



CCALAC Webinar Series Searching for Demand

April 14th & 16th, 2021

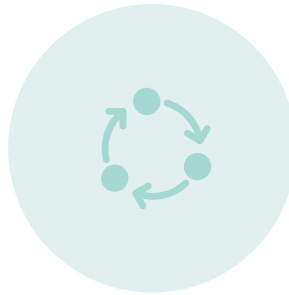


+ Learning Objectives

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PARTICIPANTS WILL
RECOGNIZE HOW TO FILL
THEIR SCHEUDLES WITH
OUTREACH
OPPORTUNITES



PARTICIPANTS WILL
IDENTIFY HOW TO PHASE
IN-PERSON VISIT
APPOINTMENTS



PARTICIPANTS WILL LEARN
HOW TO CREATE CAPACITY
IN THE SCHEDULE.

+ Today



Preparing for a New Normal Considerations:

- Well-coordinated execution
- Protective and reassuring for patients and staff
- Able to meet the needs of your communities

+ Today's Takeaways

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**How to Fill Your Schedule
through Outreach
Opportunities**



**How to Phase the
Scheduling of In-Person
Visits**



Scrubbing & Raking



How to Fill Your Schedule through Outreach

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- We have a full tool available
- We'll review some examples here...

Outreach Opportunities

Outreach Opportunities

Preparing for the New Normal

With the decline in patient demand at some health centers, managers and Medical Assistants (MAs) are looking for other opportunities to provide patient care. This provides a tremendous opportunity for outreach. Below you will find a list of activities that MAs can do when not actively engaging with patients.

- Call patients with a diagnosis of depression and complete a PHQ-9 over the phone. Set up a time to consult with providers or follow your written clinic protocols to schedule telehealth behavioral health appointments for patients based on their scores. The scores will need follow up clinical guidance from a provider who can provide guidelines or provide consultation on the results.
- Run a report for every patient 65 and older who has a birthday in the next two months and send them a handwritten birthday card.
- Reach out to new patients assigned to your practice who have never been seen in your health center. Call them to tell them about your health center as well as the providers in your practice. Help them select a provider and get a sense of their medical history.
- Send new patients medical release forms with a pre-paid envelope for them to sign the form and send it back to obtain new patient records. Be sure to call them and give them a heads up and be sure they are currently staying at the address you have on file.
- Create a process for routing messages between MAs or providers. What can the MA receive first and take care of before the provider needs to see it?
- Make a list of local food banks and other necessary resources in your community to share with patients.
- Call and help patients set up the patient portal. Instruct them on how to download the app, if applicable, and create an account. Guide them through a virtual tutorial.
- Teach patients how to track and log their vitals and any other in-home tests such as hemoglobin checks.
- Video demo how patients can take their own vitals and when to know it is important to do so.
- Organize a group virtual visit for patients. Use a web conferencing platform that allows several people to log in so they can share and learn from each other. Here are some possible topics:
 - How to take and log patient vitals or any other in-home tests they perform
 - Recipe swaps for diabetics or patients on dietary restrictions



How Can You Outreach?

- Phone
- Email
- Portal communication
- Texting





How to Fill Your Schedule through Outreach Opportunities

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- Review the schedule and reach out to patients whose appointments were canceled due to the pandemic.
 - Has everyone who was originally cancelled been rescheduled?
 - Was anyone missed?



How to Fill Your Schedule through Outreach Opportunities

- Call patients with a diagnosis of depression and complete a PHQ-9 over the phone.
- MA outreach call to do a PHQ-9?
 - Link your MA to someone from behavioral health – have a plan
- Set up a time to consult with providers or follow your written clinic protocols to schedule telehealth behavioral health appointments for patients based on their scores.



How to Fill Your Schedule through Outreach Opportunities

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- Run a report for every patient 65 and older who has a birthday in the next two months and send them a handwritten birthday card.
 - Let the patient know they were thinking about them
 - Staff satisfier
 - Reminder that “we’re here for you”
 - You can stick a pamphlet about telehealth in the card



How to Fill Your Schedule through Outreach Opportunities

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- Reach out to pediatric patients overdue on their immunizations to get them scheduled.
- Call and help patients set up the patient portal. Instruct them on how to download the app, if applicable, and create an account. Guide them through a virtual tutorial.
- Teach patients how to track and log their vitals and any other in-home tests such as hemoglobin checks.





