

THE COLLEGE OF
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BEST ADVICE

Timely Access to Appointments in Family Practice

SEPTEMBER 2012

BEST ADVICE – TIMELY ACCESS TO APPOINTMENTS IN FAMILY PRACTICE

SAME-DAY/ADVANCED ACCESS SCHEDULING

Timely access has been rated by patients as one of the most important elements of primary care.¹ To achieve timely access to appointments, different appointment booking models are being employed by family practices (see *Appendix A*). One of the strategies currently being implemented by many is same-day/advanced access scheduling.

Same-day scheduling, also known as *advanced access* and *open access*, typically requires that practices do “today’s work today” by offering the vast majority of patients the opportunity to book their appointments on the day they call regardless of the reason for the visit.²

Some practices, particularly larger practices with many chronically ill and elderly patients requiring regularly scheduled follow-ups, have found the introduction of pure advanced access or same-day scheduling to be challenging and have preferred modifications of the “carve-out” model (see *Appendix A*), which can offer both same-day and scheduled appointments. The goal of every practice should be to implement a system that assures appropriate timely access to appointments for all patients.

OBJECTIVE

The objective of this paper is to provide guidance to Canadian family physicians with respect to strategies that support timely access to appointments in family practice settings. Although there are other systems that can be introduced, this guide focuses on providing information about newer same-day/advanced access scheduling, its benefits and limitations, and tips for family physicians on how to implement same-day scheduling in their practices. While this paper is presented for the consideration of those in all types of family practices, strategies for timely access to appointments are a core element that has been recommended for newer models of practice, in keeping with the CFPC’s *Patient’s Medical Home* at www.cfpc.ca/uploadedFiles/Resources/Resource_Items/PMH_A_Vision_for_Canada.pdf.

GUIDING PRINCIPLES FOR TIMELY ACCESS SCHEDULING

1. Timely access to appointments in a family practice is essential in the delivery of patient-centred care.³
2. Each family practice should ensure access for patients to medical advice and the provision of or direction to needed care 24 hours a day, 7 days a week, 365 days a year.³

Continuity and comprehensiveness of patient care are critical elements of family practice and are highly valued by both patients and family physicians. Populations with better access to continuing care from the same personal physician have fewer hospitalizations and better health outcomes.⁴

3. Family practices should try to adopt same-day/advanced access or combined same-day and carve-out scheduling strategies to ensure timely appointments with the patient's personal family physician or other appropriate health professional team members.³
4. Patients should have their own personal family physician and should have an ongoing relationship with a team of health care professionals associated with the practice.³
5. To ensure continuity when a patient's personal family physician is not available, appointments should be made with other physicians or health care professionals who are part of the practice team working together with the patient's family physician (see Case Study 1).³
6. Defined links should be established between each family practice and other medical specialists and medical care services in the local or nearest community to ensure timely appointments for patients being referred for investigations, treatments, and other consultations.³
7. Patients should have the opportunity to participate with their family physicians and health professional teams in planning and evaluating the effectiveness of the practice's appointment booking system to ensure timely access to and adequate time allotment for appointments.³
8. There should be room on the schedule to meet patients' requests for appointments on the same day the request is being made.² As seen in the *advanced access* model in Appendix A, although same-day scheduling is about "doing today's work today," it

Case Study 1

Fatima had a call at 11:00 am from her daughter's daycare—the 3-year-old had a rash and could not be in daycare until an infectious cause was ruled out. Fatima called her family doctor's office for an appointment. Her personal family physician's schedule was full so she was given an appointment with the nurse practitioner later that afternoon. The rash was diagnosed as eczema, and the child was able to return to daycare. The nurse practitioner provided advice about how to deal with the skin condition in the future and assured Fatima that the information about her daughter would be shared with her family physician and that either of them would be available for any needed follow-up.

does not mean every appointment is open.² For example, annual physicals, patients who are unavailable that day and request an appointment for another day, or chronically ill and elderly patients needing regular follow-up all might be better accommodated in combined same-day and carve-out scheduling models.

