CIN Partners Share:

Access and Operational Efficiency

Main Take Home:
Advancing quality will always stall out if efficiency work isn't done.

The California Improvement Network partners—public and private health care organizations actively engaged in improving chronic disease care at the clinical practice level—meet quarterly to share experiences. Following are highlights from the partners' May 2011 meeting, which focused on access and operational efficiency. Brief presentations from Clinic Olé, San Mateo Medical Center, and San Francisco Health Plan started the conversation.

Clinic Olé

Who: Community clinic/FQHC based in Napa County with three sites serving 20,000 patients.

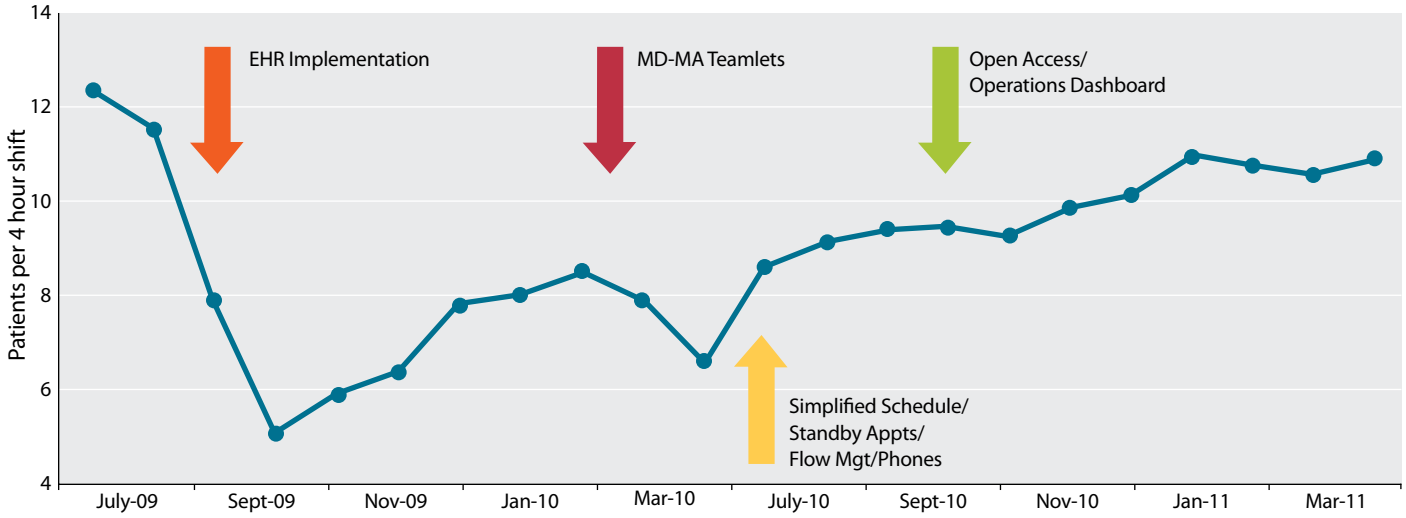
Intent: Improve wait times, clinic flow, and access to appointments.

"We can only get so far with clinical quality improvement without addressing operations."

Activities: EMR implementation followed by improving access/workflow. Creation of new care teamlets (pairing provider with medical assistant) and new RN roles. Developed an operations dashboard. Significantly redesigned workflows. Dramatically simplified scheduling to three 15-minute appointments per hour with a break. Also created standby appointments that enable patients to see a provider within a one-hour time window, and eliminated the walk-in clinic. Expanded telephone hours. Developed the role of "pod flow coordinator," a medical assistant tasked to keep up patient flow for three providers. Enforced "quick start" at the beginning of each day.

Results: After an extended productivity decline from EMR implementation, the clinic has made continual changes to improve productivity. Gains are maintained and managed by vigilant oversight. Run charts track key metrics such as productivity, third next available appointment, and continuity/no-show rates (see chart below). Clinic Olé has maintained access, as measured by third next available appointment, of less than three days, and their continuity rate (primary providers seeing their own patients) of over 70 percent.

Clinic Olé Productivity



Clinic Olé

Lessons Learned and Surprises:

- It would have been better to focus on improving operational efficiency prior to EMR adoption. The EMR was helpful in tracking metrics and avoiding some manual work, but better workflows would have optimized EMR implementation.
- With EMR adoption, would focus on maintaining efficiency (rather than on specific clinical quality measures) to regain productivity more quickly.
- Prerequisite for successful work is empanelment—assignment of patients to specific providers or teams.
- Schedule simplification was critical to success.
- Pod-flow coordinators are most successful if providers don't second-guess them. They are the crew chief.
- Open access is impossible without enough people answering the phones. Phone people should be in close proximity to the pod flow coordinator. The extended phone hours (7 a.m. to 7 p.m.) and Saturday hours have markedly helped align visit supply and demand.
- Must constantly monitor supply and demand (several times daily, as well as weekly). Do in-reach to fill the schedule.

