



Extended Access

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Extended Access

Overview: The purpose of the initiative is to ensure that all patients have access to providers and are able to receive health care services in the least intensive, most appropriate setting based on their individual needs. Patients who have access to clinical decision makers are better equipped to make time sensitive health care choices and ultimately choose the most appropriate level of care.

These Blue Cross Blue Shield of Michigan criteria pertain to the extended access initiative:

Criteria

Met 

- 5.1 Patients have 24-hour access to a clinical decision maker by phone, and clinical decision-maker has a feedback loop within 24 hours or next business day to the patient's PCMH
- 5.2 Twenty-four hour patient access to clinical decision-maker (as defined in 5.1) is enhanced by enabling clinical decision-maker to access and update patient's EMR or registry info during the phone call
- 5.3 Provider has made arrangements for patients to have access to non-ED after-hours provider for urgent care needs during at least 8 after-hours per week and, if different from the PCP office, after-hours provider has a feedback loop within 24 hours or next business day to the patient's PCMH
- 5.4 A systematic approach is in place to ensure that all patients are fully informed about after-hours care availability and location, at the PCMH site as well as other after-hours care sites, including urgent care facilities, if applicable
- 5.5 Practice Unit has made arrangements for patients to have access to non-ED after-hours provider for urgent care needs (as defined under 5.3) during at least 12 after-hours per week
- 5.6 After-hours care provider is enhanced by enabling non-ED after-hours provider for urgent care needs to access and update the patient's EMR or patient's registry record during the visit
- 5.7 Advanced access scheduling is in place reserving at least 30% of appointments for same-day appointment for routine and/or urgent care, or the majority of patients needing care are routinely seen on the same day
- 5.8 Advanced access scheduling is in place reserving at least 50% of appointments for same-day appointment for routine and/or urgent care, or all patients needing care are routinely seen on the same day
- 5.9 Practice unit has telephonic or other access to translator(s) for all languages common to practice's established patients

5.0 Extended Access

5.1

Patients have 24-hour access to a clinical decision-maker by phone, and clinical decision-maker has a feedback loop within 24 hours or next business day to the patient's PCMH

Guidelines:

- Clinical decision-maker must be an M.D., D.O., P.A., or N.P. If not M.D. or D.O., clinical-decision maker must have ability to contact supervising M.D. or D.O. on an immediate basis if needed
 - o Clinical decision-maker may be, but is not required to be, the patient's primary care provider
- Clinical decision-maker has the ability to direct the patient regarding self-care or to an appropriate level of care.
- Clinical decision-maker communicates all clinically relevant information via phone conversation directly to patient's primary physician, by email, by automated notification in an EMR system, or by faxing directly to primary physician regarding the interaction within 24 hours (or next business day) of the interaction
- Clinical decision-maker responds to patient inquiry in a timely manner (generally 15-30 minutes, and no later than 60 minutes after initial patient inquiry)

5.2

24-hour patient access to clinical decision-maker (as defined in 5.1) is enhanced by enabling clinical decision-maker to access and update patient's EMR or registry info during the phone call

Guidelines:

- Clinical decision-maker should routinely have access to patient's EMR or registry information for all calls
 - o Occasional technical problems, such as failure of internet service in rural areas, may occur and would not constitute failure to meet the requirements of 5.2 as long as access to the EMR or registry is typically and routinely available

5.3

Provider has made arrangements for patients to have access to non-ED after-hours provider for urgent care needs during at least 8 after-hours per week and, if different from the PCP office, after-hours provider has a feedback loop within 24 hours or next business day to the patient's PCMH

Guidelines:

- After-hours is defined as office visit availability during weekday evening (e.g., 5-8 pm) and/or early morning hours (e.g., 7-9 am) and some weekend hours (e.g., Saturday 9-12), sufficient to reduce patients' use of ED for non-ED care
- After-hours provider may be at Practice Unit site or may be in a physically separate location (e.g., an urgent care location or a separate physician office) as long as it is within 30 minutes travel time of the PCMH

- Services provided by the after-hours provider must be billable as an office visit or an urgent care visit, not as an ER visit
- If after-hours provider is different from Practice Unit (e.g., they are an urgent care center or a physician who shares on-call responsibilities), there must be an established arrangement for after-hours coverage, and the after-hours provider must be able to provide feedback regarding care encounter to the patient's Practice Unit within 24 hours or on the next business day
- Practice Units may team with other practice units/physicians to provide after-hours urgent care

5.4

A systematic approach is in place to ensure that all patients are fully informed about after-hours care availability and location, at the PCMH site as well as other after-hours care sites, including urgent care facilities, if applicable

