

Open access, extended hours

Seeing patients when they want to be seen helps you respond to their needs and stay competitive.

By Robert Lowes
SENIOR EDITOR

When FP Sumi Sexton in Arlington, VA, looks ahead a few days on her schedule and sees that 50 to 60 percent of her appointment slots are blank, she doesn't blink.

Instead, she tends to worry that she'll get too busy. By giving same-day or next-day appointments to people who desire them, her four-doctor practice, Premiere Primary Care Physicians, has become a patient magnet, attracting refugees from offices where six-week backlogs are the norm. "We live in an instant gratification society," says Sexton. "People don't want to wait."

While traditional practices leave a few slots open for same-day appointments daily, open-access practices reserve the majority of appointments for same-day callers (and patients who call late in the afternoon on the previous day). For doctors like Sexton, however, open access is not just a scheduling technique, but a back-to-basics approach to medicine: See patients when they want to be seen. And it's more than same-day appointments. Extended office hours and online visits also make it easier for doctor and patient to connect.

Since timely care means better care, open-access practices can make big strides in quality improvement and patient satisfaction. In addition, removing barriers to access promotes greater efficiency, staff morale, and profitability. For a growing number of small practices, open access is a way to survive and thrive.

How important is open access? It's one of the seven core components of the medical office of the future as envisioned by TransforMED, a practice redesign initiative of the American Academy of Family Physicians. If you want more proof, witness the burgeoning growth of retail clinics and urgent care centers that patients can visit at the drop of a hat. For medical practices to compete, they'll need to be just as convenient.

Making it work for you and your patients

Beyond delighting patients with quick service, open-access scheduling produces a cascade of other benefits. Chief among them are a steep reduction in no-shows and cancellations (the further out you schedule patients, the higher the risk that they'll skip

Photo by Keith Barracough/Aurora Select

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or cancel) and improved continuity of care (rather than be shoehorned into the schedule of any clinician who's available, acutely ill patients are far more likely to see their own physician). Open-access scheduling also makes physicians and staff more productive, since time once spent discussing which patients should be seen immediately, or dispensing uncompensated phone care, or directing patients elsewhere is converted into billable exam-room encounters. This roomier schedule also allows you to accommodate more new patient visits, which command bigger fees than those for established patients, and gives doctors and employees greater flexibility.

Nonetheless, every practice is unique, and you need to think hard about your situation before rushing to make drastic changes. Open access is like a medication: It comes in various dosages.

You're an obvious candidate for it if wait times for appointments are the same throughout the year, says Atlanta practice management consultant Elizabeth Woodcock. "That means that physician supply and patient demand are balanced. It's just a

matter of reducing the backlog and keeping it at zero."

However, rising wait times indicate that you probably have more patients than you can handle, says Woodcock. Another way to spot an imbalance is to compare the number of appointment slots per doctor per day to the number of appointment requests received per day. If demand exceeds supply, one solution is adding a midlevel provider. Another cure is to decrease the number of same-day slots available to new patients.

The need for open access also varies by specialty. Do you perform a lot of procedures? If so, the prerequisite legwork—securing preauthorizations and medical records, prepping the patient—requires appointments well in advance, notes Woodcock. Likewise, you may have a large geriatric population and find that patients need a long lead time for appointments for the sake of arranging a ride to your office, says FP and TransformMED CEO Terry McGeeney.

Examine your own professional comfort level with open-access scheduling, particu-

Open-access medicine at a glance

What it is

A physician practice in which patients can be seen when they want to be seen; offers same-day or next-day appointments and, frequently, extended hours and virtual visits

Who it's for

Practices with:

- ▶ a consistent appointment backlog throughout the year
- ▶ many patients who work during the day and are likely to take advantage of extended hours

Doctors who should avoid this model

Procedure-heavy practices (for same-day or next-day appointments)
Practices with rising appointment backlogs (they need more clinicians)

Benefits

More timely care
Greater patient satisfaction
Reduced no-shows and cancellations
More time for new patient visits
Less reimbursed phone care
Improved continuity of care
More flexible physician and staff schedules
Lighter call duty
More efficient use of office space

Drawbacks

The extra work required to reduce appointment backlogs
Possible employee and physician resistance to working early mornings, evenings, and weekends
The risk of getting swamped by patients due to miscalculated demand

larly when it comes to follow-up visits. At Harbor of Health in Memphis, an innovative practice that mixes primary care with fitness and health education programs, diabetics routinely seen every three months aren't booked in advance. Instead, they're given a card at their last visit reminding them to make an appointment three months later. That's a purist approach to open access. The burning question is—can you trust patients to make the call? Harbor of Health works around that challenge by identifying and telephoning patients who haven't made their appointments, says administrator Steele Ford.

