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Mark Masselli: This is conversations on healthcare, I am Mark Masselli.

Margaret Flinter: I am Margaret Flinter.

Mark Masselli: Margaret, like many I have been watching the debate on healthcare in Washington. This week work on reform legislation took a major step forward when the Senate Finance Committee voted out a final bill yesterday, 14-9 with Senator Snowe voting with the democrats. Now attention shifts to Senate Majority Leader Harry Reid who emerged the Finance Bill with the Senate's Health Education and Labor Committee Bill.

Margaret Flinter: You are right Mark. And it remains to be seen how the public action will be debated before the full Senate. Other major issues of disagreement that have been kicked down the road include some pretty significant ones, large subsidies for insurance companies, the high cost of coverage for low income people and that's among the supporters of the bill.

Mark Masselli: In the next two weeks, you will see different pacing than we have experienced over the past month and Senator Reid will have lots of negotiating to do, mostly with democrats as the republicans have taken themselves out of the debate.

Margaret Flinter: And those will be interesting negotiations because the senate democrats have some very passionate and very well informed views.

Mark Masselli: Yes, and we have some interesting conversations coming up on the show with key members and both the House and Senate and the next few weeks is the bill of the health.

Margaret Flinter: And we have been hearing from many of you. We got one e-mail about a program enhancement. Our listener was in Ireland during our first three shows and he suggested that we supplement our audio podcast with photographs and a slideshow during the podcast.

Mark Masselli: Would I have to wear a tie/

Margaret Flinter: You might, we will see about that, but please keep those e-mails coming to conversations at www.chc1.com, we love hearing from you.

Mark Masselli: Each week we highlight innovations that are making their profound impact in the way healthcare is delivered in America.

Margaret Flinter: We have heard about the successful public option called Healthy San Francisco and we have discussed the growing convenient care industry and last week we focused in on group healthcare and the benefits of centering pregnancy for mothers and for babies.

Mark Masselli: In this week, we are discussing a topic that has touched all of us, the waiting game to get in to see your doctor, and that's sure to get everyone's attention.

Margaret Flinter: So stay tune to learn more about a model that's been embraced by private practices, specialists, generalists, public health clinics even the veterans administration. It's based on a few simple rule, supply, demand and doing today's work today.

Mark Masselli: It's an idea that's borrowed from the assembly line just in time delivery.

Margaret Flinter: It's called Open or Advanced Access and we will be talking with Dr. Mark Murray. Dr. Murray helped create this system that really eliminates delays in care and it improves both patient and provides a satisfaction. But first here is a look at healthcare – alliance from our producer Lucy Nalpathanchil.

I am Lucy Nalpathanchil with this week's headline news. The waiting is over as Mark and Margaret mentioned the Senate Finance Committee has approved a bill after weeks of delays – liberations and hundreds of amendments. In a 14 to 9 vote, the committee passed a 10-year $829 billion reform bill. Senator Olympia Snowe of Maine, the lone Republican to vote yes, told the committee that she may not agree with the entire bill, but she called it an important starting point as the full senate looks to debate final reform legislation in the coming weeks.

Senator Olympia Snowe: There are many, many miles to go in this legislative journey. People do have concerns about what we will do with reform, but at the same time, they want us to continue working and that is what my vote represents it to continue working the process.

Senator Snowe also said she is concerned with any changes the full Senate will make that will affect the finance committee's provisions and the bill relating to costs. Finance Chair Senator Max Baucus applauded the work of his committee praising members on both sides of the aisle. He says there have been many hearings on healthcare reform in the last two years and his intent from the beginning was to report out a bill that would pass on the senate floor and be a part of final Healthcare Reform Legislation.

Senator Max Baucus: We all understand we cannot afford the status quo, we all understand Americans are looking for commonsense solutions and I think that's exactly we have achieved in this committee. Ours is a balanced bill that does bend the cost curve, it does lay the foundation for continued progress, it lowers the federal deficit, ends insurance industry discrimination, expands coverage and improves quality.

Margaret Flinter: The Finance Committee's Bill does not include a public option, it remains to be seen how Senate Majority Leader Harry Reid will merge the bill with the Senate Health Education and Labor Bill approved earlier this summer which included a public option. Once the full senate approves the bill, it will have to conference with the house before both chambers to send a final bill to President Obama.

