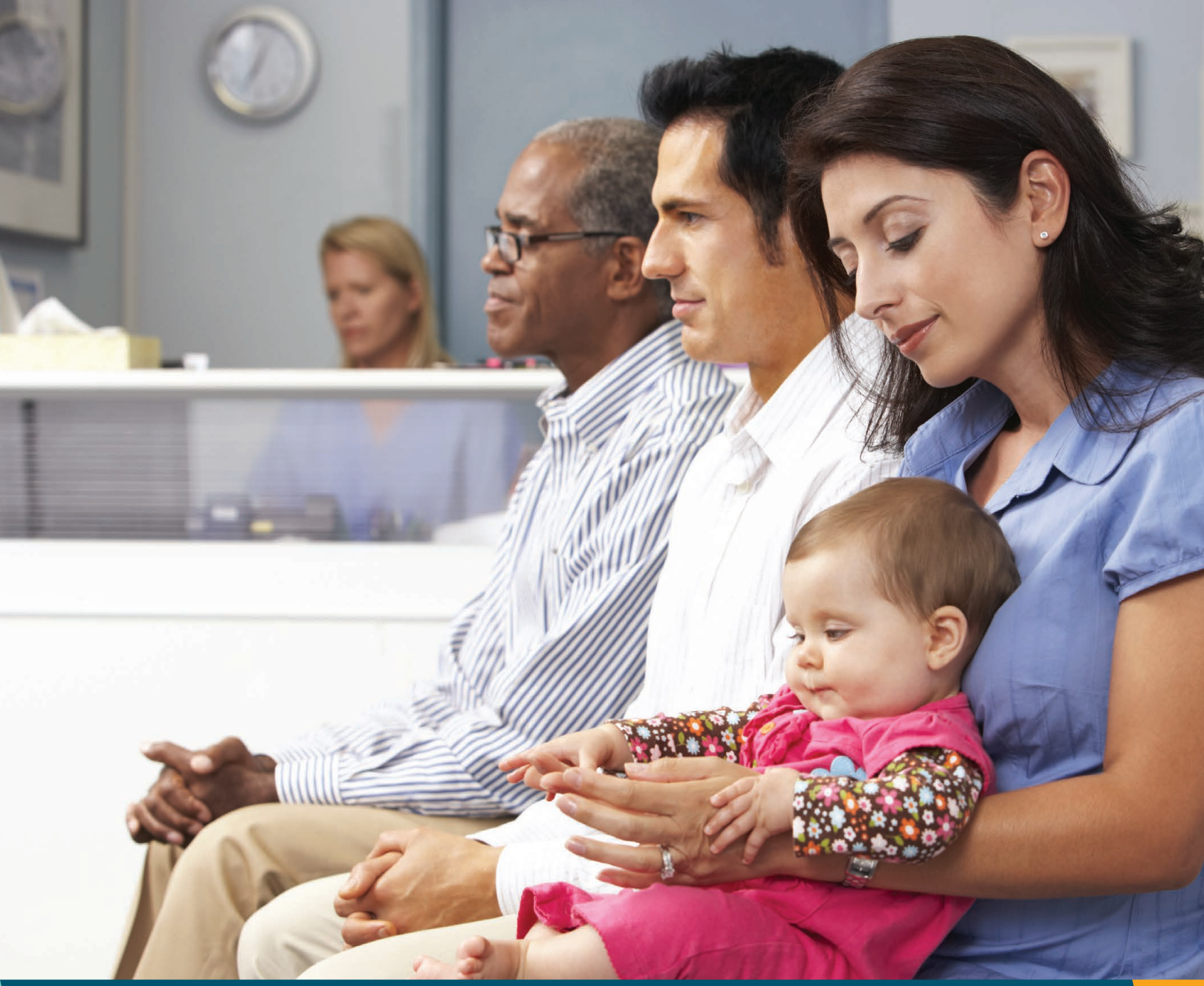

# How Accessible is Your Health System?

## Identifying and Solving Patient Access Problems

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## “After surgery, we were told to wait for two months to see a medical oncologist. … THIS IS NOT GOOD MEDICINE.”

