Open Access Management Team Implementation Toolkit

Developed January 2010

Source: Multnomah County Health Department. Portland, OR; 2010.
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DATE: January 20, 2009

TO: Health Center Managers, Clinical Lead Providers

FROM: Amit Shah, MD, Medical Director
       Susan Kirchoff, Health Centers Operations Director

RE: Open Access Scheduling

Providing our patients the opportunity to see their own provider when they choose is an important component of our commitment to a “patient centered” medical home. We know that delays in care negatively impact clinical outcomes and patient satisfaction. The key to improving access lies in maximizing our ability to dynamically predict and manage our supply of appointments.

Success Criteria for Open Access Scheduling:
- Provider team continuity is ≥ 80%
- Days to 3rd next available appointment are 0-1day
- Patient satisfaction “How often do you get an appointment as soon as you think you need it?” ≥ 70%

Expectations for implementation:
- Daily/weekly monitoring and management of supply/demand by clinic management team utilizing data reports
- Ensure scheduling of future appointments according to established policy
- Facilitate implementation of team management strategies (huddle, wait list, scripting)
- Dissemination of patient education

We will provide additional leadership support and training at the Health Center Leadership meetings on January 25th and February 8th.

The staff communication and trainings should occur at each clinic site prior by February 12th with full implementation by the week of February 15th.
## II. Schedule for Implementation

<table>
<thead>
<tr>
<th>Date</th>
<th>Activity</th>
</tr>
</thead>
<tbody>
<tr>
<td>January 20th</td>
<td>Primary Care Leadership Team finalize toolkit, implementation plan</td>
</tr>
<tr>
<td>January 25th</td>
<td>Health Center Leadership Team communication, training emphasizing templates and use of the wait list</td>
</tr>
<tr>
<td>February 1&lt;sup&gt;st&lt;/sup&gt; – 12&lt;sup&gt;th&lt;/sup&gt;</td>
<td>Provider/staff communication, training at each site</td>
</tr>
<tr>
<td>February 9&lt;sup&gt;th&lt;/sup&gt;</td>
<td>Health Center Leadership training – supply/demand management</td>
</tr>
<tr>
<td>February 15&lt;sup&gt;th&lt;/sup&gt;</td>
<td>Process fully implemented at all sites</td>
</tr>
<tr>
<td>February 24&lt;sup&gt;th&lt;/sup&gt;</td>
<td>Primary Care Leadership post-implementation evaluation</td>
</tr>
</tbody>
</table>
III. Implementation Checklist

Before Go-Live

✓ Management teams review the toolkit and decide how to roll out at each clinic
✓ Schedule dates for training between 2/1 – 2/12
✓ Representative from management team attend each team meeting to ensure all team questions are answered
✓ Adjust templates to new scheduling system by 1/29
✓ Review team schedules to allow for staggered breaks/lunches and 2x daily huddling

Training Support

✓ Confirm staff know how to use the Wait List
✓ Confirm template manager knows correct schedule for templates – with phone support
✓ Schedule time for template manager to attend template training (Captivate – to be available after 2/15/10)

Week of Implementation

✓ Make sure all teams have and are using dot phrase on AVS
✓ Monitor schedule 3-4 weeks out to ensure correct scheduling guidelines are being followed by all teams
✓ Schedule “floor” person to support schedulers during first week of implementation
✓ Put out patient flyers as soon as received
IV. Introduction

Aim

Open access scheduling provides a process by which patients can see their provider when they want to, reducing delays and barriers to care. Additional tools provide a mechanism to track patients on an ongoing basis and follow-up as needed.

Outcomes

- Provider team continuity is ≥ 80%
- Days to 3rd next available appointment are 0-1 day
- Patient satisfaction “How often do you get an appointment as soon as you think you need it?” ≥ 70%

Why This is Important

Providing our patients the opportunity to see their own provider when they choose is an important component of our commitment to a “patient centered” medical home. We know that delays in care negatively impact clinical outcomes and patient satisfaction. Additionally, access to care is a key indicator in reporting to our grantors.

Who is Involved

- Clinic management team
- Schedulers
- Provider teams

Going Forward

This roll out will be different than others that have been done in Primary Care. Instead of having a single training session with little or no follow-up, implementation will be done at a more grass roots level within each clinic.

