

CASE STUDY

How Glacier Bay Clinic Standardized Schedules to Improve Patient Access

Increasing efficiency and provider capacity across primary care

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Overview

The challenge

Patient access remains a challenge for almost all medical groups. Oftentimes, long wait times stem from inconsistency in provider scheduling templates. This results in unused capacity and limited access for patients.

The organization

Glacier Bay Clinic¹ is a large hospital employed medical group based in the West with clinics in primary and specialty care.

The approach

Glacier Bay standardized schedules across all primary care practices by first analyzing data and collecting provider feedback to reduce template variation. To preserve autonomy, they let all physicians pick their preferred schedule from the group's options. Finally, to make these gains stick, Glacier Bay tracks and shares personalized performance data.

The result

Since implementation, Glacier Bay has improved access without hiring additional providers. On average, providers are able to see one more patient per day, translating to 55,000 additional primary care visits in one year.

1. Pseudonym.

Approach

How Glacier Bay Clinic standardized provider schedules in primary care

This case study details how Glacier Bay Clinic, a large hospital employed medical group, standardized schedules across their primary care practices.

The three steps

Leaders at Glacier Bay reduced unnecessary variation and transitioned to standardized scheduling in three key steps:

01

Pair data with physician feedback to reduce variation

02

Let physicians pick from schedule options

03

Use personalized data to foster accountability

01 Pair data with physician feedback to reduce variation

Glacier Bay began their standardized scheduling initiative by gathering data from the EHR and one-on-one conversations with physicians to reduce “irrational variation” across appointments.

Analyze scheduling data to identify most common visits

Before this initiative, Glacier Bay had 150 different visit types across primary care. To reduce this number, Glacier Bay analyzed data from their EHR to identify the most common visits across the past year and found that 98% of all visits fell within six types. Leaders used this information to reduce the number of visit types from 150 down to six: new patient, established patient, Medicare AWW¹, non-Medicare wellness exam, well-child, and procedure. Because these changes were based on data and the six types encompassed almost all the visits typically seen in primary care, physicians were receptive to these changes after understanding the organization’s reasoning behind them. Part of their initial clean-up also involved removing some provider scheduling blocks.

150 > 6 Reduction in number of visit types

Now that they had six common visit types, Glacier Bay turned to standardizing length for these visits next. They started again by reviewing EHR data. Leaders looked at EHR time stamps to measure how many minutes physicians typically spend on each visit. This data helped inform how long each visit should be.

1. Annual wellness visit.


STEP 1: PAIR DATA WITH PHYSICIAN FEEDBACK TO REDUCE VARIATION

Supplement data with anecdotal physician feedback

However, Glacier Bay knew that data alone wasn't enough. To ensure buy-in, they needed to get a more holistic understanding of scheduling from the physician's perspective – so the team went to them directly to learn more. They met one-on-one with nearly 200 primary care physicians to confirm that the EHR time stamps accurately reflected the actual time they were spending with patients. Leaders used this anecdotal feedback to supplement the EHR data and determine the right amount of time for each type of primary care visit.

In the end, Glacier Bay came up with three common lengths for each visit that vary based on time: A (less time), C (more time), and B (in between). For example, visits in Template A are shorter so physicians see more patients across the day while Template C visits are longer. Glacier Bay also allows physicians to request longer visits on a case-by-case basis for patients who need more time.

Three “speeds” per visit type (in minutes)

	<div> <i>Less time per visit</i>  <i>More time per visit</i> </div>		
Visit type	Template A	Template B	Template C
New patient	20	30	40
Established patient	10	15	20
Medicare AWW	30	45	40
Non-Medicare wellness exam	30	30	40
Well child	20	15	20
Procedure	15	20	30

02 Let physicians pick from schedule options

To roll out these new schedules, Glacier Bay recognized that they couldn't take a one-size-fits all approach. To keep physicians bought in, leaders needed to make sure that physicians didn't feel like they were giving up control over how they spend their day. So Glacier Bay let physicians pick their preferred schedule—within predefined options agreed upon by the group.

