



CCI

CENTER FOR CARE  
INNOVATIONS

**PHLN Open Access Office Hours  
April 16, 2019**

Chat in your name &  
organization in the chat box!

# Webinar Reminders

Please fill out  
the post  
webinar  
survey!

1. Everyone is unmuted.

- Press \*6 to mute yourself and \*7 to unmute.

2. Remember to chat in questions along the way!

3. Webinar is being recorded, posted on CCI's website, and will be sent out via the PHLN newsletter.



# Agenda

1. Welcome & Introductions
2. LifeLong Medical Care:  
Open Access
3. Open Q&A
4. Closing & Evaluations

# Our Core Program Team



**Megan O'Brien,**  
Program Manager,  
CCI



**Tammy Fisher,**  
Senior Director,  
CCI



**Diana Nguyen,**  
Program Coordinator,  
CCI



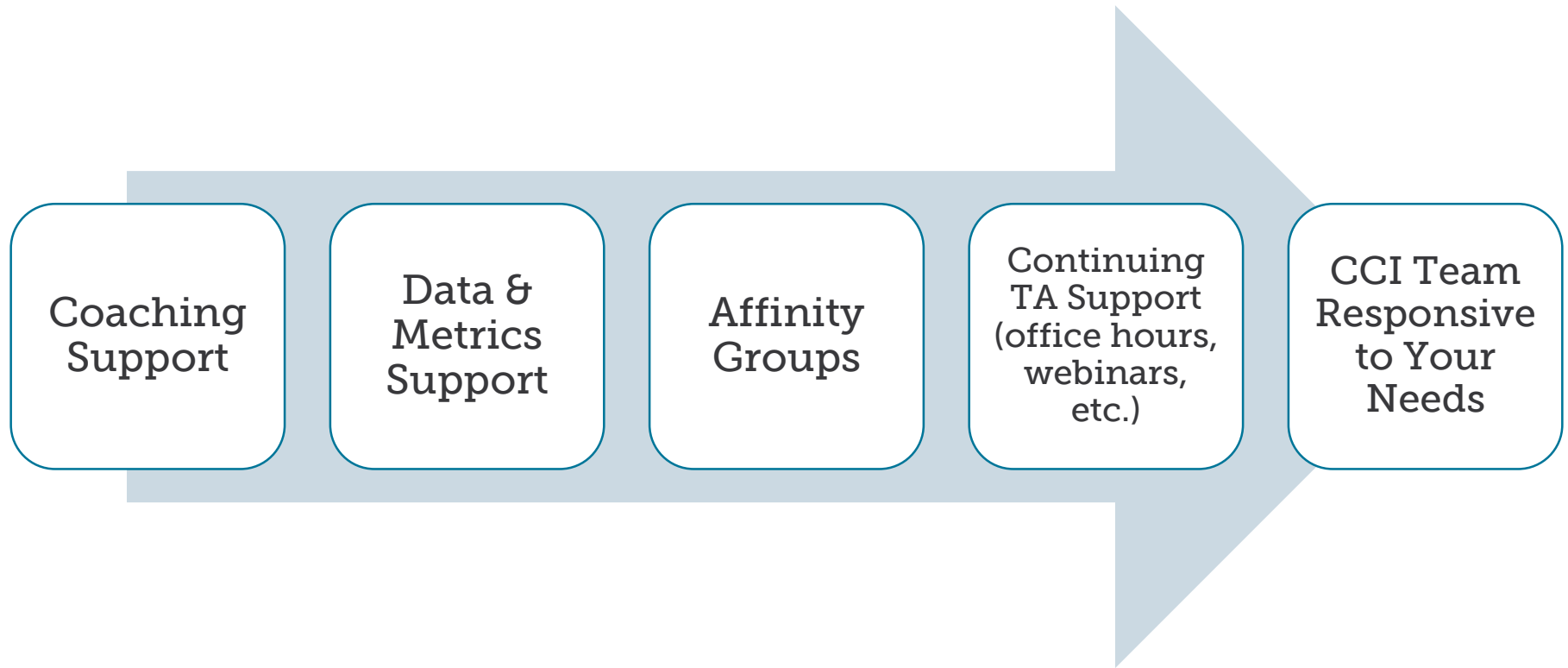
**Dr. Carolyn Shepherd,**  
Clinical Director



