

## VIEWPOINT

# Health Care Scheduling and Access

## A Report From the IOM

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**The Institute of Medicine report** *Crossing the Quality Chasm* identified timeliness as one of the fundamental aims of health care. Timeliness is increasingly recognized as an important factor in quality of care, and measuring wait times, or the amount of time it takes for a patient to have access to an appointment and see a clinician, has emerged as a key indicator of overall system performance.

At the extreme, extended wait times and delays for care negatively affect morbidity, mortality, and quality of life<sup>1-3</sup> as well as health care utilization and patient experience. National attention on the topic of timeliness reached a new level in 2014 with the discovery that 1700 veterans in need of primary care appointments in the Veterans Affairs (VA) Phoenix Health Care system had been left off the mandatory electronic waiting list, and 40 veterans died while waiting for an appointment.<sup>4</sup> Although there is not enough evidence to conclude that the prolonged waits were the cause of these deaths, the VA investigation documented poor quality of care.

A new report from the Institute of Medicine (IOM), *Transforming Health Care Scheduling and Access: Getting to Now*,<sup>5</sup> considers national evidence and practices on access, scheduling, and wait times. Anchoring its perspective that health care must be patient and family centered and implemented as a goal-oriented partnership, the committee that wrote the report examined evidence from published studies, including those related to the VA experience; held public meetings; and examined relevant findings from related systems-level approaches in other sectors. Despite the paucity of available evidence, the committee members shared their expertise, reviewed the literature, and heard presentations from nationally renowned, high-performing health delivery systems at a public hearing.

The committee identified examples of systems-level approaches in individual settings that improved scheduling and wait times while having either neutral or positive effects on quality of care and patient experience. These approaches included scheduling strategy models, team-based workforce strategies, and technology-based alternatives to in-person visits. For example, the Mayo Clinic in Rochester, Minnesota, used Lean and Six Sigma methods to implement a surgical process improvement intervention, which resulted in significantly fewer wait times at surgical admissions, significantly higher rates of on-time arrival to the preoperative area, and significantly quicker operating room turnover times.<sup>6</sup> To improve discharge processes, Boston Medical Center implemented a program designed around nurse discharge advocates and clinical pharmacists. Results from a randomized study found that patients participating in

the intervention, compared with usual-care patients, were significantly less likely to have a subsequent hospitalization and reported a higher follow-up rate with their primary care physician.<sup>7</sup> These successful systems-level models have the potential to be adopted more widely and become a foundation for standards of care. The changes illustrated in these examples can be achieved without significant investments in personnel or facilities, relying instead on process reengineering, resource reallocation, and behavioral change strategies. Moreover, these changes can lead to real-time engagement of patient concerns.

The IOM committee found a number of commonalities among exemplary practices reflected in the literature and case examples. **These represent a set of basic health care access principles for primary, specialty, and hospital and postacute care scheduling and also provide targets for expanded research and evaluation. They include**

- **Supply-demand matching through formal ongoing evaluation**
- **Immediate engagement and exploration of need at time of inquiry**
- **Patient preference on timing and nature of care invited at inquiry**
- **Need-tailored care with reliable, acceptable alternatives to clinician visit**
- **Surge contingencies in place to ensure timely accommodation of needs**
- **Continuous assessment of changing circumstances in each care setting**

Committee findings touched on several key issues related to the timeliness of care. Access variation ranges from same day in some circumstances to several months in others. Consequences of delays include negative effects on health outcomes, patient satisfaction with care, health care utilization, and organizational reputation. The committee identified multiple delays in access to health care, including mismatched supply and demand, clinician-focused approach to scheduling, outmoded workforce and care supply models, priority-based queues, care complexity, reimbursement complexity, and financial and geographic barriers.

**Strategies for improving access call for continuous supply and demand assessment and monitoring as well as implementation of alternatives to in-office physician visits.** This will lead to process redesign to improve workflow and match patient needs with available staff skills. These changes can enhance patient volume and access and decrease the cost of care and the need to add personnel. It is also possible to influence supply and demand through electronic consultations, telehealth, and surge capacity agreements with other caregivers and facilities.

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One of the most significant findings of the committee was the absence of standards for access. Standardized measures for timely access to health care are needed for reliable assessment and improved scheduling. However, available evidence to provide setting-specific guidance on care timeliness is limited, and reliable performance standards cannot be established without better data. To develop the evidence base, health care organizations will need reliable information, tools, and assistance from various national organizations with the requisite expertise—as well as interorganization coordination to ensure the harmony of reporting instruments and reference resources.

To move this forward, leadership must be devoted to reflecting, sustaining, and enhancing patient-centered care in scheduling and access, and the results must be continually gathered, assessed, made available, and deployed to drive and reward improvement. Transparency also has a crucial role in improving access. All stakeholders, including patients and health care leadership, should be able to understand scheduling processes and wait-time data.

The IOM committee developed recommendations for national and health delivery system leaders. These include

- Spreading and implementing the basic access principles
- Coordinating federal implementation initiatives
- Promoting systems strategies in health care
- Proposing, testing, and applying access standards

Professional societies and public and private payers should be active participants in system improvement through initiatives that encourage creativity and innovation in the implementation and achievement of these access principles. The committee recommended that health care facility leaders anchor frontline scheduling practices in the basic access principles, involve patients and families in decisions concerning designing and leading access assessment and reform, and continuously assess and adjust the match between supply and demand at every care site.

Implementing the committee's recommendations will require a multidisciplinary approach to building the evidence base and sharing best practices. Progress will not result from arbitrary requirements. Instead, progress depends on active engagement of patients and their families in the design and implementation of access and scheduling approaches; a systems perspective based on continuous assessment of both supply and demand; and leadership at all levels. Efforts targeting access, scheduling, and wait times (by the VA and others) can foster transformative patient- and family-centered progress in system performance. Health care has yet to experience a call for action from its leaders—similar to those that occurred for enhancing patient safety and patient-centered care—to focus on improving wait times and access. However, the time is now to learn from the experiences within the field, build the evidence, work in collaboration, and set bold goals for change.

#### ARTICLE INFORMATION

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