Problem solving within teams is encouraged, and improvement to the process can be sent to the process owner to test and see if they can be applied across all of Primary Care. The goal is to continually improve the process while making sure global changes are adopted at all clinics.
## V. Overview of Roles

### Clinic Staff

<table>
<thead>
<tr>
<th>Role</th>
<th>Main Duties</th>
</tr>
</thead>
</table>
| PCP                                | • Decide what needs a scheduled follow-up appointment (within guidelines) and what a patient can call in for an appointment  
• Assist in educating patients  
• Refer patients to wait list for tracking |
| Panel Manager                      | • Monitor and maintain team wait list for tracking patients  
• Assist in educating patients  
• Take patient phone calls once schedule is full for the day |
| Support Staff (includes TCA)       | • **Schedule patients within guidelines after appointments**  
• Add patients to wait list who don’t need appointments within 2 weeks  
• Assist in educating patients |
| BH Team (PMHNP and LCSW)           | • Refer patients to PCP team for tracking on wait list  
• Assist in educating patients |
| Front Desk                         | • Assist in educating patients  
• Back up the scheduling staff as necessary |
| Scheduling Staff                  | • Schedule patients within guidelines  
• Send patient calls to team if no appointments are available or patients wishes to speak to team  
• When scheduling appointments, ask patient for clear reason for visit and add to appointment notes |
<table>
<thead>
<tr>
<th>Role</th>
<th>General Role</th>
<th>Expectations</th>
</tr>
</thead>
</table>
| CLP                               | • Work with Manager to adjust templates                                      | • Be the champion of the change with providers  
• Communicate with staff around changes and expectations |
| Nursing Supervisor/Operations Supervisor | • Train staff on new processes                                                | • Be on the floor during implementation                                                                                                                                 |
| Management Team                   | • **Lead implementation planning on-site**  
• Ensure the process is implemented and managed to get optimal results for the patient and staff | • Use toolkit to manage implementation  
• Work with PC Leadership to address and resolve any roadblocks and suggest any improvements  
• Ensure all elements are in place for a successful go-live  
• Monitor schedule daily to ensure appointments are being scheduled within guidelines  
• Monitor weekly demand and supply appointment report to ensure enough capacity  
• Manage provider templates                                      |
VI. Scheduling Policy

Same Day Appointments

¾ Same day appointments can be scheduled starting 8am the previous day. (Example: Appointments for Thursday can be scheduled starting at 8am Wednesday. Appointments for Monday can be scheduled starting at 8am Friday)

¾ Scheduling Ratios (at a minimum):

<table>
<thead>
<tr>
<th></th>
<th>Internal Medicine</th>
<th>Family Practice</th>
<th>Pediatrics</th>
<th>Women’s Health</th>
<th>Behavioral Health (PMHNP and LCSW)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Same Day</td>
<td>30%</td>
<td>40%</td>
<td>50%</td>
<td>30%</td>
<td>40%</td>
</tr>
<tr>
<td>Future</td>
<td>70%</td>
<td>60%</td>
<td>50%</td>
<td>70%</td>
<td>60%</td>
</tr>
</tbody>
</table>

¾ Schedulers will schedule all same-day appointments until no appointments are available for the provider and provider practice partner. Once full, schedulers will forward patient call to team and if no answer, send in-basket message using .mcswitchboardmessage.

¾ Schedulers should use scripts (see p.11) for offering patients appointments.

Future Visits

¾ All appointments can be scheduled up to 2 weeks in advance. When scheduling appointments out 2 weeks (rather than same day), consider using those appointments with priority for:
  ¡ Medical transportation needed
  ¡ Acute condition follow-up
  ¡ Results review
  ¡ INR
  ¡ Injectable psych medications
  ¡ Patient personal scheduling preferences
Limited appointments can be scheduled up to 4 weeks in advance**.

- INR
- Suboxone
- Prenatal
- Refugees
- 2 month well-child check
- Follow-up of initiation of pediatric psychiatric medication
- Urine catheter change
- Synagis

**Requests for exceptions should be forwarded to clinic management teams and will be decided by PCLT.

Teams schedule future visits or add patients to wait list for tracking at the time of discharge

New Patients

All New Patients can be scheduled up to 2 weeks in advance. This includes PCP, BH, and CHN visits.

