Patient Centred Access

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- I have had no financial relationships with any pharmaceutical companies.

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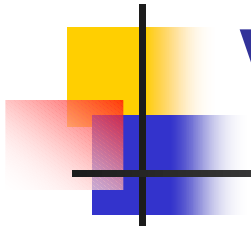
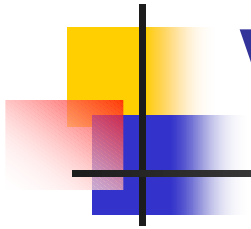
- ~2006 – “advanced access”
- hard to understand the benefits
- different interpretations and implementations



Version 1

- same day appointments only
- patients who want to be seen phone for appointment first thing in morning
- patients who need follow-up appointments phone the morning of the day they need to be seen

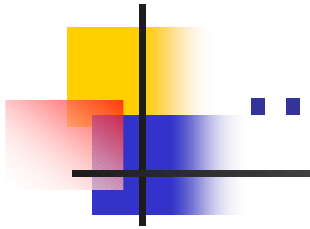
“Early Bird Access”



Version 2

- like “Early Bird” but the phone lines are clogged in the morning and when you get through at 11 the appointments for the day are full and you are asked to phone back the next day.

“Frustrated Access”



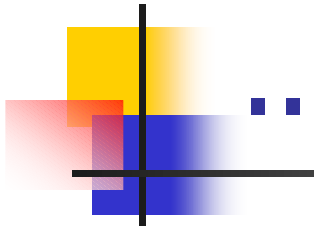
- if you need a follow-up appointment in 3 months, phone back then and you will be given an appointment sometime in the next two weeks

“Confused Access”

EMR is down

- Who will show up?

Surprised Access



above are geared more towards the needs of the provider than the needs of the patient

What types of access do we need?

Urgent

- patient is ill, in pain, or very worried, and will take time off work to be seen (or is not at work because they are ill)

Routine

- patient may need to work around their other commitments (work, childcare) to be seen.
- may need to plan for transportation or accompanying person

Well Baby, Prenatal, Chronic Pain

- Appointment needs to be within a relatively narrow time frame, but can be predicted well in advance

