



# Optimizing Team Resources: Patient/Provider Scheduling and Panel Size



**CAPITAL LINK**

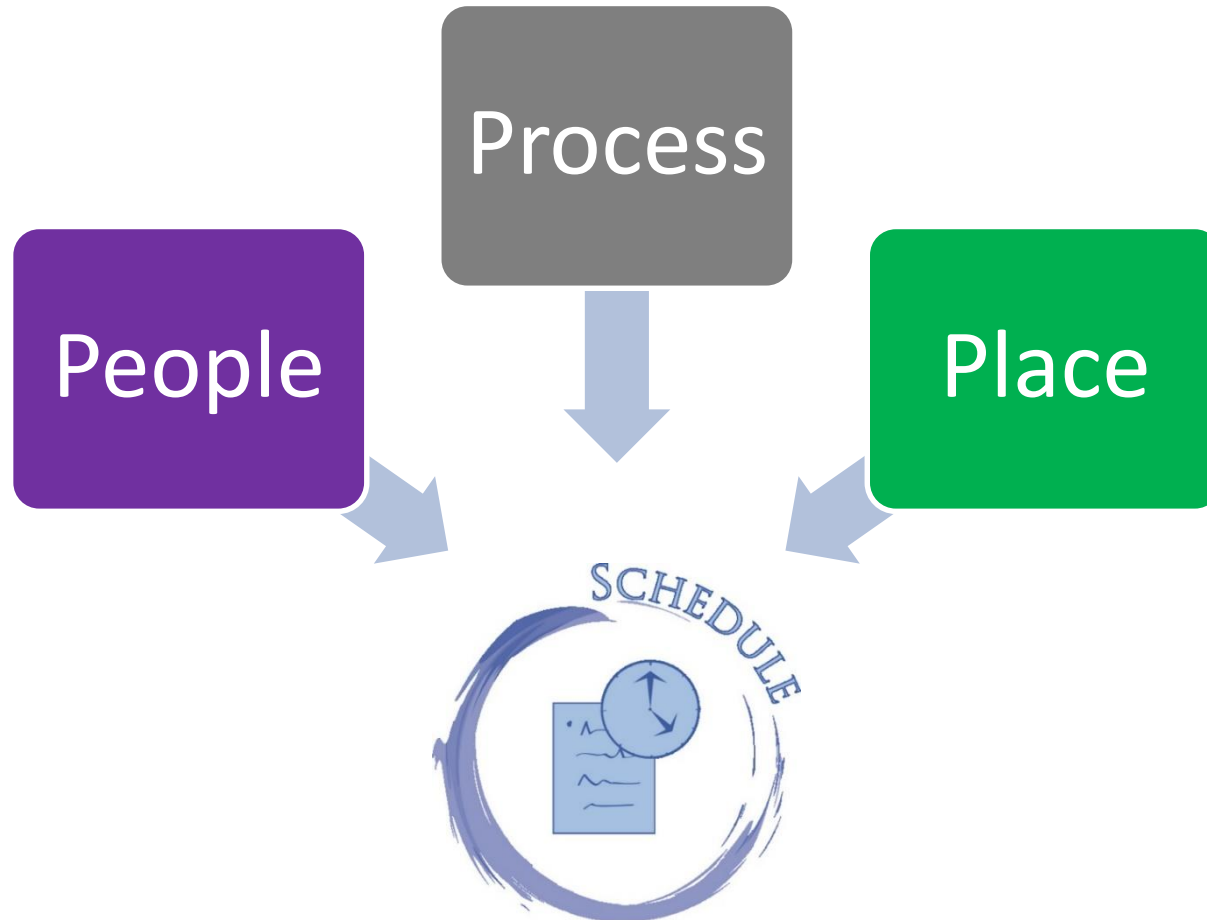
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# Scheduling Template Drivers



# Where the Numbers Come From (1)

52 weeks in a year  
- 3 weeks sick/personal  
- 4 weeks vacation  
- 2 weeks holidays  
- 1 week CME  
= approx. 42 weeks of onsite work per provider per year

1 FTE = 40 hours/week

**Principle 1:** For every day of work, allow 1 hour of non-scheduled “work process time” (ramp-up, wrap-up)

# Where the Numbers Come From (2)

## Most Common Scheduling Options:

### Option A: **5 days of 8 hours per day**

- Work schedule = 9 hrs incl. 1 unpaid hr for lunch (i.e. 8-5, 9-6)
- 1 hr is unscheduled – 7 hrs are scheduled pt. visits
- Most common: 3.5 hr AM session and 3.5 hr PM session

### Option B: **4 days of 10 hours per day**

- Work schedule – 11 hrs incl. 1 unpaid hr for lunch (i.e. 7-6. 8-7)
- 1 hr is unscheduled – 9 hrs are scheduled pt. visits
- Most common: 4.5 hr AM session and 4.5 hr PM session

## **Principle 2:** Align scheduling options with objectives

Option A offers one day more of coverage

Option B offers one hour more per week for appointments  
and meets HRSA extended hours requirement

# Where the Numbers Come From (3)

Common Variations on the Basic Schedule:

## Option A: **5 days of 8 hours per day**

- One 3.5 session (4 hours) is dropped from the patient visit schedule to allow for organizational, academic and/or community activities

## Option B: **4 days of 10 hours per day**

- Some hours of clinical team support are provided by a float pool if state regulations and/or union restrictions do not allow support staff to work 10 hour days

**Principle 3:** Team efficiency and effectiveness is optimal if part-time staff utilize the same scheduling template as full-time staff

