Section 6.8 Optimize

Open Access

This tool provides information about implementing a scheduling system that reduces long wait times and appointment backlogs, complemented with scheduling and other changes in office policies.

Time needed: 1 hour

Suggested other tools: Approaches to Patient Communications; Patient Empanelment

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How to Use

1. **Review** the overview on open access to understand what it is and isn't.
2. **Become familiar** with the benefits and challenges of open access, and consider how these will impact the community-based care coordination (CCC) program.
3. **Review** the steps involved in implementing open access to best support the CCC program.

What is Open Access?

Open access is a scheduling process in which all appointments are treated equally and no appointments are booked weeks or months in advance. The process follows the principles of queuing theory that matches ***supply*** (provider availability) and ***demand*** (patient request for appointment). References about open access refer to the key rule for open access: "Do today's work today."

Open access has been implemented in different ways in different practice settings. For example, some multi-specialty clinics use open access only for primary care providers. Some practices use open access for all appointments except extensive physical exams and procedures. Open access is also known as *same-day scheduling*, although some practices find that opening a week at a time is actually more convenient for their patients. In this situation, it might be referred to as *advanced access*. Open access sometimes also refers to *elimination of gatekeepers*, such as health maintenance organizations, so that patients have direct access to specialists.

Benefits and Challenges of Open Access

The **benefits** of open access include:

- Reduction or elimination of delays in patient care without adding resources.
- Reduction in demand for appointments because most patients are able to see their own provider.
- Improved continuity of care because patient empanelment is supported and encouraged.
- Increased patient and provider satisfaction as a result of fewer angry patients often resulting in provider frustration.
- Cost and efficiency savings resulting from fewer "no-shows," significantly reduced or eliminated backlog management, and less time making patient reminder calls.

Potential **challenges** of open access include:

- Overcoming doubt in the process that may not seem intuitive. Because routine and urgent requests for appointments are treated the same, the model forces providers to abandon the belief that routine care can wait. Also, skeptical staff must be encouraged to believe that existing resources can meet demand.
    - Logistical challenges. Getting accurate data is key to minimizing logistical challenges:
        - Data about the size of each provider's panel (or if patient empanelment is not yet in place, then the size of the population each provider typically sees)
        - Data about demand. This should include not only how many patients seek appointments for each provider, but determining if there are seasonal, day of week, or other variations in demand for different providers.
        - Data about the number of appointment slots per day
        - Logistical challenges also can be minimized by accurately predicting demand for same-day appointments. It is important to be aware that demand based on retrospective data for a practice with a large backlog will not be a very good predictor because the number of past appointments may be more a factor of supply than demand. In general,

experience has demonstrated that about half of patients who call want an appointment the same day, a quarter will take an appointment the next day, and a quarter will take an appointment another time during the week.

- Reducing existing backlog. Some practices attempt to work down all backlog before starting open access. Unfortunately, this rarely is successful unless the practice brings in temporary providers to help. Others will initiate open access for those providers with the least backlog first and require other providers to work down their backlog. Unfortunately, not only does this result in failure to reduce the backlog because it is difficult to do so, providers may make no effort to reduce backlog because they do not trust the new approach.

Implementing Open Access

Once a practice determines it will adopt open access, there are several steps that can be taken to ensure it results in the benefits described:

1. **Educate all providers and staff,** and gain their commitment to open access prior to implementation. Key points should include:
    - *Treating all appointments the same*, with certain specific, defined-in-advance exceptions, such as comprehensive physical exams and procedures.
    - *Scheduling all appointments for all providers for the same amount of time* to the extent possible. Consider the past average and set that as the standard appointment time. Some practices may vary the time according to the specialty. For example, some obstetricians may block certain mornings for all routine first and second trimester patients to arrive at their convenience since most of these appointments are very short. Pediatricians may find it convenient to set aside certain days one or two weeks prior to the start of school just for immunizations and sports exams. Flu season and other high-demand times should also be anticipated and adjustments made. Finally, some practices only adopt open access for part of each day, certain days a week, or certain hours on certain days. In general, the simpler and more consistent the scheduling, the more effective it is.
    - *Requiring provider time off to be scheduled at least one week in advance* of the leave. That provider's schedule is then blocked for the week of return. Three days prior to the return date, half of the slots are opened for the first day back; two days prior, half of the slots are opened for the second day back; and one day prior to the return date the remaining slots are opened. This enables patients to request an appointment on the first day back and potentially obtain a same-day appointment.
2. **Develop a scheduling model** and policies/procedures to implement it.
    - A scheduling model should be based on data collected about past supply and demand and any changes anticipated for the near future. (See 1. b. above.)
    - Establish a go-live date, such as three months ahead, and accept no appointments for after that date until that date occurs. Patients who require

follow-up appointments after that go-live date should be told to call and make an appointment when they are ready to be seen. The practice should send reminders to those patients to call for an appointment about a week prior to the date they need the follow-up visit.