5.5

Practice Unit has made arrangements for patients to have access to non-ED after-hours provider for urgent care needs (as defined under 5.3) during at least 12 after-hours per week

Guidelines:

- See guidelines for 5.3

5.6

After-hours care provider is enhanced by enabling non-ED after-hours provider for urgent care needs to access and update the patient's EMR or patient's registry record during the visit

Guidelines:

- Reference 5.3 for definition of non-ED after-hours provider for urgent care needs
- Clinical decision-maker should routinely have access to patient's EMR or registry information for all visits
 - Occasional technical problems, such as failure of internet service in rural areas, may occur and would not constitute failure to meet the requirements of 5.6 as long as access to the EMR or registry is typically and routinely available

5.7

Advanced access scheduling is in place, reserving at least 30% of appointments for same-day appointments for acute and routine care (i.e., any elective non-acute/urgent need, including physical exams and planned chronic care services, for established patients)

Guidelines:

- 30% of the day's appointments should be available at the start of business for same-day appointments for both acute and routine care needs
 - In unusual, extenuating circumstances (such as a solo practice in a rural or urban under-served area), practice units may meet the requirements of

- capability 5.7 by having a routine, systematic procedure that practice unit clinicians remain after-hours as necessary to see the majority of patients requesting routine or acute care
- Written policy for advanced access is available
 - Patients are aware of policy and do not feel that they must self-screen to avoid imposing on practice unit staff
 - Patients can be accommodated throughout the day (not only during lunch or after-hours)
 - Patients are seen on a timely basis with no excessive waiting time
 - Patients can be seen by PAs/NPs or by any physician in practice
 - **If practices does not have an approach to scheduling that closely follows the structure and process of formal open access scheduling consistent with the sources cited herein, then must have documented policy and procedures demonstrating that the practice's advanced access approach has the following attributes referenced at the following sites:**
 - <http://www.aafp.org/fpm/20000900/45same.html>.
 - Reference Institute for Healthcare Improvement articles at <http://www.ihl.org/IHI/Topics/OfficePractices/Access/Changes/IH> for information on implementing advanced access

5.8

Advanced access scheduling is in place reserving at least 50% of appointments for same-day appointment for acute and routine care (i.e., any elective non-acute/urgent need, including physical exams and planned chronic care services, for established patients)

Guidelines:

- 50% of the day's appointments should be available at the start of the business day for same-day appointments for acute and routine patient needs
- Reference 5.7

5.9

Practice unit has telephonic or other access to interpreter(s) for all languages common to practice's established patients.

Date

XYZ Urgent Care
123 Main Street
Anytown, MI 49000

Dear Dr. Jones:

< Practice Name> is becoming a Patient-Centered Medical Home. As part of our transformation, we are working to ensure that our patients have full access to patient-centered, culturally-sensitive and coordinated care at all times. We are pleased that XYZ Urgent Care has agreed to assist us in that regard.

Specifically, you have agreed to:

1. Provide at least eight (8) hours per week of after hours coverage. After hours coverage is defined as all weekend hours or any weekday hours before 9:00 AM or after 5:00 PM.
2. Determine if any patients visiting XYZ Urgent Care are patients of < Practice Name> and notify us at xxx-xxx-xxxx within 24 hours of any such visit. Notice will include date and time of visit, chief complaint, diagnostic services provided and results, final diagnosis, treatment plan including prescriptions, and recommendation for follow-up care to be coordinated by < Practice Name>. Include the information on the attached form and fax to us at xxx-xxx-xxxx.
3. Notify us immediately if your hours change or you are unable to meet the expectations outlined in this letter.

All patients of < Practice Name> have been advised to call our office to let us facilitate coordination of after hours care. If urgent care services are necessary, our on-call clinicians will refer patients to XYZ Urgent Care.

We appreciate your cooperation in this regard and look forward to working with you. Please sign below indicating your understanding of our agreement and return a copy of this letter to me.

Sincerely,

Sam Smith, MD

Agreed to by XYZ Urgent Care

**XYZ Urgent Care – ABC Family Practice
Continuity of Care Record**

Fax to xxx-xxx-xxxx within 24 hours of visit

Name of patient / telephone number
Date and time of visit
Chief complaint
Diagnostic services provided / results 1. 2. 3. 4.
Final diagnosis
Treatment plan 1. 2. 3.
Prescriptions 1. 2. 3.
Recommendations for follow-up care

Telecommunications Relay Service www.michiganrelay.com.

Relay Service Number - 711 - Nationwide

What is a Relay Service?

