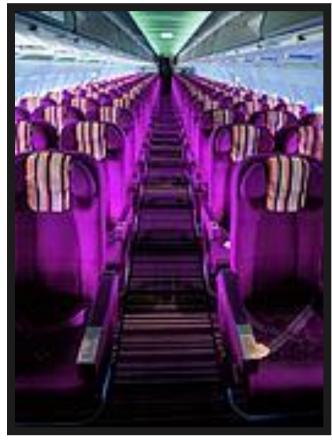
# Patient Access Challenge

Elizabeth W. Woodcock, MBA, FACMPE, CPC www.elizabethwoodcock.com

### Why so Challenging?



www.corbis.com

Physicians' & any Billable
Provider - Time
is the Most
Precious Asset

**Defines Your Capacity!** 

### Why so Challenging?

Green

Contracted but not Provided

Gray

Blocked Held Private Reserved

**Unusable** 

White

Available and Resourced – Space and Staff – but not Occupied





### Speaker Background

Elizabeth W. Woodcock, MBA, FACMPE, CPC Speaker, Author, Trainer www.elizabethwoodcock.com

- MBA, Wharton School of Business, University of Pennsylvania
- BA, Duke University
- Fellow, American College of Medical Practice Executives
- Certified Professional Coder
- Author, 17 textbooks and more than 500 Articles
- Founder and Principal, Woodcock & Associates
- Former Consultant, Medical Group Management Association; Group Practice Services Administrator, University of Virginia Health Services Foundation; Former Senior Associate, Health Care Advisory Board

#### Founder





### Speaker Background

Augusta University Medical Associates

Baylor College of Medicine

Baylor Scott & White/Texas A&M

Baystate Health

Beaumont Health (Oakland University William Beaumont SOM)

Boston Children's Hospital\*

Brigham and Women's Health Care

Cedars-Sinai Medical Center

Children's Hospital Colorado\*

Children's Hospital of the King's Daughters\*

Children's Healthcare of Atlanta\*

Children's Hospital of Dartmouth\*

Children's Hospital of Philadelphia\*

Cincinnati Children's Hospital Medical Center\*

Columbia Doctors

Dartmouth-Hitchcock Medical Center

Duke Medicine

The Emory Clinic

Geisinger Health System

Henry Ford Health System

Indiana University Health Physicians

Johns Hopkins Medicine

Keck Medicine of University of Southern California (USC)

Lurie Children's Hospital\*

Marshfield Clinic Health System

Massachusetts General Physicians Organization

Mayo Clinic

MD Anderson Cancer Center

Medical University of South Carolina Physicians

Michigan Medicine

Mount Sinai Medical Center

Nebraska Medicine

Nemours DuPont Children's Hospital\*

New York-Presbyterian Hospital

Nicklaus Children's Hospital (Miami)\*

Northwell Health Physician Partners

Northwestern Medicine

Ohio State University Physicians

Oregon Health and Science University

Penn State Hershey Medical Group

Rush University Medical Center

Riley Children's Hospital\*

Saint Louis University (SLU) Care

Seattle Children's Hospital\*

Seton Health Alliance (Dell Children's)\*

Southern Illinois University Medicine

SUNY at Stonybrook

Texas Children's Hospital\*

Tufts Medical Center

**UAB Medicine** 

UC Davis Health System

UCLA Medicine

UF Health Gainesville

University of California San Francisco (UCSF) Medical Center

University of Colorado Health

University of Florida - Jacksonville Healthcare

University of Iowa Health Care

University of Kentucky HealthCare

University of Louisville Physicians

University of Massachusetts Memorial Medical Center

University of Mississippi Medical Center

University of New Mexico Hospitals

University of Pennsylvania Health System

University of Queensland - Ochsner Clinical School

University of South Alabama (USA) Health

University of South Florida (USF) Health Physicians Group

University of Texas Medical Branch

University of Texas Southwestern Medical Center

University of Utah Health Care

University of Vermont Health Network Medical Group

University of Virginia Health System

University of Washington Medicine Vanderbilt University Medical Center Virginia Commonwealth University (VCU) Health System Virginia Mason Medical Center Wake Forest Baptist Medical Center Weill Cornell Physician Organization Yale Medicine



\*Children's Hospital Access Symposium



CONCIERGE
CHPICE
PHYSICIANS \*\*
PERSONAL CHOICE. PERSONAL CARE.

