

Balance & Flow

How **Advanced Access** can reduce patient wait-times and increase physician satisfaction

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Introduction/ Mission

In the world of medicine today, access to physicians is a hot topic. Wait times in Canada are a huge issue and the difficulty family doctors have in dealing with the needs of their practices is equally challenging. In many practices now, it can take 2-3 weeks to see your own family doctor for a non-urgent issue. This creates a cascade of problems which can lead to increased use of emergency rooms and walk-in clinics, sicker patients when they are finally seen, and poor delivery of preventive health care and chronic disease management.

Out of this need comes a concept that seems to deal with the dilemma—Advanced Access. This subject has been promoted through numerous primary care reform programs over the past few years and offers principles and strategies to deal with access in a medical clinic. Upon first glance, it appears to be the miraculous cure the system needs.

Unfortunately, this concept has its own challenges. First is the confusion around its definition and what it entails. Even amongst academic clinics, the principles in place can be quite different than the optimal. Another issue is that, although the idea is promoted by clinic administrators or regional health authorities, it is up to the physician him/herself to implement the system; however, there is often a lack of buy-in at that level. This is often due to skepticism regarding the benefits of Advanced Access, the fear of the unknown, and the concerns about additional work being asked of the physician—all of which will be addressed directly. Finally, in rare situations, Advanced Access may just not be feasible given the needs of the community and the scope of work expected of physicians.

This book's intent is to provide an overview of Advanced Access including a clear definition of the principles behind it and a simple plan of how to achieve it. The benefits of this philosophy are far reaching and I hope to

demonstrate that, with a bit of work, they can be attained within a reasonable and finite period of time. In fact, after reading this material, you may wonder why you hadn't thought of it before; and once in place, you will wonder how you ever tolerated practicing medicine on the proverbial treadmill in the first place.

About Me



You may be asking yourself who I am to be giving advice about Advanced Access specifically and your practice in general. This is a valid question but I believe I have had some experiences that make me uniquely qualified to address these issues.

I am a family physician in London, Ontario, Canada and I am currently in a full-time office-based practice. I did my medical school training in Vancouver, BC at the University of British Columbia and did my family medicine residency at the University of Calgary in Alberta. I have been in practice since 2003.

In 2005, I took over a practice in White Rock, BC after having done locums for the previous two years. I soon found myself wondering, what was I doing wrong? I had a reasonably-sized practice but found that I was still coming to work with less than a full schedule to start the day. Even though my schedule would usually fill up, I was convinced that a successful physician was one who was fully booked every day and who had patients waiting to see him/her. In retrospect, I am amazed at the errors in my thinking.

Soon I had the opportunity to participate in a program, through our local health authority, to help redesign family practice and I was able to attend an International Health Improvement (IHI) conference. There, I was exposed to the concepts of Advanced Access...and I was taken aback. I learned that I wasn't doing anything wrong but was actually doing something right. I was sold on the concept and amazed by its simplicity.

As part of the improvement program, I then began spreading this information to my fellow family physicians in BC via a series of workshops about Advanced Access. This was an interesting process and taught me a lot about the challenges of working with physicians and the issues around trying to change their work habits. As a result, I have spent a lot of time trying to think of a simpler and more practical approach to transfer what I think is revolutionary information.

In 2008, my wife and I decided to move with our young family to London, Ontario to be closer to family. After my experience in BC with primary care redesign, we decided to start our own medical practice from scratch, in order to create the most ideal work environment we could. Our mission: Improve Patient Care, Enable Physician Health and Revitalize Family Medicine.

One of the most successful tools to achieve those lofty goals, I believe, is the utilization of Advanced Access, which I continue to use and promote. Presently, our clinic, The Core Family Health Centre, houses 2 family physicians and several allied health professionals. My wife, Andrea, works as a psychotherapist at the Centre, and our 2 young boys, Kashi and Paxton round out our team.

I can be contacted through my website, www.drvineetnair.com or via email at info@drvineetnair.com.

A Note to the Reader

This book is intended to help physicians optimize their practices by assisting with the understanding and utilization of the Advanced Access scheduling philosophy. It is intended to be a source of general guidelines and information with the understanding that it is not the author's intent to be providing professional services. This book is not meant to replace the expertise of consulting professionals who may be able to provide assistance specific to your particular situation.

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WARNING:

This information may be disturbing to some physicians. It may challenge how you think, and have thought, about your schedule. You may feel defensive, as your basic principles of practice may be questioned. You also may be forced to wonder if you are truly able to care for your patient population properly in your current system. This is a difficult concept to accept but it is necessary to convey, in order for physicians to be open to Advanced Access and its benefits.

Please note this has nothing to do with a physician's ability to care for their patients within the examination room. This philosophy only addresses the system within which a physician practices medicine. However, it must be realized that a poor system places limitations on your ability to do your job well, as patients need access to you in order to receive your expertise.

I hope that physicians reading this understand that the information given here comes from a desire to help family physicians gain control of their schedule, improve patient care (solely by increasing their ability to see their physician) and to overall help physicians create a more enjoyable and satisfying practice life. I understand the immense challenges in family medicine and believe strongly in the profession and its practitioners. I truly want to help revitalize family practice as a whole and think that Advanced Access is an incredible way to achieve that.

