



# Reimagining care

To Improve Access

Idaho Conference  
May 23, 2024  
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a **PG Forsta** company



# Learning objectives

- **Describe** how we can reimagine access to care to improve quality and patient experience
- **Define** the different levers that can be used to get different outcomes
- **Identify** how setting expectations can support access to both PCP and specialty care
- **Define** interventions that promote access beyond the traditional face to face appointments

# Reimaging Care

## Current State



Finances based on volumes



Workday organized around a schedule



Patients needs must fit within a pre-determined time frame



Providers' time set limits on patient care

## Future State



Finances based on health plan membership and outcomes



Population management determine work of the day



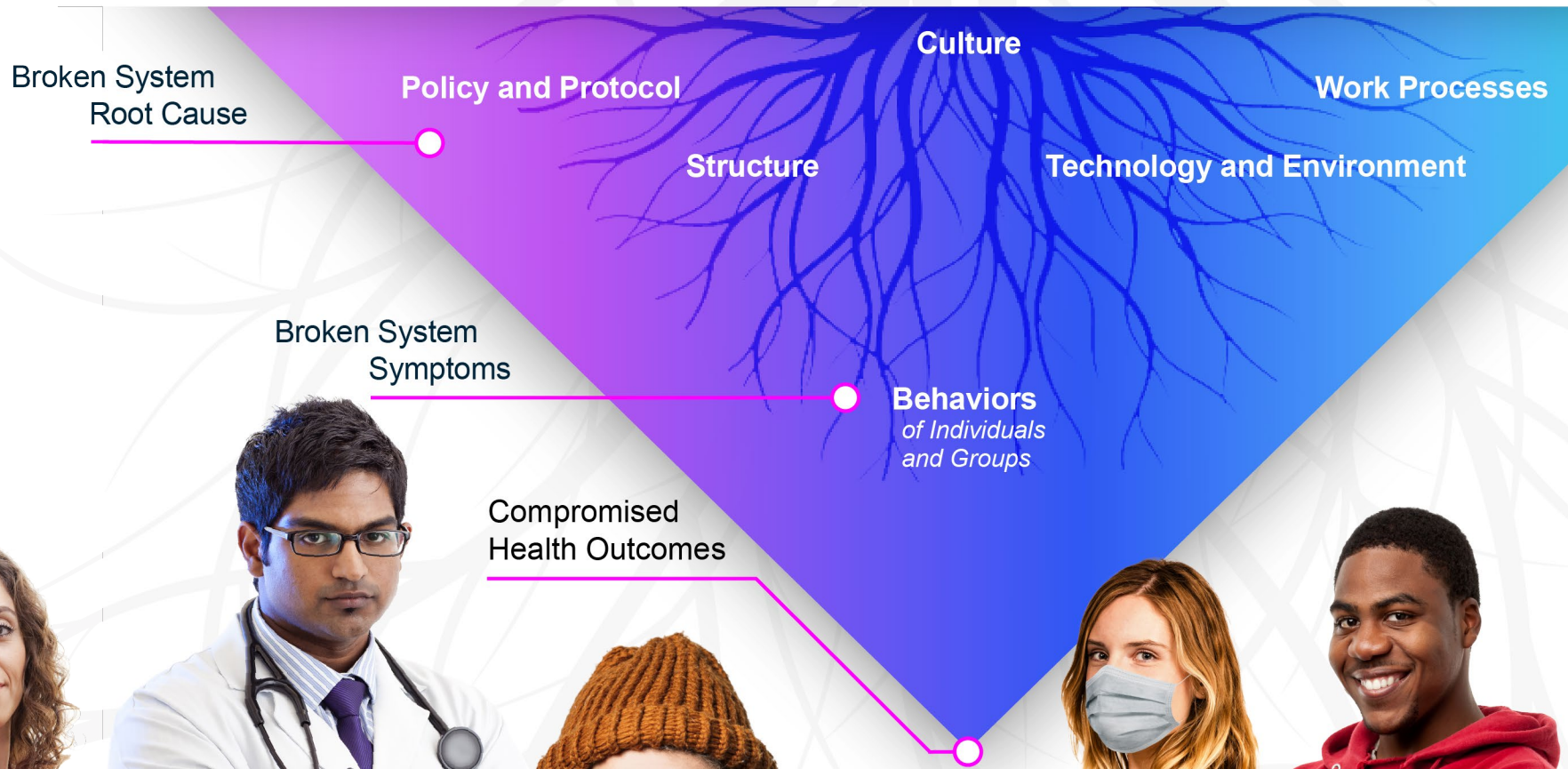
Patients needs drive appointment



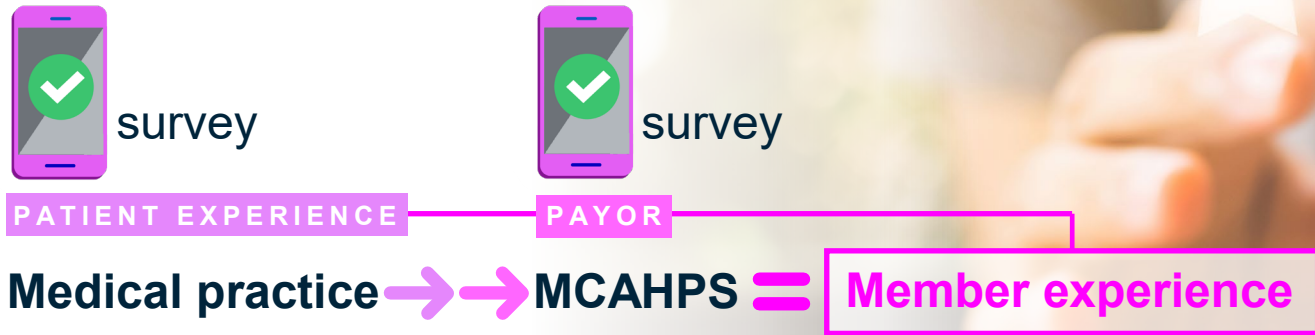
Care provided by a variety of team members independent of schedule



# Sharp-end, blunt-end model



# How patient experience impacts member experience



PCP visits

Specialist A visits

Specialist B visits

Hospital stays

74% of key drivers of overall satisfaction with a health plan are related to the member's experience with healthcare as a patient



PROVIDER ACCESS TO CARE

# Redefining access



**How do you define  
access to care?**

# Access to care is more than visits to a clinic

Medication on auto delivery with refills proactively handled

Providers who come to you

Coordinating care as a regular part of visits

Portal communications or phone calls that answer your questions

Electronic data direct to your medical record

Your care team sharing information and having ONE care plan

Diagnostics shared in a timely manner

Community medical workers– for more than just emergencies



# Press Ganey Videos (Set Of 12 With *Accompanying Handouts*)

Short videos demonstrating proven practices



Informing patients about access options

PRESS GANEY eLearning Series

## Redefining Access

**The problem is:**  
Access is more than patients coming in for an appointment  
Access is about patients getting the care and information they need  
Patients expect their care needs to be met when they need them  
Patients seek care in a variety of different ways (e.g., in person, virtually, online, etc.)

**You need to know:**  
Different needs require different types of services

- Healthy patients typically desire convenience.
- Patients with urgent/emergent care needs, require timely access
- Patients with multiple chronic conditions or advanced illness require care coordination
- Set schedules may not meet patient needs


Source: AHRQ

★★★★★

**Track your progress**  
Daily, count the patients you provided care to without them coming to the office.  
Daily, count how many minutes of provider time you saved because patients were cared for remotely.

**Maximize improvements**  
Action items and tactics are intended to improve patient experience, safety, preventive screening, quality indicators and health outcomes.