- Codify time-off scheduling and any other “rules” in policy.

3. **Provide complementary tools and processes**.
    - Many practices that implement open access also adopt a **patient portal** to assist with appointment scheduling. Increasingly, these portals allow patients to see all open slots that apply to them and to schedule their own appointments. Not only does the portal help reduce staff time (especially on Monday mornings), but it provides transparency for the patient, i.e., it is clear everyone is given the same amount of time; “When slots are filled, they are filled.”
    - Develop **scripts** for front desk staff/telephone receptionists so that they are comfortable working with patients in this new environment. Scripts may aid initial education, response to questions, handling of patients who are having difficulty with the new process, and other potentialities.
    - Practices are also starting to **adjust the hours the practice is open**. Some have found that starting the day earlier and ending earlier is better. Some have opened on Saturday mornings while taking off Wednesday afternoons. Some practices have extended the total hours they are available with providers working in shifts.
    - To ensure patients who need follow-up visits are seen, be sure to **send reminders** at appropriate times so that patients can call or logon to make their appointments.
    - **Adding advance practice professionals**, or “physician extenders,” has also been extremely effective for many practices, especially for routine obstetric, pediatric, or flu season types of visits.
    - **E-visits** via email and/or **telephone visits**, often conducted by advance practice professionals, is an option that enables a practice to provide a bit longer appointment time for patients who must make an in-person visit.
    - Using a **patient agenda** also ensures that visits are more contained within the specified period of time. (See *Patient-Provider Agenda.)*
    - **Introduce open access to patients**. Explain its purpose and how it will work. Include any policies you adopt in collateral material. (See *Approaches to Patient Communications.*) Explanations may include:
        - If you intend to charge no-show patients, define “no-show” and state the amount the patient will have to pay if the appointment is failed. Some practices also charge late fees; if so, state this in the material as well.
        - If you require the patient to bring identification and proof of coverage, state this. Practices often advise their patients that if they

cannot verify insurance at the time of the visit they must pay in advance with a credit card. If the patient subsequently provides adequate, correct insurance information, the practice can file the claim and have the payment sent to the patient. Most patients are willing to accept this arrangement for the practice accommodating them with promptly provided care. Many offices also adopt the policy that all co-pays must be paid at the time of the visit.

  - If patient empanelment has been adopted to improve continuity of care, decide how this will be done. If patients can make their own appointments online, it may be that they are presented only with open time for their provider. If the patient wants to be seen by a different provider, the patient is required to call for an appointment, at which time it will be emphasized that the patient may be asked to make a follow-up appointment with the primary care provider.

- **Provide feedback** to providers and staff. Initially, circulate a daily activity report. This might include daily performance as well as information about events (for example, providers on leave, special "clinics" for camp physicals, etc.) for the remainder of the week. Once the program is established, it might be suitable to distribute such a report weekly.
- **Make adjustments** to schedules as experience is gained. Because patients will becme the drivers of demand, over time, demand will become better understood and easier to accommodate.

Resources

The **Agency for Healthcare Research and Quality** (AHRQ) provides the following resources:

- Innovations Exchange on the topic of "open scheduling and related strategies [that] lead to zero wait time for appointments and few no shows at family practice [clinic]." Available at: http://www.innovations.ahrq.gov/content.aspx?id=1907
- Consumer Assessment of Healthcare Providers and Systems topic on "Open Access Scheduling for Routine and Urgent Appointments." Available at: https://cahps.ahrq.gov/quality-improvement/improvement-guide/browse-interventions/Access/Open-Access.html

American Academy of Family Physicians (AAFP) provides a list of articles and other resources on open access. Available at: http://www.aafp.org/fpm/viewRelatedDocumentsByTaxonomy.htm?taxonomyId=5

Open access is a requirement for the **patient-centered medical home** (PCMH) model of care. A variety of articles and resources are available from:

- National Committee for Quality Assurance (NCQA) (www.ncqa.org)
- Patient-Centered Primary Care Collaborative (PCPCC) (http://www.pcpcc.org/about/medical-home)

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For support using the toolkit

Stratis Health • Health Information Technology Services

952-854-3306 • info@stratishealth.org

www.stratishealth.org