Advanced Clinic Access: Key Concepts for Providers

An access problem is a delay problem. The goal of the VHA’s Advanced Clinic Access Initiative is to build a system in which patients have the opportunity to see their own providers when they choose. When the resources are managed well, openness or space in the clinic creates “capacity” to schedule or see patients. In an optimal system of “advanced clinic access,” an organization provides enough openness or space in the clinic (capacity) for health services to meet the demand of its patient population at the time the demand occurs.

**Advanced Clinic Access (ACA)** is a fundamental shift from the past. Traditionally, health care organizations have viewed the demand for health care as insatiable. Therefore, the typical approach to access was predicated on the false belief that barriers needed to be constructed in order not to be overwhelmed by patient demand. Improving access therefore entailed complex scheduling systems, a wide variety of appointment types and lengths, long waits to see providers, the transfer of demand to other areas of the health care system such as urgent care or the emergency department, and elaborate triage systems that attempted to distinguish patients who could wait for care from those who could not.

Within the core competencies of a system-based practice, the understanding and demonstration of awareness and of responsiveness to the larger context and system of health care to effectively provide care that is of optimal value is required. In this context, one should gain an understanding of how their individual patient care practices affect other health care professionals, the health care organization, and larger society. Within the system-based practice competency, a provider must also be able to demonstrate the ability to effectively partner with health care managers and providers to assess, coordinate, and improve health care quality and performance, while acting as an advocate for patients. Through an understanding of the system of Advanced Clinic Access, you will gain an understanding of how effective partnering with the health care system not only increases efficiency, but also leads change in a direction that directly benefits patients through improved quality of care and gain insight into how individual practices interact with the health system and decisions you make within the clinic have broad implications.

**Advanced Clinic Access (ACA)** In contrast to traditional methods of dealing with access, ACA seeks not to control the daily patient demand for care, but rather to predict and respond to it. The ACA model is based on the principle that, when supply and demand is in balance (or equilibrium), there is no need for waits in the system. In traditional systems, demand is divided into urgent and routine. Such a division creates a delay by creating separate lines (or queues) for different types of patients. Removing the queues reduces the delay. An ACA system is designed to eliminate waiting times. While all of these principles are used in outpatient practice, some are particularly relevant to continuity clinics.

Three strategies for building a sustainable system for patient access or Advanced Clinic Access are:

- **Shape Demand**
  Improving access is all about increasing the ability of the system to predict and absorb demand (patients’ requests for care). Reducing the amount of demand makes it easier for the system to absorb current or future levels of demand.

- **Match Supply and Demand**
  A clinic with Advanced Clinic Access is one where supply and demand are in alignment. If the demand is greater than supply, there will be a delay in providing care. If the supply is greater than demand, then resources are being wasted. When supply and demand is matched, there is no delay in providing care.

- **Redesign the System to Increase Supply**
  One way to increase a clinic’s ability to absorb more demand is to make the clinic more efficient. If an appointment now takes 45 minutes, but can be redesigned to take 20 minutes, then more patients can be seen on a given day. Reducing the average visit time doesn’t necessarily mean working faster, but working smarter. Shorter visits don’t mean less time with patients; but rather more quality time with patients.

**Shape the Demand**

**Work Down the Backlog**

“Backlog” consists of all of the appointments that are on the future schedule for a particular clinic. A backlog of appointments clogs clinic schedules, taking up slots that could be used for patients requesting
appointments with their providers. It is sometimes useful to think of backlog as a reservoir of unmet demand. Not all appointments on the future schedule are the same. “Good” backlog consists of appointments in the future that need to be there, including:
- Provider discretionary return appointments
- Patient choice (patients call in today, but want to come in tomorrow)
- Automatic appointments at certain intervals to manage specific types of patients
“Bad” backlog consists of appointments for anyone who was deflected into the future who could have been seen today. Avoid bad backlog; it fills appointment slots in the future that could be used to meet patient demand each day.

Reduce Demand
Improving access is all about increasing the ability of the system to predict and absorb demand (patients’ requests for care). Reducing the amount of demand makes it easier for the system to absorb current or future levels of demand. One of the key ways a health care system can improve access is by reducing unnecessary demand for various services so that patients who need a particular service can receive it in a timely way.

- **Maximize activity at each appointment.**
  This is often called “max-packing.” It means doing as much for patients while they are in the office for any given visit, in order to reduce future work (in many cases, eliminating the need for extra appointments). Some ways to do this include the following:
  - Look for anyone who is on the schedule today who has also booked an appointment in the future, and take care of his or her future needs during today’s visit.
  - Use a checklist of preventive care to anticipate a patient’s future needs, and whenever possible, take care of those needs today.
  - Do not ignore chronic care issues when a patient is presenting with an acute issue.
    - Do as much as possible today to prevent future visits for problems that could have been addressed at this visit.

- **Extend intervals for return appointments.**
  The interval for a return appointment depends on the patient’s needs and the discretion of the provider. Physicians should consider what is really necessary for the management of the patient, rather than “the usual” return visit interval. When medically appropriate, extending intervals for return appointments adds capacity to the system because fewer future appointment slots are filled. Some immediate steps that a physician can take to reduce return intervals include:
  - Eliminate automatic return visits at standard intervals (e.g., all patients are no longer automatically told to come back in one month).
  - Use evidence-guided principles to determine when a patient should return
    - Stress the concept of when care is needed not if care is needed
  - Availability in the schedule provides a way for the patient to be seen when an issue arises, not making appointments “just in case”.

