

# Hawaii Primary Care Association Annual Conference and Quality Summit



## Optimizing Primary Care: The KKV Experience

October 9, 2008



# What is OPC?

- Improve access into clinic
- Improve efficiency of the time patients spend in the clinic
- Improve clinical care



# Reasons to Participate in OPC

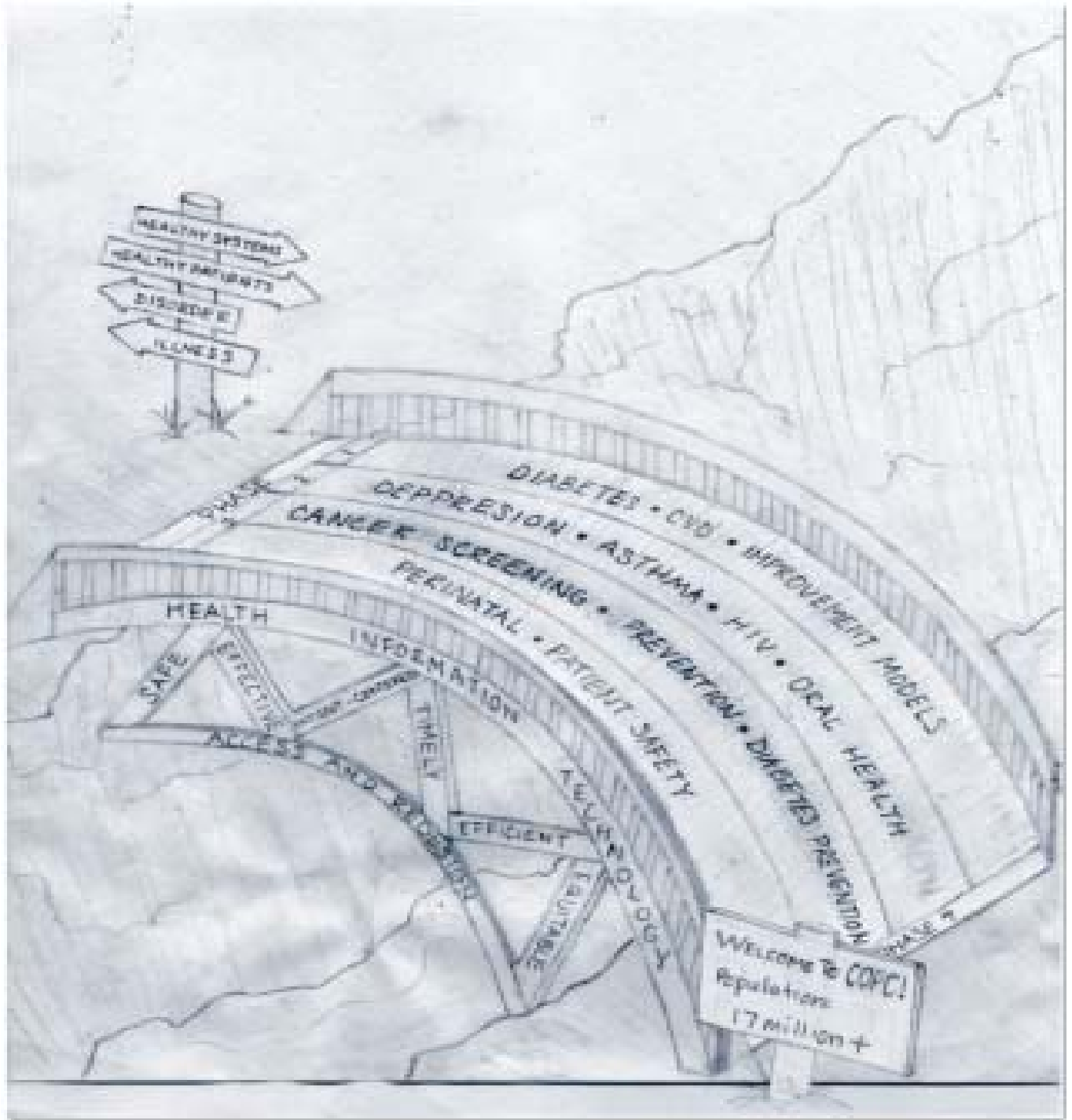
- Patient satisfaction surveys indicate biggest complaint is long wait
- Large No Show rate (ranges 30-42%)
- Of the patients we see, 55% are walk-ins in medical
- We want to give our patients high quality care
- KKV values continuity of care and the patient doctor relationship



# KKV's History



- Unanticipated growth
- Already outgrew new clinic by 2003
- Need to use current space with better efficiency





# STEEEP

- Safe
- Timely
- Effective
- Efficient
- Equitable
- Patient Centered



# OPC Process

- Establish Aims
- Create a Team
- Measurement and Data Collection



# Aims

## Aim #1 Access

Within 12 months, 100% of our patients will be offered a same day appointment with their Primary Care provider or teammate in the absence of their PCP.

## Aim #2 Office Efficiency

Within 12 months, KKV will achieve 25% reduction in overall cycle time from baseline for appointments.

## Aim #3: Cancer Prevention – Pap Smear

Within 12 months, KKV will have a 10% increase from baseline in women  $\geq$  age 21 who have had a pap smear within the prior 3 years (61% for 2005).



