Rethinking Patient Access:
7 Ways Orthopaedic Groups Can Redesign Their "Front Door" to Create a Competitive Advantage

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Why Patient Access Matters for Today's Orthopaedic Groups

After years of adapting to the Affordable Care Act, where healthcare is headed is anyone's guess. Yet, despite the potential policy changes in Washington, healthcare fundamentals remain largely unchanged including rising healthcare costs, decreasing reimbursement, growing demand for higher-value care, greater consumerism in healthcare, and greater provider competition. If anything, these changes may accelerate in the coming years.

Given these myriad pressures the ability to provide timely, consistent and convenient access (e.g. "the front door") to outpatient care is becoming an increasingly important differentiator for orthopaedic groups and a source of strategic advantage. Commercially insured patients have a choice of where to go for their orthopaedic care. They als have increasing expectations driven by changes in other industries as far ranging as travel to restaurants. As such, orthopaedic groups must position themselves to cater to these needs. Timely access is especially important in risk-based payment models such as bundled payments where ensuring access to the lowest-cost setting (e.g. outpatient care) is imperative for success.

Contrary to popular belief, transforming outpatient access does not require substantial investments in clinicians, technology, or infrastructure. In fact, our experience suggests that many groups can achieve substantial improvements in access with their existing resources or very modest investments. As a result, orthopaedic groups focused on access can generate both significant near-term financial returns and improved patient experience.

What do We Mean by Access? What is Best Practice?

For many orthopaedic executives, access is a narrow term focused on patient scheduling or check-in. We define access more broadly to encompasses every step of the process that patients must go through to engage with a chosen clinician.

As shown in Figure 1, for most groups, the access process remains surprisingly analog and laden with challenges. Patients must typically schedule via phone. Lack of centralized scheduling may difficulty scheduling patients across offices, long hold times and limited access to scheduling inventory. Even when accessible, appointment inventory always seems to be in short supply. When the overall access experience is positive, groups will see a high a degree of loyalty. And, when the experience is not, patients often find care elsewhere.

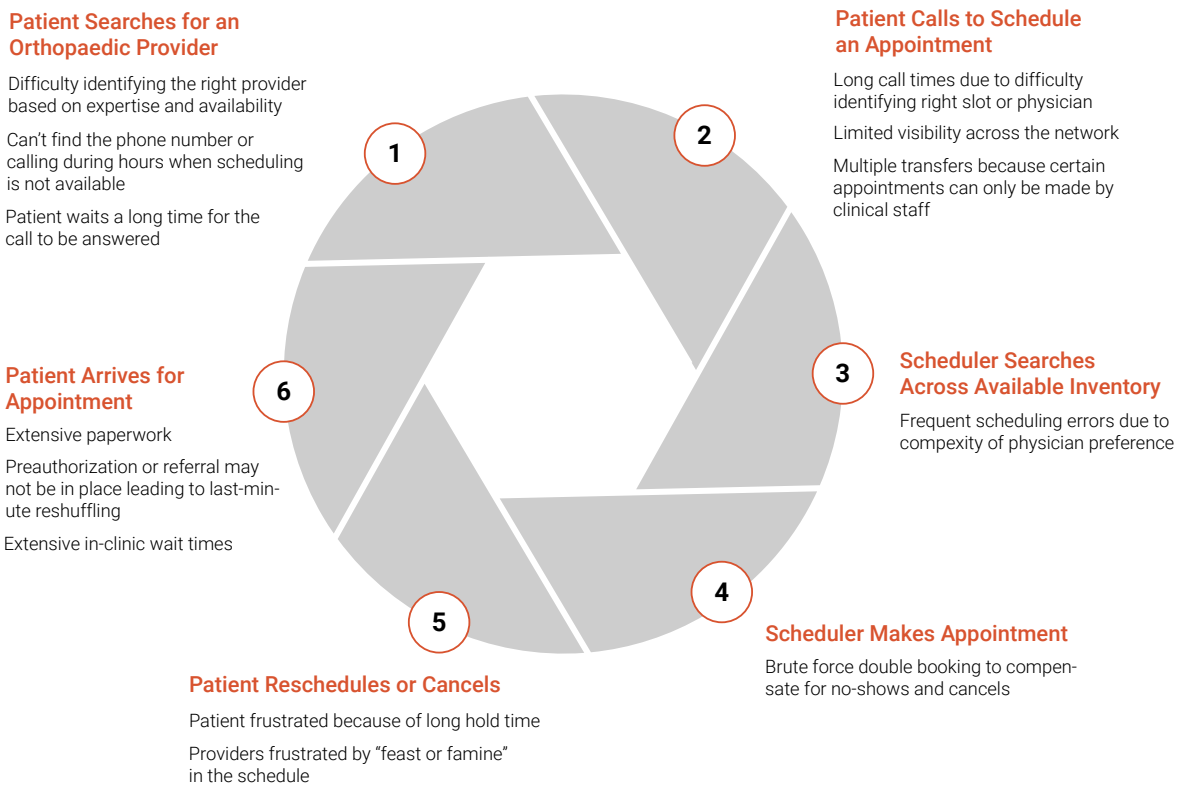
"I always seem to have space on my clinic schedule, but my patients tell me they can't get in. It just doesn't add up."

