Healthcentric Advisors
Advancing Healthcare Quality | Empowering People

Access to Care & 3rd Next Available Appointment

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Assessing Access: 3rd Next Available Appointment

Why this measure is important

- By ensuring timely appointment access we aim to:
  - Avoid harmful delays in care
  - Develop efficient planning and scheduling systems that can meet the needs of patients and families
  - Improve patient experience
  - Reduce unnecessary ER/Urgent Care visits

Why this measure is important

- 3rd Next Available is the industry standard for measuring appointment access
  - First and second available appointments are often the result of last minute cancellations, working patients into the schedule, or other events. 3rd next is seen as a more sensitive reflection of true appointment availability

Data Collection

- Sample all active providers
- Count the number of days between a request for an appointment (e.g., enter dummy patient) with a physician and the 3rd next available appointment for a well-visit and sick visit
- Report the number of days for all providers sampled. Note: Count calendar days (e.g. include weekends) and days off. Do not count any saved appointments for urgent visits (since they are "blocked off" on the schedule.)
- The data collection can be done manually or electronically. Manual collection means looking in the schedule book and counting from the "index" (day when the "dummy" appointment is requested) to the day of the 3rd available appointment

IHI Definition of 3rd Next Available Appt.

Definition

Average length of time in days between the day a patient makes a request for an appointment with a physician and the third available appointment for a new patient physical, routine exam, or return visit exam.

Goal

- Decrease number of days to third next available appointment to zero days (same day) for Primary Care.

Source: Institute for Healthcare Improvement (http://www.ihi.org/resources/Pages/Measures/ThirdNextAvailableAppointment.aspx)

BCBSRI Provider Access Reporting

All practices (or systems of care on behalf of practices) will be required to submit quarterly access reports.

Report Details:

- **New patient access**: All active providers, indication of accepting new patients, and time to next new patient appointment if applicable
- **Existing patient access**: All active providers, time to 3rd next available well-visit and sick-visit appointment for existing patients

Due Dates: Current CTC Practices: Jan, April, July Oct : 15th CTC will send current CTC practices a "provider file" link which includes access information data fields; once practices complete data fields in link, CTC will send access information to BCBSRI;

Non-CTC Practices: January 20, April 20, July 20, October 20; pcmh@bcbsri.org

Source: 2019 BCBSRI Advanced Primary Care Policies

NCQA Monitoring Access and Quality Improvement

QI Competency A: Measuring Performance.

QI 03 (Core) Appointment Availability Assessment: Assesses performance on availability of major appointment types to meet patient needs and preferences for access.	
GUIDANCE	**EVIDENCE**
Patients who cannot get a timely appointment with their primary care provider may seek out-of-network care, facing potentially higher costs and treatment from a provider who does not know their medical history. The practice consistently reviews the availability of major appointment types (e.g., urgent care, new patient, routine exams, follow-up) to ensure that it meets the needs and preferences of its patients, and adjusts appointment availability, if necessary (e.g., seasonal changes, shifts in patient needs, practice resources). A common approach to measuring appointment availability against standards is to determine the third next available appointment for each appointment type.	• **Documented process** ***AND*** • **Report** ***Documented process only***

NCQA Monitoring Access and Quality Improvement

PCMH Annual Reporting Requirements: Reporting Period January 1, 2020 –December 31, 2020

Patient-Centered Access and Continuity (AR-AC)

The practice continues to monitor appointment access.

Report the following:

AR-AC 1 Access Needs and Preferences	(Required)

1. Monitoring Access Needs and Preferences—Question

Site-specific

How does your practice monitor access needs and preferences to ensure existing access methods are sufficient for its patient population?

Select all that apply:

- ☐ Actionable survey questions.
- ☐ Access specific questions on comment box form.
- ☐ Patient interviews.
- ☐ Other_____.

2. Access Categories—Question

Site-specific

Which access methods are assessed for sufficiency of meeting patient needs?

Select all that apply:

- ☐ Same-day appointment availability.
- ☐ Routine appointment availability.
- ☐ Appointment availability after hours.
- ☐ Alternative appointments (type, availability, convenience).
- ☐ Timely clinical advice during office hours.
- ☐ Timely clinical advice after office hours.
- ☐ Electronic patient requests.
- ☐ Other_____.

NCQA Monitoring Access and Quality Improvement

AR-QI 4 Monitoring Access (Required)

1. Monitoring Access Needs—Question

Shared

How does your practice monitor demand for appointments to ensure appropriate access and level of care for major appointment types?

Select all that apply:

- ☐ Third next available appointment methodology.
- ☐ Electronic system integrated into EHR.
- ☐ Electronic system using spreadsheet or other type of electronic log.
- ☐ Manual process using structured paper format.
- ☐ Other: _____.

Patient Satisfaction: CAHPS Access Questions

Access

- Q13. Always obtained appt. for urgent care as soon as needed
- Q15. Always obtained appt. for check-up or routine care as soon as needed
- Q17(adult) Q 18 (child) . Always received same day response when contacting provider's office during regular office hours

How does your practice assess access?