I thank you in advance for taking the time to read this and hope that it does help you in some way.

What is *Advanced Access*?

This would seem to be a simple question but it is surprisingly difficult to provide a succinct and complete answer. In my mind, Advanced Access is a term used to describe a practice philosophy where the goal is to be able to meet the demands of a practice's patient population in a patient-centred and timely fashion.

This means that when a patient calls for an appointment, they are able to get an appointment when they want and need it—be it today, tomorrow or 3 months from now. This may seem impossible but please bear with me, as it truly is possible, and you are likely closer to achieving this than you realize.

In actuality, most practices are already meeting the demands of their patients but are just not doing so on-time. If it currently takes 2 weeks for a patient to get in for a non-urgent matter—but it always takes 2 weeks—then the supply is meeting the demand...just 2 weeks late. If you were unable to meet the demand, then the wait time would be increasing from 2 weeks, to 3 weeks, and so on, and so on.

In a practice utilizing Advanced Access, the supply also equals the demand, but the practice achieves this on-time. This means that the majority of the work that is generated today is done that same day. Contrast this with traditional scheduling where the handling of the majority of requests is postponed to an appointment on a later date. Doing “today's work today” requires a change on the part of the physician and the office staff, but it should not require any alteration in behaviour on the part of the patient.

If you have to give patients elaborate rules and notices about your change in policy, then you are not quite there. Please note that it does

not give complete control of the schedule to the patient, as there are many decisions a practice can make within these guidelines to take control of the demands and honour the priorities of the practice.

Some examples of what Advanced Access is NOT:

- Blocking out a few same day urgent appointments each day: This is known as a “carve-out” model. This addresses some, or even all, of the urgent demands and is definitely an improvement; however, it often increases the wait for non-urgent appointments.
- No Appointments made beyond today’s date: In this model, each day is treated like a silo and no planning is allowed on the part of the patient or the practice. This creates a huge mess of patients calling the office first thing in the morning and is most certainly not patient-centred.
- Walk-In Clinic format (no appointments at all): Again not patient-centred, and takes all control over the schedule away from the practice.

In summary, Advanced Access focuses on meeting the demands of one’s patient population, in a timely fashion, and with the patients’ needs in mind. It is a simple definition but has a fair amount of complexity which will hopefully be clarified through the rest of the book.

Sample Schedules

One of the simplest ways of seeing the differences between various scheduling philosophies is to look at sample schedules—at the start and end of the day—for these different models. The three main ones will be contrasted.

Names and reasons for visit are fictitious and not meant to reflect any real patients or concerns. The schedule for only a half-day has been shown for simplicity.

1. Traditional Model – Appointments are booked ahead of time and each day is fully booked at the start of the day.

Start of Day - Schedule already full

Time	Patient	Fit-Ins
9:00	John Smith- Physical	
15		
30	Tina Jones- back pain	
45	Frank Collins- BP/ Rx	
10:00	Craig Stevens-Diabetes	
15	Jessica Allen - Pap	
30		
45	Henry Daniels - Headaches	
11:00	Richard Williams - Cold	
15	Kelly Anderson - Depression	
30	Lynn Myles – Abdo Pain	
45	Joanna Harris - Shoulder	
12:00	Heather Thomas – Rx	

End of Day – Schedule edited due to additional fit-ins and no-shows

Time	Patient	Fit-Ins
9:00	John Smith - Physical	
15		Sam Scott – Sore throat
30	Tina Jones – back pain	NO SHOW
45	Frank Collins – BP/Rx	Kim Reid – Knee
10:00	Craig Stevens - Diabetes	
15	Jessica Allen - Pap	
30		Pam Lyons - Personal
45	Henry Daniels - Headaches	
11:00	Richard Williams – Cold	
15	Kelly Anderson - Depression	Kevin Munn - Forms
30	Lynn Myles – Abdo Pain	
45	Joanna Harris- Shoulder	
12:00	Heather Thomas- Rx	NO SHOW
	Jill Stone - Grief	

As a result of the full schedule, there is no room to address the concerns that will inevitably arise during the day. Therefore, the physician will routinely end up double-booked and far behind schedule, and/or patients will seek help elsewhere at walk-in clinics or the emergency department.

2. Carve-Out Model – Each day has a segment reserved for same-day/urgent appointments. The rest of the day is pre-booked.

-Please look to the follow page for the schedule templates...

While this model seems effective, and is a definite improvement from the traditional model, the trouble is that only 2/3 of the schedule is available for pre-booking and thus each day more patients have to wait for their appointments and the backlog continues to increase. Also it is possible for the carve-out appointments to go unfilled or, more likely, that patients will be turned away and will again have to seek help elsewhere.