Yet, despite long wait times to see orthopaedic physicians across the country, it will come as no surprise to most orthopaedic executives that provider capacity is often not fully utilized. Our experience suggests that many as 10-30% of appointment slots may go unfilled each day – a phenomenon referred to as the "patient access paradox". As one orthopaedic surgeon told us, "I always seem to have space on my clinic schedule, but my patients tell me they can't get in. It just doesn't add up."

This paradox is the result of several features of orthopaedic scheduling including:

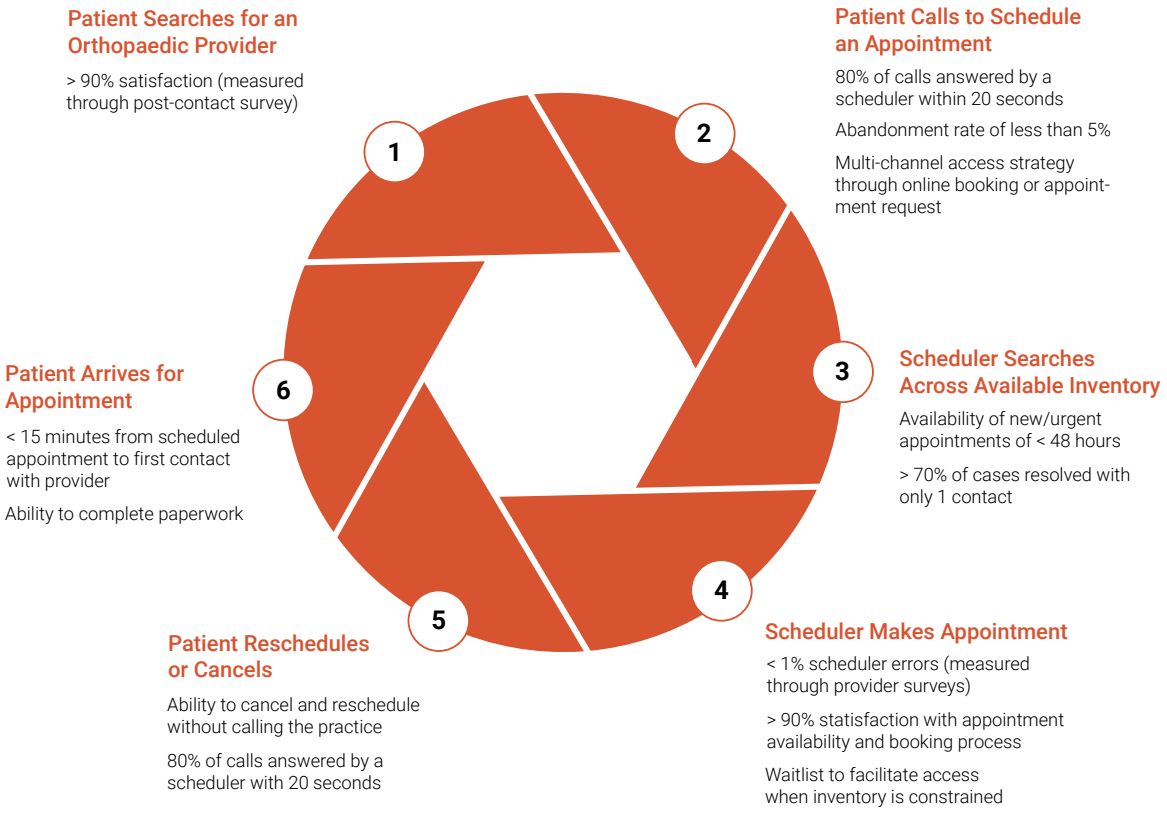
- **Lack of visibility** across both the network and appointment types
- **Overly-complex scheduling templates** that make it difficult to identify open slots for certain patients
- **Static resource allocation** due to difficulty adjusting capacity based on variability in demand
- **Simple calendar-based scheduling systems** require a high-degree of human knowledge, making scheduling very subjective.
- **Inadequate load balancing** that leads to imbalanced panel sizes across both providers and locations
- **Cancellations and no-shows** are often difficult to fill
- **Appointment durations** that do not reflect the actual time needed to provide care
- **Limited channels for scheduling** that make it difficult for patients to schedule appointments, especially after hours

