

Advanced access key to better patient care, less stress for GPs and MOAs

Family physicians, medical office assistants, and patients in BC are benefiting from a new and innovative approach to an old and seemingly straightforward practice: appointment scheduling.

Advanced access—one of four training modules under the umbrella of the GP Services Committee's Practice Support Program (PSP)—offers a structured method for ensuring that patients see their doctor when they need to. In the process, it significantly reduces the pressure on GPs and MOAs.

"It's incredible that a scheduling system can make such a difference to a practice—but there's no doubt it does," says Dr Joanne Larsen, a West Vancouver GP who leads advanced access sessions for Vancouver Coastal Health physicians. "Any initial cynicism people might have quickly disappears because they see the benefits."

Training and support in each health authority

Advanced access has attracted hundreds of GPs and MOAs in health authorities across the province since its initiation this past fall. The training involves three half-day workshops over several months, between which are "action periods" where participants implement what they've learned, with support from local PSP teams.

One of the first tasks the GP-MOA team undertakes—key to the program's success—is to work off the backlog of patients who may have been waiting days or even weeks for an appointment. "Contrary to popular belief, most practices can systematically eliminate their backlog," says Dr Davidicus Wong, who leads advanced access sessions in Fraser Health. "Once that's done, the telephone triaging of patients is no longer necessary—there is sufficient space

in the day's schedule for patients to be seen the same day."

Ongoing, the idea is to book only 40% to 60% of available spaces ahead of time for routine appointments, leaving room for patients with immediate needs. Inevitably, say Drs Larsen and Wong, the spaces fill up.

A team effort

Integral to advanced access is the role of the MOA, who is responsible for triaging callers and finding free spots for those considered most urgent. "A classic scenario is that it's 9 a.m., the schedule is full, and all of a sudden four different parents all with sick children need to see the doctor *now*," says Ms Cheryl Rivard, an MOA who works with the Vancouver Coastal Health practice support team. "You're frustrated, the doctor is frustrated, and your patients are frustrated—as well as ill!"

All that changes with advanced access, which uses long and short appointments rather than rules-based scheduling that dictates the number of physicals or infant immunizations per day. Other advanced access strategies are planning for peak times such as flu season, and managing a return from vacation. Communication among office staff is highly recommended, for instance weekly meetings or daily 5-minute "huddles."

"Relationships between doctors and staff become stronger," says Ms Rivard. "Unless people make the effort, they can work together five days a week and not communicate much, which means a lost opportunity to work smarter."

Immediate benefits and long-term opportunities

As well as improving relationships, advanced access can increase capacity. Dr Wong says he closed his practice to new patients some time ago, but advanced access freed up space for more. "Most physicians will find they can accept new patients," he says. "And there's no compromise either, because these techniques give you more control of your work life."

"You change from barely coping to doing today's work today, feeling better about it, and ultimately providing much better care," agrees Dr Larsen.

In addition to seeing immediate benefits for those implementing advanced access, Dr Wong is looking at the bigger picture. "I see this as the last call for family practice, a chance to show our colleagues how well things can work for patients, staff, and doctors," he says. "Advanced access is just one of the tools that all family doctors can adopt to deliver good care and stay happy."

Other PSP modules—all based on extensive input from GPs—are chronic disease management, group visits, and patient self-management. The PSP is an initiative of the BCMA and the BC Ministry of Health via the joint GP Services Committee. Its purpose is to facilitate access—through change management strategies—to the 2006 Agreement's financial incentives, thereby improving physicians' working lives and patient care.

For more information: www.bcma.org.

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