

Slide – Disclaimer: No narration.

Slide - Course Overview: Having established your readiness and capacity to implement an Advanced Access environment, your team is now ready to explore your current practice situation to determine where to start with quality improvement activities.

Slide – Learning Objectives: In this module you use your completed practice assessment to help you to build your improvement plan. Tips from a virtual QI Coach will help guide your team through various activities essential to understanding your practice and determining what changes make sense. You can revisit slides, easily by clicking on the slide name in the navigation menu on the left. If you take a break, the module will resume where you left off.

Your Quality Improvement Team members may prefer to complete the module as a group for discussion and planning. If not possible, working through individually before coming together to review in regular QI team meetings is an option. Download the Practice Assessment Tool from Resources in the upper right of the classroom now and keep it handy; it will help keep the process simple and on track.

Slide – Balancing Supply and Demand: Where to Start?: Have a printed copy of this Decision Tree handy as you'll check off access and efficiency strategies your team agrees you can manage. Efficiency changes to improve office flow and non-appointment work can be tested at any time, even at the same time changes to improve access.

Recall the results of your panel size equation. If you've determined your demand for appointments is greater than your supply then you must increase supply and maximize efficiencies.

If demand is > supply by a large margin (more than 600 visits per year), you may have a panel size that is simply too large for your current supply. Looking at ways to decrease demand and increase supply is important, and improving efficiencies in patient flow and non-appointment work will also help narrow the margin. We'll review several strategies in this section, exploring the once listed in this Decision Tree. Consider them, then check off the ones your team agrees are manageable and relevant to your practice setting.

Once supply and demand are balanced (or if you have more supply than demand) you can begin to reduce your backlog.

Remember: A change in any number in the annual supply/demand equation will change the balance - e.g., extending revisit intervals will increase supply, an increase in days worked will increase supply, an increase in panel size will increase demand, a reduction in visits/day will decrease supply, etc. Let's move on to review each strategy in detail, remember to put a check beside those your team agrees are feasible and worthwhile to try.

Slide – Improving Access: To achieve timely access for patients, the supply of appointments must be equal to or greater than the demand for appointments. We'll review strategies you can use to achieve this and establish a balance. If you can get to within this margin, you should be able to establish and benefit from an advanced access environment.

Slide – Increasing Supply Visits: There are many strategies you can use to increase supply of visits. We'll get you familiar with them here so you can identify where your QI team can start, but we'll guide you through how to use these strategies with practice-based examples in future modules.

Reviewing schedules of all providers helps determine if patient needs are being met. Are there time-away policies in place to cover patient demand when providers are absent?

Although care teams vary, each member of the team should be working to the full scope of their practice. Educating patients about the role and abilities of other team members helps them engage with the various roles of team members. Track types of appointments and who may do them.

Use standardized guidelines and protocols to increase alternate modes of care. Developing a care delivery model will help your team optimize the roles of each member. Is everyone on your team clear on how care and advice are provided to your patients?

Team members can have a specific role to manage sub-populations of patients, congestive heart failure, hypertension, hyperlipidemia, or those need anti-coagulation therapy. Who can do this on your team? Group consultations and visits can be a very effective way to address the needs of patients that have complex health issues and need a high level of care or support to self-manage their chronic illnesses.

Electronic medical records, email and patient portals are strategies that can reduce demand for face-to-face visits or make them more efficient.

Slide – Reduce Demand for Visits: These strategies can help you establish that critical balance between supply of visits with demand for visits.

Max-packing a visit, doing as much as possible during a visit, may reduce the need for future visits, address health issues earlier, and perhaps prevent others. Before automatically rescheduling a patient, consider if the appointment is really needed. Extending a visit interval, for example, rescheduling 10 patients in a week to return in four months instead of three months would free 2.5 appointments/week. Ensuring they see their own provider generates fewer visits over the long-term and providing more timely access reduces no shows. Nurse visits, self-care promotion, telephone treatment protocols, emails and group visits can all reduce demand for visits.

Slide – Reduce Appointment Types and Times: Eliminating the distinction between urgent and routine appointments permits scheduling of appointments reduces the need to triage with extended time on the phone. Distinguishing the time required for the visit, short visit 10 or 15 minutes, or multiples of short 20 or 30 minutes can provide new patients, and those managing chronic illnesses with longer appointments as required. Booking in blocks of time helps schedulers manage the demand. Measurement and tracking of the actual length of a large number (50-100) consecutive appointments will inform a schedule template that matches the reality of the provider's pace.

Slide – Reduce Backlog: Backlog consists of appointments that have been moved to the future schedule because of lack of space on the schedule to do the work sooner. There are two types: Good backlog is made up of patients who have chosen to be seen in the future due to their schedule or because the appointment 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.

Calculate your bad backlog by subtracting the good backlog, the number of patients in schedule by choice or physiology, from the number of booked appointments between now and date of Third Next Appointment.

