

Lessons Learned from Implementation of Advanced Access



*Lawrence Heights
Community Health Centre*

Lawrence Heights Community Health Centre



- A not for profit, charitable organization that provides a wide range of services to address a wide range of primary and community health issues in ways that are respectful and reflective of our community's diversity.
- Celebrated 30 years of service in 2004.

Lawrence Heights Community Health Centre



- 50 staff
- 5422 active clients
- 27,206 individual encounters (04/05)
- 9004 visits to groups and programs (04/05)
- Most clients face barriers to accessing healthcare (poverty, education, language, insurance status).

Community Health Centre Mandate



To improve the health of individuals and communities by:

- promoting equity in health
- strengthening the role of the individual and the community in health and health care delivery
- encouraging linkages among health services and with social and other community services
- providing comprehensive primary care that makes the most efficient use of health care providers and resources
- promoting health and preventing illness in a population health framework

Programmes and Services Overview



- Comprehensive primary care for individuals and families using an interdisciplinary team of providers that may include:
 - Physicians
 - Nurse Practitioners
 - Community Health Nurses
 - Dietitians
 - Chiropractors
 - Dental Staff
 - Therapists/Social Workers

Programmes and Services Overview



- Health promotion including:
 - Health Education
 - Counselling and Self Help
 - Community Development and Action on Community Health Issues
 - Diabetes Education Centre
 - Early Years Programmes
 - Harm Reduction Programmes

What Is Advanced Access?



- Also called 'Open Access'
- A method of adding capacity to a practice by not booking ahead
- In it's pure form, clients call and are seen the same day

Where Did it Come From?



- Pioneered by Dr. Mark Murray of Kaiser Permanente
- Taken from Best Practice in Industry
- Used in HMO's to increase # of patients that can be served without increasing staff

The Philosophy...



- Do Today's Work Today
- Although demand for services is variable, it is also predictable
- Don't make things more complex than they need to be

Why Do This?



- Long Waiting Times to See a Provider
- High No Show Rate
- To Increase Quality of Care
- To Increase Client Satisfaction
- To Increase Capacity

How to Do This



- Get buy in from the team
- Measure your supply and your demand
- Analyze patterns of usage
- Plan your schedules and processes based on your own data
- Set a start date
- Work down the backlog

Impacting Variables



- % of prebooked time in schedule
- How far in advance is advanced?
- How will complex clients be served?
- Does every discipline do advanced access?
- How to handle frequent flyers?
- Technology needs – i.e. phone systems
- Capacity

Supply Must = Demand



- Formula:

Estimated Daily Demand =
Panel Size X .0075 - .0080

- Closed vs. Open Practice

Previous Models



October 2003

- Call at 8:30am or 1:30pm for same day/next morning appointments

April 2004

- Call within 24 hours for all appointments

The Current Model



- **57% of appointments are same day**
- **Afternoon appointments with physicians and nurse practitioners are booked each morning**
- **Morning and evening appointments may be pre-booked**

Our Work Plan



- Committee...of course...
- Visited an HSO using Advanced Access
- Both clinical and administrative team collected data
- Educated the clients
- Hired a locum to work down the backlog
- Continual evaluation and modification

Indicators of Success

How will we know the system is working?



- Waiting time for an appointment < 2 days
- Increased utilization of available appointments
- Clients report satisfaction with system
- Staff report satisfaction with system
- Clients can see a consistent provider