# Where the Numbers Come From (4)

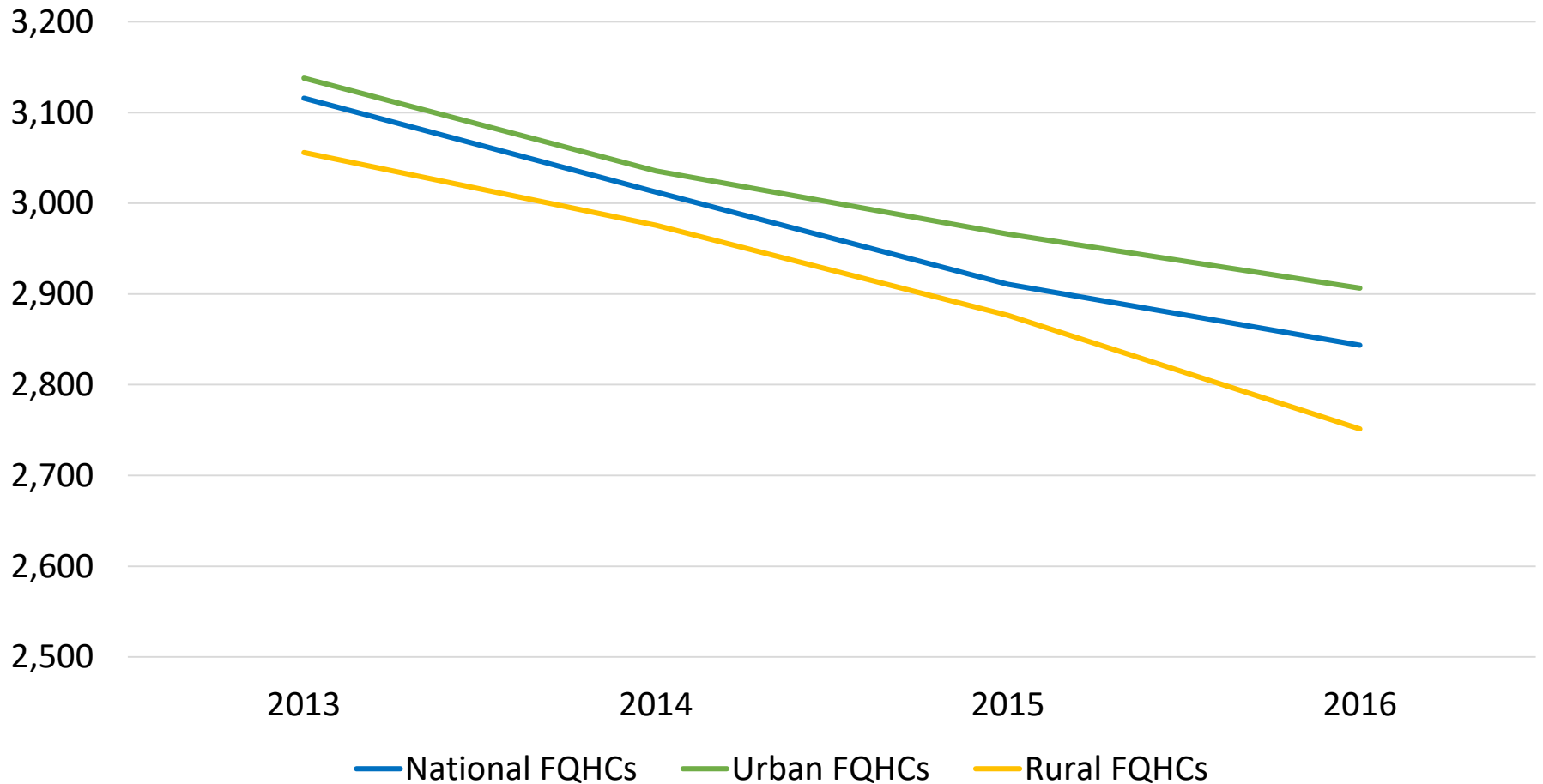
## Aligning Provider Schedule and Patient Visit Volume Targets:

- Baseline visit target = 3,200\* visits
- Weeks per year = 42
- Patients who must be seen per week to meet target = 76.2
- Scheduled hours per week for patient visits = 35
- Average number of patients to be seen per hour = 2.2
- Factor in health center capacity utilization rate = 74%
- Appointments needed per hour per provider = 3

