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Over the last year and a half, I have been involved with instituting "Advanced Access" at our multispecialty group which serves approximately 150,000 patients in the Los Angeles area. In some cases patients were experiencing extended delays of up to eight weeks to see their doctor. Our goal was to find a way of increasing prompt access to their primary care providers. We decided to change our system and adopt an Advanced Access approach. Over a nine month period we rolled out the various changes necessary to achieve "Advanced Access" to our eleven offices. The goal was for our patients to be able to see their physician either the day they called, or at least within the next few days if requested. This goal has generally been met.

The benefits have been dramatic both on the patients and the providers' side. Historically we have always been graded highly in terms of our clinical expertise, but our patients did feel the delays in obtaining appointments, and told us so in their satisfaction surveys. Decreasing our wait times down to a day or two has been greatly appreciated by our patients. We have seen significant improvement in our patient satisfaction scores over the last year, and were honored by Blue Cross of California as the top performing physician group in Southern California for 2005. A 10% increase in Facey's score for "overall rating of care" over the previous year translated to a 45% jump in Facey's quality ranking among other medical groups in the state. We feel that Advanced Access played an important role in that jump.

It was not unusual for our physicians' day to begin with a completely booked or overbooked schedule. Any urgent requests for visits would have to either be squeezed in to the already overcrowded day, or the patient would have to be sent to one of our Urgent Cares to be seen. Routinely the patient would then be rescheduled to see the primary care physician for follow-up after the Urgent Care. With Advanced Access, we now begin our day with approximately half of our schedule filled, and as the day progresses those open slots are booked on an as needed basis. By the end of the day, we see approximately the same amount of patients, but without the problems associated with packing patients in. Other benefits have included decreasing unnecessary visits; being able to manage more patients with fewer physicians and actually leaving the office a bit earlier on average.

We started the transition to Advanced Access by forming a task committee comprised of site managers and operations personnel, members of the IT department to help with the scheduling software, a few physicians and a consultant. The team met on a weekly basis for a number of months in order to design the necessary changes to our system and track the results as we rolled it out from site to site within the enterprise. We first learned that we needed to identify our doctors' age adjusted panels, and then come up with what might be an appropriate size. In our case we used 3200 as a starting point. We chose certain metrics to follow such as supply and demand, third next available appointments

and backlog numbers. We had to completely change our scheduling structure which consisted of multiple appointment types and lengths, streamlining it to just a few. How to work down ones backlog (future appointments) was site specific, with some sites working their half days off and others adding some time each day to their schedule to see extra patients. Contingency plans were drawn up to help define the workflow if someone was on vacation or if there was an increase in demand at a site. The biggest hurdle however was educating both physicians and staff in the basic philosophy of Advanced Access which is to “Do today’s work today” and to not protect today by scheduling tomorrow. These tenants were reinforced at multiple site visits and department meetings. We developed a biweekly newsletter targeting the physicians and staff sent out via email explaining the terms and concepts associated with Advanced Access such as “max-packing” and “combing”, as well as how the roll out was going. We agreed to have nurses take a larger role in patient care such as performing blood pressure checks in order to free up the physicians. Our guidelines committee was instrumental in coming up with appropriate follow up intervals for our chronic disease patients with stable diabetes mellitus or hypertension.

Having set up the framework in our primary care departments and bringing down the wait time to an average of a day or two, we will be turning our attention to bringing Advanced Access to our OB/GYN and subspecialty departments. We continue to refine and adjust our system to make it work for our patients and physicians. Finding the right balance between supply and demand as well as reinforcing the cornerstones of Advanced Access appears to be a continuing process that will take us into the future.