Improving Patient Access: A Strategic Imperative to Achieve Competitive Advantage

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Background – As a multidisciplinary destination medical center, Mayo Clinic is consistently recognized for expert physicians and scientists in every specialty with access to the latest technology and research, as well as an unparalleled patient experience. Mayo Clinic in Arizona, located in the sixth largest metropolitan area in the United States, faces strong competition in key strategic practices and is a relatively small market player with approximately three percent of inpatient beds. Easy and patient-centered access processes are key to securing patient volume.

Mayo Clinic maintains a Central Appointment Office (CAO) function that schedules the majority of new patient appointments. This office has access to the clinical calendars of providers throughout the multi-specialty practice and utilizes practice-developed guidelines to schedule the patient accordingly. In addition, weekly access meetings with CAO and practice leadership serve to review appropriate access data (unfilled rates, capacity in the next three weeks, and barriers to scheduling). Although focus on access processes has been ongoing, baseline data in 2013 indicated that only 70.5% of targeted patients received an appointment when calling the CAO.

In Arizona, the long-term evolution of appointment office guidelines and clinical calendar templates had resulted in a system that safeguarded the right patient being seen by the right provider; but also created inefficiencies, delays, and patient perceptions of difficult and unaccommodating access. Patient surveys further supported that appointment access processes were difficult.

Objective – To evaluate current access processes and develop an approach to improving patient access and scheduling. The primary metric of success was the percentage of targeted patient appointment requests scheduled.

Planning/Research Methods – A Taskforce was convened with membership from clinical, CAO, and patient experience leadership to assess current practices and develop an action plan for improvement.

As part of the assessment phase, the activities of the Taskforce included:
1. Meeting with the CAO staff to understand perceived barriers and recommended improvement opportunities,
2. Listening in on CAO calls,
3. Reviewing available access data and patient experience surveys,
4. Assessing practice-specific access metrics and current calendar templates, and
5. Identifying areas of manual effort where automated processes are available.

Based on the assessment, the following actions were implemented:
1. Broad communication from senior leadership of patient access as a central priority for improvement,
2. Implementation of an escalation process to practice leadership when appointment requests are declined,
3. Elimination of multiple review processes and enforcement of a 48 hour response time for practices retaining reviews,
4. Review and elimination of indications identified as “Hard Stop” (do not schedule) for targeted patients, and
5. Individual meetings with each clinical practice to review access metrics, calendar templates, and implement opportunities for improvement. These meetings resulted in practice-level improvements, including:
   a. Allowing Nurse Practitioners/Physician Assistants to see new patients with lower acuity indications,
   b. Redesigning practices and clinical templates to increase the number of new patient appointments per day,
   c. Adding clinical capacity on Saturdays for key radiology testing (MRI, CT, and Ultrasound),
   d. Focusing effort on practice secretaries to work collaboratively with CAO staff, and
   e. Partnering with emergency medicine to ensure easy patient access for needed follow-up care.

Results – After two years, the percentage of targeted patients receiving an appointment when calling the CAO improved from 70.5% (December 2013) to 82.0% (December 2015). Additionally, feedback from CAO staff indicates improved ability to schedule patient requests and improved communication with departments related to access questions and escalation requests. Weekly access reports have been developed and are reviewed by senior leadership to ensure continued success.

Additional opportunities for improvement remain and will continue to be a focus in coming years. An aggressive target of 90% has been set by senior leadership, with additional tactics currently under development.

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