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# EPT Learning Community

# “From Waitlist to Welcome: Boosting Real-Time Schedule Management to Improve Capacity Utilization & Decrease TNAA”

Facilitator: Coleman Associates

October 21st, 28th, & 30th, 2024

# About Coleman Associates

**Women-owned**, boutique consulting firm with a diverse, experienced team

Frontline expertise in **community health,** public health, and private practice.

Our team includes **nurses, clinicians, leaders, and support staff.**

**Our Mission:** Make Community Health the Jewel in the Crown of American Medicine





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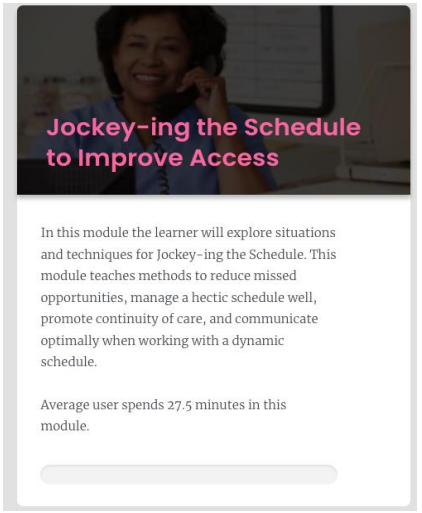
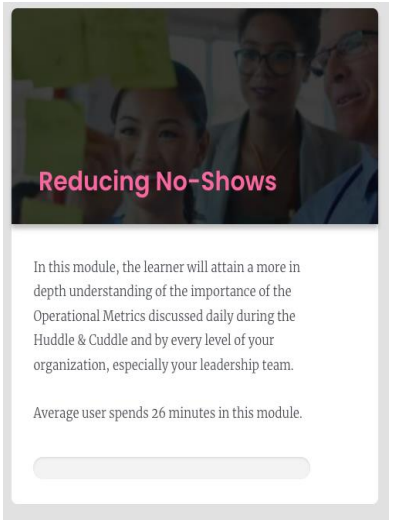
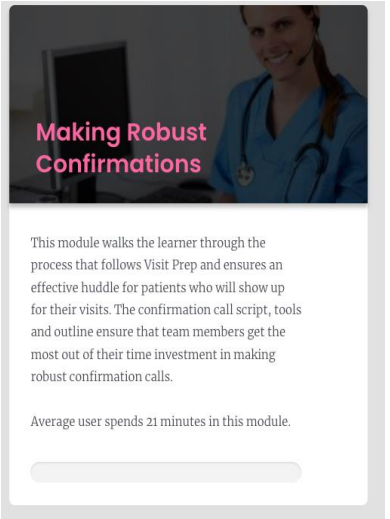
# Vroom!™

- After today, there are Vroom!™ Modules you can access to support your learning.
  - Access them through PopHealth+ under the “Access Building Block, Module 1”
  - Set your password for Vroom!™ (note this is a different login than PopHealth+ but you can access it through PopHealth+ and set a similar password)
  - Modules to take:
    - Jockey-ing the Schedule
    - Reducing No-Shows
    - Making Robust Confirmations





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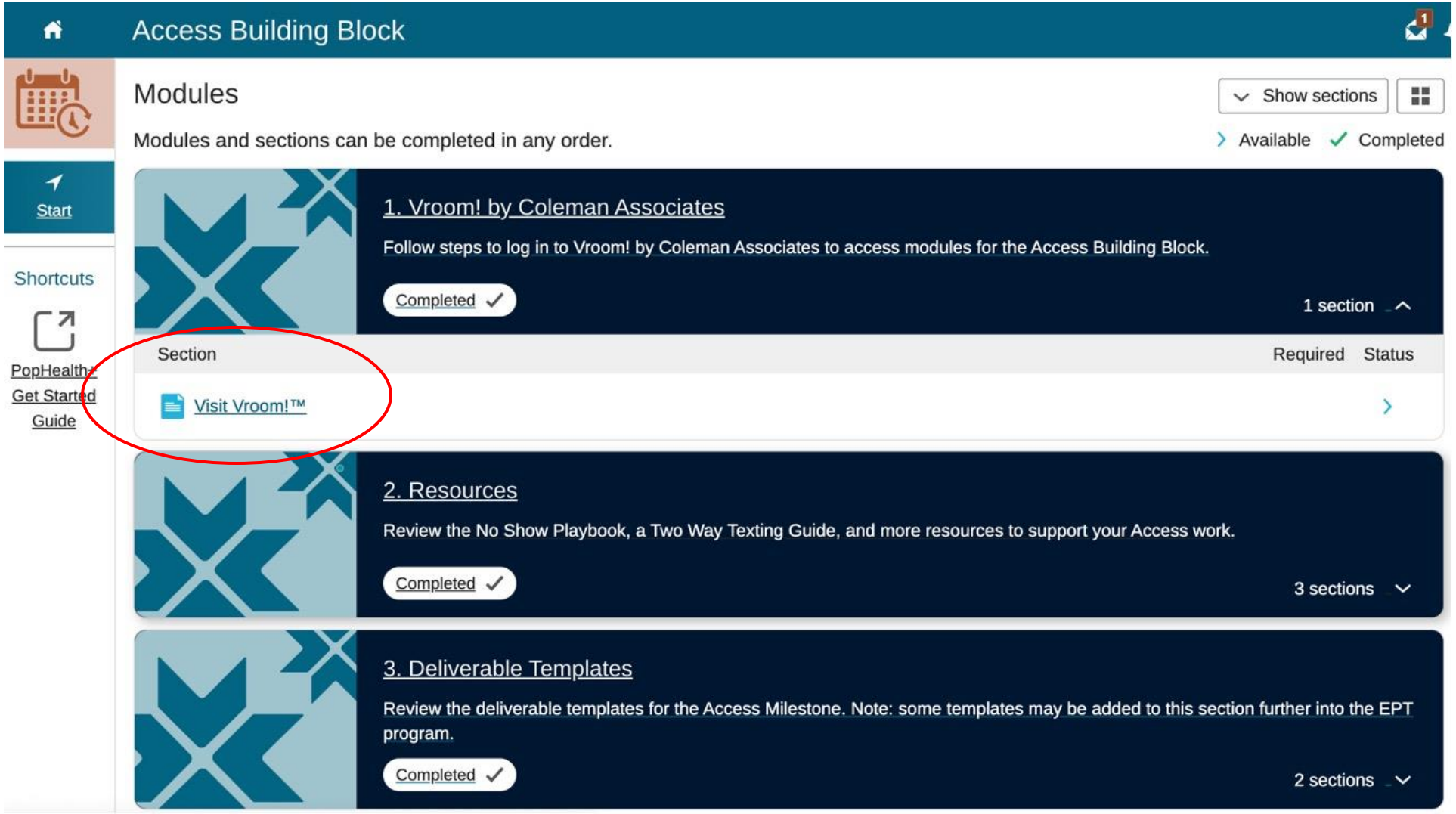
# PopHealth+ Access Resources





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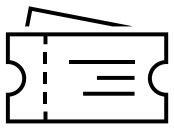
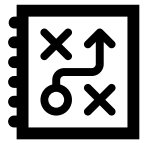
# Learning Objectives

1. Evaluate root causes of No-Shows.



2. Analyze the impact of No-Shows and discuss how to pilot virtual care solutions to improve access for patients.



3. Discuss strategies to decrease No-Shows with the goal of improving patient access to care with the current supply and maintaining patient continuity with primary care providers.

4. Experiment with Real-Time Schedule Management to improve capacity utilization and decrease Third Next Available Appointment.

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# Conflict of Interest Disclosure

All relevant financial relationships have been mitigated prior to this presentation.

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| Hannah Hansmann-Clemens | I have no relevant financial relationships to disclose. | |
| Harpreet Sanghera | I have no relevant financial relationships to disclose. | |
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# We've Got Options!

**CEs**

- **CMEs** for MDs,CMEs for MDs, DOs, and PAs
- **CNEs** for Nurses
- **ADA CERP** for DDS and RDH
- **ACEs** for SWs
- **CPEs** for PharmDs

**CEUs**

For Anyone Else!





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# Important Info for CEs

This session is eligible for continuing education (CEs). The following are the CEs available for full participation in the training:

| | | | | |
|---|---|---|---|---|
| **3** CME credits | **3** CNE credits | **3** CPE credits | **3** ADA credits | **3** ACE credits |

JOINTLY ACCREDITED PROVIDER™
INTERPROFESSIONAL CONTINUING EDUCATION

This activity was planned by and for the healthcare team, and learners will receive 3 Interprofessional Continuing Education (IPCE) credit for learning and change.

IPCE CREDIT™

In support of improving patient care, Coleman Associates is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team.



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As a Jointly Accredited Organization, Coleman Associates is approved to offer social work continuing education by the Association of Social Work Boards (ASWB) Approved Continuing Education (ACE) program. Organizations, not individual courses, are approved under this program. Regulatory boards are the final authority on courses accepted for continuing education credit. Social workers completing this course receive **3** general continuing education credits.

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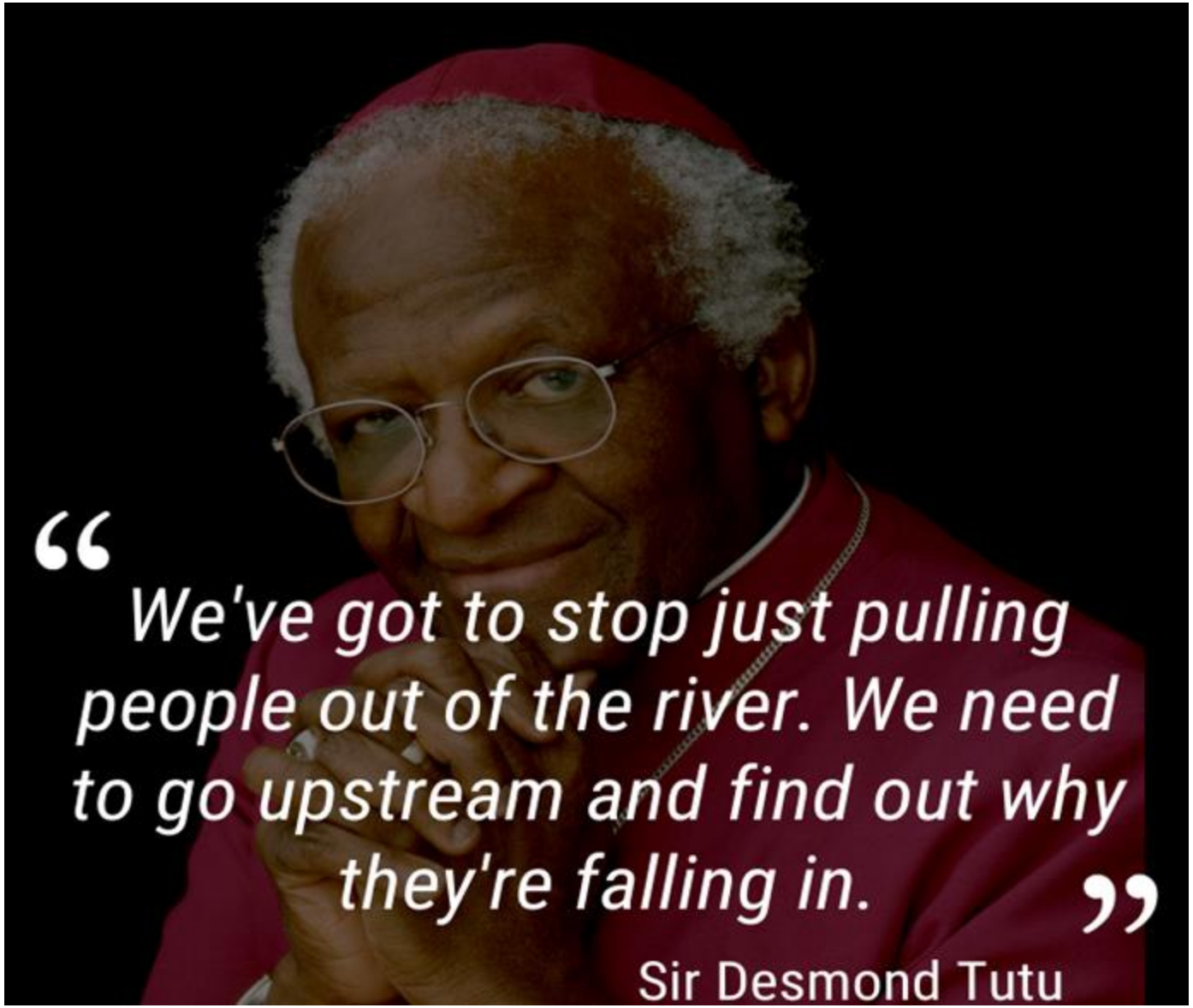
# Important Info for CEUs

- This event will be worth **3 CEUs (3 of contact hours)** if you attend the whole day.
- To receive the maximum number of CEUs, the following criteria must be met:
  - **Full-Day Attendance** with sign-in and ID check
  - **Complete the Evaluation** at the end of the day and complete the linked form to request CEUs
- Minimum Technical Requirements: N/A


**Note:** After a CEU-eligible event, you will receive a notification via email to confirm that you have or have not received CEUs. If you receive CEUs, you will also receive a certificate via email. Your privacy is important to Coleman Associates. To request a full copy of your records, please submit a written request to Melissa Stratman. A copy of our Privacy and Security Policy is available upon request.