**That’s how one patient described his experience at a major U.S. hospital on a well-known social media platform. Similar experiences are shared freely on that platform and many others, available for all to see.**

Providing timely access to treatment has always been a challenge for American health systems. But now, in a post-Affordable Care Act (ACA) world, the challenge has grown more urgent.

**And by all measures, the access remains poor:**

- **The average wait time nationally to see a physician is more than 18 days,** and delays vary wildly by region and specialty, according to a 2013 survey by physician staffing firm Merritt Hawkins.
- **Only 57% of patients are able to access a same- or next-day appointment when sick,** placing the United States in a tie for seventh among 11 developed countries whose health care systems were profiled by the Commonwealth Fund in 2013.
- While most Americans remain satisfied with their own health care, **52% say the U.S. health care system has “major problems,”** a reflection of their experiences with wait times, cost, and other factors.

Access to many health systems is strained due to the millions of newly insured patients seeking care, many for the first time in years, thanks to the ACA. Yet even as the law creates new access challenges, it also requires Medicare to judge providers on metrics that are influenced by their accessibility, including patient satisfaction scores and hospital readmission rates.

The patient quoted above offers a good example of the nexus between a health system’s accessibility and patient satisfaction. Take note of how he describes his long wait as not merely inconvenient, but “not good medicine.” For most patients, their experience as consumers informs their conclusions about a provider’s overall quality.

The inability of patients to gain timely access to care harms them and their providers alike. **For patients, it’s inconvenient, frustrating — and potentially dangerous. For health systems, it reduces revenue, raises costs, and damages reputations.** And for both sides, poor access erodes the bond of trust between patient and provider.

Fortunately, new attention is being paid to investigating and solving the question of how patients can get high-quality care more quickly and conveniently. The subject is the focus of scholarly study, with many reports exploring some encouraging initiatives at hospitals around the country.

The average wait time to see a physician is more than **18 DAYS**

**43% OF PATIENTS** are unable to access a same-day or next-day appointment when sick

**52% OF AMERICANS SAY** the U.S. health care system has “major problems”

IN THIS WHITE PAPER,

**we'll examine the issue of patient access, and describe strategies to increase patient satisfaction by decreasing wait times in U.S. health care.**

## A Goal Without Clear Standards

**The issue of patient access was given new urgency in 2014 by a headline-making scandal at the VA Phoenix Health Care System involving long treatment delays and the mishandling of some 1,700 primary-care appointments. Partly in response to that incident, the Institute of Medicine (IOM) issued a 144-page report, "Transforming Health Care Scheduling and Access: Getting to Now," in 2015.**

Among other key findings, the report notes that the VA's average appointment wait time across the U.S. was more than six weeks for new primary-care patients — and in some cases, more than four months.

Perhaps more shocking, however, is that such wait times are not far outside the norm.

Benchmarks for access to health care are best understood regionally and by service type. The same Merritt Hawkins survey that found a cumulative wait time for all specialties of 18.5 days also detailed waiting times in 15 major metropolitan areas — and found drastic differences by market and specialty.

For example, the average wait for a family practice appointment is five days in Dallas and 66 days in Boston.

A cardiology appointment could be attained in six days in Philadelphia, but in Washington, D.C., the wait is 32 days.

Hospital emergency department waiting times, likewise, vary widely by region. Show up at a Utah emergency room and the average wait is 16 minutes, fastest in the nation, according to a ProPublica compilation of data from the Centers for Disease Control and Prevention (CDC). In the District of Columbia, the average wait time is 54 minutes.

This substantial variance means that health system leaders simply do not have a North Star to follow — no single national benchmark to be held against. Accountability begins at home: Health systems must strive to understand their own accessibility, then work constantly to improve it.

