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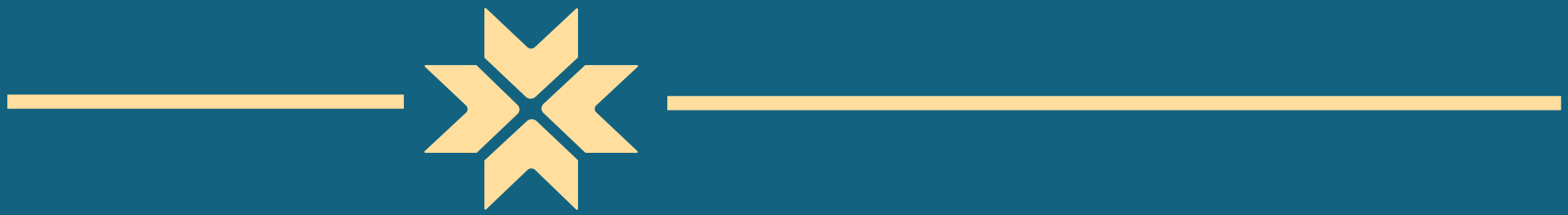
EPT Learning Community, Access Track

February 11, 13, 24, 2025

Agenda

1. Welcome
2. Where we are in EPT
3. Advanced schedule management strategies to enhance capacity utilization and access to care, presented by Coleman Associates
4. Wrap up & evaluation

State of the State



Welcome

While we're waiting, please:

Rename yourself

1

Click the Participants icon

2

Hover over your name & click Rename

3

Add your name, practice, and pronouns.

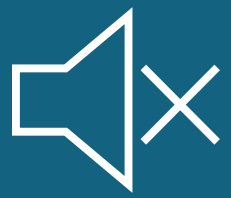
4

Click OK

If you connected to the audio using your phone

- Find your participant ID; it should be in the top left of your Zoom window
- Once you find your participant ID, press: #number# (e.g., #24321#) to connect your audio and video
- The following message should briefly appear: "You are now using your audio for your meeting"

Housekeeping Reminders



Mute

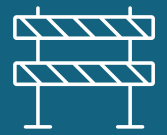
We will mute lines during the presentation to prevent background noise

Questions

Submit questions using the chat feature

Slides + Recording

Slides and recording will be posted PopHealth+



Tech Issues

Private chat Alejandra Vargas-Johnson for assistance

Why Focus on Access?

Access to primary care is associated with improved outcomes, including for early detection and treatment of disease, chronic disease management, and preventive care.[1]

Getting patients in the door is the first step to being able to provide high quality, evidence-based care to meet medical, social, and behavioral health needs.

10-business days is the CA standard for timely access to primary care,[2] and the EPT Third Next Available Appointment (TNAA) benchmark. 60% of EPT practices met the 10-business day TNAA benchmark in Nov 2024.

May 2025 Deliverables

We will release templates and rubrics for these in February on our Milestones page. EPT practices can also submit any November 2024 deliverables that were not successfully submitted.

Category	Milestone	Deliverable
PhmCAT	**Complete year 2 PhmCAT**	Assessment
Data to Enable Population Health Management	**Data implementation plan:** Develop implementation plan for addressing data and technology gaps and transforming practice operations to support development of KPIs. Plan must include steps for implementing these three strategies: 1. Identifying and outreaching to the assigned but unseen population 2. Using gaps in care reports that include practice and MCP data 3. Data exchange with 2 external partners, at least 1 of which is a Qualified Health Information Organization (QHIO) Note: Before completing this Milestone, the team needs to have submitted Milestone 4: Data governance and HEDIS reporting assessment	Implementation Plan
Stratified HEDIS-like measures	**Stratify HEDIS-like measures:** Submit report that includes HEDIS-like measures applicable to selected population of focus stratified by race and ethnicity and at least one additional characteristic: primary spoken language, sexual orientation, gender identity, housing status, payer, or disability.	Stratified HEDIS-like measures
Key Performance Indicators (KPI)	**Submit KPI Updates:** Empanelment, Continuity, and Third Next Available Appointment Note: achievement/improvement must be sustained over two consecutive submissions or met in the final submission.	KPI Report

EPT Technical Assistance (TA): January – May 2025

May 2025 Deliverables Template Review Sessions

- February 20 and March 7
- These sessions will focus on reviewing the May deliverables templates and answering questions from practices

EPT Office Hours – Data Implementation

- Weekly starting February 26 @ 1:00 pm - 2:00 pm
- These sessions will offer support for completing May data implementation deliverables

PhmCAT Support Sessions

- March 5, March 19, April 2
- These sessions will answer questions related to completing the year 2 PhmCAT submission

Access Office Hours with Coleman Associates

- Twice a month starting February 27
- These sessions will continue to provide support and address questions related to Access

To Be Scheduled: PoF User Groups

- Each PoF will meet with clinical and data experts.

Sign up on the Learning Center's Events Calendar! Upcoming dates are published in the EPT weekly newsletter.

Looking Forward: 2025 EPT Overview

Jan - April 2025

May Deliverables Templates Released (Feb)

Data Integration and Stratification

Using Data to Uncover Inequities

May 2025

Milestones

Data Implementation Plan

Stratified HEDIS-Like Measures

KPIs: Empanelment, Continuity, TNAA

Year 2 PhmCAT

Jun-Oct 2025

Disparity Reduction Planning

Clinical Guidelines

Enhanced Outreach

Care Team Optimization

Pre-visit planning

Remaining Deliverables Templates Released (June)

Nov 2025

Milestones

Disparity Reduction Plan

Care Team Assessment and Implementation

Adopt Clinical Guidelines

Implement Outreach and Engagement

Implement Pre-Visit Planning

Data Implementation Progress Report

All Practice and MCP KPIs

Dec 2025

BH & Social Needs Screening, Linkage

VBP Readiness

Milestone: Year 3 PhmCAT

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Looking Forward: 2026 EPT Overview

Jan 2026 – April 2026

BH & Social Needs Screening, Linkage

VBP Readiness

May 2026

Milestones

Implement BH Screening and Linkage

Health Related Social Needs Screening and Linkage

Value Based Payment Assessment

All Practice and MCP KPIs

Year 3 PhmCAT

Jun – Oct 2026

QI and Sustainability

Nov 2026

Milestones

All Practice and MCP KPIs

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Presenters from Coleman Associates

Amanda Laramie
Chief Operating Officer, Process Re-designer & Trainer

Adrienne Mann
Chief Innovation Officer, Digital Process Re-designer & Trainer

Brizzia Burgos
Logistical Team Coordinator & Vroom!™ Administrator.

Gabriel Del Muro
Process Re-designer & Trainer

Melissa Stratman
Chief Executive Officer, Process Re-designer

Let’s keep it interactive!

Please turn cameras on. This will help us better engage with one another.

Use the chat and participate in discussions. It would be great if we hear from everyone at least once!

Take care of yourself. Take breaks, stretch, and let us know if you need support.

