

**Pediatric  
Success**  
SERIES

## **Managing High Visit Volume in Cold/Flu/Vaccination Season**

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Anytime Pediatrics

# Learning Objectives

- Rethink your workflow to provide care to patients during high demand
- Implement Telehealth to meet the needs of more patients and increase access to care
- Analyze and adapt your Telehealth workflows to maximize practice efficiency



**THE EFFECTS**  
OF  
**WAIT**  
**TIMES**



ON  
**PATIENTS**  
IN  
**HEALTHCARE**

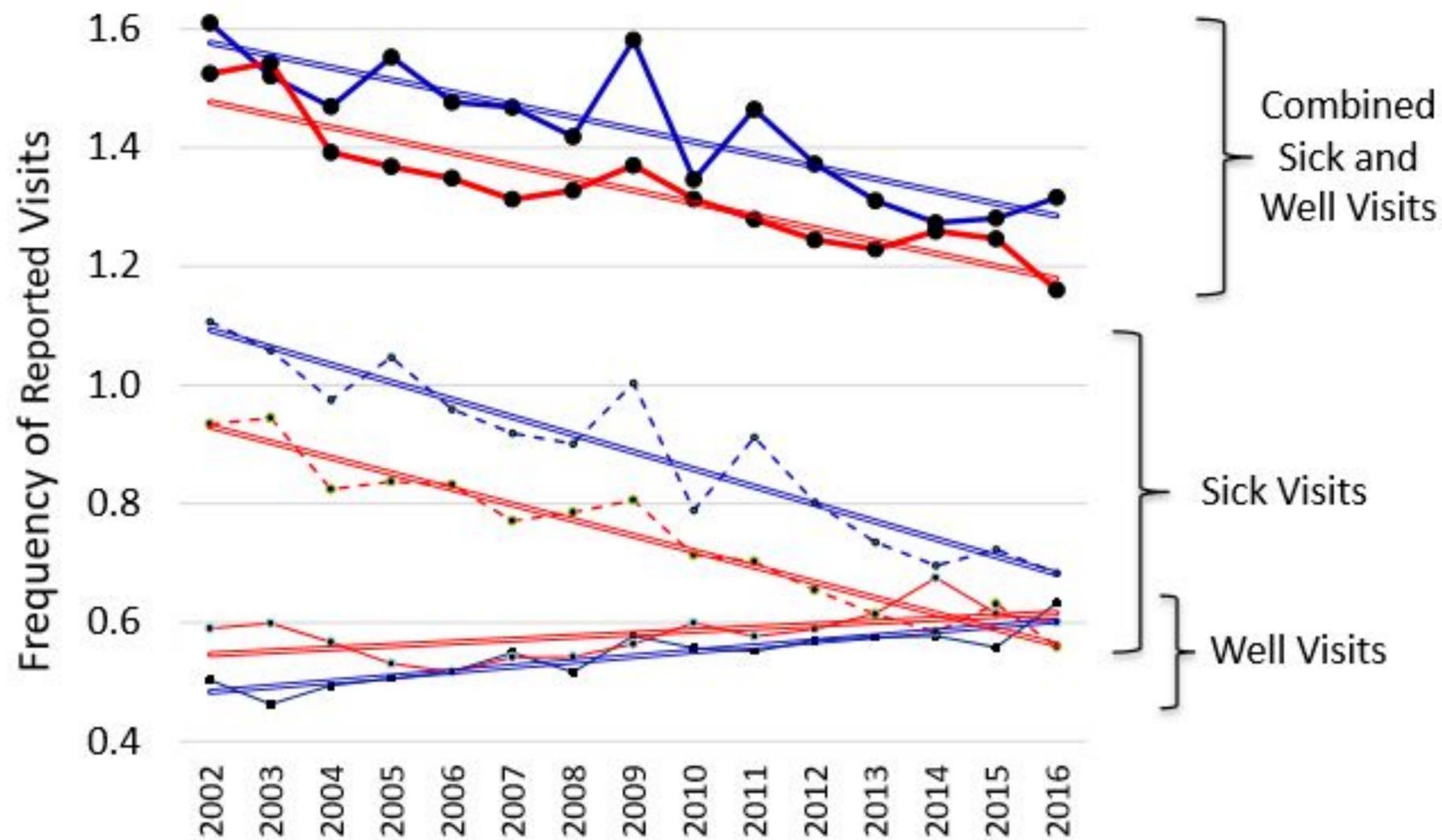


# Supply vs Demand: What's Changed?

- Historically: Some seasonal variation, fairly predictable
- Alternative Care Venues Disruption
  - Retail Based Clinics
  - Direct to Consumer Telehealth
  - Urgent Cares (some Pediatric)
  - Telehealth Urgent Care (including Children's Hospitals in some markets)
- Pandemic Illness Surges
- Serving Public Health Needs
  - Testing for exposure
  - Return to school notes
- Societal “immediate attention” expected

# Visit Volume Has Been Shifting For More than A Decade

Annual Frequency of Household-reported **Sick and Well Visits** to Primary Care Physician Office per Full-year Insured Child, by Payor, 2002-16