San Mateo Medical Center

Who: County/public integrated health care delivery system with 240,000 outpatient visits per year.

Intent: Reduce clinic cycle time using the Coleman Associates model patient visit redesign. Began in 2004 with four clinics and then spread throughout primary care.

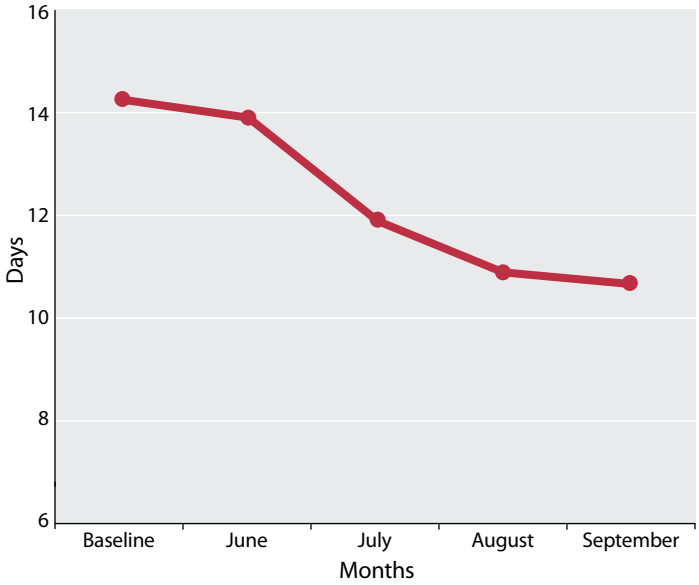
"Patient visit redesign set the table for all our improvement work."

Activities: Focus on practice redesign, reducing cycle time, team care, plan for the day, real-time communication. Cycle time changes also spread to the emergency department and specialty care clinics. Initial focus on clinic flow (using walkie-talkies) included new approaches to scheduling and most importantly development of teams/teamwork. Metrics focus on time to third next available appointment for assigned/empanelled patients; the next challenge will be meeting the needs of those waiting to get in the door.

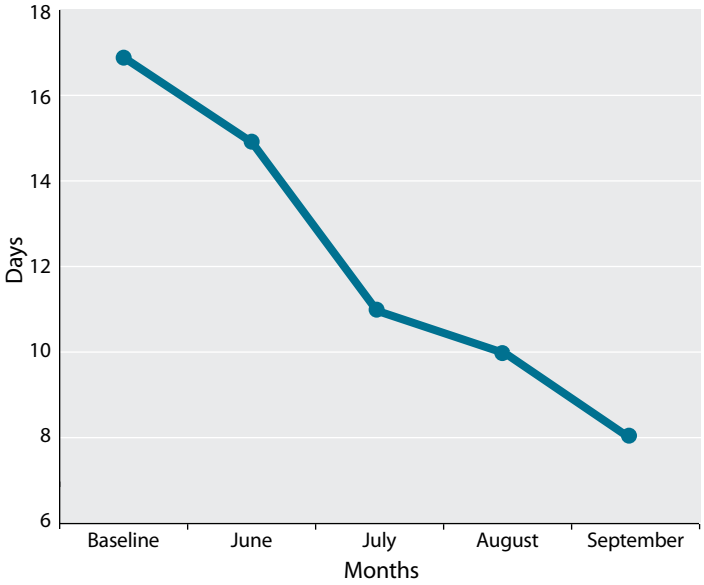
Results:

- Improved no-show rate and time to third next available appointment across all clinics (see chart on page 3). Cycle time reduced to about 60 minutes.
- Initial focus on patient flow now broadened to a focus on clinic transformation—metrics embedded in strategic goals and ongoing internal/external reporting.
- Prepared clinics for EMR implementation, improving diabetes care and patient-centered scheduling.
- The clinic environment is noticeably quieter and much less chaotic (the difference was so striking that one patient feared the clinic was closing).
- Moving away from physician reporting toward team-level reporting (providers are only responsible for about a third of the results).

Clinics No-Show Rate:
Average Across All SMMC Clinics



Third Next Available Appointment (TNAA):
Average Across All SMMC Clinics



San Mateo Medical Center

Lessons Learned and Surprises:

- Huddles that include all line staff involved are a simple but important communication mechanism that promotes the notion "We rise and fall together."
- Choose internal champions who really believe in the changes being made. Your key change agents are in your front-line staff.
- Empanelment needs to be done prior to or simultaneously with other efforts to improve efficiency/quality. Providers want to "see their own and don't make them wait!"
- Integrate operational efficiency into the organization's overall quality agenda.
- The definition of cycle time is a challenge, especially when patients arrive early. Leadership continues to ask "Did we really ask if that was the most convenient time for him/her?"
- It is hard to maintain the gains when faced with rising demand due to increasing numbers of uninsured.