IMPLEMENTING TIMELY ACCESS INCLUDING SAME-DAY/ ADVANCED ACCESS SCHEDULING²

While same-day/advanced access scheduling could help patients as well as physicians and health care teams become more satisfied with their practices, it is important for each family practice/PMH considering a move to same-day/advanced access scheduling to understand the challenges associated with transforming from a traditional appointment booking system.

1. Move toward advanced access by working down your backlog of appointments.
2. Roll out the new system by showing, not telling, patients how it works. When we try to explain our systems, we often make them overly complicated.
3. Begin offering all patients an appointment on the day they call your office, regardless of the reason for the visit.
4. If patients do not want to be seen on the day they call, schedule an appointment of their choosing. Do not tell them to call back on the day they want to be seen.
5. Allow physicians to pre-schedule patients when it is clinically necessary (“good backlog”) (eg, chronically ill or elderly patients requiring scheduled follow-up).
6. Reduce the complexity of your scheduling system to just three kinds of appointments: P (personal: your patient seeing you), T (team: your patient seeing someone else on your clinical team in your absence), and U (unestablished: for patients who are not linked with a particular physician), for one standard length of time.
7. Make sure each physician has a panel size that is manageable based on his or her scope of practice, patient mix, and time spent in the office.
8. Develop plans for how your practice will handle times of extreme demand or physician absence.
9. Reduce future demand by maximizing today’s visit.

STRATEGIES TO SUPPORT TIMELY ACCESS TO CARE FOR PATIENTS

1. TEAMS

Teams comprised of the patient’s family physician, nurses, and other health care professionals have a greater capacity to offer the potential for timely access to care for the patients of a practice.

- The personal family physician and nurse will often form the core of most family practice teams or networks, with the roles of others such as physician assistants, pharmacists, psychologists, social workers, physio- and occupational therapists, and dietitians to be encouraged and supported as needed.

- On-site, shared-care models involving family physicians and other medical specialists (eg, psychiatrists, internists, pediatricians, surgeons) to support timely medical consultations and continuity of care for patients should be encouraged and supported as part of each family practice.
- All services provided should be within the professional scope of practice and personally acquired competencies of each health professional on the team.

2. EXTENDED FAMILY PRACTICE HOURS

While the majority of family physicians already offer care after regular hours, newer primary care/family practice models are accommodating patients' after-hours needs by offering extended office hours, in which the responsibilities for coverage and care provision are shared among groups of family physicians within one or more practices, as well as by increased involvement of other team members such as nurses. Family practices should provide access for their patients to email and after-hours telephone services to help guide them to the right place at the right time for the care they need. Directing this care appropriately to the next available appointment in the office setting or to hospital emergency departments as required is critical to the effective medical management of patients and the sustainability of our health care system.

3. EMAIL, TELEPHONE, AND OTHER ELECTRONIC COMMUNICATION

As appropriate supports are introduced, including resolution of privacy, liability, and remuneration issues, patient interactions with their physicians and other health professionals will be increasingly

carried out through more than traditional face-to-face interactions in the family practice office setting (see *Case Study 2*).

Email or telephone discussions are best reserved for clear, simple, and emotionally neutral messages. Face-to-face appointments are still best when information is highly ambiguous, complicated, or emotionally charged.⁵

Ongoing planned interaction with patients by email, telephone, or other electronic communications can facilitate management of patients, and in particular, those with chronic diseases such as diabetes, hypertension, arthritis, and mental illness. See the CFPC's *You've Got Mail! What Family Physicians Should Know Before Hitting "Send"* (at www.cfpc.ca/you_got_mail/).

Case Study 2

George has diabetes and is a businessman frequently on the road. His family physician and nurse are working with him to adjust his medication to address his blood sugar. Through email contact with his family practice office, George was able to receive results from his latest blood tests and was advised of adjustments to his medication. George provided his family practice's office with the contact information for a pharmacy in the city he was visiting. His family practice's office emailed the pharmacy with a prescription requisition for pick-up that afternoon.

