Doubling Down on Ambulatory Access:
Making it Easy for Consumers to Get in and Choose to Stay

Doubling down on ambulatory patient access and bolstering patient loyalty are more critical than ever for providers striving to retain and serve current patients, grow programs, and bend the cost curve. Securing relationships with current patients and providing new patients with easy access to care is increasingly important as competition with traditional and non-traditional providers and a self-service consumer culture become more prevalent. But achieving the desired results — and sustaining them — is difficult. Meaningful transformation of access processes requires unwavering leadership commitment, focus and discipline, and strong alignment with physicians on why access matters and how they can support improvement efforts, all while keeping up with fast-changing consumer demands.

The access experience in many organizations still falls short of patient and organizational goals despite significant investments to make health services and information more convenient for both patients and referring providers, including implementing new call centers, scheduling systems, policies and staff training programs. Utilizing all existing capacity continues to be an area of significant untapped opportunity and an underlying limitation that will prevent improvement efforts from reaching their full potential. Health systems can typically serve 15–30 percent[1] more patients with their current capacity and significantly improve margins by deploying a rigorous and structured approach to capacity management. Yet, many organizations continue to leave this money on the table, resulting in unmet patient demand and underutilized resources.
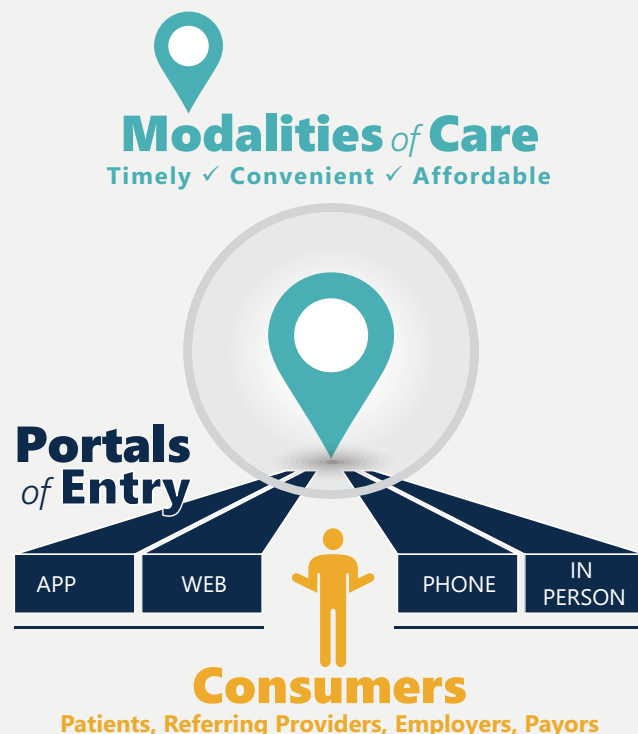
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A Dual Imperative…

Easing patient access and building lasting consumer loyalty begins by addressing consumers' needs and preferences for how, when and where they access care and information. Health systems must focus on two interrelated imperatives:

1. Expand the range of entry points or portals to enable consumers to conveniently access services and information; and

2. Actively manage ambulatory capacity to ensure timely and adequate appointment availability with preferred providers across a broadened portfolio of care modalities.

Expanding Portals of Entry

Today's healthcare consumers have high expectations for convenience and accessibility and are demanding new ways to initiate contact, navigate the health system, and secure the services and information they need through a single call or digital interaction. They are looking for "one stop shopping" — for appointment scheduling, rescheduling, cancellation; test results; referrals — whether they choose to connect via telephone, in-person interaction, online system or a smart-device app. Meeting patient expectations requires that portals of entry evolve to consistently and reliably guide the consumer to the right information, location and services within the health system:

Mobile App – While still nascent, web-based applications are quickly becoming expected and are the preferred method of communication and appointment scheduling among younger consumers accustomed to accessing information and services on their smart phones. A 2018 survey by Black Book reported that 93 percent of consumers expect to use digital tools that facilitate patient-provider interactions, 85 percent expect virtual care access and 97 percent assume online scheduling.[2]

Online Scheduling System – Consumers are no longer content to simply "request" appointments and await a response. Providers need to fully leverage the existing functionality within their electronic health record (EHR) systems to allow consumers full access to select, schedule, reschedule and cancel from their computers or other web portals. For example, Epic's Fast Pass tool monitors open appointments and texts patients if an appointment becomes available at an earlier or preferred time, then allows the patient to accept or reject the new appointment, all via text. Advanced functionality is an increasingly important differentiator for providers and will soon become expected from all.

