



Blue Shield of California Foundation is an Independent Licensee of the Blue Shield Association

Managing Demand and Capacity in the Schedule

Expanding Access through Team Care

Monthly Technical Assistance Webinar #7

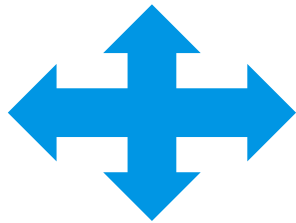
March 19, 2015

Agenda



- 1. Session Overview-** Hunter Gatewood
- 2. Managing Demand and Capacity in the Schedule-**
Coleman Associates
- 3. Additional Pearls of Wisdom-** Ed Wagner, MD
- 4. Update on Site Visits, Events & Reminders-**
Susannah Brouwer

Program Goals



Expand access
to primary care services



Foster innovation
in the safety net

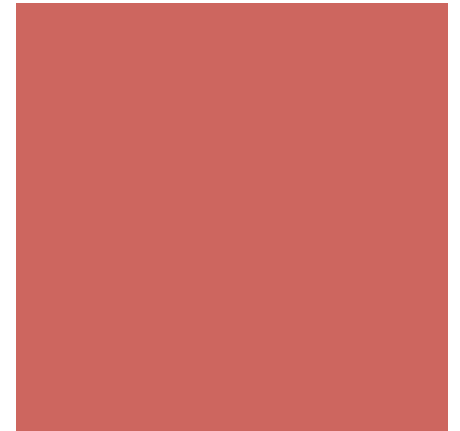


**Improve the efficiency
and effectiveness**
of team care models

Managing Demand and Capacity in the Schedule



Coleman Associates



Building on your Demand Work

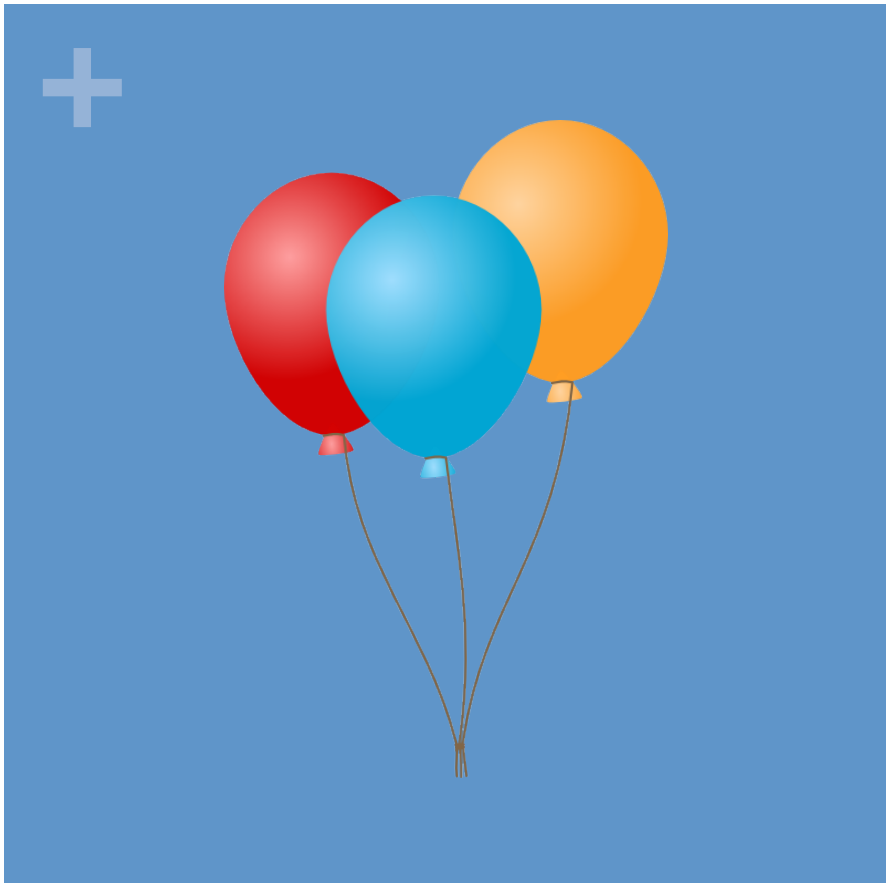
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+ Moderating Demand

- From the LS:
 - Look at demand from sources:
 - Patient Demand
 - Provider Demand
 - System Demand
- Zoom In
 - How do you reduce provider – driven demand effectively?
 - Have you considered changing your return visit intervals?
 - How do you not lose patients through the cracks?
 - What has scrubbing the schedule revealed?

