

## High Leverage Changes for Access for Specialty and Programs

The following tables include strategies that can be used to help you achieve your access aims. Please remember that not all strategies will apply to every clinic or program, 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"/> Identify all services and duties. Divide into patient related and non-patient related. Measure the FTE equivalent currently allocated to perform these. (for the clinic , individual provider and by the day)			
<input type="checkbox"/> Measure daily and weekly demand for all appointment services (for the clinic and by individual provider). Divide total demand into new and return (by day of the week and week).			
<input type="checkbox"/> Measure the ratio of new to return visits (e.g. 1:4 – 1 new visit results in 4 return visits)			
<input type="checkbox"/> Measure TNA for new and return by provider and by clinic (pooling of providers)			
<input type="checkbox"/> Measure/analyze where and who the work comes from (point or referral)			
<input type="checkbox"/> Analyze what the work is (symptoms, diagnosis, condition)			
<input type="checkbox"/> Measure the supply of appointments for all clinical providers (FTE)			

<b>Understand and Balance Supply and Demand</b>			
<b>Idea/Strategy</b>	<b>Person Responsible</b>	<b>Timeline</b>	<b>Comments</b>
<input type="checkbox"/> Measure the daily and weekly activity of individual clinical providers and the clinic/program (actual appointments seen)			
<input type="checkbox"/> Determine the number of appointments required daily and weekly to meet the demand for new appointments			
<input type="checkbox"/> Determine the number of appointments required daily and weekly to meet the demand for return visits			
<input type="checkbox"/> Determine current caseload by provider			
<input type="checkbox"/> Measure return visit rate by provider by provider and clinic			
<input type="checkbox"/> Develop a plan to assign new patients, adjust caseloads equitably, as necessary, and to review caseloads monthly (input equity)			
<input type="checkbox"/> Identify a plan to continuously measure demand, supply and activity for new and return appointments			
<input type="checkbox"/> Commit to doing this week's work this week.			

<b>Reduce the Backlog</b>			
<b>Idea/Strategy</b>	<b>Person Responsible</b>	<b>Timeline</b>	<b>Comments</b>
<input type="checkbox"/> Measure the extent of the backlog (by measuring third next available appointment)			
<input type="checkbox"/> Stabilize TNA for new appointments by balancing demand and supply			
<input type="checkbox"/> Distinguish between “good” and “bad” backlog			
<input type="checkbox"/> Develop a plan to reduce the backlog (e.g. add additional appointments, extra clinics, check the waitlist for balking/renegeing)			
<input type="checkbox"/> Set begin and end dates for backlog reduction			
<input type="checkbox"/> Develop a communication plan for staff and clients			
<input type="checkbox"/> Plan for staffing support during backlog reduction			
<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"/> Utilize demand and supply balancing strategies			

Reduce the Backlog			
Idea/Strategy	Person Responsible	Timeline	Comments
<input type="checkbox"/> <b>Caution:</b> backlog reduction is iterative in complex systems and can have multiple layers or demand streams that will require their own reduction strategies. Approach systematically to avoid creating backlog further into the system. (e.g. reducing backlog in the office can create backlog in the OR, reducing backlog for new visits can create backlog for return visits)			
<input type="checkbox"/> Other ideas			

Reduce Appointment Types			
Idea/Strategy	Person Responsible	Timeline	Comments
<input type="checkbox"/> Develop distinct appointment types (new and return)	"		
<input type="checkbox"/> Review any priority or triage systems with a critical eye			
<input type="checkbox"/> Identify any appointments needing a specific room, specific staff, specific equipment, or more time			
<input type="checkbox"/> Pool referrals and institute a plan to distribute new appointment work across providers			

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

<b>Develop Contingency Plans</b>			
<b>Idea/Strategy</b>	<b>Person Responsible</b>	<b>Timeline</b>	<b>Comments</b>
<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 focusing on flexing supply			
<input type="checkbox"/> Develop time off policies (e.g. only so many providers off at a time)			
<input type="checkbox"/> Review schedules for bookable hours			
<input type="checkbox"/> Develop and implement a contingency plan for booking providers who are away (e.g. vacation) and for their return to the office (review paper "Post Vacation Scheduling for Primary and Specialty Care" available on AIM website)			
<input type="checkbox"/> Pool referrals			
<input type="checkbox"/> Schedule to ensure enough capacity to meet predicted demand for new appointments (may require altering of fixed schedules and/or flexing ratio of new and return appointments)			

<b>Develop Contingency Plans</b>			
<b>Idea/Strategy</b>	<b>Person Responsible</b>	<b>Timeline</b>	<b>Comments</b>
<input type="checkbox"/> Develop a plan to cover the appointment and non-appointment work of absent providers for both expected and unexpected absences (e.g. develop plan to utilize mid-level providers if applicable)			
<input type="checkbox"/> Develop scripts for common occurrences (e.g. 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"/> Flex staffing hours to meet predictable demand patterns			
<input type="checkbox"/> Other ideas			

<b>Reduce Demand</b>			
<b>Idea/Strategy</b>	<b>Person Responsible</b>	<b>Timeline</b>	<b>Comments</b>
<input type="checkbox"/> Develop Service Agreements (SA) to define the work of the practice. This can aid in reducing demand or unsuitable referrals			
<input type="checkbox"/> Develop SA to agree on how referrals will be 'packaged'. This will cut down on processing time and bouncing back of referrals.			
<input type="checkbox"/> Develop SA to define 'graduation' plan or return to primary provider to reduce return visits to specialty			
<input type="checkbox"/> Review return visit intervals by individual provider and by practice. Extend intervals for return appointments where possible and appropriate (seeing a patient every four months instead of every three months frees up one visit per year per patient. If a provider has a caseload of 500 patients, that would free up 500 appointments per year for that provider alone)			
<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 new assessment requires more than 1 visit to see multiple providers look for ways to coordinate schedules to cut down on the number of visits required			
<input type="checkbox"/> Use other team members during a visit to make the visit more effective (e.g. pharmacist to provide education of medication admin., RN to provide wound care teaching)			

<b>Reduce Demand</b>			
<b>Idea/Strategy</b>	<b>Person Responsible</b>	<b>Timeline</b>	<b>Comments</b>
<input type="checkbox"/> Try alternatives to traditional face-to-face appointments. Consider telephone, email, group visits/education, case management (e.g. utilizing team member such as RN or other discipline as point of contact who follows pt.)			
<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.			
<input type="checkbox"/> Other ideas			

<b>Optimize Care Team to Increase Supply</b>			
<b>Idea/Strategy</b>	<b>Person Responsible</b>	<b>Timeline</b>	<b>Comments</b>
<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. Use technology where possible – EMR, electronic BP devices etc.)			
<input type="checkbox"/> Reduce variation in provider styles. Try to get providers to agree on standardized appointment lengths, visit tasks, etc.			

**Optimize Care Team to Increase Supply**

<b>Idea/Strategy</b>	<b>Person Responsible</b>	<b>Timeline</b>	<b>Comments</b>
<input type="checkbox"/> Use guidelines or protocols for the treatment of simple, common conditions (this may allow for team members other than physicians to do this work)			
<input type="checkbox"/> Actively look for appointments or clinical work that could be managed by non-physician providers (develop related protocols and guidelines)			

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