# Create A Team



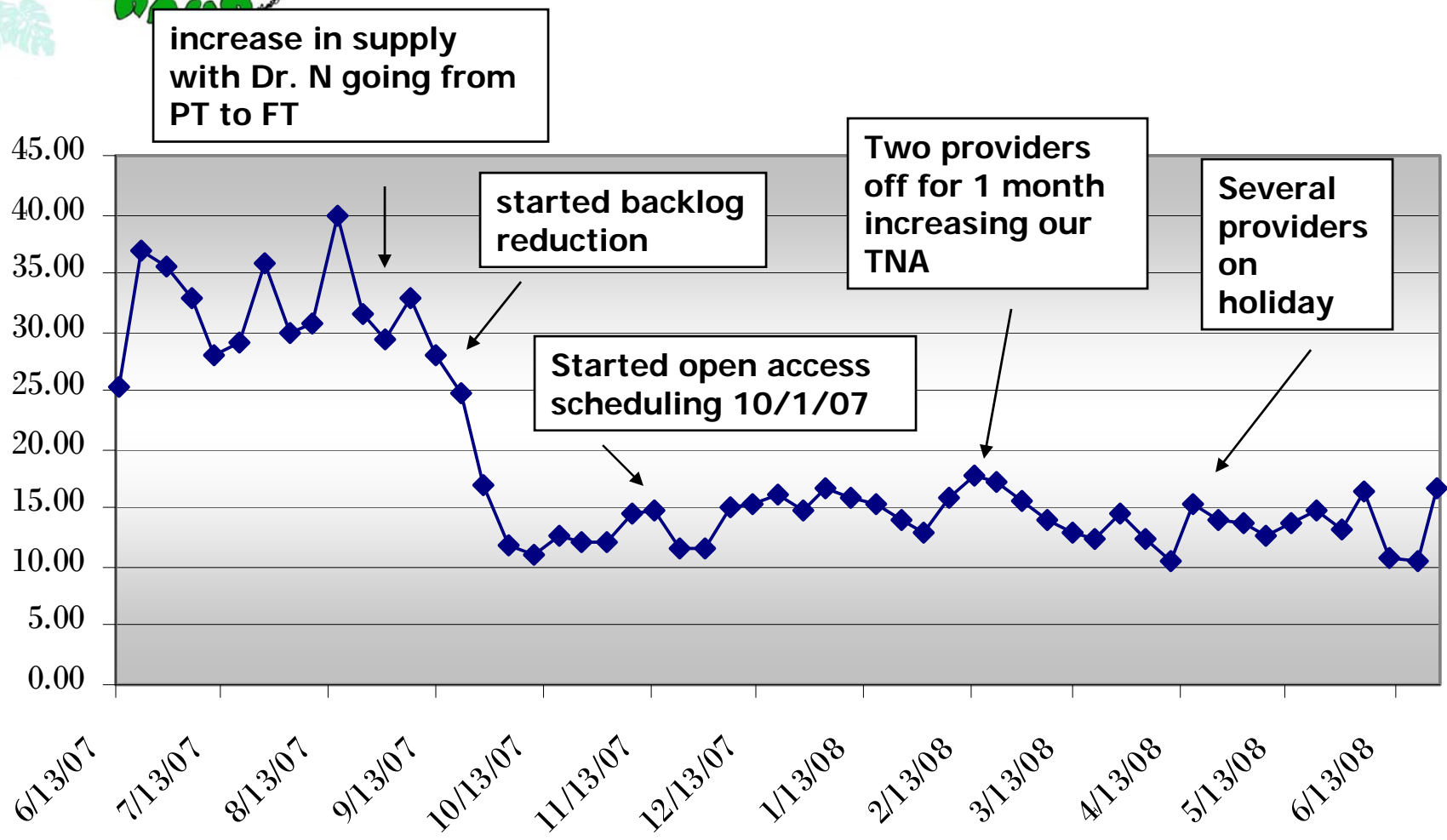


# Measurement and Data Collection

- Third Next Available Appointment
- Supply and Demand
- No Show rate
- Panel Size
- Continuity
- Cycle Time
- Clinical Measure: Pap smear

