Improving continuity of care

A lack of continuity of care is one of the most significant sources of frustration for clients. For clinicians, unintentionally seeing the cases of others is frequently both challenging and time consuming. The C2:C1 ratio acts as a proxy for continuity of care through calculating the number of follow up/repeat appointments seen compared to the number of initial/primary consultations. There are many times when a client need only be seen once (generating only a single primary consultation), but there are also times when clients will need to be seen several times for the same condition (generating multiple repeat consultations from only one primary). As with all clinical cases there is no predictability as to when the different varieties of cases will be seen so the ratio should be calculated using months of data (ideally >6 months) to average out these anomalies creating an accurate assessment.

Understanding the problem

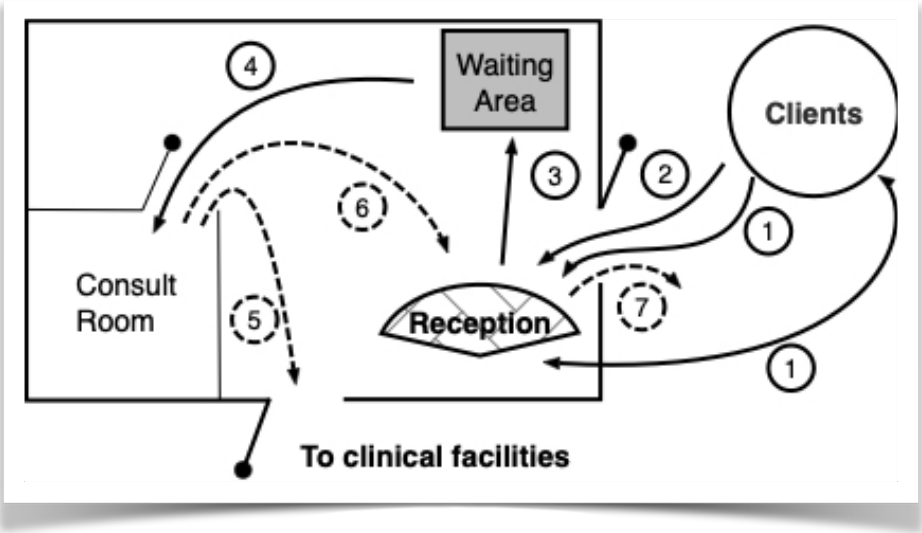
A ratio of 70-80% is a consistent benchmark that can be comfortably achieved in all types of clinics. Businesses that fall significantly below this level should be assessed to understand why this is the case. Large variations within a single practice are potentially more of a concern as it indicates that clients are receiving different levels of service (and billing behaviour) depending on who they see. Variations can be caused by several factors, some entirely innocent such as the wrong item being charged, but the majority tend to sit within two main groups:

1) **Clients are not asked to come back for repeat consultations.**
   It is not uncommon for vets to ask clients to make a clinical assessment of their animal's progress and then return if the client feels it is required. Although this is appropriate in some circumstances, there is a reason why a clinical opinion was sought and the opportunity to tell a client their animal has recovered has significant value.

2) **Clients return but the consultations are not billed.** This happens frequently in veterinary practices. On most occasions it occurs because:
   - The vet does not feel that the time spent with the owner warrants a fee
   - The animal's condition has improved (as predicted) and as the animal is no longer unwell so no charge is warranted
   - The client was expecting to see another clinician and, to avoid potential conflict, no fee is charged.
   - The consultation list is running behind schedule so no charge is issued as a way of appeasement (requested or perceived) or, an appointment is intentionally shortened to help reduce the waiting times of clients and the associated fee is waived

Creating a solution

Using process mapping is an effective way to break a complex problem down into smaller parts.



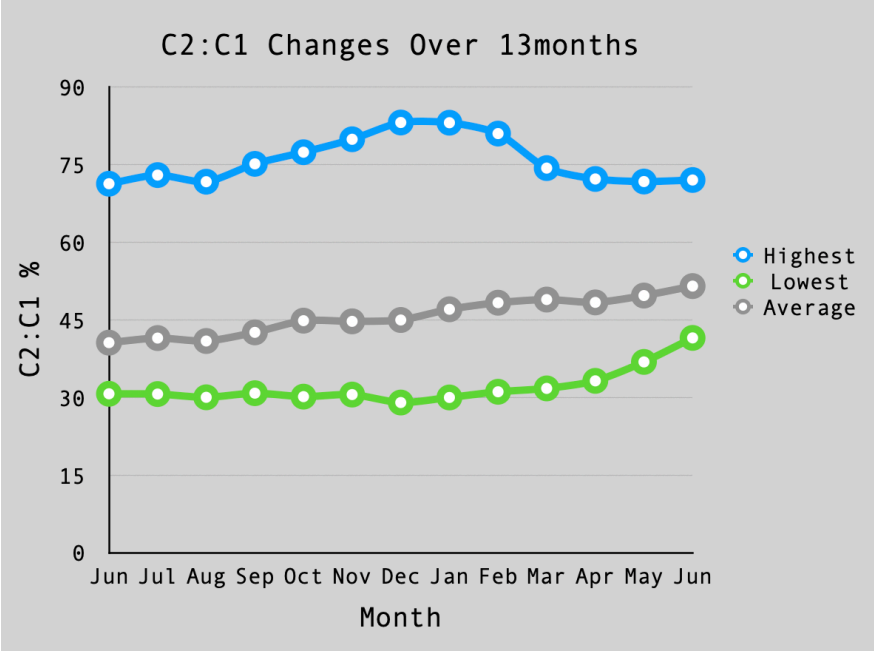
How do clients interact with the business?

(1) clients make an appointment in person, online or by phone
(2) walk-in appointments (urgent or perceived)
(3) clients 'check-in' and wait to be seen
(4) clients are called in for their appointments
(5) the pet is admitted 'back of house' for a procedure entering a different system
(6) the client and their animal proceed to reception to pay for the consultation and, if necessary, book a follow-up appointment
(7) the client leaves the practice with or without their animal

The solution is created through understanding the interactions between staff and clients at each of these points and understanding what currently happens and how this can be improved to increase continuity of care.

The Impact - Making it better

The business concerned comprised of 7 practices ranging from those with one full time vet to a large multi-vet 24hr hospital. The initial C2:C1 ratio's varied markedly from clinic to clinic with the lowest at 31%, the highest 71% and the average being 41% (the entire business, at this time, saw 49,784 primary consultations annually).



This variability highlighted what could be achieved but also the different booking and billing approaches in the practices. Consequently, although the core ideas about how to improve the ratio were similar when I talked to each clinic (as a whole) and the vets individually, the approach had to be tailored.
In general, if a clinic has a consistent C2:C1 ration (high or low) across all staff then it reflects how the practice operates. If there is significant variation amongst vets then is likely to be an individual nuance rather than a result of the operational flow of the business.
Understanding the flow of clients through the business enables individual touch-points to be assessed. For example, when a client makes an appointment are they asked who they would like to see (1) and the potential cost involved? When clients are in the consult room (4) are they aware of the next steps in their animal's care and when they may need to be seen again? Is this information accurately given to the receptionist (6)?
In the consult room (4) are people billing their time consistently? If not, why is this occurring and how can it be improved?
Finding answers to these questions takes times and changing practice cultures is not a quick fix. However, the impact can be dramatic. Within 13 months the range in the C2:C1 ratios across the clinics reduced with the lowest being 41%, the highest 72% and an average of 52%.
Consequently, the business increased client continuity and provided a more consistent approach to their clients whilst billing 5,477 additional repeat consultations.