

Overview

A request was received to search the literature for effective clinic improvements to implement regarding access to care.

- 1.) This article explains how Advanced Access Models work – patients who call to see their physicians are offered an appointment the same day. Patient demand for visits and physician capacity to schedule visits must be in balance. Advanced access models attempt to eliminate appointment delays, by having the physician “Do today’s work today”. The model also seeks to preserve continuity of care, rejects the idea of sorting demand into queues, and sorts appointment demand by clinician. The pertinent question for allocating appointments is simply “Is your personal clinician here today?”

Murray, Mark; Berwick, Donald M. (2003) Advanced Access: Reducing Waiting and Delays in Primary Care Advanced Access. JAMA. February 26, 2003. Volume 289 No 8. p. 1035-1040

- 2.) This article provides an overview of some key strategies to help overcome many of the problems with access in primary care clinics.
 - Increase After-Hours Access - Primary care should function to reduce problematic situations like readmissions and emergency room visits, and after-hours services are a necessary component.
 - Same Day Scheduling – Many practices have started using same-day scheduling to allow patients to obtain an appointment quickly, without having to wait weeks. To implement this, appointment demand needs to be in balance with the practice’s capacity to provide appointment times.
 - E-Mail and Phone Visits – A lot of chronic or preventative care concerns can be alleviated with brief telephone or e-mail visits if appropriate medically and desired by patients. This can also free up in-person time for patients who need traditional visits.

Bodenheimer, Thomas; Pham, Hoangmai H. (2010) Primary Care: Current Problems And Proposed Solutions. Health Affairs 29(5), p 799-805.

- 3.) Email with Patients – This article notes data that finds only 6.7 percent of office-based physicians routinely e-mailed patients in 2008. The authors suggest the main barriers that physicians raise are lack of reimbursement, maintaining data privacy, and a perceived uncertain impact on care quality.

Boukus, E.R., J.M. Grossman, and A.S. O'Malley. 2010. "Physicians Slow to E- Mail Routinely with Patients." Issue Brief Center for Studying Health System Change 134: 1–5.

- 4.) Improving Access – The strategies Murray suggests to improve specialty care access include:
- a. Balance supply and demand at each step in the chain
 - b. Work down the backlog
 - c. Reduce appointment types
 - d. Independent contingency planning for all variation
 - e. Reduce the demand for visits
 - f. Increase the supply
 - g. Improve the efficiency of the office work flow.

Murray, MF. (2007). Improving Access to Specialty Care. Joint Commission Journal on Quality and Patient Safety, 33(3), p. 125-135.

- 5.) Appointment Scheduling – This article outlines the details of various scheduling techniques. It draws suggestions from Industrial Engineering & Operations Research models. The authors identify key factors that influence the performance of appointment systems, focusing on three topics – access rules, encounter start times, and approaches for handling the differences between scheduled and realized supply/demand for each day.

Gupta, D., & Denton, B. (2008). Appointment scheduling in health care: Challenges and opportunities. IIE Transactions, 40(9), p. 800-819.

6.) *Rethinking Care – Margolius and Bodenheimer suggest using appropriately sized care teams and shifting the perspective of the practice from the couple dozen patients on that day's schedule, to the entire panel.*

- *No More 15-minute Visit – The second building block to increase access is the suggestion to use emails and phone visits for follow-up appointments. Another option is group appointments.*
- *Segmenting the Patient Population – The article suggests an alternative to funneling all patients into a single encounter type is dividing the panel into different groups (preventative, acute, or chronic needs).*

Margolius, D., & Bodenheimer, T. (2010). Transforming primary care: from past practice to the practice of the future. Health Aff (Millwood), 29(5), p. 779-784.

7.) *Using Other Personnel – Data from the December 2011–January 2012 round of the Association of American Medical Colleges (AAMC) Consumer Survey showed that 60 percent of patients preferred to see a physician assistant or nurse practitioner for a worsening cough if they could get an appointment the same day. The article highlights that from these findings we are witnessing the progression by patients to utilize physician extenders for appointments if the matter is urgent or in some cases just routine.*

Dill, M. J., Pankow, S., Erikson, C., & Shipman, S. (2013). Survey shows consumers open to a greater role for physician assistants and nurse practitioners. Health Affairs (Millwood), 32(6), 1135-1142.

8.) *The CAHPS Improvement Guide is a great resource and provides wonderful tools as well as examples of successful implementation and sustained success for improving access to care. Starting on page 73 of the guide, there are imperative practices and implementation steps to successfully change your practice to an Open Access Model for Routine and Urgent Appointments as described in the Murray and Tantau 2000 article, Same-Day appointments: exploding the access paradigm.. The guide continues to provide challenges incurred as well first hand examples of clinics who have successfully converted to an Open Access model.*

<https://cahps.ahrq.gov/quality-improvement/improvement-guide/improvement-guide.html>

Accessed on 6, November 2015.

