

## 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.

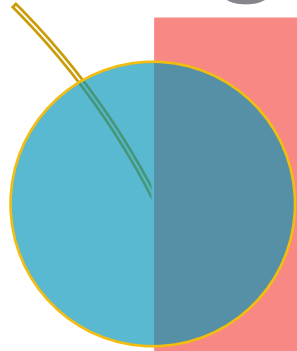
## Clinical

- 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.

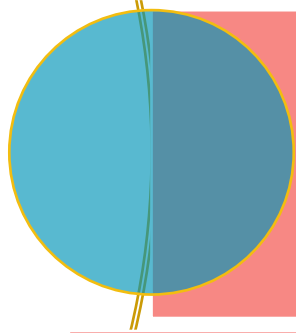
**Determined that centralized call center barriers were too large for open access pilot to be successful, decided to “decentralize” and place 2 phone operators at pilot site.**



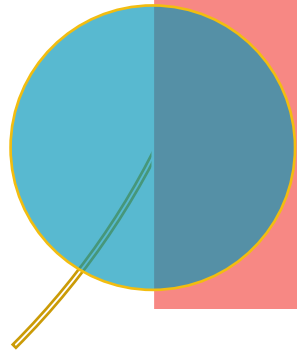
# Changes at Pilot Site



- 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.