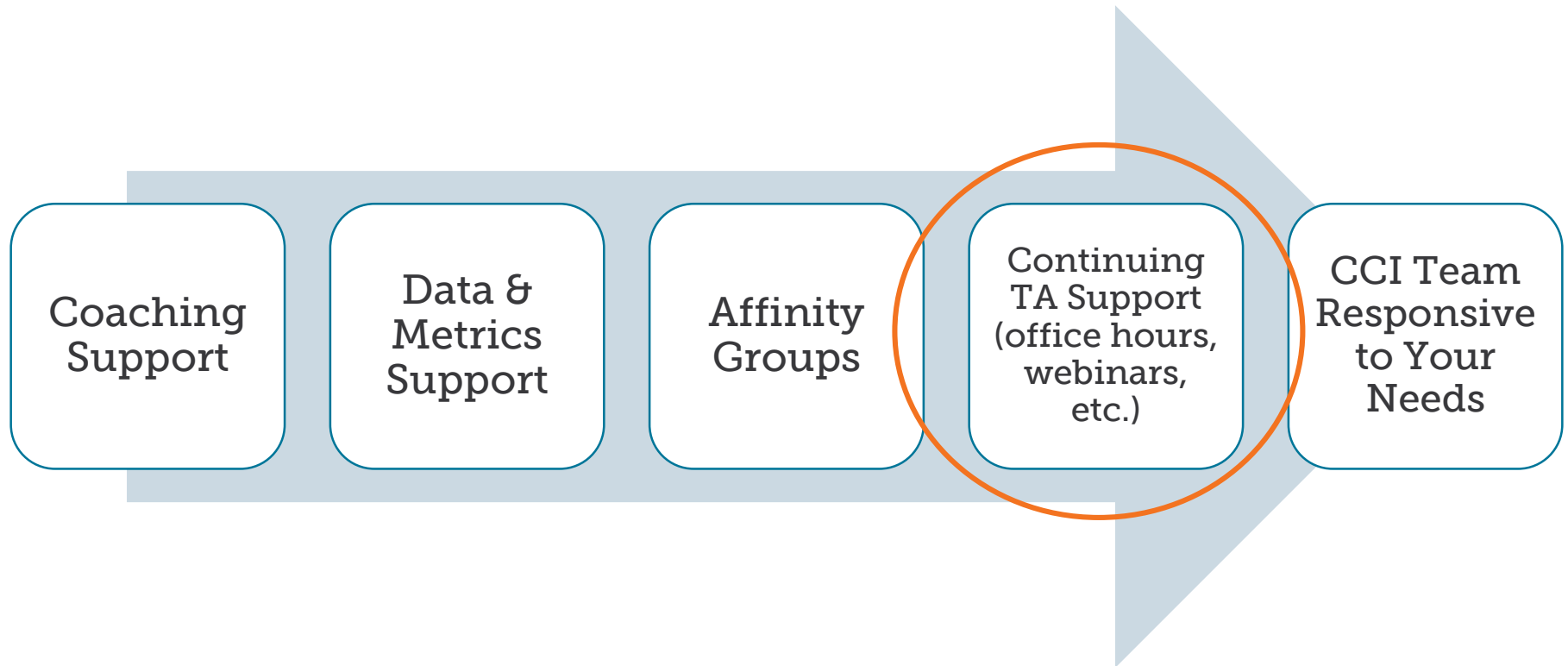
**Meaghan Copeland,**  
Program Consultant



# Recap of Year Two Offerings



# Recap of Year Two Offerings





# Open Access

*aka “Patient Centered  
Scheduling”*

PHLN Open Access Office Hours  
with  
Renata Fineberg, MSW, MPH  
and Carolyn Shepherd, MD

Version 4/11/2019

[www.lifelongmedical.org](http://www.lifelongmedical.org)



**Lifelong  
Medical  
Care**  
Health Services For All Ages  
a california *health* center



# Agenda

1. Who We Are
2. Why Open Access
3. What is Open Access
4. Current Status
5. Benefits
6. Key Metrics
7. Challenges
8. Q&A





# Who We Are

- 12 Primary Care clinics
- San Francisco East Bay = Oakland, Berkeley, Richmond
- 61,000 patients – mostly adults, very culturally diverse

70% over 20 years of age

20% under 12 years of age

40% Hispanic/Latino

25% African American

35% Asian/Caucasion/Multiple/Unreported

- Next Gen Electronic Health Record - soon to be EPIC

# Why do Open Access

- Simplify scheduling for our patients!
- Standardize how we program provider schedules.
- Use our existing capacity to the maximum possible.
- Prepare for the Alternative Payment Method by building out alternative touches with MA and RN visits.

# What is Open Access?

- Patient Centered Scheduling for Primary Care with Continuity Provider
- Only scheduling 2 weeks out
- Recall System
- Standardized Provider Templates
- MA and RN co-visits for quick access

# Patient Centered Scheduling

## Sample Template

WBFP PETTA FLORES - Exc Wednesday, Apr 18	WBFP PETTA FLORES - Exc Thursday, Apr 19	WBFP PETTA FLORES - Exc Friday, Apr 20	WBFP PETTA FLORES - Exc Saturday, Apr 21	
				5:45 A
				6:00 A
				6:15 A
				6:30 A
				6:45 A
				7:00 A
				7:15 A
				7:30 A
				7:45 A
				8:00 A
				8:15 A
STANDARD -- Kept	STANDARD -- Kept	Gynecology Short	STANDARD -- Kept	8:30 A
STANDARD -- Kept	STANDARD -- Kept	STANDARD -- Kept	STANDARD -- Kept	8:45 A
WELL CHILD EXAM	ACUTE -- SAME DAY -- Kept		Block	9:00 A
				9:15 A
WELL CHILD EXAM -- Kept	STANDARD -- Kept	NEW PATIENT	NEW PATIENT -- Kept	9:30 A
NEW PATIENT -- Kept	STANDARD -- Kept	STANDARD	STANDARD -- Kept	9:45 A
STANDARD	STANDARD -- Kept	RN Visit -- Kept	STANDARD -- Kept	10:00 A
				10:15 A
STANDARD -- Kept	ACUTE -- SAME DAY -- Kept	STANDARD	STANDARD -- Kept	10:30 A
STANDARD -- Kept	STANDARD	STANDARD -- Kept	Pediatric Short -- Kept	10:45 A
STANDARD -- Kept	STANDARD	Walk-in -- Kept	WELL CHILD EXAM	11:00 A
	RN Visit -- Kept			11:15 A
				11:30 A
				11:45 A
				12:00 P
				12:15 P
				12:30 P
				12:45 P
	STANDARD -- Kept	STANDARD -- Kept	Gynecology Short -- Kept	1:00 P
	STANDARD -- Kept	STANDARD -- Kept	STANDARD -- Kept	1:15 P
	STANDARD -- Kept	NEWBORN VISIT -- Kept	STANDARD -- Kept	1:30 P
Block	WELL CHILD EXAM -- Kept		STANDARD -- Kept	1:45 P
	STANDARD		STANDARD -- Kept	2:00 P
	STANDARD -- Kept		STANDARD -- Kept	2:15 P
STANDARD -- Kept	STANDARD -- Kept		STANDARD -- Kept	2:30 P
STANDARD -- Kept	STANDARD -- Kept		STANDARD -- Kept	2:45 P
STANDARD -- Kept	STANDARD -- Kept		STANDARD -- Kept	3:00 P
WELL ADULT EXAM	STANDARD -- Kept		STANDARD -- Kept	3:15 P
		RN Visit -- Kept	STANDARD -- Kept	3:30 P
		NEWBORN VISIT -- Kept		3:45 P
				4:00 P
				4:15 P
				4:30 P
				4:45 P
				5:00 P
				5:15 P
				5:30 P
				5:45 P
				6:00 P
				6:15 P
				6:30 P
				6:45 P
				6:55 P

