Advanced Access: How To Make it Work, Part I

- Appt Demand and Supply Forecasting
- Backlog Reduction

Catherine Tantau, BSN, MPA
President, Tantau & Associates

Tantau & Associates
P.O. Box 179
Chicago Park, California
530-273-6550
ct@tantauassociates.com

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Objectives Part I…

- Identify the key High Leverage Changes to reduce waits and delays for care.
- Learn now to analyze your practice’s appt demand, supply and activity and strategies for correcting imbalances.
- Understand how to draft an Appointment Backlog Reduction Plan.
- Define the importance of using both Hard and Smart strategies for successful and sustainable Backlog Reduction.

“Get down before you hurt yourself.”

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High Leverage Changes for Access Improvement

1. Match Appt Demand and Supply Daily, Weekly
2. Reduce Backlog
3. Decrease Appointment Types, Times, Restrictions
4. Develop Contingency Plans
5. Reduce Demand for Unnecessary Visits
6. Optimize the Care Team

Sequencing for Advanced Access
Many options; one example of a tested path

- Set Access Aims
  - Primary Care; Empanel pts w PCP, Promote Continuity
  - Specialty Care: Establish method for input equity
  - Measure delay for routine appt for each provider
  - Measure appt Demand and Supply and Activity

  Not necessarily linear, consider parallel processing...
  - Match Demand and Supply, daily
  - Work down the Backlog
  - Simplify appt types and time
  - Develop Contingency Plans
  - Reduce demand for unnecessary visits
  - Optimize the Care Team

- At every step...
  - Track and display data
  - Celebrate successes and failures!
What is Advanced Access?

- NO delays for an appointment.
- CONTINUITY for patients and providers.
- Doing today’s work today and this week...

So how many appts do we need today?

A. What Drives Appt Demand?

- Illness Burden of Population
- Panel Size or Case Load
- Delays and poor Continuity drive up 15%
- Practice style...Wasson, Dartmouth
- Mood, Attitude, Customs
  - UK, US, Canada, Sweden ... 3 PC visits /year
  - Germany... 6 visits/year
  - France...12 visits/year
Appt Demand, Supply, Activity

- 3-D look at the practice by provider and by division
- Critical measures to forecast appt Demand patterns by division and by provider
- **Appt Demand** patterns guide **Appt Supply patterns**
- **Appt Activity**: at the end of the day, how many pts were seen?

Measuring Appt Demand

- Look at historical data?
- Worse case scenario...
- Reassurance
- “real time” data
- Moment of Truth: Appt booking transactions
Appt Demand Formula

True Demand Formula:

**External**
- Appointment requests, called in and appted regardless of day appted. To (today or future)
- Walk-ins for appts.
- Other portals of entry *(email, fax, "add-ons" etc.)*
- Deflections that arrive somewhere in system *(UCC etc.)*

**Internal**
- Returns booked today for the future

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Total Demand

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What are we counting????

- Appts generated and booked today, for today or the future.

- Today’s **appt booking transactions** for each provider.
What are we **not** counting???

- What is already on today’s schedule is irrelevant... represents previous demand, not today’s demand.

- All calls for appts. Pts often call multiple times for a single appt. All calls do not result in appt booked.

Who’s done this?  
**What did you find??**

- Surprises?

- Variation?
# Appointment Demand Worksheet

Date: ____________

<table>
<thead>
<tr>
<th>Care Unit</th>
<th>Patients calling today, requesting appt, regardless of day appted to</th>
<th>Walk-ins today appted (External)</th>
<th>Deflections, eg UCC, if trackable (External)</th>
<th>Return appts booked today as pts leave today’s appt. (Internal)</th>
<th>Total Demand</th>
<th>Optional; Pts turned away, not booked. Do not add into Demand</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider A</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Provider B</td>
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<td>Provider C</td>
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<td>Provider D</td>
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<td>Total</td>
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</tr>
</tbody>
</table>