"Access to Care": #1 on Healthy People 2020 Report















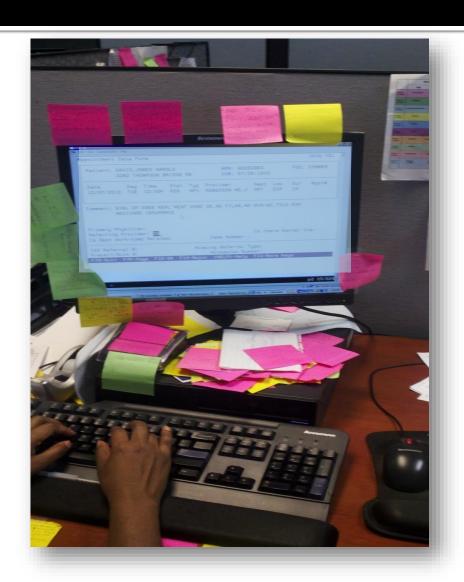






Challenge? Templates are so complex that ...

- •Schedulers can't schedule – or cost of rework very high
- Productivity is actually constrained because slots go unfilled

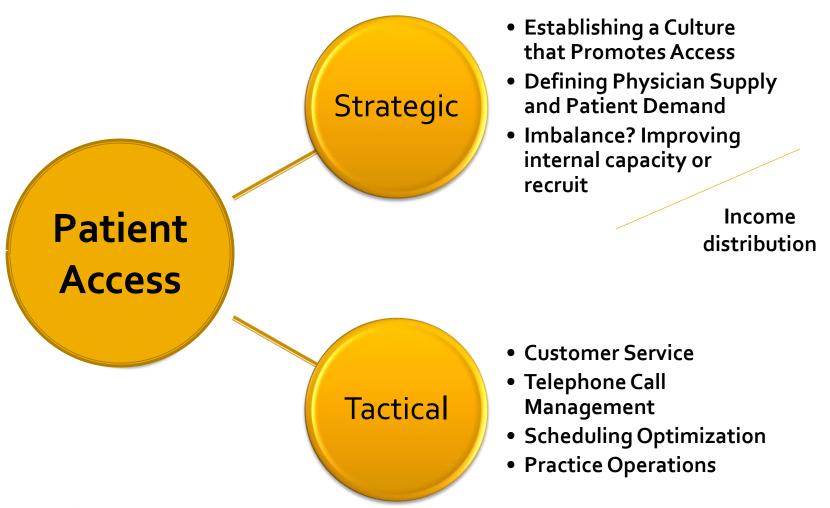


- Get voicemail. Get an automated phone attendant. Expand the parking lot. Hire some more staff. Install an EHR.
- 2. "Elizabeth, we could do our jobs really well if we just didn't have any patients..."





- Collection of patient experience...data on access to care and development of an improvement plan....
- Performance of regular practices that include providing specialist reports back to the referring ... clinician...to close the referral loop...
- Timely communication of test results defined as timely identification of abnormal test results with timely follow-up.
- Implementation of regular care coordination training.
- Track patients referred to specialist through the entire process.
- Access to an enhanced patient portal that provides up to date [clinical] information...and includes interactive features allowing patients to enter health information and/or enables bidirectional communication about medication changes and adherence.