### Can only schedule 2 weeks out

- Exceptions for Specialties, OB, Culpo, procedures, and peds < 1 yr.
- Otherwise, **only** carveouts for New Patients and Groups.

# Patient Centered Scheduling Status

Site	Launch Date(s)
Brookside San Pablo – Adult Medicine	January 2018
West Berkeley	January 2018
Ashby	September 2018
Pinole / Rodeo	October 2018
Brookside Richmond	October 2018
East Oakland	March 2019
Howard Daniel *starting planning*	Target: May 20, 2019
Carter	Target: June 2019



# Benefits

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- **For Patients**

- Sooner access to care
- Continuity with PCP
- Better preventive care
- More engaged in their own health care

- **For Care Teams**

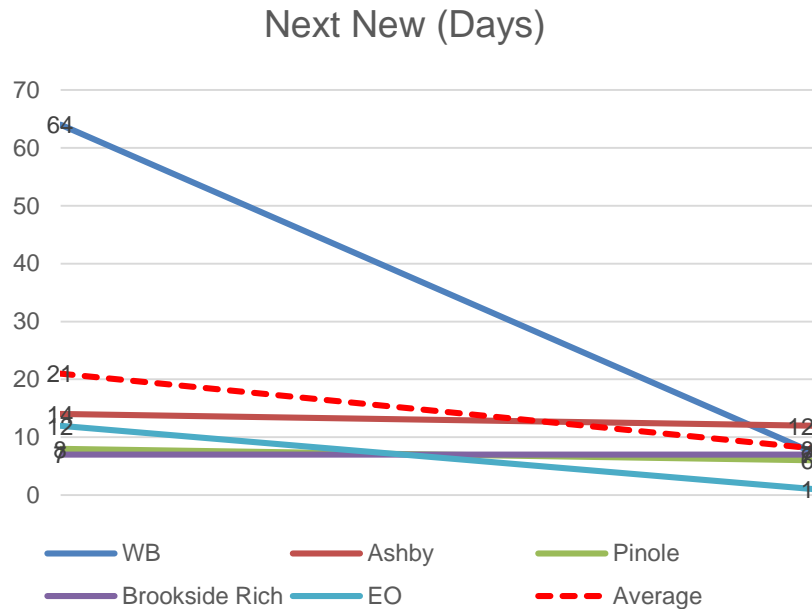
- Providers:
  - Quicker patient access
  - Improved Continuity
  - Fewer Overbooks
  - Vacation/Outage Planning
- MA/RNs:
  - Skill building
  - Communication culture
  - Patient access

- **Operational**

- Next Gen optimization, template standardization and simplification
- Better Call Center coordination, service and efficiency
- Data-driven management
- Better use of provider capacity

# Next Appointment

- Next **New** appt: from 21 days to 8 days on average



Data: Call Center, as of 2/27 or 3/13/2019

Launches:

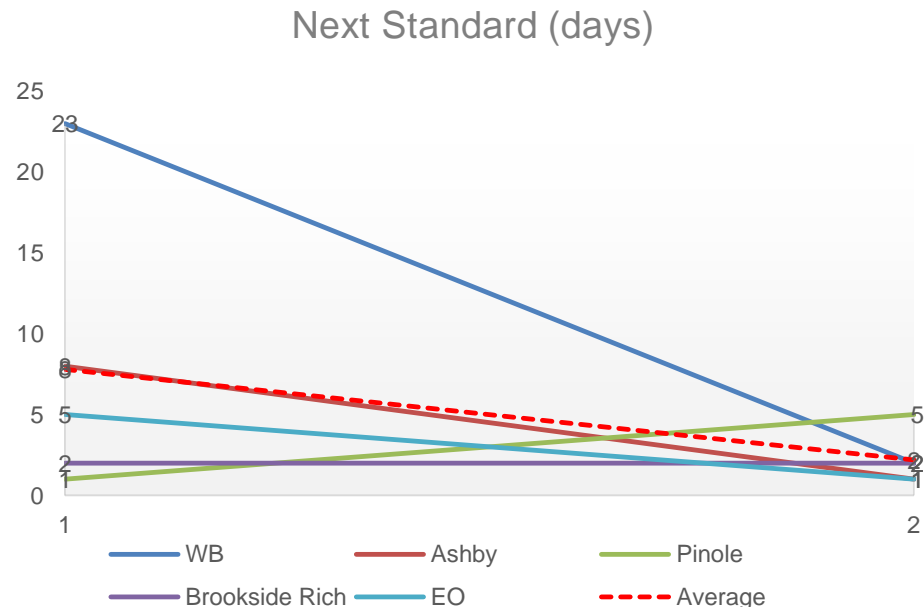
WB: 9/2017 – 10/2018

Ashby: 8/2018 – 10/2018

BrRich / Pinole: 9/2018 – 10/2018

EO 2/2019 – 3/2019

- Next **Std** appt: from 8 days to 2 days on average



# Other Open Access Outcomes

## **Number of new patients seen:**

The average grew from **31 to 116 per month**

## **Continuity with PCP:**

Increased from **55% to 76%**

## **Completion Rate:**

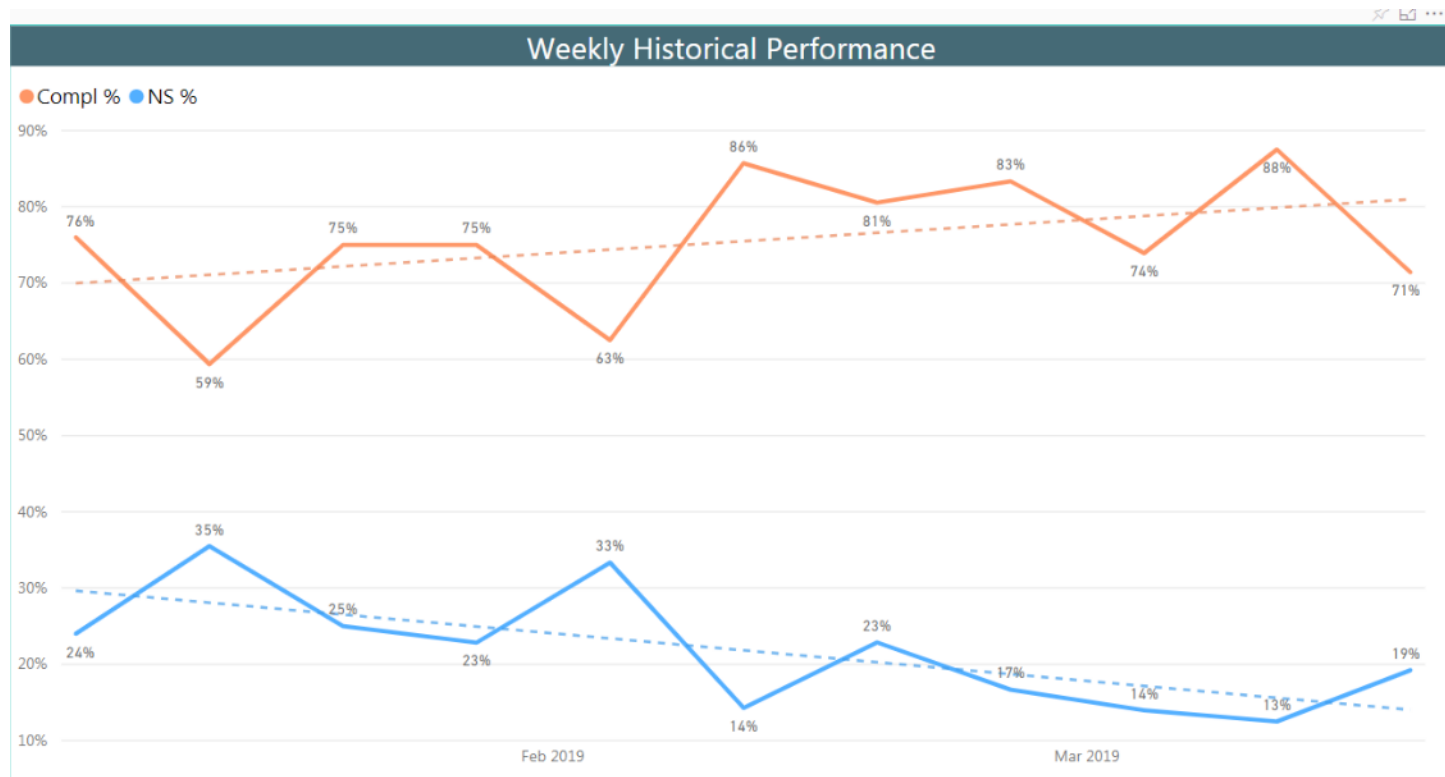
Increased from **63% to 71%**

## **No Show Rate:**

Decreased from **24% to 17%**

# Early Results: Dr. Serena Wu

- This is the trend we are looking for: Completion % increases, while No Show % declines



# Challenges

- **For Patients**

- Call volume, especially Monday

- **For Care Teams**

- Challenging change process to go through - learning curve
- Difficult conversations with resistant staff
- Trust in Care Team – culture change
- Co-visits are challenging for some
- Increase in schedule management, on a daily basis
- More busy, less no shows
- More acute visits
- Slower ramp-up for onboarding providers due to continuity with current PCPs



# Next Steps

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- **Solicit Patient and Provider Feedback**
- **Rollout Remaining Sites**
- **Optimize new systems**
  - Recall**
  - New Patient Monitoring**
  - RN/MA clinics**



# Open Q & A

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Contact information:

LifeLong Medical Care

Renata Fineberg, MSW, MPH

[renatafineberg@lifelongmedical.org](mailto:renatafineberg@lifelongmedical.org)



# Back Up Slides

# The Process = 4 Stages

- **Stage 0:** Data clean up and data gathering
  - Provider panels, skills
  - Alternative visits assessment
  - Care team definition
  
- **Stage 1:** Planning
  - Change Readiness Assessment
  - Rollout schedule – 1 team at a time
  - Backlog assessment
  - Workflow verification – reminder calls, call center, task boxes, wait list.