New providers at < 80% capacity will have 25% same day appointments. This will change to the standard ratio of the providers specialty once they reach 80% capacity and lower to 2 new patients/day.
VII. Managing Requests for Appointments

Overview

- All patients with medical emergencies should be instructed to call 911. If unsure, call team phone; if no answer page team overhead or on walkie talkie.
- All requests for same day or future appointments are scheduled with the PCP. Only schedule with the practice partner when an appointment cannot be scheduled with the PCP.
- If neither the PCP or practice partner are available, transfer call to team phone. If no answer take message (.mcswitchboardmessage and route to team pool).

Scripts for Patient Requests

Scenario 1  Request for Routine Follow-up Appointment

Scheduler: "Northeast Health Center, this is Jennifer, how can I help you?"
Patient: "I need to make a follow up appointment with Dr. Sprague."
Scheduler: We have changed the way we schedule appointments so we can better respond to our patients' needs for care. We can book an appointment up to 2 weeks in advance, or you can call on a day when you are available to come in, and we should have a same day appointment. What works for you?"
Patient: "I need to book in advance."
Scheduler: "Ok, what day works best for you...."

Scenario 2  Request for appointment—own provider not available

Scheduler: "Which provider do you regularly see?"
Patient: "Dr Black, but it really doesn't matter to me."
Scheduler: "It really is better for you to see the same one as frequently as possible, so that he gets to know you better and can take better care of you. Dr Black is not in today. If you think he will be the best to help you with what you need, he works next on Thursday, and you can call back then (can schedule now if morning prebook available). Or, if you feel it is urgent, I can schedule you with his practice partner today."
Patient: "I would rather come in today."
Scheduler: "That's fine, you can see one of his partners today, and next time we will try to get you in with Dr. Black."

Or

Patient: "I would like to make an appointment with Dr. Kullberg."
Scheduler: "When would you like to come in?"
Patient: "Tomorrow sometime"
Scheduler: "Dr Kullberg is not in tomorrow. She could see you at 3:00 today, or she will be back in on Thursday. I do not have a morning appointment available, but you could call back Thursday morning for a same day appointment, what works for you?"
**Scenario 3  Patient calls for routine request**

**Patient:** "I would like to make an appointment for next month with Dr Schlessman for my physical"

**Scheduler:** "We really try not to schedule out so far, since plans change and it can be hard to keep an appointment that is scheduled so far in advance. Would you like to come in sooner, or would you like to call back on a day you would like to be seen? We will have appointments available then"

**Scenario 4  Patient calls for Pain Medication Refill**

**Patient:** "I need a follow up appointment for my pain med refill."

**Scheduler:** We have changed the way we schedule appointments so we can better respond to our patients' needs for care. We can book an appointment up to 2 weeks in advance, or you can call on a day when you are available to come in, and we should have a same day appointment. What works for you?

**Patient:** What if I call on the day I need to come in and there is no appointment?

**Scheduler:** If you call early in the morning, there should be plenty of appointments. If you are not comfortable with that plan, call 2 weeks before your due date and get a pre-booked appointment. It’s up to you.”

**Scenario 5  Patient needs medical transportation**

**Patient:** “I use medical transportation and have to book it 24 hours in advance unless the appointment is urgent.”

**Scheduler:** “Not a problem. We kept pre-book appointments for folks like you that need to plan ahead. The schedules will be open 2 weeks into the future, and a new day should open up every morning. Just let us know that you need pre-booked appointments.”

**Scenario 6  Patient wants to schedule follow-up appointment at checkout**

**Provider team member:** “Your provider wants you to come back for a diabetes visit in two months. I will give you the information about when you should call us for an appointment (print on AVS). Call during this time period on a day that you can come in and we’ll give you an appointment then. Please tell the phone receptionist the reason for your visit when you call
VIII. Team Management Strategies

Huddling

Teams should schedule 2 20 minutes huddling sessions per day—one at the beginning of the am session and one at the beginning of the pm session. Huddling should minimally include the PCP and the direct support staff and should focus on smoothing the flow of the session.

**Team Huddles**

*Suggestions for huddle agenda:*

- Check for patients on the schedule that may require more time/assistance due to age, disability, personal demeanor, etc. Who can help?
- Check for back-to-back lengthy appointments. How can they be worked around to prevent blockage?
- Are there openings which can be filled? Chronic no-shows?
- Check over provider and staff schedule - does anyone need to leave early or break for a phone call or meeting?
- Lab results, test results, notes from other physicians - are they ready? What will be the most efficient path of patient flow?