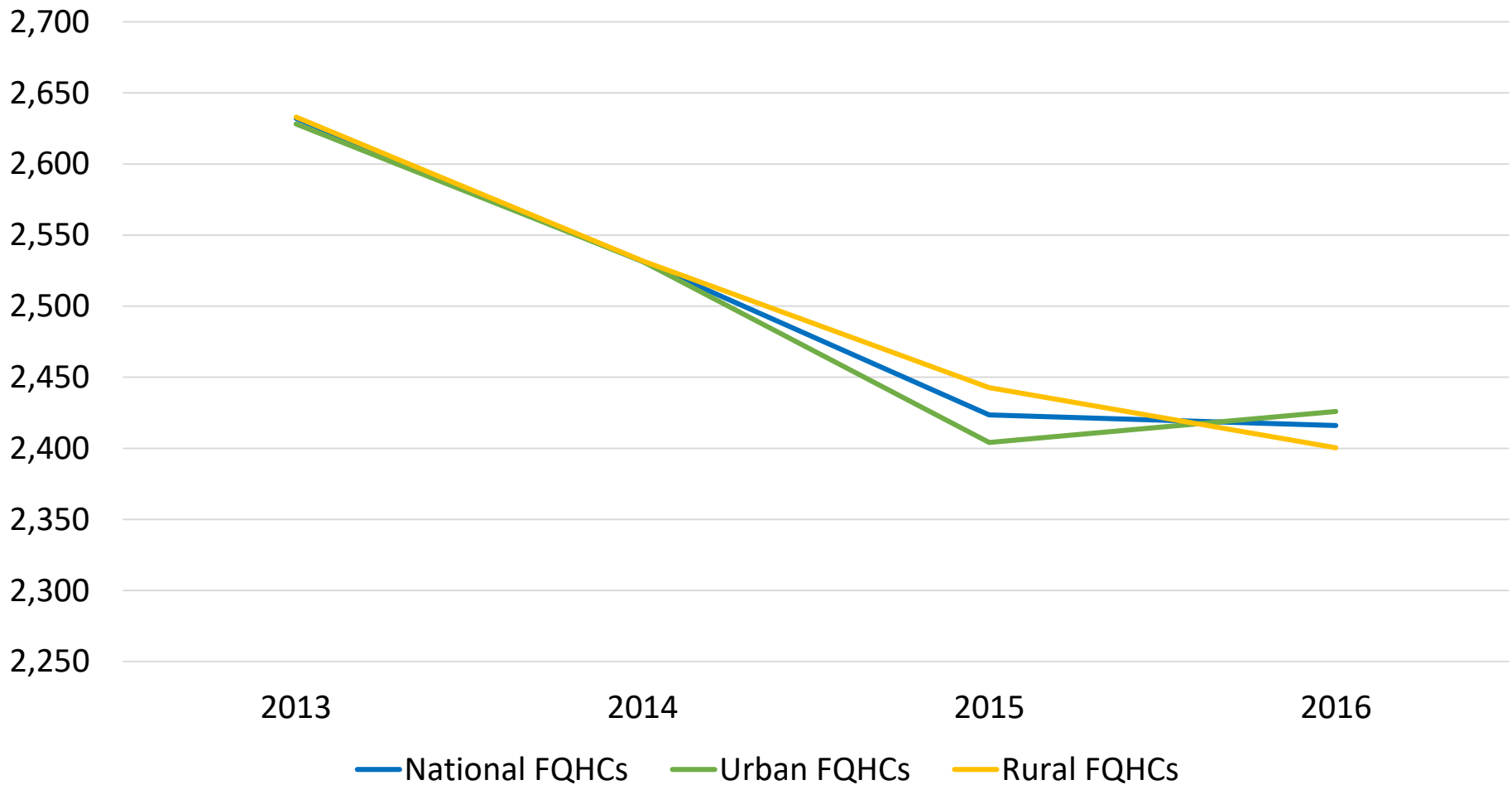
Now – substitute **your** organization/care team numbers!

\***Principle 4:** Your target encounters per year per provider will be derived from a combination of factors: Industry medians, payer contracts (incl. HRSA), revenue requirements, panel acuity, and care team composition.

# Physician Visits per Physician FTE (medians)



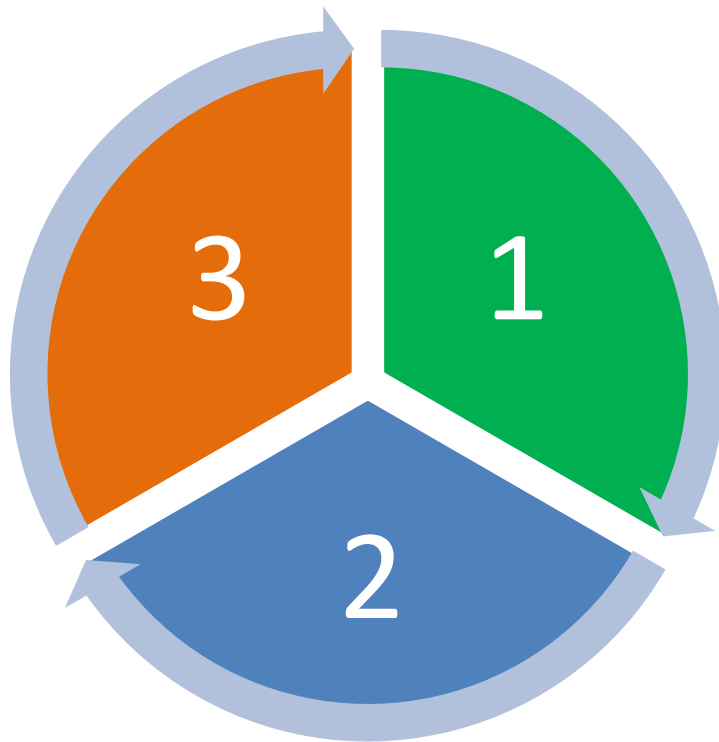
# ANP/PA Visits per ANP/PA FTE (medians)