San Francisco Health Plan

Who: Community health plan in San Francisco County covering over 60,000 low- and moderate-income families. Includes Medi-Cal and Healthy Families programs. Also manages operations and works to improve quality of care for 60,000 Healthy San Francisco participants served by an almost identical group of primary care medical homes.

Intent: Improve intravisit efficiency in terms of cycle time, and increase access measured in third next available appointment.

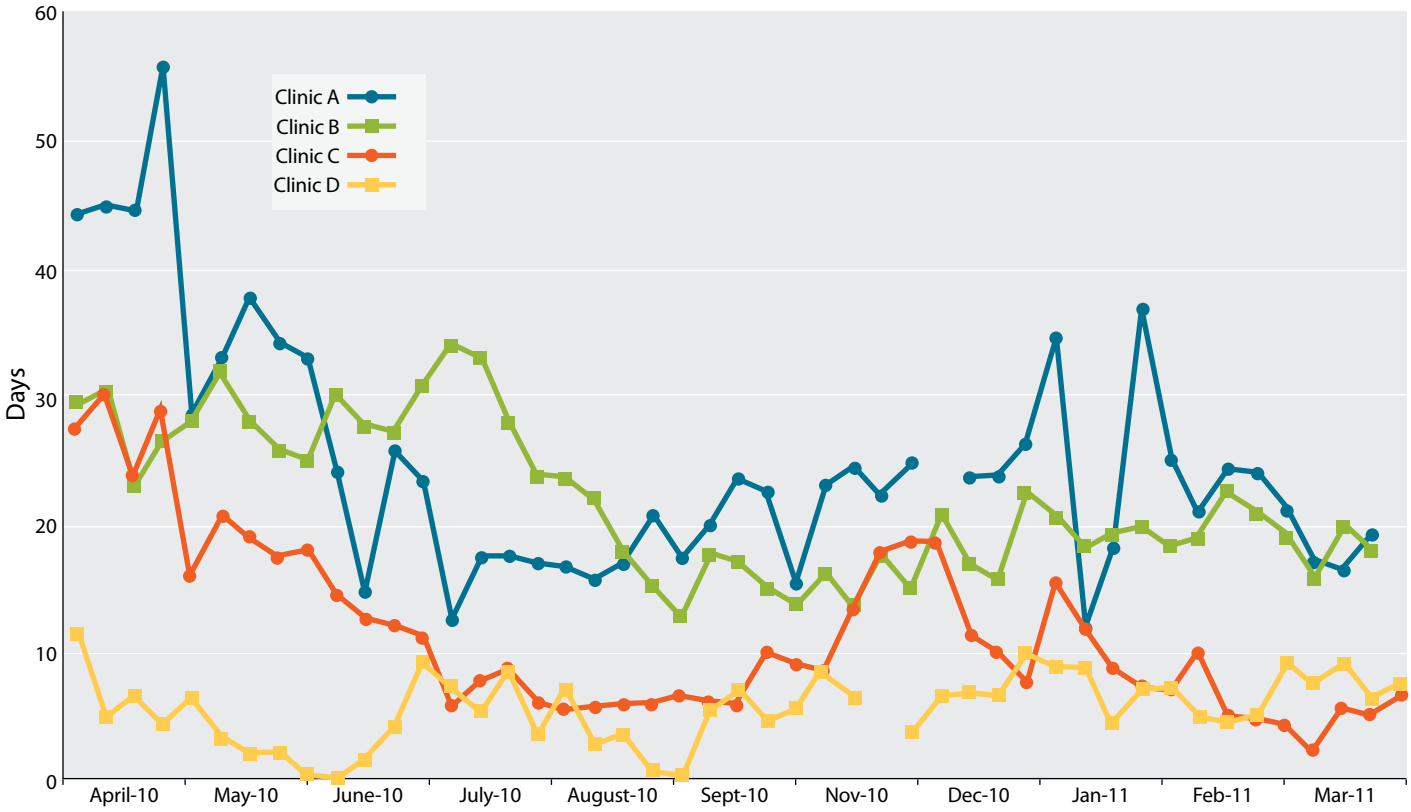
Activities: Worked with three public/county clinics and one nonprofit (consortium) clinic to implement clinic redesign, via a year-long collaborative, supported by external consultant Mark Murray. Used a four-pronged approach which provides: (1) a change package of discrete and clear information on what steps are needed to improve; (2) a coach/consultant to work with the clinics/practices as they take these steps; (3) feedback in the form of data/measurement on how they are doing; and (4) incentives to make and maintain these improvements. A wide range of day-to-day tools, such as calculation spreadsheets and concrete suggestions for how to change, were developed for the clinics.

