

Patient Access

**... how to Erect a Successful 'Air Traffic
Control Center' for your Practice**

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Speaker Background

Elizabeth W. Woodcock,
DrPH, MBA, FACMPE, CPC

- DrPH (Health Policy & Management), Bloomberg School of Public Health, Johns Hopkins University
- MBA, Wharton School of Business, University of Pennsylvania
- BA, Duke University
- Fellow, American College of Medical Practice Executives
- Certified Professional Coder
- Author, 17 textbooks and more than 500 Articles
- Founder and Principal, Woodcock & Associates
- Adjunct Professor, Emory University Rollins School of Public Health
- Former Consultant, Medical Group Management Association; Group Practice Services Administrator, University of Virginia Health Services Foundation; Former Senior Associate, The Advisory Board

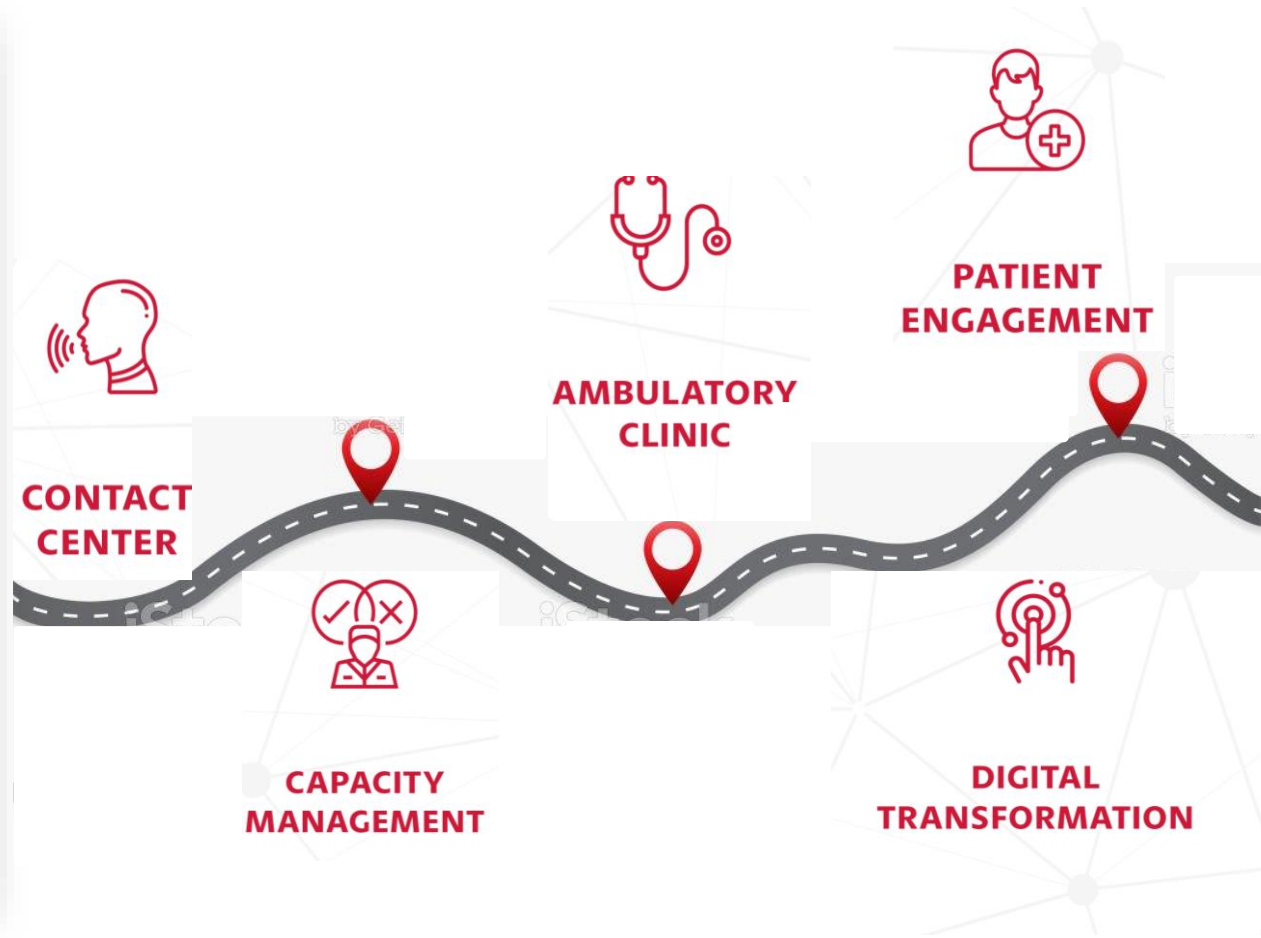
Founder & Exec Director



What is 'Access?'



