

## Clinic Efficiency Strategies: Open Access and Creative Appointment Scheduling

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### Disclosure

We, Dr. Cynthia Mobley and Ms. Shelley Miller have no real or perceived vested interests that relate to this presentation nor do either of us have any relationships with pharmaceutical companies, biomedical device manufacturers, and/or other corporations whose products or services are related to pertinent therapeutic areas.

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### Objectives

As a result of this workshop, participants will be able to:

- Describe characteristics and benefits of an open access scheduling system
- Describe practical strategies for implementation of open access scheduling system, and
- Describe monitoring strategies of open access scheduling system

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Parable



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Is there a lesson to be learned from this parable?

What is keeping your agency/staff from making changes to improve clinic efficiency???

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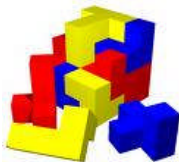
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Techniques for Identifying Issues

- SWOT (subjective)
  - Strengths
  - Weaknesses
  - Opportunities
  - Threats
  
- PFA (Objective)



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## SWOT

SWOT ANALYSIS	
Strengths of Agency in Clinic Efficiency	Weaknesses of Agency in Clinic Efficiency
Opportunities for Improving Clinic Efficiency	Threats by Improving Clinic Efficiency

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## Purpose of PFA

- Provide objective information
- Looks at big picture
- Catalyst for making improvements in the clinic
- Improve customer service
- Improve staff moral – by creating a team effort

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## PFA Output: Reports

- Summary
- Report 1: Client's compliance with appointment
- Report 2: Client's time in clinic
- Report 3: Client's waiting time
- Report 4: Personnel statistics
- Report 5: Personnel time by client served by task code
- Report 6: Personnel time by client served by visit code
- Report 7: Personnel costs
- Report 8: Individual staff data
- Report 9: Clients per hour by staff member
- Report 10: Client contact sequence frequency
- Report 11: User-defined data
- Graph 1: Client time-line
- Graph 2: Staff time-line

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### What PFA Does Identify

- Show rates
- Client time in the clinic and with staff
- Waiting time between stops (i.e. bottlenecks)
- Lost clients
- Staff time available and service time
- Time clients spend at each stop
- Personnel costs
- Visit types

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### Implementing Change



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### Implementing an Open Access Appointment System

Don't



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### Characteristics of Open Access

- “Do today’s work today” rather than in several weeks
- “Keep it simple”
- Model variations
- # days
- % appointments kept open for same day
- Minimize appointment types and lengths
- Appointments scheduled by availability, not type
- Demand/capacity balance

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### Anticipated Benefits ... why

- Decreased wait time for appointment
- Increased show rate
- Increased provider productivity-% contact time
- Improved continuity of care
- Improved client care
- Improved client satisfaction
- Improved staff satisfaction
- Increased revenues
- No reminder calls necessary

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### Getting Started at HTYA Center

- Researching Open Access
- Meeting with TRAINING 3
- QA/QI process (BCHD)
- Implementation team
- Team and Staff Meetings
- Conference call with Title X clinic
- Resources

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## Implementation

### STAFF BUY-IN

- Early introduction to all staff
- Article sharing
- Solicited staff input
- Development and strengthening of Open Access team

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## Implementation ... continued

### Determine true capacity

	Clinic Adm time hrs/wk	Clinic Appt time Hrs/wk	Calculation of Days Available/yr	Days available/yr (of 260)	Hrs. available/yr (days x 7)	FY 08 Actual Visits	2 appts/hr (12/day)	2 appts/hr (14/day)	3 appts/hr (21/day)
NP A	6	11		72	504	616 (71%)	864 (71%)	1008 (61%)	1512 (41%)
NP B	3	18		110	770	?	1320	1540	2310
NP C	3	21		141	987	?	1692	1974	2961
Open Position	3	32		182	1274	NA	2184	2548	3822
Physician		3		20	140	381	240 (79%)	280 (68%)	420 (45%)
TOTAL NPs				433	3031	2977	5196 (57%)	6062 (49%)	9093 (33%)
Total NP & clinician				525	3675	3974	6300 (63%)	7350 (54%)	11025 (36%)

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## Implementation ... continued

### Measure demand ... calls coming in and for each provider:

Appt length	Monday	Tuesday	Wed.	Thursday	Friday
10 min					
15 min					
30 min					
20 min					
40 min					
45 min					
60 min					

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### Implementation ... continued

Commit to a start date

- Put it in writing- September 8, 2008
- No possibility of change short of natural disaster!

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### Implementation ... continued

Clear backlog of appointments

- Depending on backlog, 1-2 months
- Extend clinic hours
- Utilize locum tenens
- Create office hours on provider's day off
- Double-booked high no-show appt types
- Contraceptive follow-up appts. by phone
- STI re-screening

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### Implementation ... continued

- Restructure appointment schedules
  - Minimize appointment types
  - Standardize appointment lengths- 15 minutes with occasional 'skip'
  - Longer appointments only as necessary- IUD insertion
  - Minimize scheduling 'rules'
  - Allow for 'good backlog'

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## Implementation ... continued

### Reduce demand for future unnecessary visits

- More robust visit
- Meet client's reason for visit and offer other needed services
- Review schedule day before
- Appointment 'conversion'
- Allow for 'good backlog'

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## Implementation... continued

### ■ Revise clinic processes

- Phone coverage – increased demand in AM
- Appointment scheduling process
- Registration process
- Pulling medical records
- Reminder calls only for appointments scheduled >3 days

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## Implementation ... continued

