

Promising Practices In Research Use

Organizations investing in people, processes, and structures to increase their capacity to use research

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How advanced access is reducing wait times in Cape Breton

In an ideal world, patients would be able to see their family physician in a timely way and receive the care they need, when they need it. In reality, though, many patients wait days or even weeks to get an appointment when they need medical care. According to the research, some of these delays can be directly linked to the scheduling process.

The most common approach to scheduling by physicians is to book appointments far in advance, especially for patients who require ongoing preventive care and chronic disease management. However, patients who need more urgent care generally want to see their physician right away – often the same day they call. Doctors tend to grant last-minute appointments to these patients, giving them priority and displacing those with pre-scheduled appointments. This means that the patients requiring ongoing preventive care may have to wait days or even weeks to get a new appointment. Conversely, if a physician's schedule is tightly booked with appointments that have been set in advance, he or she will sometimes decline to see patients who want same-day appointments. These urgent care patients often end up going elsewhere, usually to hospital emergency rooms, and this can cause a trickle-down effect resulting in backlogs and delays across the system.

Are you interested in bringing this practice to your organization? The Foundation may be able to help. Please visit www.chsrf.ca/promising for information. You can also find more stories about how organizations are increasing their capacity to use research and tell us your own stories, which may be used for future installments of this series.

Key Messages

- **Traditional patient scheduling approaches can cause long wait times.**
- **“Advanced access” is an innovative, patient-centred approach to scheduling that leaves a physician’s appointment calendar relatively open and allows doctors to see more patients in a timely way.**
- **In Cape Breton, the advanced access case study and research data have resulted in shorter wait times and a more efficient physician practice.**

Elaine Rankin, the director of primary care and population health at the Cape Breton District Health Authority (CBDHA) and a fellow of the Executive Training for Research Application (EXTRA) program, recognized the need to improve the timeliness of care in her region. (According to a 2004 survey of Cape Bretoners, approximately 50 per cent of patients reported a wait time of at least four days to see their physician for medical care.) As part of her EXTRA intervention project, she researched the concept of advanced access – an innovative, patient-centred scheduling practice currently in use in several countries, including the U.K.

The EXTRA program is managed by the Canadian Health Services Research Foundation and supported by a group of partner organizations. More information can be found at www.chsrf.ca/extra.

Advanced access, simply put, involves leaving the physician's appointment calendar relatively open and offering same-day appointments to patients based on need. "Patients can choose to be seen the same day they call for an appointment, which means the choice shifts to the patient," Rankin explained. The model challenges established thinking, moving scheduling from a traditional physician-focused process to an entirely patient-centred system.

A distinct advantage of the approach is that it can be customized to suit each physician. For example, if a physician's practice is usually less busy on Wednesdays and Thursdays, those days can be used to accommodate pre-booked physical examinations that often take added time. Conversely, Mondays and Tuesdays after holiday weekends are typically busy; with advanced access, physicians can opt to reserve those days for patients needing more immediate care.

After reviewing the results of her research, Rankin recognized that advanced access could be used effectively in the Cape Breton healthcare environment. With the support of local physicians, she launched a pilot project to implement the new approach and to measure its effectiveness. One doctor's office in particular showed very positive results: there was a reduction in no-shows, an increase in the physician's efficiency with patient visits, and overall better use of staff resources. Moreover, the benefits of advanced access were felt beyond

the physician's immediate practice all the way to a Cape Breton emergency room; Rankin's case study reported that, after incorporating advanced access, there was a 28 per cent reduction in the number of patients (from that same physician) who visited the emergency room for non-urgent complaints. "It's a win-win solution," said Rankin. "Patients are happier, receptionists can be more efficient with this simplified process, and physicians see higher revenues."

To help demonstrate the effectiveness of advanced access, Rankin and her team from the CBDHA have developed annual individualized reports for physicians on the number of their patients accessing local emergency rooms for non-urgent complaints (triage levels 4 and 5). To encourage knowledge transfer and exchange, the CBDHA invites physicians to local meetings and conferences that focus on advanced access. Furthermore, the CBDHA has developed a close partnership with faculty at Cape Breton University to establish an advanced access mentoring program for local physicians.

The results of introducing and using the advanced access approach have made an impact across the province, with many Cape Breton physician practices now actively engaged in changing their current booking system to advanced access. As well, the Nova Scotia Department of Health has included advanced access as part of its Primary Care Action Plan.

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