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What is 'Access?'



What is 'Access?'

CAHPS Clinician & Group Survey Database Chartbook

Table 4. Comparison of Adult Survey 3.0 Combined Top-Box Scores by Specialty*

Specialty	Number of Respondents	Access	Provider Communication	Office Staff	Care Coordination	Rating of Provider
CAHPS DB Overall	330,390	65%	85%	79%	74%	79%
Allergy/Immunology	379	60%	83%	80%	68%	74%
Cardiology	2,505	64%	85%	81%	71%	80%
Dermatology	2,643	60%	83%	80%	67%	74%
Endocrinology	1,541	60%	84%	78%	72%	77%
Family Practice	16,120	59%	85%	78%	70%	77%
Gastroenterology	1,674	58%	80%	74%	65%	73%
Hematology/Oncology	2,583	72%	88%	87%	75%	86%
Internal Medicine	12,265	61%	85%	77%	71%	77%
Neurology	1,705	58%	83%	76%	66%	74%
OB/GYN	4,296	59%	84%	76%	67%	76%
Ophthalmology	3,480	66%	81%	78%	66%	78%
Orthopedics	598	58%	82%	82%	66%	80%
Podiatry	1,528	68%	85%	80%	63%	78%
Pulmonary Medicine	1,226	63%	88%	83%	73%	79%
Rheumatology	1,367	63%	87%	80%	74%	80%
Surgery	6,342	65%	83%	79%	66%	63%
Urology	1,329	64%	82%	78%	66%	77%

* Specialties with fewer than five practices and/or fewer than 300 completed surveys are not shown.

https://www.ahrq.gov/sites/default/files/wysiwyg/cahps/cahps-database/2019_cg_cahps_chartbook.pdf. Most current version.

Why so Challenging?



Just give
me a
call!

Neither Scalable nor Sustainable

Why so Challenging?


[Redacted]

Consult

Dr. [Redacted] sees patients on Mondays & Thursdays. [Redacted] sees patients on Tuesdays, Wednesdays and Friday mornings. Mid-level providers see patients Monday through Friday. A referral to the [Redacted] Center is a referral to the [Redacted]. Please understand that we are trying to see as many patients as possible but there will be a delay in scheduling. Thank you for your patience.

[Redacted]

Please fax this referral back to the [Redacted] along with the patient's medical records; including H&P, progress notes, recent labs (minimum of past year) including [Redacted], medication list, insurance, and picture ID if available. **We will schedule patient only after we receive appropriate records.** Additionally, all patients must meet with a registered nurse prior to their appointment therefore it is necessary to send an [Redacted] referral as well.



Why so Challenging?



one medical



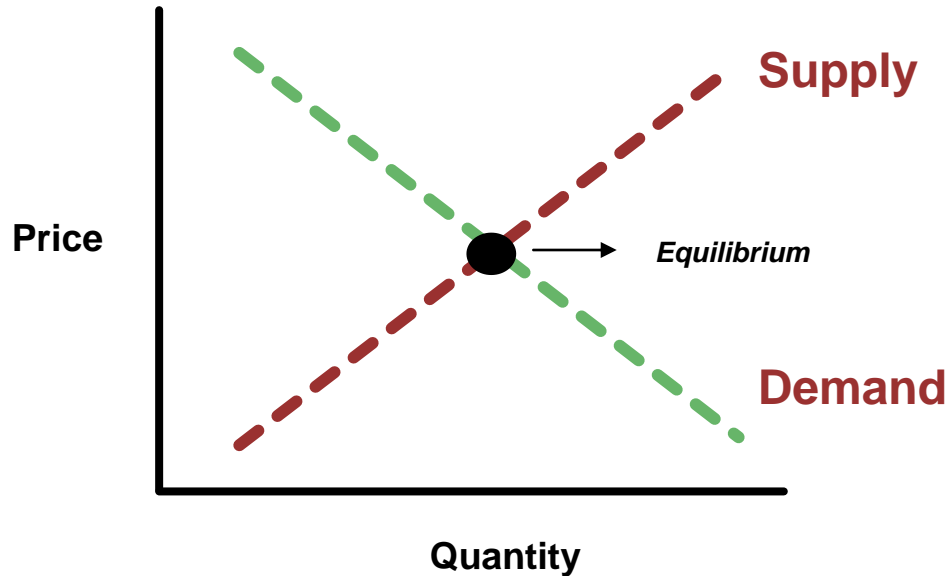
Why so Challenging?



