Advanced Access and Efficiency
Workbook for Primary Care

Ontario
Health Quality Ontario

Section **2**

Principles of Access
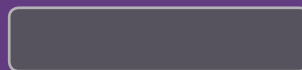
2.1 Understand and Balance Supply and Demand

The relationship between supply and demand cannot be underestimated: It is the key to all workflow. If you understand supply (appointments available) and demand (requests for appointments) as a first step, then you will be able to organize your practice to reduce delays, improve flow and improve patient, provider and staff satisfaction.

A practice must understand its yearly supply and demand (panel size and visit rate) and also its daily supply, demand and activity (SDA). Measuring SDA on a daily basis helps identify natural variations in the practice and areas for improvement.

To achieve timely access for patients, the supply of appointments must be equal to or greater than the demand for appointments. If, through measurement, it is determined that demand is greater than supply, then supply must be increased and/or demand must be reduced.

The measures needed to determine supply and demand are fully described in Section 4.

SUPPLY Appointments Available **=** Requests for Appointments **DEMAND**

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2.2   Increase Supply of Visits

There are many strategies you can use to increase supply.

2.2.1 **Maximize Provider and Staff Schedules**
Review schedules of all providers to see if they are really meeting patients' needs. For example, are time-away policies needed within the practice? Create proactive plans to meet patient demand while providers are absent.

2.2.2 **Optimize the Care Team**
The care team may vary depending on the nature of the primary care practice. In some practices, the care team may include a provider, office nurse and receptionist. In others, it may include a nurse practitioner and other allied health providers. To optimize the care team, you need to ensure that all members of the team are working to their full scope of practice. Providers must educate patients about alternative care within the practice such that patients understand the team approach. To help track types of appointments, and who may do them, use the Understanding Your Practice worksheet in Section 5.5.

2.2.3 **Identify and Manage the Constraint**
Use standardized guidelines and protocols to increase alternate modes of care.

2.2.4 **Develop a Care Delivery Model (Who Does the Work)**
Identify the roles of the care team, as well as the process for providing care and advice to patients using agreed-upon guidelines.

2.2.5 **Remove Unnecessary Work from a Provider**
Develop a role for other team members to manage sub-populations of patients, such as those with CHF, hypertension or hyperlipidemia, or those needing anti-coagulation therapy.

2.2.6 **Use Group Visits and/or Shared Medical Appointments**
High users of health services — those living with chronic illnesses — can sometimes be better supported through the use of group consultations or group visits.

2.2.7 **Use Technology**
EHR/EMRs, e-mail and patient portals are strategies that can reduce demand for face-to-face visits.

2.2.8 **Encourage Patient Engagement and Self–Management**
By providing a consistent approach to managing illnesses, the care team can increase patients' self-management skills, reducing the need for face-to-face visits.

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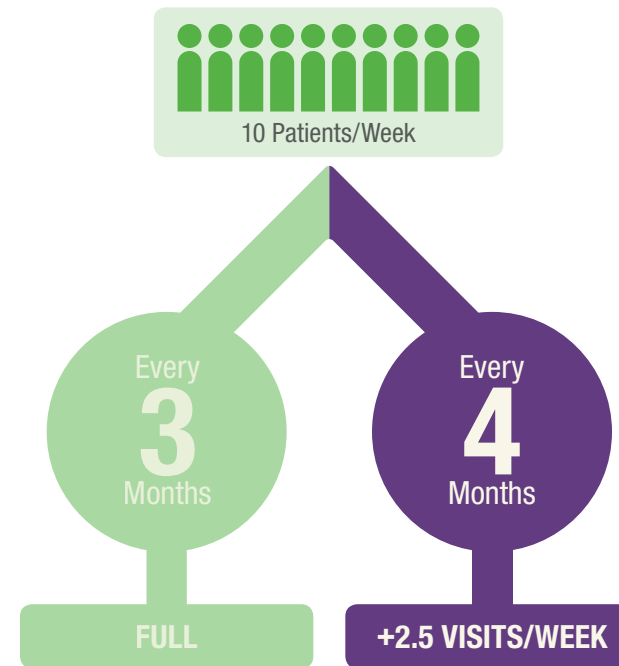Section 2   Principles of Access

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2.3 Reduce Demand for Visits

2.3.1 Max-Pack and Reset Schedule
Doing as much as possible at each visit may reduce the need for future visits.

2.3.2 Challenge/Extend Visit Intervals
Before automatically rescheduling patients, question whether the follow-up is really needed. Consider extending the visit interval instead. For example, if 10 patients in a week were rescheduled to every four months instead of every three months, there would be a net gain of 2.5 appointments/week.