How to Fill Your Schedule through Outreach Opportunities

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- Run a report for patients who are active smokers and call them to complete a smoking cessation form and set them up with a program.
- Run a report for all patients who are due for vaccines. Remind them of when they are due and provide assurances about clinic safety standards. Set them up with a visit or offer other options.
- Call patients whose birth control is about to expire and call them to proactively provide refills or see if they want to discuss another option.



+ Today's Takeaways

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**How to Fill Your Schedule
through Outreach
Opportunities**



**How to Phase the
Scheduling of In-Person
Visits**



Scrubbing & Raking



How to Phase Scheduling In-Office Visits

1. Start small
2. Begin by identifying a single population (pediatric patients or patients who need a pap smear)
3. Who has the lowest risk? Who needs more than telehealth can offer (perhaps those who need physical assessments)?





4. Make a clear plan that allows for social distancing when staff and patients are at the health center.

Here are some things to consider in planning for in-person visits:

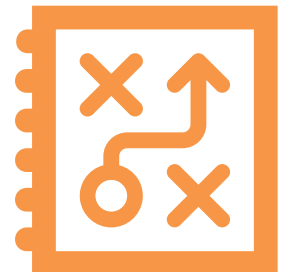
- How many staff can be on-site?
- Is there staff who can still work from home?
- Size and number of chairs in the waiting room
- The number of front desk staff who can register (number of windows or registration desks)
- The number of exam rooms available
- The number of accessible hallways for patients to enter and exit the exam rooms.
- Are designated pods/exam rooms needed for patients who arrive with a fever?





5. Redesign current workflows

- Will patients walk themselves back to exam rooms?
- Will an MA come out to greet the patient at the door but stay six feet apart?
 - QuickStart from screening line?
- Will visits be in-clinic telehealth (a provider sits in another room and is linked to the patient virtually if the patient may be high risk)?
 - Will visits be from the patient's vehicle?





6. Assign door greeters

- Greet patients at the door to provide additional COVID screening.
- This greeter would direct patients where to go based on their findings.
- Does not make clinical decisions.
 - Make sure they have clear guidelines.
- The greeter is also the link between patients and the staff inside the health center.
 - Don't forget about a communication tool (walkie talkies, EMR messenger, etc.)





7. When to phase more patients in...

- When your initial tests and small population services are going well and you still have capacity left (75% capacity, for example)

Capacity Utilized = # Patients Seen / # Slots Available x 100

For example: 10 Patients Seen / 12 Slots Available = .83 x
100
= 83%



8. Monitor cycle times to evaluate how you're doing

- If cycle times are short, i.e., 40 minutes and under, phase in more patients to fill your capacity
- If cycle times are long, i.e. 41 minutes and above, consider the following tactics to lower the time patients are in your building:
 - Pre-Registration
 - Patient intake over the phone
 - Digital forms and payment over the phone



How to Measure Cycle Time

- **Start Time:** When the patient arrives
 - **End Time:** When the patient leaves
 - **Cycle Time** = total time the patient is in your building

 - If you want to get into the weeds because you don't know where the excess time is taking, consider a Patient Visit Tracking
- or-
- Utilize your EHR to track parts of the visit: front office time, exam room time, waiting room time, etc.



Cycle Time Log

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Patient Cycle Time Log

Patient care team name:

Duration (#hours):

scheduled patients:

Appt Time or WI	Patient ID	Time (IN)	Time (OUT)	Total Time (minutes)	Appt Time or WI	Patient ID	Time (IN)	Time (OUT)	Total Time (minutes)
Total pts:		Total Time:				Total pts:		Total Time:	

1. Grand total time (in min): _____.

2. Grand total # patients: _____.

3. Average cycle time: Divide "1" by "2"= _____ minutes.

4. Circle all visits with cycle time less than your mandate (___ minutes), and divide by the grand total of patients seen:
_____ % seen under mandate.