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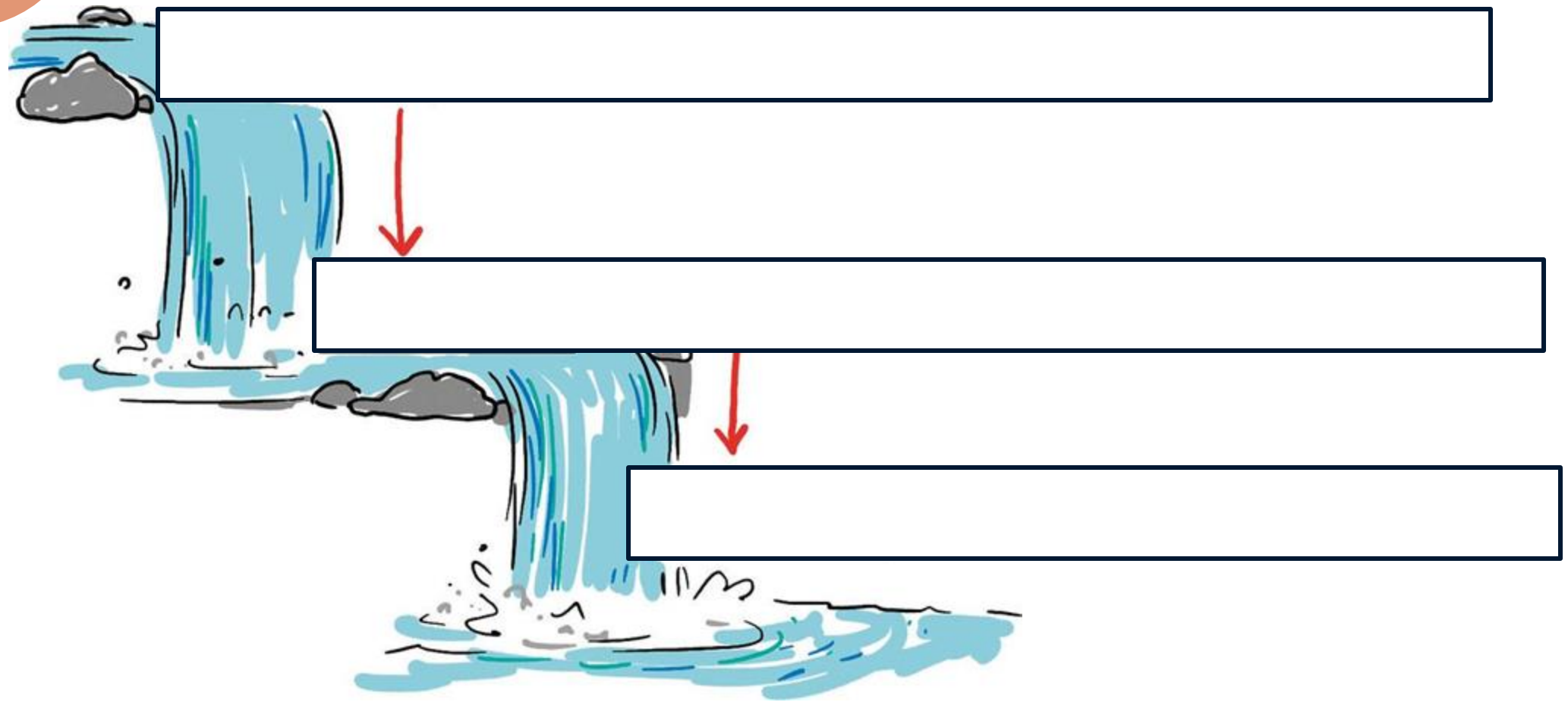
# Can you name a broken system outside of healthcare?



Impact: Feeling of _____





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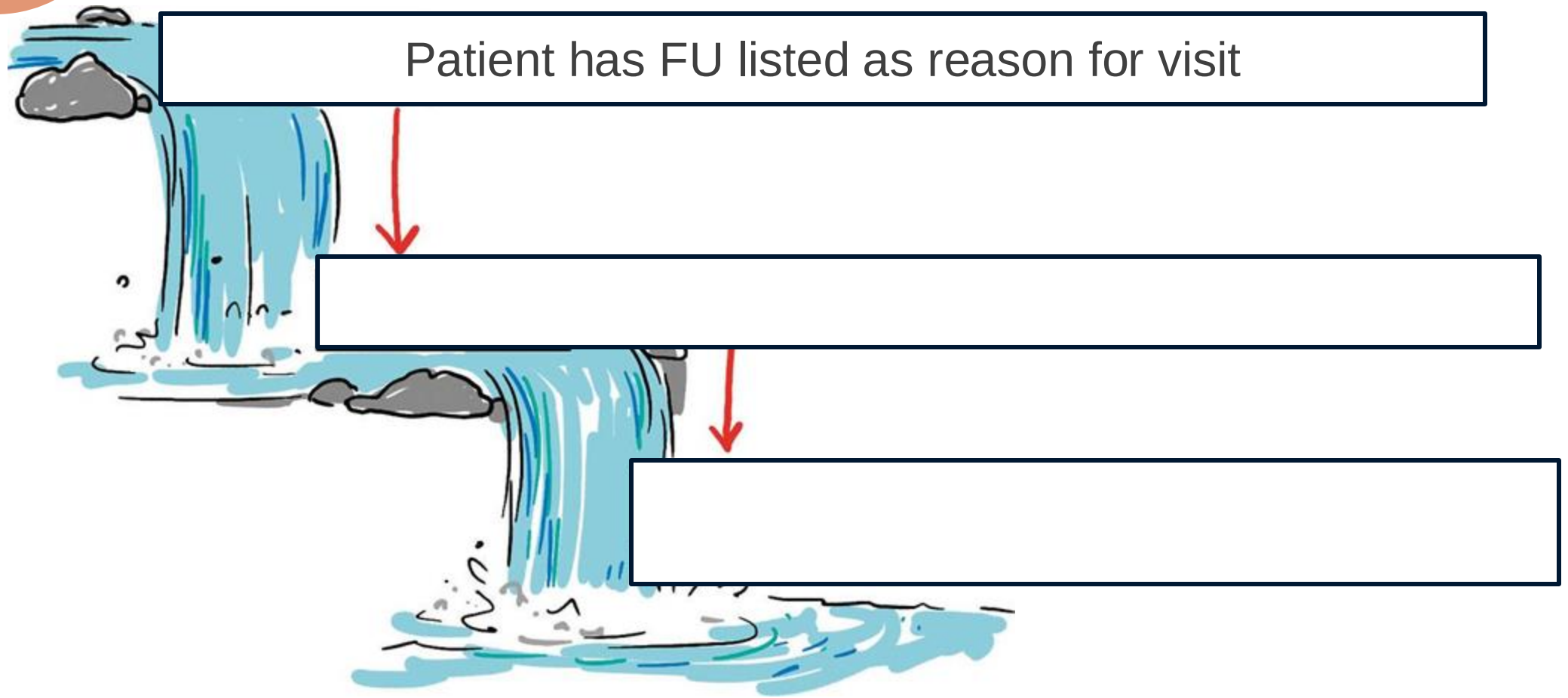
# The “FU” Day

# What is the downstream impact?




…which leads to a feeling of…





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# The “BRB” Day

I’ll be right back. I need to go ask for those results so we can figure out a plan. BRB.

I’ll need to get some supplies for that procedure. BRB.

Let me find my nurse. BRB.





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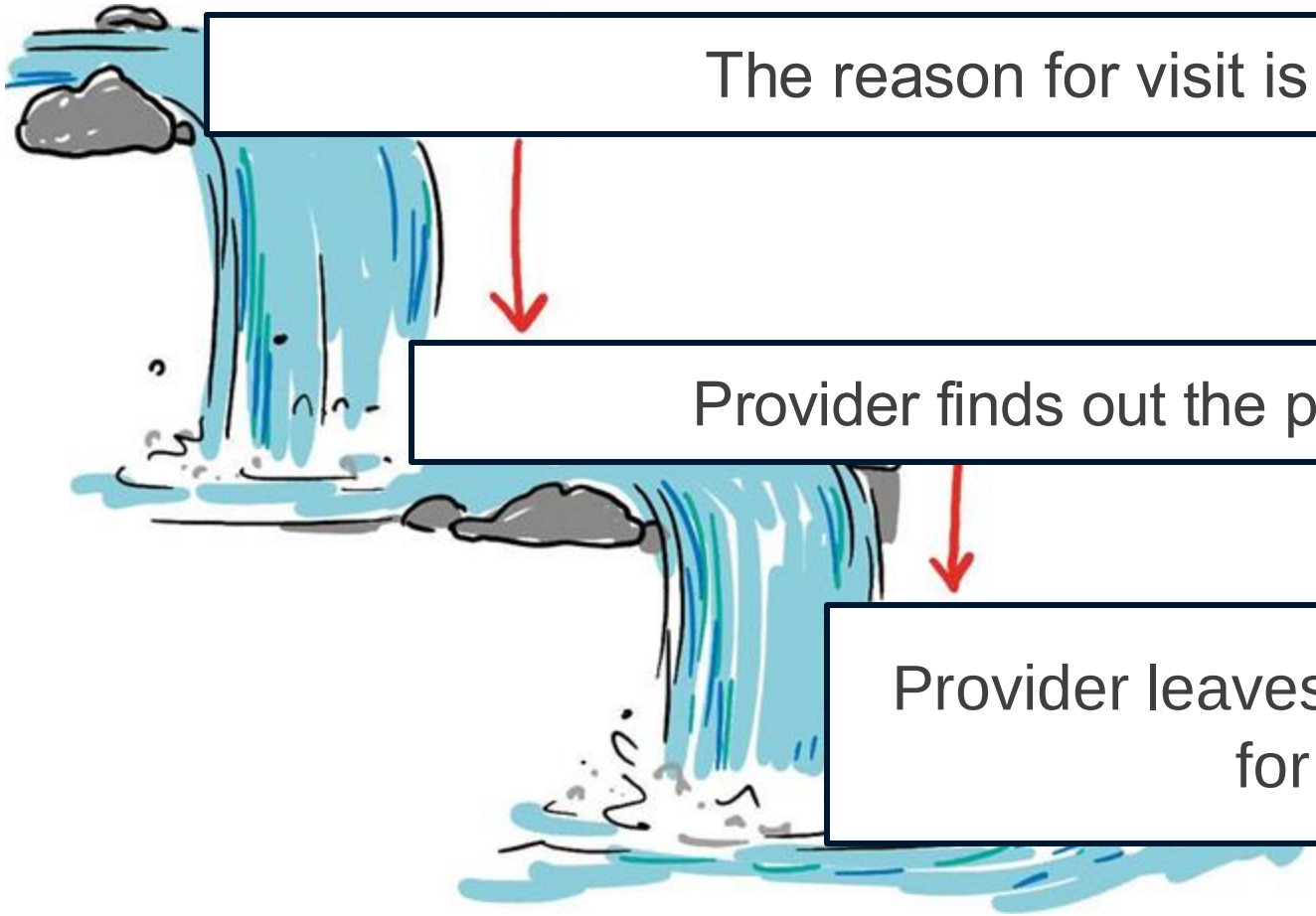
# Downstream Impact