**Here's what you need to do...**  
ACCESS WORK FLOW



[PG\\_RedefiningAccess\\_final.mp4 \(sharepoint.com\)](#)

Redefining Access

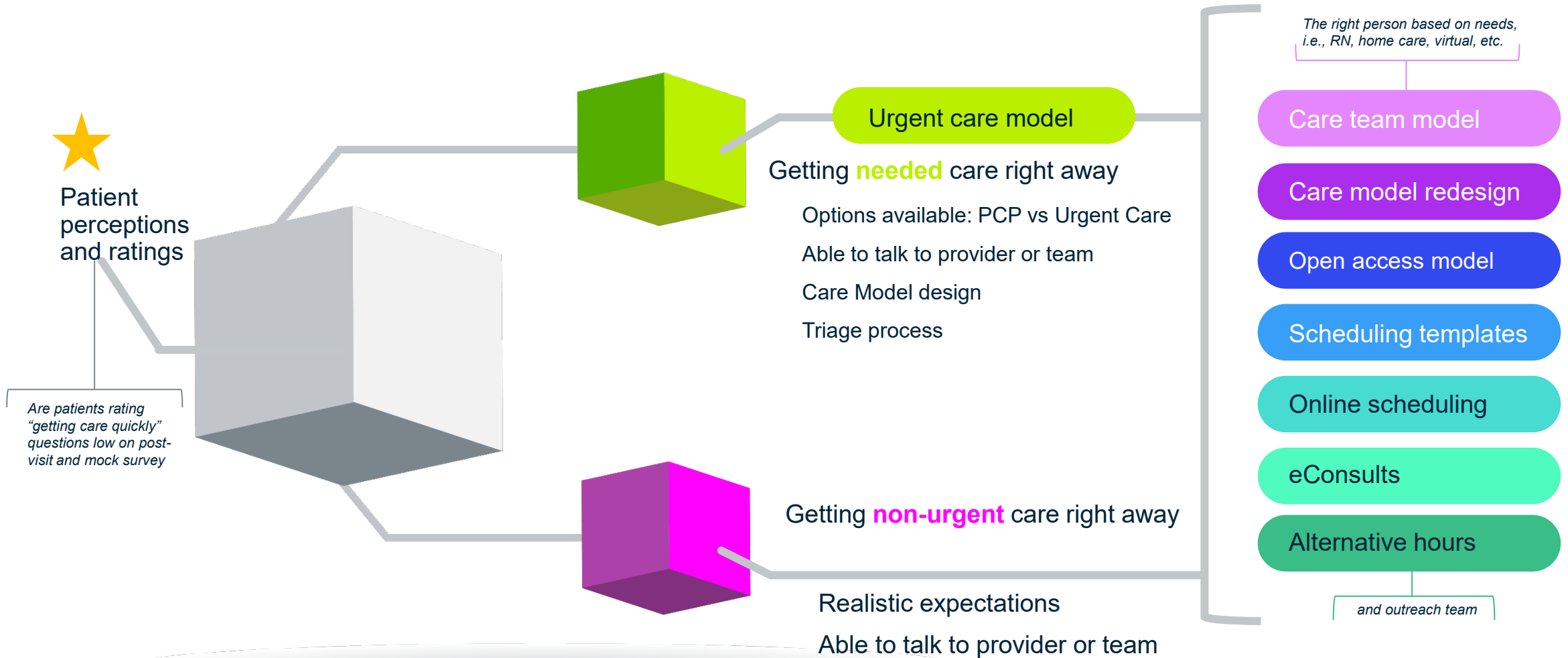
PROVIDER ACCESS TO CARE

# Interventions

3, 2, 1, GO...