Allow physicians to choose preferred template speed

In particular, leaders at Glacier Bay recognized that physicians are especially sensitive to how much time they spend with patients. To address these concerns, Glacier Bay let physicians pick from the three standard templates described on the previous page based on their preferred speed. Physicians who prefer longer visits and more time with patients could pick Template C while physicians who want to move through visits faster could pick Template A. By letting physicians pick from these three options, Glacier Bay made physicians feel like they had flexibility and choice while at the same time maintaining consistency across the organization.

To facilitate this, the operations team at Glacier Bay sent a survey to each physician that allowed them to pick their preferred schedule. They also included a report with the physician's average visit times and a recommendation for the template that would likely work best for them based on their data. Physicians were then given three weeks to respond and pick their preferred schedule.

In the end, 90% of physicians ended up picking the template that was recommended to them. But sending a survey and giving physicians a choice was important for making them feel like they had a say in the decision.

STEP 2: LET PHYSICIANS PICK FROM SCHEDULE OPTIONS

Currently, Glacier Bay is working to transition all physicians to Templates A and B to try to open up more access for patients. While physicians already on Template C are grandfathered in, new providers only get to choose between Templates A and B. Now, only about one third of Glacier Bay physicians remain on Template C.

Selected template speed affects compensation

Giving physicians control over template speed also means they have control over their compensation. Glacier Bay pays their physicians based on productivity, so physicians who opt for Template A (less time per visit) generate more wRVUs than physicians who picked Template C (more time per visit), and receive more compensation as a result. Ultimately, it's up to each individual physician to decide how they want to balance their schedule and compensation, based on their personal preferences.

03 Use personalized data to foster accountability

To ensure that these scheduling changes stick, Glacier Bay built a transparent performance dashboard to measure physician adherence to the group's new scheduling standards. You can see a screenshot of their dashboard below.

Use dashboard to monitor adherence to scheduling standards

By looking at time stamps in the EHR, Glacier Bay can compare the *actual* time providers spent with each patient to the time that they *should've* spent according to the template. Leaders can use the data in this dashboard to identify physicians who are underperforming or unproductive--resulting in unused capacity.

Screenshot of Glacier Bay Clinic's performance dashboard

Compare provider time to average template length to determine adherence.

Time stamps in EHR measure provider time spent with patient per visit.

Visit Type	Visits	# Adhere	% Visits Adhere	Ave. Template Length	Ave. Sched Length	Ave. Nurse/Prov Time
CLINICAL SUPPORT	103	25	24 %	39.2	29.9	8.1
ESTABLISHED PATIENT	26216	22946	88 %	17.4	19.6	18.8
ESTABLISHED PT EXTENDED	7589	4966	65 %	33.2	30.8	23.1
MEDICARE WELLNESS	2328	1790	77 %	44.1	42.5	32.2
NEW PATIENT	1493	1090	73 %	32.2	32.2	23.6
NEW PATIENT EXTENDED	1167	574	49 %	45.7	37.9	29.4

STEP 3: USE PERSONALIZED DATA TO FOSTER ACCOUNTABILITY

Meet with low-performing physicians to find solutions

Glacier Bay then holds one-on-one performance conversations with these physicians. Leadership dyads share data from the dashboard to ground the conversation but they want to hear the physicians themselves explain why their data looks the way that it does and how their team can help. The goal of these conversations is to find tailored solutions that help improve the physician's efficiency and adherence to group scheduling standards. For example, some solutions include adjusting a physician's FTE status, providing them with additional care team support, or switching to a template with more time per visit.

Results


Standardized scheduling improves efficiency

By taking these three steps to standardize schedules, Glacier Bay addressed latent capacity barriers in provider templates. As a result, Glacier Bay improved efficiency and access without hiring any additional providers. On average, providers were able to see one more patient per day, translating to 55,000 more primary care visits in one year. Even after initial rollout, Glacier Bay continues to see 50,000-60,000 more appointments per year with the same staffing.