2.3.3 Promote Continuity
Patients who are able to see a trusted provider generate fewer revisits.

2.3.4 Reduce No Show Appointments
Providing appointments to patients in a timely way reduces no shows.

2.3.5 Use Alternate Methods of Care Delivery
Nurse visits, self-care promotion, telephone treatment protocols, e-mails and group visits can reduce demand for provider consultations.

10 Patients/Week

Every **3** Months
FULL

Every **4** Months
+2.5 VISITS/WEEK

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2.4   Reduce Appointment Types and Times

2.4.1   Appointment Types

Eliminating the distinction between urgent and routine appointments reduces the likelihood of both patients and providers gaming the system. This decreases the need for triage by schedulers to negotiate with patients, therefore reducing time spent on the telephone. Providers will then simply need to distinguish between short or long appointments (multiples of short), and the care team can decide together how best to make the distinction. Patients who typically need long appointments include new patients, those managing chronic diseases and those booking annual exams.

2.4.2   Appointment Times

Use building blocks to create short and long appointment times. Determine a basic unit of time, such as 10 or 15 minutes. All other appointments are multiples of the shortest time. The schedule then only needs to combine two or three basic units to create the necessary appointment length. Protocols can be developed to guide schedulers booking the appointments.

2.4.3   Truth in Scheduling

Schedules are often created around the ideal number of patients/hour, and then applied to all providers' appointment templates. However, some providers cannot meet this ideal, due to practice style or the volume of patients requiring more time. Measurement and tracking of the actual length of a large number (50-100) of consecutive appointments will inform a schedule template that matches the reality of the provider's pace.

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2.5 Reduce Backlog

There are two types of backlog: Good backlog is made up of patients who have chosen to be seen in the future because it better fits their schedules, or because appointment timing is driven by physiology (e.g., pre-natal visit, well-baby exam, chronic disease follow-up). Bad backlog is characterized by patients who would like to be seen the same day, but whose appointment is pushed forward due to a full schedule. There are strategies you can use to reduce bad backlog.

2.5.1 Work Smarter
Shape the handling of demand: Choose a quieter time to work down backlog.

2.5.2 Work Harder
Temporarily increase the supply of visits by adding sessions to the beginning or end of the day.

2.5.3 Add Temporary Resources
Add a care team member or hire a locum for the short term.

Ways to measure backlog within a practice are provided in Section 4.2.10.

GOOD BACKLOG

- Patient's choice to be seen at a later date
- Driven by physiology

BAD BACKLOG

- Pushed appointments due to a full schedule

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2.6 Develop Contingency Plans

Contingency plans help to address variation in patient demand or decreased provider supply to meet patient needs in the practice. The unexpected is often predictable (e.g., flu season). By developing contingency plans, the practice can act proactively.

2.6.1 **Daily Huddles**
Huddles can be used at the beginning of and/or throughout the day to review office flow and proactively match demand with supply. (See the Huddle Sheet, Section 5.4.)

2.6.2 **Develop Time-Away Processes**
Protocols and policies for time away from the office for all professionals can ensure that adequate staff is always present to meet patient demand.

2.6.3 **Develop Multi-Skilled Staff**
Staff that can be cross-trained to cover while others are away increases the likelihood that patient demand can always be met.

2.6.4 **Manage Demand Variation Proactively**
Once variation within the practice is understood, supply can be adjusted to meet demand fluctuations.

2.6.5 **Add More Appointment Times to Address Seasonal Fluctuations**
Seasonal fluctuations include flu shot clinics in the fall, pre-school physicals, wintertime snow-bird prescriptions, etc.

2.6.6 **Anticipate Unusual but Expected Events**
If patients bring extra family members to visits, identify this early and modify the visit time accordingly. If patients are chronically late, flag accordingly.

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