9.) *Prepared for California HealthCare Foundation, the article highlights many important aspects of improving the patient experience. In particular the article outlines the Five Step Foundation that the authors adapted from Murray & Associates. These steps include:*

1. *Set access aim*
2. *Measure delay using Third next available appointment*
3. *Measure the specifics of Demand, Supply, and Activity*
4. *Empanel patients to a primary care provider and*
5. *Measure panel size and continuity with PCP.*

In addition, the article has a nice table identifying access improvement through change concepts, the changes to make with important measures, and common solutions.

Fisher, Tammy and Gatewood, Hunter. Improving Patient Experience: A Hands-on Guide for Safety-Net Clinics. California Healthcare Foundation. October 2011.

10.) *The article highlights the implementation process as well as outcome data for Open-Access scheduling at 12 Allina Medical Clinics in Minnesota. Key tips are provided in the article as it relates to Murray and Tantau's open-access model. The key outcome data covered in the article highlights:*

- *Improvement of seeing patients PCP*
- *Increased services covered through patients seeing their PCP*
- *Increased physician compensation*
- *Higher net gains for clinics*
- *Improved operations efficiency*
- *Decrease use of urgent-care services*
- *Improved patient satisfaction*

O'Hare, D.C., & Corlett, J. The Outcomes of Open-Access Scheduling: Good things happen when patients are seen "today" by their own physicians. Family Practice Management. 2004, p. 35-38.

- 11.) *Waiting times for patients is becoming more and more frustrating as the average patient's schedule becomes busier with work or planned activities. Many doctors inevitably encounter unexpected delays or emergencies due to the nature of the profession. The article highlights the average wait time at 23 minutes for US hospitals and clinics and cost to the American people. Utilizing technology and innovative techniques at your clinic can help with reduced wait times and unsatisfied patients.*

Suggestions in the article include:

- *Utilizing text messages to alert patients of delays or openings in schedule*
- *Offering house calls for blood draws and vital signs checked*
- *Implementing an App or webpage updating appointment times throughout the day*
- *Offering free WiFi and computer tablets for patients during wait times*
- *Offering "no-wait" guarantees for added fees*

Glatter, Robert. "How To Win The Waiting Game At Your Doctor's Office." Forbes. 5 June 2012. <http://www.forbes.com/sites/robertglatter/2012/06/05/how-to-win-the-waiting-game-at-your-doctors-office/>. Accessed on 8 August 2013.

- 12.) *Hostetter highlights the results of implementing a care team model in the primary care setting. The care team model approach demonstrates to be an effective model to improve quality in process-of-care measures (e.g. mammography testing, depression screening, etc.) clinical outcomes (e.g. diabetes and hypertension control), and indicators of access to and continuity of care (e.g. number of days until next-available appointment, patient matches to designated team).*

Results also conclude that patient satisfaction, employee satisfaction, and safety scores improve through the utilization of team-based care. The article also highlights the use of PDSA cycles and LEAN methodology to help with improvement of workflow and appropriate models for team-based care.

Hostetter, Martha. "Quality Matters Case Study: Legacy Clinic Emanuel—Increasing Access and Efficiency Through Team-Based Primary Care". Common Wealth Fund. April/May 2011. <http://www.commonwealthfund.org/Newsletters/Quality-Matters/2011/April-May-2011/Case-Study.aspx>. Accessed on 8, August 2013.

- 13.) *Kaplan and Patterson highlight the implementation and success of the Virginia Mason Production System (VMPS). VMPS is a continuous improvement model that all of Virginia Mason employees follow that was adapted through the Toyota Production System. Successful implementation and sustained efforts have resulted in improved measures for safety, service, quality, and staff satisfaction. The VMPS utilizes key components of LEAN by reducing waste as well as six sigma by looking to achieve zero defects.*

Kaplan MD, Gary S. & Patterson, Sarah H. "Seeking Perfection in Healthcare: A Case Study In Adopting Toyota Production System Methods." Healthcare Executive Volume 23 Number 3. May/June 2008. p. 17-21

- 14.) *The article highlights how an orthopaedic specialty clinic made adjustments to their normal routines to meet the demands of patients for access. Through the help of a consultant partner, Orthopaedic Specialists of North Carolina (OSNC) implemented two important changes that pleased patients and referring physicians. First, OSNC adopted THE FAST PASS concept from Disney allowing referring physicians to send their patient there without an appointment for urgent needs. The second change took walk-in clinics to the extreme. OSNC created three physician managed walk-in clinics that are open from 9:00 am – 9:00 pm seven days a week, 364 days a year.*

<http://www.theberylinstitute.org/default.asp?page=CASE0813>. Accessed on September 23, 2013