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+ Patient Visit Tracking

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Step	Time	Run Clock	Description of Step	Wait in Min.
5	6:06	9	Patient sits down in waiting room.	22
6	6:24	27	A fellow patient tells the patient to check with a nurse because "a nurse called a name." It was actually an MA who called out. (The patient did not hear anything). Patient gets up and tries to open the door to the back clinic in the nurse's supposed direction, however, the door	

+ Patient Visit Mapping

GRACEY NEIGHBORHOOD HEALTH			
Appointment Time: 6:15 pm		Arrival Time: 5:57	Gender/Age: F/22
Reason for Visit: Family Planning (but ended up with a GYN annual)			
Provider: Carol Smith, NP		Tracker: Tony and Audrey	
Clock	Stops	Activity	Details
5:57 0	Lobby of Cluster B	3	<ul style="list-style-type: none"> Patient walks in and looks around trying to figure out where she is going. She stands in lobby behind two people waiting for attention at the front desk. <p>Pt. unknowingly went to Cluster B even though her provider is working out of Cluster A today. Not sure how we expect patients to know which cluster to go to.</p>
6:00 3	Cluster B Front Desk	Registration Clerk in B	<ul style="list-style-type: none"> Clerk invites patient up to the desk. Patient tells them her name and is registered. Clerk is very proficient with registration screens. Clerk verifies address, phone and gets into very brief conversation about patient's coverage. <p>Clerk "arrives" patient in the computer. Tells patient that her provider is working on other side today and points toward cluster A.</p>

+ Takeaways about Phased Scheduling

- You have 8 steps to phase in scheduling
- Start small and expand out using patient populations as a guide
- Data is your friend
 - Capacity utilization
 - Cycle time
- Consider a patient tracking if you don't know why your cycle times are over 40 minutes

+ Today's Takeaways

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**How to Fill Your Schedule
through Outreach
Opportunities**



**How to Phase the
Scheduling of In-Person
Visits**



Scrubbing & Raking

+

Demand Defined

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Total demand equals the number of patients asking for appointments plus clinician requests for return appointments plus visits required by “the system”.



The last two happen pretty “automatically.”



A Primo Tactic: Scrubbing

Scrub the patient schedule by asking of every single appointment:

want

W

Does this patient/parent *want* to be seen?

need

N

Does this patient/parent *need* to come in?

keep

K

Will this patient/parent *keep* this appointment?

This technique dovetails with the Visit Prep you have already begun to do.

CANDIDATES FOR SCRUBBING

**Good candidates
for scrubbing:**

Unnecessary
follow-up

Booked to early
to qualify for
insurance
payment

Lab follow-up
but never
got labs

Seen recently
for the same
reason

No showed for
the last
few visits

**Probably don't
need scrubbing:**

Patients that
want the
appointment

Acute pain
or illness

Necessary routine
follow-up

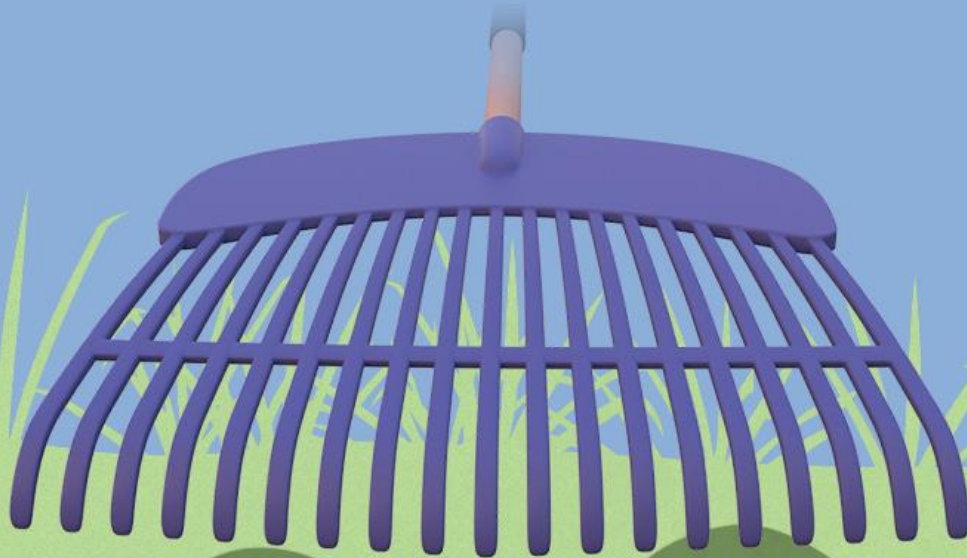
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Tactical Questions