Start of Day - Schedule full except for “carve-out” appointments

Time	Patient	Fit-Ins
9:00	John Smith - Physical	
15		
30	Tina Jones – back pain	
45	Frank Collins – BP/Rx	
10:00	Craig Stevens - Diabetes	
15	Jessica Allen - Pap	
30		
45	Henry Daniels - Headaches	
11:00	Same Day Urgent Appointments Only	
15		
30		
45		
12:00		

End of Day - Schedule fills up with “urgent” appointments

Time	Patient	Fit-Ins
9:00	John Smith - Physical	
15		
30	Tina Jones – back pain	
45	Frank Collins – BP/Rx	
10:00	Craig Stevens - Diabetes	
15	Jessica Allen - Pap	
30		
45	Henry Daniels - Headaches	
11:00	Richard Williams – Cold	
15	Kelly Anderson - Depression	
30	Lynn Myles – Abdo Pain	
45	Joanna Harris- Shoulder	
12:00	Heather Thomas- Rx	

3. Advanced Access Model – By reducing the number of patients waiting for their appointments (the backlog), the day naturally has numerous openings available for urgent and non-urgent appointments

Start of Day – Schedule only partially pre-booked (not for same-day appointments, but rather because the backlog has been eliminated and this is the somewhat “natural” state of the schedule)

End of Day – Schedule has filled up but the physician is in control and able to stay on time

	Start of Day	End of Day
Time	Patient	Patient
9:00	John Smith - Physical	John Smith - Physical
15		
30	Tina Jones – back pain	Tina Jones – back pain
45		Kim Reid- knee
10:00	Craig Stevens - Diabetes	Craig Stevens - Diabetes
15	Jessica Allen - Pap	Jessica Allen - Pap
30		
45	Henry Daniels - Headaches	Henry Daniels - Headaches
11:00		Sam Scott- Sore throat
15	Kelly Anderson - Depression	Kelly Anderson - Depression
30	Lynn Myles – Abdo Pain	Lynn Myles – Abdo Pain
45		Kevin Munn- Forms
12:00		Jill Stone- Grief

In the Advanced Access schedule, there is room to address the calls and concerns of patients who inevitably will be calling the same day. Because of this room, you are able to handle today’s work today by fitting in the urgent, quick and routine visits that are requested during a normal practice day. Note that this does not mean that you will never have to stay late, but at least you are relatively on time and able to deal with the issues that do come up. Also, the day’s concerns have been dealt with and nothing has been pushed into the future to increase the backlog.

Benefits of Advanced Access

Now that we know an Advanced Access schedule looks like, you may be wondering why this is better than the traditional model. The biggest challenge in this section is the concern that the benefits sound too good to be true. But in fact, they are real and they quickly make believers of those who make the effort to convert to the Advanced Access system.

1. Happier Patients

Patients are ecstatic to be able to be seen when they need to be seen. This often results in a decrease in their general level of anxiety as a result of knowing that they will have access when it is needed. In addition, patients want to be seen by their own doctor and, by enabling this, they tend to feel more satisfied with their care on the whole.

2. Happier Staff

Staff are often the first to notice the improvements of Advanced Access. Their satisfaction is enhanced for a number of reasons.

Overall, their stress is decreased due to having happier patients. No longer do they hear the complaints from patients about the wait to see their physician. More often they will hear compliments and appreciative comments for fitting them in!

They also feel significantly less stress due to no longer having to triage patients. This is an area of potential medical-legal concern, as often staff receptionists are forced to do something they were not trained to do—triage. In the old system, staff would often have to determine how sick someone was, in order to determine if they should be fit-in or if they can wait. This is no longer necessary in Advanced Access, as patients are given

the next available appointment—which should be today.

Staff also benefit from having more available time due to fewer lengthy conversations on the phone. The amount of time it takes to book a patient into an available spot is markedly less than the time required to hear a patient's argument of why they need to be seen sooner.

In my office, my staff are the biggest supporters of Advanced Access. They will inform me as soon as my access is decreasing. They want to have spots available for patients when they call, and they let me know when that is no longer the case.

3. Happier Physicians

Physician satisfaction is also markedly improved and this can also be due to a number of reasons. Some are more important to some physicians than others, but overall the sense of improvement is tangible for all doctors.

One of the biggest changes is the decreased stress felt, as you no longer have that feeling that you are on that endless treadmill. In the traditional model, a physician would enter the day fully booked with the awareness that there will be additional demands on his/her time due to the urgent calls that will inevitably come in. So essentially, the physician is behind before the clinic even starts. In Advanced Access, you have the time to handle the day's needs.

In this model, there are also multiple easy visits each day to make the day more manageable compared to the old model. Patients that come in on the same day they request are often the easiest kinds of visits—quick prescription refills, viral illnesses, acute injuries. These would often be lost to the walk-in clinics, leaving your day full of complex, multi-problem patient appointments.

In fact, physicians will get fewer patients with lists of issues due to the fact they are being seen so quickly. If it takes 2 weeks to come in, inevitably that time will be used to think of other things that can be discussed in this

difficult-to-obtain appointment. If patients are able to get in right away, they are more likely to discuss their one predominant concern with the knowledge that they will be able to return should something get worse or change in any other health concerns they have.

If physicians desire an increase in income, than Advanced Access can also be a means for that. If you are in a fee-for-service model, you will be able to see more patients per day (on time, within your normal schedule) due to the higher number of quick visits. If you are still not busy enough, you can take on more patients, which will increase your income in both a fee-for-service and a capitation model.

Income may also be increased by having fewer no-shows and having more time within your day to complete paperwork. This will enable you to complete somewhat lucrative insurance and legal forms during your workday rather than on evenings or weekends.