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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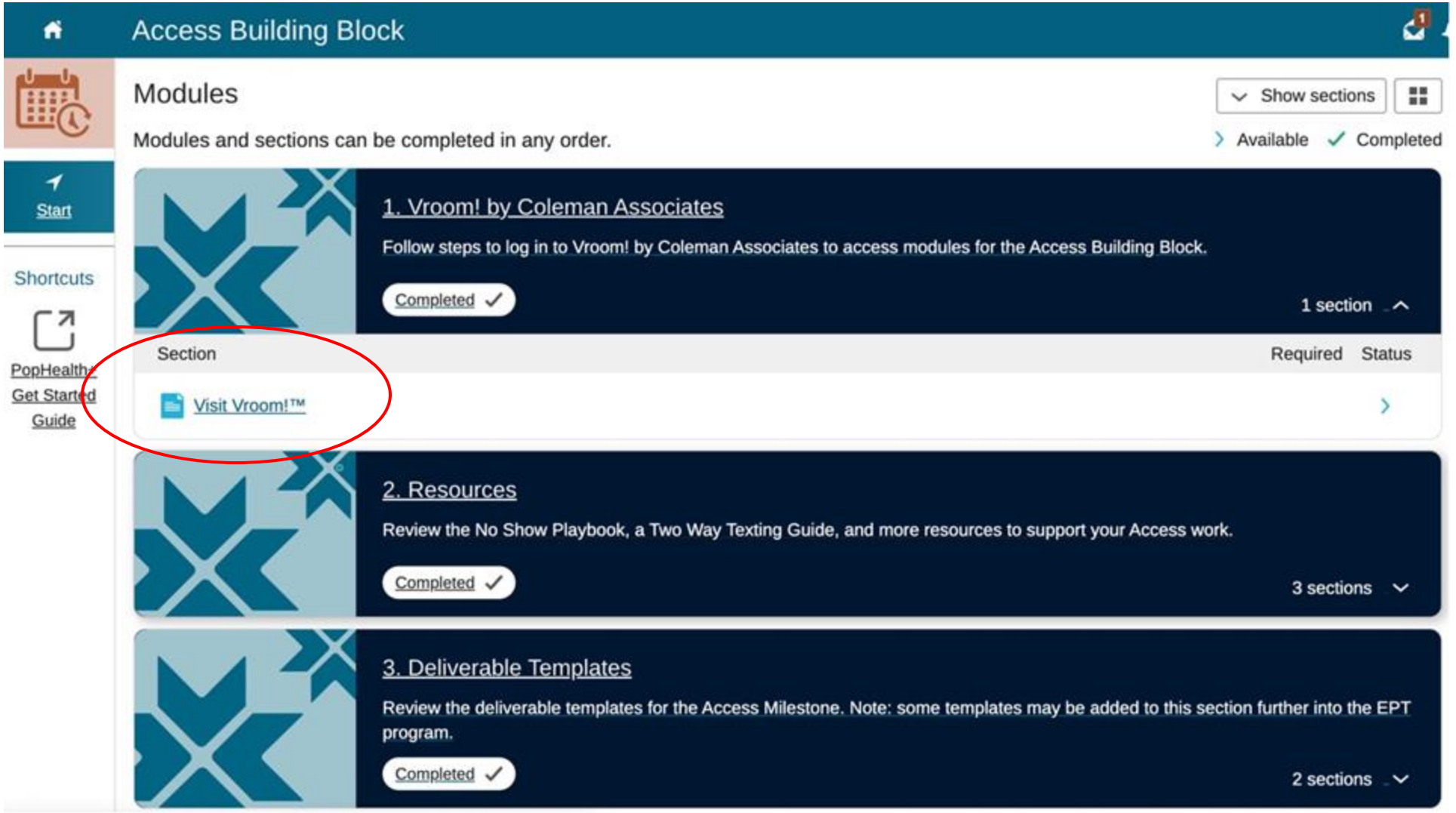
PopHealth+ Access Resources



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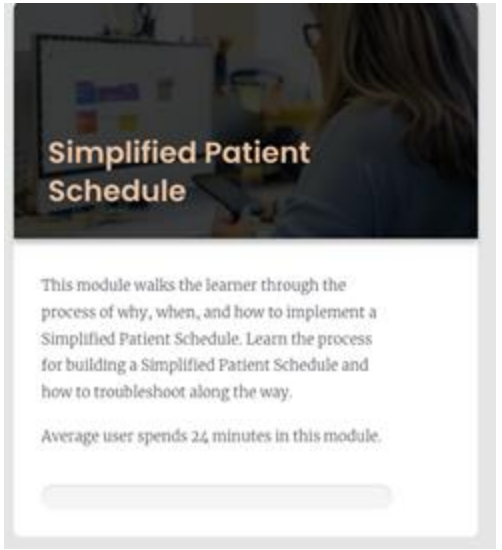
Vroom!™

- 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:
    - **Scrubbing and Raking**
    - **Phone System Management:**
      - **A Patient Lifeline**
    - **Simplified Patient Schedule**



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Learning Objectives

1. Conclude which schedule management tactics work best for them to improve capacity utilization and access to care.

2. Learners will be able to evaluate and determine which strategies are most applicable to their site and service lines based on their demand & their supply to increase capacity utilization.

3. Design and trial a new schedule template to improve patient access and maintain goal continuity to care.

4. Develop communication tactics to use with colleagues to engage them in schedule template changes to ensure adoption.

Diversity Statement

Coleman Associates does not and shall not discriminate based on race, ancestry, place of origin, color, ethnic origin, citizenship, creed, religion, gender identity, sexual orientation, age, marital status, same-sex partnership status, family status, or disability, in any of its activities or operations. These activities include but are not limited to, staffing decisions and provision of services. We are committed to providing an inclusive and welcoming environment for all staff members, clients, subcontractors, and vendors.

Conflict of Interest Disclosure

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

Name	Names of Companies and Nature of Relationships
Adrienne Mann	No relevant financial relationships.
Amanda Laramie	No relevant financial relationships.
Amber Dennis	No relevant financial relationships.
Ana Devonald	No relevant financial relationships.
Brizzia Burgos	No relevant financial relationships.
Gabriel Del Muro	No relevant financial relationships.
Harpreet Sanghera	No relevant financial relationships.
Isa Down	No relevant financial relationships.
Jessika Cooks	No relevant financial relationships.
Jonathan Silverman	No relevant financial relationships.
Melissa Stratman	No relevant financial relationships.
Ryan Jury	No relevant financial relationships.
Sharae Huff	No relevant financial relationships.
Ana Devonald	No relevant financial relationships.

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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:

3.75 CME credits	**3.75** CNE credits	**3.75** CPE credits	**3.75** ADA credits	**3.75** 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.

Coleman Associates is an ADA CERP Recognized Provider. ADA CERP is a service of the American Dental Association to assist dental professionals in identifying quality providers of continuing dental education. ADA CERP does not approve or endorse individual courses or instructors, nor does it imply acceptance of credit hours by boards of dentistry. Concerns or complaints about a CE provider may be directed to the provider or to the Commission for Continuing Education Provider Recognition at CCEPR.ADA.org. Coleman Associates designates this activity for **3** continuing education credits.

Important Info for CEUs

- This event will be worth **4 CEUs (4 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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Agenda

1. Welcome
2. Kahoot Quiz on Access Foundational Knowledge
3. Content
4. Breakouts
5. Next Steps

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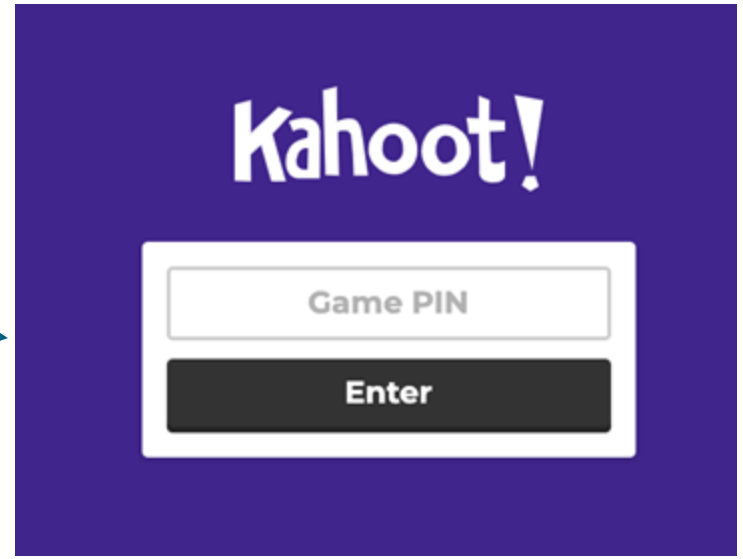
Instructions for Kahoot

1. Visit Kahoot.it

1. Enter the Game Pin we will project on our screen



1. Get ready to play by hitting the color blocks to submit answers

4. The person with the highest point value for correct answers/speed wins!

14

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Part 1: What's Your Capacity & TNAA?