Consultations, referrals, and care can be offered by team members off-site (practice sites in the local or extended community) or virtually. Education and training regarding the appropriate use of email/electronic communications with patients should be part of undergraduate, postgraduate, and continuing education for all physicians.⁷

Sunnybrook Health Sciences Centre's e-Health initiative MyChart™, generated from the patient's Electronic Health Record (EHR), provides patients with email access to clinics and doctors.¹⁴ Patients are able to sign on to MyChart to send secure messages to doctors and health care providers, view laboratory and imaging results, view current medications, request prescription renewals, and request appointments.⁶

4. GROUP VISITS

Each family practice/PMH should consider adding group visits as an option for patients who share the same kinds of medical challenges or for sharing preventive medicine advice and discussions. Some studies have shown that this strategy is particularly helpful for patients with chronic diseases.⁸

5. SELF-CARE AND PATIENT EDUCATION

Self-management should be encouraged and supported as part of the care plans for each patient. Support for self-care has been shown to be most effective when it is consistently advocated and supported by all team members of a practice.⁹ Self-care is particularly important for those with chronic diseases.

6. HOME AND COMMUNITY CARE

When appropriate, care should be provided by members of the family practice/PMH team in settings other than the practice office, including the patient's home; the local hospital; nursing homes; and other continuing, palliative, and rehabilitative settings throughout the community.

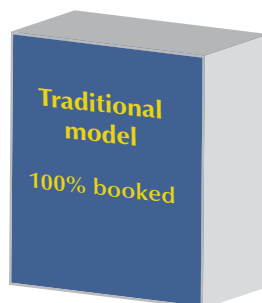




Appendix A

Models for timely access to appointments in family practice

The following graph illustrates the daily capacity available on physicians' schedules in four access models.



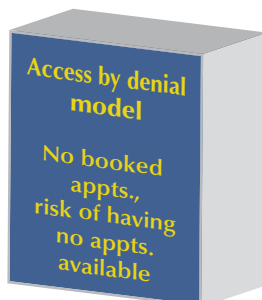
In the traditional model, the schedule is completely booked in advance; same-day urgent care is either deflected or piled on top of existing appointments.



In a carve-out model, appointment slots are either booked in advance or held for same-day urgent care; same-day non-urgent requests are deflected into the future.



In advanced access, where practices are doing today's work today, there is true capacity. The majority of appointment slots are open for patients who call that day for routine, urgent, or preventive visits.



In access by denial, no appointments are booked at all. If a patient calls and there are no spots available, they can call back the next day.

Adapted and modified from Murray M, Tantau C. *Fam Pract Manag* 2000;7(8):47²

Appendix B



Benefits and limitations of same-day access

It is important for those considering same-day scheduling to understand the benefits and limitations associated with transforming from a traditional appointment booking system to a same day/advanced access system.

BENEFITS

Same-day scheduling can:

- Increase patient and provider satisfaction.
- Provide patients with assurance that their doctors and team members will be available when they need them.
- Enable more effective management of patients with chronic diseases.
- Build trust and reinforce the patient-physician relationship.¹⁰
- Eliminate backlogs and time-consuming tasks for staff related to triaging patients, thereby freeing staff for other tasks.
- Reduce interruptions, telephone call backs, and appointment confirmation calls for staff and physicians.
- Dramatically decrease the number of no-shows.¹¹
- Minimize inappropriate use of hospital emergency departments by patients and decrease the need for walk-in clinic visits by patients. This will also help to control overall costs to the health care system.
- Support patient-centred care by enabling patients to schedule their own medical appointments on short notice and help focus visits on main problems being experienced by patients.
- Lead to fewer issues per visit and allow a variety of visit types.
- Improve ability of physicians to see patients and provide services more efficiently during each booked office day.
- Increase team/staff satisfaction and collaboration resulting in better overall delivery of services for patients.