**Measured demand**

<table>
<thead>
<tr>
<th>Calls for visit</th>
<th>Other external demand</th>
<th>Internal demand</th>
<th># appt per day</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday</td>
<td>44</td>
<td>2</td>
<td>29</td>
</tr>
<tr>
<td>Tuesday</td>
<td>34</td>
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<tr>
<td>Friday</td>
<td>37</td>
<td>1</td>
<td>31</td>
</tr>
</tbody>
</table>

**Provider capacity**

<table>
<thead>
<tr>
<th># appt per day</th>
<th>Provider A</th>
<th>Provider B</th>
<th>Provider C</th>
<th>Provider D</th>
<th>Provider E</th>
<th>Provider F</th>
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</thead>
<tbody>
<tr>
<td>Monday PM</td>
<td>3</td>
<td>3</td>
<td>2.5</td>
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<td>3</td>
<td>3</td>
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<tr>
<td>Tuesday PM</td>
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**VISIT RATE**

<table>
<thead>
<tr>
<th>Visits per hour</th>
<th>Provider A</th>
<th>Provider B</th>
<th>Provider C</th>
<th>Provider D</th>
<th>Provider E</th>
<th>Provider F</th>
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<tbody>
<tr>
<td>Monday AM</td>
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<td>3</td>
<td>3</td>
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<tr>
<td>Monday PM</td>
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<td>3</td>
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<td>4</td>
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<td>4</td>
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<tr>
<td>Wednesday AM</td>
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<td>4</td>
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**HOURS per session**

<table>
<thead>
<tr>
<th>Mon AM</th>
<th>Mon PM</th>
<th>Total</th>
<th>Tues AM</th>
<th>Tues PM</th>
<th>Total</th>
<th>Wed AM</th>
<th>Wed PM</th>
<th>Total</th>
<th>Thu AM</th>
<th>Thu PM</th>
<th>Total</th>
<th>Fri AM</th>
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</thead>
<tbody>
<tr>
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<td>14.625</td>
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<td>3</td>
<td>16.5</td>
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<td>16.5</td>
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<td>1.5</td>
<td>2.5</td>
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<td>4</td>
<td>14.625</td>
<td>2.5</td>
<td>3</td>
<td>16.5</td>
<td>2.5</td>
<td>2</td>
<td>16.5</td>
<td>4</td>
<td>1.5</td>
<td>2.5</td>
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<tr>
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<td>16.5</td>
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<td>1.5</td>
<td>2.5</td>
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**Appointment Capacity versus Demand**

<table>
<thead>
<tr>
<th>Provider capacity</th>
<th>Measured demand</th>
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</thead>
<tbody>
<tr>
<td>Monday PM</td>
<td>10</td>
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<tr>
<td>Tuesday PM</td>
<td>12</td>
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<tr>
<td>Wednesday PM</td>
<td>10</td>
</tr>
<tr>
<td>Thursday PM</td>
<td>10</td>
</tr>
<tr>
<td>Friday PM</td>
<td>10</td>
</tr>
</tbody>
</table>

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B. Appointment Supply

Appt slots on template normally available to each provider in dept. each day of the week.

Track MLPs and physicians separately.
### Appt Supply

- Macro Supply...dept level
- Deployment of Supply...bookable hours
- Measures
  - Measure when schedule is released.
  - Appts per session for each day of week per provider.
  - Estimate % long and shorts based on prior schedules

- Hours per session?
- Productivity standard?
- Office FTE modification

---

### Appointment Supply Worksheet

<table>
<thead>
<tr>
<th>Provider</th>
<th>Mon</th>
<th>Tues</th>
<th>Wed</th>
<th>Thurs</th>
<th>Fri</th>
<th>Sat</th>
<th>Total Supply</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider A</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provider B</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Provider C</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provider D</td>
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<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
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<td></td>
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Week of: ____________

