

# Tips *and* Guidelines for Improving Access to Care



Carol Kim,  
Health Net

*We work quickly to  
resolve your issues.*

Health Net of California, Inc. and Health Net Life Insurance Company (Health Net) are committed to improving the patient experience for members. Applying the tips and guidelines for improving access to care included in this brochure in your practice may help increase patient satisfaction and provider satisfaction scores.



Health Net®



# Improving Access to Care

## *Key points for improving access*

Improving access to care and the patient's experience with access is about:

- Finding the correct balance between supply and demand.
- Demonstrating flexibility to patients by offering same-day appointments and convenient and sufficient hours of operation that take into account the needs of the populations being served, and the appointment scheduling standards for the region and product line.
- Timely returning patients' phone calls, especially after hours, when urgent or emergent medical advice is needed.
- Keeping patients informed of processes, timelines and outcomes when a referral and authorization for a service are needed, and in a format and language the member can understand.
- Having a process in place to timely and appropriately provide patients with test results.
- Provide support to address communication challenges across cultures, including access to interpreter services.

## *Measuring supply and demand*

One of the top challenges to accessing care Health Net members cite in patient satisfaction surveys is the inability to schedule

an appointment with the provider at a convenient time. It is important to maintain convenient, appropriate and sufficient office hours to provide timely access to care. Additionally, requesting a convenient date or time from the patient, and offering at least three appointment dates and times that meet the patient's criteria can help improve patient satisfaction.

The disproportion between supply and demand not only contributes to a delay in meeting patients' needs and member dissatisfaction, but can also result in quality of care issues that may be detrimental to the patient's health. The demand for any kind of service – appointment, advice, requests for laboratory or radiology results, or leaving a message for a provider – can be predicted over time based on the types of populations served, the scope of the provider's office practice and the particular style of each provider in the practice. Analysis of supply and demand data can be used by providers to predict periods of high or low demand. For example, by measuring your supply and demand, you may learn that you need to increase your practice's hours of operation on certain days of the week, as demand may be higher. Conversely, you may identify that demand is low on other days of the week, which provides an opportunity for you to schedule follow-up types of appointments. This will help balance supply and demand throughout the week.

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Provide patients with comprehensive information about accessing urgent and emergent medical care to improve after-hours access.

### *Open same-day appointment slots*

To improve patient satisfaction, serve the acute and urgent needs of your patients, and meet the regulatory-mandated access standards, Health Net encourages a system of appointment scheduling that allows for same-day access for your patients. In order to migrate from a fully booked schedule to one with several appointment slots reserved for same-day appointments, monitor the daily requests for urgent visits and reserve a number of slots each day, leaving them unfilled until the afternoon. If the practice is unable to conduct the measurements, employ the quick-start method.

#### **Quick-start method**

During the first week, leave two to four appointment slots open each day (evenly divided between late morning and afternoon). These slots should only be given out the same day. Record the time of the day that they fill up. After one week, if the appointments have been regularly filled before 2:00 p.m., add two to four more open slots for available appointments. Continue weekly adjustments based on demand. Modify the number of open slots based on the days of higher (typically Monday) or lower (often Thursday) demand.

Included under the Resources section are appointment, listed by type, and associated access standards that providers and office staff can reference to help ensure members have appropriate access to providers, as required by regulatory and accreditation agencies.

### *Improve after-hours access*

Directing patients to the appropriate level of care using simple and comprehensive instructions can improve member satisfaction and health outcomes, and reduce inappropriate use of emergency room (ER) services. Be sure to discuss after-hours and weekend access to care during your first visit with each patient and at least annually thereafter. If possible, offer a brochure reinforcing your office hours, which the patient should use for emergency care and other details about accessing care after hours.

Included under the Resources section are sample after-hours scripts. Health Net created these scripts to serve as a guide for providers to address after-hours requirements. Providers may use these scripts to advise members on how to access after-hours care, or as a training tool or guide for live voice or answering machine messaging. Modifications can be made according to the provider's needs.





Communicating provider office referral and authorization procedures to patients can help them understand perceived delays for care and treatment.

