PHLN Open Access Office Hours
April 16, 2019

Chat in your name & organization in the chat box!
Webinar Reminders

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.
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

- Coaching Support
- Data & Metrics Support
- Affinity Groups
- Continuing TA Support (office hours, webinars, etc.)
- CCI Team Responsive to Your Needs
Recap of Year Two Offerings

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- CCI Team Responsive to Your Needs
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
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
Can only schedule 2 weeks out

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

• 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

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

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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
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

• Solicit Patient and Provider Feedback

• Rollout Remaining Sites

• Optimize new systems

  Recall

  New Patient Monitoring

  RN/MA clinics
Open Q & A

Contact information:
LifeLong Medical Care
Renata Fineberg, MSW, MPH
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

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

Patient Revenue

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

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Toolkit & Dashboard Developed

<table>
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<tr>
<th>Document</th>
<th>Purpose</th>
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<tr>
<td>PCS Charter</td>
<td>• Purpose: overall laying out process, metrics, goal plan, &amp; use of dashboard management</td>
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<tr>
<td>PCS Handbook</td>
<td>• Purpose: Detailed description of the model, setup, workflows and frequently asked questions</td>
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**Overall Implementation Map**
- **Purpose:** Overview of the implementation process and key steps
  - Phase A: Overall Rollout planning
  - Phase B: Site by site rollout
    - Site Stage 1: Site Process Launch and Planning
    - Site Stage 2: Implementation: Begins with Pod Team Retreat
    - Site Stage 3: Site Strategy and Feedback
  - Phase C: Completion of project and data analysis
- **What was implemented:** in Basecamp, Metrics: before and after / results

**Site Management Kickoff Presentation**
- **Powerpoint:** forRemnant to use to kick off process with Site Operations / Implementation team, Initial questions

**Stage 0: Clean Up**
- **Powerpoint:** Stage 0: what is it and how to do it
- **Workbook:** Provider Clean up tab
  1. Provider & Panel clean up
  2. Provider Event Types / services lookup
  - **Purpose:** define services (events) by provider for search and assist with active schedule management
  3. Care team table
  - **Purpose:** Define the Pods / Care Teams for cascade to give to Call Center, scheduling

**Stage 1: Planning Kickoff**
- Site Core Team Launch Meeting 1: Change Mgt (this is the initial “chat”)
  - Prework: Charter and survey
  - OA Readiness Survey
  - Agenda is in Workbook, tab for Mfg 1
  - Change Management Action Plan
  - Review Project Charter

**Past 7 Days**
- **Name:** Petta
- **Continuity:** 81.74%
- **Apppt Days:** 10/03/18
- **Day:** W
- **Avail:** 13
- **Booked:** 13
- **Hours:** 0
- **NS %:** 2
- **SB %:** 0
- **COMPL:** 1
- **Compl %:** 92
- **Made:** 12
- **Trend:** 0.3

- **Name:** Horner
- **Apppt Days:** 10/04/18
- **Day:** Th
- **Avail:** 12
- **Booked:** 14
- **Hours:** 5
- **NS %:** 4
- **SB %:** 29
- **COMPL:** 3
- **Compl %:** 92
- **Made:** 16
- **Trend:** 0.2

- **Name:** Daniele
- **Apppt Days:** 10/06/18
- **Day:** F
- **Avail:** 12
- **Booked:** 14
- **Hours:** 5
- **NS %:** 3
- **SB %:** 21
- **COMPL:** 2
- **Compl %:** 100
- **Made:** 22
- **Trend:** 2.2

**Future 14 Days**
- **Name:** Petta
- **Apppt Days:** 10/10/18
- **Day:** W
- **Avail:** 15
- **Booked:** 15
- **Hours:** 7
- **Booked %:** 100

- **Name:** Horner
- **Apppt Days:** 10/11/18
- **Day:** Th
- **Avail:** 12
- **Booked:** 13
- **Hours:** 5
- **Booked %:** 108

- **Name:** Daniele
- **Apppt Days:** 10/13/18
- **Day:** Sat
- **Avail:** 0
- **Booked:** 0
- **Hours:** 0
- **Booked %:** 0
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
✓ 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)
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

[Image of forum page]

https://forum.careinnovations.org/
**PHLN Forum**

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There are no more Affinity Groups topics. **Why not create a topic?**

[https://forum.careinnovations.org/](https://forum.careinnovations.org/)
Thank you!

For questions contact:

Megan O’Brien
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Center for Care Innovations
mobrien@careinnovations.org

Diana Nguyen
Program Coordinator
Center for Care Innovations
diana@careinnovations.org

Please fill out the post webinar survey!