The Down and Dirty on Capacity Utilization

What is Capacity Utilization?

$$\text{Capacity Utilization} = \frac{\text{\# Patients Seen}}{\text{\# Slots Available}} \times 100\%$$

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Capacity Utilization Explained

Appointment Time	Status	Available Slot?	Patient Seen?	Notes
8:00 AM	Huddle	No	N/A	Generally, patients aren't scheduled during huddles, so this is not an available spot.
8:15 AM	Kept	Yes	Yes	
8:30 AM	Late Cancel- Walk-in Seen	Yes	Yes	
8:45 AM	Open Spot	Yes	No	
9:00 AM	Kept	Yes	Yes	
9:15 AM	Kept	Yes	Yes	
9:30 AM	No-Showed	Yes	No	
9:45 AM	Kept	Yes	Yes	
10:00 AM	Kept	Yes	Yes	
10:15 AM	Kept	Yes	Yes	
10:30 AM	Kept	Yes	Yes	
10:45 AM	Open Spot	Yes	No	
11:00 AM	No-Showed	Yes	No	
11:15 AM	Kept	Yes	Yes	
11:30 AM	Kept	Yes	Yes	
11:45 AM	Block	No	N/A	In this instance, the team is blocked at 11:45 so they can go to lunch on time. This is not an available slot.
Total		**14**	**10**	

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Let's Look at This Again

What is Capacity Utilization?

$$\text{Capacity Utilization} = \frac{\text{\# Patients Seen}}{\text{\# Slots Available}} \times 100\%$$

For example,

$$\frac{\text{10 patients seen}}{\text{14 slots available}} = .7.1 \times 100\% = 71\%$$

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Calculating TNAA

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
	TODAY					
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
		1st Available		2nd Available		
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
				3rd Available		

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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, you 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.

Poll Question

At my organization or independent practice, my capacity is:

1. Higher than 90%
2. Somewhere between 80-90%
3. Lower than 79%
4. Lower than 70%

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Part 2: Let's Look at Your Schedule

Schedule Analysis Time

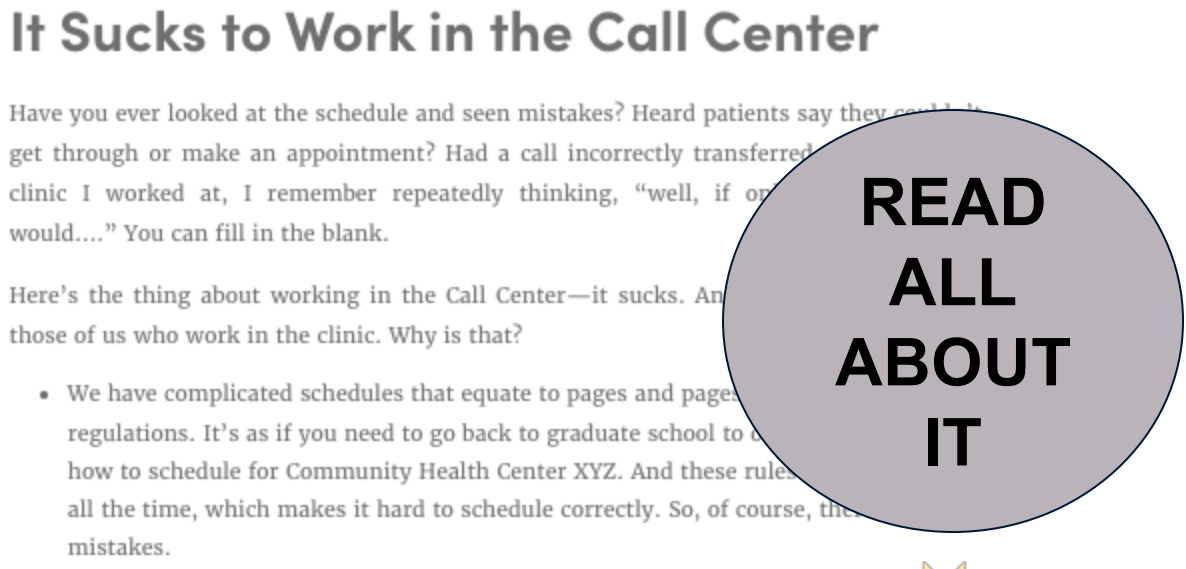
Poll Question:

How many different appointment lengths do you schedule?

A. 4
B. 3
C. 2
D. 1

Why are multiple appointment lengths a scheduling hindrance?

- The **trickier** the schedule, the **more errors** are likely to happen
- The harder it is to **Jockey** and move patients up and down
- You must address the **root cause** of issues vs. blaming the call center



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Clinical Chaos Syndrome - Remember this?

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

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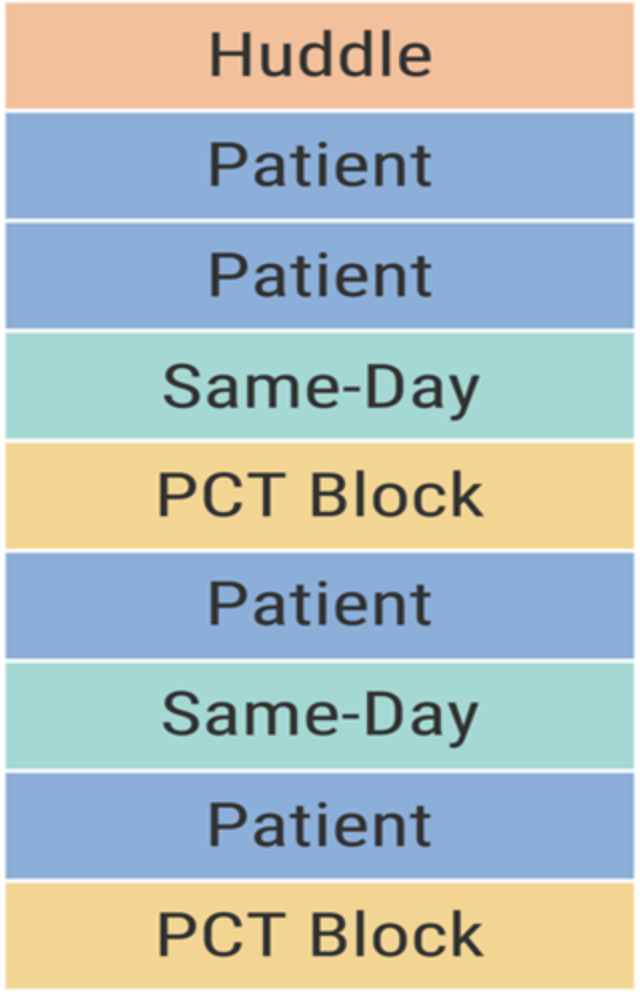
The Quick and Dirty ⏩ Simplified Patient Scheduling

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.