www.corbis.com

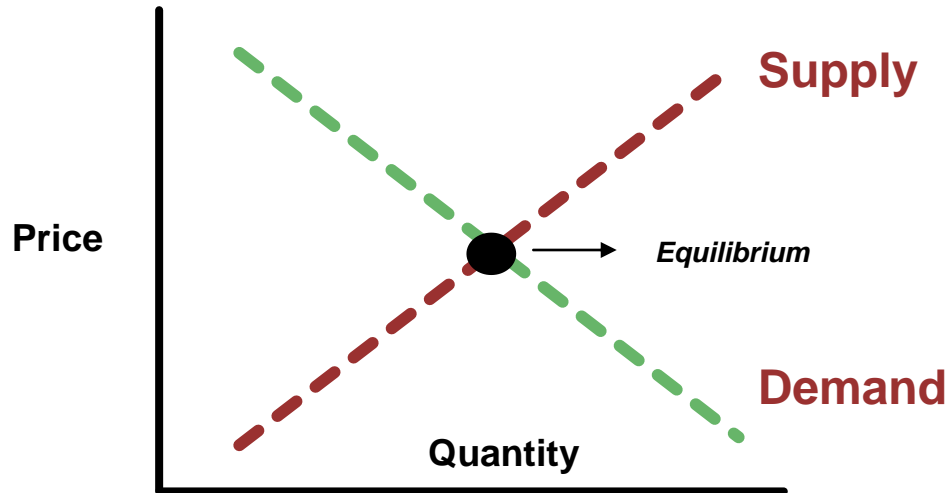
**Physicians' - &
any Billable
Providers' -
Time is Our
Most Precious
Asset**

Why so Challenging?



Equilibrium =
“Right patient, right time, right provider, right place...”

Why so Challenging?



Perishable

- **Newsboy Problem***
(uncertain demand; worthless supply at end of day)