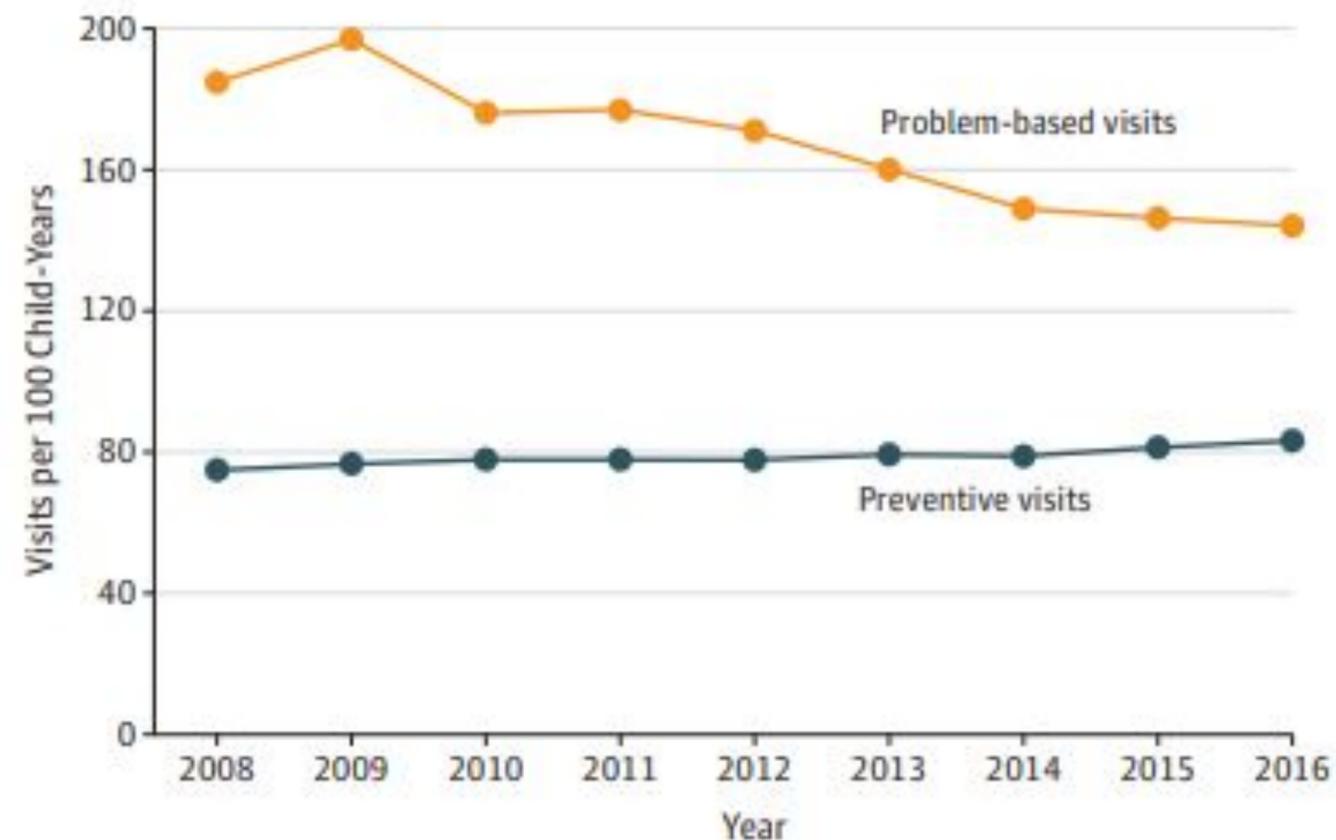


## TRENDS IN PEDIATRIC WELL AND SICK VISITS, 2002-16

Suk-fong Tang,  
William Cull, Lynn  
Olson [Research,  
AAP], April 2019  
PAS

# PCP Pediatric Visits

Figure. Primary Care Visit Rates Among Commercially Insured US Children, 2008-2016



## Key Points

**Question** What were the trends in primary care visits among commercially insured children 17 years or younger from 2008 to 2016?

**Findings** In this cohort study of more than 71 million pediatric primary care visits over 29 million pediatric child-years, primary care in visits per capita decreased for commercially insured children by -14.4% between 2008 and 2016. Problem-based visit rates decreased by -24.1% while preventive visits increased by 9.9%; visit rates to non-primary care settings increased, and out-of-pocket costs for problem-based visits also increased.

**Meaning** In this study, children with commercial insurance appear to visit primary care clinicians less frequently over time; changes in access to care, costs of care, expectations of care, and child health may be factors in this trend.

Kristen Ray, et al, JAMA Pediatr. 2020;174(4):350-357. doi:[10.1001/jamapediatrics.2019.5509](https://doi.org/10.1001/jamapediatrics.2019.5509)  
Published online January 21, 2020

# What Can Pediatric Practices Expect?

- Eliminate “return to normal” thinking
- Adaptability/agility will be the key to future success
- Look at the range of care delivery possibilities and fit them into an “adjustable” model
- Understand the 2 most time intensive care delivery formats:
  - 1 provider: 1 patient face-to-face office visits
  - 1 care team member: 1 patient/caregiver phone visits

# How Do YOU Deliver Care?

- Push information to families (social media, newsletters, email/text blasts)
- Website
- On hold messaging
- In-office posters/visual messaging
- Patient portal messaging
- Phone triage (during & after office hours)