*Steps to Success:*

- Limit huddles to 7 minutes or less
- Choose a consistent time
- Experiment with different times of day and attendance. Don't give up on the concept because a certain time or mix of staff doesn't work!

Scrubbing

Panel Managers and CMAs review charts the day before the visit for pre-scheduled appointments and the day-of for visits that are booked same day. Document in the Appointment Notes the following:

- Date of the last visit
- Labs that are due
- Immunizations needed
- Preventative Health needs
- Upcoming medication refills

Staggered Lunches

PCP teams, Front Desk, and Switchboard teams should schedule their lunches and breaks to be staggered within the team so that team functions can continue.
Team AVS Note

Please use this dot phrase within each team to alert patients to the new scheduling system. Add your team’s information into this example from East County’s Hood Team:

Team Tracking

Utilize the Wait List function (see p.15 for complete instructions) in Epic in order to track patients for appointments and as reminders for preventative/chronic disease needs.

For teams who are uncomfortable letting patients leave without appointments, consider having support staff add patients to the wait list at discharge instead of making an appointment.

In each team, the Panel Manager is primarily responsible for managing the wait list.

The team determines:
• Who goes on the list
• Who runs the list
• How often it is reviewed and discussed at team meetings
• Who contacts and follows-up with patients
IX. The Wait List Function

Overview

The Wait List in Epic allows teams to track patients for any reason—to make future appointments, reminders for lab appointments, check-in phone calls, and any other need the team may have. It also allows the whole team to access the tracking list so it isn’t dependent on one person being available.

Roles

<table>
<thead>
<tr>
<th>Role</th>
<th>Main Duties</th>
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</thead>
</table>
| PCP            | • Initiate instructions for adding a patient to the wait list during discharge or outside of a visit  
                 • Collaborate with the team in reviewing the wait list report during team meetings |
| Panel Manager  | • Add patients to the wait list  
                 • Run wait list reports weekly or bi-weekly  
                 • Initiate contact with patients to follow-up on wait list requests |
| Support Staff  | • Add appropriate patients to the wait list during discharge  
                 • Back up the Panel Manager in running wait list reports |
| Switchboard/Front Desk Staff | • Schedule patients from the wait list when they call for an appointment that appears to match an OV wait list item (NOT Tracking – Do Not Remove the patient in this case) |

Report Notes

- Teams should decide how often they run reports and who will reach out to patients on the wait list.
- For Behavioral Health appointments and tracking, BH Providers should refer to the PCP team or add patients to the wait list themselves at the end of the appointment.
- Team reports will be able to be sorted by PCP but will include Lab and BH items from other teams (other team items can be ignored).
Process Overview

**Patient tracking request generated OUTSIDE of a visit**
- Preventative tracking
- Chronic disease tracking
- Phone call check in
- Lab visit reminder
- CC-ed chart from PCP/CHN
- As needed

**Patient tracking request generated DURING a visit**
- Patient needs a future appointment
- As needed

Panel Manager (primarily) adds to Wait List

Support Staff (primarily) adds to Wait List during patient discharge

Follow Wait List Instructions

Choose Visit Type
- TRACKING or OV depending on reason for addition

Panel Manager runs Wait List Report weekly/bi-weekly
- Recall/FU with patients as appropriate
- Bring tracking report to team meetings and review with team

Patients on the Wait List who call to schedule appointments
- Reminder that patient is on Wait List will pop-up for scheduler
- Scheduler should remove patient from the Wait List ONLY IF Visit Type is OV
- Import team appointment notes to the scheduled visit and add reason patient is calling
Instructions

Adding Patient to Wait List

1. Click on Pt Wait List from Appointment Desk

2. Click Add button to open Wait Appointment screen
3. Visit Type: Select for Tracking or Patient Scheduling. The Tracking visit type is used by the team and ignored by schedulers. Choose Tracking if you want the team to handle this contact rather than the schedulers.

Choose Visit Types from the general list if the patient will need an appointment of that type. In this example, the patient needs a Lab, so we choose Lab. DO not use appointment types that we do not use for scheduling (example: WCC are booked as OV and we put ‘WCC’ in the appt notes).
4. The start date defaults to today. Change the date to reflect when you first want the patient to appear on the wait list report.