The Telecommunications Relay Service (TRS) is a free service enabling people who have difficulty hearing or speaking on the telephone to communicate with standard voice telephone users.

What is a TTY?

TTY's are also called text telephones, teletypewriters, or TDD's. Like a typewriter keyboard with a text screen, a TTY allows persons with hearing and/or speech loss to make or receive telephone calls by typing their conversations, via two-way text. The conversation is read on a lighted display screen and/or a paper printout in the TTY.

Who uses the Relay Service?

- People who can hear and speak clearly can make or receive relay calls. Many places of business, government agencies, family, friends, and employers of persons with hearing and speech disabilities make and receive relay calls everyday. And they don't need special equipment to use relay.
- People who are deaf, hard-of-hearing, or deaf/blind who cannot or do not wish to speak on the phone can place or receive calls through the relay service.
- People who can speak clearly but have difficulty hearing can place or receive calls through the relay service. Many people in this category are senior citizens.
- People who can hear clearly but have difficulty speaking on the phone can place or receive calls using the relay service.

When initiating a Relay Service call

The first time you call the Relay Service (dial 7-1-1), you may hear tones similar to those of a modem. Continue to stay on the line until the relay representative picks up.

"Go Ahead"

So that the conversation flows smoothly, say "Go Ahead" each time you have finished speaking. This lets the Relay Representative know you are ready for the TTY user's response. The TTY user types "GA" (go ahead) each time they have finished typing.

Cost

Charges for calls through the Relay Center, whether local or long distance, are charged the same as if the hearing or speech-impaired person had dialed the other person directly.

Additional Services

Speech-to-Speech (STS) (800) 229-5746 relay services enables a person with a speech disability to communicate on the telephone by using his/her own voice, voice synthesizer, voice enhancer, or other assistive device to communicate to the non-disabled called party.

Communication Assistants (CA) are specially trained to be able to listen carefully to the STS user whose speech disability may range from a mild to a severe speech loss. The STS CA provides facilitation and "revoicing" assistance to the STS caller upon request. The voice telephone user speaks directly to the individual with the speech disability, without having to go through the CA.

Translation Services

The translation services listed below provide services in many languages and have interpreters with medical expertise. Please feel free to contact any other service providers not listed; this list only provides several of the numerous available options.

Company Name	Contact Information	Services Provided	Rate	Website
Access International Language Institute	(734) 994-1456	Face to Face/Telephone	\$45 /hour+ mileage	www.accessesl.org
Bromberg and Associates	(313) 871-0080	Face to Face/Telephone	Please call for current rates	www.bromberg-translation-services.com
Executive Language Services, Inc	(248) 357-0625	Face to Face/Telephone	Please call for current rates	www.executivelanguageservicesinc.com
Languages International	(616) 285-0005	Face to Face/Telephone	\$65 /hour/one hour minimum	www.lang-int.com
University Translators Services	(734) 665-7295	Face to Face/Telephone	Please call for current rates	www.univtrans.com
One Translator Services	(800) 710-8494	Telephone Services	Please call for current rates	www.onetranslator.com
Babel Fish	http://babelfish.yahoo.com	Internet	Free	http://babelfish.yahoo.com

Document the use of an interpreter, the language, date and time in the medical record.



Adding Babel Fish Translation to your site is free and easy. With Yahoo! Babel Fish, you can translate passages of text or entire Web pages among 12 languages, or they can quickly translate your page into their language of choice.

Babel Fish Translation is available in English, German, Spanish, French, Italian and Portuguese.

Open Access (Same Day Appointment Scheduling)

Do Today's Work Today

Medicine has traditionally predetermined the availability of daily office care by arbitrarily categorizing the urgency of patients' needs. In the United States, the average patient can wait three weeks or longer for a routine appointment. Because of this, many patients have been "trained" to expect a long delay for physician appointments, and patient access to timely clinical care is unnecessarily limited.

Standard office practice demonstrates:

- Difficulty in meeting requested appointment needs on a timely basis
- Categorizing care urgency to deflect immediate demand
- Overbooking
- Long delays in waiting for appointments
- Shunting of excess demand to outside care sources, such as urgent care clinics and hospital emergency rooms

Same-day appointment scheduling methods restore a patient's right to determine the urgency of his or her request to see a physician regardless of the reason he or she wishes to be seen.

