



Oncology Roundtable

Rapid Access Program Guide

Key Considerations and Program Models

Oncology Roundtable

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Key Considerations for Rapid Access Programs

Instructions: Cancer programs should use this guide to understand the key components and benefits of offering a rapid access program for new patients and to guide assessment of the infrastructure and resource requirements necessary to develop a best-in-class program.

What is a rapid access program?

Rapid access programs seek to reduce the time to first appointment for new patients. They are becoming increasingly common among cancer programs as a way to alleviate the anxiety experienced by newly diagnosed patients and differentiate the cancer center.

What are the components of a best-in-class rapid access program?

- Staffed by knowledgeable intake personnel
- Provides options for appointment time
- Sets clear patient expectations prior to visit
- Uses touchback communication to identify additional patient needs
- Provides comprehensive, multidisciplinary first visit
- Ensures referring clinicians and potential patients are aware of the program
- Evaluates the program periodically
- Championed by staff and clinicians

What are the potential benefits of a rapid access program?

- Reduces time to first appointment
- Reduces patient anxiety
- Illustrates commitment to patient-centered care
- Increases referrals
- Increases new patient capture
- Improves patient satisfaction
- Increases patient retention
- Reduces first appointment no-shows

What infrastructure and resource factors should be considered when developing a rapid access program?

- Appointment availability
- Appropriately trained intake personnel
- Physician capacity
- Advanced practitioner capacity
- Provider buy-in
- Patient expectations

What strategies can cancer programs use to get physician buy in for rapid access programs?

- **Demonstrate the Demand.** Share quantitative data and patient feedback about long first appointment wait times with physicians.
- **Support Workflow Changes.** Work with physicians to adjust their first appointment strategy for patients without medical records.
- **Ensure Patients Are Informed.** Enlist schedulers to educate patients about rapid access options and help them make an informed decision about whether to utilize them or not.
- **Manage Patient Expectations.** Utilize schedulers and/or nursing staff to set patient expectations about goals of first appointment without medical records, if they choose to come in before their medical records have been received.

Source: Oncology Roundtable interviews and analysis.



Rapid Access Program Profiles

- Profile 1: Tanner Health System
- Profile 2: Seattle Cancer Care Alliance
- Profile 3: Dana-Farber Cancer Institute
- Profile 4: Fox Chase Cancer Center

Change the Process

In an effort to differentiate itself from a new competitor, Tanner Health revised its appointment scheduling process to speed patient access to a treatment plan. Tanner did not take dramatic steps, like hiring a new clinician or overhauling the entire schedule, to improve timeliness. Instead, program leaders engaged the right stakeholders to tweak the schedule.

Tanner reorganized the schedule to hold different slots for new patients each day. When all new patient appointment slots are full, schedulers have policies to guide their next steps. Some physicians prefer they proactively slot the patient in at the end of the day, while others ask that the schedulers speak with them before booking the appointment.

As a result, Tanner is able to promise its patients a three-day turnaround time from diagnosis to receipt of a treatment plan. This promise has led to improved scheduling processes and high patient and provider satisfaction. Tanner was also able to leverage its three-day promise to attract new patients in the face of a major competitor entering its market.

Tanner Revised Appointment Scheduling Process to Speed Care

Tanner's Path to a Three-Day Turnaround Time from Diagnosis to Treatment Plan

Assess Scheduling Challenges

Evaluate

- Appointment availability
- Scheduling inefficiencies

Identify

- Patient preferences
- Clinician preferences

Gain

- Clinician and staff buy-in



Improve Timeliness of Care

- Reorganized department schedule to hold slots for new patients each day
- Developed protocols on when, how, where to schedule add-on patients
- Trained scheduling staff on protocols
- Sought clinician input early, often



Create the Three-Day Promise

- Increased new patient visits by 1% despite presence of a new competitor
- Streamlined scheduling processes and saved staff time
- Renewed staff, clinician enthusiasm for improved efficiency
- Improved new patient satisfaction
- Improved physician satisfaction

Change the Process (cont.)