***CRITICAL DECISION POINT!!! If you believe that the patient will follow through with scheduling on their own, but you want to have the team follow up if they fail to do so, put in a start date that is after you tell them to call for an appointment. If you believe that the patient will not follow through with scheduling, put the start date before we want to see them back (allowing time for staff to reach out to them). It is strongly recommended that you set up your lists such that we are expecting the majority of patients to follow through on their own.
5. **Priority:** Select Recall. Recall indicates that the patient needs to be recalled either for tracking or scheduling purposes.

6. **Preferred dates/times:** Enter in any patient scheduling instructions that would be helpful for future appointments.
7. Appointment Notes

- Enter tracking or scheduling instructions in Appt Notes
- Notes will show on Wait List report and in Notes section in schedule
- When adding a new Wait List item for the same patients, previous values will default

In this example, the provider knows that this patient does not handle his own appointments and that they need coordination. The start date is 3/19/10. The Appt Notes indicate that the test is due 3/26/10. Because the start date is before the due date in the notes, staff know that the intention is to call the patient to schedule.
8. Provider: Select the patient’s provider whose wait list you want this patient to appear on (this will almost always be the PCP). The PCP button blows in the PCP.

9. Remain on List Until:
   - Specify date the patient should remain on list
   - Y+1 will push the date out 1 year
   - Wait list items will auto expire when the deadline is met
   - Report can be run to show all status expired wait list items, so you can find ones that have fallen off the report.
10. Status Field: Accept “Pending” default
   • The status field will default to pending
   • This means the patient is active on the patient Wait List
   • The status will automatically change if the record is scheduled, expired, or deleted

11. Length: Check to see that it defaults to the right length if it is a scheduled visit type.
    If it defaults incorrectly, report it to x26200 option 3 so it can be fixed. Incorrect visit lengths create extra slots in the schedule.

12. Finish by accepting the entry.
Scheduling from the Wait List

1. The Wait list appointment now appears on the Wait List screen and on the Appt Desk screen. Staff can schedule the appointment directly from the wait list appointment by clicking on the make appt button on the bottom of the screen. This imports all the information into the appointment.

It is key that staff schedule wait list appointments using these buttons, rather than the Make Appt button. If the Make Appt button is used, the Wait List appointment does not get removed from the active Wait List, and the information from the Appt Notes on the Wait list does not get imported.
2. Patient Wait Listed
   - Menu bar allows use to Schedule, Expand, Add, Edit, Remove, Copy, or add a message to the patient wait list record
   - Status allows user to see pending, schedule, expired, and deleted records for patients
   - Patients can have multiple wait list items

Wait List Report

1. Run Wait List Report from Scheduling /E Work Lists /E Wait List
2. Wait List Report

- Select the Provider Team
- Default report will be created for all Provider Teams – look for your specific team.
- Default report will run all visit types, status of pending, priority of recall, and 2 weeks from today’s date
- Run the Report. To create a hard copy, select Print.
Managing the Wait List from the Report

¾ Use Wait List Toolbar to manage wait-listed items
  • Use Sched button to schedule into appointment slot below
  • Use Edit to change items within the record, such as listed date
  • Use Copy to create a new Wait List record (this could be helpful if you want to have a separate tracking and appointment record on the same patient)
  • Use Message to add a message on a Wait List record
¾ Provider schedule appears below wait-listed items
X. Patient Education

There are 2 main strategies for patient education:

- Correct information in the team AVS (see p. 14)
- Patient flyers/posters

Patient Flyer/Poster

![Patient Flyer/Poster](image)

WE HEARD YOU! You told us that you’d like shorter wait times for appointments so...

In an effort to reduce wait times and improve access to care from your provider team, we are making some changes to the way we schedule appointments to better serve you.

Scheduling Appointments with your Patient Care Team

You can either make an appointment the same day or the day before you want to be seen or make an appointment for a future date up to 2 weeks ahead of time. This means that you will be able to see your provider when you want to without a long delay. To make an appointment, please contact the scheduling staff at:

______________ (clinic phone #)

The scheduling staff can assist you with:
- Making a same day appointment
- Making a follow-up appointment
- Canceling and rescheduling appointments
- Answering questions about your appointments

Patient Care Team:

We have a team of staff to provide your care. On most days your provider will be available to see you. If they are not available, you will be seen by another provider on your team, so you will not
Frequently Asked Questions:

How will this change the way I make appointments?
The new scheduling system will not change the way you make appointments. It will make it more likely that you will see your provider. Your choices include:

- Same day appointments
- Future appointments (may be scheduled up to two weeks in advance)

Do I need to call before coming in for a same day appointment?
Patients should call as early as they can on the day they want to come to the clinic. Sometimes you may not get your provider but you will seen as soon as possible by the other provider on your team.