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Phone/Call Center – Today's advanced access center (or service center) allows patients to both schedule and register with a single call and provides the guidance needed to help patients or referring providers reach the right service at all transition points in the health system. Patient navigators or care representatives can book directly into provider schedules and direct patients and referring providers throughout the health system so they can seamlessly and conveniently access the full range of services. Co-location into a large center is no longer a requirement with today's technology and the work site options available in some organizations — a virtual service center is now a realistic alternative.

In-Person – Patient services staff at check-out support patients more effectively by handling referrals for ancillary services and specialists throughout the system and directly securing appointments beyond their own clinic. While this level of appointing directly into schedules is still rare, it has great potential to retain referrals in-network and simplify follow-up and related specialty scheduling for patients.

Actively Managing Capacity Across Evolving Modalities of Care

Facilitating patient navigation through strengthened and expanded portals of entry is an essential step, but only meaningful if the health system can provide the capacity needed for patients to access care in a timely manner.

A new app, online scheduling system or centralized access center is only beneficial if, behind it, there are timely appointments available with the preferred provider.

The most seamless, consumer-oriented scheduling experience will leave patients highly dissatisfied and will likely create significant rework if the result is still a two-month wait to see a specialist. Successful deployment of any advanced entry portal also requires rigorous, structured capacity management processes.

Care modalities such as virtual visits and e-consults will continue to expand across both primary and specialty care; these changes will increase the need to actively manage provider capacity and time allocations across all modalities. Virtual visits and e-consults require time from a provider that must be understood, managed and appropriately scheduled, just like an office visit. Similarly, communicating with providers via the patient portal can be a huge satisfier for consumers, but the need for timely responses requires adequate resources and planned-for availability of the provider and care team. **Actively managing provider capacity across all modalities of care to ensure optimal patient access will continue to be a requirement for health systems.** Key competencies include:

Ability to Estimate Demand for Ambulatory Encounters – Few organizations currently have a reliable way to predict demand or even understand the number of appointments being requested. With expanding care modalities, this capability will become even more complex and important. At a minimum, organizations will need to understand the number of appointments being requested on a weekly basis, along with the number of in-network referrals being captured and lost, to begin to understand actual and potential demand.

Provider-Specific Expectations for Contact Hours – Advanced capacity management strategies require being able to quantify your "supply" as well as your demand. This means moving beyond productivity to set specific expectations for "contact hours" at the provider level and establishing real-time measurement systems to monitor actual patient-facing time. Once contact hours are measured and understood, they can be deployed across the organization's care modalities, including in-person visits (still the most common type of interaction); e-consults for appropriate specialties (critical for supporting primary care while reserving specialist time for patients with the greatest needs); and virtual clinics (an increasingly

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common option in larger systems that permits patients to receive a specialty consult via two-way videoconferencing technology from their local clinic).

The expectations for provider time should then be operationalized through a unified and consistent approach to scheduling template design and execution. Template design standards -reserving time for new patients; setting new-to-return patient ratios; and prohibiting "rigid" schedules that dictate certain visit types at specific times – should be deployed to effectively manage overall capacity. Template design and management should be centralized to ensure expertise is applied to every template and that full potential capabilities and functionality are utilized.

Use of Advanced Practice Providers (APPs) – APPs must be appropriately integrated into a clinic's care delivery model so that they become visit and revenue generators, extend the reach of the service and enhance their professional satisfaction by functioning independently. Effective utilization of APPs creates increased capacity, improved access to care, higher visit volumes and revenue, more new patient visits, reduced costs, and better patient and provider experience. Positioning APPs as professional providers with appropriate resources and support, and with expectations commensurate with other provider colleagues, i.e., measurable productivity, quality, patient experience, is the only way to realize the full potential of the physician and APP provider complement. Additional information on optimizing APPs may be found in our whitepaper, "Unlocking the Value of Advanced Practice Providers."

Optimized Care Team – A fully functioning care team - with standard roles and responsibilities for core team members including medical assistants, patient services representatives and registered nurses, and an effective approach to determining the appropriate team composition and staffing levels – is critical to optimizing provider productivity. Roles must be appropriately customized based on specialty population needs and be supported by robust workflows. Clearly defined roles and workflows can free up provider time spent on administrative activities; for example, improved message management can free up 50 percent of provider time spent responding to messages[3].

