Patient Access: Best Practices in the Ambulatory Enterprise

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Medical groups are adversely impacted by the increasing and ongoing patient access crisis in the United States. Driven by a looming shortage of physicians, rising healthcare costs, and new healthcare insurance regulations, groups need to adapt quickly—creating novel and pressing challenges.

Leading academic physician organizations are focusing on delivering value-based care by improving patient access to ambulatory care.

First, patients are demanding easy access to care, encompassing a wide range of their healthcare needs—and also transparent pricing for that care. Meanwhile, many medical groups are having a difficult time meeting patient demands for access due to operational inefficiencies, internal expenses, and distracting activities associated with the complicated provider reimbursement landscape. Finally, there is a deepening recognition that patient access to value-based care sits squarely at the apex of quality and safety as access delays adversely impact outcomes.

A collaborative effort is underway by some of the nation's leading academic physician organizations to focus on delivering value-based care by improving patient access to ambulatory care. The first Patient Access Symposium® in 2011 brought together academic ambulatory services leaders to collaboratively consider best practices in patient access. Since then, the Symposium has been presented annually to select academic physician organizations with active patient access initiatives. Notably, access to ambulatory care is now viewed as a primary key to optimizing the value chain within healthcare delivery systems. Absent a concerted, coordinated effort to manage capacity, optimize schedules, prioritize call handling for patients and referring providers, and coordinate transitions of care in the ambulatory enterprise, the value chain can fracture.

The Patient Access Symposium®'s 52 participating institutions—representing more than 70 million annual patient visits—have developed key performance indicators (KPIs), created infrastructure models, and established policies to support improved patient access. Below are highlights of specific institutional tactics, suggesting actions medical groups can take to effectively promote patient access to value-based care while maintaining organizational and financial viability.

A Shifting Culture

Historically—in terms of health systems, insurance companies, and government—hospitals have been the central focus of health economics research and financial resource allocation as the foundation of U.S. healthcare delivery. However, an increased focus on integrated and coordinated care in managing the nation's overall health—and costs associated with its infrastructure—is shifting attention to the ambulatory Enterprise.

Likewise, insurers (including the Federal Government) consider patient access an important variable in improving integrated, coordinated, and preventive care—and promote it as a key determinant of quality and safety that, in turn, affects provider reimbursement. Meanwhile, thanks to increased availability of patient health information and knowledge regarding their care, patients are taking a greater role in when and how they receive care. A transfer of power is taking place.

Performance Indicators

The journey to patient access performance improvement in the ambulatory environment begins with relevant data collection. While medical groups have long assessed their clinical productivity, understanding the patient's perspective has only recently become a priority in ambulatory settings. Transparency and research data analysis on patient access KPIs as well as patient and referring physician satisfaction survey results lead not only to improved patient care but also to better business and management decisions. (See Figure 1 for select Patient Access KPIs and benchmarks.)

Maintaining Standards

Following analysis of the KPIs related to access and the resulting conclusions, the next step is creating—and implementing—access standards for all stakeholders. High-performing medical groups report that internal consistency regarding the following factors are necessary to launch a successful access initiative:

- Number of clinic sessions
- Duration of a clinic session
- Appointment types
- Notification process and expectations of cancelled clinics ("bumps")
- Management of blocked or frozen slots

High-performing medical groups also report instituting goals for each patient access metric. For example, select services at Duke Medicine offer a new patient appointment within 72 hours of the request, while Wake Forest Baptist Health launched a "priority access initiative" in both primary and specialty care to accommodate patients on a same-day basis. Although not ubiquitous, many groups have incentives for physicians, administrative leaders, and ambulatory practice managers.

Capacity Management

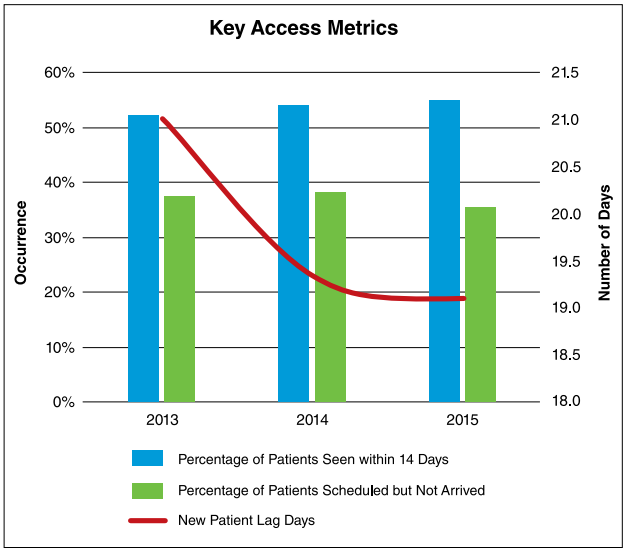
Managing capacity is the cornerstone of patient access in the ambulatory environment (see Case Studies).

