Traditional systems of scheduling patients are no longer working for many patients, physicians, staff, or administrators. Patients often believe they have to fight to be seen. Physicians frequently believe their schedule is out of control. Staff members feel overworked and caught between physicians and patients. Management feels pressure to increase volume to meet financial demands, while trying to keep everyone happy.

Consequently, many leading medical groups across the country are implementing innovative approaches to office redesign to improve patient, physician, and staff satisfaction in response to the challenges and opportunities of the marketplace. One of the foundations of this redesign is Advanced Access.

**WHAT IS ADVANCED ACCESS?**

Traditional approaches have focused on controlling and managing the demand. However, under these systems, physicians and staff must struggle to meet the needs of today, as well as those of patients who have waited days or weeks for their appointments.

Advanced Access is a system that gives patients the ability to schedule an appointment with their physician when they want or need to be seen, regardless of the patients’ complaint or need. It redesigns patient access and the scheduling process to increase patient throughput and the medical practice’s capacity. The goal is to ensure that patients can be seen by their physician the day they request, regardless of the nature of the patients’ complaints or needs.

However, access is important for more than just appointments. Access also is important for the patient in:
- Phone access (wait times);
- Staff responsiveness;
- Access to physicians for questions;
- Results reporting (laboratory, imaging, etc.);
- Timeliness of referrals; and
- Office wait time.

**WHY IMPLEMENT ADVANCED ACCESS**

In today’s competitive environment, practices are eager to attract new patients and retain existing patients. Advanced Access creates satisfied patients because patients are able to access care when they want and need care, and patient-satisfaction scores reflect that patient approval.

In addition to happy patients, the practice benefits in numerous other ways as well:
- Clinical outcomes improve because continuity of care (patients seeing their own physician) increases.

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• Practice revenue can increase because of greater visit complexity.
• Medical costs decrease because of lower urgent care and emergency department use (this applies to capitated groups).
• Physician and staff morale rise because schedules are more predictable, and physician-staff relationships improve.

As a result of improved clinical outcomes and patient satisfaction scores, practices implementing Advanced Access also have received increased payments for pay-for-performance (P4P).

**BASIC TENETS OF ADVANCED ACCESS**

Advanced Access works because it redesigns the patient-care process to efficiently maximize daily capacity so that daily demand can be met. This requires a reexamination of the systems, communications, and operations of the practice.

Successful redesign focuses on applying the basic tenets of Advanced Access:
• “Do today’s work today”;
• Measure and match supply, demand, and capacity;
• Proactively shape demand;
• Simplify appointment types; and
• Maximize efficiency and resource utilization to expand capacity.

The traditional model forces practices into shifting today’s work, those appointment requests to be seen today, into tomorrow, next week, or next month. Often this creates rework and requires the use of costly resources such as physicians and registered nurses to triage patients and manage care until the patient can be seen. With Advanced Access, because patients are seen when they wish to be seen, the practice can focus its efforts on those patients being seen today.

**SUPPLY, CAPACITY, AND DEMAND**

A key tenet of Advanced Access is that supply, capacity, and demand are predictable and quantifiable. Supply is the number of physician-, nurse practitioner-, and physician assistant hours available to see patients, while capacity is simply the number of appointments available to see patients each day.

Demand is the number of patients that want to be seen in any one day. Demand can be externally driven by patient requests or referrals from other providers, or internally generated through the need for follow-up visits.

**Shaping Demand**

While it often feels like demand is insatiable, there are actually a number of strategies available to shape demand. They include:
• Combing (reviewing) the schedule the day before to identify patients who do not need to be seen, either because they were just seen or their needs can be met without a visit, which can free space for other patients;
• Re-evaluating the time intervals for follow-up visits;
• “Max-packing” visits by performing multiple tasks at one visit;
• Involving patients in their care through the use of patient education materials and Web sites, as well as implementation of disease management protocols; and
• Providing access to physicians and staff through multiple avenues: phone, outbound messaging, voicemail, e-mail, and Web portals.

**Increasing Capacity**

Practice capacity can quickly increase by implementing alternative visits types such as group, e-mail, and phone visits. Simplifying appointment types not only makes scheduling easier and quicker for office staff, it also adds flexibility to the schedule. This makes it easier to accommodate patient needs and decreases the likelihood that appointments will go unused.

