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5 more ways to improve patient access

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Stanford Health Care (SHC) is proving providers don't need to have a large budget to make a big improvement on the patient experience. SHC has developed a model with better measures around access, patient experience, employee engagement, and financial outcomes—all at little or no cost.

Previously, we discussed [five areas where SHC has learned how to create standardized work to improve patient access and quality outcomes](#). In Part II of this series, we share five more initiatives that add value to the access equation.

1. Re-examine workflows

We are all busy, but ask yourself if you are busy doing the right things. We want medical practice staff to be cross-trained and comfortable supporting each other. But cross-training should not come at the expense of having highly skilled people perform unnecessary clerical work.

All staff need to work at the top of their license, so the right work must be done at the right time by the right person. This may sound like a no-brainer, but some senior staff may be performing certain functions that could be reassigned to junior or clerical staff without any detriment to patient care.

At SHC, medical assistants are hired as flow managers. They collaborate with providers to pend orders and prescriptions, conduct significant prep work for patient appointments, review provider in-baskets in the EHR, and offer population health outreach. Health information management staff are hired to perform specific medical record functions, including the indexing and abstracting of medical record data. Registered nurses are hired to provide clinical services, such as infusion therapy, administering stress tests, or providing diabetic education.

This model allows all staff to work at the top of their scope and removes unnecessary tasks from their workload, thereby allowing them to fully focus their specific contributions to overall patient care.

2. Leverage technology

We live in a world surrounded by technology. How healthcare providers choose to use that technology makes all the difference in our ability to effectively, efficiently, and productively meet patient needs.

For example, a patient may use an application or Web browser to schedule a new or return visit. Automated reminders can be sent to the patient via text, email, or phone by pulling information from the EHR. Automatic waiting lists can text a patient if there's a cancellation and allow them to be seen faster.

Prior to the patient's appointment, his/her records can be retrieved while paper records are scanned and abstracted into the EHR. A dictation tool can help providers note information while order sets and pre-established questions, phrases, or texts, can simplify medical record documentation.

A newly created education team supports all providers with biannual information technology (IT) training. IT observes how providers and staff use the EHR, then teaches them how to fully utilize EHR capabilities, such as more efficient ways to document, navigate through the system, view available templates, use those templates better, retrieve and find information in various tabs, and attach patient education materials. Having the EHR connected to external lab and radiology companies also allows for quick, easy access to ancillary information, reports, and data.

SHC, in an effort to recognize its diverse patient population, provides a language line for any patient who opts to use it. This line provides a certified interpreter to help patients better communicate with their providers.

SHC's most recent technology offering is providing telehealth appointments for certain patients, diagnoses, and insurance providers. We have found virtual visits to be a patient satisfier, especially considering the traffic congestion in the San Francisco Bay Area.

After patients have been treated, they can receive an electronic after visit summary in their online patient portal along with labs and other ancillary reports and/or data. Patients and providers can continue to communicate about nonurgent concerns between visits.

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Ultimately, leveraging technology has allowed for better coordination and access to care and improved efficiency.

3. A team approach

In California, providers are not employed by hospitals or health systems. Rather, they provide services through their individual medical groups and a provider service agreement (PSA). These agreements are critical to ensuring that incentives are all aligned with providers, staff, and ultimately the health system.

Under Stanford's old system, there were more than 30 distinct types of provider contracts. That made it very difficult to manage daily operations, as each provider operated under a distinct set of rules and incentives.

Over time, SHC negotiated a more coordinated approach to care. We created fewer provider contractual arrangements and focused on managing patient access more uniformly and consistently. Examples of expanding access include providing more early morning, later evening, and Saturday hours for patients; more same-day appointments; and signing a provider/staff compact to reinforce a commitment to providing better access to patient care.

In order to drive an improved patient experience, we needed to clean up provider schedules; provide more template uniformity; and establish daily huddles among providers and staff to review schedules, problem solve, measure patient access, and generate data reports. We learned that aligning incentives for providers and staff was critical to optimize access, gain group commitment and team buy-in, and create a can-do approach. As a result, we have heard from patients that they truly appreciate our efforts to make access and scheduling easier.