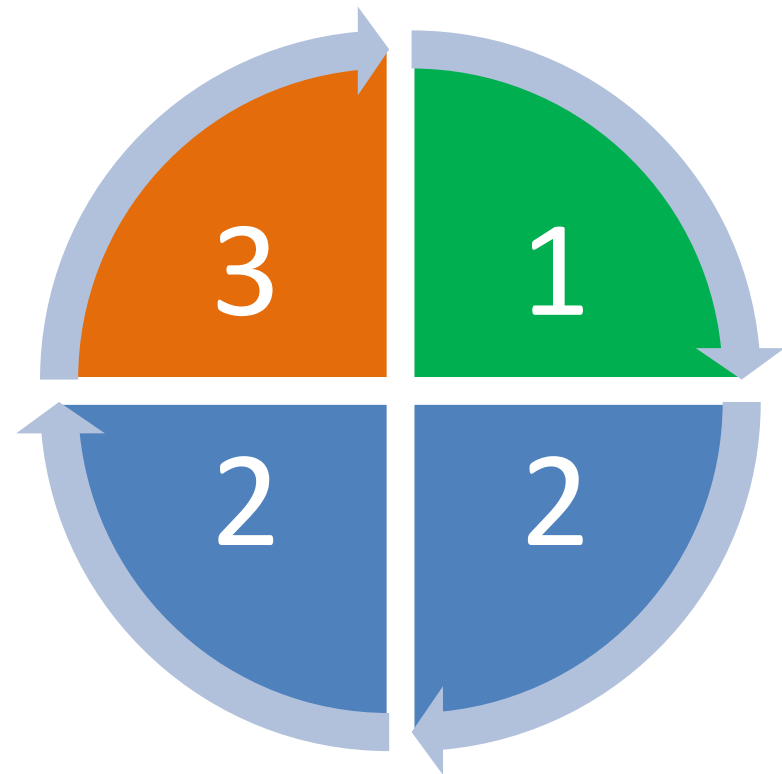


# Step 1: Simplify the Appointment Template

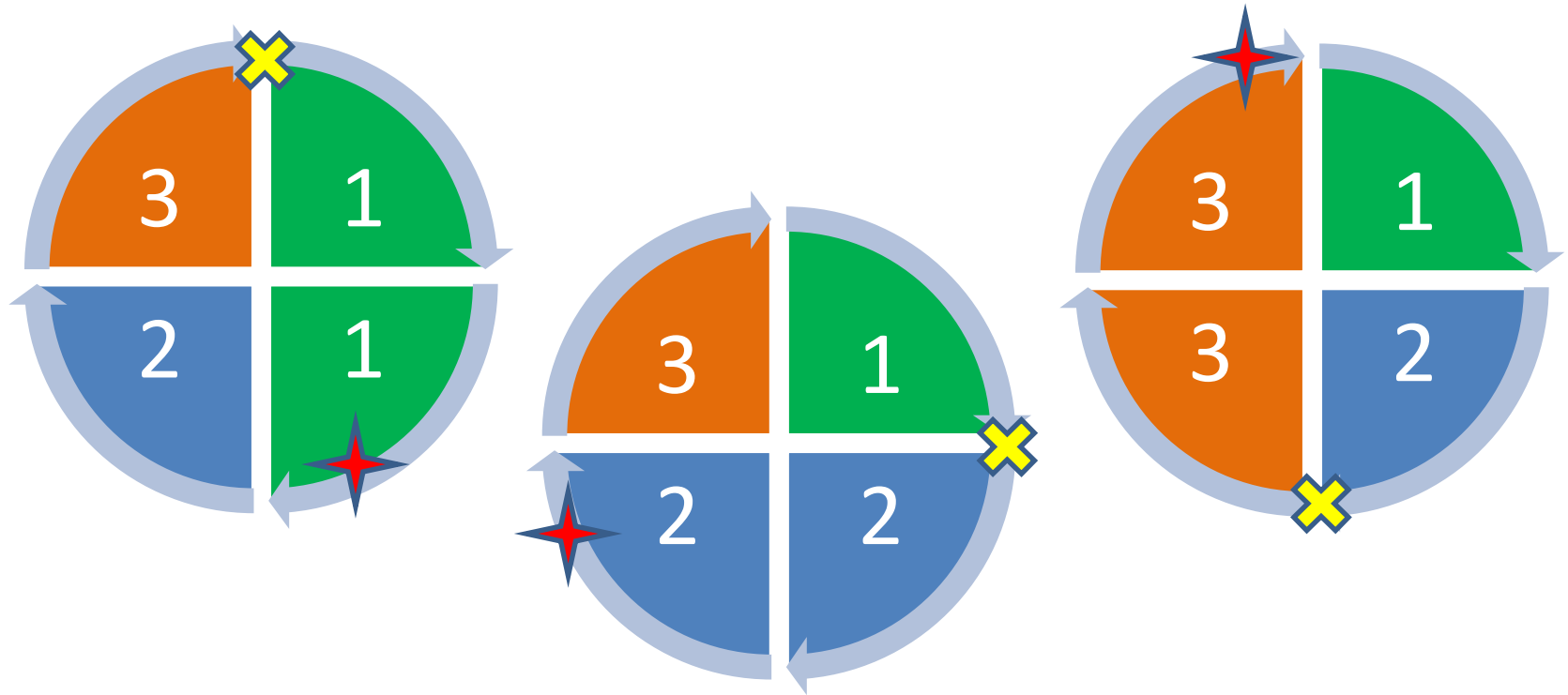
Q 20: 3 Visits



Q 15: 1 Long & 2 Short Visits



# Schedule with the Team in Mind



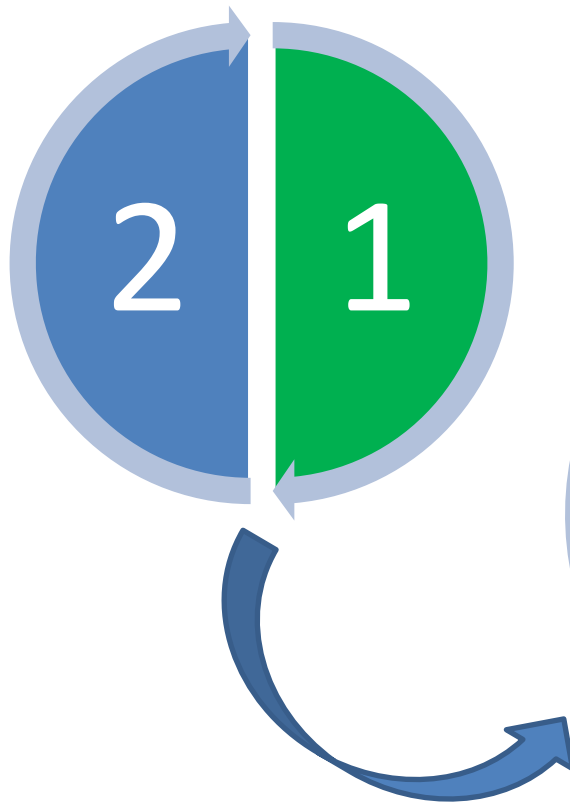
Create an even flow of patients for the entry process



