

Where Next for Advanced Access: Will It Be Embraced by Specialties?

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A Brief History of Advanced Access

Advanced Access, sometimes referred to as Open Access (see page 199), is a set of principles designed to help practices reduce waiting times for appointments and reduce office-waiting times, two common access barriers in healthcare today. The Advanced Access approach to practice management and scheduling was originally developed by Mark Murray, MD, MPA, and Catherine Tantau, RN, at Kaiser Permanente in the early 1990s.¹ Many if not all of the strategies were derived from the experience of other industries²—though cleverly adapted to healthcare.

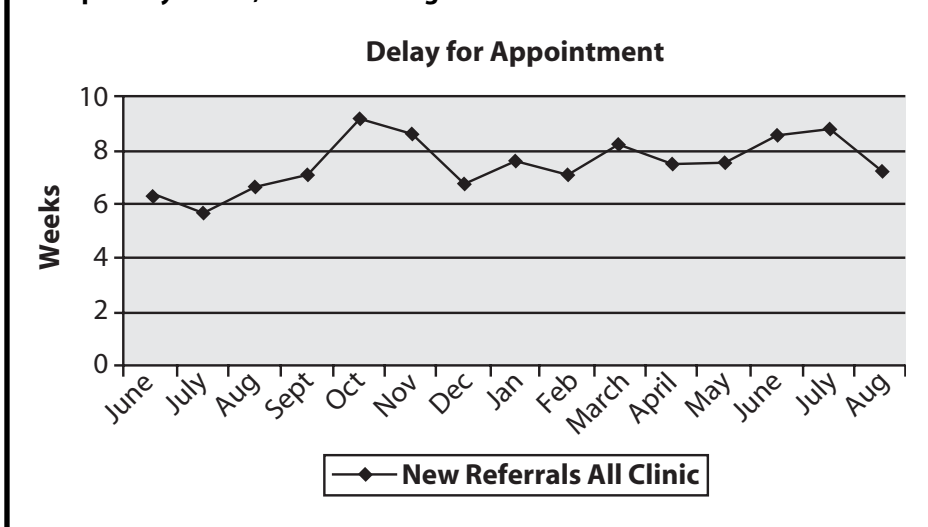
In the mid-1990s, Murray and Tantau began a partnership with the Institute for Healthcare Improvement (IHI), a nonprofit organization devoted to the spread of improvements in healthcare. Together with the IHI, Murray and Tantau have been involved in spreading Advanced Access to thousands of practices, primarily in primary care settings.^{3,4} The improvements in care documented by Triangle Family Practices in this issue are important drivers of the increasing appeal of this approach in primary care.

More recently, the IHI, the Veterans Health Administration, and the National Health Service in the United Kingdom have developed methods for widespread dissemination of Advanced Access to thousands of practices. These large scale efforts have included specialty settings. However, adoption of Advanced Access by specialty practices has been slow and generally limited to a small number of organizations and geographic areas.

Access Problems in Specialties

There is certainly a need for attention to reduce delays for specialty care. Local data from the University of North Carolina Chapel Hill Pediatric Subspecialty Clinics (see Figure 1) is typical of the delays for new referrals to many specialties. Unfortunately, it is quite common for new specialty referrals to reside on waiting lists that are several months long.

Figure 1.
Delays for Appointments for New Referrals from the UNC-Chapel Hill Pediatric Subspecialty Clinics, June 2003-August 2004



There are several potential causes for these delays. One is the increasing concern about national shortages in the pediatric subspecialties.⁶ There may be local shortages among some adult specialties too, even though the national supply appears adequate. Waste and inefficiency in many subspecialty clinics are another potential cause.³ In addition, just as in primary care settings, there is a common mindset in specialty settings that it is okay for patients to wait—more alarming, waiting is often viewed as

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an indication that “we are the best.”⁷ As long as waiting is viewed as acceptable or even desirable, there will be a major barrier to redesigning practice systems to allow more timely care.