Can I still make an appointment in advance?
Yes. We will schedule up to two weeks in advance for patients who do not want to come in on the day they call.

What if I do not show up for my appointment?
Please call the clinic if you cannot keep an appointment. If you fail to show up for your appointment, you may lose the privilege to schedule appointments in advance.
WE HEARD YOU!
You told us that you’d like shorter wait times for appointments so...
In an effort to reduce wait times and improve access to care from your provider team, we are making some changes to the way we schedule appointments to better serve you.

Patient Care Team:
We have a team of staff to provide your care. On most days your provider will be available to see you. If they are not available, you will be seen by another provider on your team, so you will not have to wait to see someone on your team.

Scheduling Appointments with your Patient Care Team
You can either make an appointment the same day or the day before you want to be seen or make an appointment for a future date up to 2 weeks ahead of time. This means that you will be able to see your provider when you want to without a long delay.

To make an appointment, please contact the scheduling staff at:

503-xxxx-xxxx

Frequently Asked Questions:
How will this change the way I make appointments?
The new scheduling system will not change the way you make appointments. It will make it more likely that you will see your provider.

Your choices include:
- Same day appointments
- Future appointments (may be scheduled up to two weeks in advance)

Do I need to call before coming in for a same day appointment?
Patients should call as early as they can on the day they want to come to the clinic. Sometimes you may not get your provider but you will be seen as soon as possible by the other provider on your team.

Frequently Asked Questions (continued):
Can I still make an appointment in advance?
Yes. We will schedule up to two weeks in advance for patients who do not want to come in on the day they call.

What if I do not show up for my appointment?
Please call the clinic if you cannot keep an appointment. If you don’t show up for your appointment, you may lose the privilege to schedule appointments in advance.
XI. Supply and Demand Management

Reporting

There will be 4 reports that management teams can use to understand and manage the schedule within their clinics.

1. Future Supply Report

<table>
<thead>
<tr>
<th>Frequency</th>
<th>1x per week, Monday AM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location</td>
<td>You will get a link to a report folder in S:\Primary Care</td>
</tr>
<tr>
<td>Purpose</td>
<td>To look at the # of available and scheduled appointments by team each week over the next 4 weeks</td>
</tr>
</tbody>
</table>
| Action             | • Ensure that all teams scheduled appointments are falling within established ratios  
                      • Ensure that appointments out more than one week are not over-filling  
                      • Ensure that there are not many appointments scheduled out more than 2 weeks  
                      • Take action with individual teams as appropriate (add more same days, reinforce scheduling guidelines, etc) |

Future Appt Availability by Provider - 4 Weeks:
MC MID-COUNTY PC

<table>
<thead>
<tr>
<th>ENGLANDER/PREMYSLER</th>
<th>AVAL SLOTS</th>
<th>PTS BOOKED</th>
<th>% OF SLOTS BOOKED</th>
</tr>
</thead>
<tbody>
<tr>
<td>ENGLANDER, WAYNE</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2/14/10 CURRENT WK</td>
<td>37</td>
<td>20</td>
<td>54%</td>
</tr>
<tr>
<td>REGULAR APPT SLOT</td>
<td>20</td>
<td>18</td>
<td>90%</td>
</tr>
<tr>
<td>Same Day</td>
<td>17</td>
<td>2</td>
<td>12%</td>
</tr>
<tr>
<td>2/21/10 NEXT WK</td>
<td>40</td>
<td>9</td>
<td>23%</td>
</tr>
<tr>
<td>REGULAR APPT SLOT</td>
<td>23</td>
<td>9</td>
<td>39%</td>
</tr>
<tr>
<td>Same Day</td>
<td>17</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>2/28/10 3RD WK</td>
<td>38</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>REGULAR APPT SLOT</td>
<td>21</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Same Day</td>
<td>17</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>3/7/10 4TH WK</td>
<td>40</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>REGULAR APPT SLOT</td>
<td>24</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>Same Day</td>
<td>15</td>
<td>0</td>
<td>0%</td>
</tr>
<tr>
<td>PREMYSLER, RAISA</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2/14/10 CURRENT WK</td>
<td>83</td>
<td>44</td>
<td>53%</td>
</tr>
<tr>
<td>REGULAR APPT SLOT</td>
<td>58</td>
<td>43</td>
<td>74%</td>
</tr>
</tbody>
</table>
2. Access Report – E-Portfolio

Frequency 1x per week, Monday AM

Location Access via e-Portfolio in Health Department Reports. Appointments. Multiple Locations/Departments. Non Client Identifiable. Access - Weekly. You will also get an email reminder to check the report with your Future Supply Report.