### Inform clients and staff (flyer)

- Staff meetings
- Brief waiting room presentations
- Signs
- Flyer
- Face-to-face
- Phone message

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## Implementation ... continued

Develop monitoring system

Indicator	Baseline	Baseline time period	Data Source	Staff
No Show Rate			Appt. schedules	
Wait time for routine appts.			Pre-survey	
Increase client satisfaction			Pre-survey	
# Unduplicated clients			AHlers	
# Visits/day			AHlers	
# visits/client/year			AHlers	
Staff Satisfaction			Pre-survey	
Cycle time through clinic (minutes)			Routing slips/PFA	
% of clinician time with client			PFA	

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## Implementation ... continued

Develop contingency plans

- Staff unexpectedly out
- Demand exceeds capacity
- Very high show rates

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## Implementation ... continued

- Improved clinic systems
  - Clean-up/preparation day
  - Exam rooms
    - Identical rooms
    - Maximize supplies
    - Increased usable exam rooms
  - Adequate copies of forms/supplies
  - Changed electronic schedule

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## Preliminary Results

Indicators (Ahlers)	10/1/08 – 1/23/09	10/1/07-1/23/08
# Unduplicated clients	1158 (+42%)	813
# Clinician visits	1267 (+20%)	1053
# Clinician visits/unduplicated	1.09 (-16%)	1.30
# Annual/initial exams	532 (+118%)	244
# New clients	405 (+47%)	275
# Extended / comprehensive visits by CPT code	622 (+88%)	331

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## Issues and lessons learned

- Importance of staff buy-in
- Limitations on catch up strategies
- Staffing shortage
- Importance of contingency plans
- Prepare for increased demand on clinic
- Very stressful on staff
- Support staff where able – luncheons, feedback meetings
- Forced self-evaluation of all processes
- Is clinic “client-centered” or “staff-centered”

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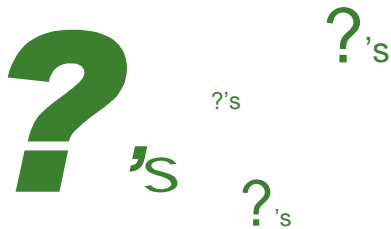
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## Questions



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## More on Appointments



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## Appointment Systems

- Answer phones Monday am
- Offer walk-in or "open access" appts.
- Give client preferred time
- Use delayed pelvis
- Evening & Saturday have best show rates
- Differentiate clinician visit vs. non-clinician visit
- Friday afternoon (3-6) best for supply pick-ups

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## Appointment Systems: 10 Minute Method (clinic dependent)

- 10 minute increments instead of 15 minutes
- New appointment – 20 minutes
- Annual 10 minutes
- Repap – 10 minutes
- PID: 20 – 30 minutes
- UTI: 20 minutes

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**Appointment Systems:  
Double Booking**

- Use when high no-show rate
- Book 2 different types of appointments – (i.e. new appointment and depo)
- Every once in a while .... Everyone will show up, work as a team; if it starts to become a trend, reassess the schedule

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**Appointment Systems:  
Modified Wave**

- 3 clients scheduled on the hour
- 2 clients scheduled 20 minutes past
- 1 client scheduled 40 minutes past
- Plays the averages
- Not good with limited exam rooms
- May not work for all types of services

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**Appointment systems:  
Back Fill Method**

- Clients are told their appointment is “x” minutes prior to when they are expected to be seen by service staff. “x” minutes allows for paper work.

i.e. - For new clients may be told to come at 8:40, will be seen by provider at 9:00

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### Appointment Systems: Walk-in

- Use when clinic has high no-show rate
- Two tiered numbering system for long/short visits
  - On first come first served basis
- Cap number of clients seen during a session

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### Other issues that effect efficiency



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### Managing Overload

- Who is answering the phone, making appointments, greeting clients, registering and billing ?
- What is required during a patient visit?
- Who is required to provide the service?
- Cross-training

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### “Right-sized staffing ratios

- Know what is expected of staff
  - 2.5 – 4 FTE Support staff per 1 FTE
  - 3-4 table visits per hour/per clinician
  - QA support
  - Medical Director (# of hours may depend on hours of direct service, experience of clinicians ..)

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### Customer Service

- Hire the right fit
  - Hire for attitude → Train for skills
  - Health care is a business – NOT social service
  - Consider retail experience
  - Problem solving ability
  - Know what BUSY means
  - “ACT” like they enjoy the job

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### Customer Service – Staff Attitude

- Attendance
- Smile Courteous
- Understand consumer needs
- Meet client needs
- Work as a team
- Practice the golden rule – internally & externally
- Thank the customer
- Address issues of cultural competence

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“No Shows”



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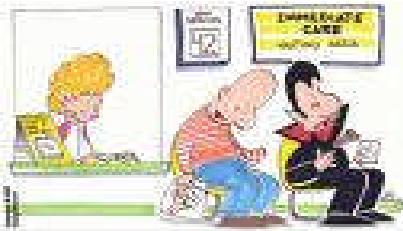
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Waiting time



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Develop an Action Plan



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## Planning = Success

- Strong Planning will result in a long-term project able to sustain itself.
- Evaluation & plan modification through stakeholders meetings is helping to sustain the project

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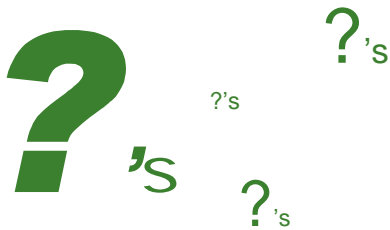
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## Questions



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## Contact Information

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