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Margaret Flinter: This week we are exploring Open or Advanced Access, it's a system that helps doctors and other healthcare providers schedule today's work today. How does that relate to you? Well the concept can eliminate a lot on the frustration anyone has ever felt when they have called their doctor for an appointment and – but told that well it was one to several weeks out. Dr. Douglas Iliff has a private solo practice in Topeka, Kansas. His staff includes three full-time registered nurses, a receptionist and some part-time employees. He has been using a version of Open or Advanced Access since the late 1980s.

Dr. Douglas Iliff: It's all I have done from the first day, I have opened my doors. The only important thing is that the patient needs to be seen today, they get seen today.

Margaret Flinter: The idea behind the Advanced Access is balancing supply and demand. A principal that may sound better suited to the manufacturing sectors than say healthcare. In fact that's where the idea

stems from. Manufacturers have learned to reduce inventory and avoid delays to improve the bottom line. Dr. Mark Murray and colleague registered nurse, Catherine Tantau created Advanced Access to help healthcare providers – see their patients when patients want to be seen. Well at the same time, improving efficiency – by eliminating no shows or cancellations. Pete Gutierrez is a Service Line Administrator at Denver Community Health Services, the nations largest Community Health Center Program. Gutierrez implemented Advanced Access to its primary care division in 2003. He says Denver CHS handles 350,000 visits a year and backlogs were common before Advanced Access. Gutierrez says this happened because the farther out an appointment was booked, the less likely a patient would keep the appointment.

Pete Gutierrez: We were experiencing across our department a 35% no-show rate and so we were trying to overbook to try and get an effective productivity out of the resources that we had and we had been doing that for many years and when we discovered Open Access Scheduling as it was called then, we really felt as though we had an opportunity to impact that no-show rate.

Margaret Flinter: Gutierrez says, it's a lot of work transitioning to Advanced Access from the old way of handling appointments. First he says a provider or individual office has to figure out how many patients the practice has, not as simple as it sounds. It has to look backward to see how many visits per year on average those patients make, how many calls for appointments there are and then most importantly, determine just how many appointments the practice can make available. That's basically a function of resources how many providers, how many hours they are available to see patients and even other resources like how many exam rooms are available. Once Denver Community Health Services balance its supply and demand the effects of Advanced Access were instantaneous.

Pete Gutierrez: We went from that 35% average across our department down to under 10% with each one of our sites immediately, it happens within the first month after you go live with Open Access.

Margaret Flinter: Since 2003, he says the no-show rate has crept from 10% to 15%, but he says the system has still shown a 50% improvement. Open or Advanced Access has also helped the countries largest healthcare system. The Federal Veterans Administration has more than 7 million patients. At one time veterans who needed care were waiting and they were waiting at least 60 days from the time they scheduled an

appointment to actually being seen by a provider. The VA recognized this as a problem and started working with Institute for Healthcare Improvement or IHI in 1999. To learn ways of eliminating wait times, Dr. Mike Davies, Director of Systems Redesign for the VA describes the hardest part in making the change.

Dr. Mike Davies: Changing people's minds you know developing this vision that it was possible to offer appointments on the same day a patient requested the appointments. No one has thought that way before, everyone assumed that waiting times were inevitable.

Margaret Flinter: Because of the VA's shear size the Federal Agency developed computer software that connected every one of its patients with a provider. This system allowed the VA to keep track of demand and then feed it to individual providers who could measure its patient panels and balance its resources or supply with demand. Dr. Davies adds Advanced Access has helped the VA in other ways.

Dr. Mike Davies: Everything gets better, not only your operational efficiency and the patients notice this with the patient satisfaction scores getting better, but also the clinical care gets better, we found we delivered better clinical care when patients didn't wait.

Margaret Flinter: Dr. Davies calls Advanced Access a journey of change for the VA. In 2002, the agency decreased wait times to 28 days. In 2006, 65% of patients were able to see a provider in two weeks after making the appointment. Today 85% of patients are seeing a provider within 14 days. It's a marked improvement for the VA since 1999 when the average wait time was 2 months. Open or Advanced Access isn't just suited for a large health systems, Dr. Iliff from Kansas says any provider can use the scheduling process, in fact, he says small practices have been operating like this for years.

Dr. Douglas Iliff: My great grandfather was a family doctor in Southeast Kansas. He saw every patient needed to be seen everyday, they just showed up at door, there was no appointment system. Large practices on the other hand get to be pretty impersonal, pretty quickly. There is a lot of sharing of personnel, you don't necessarily know the patient you are talking to because they are somebody else's patient, so I think that Open Access is usually caught on as a concept because large practices had a real big problem but they realized it needed to be solved.

Margaret Flinter: To learn more about how healthcare providers from many backgrounds have adapted to Open or Advanced Access, Mark and Margaret spoke with Dr. Mark Murray, Principal of Mark Murray & Associates, a healthcare consulting firm.