### *Urgent care center use*

Educate patients about how to contact you with urgent care questions after hours and your availability for urgent visits. It is particularly important to review the access to care availability during weekends or holidays, as well as urgent care appointment access standards applicable to the population and line of business. (For example, if the patient is enrolled in a Medicare Advantage (MA) plan, let him or her know the appointment will be scheduled within 48 hours, or that he or she can be referred to an urgent care center.)

Your patients should:

- Seek care from their primary care physicians (PCPs) (if applicable) if they have conditions that require prompt attention but do not pose an immediate, serious threat to health or life.
- Inform you of any urgent care or ER visits they have had so you may provide follow-up care within a few days of the urgent care or ER visit.
- Call their physician's office to determine whether to go to the emergency room. Another option for select members is to contact Health Net's Nurse Advice Line by calling the Member Services number listed on his or her Health Net identification (ID) card. This line is available to members after hours or when they are unable to reach their physician.

### *Address multiple medical problems*

Try to handle more than one medical problem during the visit to help reduce future visits, especially the demand for physical exams. Go

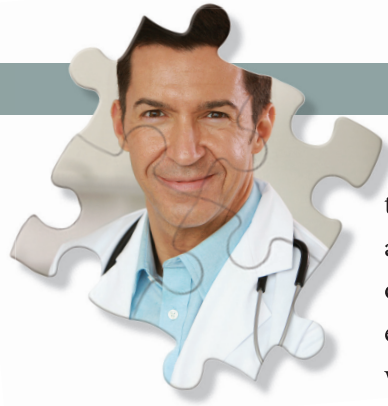
beyond the chief complaint by asking patients to list all conditions and concerns at the start of the visit. Providers should try and gather patients' medical needs, negotiate priorities and identify whether additional follow-up appointments are needed to address all the patient's medical problems, concerns and questions.

- Review the patient's medical problems.
- Conduct recommended preventive screenings, and schedule or perform preventive services, as appropriate, even when a patient presents for other reasons.
- Address self-management techniques and coping strategies with patients based on their medical needs.
- Schedule quarterly or monthly follow-up appointments before the patient leaves the office.

Decisions to extend the time period between visits depend on patients' abilities to self-manage and seek care if and when their conditions worsen, as well as the availability of urgent appointments.

### *Keep patients informed of the referral and authorization process*

Another top challenge to accessing care Health Net members cite in patient satisfaction surveys is that care, tests or treatments were delayed while waiting for approval. This information is substantiated by analysis of member grievances where it is evident members get frustrated in negotiating the referral and authorization process for seeing a specialist, or obtaining



tests or treatment that require prior authorization. When Health Net reached out to these members to follow up on their experiences and reasons for dissatisfaction with the referral and authorization process, the majority of members stated that the authorization was either delayed or denied, but they did not know why.

In an effort to improve the patient experience, it is important to evaluate the manner and format in which the referral and authorization procedures are communicated to the member, as well as the appropriateness and timeliness of the referral and authorization processes. Providers may consider the following questions to assist in this evaluation:

- Are your communications informing the patients of processes in plain language and at reading levels they can understand?
- Are your communications in patients' preferred languages? Are you providing language assistance to limited English proficient (LEP) patients to help them understand the communications?
- Are referrals being processed and submitted for approval the same day the need is identified? If not, and there is a lag, is there anything you can do to improve the turnaround time?
- Do you have a process in place to ensure that all referrals are submitted with all required documentation to prevent delays?
- Are you informing the patient of applicable authorization review and decision-making timelines? Additionally, are you explaining to the patient the difference between a regular routine referral and an expedited referral?

If you are a provider delegated for utilization management processes, it is also important that you evaluate your practice's authorization review and decision-making processes and timelines, including what processes you have in place to try to prevent unnecessary delays. Addressing any needed areas of improvement in the specialist and ancillary care referral system and authorization process will increase member satisfaction.