Principles of Advanced Access Are Generalizable

There is no reason to believe that principles of Advanced Access (see Table 1) cannot be applied to specialty settings. They are applicable to industries outside healthcare like Wal-Mart, General Motors, and Starbucks (where these principles were first applied), so why not to specialty care? Indeed, through the IHI’s Pursuing Perfection project, Cincinnati Children’s Hospital is successfully applying these principles to pediatric subspecialties.⁸ Similarly, the Veterans Health Administration has had success spreading these principles to adult specialties.⁹

Specialty clinics can reduce appointment backlog, reduce appointment types, and manage bottlenecks just as primary care practices can. However, with increasing experience in specialty clinics, we are learning where some of these principles need to

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be applied slightly differently. For example, to balance demand and supply, specialty clinics need to address the number of new patients subspecialty clinicians are assigned (based on current numbers managed, full-time equivalents, expertise, etc.) rather than panel size (as in primary care). In addition, in order to reduce demand, primary-specialty partnerships are very important for specialists (e.g., to establish referral criteria and to design systems to promote prompt return to the primary care setting).

Table 1.
Advanced Access Principles

Principle	Examples
Balance appointment supply with patient demand	- Predict appointment supply by accounting for holidays, vacations and non-clinical work - Predict patient demand for appointments by collecting appointment data
Work down the backlog (waiting list)	- Distinguish between “good” (planned care) and “bad” (delayed care) backlog - Measure the extent of the backlog and make a plan for reducing it, including a start and end date
Reduce appointment types	- Reduce number of appointment types - Standardize appointment lengths (e.g., consider 30-minute appointments for all visits)
Plan for contingencies	- Increase capacity at peak times - Plan for predictable seasonal increases in appointment demand
Reduce future patient demand	- Maximize activity at appointments to reduce future demand - Extend intervals for return appointments
Manage the bottlenecks	- Identify bottlenecks in clinic flow - Drive unnecessary work away from the bottlenecks
Synchronize patient, provider, and information	- First AM and PM appointments start on time - Patient registration done by phone if confirming patient appointment
Predict and anticipate patient needs at the time of the appointment	- Use regular “huddles” to anticipate and plan for contingencies in schedule - Use notepads, whiteboards, flag systems, etc. to communicate during the day
Optimize rooms and equipment	- Use “open rooming” to maximize flexibility - Standardize supplies in all rooms and have stocked at all times
Use continuous flow strategies	- Do this moment’s work now (e.g. dictate immediately after visits) - Use scheduled pauses to apply continuous flow approach to non-appointment activities (e.g. returning phone calls)

What's Ahead?

In the near future, it is reasonable to expect that the demand for specialty access improvements will accelerate. The growing body of research that suggests that Advanced Access decreases no-show rates, improves patient satisfaction, improves staff satisfaction, increases physician productivity, and increases revenues in primary care will likely accelerate the spread of this approach among primary care practices in the United States.^{4,10-15} As more primary care practices adopt Advanced Access, these practices and their patients will begin to turn their attention to timely access for specialty care. Indeed, we have already witnessed this phenomenon in some areas of the country. In addition, market forces will likely apply pressure to specialty practices to improve patient satisfaction—reducing delays for specialty care will be an important way to address these market forces.

As the experience with Advanced Access increases in specialty settings (through the experiences of “early adopters”), the feasibility and the advantages of this approach will become clearer to a greater number of potential adopters in specialty settings.¹⁶ The spread of Advanced Access to specialty practices could reach in to the thousands within the next five years, based on the experience of primary care we have witnessed. However, spread will ultimately depend on a small number of “early-adopter” practices to try and succeed with this relatively new innovation in healthcare scheduling and practice management. A number of groups, including the IHI and The Center for Children’s Healthcare Improvement, are trying to assure this indeed does occur. **NCMedJ**

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