The reason for visit is “FU”

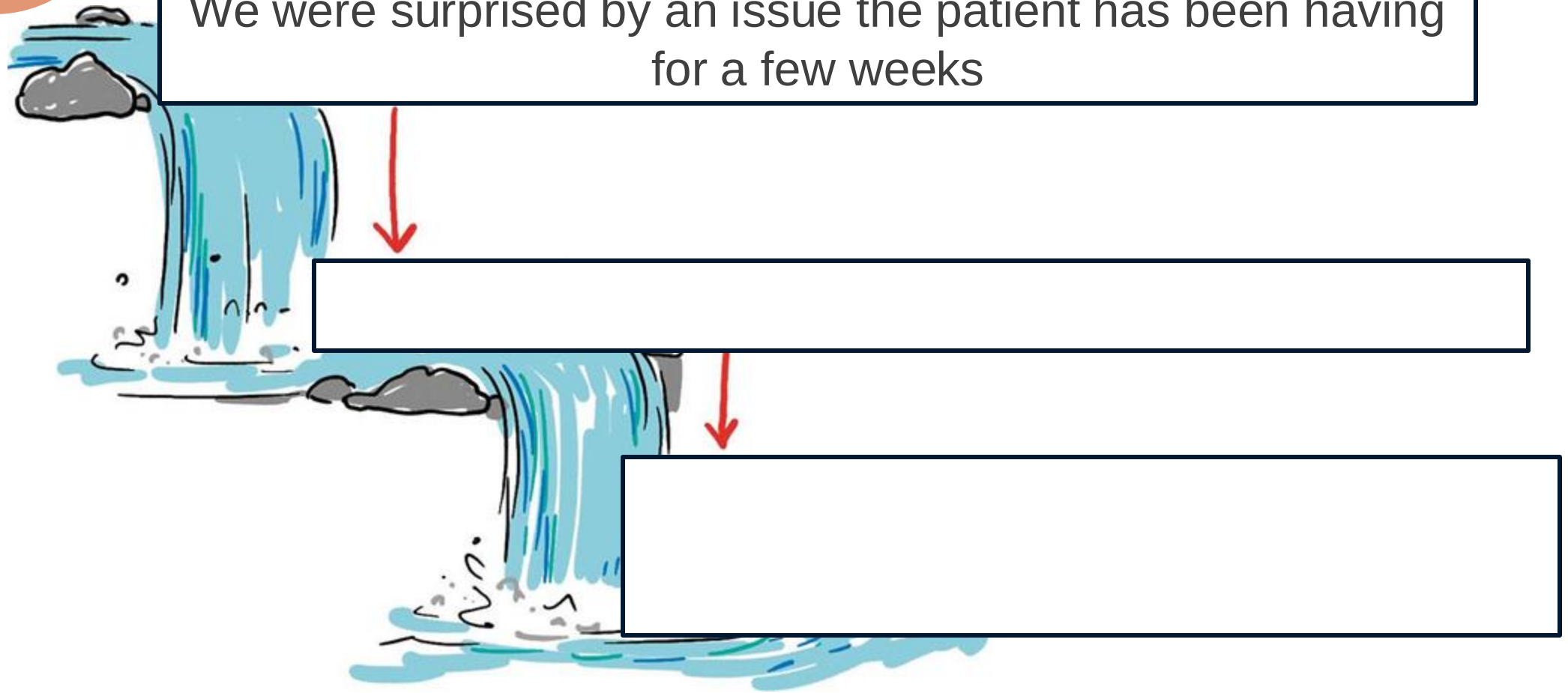
Provider finds out the patient went to…

Provider leaves the exam room to hunt for information

The patient waits and the provider falls behind

# Downstream Impact

We were surprised by an issue the patient has been having for a few weeks



Impact?





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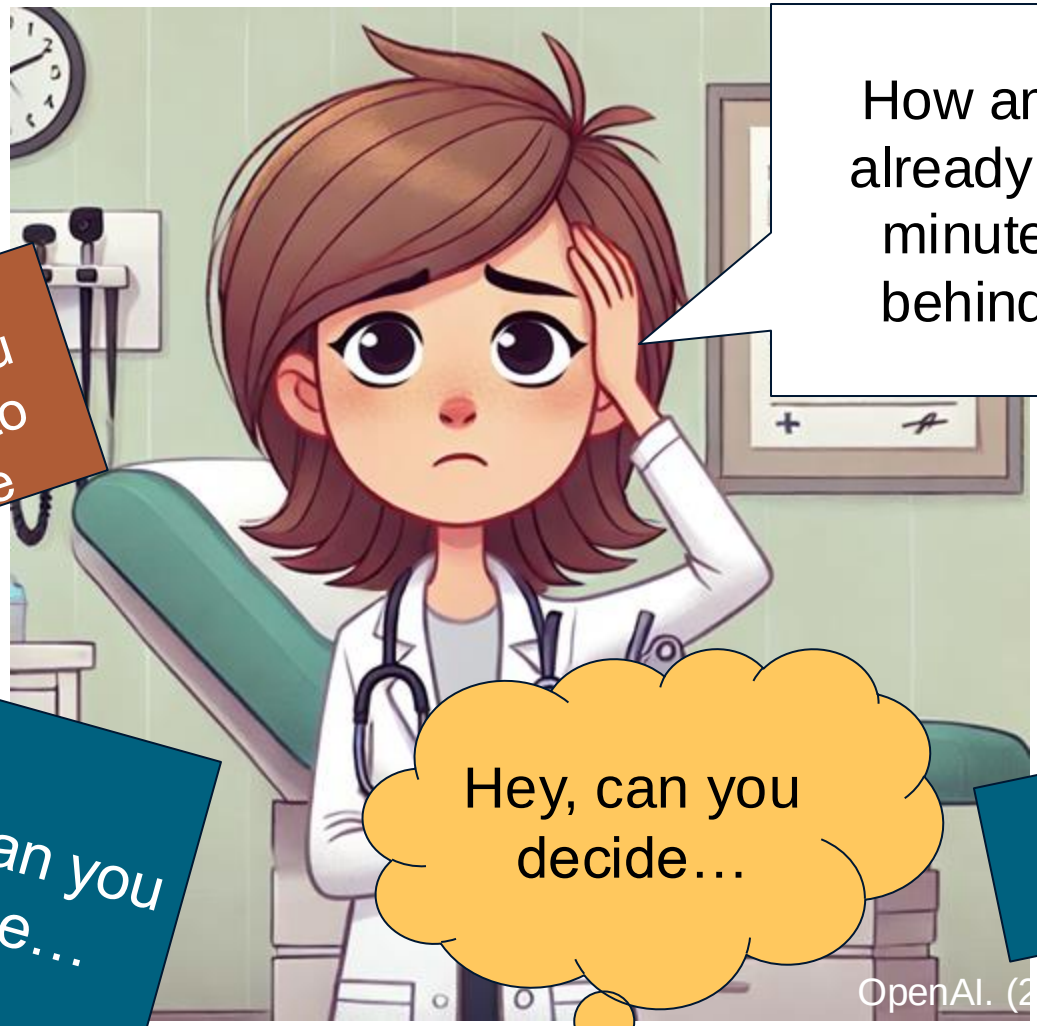
# The “Oh, Hey” Day





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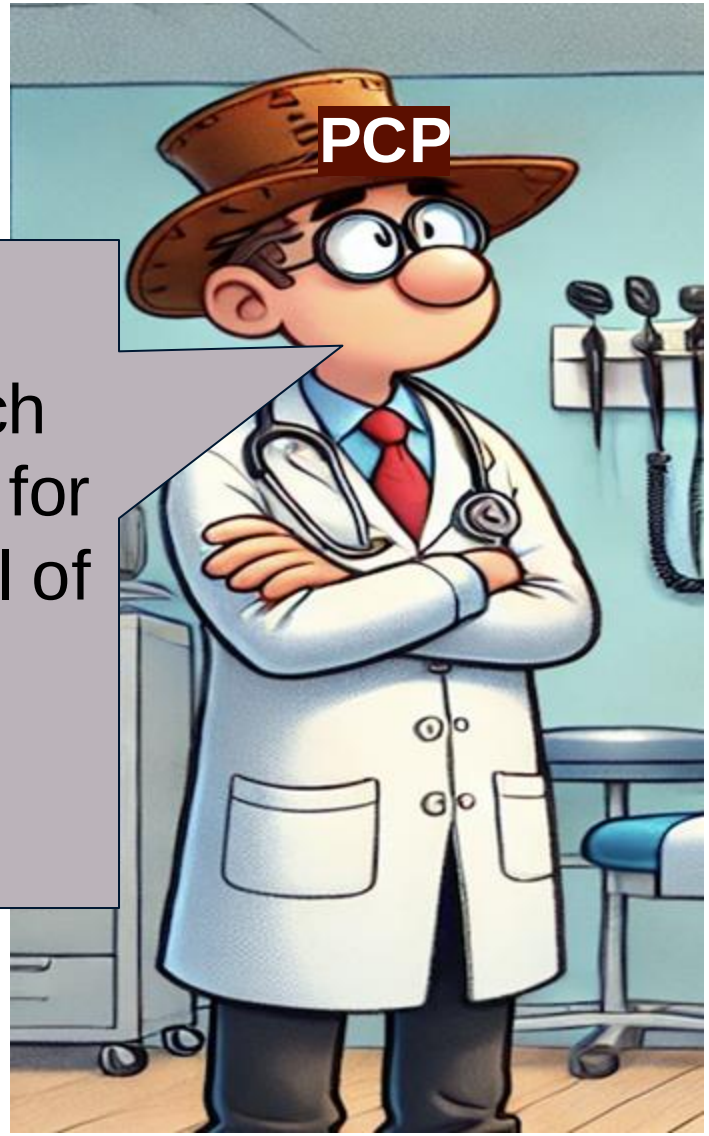
# The ‘Hat Juggler” Day

Hmmm. Which hats do I need for this patient? All of them?
Got it.