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<table>
<thead>
<tr>
<th></th>
<th>Calls for</th>
<th>No-shows</th>
<th>Internal demand</th>
<th>Appointments per day</th>
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<tbody>
<tr>
<td>Monday</td>
<td>44</td>
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<td>15</td>
<td>37</td>
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<tr>
<td>Tuesday</td>
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<td>Thursday</td>
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<td>25</td>
</tr>
<tr>
<td>Friday</td>
<td>37</td>
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<td>31</td>
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</tr>
<tr>
<td>Provider capacity</td>
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<tr>
<td>Monday</td>
<td>70.125</td>
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<td>Tuesday</td>
<td>61.5</td>
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<tr>
<td>Wednesday</td>
<td>87</td>
<td></td>
<td></td>
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<tr>
<td>Thursday</td>
<td>58.875</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Friday</td>
<td>84</td>
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</table>

**VISIT RATE**

<table>
<thead>
<tr>
<th>visits per hour</th>
<th>Provider A</th>
<th>Provider B</th>
<th>Provider C</th>
<th>Provider D</th>
<th>Provider E</th>
<th>Provider F</th>
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</thead>
<tbody>
<tr>
<td>Provider A</td>
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<td>4.625</td>
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<td>3</td>
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<td>3</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Provider C</td>
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<td>4.625</td>
<td>3.5</td>
<td>4.5</td>
<td>3</td>
</tr>
<tr>
<td>Provider D</td>
<td>0</td>
<td>4</td>
<td>9</td>
<td>3.5</td>
<td>4</td>
<td>10</td>
</tr>
<tr>
<td>Provider E</td>
<td>3</td>
<td>4</td>
<td>9</td>
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<td>4</td>
<td>9</td>
<td>3.5</td>
<td>4</td>
<td>10</td>
</tr>
</tbody>
</table>

**HOURS per session**

<table>
<thead>
<tr>
<th>Mon AM</th>
<th>Mon PM</th>
<th>Total</th>
<th>Tues AM</th>
<th>Tues PM</th>
<th>Total</th>
<th>Wed AM</th>
<th>Wed PM</th>
<th>Total</th>
<th>Thu AM</th>
<th>Thu PM</th>
<th>Total</th>
<th>Fri AM</th>
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</thead>
<tbody>
<tr>
<td>3.5</td>
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<td>22.5</td>
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<td>9</td>
<td>3.5</td>
</tr>
</tbody>
</table>

**Tracking Demand and Supply**

Source: YKHC, Bethel Alaska
C. Activity; the 3rd Dimension

- Activity is the measure of patients who were actually seen today.
- At the end of the day, regardless of demand or supply, count the number of patients seen.
- Accounts for No Shows and Overbooks.

Demand, Supply, Activity Office Visits

A three dimensional look at what’s really going on in the practice.

Source: Huron Gastro, Ann Arbor
### Demand, Supply, Activity Procedures

#### All Physicians (Totals) - Procedures (CDC & Imaging Ctr)

<table>
<thead>
<tr>
<th>Month</th>
<th>Demand</th>
<th>Activity</th>
<th>Supply</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sept</td>
<td>1500</td>
<td>1000</td>
<td>2000</td>
</tr>
<tr>
<td>Oct</td>
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<td>Feb</td>
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</tr>
<tr>
<td>May</td>
<td>1500</td>
<td>1000</td>
<td>2000</td>
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</table>

Source: Huron Gastro, Ann Arbor

#### Appointment Activity Worksheet

<table>
<thead>
<tr>
<th>Provider</th>
<th>Mon</th>
<th>Tues</th>
<th>Wed</th>
<th>Thurs</th>
<th>Fri</th>
<th>Sat</th>
<th>Total Activity</th>
</tr>
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<tbody>
<tr>
<td>Provider A</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Provider B</td>
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<tr>
<td>Provider C</td>
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<tr>
<td>Provider D</td>
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<td>Total</td>
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</tr>
</tbody>
</table>

Week of:__________

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Do we really need more space?  
GI Clinic Capacity & Demand

Three Dimensions:  
Appt. Demand, Supply, Activity  
Obstetrics & Gynecology

Average Supply & Demand  
December 12 - July 7  
3 Appointments Per Hour
Delay for appointments (Access)
Obstetrics and Gynecology, Ministry Medical Group

Surgical Specialties...
OR Demand and Supply

- First, Measure Delay
  - Next, long surgical slot
  - 3rd next, short surgical slot
- What do our demand numbers tell us about demand for surgeries per week?
- How does this compare with our deployment of supply?
- What can we do differently?
"The Pile"
unbooked consults or surgeries

How to Track...
How long to track...

