Patient Engagement: 6 Operational Steps to Making it a Reality

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Improving Patient Engagement...

- What’s the Problem?
- What do we see across the country?
- Why it matters...
The Hub of the PCMH

What Patients Want

- Let me in
- Don’t waste my time
- Give me the best
- Figure me out & fix me
- Care about me more than I do

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“Let me in!” The Access System

What Patients Want

Let me in

Just say “YES”

Website Health Info

Patient Portal

Visits

Texting

Phone

Email

Access

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Reduce those No-Shows!

- No-shows are due to flawed scheduling systems, not transportation systems.
- You can slash no-shows by 50% over 4 weeks.
- Provide timely access to patients—as close to the request as possible—i.e. same day.
- Avoid bumping patients at almost all costs.
- A robust reminder system is needed in the beginning.
- SHORTER CYCLE TIMES DO WONDERS! (Lincoln Hospital Example)
Just say YES to patients!

- **Bottom Line**
  - The more aggressively you see patients TODAY, the more open slots you’ll have in your future schedule.
  - The Clinic Ole experience with future open slots.
  - Rule #1: Do not try to obstruct or discourage patients from getting appointments today. “Just say Yes” to patients.
Simplified Patient Schedule (SPS)

- An appointment is an appointment.
- Multiple visit types restrict access.
- Creates a more orderly, less chaotic clinic session.
- Makes same-day access possible. Engineers it in.
- Productivity improves without double booking.
- Reduces cycle time appreciably.
- Reduces TNAA. (what is TNAA?)
SPS: Types of Appointments

The schedule

- Same day
- New/complicated
- Established/regular
- Group

ALWAYS ASSUME THAT PATIENT / PROVIDER CONTINUITY RULES!
Create Robust Patient Care Teams

A Patient Care Team is a cross-functional team that works together consistently and serves as the medical home for a defined panel of patients.
Chart Prep

- Prepare for the Expected and Prepare for Today

- Chart Prep allows you to look ahead, combine what you see in the chart with what the patient tells you.

- Review for Health Maintenance (PCMH Recognition). Review for needs of next visit, can be combined with a final schedule “scrub.”

- Be sure labs, diagnostics, Rxs are due, done or prepared.
Chart Prep Example

Chart Prep Checklist – Two days pre-appt

Medical Assistant

☐ Superbill and Chart Match – verify name, DOB
☐ Verify eligibility – note if pt needs to update FPACT, CDP, HSF, etc. Ask PCPs
☐ HIPAA/Consent to Care – Signed! ⇒ STICKER!
☐ Contact info up to date?
☐ Demographic sheet up to date?
☐ PCP Continuity?
☐ Insert blank episodic or annual
☐ Visit Reason – amend with any additional needs (e.g. CBE, Pap, HBV#2 etc); confirm via phone:
  ☐ UPT/UTI/Contract? Note on Superbill: LEAVE URINE
  ☐ Lab flu: confirm labs in chart
  ☐ Annual/CBE: Insert any blank paperwork:
    ☐ History update form
    ☐ PHQ9
    ☐ Anxiety/Depression:
      ☐ GAD7
      ☐ PHQ9

☐ HCM – when is pt due?
  ☐ Vaccines:
    ☐ TDAP – every 7-10yrs Next Date: ____________________
    ☐ Flu – everyone! Date: ____________________
    ☐ HPV – pt ≤ 26yo; patient assistance program, if no coverage Next Date:
        ☐ Pneumovax – 65+ or immune compromised Date: ____________________
        ☐ HAV? Next Date: ____________________
        ☐ HBV? Next Date: ____________________
  ☐ PPD Y/N? Date: __________ Result ____________________
  ☐ CBE: Date: __________ Result __________ Next Due: __________
  ☐ Pap: Date: __________ Result __________ Next Due: __________

☐ 12/Phase – PRINT!
  ☐ Check Alerts:
    ☐ DM: ____________________
    ☐ 50+: FOBTx3
  ☐ Labs due? Fasting/Non-Fasting/Trough: ____________________
  ☐ Medication list up to date? – remind patient to bring all medication bottles via phone
  ☐ IBH: ____________________
    ☐ Any notes re: additional assistance psycho/social, etc.
Reduce Cycle Time

- Start all visits on time! *This includes the first session of the day! (QuickStart)*

- Use tight team work and communicate directly
  Examples: Robust Intake, 30 Second Report, Midway Knock, Walkie-Talkies
Thank you!

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