CLINICA FAMILY HEALTH

Advanced Access Scheduling
Empanelment and Team-Based Care

J.R. Franco DDS and Pablo Hester BA, MA
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Speakers

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Clinic Dental Director (Adams County)

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Dental Operations Director
Objectives

• Learn best practices for empanelment and its relationship to continuity and staff/patient satisfaction.
• Understand the importance of removing the barriers to access to provide prevention-focused patient-centered health home services.
• Gain a better understanding of Advanced Access scheduling principles and how increased access improves patient health outcomes.
• Understand how members of the care team work together to develop and implement innovative Advance Access scheduling principles.
• Observe how clinical and operational teams work together in providing high level patient care.
Mission and Vision

To be the medical, behavioral health and dental care provider of choice of low income and other underserved people in south Boulder, Broomfield and west Adams counties. Our care shall be culturally appropriate and prevention focused.

To assure that every low income and other underserved person in south Boulder, Broomfield and west Adams Counties will have access to high quality, preventative medical, behavioral health and dental care.
History of Clinica Family Health

- 1977: Founded by Alicia Sanchez, began with 1 NP; Inez Buggs
- 1979: Received 1st federal grant (FQHC)
- 1994: Opened 1st Adams County site
- 1996: Opened 2nd Adams County site
- 2001: Opened 1st redesigned clinic (Thornton)
- 2002: Opened 1st dental clinic
- 2003: Opened 1st pharmacy
- 2005: NexGen (EHR) came online
- 2007: Merged with People’s Clinic in Boulder (founded 1970)
- 2011: Opened Federal Heights clinic
- 2013: Opened expanded Thornton medical and dental clinic
- 2014: Opened Alpine clinic location (Mental Health Partners)
- 2016: expanded to evening hours for dental clinics
- 2017: Relocated Federal Heights clinic to Westminster, doubling its size
- 2018: Open expanded Lafayette Clinic, Dental Clinic and Administration
2018 Service Area and Locations

Demographics:

- 2018 UDS: 55,526 unique medical patients
- 2018 UDS: 16,100 unique dental patients
- 2018 UDS: 32,423 visits
- 31 Dental Chairs with 16.4 Dental provider FTE
- Medicaid: 53%
- Uninsured: 41%
- Private Insurance: 1%
- CHP: 5%
- Hispanic or minority: 74%
- Pts living below 200% FPL: 95%

Mature team-based care model
Integrated physical, behavioral, dental health
NCQA PCMH Level III and DRP
Key Redesign Elements: The “Big 6”

To improve patient-centered, population health management.

NOTE: Not sequential in nature.
Continuity & Access
What is Advanced Access?

- Originally developed by Mark Murray (MD, MPA) and Catherine Tantau (BSN, MPA)
- A system originally developed for primary care for same-day appointments to all patients
- Matches supply of clinicians each day to the daily demand of visits
Foundational Principles

Advanced Access Principles

- Understand & Balance Supply & Demand
- Increase Supply of Visits
- Reduce Demand for Visits and backlog
- Reduce Appointment Types & Times
- Develop Contingency Plans
- Empanelment
- Team based care

Tom Bodenheimer’s ten building blocks of high performing primary care

1. Engaged leadership
2. Data-driven improvement
3. Empanelment
4. Team-based care
5. Patient-team partnership
6. Population management
7. Continuity of care
8. Prompt access to care
9. Comprehensive-ness and Care Coordination
10. Template of the future

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CLINICA
family health
Empanelment
Why Is Empanelment Important?

• Allows for a system of continuity of care
  • Builds trust - patient more likely to follow provider
  • Patient does not have to repeat their story
  • Ease of “shared decision making”

• Supports population health management
  • Shifts focus from reactive acute care to proactive preventative care

• Supports timely access to care

• Lowers costs
  • Less duplicative care
  • Patients more likely to follow recommended care
Creating Panels of Patients

A Simple Formula for Panel Size

1. **Determine capacity.**
   
   Average Visits per Day by Provider Type \( \times \)
   
   # of Working Days per Year

2. **Determine panel size.**
   
   # Visits Available per Year
   
   Average Visits per Year by Patient Type
Creating Panels of Patients
A Simple Formula for Panel Size

1. **Determine capacity.**

   **General Dentist:** 14 Visits per Day \( \times \) 240 Working Days per Year = 3360 Visits per Year

2. **Determine panel size.**

   **General Dentist:** \[ \frac{3360 \text{ Visits per Year}}{2.75 \text{ Visits per Year per Patient} \geq 12YO} = \sim 1,200 \text{ Patients} \]
## Example of a General Dentist’s Panel

<table>
<thead>
<tr>
<th>Provider Type</th>
<th>Speciality</th>
<th>Location</th>
<th>FTE</th>
<th>Goal Number</th>
<th>Goal</th>
<th>Number of Patients</th>
<th>Adjusted Number of Patients</th>
<th>Difference</th>
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<tbody>
<tr>
<td>Dentist</td>
<td>General Dentist</td>
<td>Dental Pecos</td>
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<td>1200</td>
<td>0</td>
<td>1</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Not Specified</td>
<td></td>
<td>1200</td>
<td>0</td>
<td>1</td>
<td>1.0</td>
<td>1.0</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Dental Lafayette</td>
<td>0.87</td>
<td>1200</td>
<td>1,044</td>
<td>1,030</td>
<td>1020.5</td>
<td>(23.5)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>0.87</td>
<td></td>
<td>1,044</td>
<td></td>
<td>1,032</td>
<td>1022.5</td>
</tr>
</tbody>
</table>
Defining an Active Patient