The IOM report, fortunately, does offer some guidance. While noting that "benchmarks should be determined according to the unique capacity and demand of each organization and care site," it nevertheless presents a set of targets that it recommends health systems endeavor to achieve: Same or next-day visits for primary care and 10 days or less for new specialty care appointments (when urgency is a factor, no more than a day). Of note, the report indicates that patients should be seen by a provider within 10 minutes of arriving at the emergency department.

**If your system isn't there yet — and few are — read on.**

The VA's average appointment wait time nationally for new primary-care patients

more than **6** **WEEKS**

IN SOME CASES

more than **4** **MONTHS**

## Who Is Being Served?

**Whose needs are prioritized by current scheduling systems? The IOM report is blunt: "The health care system currently reflects mainly the priorities of providers and organizations." As a result, what patients typically encounter are "traditional scheduling systems that have not been engineered to engage or satisfy patients but that instead are designed to fit a staff schedule that may be poorly aligned with patient perspectives or circumstances."**

In contrast, the IOM offers a six-word starting point for turning scheduling into a patient-centered experience: "How can we help you today?" The patient frames the expectation and it's up to the institution to apply its considerable resources to satisfactorily respond. This approach is consistent with other competitive retail environments. While the medical professions historically haven't seen themselves in a consumer business, the tide is turning swiftly and there is increasing competition to attract patients. And younger patients, in particular are savvier and better equipped to make choices on the fly.

Delivering on that obligation, of course, is easier said than done, especially since the numbers add up quickly in health care. **Consider these annual figures, reported by the CDC, about community hospitals:**

**125.7 MILLION** outpatient visits

**136.3 MILLION** emergency department visits

**35.1 MILLION** in-patient discharges

Even when split among 5,000 community hospitals, the caseload is enormous. Yet, each encounter is an opportunity to disappoint or delight a patient and his or her loved ones.

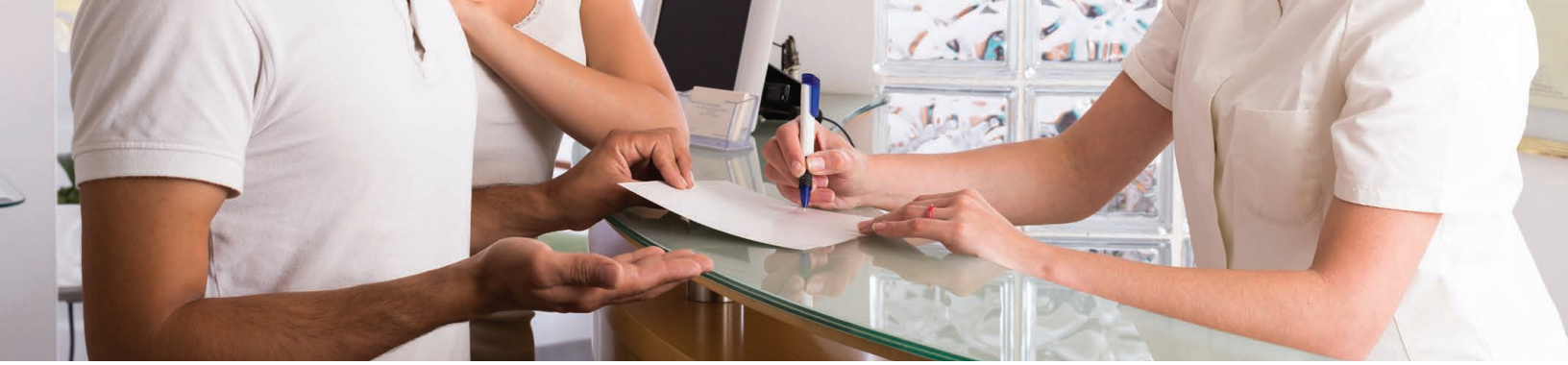
## From the Factory Floor to the Hospital Floor

**The factory production line may be an unlikely place to find solutions to America's health care access problem, but the IOM argues that industrial engineering methods are on-point for the scale and complexity of ensuring quality care for large patient populations.**

Engineering methods have already made their appearances in hospitals, promoting safety in the operating room, reducing central-line-associated bloodstream infections, cutting prescription errors, and even improving claims processing. They have also been applied to scheduling, though the IOM finds more can be done throughout the nation's hospitals.