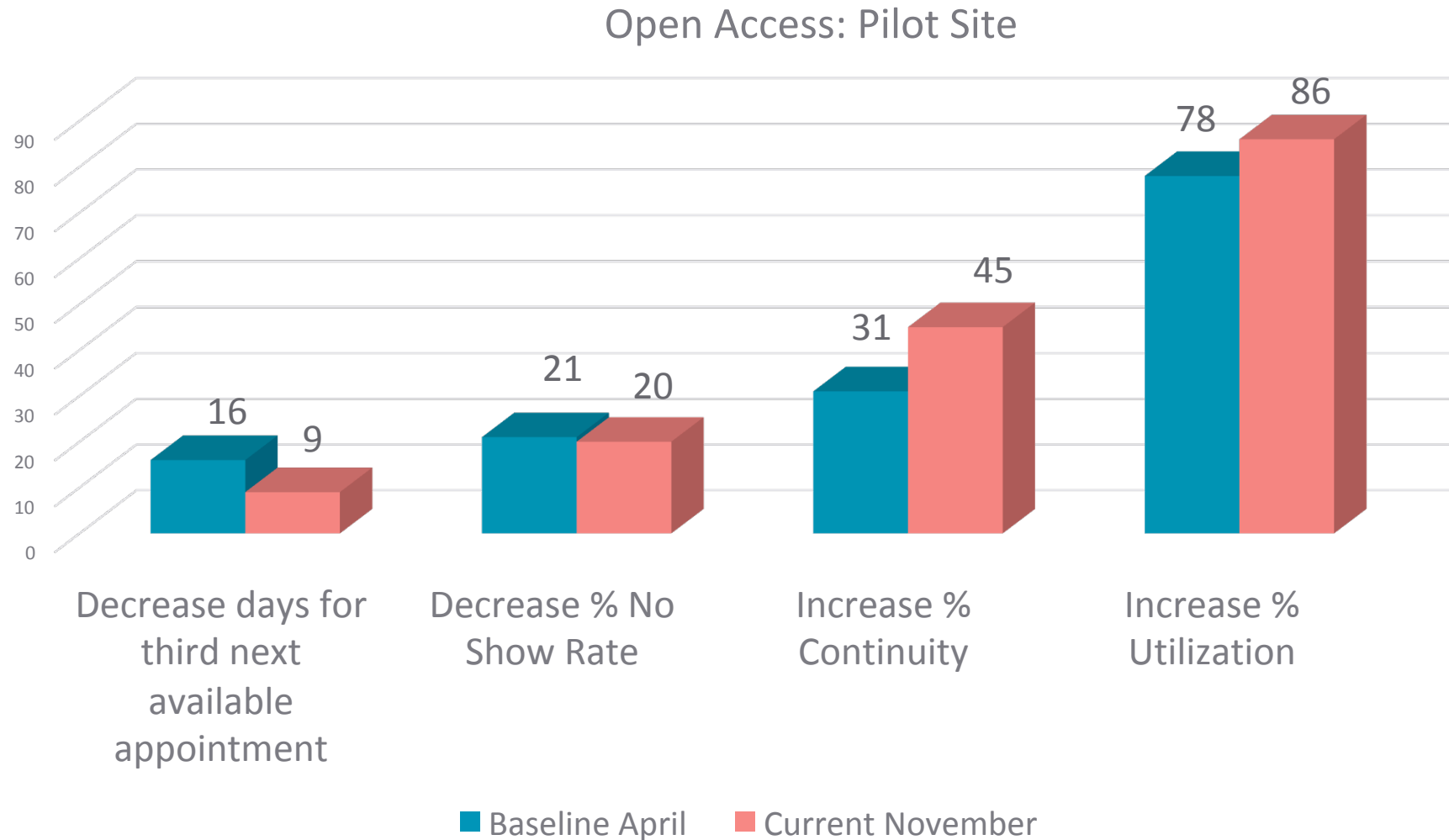


- Report received for patients who have 1+ appointments and reduce to 1 to consolidate. Providers will make effort to max-pack visit as able.
- Identifying pre-books (pts allowed to book ahead) and created global alert – "OK to Prebook." Well child visits - 2,4,6 months; Suboxone patients; any patient 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



# Using Data for Improvement

Date Range:

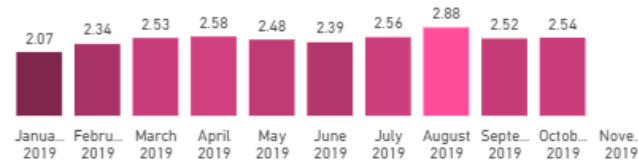
1/1/2019 11/25/2019

AdHoc Report

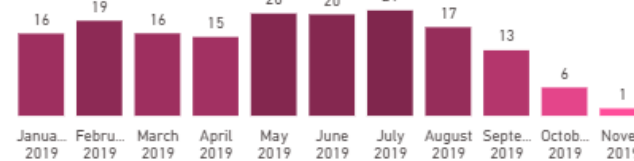
## Open Access Dashboard



Productivity



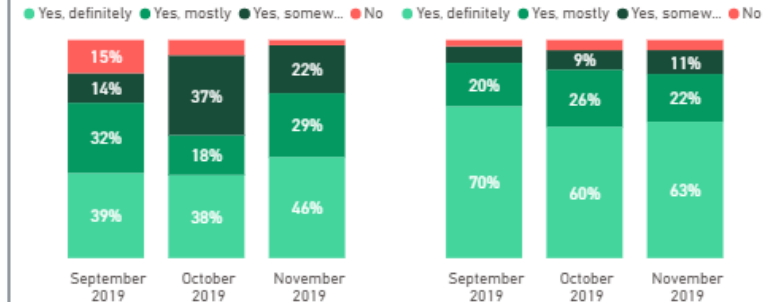
TNAA



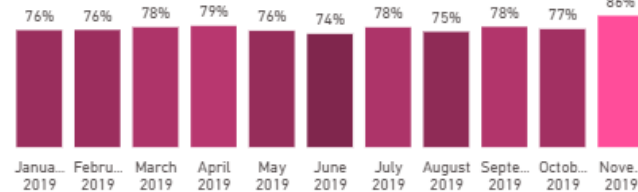
Was it easy to get an appointment when you wanted?

