



National Public Health Leadership Development Network

2007 Balderson Leadership Project Awards RUNNER-UP

Kansas Public Health Leadership Institute

Individual/Team Members

Name	Grad. Year From Institute	Credentials	Job Title	Place of Employment
Susie Schwartz	2006	JD	CEO	Hunter Health Clinic

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Open Access At Hunter Health Clinic: Doing Today's Work Today

Hunter Health Clinic is a Community Health Center, Health Care for the Homeless Center and Urban Indian Health Center with an active patient base of 25,000 served by 10 primary care providers. Seventy-six percent (76%) of their patients are uninsured, 73% are below poverty, 9% are homeless and 26% are better served in a language other than English. The Hunter Health Clinic is a Federally Qualified Health Center (FQHC) funded in part by the Bureau of Primary Health Care, Health Resources and Services Administration of the U.S. Department of Health and Human Services.

Before implementing Open Access, Hunter was averaging 500 new patients per month, the no-show rate was 50%, walk-ins were 50%, wait time for an appointment was six weeks, average cycle time was three hours and patient complaints were mounting. Costs of inefficient scheduling included: excessive staff time managing the backlog of patient demand for access, excessive walk-in triaging to determine who is sick enough to get the last available appointment, frequent scheduling and rescheduling of patients, long waits on the phone searching for appointments, pulling charts for patients who do not show, refiling unused charts, pulling charts for walk-ins and empty slots which go unfilled despite the demand.

The Open Access Team was established, chaired by the Physician Champion Medical Director, and including the Director of Nursing, one ARNP, one PA (a satellite director), the HRSA Collaborative Team Leader (satellite), Director of Medical Administration (front office and medical records), Director of Patient Accounts, Chief Operating Officer and Chief Executive Officer. Weekly meetings began following a consultant's instructions.

The team established baseline metrics for average percentage of no-shows and walk-ins, average first available appointment and visit cycle time, but bypassed formal analyses of supply and demand, care flow and processes in order to immediately begin working down the backlog of scheduled appointments. Simultaneously, in preparation for the start date of Open Access, the phone messaging system was changed, and patients were educated on the upcoming new system when they came in. A target date of April 25, 2006 was established to limit pre-scheduling and walk-in triaging virtually ceased.

At each weekly meeting the Director of Patient Accounts provided the latest statistics. The team reviewed appointment time to patient in, provider in, provider out and checkout. The team shared this information with the Quality Improvement committee monthly, attended by the physician board member who reported to the Board of Trustees monthly.

By June, 2006, Open Access had decreased Hunter's no-show rate from 50% to 23%. Although walk-ins are not turned away, they are converted to scheduled appointments at a time certain. First available appointment time decreased from an average of six weeks to 1.5 days. Open access reduced cycle time (time from appointment to check-out) from 3 hours to 70 minutes. True Capacity (percentage of next week's schedule that was open) increased from 0% to 55% open, while chronic care visits comprised the other 45% of the schedule. As a result, new patient visits increased. June 2006 showed the greatest increase at 425 new patients, from 280 in March 2006 while working down the backlog.

Two Hunter Health Clinic concerns remained unanswered: 1) will providing more access to some persons cause less access to others, particularly special populations (homeless, persons needing interpreters, minority cultures, and 2) will this new patient volume impact financial stability? Demographics continued to be collected by race, best served in another language, poverty status and homelessness, and financial indicators were closely monitored. In June 2007, all Open Access measures remained stable or showed improvement, while the average number of patients per month increased to 800.