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Building a Simplified Patient Schedule

#1 Figure out how many patients you need to see.

#2 Add in your average No-Show Rate (by team)

#3 Put the huddle and the patients on the schedule.

#4 Fill empty slots with patient care team blocks

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Let’s Demo This

We’re going to share screen for a moment and build a sample, simple schedule

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Breakout Instructions

1. In a moment, you will be moved to a breakout room with new and old friends.
2. In your room, pull open your schedule.
3. **Don’t** share screen.
4. Start examining it for it’s simplicity or complexity

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Peer sharing

What did you discover when you reviewed your current schedule template?

What from this exercise will you take back to your organization's schedule czar?

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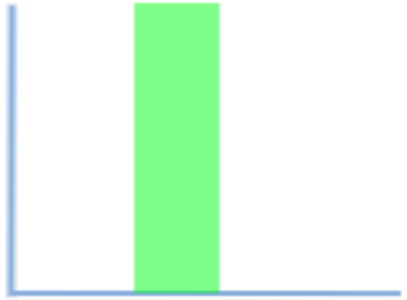
Part 3: Cluster Tactics

Why TNAA Matters

TNAA (Third Next Available Appointment) is a thermometer to gauge:

Whether you're UTILIZING your capacity



Whether you have ENOUGH capacity

Three Clusters with Different Tactics

Cluster A

Cluster B

Cluster C

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Cluster A: Cup Runneth Over

- At or above productivity goal consistently.
- TNAA exceeds 5 days.

Photo by Zac Harris on Unsplash

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Cluster B: Cup Looks Full

- Close to productivity goal or hitting it inconsistently
- TNAA consistent, not increasing over time.

Photo by Byron Breytenbach on Unsplash

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Cluster C: Cup Has Room

Photo by Jessica Lewis on Unsplash

- Below Productivity Goal
- Variable TNAA from 0 to 25 days
- GREAT opportunity to drive TNAA down to zero because of the capacity available

Cluster A: Cup Runneth Over

Photo by Zac Harris on Unsplash

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Cluster A	Cluster B	Cluster C
Moderate Demand	**Moderate Demand**	**Moderate Demand**
Scrubbing the Schedule	Scrubbing the Schedule	Scrubbing the Schedule
Phone/Text Visits	Phone/Text Visits	Phone/Text Visits
Raking	Raking	Raking
Group Visits	Group Visits	Group Visits
Increase Capacity	**Increase Capacity**	**Increase Capacity**
Nurse Visits	Nurse Visits	Nurse Visits
Jockey the Schedule	Jockey the Schedule	Jockey the Schedule
Remove Schedule Blocks	Remove Schedule Blocks	Remove Schedule Blocks
Add Capacity with More Clinic Sessions/Clinicians	Add Capacity with More Clinic Sessions/Clinicians	Add Capacity with More Clinic Sessions/Clinicians
Leadership develops plan for long-term balance	Leadership develops plan for long-term balance	Leadership develops plan for long-term balance
	Work down backlog via Group Visits, Nurse Visits, Extra Hours	Work down backlog via Group Visits, Nurse Visits, Extra Hours
	Call or text patients who are overdue for quality measures	Call or text patients who are overdue for quality measures
	Reach out to assigned but unseen	Reach out to assigned but unseen
		Atlantic City Play
		Evaluate schedule types with unused space
		Eliminate Triage
		Build partnerships for referrals
		Increase Patient Outreach

Tactics to Moderate Demand

Scrubbing the Schedule

Phone/Text Visits

Raking

Group Visits

A Primo Tactic: Scrubbing

Scrub the patient schedule by asking of every single appointment:

want

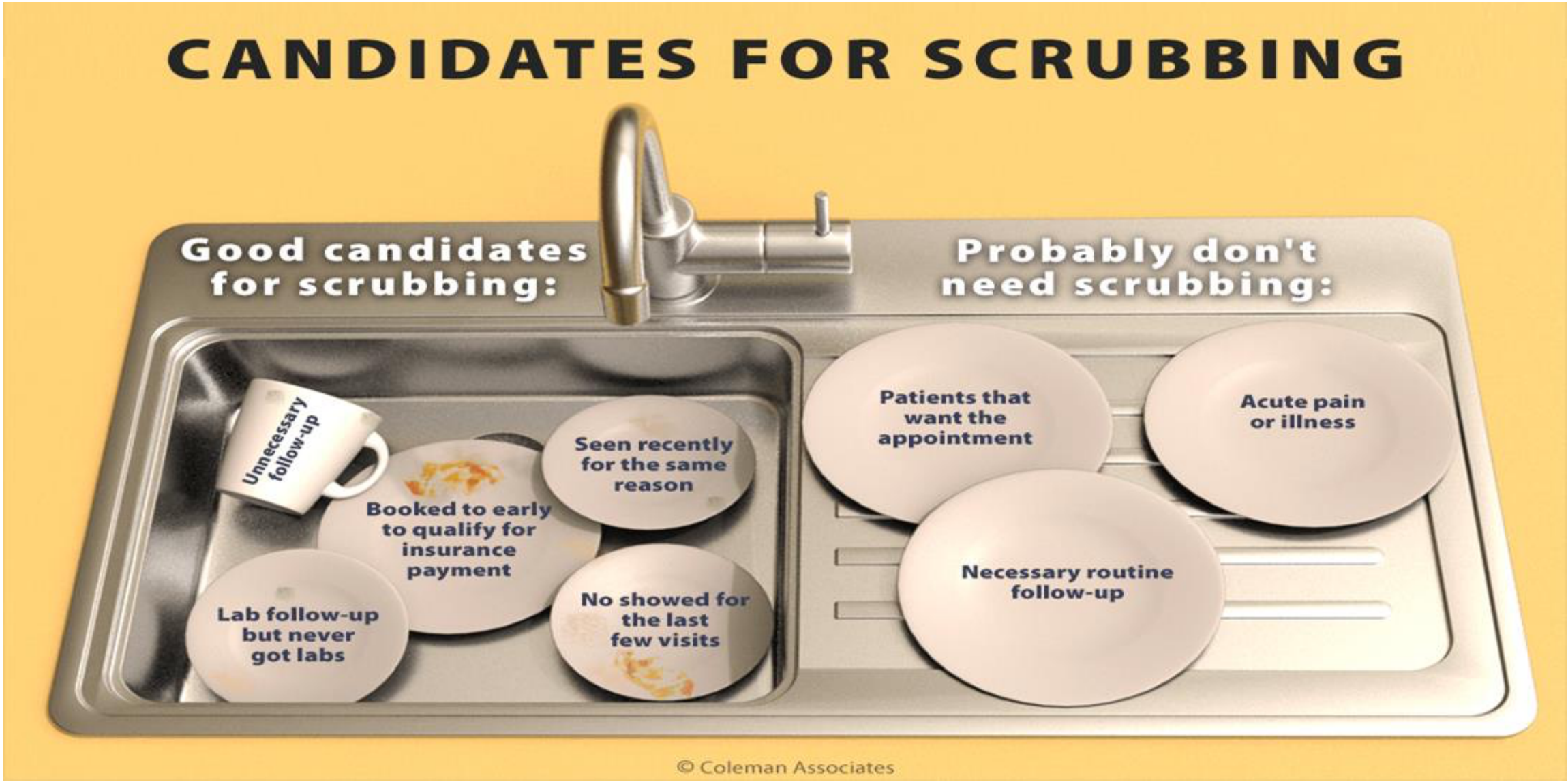
W Does this patient/parent ***want*** to be seen in person? Did we make this appointment for them? Or can they be seen via telehealth?