NRC

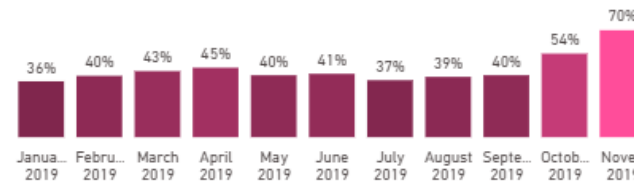
iPad Open Access Survey



Utilization



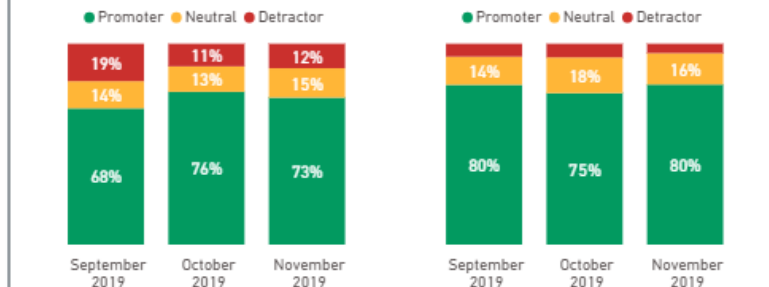
Appointments Booked Within 7 Days



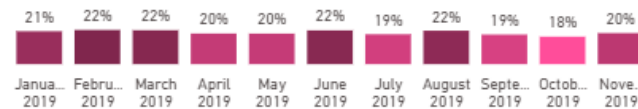
Net Promoter Score

NRC

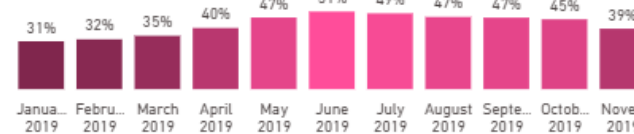
iPad Open Access Survey



No-Show Rate



Continuity (Visits with Patient's Assigned PCP)



Owner  
SH

Last Refresh  
11/26/2019

Refresh Frequency  
Monthly



# Patient Experience – Baseline

## Department Summary

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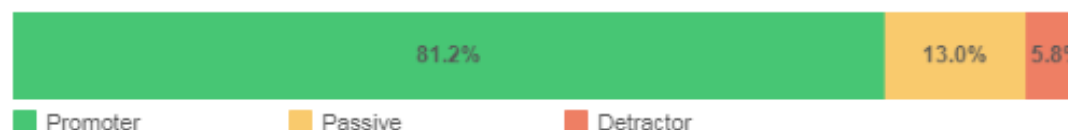
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Oct 01, 2019 - Nov 01, 2019 ▲

### NET PROMOTER SCORE

75.4 n-size: 69



### QUESTION SUMMARY

Question	YTD	Last 3 Months	Last Month	n-size	Score	Goal	Gap
Call center help efficiently	53.1			1	100.0	69.9	30.1
Med Assistants were helpful	76.7			1	100.0	72.5	27.5
Provider listened	79.0	77.0	76.8	71	77.5	77.7	-0.2
NPS: Provider would recommend	72.2	69.4	74.6	69	75.4	79.2	-3.8
Trust provider w/ care	75.5	74.4	72.5	71	73.2	74.7	-1.5
Got enough info re: treatment	71.1	70.9	70.0	71	70.4	73.8	-3.4
Check-in helpful and courteous	68.5	67.4	67.1	72	68.1	79.9	-11.8
Seen by provider in timely manner	62.5	61.4	62.9	72	62.5	60.5	2.0
Knew medical history	54.5	49.2	42.6	70	44.3	64.3	-20.0
Knew what to do if questions	47.2	46.8	41.2	69	42.0	70.2	-28.2
Easy to get appt	40.5	38.5	38.0	73	39.7	57.6	-17.9

### ALERT PERFORMANCE

OPEN ALERTS

3

CLOSED ALERTS

2

### QUALITATIVE SUMMARY

#### Promoter

Interpersonal Care  
Interpersonal Care - Courtesy/Resp..  
Clinical Process  
Interpersonal Care - Communication  
Clinical Process - Patient Info/Educ..



#### Passive

Interpersonal Care  
Clinical Staff  
Clinical Staff - Courtesy/Respect  
Interpersonal Care - Communication  
Interpersonal Care - Courtesy/Resp..