Mark Masselli: Dr. Murray, thanks for speaking with us today.

Dr. Mark Murray: Oh thank you.

Margaret Flinter: Welcome Dr. Murray. You have modeled this Advanced Access, has really had a profound effect on how long patients have to wait to get an appointment, but your first success was your own office at Kaiser Permanente where you reduced wait times from 55 days to 1 day, how did you do it and how does it work?

Dr. Mark Murray: Well I think that one of the key things here is to recognize that the term Advanced Access implies a product you know instead of required unpleasant behaviors. It's really not that, this is really a philosophy and I think the philosophy starts at the endpoint. You know if we want to get patients an appointment you know what they want, when they want it and we want people, our clinicians to see their own patients and not make them wait. If that's the endpoint then we have to think about how do we get the capacity, the space on the schedule to do that and there is a number of different ways to do it that don't work well that I am not going to walkthrough but the best way to do that is to make sure that the doctors panel size, the number of patients or clients that that provider is responsible for is right, there is not too many and not to few, so make sure that the basic overall supply and demand is going to work well. Then work down the backlog, get rid of the current warehouse or inventory of work and then just start changing the way that we think can change in the way that we work by offering an appointment today for any problem, basically doing today's work today.

Mark Masselli: In your writings you have said that the issue is not just about having a different scheduling system, it's about delay reduction, tell us about that?

Dr. Mark Murray: Yeah the basic issue here, it really grows out of the premise that the most efficient, effective, and satisfying way to work is the balance supply and demand. If we live in an environment where demand exceeds capacity then we will fail, I mean there is no way around that, we will fail, we can play on the edges but we will fail. So we have to get an overall balance of the capacity to the demand. Then again, the

most effective, efficient, and satisfying way of work is to take our capacity and put it as close to the demand as possible. So this whole philosophy is around how do we understand what our capacity is and match that demand as soon as possible, so it's really about delay reduction.

Margaret Flinter: So supply and demand is not probably worth that we so often hear from our clinical colleagues and that's really where your system starts. But in your experience is that data easy to gather at most practices, do people know what their supply and demand is, is it something they are already aware of?

Dr. Mark Murray: It's not easy to gather initially because we don't look at that. You know but to me this is like grabby, it's the basic fundamental underlying dynamic that runs our business. That's what we do, everyday all day long, one patient at a time, what we are doing is we are matching our, using our capacity to meet the customer demand. The choice is not whether we are going to do that but the choice is whether we are going to do it well or do it poorly, so we have to measure. And there are three lenses through which we need to measure, number one is what's the waiting time what's the current waiting time, is it stable which implies that supply and demand are balanced but we maybe late. What's the daily demand, supply, and activity, what is it that we do, what could we do and what it is the demand and then the third lens which is a broader overview as how many patients do I have, how many visits are they going to generate and does that reconcile with how many days I work and how many appointments I can deliver per day the basic supply and demand equation.

Mark Masselli: You know customer demand and customer satisfaction seem to go hand in hand and we know patients are happy seeing their own provider, in healthcare we called that Continuity of Care. Does using Advanced Access actually affect the Continuity of Care for patients?

Dr. Mark Murray: Oh absolutely, I mean the fundamental basic dynamic here is, is that we have to balance supply and demand at the individual doctor level. So the focus here is basically, see your own and don't make him wait. So we recognize that we have two real problems to solve, one is the delay problem and one is the continuity problem, you cannot solve one without the other, they are not independent, really, we have to solve both of them together.

Mark Masselli: This is conversations on healthcare. We are speaking with Dr. Mark Murray, Principal of Mark Murray & Associates, a healthcare

consulting firm. Dr. Murray helped create Advanced Access the revolutionary redesign of appointment scheduling at doctors' offices and other healthcare providers.

Margaret Flinter: So Dr. Murray, it would be interesting in hearing a little bit about different types of practices and your thoughts on whether there are certain kinds of practices or specialties where you think Advanced Access just doesn't work or is particularly challenging, is it really more suited to primary care or is it relevant in other practices as well?