Price

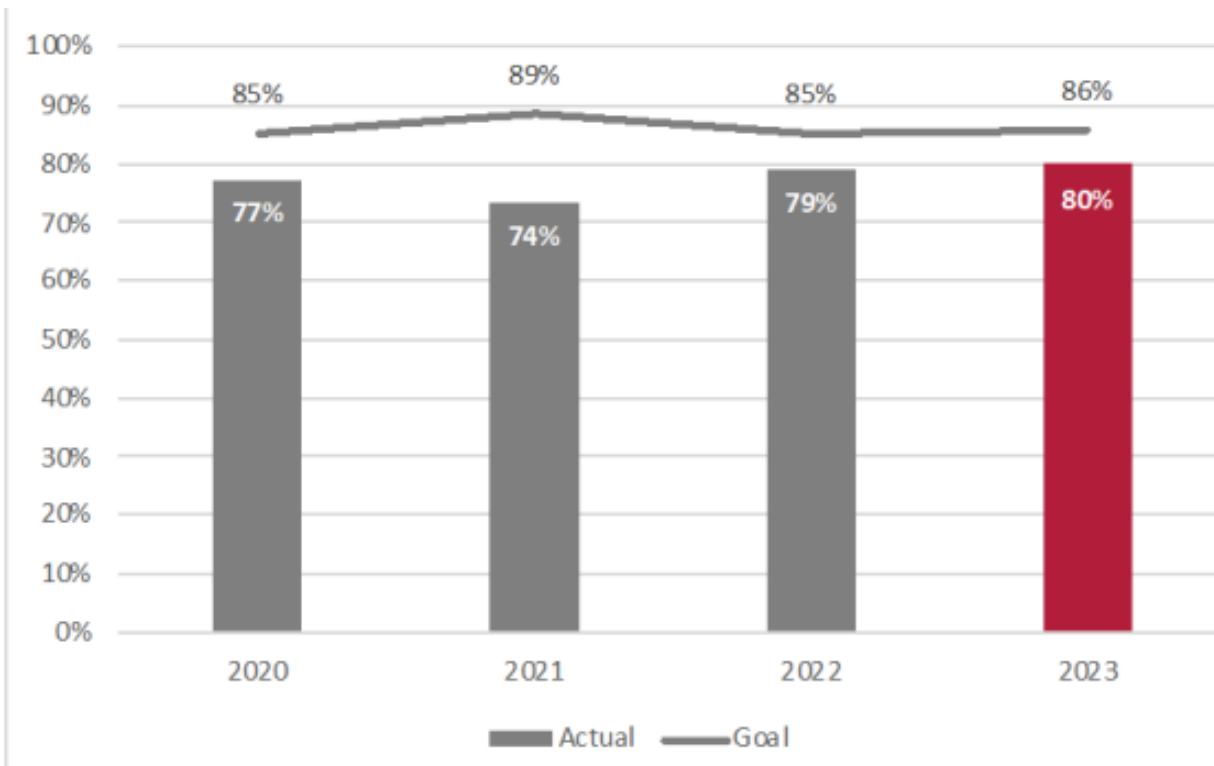
- **Not applicable**

UnPredictable

- Supply
- Consumer Determination
- Consumer Behavior
- Volume
- Type

Understanding the Opportunity

Fill [Utilization] Rate



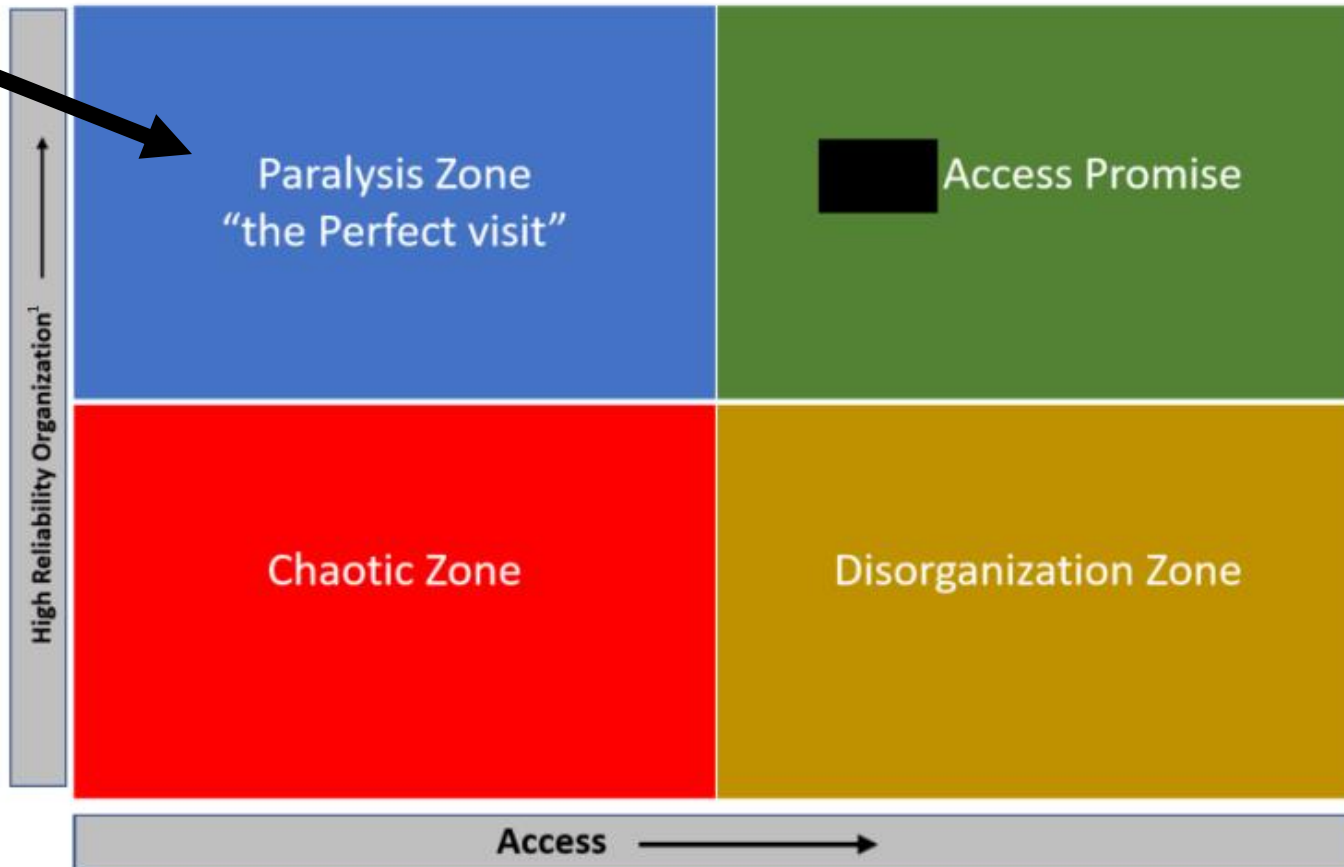
Resource
Utilization &
Realization

23 Days

Median calendar days, new patients

Source: © Patient Access Collaborative. 2023 Patient Access Benchmark Survey. All rights reserved. Year is publication date, with experience based on the year prior. PAC members are academic medical centers (as defined by academic institutions with schools of medicine). "2021" includes impact of COVID. Median data reported. Definition: The percentage of providers' time in clinic that is filled with arrived patients, as defined by the arrived time in clinic (sum of appointment duration for arrivals), expressed as a percentage