

Disclosure Statement

- *Faculty:* Jennie McLaurin, MD, MPH, MA and Nic Ott
- *Disclosure:* We have no real or perceived vested interests that relate to this presentation nor do we have any relationships with pharmaceutical companies, biomedical device manufacturers, and/or other corporations whose products or services are related to pertinent therapeutic areas.

Objectives

1. Participants will be able to identify at least three distinct challenges special populations face in accessing regular appointment times.
2. Participants will be able to describe a minimum of two innovative practices in health center scheduling that could be adapted for their own clinic systems.
3. Participants will understand current systems available for tracking and measuring special population access to care.

Does your center
offer Walk-In visits?



Does your center offer Same Day appointments?



What is your No Show Rate (DNKA)?



Which patients
miss the most
appointments?



Barriers for Special Populations

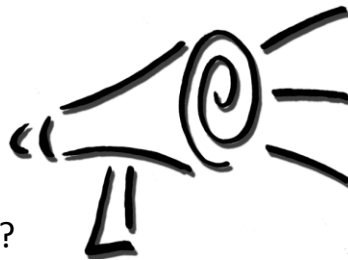
- Transportation
- Language
- Literacy
- Culture
- Mobility
- Eligibility for Some Services

Every Barrier can affect Continuity!

- Does your center create schedules that are population-centered?
- In other words...is every provider simply a provider and every return visit simply a return visit? Or do schedules vary by more than just new/existing patient, well/sick visit?



Often Heard....



- What is your No Show Rate?
- How do you handle patients who keep missing appointments?
- Do your providers see patients who are late?
- Do you let new patients be seen before they have a well check?
- Do you call patients to remind them of appointments? How far ahead? Do you require them to confirm they are coming?

What if we looked at things differently with the goals of continuity, productivity, provider satisfaction and patient satisfaction?

What is the problem?

Step 1

Analyze your issues, they are not all problems!

- a. Look at rates by department
- b. Look at rates by appointment type
- c. Look at rates by provider
- d. Look at rates by day of week and by morning/afternoon
- e. Look at rates by seasons
- f. Look at rates by diagnostic codes and insurance status
- g. Look at rates by special population status!

Step 2

Ask your patients

- Beyond the patient satisfaction survey to assess access.
- Consider amending the typical patient satisfaction survey that asks about hours but doesn't give options for improvement.
- Consider surveying all patients who missed an appointment and ask why...simple and brief. You can add options for what would have helped— transportation, different hours, reminders, etc.
- Ask your new (and existing) patients if they know what to do if they need to miss an appointment. Teach them!

Sample
patient
questions

Is there a day or time that works best for you? Why?

Are you able to miss work if you need to be seen?

Can you plan for appointments more than a week from now? More than two weeks? More than a month?

Is your phone shared with others?

Do you have reliable transportation for appointments? What is it?

Who makes decisions about whether you can keep an appointment? Just you, or someone else as well?

Where else do you go for health care?



Innovations from the field

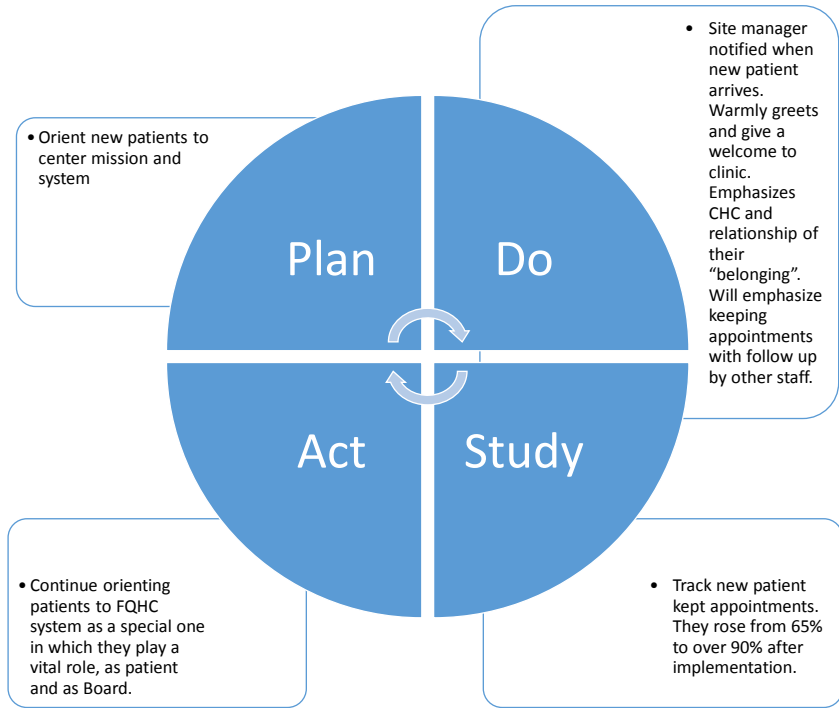
- ✓ Patient Orientation
- ✓ New Patient Next Day Access
- ✓ Farm and Shelter schedule adjustments



