

Community Health Center **SUCCESS**

CHC, Inc.

Advanced Access Offers Same Day, Same Provider Service at Community Health Center

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Dr. Daren Anderson, CHC Medical Director
CHC, Inc.
Middletown, CT

The Setting:

In 1972, a group of young community organizers and activists with more energy than dollars started Community Health Center, Inc. using volunteer dentists and physicians. Their rallying cry of “Healthcare as a Right, not a Privilege” still rings true. Today, CHC is one of the largest community health centers in the United States, providing medicine, dentistry, mental health and a range of social and support services to 50,000 people annually through its offices in Connecticut.

Serving such a large patient base offered an ever-present challenge of juggling supply and demand. With a no-show rate averaging 40%, booking patients and arranging provider schedules was becoming an exercise in futility and a drain on resources. The original rallying cry was joined by another ideal called “advanced access.”

Addressing the Challenge:

“Clearly, the services we’re providing are important, and when you experience very high no show rates, something is terribly wrong,” explained Dr. Daren Anderson, CHC Medical Director and leader of the Finance and Redesign Collaborative Team. “We were excited to use the same Health Disparities models and processes for improvement to focus on our office practices as we’d used to improve diabetes and asthma outcomes.” The goal of advanced access is to make a better system for patients to access health care. Instead of booking people far out in advance, patients are told to call the day it is convenient for them to come in. Anyone who calls is offered an appointment that same day or within 24 hours.

“It is *because* we stopped booking people in advance that we can now offer those who call an appointment on the same day or on a day that is convenient for them,” Anderson explained.

Making the shift to advanced access required meticulous planning, training and data analysis. “We tracked multiple outcomes and monitored daily our no show rates, productivity related to number of patients seen and ‘third next available’ for open slots,” Anderson reflected. “You cannot effectively do advanced access without balancing your supply and demand for visits.” The team ran demand studies and kept track of the number of people who called for appointments on various days. They identified when demand was highest and adjusted provider schedules accordingly.

“If this were a Thursday,” Anderson illustrated, “my Friday schedule would be half empty and Monday would be wide open. But by the end of both days, I will have had a full patient load.” CHC took 18 months to implement advanced access one site at a time for its six full sites. Key lessons learned were to be flexible with patients who needed to plan appointments ahead and to develop a rigorous recall system. “The ultimate concept behind advanced access is to give patients what they want – offer same day appointments, but don’t insist,” Anderson cautioned. “A strong recall system is an important patient reminder. For example, when we tell a diabetic patient to come in for follow-up in three months, the week they’re due to come back they get a reminder postcard. If they don’t contact us that week, we make direct phone calls until we reach them.”

The new system required intensive hands-on training of front desk staff. “Advanced access is made or broken by the receptionist knowing how the system works and what to say to patients,” Anderson said. Patients were educated on the new system through posters, mailings, flyers and one-on-one discussions.

Results:

“The Finance and Redesign collaborative gave us a structured way to do something we knew we had to change,” said Anderson. “Once you get beyond planning and into implementation, it is surprisingly simple and straightforward.”

With advanced access, CHC’s no show rate decreased from 40% to 10% and their continuity factor (patients being seen by their own provider) rose to 75%. Advanced access also positively contributed to the health center’s bottom line because it increased productivity. Equally important to the collaborative team, patient satisfaction surveys around the issue of access are very high. “People love it,” Anderson explained. “It’s a patient-centered system that gives patients what they want, which is to be seen by someone who knows them. As a provider, I would much prefer to see someone I know, because I don’t have to do new patient workup. It becomes a shorter visit, more efficient and more productive.”