of the total allocated time on providers' daily schedules (sum of appointment duration available for booking) during the reporting period. Report on all patients (i.e., not only "new" patients). Time may be measured in minutes, hours, or appointment slots.

Understanding the Opportunity



1Roberts, K. H. (1990). Managing High Reliability Organizations. California Management Review, 32(4), 101-113.

Understanding the Opportunity

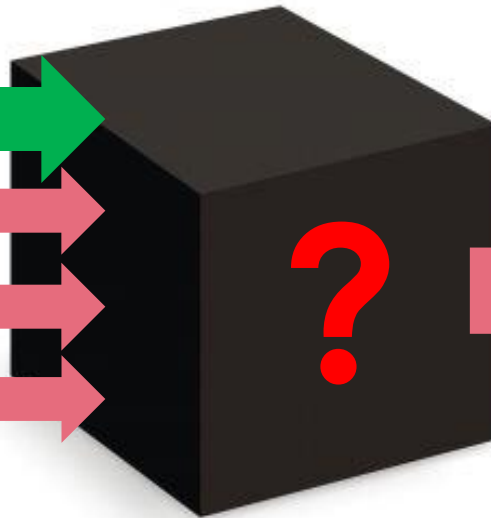
Variables of Resource Utilization & Realization

Time (Foundation)

Patient Communication (Speed)

Scheduling Abilities (Visibility)

Scheduling Practices (Construction)



Realized Utilization



Understanding the Opportunity



- Locating the Seats that were Blocked/Held
- Finding the Planes that Never Taxied (but the Runway was Ready)
- Filling the Seats that were Empty at Boarding

