

SNI Webinar Recap

Optimizing Access and Reducing the Backlog

On December 16, 2021, SNI hosted the webinar, *Optimizing Access and Reducing the Backlog in Primary Care*. In this session, Dr. Blake Gregory from San Francisco Health Network shared a strategic, multimodal approach to tackle the pandemic-driven backlog. The webinar slides and recording are available [here](#). Below are key takeaways from the session.

Optimizing Access ...starts with maximizing the resources you already have.



Reduce no-shows by maximizing value for the patient

Patients no-show for visits for a reason, making it especially important to prioritize patient experience and ensure that patients consider visits to be a valuable use of their time.

- Practice max-packing appointments to address as many needs as possible
- Minimize access delays and avoid canceling appointments
- Offer telehealth options
- Identify and address barriers to in-person visits, such as time of day, cognitive impairment, childcare, and transportation (which is a covered Medi-Cal benefit)
- Overbook slots for patients who are likely to no-show



Shift scheduling practices away from using appointments as a means to track patients

Instead of defaulting to scheduling follow-up appointments after each visit, leverage the EHR to use registries, work lists, and care gap lists to target outreach and use automated appointment reminders to schedule visits when they're due.



Simplify scheduling templates

Minimize visit types and avoid carve-outs, which may lead to wasted slots. Instead, shorten lead time by incorporating more hold-and-release slots (e.g., slots that open up 3, 7, or 14 days in advance) and restricting how far out appointments can be booked.



Consider all visit modalities

Conduct asynchronous outreach, such as mailing FIT kits for colon cancer screening, to close care gaps without additional visits. Leverage the care team more robustly (e.g., clinical pharmacist-led chronic care) to free up time for the provider to see more urgent patients.

Tackling the Backlog



Measure the backlog

A backlog occurs when demand (i.e., the number of requests for visits from patients and the office) exceeds supply (i.e. the number of visits available). Backlog can also be measured by looking at third next available appointments, waitlists, and counting the number of appointments that are being pushed out.



Work down the backlog

Once schedules and resources have been optimized, if the backlog persists:

- Create a plan to work down the backlog that includes a start and end date
- Temporarily add appointment slots to the schedule (e.g., weekend or evening appointments, or extra slots during the day)
- Go at a pace fast enough so that backlog reduction is not a prolonged process, but not too rapid to avoid burnout
- Confer with senior leaders to be clear about organizational support needed

Public Health Care System Examples

During the webinar, attendees participated in a virtual post-it note activity to share approaches and strategies to optimize access and reduce the backlog.



Intentional Scheduling Practices

- **LAC+USC Medical Center** is converting from a traditional scheduling model to the Advanced Access Model, in which patients will be able to schedule appointments on the same day they call
- **Alameda Health System (AHS)** intentionally overbooks slots for clinics they know will have high no-shows (e.g., pap clinics) and only schedules one week prior to the visit
- At the end of the visit, **Riverside University Health System (RUHS)** providers ask patients when they want to come back to align with what the patients feel is needed
- **AHS** texts patients with upcoming visits to offer same-day mammogram screenings while they're on-site



Increase Supply

- **San Joaquin General Hospital (SJGH)** is extending clinic hours and adding gap clinics on weekends



Extend the Capacity of Care Teams

- **RUHS** outreach teams partner with radiology to offer direct mammogram scheduling, bypassing the need for a provider visit
- **San Mateo Medical Center** RNs use outreach lists to contact and engage with patients for chronic care management, clearing up space in provider schedules
- **RUHS** outreach teams use standard workflows to order and mail out FIT kits



Leverage Digital Tools

- **RUHS** provides blood pressure cuffs to patients and uses telehealth to conduct short interval follow-ups for blood pressure checks
- **SJGH** deploys new digital health tools, such as robotic process automation and remote patient monitoring, to extend the reach of traditional care teams
- **AHS** sends automated reminder text messages for upcoming visits to decrease the no-show rate