- Audio-only visits (clinician phone calls)
- Telehealth visits (walk-in/on demand, scheduled)
- In office face-to-face visits (walk-in/on demand, open access scheduling, traditional scheduling)
- Mass immunization clinics

# How Might We Deliver Care in the Future?

- Interactive chat/texts (human vs bots using AI and key words)
- Virtual Group Visits (including the outside members of the care team, school, etc)
- Targeted face-to-face larger clinics
  - Sports physicals
  - Back to school catch-up preventive care & vaccine clinics
- Hybrid Visits: Combo virtual & in-person visits
- Augmented virtual visits
  - Home diagnostic tests
  - Patient contributed information via wearables
- Push messaging that is micro-targeted

# What Can We Do Right Now?

- Identify how your practice delivers care
- Adapt a LEAN approach to each of those care formats to make sure you are adding high value with maximum efficiency
- Evaluate which of those care formats you can scale up/down with demand more easily
- Be realistic about your resources and how to scale
- Prioritize your care offerings
  - If you do it in-house, do it WELL
  - When you can't do it yourself, do it with collaborative partnerships
  - Minimize families "self-referring to high cost/low value sites" wherever possible

# Efficient Telehealth Workflows

- Mimic “in-person” visit workflow during office hours
- MA/Nurse “rooming” the patient
- Best if that team member is not pulled away to do other things
- Consider having alarms to “check on patient” every 4 minutes while waiting
- Families will tolerate short waits for provider virtual visits
- Virtual and in-person: check-ins are always appreciated (*“The doctor will be with you shortly, she is currently with a patient and you are next.”*)
- Walk-in virtual visits: always best to set expectation
  - *“There are 3 people ahead of you”*
  - *“The anticipated wait time is 20 minutes”*