...And Having the Passengers Ready and Waiting to Board

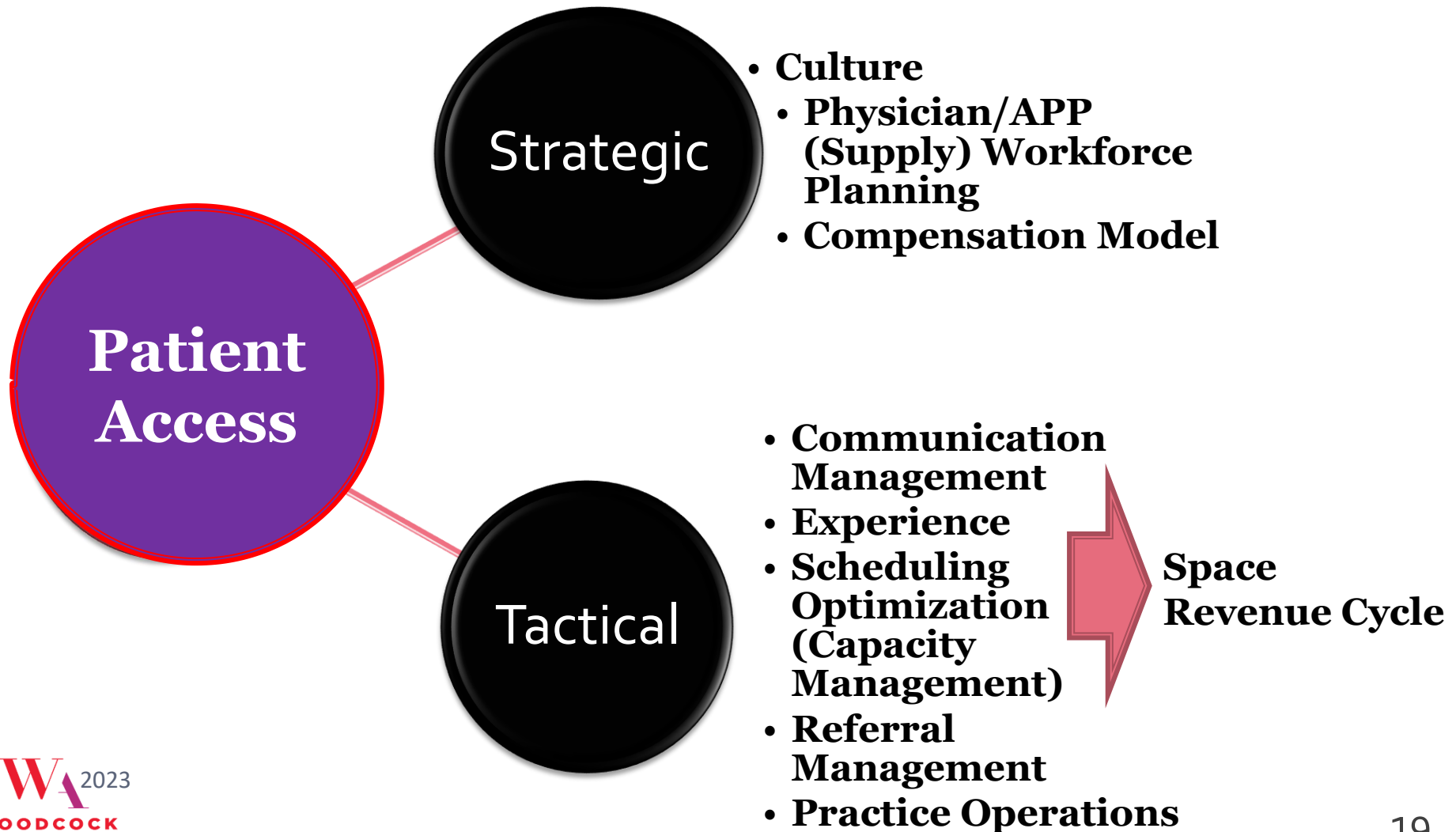
Let's Talk Strategies



Determine What Access is NOT...



...and What Access IS



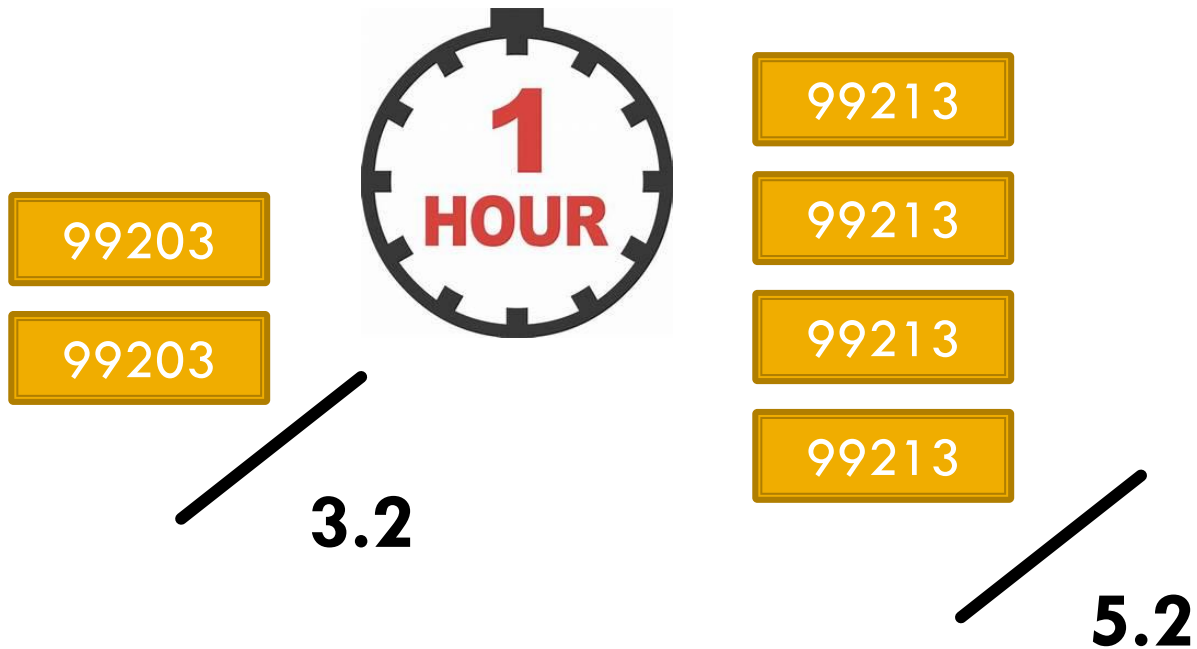
Recognize that it's a Reflection of Your Culture



Thank you
for a *full*
day!