Purpose To look at the utilization of appointment slots over the past week (1 week delay)

Action
- Ensure that 3rd next available (0-1) and continuity ($\geq 80\%$) are at targets
- Check unfilled appointments to make sure they are not climbing
- Follow-up with teams as appropriate

---

**Access**

1/3/2010 Thu 10:30 AM

**Location**

**Department**

**Service**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
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<tbody>
<tr>
<td>Campbell, Karen</td>
<td>60</td>
<td>70</td>
<td>2</td>
<td>2</td>
<td>62</td>
<td>100%</td>
<td>100%</td>
<td>67</td>
<td>67</td>
<td>72</td>
<td>2</td>
<td>46</td>
</tr>
<tr>
<td>Herriman, Amy</td>
<td>50</td>
<td>50</td>
<td>1</td>
<td>1</td>
<td>20</td>
<td>100%</td>
<td>100%</td>
<td>20</td>
<td>20</td>
<td>20</td>
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<td>20</td>
</tr>
<tr>
<td>Jackson, Steve</td>
<td>50</td>
<td>50</td>
<td>1</td>
<td>1</td>
<td>25</td>
<td>100%</td>
<td>100%</td>
<td>25</td>
<td>25</td>
<td>25</td>
<td>1</td>
<td>25</td>
</tr>
</tbody>
</table>

**Note:**

v1.5 3/30/2010
3. Same Day Report

<table>
<thead>
<tr>
<th>Frequency</th>
<th>1x per week, Monday AM</th>
</tr>
</thead>
<tbody>
<tr>
<td>Location</td>
<td>You will get a link to a report folder in S:\Primary Care</td>
</tr>
<tr>
<td>Purpose</td>
<td>To look at the # of slots scheduled within same day criteria and the # actually scheduled on the same day. Will also include the time that the last same day appointment was filled (excluding double books)</td>
</tr>
<tr>
<td>Duration</td>
<td>This will be a QA report that is scheduled to sunset within 3 months.</td>
</tr>
</tbody>
</table>
| Action      | • Ensure that same day ratios are being followed by team  
              • Ensure that there are appointments available the actual same day  
              • Add same days to templates as necessary |
### Count of Same-Day APPT Blocks Last Week

<table>
<thead>
<tr>
<th>Provider</th>
<th>Total</th>
<th>Count of Same-Day Blocks Booked After Sam Prev Day</th>
<th>Count of APPTS BOOKED WHERE APPT-MADE DATE= COUNT OF SAME-DAY BLOCKS BOOKED AFTER SAM PREV DAY</th>
</tr>
</thead>
<tbody>
<tr>
<td>ADLAWAN, JACQUELINE</td>
<td>13</td>
<td>ADLAWAN,JACQUELINE 11</td>
<td>ADLAWAN, JACQUELINE 12</td>
</tr>
<tr>
<td>JIMENEZ, JESSICA</td>
<td>18</td>
<td>JIMENEZ,JESSICA 16</td>
<td>JIMENEZ, JESSICA 11</td>
</tr>
<tr>
<td>KELLY, KIM</td>
<td>14</td>
<td>KELLY, KIM 10</td>
<td>KELLY, KIM 6</td>
</tr>
<tr>
<td>ROBERTS, KIRSTEN</td>
<td>0</td>
<td>ROBERTS, KIRSTEN 0</td>
<td>ROBERTS, KIRSTEN 8</td>
</tr>
<tr>
<td>DE FONTES, DEANE</td>
<td>27</td>
<td>DE FONTES, DEANE 25</td>
<td>DE FONTES, DEANE 17</td>
</tr>
<tr>
<td>SHAWN, ERIN</td>
<td>34</td>
<td>SHAWN, ERIN 32</td>
<td>SHAWN, ERIN 25</td>
</tr>
<tr>
<td>EVERSON, TERESA</td>
<td>17</td>
<td>EVERSON, TERESA 16</td>
<td>EVERSON, TERESA 10</td>
</tr>
<tr>
<td>MARGOLES, MARK N</td>
<td>30</td>
<td>MARGOLES, MARK N 27</td>
<td>MARGOLES, MARK N 19</td>
</tr>
<tr>
<td>ENGLANDER, WAYNE</td>
<td>5</td>
<td>ENGLANDER, WAYNE 0</td>
<td>ENGLANDER, WAYNE 4</td>
</tr>
<tr>
<td>PREMYSLER, RAISA</td>
<td>30</td>
<td>PREMYSLER, RAISA 4</td>
<td>PREMYSLER, RAISA 25</td>
</tr>
<tr>
<td>GAGLIONE, CAROLE</td>
<td>34</td>
<td>GAGLIONE, CAROLE 29</td>
<td>GAGLIONE, CAROLE 22</td>
</tr>
<tr>
<td>WALLIS, JOANNE M</td>
<td>10</td>
<td>WALLIS, JOANNE M 8</td>
<td>WALLIS, JOANNE M 6</td>
</tr>
<tr>
<td>BAVA, JULIANNE</td>
<td>14</td>
<td>BAVA, JULIANNE 14</td>
<td>BAVA, JULIANNE 13</td>
</tr>
<tr>
<td>GALASSO, AMY M</td>
<td>14</td>
<td>GALASSO, AMY M 14</td>
<td>GALASSO, AMY M 13</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>246</td>
<td><strong>Total</strong></td>
<td><strong>Total</strong></td>
</tr>
</tbody>
</table>

