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Imagine waking up one morning, getting ready for work, and finding your child in the bed sick, with a high fever, complaining of a stomach ache. You get on the phone and call your child's Primary Care Physician (PCP) at The Children's Clinic. The receptionist answers the phone cheerfully and asks how she can help you today. You explain your situation. The receptionist tells you to bring your child in within the next 2 hours. You arrive at the clinic an hour later. You sign-in, and your child is called to the back ten minutes later. The PCP appears shortly and you are on your way thirty minutes later with your child's prescription filled. Sounds good right?

This is the goal of Advanced Access Program. The Children's Clinic (TCC) participates in the LA Care Advanced Access Collaborative with eleven other community clinics in Los Angeles County. TCC's aim is to reduce patient waiting times to one hour and to offer patients same day appointments with their PCP or his/her teammate. Our goal is to accomplish this within twelve months.

The Children's Clinic, Serving Children and Their Families, was established in 1939 as a single clinic. Today, it is a system of six non-profit community clinics located throughout the city of Long Beach, CA. The system clinic provided over 47,000 patient visits in FY 2005. The clinic began the Advanced Access program under the direction of Mark Murray, MD in April 2005, using the Main clinic site as the pilot site. This site provides pediatric and adult services six days a week with 11.21 FTE providers (MDs & NPs) and Pediatric Residents.

Each week, data is collected on patient waiting times, follow-up appointments, no-shows and canceled appointments. This data is then recorded and measured on a monthly basis to note any changes.

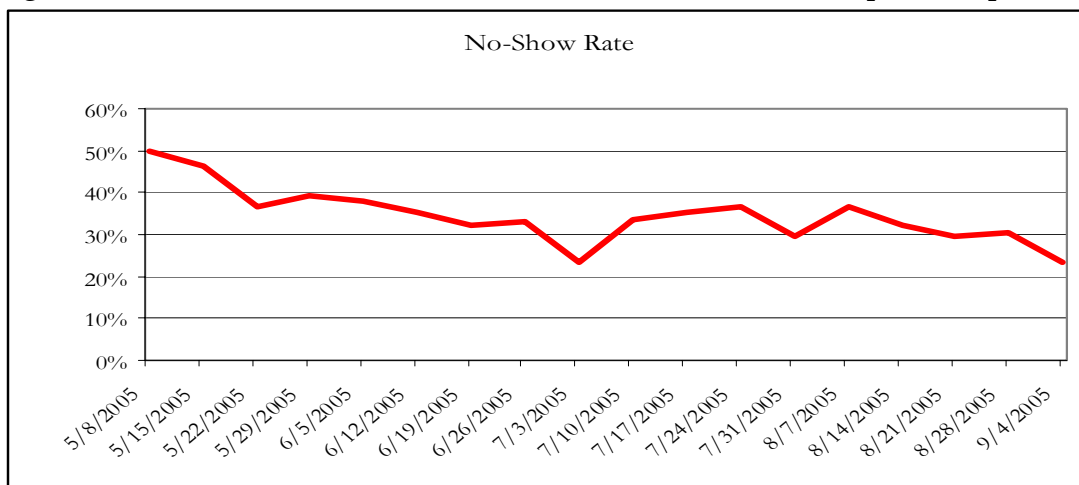
Currently, the clinic has implemented care teams, which is a team that consists of a provider, two medical assistants, and a front office clerk to enhance synchronization of the patients, providers, and information during visits. The teams, as well as other patient care departments (i.e. Referral Coordinators, Health Education and Outreach, Medical Records), communicate with each other via walkie-talkies. This has enhanced the communication between departments and has improved efficiency of clinic flow.

An essential part of successful implementation is to reduce the backlog of patients. Backlog is the warehouse of patient appointments scheduled into the future, work in progress and waiting lists. TCC's backlog reduction plan was to hire two per diem providers; one to see adult patients in the evenings, and the other to see children. Patients also, cannot be scheduled for more than three months into the future. As a result, a tickler

system was implemented to send appointment reminders to patients needing follow-up appointments in more than 3 months.

Determining the panel size is essential to reduce the demand for visits because patients prefer to see their own provider (continuity of care). Therefore, each provider's panel size was calculated to determine the number of patients a provider is responsible for to match supply with demand. This ensures that the clinic and provider are not saturated. An over-paneled provider and clinic leads to limited number of available appointment times causing backlog and increased wait time for appointments.

Since the execution of Advanced Access, we have made many improvements. We have decreased the fail rate (no-shows and canceled appointments), by calling patients prior to appointments and pre-screening them before they are seen by the provider. As a result, providers are seeing more patients. We have also decreased appointment types from four to one. Appointment slots are in 15 minute increments with established criteria, 2 slots for new patients, physicals and CHDP visits and 1 slot for follow-up visits with established patients. This gives patients flexibility when making appointments and is less confusing for staff. Providers are able to combine more slots for complicated patients.



The demand for visits has been reduced since we began this process. Same day appointments have become available to patient who call and those who walk in. The providers are doing more during the visit, as appropriate, so patients to increase the visit interval so patients do not return too often (i.e. doing a CHDP when due even though the patient is not scheduled for one). Supply has increased by maximizing provider hours and schedules and hiring another per diem physician to fill in for vacations.

With change come many challenges. Communication, acceptance, and implementation are among a few of them. Communicating this project to our staff was challenging. Dr. Murray conducted a video conference during our staff meeting to discuss the project in detail. In addition to the video conference, we send out monthly newsletters with updates about our current successes.

Acceptance of this project is another challenged we addressed. Having the providers and staff understand the importance of why we want to make these changes

and how it will impact our clinic was a task of its own. Therefore, we offered incentives to providers that met and increased their productivity goals.

Implementation of the project was also a challenge. It requires more hard work and dedication from all the staff. Data needs to be collected, recorded, and reviewed, which can be very labor intensive and time consuming.

We will continue to move forward with the Advanced Access Collaborative project. Our next step is to analyze the clinic office workflow identify flow problems and redesign the process as needed. This will increase efficiency by better coordinating patients, providers and staff during the visit to predict patient needs and optimize exam rooms and equipment.

I would like to leave you with some words of advice. All changes come with anxiety and challenges. Just remember to stay positive, keep communication lines open, and work together as a team, and you will be successful at whatever you set out to do!!