

Practice Name

Practice Address

Practice City, State, ZIP

Practice Phone

AC

QI 03, 10

Policy - Open Access and Continuity of Care and Before and After Visit Protocol

Purpose: To describe the practice policies, procedures and quality assurance methods relating to access to care, scheduling visits, same day access and triage.

A. Scheduling each patient with a personal clinician for continuity of care

AC-10,
AC-11

1. Patients will be encouraged at the time of their first visit to choose a personal clinician. This information will be documented in the patient's medical record.
2. At each subsequent visit the appointment scheduler will verify the patient's personal clinician from documentation in the patient's medical record and offer an appointment with that provider.
3. Patients will be scheduled with another provider only upon patient request or when the urgent nature of the appointment requires that the patient be seen prior to the personal clinician's next available appointment.
4. The reason for scheduling a patient with a provider other than his or her personal clinician will be noted in the patient's chart.
5. Data from patient records will be reviewed **every six months** to determine how frequently patients are seen by the provider of choice. The practice goal is that **80%** of the time patients will be seen by their selected personal clinician.

B. Triage for appointments scheduling

AC-02, AC-01

Appointments will be scheduled based on the following triage protocols. These criteria are to be used by scheduling staff to meet and exceed patient's needs and preferences, whether appointments are requested for the same day or for a specific time in the future.

1. **Urgent** appointments will be scheduled **on the same day** the appointment is requested by the patient or caregiver. Urgent appointments will be given first priority for same-day scheduling. Urgent appointments are those determined by the triage clinician to require medical evaluation within 1 to 4 hours.
2. **Sick visits** that are not urgent will be scheduled within **one day** from the appointment date requested by the patient or caregiver.
3. **Follow-up (f/u) visits** will be scheduled **on the day** requested by the provider, unless the patients has a different preference, in which case f/u appointments will be scheduled **on the date** preferred by the patient/caregiver.
4. **Well visits and physicals** will be scheduled no later than **14 days** from the appointment date requested by the patient or caregiver.
5. **New patient** visits will be scheduled within **14 days** from the appointment date requested by the patient or caregiver, unless the visit is determined by the triage clinician to be **Urgent**. Urgent appointments for new patients will be scheduled **on the same day** and given the same priority as established patients.

6. All **non-urgent** walk-in/**same- day** appointment requests will be fulfilled on a **first come/first served** basis on the same day, and no later than the guidelines specified above.
7. All **non-urgent** requests for specific appointment dates, from patients/caregivers will be fulfilled on a **first come/first served** basis within the guidelines specified above.
8. Spot checks, conducted for a **one week interval**, will be performed **every six months** to verify that patients requesting urgent appointments receive same-day appointments **100%** of the time, all same-day requests, including routine, are fulfilled at least **60%** of the time, and that all other requests are fulfilled within the stated timeframes at least **80%** of the time.

AC-02

C. Capacity for same-day appointments

1. A schedule will be kept maintaining the availability of open scheduling slots to allow same-day appointments as follows:
 - a. **One 15 minute time slot will be kept open at the end of each hour for each provider between the hours of 8:30 and 10:30 AM and 1:00 and 2:30 PM.**
 - b. **Two 15 minute slots will be kept open for same day appointments for the remaining hours the practice is open on a daily basis.**
2. Same-day appointment requests will be triaged and scheduled following the policies specified in **Section B**.
3. Spot checks, conducted for a one week interval, will be performed **every six months** to verify that capacity for same-day urgent and routine appointments is adequate and meets patients' needs.

AC-03

D. Capacity for after-hours appointments

After-hours appointments are appointments available **after 5:00PM on Monday through Friday, and on Saturdays from 9:00AM to 1:00PM.**

1. A schedule will be kept maintaining the availability of after-hours **scheduled, same-day and walk-in** appointments for office visits as follows:
 - a. **Two scheduled appointment slots are available Monday through Friday between 5:00PM and 6:00PM**
 - b. **Six 15minute slots will be kept open for same day appointments/walk-ins between the hours of 5:00PM and 7:00PM on a daily basis on Mondays through Fridays.**
 - c. **Saturday: Fourteen 15 minutes time slots are available for same-day/walk-in appointments between 9:00AM and 1:00PM every Saturday.**
2. Spot checks, conducted for a one week interval, will be performed **every six months** to verify that capacity for after-hours appointments is adequate and meets patients' needs.

AC-01, AC-03, AC-09
 QI-03, QI-10

E. Schedule Monitoring and Revisions

Schedules will be evaluated **every six months** to identify opportunities for improving and streamlining patients' access to care and optimizing practice workflow and revenue. Scheduling staff under the supervision of the office manager will produce the following reports to assist with evaluation.

Scheduling staff will be required to obtain and record additional information not customarily collected from patients, during these sampling reporting periods, as directed by the office manager.