need

N Does this patient/parent ***need*** to come in? Is it a necessary visit? If it is needed, can it be done via telehealth?

keep

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



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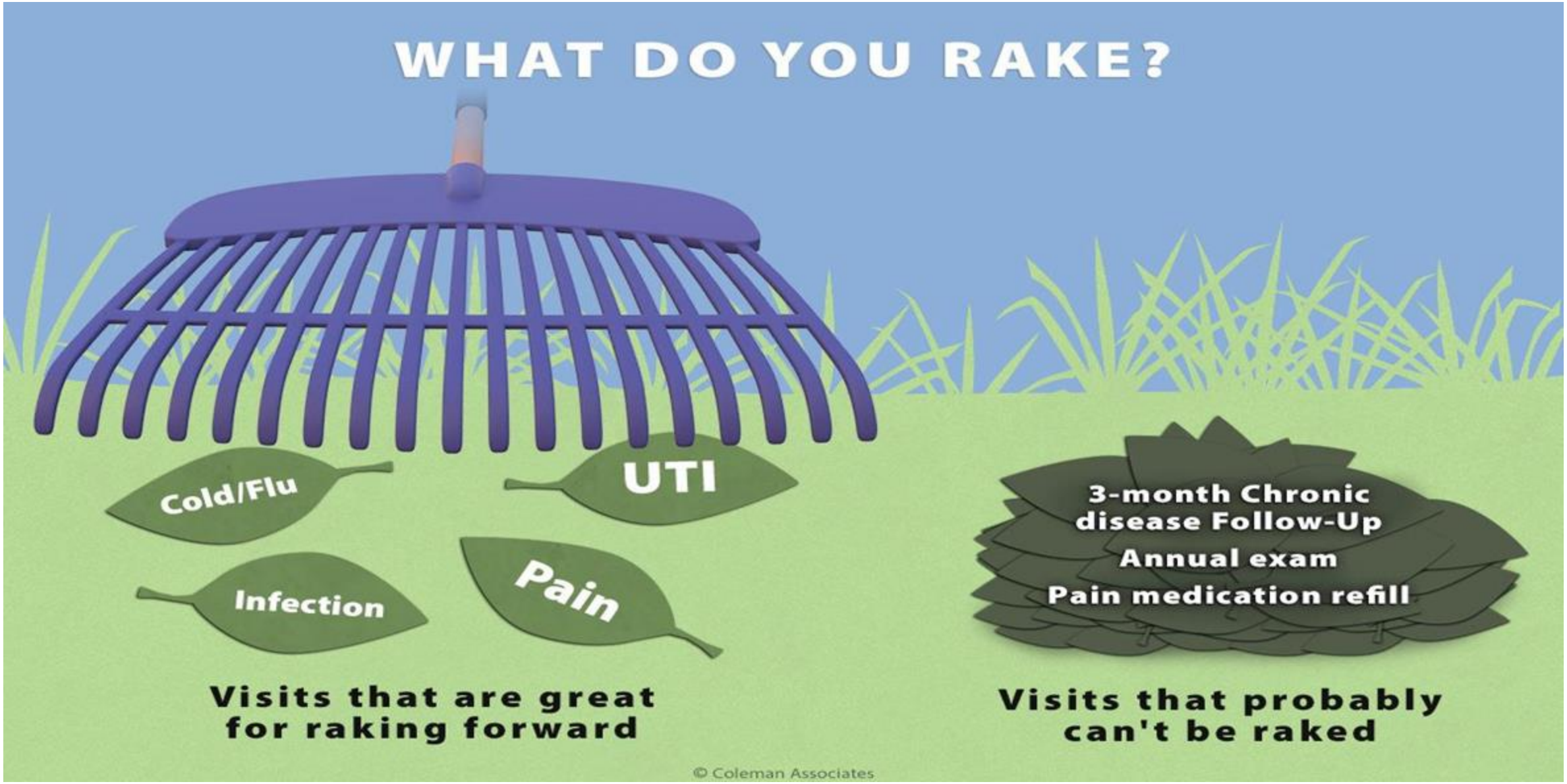

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WHAT: Identify and offer to cancel or reschedule unnecessary visits (want, need, keep)

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*

Tactics to Increase Capacity

Remember that Capacity is Elastic!

Tactics to Increase Capacity

Nurse Visits

Jockey the Schedule

Remove Schedule Blocks

Add Capacity with More Clinic Sessions or More Clinicians*

*Requires infrastructure with exam rooms, equipment, and staff

Tactics to Increase Capacity

Evaluate schedule types with unused space
e.g. telehealth, urgent care, walk-in, etc.

Eliminate Triage

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Tactics to Increase Capacity

Leadership develops a plan for a long-term balance of capacity and demand

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Tactics to Work Down the Backlog

Group Visits

Work extra hours for a limited time

Nurse Visits

Add Capacity with More Clinic Sessions or More Clinicians*

*Requires infrastructure with exam rooms, equipment, and staff

Cluster B: Cup Looks Full

Photo by Byron Breytenbach on Unsplash

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Tactics to Moderate Demand

Scrubbing the Schedule

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Tactics to Use More Capacity

Call or text patients who are overdue for quality measures and care gaps

Atlantic City Play

Tactics to Use More Capacity

Build Partnerships for Referrals

Increase Patient Outreach

Reaching out to assigned but unseen patients

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Cluster C: Cup Has Room

Photo by Jessica Lewis on Unsplash

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Increase Patient Outreach

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		Eliminate Triage
		Build partnerships for referrals
		Increase Patient Outreach

Presented as part of EPT Technical Assistance

Breakout Instructions

In a moment, you will choose which breakout room you go to based on your cluster.

1. **Cluster A, A1-A5**
2. **Cluster B, B1-B5**
3. **Cluster C, C1-C5**
4. Discuss the solutions you just learned for approaching your cluster
5. What can you test to see if it works for you?

Let's Debrief

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

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Part 3: How to Roll out Tactics that Work

So You Started Testing…

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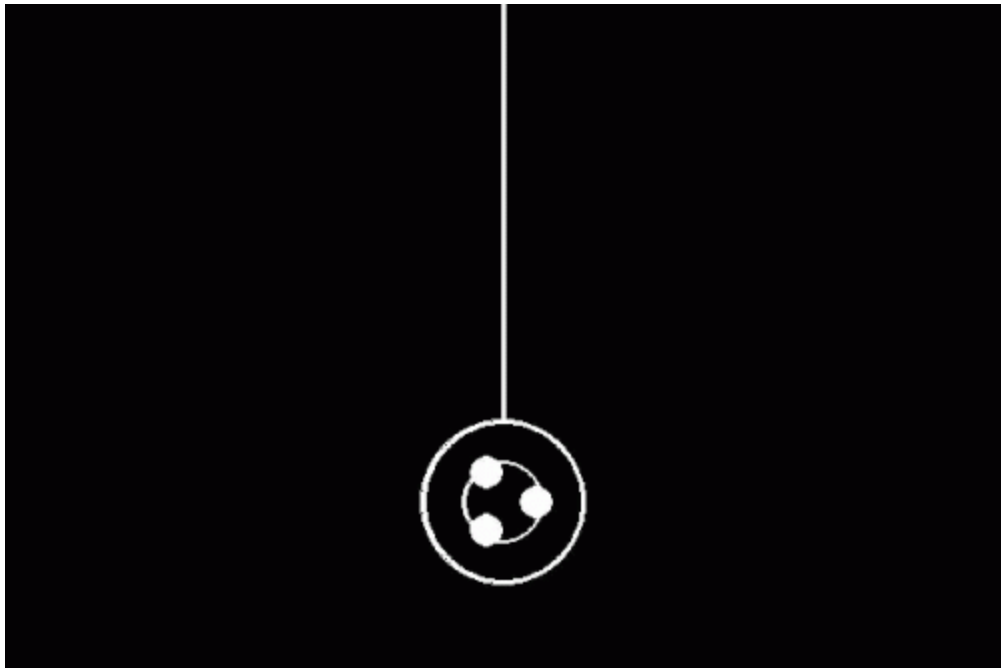
You Started Testing:

- Robust Confirmation Calls
- No-Show Reduction
- Jockey-ing

What worked well?