Case in Brief: Tanner Health System

- Four-hospital health system based in Carrollton, Georgia
- In response to new competitor entering market, cancer program re-evaluated its marketing strategy and developed “three-day promise”; Tanner will complete diagnosis and treatment planning in three days and provide a consultation with oncologist and patient navigator
- Implemented promise by reorganizing department schedules to hold slots for new patients and training staff to make ad-hoc appointment requests of physicians when no new patient slots available within time frame
- Ensured physician buy-in by identifying physician champions, incorporating physician preferences into scheduling, and providing regular feedback to physicians about success
- Markets promise to referring physicians and patients
- Since its implementation, Tanner Cancer Care has seen 1% increase in market share, indicating that new competitor has not impacted their volumes
- Additional benefit of three-day promise is renewed staff and clinician enthusiasm for improved efficiency throughout the cancer program as well as other departments of the health system

Advanced Practitioners Are Critical Resources

Seattle Cancer Care Alliance (SCCA) uses advanced practitioners (APs) for rapid new patient consults. SCCA knew that breast cancer patients were frustrated with long wait times for their first appointments, but oncologists did not have the capacity to accommodate additional patients.

Instead, program leaders worked with APs to create the “Now Clinic.” APs reserve time each week for new patient consults. During these appointments, the APs answer patient questions, review medical records for completeness, and order additional diagnostic tests as needed.

Referring providers find significant value in the “Now Clinic”; many have started referring the majority of their patients to the service. Furthermore, 94% of breast cancer patients who attend the “Now Clinic” stay for treatment, compared to 70% of SCCA cancer patients receiving traditional consultations.

Seattle Cancer Care Alliance Relies on Its APs to Offer “Now Clinic”

Creation of the “Now Clinic”



1 Patient Frustration

Breast cancer patients frustrated with long waits for initial consults



2 Limited Physician Capacity

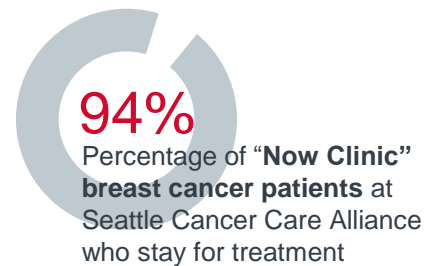
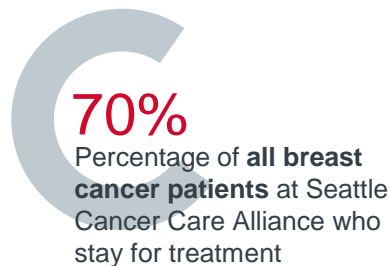
Oncologists had little capacity to see patients sooner because of high volumes



3 “Now Clinic”

APs reserve time each week to evaluate and counsel new patients in the “Now Clinic”

Impact of the “Now Clinic”



Source: Seattle Cancer Care Alliance, Seattle, WA; Oncology Roundtable interviews and analysis.

Advanced Practitioners Are Critical Resources (cont.)



Case in Brief: Seattle Cancer Care Alliance

- Collaboration between leading research teams and cancer specialists at Fred Hutchinson Cancer Research Center, Seattle Children's, and UW Medicine based in Seattle, Washington
- Received feedback that many of their new breast cancer patients were anxious to be seen sooner than the date of their initial physician consultation
- Determined that physicians had no additional capacity to see patients sooner because of high volumes, but advanced practitioners did
- Developed "Now Clinic" for anxious new breast cancer patients, or patients who present with an unusual or particularly complex case; patients meet with advanced practitioners prior to their scheduled physician consult
- Rapid consultation reassures anxious patients and provides opportunity for evaluation and workups that may make initial physician consultation more fruitful
- Improved patient retention with 94% of breast cancer patients who entered care through "Now Clinic" staying for treatment, compared to 70% of all breast cancer patients at Seattle Cancer Care Alliance regardless of how they enter care
- Due to the "Now Clinic's" success with breast cancer patients, expanded "Now Clinic" to melanoma patients as well

Measuring First Appointment Accessibility

Dana-Farber launched an access initiative when program leaders noticed that new patients had long wait times for their first appointments. A key part of their success has been looking at accessibility from multiple angles. For instance, they evaluate next-day, five-day, and 30-day availability of new patient appointments.