**What tactics can a  
medical practice implement  
to provide access to care?**

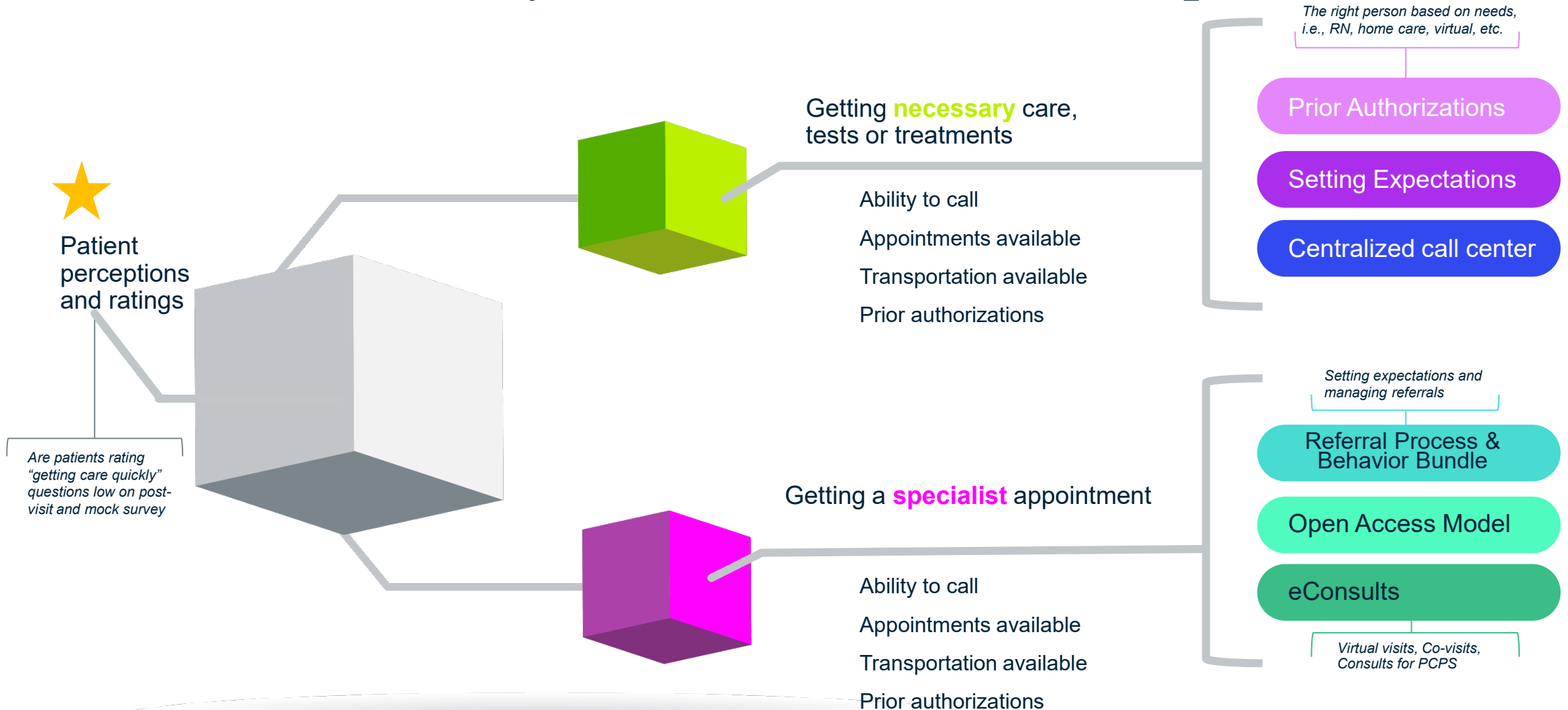
# Determine main area(s) of friction (ask the medical group, review data, discuss observations...)