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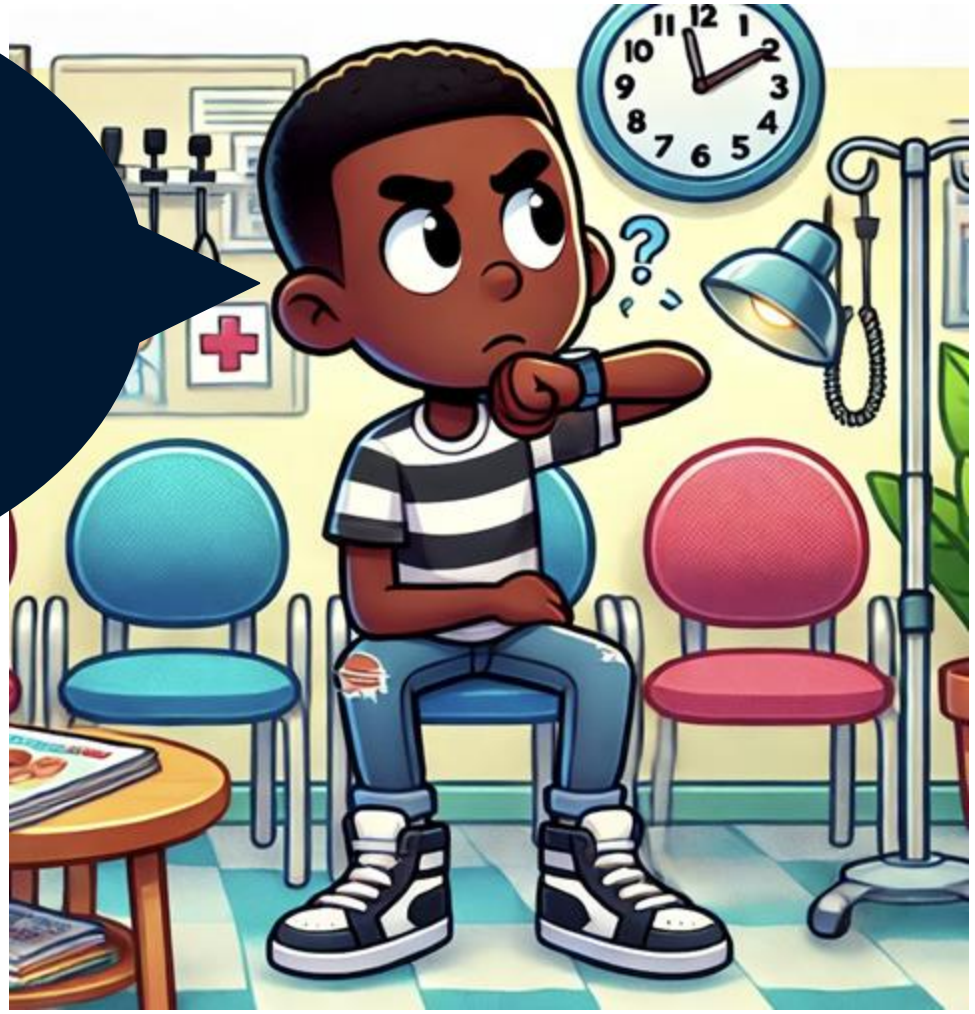
# Meanwhile, the Patient Experience…

My appointment was 30 minutes ago. I have to get back for…







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# The “Let Me Check” Day

My appointment was 35 minutes ago…


Shoot. I just lost 10 minutes apologizing. Now I can’t call those patient’s for tomorrow…





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# Turns into the “I’m Sorry” Day

I’m so sorry I’m running late…






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# The “No-Show” Day

Hi, Mrs. Jones. This is your doctor’s office. I saw you missed an appointment this morning and we are worried about you. Is everything okay?

I was there for 2 hours last time. I can’t do that. Can you ask the doctor to refill my medication?





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**It’s 5pm and I still have so many notes left. Let alone those tasks… my brain feels…**





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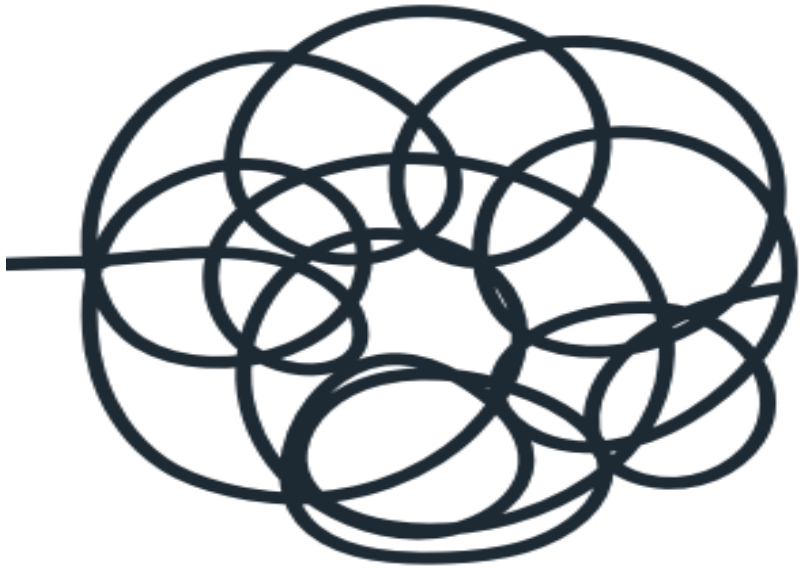
# Pajama Time



# Clinical Chaos Syndrome

This isn't sustainable. I have to protect myself. I'm going to…





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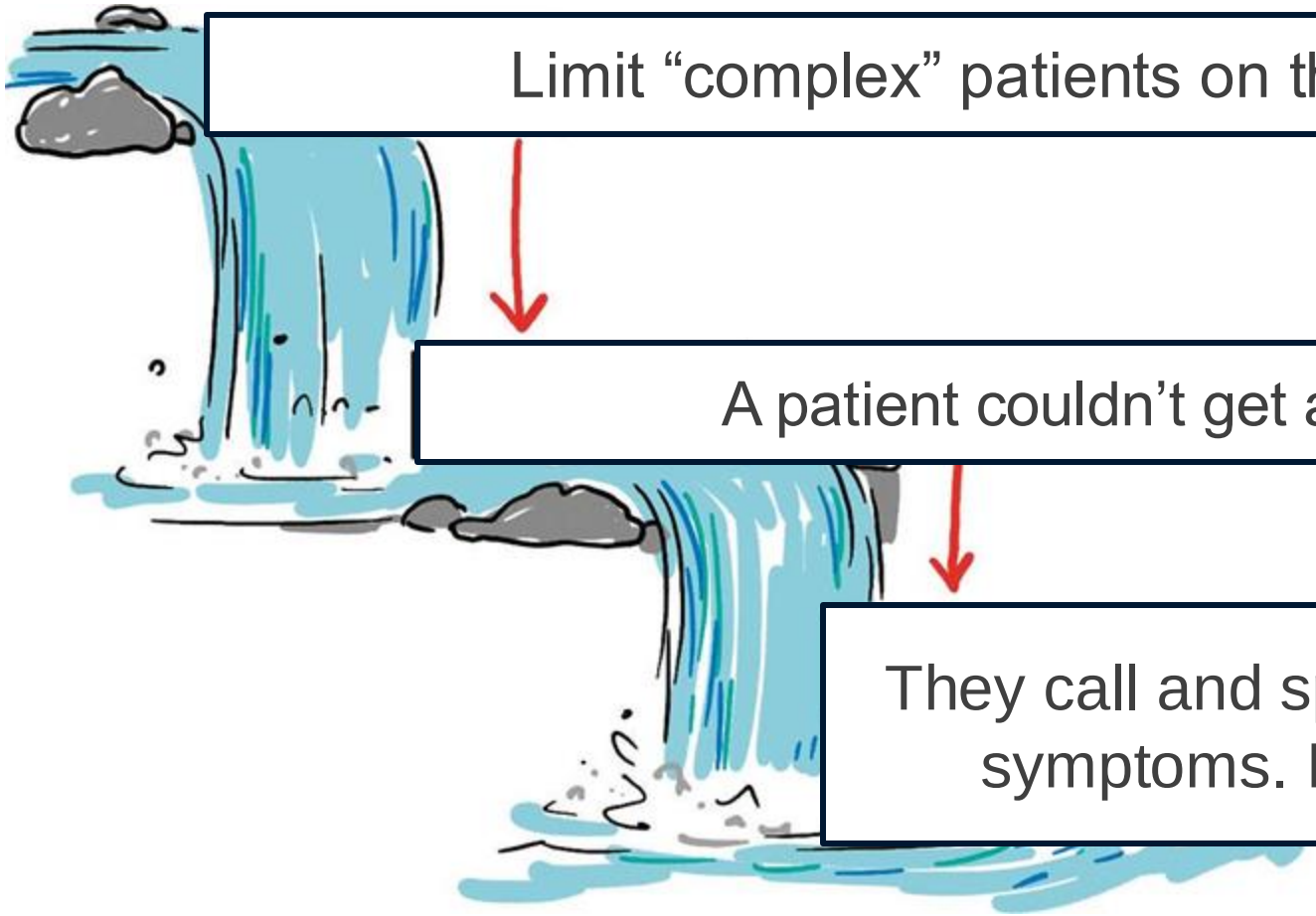
# Downstream Impact



Limit “complex” patients on the schedule

A patient couldn’t get an appointment

They call and speak to the nurse about symptoms. Provider gets a task.

More tasks perpetuates the cycle of CCS which leads to a feeling of drowning and **limits patient access.**





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# Poll Question

- Do you suffer from CCS?

- Options:
  - Yes
  - No
  - Sometimes
  - I don’t know

# CCS (Clinical Chaos Syndrome) Article

Scan me!

Or Find me on PopHealth+






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# The Day Feels Like…

# Or This...

# What if it Could Look More Like This?

# Principles of Redesign: Swim Upstream

Find me on PopHealth+

- Prepare for the Expected
- Increase Clinician Support
- Create Broad Work Roles
- Organize Patient Care Teams
- Start All Visits on Time
- Get All the Tools You Need
- Communicate Directly
- Ruthlessly Eliminate All Unnecessary Work
- Do Today's Work Today
- Don't Move the Patient
- Exploit Technology
- Match Capacity with Demand





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# Root Causes of No-Shows & Typical Access Pain Points

Let’s Dive In!





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# Question:

What is important to you when you try to access care for your family?





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# Common Responses

I want to be seen or talk to someone.

I want care from people I know and trust.

I want the best care.

I want care to be affordable and pricing to be transparent.

I want information.

I want to be listened to and make my own decisions.

I want care to work for my busy schedule.

**WHAT ELSE?**





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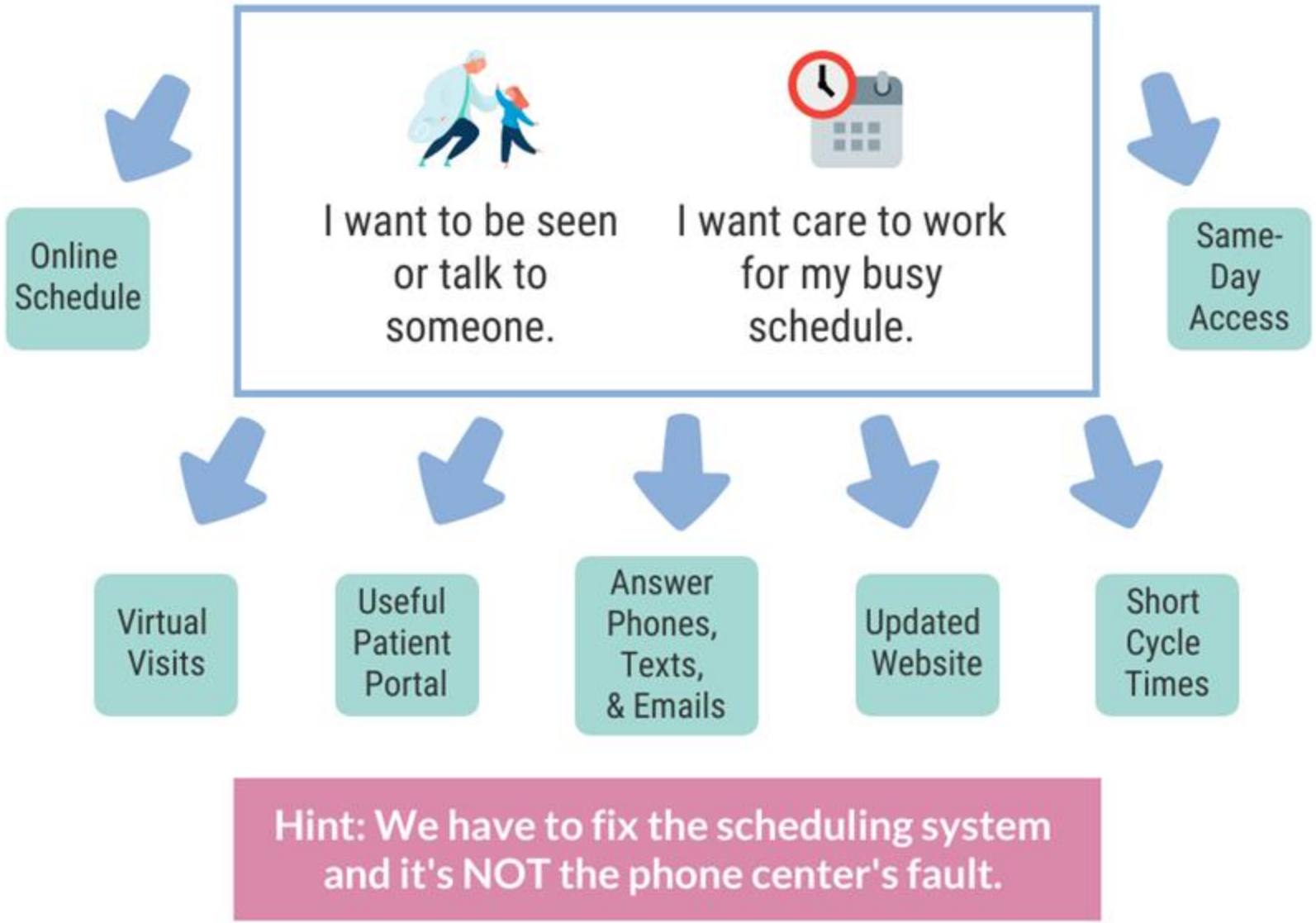
# Zooming In



# Cycle Time


**The Optimal Balance**





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# What Do Your Patients Experience When They Try to Make An Appointment?

