



**PURPOSE**

Contingency plans are used as a means of planning ahead for the inevitable days or weeks when the demand for appointments temporarily exceeds our supply. Typically this occurs with vacations and other absences, and any time looking forward in the schedule that we are likely to have a temporary supply/demand mismatch. Implementation of Contingency plans is the primary responsibility of the COM at each site. Central Scheduling will assist as noted below for known/planned shortages.

**DATA**

MEASURE	DESCRIPTION	OWNER
AA Metrics <ul style="list-style-type: none"> <li>• 3<sup>rd</sup> Next Available</li> <li>• 2 Week % Future Open Capacity</li> </ul>	Continue to compile 3 <sup>rd</sup> next available appointment data weekly. Look at 2 week % future open capacity at least weekly; this is a <b>key</b> measure; it may decrease before 3 <sup>rd</sup> next does— <ul style="list-style-type: none"> <li>• 2 week % future open %; Goal is 70%. If less than 50-60%, 3<sup>rd</sup> next will increase, and will need to take action</li> <li>• Team may need to see some add-ons, or limit PEs/new patients for a few days.</li> <li>• Learn to correlate % future open capacity with Call Center alerts re: difficulty scheduling with given provider.</li> </ul>	COM
Supply/Demand Metrics	<ul style="list-style-type: none"> <li>• Review Supply/Demand data (by day of week) monthly.</li> <li>• Look for patterns; work to shift provider supply to meet daily demand, e.g., usually need more provider availability on Mondays, Tuesdays.</li> <li>• If long-term supply/demand mismatch, review provider schedule templates/days of week worked, meeting schedules, provider time off, provider follow-up patterns.</li> <li>• Always work to maximize Provider and Team availability for patient care.</li> </ul>	COM Site Management Team
Panel Sizes	<ul style="list-style-type: none"> <li>• Review at least quarterly; more frequently as needed. May look at provider Panel Reports (on above noted RESOURCES page on VG SharePoint) or Ideal Panel Size sheet.</li> </ul>	LC



MEASURE	DESCRIPTION	OWNER
	<ul style="list-style-type: none"> <li>Established VG Providers can be up to 5-10% above ideal panel size before needing to shift pts (will depend on the Provider).</li> <li>If 3<sup>rd</sup> next / 2 wk % future open capacity is consistently poor, and panel size is &gt; 100%, begin discussion with PCP – may need to shift some pts to a Provider with open panel.</li> </ul>	
Backlog	<ul style="list-style-type: none"> <li>Anticipate small backlogs; prevent long lasting ones.</li> <li>Share 3<sup>rd</sup> next, 2 week % future open capacity data with Teams/Providers weekly, at team meetings, and daily as needed; Teams need to know when backlog is increasing!</li> <li>Post data by Team, PCP.</li> <li>Coach PCPs as needed, check-in periodically, especially if having trouble maintaining low 3<sup>rd</sup> next.</li> </ul>	COM LC

**TOOLS**

TOOL	DESCRIPTION	OWNER
T Slot	<ul style="list-style-type: none"> <li>A <u>T Slot</u> is a new appointment type, to be used when a provider is not in the clinic. T slots designate slots for coverage of PCP patients by other members of the PCP’s team.</li> <li><u>T Slot</u> appointments are entered in templates of providers on a team whose provider is off that day. For example, if Hill is off, and pt has acute issue and would like to be seen that day, the Call Center looks for providers on Hill’s team, sees available T-Slot appointment, and books the patient.</li> <li><b><u>When T slots are in template</u></b>, this is a signal to anyone making appointments that total available team appointments are low on that day, so <b>avoid scheduling WCC, WWE, PE if at all possible. Do NOT schedule <u>new patients</u> unless there is an urgent need.</b></li> </ul>	Central Scheduler COM
Group Visits (on hold)	<ul style="list-style-type: none"> <li>When flu/URI visits are notably increasing, as seen on schedules or per CDC (website), implement group flu visits per workflow.</li> </ul>	COM CPM(s)



TOOL	DESCRIPTION	OWNER
	<ul style="list-style-type: none"> <li>High WCC/PE demand— consider scheduling group Sports PEs in August (will need to develop workflow).</li> </ul>	
Post Vacation/ Time Off Holds	<p><b>Use when vacation/time off +regular days off is 5 days or &gt;.</b></p> <ul style="list-style-type: none"> <li>As soon as Central Scheduling receives a vacation request, they will block <math>\frac{3}{4}</math> of the slots (starting with last slot of day and moving backward, leaving AM slots open) for an equal number of days as the number of days requested off following vacation, with the message “post-vacation.”</li> <li>When Provider leaves on vacation, un-block the morning (AM) half of the held slots, and add a schedule message “post-vacation schedule, No New pts.”</li> <li>When Provider returns, un-block all remaining held slots.</li> </ul>	<p>Central Scheduler</p> <p>COM</p> <p>COM</p>
Scripts/ Schedule Messages	<ol style="list-style-type: none"> <li><b>Day after a Holiday:</b> All days immediately after a Holiday will have approximately <math>\frac{1}{2}</math> of Provider slots held for same day appts, with the message “post-Holiday; limit PE/WCC/ No New pts.”</li> <li><b>Flu season:</b> Use script; <i>“Due to high demand for appointments during flu season, we are asking that you hold off on scheduling your annual exam/WCC until April. Will this work for you?”</i></li> </ol>	<p>Central Scheduler (will email COM to remind to open schedule)</p> <p>Call Center</p>

**VACATIONS AND PLANNED ABSENCES**

TOPIC	PLAN	OWNER
Vacation/CME/ other planned absences	<ul style="list-style-type: none"> <li>Whenever a request is received for a planned absence, 2 T slots will be immediately entered into the schedule template of the remaining Providers on the team.</li> </ul>	Central Scheduler
Sick days/ unplanned absences	<ul style="list-style-type: none"> <li>If a provider calls in sick, or other unplanned absence, immediately put T slots in team provider’s template.</li> </ul>	COM
Months with high vacation use (typically summer), FMLAs, anticipated prolonged absences	<ul style="list-style-type: none"> <li><b>Always review schedules 1 month in advance</b> – for months with 1 or more weeks of Provider vacation, put in to Central Scheduler a request for float or locum coverage.</li> </ul>	COM



TOPIC	PLAN	OWNER
Leaves outside of parameters	<ul style="list-style-type: none"> <li>Anytime a Lead Clinician (LC) receives leave request from Central Scheduler that is outside global leave parameters, LC should consult with COM before approving. LC should make sure adequate coverage/contingency plans are in place.</li> </ul>	LC

**SEASONAL DEMAND VARIATION**

TOPIC	PLAN	OWNER
Seasonal Scheduling	<ul style="list-style-type: none"> <li>For flu season, use script as noted</li> <li>Manage Outreach:               <ul style="list-style-type: none"> <li>Do fewer new patients January through March</li> <li>No Outreach January-March except WCC ages 2 and under</li> <li>In April, start calling for 4-5 year old WCC's</li> <li>In June, start calling for Adolescent Sports PEs</li> </ul> </li> <li>Be on the lookout for other, yet unknown seasonal demand increases; develop scripting/scheduling as needed</li> </ul>	Call Center Outreach COM