Finally, there are the somewhat intangible benefits from having happier patients and happier staff. I still get thanked for “fitting patients in” when, in fact, the system is set up for that to be the routine. I also know that I am able to provide better care, as I can see people quickly if they are having concerns and I know I can follow them up as needed without being pressed for time.

Overall, the benefits of Advanced Access are immense and can improve almost every aspect of your practice. I hope that, with these goals in mind, you can start to see the reasons why this philosophy is being promoted by many administrators and health authorities. More importantly, I hope that you can see why a fellow physician would promote this to colleagues—as we all try to support one another and improve our practice lives in a very challenging profession.

Definitions

In order to move further with the implementation of Advanced Access, some fundamental terms and ideas have to be understood. These are fairly straight forward but they are worth defining to ensure there is no confusion.

Panel Size: The size of your practice or patient population. It is the number of individual patients for which you are responsible. This number will be determined in different ways depending on your practice type. A walk-in clinic would potentially have the whole town as potential patients, as would some specialists in smaller communities. Family practitioners can decide this for themselves by setting their roster size.

Supply: The ability of the physician and practice to address the needs of the patient population.

Demand: The amount of work generated by the patient population or panel size.

3rd Next available appointment: This is often used as a means of measuring how effective a practice is meeting its demands. It is measured in the units of days and it is more consistent than the next available appointment. It is useful in measuring and monitoring but I do not find it particularly helpful in assisting a physician to implement Advanced Access. Once in place, it is very clear how one is doing. In family medicine, the time to the 3rd next appointment should be zero days.

Backlog: Describes the number of patients that are waiting for an appointment. It is divided into 2 types:

- Good Backlog – patients who are waiting appropriately for an appointment – due to a physiological need or due to patient's desire.

Someone scheduled four weeks down the road for their next prenatal assessment or someone who booked an appointment after their return from holiday are examples of good backlog.

- Bad Backlog – patients who are waiting for an appointment when they should not be. Someone waiting 2 weeks to come in to discuss their back pain is an example of bad backlog. Someone waiting 2 weeks to come in for an acute respiratory illness is an example of really bad backlog.
- There is some flexibility within this as some practices may not want anyone to wait for anything, whereas others may decide that people waiting for a complete physical or a pap test is fine, and thus would consider it to be good backlog.

The Defining Formula of Advanced Access

When I first had my own practice, I began to wonder how I would know I had enough patients. Was there a magic number a physician should have or a special way to determine this? After learning more about Advanced Access, I learned the simple formula that changed the way I looked at my practice and changed how I worked.

This formula is the basis of Advanced Access:

Supply = (Number of Days worked/year) x (Number of patients seen/day)

Demand = (Panel Size) x (Number of visits/patient/year)

Supply = Demand

That is it. That is the foundation for everything that follows. In essence, a practice has achieved Advanced Access when this formula is in balance. And the beauty of this particular formula is that you don't really have to do any math or do any calculations. The only thing you need to know is that it exists, it is true, and it makes sense.

Certainly you could do some measurements and determine the average number of visits per year for your patients (for most practices, it is between 3 and 4), but I don't believe it is necessary. What this formula shows us is that both supply and demand are predictable and the only way to keep it in balance is to work within these variables.

Even though the formula is straight forward, there is some magic in it as well. Backlog is a factor that will both increase the number of patient visits per year and decrease the number of patients seen per day. So

by simply removing your backlog, you can miraculously increase your supply and decrease your demand, thus taking a huge step to achieving balance within your practice. Getting supply and demand to be equal, and then keeping it there, is the fundamental task in order to achieve Advanced Access.

How to achieve Advanced Access?

One of the first things to consider when trying to achieve Advanced Access is whether or not it is possible for you. Looking at the previous formula, if you are a family doctor with 3500 patients and working 3 days a week, it is unlikely that you will be able to balance your supply and demand, unless significant changes are made. But if you have less than 2000 patient and are working 5 days a week, it should be easily achievable. For specialists, it is much more difficult to predict your demands but all of these principles will help improve access no matter what your situation.

There are 3 main factors to consider in getting your practice to Advanced Access. Although they will be discussed individually they are not done in a step-wise fashion, but rather simultaneously. Together, they will help you to gain control of your schedule and your practice.

1. Eliminate your Backlog
2. Increase Supply
3. Decrease and Control Demand

Eliminate Your Backlog

Backlog, which in this section refers to “bad backlog,” is the weight on your shoulders holding you back from meeting your full practice potential. Again, backlog is defined as those patients that are waiting for appointments that do not want to be waiting. This must be worked down to enable you to schedule “on-time” where you are meeting each day’s demands on the day it is requested—within reason.

There is no magic in this process other than the benefits that come from doing it. Simply stated, you have to see more people each day or week than normal in order to get caught up. Basically, your goal is reduce the number of appointment requests you are deferring to the future by addressing them today. Eventually you will get to the point where you catch up with your backlog and you are able to meet the majority of your practice’s needs each and every day. The length of time it will take to eliminate your backlog will obviously vary by practice. The important thing to know is that the extra work is finite and not as long as you might think.