However, if you don't take pains to keep such patients from falling through the cracks, consider booking their follow-up visits in advance and issuing the usual reminders shortly before the appointment. To Julie Loomis, a risk management specialist at Tennessee malpractice carrier State Volunteer Mutual Insurance Co., it's a risk management issue. "You can't leave too much to the patient," she says. "You might miss the opportunity to follow up on an abnormal blood test." Most open-access

with paper charts for short-notice appointments is more difficult, notes McGeeney. The chart may be hard to find, or perhaps lab results haven't been filed away. Sumi Sexton adds that her practice's EHR lets her quickly size up how complicated or easy today's patients will be, which helps her know if she can work in extra ones. "Open access and EHRs go hand in hand," she says.

Marching orders for open-access scheduling

Your opening move in open-access scheduling is analyzing patient demand for appointments and identifying seasonal and even daily fluctuations so you can fine tune the needed number of open slots. If you're like most primary care doctors, you'll discover that demand peaks on Monday, and during the winter months when respiratory ailments take their toll. Specialists can count on their own peculiar patterns—springtime hay fever surges for allergists, autumn back-to-school surges for pediatricians.

Unless you're implementing open-access

«Online visits are ideal for rechecks of certain chronically ill patients, and frees up time for seeing more complex cases.»

—Robert Eidus, MD

practices, in fact, settle on a compromise, using at least one-third of their slots for advanced bookings. *Tip:* Schedule them for times when demand for same-day appointments is lowest.

Leaving two-thirds of the schedule wide open gives some doctors the economic jitters—where are my patients? That's a fear stemming partly from misguided tradition, says Elizabeth Woodcock. "Doctors have considered a schedule booked months in advance to be a sign of success, when in fact it's not. They need to get over that," she says.

Open access will be easier to implement with an electronic health record. Working

schedules from Day One in a new practice, you must eliminate your appointment backlog, reducing the wait time for the next available appointment from, say, six weeks, to one day. Doing this requires a combination of working harder and working smarter. You'll probably need to jam more patients into your schedule for two to three months through double-booking and put in longer hours, maybe even on the weekend. You can lighten your load by delegating more tasks, such as history-taking and patient education, to your medical assistants.

You also can cut down on the number of appointments during this backlog marathon

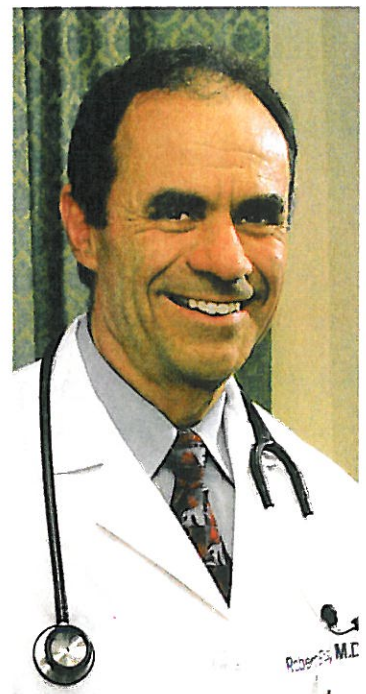


Photo courtesy of Robert Eidus, MD

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Make open access work

- ▶ Analyze patient demand for appointments and identify seasonal and daily fluctuations.
- ▶ Determine if you have enough clinicians for open-access scheduling.
- ▶ Reduce the number of appointment categories.
- ▶ Eliminate your appointment backlog by temporarily working longer hours and using techniques like "max-packing."
- ▶ Gauge patient demand for extended hours.
- ▶ Stagger clinician and staff schedules to cover early morning and evening shifts.
- ▶ Train staff to constantly remind patients about open-access scheduling and extended hours.
- ▶ Monitor patient demand to fine-tune the number of open schedule slots and extra office hours.

with "max-packing," says consultant Woodcock. "If you're seeing someone with a cough who has a physical or procedure scheduled two weeks later, try to get everything done that day." That technique, which boosts per-visit revenue, will prove handy in controlling patient demand once open-access scheduling gets underway. Another way to reduce your backlog—and possibly forgo a little income—is substituting a telephone or online consultation with a patient scheduled for a low-level appointment. (See "Pick up the mouse, put down the phone," April 18, 2008, available at www.memag.com). As your backlog shrinks, you can keep more slots open for same-day or next-day visits, which can help you, your staff, and your patients ease into the new model.

Patients won't grasp that they can be seen immediately unless your employees tell them so, but your staff may not deliver this message unless you drill them on it constantly, says Woodcock. "They're more used to finding ways *not* to book patients to protect your schedule."

She also recommends that practices make it easier for employees to give patients convenient appointments. One way is to reduce the number of appointment types; too many can tie the staff up in knots. Woodcock also suggests that employees normally not assigned to scheduling—such as triage nurses—be empowered to book patients instead of transferring them to another employee and hoping for a successful hand-off.

