Modified Open Access

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David J Moore, M.D., M.S.
Grace Community Health Center
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- Built on the “Advanced Open Access” Model
- Murray & Tantau – 2000
  “Same-Day Appointments: Exploding the Access Paradigm”
  Family Practice Management 7(8):45-50, Sept 2000
Existing Appointment Models

- Traditional Schedule Model
- Carve-out Schedule Model
- Advanced Open Access Model

Traditional Scheduling Model

- 10-15 minute slots
- 4-6 slots/ hour – 8am to 5pm
- Special appointments – 30+ minute slots
  - New patients
  - GYN exams
  - Procedure visits
    - Fixed Limits #s allowed / week or month
Traditional Scheduling Model

Carve-out Scheduling Model

- Traditional Schedule +
  - Reserved daily slots set apart:
    - “Acute” patient care
Carve-out Scheduling Model

Problems

- High No-Show rates – “dishonest” overbooking
- High re-scheduling work-load*
- Limited Acute care access
- Limited Primary Provider access
- Geriatric & Chronic care patient population trending
Advanced Open Access

- “Advanced Open Access” Model
  – Murray & Tantau – 2000
  - “Do Today’s Work Today” i.e. same-day appts
  - Single appt type
  - Provider-Specific Continuity emphasis

Advanced Open Access

- Wouldn’t it be nice…
  - Patients could dependably get in short-notice whenever they needed to.
  - No special appointment types to filter through
  - Patients could reliably & consistently see their own provider
Advanced Open Access

- **Acute Patients**: call & be seen when they needed to
- **Chronic/follow-up Patients**: to call when ready for followup visit and for acute problems when needed

Schedule 2/3 open at start of day – Same-day access capacity

Transitions?

- Traditional & Carve-out Models
Transition Theory:
- Overdrive to work down the backlog
- Arrive at steady state 1/3 opening schedules
- Close Practice to New Patients at “appropriate” panel size
Advanced Open Access

- Problem: Schedule open difficult to maintain
  - patient panel volume limitations

Modified Open Access

- 2001 – Ohio CHC Open Access development team

- ? Practical implementation & sustainability methods exploration?

- Implemented: Modified Open Access
Modified Open Access
AOA- Similarities

GOAL: Take **GOOD** Care of **Established** Patients –
(Stop the revolving door!)

- “Do today’s work today” – Same-day appt access
- Single appointment type – Keeps Access Flexible
- Emphasis on Provider-specific continuity of care

Modified Open Access
AOA- Differences

GOAL: **SUSTAINABILITY**
(Making it stick.)

- Limitations placed on access **beyond** “today”
- Robust Follow-up Reminder systems
- Tools developed to “maintain the promise” of access
- Methods for **transitioning** from Traditional & Carve-out schedules
Modified Open Access  
– nuts & bolts

- **Established** patients get priority access
  - Appointments *Same-day up to 1 week ahead*
  - *Same-day* Access “Promise” maintained via special “Pressure-valve” slots

- **New patients** – Access Limited to Same-Day ONLY.
  (ONLY after Established Pt needs met for the day)

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Modified Open Access  
– *Established* Pt Access

**Established Pt Access : e.g. 8 – 5 Practice**

8 am - 4 pm slots:

- Same-day *up to 1 week ahead*

- Acute OR Chronic care – no difference
Tool #1: Pressure-Valve Slots

- **Established Pt Access**

**Established Pt Access : e.g. 8 – 5 Practice**

- 4pm - 6pm: “Pressure-valve” appointment slots
  - Open only to Established patients
  - Open only on Same-Day basis
  - Open only after regular appointments Saturated
  - Open only one-at-a-time Sequentially

ESTABLISHED PATIENTS:
Goal: To Sustainably always have at least one
- same-day appointment option.

**Modified Open Access**

NEW Patients –

**SAME-DAY ONLY**

Only what’s left after Established Patient needs Addressed
Tool #2: EPPA Times

– *Established vs New Pt Access*

**Tool: Established Patient Priority Access (EPPA) Time**
(a time on the Clock)

- Internally set time of the day – i.e. behind the scenes
  - Before EPPA time: Only *Established* patient access
  - After EPPA time: *All* comers given *equal* access

*Effect:*

- Established patients get *priority* access to a days appointments.
Modified Open Access – New Patients

- New patients – Limited Same-day ONLY Access
  - “Automatic Door” – to new patient access
  - Act as Adjustable “automatic” door behind the scenes
  - Receptionists “Scripts” guide access limitations

Receptionist Scripts
Modified Open Access – Follow-up Management Tools

Follow-up Reminder System:

- Patients given assurance of future appointment access
- Responsibility for scheduling follow-up maintained in Patient’s hands
  - i.e. patient schedules when they are ready/able to keep it
- Follow-up System is managed behind the scenes
  - i.e. patient transparent – avoiding “rescheduling” work-load
Three levels of follow-up reminders

- #1: Non-specific follow-up card: e.g. “Follow-up Mid Feb”
  
  [“Virtual” appointment scheduled at the provider-specified interval]

- #2: “Virtual” appointment triggers a reminder call/card
  
  [Patient response moves appointment from “virtual” to “live” status]

- #3: “Oops” card reminders:
  - 2 weeks out, sent for any remaining “virtual” appointments – i.e. patients that have not yet responded

“Doing today’s work today” – Same-day appt access

- Single appointment type

  - Provider-specific continuity of care

GOAL: Take GOOD Care of Established Patients – FIRST

To promote/retain “Established” patients.