**In brief, here is the IOM's industrial engineering toolkit:**

- **THE DEMING WHEEL:** Based on the work of continuous-improvement guru W. Edwards Deming, repeats a sequence of four P-D-S-A elements — **a goal-setting Plan; implementation, or Do; Study of the result; and Act on improvement based on what's been learned.**
- **LEAN:** Rooted in the Toyota Production System, is an approach that **targets and removes what doesn't add value in a system,** looking to improved customer experience in judging success.
- **SIX SIGMA:** Often paired with Lean, uses a **data-driven, continuous-improvement approach to promote quality through error reduction.** Its fundamentals are to define, measure, analyze, improve, and control. Six Sigma — the sixth standard deviation from a standard, at which point errors are nearly eliminated — is the goal.



## Health Systems Should Adopt New Scheduling Protocols

**The IOM-recommended approaches start in primary care and move through the range of settings and levels of treatment.**

**For primary care** — the single-biggest appointment engine in medicine, accounting for about half the nearly 1 billion doctor office visits each year — the IOM suggests an ambitious goal: same-day scheduling.

**Under same-day** (also called open-access) scheduling, each day starts with a sizable share of the day's appointments open; the rest are set aside as appointments for people who elected not to come in on the day they called.

The keys to making and maintaining the transition to same-day scheduling, according to the IOM, are "accurate forecasting, an engaged team of schedulers and providers, and a carefully determined transition plan." Once underway, clearing away a backlog of previously scheduled patients is a major part of the transition. This can take months and may require sustained extra effort (specifically, overtime) during the changeover.

**Smooth flow scheduling** is one same-day approach that factors in greater latitude in tailoring appointments — such as, for example, time-sensitive care versus a yearly wellness exam. Three months of prospective data collection are recommended to gather information on the case mix so providers can plan needed resources.

**Smooth flow scheduling** practices are tailored to minimize the number of appointment types in order to streamline patient visits."

Done right, "Patients are seen in the **RIGHT SETTING,** by the **RIGHT PROVIDER**, at the **RIGHT TIME.**"

Smooth flow scheduling "identifies and quantifies the many types of variability in patient flow (demand) and identifies the resources available to different patient groups (supply), with the goal of achieving improvements in wait times," the IOM states. "Scheduling practices are tailored to minimize the number of appointment types in order to streamline patient visits." Done right, "patients are seen in the right setting, by the right provider, at the right time."

### Adults' Access to Care, 2010, Around the World

| METRO AREA | Australia | Canada | France | Germany | Netherlands | U.S. |
|---|---|---|---|---|---|---|
| Able to Get Same/Next Day Appointment When Sick | 65% | 45% | 62% | 66% | 72% | 57% (T-7th) |
| Very/Somewhat Difficult Getting Care After-Hours | 59% | 65% | 63% | 57% | 33% | 63% (T-8th) |
| Waited Two Months or More for Specialist Appointment | 28% | 41% | 28% | 7% | 16% | 9% (3rd) |
| Waited Four Months or More for Elective Surgery | 18% | 25% | 7% | 0% | 5% | 7% (T-3rd) |
| Experienced Access Barrier Because of Cost in Past Year | 22% | 15% | 13% | 25% | 6% | 33% (11th) |

*Source: The Commonwealth Fund*

Meanwhile, some providers struggling with a significant no-show problem are seeking to accommodate more patients without making the switch to full open-access. Their solution is double-booking a set number of appointment slots daily, increasing the supply of appointments to meet actual demand.