...and how you Incent Providers



2023 Work RVUs: 99203 (1.6) and 99213 (1.3), source: CMS
<https://www.cms.gov/medicare/physician-fee-schedule/search/overview>

Measure the Patient's Perspective



*Patient Told
They Need
to See a
Specialist*

...lots of behind-the-scenes administrative work...

*You Call
Patient and
Give Them
an Initial
Appointment*

**Both Of Your Perspectives are Important, but the Time Involved in Your Work Efforts is Seen as a Negative to the Patient.
Why? Because it's Time**

Measure the Patient's Perspective



*“Were you satisfied with the appointment that we gave you?”
[live* or post-call survey]*

**if live, what is next step?*

Measure the Patient's Perspective

“On a scale of 0–10, how likely would you be to recommend [PRACTICE] to a friend or family member?”



9-10

Promoter

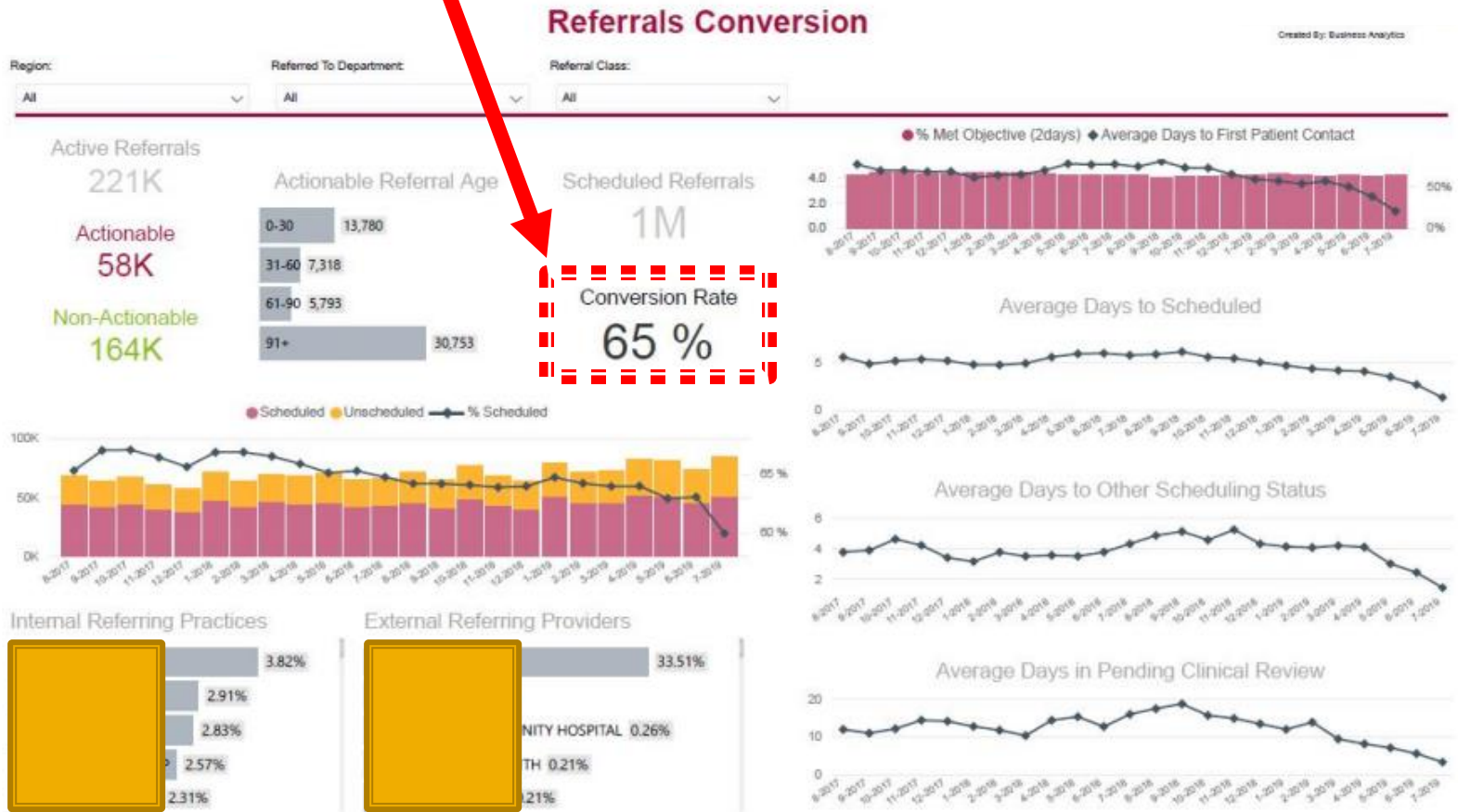
7-8

Passives

1-6

Detractor

Develop Access Measures





Manage the Balance of Supply and Demand

Manage the Balance of Supply and Demand



**The Ultimate
Game of Tetris**

Work the Runway

Insatiable Demand and Full Capacity:

We are great at filling up the seats of the plane...
Our seats (schedules) are full!