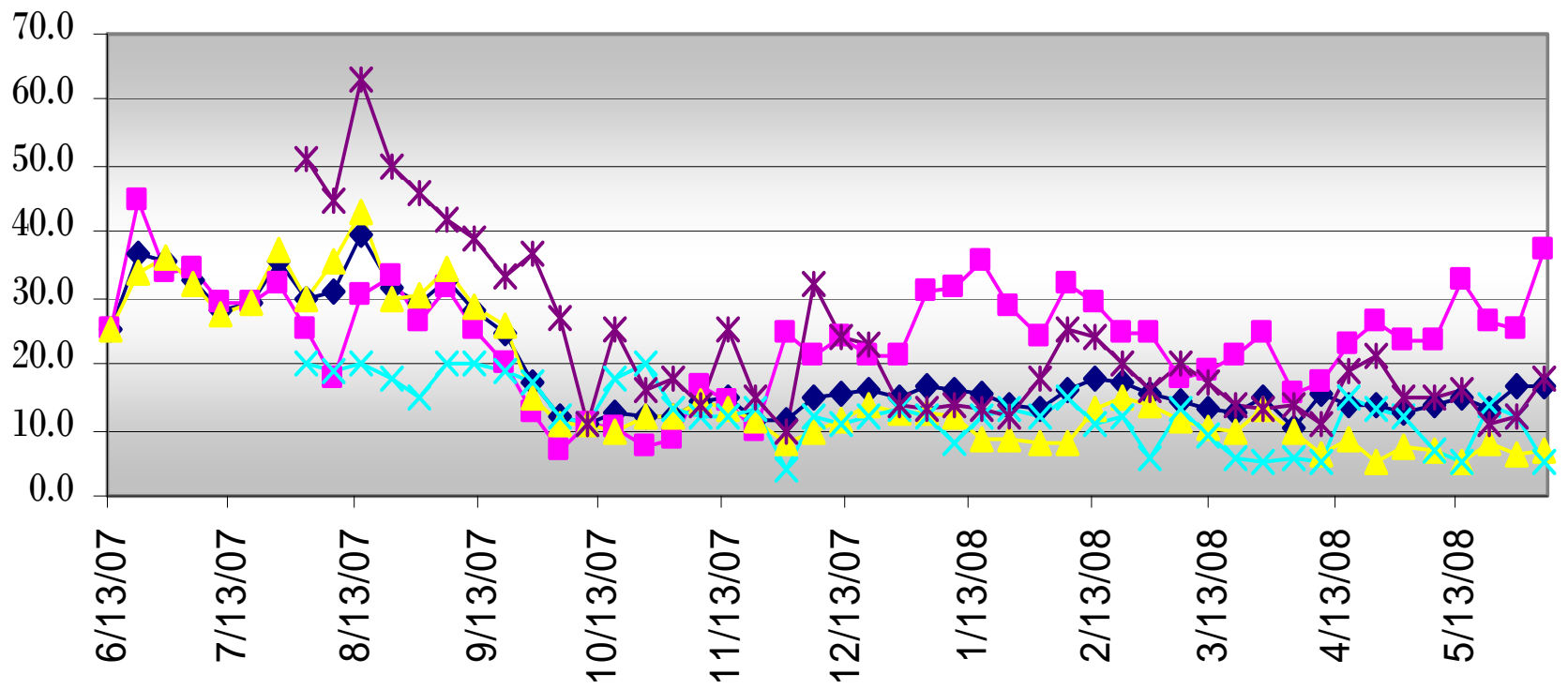


# Delay: TNA



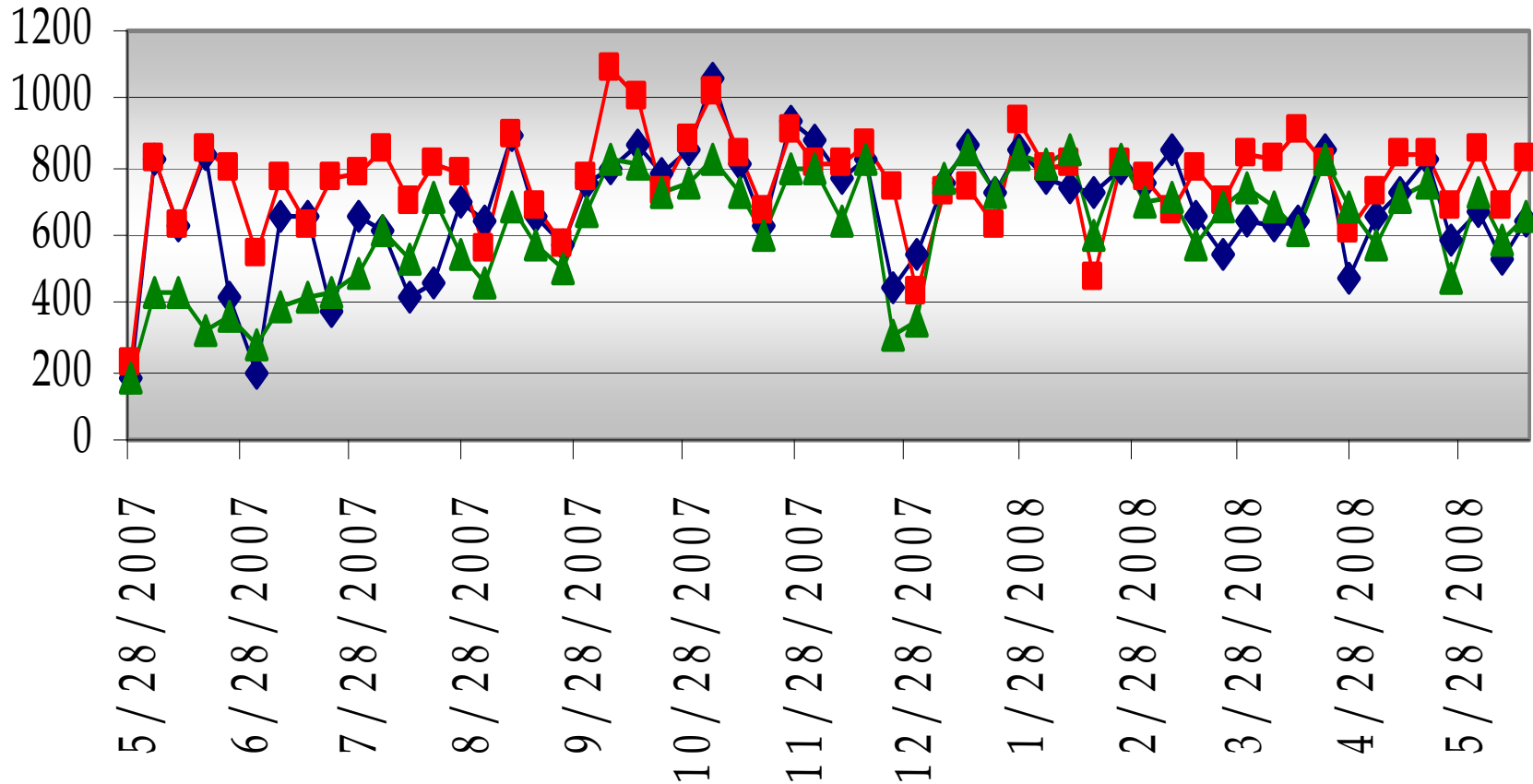


# Delay by Departments





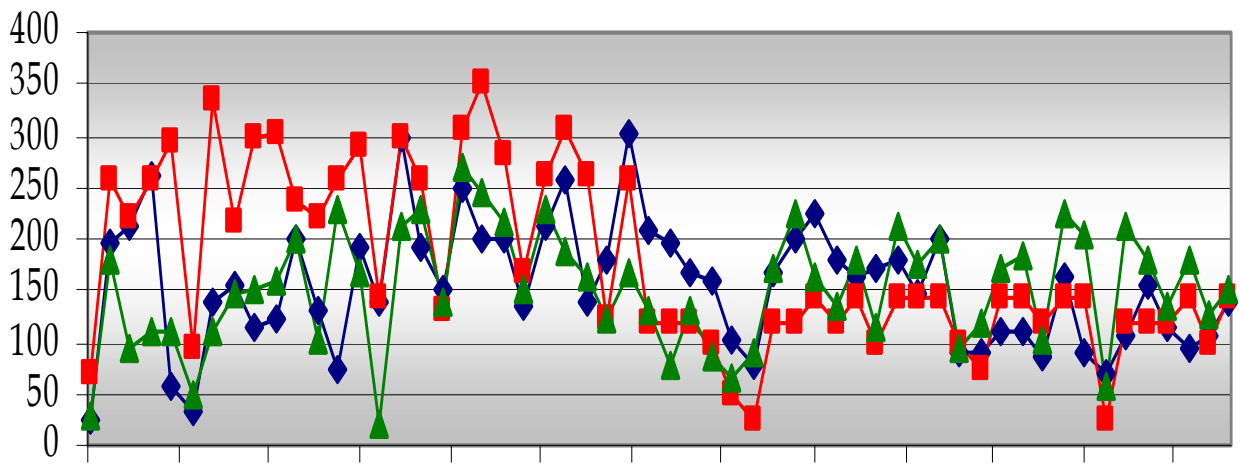
# Demand and Supply Data



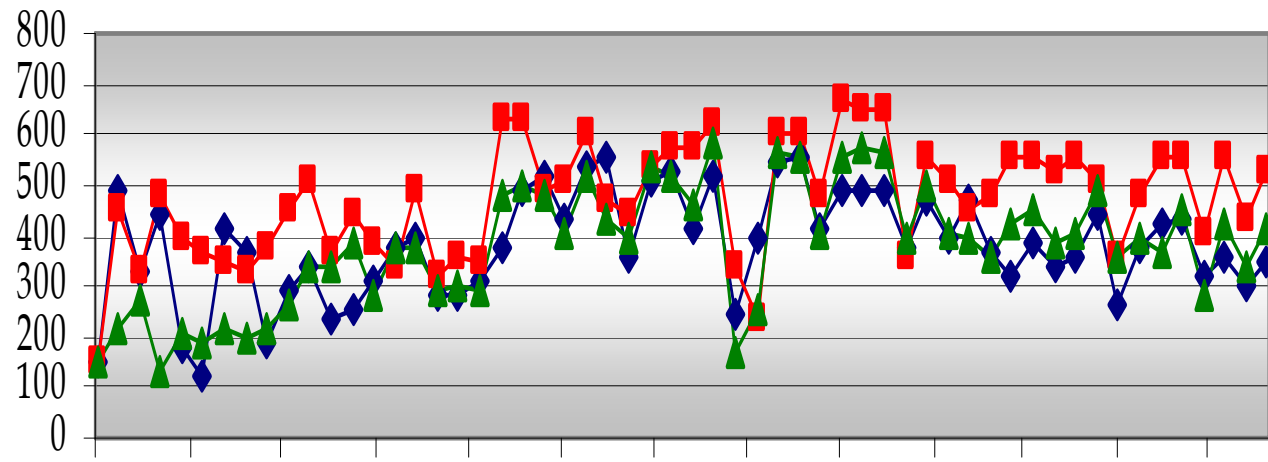


# D & S by Department

—◆— DEMAND    —■— SUPPLY    —▲— SUPPLY USED



Internal Medicine  
 $D > SU > S$ ?