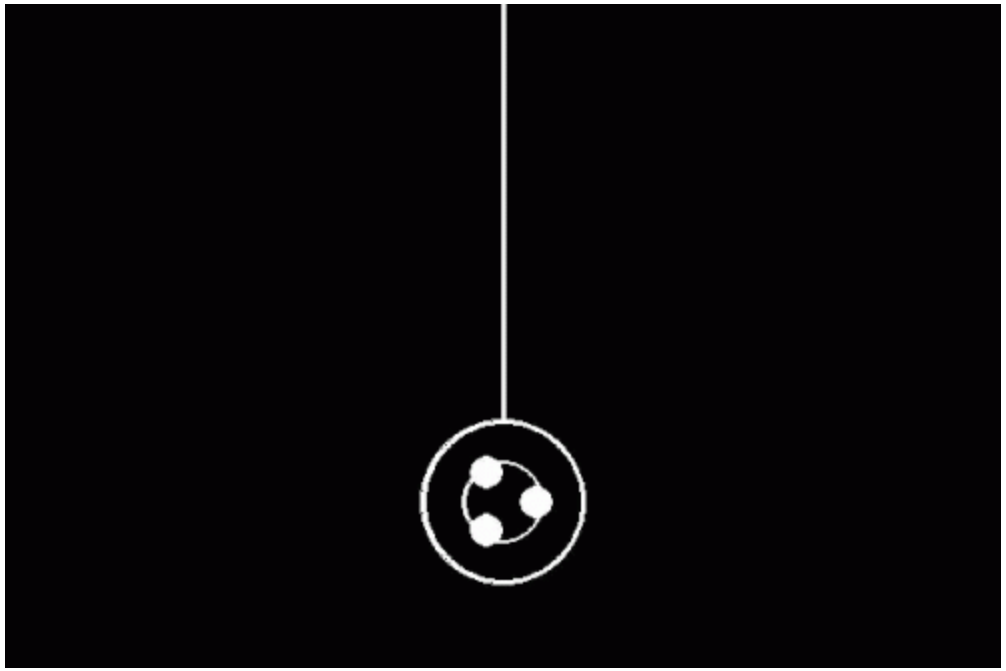


What still needs work?

Let’s Pause and Consider

What is ready to roll out?

What needs honing?

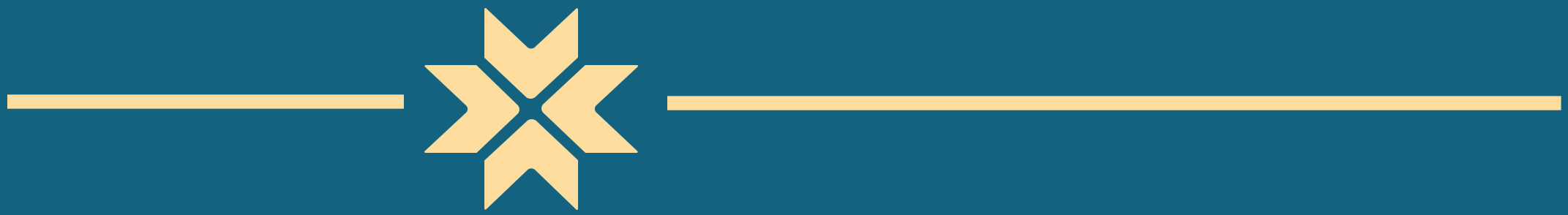


Let's Take Some Tough Questions To Help You Troubleshoot

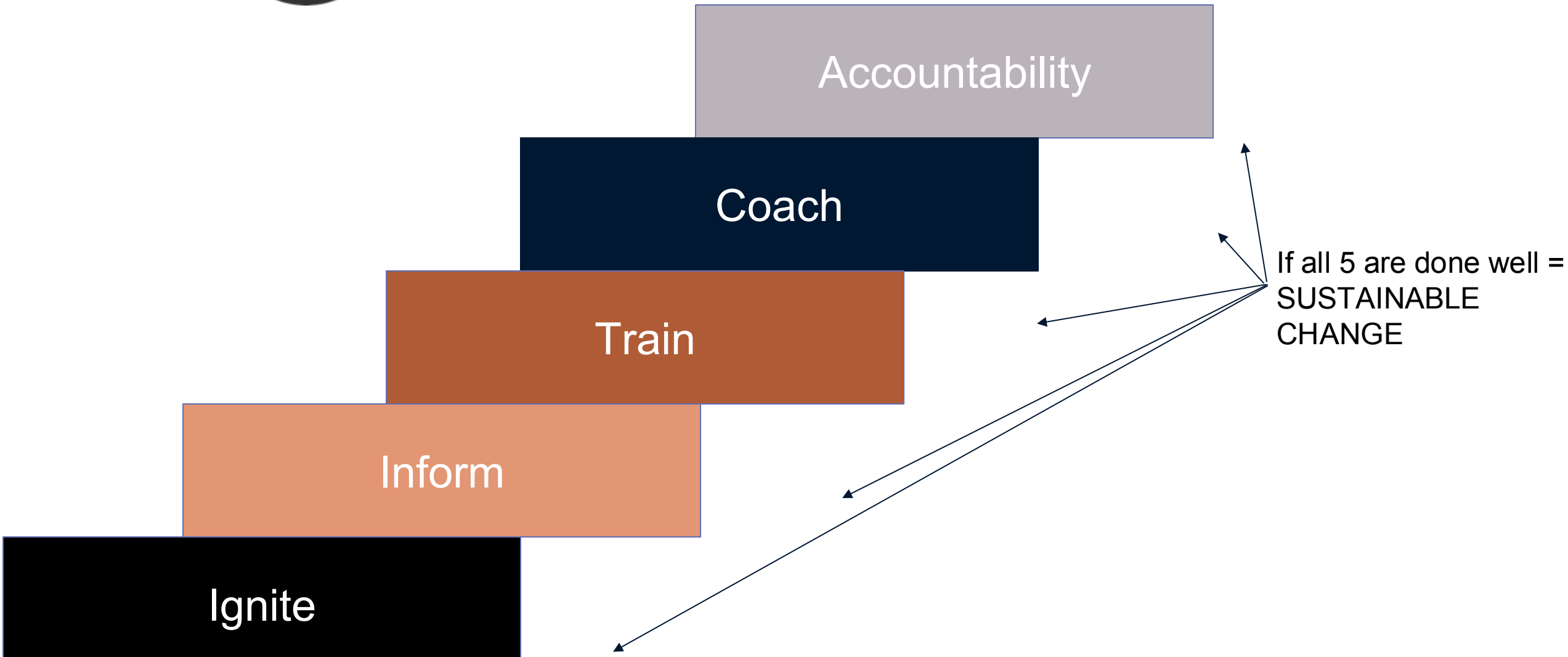
If You're Ready to Rollout…

- Consider the process you've tested…
- Don't roll out anything you just learned about today, like SPS
- Evaluate what still needs honing before rolling out

