EXECUTIVE SUMMARY

ENHANCED ACCESS

Providing the Care Patients Need, When They Need It

May 2013

What

Enhanced access is about providing reliable and barrier-free access to the care patients need, when they need it, in ways that are patient-centered and efficient. Enhancing patient access begins with a commitment to eliminating barriers to care including those related to a patient's ability to pay. Eliminating barriers to care means providing patients with 24/7 access to their care team during office hours; and, when the practice is closed, providing access to advice through a live coverage system. Patient-Centered Medical Home (PCMH) practices provide patients with a variety of patient- and family-centered options that promote practice efficiency and allow the practice to respond to patient needs in as close to real-time as possible (same-day appointments, telephone, email, and group visits).

Why

When patients face waits or delays in receiving care they are more likely to skip appointments, forego care, or go to another practice or facility for care. Missed appointments lead to missed opportunities for early diagnosis and treatment, and missed opportunities for preventive care. A no-show appointment blocks another patient from receiving care and wastes a valuable resource. Patient no-shows also disrupt workflows. If patients defer to another source of care, because they cannot get timely care from their primary source of care, continuity is compromised.

Enhancing patient access to care is essential for improving patient outcomes, improving patient experience, and reducing healthcare costs. Improving access also reduces the time care teams spend on phone calls, messages, triage, rescheduling, and other forms of re-work. This allows all team members to focus on improving patient care, population health, and overall practice efficiency—and in turn, improves provider and staff satisfaction, returning joy to staff in their daily work.

Implementation Overview

Provide 24/7 Access and Accessible, Patient- and Family-Centered Scheduling Options

- Provide extended hours (night and weekend hours). Use staggered shifts or move some provider weekday availability to the weekend.
- Develop an on-call system to connect a patient to a provider at any time the practice is not open. This system might route calls through an answering service that connects to the practice's providers, or to clinical staff in a local hospital system, a nurse advice line, or urgent care clinic.

- Invest in health information technology that allows patient information to be securely available to the on-call provider, enables real-time documentation, and ensures that after-hours care recommendations get back to the primary team immediately.

Reduce Barriers to Care

- Help patients attain health insurance coverage through eligibility screening and enrollment assistance. Use dedicated and trained staff, separate registration work from the first office visit, and track renewal/expiration dates to prevent churn.
- Assess and address transportation barriers and provide alternatives to in-person visits.

Balance Supply and Demand

To ensure access over the long-term, a practice must be able to balance supply and demand on a daily basis. This requires clear access goals and tactics to deal with the variations that occur on a day-to-day basis (e.g., provider out ill).

- Demand is the known and anticipated needs of patients for care.
- Supply is the amount of something, typically the number of staff that are available, the number of providers, the number of appointment slots, or the number of hours of service.
- Capacity is the ability of a practice to provide care for patients.

Increase Capacity

- Use care teams. A well-designed and practiced care team is better able to provide for patient needs than equivalent staff working outside of a team context.
- Reduce no-shows. Ask patients why they do not keep appointments and address the root causes.
- Provide same-day and next-day appointments to meet patient need in real-time.
- Work more efficiently. Increase scheduling efficiency by reducing the number of appointment types and times. Conduct a workflow analysis to find areas of wasted time.
- Use telephone, email, and group visits to meet patients' needs and promote efficiency.

Shift Supply to Cover Gaps

- Examine data for trends and identify predictable events that interfere with daily workflow (e.g., provider out following labor/delivery). Look for daily or seasonal fluctuations in patient need.
- Address recurring imbalances between supply and demand (e.g., patient needs are high on Friday afternoon when providers take time off). Revise provider and care team schedules to match patient demand.
- Develop coverage plans that allow the practice to prepare for predictable events that limit supply, such as provider vacation. Ensure that patients' needs are met before providers take a scheduled absence.
- Develop contingency plans and ensure all staff know when and how to move to "Plan B" when an ad hoc gap occurs, such as when a provider falls ill.

Decrease Unnecessary Demand

- Foster continuity to develop trust between patients and their providers. This can reduce unnecessary follow-up calls and visits.
- Max-pack visits by encouraging providers and care teams to explore issues beyond the immediate presenting problem.
- Extend revisit intervals to open up appointments for other patients.
- Provide alternatives to traditional face-to-face visits such as group visits, nurse follow-up visits, and phone or email visits. Explore the option of a patient portal.

What Progress Looks Like: PCMH-A Level A

The PCMH-A is a self-assessment tool to help practices understand their current level of "medical homeness," identify opportunities for improvement, and track their progress toward practice transformation. It is also a learning tool that can help start conversations within a practice about patient-centered care. The PCMH-A is scored on a 1–12 scale, which is divided into four Levels (D, C, B, and A). A "Level A" item score indicates that most or all of the critical aspects of the key change addressed by the item are well established in the practice. An overall Level A score indicates that the practice has achieved considerable success in implementing the key design features of the PCMH.

Level A PCMH-A Items

27. **Appointment systems…**are flexible and can accommodate customized visit lengths, same-day visits, scheduled follow-up and multiple provider visits.

28. **Contacting the practice team during regular business hours...**is accomplished by providing a patient a choice between email and phone interaction, utilizing systems which are monitored for timeliness.

29. **After hours access…**is available via the patient's choice of email, phone or in-person directly from the practice team or a provider closely in contact with the team and patient information.

30. **A patient's insurance coverage issues…**are viewed as a shared responsibility for the patient and an assigned member of the practice to resolve together.

Safety Net Medical Home Initiative

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The objective of the Safety Net Medical Home Initiative was to develop and demonstrate a replicable and sustainable implementation model to transform primary care safety net practices into patient-centered medical homes with benchmark performance in quality, efficiency, and patient experience. The Initiative was administered by Qualis Health and conducted in partnership with the MacColl Center for Health Care Innovation at the Group Health Research Institute. Five regions were selected for participation (Colorado, Idaho, Massachusetts, Oregon and Pittsburgh), representing 65 safety net practices across the U.S.

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