4. Manage community health

Like most medical groups, SHC has a varied payer mix. We are responsible for the care of governmental payer patients, managed care patients, and capitated patients. We provide more than 1 million patient visits a year for over 215,000 unique patient lives and manage 30,000 capitated lives.

SHC has adopted the philosophy that by managing population health measures (24 HEDIS and/or MIPS measures), we can address care gaps for all patients — regardless of payer. We believe it's the right thing to do and demonstrates safe care.

Our EHR system allows us to create online scorecards that display progress, gaps, and identify measures that need to be addressed during patient visits and care encounters. When patients are in the office for an appointment, medical assistants verify the gaps so that all are addressed in one visit.

For patients whose care gaps cannot be addressed during that appointment, we have developed a multifaceted follow-up approach (illustrated below) based on their needs. We follow up with them through automated telephone calls, send out bulk orders electronically or via U.S.P.S. mail for pending labs or tests, remind them to book annual wellness visits/physicals to assess all chronic conditions and ensure preventative services are

completed, and arrange Advanced Provider Practitioners to visit homebound patients.

By targeting gaps and continually extending care opportunities, patients receive the care they need whether it's in the office; at home; or through a patient portal, video visit, or telephone call.

5. Focus on patient experience

Ultimately, improving patient access is part of an effort to improve the patient experience. We recognize that even if patients have access, they won't return to the clinic for future care unless they have a positive patient experience.

SHC uses national surveys to benchmark itself with the aspirations of achieving 90th percentile in the "Likelihood to Recommend" question. Several of SHC's 75 clinics are above that 90th percentile mark, and others continue to work toward that goal. These results provide excellent opportunities to learn from one another and determine how to duplicate these results at other facilities.

But we're not content to rest on our laurels. Once we reach a goal, we set higher, even more ambitious standards for ourselves. There are always ways to make healthcare easier to access, raise the overall experience, and opportunities to improve patient outcomes.

Recent areas of focus have included a focus on:

- Reducing clinic wait time: Efforts have been made to decrease the check in time through improvements in flow management and prepping as much as possible in advance of the visit.
- Informing patients about delays: Providers and medical assistants huddle twice daily to determine appropriate patient hand offs. We're also trying to inform the patient of any delays longer than 10 minutes. Adding provider wait boards in the lobby, similar to the flight schedule at airports, set realistic expectations for patients with regards to potential delays for a scheduled visit.
- Sensitivity to patient needs: Every patient has unique needs, and it's important to document what those needs are. One patient may need an interpreter through the

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language line while another patient may need more time to discuss his/her concerns with a provider. Some patients prefer a more formal approach to care with definitive care plan while others want an informal, inquisitive, heard-it-from-the-internet kind of dialogue and exploration of the best care plan. Regardless of the approach, customizing care to the patient's preference is key to improving the experience and ultimately satisfaction.

The access journey continues

It is our job as healthcare providers to identify and effectively forecast patient access challenges. Dyad partnerships among clinical and nonclinical leaders are needed to facilitate successful change. Creating a standard workflow in a step-by-step format and scheduling guidelines creates consistent, reliable outcomes while reducing patient errors. Our creative and innovative approach proves that this can be done without breaking the bank.

At SHC, we have created an integrated strategic plan with our inpatient and outpatient partners that is human centered and discovery led. Three overarching strategies that we think will drive our focus in the years ahead include emphasizing high-value care, realizing the promise of digital health in care delivery, and investing in the areas that have defined Stanford Medicine as a pre-eminent institution.

To achieve those strategic goals, our leadership has placed a renewed emphasis on better access through improving workflows, refining metrics, aligning resources with outcomes, and learning from one another. We're guided by SHC's compelling vision, "To heal humanity through science and compassion one patient at a time." Our vision is more than a statement: it guides and inspires us every day to do our best to meet patients' needs.

We believe that focusing on these 10 areas toward improving patient access is the right way to create the future of healthcare that we wish to see.



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