
MAKE ROOM FOR PATIENT CENTERED CARE

The Patient Centered Medical Home model of care emphasizes continuity and access. Non-face to face activities, team development, and coordinating care take time. But your schedule is already packed: where are you going to find the time to accommodate these vital Medical Home components? Here are some tips for freeing up space in your appointment grid.

DELEGATE TASKS

You don't need to do everything yourself! This is one of the keys to team-based Primary Care. Work with your support staff to develop nurse-only clinics for things like blood pressure checks. If a problem is identified, the provider can be consulted but most encounters do not require your intervention. Utilize the services of PharmD's to manage anticoagulation and other conditions that require medication monitoring and titration such as hyperlipidemia and diabetes.

INCREASE REVISIT INTERVALS

There are no specific rules on when you need to see patients for return visits. Pushing back return visits by just a few weeks can have huge benefits. For example, a provider with a panel of patients who average 2.34 visits a year (about the VA average) sees the average patient every 22 weeks ($52 \text{ weeks} \div 2.35$). That equates to 2350 visits for a panel of 1000 patients. Pushing that back only two weeks makes the return visit rate 2.15 times a year which equates to 2150 panel visits per year. You just picked up 200 slots a year, or almost one slot a day! Do the math on your own panel.

SCRUB YOUR SCHEDULE

Patient often call in for appointments that they really don't need. They may just need a prescription refill or a form filled out. Look at the list of patients scheduled for visits in the next week or so, review the chart, and give them a call. They may be just as happy as you are to eliminate a trip to the clinic. The Navy's Medical Home clinic in Bethesda assigned a nurse to this task and found that they could eliminate about 30% of their scheduled appointments!

TELEPHONE VISITS

Speaking of calling patients, why not set up telephone appointments in the first place? Phone calls can be quicker alternatives to face to face encounters. Identify patients that you think would be agreeable to such an arrangement, and whose clinical condition does not require a face to face encounter, and instead of scheduling a clinic visit schedule a time to call them.

Make sure you have the right phone number, and make sure you document the encounter as a telephone visit. You may find that setting aside specific hours in your schedule for telephone visits will allow you to reduce the number of face to face visits significantly.

RECALL SCHEDULING

If your clinic is not using Recall, start! Scheduling patients when it is convenient for them to come in reduces no-shows significantly. Filling your schedule with appointments made way in advance is just asking for trouble. If patients know they can see you when they need to, they are less likely to schedule an appointment “just in case”. You need to make sure that supply and demand are in balance: look at appointment and visit patterns for your practice over the last twelve months and adjust slots to accommodate your panel’s needs. There will be some natural variation but overall you should have a more manageable schedule with time to accomplish the things you need to do for Patient Centered care.

GROUP VISITS

Many of your patients share similar conditions and characteristics. And coming to the clinic for many is a social event as well as a clinical event anyway. So why not combine the two and set up group visits for patients with similar diagnoses, such as diabetes or hypertension. By grouping them together, you can open up some time in your schedule while providing the patient education and mutual support that are some of the benefits of group visits.