#### **wRVU Income Distribution Model**



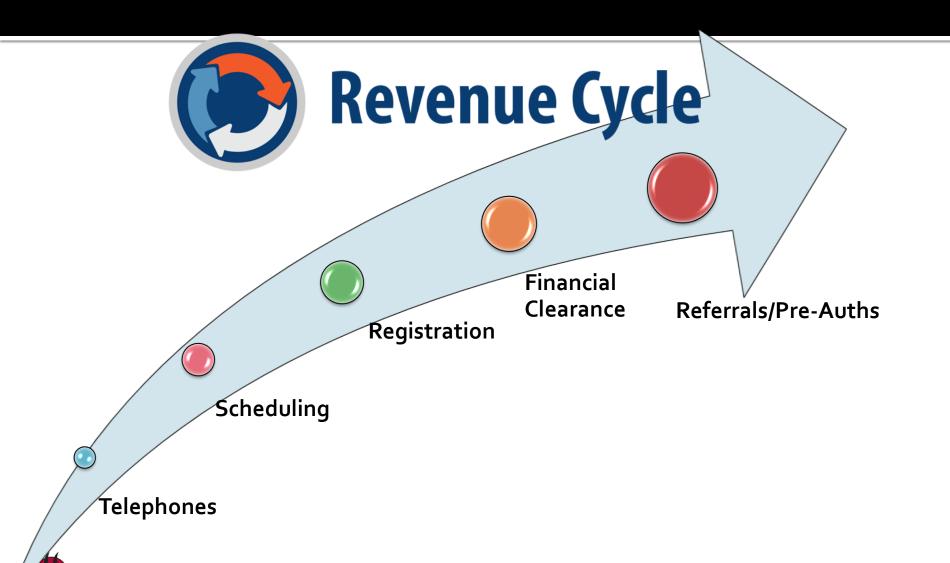






The
Established
Patient
Always Wins



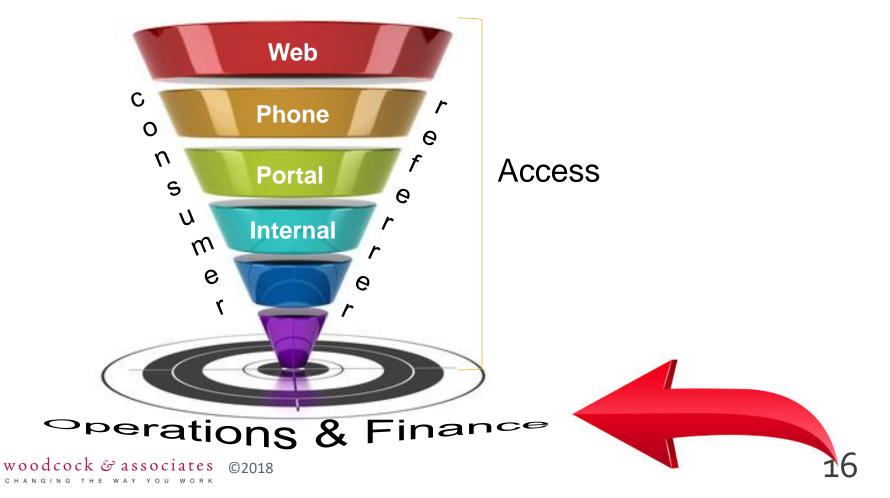


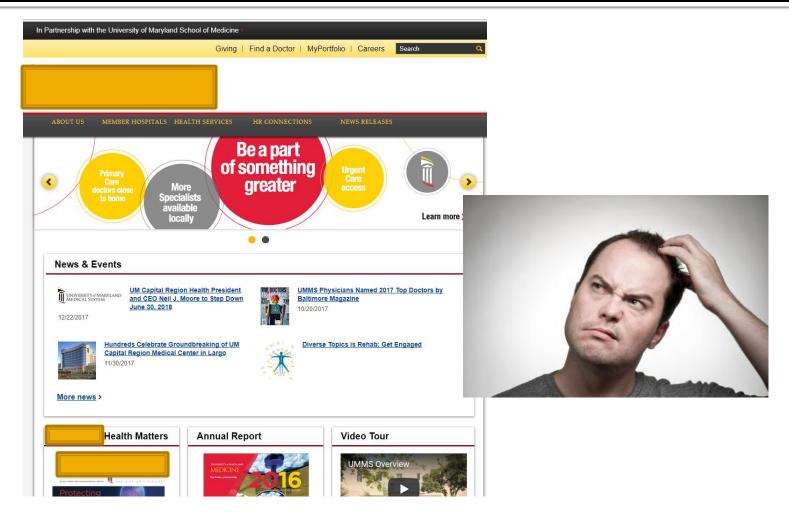


- Space
- Post-ambulatory care
  - Imaging
  - Procedure
  - Operating room

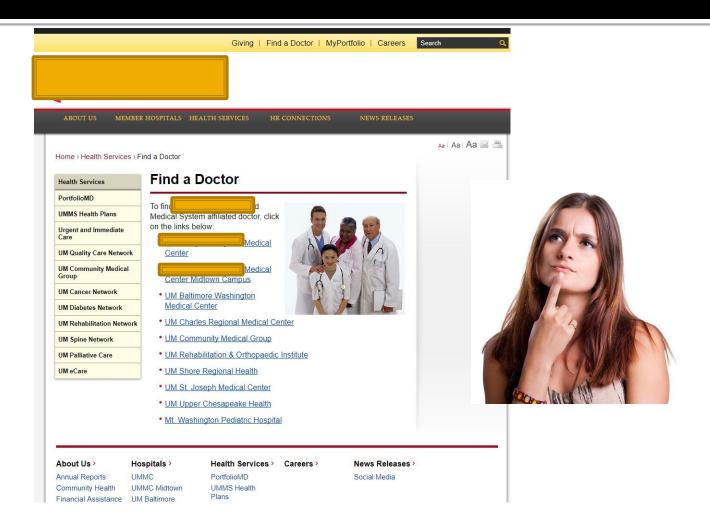


#### Awareness

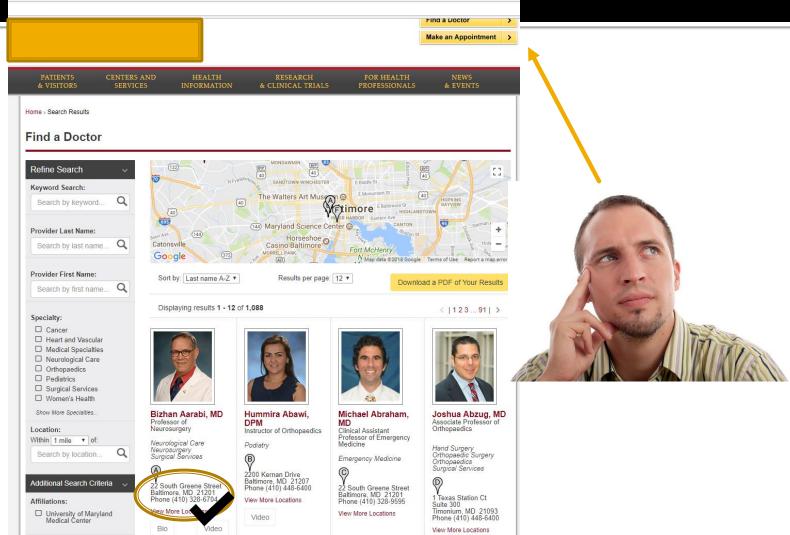




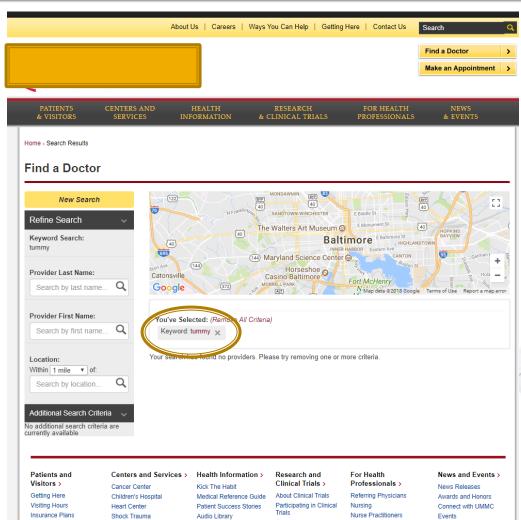






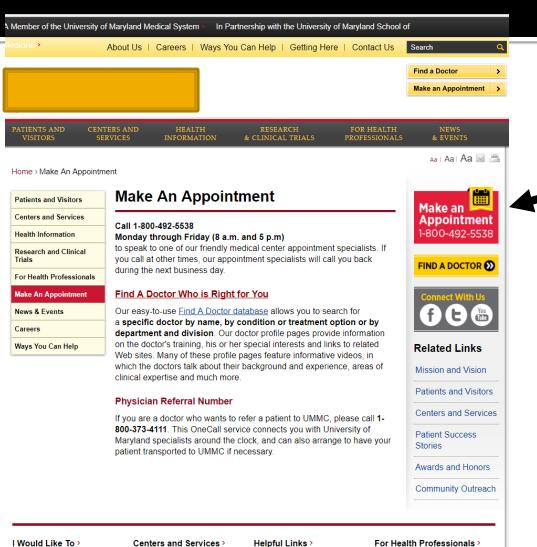








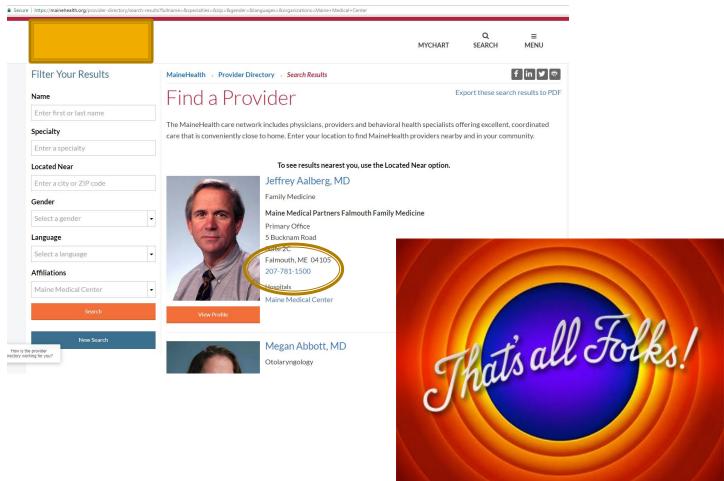












\$4.24

Cost to handle a call

<sup>®</sup>40%

Call about an appointment

<sup>®</sup> 25%





Of appointment calls are from new patients

<sup>®</sup> 80%

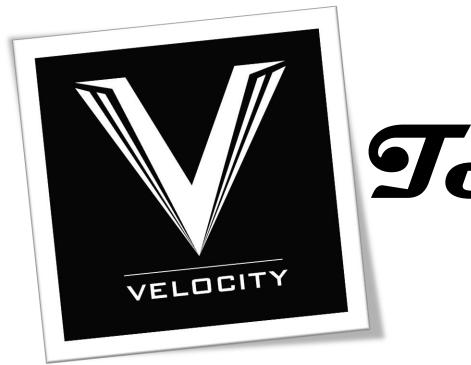
Of new patients book an appointment

64.00%

