

Enhancing Access

Providing patients with greater access to see their health care team, when they need it and when it is convenient with their schedules.

Key Changes

- **Develop, measure, and improve** patient continuity with the provider and team.
- **Understand** the population assigned to the care team.
- **Allow** all care team members to appropriately share the care.
- **Create** alternatives to one-on-one, face-to-face visits.
- **Develop, measure, and improve** access for established and new patients.

Examples

- Empanel all patients and develop operational process to manage all panels.
- Build high-functioning work teams with excellent communication skills.
- Set an aim: every patient can see their provider of choice when they want to see them.
- Create policy that continuity is the most important scheduling parameter.
- Redesign workflows to assure optimal continuity. Create scripts for front office staff and MAs to reinforce the PCP and to help guide patients to PCP appointments whenever appropriate.
- Measure and follow panel size compared to access measures.
- Understand variation. Adjust panel size up if meeting demand, adjust panel size down if creating backlog.
- Optimize the care team. Build core team and extended team to provide comprehensive primary care. Create clear, evidence based care protocols for team members other than the PCP.
- Measure and improve continuity rates for patients seeing their PCP.
- Measure either the delay (time to 3rd next appointment) or future capacity open.
- Track appointment supply, demand, and activity hourly/daily/weekly.
- Simplify appointment types. Redesign workflow for appointments that seem to require longer appointments. For example, have nurse and pharmacist review new patients and patients discharged from the hospital, enter meds, do med reconciliation, and document PMHx before PCP appointment.
- Reduce demand for office visits. Max pack 2 visits a day. Implement telephonic care where appropriate and preferred by the patient.
- Evaluate visit intervals and review evidence for how often you bring the patient back.
- Move prevention visits to slow times of the year.
- Develop process for follow ups to begin with a phone call from team member the patient knows. Schedule follow ups with health coach or nurse.

Search [ImprovingPrimaryCare.org](https://www.improvingprimarycare.org) for more resources

Examples Cont'd (for high-performing practices ready for advanced access)

- Advanced access: Do contingency planning.
Create plans for busy periods such as back to school and cold/flu season. Plan for provider FMLA. Consider hiring additional float providers. Develop shared medical appointment (group visit) strategy for high demand supply mismatch times. Develop contingencies for when things get a little worse or a little better to avoid backsliding. Communicate that you expect some variation.
- Advanced access: Develop and test a process for post-vacation schedules (mini-backlogs).
- Advanced access: Reduce backlog by creating temporary increase in supply of appointments. Add hours, add a slot at lunch, hire temporary or new providers to work on backlog before establishing new panels. Comb future schedule for appointments that are unnecessary or duplicative.
- Advanced access: Develop process for tracking and managing high risk patients that does not depend on booking them into the future schedule.

Primary Care Team Guide Assessment-Related Question

	Components	Level D	Level C	Level B	Level A
1	Patients...	are not assigned to specific practice panels. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	are assigned to specific practice panels but panel assignments are not routinely used by the practice for administrative or other purposes. 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>	are assigned to specific practice panels and panel assignments are routinely used by the practice mainly for scheduling purposes. 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>	are assigned to specific practice panels and panel assignments are routinely used for scheduling purposes and are continuously monitored to balance supply and demand. 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/>
13	Patients are encouraged to see their paneled provider and practice team ...	only at the patient's request. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	by the practice team, but is not a priority in appointment scheduling.. 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>	by the practice team and is a priority in appointment scheduling, but patients commonly see other providers because of limited availability or other issues. 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>	by the practice team, is a priority in appointment scheduling, and patients usually see their own provider or practice team. 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/>
25	Contacting the practice team during regular business hours...	is difficult. 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	depends on the practice's ability to respond to telephone messages. 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>	is accomplished by staff responding by telephone within the same day. 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/>	is accomplished by providing a patient a choice between email and phone interaction, utilizing systems which are monitored for timelines. 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/>

How Primary Care Teams Achieve the Quadruple Aim