Active Patient: Patient that has a dental visit in a designated time frame and has had a comprehensive exam

- 12 months active-This time period can under-estimate panel size due to not counting healthier patients who do not come in as frequently

- 36 months active-This time period can over inflate the panel size by counting patients that have moved or gone elsewhere

- 18 or 24 months active-This time period allows for some wiggle room in patients accessing care, while not over inflating.
Resources Needed for Effective Panel Management

- Knowledgeable and engaged leadership team
  - Ensure staff follow processes and written procedures

- IT support
  - Create reports for accurate empanelment

- Panel Manager
  - Monitor provider FTE and reports
  - Identify and adjust panels and monitor and resolve unassigned patients
  - Identify new patient assignment and when a panel is closed
  - Communicate with care team involving panel assignment and adjustment

- Ops and Care Team
  - Assign patients upon check in
  - Identify patients who should be repaneled based on provider availability
Where we were

Where we are

Where we were
# of Rules

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<thead>
<tr>
<th>Cycle</th>
<th>GOAL</th>
<th>PEDO</th>
<th>GD</th>
<th>HYG</th>
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<tr>
<td>Start</td>
<td>10</td>
<td>10</td>
<td>10</td>
<td>14</td>
</tr>
<tr>
<td>Cycle 1</td>
<td>10</td>
<td>27</td>
<td>10</td>
<td>14</td>
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<td>6</td>
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How we used to schedule

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<tr>
<th>TIME</th>
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<th>2ND</th>
<th>3RD</th>
</tr>
</thead>
<tbody>
<tr>
<td>8:20</td>
<td>T/A-EXAM-P/O</td>
<td>COMP EXAM</td>
<td>T/A-EXAM-P/O</td>
<td></td>
</tr>
<tr>
<td>9:00</td>
<td>FILLING IP/EXT'D APPT</td>
<td>EXT./PERIODIC EXAM</td>
<td>T/A-EXAM-P/O</td>
<td></td>
</tr>
<tr>
<td>9:40</td>
<td></td>
<td>EXT./PERIODIC EXAM</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10:00</td>
<td>HAPPY VISIT (ONLY IF FILLING IS A 60 MIN APPT)</td>
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<td></td>
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</tr>
<tr>
<td>10:20</td>
<td>FILLING</td>
<td>EXT.</td>
<td>FILLING</td>
<td>T/A-EXAM-P/O</td>
</tr>
<tr>
<td>11:00</td>
<td>FILLING</td>
<td>EXT.</td>
<td>FILLING</td>
<td>COMP EXAM</td>
</tr>
<tr>
<td>11:40</td>
<td>HAPPY VISIT</td>
<td>KID EXAM</td>
<td>HAPPY VISIT</td>
<td>KID EXAM</td>
</tr>
<tr>
<td>2:00</td>
<td>FILLING IP/EXT'D APPT</td>
<td>EXT./PERIODIC EXAM</td>
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<td>2:40</td>
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<td>EXT./PERIODIC EXAM</td>
<td>EXT./PERIODIC EXAM</td>
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<tr>
<td>3:00</td>
<td>HAPPY VISIT (ONLY IF FILLING IS A 60 MIN APPT)</td>
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<tr>
<td>3:20</td>
<td>T/A-EXAM-P/O</td>
<td>FILLING</td>
<td>T/A-EXAM-P/O</td>
<td></td>
</tr>
<tr>
<td>4:00</td>
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<td>KID EXAM</td>
<td>HAPPY VISIT</td>
<td>KID EXAM</td>
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## Example of a General Dentist Template

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<th>Time</th>
<th>Any Patient Here</th>
<th>Time</th>
<th>Any Patient Here</th>
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<tbody>
<tr>
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<td>8:40 A</td>
<td></td>
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<tr>
<td>8:20 A</td>
<td>Any Patient Here</td>
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<td>4:40 P</td>
<td>Any Patient Here</td>
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</table>
Clinica's Caries at Recall Journey: Sustaining the Improvement
Team Based Care

• How do we use team to support a scheduling system with few rules, carve outs and sometimes predictability?
Components of High Performing Teams

**Design**

- **Well defined roles, expectations and training**
- **Staff working to the top of their license**
- **Staff willing to do what it takes regardless of role**
- **Well defined handoff between roles**
- **Standardization that eliminates waste and provides ability to duplicate services across care teams**
- **Huddles**

**Management**

- **Unified and focused vision**
- **Structured quality improvement process**
- **All staff have a voice**
- **Systems that decrease/eliminate silos**
- **Measureable systems and outcomes**
- **Easy access to outcomes measures**
- **Accountability to the model of care**
Leveling the Hierarchy

• Where do most places situate their dentists?
  • Own offices, away from the team
  • In our environment, dentists and hygienists sit with the team
• Removing titles from names (encouraging the team to not call dentists “Doctor”)
• Work events and social events attended by all roles
• When trying to solve a problem, we solve in team
• Empower DAs to problem-solve in-the-moment scheduling concerns rather than going to the dentist
Develop Contingency Plans

- Daily Huddles
- Develop Time-Away Process
- Develop Multi-Skilled Staff
- Manage Demand Variation Proactively
- Add More Appointment Times to Address Seasonal Fluctuations
- Anticipate Unusual but Expected Events
Summary

• Principles of Advanced Access Scheduling
• Empanelment
• Scheduling journey
• Utilizing team based care to support a scheduling model that is patient centered
QUESTIONS?