Of new patients actually arrive

Sources: \$4.24: 2017 Call Center Directors' Roundtable Survey: Average cost per call handled in a central call center; 40%, 25% and 80%: Speaker's experience based on 75-plus interviews with health systems; 64.2%: 2018 Patient Access Symposium median based on the inverse of "percentage of new patients arrived within 14 days."







To Care

#### Surgical Yield\*

**A%** 

Scheduled but not arrived rate.

X%

New patient arrived visits who are surgical visits as a percent of candidates as a percent total arrived visits. of total arrived visits.

Y%

New patient arrived

Desired case volume.

X = 20

A = 40

Y = 35

Z = 14

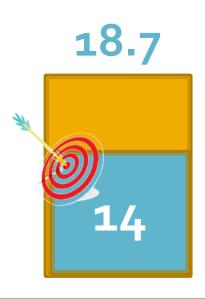
20% of new patients seen (arrived) in New Clinic translate into surgical cases. 35% of the total arrived visits are new-patient arrived visits. If the desired volume is 14 cases per week, and the "scheduled but not arrived" rate is 40%, the schedule template for New Clinic should hold total slots, and new-patient slots per week.





- Metrics
  - New patient lag time (NPLT)
  - Percentage of new patients scheduled (or arrived)
     seen within 14 (or 2, 3 or 10) days
  - Scheduled but not arrived and why
  - Patient satisfaction survey questions (accessrelated)
  - Telephone-based statistics (abandonment rate, etc.)







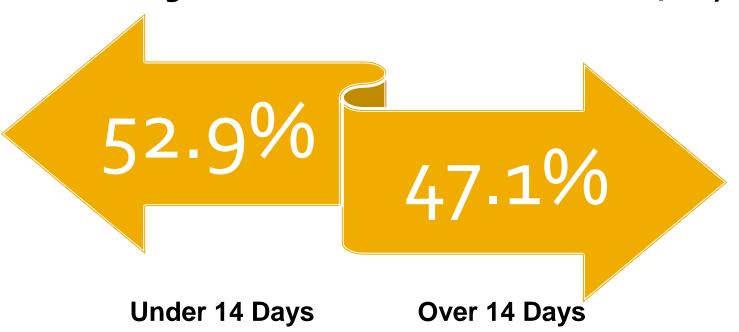
#### **New Patient Lag Time**

#### Scheduled but not Arrived

Source: 2018 Patient Access Benchmark Survey, median. NPLT based on "scheduled." Data may not sum because medians reported. ©Patient Access Symposium® 2018. All rights reserved.