Moreover, they have goals for each category. When performance slips below any one of the goals, they review the clinic schedule and the number of new and established patient appointments. They take stock of whether the appointment can be adjusted, if they need to ask a physician to extend clinic hours, or if they need to hire a new physician.

Critical to Get New Patients in the Door

Dana-Farber's Accessibility Metrics

	<i>Next-Day Availability</i>	<i>Five-Day Availability</i>	<i>30-Day Availability</i>
Metric	Number of new patient slots available on the following day	Number of new patient slots available over the next five days	Percentage of days in the current month for which at least one new patient slot was available
Goal	At least one new patient slot available per disease group	Enough slots available to accommodate 50% of the expected number of new patients for each disease group	Each disease group had 80% of days with at least one new patient slot available

Source: Dana-Farber Cancer Institute, Boston, MA; Oncology Roundtable interviews and analysis.

Develop Rapid Access Appointment Scheduling Process

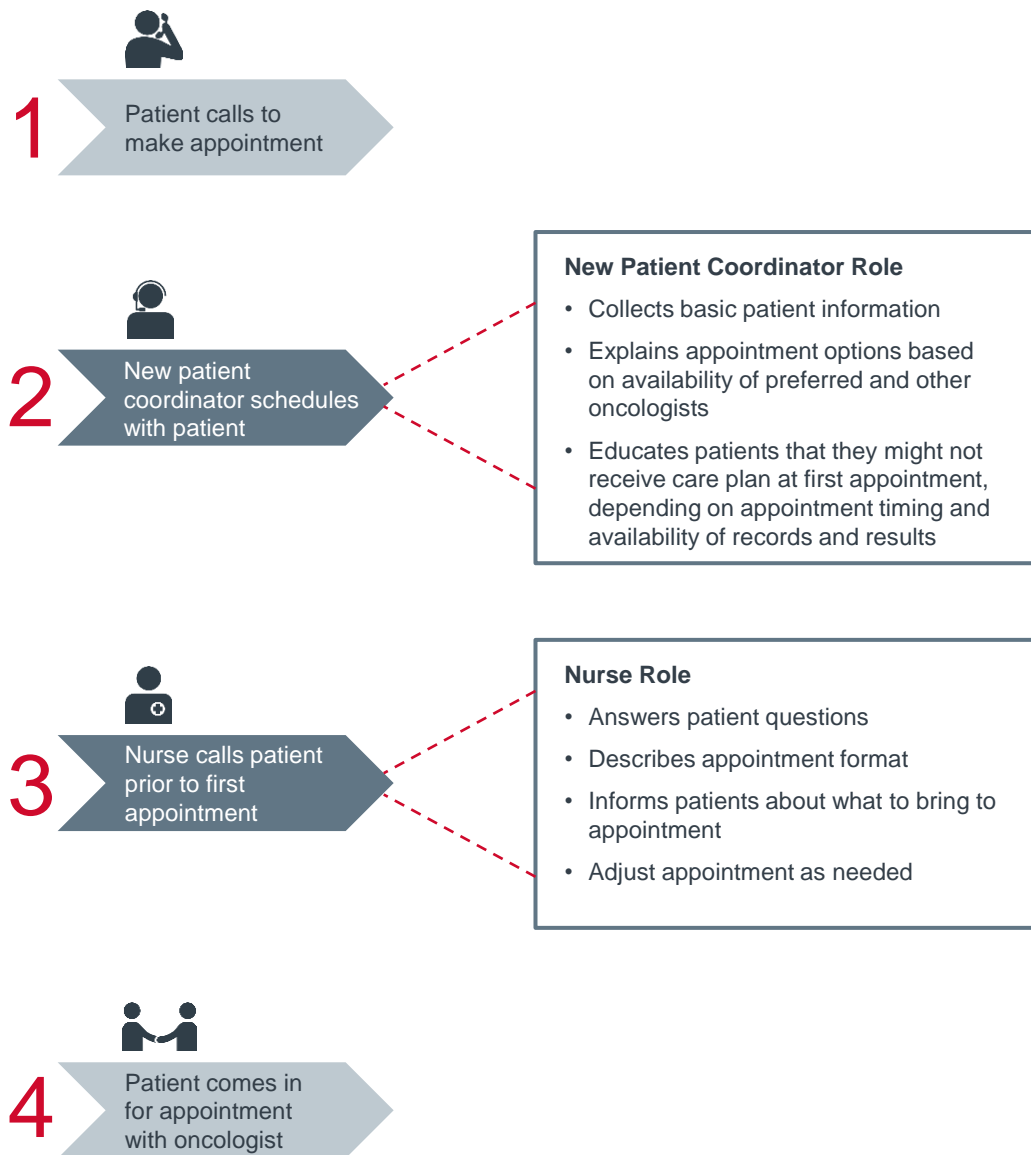
Dana-Farber monitors new patient access with the goal of getting patients in whenever they prefer. A key part of this initiative is helping patients make an informed decision about their first appointment. Program leaders have built in two opportunities to educate patients and help them prepare for first appointments.

