

## Strategies to Support Primary Care Practices Enhance Access during COVID-19 and Beyond

COVID-19 has had a significant impact on the way primary health care is being delivered in family practices across Nova Scotia and will continue to do so. It has also provided an opportunity to pause and consider how we provide access. NSHA Primary Health Care has developed this resource to assist providers and teams to provide accessible primary health care for their patients – when and where they need it – through the COVID-19 pandemic and beyond.

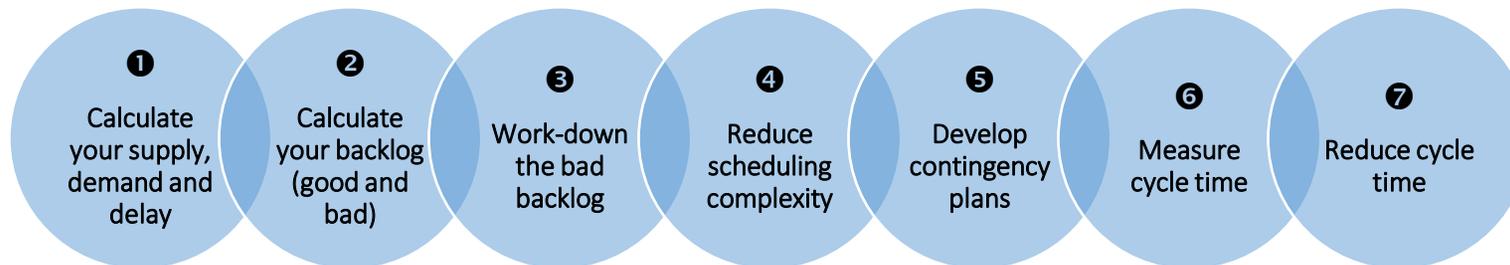
The strategies identified in this resource are evidence-based and practice-tested to support providers and teams in reducing delays for appointments while improving the patient and provider experience. Guidance documents, templates, and other materials have been embedded throughout the document, and more can be found at [PHCQuality.ca](https://www.pqc.ca).

This resource is intended to:

- Assist providers/teams in developing a plan to **optimize clinic access and efficiency** during the COVID-19 pandemic and beyond;
- Reduce stress for providers, staff, and patients, and **increase the quality of work and personal life** during this unprecedented time.

### 7 Steps to Advanced Access and Efficiency

There are [seven steps](#)<sup>1</sup> involved in implementing access and efficiency strategies in your practice:



The seven steps apply to however you see your patients: in-person, or virtually by phone or videoconferencing. The following strategies align with these seven steps, and are those being recommended in response to the COVID-19 pandemic and beyond. More information can be found in the full [Advanced Access and Efficiency Workbook](#).

**Implementation of Strategies:** Not all strategies will work for every clinic. It is recommended that all members of the clinic team (providers and administrative staff) work together to develop a plan for implementing these solutions.

<sup>1</sup> British Columbia General Practice Services Committee Practice Support Program  
NSHA Primary Health Care  
June 10, 2020 | Version 5.2

## Assess Your Practice: Because knowing what to change starts with knowing your practice

Workbook Steps ① ② ③ ④ ⑤ ⑥ ⑦

### 1. Measure current **supply** and **demand** for all appointments by provider and day.

*Why? Supply demonstrates how many appointments are available on a given day/week. Demand provides an understanding of every request for an appointment. Note this does not necessarily tell you supply and demand for normal situations – refer to [panel size equation](#) for more information.*

Reflect: Compare demand and supply data. Does daily demand match daily supply? Are there trends throughout the week? What percentage of appointment requests are for follow-ups? When are they being booked?

Weekly supply: \_\_\_\_\_

Weekly demand: \_\_\_\_\_

Observations:

### 2. Calculate **backlog** (good and bad).

*Why? Tells you how many appointments are waiting to be completed, both those that need to wait (good backlog) and those that were delayed unnecessarily.*

Good backlog: \_\_\_\_\_

Bad Backlog: \_\_\_\_\_

### 3. Calculate the delay (**third next available appointment**).

*Why? The third next available [TNA] appointment is a key indicator of the present state access to your practice. Highlights how long patients in your practice are waiting for an appointment. Goal: 0 days  
Another measure of access is [patient experience](#).*

Third Next Available Appointment:

\_\_\_\_\_ days

## Implement Strategies to Balance your Supply and Demand and Improve Efficiencies

Workbook Steps ① ② ③ ④ ⑤ ⑥ ⑦

**No backlog? Does supply currently exceed demand? Consider the following strategies to maximize available supply:**

- Focus immediate efforts on deferred paperwork (labs, etc.) prior to increase in demand.** Many providers have seen a decrease in external demand for services, but have also had cases sent back to them from lab, DI, etc. Addressing those before services ramp up will ensure time will be available to address expected increase. Will also help prioritize who needs to be seen.
- Be proactive: engage with priority patients.** In times where demand may be temporarily depressed, use EMR data to focus on priority patients who may require follow-up/intervention. This could reduce need for appointments later, when demand rebounds.

