

Friday, September 3, 2010

Open access: Same-day appointments help patients and practices

Kansas City Business Journal - by [Aly Van Dyke](#) Staff Writer

Dave Kaup | KCBJ

Dr. Nathan Granger (right) examines David Duncan at the Clay Platte Family Medicine Clinic, which keeps 30 percent of its slots open for same-day appointments. "It doesn't do patients a lot of good to have to wait for months to see (a doctor)," Granger says.



For about six years, patients who wanted to see Dr. Michael Dahl had to wait at least a week. That wasn't very helpful for those who required immediate attention.

The week or two patients had to wait for Dahl, an internal medicine physician at Medical Group of Kansas City was still better than the 20 days people usually wait, according to a 2009 Merritt Hawkins & Associates study of 15 metropolitan areas.

But now, Dahl's patients can call in the morning and get an appointment that day or the next. That's because he leaves two of his 28 slots open each day.

Since February 2009, Dahl and the other primary-care physicians with HCA Midwest Health System have used an increasingly popular form of scheduling: open access.

Open-access scheduling requires physicians to keep a percentage of appointments open for call-ins, rather than double booking or forcing patients to emergency rooms. Many local primary-care practices keep 30 percent or less of their appointments open each day; advocates suggest 50 percent to 75 percent.

Allowing patients to schedule the day they need an appointment keeps people out of emergency rooms, increases prevention and reduces the incidence of no-shows, all of which bring in more money to physician practices and help lower the cost of health care in general.

A 2009 study by the American Academy of Family Physicians found that about 62 percent of the 1,156 primary-care facilities surveyed nationwide use some form

of same-day scheduling. No one has a clear estimate on the number of area practices with open access, but HCA Midwest, which had the area's third-largest physician practice as of May 22, requires all 106 of its primary-care physicians to offer same-day, next-day scheduling.

"When you're sick, you don't want to be told you have to wait a week," HCA Midwest spokeswoman Susan Kaufmann said. The system asked its primary-care physicians to change to meet patient needs and help newly recruited physicians fill their schedules.

Physicians said the system comes with multiple benefits — including higher efficiency and patient satisfaction and more coordinated care — at minimal risk and virtually no cost.

The pediatric clinic with the Unified Government of Wyandotte County/Kansas City, Kan., started open-access scheduling for its three half-day clinics in January 2009.

Melanie Vogts, the clinic's program manager, said that offering same-day appointments has decreased no-show rates from 52 percent to about 17 percent. Now, instead of scheduling 10 patients and seeing only five, the clinic sees at least eight, she said.

"It has increased the number of people we can service because we don't have slots that people aren't showing up for," Vogts said.

And same-day scheduling helps lighten the load for the entire health care system because it keeps patients out of hospitals and the emergency room, TransforMED CEO Terry McGeeney said.

"It's good for patients, it's good for the health of the population and health care costs, and it's good for the efficiency of the practice," he said.

TransforMED, a subsidiary of the AAFP, helps primary-care practices implement its patient-centered medical home model. Offering same-day appointments is one of the tenets of the TransforMED model.

McGeeney said he's seen interest in the model and open access spike dramatically in the past two months, with more than 100 practices contacting TransforMED each week for assistance.

The interest will only continue to increase as word of its efficiency spreads and as health reform starts rewarding practices for catching illnesses early, rather than just treating them, said Douglas Henley, executive vice president and CEO of AAFP.

McGeeney said that within two years, about 75 percent of primary-care practices will have open-access scheduling.

In the traditional scheduling system, physicians won the “badge of honor” for being booked weeks in advance, he said. Open access changes that perception to correspond with payment reforms and patient satisfaction.

But leaving a third of their schedule open is the largest concern for physicians, making some cling to the security of tradition, McGeeney said, though those worries disappear after about two months of same-day scheduling.

TransforMED joined up with Blue Cross and Blue Shield of Kansas City in November to help 13 primary-care practices pilot the patient-home model.

Only a few have reached the point of offering open access, he said, because other practices in the pilot began with implementing electronic medical records instead of changing scheduling.

One of the practices that offers open access in the pilot program is Clay Platte Family Medicine Clinic.

Dr. Nathan Granger, a physician in the practice, said he and his peers keep 30 percent of their slots open for same-day appointments.

With open-access scheduling, he said, the practice has been able to adjust physician availability to meet the needs of their patients.

He said the practice also has extended hours into the evening and on Saturdays to help accommodate patients’ schedules.

“It seems right now with the economy, people can’t take off in the middle of the day,” Granger said. “Even if a clinic has the best physicians, it doesn’t do their patients a lot of good to have to wait for months to see them.”

TAKING UP RESIDENCE

Patient-centered medical homes are designed to encourage the use of primary care. The models emphasize comprehensive, patient-oriented care that involves not only physicians but also patients and their families.

Several organizations have established qualifications for patient-centered medical homes, which have gained popularity in recent months with the financing opportunities created through health care reform. Here are the tenets:

- Access to care and information

- Practice-based services
- Care management
- Care coordination
- Practice-based care team
- Quality and safety
- Health information technology
- Practice management

avandyke@bizjournals.com | 816-777-2234 | Twitter: @alyvandyke"