Figure 1: The (Not-So) Virtuous Cycle of Patient Access



Although patient access is far from ideal in most practices, robust patient access is easy to envision. As shown in Figure 2, access should principally be measured from the patient's perspective. Although some administrators have expressed concerns that putting too much emphasis on patient-centric measures can backfire with orthopaedic providers, our experience is the opposite. The access measures in Figure 2 are highly aligned with providers, who are eager to maximize their utilization, increase their income, and please patients. The challenge for orthopaedic executives is to achieve meaningful access results without overly standardizing physician schedules. By framing solutions as a win-win, utilizing physician champions, and leveraging modern technology and analytics, orthopaedic executives can transform patient access and immediately deliver large increases in profitability to their groups.

Figure 2: What Good Access Looks Like



How Can Orthopaedic Groups Optimize Patient Access?

In working with orthopaedic practices across the country, we have identified 7 best practices to optimize patient access that address some of the gaps in scheduling discussed earlier.

1) **Create visibility across the network.** In many practices the process of scheduling remains compartmentalized. Providers may travel between multiple locations, but schedulers may not have visibility across those across those locations. Even when schedulers can see open inventory, they may not have permission to schedule across all locations. This creates an artificial constraint on access. At best, patients must deal with multiple transferred phone calls before an appointment can be made. At worst, valuable appointment inventory will go unfilled.

To overcome this, an increasing number of large groups are centralizing scheduling processes. In centralized scheduling models, schedulers can generally schedule across any physician in the network though there may be different queues for highly specialized appointments such as worker's compensation or imaging. Centralized scheduling enables groups to more efficiently load balance. Providers' concerns with centralization are centered around their perceived "loss of control". In our experience, a combination of more modern technology and better processes can not only eliminate this concern, but lead to increased volume (generally 5-10%), superior scheduling outcomes, and improved physician satisfaction.

7 Ways To Improve Patient Access and Maximize Your Doctors' Time

1) Create visibility across the network.
2) Standardize templates (but not too much).
3) Adjust resource allocation based on metrics.
4) Incorporate triage into scheduling.
5) Utilize targeted overbooking.
6) Offer a waitlist.
7) Make it easy to make an appointment.

2) **Standardize templates (but not too much).** In today's orthopaedic practices, there are hundreds of customized physician templates and appointment types. This creates multiple queues, which leads to unnecessary delays in care and suboptimal capacity utilization. Moreover, these customized templates have the paradoxical effect of creating substantial operational complexity, which leads to scheduling errors and additional customization of the template to minimize those errors. While engaging physicians to standardize and streamline templates is important and can immediately unlock capacity, there is risk of over-standardization. For example, at one large medical group, aggressive standardization of physician schedules led to a political struggle, ultimately leading to a failed effort.

A good starting point is to aggregate data across the group to identify the average recorded appointment length by doctor and visit type. The goal here is to identify durations that accommodate most visits without creating overwhelming operational complexity. For example, "short" and "long" are easy appointment types to manage yet still allow sufficient flexibility for most physicians. Unfortunately, since orthopaedic have added levels of complexity, including numerous subspecialties, insurance rules, and objectives for balancing access for new and existing patients, this is generally not enough. The good news is that technology can minimize operational complexity and queues for patients while ensuring physicians have control over their schedules. This can be done by setting blocks of time for when a physician works and preferences for the number and kinds of patients the physician would like to see.

3) **Adjust resource allocation based on metrics.** In many practices resource allocation (including template design) is treated as a one-time exercise. In reality, however, a provider's practice changes over time. As a result, it is important to play close attention to performance metrics and adjust resource allocation as necessary. In particular, groups should pay attention to physician capacity utilization, analyzing data by day of week, location and time of year. Additionally, patient wait times are a critical driver of satisfaction. A physician who has a high proportion of return visits and thus high wait times for existing patients should consider either reducing the number of new patients or adding additional capacity through advanced practice professionals who might be well suited for those patients.