Enhanced EHR Usability – A fully functioning EHR supports provider productivity and efficiency by minimizing documentation time, eliminating duplicative tasks and proactively identifying relevant patient information to support clinical decision making. While most physicians are dissatisfied with EHRs, optimized EHR use can improve provider satisfaction and reduce burnout. Multi-modal training platforms that permit a personalized approach allow individual providers to tap into the level and format of training that best suits their needs. Strong physician champions and dedicated trainers focused on provider usability are key to widespread adoption and effectiveness, as are usability enhancements incorporated into other clinic-based improvement work.
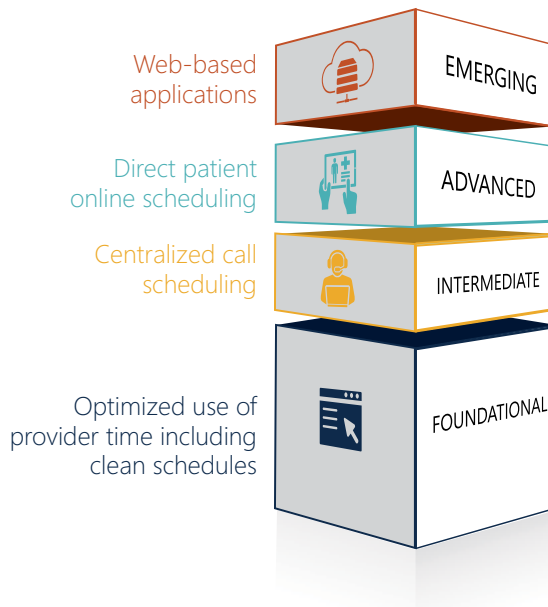
Active Repatriation of Specialty Patients to Prepared Primary Care Providers (PCPs) – Returning management of patients with chronic conditions to their primary care providers, when appropriate, can be an important lever to free up specialist capacity. Studies suggest that one in six specialty patients could potentially be repatriated despite the potential challenges. Sufficient primary care capacity is required, including a care team staffed and trained to manage chronic conditions outside of the specialist's office; strong relationships between PCPs and specialists, including joint development of clinical protocols; greater clarity around the initial referral, i.e., assumed duration of specialty involvement; and active review of less intense follow-up patients to determine if they can be safely returned to their PCP.

Moving from Foundational to Advanced Access Strategies

As organizations build out the more advanced portals of entry and care modalities described above, they will still need to fix foundational access competencies. As illustrated in the graphic below, the foundational competencies are essential to optimizing performance in traditional models based on seeing more patients in person, and are critical building blocks to supporting more advanced, consumer-oriented access strategies.

The good news is that many organizations are focused on improving aspects of their access performance, making them better-positioned to manage an increasingly complex array of access platforms. Moving toward a more advanced strategy will require strong organizational alignment around goals, performance requirements and a vision for the future. It will also require new expertise around advanced call center management and digital health, and the active engagement of physicians and other stakeholders to successfully implement the changes necessary to truly transform the access experience. Active engagement and alignment of stakeholders and physicians early in the foundational work will be required as the organization progresses to a more complex access platform.

Web-based applications — EMERGING

Direct patient online scheduling — ADVANCED

Centralized call scheduling — INTERMEDIATE

Optimized use of provider time including clean schedules — FOUNDATIONAL

Understanding Your Consumers… and Planning for the Future

Health systems must continuously refresh their access strategies and deploy new competencies, technologies, modalities and portals of entry to keep up with changing consumer expectations and requirements. Whether you are just getting started or have been focusing on aspects of your access performance for some time, there is always work to be done. Beginning with an understanding of where you are today and a vision for where you want to go that reflects a true understanding of what your patients and referring providers want and need is a critical starting point. A thoughtful, system-level access plan should then be created to help move the organization from the current state toward the end goal. Avoid letting the "bright shiny object" guide your decisions…stick to your plan and thoughtfully refresh it when new possibilities arise.

In parallel to planning for the future, there are steps you can take today that will serve you well in any future scenario. You do not need to wait for a finalized vision or system-level plan before starting to work on optimizing your existing capacity. Focusing on the competencies outlined earlier (e.g., understanding demand, quantifying "supply," setting expectations and standards around provider time) will strengthen the foundation essential to optimizing performance in both traditional and advanced consumer-oriented models. While foundational, this work is not easy. It requires meaningful engagement of physicians to develop and agree upon standards and to implement changes to roles, processes and technology. It takes time, discipline and leadership commitment, but will position you for success in a truly consumer-driven future.

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Sources

[1] Based on Chartis experience

[2] "19 Recent Healthcare Tech Start-Ups Attract Instant Consumer Appeal." Black Book Market Research LLC; July 9, 2018.

[3] Based on Chartis experience

[4] Ackerman et al. "When to Repatriate? Clinicians' Perspectives on the Transfer of Patient Management from Specialty to Primary Care." Journal of General Internal Medicine. October 2014; 29(10):1355-61.

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