Introduction of Advanced Access Scheduling Into An Academic Medical Setting

Debra Goldson-Prophete, MD
Arezou Fatemi, MD
Objectives

• Review the six (6) core elements of advanced access scheduling
• Learn measures for monitoring and evaluation
• Use UMDCare as case model
• Develop a plan for implementing an advanced scheduling system and measuring success
Six (6) Core Elements

- Balance Supply and Demand
- Reduce Backlog
- Reduce Variety of Appointment Types
- Develop Contingency Plans
- Adjust Demand Profiles
- Increase Availability of Bottleneck Resources
Balance Supply and Demand

• Supply
  – Available Physicians
  – Appointment Availability
  – Time
• Demand
  – Appointment Requests
  – Walk-ins
  – Booked Appointments
Reduce Backlog

- Future booked appointments
- Typically remains constant
- Growth reflects a problem in supply/demand
Simplify Appointment Types

• “New”, “Follow-up”, “Walk-in”, “ER”

• Appointment types can limit efficiency
  – When is the 3rd next available ____

• Increase supply by increasing efficiency
Contingency Plan

- Periodic increases in demand
- Periodic decrease in supply
Adjust Demand
Increase Availability of Bottleneck Resources

• Part-time assistance
• Physician adjuncts: APN, PAs, Medical Assistants
• Staffing
Measures for Monitoring and Evaluation

- Demand
- Capacity
- Panel Size
- 3rd Next available Appointment
- Future Open Capacity
References

• Carlson B. Same-day Appointments Promise Increased Productivity. Managed Care. 2002; 11(12):43-44
• Murray M, Bodenheimer T, Rittenhouse D, Grumbach K. Improving Timely Access to Primary Care: Case Studies of the Advanced Access Scheduling Model. JAMA. 2003; 289(8): 1042-6
• Murray M, Tantau C. Same-day Appointments: Exploding the Access Paradigm. Fam Pract Manag. 2000; 7: 45-50