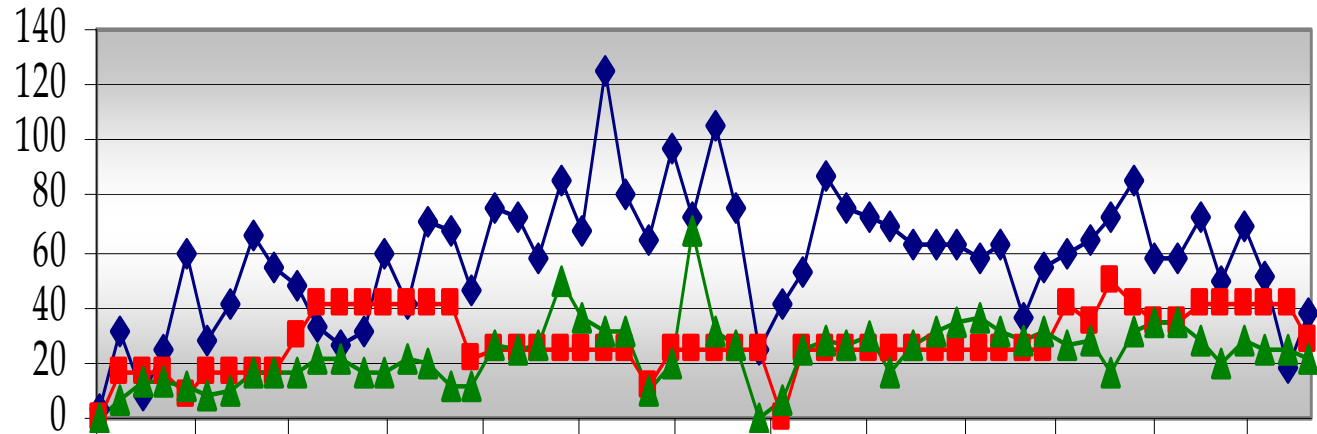


Family Practice  
 $S = D = SU$



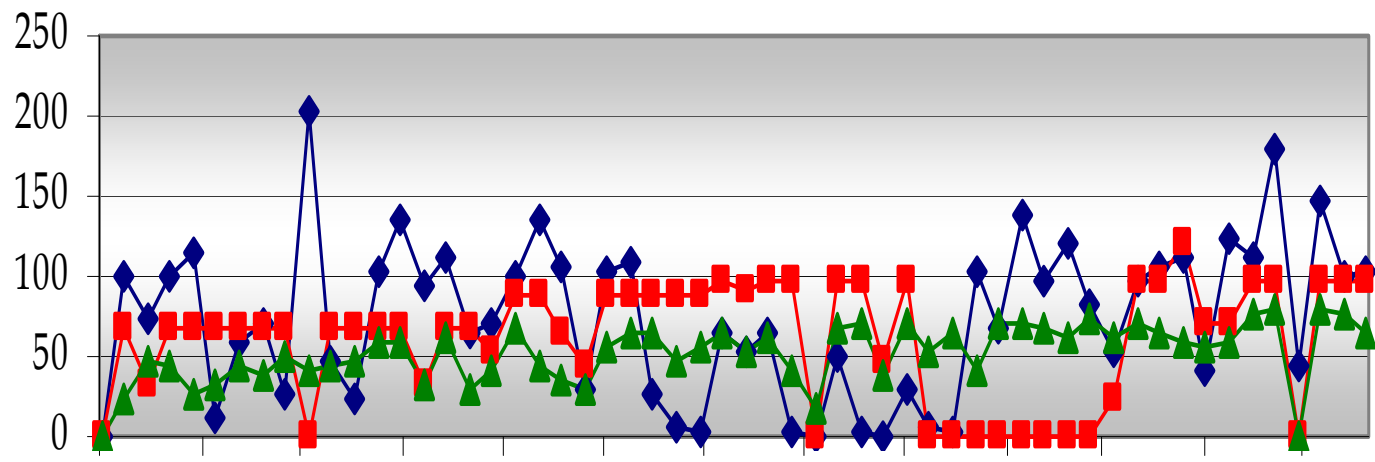
# D & S by Department

—◆— DEMAND —■— SUPPLY —▲— SUPPLY USED



Peds

$D \gg SU = S$

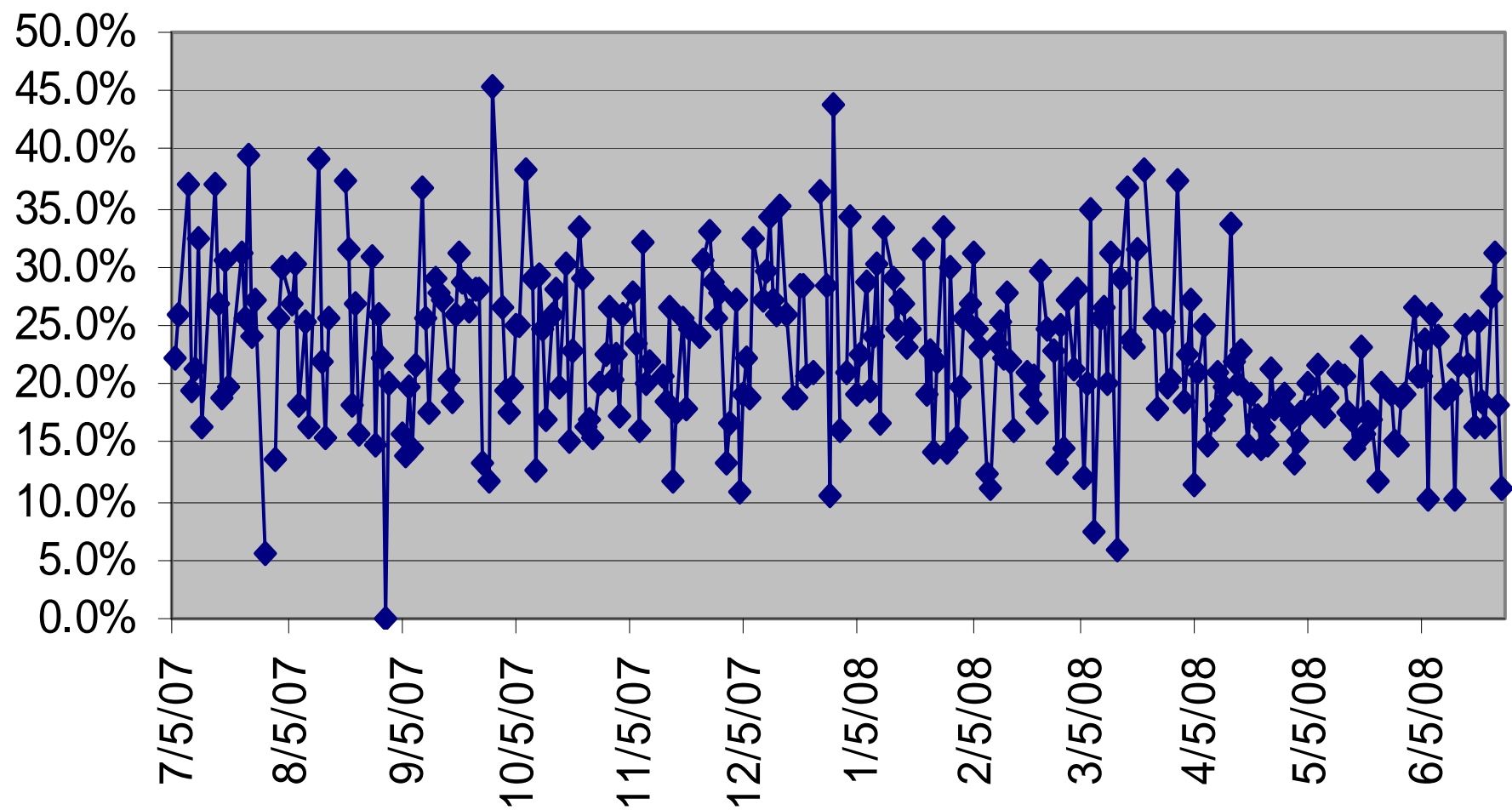


OBGYN

$S > D = SU$

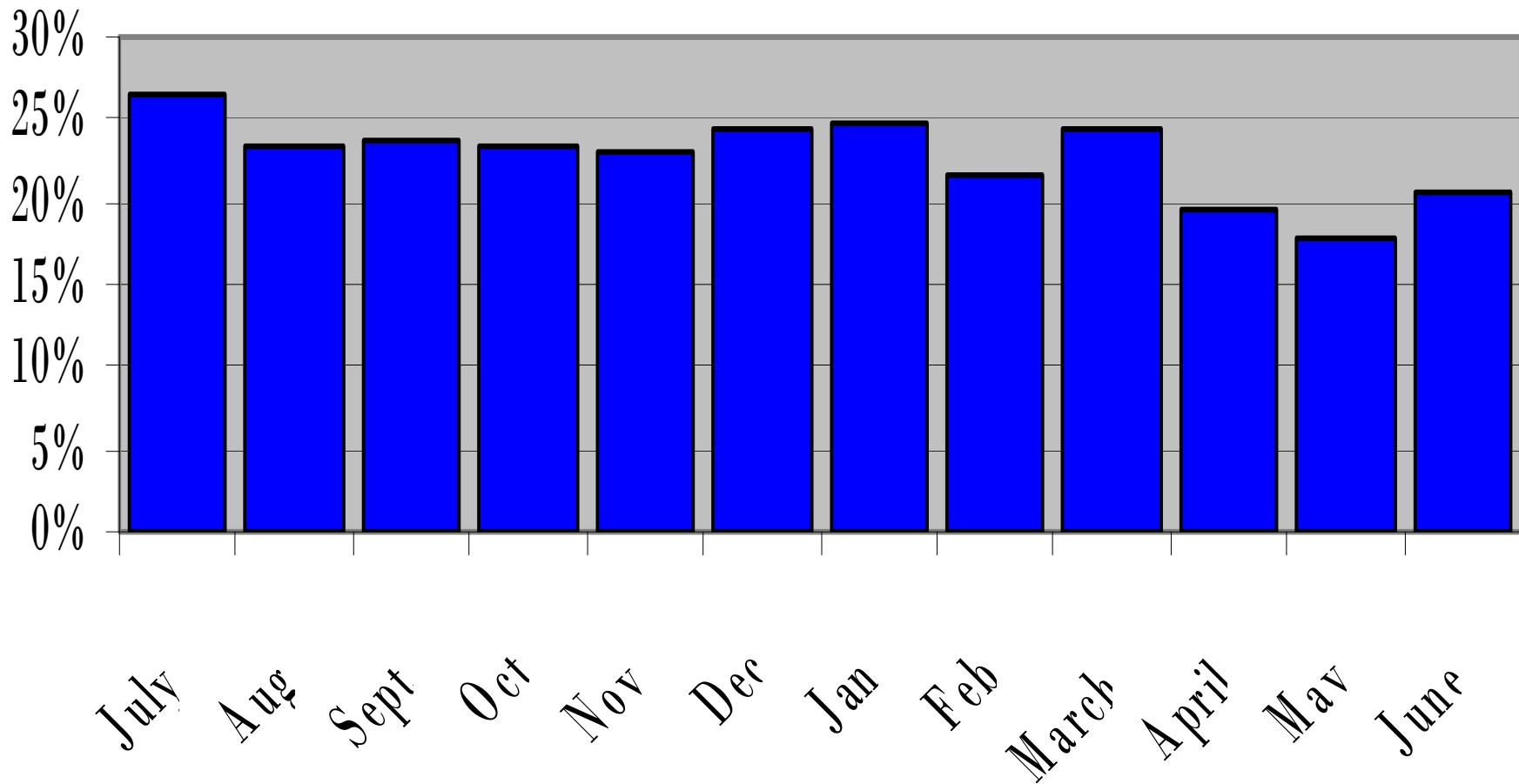


# Average Clinical No Show %





# Monthly Average Clinical No Show %

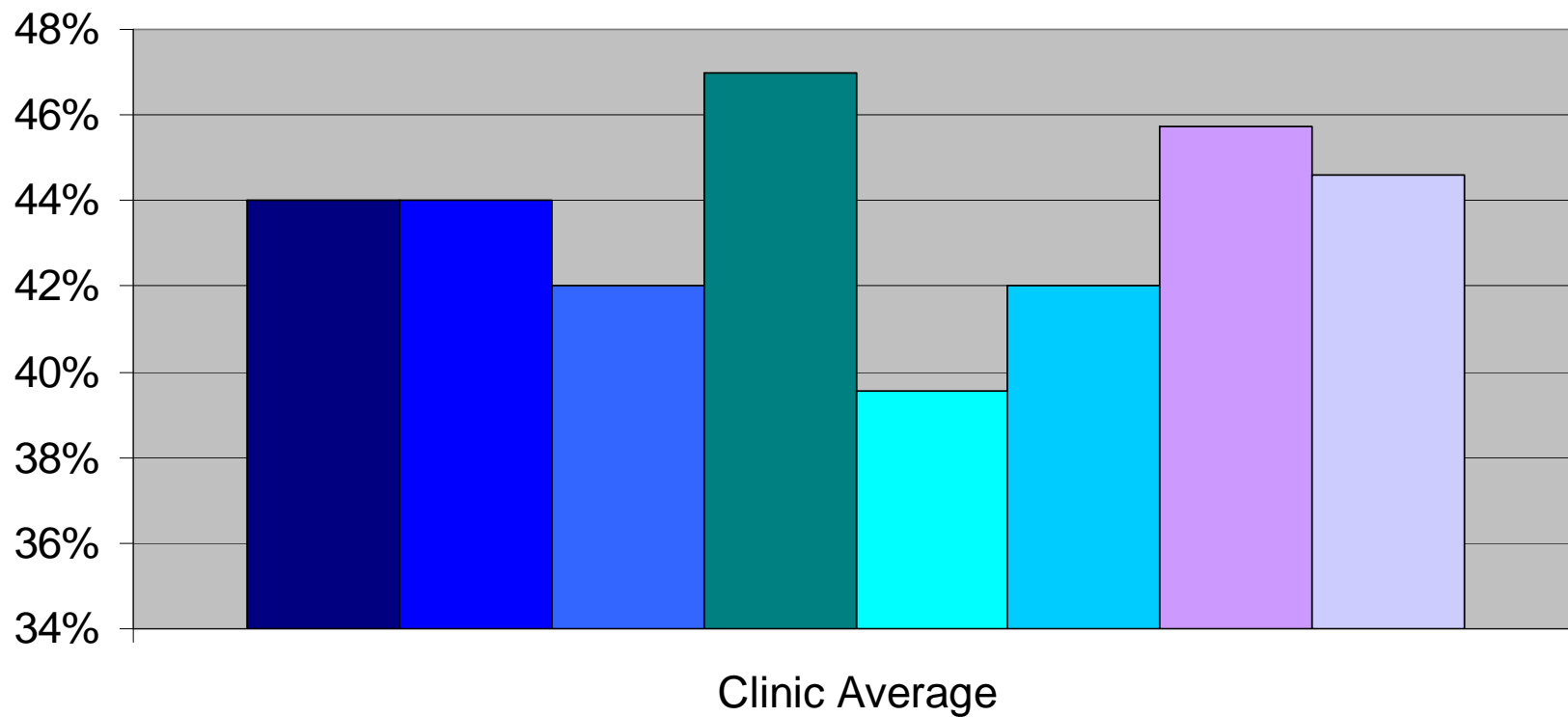






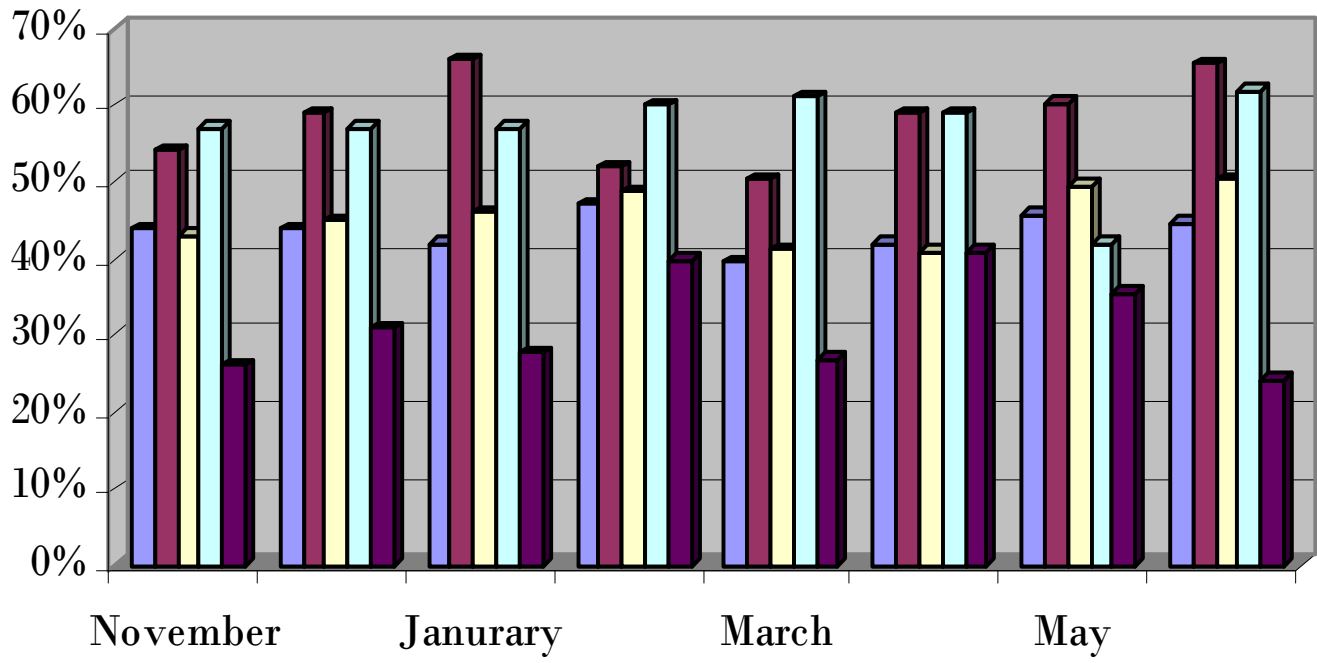
# Continuity

■ November ■ December ■ January ■ February ■ March ■ April ■ May ■ June



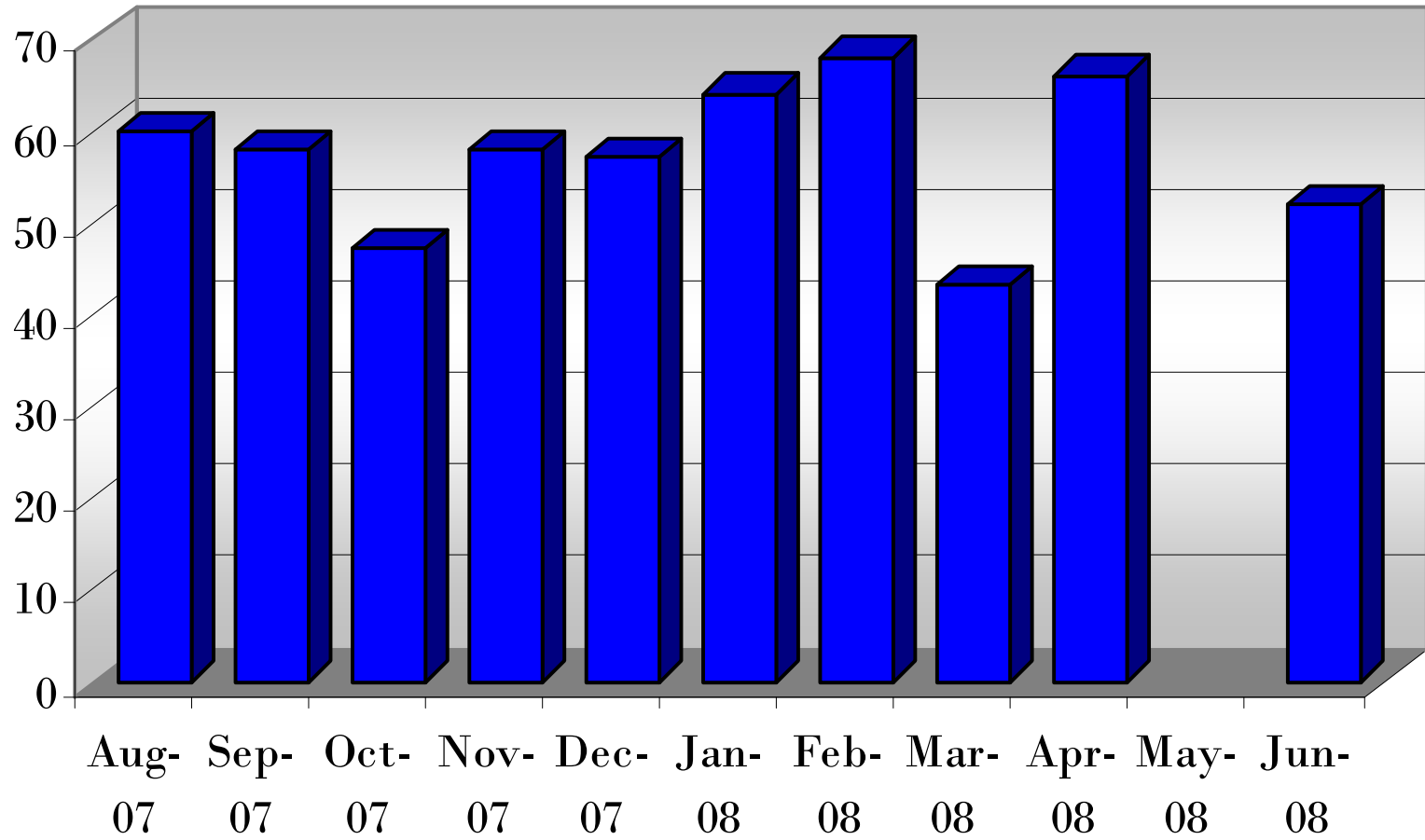


# Continuity by Department



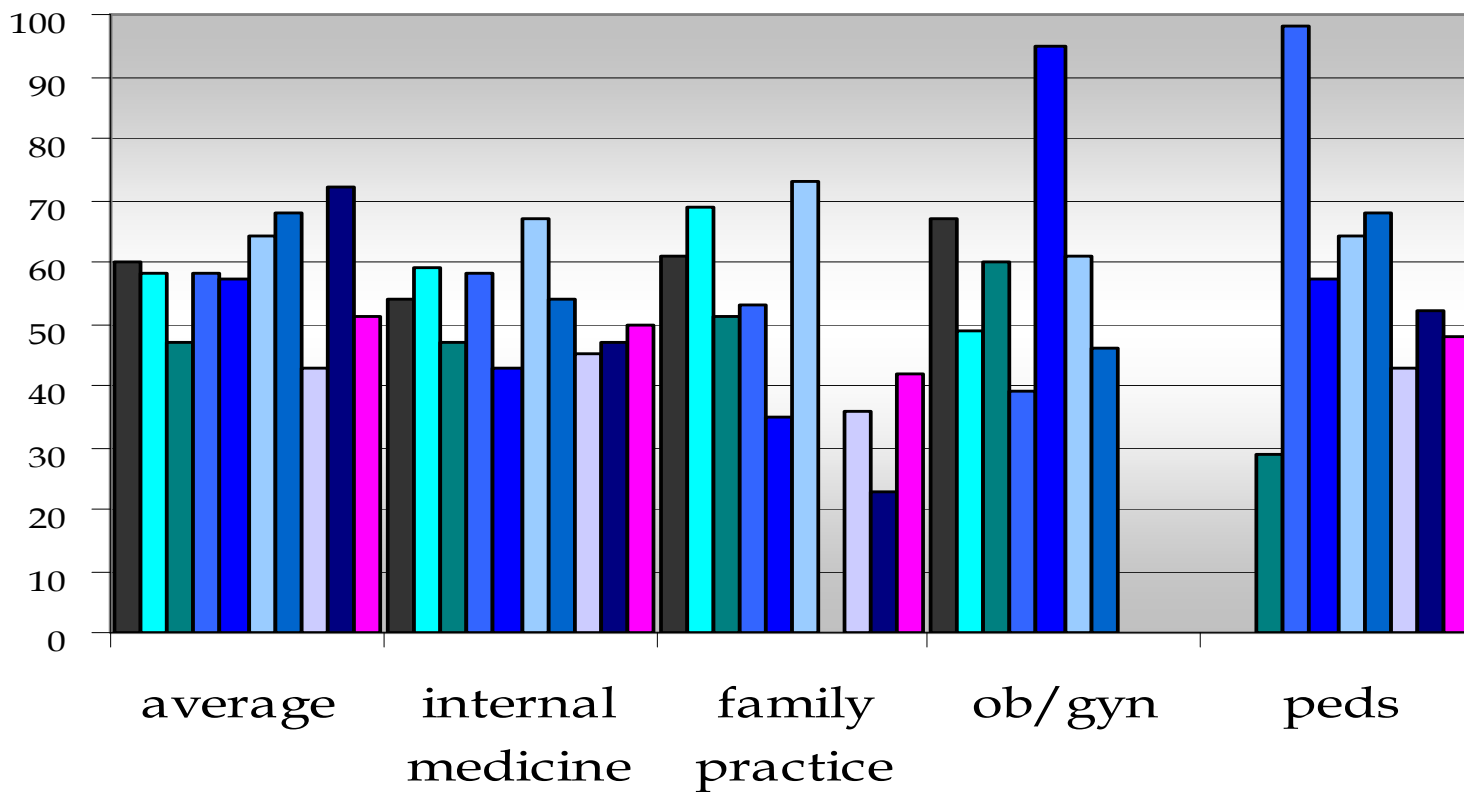


# Clinical Average Cycle Time (From Appointment)





# Cycle Time by Department (From Appointment)





# Access Improvement:

## Best Practices, Good Ideas, and Successes

- **No Shows:** New Policy implementation, Patient education, chart stamp, letters to patients, poster in waiting room.