**Managing Supply**

In managing supply, it is constructive to understand the demand cycle so that physicians, nurse practitioners, and physician assistants can manage their time-off effectively. For example, weekly days-off can be matched to low-demand days. Time-off policies can ensure that multiple providers are not off at the same time. Part-time physicians, nurse practitioners, or physician assistants can be used on high-demand days or days when other clinicians are off.

**MAXIMIZING EFFICIENCY AND RESOURCE UTILIZATION**

With the implementation of Advanced Access, it is imperative that all systems function efficiently and that the practice optimizes the use of every member of the team.

Office operations need to ensure that patients can be quickly and efficiently seen. Processes should be clearly understood and followed by everyone in the practice. Paperwork should be completed the first time to minimize re-work. Task hand-offs should be minimized to prevent mistakes. Charts need to be reviewed to ensure they are up-to-date with all pertinent test results and reports. Loose filing needs to be kept current.

Roles and responsibilities should be clearly defined. Physicians should focus on those tasks and responsibilities that require their skill and knowledge. For example, use staff to take the initial history on new patients to free physician time for other patients.

**BACKLOG REDUCTION**

Advanced Access does not mean eliminating all scheduling into the future. Patients who do not wish to
be seen today are scheduled into the future as are follow-up appointments. Rather, it means the elimination of “bad” backlog, those appointments that must be scheduled into the future because the time the patient requested was not available. When the bad backlog is gone, physicians are able to see their own patients the day they call, or whenever they wish to be seen, rather than pushing appointments and work into the future.

The key to implementing same-day access is reducing the bad backlog in appointments. Therefore, it often becomes necessary to add additional capacity temporarily so that backlog reduction can occur. This temporary increase in capacity is designed to keep today’s work from spilling over into tomorrow’s work. In other words, increased capacity accommodates those patients calling today for an appointment. While backlog reduction can be painful because everyone has to work harder in the short term, the long-term benefits significantly outweigh the short-term pain.

Advanced Access does not mean that the practice becomes a walk-in clinic. As can be seen from the discussion on backlog, appointments continue to be scheduled, but they are scheduled when the patients want to be seen.

**ADVANCED ACCESS IMPLEMENTATION**

Implementation of Advanced Access begins with the identification and education of physician champions and practice leaders. They must understand the principles and goals of Advanced Access in order to generate the desire for change. Other practice physicians and all staff require training in Advanced Access as well, so that all understand their roles and responsibilities for success. Physician and staff need to jointly develop an action plan to implement Advanced Access, including the practice’s approach to backlog reduction. Figure 1 describes the implementation process in more detail.

**MAINTAINING SUCCESS**

Like any change process, implementation does not occur at once. Old habits can easily reassert themselves, and work becomes postponed until tomorrow. Therefore, it is important to monitor access on a regular, ongoing basis and to share the results with everyone in the practice. Key metrics to monitor are:

- Appointment access (third-next-available appointment);
- Continuity (percent of time patient sees his or her physician);
- Patient satisfaction (by physician);
- Active patients/panel size; and
- Revenue and expense by visit/relative value unit.

It is important to be prepared for the “what ifs” of medical practice. Contingency plans should be proactively developed to prepare for physician absences and the vagaries of seasonal fluctuations such as flu season and school physicals.

**CHALLENGES**

Change is not easy. Typical challenges to implementation of Advanced Access involve resistance to change, inability to see the benefits, the pain of backlog reduction, unaligned incentives, lack of physician champions and leaders, and lack of understanding of the principles of Advanced Access.

If Advanced Access is to succeed, it is important to lay the foundation for change before implantation begins.
As with any change process, there are a number of critical activities that need to occur. They include:

- **Set the stage for change:**
  - Explain why change is necessary.
  - Describe the benefits that come from implementing Advanced Access.
  - Portray what the consequences will be if the status quo continues.
  - Use previous successes to reinforce the capability to successfully change again.

- **Plan for implementation:**
  - Involve physicians and staff in planning for Advanced Access, especially backlog reduction.
  - Resolve operational barriers before implementing Advanced Access.
    - Redesign your medical records process to facilitate timely pulling of medical records for same-day appointments.
    - Eliminate medical records filing backlog before starting Advanced Access.
  - Prepare for problems by developing contingency plans and creating “what if” scenarios.
    - Create a problem-solving process to use during implementation.
  - Seek expert assistance with planning and training.