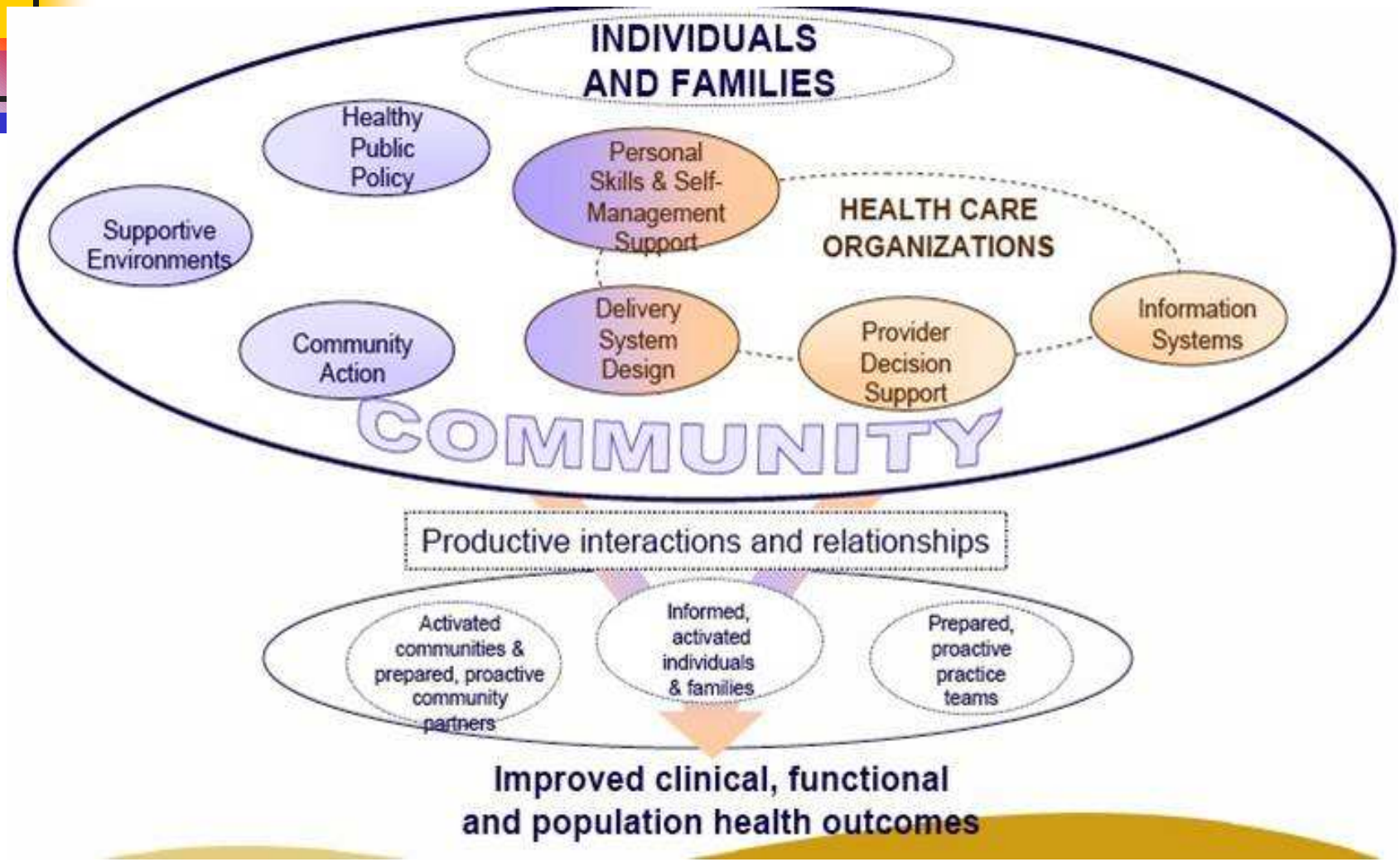
Mental Health Care

- First visit often a urgent crisis
- Follow-up visits are plannable and predictable but take time (30-60 min)

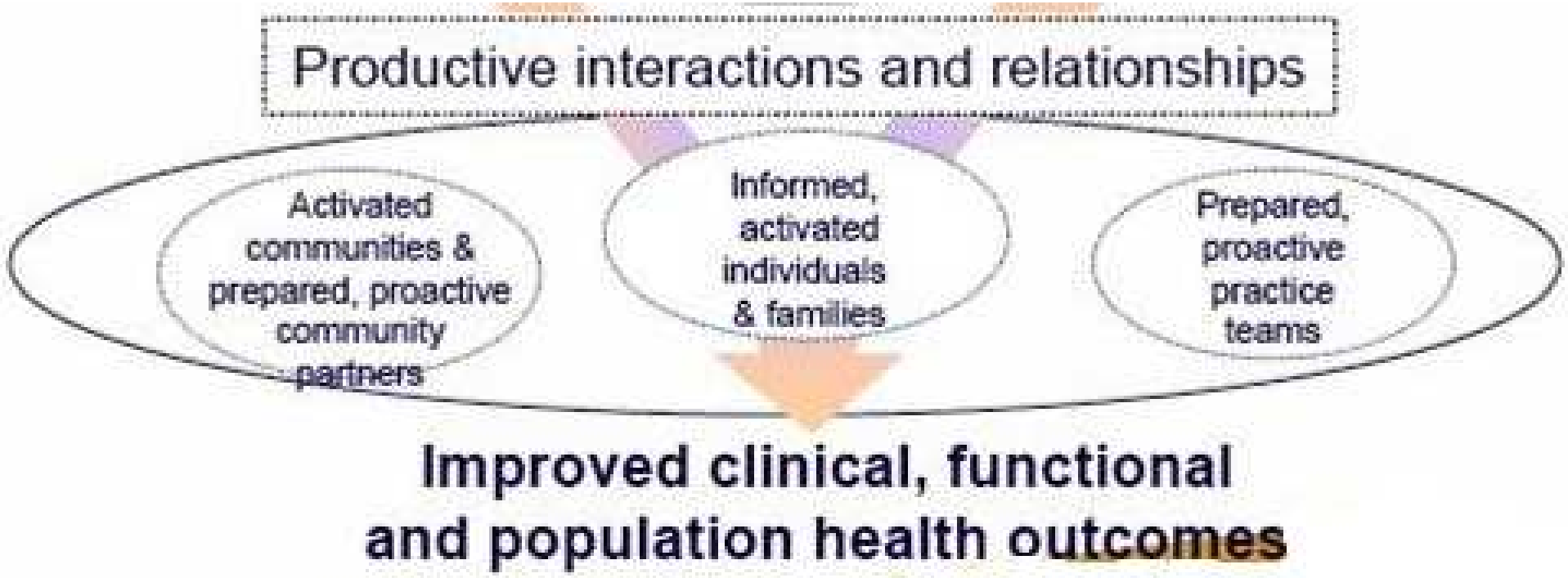
Chronic Disease Management

- diabetes
- cardiovascular
  - hypertension
  - IHD
  - CHF
- respiratory
  - COPD
  - asthma