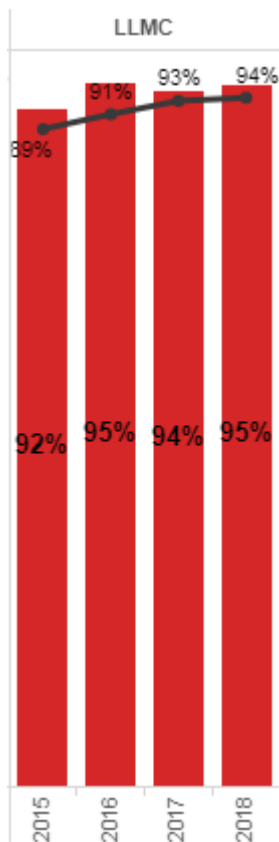
# The Process (continued)

- **Stage 2: Implementation**
  - All staff retreat – team building, training, peer support
  - Communications for staff and patients
  - Training: Active Schedule Management and Dashboard, Recalls
  - New Templates Built
  - GO LIVE
  
- **Stage 3: Steady State and Feedback**
  - Site stabilizes, resolves questions, makes changes as necessary
  - Feedback to overall project

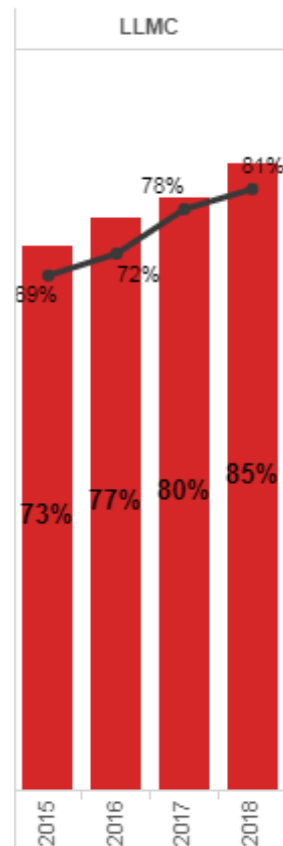


# Patient Satisfaction

## Overall Satisfaction



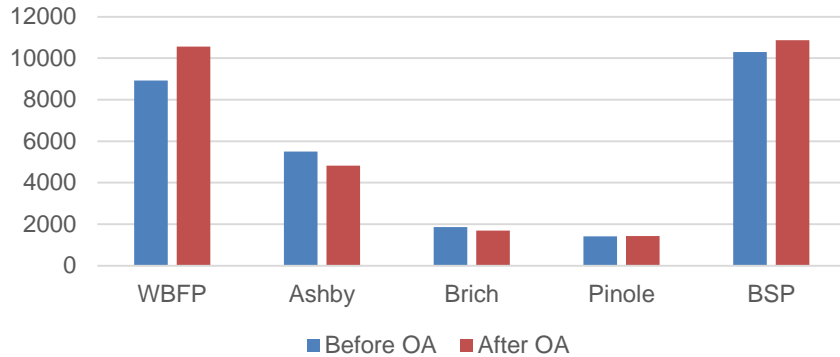
## Telephone Access



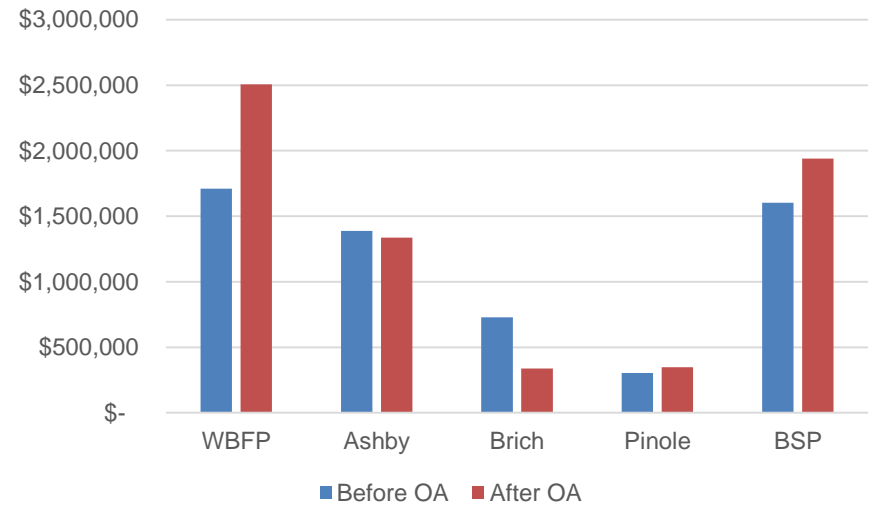
WB: 8/2017 & 11/1/2018  
Ashby: 9/2018 & 11/1/2018  
BrRich / Pinole: 9/2018 & 11/1/2018  
EO: 2, 3/2019