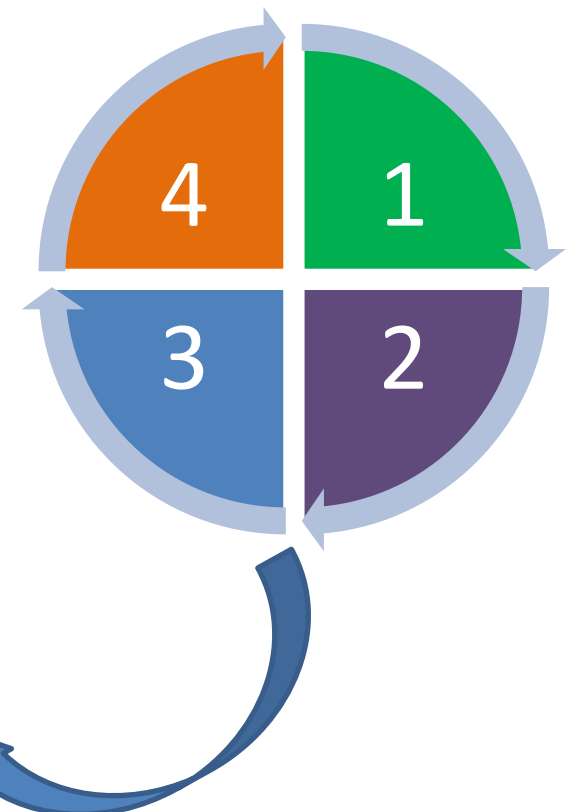
Create the opportunity for more warm handoffs to team members

# Consider Blended Team Templates: Team-Based (Shared Panel) Visit Targets

## 1 High Acuity Provider



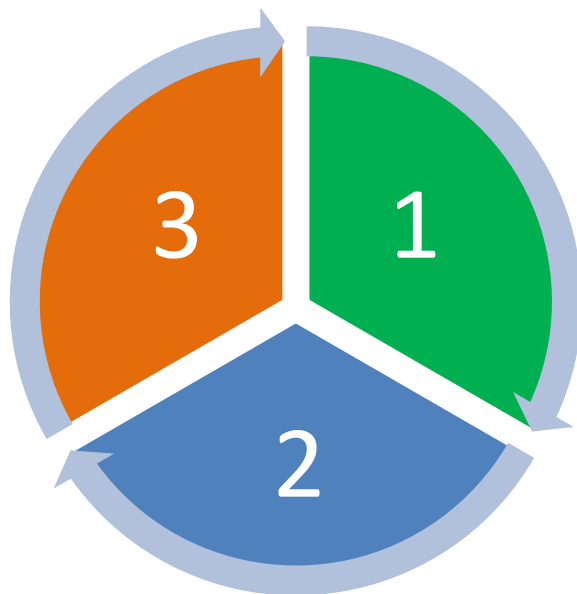
## 1 Low Acuity Provider



# High Capacity Utilization?

## Support Alternative Encounters (AE)

**Provider A: First Hour...**



**Provider A: Next Hour... REPEAT**



- Office show rate high as telephone/email alternative is implemented
- Capacity needed to reach 2.2 per hour is now 2.5 appointment slots

# Move the Numbers...

• Baseline **visit target**

3200 3200 3200 3400 3400

• Weeks per year

42 42 42 42 42

• Patients who must be seen per week to meet target

76.2 76.2 76.2 81 81

• Scheduled **hours per week** for patient visits

35 31.5 35 35 31.5

• Average number of patients to be seen per hour

2.2 2.5 2.2 2.4 2.6

• Factor in health center **capacity utilization rate**

74% 84% 88% 93% 87%

• Appointments needed per hour per provider

3 3 2.5 2.5 3

## Step 2: Move from Scheduling to Access Management

### Define and Replicate:

What are the optimal number of providers (and staff) working at any given time in the site/team?

Consider: process flow & outcomes

***“Which day works best for staff and for patients?”***



















### Primary Care Case Study:

- Their defined optimal staffing – Two providers
- Patient request - Evening hour appointments
- Patient complaint – Extensive waiting room time

# Understand Your Current State

Each Provider FTE works 9 sessions : 3 Persons, 2 FTE

Optimal at-one-time Staffing = 2 Providers

	M	T	W	T	F
MORNING		 	  	 	
AFTERNOON		 	  	 	
EVENING					

**40%**

# Realign Your Access Plan

Each Provider FTE works 9 sessions : 3 Persons, 2 FTE

Optimal at-one-time Staffing = 2 Providers

	M	T	W	T	F		M	T	W	T	F
MORNING		😊	😊 😊	😊				😊	😊 😊	😊	😊
AFTERNOON		😊	😊 😊	😊	😊			😊	😊	😊	😊
EVENING									😐		
					<b>40%</b>						<b>64%</b>