- **Actively lead:**
  - Identify a physician champion.
  - Provide adequate internal leadership support.
  - Ensure that senior management remains visible and encouraging during the implementation process.

- **Educate and train before implementation:**
  - Educate the leadership first.
  - Ensure that the physician champion receives all of the education needed to be an effective spokesperson.
  - Hold a training session for all physicians and staff to teach them the principles and tools of Advanced Access.
  - Use someone well versed in Advanced Access to help with training.

- **Monitor progress:**
  - Hold weekly meetings to review progress.
  - Communicate success through charts, graphs, and newsletters.
  - Immediately resolve problems so that they do not become barriers or excuses.

- **Celebrate often:**
  - Reward success.
    - Provide lunches.
    - Send thank-you notes.
    - Give out movie tickets.

Practices that have successfully implemented Advanced Access faced many obstacles, but they persevered through the change process because of the potential rewards. Now they would not go back. Here is one practice’s story.

### TALBERT MEDICAL GROUP: ADVANCED ACCESS WORKS

Talbert Medical Group (TMG), a multispecialty group located in Southern California, employs 110 providers, approximately 70 of whom are in primary care. It implemented Advanced Access in 2004, and its patients have been delighted with their ability to get an appointment within 24 hours of their call, according to Aric Hall, regional director of operations. Patients are eagerly providing unsolicited testimonials to their increased satisfaction with access, and TMG’s patient satisfaction scores jumped with implementation as can be seen from Figure 2.

Keith Wilson, MD, president and CEO of TMG, reports that patient volume also increased as a result of Advanced Access (Figure 3). By increasing capacity, TMG was able to accommodate more patients without expanding schedules or adding providers.

Although they are seeing as many or more patients, physicians and staff are happier because they are getting out on time. Rhonda Luster, MD, medical director of the Long Beach Plaza site with 27 physicians, 10 of whom are primary care physicians, says that physicians are not working harder under Advanced Access, but they are working smarter.

In addition to improved patient satisfaction scores and increased volume, Advanced Access has contributed to success in two other areas according to Wilson. Fee-for-service revenue has increased because more patients, especially new patients, are being seen. Because of max-packing, visit complexity has increased, leading to higher revenue per visit.

As can be seen in Figure 4, TMG also has seen a decrease in senior-patient hospital admissions since implementation of Advanced Access. Because patients can be seen quickly, physicians have been able to intervene to prevent unnecessary admissions.

Both Hall and Luster emphasize that it is critical that all of the concepts of Advanced Access are well understood.
in order to succeed in implementation. As Hall stated, “We thought we understood Advanced Access, but when we tried to implement it by ourselves, we found that we didn’t have the depth of knowledge required to successfully implement such a new approach. Therefore, don’t be reluctant to seek assistance. In addition, physician champions are critical, and often outside resources are better able to help physicians understand why Advanced Access is a good idea for them.” As Wilson points out, “It takes more training than you think.”

Luster also emphasizes that Advanced Access is a different way of working and practicing medicine. She encourages physicians to keep an open mind as they learn about Advanced Access. To succeed in implementation, it is important that a plan is developed to work down the backlog of appointments scheduled into the future to create capacity for current demand for appointments. To maintain Advanced Access, proactive contingency planning is critical to deal with physician absences and seasonal fluctuations.

Wilson stresses that leadership is critical. Successful implementation requires that implementation become a top priority throughout the organization. In order to sustain Advanced Access, Wilson underscores the need for ongoing measurement and monitoring of performance.

Wilson, Luster, and Hall are staunch advocates of Advanced Access. As Luster emphatically states, “The current way we practice is not effective for patients, our staff, or us as physicians. There are solutions that can help lower the stress of practice, and Advanced Access is one of those solutions.”

**RESOURCES**

Institute for Healthcare Improvement; www.ihi.org.

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**Figure 3.** Increased patient volume. FFS, fee for service.

**Figure 4.** Senior patient admissions per thousand with open access. 3NA, 3rd-next-available appointment.