# Other metrics: Visits, ADV, Revenue

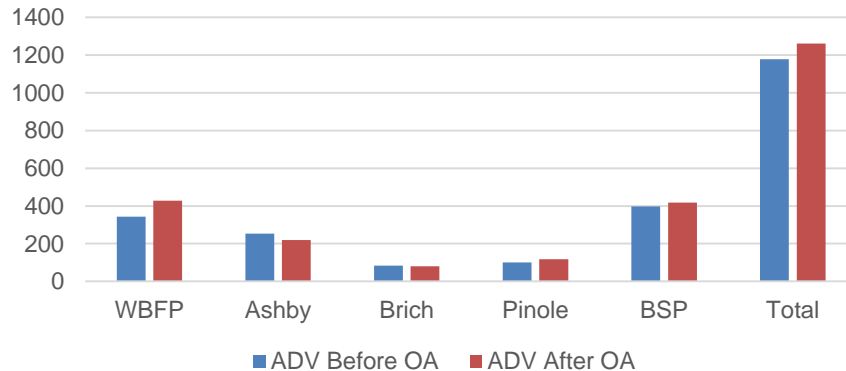
## Visits by Site



## Patient Revenue

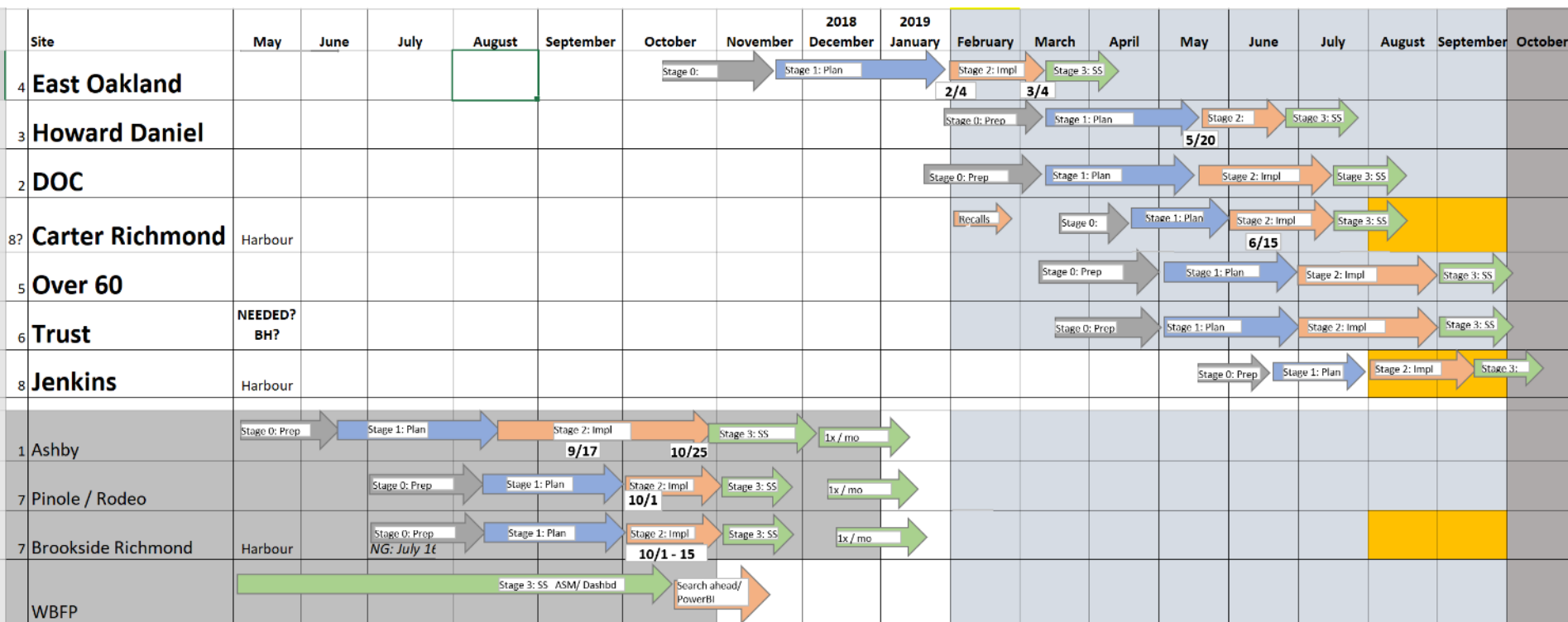


## ADV by Site (sum of 3 mo before & after)



WB: 8/2017 & 11/1/2018  
 Ashby: 9/2018 & 11/1/2018  
 BrRich / Pinole: 9/2018 & 11/1/2018  
 EO: 2, 3/2019

