Access Case Study

Background

The Family Practice Renewal Program supports Blended Capitation Groups with Practice Facilitation resources to support practice optimization. This remuneration model enables greater use of team-based care to ensure the needs of patients are met in a timely manner - "right provider, right care, right time."

Case Study Overview

Challenge: The physician was experiencing complaints from patients due to a long wait time (established at 20 days (3 weeks) baseline). The wait times were lower prior to the physician going on vacation 6 months earlier and have slowly crept up since she returned.

Interventions

1. Collect data on current supply/demand and time to the third next available appointment. Both internal and external demand data was collected.

2. Devise a strategy for decreasing wait times based on the data collected.

Intervention 1 – Data Collection

1. The staff booking appointments used a standard template to collect supply and demand data
2. The data was collected for one week
3. The data was analyzed and results shared back with the physician

KPI: Collect 100% of the data in that week

Results: The data collected for this period indicated that supply and demand were in balance, suggesting that the challenge is with backlog accumulation and not a supply and demand mismatch. The time to the third next available appointment was 20 days and data collected a few weeks later provided similar results.

Intervention 2 – Backlog Reduction Strategy

The physician was presented with a plan that included the following initiatives:

1. Look ahead in the schedule and consider if there are any appointments that are either not necessary or could be replaced by a phone call
2. Identify where patients have more than one appointment booked in a short period of time and determine if both appointments are necessary
3. Look at current practice with respect to revisit rates and prescription renewals and see if the interval rate can be increased
4. Evaluate if the urgent spots are being fully utilized each day and if not consider holding less spots
5. Reception staff were asked to consider what timing is necessary in booking appointments and to focus on managing the schedule versus booking appointments
6. Contingency plan for any upcoming planned absences
7. Consider reminder calls for patients who are habitual no-shows
8. Max-pack visits wherever possible

9. Look at the internal demand and determine if any of that demand could be eliminated or redirected. E.g. Can reception call if their test results were good?

KPI: Number of appts moved from a future booking into a sooner appointment; Time to the third next available appointment

Results: 6 months after the above plan was initiated the time to the third next available appointment is now an average of 8-10 days. There are often open appointment slots available on the same day. The physician has also started to use her open spots to make phone calls and has reduced 8-9 patient appointments each time she does this.

Next steps:

1. Continue to collect data to monitor any increases in the time to the third next available appointment and revise the plan if necessary.
2. The physician is going on holiday again soon and has locum coverage for only part of that time. In order to keep her third next available low and not increase her backlog, she and reception will be using scripts to encourage patients to see the locum in her absence and not book any unnecessary follow ups with her. She is also blocking part of her schedule for when she gets back and then using a structured approach to opening patient appointment slots to decrease the impact of the few days where the locum is not available.