths			
<input type="checkbox"/> Use as few appointment types as possible			

Reduce Appointment Types			
Idea/Strategy	Person Responsible	Timeline	Comments
<input type="checkbox"/> In the schedule, identify any appointments needing a specific room, specific staff, or needing more time			
<input type="checkbox"/> Develop a plan to accommodate appointments that predictably take longer (e.g. book them last thing in the day, book more than the usual appointment length)			
<input type="checkbox"/> Wherever possible, book a patient for his/her own provider, not into the first available slot with any provider			
<input type="checkbox"/> Other ideas			

Develop Contingency Plans			
Idea/Strategy	Person Responsible	Timeline	Comments
<input type="checkbox"/> Study the demand/supply appointment pattern and discover all causes of demand or supply variation			
<input type="checkbox"/> Develop proactive plans for demand surges and variances, including flu season, holiday periods, back to school physicals, etc.			
<input type="checkbox"/> Develop a plan to cover the appointment and non-appointment work of absent providers for both expected and unexpected absences			
<input type="checkbox"/> Have a plan to manage the end of the day (how will providers manage their patients if they are running behind?)			

Develop Contingency Plans			
Idea/Strategy	Person Responsible	Timeline	Comments
<input type="checkbox"/> Book follow-up appointments toward the end of the week, early in the day (these are the times that are often hardest to fill)			
<input type="checkbox"/> Smooth the flow of appointment work			
<input type="checkbox"/> Develop time-off policies (e.g. only a certain number of providers can be absent at a particular time)			
<input type="checkbox"/> Review bookable hours (too many? too little? Do they need to be expanded?)			
<input type="checkbox"/> Develop and implement plans for booking physicians who are away from the office (e.g. vacation, etc.) and for their return to the office			
<input type="checkbox"/> Develop a "cut-off time" for the end of the day (not just based on a "full" schedule)			
<input type="checkbox"/> Develop a plan for working with other health care providers (doctors only need to do "doctor" work. All other work could be done by someone else).			
<input type="checkbox"/> Develop scripts for receptionists (for getting the reason for the visit, what to say when a provider is absent, getting the patient to commit to calling to cancel his/her appointment if he/she is not able to make the appointment)			
<input type="checkbox"/> Use appointment reminders (phone call the day before, letter, email, etc.)			
<input type="checkbox"/> Other ideas			

Reduce Demand			
Idea/Strategy	Person Responsible	Timeline	Comments
<input type="checkbox"/> Match patient with his/her own provider whenever at all possible (continuity)			
<input type="checkbox"/> Create alternatives to traditional face-to-face interactions, including group visits, e-mails, and telephone care management			
<input type="checkbox"/> Promote patient self-care			
<input type="checkbox"/> Extend intervals for return appointments (seeing a patient every four months instead of every three months frees up one visit per year per patient. If a provider has 1,000 patients, that would free up 1,000 appointments per year for that provider)			
<input type="checkbox"/> Look ahead into the future schedule to see if patients can be managed in a different way (could they be handled by email, by having a nurse see them, by someone giving them a phone call, etc.)			
<input type="checkbox"/> Do as much as possible with each visit (maximizing the efficiency of each visit). If a patient who comes in infrequently presents for a sore throat, use the opportunity to renew prescriptions, order screening tests, etc. as appropriate for that patient. Make the most of the visit when the patient is already in the clinic)			
<input type="checkbox"/> Use other team members during a visit to make the visit more effective			
<input type="checkbox"/> Develop a plan to reduce no-shows. Keep data on when the no-shows occur, who the patients are that are no-showing, etc. then decide how to best get them to call to cancel if they aren't able to make their appointment. Consider a "no-show" policy.			

Reduce Demand			
Idea/Strategy	Person Responsible	Timeline	Comments
<input type="checkbox"/> Other ideas			

Optimize Care Team to Increase Supply			
Idea/Strategy	Person Responsible	Timeline	Comments
<input type="checkbox"/> Ensure all roles in the practice are maximized to meet patient needs			
<input type="checkbox"/> Take all unnecessary appointment work away from providers (patient vitals, patient history, requisitions, forms, etc. could be at least partially completed by a team member other than the physician)			
<input type="checkbox"/> Reduce variation in provider styles. Try to get providers to agree on standardized appointment lengths, visit tasks, etc.			
<input type="checkbox"/> Use guidelines or protocols for the treatment of simple, common conditions			