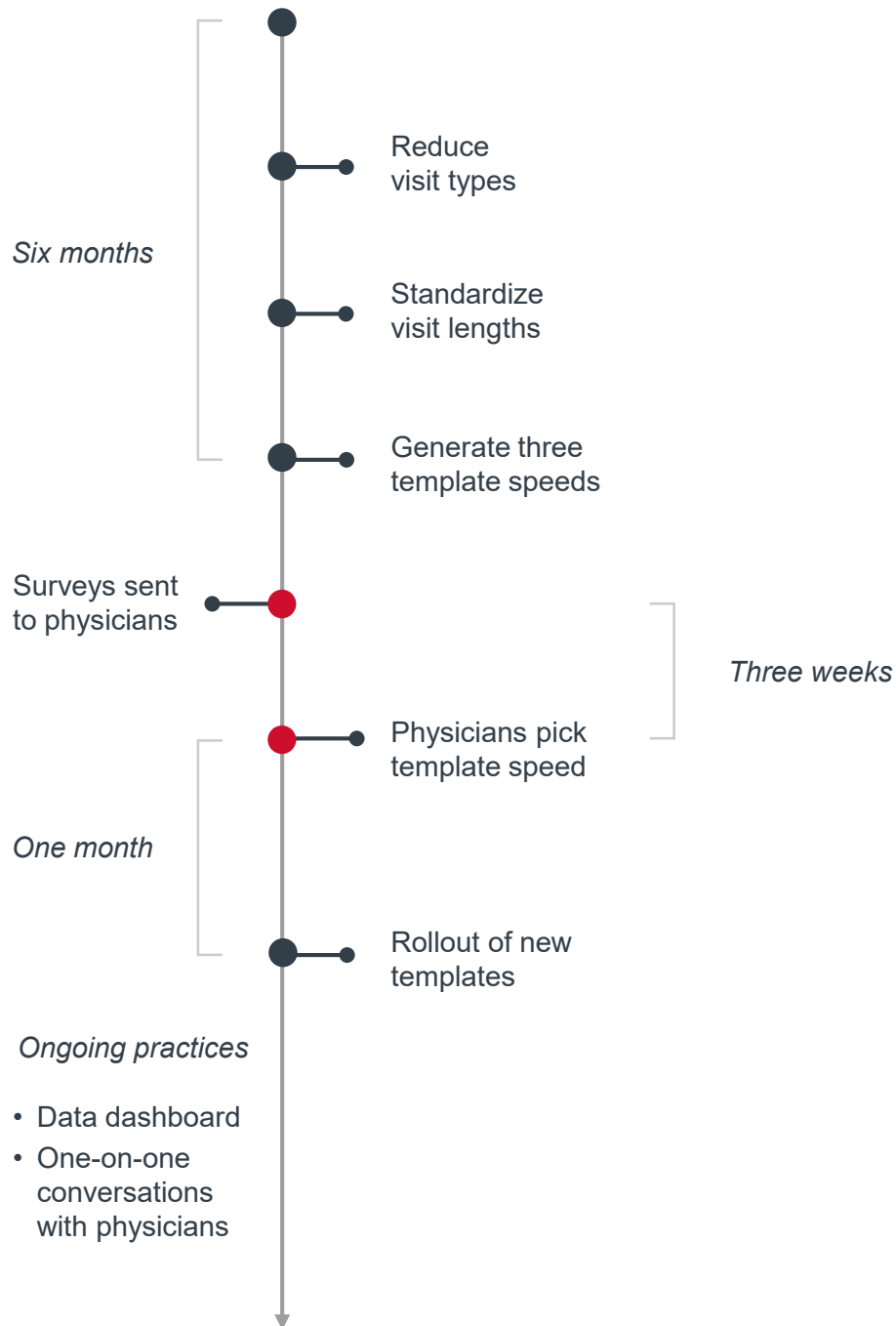
55K Additional primary care visits in one year

28 Number of specialties that successfully transitioned to standardized scheduling templates

Follow the same steps for specialty care

This publication outlines the steps that Glacier Bay took to standardize schedules in primary care but they also successfully implemented standardized scheduling across 28 specialties using the same approach. While the final templates look different across the various specialties, the overarching steps to reduce template variation and create common scheduling standards are applicable across all. 

Glacier Bay Clinic's timeline for standardizing schedules



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