- Tic Marks vs Electronic tracking
- 4-6 weeks and then forever
- Separating Internal from External
What’s your situation? How do you know?

- $D > S$?
- $D < S$?
- $D:S$?

------------------------------------------------

"Our schedules are jammed every day. Our Demand must outstrip our Supply"(??????)

"We’ve had the same Delay for months."

"We measure D and S, continuously and map the trends."

If Demand is Greater than Supply

Four Options
1. Work harder?
2. Buy more Supply?
3. Delay the work?
4. Do the work differently !!!
   ...test....
4. Do the Work Differently....

- Shape Demand; the Monday vortex
- Eliminate duplicate visits; comb schedules
- Care Team development; leverage the work
- Huddles; include max pack opportunities
- Extend visit intervals
- Promote Continuity

- Simplify Appt types and times
- Nurse Appts, phone appts, Group appts, pt Portals, SMS

- Improve Access; reduce No Shows; re- capture Supply
- Go system-wide
- Other?????

Identify source of demand and ask, “Why?”

- Internal
- External
- Discontinuity
- Single issue visits to ramp up visit count?
- Bumping
- Delays and defensive booking
- Sub-optimized Care Team
- Growth
Decrease Internal Demand

- Demand variation pre and post procedure
- Return visit variation
- "Graduation" rates
- Internal

Disposition

Numerator1 (Black): No. of appts patient given no disposition, or told, "if symptoms worsen" or, >= 4 months.

Numerator2 (Red): No. of appts patient given disposition between 1-3 months or less.

Denominator (Blue): Total number of face to face appts/month.

Source: Contra Costa County, Medical Center, California
Embrace the data…

Your Next Steps…

- Identify 2 things you will do when you return to begin to measure appt demand, supply and activity.
2. Reduce Appt Backlog

Are we there yet?

High Leverage Changes for Access Improvement

1. Match Demand and Supply Daily, Weekly
2. **Reduce Backlog**
3. Decrease Appointment Types, Times, Restrictions
4. Develop Contingency Plans
5. Reduce Demand for Unnecessary Visits
6. Optimize the Care Team
Good Backlog vs Bad Backlog

How will airlines deal with ash backlog?

CNN Travel

How will airlines deal with ash backlog?

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Backlog Planning

- Assemble your team
- Develop a written plan
- Set two dates
- Who plays???

One way to handle Backlog...
Backlog Reduction

No substitute for hard work, however....

Sustainability comes from Smart Strategies
A. Backlog Plan: Smart Strategies

- Work backlog as a team
- Huddle
- Comb schedules
- Maximize visit efficiency
- Extend visit interval
- Manage follow up visits in a different way
- Leverage the work to others
- Support the team during backlog redux.
- Celebrate!!!!!

Set Two Dates...

- Select a start date
- Select an end date
Do Increasingly More Of Today’s Work Today

- Commit to it
- Don’t add to the end of the queue
- Do more with today’s visit
- Enlist the team

Work Backlog As A Team

- Daily Team Huddles
- Commit to continuity for appts
- Honor Continuity with PCP or specialist and Care Team.
- Can someone else on the team manage this problem?
- Beware of Negative Reward for early birds.
Look Ahead At The Schedules

- Check for duplicate visits and referrals...**comb** the schedule.

- Will a telephone call suffice? Phone appts? UCSF General Family Medicine testing

- Can more be done at today’s visit to eliminate a future visit?

Consider This...

- A physician sees twenty patients a day for twenty days per month for ten months per year. If s/he is able to maximize one visit to reduce future demand, then this physician has saved 200 visits in a year. That is ten physician days.

- If a physician can appropriately extend the visit interval for fifty diabetic patients from three months to four months, then fifty visits are saved per year. That is 2.5 physician days.