You can do calculations to determine how long will it take but, realistically, it is not necessary and not always accurate. The traditional method is to calculate the average time to your 3rd next available appointment (not urgent or fit-in appointment but normal, run-of-the-mill appointment). If it is not zero days, count the number of patient visits between today and the day of that 3rd next available appointment. That is the number of extra patient visits you will have to offer in order to remove your backlog. How long that takes will depend on your strategy.

The most common method of eliminating backlog is to simply see 3 to 5 extra patients per day. This should enable you to temporarily exceed your daily demands so you can catch up with your backlog, thus

eliminating it; this will allow you to gradually get your practice back in balance. Another option is to work an extra afternoon or morning until the backlog is gone. Note that you are not expected to call those people already booked and move up their appointments—you are simply trying to prevent/reduce the creation of further backlog until you have eliminated that which you already have.

I'm sure many of you realize that all physicians work on reducing their backlog regularly—just not to the full extent they need to remove it. Invariably, after holidays, physicians will see more people upon their return than normal—either by double booking, having shorter lunches and/or working longer days. This is exactly the same principle and process we are discussing here. However, instead of stopping when you have reached your normal levels of work, you keep on going until you start having appointment spots open every day.

Note: There are varying theories on how many open spots are ideal each day in advanced access. Some suggest having up to 65% available each day. This is likely somewhat excessive. As long as you are able to meet your daily requests for appointments, you have enough. A better measure may be the percentage of your next 4 weeks which is open—the goal here would be approximately 70%.

The reason that calculations don't accurately reflect the time it takes to eliminate the backlog is they do not account for the things physicians naturally do when they are behind—double book patients or quickly do things by phone/ fax rather than bring the patient in to the office. It also does not account for some of the changes in practice which are recommended in the sections to follow. These techniques will help to reduce your demand and increase your supply, therefore allowing you to eliminate your backlog much faster than you would think.

Increase Your Supply

There are numerous strategies suggested in the literature to help physicians manage their practices. I hope with what has been discussed so far, you can see that they can actually be broken down to a means of increasing your supply or decreasing your demand.

In this section we will go over the techniques that can help you increase the number of effective appointments you have available and thus increase your supply.

1. Book more Patients

This is the obvious answer but not likely your first choice. You can address a discrepancy in supply and demand by simply increasing the number of patients you see per day or week either by increasing your daily hours or the number of weekly shifts. This is necessary in the short term when eliminating your backlog and may be necessary if you realize you have a much larger practice size than your current schedule can handle; but, thankfully, there are many other helpful options.

2. Eliminate your Bad Backlog

As stated above, backlog is a huge burden to your practice. I have repeated this step again here to emphasize its importance. Often physicians will try to introduce Advanced Access without address the backlog issue. This will lead to frustration and often failure if it is not eliminated.

Beyond being the first step in implementing Advanced Access, it will also indirectly increase your supply. How is this so? When you have a large backlog of patients, you invariably end up with patients with long lists of complaints. If your patient is waiting 2-3 weeks to see you about some

problem that had come up, he/she will inevitably sit down and make up a list of other issues to bring up at the same time due to the obvious scarcity and value of this much-anticipated appointment. If they know that they can see you when they need to, there is no need to bring in that list. Thus you are able to stay on time and see more quick and easy patients and fewer of the multiple-problem variety.

This doesn't guarantee you won't have a few patients still coming in with their lists, but the number will definitely decrease and give you a significant reprieve.

3. Get help

Another option is to increase the utilization of other resources to optimize your time at work. This may be as involved as getting an associate to take over part of your practice. Alternatively, you may utilize a nurse practitioner, registered nurse, or registered practical nurse to see patients for visits where they may not need the full services of their own physician. The kinds of visits which may be offloaded in this way will vary depending on your own comfort level and on the skill set of the allied health worker you are utilizing.

These types of appointments may include:

- Allergy shots
- Routine injections/immunizations
- Blood pressure checks
- Diabetes assessments/reviews
- Routine Pap tests
- Well Baby Exams
- Flu shots
- Cold/Flu/Respiratory infection assessments
- Urinary Tract Infections

These health workers are meant to assist in helping physicians with their workload. I hope that it is now evident that this is done by increasing your overall supply.

4. Use Group Visits

This is another way to see more people per day in a more efficient manner and thus increase your supply. Basically, the intent is to see people with similar problems or concerns at the same time so you are able to offer advice and information once to a larger group of patients. The appointment also involves a brief period of one-on-one time for a focused physical exam and individual questions.

In this model, you would potentially be able to see 10 to 20 people in a 60-90 minute group appointment as opposed to 6 to 10 individually.

The common types of problems which may be conducive to group settings include:

- Diabetes
- Hypertension
- Orthopedic procedures
- Heart failure
- Cancer
- Asthma
- Depression
- Fibromyalgia
- Hormone replacement therapy
- Chronic pain
- Prenatal Visits
- Routine physical exams (may seem unorthodox but can work quite well)

The method of incorporating this is not really the focus of this document, but further information can be found through various articles online, as well as the book, *Running Group Visits in your Practice*, by Edward Noffsinger, who is one of the pioneers in this area.