First, they equipped new patient coordinators with information and scripting to engage patients. Coordinators offer next-day appointments whenever possible. But they also explain that physicians cannot create a care plan without the patients' medical records—which are hard to collect within 24 hours. As a result, patients understand that a next-day appointment is an option, but that the appointment might have limitations. If patients prefer to wait for a comprehensive appointment, coordinators schedule them for an appropriately timed appointment with their preferred physician.

Before the appointment occurs, a nurse calls the patient to answer questions, provide tips on how to prepare, and set expectations. This phone call has a two-fold impact. It makes patients feel cared for before they even walk in the door and it enables the first appointment to be as productive as possible.

Set Clear Expectations from the Start

Dana-Farber's Rapid Access Appointment Scheduling Process



Source: Dana-Farber Cancer Institute, Boston, MA; Oncology Roundtable interviews and analysis.

Getting Everybody on Board

When Dana-Farber first introduced the idea of its rapid patient access program, some physicians were concerned about feasibility. To secure buy in, Dana-Farber first demonstrated the need for a rapid access program by sharing data illustrating how long patients were waiting for first appointments.

Next, administrators addressed physician concerns about seeing patients before their medical records had been received from the referring provider. They worked with physicians to adjust their consultation strategy for these patients. And as outlined on the previous page, they enlisted the help of new patient coordinators and nurses to educate patients about the limitations of next-day consultations.

Since taking these steps, Dana-Farber has gained full physician support of its rapid access program.

Dana-Farber Responds to Clinician Concerns

Dana-Farber's Steps to Secure Physician Buy-In for Rapid Access Initiative



Demonstrate the Demand

Share quantitative data and patient feedback about long first appointment wait times with physicians



Support Workflow Changes

Work with physicians to adjust their first appointment strategy for patients without medical records



Ensure Patients Informed

Enlist new patient coordinators to educate patients about rapid access and help them make an informed decision about when to come in



Manage Patient Expectations

Utilize pre-appointment nurse phone call to set patients' expectations about goals of first appointment without medical records



Case in Brief: Dana-Farber Cancer Institute

- NCI-designated comprehensive cancer center located in Boston, Massachusetts
- Assessed first appointment availability within disease groups on an ongoing basis; next-day availability (prospective), five-day availability (prospective), and 30-day availability (retrospective)
- Decided to offer rapid access option to new patients in an effort to create a patient-centered environment and reduce wait times for first appointments
- Developed new scheduling system to accommodate rapid access; new patient coordinators work with patients to educate them about rapid access option and help them make an informed decision about when to come and nurse calls patients prior to scheduled first appointment to set expectations about the visit
- To secure physician buy-in for rapid access initiative, administrators shared patient wait time data, worked with physicians to adapt their first appointment strategy for patients whose medical records had not been received yet, and enlisted help of new patient coordinators and nurses to educate patients about their appointment options and set expectations
- New scheduling system relieves patient anxiety, makes patients feel supported even before their first consult, enables a more productive first appointment, and has made oncologists more comfortable with next-day appointments