1. Same Day Appointments Capacity & Utilization – a one week sample report of availability and utilization of appointment slots reserved for same day visit requests, both urgent and routine, per policies in **Section B**.
2. Extended Hours Capacity & Utilization – a one week sample report of utilization patterns for all slots available before 8:00 am and after 5:00 pm on weekdays, and all weekend slots. **AC-03**
3. Appointment Demand & Fulfillment – a one month sample report of appointments requests from patients and the resulting scheduled appointments, including detailed patients' preferences for appointment dates, times and providers, noting ability or inability to accommodate each request, appointment type and urgency per definitions in **Section B** and patient action if appointments were not scheduled.
4. General Appointment Capacity & Utilization – a one month sample report of appointments availability, scheduling, cancelations and no-shows to assess overall utilization of resources. **AC-01**
5. Disparities in Access – a one month sample report will be compiled to assess access to care for traditionally underserved populations. The practice will assess access to care based on recommended services provided to various populations and based on patients' perceptions of availability of care. Data for appointment access and/or services provided will be stratified by multiple criteria indicative of traditionally underserved status, such as race, ethnicity, financial ability, insurance status, immigration status, employment status, disabilities, frailty, advanced age, disease burden and social support. **AC-09**

Reports will be analyzed during a specially scheduled team meeting and opportunities to optimize schedules for the following **six months** period will be explored if necessary. General and stratified data from the most recent patient experience survey, such as patient satisfaction with appointment wait times, ease of obtaining appointments and in-office waiting times will be factored in the analysis.

Team members will consider at a minimum the following actions:

1. Add/remove or change times and availability of slots reserved for same-day appointments
2. Add/remove or change availability of extended hours appointments
3. Policy changes regarding no-show appointments and short notice cancellations
4. Changes in provider availability during regular business hours
5. Staffing changes to accommodate unmet demand, if any
6. Outreach and marketing to reduce any unused capacity for appointments
7. Outreach and education to reduce any identified disparities in access to care
8. Additional modalities for providing care outside the traditional office visit

Summary plans of action will be created and implemented. Schedules will be monitored and analyzed for a **minimum of two six months cycles** to assess effectiveness of revisions.

AC-13

F. Clinician Panel Optimization

To better serve patients and to improve clinician effectiveness and work experience, patient panels will be reviewed **every six months** to ensure that clinicians are neither unduly burdened with large panels of patients, nor underutilized due to smaller than usual panels. This review will inform needs to expand and/or contract the practice, as well as distribution of clinician availability for appointments.

1. Clinician panels will be reviewed **every six months** and compared across the practice to ensure an equitable and manageable distribution of patients and complexity across clinicians commensurate with licensing and expertise levels. Action will be taken to remedy over (under) burdening of clinicians as follows:
 - a. Overburdened clinicians' panels may be closed temporarily
 - b. Patients who had encounters with other clinicians may be asked for permission to switch primary clinician
 - c. Efforts will be made to book overburdened clinicians exclusively with their own patients
2. Attribution reports from managed care plans will be reviewed **within 30 days of receipt** and compared with active patients in the practice covered by the reporting entity. The practice will notify reporting entities in writing **within 60 days from receipt** as follows:
 - a. Attributed patients who are not registered with the practice as of current date.
 - b. Attributed patients who were dismissed, deceased or are known to have left the practice.
 - c. Non-attributed patients who are registered with the practice and have had at least one billable encounter during reporting period.
3. Practice will compare subsequent reports from managed care entities to ensure that all discrepancies have been addressed, and follow up with the managed care entity via telephone and/or email if any errors in attribution remain.

AC-14

G. Telehealth and e-Visits

AC-06

The practice will maintain availability of prescheduled e-Visits **through a combination of telephone, secure video/messaging** with a patient, family and/or caregiver. In general e-Visits are scheduled upon patient request on a first come first served basis in advance or on the same day if any open e-Visit slots are still available.

1. **Every week day four 15 minutes e-Visit slots are available between 11:00 am and 12:00 pm**
2. To schedule an e-Visit patients must have been seen in the practice at least once in the twelve months prior to the visit and must have complete histories, medications and allergies list, problem list and a recent physical exam documented in the medical record.
3. Chief complaints addressable by an e-Visit are limited to minor acute symptoms, ongoing chronic care management for patients with well controlled conditions, follow up to a recent office visit, or at physician discretion. Scheduler will consult physician before scheduling an e-Visit for any other reason.
4. The medical assistant will start the e-Visit 5 minutes prior to the slotted time and complete administrative tasks prior to clinicians joining the call. Patients who are "no-show" for an e-Visit will not be able to obtain additional e-Visits.
5. No schedule II narcotics will be prescribed or renewed during an e-Visit.

Utilization reviews of e-Visit services will be performed **every six months** to assess whether capacity for e-Visits meets patients demand and changes to schedule will be considered within the framework detailed in Section E.

Approved By:

Effective: **4/15/2017**

Revised:

OHIC Cost Management Strategy Expectations for Before and After Access

Yr 2 Yr 3

<p>6. The practice has expanded office hours so that services are available at least two mornings or two evenings a week for a period of at least 2 hours beyond standard office hours.</p> <ul style="list-style-type: none"> Year 2: urgent care only. Year 3 urgent and routine care. 			X	X		
<p>7. The practice has expanded office hours so that services are available at least four hours over the weekend. Services may be provided by practice clinicians or through an affiliation of clinicians, so long as the affiliated physicians are able to share medical information electronically on a near real-time basis through either a shared EMR system or by ready access to a patient's practice physician who has real-time access to patient's medical records.</p> <ul style="list-style-type: none"> Year 2: urgent care only. Year 3 urgent and routine care. 			X	X		