5. Use Virtual Visits

Another way to increase your effective supply is to use different means of communication other than face-to-face appointments. This could include

phone, fax or email. Obviously, this is suboptimal if you are working in a fee-for-service environment; but it can quite useful in a capitation system or even temporarily while attempting to eliminate your backlog.

The hope again would be to increase the number of people who help each day by perhaps being able to make 5 or 6 brief phone calls in a 30 minute period rather than just seeing 2 or 3 people in person.

These virtual visits can be used to remove some appointments from your regular schedule such as the routine refill of prescriptions and the conveyance of test results. When you think about it, there is no real need to have a patient come in to the office to simply adjust their thyroid medication due to a change in their TSH.

6. Electronic Medical Records

The benefits of Electronic Medical Records are beyond the scope of this document but I believe it has the ability to greatly improve your efficiency and thus enable you to see more people per day and reduce the amount of time spent on documentation. However, it will initially add to your workload so I wouldn't advise doing Advanced Access and EMR implementation concurrently. In fact it may be more beneficial to implement Advanced Access first, thus freeing up more time for the work involved in transitioning to a computerized practice.

However, EMR will definitely will improve your workflow and thus make it easier to maintain your accessibility. The benefits of EMR certainly go further than office efficiency and access however. Please refer to my other eBook, "Get with a Program: A Practical Approach to EMR implementation," for more information.

7. Improve Office Efficiency

Beyond EMR usage, there are numerous other ways to improve your office efficiency and flow to keep the patients moving through your clinic rather than stagnating in your waiting room.

Try to document the times in your day where you are waiting for something and see if there is a way or protocol to prevent that from occurring again. The common issues that seem to come up and which can be prevented include:

- Lab result not on chart
- Necessary equipment/supplies not available in the room
- Vitals not taken as required (temperature, blood pressure, weights)
- Urine sample not taken (when reason for visit is ?UTI or ?pregnant)
- Appropriate requisitions not available
- Labels required and need to be printed
- Can't find patient chart

Some of these issues can be resolved or helped with a transition to EMR. Others simply require the creation of set protocols for staff to follow for particular patient groups—for example, taking the blood pressure of all patients over the age of 50. These protocols should be conveyed clearly to outline your expectations and followed up on during regular reviews to ensure that they are consistently done. By having standards, it takes the guesswork away from staff and makes clear what is to be expected for each patient. This frees up your time to do the work at hand rather than running around waiting for other things to be done first.

8. Decrease Appointment Types

A very interesting way to increase supply is to decrease the various types of appointments your office utilizes. Many physicians have set days and times that they do various things such as physicals, pap tests, and excisions. While this is an effective way to control an aspect of your schedule, it actually decreases your daily supply by only offering a portion of your workweek for each patient request.

The typical comparison is the line-up at a bank versus that at a grocery store. In the grocery store, you are forced to pick a line and then you are stuck in that line even if a neighbouring one has cleared up. In contrast, in a bank, you are in a single line and all of the tellers are available to you. In your experience, which system was more efficient?

Ideally then, you would have only one basic appointment type and length (say 15 minutes). Various multiples of this length would be used for other appointment types—30 minutes for a pap, 45 minutes for a physical, for example. This opens up your entire schedule to your patients, thus being more patient-friendly and putting all their appointment requests into one line, as it were. This is more efficient and simpler for all involved.

Obviously this is the ideal and you are free to limit certain things to certain days if that works best for you. Just be aware that you are somewhat compromising on your access in that scenario.

Increasing supply is an interesting and challenging task as seen above. Some suggestions are straight forward and will yield benefits immediately, whereas others are challenging and may even be undesirable for some. Regardless, hopefully you have found a few things that you can do to improve your supply and help get your practice in balance for the long term.

Decrease and Control Demand

The other side of the balancing equation is demand. Contrary to what we feel, in most practices, this is actually finite and predictable. The goal now is to utilize that predictability to gain further control of your schedule. Here are several ways in which you can do that.

1. Eliminate your backlog

The weight of your bad backlog affects all aspects of practice. If you continue to have a significant backlog, your demands will remain high due to the subtle increase in anxiety in your patient population. A patient who may have a slight symptom will likely call your office for an appointment because they know it takes 2 weeks to get in, and they want to be ready with an appointment in case things get worse. Even if things resolve, in my experience, most patients will still come in to discuss something, again due to the perceived scarcity and value of this appointment.

This may not be the exact reason why demand seems to go down with decreased backlog, but I'm sure it is a factor. Regardless, it is definitely true that the number of calls and demands on your practice decrease when you start working on-time.

2. Direct your Follow-ups

A simple way to control your demand is to be more directive with follow up and routine appointments. While not restricting your schedule, try to advise staff and patients to re-book at times you know are less busy. Typically, these are the earlier appointments in the day (before people start calling your office with new problems) and appointments later in the week (as you get more caught up with the developments from the weekend prior).

For example, if you want to see someone back in follow up after diagnosing a pneumonia on a Monday, advise them to come in next Wednesday or Thursday rather than asking to see them in a week without thinking. Mondays are invariably busy, so why not move this non-urgent follow-up to a time more convenient for you and your practice?