1. Can we combine close together appointments?
2. Can we increase intervals between appointments for some chronic care patients?
3. Would our patients benefit from group visits?
4. Can nurses check on some patients by phone?
5. Can we work with some patients by email?
6. Can we do “future” work today rather than schedule the patient for another appointment?

WHAT DO YOU RAKE?



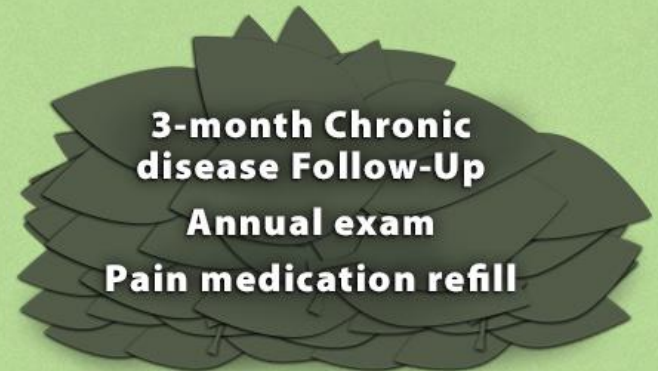
Cold/Flu

UTI

Infection

Pain

**Visits that are great
for raking forward**



**3-month Chronic
disease Follow-Up**

Annual exam

Pain medication refill

**Visits that probably
can't be raked**

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WHAT: Identify and offer to cancel or reschedule unnecessary visits (want, need, keep)

WHEN: Any time before the appointment, earlier is better

- HOW:**
- 1 Open the schedule and look at appointments
 - 2 Consider if the patient wants, needs, and will keep the appointment
 - 3 Discuss with the provider in case there is a hidden need for a visit
 - 4 Call patients and see if they agree that the visit is unnecessary

WHO: Anyone (provider, MA, nurse, front desk, call center, even as a team)



WHAT: Pulling patients booked in the future into today or tomorrow

WHEN: Any time before the appointment, earlier is better

- HOW:**
- 1 Open the schedule and examine the next couple weeks
 - 2 Consider the reason for the visit, should they come in sooner?
 - 3 Remember continuity of care and work to get the patient with their provider/care team
 - 4 Call patients and offer an earlier visit

WHO: Anyone (often front desk, MA, or call center)
Requires less clinical decision making

TIP: Offer a similar date and time

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Scrubbing Process

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- Take a look at patient schedules for the next 4-6 weeks on your laptop.
- Beginning with first appointment:
 - Check on computer for duplicate appointments and combine where reasonable (eliminate dup).
 - Ensure patient is scheduled with right provider.
- Provider asks: Do I need to see this patient?
- Which patients do not need the appointment?
- As you create open slots, “rake forward” patients into the rest (remember you’ll need to call the patients to confirm).



Remember...

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Be a cabbie: It all adds up.



So, if only 5% of your patients could be reliably followed-up by phone instead of return visits...that's a BIG number!

Each tactic gives you more time to see the patients you really need to see.



And, each tactic gives you open slots to meet the demand for same-day services.



+ When in Doubt, a Primo Tactic: Polishing

Polish the patient schedule by asking of every single appointment:

want W Does this patient/parent *want* to be seen in person or can they be seen via telehealth?

need N Does this patient/parent *need* to come in? If so, can it be done via telehealth?

keep K Will this patient/parent *keep* this appointment?



Polishing the Schedule Tool

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Telehealth Deep Dive Toolkit:

Polishing the Schedule: Telehealth Considerations

What is included in this toolkit:

- Introduction: Polishing the Schedule
- How to Polish the Schedule?
- Innovative Opportunities
- Appointment Conversion Sample Script

Introduction:

In order to provide a patient centered approach to scheduling, health centers should offer patients the soonest available appointment in way that this meaningful for the care team and patient. In order to do this, health centers should learn to polish the schedule to confirm the most appropriate delivery method for patient care.