## Try to Schedule an Appointment!





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# Breakout Instructions

You will be moved into a breakout room with new and old friends.

1. **Google** your location. Is there a phone number to call or text? Or is there an option to schedule online?
2. Discuss with your team members **what type of appointment each of you will try to make.** One new, one established?
3. **Pretend** to be a patient and **attempt to make an appointment.**
4. **Document what you discover.**
    a. How long are you on hold?
    b. What questions do they ask you?
    c. When is the next available opening?

THIS IS NOT AN EXERCISE TO CATCH SOMEONE DOING SOMETHING WRONG. THIS IS A SYSTEM CHECK.





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Peer sharing

# What did you discover when you tried to make an appointment?





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# What We Typically Hear

- “Date of birth?” is often asked before asking what the patient wants to be seen for.
- “Are you established or new?”
- “If you’re new, we’re booking out 3+ weeks from now.”
- “If you’re new, you’ll need to get your records transferred.”
- “We could get you in sooner, but not with your PCP.”
- “Call us back tomorrow at 8 am and we’ll have same days available.”

# The Patient Schedule is a “PLAN”

“Everybody’s got a plan till they get punched in the mouth.”

-Mike Tyson






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# The Myth

Demand is insatiable. Huge numbers of patients want to spend every day with us being prodded, punctured and probed when not filling out paperwork or being in the waiting room.

**(You probably need to discover for yourself that this is a myth.)**

# TNAA will be HIGH as a Result

- What is TNAA?
  - Third Next Available Appointment
  - The time between today and the third next opening in business days






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# Your Goal TNAA for Reporting

DELIVERABLE ALERT

- Definition:

"The average number of business days until third open appointment for a primary care visit."

- From a patient perspective, they want to get in 5-7 business days or less.

Twice a year, measure TNAA on the first Monday of the prior month.
•For the November 1 submission: report data as of October 1.
•For the May 1 submission: report data as of April 1.





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# What We Typically See

Jam-Packed Schedules

Many No-Shows or Late Cancels

Walk-ins and Same-days, but never as many as No-Shows

Seeing patients feels impossible.

Hard-working staff

Lackluster Productivity

**It feels like it doesn't add up.**





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# Missed Opportunities

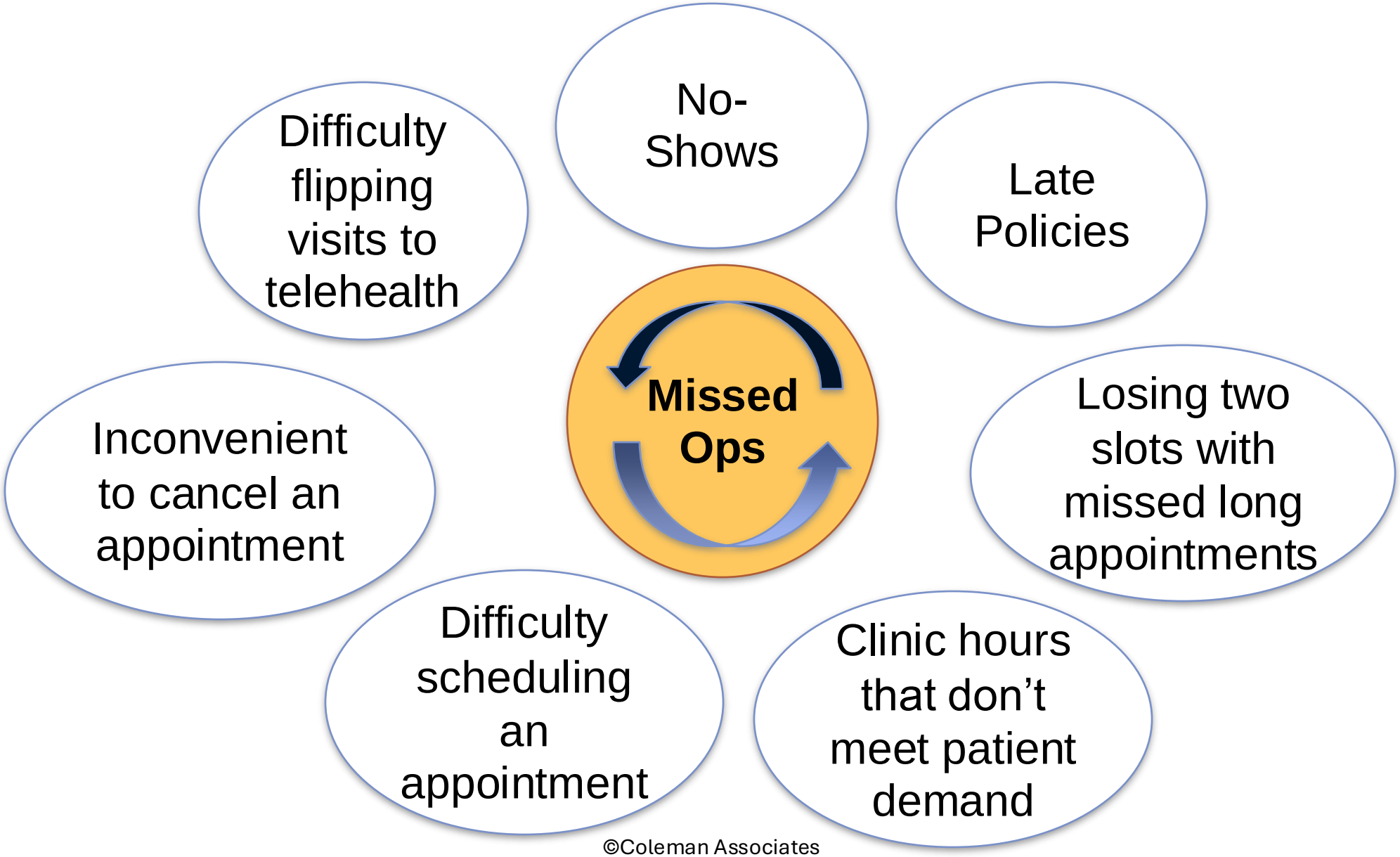
Definition:

*"Anytime an appointment slot that could have been used to see a patient, was not used."*

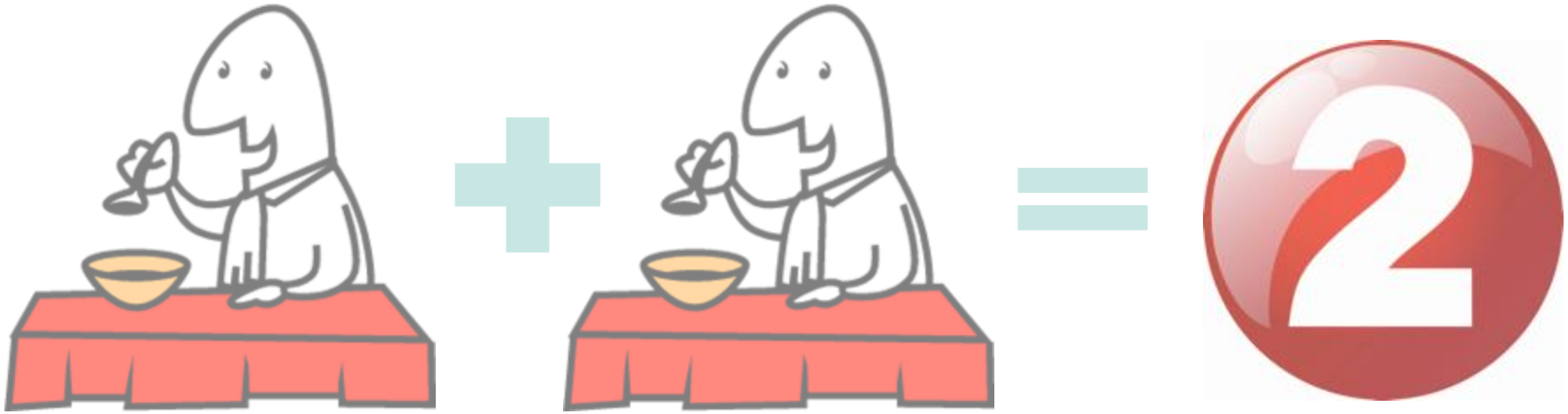
For Example:

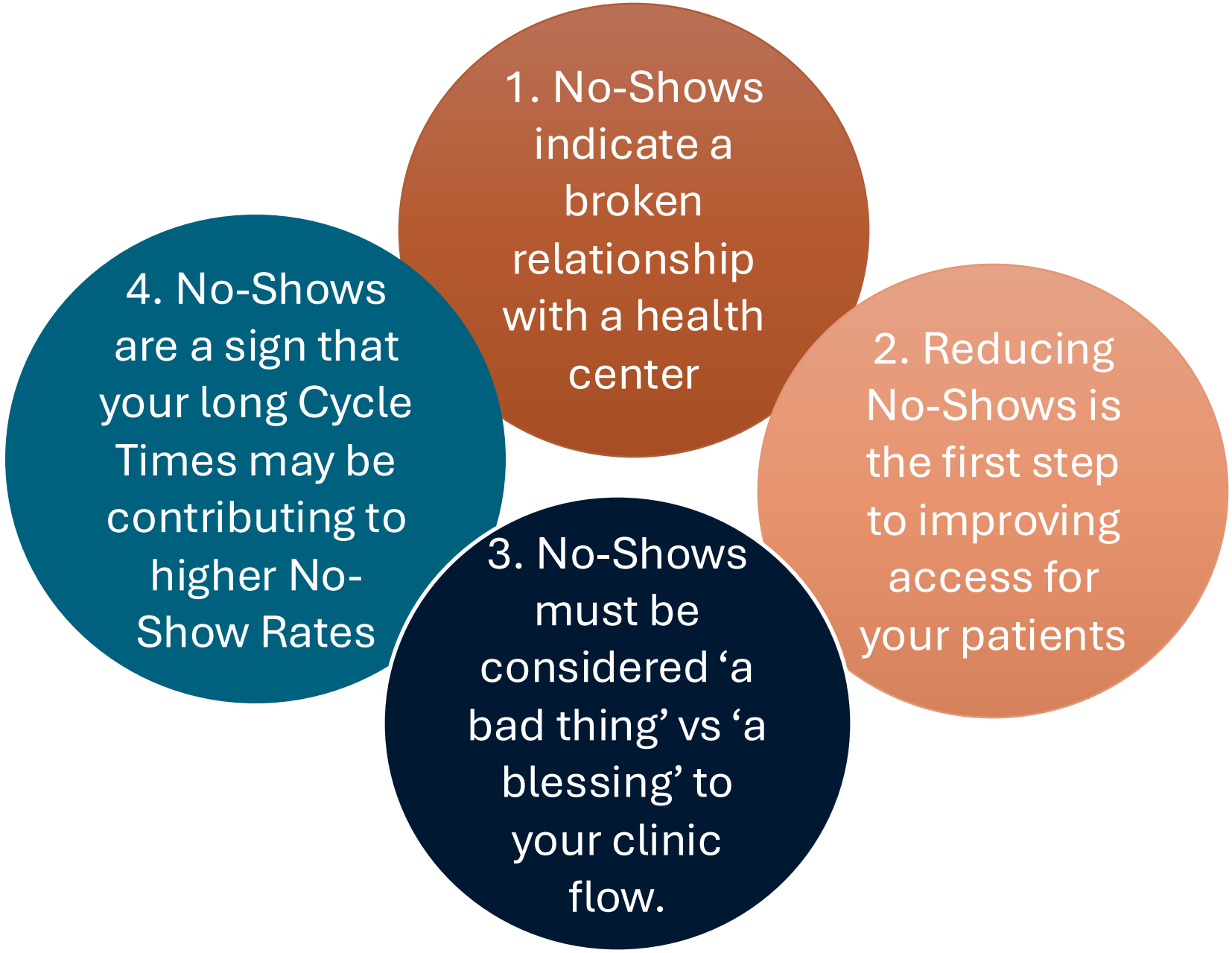
- A late cancellation that was never filled
- A No-Show
- A slot that was never booked
- Left without being seen