- **Panel management:** Empanelled all our patients and educated staff on panel management.
- **Continuity:** Did away with “triage doc” and put walk in slots into each provider’s schedule.



# Access Improvement:

## Best Practices, Good Ideas, and Successes

- **Appointment Template:** Cleaned up template to make it more efficient with less appointment types.
- **Facilitating Rescheduling of appointments:** New line/space created designated for patients to call if need to cancel appointment or reschedule. Patient education of new number on appointment slips.
- **Improving supply:** by hiring locums tenens providers to cover when providers on vacation.



# Office Efficiency Improvement: Best Practices, Good Ideas, and Successes

- **Giving providers only work providers can only do:** Support staff doing more of the paperwork (EPSDT forms) and med refills (new 340B packaging system); phone triaging so that providers aren't interrupted unnecessarily.
- **Optimizing Supply Used:** Filling no show patient's slot with waiting patient
- **Optimizing Check in Time:** If no rooms available to room patient then space used to get vitals done so patient ready to be seen once room available.



# Office Efficiency Improvement: Best Practices, Good Ideas, and Successes

- **Teamwork:** Weekly meetings to facilitate communication; using door tabs to facilitate provider/MA communication; bought cell phones to facilitate communication between staff; paired providers with MAs regularly
- **Clipboards for cycle times:** After putting the forms on brightly colored paper attached to a clipboard with the time attached, the completion of the form increased.
- **Optimize Room Organization:** Contest for MA's to compete who has the best stocked/cleaned room



# Challenges, Issues, Questions

- **Fitting in walk ins** we stress that is important to call in to make an appointment yet many of our patients continue to walk in without calling. We are trying to keep several slots open specifically for walk in that won't be filled until that day to see if this helps with the flow.
- **No show's:** Confusing to staff and irritating to patients when they are 15 minutes late and they lost their appointment.
- **Educating and reeducation of staff** on topics such as assigning patients to the right provider panel and collecting data. Change takes time and constant reeducation.



# Challenges, Issues, Questions

- **Clinical Data:** We are still having difficulty calculating our clinical measure in a way we trust the data. We need a new practice management system to give us better data.
- **Data:** We still have to collect much of our data manually. This is very time intensive and can't be maintained on a continued daily basis. We have learned what we need from a new practice management system as we look for one in the near future.



