



APPOINTMENT AVAILABILITY STRATEGIES

Balance Supply and Demand on a Daily, Weekly, and Long-Term Basis

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Improving Primary Care Access

The foundation of improved access scheduling is the matching of supply and demand on a daily, weekly, and monthly basis. This work requires a very good understanding of demand and supply. In addition, communication of supply and demand at every level is essential to ongoing matching, hence the emphasis on the huddles, and team and staff meetings. Furthermore, it is important to use these communication methods to actually manage the daily and weekly supply and demand variation as well as to anticipate and plan for recurring seasonal events. Underpinning all of this is the commitment to do today's work today- to essentially manage today's demand with today's supply.

Changes for Improvement

Manage Variation in Demand

The work of improved access revolves around closing gaps between supply and demand. Office practices have much more control over their supply than the demand. While more flexibility comes from managing the supply, there are times when demand may be gently shaped away from times we predict to be busy towards times we predict to be slow.

The first step in managing variation in demand is to know the general patterns of supply and demand in the clinic. Understanding these patterns allows the clinic staff to predict and anticipate variations that may occur. Once the patterns of supply and demand are known, predictions can be made and the clinic can plan to add more supply at certain times based on these predictions of demand. The best way to begin to understand supply and demand is to measure it, as discussed in [Measure and Understand Supply and Demand](#).

The following are some practical ideas for managing variation in demand:

Manage demand-side seasonal variation:

Flu season, allergy season, snow-bird season, and school physicals are all examples of demand-side variation. Every year at most primary care clinics, an increase in demand for appointments during January and February can be predicted as the cold

and flu season hits. Practices can make arrangements for physicians to add appointments to their schedules during these months or preferably preschedule elective visits into low demand seasons, months, and days. Scheduling elective and prescheduled appointments at low demand times anticipates needed openings during times of peak demand (as determined by an analysis of demand data).

Academic practices can anticipate dramatic shifts in supply that occur each summer as well as blocks of time when certain resident cohorts are unavailable due to other activities.

Utilize non-team members to see patients:

In the event that the patient's provider or care team member is unavailable (either through absence or an unexpected demand on the day of the appointment request), a patient may be offered the option of being seen by another provider and/or member of another care team. This should only be done in rare circumstances since continuity in patient-provider relationships is key to achieving and maintaining optimal access.

Manage the daily and weekly demand and supply variation:

It is also important to manage variation in supply. Supply can vary as much as, or more than, demand. Variation in supply may result from unexpected sick days, leaves of absence, or even vacations that are scheduled late. To manage these variations, many practices use minimum provider staffing expectations to schedule vacations, days off, and the number of providers needed to staff on Mondays versus Wednesdays. On days when supply is greater than demand, clinics have agreed-upon assignments for staff such as max-packing visits that are scheduled, team meetings, etc., so that staff time can be used productively.

The holiday/flu season is a good example of the effects of variation in supply and demand. During the holiday season immediately preceding the flu season, there are often reductions in supply due to staff requests for time off for the holidays. Fortunately, demand usually decreases during this time as well. However, the pre-holiday reduction in supply can create a backlog of future appointments just as the practice heads into the flu season. For this reason, many practices strive to maintain the minimum staffing needed to match supply and demand during the holidays so that appointments are not put off to the future, creating backlog just as the high-demand flu season begins.

Commit to Doing Today's Work Today

A system that does today's work today has the supply to take care of each day's demand on the day it is generated. In clinics with this system, the only appointments that are on the books at the beginning of each day are the return appointments that were generated by physician discretion or patient preference on a previous day. There are no "frozen" or held appointment slots. This provides maximum flexibility in the system to absorb daily demand.

Doing today's work today requires a commitment from every member of the care team to see their own patients. It also requires that supply and demand are in balance, and that the backlog is eliminated.

Use Regular Huddles and Staff Meetings to Plan Production and to Optimize Team Communication

These change ideas of planning huddles, team meetings and staff meetings are also referenced in the change idea "[Optimize the Care Team: Use Team Communication Methods.](#)" These change ideas (i.e., using huddles and meetings) apply logically to several of the ten ideas for improving access. For example, a huddle can be used by a team working to improve their communication, or by a team that needs to better manage its supply and demand. The creation of communication short-cuts and flexible cues and sequencing can also optimize team communication.

Huddles

To conduct a "huddle," the care team assembles at a predetermined time each day to look ahead on the schedule and anticipate the needs of the patients coming to the clinic that day. For example, a patient may need a potassium test before he or she meets with the physician. Instead of waiting until the patient is in the exam room with the physician, the staff can send the patient to the lab immediately after checking in at the clinic. Then the clinic staff can adjust the schedule because they know the patient won't be using the original appointment slot, but will need a slot 30 to 45 minutes later after the test is conducted.

Start huddles with a small bit of work and grow the work as the team gains proficiency. For example, in their huddles, teams can discuss what patients on the schedule are unlikely to show up for their appointments (because they are in the hospital, they called to cancel, or were seen just last week), what equipment will be needed in the room, and what additional services the care team can provide for the patient at today's appointment to make a re-visit less likely. Lessons learned from the huddles are recorded and reviewed at weekly team meetings.

Staff Meeting

Weekly team meetings review lessons from huddles. The care team also needs concentrated time together to plan their roles and responsibilities, as well as to discuss opportunities for improvement in their work. Planned team meetings, scheduled weekly or monthly, are the most effective tool for accomplishing these types of important activities.

Weekly staff meetings are used to discuss the lessons learned from huddles as well as to identify issues beyond the care team. For example, a care team huddle may identify a problem with the location of a computer or the need to deflect patients away from the team due to reaching the limits of supply. Staff meetings are a good place to raise practice-wide staffing issues.

Production Planning Meetings

They review the next four weeks of supply compared to expected demand and manage the contingency plans to close any gaps. These production planning meetings review lessons from the teams, looking for patterns indicating systemic problems such as the following:

- Time off, vacation policies based on critical threshold
- Develop staffing requirements, space and equipment requirements
- Plan how much of a provider's schedule to hold for another absent provider, discuss philosophy as well as numbers