Patient Orientation: Columbia Basin Health Services

- Large migrant and seasonal farmworker population
- Robust QI/QA program, data driven center
- New patients kept missing appointments
- Analysis showed they were LEP and recently came to area

PDSA proposed:
VIP Welcome





New Patient Next Day Access

- Started as Ryan White HIV center
- Large homeless population
- Dedicated small but stable clientele
- Expanded to be 330
- Newly resident Hispanic population with LEP

Challenge at Nevada HOPES

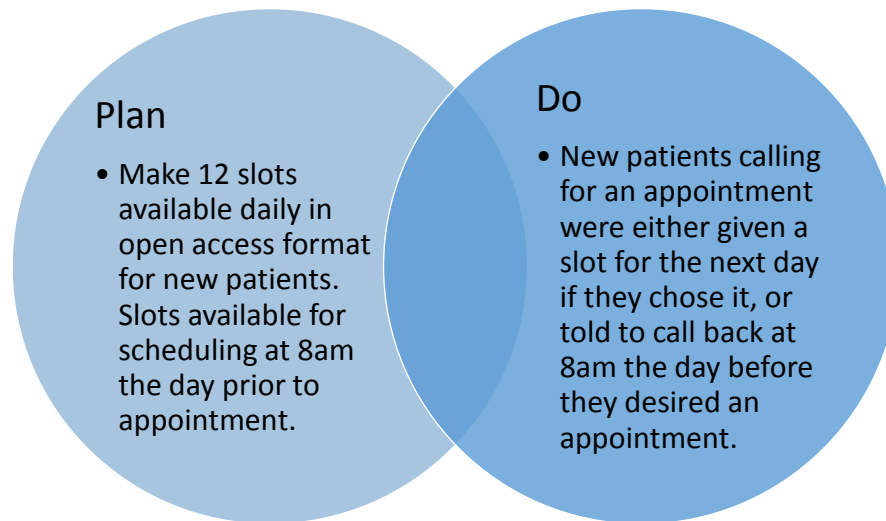
- **Existing clientele** had only missed appointment rate of **13%**
- **New patients** had a DNKA rate as high as **30%**
- Discouraged staff in transitions
- Made fewer appointments available for stable patients
- Hurt financial strength of CHC
- Increased wait times for new patients

Getting data on New Patient Access

- Measure current rates of kept appointments for all types of patient visits—behavioral, HIV, medical, homeless, new
- Measure length of time to 3rd available next appointment (1 month)
- Measure average number of new patients desiring to be seen each month
- Calculated that 12 slots would be needed daily to meet new patient demand