# People, Process, Place Improvements

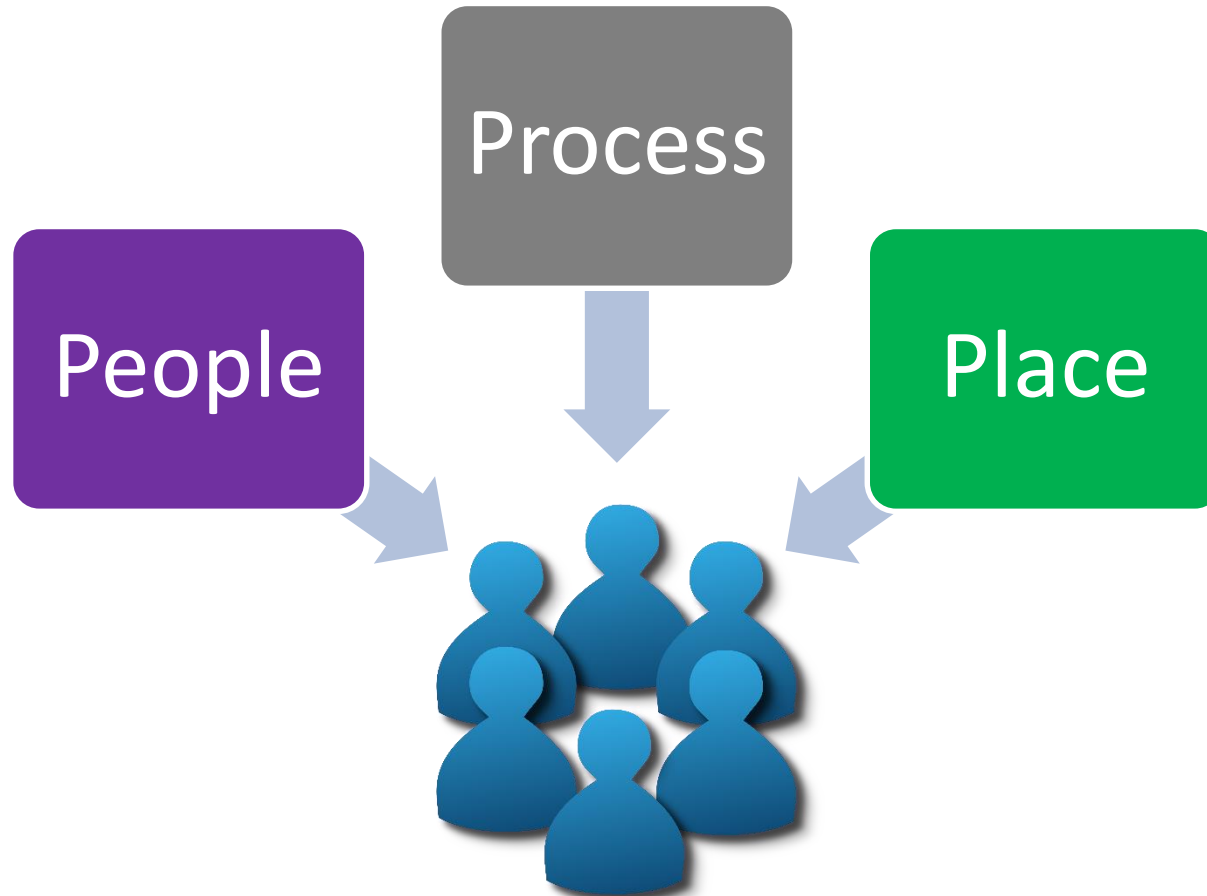
## Primary Care Case Study Outcomes:

- Their defined optimal staffing – Two providers
  - » Moved from 40% of schedule to 64% of schedule
- Patient request - Evening hour appointments
  - » Now open Wednesday evenings
- Patient complaint – Extensive waiting room time
  - » Process flow improved with less providers sharing resources/rooms

Additionally,

- » All provider mid-week case review at Wed lunch preserved
- » No additional cost incurred.

## Step 3: Provider/Team Panel Size



# Factors in Defining Panel Size

## Capacity

- Number of appt. hours available per week
- Team resources for sharing care responsibilities

## Complexity

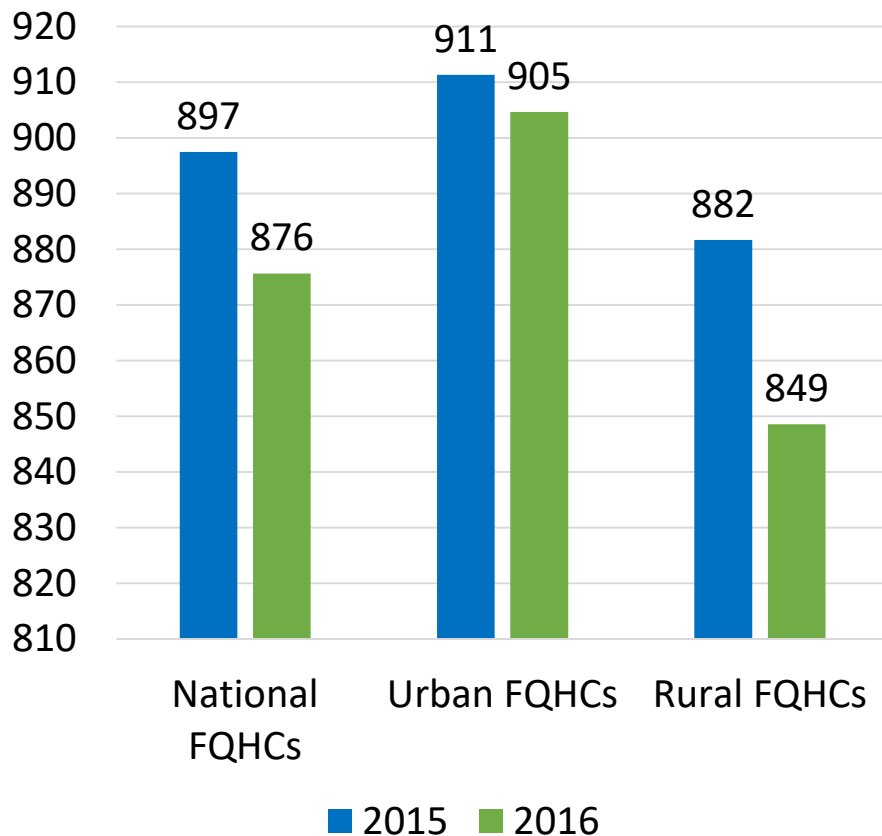
- Primarily preventive care or chronic care?
- Steadily increasing acuity or stable health status?