Case Study: The Emory Clinic

In an effort to proactively support the planning of patient scheduling, the leadership team at The Emory Clinic is utilizing their historical data (that which is stored in Emory's Clinical Data Warehouse) to develop statistical models to predict appointment no shows; implement an enterprise-wide strategy for appointment over-booking; and effectively use waiting lists to backfill appointments and increase utilization of scheduled appointments. This statistical data analysis has enabled a predictive capacity that has increased the ability to ensure appointment slot utilization. The track record of this predictive ability in terms of accuracy is currently at 71%. Emory is now evolving the no-show model to include a clinical risk measure (based on a modified Elixhauser stability score) that provides decision support to the care team in an effort to prioritize outreach efforts to the patients at greatest risk of an adverse health event. This activity is being supported by a grant from the Idea Lab of the U.S. Department of Health & Human Services, and in partnership with the Centers for Disease Control and Prevention's Million Hearts® initiative. This model will be used to make proactive decisions regarding the handling of a given patient's care, which is vital for risk-based contracting. Importantly, the model allows the clinical team to collaboratively take actions both in advance of the appointment and after any appointment no-show.

FIGURE 1

Access Key Performance Indicators



Source: 2015 Patient Access Symposium® Data presented as median. N=41.

Because time is a highly valued commodity for physicians and advanced practice providers, optimizing clinicians' time is a vital element in improving access—and high-performing medical groups recognize that they must dedicate resources to this function. Specific factors identified as enabling optimized capacity include:

- Streamlining appointment types (from multiple visit types to a common few)
- Creating a strategy to accommodate patients

Case Study: University of Kentucky HealthCare

Access metrics on new patients at University of Kentucky HealthCare include identifying patient demand, and linking that business intelligence with the Faculty in Office Practice (FOP) metrics (i.e., visits per FOP per day, demonstrating visit productivity). The FOP metric measures the availability in time increments of faculty providers in a practice on any given day based on their appointment availability in the scheduling system. Utilizing FOP two-week "look-aheads," the ambulatory practices are now able to predict patient demand and adjust staffing in accordance with the expected workload. This metric has enabled utilization of appointment data to predict the average number of appointments per FOP.

Case Study: Massachusetts General Physicians Organization

After a successful pilot, Massachusetts General Physicians Organization (MGPO) uses their custom-built Clinical Referral Management System (CRMS) to perform "e-consults"—allowing referring physicians with specific clinical questions to quickly contact a specialist in the outpatient setting and receive recommendations via the electronic health record (EHR). Instead of an "in-person" appointment, a specialist reviews the CRMS referral and related patient data in the EHR. Within 48 hours, a response (with recommendations) is transmitted via a clinical note to the referring medical provider, and the need for an office visit is determined. Particularly efficient for outpatient imaging and data requiring specialist interpretation, early experiences with e-consults point toward a high level of satisfaction among both referring providers and patients, and the leadership of the medical group considers the initiative to be an excellent investment in terms of furthering the group's goals to manage the health of populations more efficiently and improve access to care.

on a same-day/next-day basis, thus reducing resources required to manage the wait until the appointment and improving patient service

- Assessing clinical full-time equivalency (CFTE) (i.e., defining what is expected of a CFTE related to the number of ambulatory practice sessions, standardizing access time for each session to four hours, and possibly defining the number of visits to be managed during the session)
- Improving template management (i.e., creating and executing a method to "thaw" frozen appointments)
- Engaging stakeholders with metrics (i.e., routinely reporting metrics transparently and linking accountability and incentives)
- Coordinating the velocity and continuum of care (including procedure rooms, hospital beds, operating room time, and imaging)
- Developing predictive models to ensure ambulatory practice sessions are full of arrived patients (not just scheduled appointments)

Demand Management

Medical groups are recognizing that patient satisfaction impacts their finances and insurance ratings; therefore, they proactively manage workflow associated with patient demand to attain—and retain—patient satisfaction. Likewise, to manage demand, ambulatory leaders have successfully instituted the following:

- Call centers that involve sophisticated hiring protocols, combined with exceptional workforce management and quality assurance techniques, to meet patient and referring physician expectations
- Expected wait times to appointment for patients mandated throughout the medical group, with close monitoring of performance gaps
- Processes to identify and observe patient demand, including monitoring request-for-care disposition and the associated timeline
- Workflow implementation to promote first-call resolution, reducing barriers for patients to be presented with an appointment upon their initial call, including eliminating the requirement for a pre-scheduling medical record review
- Acquisition and lead generation strategies to identify and capture new patients
- Strategic physician recruitment planning via integrated patient demand and capacity estimates
- Technology to support an online presence to sustain and expand the patient access strategy, incorporating patient portals, online requests, texting, and live chats.

Streamlining access to medical records has also been identified as a means to improve access to care, and the level of online medical record access available in hospitals is being extended to the ambulatory environment. In turn, this aids integration and coordination of value-based care for patients receiving both inpatient and outpatient treatment as well as the transition between environments. Proactively managing the inpatient-to-ambulatory transition is a critical component of high-performing medical groups' access initiatives.