3. Increase time between visits

Another simple solution to decrease demand is to increase the time period between routine follow-up appointments. Certainly there is a need to see people on a regular basis but, within your practice philosophy, is there room to lengthen the time between these appointments?

- Book hypertensive patients every 3-4 months rather than every single month
- Give more repeats on medications that don't require as much follow-up – like yearly prescriptions for stable patients on thyroid medication or cholesterol-lowering agents

4. Maximize Visits

Similarly, can you do more in each visit to prevent the patient from having to come back again and again?

- Try to get all prescriptions organized so they run out at the same time rather than having a patient return every 4-6 weeks getting something or another refilled.
- Quickly check when their most recent preventative/screening tests were done and order them at this visit rather than having to call them back in again
- Give patients a lab requisition in anticipation of their next physical or prescription refill so you will have the results at the time of their next appointment

5. Improve Continuity of Care

It has been shown that patients do tend to make fewer appointments if they are able to consistently see their own physician. I'm sure we've all seen patients who have been seen at a walk-in clinic due to some concern

but subsequently did not follow through with the treatment/prescription until they came in to talk to you, their own physician. By enabling your patients to see you consistently when they have the need, the demand on your practice is decreased on the whole.

6. Respond to Temporary Periods of Increased Demand

A key to staying on top of your demand is being aware of periods when it will be increased and responding to it. It is very important to attend to the higher demands when they occur to prevent slipping back into bad habits and ending up with a large backlog once again. The common periods where you may have to plan on working a bit more would be during flu/flu shot season and before and after holidays.

I often find it easier to just plan on working an extra hour or two the week after a holiday to make up for the increased demands from my time away. In fact, my staff will often inform me when I have no more appointments for the day and ask me – usually nicely – to work a little bit extra to help them out. Once they have gotten used to having appointments to offer patients, they are not happy to have to triage and double book again. Happily, it usually only involves me staying for an extra 2 or 3 patients on rare, and well-deserved, occasions.

Your demands on your office can be overwhelming at times but it is important to realize its finite and predictable nature. Once you are aware of that and learn how you can manage it, your view of your practice and schedule will change and your work life can only get better. Hopefully, these ideas will help you in that manner.

Frequently Asked Questions

How does Advanced Access work if you're only working part-time?

This is a very common situation these days as it is rare for family physicians to work 5 full days in the office. It is certainly easier to keep on top of demand if you do work a full week and, if not; the next best scenario would be to work partial days rather than a full day away from the office.

If you are currently having a day out of the office, the best way to deal with this is to block or carve out a portion of the next day which will be dedicated to appointments generated on your day off. The amount of time or number of appointments required will depend on your practice and which day of the week you are away.

This is suboptimal because it does reduce the number of appointments available on the day you have appointments carved out; however, if the practice is in good balance, having a few slots one day a week set aside for the demand of your day off is easily manageable. In order to maintain a healthy and happy practice life, full-time family practice often requires a day away to pursue other interests, academic or otherwise, and I fully support that endeavour.

How does Job-Sharing work with Advanced Access?

This is another common situation where 2 practitioners share a practice and each work a portion of the week. This is perfectly compatible with Advanced Access with a couple of important caveats. The practice must truly be shared in the sense that patients understand that they are assigned to the practice and not to a particular physician, and thus are expected to be comfortable seeing either physician. Also, as the week is

already divided, it would be expected that there would be a physician in this office every day of the work week. This then opens up the entire weekly schedule for each patient and enables the principles of Advanced Access to be followed.

What if I am not busy enough after implementing Advanced Access?

I love this question since it accepts the possibility that a lot of the busy aspects of the practice could actually be due to inefficiencies and bad backlog. If this does occur and you have too much supply and not enough demand, there are a few ways to address this:

1. Take on more patients

If you truly feel you don't have enough demand from your patient population, accept more patients. I'm sure your community will be grateful for that. One word of caution is that your practice does tend to age with you, and a given practice will generate more work as it gets older. It is better to err on the side of too few patients (within reason) rather than too many.

2. Complete forms/paperwork

If you do find yourself with extra time, I would highly recommend using it to complete insurance forms, legal letters, or other paperwork. These are often more lucrative financially than actually seeing patients, and thus are an excellent use of your office time. I'd much rather do them while at work instead of at home on evenings or weekends.

3. Call Patients in to the Office

Another way to increase demand is to call patients directly and ask them to book an appointment to address specific issues. It is an excellent opportunity to ensure certain health measures are up-to-date:

- Immunizations
- Pap Tests
- Mammograms and breast exams
- Colorectal Cancer Screening

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- Diabetes assessments and blood work
 - Smoking Cessation
 - Spirometry/Pulmonary Function Tests in appropriate populations

Electronic Medical Records make this much easier to do, as many systems enable you to search your patient population for specific groups under specific criteria. And speaking of which...

4. EMR Implementation

With your extra time, you may wish to start the process of implementing an electronic medical records system if you have not already done so. It does take time and effort to transition to a computerized practice, so it really is much easier to do when you are utilizing Advanced Access and have your schedule under control.

What if I just cannot balance my supply and demand?

This is a common situation where a physician simply has too many patients to handle given their schedule. The techniques and tools of Advanced Access will help definitely help improve your access regardless, but if you still feel overwhelmed then there are some limited options.