---

**Friday, February 12, 2010**

<table>
<thead>
<tr>
<th>Provider</th>
<th>Count</th>
<th>Time</th>
<th>Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>DEFONTES/SHAWN</td>
<td>3333141</td>
<td>2112/10 9:23am</td>
<td></td>
</tr>
</tbody>
</table>

**DE FONTES, DEANE**

- Monday, February 8, 2010: 2/B/10 12:33 pm
- Tuesday, February 9, 2010: 2/9/10 1:01 pm
- Thursday, February 11, 2010: 2/11/10 1:36 pm
- Friday, February 12, 2010: 2112/10 8:25 am

**SHAWN, ERIN**

- Monday, February 8, 2010: 218/10 4:31 pm
- Tuesday, February 9, 2010: 2/9/10 12:57 pm
- Wednesday, February 10, 2010: 2110/10 12:49 pm
- Friday, February 12, 2010: 2/12/10 12:31 pm

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XI. Template Management

General:
- Limitations to scheduling based on scope of practice and must be pre-approved
- All providers given one 20 minute slot at the beginning of each session for team huddle
- All providers will be given 40 minutes at the end of the day (60 minutes for 10hr providers) for wrap-up
- Appointments reserved for new patients will be placed at the time determined by the provider
- Lunch/break slots determined by provider in collaboration with clinic management and should be staggered to facilitate team coverage

Template Release:
- Templates are released one day at a time 4 weeks in advance

No-Show consideration:
- The number of additional appointments are based on provider’s No-show rate and are reviewed monthly. Provider can choose where on the schedule additional appointments occur.
  - 0-10% = 2 slots 8hr shift, 3 slots 10hr shift
  - 10-15% = 3 slots 8hr shift, 4 slots 10hr shift
  - >15% = 4 slots

Same Day Appointments:

<table>
<thead>
<tr>
<th></th>
<th>Internal Medicine</th>
<th>Family Practice</th>
<th>Pediatrics</th>
<th>Behavioral Health (PMHNP and LCSW)</th>
<th>New Provider</th>
</tr>
</thead>
<tbody>
<tr>
<td>Same Day 8hrs</td>
<td>5</td>
<td>7</td>
<td>9</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Same Day 10 hrs</td>
<td>7</td>
<td>9</td>
<td>11</td>
<td>N/A</td>
<td>7</td>
</tr>
</tbody>
</table>
XII. Resources

For any questions/suggestions, please contact the Project Owners Susan Kirchoff and Amit Shah.

Special Thanks to the Open Access Workgroup who worked together to develop the policies contained here. Utilize these team members in the spread at your clinic:

Robin Bock
Marsha Brumbaugh
Pam Buckmaster
Michelle Chau
Wayne Englander
Amber Felker
Sheryl Hedges
Amy Henninger
Maria Kosmetatos
Judy Kloos
Jennifer McClure
Carissa Morrow
Marcia Morrow
Abdi Mouse
Mindy Stadtlander