# Common Sources of Missed Opportunities



# Why Do We Care About No-Shows and Missed Opportunities?







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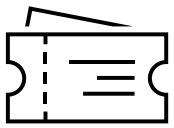
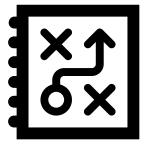
# Learning Objectives

1. Evaluate root causes of No-Shows.



2. Analyze the impact of No-Shows and discuss how to pilot virtual care solutions to improve access for patients.



3. Discuss strategies to decrease No-Shows with the goal of improving patient access to care with the current supply and maintaining patient continuity with primary care providers.

4. Experiment with Real-Time Schedule Management to improve capacity utilization and decrease Third Next Available Appointment.





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# Analyze the Impact of No-Shows & Find Solutions





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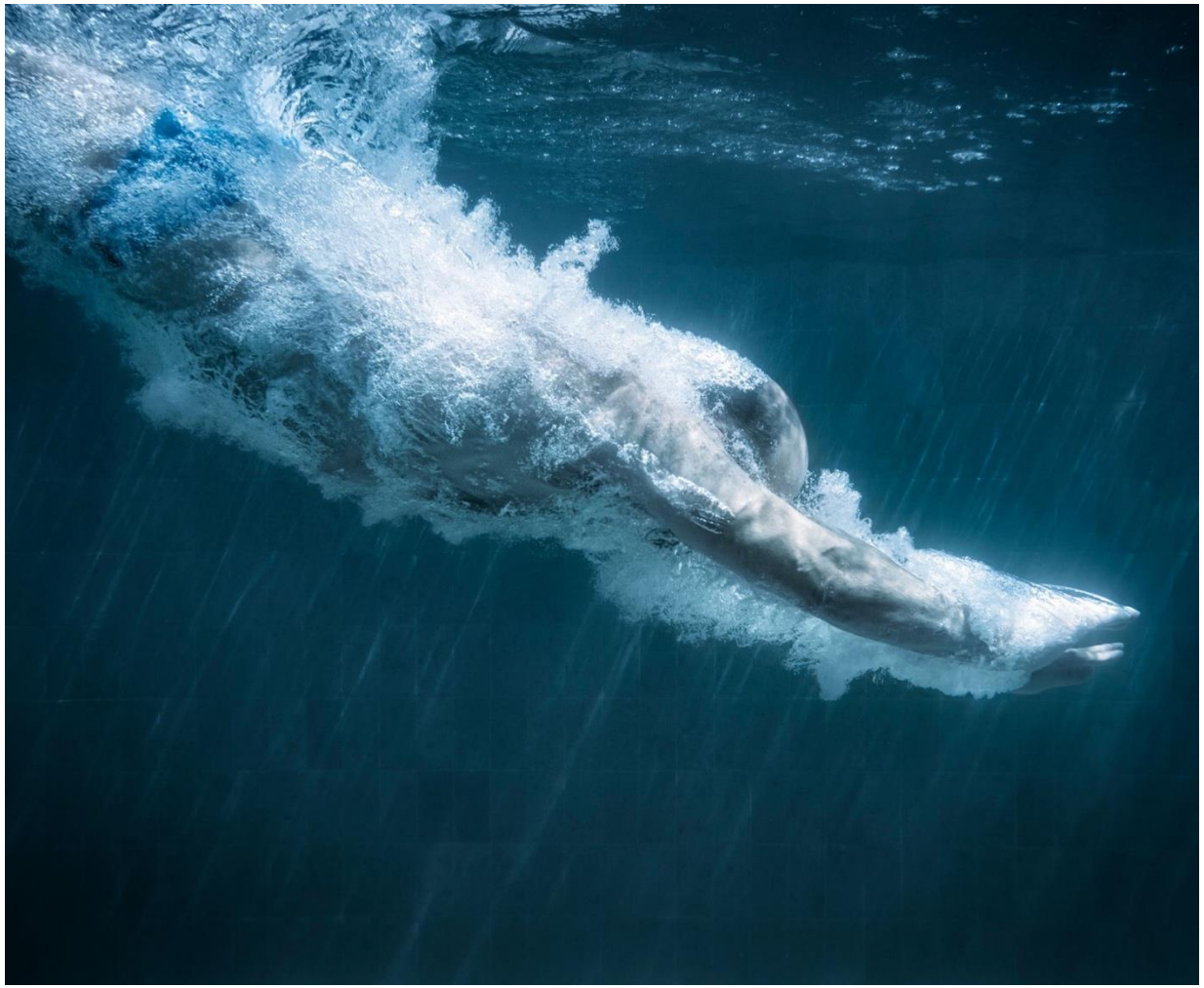
# The Impact of High No-Shows

- Patients who No-Show make for an unpredictable day
- Staff won't want to huddle or prep if a No-Show rate is above 30%
- Patients who No-Show are often the patients we need to see the most
  - You can't deliver excellent quality to the patient who isn't seeing us (virtually or in-person)

# So Let’s Dive In







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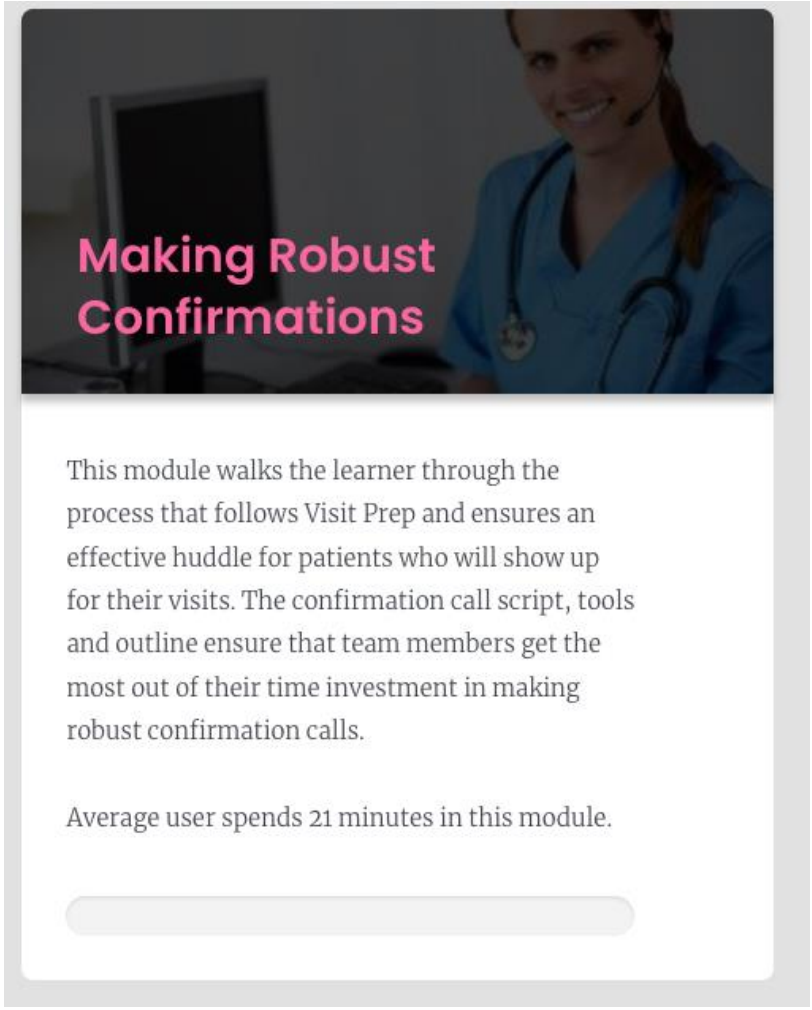
# Best Practices For Your Toolbox

## Your Toolbox

1. Making Robust Confirmations





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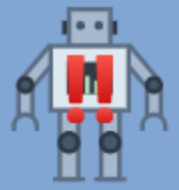
# The Quick and Dirty ⏩ Robust Confirmations

## Call and Text Patients

Get in contact with your patient 1-2 days in advance and connect human to human.



## Automate at Your Own Risk

Most of the time when a robot sends you something, you ignore or delete it. Don't believe me? Check your spam folder.

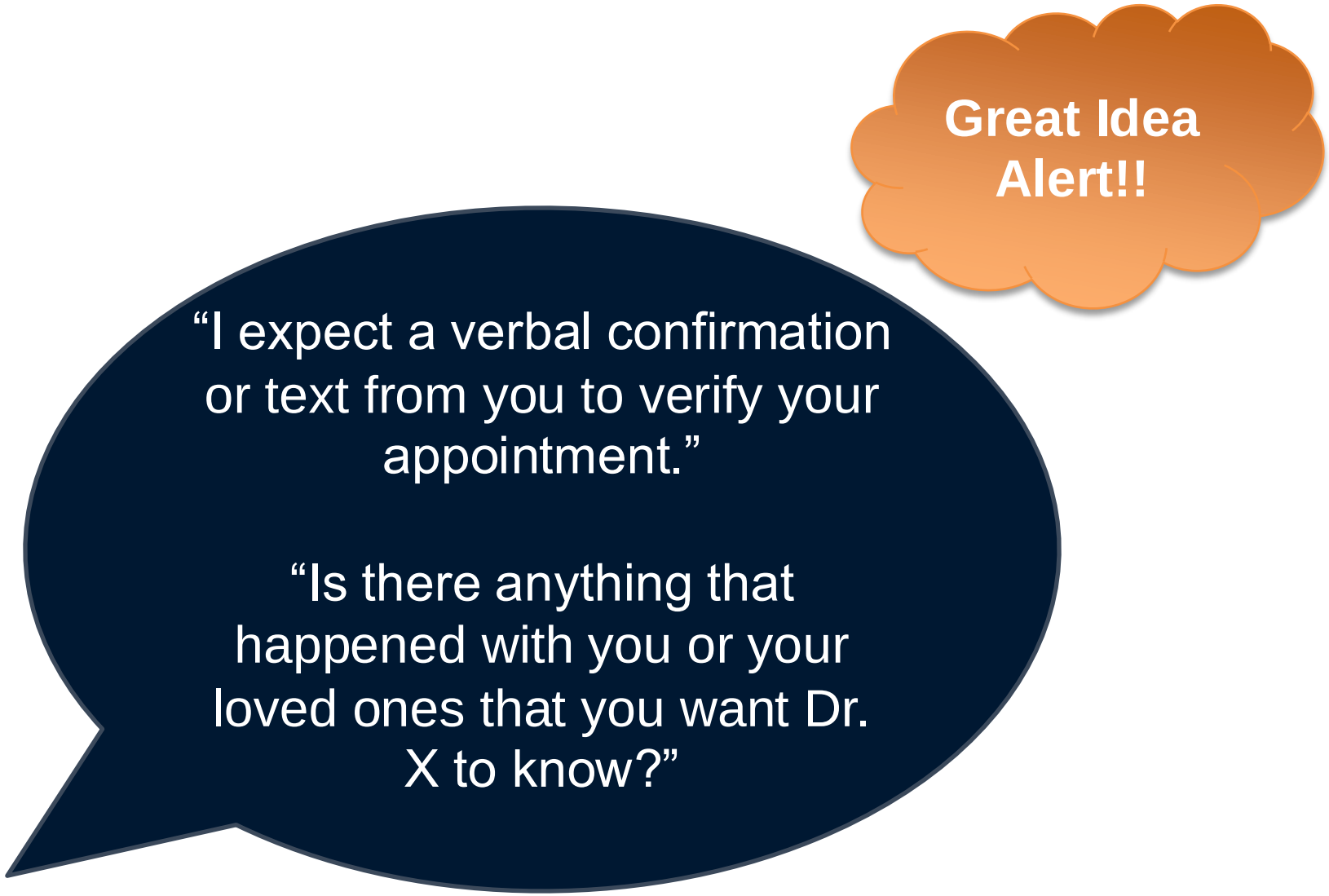
## Connect with Your Patient

No-Shows are signs of a broken relationship. To fix a broken relationship you have to build a relationship with your patients.

