**PHLN Year 2 Project Aim**

By December 2019, we will improve patient’s access to care at one pilot site by developing a recall and tracking system, working down the backlog and limiting the schedules to a two week timeframe. We aim to prove that these interventions will improve availability of appointments, decrease no show rate and improve continuity of care while not compromising provider productivity. Staff and providers will report improved job satisfaction and feasibility but most importantly, patients will report improved satisfaction in obtaining appointments when they felt they needed one.

**Measure for Success**

- Improve availability of third next available appointment (TNA) to less than 7 days amongst the pilot site providers (from usual organization-wide average of 14).
- Decrease no show rate to less than 15 amongst the pilot site providers (from usual organization-wide average of 20).
- Provider utilization (percent of slots in schedule that were used) will be 90% amongst the pilot site providers (from usual organization-wide average of 80%).
- Provider continuity (percent of last visits with last PCP) will be 80% amongst the pilot site providers (from usual organization-wide average of 50%).
- 95% of surveyed patients will report they received an appointment when they felt they needed one (Combination of interviews, texts and standard survey tools).
Changes tested and implemented

**Operations**
- Multidisciplinary committee developed to tackle access at Neighborhood Healthcare plus three coordinated subcommittees: Access – Scheduling, Access- Phones, Access- Cycle Time
- Access data dashboards developed to track supply and demand, average lead time for appointments, continuity, TNA, panels, walk-ins, etc.
- Centralized call center went live in March with simplified, standardized scheduling rules. Doing continuous PDSAs in call center to improve performance, which is prerequisite for Open Access scheduling.
- Identified obstacles that the call center staff faces, developed work plans to overcome obstacles.
- For acute visits, patients may be scheduled with another available provider if their PCP is unavailable and the patient is willing.

**Clinical**
- Implemented RN enhanced medical visits (EMVs) to improve access: BP checks, PT/INR check, conjunctivitis, Depo Provera, diaper rash, diabetes, h. pylori, latent TB, chlamydia, pre-op, suture/staple removal, thrush, URI, UTI.

Determined that centralized call center barriers were too large for open access pilot to be successful, decided to “decentralize” and place 2 phone operators at pilot site.
East Valley Parkway
Open Access Pilot site
Changes at Pilot Site

- Implemented scripting for phone operators, back and front office staff to explain new schedule model to patients.
- Implemented schedule strategy based on coach’s recommendations: Always put "prebooks" in the first appointments of the morning, and on low demand days (Friday) Keep Mondays as open as possible (needs to accommodate "3 days of demand - Sat/Sun/Mon") Plan for seasonal variability 3 days after Thanksgiving no pre-books
- Changed visit duration from 15 and 30minutes to all 20minute visits.
- Worked down backlog to maximize provider staffing and minimize unnecessary appointments. Extra per diem coverage whenever we have MA staffing.

- Report received for patients who have 1+ appointments and reduce to 1 to consolidate. Providers will make effort to max-pack visit as able.
- Identifying pre-books (pts allowed to book ahead) and created global alert – “OK to Prebook.” Well child visits - 2,4,6 months; Suboxone patients; any patient who provider feels needs advance notice of appointment timing.
- Created recall system using actions in EMR. Patient receives text reminders or robo calls 1 week prior and 2 weeks after. Tracking group gets additional manual outreach.

- Implemented plan for when demand exceeds supply: utilize alternative visits with care coordinator/ registered nurse. When S<D - offer appts at other sites. When S>D, alert call center that they can send any patient requesting same day care to VP
- Implemented plan for when supply exceeds demand: utilize patients due for HEDIS related items.
- Obtained cell phone to be carried by site leadership for patients to call if they are having difficulty getting an appointment.
- Went live with open access at pilot site November 1, 2019
Using Data for Improvement

Open Access: Pilot Site

- Decrease days for third next available appointment: Baseline April 16, Current November 9
- Decrease % No Show Rate: Baseline April 21, Current November 20
- Increase % Continuity: Baseline April 31, Current November 45
- Increase % Utilization: Baseline April 78, Current November 86

Baseline April vs. Current November
Patient Experience – Baseline

Department Summary

NET PROMOTER SCORE
75.4  n-size: 89

81.2% Promoter
13.0% Passive
5.8% Detractor

QUESTION SUMMARY

<table>
<thead>
<tr>
<th>Question</th>
<th>YTD</th>
<th>Last 3 Months</th>
<th>Last Month</th>
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<th>Score</th>
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<th>Gap</th>
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<td>76.7</td>
<td>76.7</td>
<td>71</td>
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QUALITATIVE SUMMARY

Promoter
- Interpersonal Care
- Clinical Process
- Patient Info/Ed

Passive
- Interpersonal Care - Courtesy/Respect
- Interpersonal Care - Communication

Detractor
- Clinical Process
- Provider
## Patient Experience – Pilot

### Department Summary

**Net Promoter Score**
- **Score:** 81.5
- **n-size:** 27

**Promoter:** 85.2%
**Passive:** 11.1%
**Detractor:**

### Question Summary

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### Qualitative Summary

**Promoter**
- Access to Care
- Access to Care - Wait Time
- Interpersonal Care
- Interpersonal Care - Courtesy/Respect
- Access to Care - Scheduling Apex

**None**
- None
Strategies for Success

1. Cross organizational team work, planning and communication.

2. Relocated phone operators to pilot site and designated a cell phone as a “hotline” for patients if they cannot get appointments.

3. Developed patient educational material and scripting to explain open access scheduling.

4. Staff and provider meeting to get buy-in and address concerns.
Patient appointment reminder cards to remind patients when provider would like to see them next.

Patient flyers to educate about the new scheduling model.
Plan is to evaluate outcome metrics. If there is sustained improvement across the board, will identify next site for spread based on site readiness for change. Readiness with be determined by supply/demand balance, lack of satisfaction with current state, buy-in for pilot, infrastructure in place (phones, RN/EMV support...)

Continuous attention to dashboard/metrics with adjustments in template based on outcome metrics, and pre-emptive adjustments in schedule based on seasonal fluctuations in supply and demand. This will require dedicated staff - should be incorporated into job description with accountability for performance on access.

**PROMPT:** Next steps with your project in the next couple months and also beyond the PHLN. Do you have plans to spread changes or learnings from your project to other areas in your organization (i.e.; populations, conditions, etc.)?

**PROMPT:** How will you sustain your project after the grant ends? Other funding sources, staff changes, etc.
Current Challenges or Barriers

1. Provider empanelment and how to prioritize continuity

2. Phone operator staffing and coverage