There are several methods by which care can be delivered:

- Face-2-Face – Traditional visit where the clinician sees the patient physically in person.
- Video Visit - Clinician connects directly with the patient via video or telehealth platform to conduct the equivalent of an in-person visit.
- Telephone Call - Clinician connects directly with the patient via telephone.
- Secure Messaging - Clinician connects with the patient via patient portal, secure email, or telehealth platform to provide clinical advice or support.
- Remote Patient Monitoring - Clinician monitors patient vitals and other information via electronic communication technologies in near real time.

When looking at the schedule it is important to look at whether the patient wants the appointment, needs to have the appointment in a certain method or way, and



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Innovative Solutions for Converted Appointments



Video Visits



Secure Messaging



Telephone Calls



Remote Patient
Monitoring



Appointment Conversion Script

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Polishing the Schedule Toolkit

Appointment Conversion Sample Script:

- Good afternoon, my name is _____. I'm calling from _____ Health Center; may I please speak with Mr./Ms. _____.
- Hello Mr./Ms. _____, I am calling in regard to your appointment scheduled on [DATE] at [TIME] with Dr. _____. We are very excited to see you and met earlier to discuss your care. The doctor would like to see you if you are interested in a telehealth appointment. Receiving your care via telehealth may be beneficial for you because your doctor can perform the same service as you would receive during an in-person visit and save you the time typically required to come into our office. Telehealth is completely voluntary, and you can be scheduled for an in-person visit instead.
- Would you like to schedule a telehealth appointment now?
 - **If Yes:**
 - Let's see if you can participate in a telehealth visit:
 - Do you have a device, such as a smartphone, tablet, or computer that has a camera and microphone that you can use for this visit?
 - Where would you plan to have this appointment with the doctor? Do you have a space that is private and free of distractions? Is there internet access in the space?
 - If you would like, we can schedule a pre-visit consultation for a staff person to walk you through the technology and what to expect during the visit. Would you be interested in this service?
 - Payment for a telehealth visit is the same as for an in-person visit. A bill for this service will be generated and submitted for payment by your health insurance carrier. As with in-person health care visits, you will be responsible for any deductibles and/or copays required by your insurance plan.
 - We use HIPAA-compliant technology for the telehealth visit, and we will hold this appointment in a way that protects your privacy and confidentiality. Before the telehealth visit, we will ask for your consent to receive this service via telehealth.
 - Please be aware that we may need to schedule an additional appointment if clinically necessary, or if a technical problem occurs.
 - Thank you and have a great day! Please call us if you have questions or concerns.
 - **If No:**
 - Thank you very much for your time.
 - Verify demographics. What is a second phone number for you that if we need to get hold of you and can't reach you? email address? correct address?