While open access requires you to schedule physician hours to match fluctuations in appointment requests, there are things you can do to keep patient demand from swamping you. Consider conducting group visits and stretching out time intervals slightly between routine checkups for chronically ill patients, in addition to max-packing.

Extended hours open up more possibilities

"Shouldn't you be going home now?"

FP Joseph Mambu in Lower Gwynedd, PA, sometimes hears that from patients and friends when he works his Wednesday night shift at the office. However, he's too much of a believer in open access to keep traditional hours. "You go into medicine to help people, and they don't get sick just between 9 and 5," says Mambu, whose group includes an internist and two nurse practitioners. Extended hours on week-nights and week-ends are another dimension of open-access medicine, and they're frequently—but not necessarily—offered in tandem with same-day scheduling. By starting earlier and closing later, you accommodate working patients who might otherwise head to a retail clinic because they can't take off from work.

Practices that extend their hours help themselves as well as their patients. Evening

QUICK STAT

Room for improvement

% of patients who always see the doctor when they want for:

Routine care: 46%

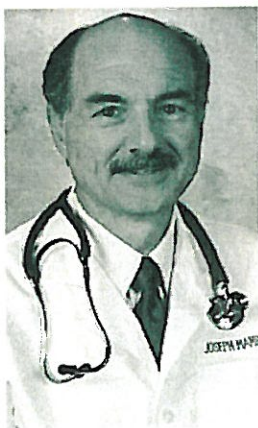
Illness/injury: 56%

Source: Agency for Healthcare Research and Quality, Medical Expenditure Panel Survey, 2005

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and weekend call is lighter because patients who normally would try to reach you by phone can be treated in person. "I don't get hassled on weekends," says Patti Roy, an FP in Muskegon, MI, who takes turns with her nurse practitioner seeing patients every Saturday morning. Again, billable encounters replace unreimbursed phone care.

At the same time, extended hours solve the problem of a practice that's outgrowing its exam-room capacity. "Just put doctors and midlevels on different shifts," says consultant Elizabeth Woodcock. "It's a great way to get the most out of your space."

Staggered shifts also can allow you to see working patients on their lunch hour, a time when many practices are closed. The late shift for one doctor, for example, could begin at noon.

The biggest challenge in implementing

ing overtime to staff the office on evenings and weekends.

Starting off with modest extended hours, such as one evening a week until 8 p.m., can help everybody acclimate. Besides, you'll want to begin slowly to gauge patient demand for extended hours. True, it's a good idea to ask them beforehand if they'd book appointments on a Tuesday night, but you'll need to determine if their behavior matches their stated intention. One way to ease into extended hours is by offering them on a seasonal basis, such as during flu season.

The size of your practice will limit how much you can stretch your schedule, of course, but even the smallest office can break the 9 to 5 mold. Solo FP Robert Eidus in Cranford, NJ, puts in an eight-hour shift every Thursday that ends at 9 p.m., and works one Saturday a month from 2 to 5. By staggering their shifts, soloist Patti Roy and her NP manage to see patients every weekday from 7 a.m. to 6 p.m. in addition to Saturday mornings.

Joseph Mambu's practice fields a total of four clinicians plus a moonlighter, so it can stay open until 8 or 9 p.m. on three weeknights as well as Saturday mornings. It also operates with a moderate dose of open-access scheduling—between one-fourth and one-third of slots are reserved for same-day or next-day appointments.

Both Mambu's and Eidus' practices are among 36 nationwide that are piloting a "medical home" model of primary care under the auspices of TransformMED. Mambu is quick to point out that improved accessibility is just one ingredient. "We're trying to be a patient-centered, team-oriented, and computerized practice that does disease management," he says.

But before anything can happen, doctors like Mambu need to get patients through the door as soon as possible. "If we don't do that, they'll go to Wal-Mart," says Mambu. ■

Learn more

You can learn more about open-access strategies at the Web site of TransformMED (www.transformed.com). The following Medical Economics articles at www.memag.com also offer advice:

Smart scheduling puts you in control Jan. 18, 2007

A doctor who's open every day Aug. 3, 2007

Time to add a second shift? Jan. 5, 2007

extended office hours is finding employees and doctors who will give up a Wednesday evening or Saturday morning. If you force people to work hours they don't want, you risk losing a valued colleague or employee. More often than not, however, when the opportunity to work "crazy hours" is offered, many doctors and staff members seize it. Maybe Dr. Smith would like the early shift so she can get home to greet her kids coming off the school bus. A medical assistant might come in on Saturday morning so she can take a class on Thursday morning. By juggling schedules this way, you can avoid pay-