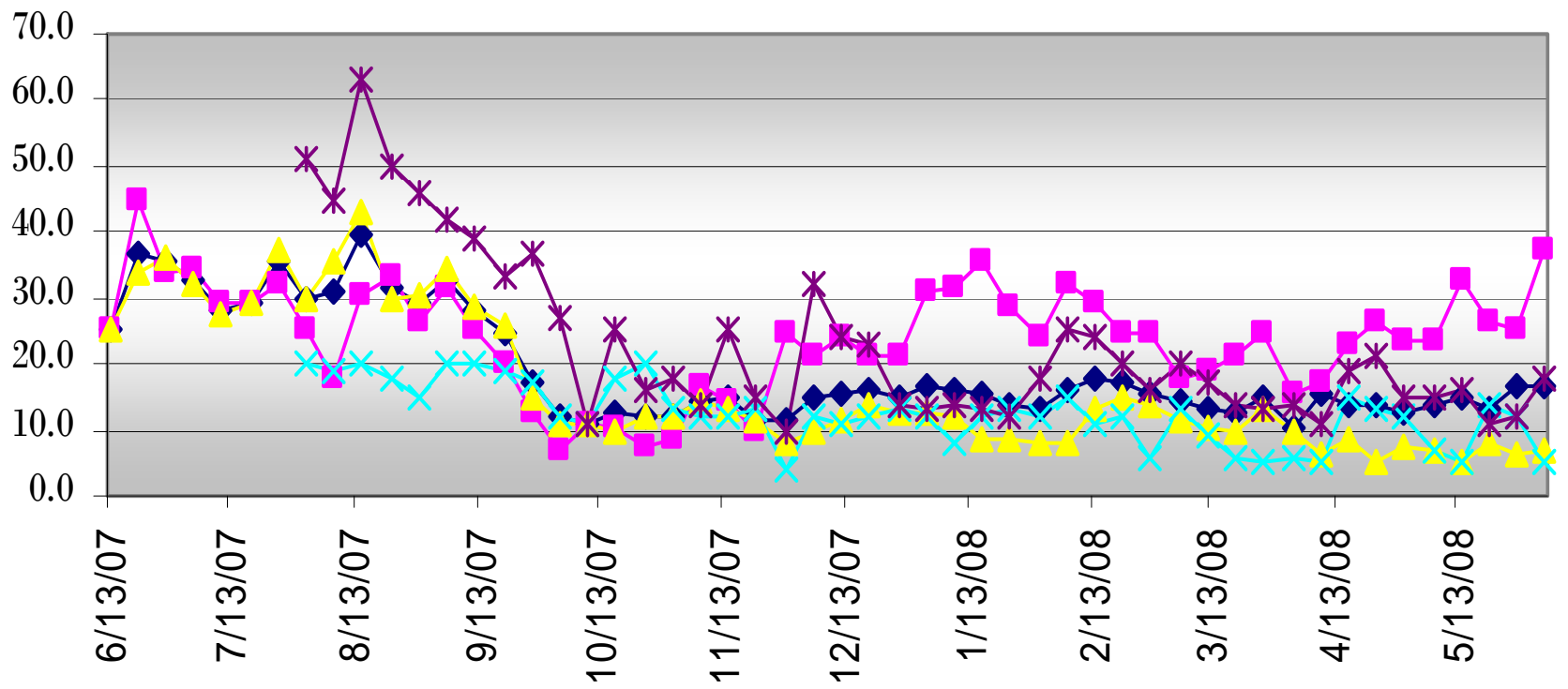
# AIMS

## Aim #1 Access

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# Delay by Departments





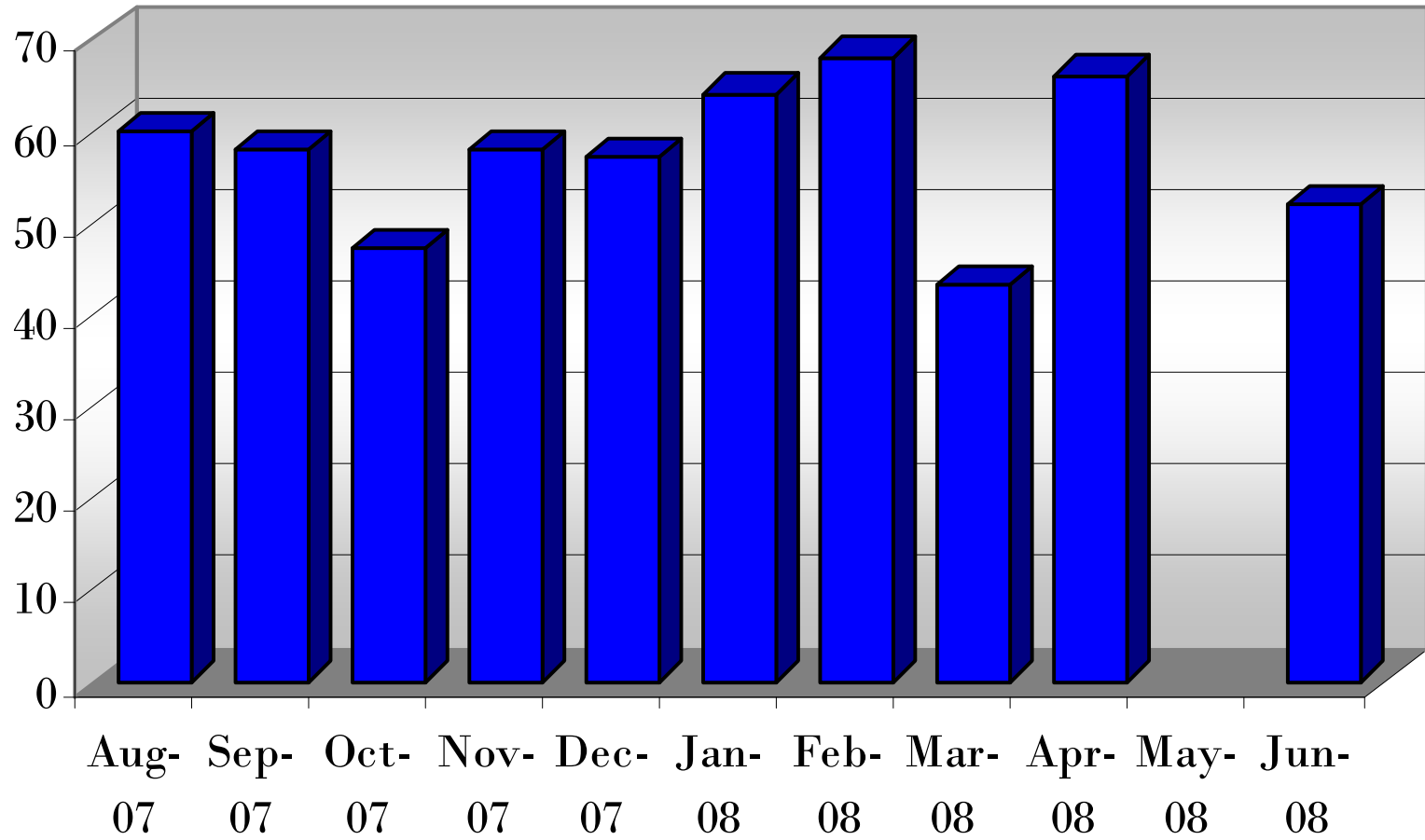
# AIMS

Aim #2 Office Efficiency:

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# Clinical Average Cycle Time (From Appointment)





# AIMS

Aim #3: Cancer Prevention – Pap Smear

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QUESTIONS?