So You Say You’re Ready…

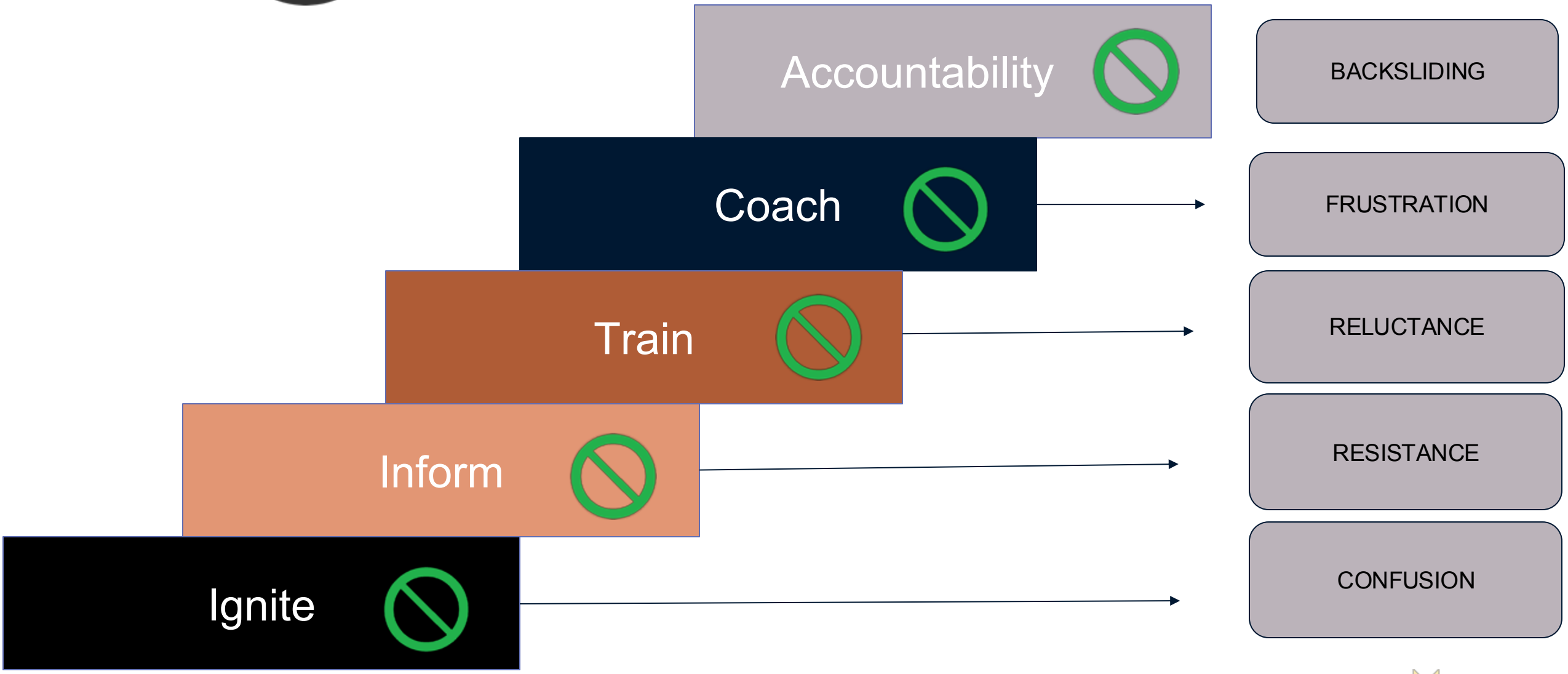


5 Levels of Communication



Credit: Ingenium Consulting Group, Inc.

5 Levels of Communication



Credit: Ingenium Consulting Group, Inc.

5 Levels of Communication

Igniting

- Create a desire for change.
- Communicate the IMPACT.
  - Why is this important?
  - What's the purpose?
  - Who will it impact?
  - Use data & stories when possible.
- Create opportunity for 2-way dialogue.

Ignite

5 Levels of Communication

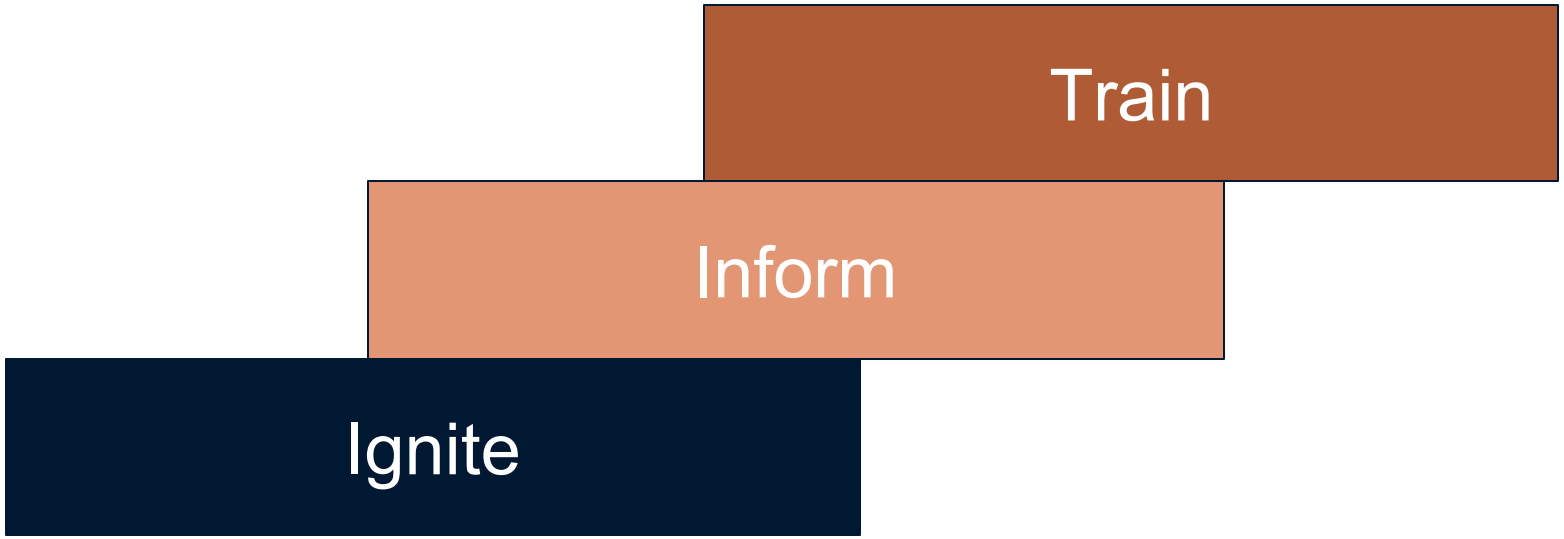
Informing

- Talk directly with every staff member about the change.
- Use emails, posters, staff meetings, etc. to reach all learning styles.
- Get clear on expectations.