"Access work turns things upside down, but can be truly transformative—if the practices are ready."

Results: Improvement in access measured by third next available appointment (see chart below). All four clinics improved their delay by half during the course of the project. Two have maintained the 50 percent or greater improvement through May 2011.

Four San Francisco Clinics' Delay Reduction

Third Next Available Appointment (TNAA): Average by Clinic



San Francisco Health Plan

Lessons Learned and Surprises:

- Identifying the "what's in it for me" was really key to engagement and identifying where to start.
- The coaching methodology is working well for SFHP; clinics needed someone to act as a sounding board and help keep things moving. This develops internal expertise and less reliance on external consultants.
- Pairing access work with continuity/empanelment is key; patients can be seen more quickly and effectively (six minutes less per visit) by providers who know them.
- The Mark Murray approach—"teaching people how to fish"—was a source of frustration to clinics who wanted more concrete guidance on how to start or needed to develop companion materials with more concrete initial steps.
- An important skill is the ability to identify or diagnose where the workflow bottlenecks are.
- Clarify the goal to avoid frustration. Are you aiming for true same-day access, or significantly decreasing waiting times for appointments?
- Empanelment is just the start—you must also have all team members working at the top of their licenses.
- If the clinic is totally overburdened and has poor workflow, carving out same-day appointments doesn't work beyond the short term; in the long term, it can make things worse.

Quick Takes

- **There's no single right answer.** Clinic Olé made a whole host of changes (including clinical quality improvements) while implementing their EHR. The price of their success was a prolonged reduction in their productivity. By contrast, the Petaluma clinic focused first on regaining productivity and held off additional quality improvement changes until full implementation was completed.

- **It's easy to lose ground.** Sharp-Rees Stealy Medical Group recently relearned the need to maintain focus on metrics. As they swapped out data reporting systems, regular reporting of diabetes quality measures (A1c and BP control with patient registry lists) was not provided for three months. As a result, the organization's gains slipped and now they have to reattain their earlier benchmark.

- **Office staff are key.** They want and need to be directly involved in improving the patient experience. Find specific ways for them to make a difference. This creates tremendous improvement in both staff and patient satisfaction.

- **Doctors care deeply.** PCPs are acutely aware of the difficulties their chronic-care patients face in managing their disease and getting access to care. As one provider put it: "Answer the phone. It's important to give patients a way to talk to somebody. Find out what the actual need is, rather than assume the patient requires an appointment." Another clinician described his daily aspiration: "At the end of the day I want to know that every person got something they wanted…and that, hopefully, I can get to my son's soccer game."

Asked and Answered!

Some of our environments are so different; how do you translate this work beyond the safety net?

Start the work "where the pain is." Give practices tools. Start with the willing. There may be real differences in a capitated environment, but incentives can be put into place to focus on patient access.

Why are improvements in same-day appointment availability so hard to maintain?

It is really easy to increase demand for clinical appointment time. New appointment slots can be rapidly filled with: enhanced clinical care; longer appointments; active outreach to bring patients in; assuring timely well-child visits; or enhancing what's done in the appointment (such as advanced directive discussions). The challenge is to off-load appropriately to other team members or non-visit interactions with patients (e.g., phone and email visits). The most important changes that need to be hardwired are changes to the way management, providers, and staff think critically and become proactive in managing their work. In the first year or two this is an uphill battle in sites where a culture of change does not already exist.

What kinds of incentives work to spur and support these changes?

Use transparency and clear communication about what you are trying to accomplish. Focus on attainable measures and be vigilant about monitoring them. Alignment with public reporting (or even identified internal reporting) is a key incentive to change. Monarch HealthCare, an Orange County IPA, has had success with their "Butterfly Rewards" program, which offers incentives to office staff in 50 practices. Staff receive gifts cards and similar rewards for improving practice performance and enhancing the patient experience. The program is aligned with pay-for-performance metrics, endorsed by the practice physician, and supported by a learning network and health plan coaches.

Implementation tips:

- To help make the case for change, shoot for an early win. Pilot and troubleshoot with those who are willing and can help demonstrate results.
- Don't forget the front-line staff. Sometimes small incentives go a long way.
- Continuously provide and share feedback. Data must be meaningful, timely, and actionable.
- External consultants can be very helpful, but also expensive. Think about investing in developing the skills within your own organization and ideally developing your own coaches.
- There are a lot of great models outside of the health care industry; examples include the Ritz Carlton and their ability to develop and maintain a culture of quality.

Online Resources

CIN Quarterly Meeting Background Materials, May 2011

Towards a Better Patient Experience: Reengineering California's Safety-Net Clinics

Evaluation of the Optimizing Primary Care Collaborative

California Improvement Network Resources

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CALIFORNIA HEALTHCARE FOUNDATION

California Improvement Network Better Ideas for Chronic Disease Care