3 Building Blocks for Improving Access to Care

3 Building Blocks for Improving Access to Care

1. Panel Size Management

- Create manageable panel sizes, ideally paneling patients to a team
- Strategies for panel management:
  - email encounters, group visits, nurse visits, and health coach visits
  - replace multiple low-level visits with one robust visit when medically appropriate
- Utilize behavioral health care providers

Reference: Willard R, Bodenheimer T. *The Building Blocks of High-Performing Primary Care*. California HealthCare Foundation, April 2012.

3 Building Blocks for Improving Access to Care

2. Continuity of Care

- Patients should be seen by the provider to whom they are empaneled as often as possible in order to:
  - Improve patient outcomes
  - Reduce demands for patient care by eliminating the need for additional follow-up by regular provider

Reference: Willard R, Bodenheimer T. *The Building Blocks of High-Performing Primary Care*. California HealthCare Foundation, April 2012.

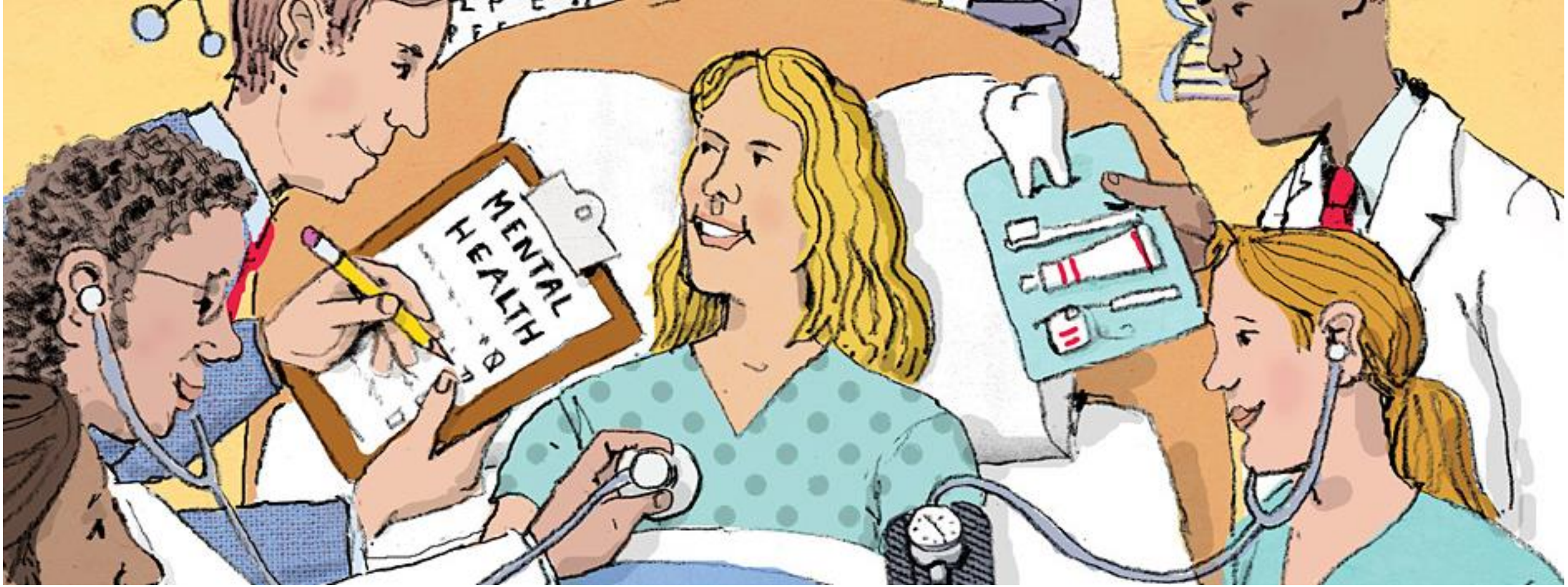
3 Building Blocks for Improving Access to Care

3. Team Care

- Empower nurses and/or medical assistants to handle routine chronic and preventative care tasks without involving the physician
- Examples of team-based care model:
  - Nurses can conduct complex care management,
  - Front desk staff can reach out to patients who need but have not received evidence-based care,
  - Medical assistants (MAs) can provide patient self-management support, and
  - Pharmacists can conduct medication reconciliation and management

Reference: Willard R, Bodenheimer T. *The Building Blocks of High-Performing Primary Care*. California HealthCare Foundation, April 2012.

What strategies have practices used to increase access?



Expanding Access through Team Care

Case Study:
Expanding Access through Team Care (EATC)

In 2014, Blue Shield of California Foundation (BSCF) launched the (EATC) Program to support safety net clinics across the state in strengthening their team-based care model in order to increase access to care.

BSCF partnered with the Center for Care Innovations (CCI) to administer the program and coordinate technical assistance and peer learning opportunities.

