Access to Timely Care: An Academic Health Center Dilemma

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Introduction

- Access to high quality health care in a timely manner has become a major challenge across this country.

- It is especially prevalent in Academic Health Centers (AHCs) because of the sub-specialization nature of clinician faculty within AHCs and the fact that clinician faculty are not available as full-time clinicians.

- The question is what do we do to address the issues of access?

Causes of Access Issues – Capacity Management

- Lack of Availability of Faculty for Clinical Care
- Insufficient Number of Sessions at 240 Minutes
- Insufficient Number of Right Slots per Session
- Blocking of Special Purpose Slots Requiring Permission for Use
- No Shows and Last Minute Cancellations Prevent Maximum Productivity of Schedulable Slots
- Bumping Patients Less than 60 Days Prevents Maximum Productivity of Schedulable Slots
- Bricks and Mortar Mentality
- Lack of Trusting Relationships with Clinicians in Community

Causes of Access Issues – Capacity Management

KPI	FY2015	FY2017	Benchmark
Median New Patient Lag Time	30 days	25 days	14 days
Arrival Rate	65%	77%	90%
% Scheduled, But Not Arrived – First Pass	35%	35%	20%

Solutions of Access Issues – Capacity Management

- cFTE – Is it right?
- Session length – Is it 240 minutes?
- # of Sessions – How many sessions/CFTE? How many clinical days per year?
- Insufficient Number of Right Slots per Session – Visit Duration Driven? % New Patients?

Visit Durations	Direct Patient Care/Session Length (Minutes)	# of New Patient Slots per Session/Day	# of Slots per Session/Day (Without Students)	# of Slots per Session/Day (With Students)
5 and 10 minute	180/240	6/12	30/60	24/45
10 and 20 minute	210/240	4/8	20/40	15/30
15 and 30 minute	240	2/4	14/28	10/20
20 and 40 minute	240	2/4	10/20	8/15
30 and 60 minute	240	1/2	7/14	6/11

Solutions of Access Issues – Capacity Management

- Blocking of Special Purpose Slots Requiring Permission for Use – Do not allow? Freeze and Thaw certain slots?

- No Shows and Last Minute Cancellations Prevent Maximum Productivity of Schedulable Slots – Schedule Horizons? Financial Penalties? Double Book? Self-Scheduling?

- Bumping Patients Less than 60 Days Prevents Maximum Productivity of Schedulable Slots – Emergency only; Reschedule within 14 days; Can't use existing capacity.

- Bricks and Mortar Mentality – Optimizing Space? Virtual Care?

- Lack of Trusting Relationships with Clinicians in Community – Referring to affiliated community providers?

Causes of Access Issues - Communications

- Communications
  - There is No Connection Between the Call Center and the Clinical Departments
  - The Call Center Doesn't Have an Effective Provider/Patient Matching Solution
  - Wait Times to Answer and Process Calls Are Still Too Long

Causes of Access Issues - Communications

KPI	FY2015	FY2017	Benchmark
% Calls Answered	65%	85%	95%
% Calls Answered within 30 seconds	49%	61%	80%
Average Speed to Answer	600 seconds	83 seconds	30 seconds
Abandonment Rate	30%	11%	< 5%

Solutions of Access Issues - Communications

- Communications
  - There is No Connection Between the Call Center and the Clinical Departments
    - ✓ Redesigning under a "POD" model
    - ✓ Decentralize certain calls?
    - ✓ Dyad reporting
  - The Call Center Doesn't Have an Effective Provider/Patient Matching Solution
    - ✓ Internal – EPIC Questionnaires?
    - ✓ External – Kyruus, Zoc Doc?
    - ✓ Protocol development – Any restrictions?
  - Wait Times to Answer and Process Calls Are Still Too Long
    - ✓ What is the call centers purpose? Scheduling? Referrals? Care Questions?
    - ✓ Considering a partnership model with external vendor

Access Survey

Discussion?