Murray and Berwick found that, “the benefits [and strategies] of same-day scheduling include:

- balancing supply and demand;
- reducing backlogs;
- reducing the variety of appointment types;
- developing contingency plans for unusual circumstances;
- working to adjust demand profiles; and
- increasing the availability of bottleneck resources {team member}.”¹²

LIMITATIONS

- Requires an overhaul of scheduling infrastructure and working down the backlog of pre-booked appointments.
- Need to decrease appointment types and simplify operational processes by using past appointment requests to predict future demand and developing contingency plans for times when demand exceeds prediction.¹³
- Might result in an increase in urgent/acute visits to the office and need for triage of some of these to emergency settings.
- Need for advanced booking (beyond the same day) for the elderly and patients with chronic diseases or other reasons patients may have for needing or preferring to book appointments further in advance. One study found that those patients who were concerned about not being able to pre-book appointments for later in the calendar listed chronic illness or busy personal schedules as the reason for their concern.¹⁴
- Potential negative effect on continuity of care; in order to be seen the same day, patients might more often be seen by providers other than their personal family physician. In fact, patients might frequently be seen by different providers.
- Could create challenges in staff scheduling, especially for coordination and for part-time providers.
- Might make it more difficult to predict or control roster/panel size (see the CFPC’s *Best Advice on Panel Size* at www.cfpc.ca/Best_Advice_Panel_Size/).
- Can be challenging to determine the right balance of supply and demand.
- Need electronic medical records (EMRs) that are interoperable with electronic health records (EHRs) to carry this system out effectively.
- Need good supports to help physicians, other team members, and staff manage the change from traditional booking systems re: prioritizing and coordinating appointments, better contingency planning, and ongoing active practice management.

Appendix C



Same-Day Access Initiatives in Canada

Same-day scheduling has emerged both in Canada and on the international scene as a strategy that many practices have introduced to address the need to provide patients with timely access to appointments. According to a Commonwealth Fund study, only 17% of primary care practices in Canada offer patients same- or next-day appointments, placing Canada seventh out of seven nations surveyed. In the same study, Canada placed fifth out of seven with respect to patients being able to access care on nights or weekends.¹⁵ The following are among same-day or timely access strategies now being implemented across Canada.

1. **Alberta – The Access Improvement Measures (AIM)** program’s goal is “to help physicians reduce or eliminate patient wait times and enhance practice efficiency and clinical care...[groups] work toward at least two common goals: 1) to eliminate the use of different wait lists and types of appointments; and 2) to facilitate same-day access for appointments.”¹⁶ Family physicians can learn to proactively manage patients with chronic diseases by using their electronic medical record to identify and call in those patients who would benefit from closer follow-up. Surveys indicate improvements in office efficiency and patient access, teamwork, work satisfaction, clarity in roles, clinical care, and continuity of care.¹⁶
2. **Saskatchewan – The Health Quality Council** advocates same-day appointments in addition to pre-booked appointments for primary care physicians as a way to improve primary care wait times.¹⁷
3. **British Columbia – The General Practice Services Committee’s Practice Support Program (PSP)** was launched in 2007 with two objectives: “to improve care for patients throughout the province and to increase job satisfaction among BC’s general practitioners (GPs). [The program] offers focused training sessions for physicians and their medical office assistants (MOAs) to help improve practice efficiency and to support enhanced delivery of patient care. In the area of increased practice efficiency..., 74% of physicians who participated in the Advanced Access learning module said they had reduced patient wait times for regular appointments and 49% reduced wait times for urgent appointments. Physicians are also reporting enhancements to patient care as a result of their PSP training”.¹⁸
4. **Ontario – Quality Improvement & Innovation Partnership (QIIP) Advanced Access and Efficiency in Primary Care initiative**, funded by the provincial Ministry of Health and Long-Term Care, is an on-line learning environment for primary care providers and their teams, designed to help them overcome challenges in balancing supply and demand to meet their patients’ needs. The site offers the opportunity to learn and implement best practices, change concepts and approaches to improvement that will enable primary care providers and their teams to “do today’s work today”—the core principle of advanced access.¹⁹