**Lisa Pasillas-Le,**  
Health Net  
*We collaborate with you  
to get members the care they need.*



# Decision Power<sup>®</sup>

Decision Power<sup>®</sup> is a suite of health and wellness programs for Health Net HMO, Point of Service (POS), HSP, PPO, EnhancedCare PPO, EPO (commercial), and MA members. It includes disease management for qualifying members who have been diagnosed with a chronic condition, such as heart failure (HF), diabetes, chronic obstructive pulmonary disease (COPD), coronary artery disease (CAD), or asthma. Health coaches work with members enrolled in the disease management programs to provide education and resources so that members can better manage their conditions. These services support physicians' efforts to care for patients with chronic conditions. To further enhance these support services, you can share evidence-based information with your patients about their medical conditions and treatment options. Get to know your patients' preferences and values, and actively involve them in the decision-making process. In doing so, patients can choose the course of action that is right for them and become more self-reliant to better manage their own health.

## *Decision Power members:*

- Are better prepared and more informed for their visits with you.

- Have more realistic expectations of their conditions and the care they receive.
- Are more likely to follow treatment plans when they participate in their treatment options.
- Experience more productive visits with providers because they better understand their conditions and their own roles in helping to manage their care.

Contact Decision Power at 1-800-893-5597 to discuss concerns or obtain more information for any Health Net member with chronic conditions, at high risk for hospitalization or who needs health education on any health care topic.



Health Net members have access to Decision Power through their current enrollment with Health Net of California, Inc., Health Net Community Solutions, Inc. and Health Net Life Insurance Company. Decision Power services, including clinicians, are additional resources that Health Net makes available to enrollees of the above listed Health Net companies. Decision Power is not affiliated with Health Net's provider network. Decision Power is not part of Health Net's commercial medical benefit plans, and it may be revised or withdrawn without notice. However, Decision Power is part of Health Net's Medicare Advantage benefit plans for the plan year. Health Net and Decision Power are registered service marks of Health Net, Inc. All rights reserved.



# Access No-Cost Interpreter Services

Interpreter services are available to providers and members at no cost, 24 hours a day, seven days a week, 365 days a year. These services ensure access to qualified interpreters trained on health care terminology and a wide range of interpreting protocols and ethics, as well as support to address common communication challenges across cultures.

Providers are responsible for using Health Net interpreter services resources to provide interpreters to members who require or request them. To meet established requirements for language services, providers must:

- Ensure limited English proficiency (LEP) patients are not subject to unreasonable delays in the delivery of services.
- Not require or encourage patients to use family or friends as interpreters. The use of

minors is only permitted in an emergency involving an imminent threat to the safety or welfare of the individual or public where no qualified interpreter is immediately available.

- Provide interpreter services at no cost to patients.
- Extend same participation opportunities in programs and activities to all patients regardless of their language preferences.
- Ensure that services provided to LEP patients are as effective as those provided to others.
- Record the language needs of the patient in his or her medical record.
- Document the patient's request for interpreter services, refusal of interpreter services, the request to use an accompanying adult as an interpreter, or the uses of a minor as an interpreter in his or her medical record.

*Providers may request interpreter services by using the following numbers:*

<i>Line of business</i>	<i>Telephone number</i>	<i>Hours of availability</i>
Large employer group	1-800-641-7761	Monday through Friday, 8:00 a.m. to 6:00 p.m. Pacific time (PT) (see below for after hours)
Small employer group (off exchange)	1-800-361-3366	Monday through Friday, 8:00 a.m. to 6:00 p.m. PT (see below for after hours)
Small employer group (on exchange)	1-888-926-5133	Monday through Friday, 8:00 a.m. to 6:00 p.m. PT (see below for after hours)
Individual Family Plan (off exchange)	1-877-857-0701	Monday through Friday, 8:00 a.m. to 6:00 p.m. PT (see below for after hours)
Individual Family Plan (on exchange)	1-888-926-2164	Monday through Friday, 8:00 a.m. to 6:00 p.m. PT (see below for after hours)
After-hours language assistance line for commercial	1-800-546-4570	Monday through Friday, 5:00 p.m. to 8:00 a.m. PT; weekends and holidays
Medicare Advantage	1-800-929-9224	Monday through Friday, 8:00 a.m. to 5:00 p.m. PT



# Resources

## *Appointment Scheduling Tips*

Health Net members obtain health care services in accordance with access standards as required by the Department of Health Care Services (DHCS), Department of Managed Health Care (DMHC), Centers for Medicare & Medicaid Services (CMS), and National Committee for Quality Assurance (NCQA).