**Have backlog? Does demand currently exceed supply? Consider the following strategies to reduce demand, maximize supply, and work down the backlog:**

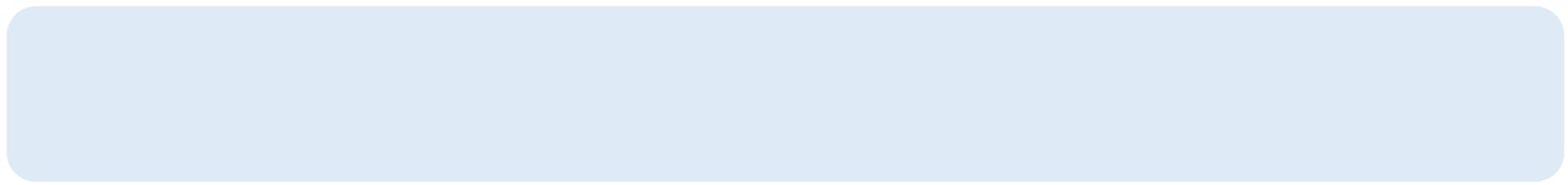
- Maximize use of virtual appointments as in-person visits grow.** Currently, in many practices the majority of services are being provided virtually. Continuing that trend where appropriate will reduce pressure on in-person visits. If the goal is to maximize same day in-person availability consider scheduling virtual visits in the morning to leave in-person availability for the afternoon. If constraints like PPE and increased sanitization are an issue, virtual appointments could be done between in-person visits to reduce downtime.

- Encourage patient engagement and self-management.** Patients that are successful in implementing self-management strategies are less likely to require an appointment.
- Extend visit intervals.** Before automatically rescheduling patients, question whether it is medically indicated to schedule a follow-up, or whether the visit interval can be extended.
- Identify and manage limitations to supply.** Actively look for limiting factors (e.g. PPE, physical distancing challenges, and provider time) and identify alternative processes to ensure a supply of appointments is available. For example, if certain aspects of PPE (e.g. an apron) can be disinfected, have several in rotation so a provider always has one ready when going in with a patient.
- Optimize care team.** Ensure that all members of the team are working as efficiently as possible to optimize the range of available skills on the team.

**Also consider the following efficiency and scheduling strategies, especially once supply and demand are close to balance:**

- Adjust provider/staffing scheduling to match demand pattern.** Matching appointment availability to demand patterns increases the likelihood patients are seen in a timely way and reduces unnecessary future bookings.
- Manage variation in demand (e.g., guide pre-booked appointments to days when you tend to have more supply than demand).** Have fewer routine follow-up appointments scheduled on days where demand for same-day care is high, and schedule more routine care on days where urgent requests are low. Example: *Set follow-up appointments towards the end of the week, and early in the day.* External demand tends to be higher earlier in week, and scheduling follow-ups in morning leaves more time available for people to be seen the day they call.
- Use (virtual) group visits.** All patients living with chronic illness can benefit from support through the use of group consultations or group or shared visits. If interested in learning more about group visits, connect with a PHC leader in your area.

*Team Action Planning: Who does what, when and how?*



## Implement Strategies to Improve Patient Flow (In-Person and Virtually)

Workbook Steps ①②③④⑤⑥⑦

Whether your supply and demand are balanced or not, the pandemic has made us aware that changes are needed to ensure the safety of you and your patients. Here are some strategies to help you improve patient flow, both in-person and virtually.

- Measure cycle time to understand how long a patient is spending waiting either in the clinic or virtually.** Goal is to optimize time spent with provider and reduce time spent in other phases.
- Know the reason for patient visit ahead of time.** If possible, record the reason for each visit to allocate the necessary amount of appointment time and to help you and your patient stay focused on their priorities. Explore strategies to address additional concerns that may arise during the appointment.

- ❑ [Identify waste/redundant practices](#). Look for any activity that does not add any value to the service and remove where possible (e.g. having to leave the exam room to get supplies; making repeat calls to a patient; moving to another room to conduct virtual visits).
- ❑ [Process-map the patient journey, either in person or virtually](#). A process map can help you identify where inefficiencies are resulting in delays for the patient (ie. excess time in the waiting room) and/or slowing you down. This can be especially useful when new processes are implemented (e.g. virtual care workflows).
- ❑ [Register patients/clients prior to visit](#). Will save time during appointment, and can be used as an opportunity to know more about reason for visit.
- ❑ [Use scheduled pauses to apply continuous flow approach to non-appointment activities \(e.g., return phone calls\)](#). Taking care of these activities at scheduled intervals can remove interruptions throughout the day (e.g. messages from pharmacies).
- ❑ [Develop plan for dealing with downtime \(e.g. late patient/no-shows\) to address non-appointment time needs](#). E.g. admin staff plan on bringing forms/messages/etc. for actioning when a no-show occurs.

*Team Action Planning: Who does what, when and how?*

### Ongoing Monitoring

You have assessed your practice and implemented changes to increase access and improve efficiency. How will you know if the changes you have made have led to improvements, in the short term and over time? The key to sustained improvement is ongoing monitoring. Continue to measure the following key indicators:

- [Third Next Available \[TNA\] Appointment](#): Monitoring TNA will give a practice an early indication that delays are starting to increase, allowing for changes to be implemented to prevent that from happening.
- [Cycle Time for office or phone/virtual visits](#): Understanding the patient flow will identify opportunities to improve efficiency or reduce waiting.
- [Patient Experience](#): Ensure changes to improve access are improving patient experience.
- [Provider/Staff Satisfaction](#): Ensure changes to improve access are improving provider satisfaction.

*Team Action Planning: Who does what, when and how?*