

## PATIENT ACCESS

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### INTRODUCTION

The purpose of this paper is to pinpoint how the lack of scheduling templates and standardization/integration impedes patient access within the healthcare entity. In fact, the myopia of not looking beyond the scheduling component of patient access limits a patient's ability to schedule appointments in a timely and effective manner. Further, schedule standardization (where possible, owing to specialties) and integration play a significant role in patient satisfaction. Conversely, limited, blocked, or ineffective templates restricting patient access to providers is a dissatisfier. Now that patients are paying for a substantial share of their care, their expectations, whether right or wrong, are that they will see their providers when they need or want to. Patients are no longer willing to wait weeks to secure an appointment with their provider. Practices now must find ways to offer flexibility and timely appointments to patients while providing excellent quality care and patient satisfaction.<sup>i</sup>

### OVERVIEW

*Patient access* is an oft-heard term used loosely in today's healthcare marketplace representing a vital concept that encompasses many components. Mostly, patients perceive patient access as the ability to secure an appointment promptly and receiving high-quality care and treatment.

Patient access is a vital component of the Affordable Care Act (ACA), which stipulates that patients have access to *affordable healthcare*.<sup>ii</sup> (Affordability is open to interpretation.) With the ACA mandate to improve patient access, the healthcare industry is challenged to meet this goal and improve patient access for the consumer. Providers must have the availability to see patients. Additionally, other areas impact patient access:

- **Standardization.** The scheduling processes should be standardized, where practicable (e.g., family practice, internal medicine, medical cardiology, etc.) to ensure uniformity among all providers within an organization. Often, there is inconsistency for the same specialty, even within the same practice, or, worse, at the clinic level. This incongruity usually leaves staff guessing about patient visit types, time blocks, etc., which may cause mayhem within the scheduling process. Medical practices should measure themselves against the *best practices* in the industry and work to improve their scheduling operations.
- **Integration.** Medical practices with multiple locations should integrate their processes, so they are similarly managed. Aside from general operational policies and procedures (P&Ps), scheduling standardization and integration are paramount to patient satisfaction. Managing processes alike eliminates deviation, enhances efficiency, and simplifies management.

- **Improved Scheduling.** Optimizing physician schedules improves operational efficiency and provider productivity. One-size scheduling does not apply to all practices. There are several types of scheduling models depending on the practice specialty that may help to improve the scheduling process.
  - **Cluster Scheduling** involves establishing a schedule template for groups of patients with similar problems or conditions.
  - **Wave Scheduling** consists of scheduling patients for a given block arriving on the half hour or hour instead of scheduling patients on each quarter hour. For instance, a physician may schedule four patients in one hour. Under wave scheduling, they might be asked to arrive on the hour, with the provider seeing each patient in the sequence of their arrival.
  - **Stream Scheduling** involves giving a patient a specific appointment time. Most offices use this method for scheduling appointments.
  - **Practice-Based Scheduling** entails utilizing practice- or procedure-based scheduling where the practice determines the patient schedule based on certain patient types or issues. This type of appointment setting might apply in an orthopedic office, primary care office, or cardiology practice for services like cast removals, allergy injections, and Coumadin management, respectively.
  - **Open Access or Same Day Scheduling** is a method of scheduling in which all patients can receive an appointment slot on the day they call, almost always with their physician or provider.
  
- **Patient Flow.** The patient flow process must be evaluated as it relates to the patient volume, severity, and demand for the practice. No longer is it enough just to make a patient appointment. When the front office staff does not understand how scheduling a patient appointment impacts the patient flow, it impedes access to care. Patients do not want to wait long to see their provider. When patient appointments are not scheduled to maximize the physician (and practice) efficiency, the patient suffers fostering a climate of dissatisfaction. The patient must be able to move seamlessly through the patient flow process, so providers can operate efficiently and maximize their time with patients.

## CONCLUSION

Poor scheduling practices, patient flow, and scheduling type models can negatively impact physician and staff productivity.

Inefficiencies can present missed opportunities to add patient appointments to the schedule in an acceptable time. Medical practices should assess their operational P&Ps as they relate to patient access and flow as follows:

- Identify scheduling model
- Assess patient demand and flow
- Evaluate scheduling and front office processes

For more information on exploring patient access assessments for your organization's future and specific initiatives discussed in this report, call 678-832-2021 to speak with one of Coker Group's experienced advisors.

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<sup>i</sup> Kari Walgren, Patient Access: 5 Key Definitions, InfoDesk, January 20, 2016. <http://www.infodesk.com/life-science-industry/what-is-patient-access-5-key-definitions>. Accessed February 20, 2018.

<sup>ii</sup> The Patient Protection and Affordable Care Act Detailed Summary, Responsible Reform for the Middle Class, <https://www.dpc.senate.gov/healthreformbill/healthbill04.pdf>. Accessed February 20, 2018.