Case Study:

LA Christian Health Centers

LA Christian Health Centers (LACHC) participated in EATC with one primary care team at the Joshua House clinic.

Located in the Skid Row area of downtown Los Angeles—known for its large homeless population—clinic patients are predominantly homeless and live on the streets, in mission shelters, or in temporary housing.

EATC Program

EATC consisted of:

- Grant funding ($50,000-$75,000)
- Two in-person learning sessions
- Monthly webinars
- Individualized practice coaching & technical assistance
- Site visits to primary care clinics with exemplar practices related to team care (supported with additional funding from the Hitachi Foundation)

EATC Metrics

- No-show rates
- 3rd next available appointment
- Missed opportunities
- Clinical measure: tobacco screening, weight screening, or blood pressure control
- Patient experience

Expanding Access through Team-based Care

Through EATC, the LA Christian Health Centers team increased access by strengthening team communication, expanding team member roles, and implementing new scheduling strategies.

The clinic was also able to address some structural and process challenges at the front desk.

Expanding Team Roles and Strengthening Communication

- The LACHC team revised job descriptions and mapped workflows to clarify each team member's role and responsibilities
- Standing orders were developed for the MAs to provide HIV and diabetes care, which offloaded some work from the charge nurse and provider
- The process resulted in the team creating a new Lead MA position at the clinic to oversee the MA activities

Expanding Team Roles and Strengthening Communication

- The charge nurse role was also expanded to include flip visits, where the nurse provides a majority of the patient care to free up provider time
- Flip visits are being used to give the charge nurse more responsibility for seeing high-risk chronic case management patients

Expanding Team Roles and Strengthening Communication

- To implement these expanded roles, strong and consistent communication was needed between team members
- Communication among team members was supported through morning huddles and discussions of tests changing workflow at staff meetings each month

Elevating the role of the PRS

- The role of the front desk staff, called patient registration specialists (PRS), was redefined during the EATC program to give the PRS greater ownership of the schedule and more responsibility for managing the patient panel

Elevating the role of the PRS

- The PRS implemented a new strategy called “grading the patient” where each patient is assigned a grade (A-F) based on no-show history
- Patient grades were used to see where the clinic could strategically double-book walk-in patients
- The PRS also looked for opportunities to fit flip visits into the schedule with the charge nurse and clinical pharmacist, which increased patient access to care with minimal time from the providers

Elevating the role of the PRS

- When a patient would benefit from additional support that the social workers or behavioral health team could address, the PRS made a note that the patient needed a provider referral and looked for opportunities for a warm hand-off
- When warm-hand-offs were not possible, the PRS would schedule a follow-up appointment for the referral
- Schedule changes and referral/warm hand-off requests were communicated to team members via walkie-talkie in real time and through notes in the clinic's EHR

Elevating the role of the PRS

- The primary care schedule template was also redesigned and simplified as a result EATC
- All appointment slots became uniform—20 minutes per patient
- There was also time built in after morning and afternoon visits for providers to finish charting
- The new template eliminated restrictions on which appointment type fit into which appointment slot, giving the PRS more flexibility and further increasing access

Lessons for expanding the role of the front desk staff

- ***Empower the front desk staff***, giving them the opportunity to take ownership of the schedule and letting them feel comfortable revising the schedule to prevent unused appointment slots.
- ***Integrate the front desk as part of the care team***. Communication between the front desk and the rest of the team is essential to keep everyone informed of schedule changes and help the team adjust in real-time.
- ***Expand the roles of other care team members***, such as introducing flip visits to the role of nurses, so the team as a whole can help increase the capacity of the schedule. This will help the front desk improve access even more and maximize flexibility in the schedule.

Redesigning the lobby and front desk

The Joshua House clinic faces significant space challenges in its current building, which was formerly a hotel and has three levels and narrow hallways. To address these issues they;

- Expanded the front desk from two to five check-in windows which served to:
  - Improved patient access to the Patient Services Representative (PRS), patient navigator, and enrollment and retention specialist
  - Improved overall security by opening the waiting room to the view of front desk
- Created a new Lobby Attendant position to help facilitate the check-in process, monitor patient flow, and help with building security

Key Outcomes

- As a result to the changes to how the schedule is managed, LACHC's missed opportunities (i.e. unused appointment slots) dropped from 21 in the third quarter of 2014 to only 1 in the second quarter of 2015
- The care team is a more cohesive group, coordinating to maximize workflow efficiency and stay nimble as the schedule changes over the course of the day
- The role of the PRS has become central to the care team functioning efficiently by anticipating where the schedule will flex and keeping appointment slots filled

Key Outcomes

- The care team's capacity to see patients has increased to match the improved access the PRS has created in the schedule
- The care team maximizes the services received by patients during their appointment slots, through standing orders, flip visits, and warm hand-offs
- This is especially important for the homeless patient population at Joshua House where no-shows are common and patients often come to the clinic needing multiple services

Thank you!