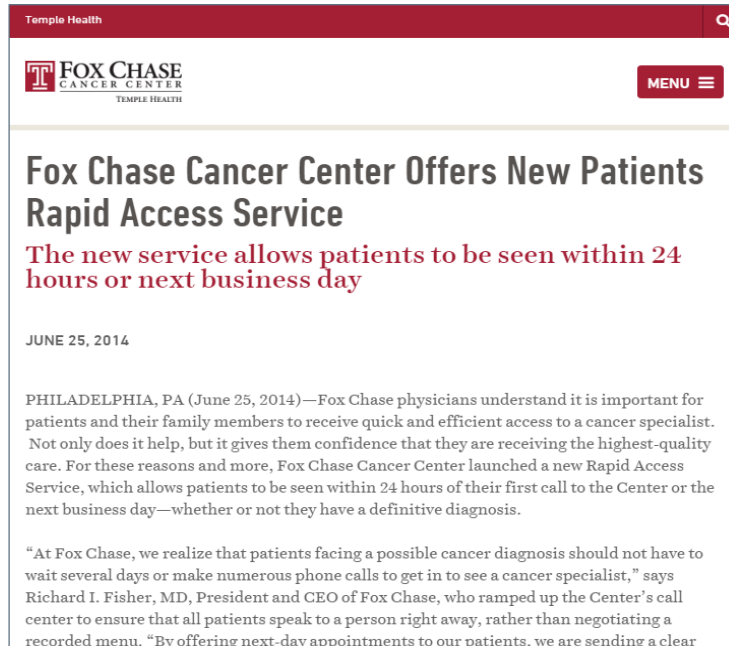
Source: Dana-Farber Cancer Institute, Boston, MA; Oncology Roundtable interviews and analysis.

If You've Got It, Flaunt It

Fox Chase promotes its Rapid Access Service directly on its website, as you can see in the screen shot on the right. It has seen dramatic results since publicizing its clinic.

Fox Chase Promotes Its Rapid Access Service Online

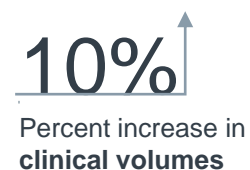
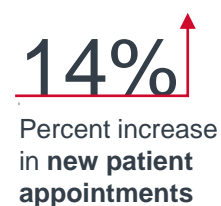
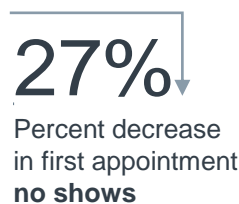
Fox Chase's Rapid Access Service



Since implementing its Rapid Access Service, Fox Chase has seen significant increases in new patient appointments, online registrations, and clinical volumes. It has also seen a decrease in first appointment no-shows. These results demonstrate the value patients place on first appointment timeliness.

Rapid Access Service Provides Measurable Results

Key Results Attributed to Fox Chase's Rapid Access Service



Source: George J., "The Story Behind Fox Chase Cancer Center's Turnaround," *Philadelphia Business Journal*, January 23, 2015, <http://www.bizjournals.com/philadelphia/blog/health-care/2015/01/the-story-behind-fox-chase-cancer-centers.html>; Fox Chase Cancer Center, Philadelphia, PA; Oncology Roundtable interviews and analysis.

If You've Got It, Flaunt It (cont.)



Case in Brief: Fox Chase Cancer Center

- 100-bed cancer center located in Philadelphia, Pennsylvania; part of the eight-hospital Temple University Health System
- Approximately 30% of new patients were not showing up for initial visit
- Reasoned that some no-shows result from patients getting an earlier appointment elsewhere and implemented Rapid Access Service that allows patients to be seen on the next business day
- Highlights Rapid Access Service on its website to ensure patients are aware of the option when deciding where to go for cancer care
- Since implementation, no-shows have decreased from 30% to 3%, clinical volumes have increased by 10-15%, new patient appointments have increased by 14%, and online registrations have increased by 41%

Source: George J., "The Story Behind Fox Chase Cancer Center's Turnaround," *Philadelphia Business Journal*, January 23, 2015, <http://www.bizjournals.com/philadelphia/blog/health-care/2015/01/the-story-behind-fox-chase-cancer-centers.html>; Fox Chase Cancer Center, Philadelphia, PA; Oncology Roundtable interviews and analysis.



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