## Continuity

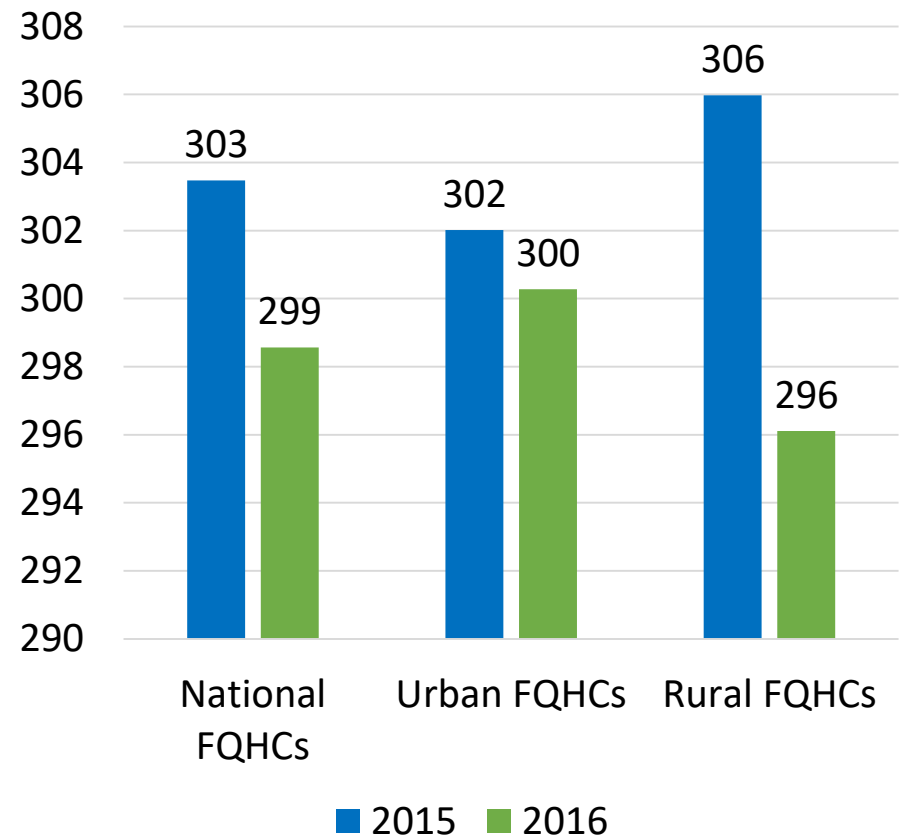
- Average visits per year for targeted population
- Primarily established or new to care patients?