# Rollout



# Toolkit & Dashboard Developed



Document	
PCS Charter	<ul style="list-style-type: none"> <li><b>Purpose:</b> overall laying out purposes, measures, risk mitigation plan</li> <li>Define use of data management</li> </ul>
PCS Handbook	<ul style="list-style-type: none"> <li><b>Purpose:</b> Detailed description of the model, set up, workflows and frequently asked questions</li> </ul>
Overall Implementation map	<ul style="list-style-type: none"> <li><b>Purpose:</b> Overall view of the implementation process and key steps</li> <li>Phase A: Overall Rollout planning</li> <li>Phase B: Site by site rollout                             <ul style="list-style-type: none"> <li>Site Stage 1: Site Process Launch and Planning</li> <li>Site Stage 2: Implementation: Begins with Pod/ Team Retreat</li> <li>Site Stage 3: Site Steady State and Feedback</li> </ul> </li> <li>Phase C: Completion of project and data analysis                             <ul style="list-style-type: none"> <li>What was Implemented: <b>is on Basecamp.</b></li> <li>Metrics: before and after / results</li> </ul> </li> </ul>
Site Management Kickoff Presentation	<ul style="list-style-type: none"> <li><b>Powerpoint</b> for Renata to use to kick off process with Site Operations / Implementation team,</li> <li>Initial questions</li> </ul>
Stage 0: Clean up	<ul style="list-style-type: none"> <li>a. <b>Powerpoint:</b> Stage 0: what it is and how to do it</li> <li>b. Workbook: Provider Clean up tab                             <ul style="list-style-type: none"> <li>i. Provider &amp; Panel clean up</li> <li>ii. Provider Event Types / services table                                     <ul style="list-style-type: none"> <li><b>Purpose:</b> define services (events) by provider for search ahead and assist with active schedule management</li> </ul> </li> <li>iii. Care team table                                     <ul style="list-style-type: none"> <li><b>Purpose:</b> Define the Pods / Care Teams for cascades to give to Call Center, scheduling</li> </ul> </li> </ul> </li> </ul>
Stage 1: Planning Kickoff	<ul style="list-style-type: none"> <li>Site Core Team Launch Meeting 1: Change Mgt (this is the initial "chat")</li> <li>Prework: Charter and survey</li> <li>OA Readiness Survey</li> <li>Agenda is in Workbook, tab for Mtg 1</li> <li>Change Management Action Plan</li> <li>Review Project Charter</li> </ul>

Power BI: PCS Open Access > Open Access Metrics v.1.1

Open Access Metrics Snapshot

Location: Lifelong West Berkeley Family Pte... Team: All Prov Full Name: Petta Flores, Danielle AVG Compl %: 97 %

Past 7 Days

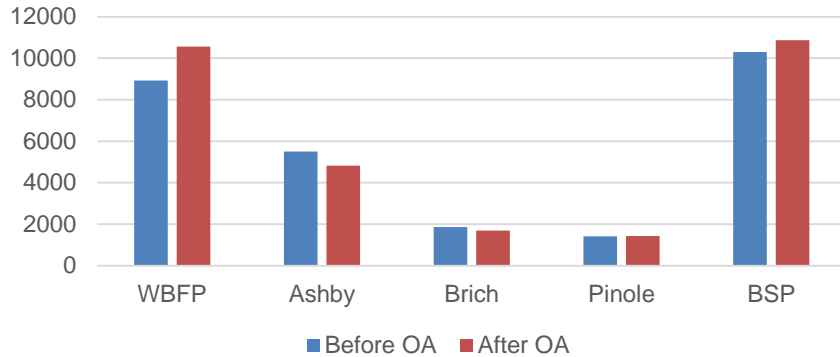
Name	Continuity	TNA	Appt D...	Day	Avail	Booked	Hours	NS	NS %	DB	SD CXL	Compl	Compl %	Made	Trgt
Petta Flores, Danielle	81.74 %	7	10/03/18	W	13	13	6.00	2	15 %	0	1	12	92 %	12	0.3
			10/04/18	Th	12	14	5.00	4	29 %	3	3	11	92 %	16	0.2
			10/05/18	F	12	14	5.00	3	21 %	2	2	13	108 %	22	2.2

Future 14 Days

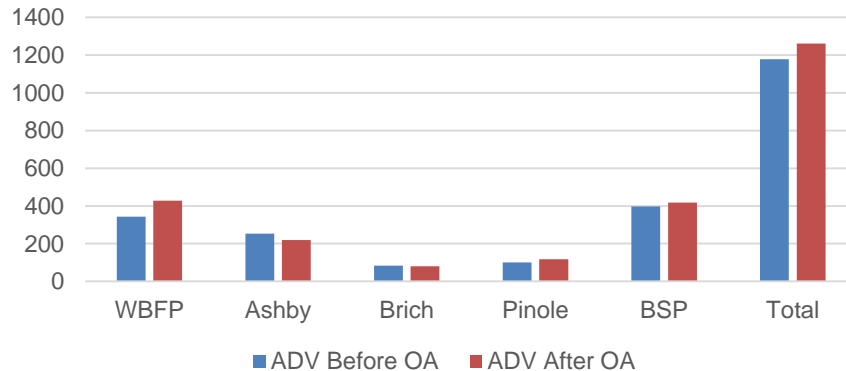
Name	TNA	Appt Date	Day	Avail	Booked	DB	Hours	Booked %
Petta Flores, Danielle	7	10/10/18	W	15	15	0	7.00	100 %
		10/11/18	Th	12	13	1	5.00	108 %
		10/12/18	F	0	0	0		
		10/13/18	Sat					