# Track Patient Workflows

- Try intermingled scheduling and blocked in-person vs virtual scheduling
- Try blocks at different times of day
- Track patient wait times, providers falling behind, etc.
- Make improvements based on what is working
- Don't create whiplash with changes too often
- **Work to standardize!**
- Build in “overflow” plans in advance for unanticipated demand



# The Equity Model for Care Delivery



- Not every patient needs an in-person visit
- Not every patient needs the same length of a visit
- Not every patient needs a visit *today*
- Give patients what they **need** while making them feel cared for

# Meeting Patient Needs w/Limited Practice Resources

## **Automate what you can:**

- Self-scheduling
- Downloadable forms on portal
- Automated visit reminders/confirmations
- Patient self-registration
- Pre-visit surveys
- Standing orders
- Website information for FAQs
- COVID Self-Assessment Tool

## **Use people where they matter most:**

- Answering medical questions not answerable on your website
- Clinical triage where self-scheduling or walk-in is not appropriate
- High touch care delivery (visits)
- Care coordination for complex patients

# Self-serve Tools

## [COVID Self-assessment tool](#)



### COVID-19 Self-Assessment

For information about testing, resources, and guidance on self-care  
Note: If answering for someone else, please answer all questions using their information.

START

More Information

Restart Assessment

[Information on adding to your website](#)