**Throughout its report, the IOM underscores the need for "admission strategies, care coordination strategies, and the use of predictive models."** Hospitals can employ simulation models to test solutions based on the number of patients, staff, beds, operating rooms, and the time intervals involved.

One striking example is in surgery. Echoing its criticism of a system run for the benefit of providers, the IOM found that, "The uneven influx of elective surgical cases — for which the standard practice is to schedule as many as are requested by surgeons with admitting privileges — is a major reason why the demand for beds often exceeds capacity in inpatient units."

Translation: Hospitals are straining capacity by scheduling as many lucrative elective outpatient surgeries as requested. With an adjustment to "the flow of time-sensitive emergency and urgent cases with elective and scheduled surgical admissions, the competition for beds and delays in surgical cases can be improved."

## Access Varies Widely by Region

| METRO AREA | PHYSICIAN PER 100,000 POPULATION |
|---|---|
| Atlanta | 212.5 |
| Boston | 450.1 |
| Dallas/Ft. Worth | 197.2 |
| Denver | 271.9 |
| Detroit | 268.1 |
| D.C. | 320.1 |
| Houston | 235.2 |
| Los Angeles | 253.9 |
| Miami | 253.7 |
| Minneapolis | 264.1 |
| New York | 344.6 |
| Philadelphia | 322.4 |
| Portland | 297.6 |
| San Diego | 270.2 |
| Seattle | 297.8 |
| **U.S.** | **226.0** |

*Source: American Medical Association*

## Average Days to Next-Available Appointment, By Region and Specialty, 2013

| METRO AREA | Cardiology | Dermatology | OB/ GYN | Orthopedic Surgery | Family Practice |
|---|---|---|---|---|---|
| Atlanta | 11 | 14 | 15 | 6 | 24 |
| Boston | 27 | 72 | 46 | 16 | 66 |
| Dallas/ Ft. Worth | 11 | 17 | 10 | 8 | 5 |
| Denver | 28 | 37 | 22 | 15 | 16 |
| Detroit | 17 | 22 | 26 | 18 | 16 |
| D.C. | 32 | 17 | 15 | 11 | 14 |
| Houston | 11 | 21 | 14 | 5 | 19 |
| Los Angeles | 12 | 14 | 8 | 7 | 20 |
| Miami | 18 | 16 | 13 | 9 | 12 |
| Minneapolis | 15 | 56 | 10 | 5 | 10 |
| New York | 15 | 24 | 10 | 9 | 26 |
| Philadelphia | 6 | 49 | 22 | 5 | 21 |
| Portland | 12 | 27 | 35 | 10 | 13 |
| San Diego | 28 | 14 | 14 | 18 | 7 |
| Seattle | 9 | 32 | 10 | 6 | 23 |

*Source: The Commonwealth Fund*

## New Providers, Technology Part of the Solution

What solutions are at hand beyond scheduling-protocol adjustments and the implementation of new management techniques?

- **THE ADDITION OF MORE PROVIDERS, especially non-physician providers, is the most-commonly cited response.** For example, the IOM cites an outpatient cardiology clinic at a children's hospital, where 40-day-plus wait times were cut substantially, without any reduction in patient satisfaction scores, by the addition of pediatric nurse practitioners.

- **TELEMEDICINE will continue to play a greater role as payers warm to the idea.** The global market for telemedicine technologies is expected to exceed $34 billion by 2020, roughly doubling in size in five years, according to research by Mordor Intelligence. Possibilities include video consultations, email exchanges, remote monitoring, and more. Telemedicine also allows for the efficient gathering of patient information (which is an important element of smooth flow scheduling) through a "virtual pre-visit interview to determine the appropriate provider and time for a visit, the need for laboratory or testing in advance of the visit, the need for a medical record screen for outstanding specialist visits and reports, and the transportation needs of patients," notes the IOM.