Same-day appointment scheduling allows you to:

- Delight patients
- Improve the quality and timeliness of patient care
- Reduce cancellations, no-shows and rescheduled appointments
- Decrease staff phone time for scheduling and triage
- Enable physicians to see their own patients over 90 percent of the time
- Give physicians time to complete paperwork during regular office hours
- Increase the ability of physicians and staff to take time off without wreaking havoc in the office
- Improve physician and staff productivity and satisfaction

In short, you can **do today's work today** by meeting all requests for same-day appointments and thereby constantly freeing the future appointment schedule. Thus, capacity is created to maintain same-day access to appointments on a daily basis.

Goals:

- To help you achieve access to same-day appointments for urgent and routine care.
- To provide resources to guide your implementation process.

Preparation - Predict Demand

Obtain baseline measurements in order to predict your practice's demand.

- Estimate individual physician panel size. "Physician panel size" is defined as "the number of unique patients seen by the physician over the last 18 months." Each individual patient is counted only once, regardless of the number of times he or she was seen during the 18-month window.
- Determine, on average, how many appointment requests (including phone calls, walk-ins and set appointments) the practice receives in one week. Use the number of appointment requests tally sheet (Tool 5 – 5.7) to track requests during different seasons. (The average number of appointment requests may vary daily or seasonally. The number of requests is usually greater on Mondays and Fridays, after a three-day holiday and in the winter. Other seasonal variations may also exist (for example, routine appointments may increase before the start of a school year).
- Use the tally sheet to measure the total number of same-day visit requests over a typical week and obtain a daily average.
- Determine and track the amount of time to the third available appointment using the number of appointment requests tally sheet. This is a national standard measurement for practice accessibility.

Determine Ideal Capacity

While working on determining current demand, have the physicians in your group choose the number of patients each can see per hour. Do this by asking how long, on average, the physicians would like to spend with patients. Alternately, you may ask how many patients per hour the physicians think they can handle. Then ask patients how long, on average, they would like to spend with the physician. An average of the two may optimize the satisfaction of both.

Next, determine the number of physician hours needed to meet the current demand.

Example

Drs. Smith, Jones and Black of SJB Family Practice will each see five patients per hour. SJB Family Practice sees, on average, 80 patients per day.

60 minutes ÷ 5 patients = 12 minute appointment lengths, on average, per physician

80 patients per day x 12 minutes = 960 minutes, or 16 hours

16 hours ÷ 3 physicians = 5.3 hours

Thus, each physician in SJB Family Practice needs to spend an average of **5 hours and 20 minutes** seeing patients each day.

Review Distribution of Capacity

How many hours do physicians currently spend in the clinic each day? How many hours do they need to spend, on average, with patients? How many hours do they need to complete paperwork? Do the hours they spend in the clinic match the demand?

Example

Drs. Smith, Jones and Black each spend about 90 minutes a day on paperwork.

Demand = (5.3 hours of patient time + 90 minutes of paperwork) x 5 days per week = 34 hours in the clinic, per physician per week

	Current average time in clinic per week	Patient demand + paperwork	Difference
Dr. Smith	32 hours	34 hours	(2 hours)
Dr. Jones	36 hours	34 hours	2 hours
Dr. Black	34 hours	34 hours	none

Consider adopting a service policy to meet demand. In our example, Dr. Smith is currently spending 32 hours per week in the clinic; Dr. Jones, on the other hand, is spending 36. Drs. Smith and Jones may be able to negotiate a service policy that meets patient demand without drastically changing their current practice hours.

Example: SJB Family Practice -- Service Policy

	Current average per week	Service policy	Difference
Dr. Smith	32 hours	32 hours	None
Dr. Jones	36 hours	36 hours	None
Dr. Black	34 hours	34 hours	None

Finally, look at the physicians' daily schedules. Are they scheduled to work at peak times, such as Friday afternoon, Monday morning or the Tuesday after a three-day weekend? Adopt a scheduling and time-off policy that ensures that all peak times are covered.

Reduce Schedule Backlog

In order to reduce all backlog in your schedule, you may have to temporarily increase the average number of patients seen each day. This can be done by:

- Extending the length of the workday
- Increasing the frequency of double-booking
- Working over lunch hours, or on a weekend day or typical day off
- Employing the service of extra physicians or mid-level providers
- Using alternatives to scheduled appointments (e.g., phone management or triage) to decrease visit demand

It's realistic to expect to temporarily increase your appointment capacity by about 10 percent. Depending on the size of your backlog, making this increase should help you eliminate your appointment backlog in about 6 to 12 weeks.

Reduce Number of Appointment Types

Having several different appointment types clutters the system. With same-day appointment capability, there's no need for numerous appointment types.

- Eliminate the urgent vs. routine distinction. Allow patients to decide the urgency of their needs.
- Limit appointment types to short vs. long (or a single length) and doctor-in vs. doctor-out.