Dr. Mark Murray: Well you know that's a very good question. And the gravity exists for all of us, so matching supply and demand exists for all of us. Are there is going to be some environments where there is a greater challenge around matching supply and demand, yeah of course there is. If we are working with the specialty care practice, it's highly diluted where the clinician is not in the office but infrequently, then the demand will come in, in a regular normal predictable kind of way, but the supply is sporadic. So what that means is that it's more difficult to match the supply to that demand, immediately there will be a time lapse simply because of the dilution effect, but does that change the basic dynamic, no it doesn't. So the issues around the payment scheme, the specialty, and other particular kind of nuances of environments that doesn't really matter. What really matters is, is how do we effectively understand what our capacity is, measure it, see how often it's present, its frequency of presence and then compare it to the demand which is very predictable. So the fundamental dynamic is the same. There are some challenges in particular practices but it's still the same.

Mark Masselli: You know I think that for most practices the boogieman in the room is that there will days and maybe a lot of those days where there will be no way to see all the patients who call in other days where income and productivity will suffer because of low demand, but this program now has had a long track record, what would you say to those concerns?

Dr. Mark Murray: I think that lot of that is, I understand the concerns, but a lot of the realities are myths. Let's take a look at what we do now. If we take a look at our current schedules at the end of the day, the activity and let's say the doctor has a schedule of 25 appointments scheduled, what is the likelihood of the doctors seeing exactly 25, about a third of the time. Most of the time, two-thirds of the time, it's either above that or below that, so what we are dealing here with is variation. Demand will vary, supply actually varies more than demand, but demand varies. We

are already dealing with variation. When we eliminate the waiting time or minimize the waiting time and learn strategies around how to predict and understand demand variation and supply variation and matching them, what we find in our experience is that that range of variations and those range of fears, I have too much work, I don't have enough work that range is actually reduced, so the day becomes far more predictable using these strategies than it does currently, so that those fears about too much work, too little work that's actually a myth.

Margaret Flinter: Now Dr. Murray, you have done work with some pretty large systems, I know both here in the United States and abroad. One of those I would like to talk about is the Veterans Administration, the VA system, a large network certainly no stranger to complaints about delivering efficient care to veterans and maybe one of the reasons is just the sheer size of the agency, but tell us how Advanced Access helped the VA system and really that's how it's helped veterans.

Dr. Mark Murray: Well the VA system is very complex and very old but in the recent past has made tremendous efforts to transform itself and to change itself. So there has been a focused on the VA systems over the last number of years around addressing the issues of waiting time. And they have done a tremendous job in a very big system in incorporating multiple set of new ideas and new tools to make those ideas work. So they have really made tremendous stride both in primary care and in specialty care particularly around tools and measurements and around a new philosophy around minimizing their waiting time.

Mark Masselli: Dr. Murray conversations on healthcare focuses on innovations and healthcare delivery. What other innovations are you working on and whose work should we be keeping an eye on?

Dr. Mark Murray: Well I think some of the innovations really again arise in IT stuff, where we are really moving towards an electronic health record. An electronic health record is more than just typewritten clinic notes. An electronic health record really allows us to gather and keep information for a whole practice. And it allows actually us to be able to use our resources far more effectively, not so much the doctor resources, but the health resources, so some of the innovations I see are how do we get the team to work more effectively together given the freedom that the electronic health record has given us. The electronic health record also allows us to measure things in ways that we haven't measured before, to look at you know continuous measurement of things like "minutes behind", how many minutes is the doctor behind in the day. To be able

to look at things like demand, supply and activity, to be able to use statistical process control to look at variation in demand. So it allows us a lot of opportunity and information in that area. So I see most of the innovations coming in that arena.

Margaret Flinter: Great and very intriguing to think about. We have been speaking with Dr. Mark Murray Principal of Mark Murray & Associates, a healthcare consulting firm. Dr. Murray helped create Advanced Access. Thank you for speaking with us Dr. Murray.

Dr. Mark Murray: Alright thank you.

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Each week conversations on healthcare highlights a bright idea about how to make wellness a part of communities in everyday lives.

This week, we focused on a program that helps get kids reading, babies looking at books and parents reading to their children, Lucy.

Lucy: Reach out and Read was developed by doctors and early childhood educators. The program was founded in 1989 at Boston City Hospital, now Boston Medical Center. After pediatricians and nurse practitioners realized that regular interaction with young children and parents at routine pediatric checkups could help communicate the importance of parents reading to their kids. Healthcare providers who participate in the program give the parent age and even language appropriate books at each checkup starting at six months and continuing till age 5. The goal of Reach Out and Read is to encourage parents to read aloud to their child. Well also helping the young boy or girl have at least 10 books in their home library by the time they start kindergarten. Why is this important? Research has shown that reading aloud gives children a rich exposure to language, much better than the words they hear during the television or radio program and children who are read to regularly also are more prepared for school, an important outcome noting that one-third of children enter school unprepared to learn.

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