# Other metrics: Visits, ADV, Net

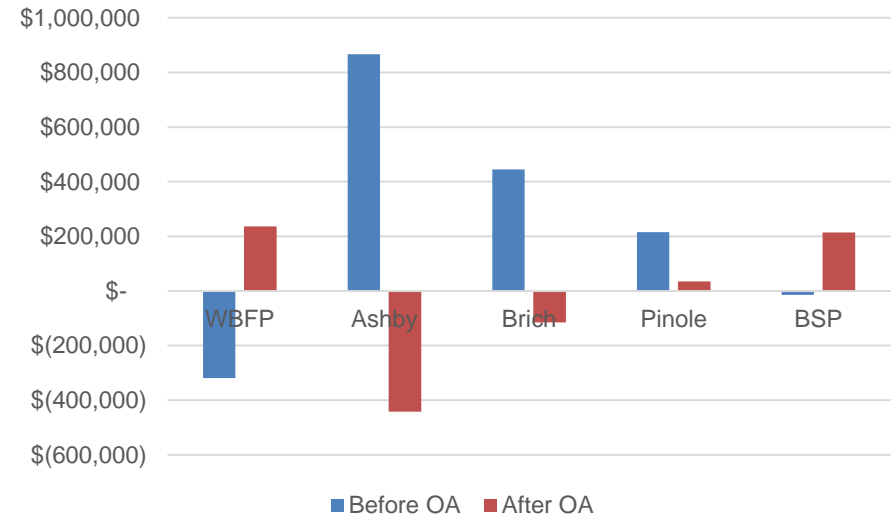
## Visits by Site



## ADV by Site (sum of 3 mo before & after)



## Financial Net by Site



WB: 8/2017 & 11/1/2018  
 Ashby: 9/2018 & 11/1/2018  
 BrRich / Pinole: 9/2018 & 11/1/2018  
 EO: 2, 3/2019



# Other Feedback



- **Providers**

- Range: some do not trust the model, others love it
- Like less overbooking, making adjustments is easier (2 weeks)
- Higher productivity for some that were not hitting targets
- Discovered variability in skill sets: what is the baseline for all?

- **Patients**

- Patients like being able to get in sooner, but some still want to schedule out later for planning
- Satisfaction scores didn't change at WB: ***need update / review***
- "Ease of scheduling" question on Pt Survey? ***need update / review***

- **Staff**

- Call Center transition good, better communication now
- MA clinic is a source of pride and development
- RN clinic: stress for many due to variability in skills, training



## Reminders

- ✓ Attend your Affinity Group meetings!
- ✓ Continue meeting with Jerry and your PHLN Coaches.
- ✓ Utilize the network!
- ✓ Consider hosting an office hour!

# Year 2 Activities (So Far)

## Activities

(all optional except convening #3)

- **May 14** at 12pm: Leading Profound Change: Prototyping. [Register here.](#)
- **July 9** at 12pm: Leading Profound Change: PSDA. [Register here.](#)
  - See the remaining webinars [here.](#)
- **December 5**: Convening #3

## Evaluation

- **April 30**: Progress Report [Due.](#)
- **July 30**: Progress Report Due.
- **October 30**: Progress Report Due.
- **January 30, 2020**: Progress Report Due.
- **April 30, 2020**: Final Progress Report Due.
- **Spring 2020**: Wrap up evaluation with JSI (baseline assessment, conversations, and annual survey)



STAY UP-TO-DATE!

# PHLN Support Portal

OVERVIEW

ACTIVITIES

MEET YOUR NETWORK

FACULTY & COACH CONNECT

EVALUATION & REPORTING

RESOURCE LIBRARY

YEAR 2 GRANT

HELLO, NETWORK MEMBERS!

This website is a support center for the use of **Population Health Learning Network** (PHLN) participants. Program updates, report due dates, resources, and more will be posted to this website.

<https://www.careinnovations.org/phln-portal/>








# PHLN Forum



all categories ▾ **Categories** Latest Unread (2) Top

+ New Topic ≡

Category	Topics
★ <b>PHLN Activities</b> Discussions about program-related items, including convenings, site visits, webinars, and more!	18
<b>Affinity Groups</b> 1 unread	6
<b>Behavioral Health Integration</b> Information and tools about integrating behavioral health into primary care, covering different models, roles, screening tools, and use of registries to identify and manage patients; monitoring outcomes.	3
<b>Care Management for Complex Patients</b> Identifying high-risk patients; defining interventions for patients based risk levels; building community partnerships, and managing hospital transitions.	6
<b>Data Governance &amp; Analytics</b> Data governance, stewardship, and analytic tools. Data visualization and data transparency.	4

Latest	
 Social Needs/SDOH <sup>3</sup> <b>Affinity Groups</b>	3 3d
 Obesity: PDSA ideas? <b>Planned Care and In-Reach</b>	1 4d
 Structured Team Morning HUddles <sup>3</sup> <b>Team-Based Care 2.0</b>	5 6d
 Outreach to members non users <b>Proactive Outreach</b>	1 7d
 Risk Stratification <b>Affinity Groups</b>	5 12d
 Access Strategies to Optimize Planned Care & Outreach <b>Affinity Groups</b>	1 14d
 Split Visits Workflow	5

<https://forum.careinnovations.org/>

# PHLN Forum



Affinity Groups ▸

Latest

Unread (1)

Top

Edit

New Topic



Topic

Replies

Views

Activity

🚩 About the Affinity Groups category



0

4

24d

Social Needs/SDOH <sup>3</sup>



3

19

3d

last visit

Risk Stratification



5

37

12d

Access Strategies to Optimize Planned Care & Outreach



1

22

14d

Data Tools & Reporting to Close Gaps in Care



3

18

21d

Behavioral Health Integration



0

13

24d

Care Team Roles



0

22

24d

There are no more Affinity Groups topics. [Why not create a topic?](#)

<https://forum.careinnovations.org/>

# Thank you!

Please fill out  
the post  
webinar  
survey!

*For questions contact:*

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