Implementation

To begin same-day appointment scheduling, offer an appointment **today** to all who call.

- Schedulers must reorient their way of thinking and function with a clear understanding of the intent of same-day scheduling and the goal of accomplishing today's work today.
- Many office processes must be reorganized to meet the "just in time" demands of same-day service. These processes include: medical records, office personnel and ancillary services.

Create contingency plans to accommodate occasional capacity/demand mismatches.

- Schedule physician-out times around predictable high-demand seasons.
- Adjust physicians' work schedule to stabilize the amount of daily capacity.
- Use mid-level providers who do not have their own patient panels to meet excess daily demand variation.
- Use a double-block scheduling system to adapt for physician vacation time. For each week of vacation, block off two weeks of the schedule. The day the physician starts his or her vacation, 50 percent of the following week opens for scheduling; the day the physician returns, the remaining 50 percent of the slots open. This allows for a temporary, predictable creation of backlog while still maintaining same-day scheduling.

Create capacity and shape demand.

- Reduce patient return-ratios by decreasing the frequency with which you arbitrarily see many chronic-condition patients.
- Maximize the care provided at each visit to reduce unnecessary return visits.
- Minimize prescheduling of return visits.
- Establish minimum staffing policies for the practice and stagger "physician-out" times, thereby avoiding unnecessary physician shortages.
- Explore the various types of group medical visit appointments in order to leverage valuable physician time.
- Establish care-team systems and protocols for chronic-care management in order to optimize use of nursing skills and apply physician time toward more urgent needs.

Note: Many of these suggestions seem counterintuitive in a fee-for-service system with today's reimbursement needs. However, they allow for growth of a practice and an increase in a physician's panel size by opening access to new patients.

Evaluate Success

Transfer data from the number of appointment requests tally sheet to the Excel spreadsheet, which will automatically calculate the percentage of same-day vs. prescheduled visits. You may also record the number of days until third available appointment on the Excel spreadsheet, which will automatically calculate an average. Measure this statistic on a weekly basis until same-day scheduling is accomplished. During the backlog reduction period, the wait for the third available appointment will gradually decrease until it can be maintained at a "same-day" level. Continue to monitor this statistic on a periodic basis.

Evaluate cost-effectiveness:

- Same-day scheduling coincides more appropriately with present demand. Thus, expect a rapid decrease in the number of no-show patients, as fewer appointments are deflected to a future date. The number of patient- and provider-initiated cancellations will also drop off.
- Maximum packaging of care per visit will result in higher reimbursable visit value.
- Revenues will increase due to a higher retention of patients (fewer visits will be shunted to other sources, such as urgent care centers and emergency rooms).
- Proper reallocation of nonclinical work to other staff will increase overall staff productivity. Physicians and nurses will have more time to spend with patients.
- Anticipate an overall growth in the physician panel size. The same-day schedule allows for an increased number of new patient visits and a decrease in the return-ratio of established patients.

Evaluate Satisfaction

Distribute a patient satisfaction survey before, during and after implementation of same-day appointment scheduling. How do patients feel about the option for a same-day appointment? Does the change to same-day scheduling improve their overall satisfaction with the management of the practice? Do they feel they're getting better quality, more timely care? (See sample survey in Self-Management)

Anticipate increased satisfaction among physicians and other staff members in the practice, as well. Physicians will feel that they're able to see their own patients more often, and that their patients are more satisfied with the treatment they receive. Staff members will enjoy treating patients in a timely manner.

Increased staff satisfaction yields secondary results: An enjoyable work environment encourages valuable staff to stay at their jobs, which in turn increases productivity and cuts down costs for recruiting and training.

Number of Appointment Requests

Week of: _____

Physician: _____

Scheduler: _____

Make a mark for each request in the appropriate box. Use one type of symbol (e.g., a check mark) for regular appointment requests and another (e.g., a check mark with a circle around it for same-day appointment requests.)

Day	Date	A.M.	P.M.	Total	Number of days to third available appointment*
Monday	/ /				
Tuesday	/ /				
Wednesday	/ /				
Thursday	/ /				
Friday	/ /				
Saturday	/ /				
Sunday	/ /				
Total					

Notes: _____

*Average length of time in days from when a patient requests an appointment with a physician and the third available appointment for a new patient physical, routine exam, or return visit exam. The "third next available" is a better reflection of true appointment availability rather than "next available".

Goal

Decrease number of days to third next available appointment to zero days (same day) for Primary Care.

Decrease number of days to third next available appointment to two days for Specialty Care.

Available at the American Academy of Family Physician's web site.