# Peer Comparison: 2015 & 2016 Medical Patients per Medical Provider FTE; per Medical Staff FTE

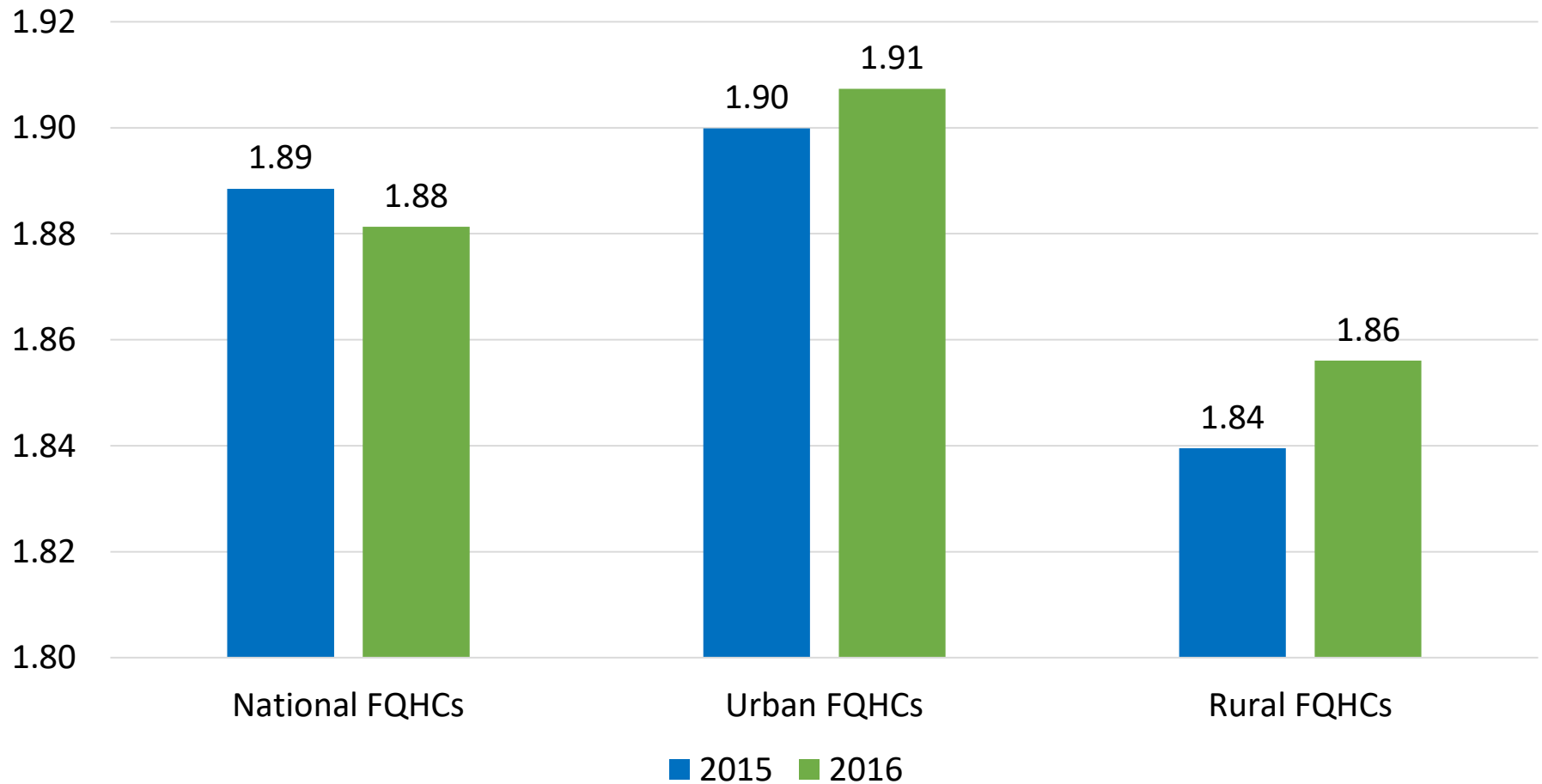
Medical Patients per Medical Provider



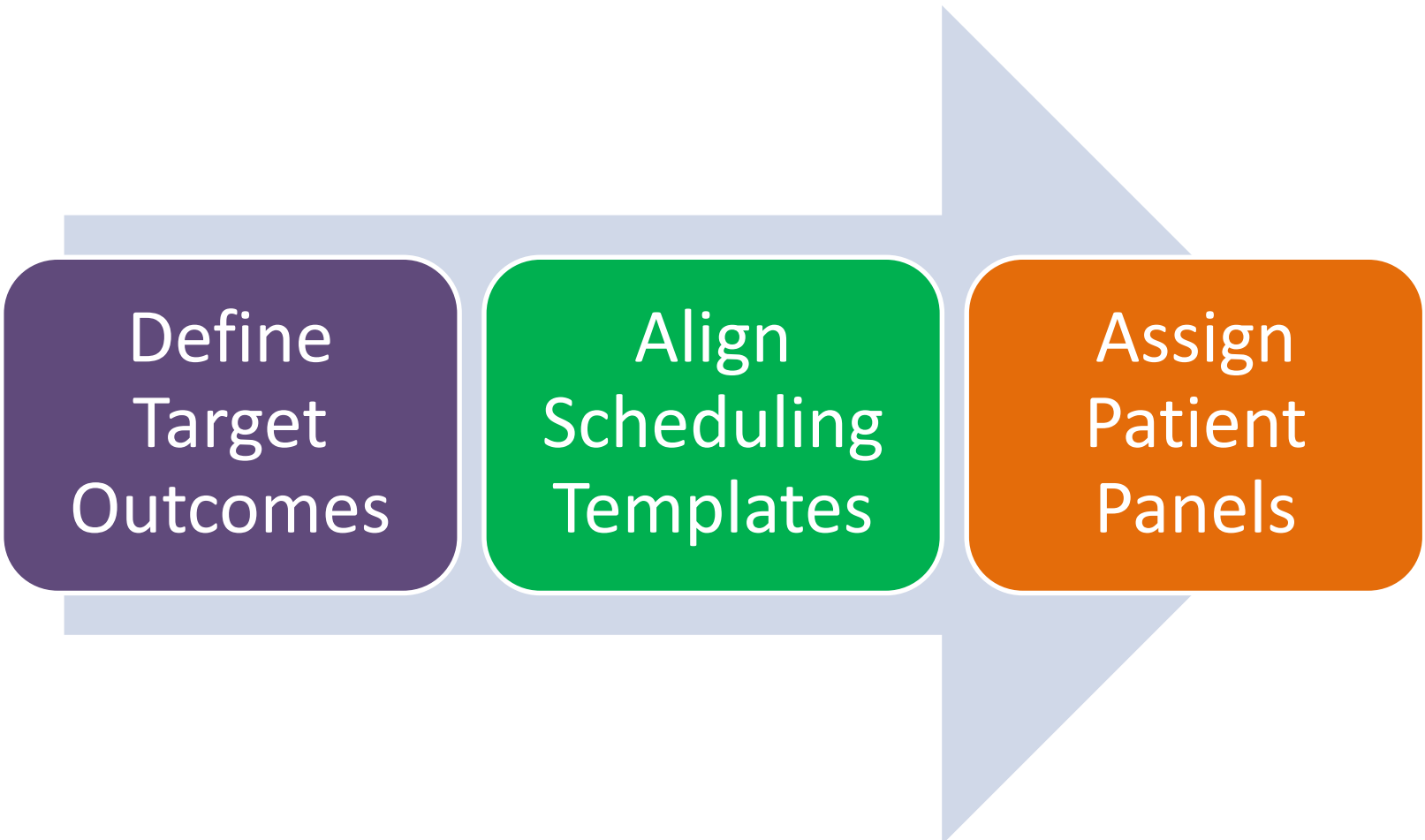
Medical Patients per Medical Staff FTE



# Peer Comparison: 2015 & 2016 Non-Provider Medical Staff FTE per Medical Provider



# Put It All Together



Define  
Target  
Outcomes

Align  
Scheduling  
Templates

Assign  
Patient  
Panels

# Questions?

## Contact

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