#### Detractor

Clinical Process  
Provider



# Patient Experience – Pilot

## Department Summary

☆ Favorite ▾

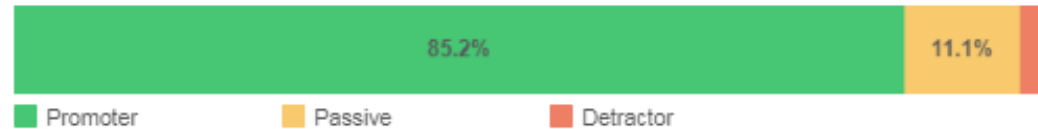
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Nov 04, 2019 - Nov 30, 2019 ▴

### NET PROMOTER SCORE

81.5 n-size: 27



### ALERT PERFORMANCE

OPEN ALERTS

CLOSED ALERTS

### QUESTION SUMMARY

Question	YTD	Last 3 Months	Last Month	n-size	Score	Goal	Gap	
Provider listened	79.0	77.0	76.8	28	89.3	77.7	11.6	<div></div>
NPS: Provider would recommend	72.2	69.4	74.6	27	81.5	79.2	2.3	<div></div>
Trust provider w/ care	75.5	74.4	72.5	27	81.5	74.7	6.8	<div></div>
Med Assistants were helpful	76.7			28	78.6	72.5	6.1	<div></div>
Knew medical history	54.5	49.2	42.6	27	77.8	64.3	13.5	<div></div>
Check-in helpful and courteous	68.5	67.4	67.1	29	75.9	79.9	-4.0	<div></div>
Seen by provider in timely manner	62.5	61.4	62.9	29	72.4	60.5	11.9	<div></div>
Call center help efficiently	53.1			29	51.7	69.9	-18.2	<div></div>
Easy to get appt	40.5	38.5	38.0	29	48.3	57.6	-9.3	<div></div>

### QUALITATIVE SUMMARY

#### Promoter

Access to Care  
Access to Care - Wait Time  
Interpersonal Care  
Interpersonal Care - Courtesy/Resp..  
Access to Care - Scheduling Appt



#### None

#### None





## Strategies for Success

1

Cross organizational team work, planning and communication.

3

Developed patient educational material and scripting to explain open access scheduling

2

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

4

Staff and provider meeting to get buy-in and address concerns

# Key Tools & Resources

## Starting November 2019

### Appointment Scheduling is Getting Easier!



Neighborhood Healthcare – Valley Parkway is moving to a new way of booking visits to ensure you can get in to see your providers when you need to.

Rather than scheduling a follow-up appointment today, we ask that you please contact us when it is time to be seen again.

We get it, plans change and it is hard to know what will be happening weeks or months from now. Call us when you are ready to be seen for your follow-up appointment and we will get you in within two weeks.

If you need a same day appointment, you no longer need to walk into our location. Simply call us at 760-737-6900 and we will schedule you an appointment.

Starting in November, our goal is to offer all medical and behavioral health appointments in this way. Meaning, you will be able to call us and know an appointment will be available to you; whether that is same-day, same-week, or the next week.

Scheduling made easy.

#### Neighborhood Healthcare Valley Parkway

728 East Valley Parkway  
Escondido, CA 92025

**Hours:**  
Monday = 8am-8pm  
Tuesday = 8am-8pm  
Wednesday = 9am-8pm  
Thursday = 8am-5pm  
Friday = 8am-5pm  
Saturday = 8am-12pm  
Sunday = Closed

**Call us at:  
760-737-6900**

nhcare.org

### Appointment Reminder Card

Your provider would like to see you again in \_\_\_\_\_

Please call us at **760-737-6900** or visit our website at [nhcare.org](http://nhcare.org) when you are ready to make your appointment.

\*If you have any difficulty obtaining an appointment, please call ###-###-####

Patient appointment reminder cards to remind patients when provider would like to see them next

Patient flyers to educate about the new scheduling model

neighborhood  
HEALTHCARE

**760-737-6900**

better together

# Next Steps

## Spreading

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 will be determined by supply/demand balance, lack of satisfaction with current state, buy-in for pilot, infrastructure in place (phones, RN/EMV support...)

**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 (ie; populations, conditions, etc.)?

## Sustaining

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:** 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