## [Symptom Checker Driven by Barton Schmitt protocols](#)

Is Your Child Sick?<sup>®</sup>

Illnesses and Symptoms... ▼

Medicine Dosages... ▼

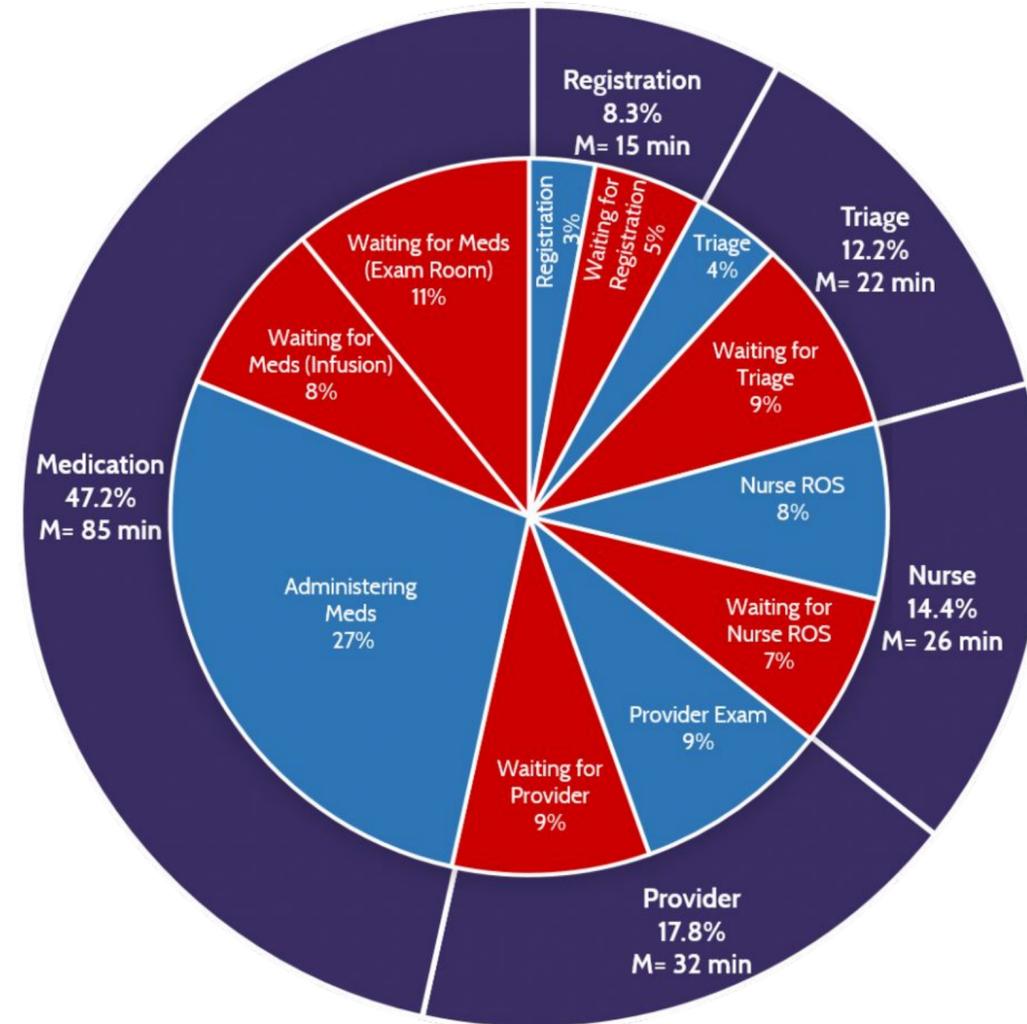
Medical Conditions... ▼

Medical Library (choose one) ▼

What's Going Around?

Visual Symptom Checker

# Redesign Your Workflows



Wasilewski-Masker, K., Sherrod, A., Bushehri, Y., Denham, M., “Designing Cancer Care for Kids, By Kids: Engaging Patients and Their Families in Creating More Efficient Patient-Centered Care”, presented at the Healthcare Design Conference in Houston, TX, Nov. 2016.

# Let's Talk LEAN

## What Is Lean Healthcare?

Lean Healthcare is the application of “lean” ideas in healthcare to minimize waste with ongoing process improvement. Learn how to use Lean to improve patient satisfaction and care outcomes while reducing costs.

- Lean vs Six Sigma
  - Six Sigma is a metrics-driven system used to reduce medical errors and remove defects from processes involved in delivering care
  - Lean focuses on eliminating waste
- Lean does not require advanced statistical methods, costly training, or expensive platforms and systems
- Each care episode and every patient interaction represent opportunities for cultivating value and cutting waste
- Lean values can be applied incrementally on a continual journey toward value-based healthcare

# Identifying 8 Kinds of Waste

1. Transportation
2. Inventory
3. Motion
4. Waiting
5. Overproduction
6. Over Processing
7. Defects
- 8. Intellect: Healthcare Waste Leads to Untapped Human Potential –  
the Pinnacle of Waste in Healthcare**

# Transportation Waste

- Patient moves from waiting room to exam room
- Infant moves to room with baby scale for weight
- Patient moves from exam room to lab
- Staff moves from primary computer to a “Telehealth” computer

# Inventory Waste

- Inventory involves any information or materials waiting to be used, such as a stack of unread laboratory reports or piles of patient booklets sitting in the waiting area. Can be waste due to both too much or too little.
- Culture swabs that sit and expire before used
  - Means that you have to pay attention and sort through them periodically or get caught using an expired one
- Appointments that consistently go unused (Halloween?)
- Stacks of transfer requests in June

# Motion Waste

- Staff having to stand up to get something off the fax, then sit back at their desk to scan
- Staff having to leave the room to get a pulse ox or a throat swab
- Practice team having to close windows to toggle between 2 systems (EHR/Telehealth program)
  - Integrate where possible
  - Double monitors where appropriate
- Consider standing desks
- Consider printers at every location needed
- Consider webcams at all pertinent workstations where telehealth may occur

# Waiting Waste

- Waiting refers to any delays or idle time involving the patient, physician or staff
  - Patients waiting for an exam room to be readied or staff waiting for a report to be faxed
- Everytime a staff member or patient is waiting for a room to be free, or someone else to do their part in a chain of events, you create waiting and potential for backlogs
- Waiting for an available exam room
- Waiting for the hearing/vision room to be available
- Waiting for someone to check the patient out
- Waiting on hold
- Waiting for the prior PCP to fax immunization records

# Overproduction Waste

- Completing any work that isn't needed right now
  - Printing out lots of forms that won't be needed for months (what if they change?)
- Also includes unnecessary
  - Diagnostic tests (means someone has to track them, interpret them, act on them)
  - Medications (antibiotics, steroids where not needed, may result in unnecessary call backs for side effects, formulary, etc.)