PDSA based on data

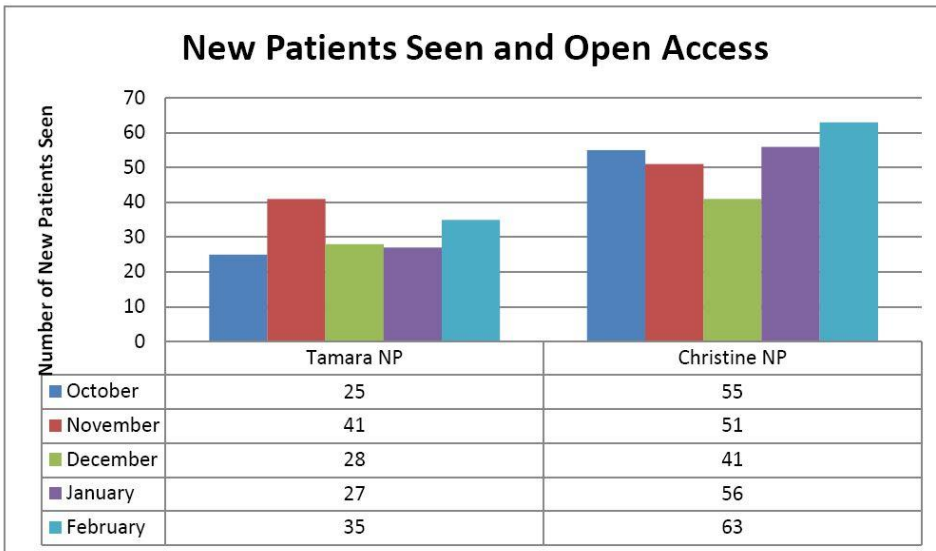
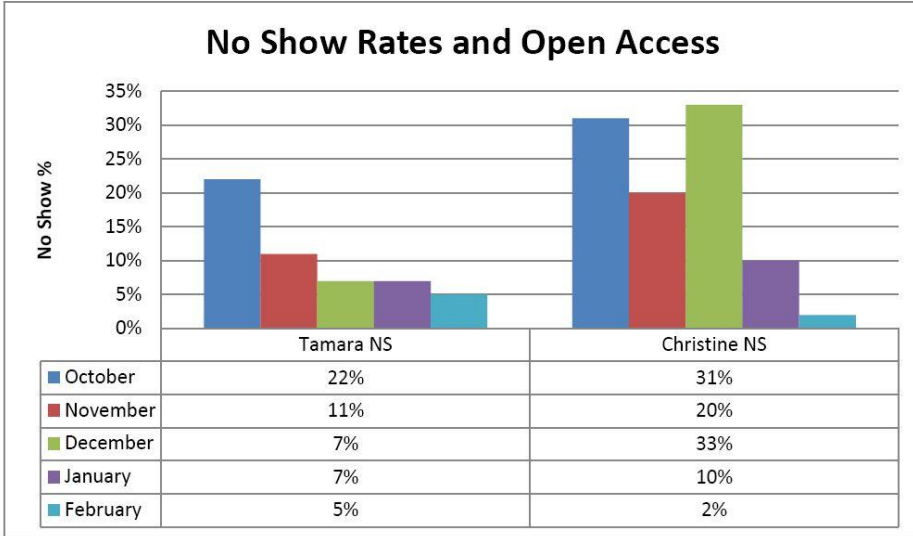
Hypothesis: New patient next-day access will improve kept appointment rates



Results



- Study: Slots were filled in first five minutes of call-in period. Patients kept initial appointments at a rate of over 90% during the first quarter of the implementation.
- Center measured how many attempts it took for patients to get an appointment. Typically took no more than two attempts.
- Overall missed appointment rate fell to **10-12%**
- Time to 3rd next appointment **fell to 5 days**
- New patients accessing care **doubled in first month**



Results, continued

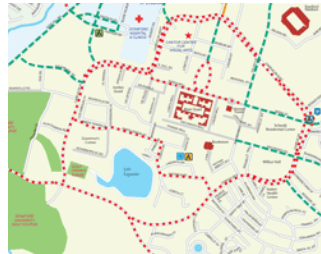
- Patient and Provider satisfaction excellent
- Established patient missed appointment rate also fell
- Measurement continues of demand for new patient appointments, as center is in transition period
- Provider productivity has increased
- Team meetings every morning assess patient flow, increasing planned visits for all patients.

Transportation
Innovation



Other ideas...

- Bus, with routes and times shown clearly for access to clinic
- Bike routes
- Cab numbers and fares
- Public assistance help line number
- Ask at center for transportation assistance
- Bright, clear, low literacy



Patient Reminders

- Test call-back success
- 1 day, 2 days, a week before appointment?
- Text reminders?
- For long term follow-up, use postcards addressed at current visit?
- Other ideas?



Seasonal Variations for Special Populations





Longer hours in agricultural season and shorter off season?



Increased acute visits for Mondays?



Particular needs available as walk in or on a special basis for special pops? Like Paps, immunizations for adults, hypertension or diabetes follow ups?



Try playing around with schedule rather than have massive rigid schedule. Can you try some things with one provider or one site or one day of week?

Other ideas?



Any questions ?



Jennie McLaurin, MD, MPH
jmclaurin@migrantclinician.org
www.migrantclinician.org



Nic Ott
nicole@nnhopes.org