Improving Access to Primary Care

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Questions

- On the left side of your screen, click the message box, “Chat with Presenter.”
- Type your question.
- Click ‘Send.’
- These questions will be addressed after the presentation.
The 10,000 ft View

• Centers for Medicare and Medicaid Services

Triple AIM:

1) Better care for individuals
2) Better health for populations
3) Reduce per capita costs
The Scope of the Issue

- **73%** of Americans report having difficulty obtaining access to their doctor\(^1\)
- **Increased access improves**\(^2,3\):
  1. Preventive services
  2. Immunization rates
  3. ED utilization
  4. Inappropriate inpatient hospitalizations
  5. Decrease in health care costs

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Access As Defined By Patients And Families

- The following are measured via the MHQP survey and will continue to be measured using the new PCMH patient survey:
  - Off-hours access to care
  - Same-day or next-day access
  - Appointments with a personal clinician
  - Ability to have clinical questions answered by telephone
  - Electronic access to providers and service
The Patient-Centered Medical Home and Access

• The Patient-Centered Medical Home addresses all three of the previously mentioned aims
• Enhanced access is a core principle within the PCMH model
• **New NCQA Standards for Access**
### PCMH 1: Enhance Access and Continuity

#### Intent of Standard
- Patients have access to routine/urgent care and clinical advice during/after hours that are culturally and linguistically appropriate
- Electronic access
- Clinician selected by patient
- Team-based care; trained staff

#### Elements
- Access During Office Hours
- Access After Hours
- Electronic Access
- Continuity
- Medical Home Responsibilities
- Culturally and Linguistically Appropriate Services
- Practice Organization

#### Meaningful Use Criteria
- Patients provided electronic:
  - Copy of health information
  - Clinical summary of visit
  - Access to health information
The Quality Improvement Process

1. Form a team
2. Set Aims
3. Establish Measures
4. Select Change
5. Test the change
Strategies to Improve Access

1. Improve Work Flow and Remove Waste
2. Decrease Demand for Appointments
3. Optimize the Care Team
4. Reduce Scheduling Complexity
5. Predict and Anticipate Patient Needs
#1: Improve Work Flow and Remove Waste

• Conduct a Walkthrough of Your Practice
  • Start by calling for an appointment
  • Review information on website
  • Conduct a walkthrough of the visit process to identify wasted steps
    Stoeckle Center Homepage → Quick Links, “Patient Experience of Care: Programs and Resources” → “Tools and Resources” → “Resources by Composite” → “Office Staff” → “Practice Walk-Through Form”
  • Have patients complete cycle time tool
    Stoeckle Center Homepage → Quick Links, “Patient Experience of Care: Programs and Resources” → “Tools and Resources” → “Resources by Composite” → “Organizational Access” → “Patient Cycle Tool”
  • Standardize room set-up and supplies
#1: Improve Work Flow and Remove Waste

- Same-day or next-day access
  - Eliminate triage process for patient’s requesting same day appt.
- Eliminate need to have clinical questions answered by telephone
  - MDs and RNs/techs reminds patient about results letter
- Electronic access to providers and service
  - Patient Gateway for medication refills, referral requests, and lab results
#1: Improve Work Flow and Remove Waste

- Welcome to Our Practice Guide (paper or web-based)
  - Location and Directions
  - Regular Office Hours
  - After Hours Services
  - Appointments
    - Scheduling Routine Appointments
    - Urgent/Sick Child Appointments
    - Appointment Policies
  - Telephone Calls During Office Hours
    - Prescription Refills, Referrals & Health Forms
  - Laboratory Test Results
  - Insurance and Billing
#1: Improve Work Flow and Remove Waste

- Welcome to Our Practice Guide
  - Staff
    - Doctors
    - Residents
    - Nurses
    - Medical Assistants
    - Patient Service Coordinators/Front Desk Staff
    - Lactation Consultant
    - Social Worker
    - Health Educator
    - Nutritionist
    - Administrative Staff
    - Billing Staff
#2: Decrease Demand for Appointments

- Use Alternatives to One-on-One Visits
  - Website information
  - Patient portal
  - Patient self-testing

- Manage and Decrease No-Show Appointments
  - Appointment reminders
  - Talking points for staff to use with no-shows
  - Develop a no-show policy and share with patients

- Increase Appointment Return Intervals
#3: Optimize the Care Team

- Cross-Train Staff
- Use Team Communication Methods
- Limit Interruptions
- Use "Max-Packing" During the Visit
- Huddles and Staff Meetings
- “Key Words at Key Times”
#4: Reduce Scheduling Complexity

- In order to reduce scheduling complexity:
  - Reduce Appointment Times by Using "Building Blocks" to Create Short and Long Appointment Times
  - Reduce Appointment Types
    - Regular
    - Physical exams
#5: Predict and Anticipate Patient Needs

- Plan the visit
  - Pre-visit preparation forms
  - Pre-visit medication reconciliation
- Obtain and prepare the required information, equipment, and supplies prior to the appointment
Small Tests of Change

- Once you’ve established a team, set an aim, established measures and selected the change you want to make, testing the change is an important next step
  - Plan: Develop a plan to test the change (Who? What? When? Where? What data need to be collected?)
  - Do: Try out the test on a small scale (1 doctor with 1 patient)
  - Study: Set aside time to analyze the data and study the results
  - Act: Refine the change, based on what was learned from the test
Summary

- Access is a key component of the Patient-Centered Medical Home, which assists practices in achieving the CMS Triple Aim
- Improving access to the practice allows for progress in many other valuable areas of care (i.e. ED avoidance, immunization rates, etc)
- Access contains five main dimensions around which to focus improvement
- Regardless of the dimension of access your team selects, the improvement process model will remain the same, while strategies aimed at targeting the specific dimension may differ
Resources

- http://www.massgeneral.org/stoecklecenter/programs/patient_exper/about.resources.aspx
- http://www.ihi.org
- http://www.clinicalmicrosystems.org