#### Percentage of New Patients Arrived within 14 Days

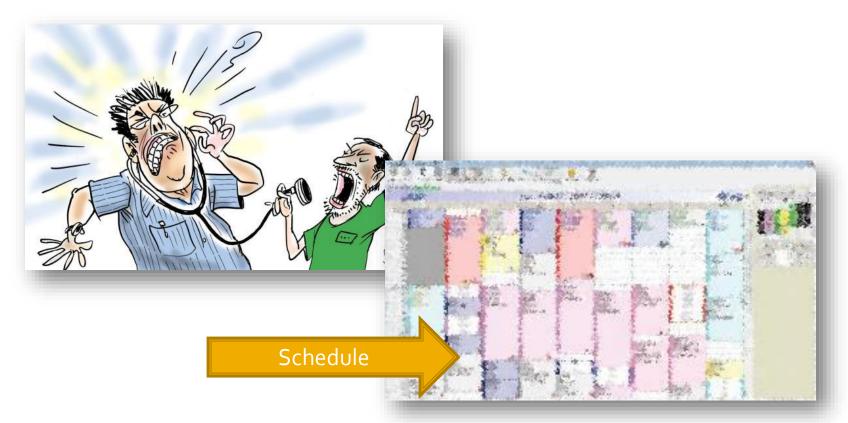


Source: 2018 Patient Access Benchmark Survey, median. © Patient Access Symposium 2018. All rights reserved.



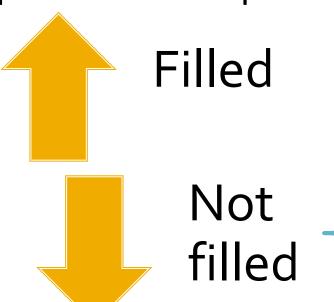
#### **Demand**

#### **Defining Patient Demand**



**Demand** 

Disposition of requests



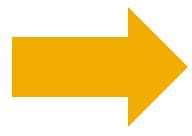
- Medical records request
- Patient/referringdissatisfied with timeliness
- Insurance issues
- Location
- •Others?





**Demand** 

Disposition of requests



Filled but not arrived

- Missed (no-show)
- Cancelled
  - •Rescheduled?
- Bumped
  - •Rescheduled?
- Pending (no charges)



**Demand** 

Leakage



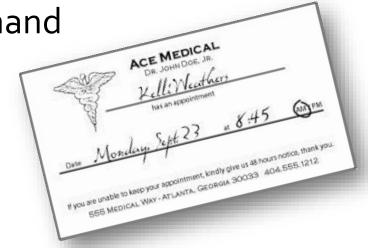
- Communication channels
  - Referring v. consumer
  - Online access
  - Third-party vendors
  - Internal (intra-department)
  - Employee base

**Demand** 

- Physicians create demand
  - Return-to-clinic
  - Return visit intervals
  - Alternative fulfillment of demand
  - Demand prevention
  - Patient channeling
  - Monday phenomenon
  - Patient graduation



**Demand** 





Build

Supply

Standards for Capacity

- Session durations
- Visit type durations
- Weeks per year
- Follow-up intervals
- Bumps/cancel clinics



#### CFTE

CFTE = Clinical Full-time Equivalent





#### **Supply**

- Structure
  - Reduce appointment types
  - Utilize time versus type
  - Stagger start/end time
  - Eliminate mid-session holds
  - Double-book first appointment
  - Freeze and thaw slots

CAUTION: Drives centralized scheduling and patient self-scheduling





### "Self-Scheduling?"

Supply

Request

Patients make the request online, but you call to actually schedule



Direct

Established patients book their own appointments

Open

New patients book their own appointments



#### Optimize

**Supply** 

- Overbook based on no-shows
  - Understand the probability of a no-show
- Double-book specific visit types
  - Hospital Discharge / ED Follow-up
- Programs designed to fill last-minute cancels
- Same Day / Priority Access
- Team scheduling / shifting volumes
- Space Utilization level scheduling / after hours



#### Supply









### **Speaker Contact**

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## Geisinger Rheumatology