- Better yet, use members of the Care Team!
Maximize Visit Efficiency

- Increase the value of the face-to-face clinician/patient time
- Eliminate physician distractions / interruptions
- Leverage the providers time...remove clerical tasks
- Do more with some visits

Extend The Visit Intervals

- Specific patient
- Specific diagnosis or care pathway
- Eliminate or combine certain return visits
### Disposition

**Numerator1 (Black):** No. of appts patient given no disposition, or told, "if symptoms worsen" or, >= 4 months.

**Numerator2 (Red):** No. of appts patient given disposition between 1-3 months or less.

**Denominator (Blue):** Total number of face to face appts/month.

Source: Contra Costa County, Medical Center, California

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### Manage Follow-Ups In A New Way

- Can an RN or Health Coach follow-up with the patient?
- Can an NP or PA manage the care plan?
- Phone visit follow-up?
- Group visits?
- Tickler file reminder vs appt?
Sometimes a small change can make a big difference...
YKHC Physical Therapy
Reduction in Delays for Appointments

**Third next appointment - PT**

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**B. Hard Strategies for Backlog**

- **Temporarily** add daily capacity...get ahead of your demand curve.
- Do increasingly more of today’s work today...add less to end of queue
- Identify team members roles and responsibilities for backlog reduction.
Temporarily Add Capacity

- Not too much...
- Not too little...
- Just right!

Do Increasingly More of Today’s Work Today

- Commit to it!
- Don’t add to the end of the queue
- Loosen the criteria for “today”
- Backlog slots are for your pts.
- Free up time for increased clinical time
- Suspend some meetings, use locums, extend hours.
Hard Backlog Strategies

Add daily capacity

- Where?
- When?
- How?
- Some customization is good.
- Be clear!
- Make it easy to schedule your pts into your Backlog slots

Watch you Delay tumble....

- Innovative model
- Primary, specialty care x 15 years.
- System wide applications

![Graph showing number of calendar days until 3rd appointment for different specialties.](image)
Swedish Health Care System

Nurse-Managed Clinics in charge of schedules, all follow-up visits, searched for every opportunity to remove work from specialist

Standardized protocols and pathways beginning with ER (most of their cases came from ER)

Thoughts To Consider...

- Promote team communication...daily huddles, standing agenda item at meetings.
- Collect data, analyze it, talk about it, share it, weekly.
- Gain commitment from the team
- Support the team
- Motivate the staff; they’re ready
- Celebrate
Cautions...

- Backlog reduction **is** hard work
- Prepare for effects on other services
- Be careful about “rewarding” the early birds with perverse incentives
- Beware the temptation to slide backwards when things get better, or worse!

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“It’s a grocery list, Brother Clarence!”

Questions.....
### Your Next Steps....

- Identify 2 things you’ll do to prepare for Backlog Reduction.

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- Improving Medical Office Flows and Efficiency. Catherine Tantau and Mark Murray, presentation 1998
- Managing the Unexpected. Karl E. Weick and Kathleen M. Sutcliffe, University of Michigan Business School, 2001
- Duffy, TE. Urology advanced clinic access concepts. Presented at the 4th Annual International Summit on Redesigning the Clinical Office Practice. St. Louis MO, April 14 2003
- Kohler L, Ramirez ME. Achieving same day access in a Veterans Health Administration mental health clinic. In press, Federal Practitioner. 2004
- Schall, Marie, Terry Duffy, Ani Krishnamurthy, Odette Levesque, Prashant Mehta, Mark Murray, Renee Parlier, Robert Petzel and John Sanderson. Improving Patient Access to the Veterans Health Administration’s Primary Care and Specialty Clinics. Joint Commission Journal on Quality and Safety, August 2004, Vol. 30, No. 8
- Jon D. Neher, MD; Gary Kelsberg, MD; Drew Oliveira, MD, Improving Continuity by Increasing Clinic Frequency in a Residency Setting, Family Medicine Journal, Vol.33, no. 10 p 751, November - December 2001
- Francis G. Roland, MD, Sam Wey, MD; Frances W. Craig PhD, A Controlled Trial of an Advanced Access Appointment System in a Residency Family Medicine Center, Family Medicine Journal, 2004