1. Do not take on any more patients

In a family practice setting, this is an obvious but imperative tactic to take. Over time your practice will naturally decrease slightly by the passing of some patients and the moving away of others. Too often, physicians will reluctantly or inadvertently take on some more patients here or there (family members of current patients, friends of friends, for example). You need to be aware that, if you are overworked already, you are effectively decreasing your availability to your current patients by trying to be available to more. If you say “yes” to a potential patient, you are saying “no” to some in your practice already.

2. Take on an associate

If possible, you could try taking on an associate to either share your prac-

tice as described above or else to have their own practice with some of your excess as a starting point. The difficulty may be in convincing some patients in your practice to change doctors.

3. Transfer patients elsewhere

Another tough sell is to find another physician who is still taking on patients and see if he/she will take on some of yours. Again, convincing your own patients to go elsewhere may be challenging.

4. Limit referrals

In a specialist situation where panel sizes are based on referrals, you could try to limit referrals periodically to get caught up. This is a challenge as you obviously need to accept referrals regularly or risk losing your referral base.

This area may require more calculation on your part to determine the number of referrals received in a given time frame and the number of consultations you are able to handle. Most specialists will undoubtedly have a backlog and you would have to decide what you feel is acceptable for that. Once these numbers are determined, you can then make some educated practice decisions to try to keep your supply and demand in check.

Even if suboptimal, I strongly believe that these principles can help specialists understand the issues involved in their practice scenario and can help you make changes to improve your practice life.

From the suggestions above, it is clear that having a panel size that is too large is a huge challenge with suboptimal solutions. The best option is not getting in this situation in the first place, so I would advise erring on the side of caution when developing your practice and be sure you do not take on more patients than you can handle.

What if I work in a smaller community and I am almost obligated to have a huge practice?

This is another difficult scenario but I would put forth the idea that the better long term solution is to still take on a manageable practice size. In reality, you are limited in the number of patients for whom you can successfully and completely provide care. By taking on more than you can truly handle, you are perpetuating the thought that the community has enough physicians when it really does not. Therefore I would suggest that having an appropriate panel size would be a better choice for four fundamental reasons:

1. You will be better able to care for your entire panel size.
2. It will help accurately demonstrate the need for more physicians.
3. Having a healthy and happy practice life will make it much more appealing for colleagues who may consider joining you. Overworking yourself is not going to make for a desirable or marketable work environment.
4. By modeling a healthy occupation, you will help make family medicine more appealing for young people or medical students as a potential career and thus help revitalize the profession.

What about holidays? Won't I be back at square one regarding my backlog?

It is true that eliminating backlog is not a one-time occurrence and does need to be monitored and addressed regularly. After holidays you will have a bit of a backlog and this will have to be worked down. It may require seeing a few more people per day over a week or two before things return to the new normal.

I would say that in the traditional system, this is already the case. It often takes a couple of weeks upon returning from holidays to get caught up and back to a regular pace (however hectic it is). So you invariably already deal with extra work after holidays, but it will be much less if you are caught up and on time at the time of departure, rather than already being two weeks late before you even leave. Also, by being aware of backlog and familiar with ways to eliminate it, you will be well-prepared to handle

the issue upon your return.

What about the benefits of time in allowing various symptoms to resolve?

This question often refers to those patients that don't bother calling in when they first have symptoms because they know they won't be able to get in right away. So they wait and often get better.

I would argue that the patients that choose not to call in would not make appointments in an Advanced Access system either. They would expect that symptoms will resolve naturally and if not, they would be confident that they could come in when needed. For those that do call, they are often easy appointments as they regularly result in simple reassurance and no real treatment requirements.

In the traditional model, for those that would like to have an appointment but can't, there are a few scenarios that occur:

- They attend a walk-in clinic or emergency department.
- They book an appointment for a later date just in case, and then no-show when they are better.
- They book an appointment just in case and then come in with a list of other issues when they are better (perhaps even including their original complaint).
- They don't book an appointment and then have to be fit in urgently, or as a double-booking, if their condition worsens.

These scenarios are all suboptimal and can be alleviated by utilizing Advanced Access.

Conclusion

Advanced Access is a remarkable scheduling philosophy and practice improvement strategy that can radically alter your office life. It requires no special tools or equipment – just the openness to consider a different way of looking at your schedule and the willingness to make the effort to change.

This is not an administrative decision but a personal one – to transform your own practice to one that is efficient, effective, and enjoyable. It cannot be forced upon you but similarly, it cannot be done for you either.

I hope that I have been able to clarify some of the misconceptions surrounding Advanced Access and have demonstrated the many benefits of Advanced Access for yourself, your patients and your staff. Also, by understanding the foundations behind Advanced Access, you can see that it has to apply to your practice, as no office is immune to these principles.

There is just no need to continue working on that treadmill where you are behind schedule before you even get out of bed in the morning. There is a better way. Once that simple truth is accepted, then the next steps are easy.

My goal was to provide an approach to Advanced Access that would make it desirable, practical and achievable; I hope I was successful in that. Advanced Access can redefine your practice life and is one technique that can simultaneously help improve patient care, enable physician health and revitalize family medicine.

I wish you the best in achieving your goals.