Waiting Time Results



April 2003

- 30 Days

December 2004

- Same Day <8hrs

- Prebooked <1wk

April 2006

- Same Day <8hrs

- Prebooked <3wks

Utilization Results



No Show Statistics

- Sept. 2003 = 23.5%
- April 2004 = 4.5%
- Nov. 2004 = 13%
- April 2006 = 15%

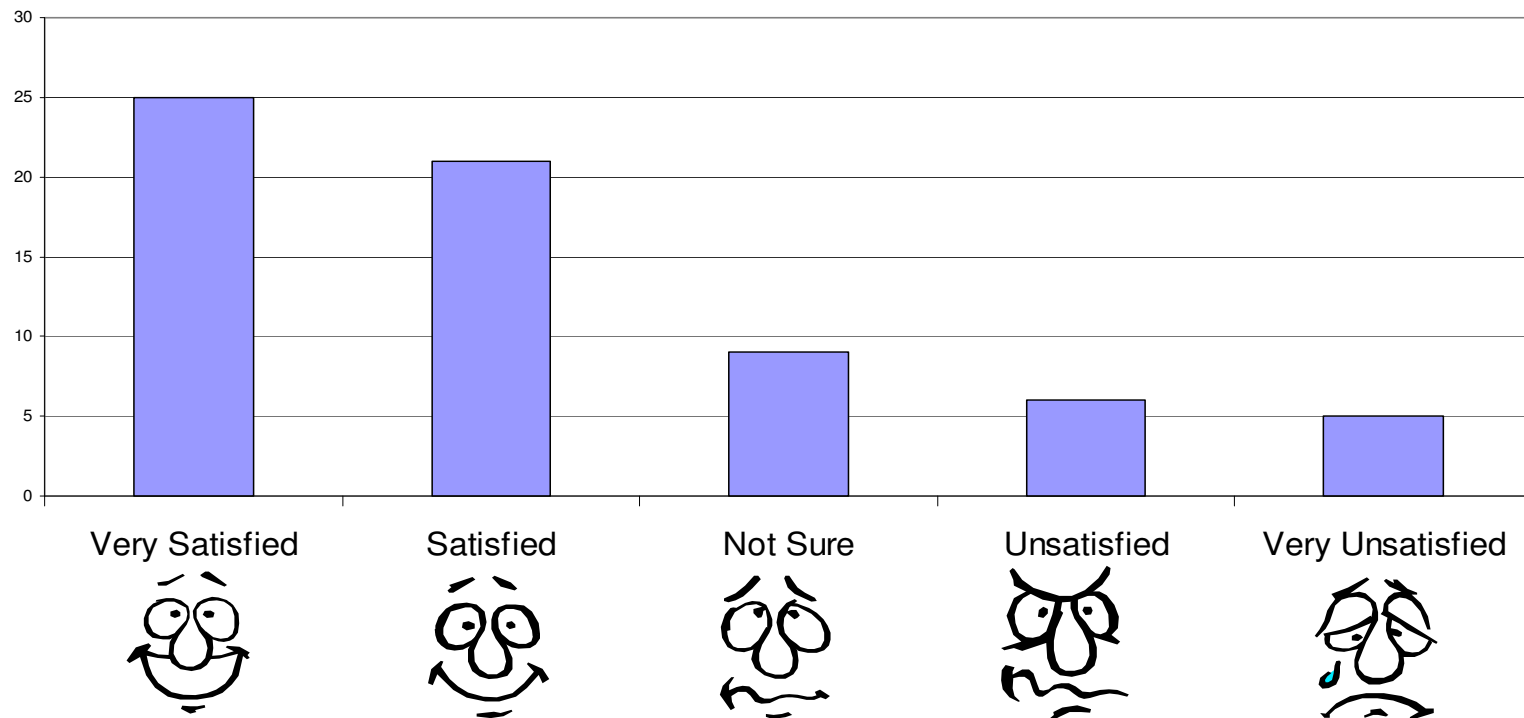
Encounters Increased By:

- 45% from Sept. 2003 – April 2004
- 41% from Sept. 2003 – Nov. 2004

Results from Feedback Cards



How satisfied are you with how we schedule our appointments using the "within a day" system?



Staff Satisfaction



Staff Survey results:

- teamwork ratings increased from 'good' to 'very good'

Consistency of Provider



% of Appointments with Primary Provider:

September 2003 78%

April 2004 80%

November 2004 84%

The Benefits



- We are seeing clients when they are sick.
- We increase the ability to maintain an open practice in our community.
- We have greater satisfaction of our clients and staff.
- We have greater flexibility of schedules

The Challenges



- Follow up of high risk clients.
- Frequent flyers fly more often.
- Coordination of Care
- Administration Issues (finding charts, admin time)
- Technology Limitations (phone, computer)
- Keeping Pace with Change.

Lessons Learned



- No system will solve all your problems.
- Need to differentiate between “needs” and “wants”.
- Don’t be swayed by vocal minority.

Summary



- Access Improvement Removes Barriers
- Access Improvement Increases Utilization and Effectiveness of Scarce Resources
- Access Improvement for the Broader Health Sector

References and Resources



- Murray M, Tantau C. Same-Day Appointments: Exploding the Access Paradigm. *Family Practice Management*. 2000, September.
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Questions