- **Create alternatives to traditional face-to-face interactions.**
  Several types of interactions between providers and patients can take the place of a traditional one-on-one clinic visit with a physician, including the following:
  - Physicians can conduct telephone “visits” with patients.

- **Optimize patient involvement in care.**
  Clinics that promote patient self-management, particularly for chronic diseases, not only reduce unnecessary demand for visits, but also achieve better overall management of the patient’s condition. For example, patients with COPD who understand how to manage their medications and what to do in an emergency are less likely to utilize the emergency or urgent care clinic for a preventable exacerbation. They are also less likely to use an office visit for something that they can manage on their own.
Understand the nature of service agreements between primary and specialty care.

Service agreements between primary care physicians and specialists define the list of conditions that should be taken care of in primary care and the process for making a prompt referral to specialty care if needed. Primary care physicians are assured that their patients will be treated promptly by a specialist—either by appointment or by an immediate phone consult if more appropriate, while specialists are assured that they will see only those patients who need to be seen by a specialist.

Matching Supply and Demand:

Understanding Supply and Demand
The experience of many health care organizations that have looked at supply and demand has taught us not only that demand is really not insatiable, but also that it is highly predictable. In fact, the demand for any kind of service - appointment, advice, or message to provider - can be predicted accurately based on the population, the scope of provider practice and, over time, the particular practice style of each provider. Discussing how the demands for services generated by patients in your panel can give you a better understanding how the interaction of those demands with the resources (supply) of the VA System and help you to act as an advocate for them within the health care system.

Consider doing today’s work today.
Once you know your true supply and demand, you can determine a course of action. If the overall pattern of demand and supply shows a mismatch (e.g., demand exceeds supply), then steps need to be taken to bring demand and supply into equilibrium.

If the overall pattern of demand and supply (looking at weekly and monthly trends) shows a balance between the two, then clinics have a choice as to how to respond to (or absorb) patient demand on a daily basis. They can establish a “carve-out” system or they can “do today’s work today” (Advanced Clinic Access).

A carve-out system holds some appointments each day in anticipation of same-day demand. This may help initially to meet daily demand, but because holding appointments in effect closes slots in the future (e.g., every afternoon’s 3 – 5 PM appointments) it actually constrains the system by reducing the number of slots available to meet today’s demand. This means that with carve-out systems, some demand will still be put off into the future (i.e., patients will be given an appointment on another day).

An Advanced Clinic Access system, unlike a carve-out system, takes care of each day’s demand on the day it is generated. In some practices, a given provider availability may translate into doing this week’s work this week or a similar concept. In clinics with Advanced Clinic Access, the only appointments that are on the books at the beginning of each day are the return appointments that were generated by physician discretion or patient preference on a previous day. This provides maximum flexibility in the system to absorb daily demand.

Reduce Appointment Types
Having a lot of appointment types actually increases total delay in the system because each appointment type creates its own differential delay and queue. For example, if a physician only takes physicals on Tuesday afternoons, a patient needing a physical may have to wait several weeks until a Tuesday afternoon slot is available.

In a resident clinic, the educational needs of a program also are considered in designing your clinics; however, consideration needs to be given to making sure your patients have access to you or your attending(s) and team of providers. The greater the number sub types of appointments the greater the chance an appointment will not be available.
Plan for Contingencies
Even if the supply and demand in a clinic are generally in balance, there will be times when there is a surge in demand (demand outstrips supply) that is either expected (e.g., flu season) or unexpected (e.g., a lot of walk-ins on one day). Expected and unexpected variations in supply can also occur (e.g., vacations or emergency sick leaves.) In a traditional system, patients are often made to absorb the consequences of the mismatch between supply and demand (i.e., they have to wait). For clinics with Advanced Clinic Access, contingency plans shift the variation from the demand (patient) side to the supply (provider) side. The clinic in which you participate will have designed systems to account for these issues. Consider that your ICU rotations, Post Call clinics, and Night float months are yet another contingency that needs to be addressed by the clinic and by all members of the staff including the other providers. I.e., whenever you are not present in scheduled clinics, someone else may have to see your assigned patients.

Redesign the System

Optimize the Care Team
The specific mix of staff (number of physicians, nurses, assistants, technicians, clerks, etc.) will vary from clinic to clinic and determines the extent and type of work that can be driven away from the physician (the constraint). Staff mix is key to maximizing the capacity of the clinic.

The care team composition of each clinic emerges from a discussion of how the clinic (and ultimately the facility) decides to balance its supply and demand. The clinic has to understand the types of services it provides, and then decide who should be involved in the work and how the work should be divided.

Synchronize Patient, Provider, and Information
In a clinic, the major stages revolve around the presence of the patient, the provider, and the medical record, chart, and other information needed for the patient visit.

- Start the first AM and PM appointment on time.
- Use health prompts to anticipate the full potential of today’s need.
  Preventive medicine guidelines are one example of prompts that can be imbedded either electronically in CPRS or used manually to generate information that the care team needs on the day of the clinic visit, e.g., the prompt tells the care team that the patient may be due for a sigmoidoscopy, flu shot and pneumococcal vaccine, or a HgbA1c test for diabetes. According to the Institute of Medicine reports in 2002, approximately only ½ of the best and most appropriate care is being offered and provided to our patients.

Optimize Rooms and Equipment
Fully utilizing rooms and equipment increases the number of patients that can be seen each day, contributing to increased supply for the clinic and the ability to meet patient demand for appointments.

- Use open rooming to maximize flexibility.
  Open rooming means that any provider can use any exam room. In some traditional clinics, certain exam rooms are assigned to specific physicians.

- Standardize supplies in exam rooms and keep them stocked at all times.