Limited Capacity:

But as the day gets closer, some of capacity becomes available again – or the seats get shuffled.
Why? Patients cancel, slot restrictions are lifted – or the physician “bumps” the patient. Plus, we can’t even see some of the empty seats to recognize that they can still be offered.

Too Late To Re-Fill:

With only a few days left to fill those empty seats, we’ve run out of time – so portions of our schedules go empty despite insatiable demand.



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Work the Runway

What is **Your** Runway? (Day of? 7, 14 Days? Etc.)

- 1. What are Root Causes of Empty Seats?**
- 2. Can our Team Even See the Slots?**
- 3. Can We Automate a Flip to Pull in Future Demand?**
- 4. Are We Blocking Our Own Seats?**
- 5. Do We Need a Gap Management Program?**

Work the Runway

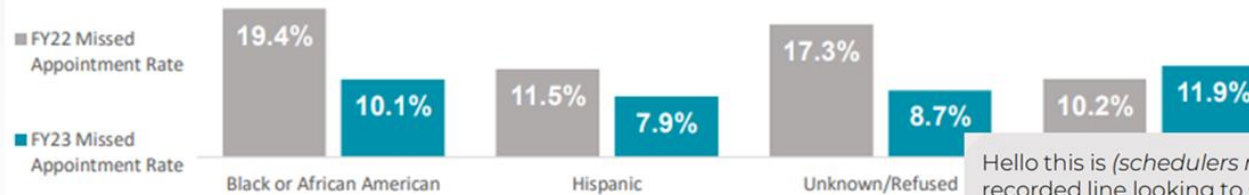
BEFORE

AFTER

Missed Appointment Rate: **11.20%**

Missed Appointment Rate: **6.9%**

By Race & Ethnicity



Language

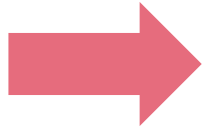


Hello this is *(schedulers name)* with [REDACTED] Children's on a recorded line looking to speak with the parent or guardian of *(child's name)*.

I am reaching out today from *(provider's name)* in the *(specialty)* clinic.

We are looking forward to *(child's name)*'s scheduled visit on *(appointment date & time)*. The reason for my call is to offer any accommodations needed for your upcoming appointment. Do you foresee any barriers that may prevent *(child's name)* from being seen with *(provider's name)*?

Delve Deep into Realized Utilization



Realized Utilization

$$\frac{\text{Arrived Slots}}{\text{Available Slots}} \quad \text{or} \quad \frac{\text{Arrived Minutes}}{\text{Available Minutes}}$$

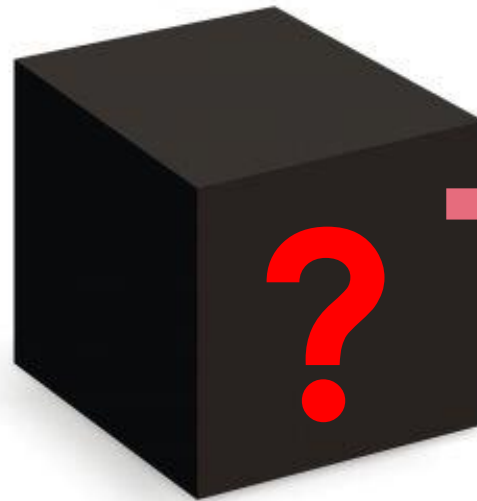
Delve Deep into Realized Utilization

Variables of Resource Utilization & Realization

Patient Communication (Speed)

Scheduling Abilities (Visibility)

Scheduling Practices (Construction)



Realized Utilization

Create a “Smart” Schedule

“You can Only be as Productive as Your Schedule”



What is my Goal?

Create a “Smart” Schedule

Appointment Durations

Advanced Practice Providers



Appointment Slot Distribution

Freeze/Thaw Slots

Examples only: A comprehensive review is recommended.

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