+ Today's Takeaways

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**How to Fill Your Schedule
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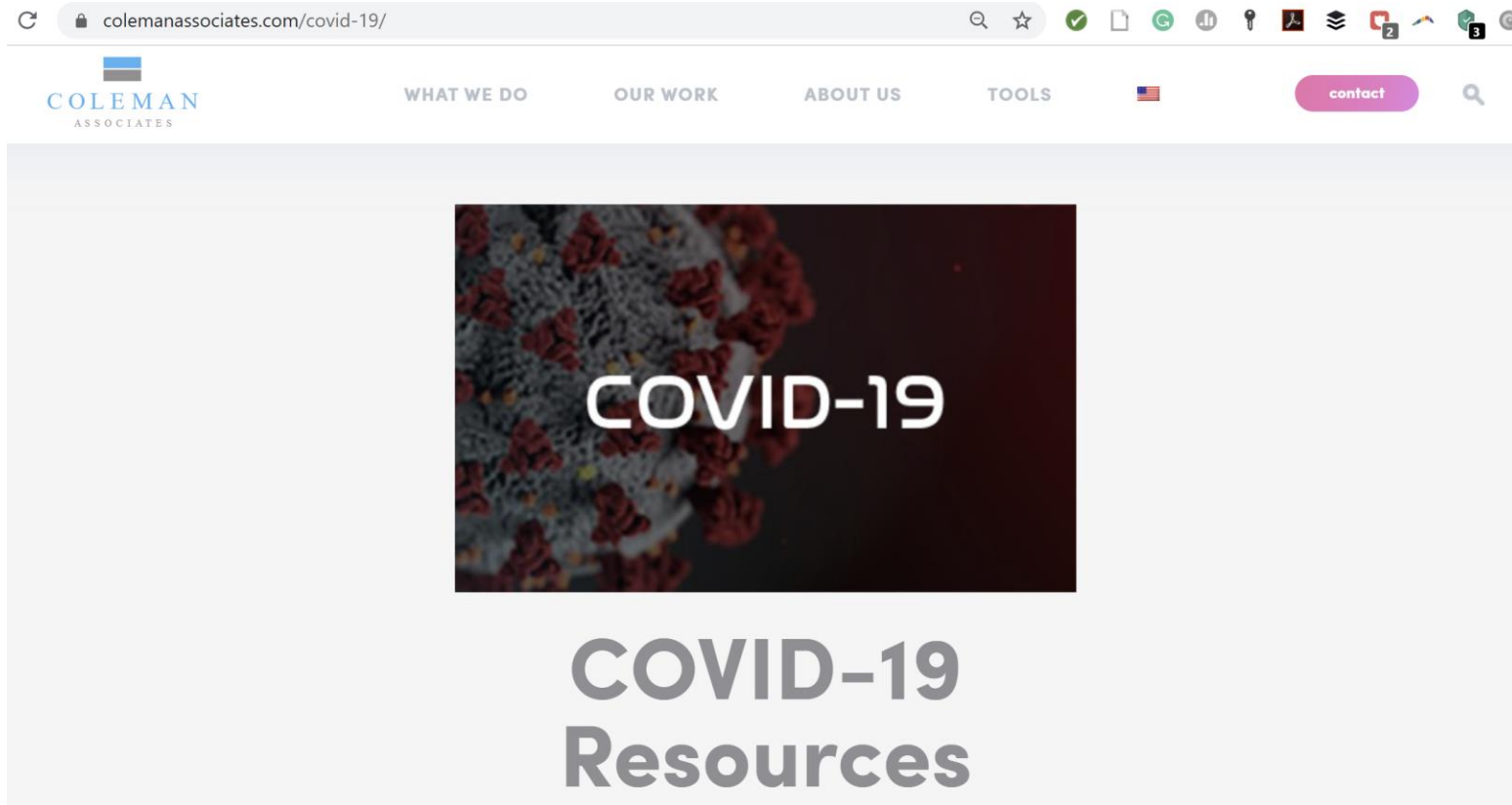
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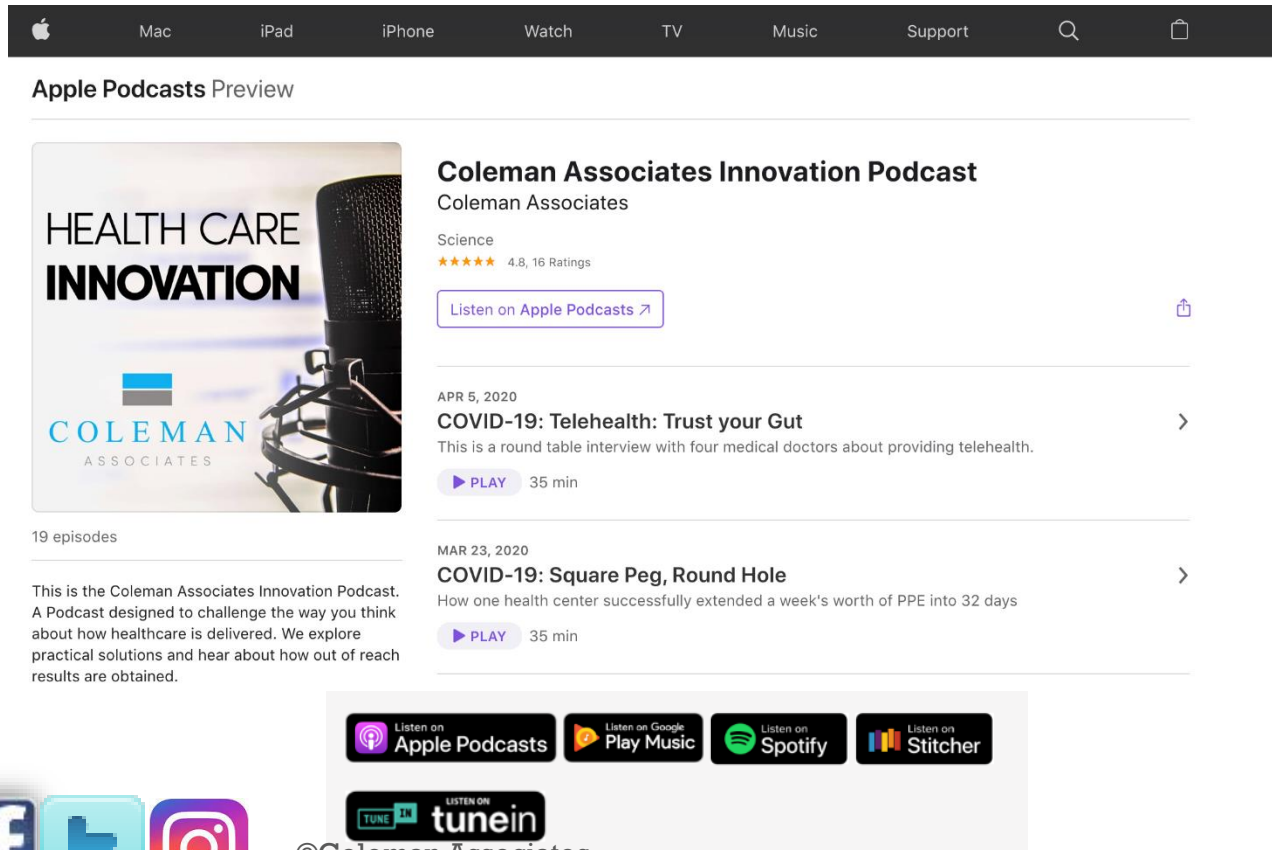