### *Well care*

<i>Appointment</i>	<i>Access standard</i>
Regular doctor visit (non-urgent)	Within 10 business days of the request for an appointment
Preventive care, including physical exam	Within 30 business days of the request for an appointment
In-office wait time	Within 15 minutes of the scheduled appointment (HMO/POS/HSP and Medicare Advantage) Within 30 minutes of the scheduled appointment (PPO/EPO)

### *Specialty care*

<i>Appointment</i>	<i>Access standard</i>
Specialist (non-urgent)	Within 15 business days of the request for an appointment
Ancillary care (non-urgent)	Within 15 business days of the request for an appointment

### *Urgent care*

<i>Appointment</i>	<i>Access standard</i>
Urgent care with primary care physician (PCP) or specialist that does not require prior authorization	Within 48 hours of request for an appointment
Urgent care with a specialist that does require prior authorization	Within 96 hours of request for an appointment
Emergency access	Immediately, 24 hours a day, 7 days a week

### *After-hours access*

*Inform members of the following after-hours access availability for your provider office:*

Emergency care	Call 911 or go to the emergency room
Urgent care	Call the provider's office 24 hours a day, 7 days a week Expect a call back from a provider within 30 minutes



### *After-hours sample scripts*

One of the following scripts may be used by physicians and medical groups as a template to ensure Health Net members have access to timely medical care after business hours or when your offices are closed.

**Important:** Effective telephone service after business hours ensures callers are able to reach a live voice or answering machine within 30 seconds.

**1** **Calls answered by a live voice (such as an answering service or centralized triage):**

If the caller believes that he or she is experiencing a medical emergency, advise the caller to hang up and call 911 immediately or proceed to the nearest emergency room/medical facility.

If the caller believes the situation is urgent or indicates a need to speak with a physician, facilitate contact with the physician by doing one or more of the following:

- Put the caller on hold momentarily and then connect the caller to the on-call physician.
- Get the caller's number and advise him or her that a physician will return the call within 30 minutes (immediately send a message to physician).

- Give the caller the pager number for the on-call physician and advise the caller that the physician will call the member within 30 minutes, or direct the caller to the nearest urgent care center location.
- If a caller indicates a need for interpreter services, facilitate the contact by accessing interpreter services.

**Examples:**

*Hello, you have reached the <answering service/centralized triage> for Dr. <Last Name>. If this is a medical emergency, please hang up and dial 911 immediately or go to the nearest emergency room. If you wish to speak with the on-call physician, please stay on the line and I will connect you.*

*Hello, you have reached the <answering service/centralized triage> for Dr. <Last Name>. If this is a medical emergency, please hang up and dial 911 immediately or go to the nearest emergency room. If you wish to speak with the on-call physician, Dr. <Last Name> can assist you. Please <page/call> him/her at <telephone number>. You may expect a call back within 30 minutes.*





## 2 Calls answered by an answering machine:

*Hello, you have reached <Name of Doctor/ Medical Group>. If this is a medical emergency, please hang up and dial 911 immediately or go to the nearest emergency room. If you wish to speak with the on-call physician (select appropriate option):*

- *Please hold and you will be connected to Dr. <Last Name>.*
- *You may reach the on-call physician directly by calling <telephone number>.*
- *Press <number> to transfer to our urgent care center. Our urgent care center is located at <urgent care center address> (appropriate language options should be provided for the location).*
- *Press <number> to page the on-call physician. You may expect a return call within 30 minutes.*

## Examples:

*Hello, you have reached the <Name of Doctor/ Medical Group> for Dr. <Last Name>. If this is a medical emergency, please hang up and dial 911 immediately or go to the nearest emergency room. If you wish to speak with the on-call physician, please leave a message with your name, telephone number and reason for calling, and you may expect a call back within 30 minutes.*

*Hello, you have reached <Name of Doctor/ Medical Group>. If this is a medical emergency, please hang up and dial 911 immediately or go to the nearest emergency room. If you wish to speak with the on-call physician, you may reach him/her directly by calling <telephone number>, or press <number> to page the on-call physician. You may expect a call back within 30 minutes.*