# Over Processing Waste

- Refers to handling work in a way that is excessive
- Having both MAs/Nurses and providers review allergies or meds
- Making patients repeat multiple times “Why are you here today?”
- Having patients call back to schedule a follow-up appointment (sick, well and vaccines!) instead of doing it before they leave
- Recording information into 2 different systems or 2 different places

# Defects or “Rework”

- Rework involves any unnecessary work required because of an error
- Sending a patient back to the lab when the appropriate tests aren't ordered the first time
- Sending an Rx that is not on the patient's formulary or to the wrong pharmacy
- Sending the claim to the wrong insurance company
- A visit that occurs at the wrong place, or wrong time
  - A 4 year old well visit that comes a week early and can't get their immunizations
  - A Telehealth visit for a weight check-in on an infant
  - A visit for COVID exposure 4 hours after the patient was exposed
- A Telehealth visit which requires the patient present and they aren't there

# Wasted Human Potential

- Waste and loss due to not engaging all team members, listening to their ideas and supporting their careers
- Team members are often in the best position to:
  - Identify waste
  - Offer creative solutions
- Overwork, inefficiencies, rework lead to burnout

# Action Steps for The Next Two Weeks

- Make time to learn more about LEAN
- Talk to some of your team members about LEAN
- Decide if you *want* to empower everyone on the team to identify waste

*Then....*

- Identify all your care delivery formats
- Pick **ONE** that you would like to consider for possible evaluation/redesign

# Future Action Steps

1. Map your current state: Determine the start and end points of the process from the patient perspective, and begin to map all the main steps in between. Use the “usual” process (don’t focus on exceptions).
2. Identify waste
3. Map the future state: Re-map your process, building in the changes that you believe will eliminate any waste problems and maximize value
4. Test and revise the new process

# Redesign Considerations

- Don't move the patient. Instead, where it makes sense, make the work come to the patient.
- Eliminate needless work. Perhaps your process includes too many handoffs or outdated steps you're completing out of routine.
- Increase clinician support. Because face-to-face time with the doctor is often the most valuable part of the visit, do everything you can to make the physician more effective.
- Make sure your process involves direct communication between parties.
- Consider whether technology can play a role in improving your process.
- Create broad work roles so your staff can complete their work more efficiently and ***reduce the number of handoffs required.***

# Resources

- Value Stream Mapping: <https://www.softwareadvice.com/resources/value-stream-mapping-to-improve-workflow/>
- NEJM Catalyst Innovations in Healthcare: What is Lean Healthcare? <https://catalyst.nejm.org/doi/full/10.1056/CAT.18.0193>
- Virginia Mason Institute, What is Lean Healthcare? <https://www.virginiamasoninstitute.org/what-is-lean-health-care/>
- Healthcare Transformers, How Lean methodologies in healthcare can add value and improve the patient experience <https://healthcaretransformers.com/healthcare-business/lean-methodologies-healthcare/>
- AAFP: Creating a Lean Practice, <https://www.aafp.org/fpm/2006/0400/p34.html>

# Resources

- AMA Steps Forward: Eliminate Waste and Spend More Time with Patients  
<https://edhub.ama-assn.org/steps-forward/module/2702597>
- AMA Steps Forward: Listen-Sort-Empower  
<https://edhub.ama-assn.org/steps-forward/module/2767765>
- AHRQ: Implementation and Impacts of Lean Redesigns in Primary Care  
<https://www.ahrq.gov/practiceimprovement/delivery-initiative/leanprimarycarewebinar.html>
- Bharsakade RS, Acharya P, Ganapathy L, Tiwari MK. A lean approach to healthcare management using multi criteria decision making. OPSEARCH. 2021 Jan 1:1–26. [doi: 10.1007/s12597-020-00490-5](https://doi.org/10.1007/s12597-020-00490-5)
- Designing Cancer Care for Kids:  
<https://ptc.gatech.edu/designing-cancer-care-kids>