+ Scrubbing

- What patterns do you see in scrubbing?
- Who is scrubbing?
- When do they scrub?
- How far out do they scrub?



Building on your Capacity Work

March 19, 2015



QuickStart to Maximize Capacity

QuickStart is a technique to use to ensure that you don't lose capacity in drips and drabs over the start of each clinic session by making sure that the provider is in the exam room with the patient at the start of the visit.

Keys to QuickStart:

- First appointment could be one that takes less vitaling time.
- Streamline the check in process for the first patient or two.
- On-time AM huddle to ensure all staff are at work and ready to start on time.
- Get support staff out to lunch on time so that they can return on time.

+ Quick Start Example

Sample Table

Provider		8:00am	8:05am	: am	: am	: am	: am	: am	: am	: am	: am
MA	Exam Room Number	Indicate an x for each room that has a patient AND a provider in it. Indicate a / for each room that has just a patient in it.						Soft Landing -- Indicate the number of patients still to be seen. Engineer a soft landing to the current session to guarantee a crisp start to the next.			
Dr. E & Luz	7	--	/	/	X	X	X	4	3	2	1
	8	--	--	/	/	X	X				
	9	--	--	--	--	/	/				
Dr. Gupta & Janine	2	--	/	/	X	X	X	5	3	1	
	3	--	/	/	/	X	X				
	4	--	--	--	/	/	/				
Nancy, NP & Yvette	5	--	/	X	X	X	X	3	2	2	0
	6	--	/	/	X	X	X				
	Procedure room	--	--	--	--	/	/				



Quick Start

■ Zoom In

- Are you using a standby schedule to maximize your capacity?
- How are you doing with QuickStart?
- How do you QuickStart around the huddle time?
- How do you work the line at the front to not hold people up from the back?
- What tactics have you found to ensure staff get out to lunch on time?
- Can you QuickStart every type of visit?
- Are there visits that are easier to get started on?
- How does the care team work synchronously together to QuickStart the visit and both sessions?



Next Steps

For the April Webinar be prepared to learn about and discuss

- Simplified Patient Scheduling
- Decreasing Appointment Types
- Standby Schedules
- Flow Coordination and Tetris-ing as it relates to the new schedule template

Additional Pearls of Wisdom



Ed Wagner, MD, MPH
MacColl Center for Health Care Innovation

Reducing Clinic Visits

- Most chronic diseases have “undulating” courses, so follow-up is important.
- A sizable % of adult primary care visits are for follow-up with recently diagnosed and stable chronic disease pts.
- Lots of research and real-world experience indicate the safety and effectiveness of electronically collecting follow-up data, supporting self-management, and even titrating medications.
- Follow-up can be done by telephone, patient portal, or home visits.
- MAs or LPNs can collect relevant information by protocol and alert RNs or providers when all is not well.
- In a few LEAP practices, RNs titrate meds by protocol over the phone.

Events & Reminders



Exemplar Clinic Site Visits

Scheduled Visits



- **Cabin Creek Health System-** Charleston, WV- 5/27
- **Clinica Family Health Services-** Denver, CO- 5/28-29- *FULL*
- **Neighborhood Family Practice-** Cleveland, OH- 5/20
- **Union Health Center-** New York, NY- 5/13

Registration Deadline: March 27

Clinic Profiles & Registration Instructions



Cabin Creek Health System

Date: Wednesday, May 27

Registration Link: [Register here for the Cabin Creek site visit](#)

Location: Kanawha County, WV (centered around Charleston, WV)

Nearest Airport and Hotels: CRW (Charleston, WV)

Site Visit Location (subject to change):

- Cabin Creek Health Center and Pharmacy- Route 79 – 5722 Cabin Creek Road, Charleston, WV 25054
- Clendenin Health Center and Pharmacy- 107 Koontz Avenue, Clendenin, WV 25045

Note: Due to the high cost of airfare to Charleston, WV, CCI will reimburse project teams for each participant that attends this site visit.