+ More Resources Are Available



+ Coleman Associates Innovation Podcast Instructions

1. Wherever you Listen to Podcasts
2. Search “Coleman Associates Innovation”



The screenshot shows the Apple Podcasts interface for the Coleman Associates Innovation Podcast. At the top is a navigation bar with links to Mac, iPad, iPhone, Watch, TV, Music, Support, a search icon, and a shopping bag icon. Below the navigation bar is the "Apple Podcasts Preview" section. The podcast cover art features a microphone and the text "HEALTH CARE INNOVATION" and "COLEMAN ASSOCIATES". To the right of the cover, the podcast title "Coleman Associates Innovation Podcast" is displayed, followed by the publisher "Coleman Associates", the genre "Science", and a rating of 4.8 stars from 16 ratings. A button labeled "Listen on Apple Podcasts" is present. Below the cover, it states "19 episodes". A description reads: "This is the Coleman Associates Innovation Podcast. A Podcast designed to challenge the way you think about how healthcare is delivered. We explore practical solutions and hear about how out of reach results are obtained." Two episodes are listed: "COVID-19: Telehealth: Trust your Gut" (APR 5, 2020, 35 min) and "COVID-19: Square Peg, Round Hole" (MAR 23, 2020, 35 min). At the bottom, there are buttons to listen on various platforms: Apple Podcasts, Google Play Music, Spotify, and Stitcher. Social media icons for Facebook, Twitter, and Instagram are also shown.

Apple Podcasts Preview

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★★★★★ 4.8, 16 Ratings

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19 episodes

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COVID-19: Telehealth: Trust your Gut
APR 5, 2020
This is a round table interview with four medical doctors about providing telehealth.
▶ **PLAY** 35 min

COVID-19: Square Peg, Round Hole
MAR 23, 2020
How one health center successfully extended a week's worth of PPE into 32 days
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