4) **Incorporate triage into scheduling.** In many groups, suboptimal scheduling is a function of making incorrect decisions regarding which specialty should see a patient. For example, a patient with hip pain may benefit from a physiatrist or a hip surgeon depending on clinical characteristics. Incorporating triage into scheduling can limit unnecessary visits for patients and ensure doctors are seeing the kinds of patients they prefer. Triage can also be used to appropriately allocate patients to advanced practice providers (APPs). For example, one group we spoke with assigns new patients with back pain to APPs based on age and the presence of various comorbidities. The rationale is that those patients are unlikely to receive or benefit from surgery and, thus, may be appropriately seen by a lower-level provider.

5) **Utilize targeted overbooking.** Intelligent overbooking is a strategy that is rarely used by practices, but can either immediately unlock additional capacity or reduce in-clinic wait times. Instead some practices overbook arbitrarily to overcome no-shows or cancellations. Unfortunately, this creates whiplash in the schedule when multiple patients arrive at the same time, generating stress among providers or patients. A better approach is to identify patients who are high risk for no-show. Although numerous parameters are predictive, the parameters that are the principal drivers include a patient's history of no-show, insurance, age, and marital status.

As many as 5-10% of appointments are cancelled within 24 hours of the appointment.

6) **Offer a waitlist.** As many as 5-10% of appointments are cancelled within 24 hours of the appointment. These appointments are often difficult to fill. At the same time, there is often a substantial number of patients who are not pleased with the delay to see the provider, with wait times sometimes exceeding two weeks. For these patients, a waitlist can improve access and dramatically boost satisfaction. While several years ago, waitlists were generally manual and thus operationally challenging, today technology can be used to automate this function, leading to immediate return on investment (ROI).

Digital Patient Appointment Self-Scheduling in 2019

of health systems will offer self-scheduling

of patients will use self-scheduling

of appointments will be self-scheduled

Source: Accenture

7) **Make it easy to make an appointment.** As discussed previously, the current process of obtaining an appointment can be extremely frustrating. Groups should review current processes and work to eliminate any bottlenecks. For example, in one group, schedulers were required to send emails to clinical staff to access same-day appointment inventory, regardless of whether the appointment was available. Removing this simple bottleneck immediately led to improvements in handle time as well as utilization. Additionally, groups can make the appropriate investments to transform their patient access departments into high-performing customer service centers through better alignment of incentives, training, and dashboards. For groups unable to make this investment, there are also increasing opportunities to outsource this function in ways that may be cost-saving.

An increasingly important strategy is to move away from the phones altogether. By leveraging online and mobile channels, groups can meet patients where they are. This is not too different from the travel industry, which has aggressively pushed online booking and chat. A recent study by Accenture demonstrates that 77% of patients would like the ability to book appointments online and that use of online self-scheduling is set to explode in the coming years. From a financial perspective, patients who self-schedule tend to be younger and commercially insured. Moreover, self-scheduling often improves both accuracy and patient experience as patients can enter their own demographic and insurance information, explore times that work best for them on their own terms, and book appointments after regular business hours.

Some groups remain concerned about the accuracy of online appointment booking. However, modern technologies can accommodate complex physician preferences including those based on insurance and clinical factors. Given an average cost of $5-8 per new patient appointment scheduling call, online booking can not only generate positive ROI through improved provider utilization, but also cost savings.

Access Should be a Strategic Priority

As we have discussed, patient access is more than a "nice to have" in today's environment for large orthopaedic groups. Redesigning the "front door" can reduce unit labor costs through improved provider utilization and boost patient experience. In risk-based payment models, timely access is especially important as patients may migrate to higher-cost settings such as the Emergency Department. The good news for most groups is that improving access does not mean a tremendous investment. Instead, an emphasis on process, physician engagement, and cost-effective technologies can immediately lead to substantial financial return.

About the Authors

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About Radix Health

Radix Health partners with leading medical groups to reduce delays in care by maximizing doctors' time. Our patent-pending platform product, DASH, balances patient characteristics, patient and provider preferences, and appointment availability to efficiently match patients with the right provider at the right time, every time. DASH automates key scheduling and referral management workflows and makes the process of scheduling an appointment more patient-friendly. The result is improved access, optimized provider capacity, happier patients, and reduced cost.