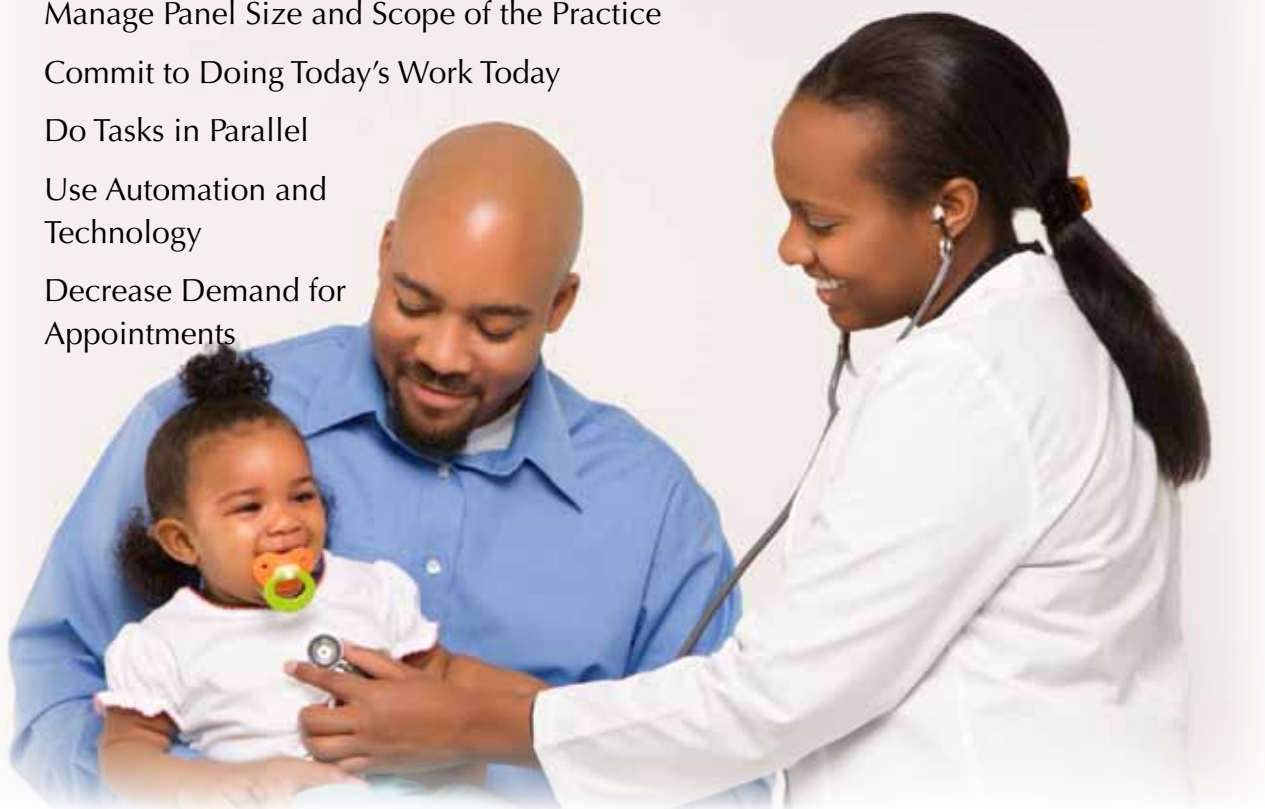


Appendix D

Institute for Healthcare Improvement (IHI)

The Institute for Healthcare Improvement's (IHI's) website (www.ihl.org) contains useful resources on improving primary care access. Below are some examples relevant to same-day scheduling:

- Balance Supply and Demand on a Daily, Weekly, and Long-Term Basis
- Recalibrate the System by Working Down the Backlog
- Measure and Understand Supply and Demand
- Predict and Anticipate Patient Needs
- Create Contingency Plans
- Optimize the Care Team
- Reduce Scheduling Complexity
- Improve Workflow and Remove Waste
- Manage Panel Size and Scope of the Practice
- Commit to Doing Today's Work Today
- Do Tasks in Parallel
- Use Automation and Technology
- Decrease Demand for Appointments



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