- **ONLINE APPOINTMENT BOOKING is a convenience that patients are increasingly demanding.** Consulting firm Accenture predicts that by the end of 2019, 66 percent of health systems will offer some form of "digital self-scheduling" and that 64 percent of patients will be taking advantage. Accenture found that it takes about a minute to book online compared to eight minutes by phone, which also entailed the call being transferred 63 percent of the time.

## Solutions That Work In the Real World

Health systems around the country are acting now to solve their access problems, saving themselves money and boosting patient satisfaction simultaneously.

For example:

- In New Orleans, a group of health clinics that provides medical-home care to low-income individuals was faced with a post-ACA influx of uninsured patients. With Medicaid reimbursement low and demand up, the group deployed techniques to smooth demand among its clinics and to improve practice capacity and performance. **AS A RESULT, greater efficiency and cost effectiveness allowed for a 25 percent increase in visits, a 35 percent increase in capacity, shorter waiting times, and greater financial stability.**

- Dealing with wait times that stretched months for some patients, the Alaska Native Medical Center worked to address appointment backlog by developing surge contingency plans, encouraging continuity of care, and assigning more tasks to non-physicians. **THE RESULT: patients are guaranteed same-day appointments if they call before 4 p.m.** *"The keys to successful implementation included the involvement of the entire staff, implementing a data system to track patient access, and technical assistance from outside experts with experience implementing advanced access," the IOM reports.*

- At Baylor Family Medicine in Texas, the wait time to the third-next-available appointment was as long as 60 days, and averaged 17 days. **AFTER A SWITCH to advanced-access scheduling, the wait time was reduced to an average of one day.** Tactics included giving patients access to their physicians' clinic schedules online and in print, new rules for provider leave, daily activity reports to review daily scheduling and monitor appointments over the upcoming five days, and more.

## Change Brings Success

HEALTH CLINICS IN NEW ORLEANS

Deploying techniques to smooth demand =

25% INCREASE IN VISITS

35% INCREASE IN CAPACITY

ALASKA NATIVE MEDICAL CENTER

Addressing appointment backlog =

PATIENTS ARE GUARANTEED

same day appt.

if they call before 4 p.m.

BAYLOR FAMILY MEDICINE IN TEXAS

Switching to advanced-access scheduling =

WAIT TIME WAS REDUCED

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1 day

It's numbers like these that capture the attention of government, insurers, and hospitals. Health systems are responding to demands for greater efficiency by consolidating and expanding their reach, so they can capture and refine the patient experience from primary care onward.

Finding solutions to access challenges is not easy. Yet the task is more urgent than ever, as more patients are arriving at the hospital door while the government demands greater accountability from providers. Most senior administrators are finding solutions through a combination of tactics: **Changing scheduling protocols, redeploying resources, and the careful addition of patient-centered technologies are chief among them.**

## Get Started

Ready to start solving your own access problems? Begin with these five steps:

1. **KNOW YOUR NUMBERS.**
   If you haven't recently done a **comprehensive review** of your own accessibility, now's the time.

2. **MAKE ACCESS EVERYONE'S PROBLEM.**
   **Increasing the accessibility** of your health system or practice is a team-wide endeavor, and it needs to be everyone's priority, including the CEO, every provider, and every staff member. Make sure everyone knows what he or she can do to help, and hold people accountable.

3. **MAKE SAME-DAY OR NEXT-DAY ACCESS YOUR GOAL.**
   Strive for a scheduling system that enables patients to get in to see a provider **on the day they call, or the next day.**

4. **PRIORITIZE SCHEDULING.**
   With so many urgent priorities in a modern practice, **fixing a scheduling backlog** doesn't always rate highly. But for all the reasons outlined here, it's vital to fix access problems.

5. **FOCUS ON SOLUTIONS THAT WORK.**
   Whether it's through the addition of **new technology,** the establishment of **new scheduling procedures, new rules for work hours and leave,** or the addition of **new providers,** make sure you take specific actions aimed at reducing the backlog and hitting your targets.

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