5 Levels of Communication

Training

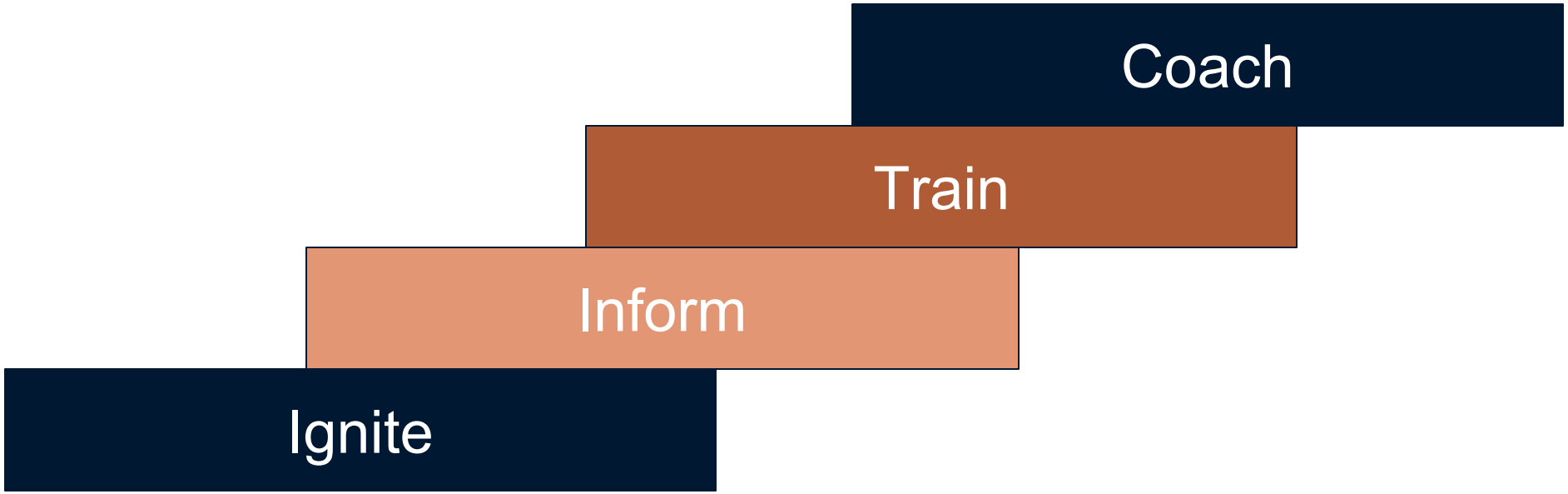
- Show staff how to do it.
- Use online trainings, videos, How-to's, Written processes, etc.



5 Levels of Communication

Coaching

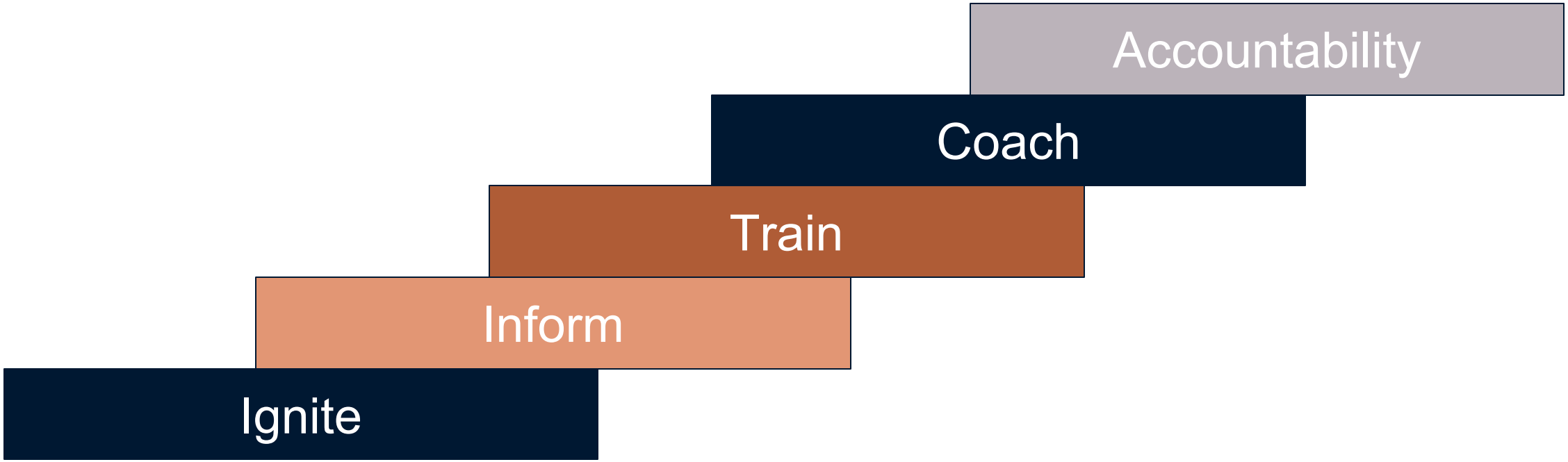
- Work shoulder-to-shoulder with staff until they can do do the work independently.



5 Levels of Communication

Accountability

- Ensure all staff, including clinicians, know that this is the new way.
- Leaders follow up on performance issues.



Breakout Instructions

In a moment, you will be joined by friends in a breakout room.

1. Discuss the tactics you just learned to rollout
2. What is ready to rollout?
3. How will you start?
4. Make a plan and be concrete about dates/times.
5. You have 15 minutes.

Next Time

Join Office Hours with Coleman Associates in February- April

- Troubleshooting Jockey-ing & No-Shows
- Troubleshooting SPS
- Troubleshooting high TNAA and No-Show Rates

Register on the Learning Center's Event Calendar.

Listen on Apple Podcasts

Listen on Google

Listen on Spotify

Listen on Stitcher

Listen on TuneIn

Scan me

Presented as part of EPT Technical Assistance

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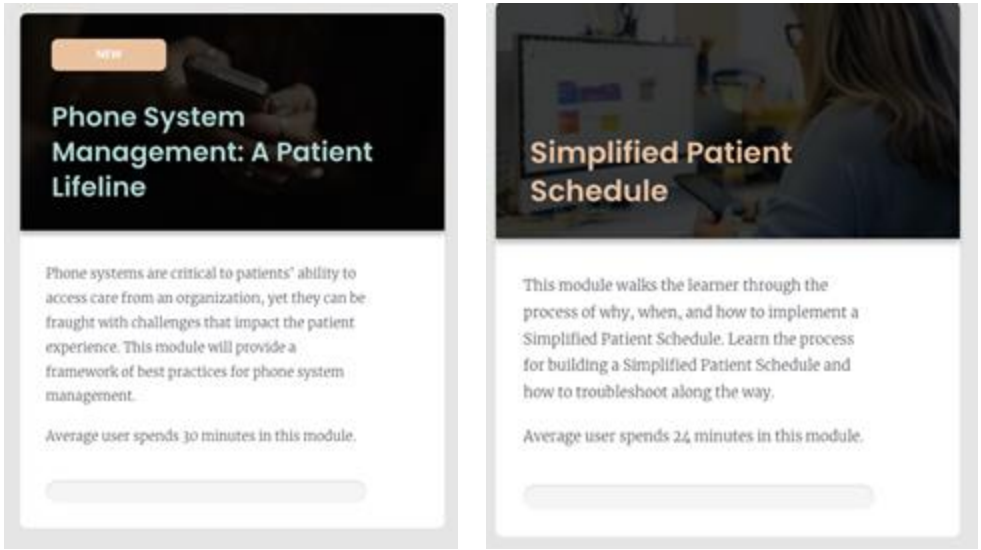
Vroom!™

- 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:
    - **Scrubbing and Raking**
    - **Phone System Management:**
      - **A Patient Lifeline**
    - **Simplified Patient Schedule**



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