## Make It Worth It

Get as much information for the visit as possible, so that you and the patient have less to do when they arrive.

# A Health Center in Colorado…





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# Let’s Hear a Demonstration






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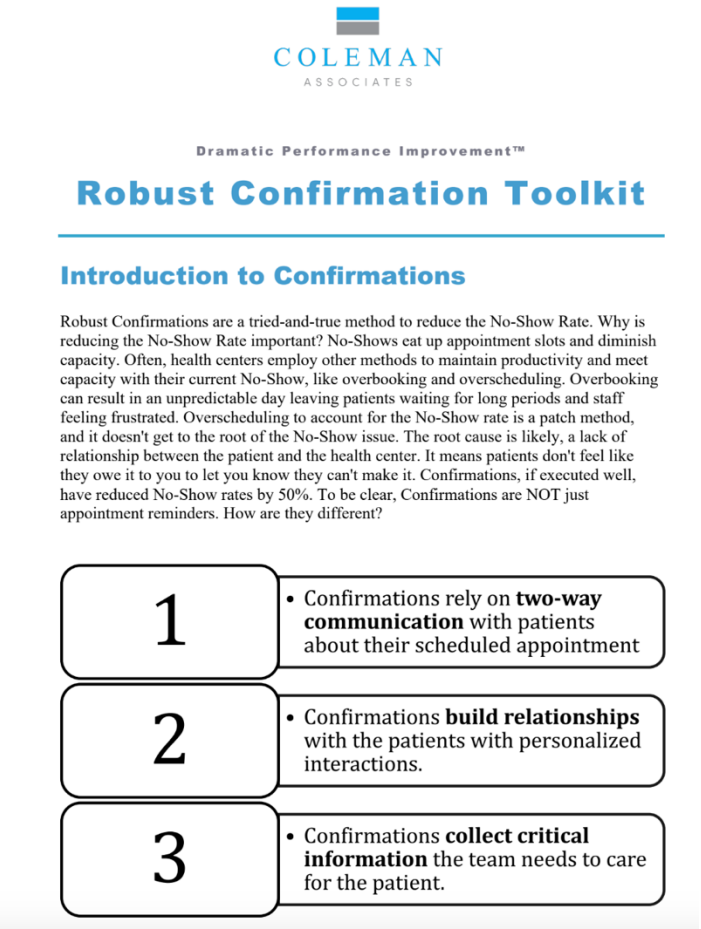
# No-Show Resources

## In Pop Health+ and Vroom™!

- Robust Confirmation Toolkit
- No-Show Playbook
- Two-Way Texting Guide



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Dramatic Performance Improvement™

**Robust Confirmation Toolkit**

**Introduction to Confirmations**

Robust Confirmations are a tried-and-true method to reduce the No-Show Rate. Why is reducing the No-Show Rate important? No-Shows eat up appointment slots and diminish capacity. Often, health centers employ other methods to maintain productivity and meet capacity with their current No-Show, like overbooking and overscheduling. Overbooking can result in an unpredictable day leaving patients waiting for long periods and staff feeling frustrated. Overscheduling to account for the No-Show rate is a patch method, and it doesn't get to the root of the No-Show issue. The root cause is likely, a lack of relationship between the patient and the health center. It means patients don't feel like they owe it to you to let you know they can't make it. Confirmations, if executed well, have reduced No-Show rates by 50%. To be clear, Confirmations are NOT just appointment reminders. How are they different?

| | |
|---|---|
| 1 | • Confirmations rely on **two-way communication** with patients about their scheduled appointment |
| 2 | • Confirmations **build relationships** with the patients with personalized interactions. |
| 3 | • Confirmations **collect critical information** the team needs to care for the patient. |





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# No-Show Resources


Listen to the Innovation Podcast for more ideas.

Use the No-Show Playbook.

## The No-Show Playbook

The Coleman Associates' No-Show Playbook is a strategic guide for organizations, offering a set of proven tactics to effectively reduce no-show rates. Inspired by the success of clinics achieving rates below 10% through Coleman programs, this playbook provides actionable plays akin to coordinated actions in football, allowing teams to progress toward their goal of minimizing no-shows. Keep the playbook accessible during your No-Show reduction journey, try out different plays, check their effectiveness, and adapt or create new plays to suit your specific settings.

### The Quick Victory

Set your overall No-Show reduction goal at 50% in 4 weeks. Set interim goals for each week of the next four weeks. If someone tries to water down the goal of reducing No-Shows, passionately defend your bold goal of cutting the No-Show Rate by 50%.

### Beauty is in the Eye of the Beholder

Remind yourselves why you're here. Keep a patient-centered attitude at the heart of all work. Remember, patients don't No-Show us in a vacuum. It's the processes, not the patients, that are the problem.

### Domo Arigato, Nix the Roboto

Patients (and most people) are often sick of automated texts, calls, and emails. Reach out to patients, person to person, to talk about their upcoming appointments.

### The Go Deep

For patients with lots of No-Shows or who hard confirm and still No-Show, interview them! Pick up the phone (or text) and ask them:

- Can you tell me why you missed your last appointments?
- How can we help you keep your next appointment?

Report the findings back to the team. Remember, patients miss appointments for many reasons, many of which are because of things we could do better.



**Presented as part of EPT Technical Assistance**



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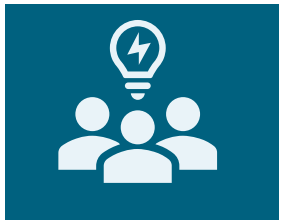
take a
break

# Breakout Instructions



BREAKOUT ROOM ALERT

You will be moved into a breakout room with new and old friends.

1. Consider your Missed Opportunity **pain points.**
    a) **What No-Show Rate** did you find in your prep work? Do most of your Missed Opportunities come from No-Shows or other reasons.
2. **Make a plan to cut the Missed Opportunities in half.**
    a. If it's a No-Show Problem- Focus on reducing No-Shows with the **No-Show Playbook.**
    b. If it's another Missed Opportunity problem- Focus on reducing "FUs" with the **Robust Confirmation Toolkit.**

# Let's Debrief


- What are your plans in the next two weeks to reduce Missed Opportunities?
- How will you measure your success?





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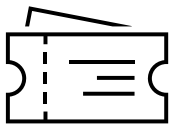
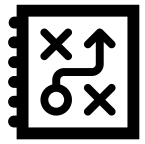
# Learning Objectives

1. Evaluate root causes of No-Shows.



2. Analyze the impact of No-Shows and discuss how to pilot virtual care solutions to improve access for patients.



3. Discuss strategies to decrease No-Shows with the goal of improving patient access to care with the current supply and maintaining patient continuity with primary care providers.

4. Experiment with Real-Time Schedule Management to improve capacity utilization and decrease Third Next Available Appointment.





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# Experiment with Real-Time Schedule Management

## Jockey-ing the Schedule





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# Remember, the Patient Schedule is a “PLAN”

“Everybody’s got a plan till they get punched in the mouth.”

-Mike Tyson






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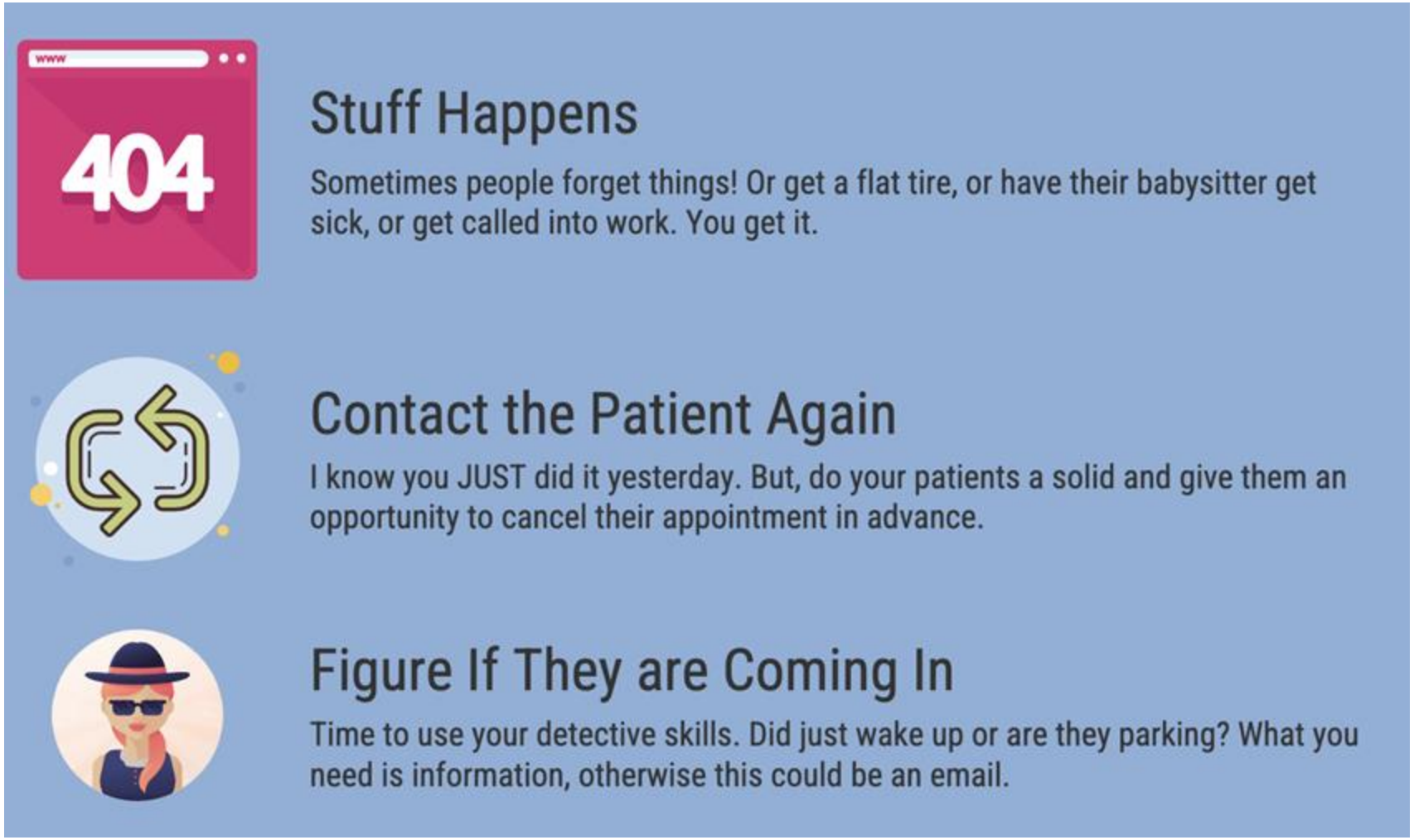
# How Often Does the Schedule Go According to Plan?