Ontario CDM Framework



CDM


Productive interactions and relationships
Activated communities & prepared, proactive community partners
Informed, activated individuals & families
Prepared, proactive practice teams
Improved clinical, functional and population health outcomes

“Patient Centred Access”

- google:

Innovations in Access to Care:
A Patient-Centered Approach
Leonard L. Berry, PhD; Kathleen Seiders, PhD; and Susan S. Wilder, MD
Ann Intern Med. 2003;139:568-574.

Principles:

Work at the high end of expertise

- team approach to care
- application of information technology
- alignment of skills with tasks

Align care need and preference

- office appts with physician/ other providers /joint
- telephone appts
- online communication
- home/OPD/Emerg/dialysis visits

Serve when service is needed

- advanced access scheduling

Characteristics:

Availability

- geographic, physical

Appropriateness

- proper level of care

Preference

- provider and service

Timeliness

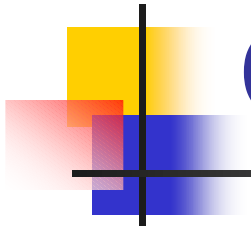
- receive care when desired

Characteristics

- Availability
  - geographic
    - Age over 40;
    - 1996: 51.2%, 2006: 61.8%
    - 3 clinics
  - financial- dietary and mental health
    - Still issue with physio, drugs
    - 27% have education beyond high school
  - Physical

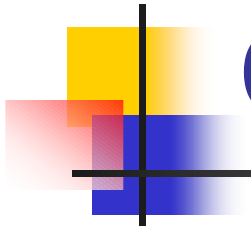
Characteristics

- Appropriateness:
  - proper level of care
- each person works high end of expertise
- programs are developed to improve local access
  - Pulmmonary Rehab at Home



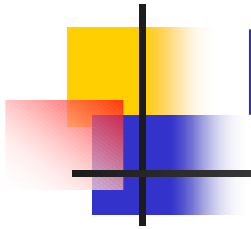
Characteristics

- Preference
  - provider and service



Characteristics

- Timeliness
  - receive care when desired



Principles

1. Work at the high end of expertise
2. Application of information technology
3. Alignment of skills with tasks

Work at high end of expertise

- **Team approach to care**
  - huddle

Work at high end of expertise

Application of information technology

- EMR
- Website
- Drop Box “Med Tools”

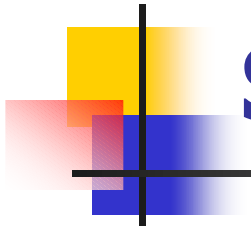
Work at high end of expertise: Alignment of Skills with Tasks

- Receptionist
  - normal results
  - requests for Prescription renewals
  - arranging tests
- RPN
  - Immunizations
  - injections/ear syringing/suture/removal
  - conveying abnormal results/follow up
- BScN
  - lifestyle counselling
  - smoking cessation
  - track prevention
  - CDM
  - diabetes, COPD, asthma

A patient may see the CDM educator, the Familly Physician, or both, and spend time discussing disease management. “This team approach frees the physicians to see more patients, to concentrate on those who need them and to take satifaction from knowing they are doing a good job.

Align Care Need and Preference

- office appt's with physician
- joint appointments
- office appt's with other providers
- appts outside of office-
- outpt-eg maternity
- emerg-stat labs or EKG
- home-physical debility
- dialysis unit
- telephone appts
- online communication
- self management - action plans



Serve when service is needed

- Advanced access scheduling

Advanced Access Scheduling

- Mark Murray JAMA 2003
  - every patient is offered an appointment the same day
  - improves continuity of care
  - no scheduling system, including advanced access, can work if a physician has too many patients

Traditional Model

- Meet Urgent Demand Now and Meet Non-urgent Demand Later

Urgents are fit-in or double booked.

Carved Out

- Predict urgent demand and reserve time to meet it.

References

- Berry L, Seiders K, Wilder S. Innovations in access to care: a patient centred approach. Ann Int Med. 2003;139:568-575
- Every B. Better for ourselves and better for our patients: chronic disease management in primary care networks. Healthcare Quarterly. 2007;10:70-74
- Murray M, Berwick D. Advanced access: reducing waiting and delays in primary care. JAMA;289:1035-1040