Working down the bad backlog recalibrates the system to improve access so here are some strategies to reduce it. Review them and check off those strategies you feel confident you can achieve as a team.

Slide – Dr. Smith Example: Dr. Smith used the panel size equation to help him understand if his supply and demand is balanced. Recall Dr. Smith learned that his annual supply is less than his annual demand by 228 appointments. His Third Next Appointment was 3 weeks. He knew that his first step was to reduce his backlog and he calculated his bad backlog to be 250 appointments. Dr. Smith's receptionist completed an initial backlog reduction by reviewing the future schedule. She discovered there were 5 duplicate appointments and 10 appointments that were booked unnecessarily. After reviewing this with Dr. Smith, the receptionist called these 15 patients and cancelled their appointments.

Dr. Smith set a target date for his backlog reduction plan and chose the month of December and Christmas holidays as a quieter time. These are some of the strategies he used to reduce the bad backlog: He added 2 extra appointments each day in the morning and worked 4 Saturdays for 4 hours to catch up. He used his lunch time to complete telephone follow-ups and shifted some appointments to his NP. Over the month of December, Dr. Smith and his receptionist met weekly to review the future schedule and adjust it as needed.

Slide – Contingency Plans: Contingency plans help to address variations in patient demand or provider supply, such as during flu season and help the practice to be proactive in meeting patient needs. Staff daily huddles to review office flow and demand help the team keep on top of the schedule. Planning for staff time away ensures patient demand is met, while cross-training staff to handle multiple functions when others are away helps address seasonal fluctuations and keeps supply and demand in check.

Slide – Improving Efficiency: Just as visit supply and demand must be measured, understood and matched, it is equally important to identify waits, delays and inefficiencies in non-appointment work. Improving efficiencies can have an impact on the practice's ability to provide timely access to providers. Strategies for improving efficiency can be put in place even while the team is working on balancing supply and demand.

Managing communications, standardizing message taking and follow up, and doing things electronically where possible all help to ensure the most appropriate person responds to non-appointment work.

Slide – Improving Patient Flow: Here's a few strategies to improve patient flow: Develop Rooming Criteria Using rooming criteria to get patients ready (e.g., shoes and socks off for patients with diabetes) will increase the efficiency of visits and improve patient flow.

Institute Daily huddles: Good internal communications will ensure that lab work and diagnostic reports are available in patient charts.

Create Reception Scripts: Scripts noting the reason for the visit will ensure that the care team is ready and prepared.

Start on Time and Stay on Time: If a session starts late, the whole day continues to be late and never catches up. If a provider never arrives before 9:15 do not book patients prior to that time. Teams must agree on the importance of starting and staying on time.

Use Health Checklists: Checklists can be instrumental to ensuring that comprehensive care delivery is carried out at each visit and to avoid a later visit. The use of age-specific guidelines can optimize planning for the patient's visit.

Slide – Anticipate and Predict Patient Needs: Some of the strategies described in previous principles also apply here.

- Use huddles to communicate about office flow, rhythm and signals.
- Understand and standardize common procedures.
- Plan for unexpected but predictable events.
- Plan for seasonal demand.
- Align the expertise of care teams with patient needs.

Slide – Patient Flow: It is important to map the office flow and patient journey by creating a value stream map. Once the map has been developed, strategies to address delays could include the following: Move work away from the constraint (e.g., the person at the front of the bottleneck, where the most waiting occurs).

"Lighten the backpack" by looking for ways that team members can provide routine care (e.g., stable chronic disease management, well- baby visits, etc.).

Slide – Eliminate Waste: Finding and eliminating waste goes a long way toward making work processes truly efficient. Waste is any activity that takes time, resources or space but does not add value to a service. Work processes often include eight common sources of waste. A helpful tool called 8 forms of waste is available in resources. This tool can be used to determine where is waste in your system and assist you in focusing your improvement efforts:

1. Over-production: avoid ordering unnecessary lab tests
2. Waiting: waiting for the provider to arrive
3. Transportation: avoid moving the blood pressure monitors between exam rooms
4. Over-processing: reduce handling paper more than once
5. Inventory: batching forms for completion
6. Motion: avoid having to leave the exam room to get supplies
7. Defects: avoid doing something incorrectly the first time
8. Human potential: optimize a team member not working to his/her full scope of practice

Use the checklist in the Practice Assessment Tool to help your team track your quality improvement efforts to be very clear as a team what strategies and activities you will undertake to achieve advanced access and improved efficiencies.

Slide – Next Steps: If you've met as a team and completed this module, you've done a lot of the heavy lifting. Understanding what can be achieved, and why, and determining how you will approach your advanced access and efficiency strategies to balance your supply and demand is important to moving on to module 7. It will guide you through the process of completing a PDSA cycle to test whether the

strategies you have chosen are effective and creating the change you intended. Completing the quick post-module readiness assessment will help ensure you are ready to move on, always better to be ready than to waste time and effort learning you weren't.

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