Organization Description:

Originally established to treat the epidemic of blacklung among coal miners, Cabin Creek Health System in rural West Virginia has since evolved to meet the challenges of a patient population afflicted by coal dust but by poverty, age and chronic disease. As a result of the rapid decline of coal mining employment starting in the 1980s, Cabin Creek now serves some areas with poverty rates higher than the national average. Nearly a third of residents over 25 do not have a high school diploma. Cabin Creek's growing elderly population now accounts for 16.3% of total residents, compared to 12.1% nationwide. The area is over 95% white.

To meet the needs of this population, Cabin Creek Health Systems has grown into a network of primary care centers and 4 school based health centers located in Kanawha County that serve over 14,000 patients and conduct 50,000 patient visits per year. Cabin Creek's exemplary care team includes physicians, mid-level providers, medical assistants, behavioral health consultants and nurses. These teams offer a comprehensive set of primary care services, as well as behavioral health, prenatal and delivery, and dental services in some sites.

A core component of their care team innovation was a 2005 overhaul of the medical assistant role in delivering care. Cabin Creek partnered with the local community and technical college system to provide advanced training to a team of experienced MAs to conduct risk assessments and care coordination to elderly patients and to conduct home visits in remote rural areas. MAs receive a stipend and college credit for participating. With these MA teams, Cabin Creek has implemented a senior medical home to improve care to this at-risk seniors in a cost-effective and patient-centered fashion. These care teams also use special huddles to coordinate care for complex patients.

Cabin Creek uses the EMR AthenaHealth and does not use a population management tool.

To read more about Cabin Creek's exemplary work, click on the selected resources below:

[Cabin Creek Health Systems— Medical Assistants Provide a Senior Medical Home](#)
[Cabin Creek Health Systems- Health Coaching, the Senior Medical Home, and Beyond](#)
[Cabin Creek- Guide to extended huddles for complex patients](#)

Clinic Profiles

Registration Instructions

Exemplar Site Visit Registration Instructions

➤ **Site visit registration will open at 10 AM on Monday, March 16. The registration deadline is 5 PM on Friday, March 27.** The registration page are listed below and included at the top of each visit summary. You will be asked to register all members of your team in one "event order", so please have the following information ready for each attendee: Name, Title, Email, Business Phone, Cell Phone.

- [Register here for the Cabin Creek site visit](#)
- [Register here for the Clinica site visit](#)
- [Register here for the Neighborhood Family Practice site visit](#)
- [Register here for the Union Health Center site visit](#)

➤ **Each team is allowed to send up to 3 participants to a visit.** The visits will each have 10-15 people total, as indicated by the host site. If there are still tickets left for a visit but not enough for your attending team (e.g. two team members but only 1 ticket remaining), email [Susannah](#).

➤ If there are spaces available after all teams have signed up, we will allow additional participants to join. If your team is interested in sending more than three participants, please email [Susannah](#) after you have registered for a site visit with the names of the additional participants.

➤ **As a reminder, your clinic organizations are responsible for all travel and accommodation costs associated with the site visit.** Your organizations will be instructed to incorporate these costs into their proposed grant budget as part of their application to this program. **Note:** Due to the high cost of airfare to Charleston, WV, for the Cabin Creek visit, CCI will reimburse project teams for \$500 for each participant that attends this site visit.

➤ There are not draft agendas available at this time for the visits. Please book your travel accommodations with the assumption that the visits will last a full day unless otherwise noted.

➤ At this time, we do not have a list of recommended hotels for each host site (except for Clinica), so I suggest using your favorite travel booking website. In the meantime, if I receive hotel recommendations, I will forward them to the registrants.

➤ Further details for each visit will be provided throughout April and May as we

Events & Reminders



Complete list of events and reminders on program page: www.expandingaccess.wikidot.com

Upcoming Events

- Next Monthly webinar on Thursday, April 16 led by Coleman Associates
- Exemplar clinic site visits scheduled in May- registration deadline March 27

Notes & Reminders

- Action steps assigned by Coleman Associates for April 16 webinar
- Next quarterly reporting due April 30
- Monthly Roundtable Calls cancelled unless otherwise notified

Webinar survey on next slide →