# The Quick and Dirty ⏩ Jockey-ing Calls and Texts





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# Jockey the Schedule: “A How-To”

Call or text No-Shows immediately at or just before the appointment time (Jockeying call). Reschedules create open slots.

Protect open slots by moving early arriving patients into about-to-expire slots.

Allow front desk/phone staff to fill open slots.

Jockey-ing is based upon trust and communication front to back.

# Jockey-ing Texts

- Some people start the day and pull in AM patients you've already confirmed
- Shoot them a template text/campaign that says, "I just wanted to double-check you're still coming today!"
- 5 mins in advance, text them that you're looking for them and ask if they're running on time.
- "I'm Adrienne, I'm wearing the white shirt, you can come find me when you arrive."

How can you test this?






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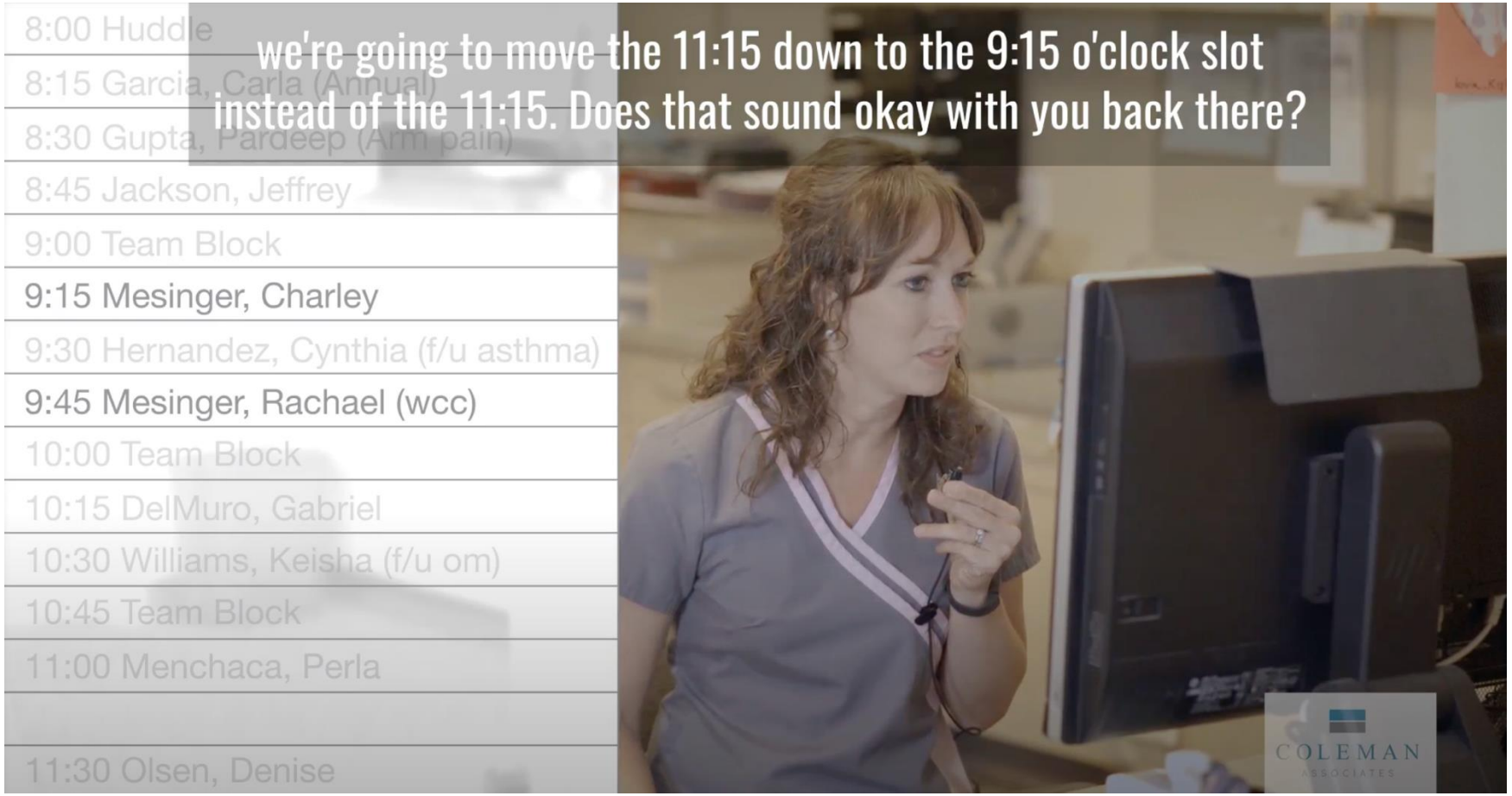
# Let’s Watch a Quick Demonstration





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# Great Idea Alert!

## Supernova NOMOs

Ways to Prevent Missed Opportunities

- ❑ Call/Text 15-20 minutes before appointments
- ❑ Outreach Patients to fill the schedule:
  - ❑ Patients scheduled for later that day.
  - ❑ Patients scheduled for a similar time tomorrow or later in the week.
  - ❑ Patients who wanted to be seen earlier
  - ❑ Patients overdue for care
  - ❑ Patients with recent hospital/ED visits
  - ❑ Patients due for quality measures

# A Health Center in Colorado…


## A NOMOs Sheet

| Appt Time | Pt Name who HAS Appt | Backup Patients Who NEED Appts | Backup Patient Phone # & Notes |
|---|---|---|---|
| 8:00 am | G. DelMuro | A. Wong | 303-444-2156 review lab results |
| 8:15 am | H. Sanghera | A. Gonzalez | 333-452-1122 Diabetic, glucose monitor check |
| 8:45 am | M. Stratman | P. Pascal | 212-445-9827, HTN, Check on BP monitoring |
| 9:00 am | A. Mann | B. Pitt | 421-222-9438 Check in on anxiety med and behavior |





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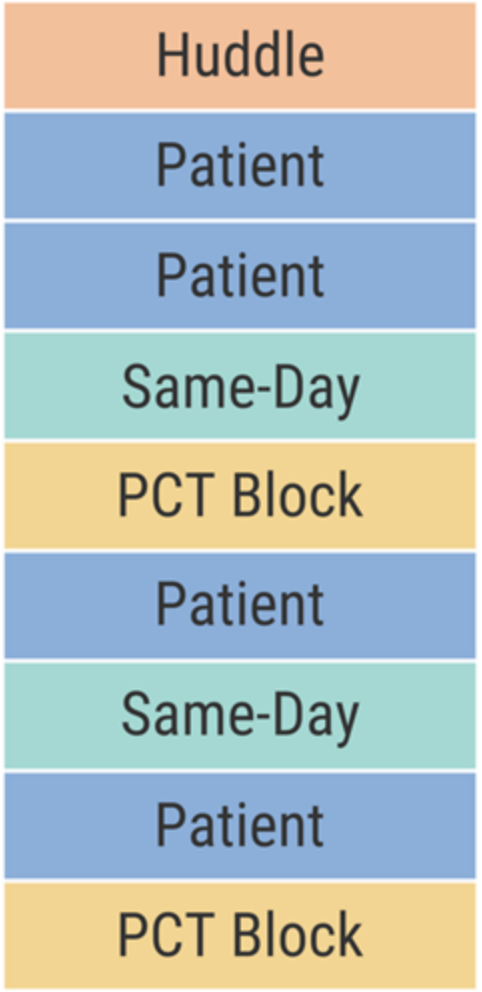
# The Quick and Dirty ⏩ Simplified Patient Scheduling

## SPS Guidelines:

1. Any patient can go in any slot for any reason
2. All slots are the same length
3. No Indiscriminate Double-Books
4. Same-Days are for the Same-Day
5. The Patient Care Team Blocks are for the Patient Care Team.



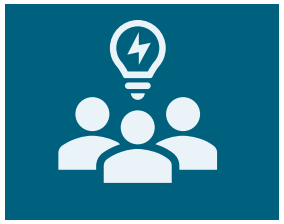

You'll Learn More about this in February!

# Other Ways to Reduce Missed Ops

Losing two appointment slots when a 40 or 60- minute patient No-Shows or isn't filled

Can you change your schedule template or shorten potential No-Shows to shorter visits?

# Breakout Instructions



BREAKOUT ROOM ALERT

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1. Consider your **Missed Opportunities pain points**.
    a) Do you know what your current **Capacity Utilization is?**
2. Make a plan to increase your Capacity Utilization.
    a. Discuss a plan to **try Jockey-ing.**
        a. Can you text patients?
        b. Can you call patients 10 minutes before the appointment?
        c. Who will do it?

# Let's Debrief


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- How will you measure your success?





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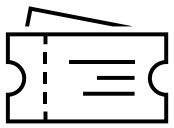

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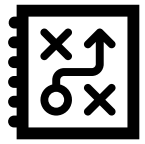

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# Next Time

- Schedule Simplification Strategies
- Cluster Tactics
  - Low Demand Tactics to improve Capacity Utilization
  - High Demand Tactics to reduce TNAA
- Troubleshooting Jockey-ing & No-Shows


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**Presented as part of EPT Technical Assistance**

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Photo by Simone Secci on Unsplash

# We've Got Options!

**CEs**

- **CMEs** for MDs,CMEs for MDs, DOs, and PAs
- **CNEs** for Nurses
- **ADA CERP** for DDS and RDH
- **ACEs** for SWs
- **CPEs** for PharmDs

**CEUs**

For Anyone Else!





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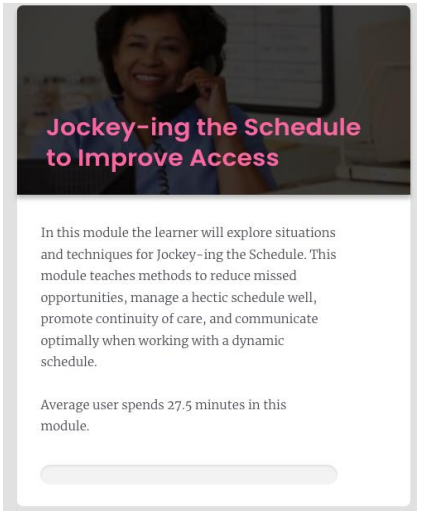
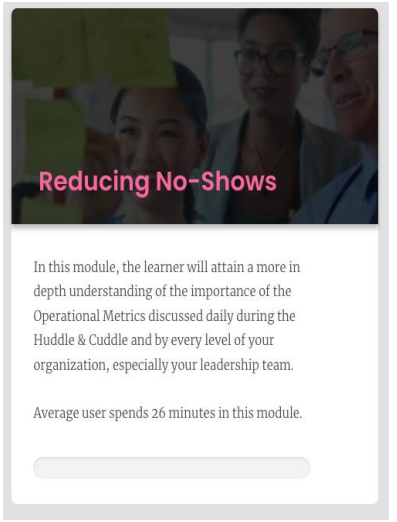
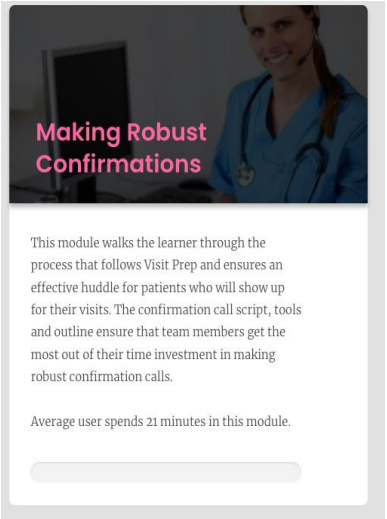
# Vroom!™

- After today, there are Vroom!™ Modules you can access to support your learning.
  - Access them through PopHealth+ under the “Access Building Block, Module 1”
  - Set your password for Vroom!™ (note this is a different login than PopHealth+ but you can access it through PopHealth+ and set a similar password)
  - Modules to take:
    - Jockey-ing the Schedule
    - Reducing No-Shows
    - Making Robust Confirmations





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