IT plays a significant role in managing patient demand, with extensive efforts made to migrate patients from the telephone to more expeditious methods of communication such as self-scheduling and

Case Study: UMass Memorial Health Care

Launched to support its access initiative, the Predict, Analyze, Visualize, Execute (P.A.V.E.®) system deployed by UMass Memorial Health Care enables the user to quickly visualize a practice's provider capacity and appointment demand in real time. With the ability to display both past and future booked and open appointment slots, the system allows for predictive, intelligent patient scheduling. The end-user can quickly determine chronic "no-show" patients and patient patterns of same-day cancellations, thereby enabling schedulers to double-book appointments selectively—based on individual patient patterns. PAVE® has also enabled its practices to focus on which patients to contact for an appointment reminder, in addition to the business intelligence needed to accommodate future patient demand.

self-check-in tools. Likewise, automated communication methods are also facilitating physician-to-physician referrals. By concurrently streamlining workflow related to the financial clearance process in tandem with scheduling, moreover, high-performing medical groups have improved the value chain of care.

Patient "Leakage" Prevention

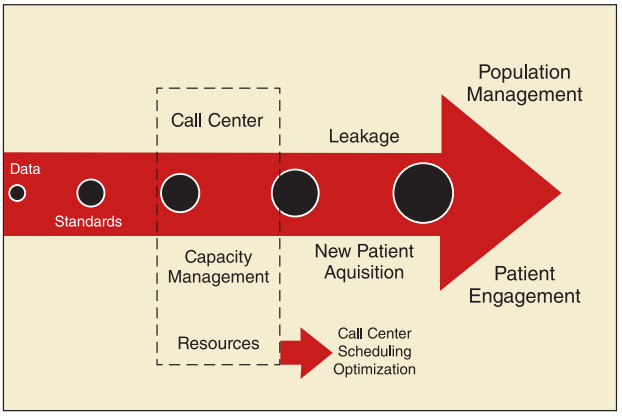
As medical groups grow, patient leakage (loss) prevention is critical from a business standpoint. In the past, medical groups recognized that their patients were most likely referred internally; they rightfully assumed that most referred patients would keep their appointments. Currently, lack of referral management is a primary source of patient leakage. Groups are confronted with the reality that they can no longer depend on internal referrals as the primary mode of maintaining a patient base, particularly when referral workflow is unmanaged—and perhaps even untraceable from a reporting perspective. Facing these realities, high-performing medical groups are embedding automated referral management systems, increasing the scope of employees to direct schedule into colleagues' templates, developing sophisticated reporting involving leakage, and establishing accountability for the timeframe and completion of referrals.

New Patient Acquisition

New patient flow is vital to sustain large medical groups. High-performing medical groups market to targeted initiatives to attract specific patients and partner with health insurers, employers, and health systems. To increase lead generation, some affiliate with third-party vendors and launch unique marketing campaigns. An under-valued opportunity to attract new patients and market services remains medical group employees, a

FIGURE 2

Evolution of Access in the Ambulatory Enterprise



Source: 2014 Patient Access Symposium®

cohort high-performing medical group target.

Offering employee clinics, enhancing data confidentiality and security, facilitating lowered cost-sharing levels, creating wait lists for on-campus employees to take advantage of last-minute cancellations, and establishing "VIP" phone lines for employees and families to coordinate appointments are all strategies that increase employee buy-in to obtaining care at their place of work and address medical group needs.

Building Supportive Infrastructure

To promote future financial stability and growth—as well as long-term provider and patient satisfaction—establishing an infrastructure to support the ambulatory enterprise is essential. This infrastructure needs to incorporate improved access to care. Successful strategies to support patient access to care—and enhance population health management initiatives—include:

- Identifying care gaps and executing call, text, and portal-based campaigns to support reminders for care
- Coordinating transitions of care effectively and efficiently between and among providers and facilities
- Deploying and leveraging a technology platform to engage patients in their care
- Creating resources, tools, and education to quote prices to patients
- Developing protocols for employees to deploy to achieve fast and improved provider relationships

Evolving Access Management

The ambulatory environment is a key component of the U.S. healthcare delivery system—and its importance in improving the health of the nation's population is now being recognized. Patient Access Symposium® participants are committed to innovating their delivery systems to improve capacity and effectively meet patient demand across the patient access continuum (see Figure 2). The evolution of access in the ambulatory environment will result in improved population management and patient engagement which—in turn—will have a positive impact on the entire healthcare delivery system.

Founder of the Patient Access Symposium® and principal of Woodcock & Associates, ***Elizabeth W. Woodcock, M.B.A., FACMPE, CPC,*** *is a professional speaker, trainer, and author dedicated to helping physician practices achieve and sustain patient satisfaction, practice efficiency, and profitability.*