# Inventory existing practices

## Check for variability in both standard and best practices



# Expectations are based on information...

A strong belief that something will happen or be the case in the future

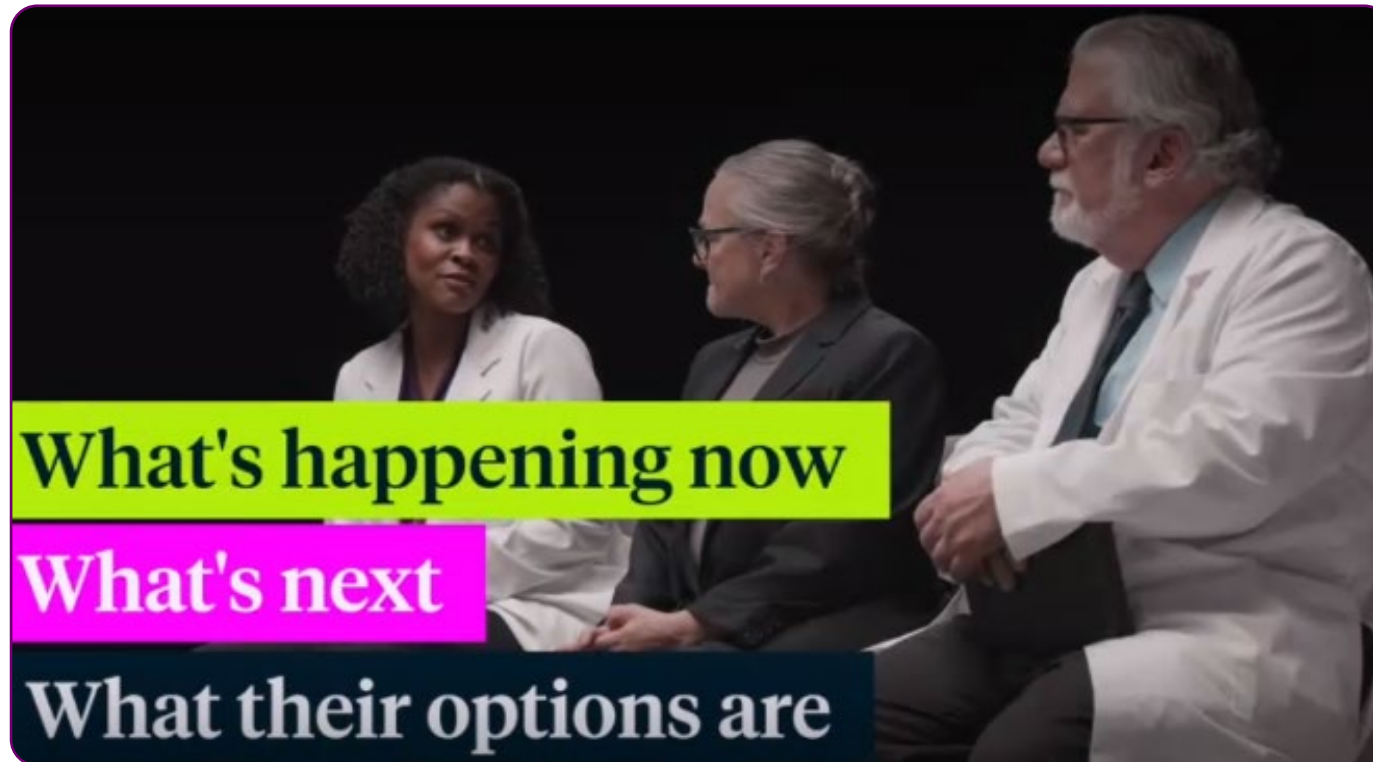


Beliefs are formed by talking to our patients;  
we need to build conversations  
into our processes



# Watch the “Setting Expectations” video

[PG\\_SetExpectations\\_final.mp4](#)



[PG\\_SetExpectations\\_final.mp4 \(sharepoint.com\)](#)

PRESS GANEY eLearning Series

## Setting Expectations

**The problem is:**  
When we don't provide facts and proactively set expectations, patients will interpret what they see and hear to fill in the gaps. Because this is based on their perceptions, patients may be telling themselves the wrong story.

**You need to know:**  
Patients expect:

- To be heard
- Care team to listen
- Clear explanations and instructions
- Updates on their care plan
- Compassionate treatment

**Satisfaction equals exceeding expectations**

In uncertain situations, patients want to know:

- What's happening now
- What's next
- What are their options

Having information reduces anxiety, improves listening, retention, and engagement

Source: Clatus

★★★★★

**Track your progress**  
Ask the patient about their expectations and how well they are being met. Explain what is being done to meet expectations and/or why expectations weren't met (e.g., "I'm sorry to be 15 minutes late, but I needed to spend extra time with an earlier patient.")

**Maximize improvements**  
Action items and tactics are intended to improve patient experience, safety, preventive screening, quality indicators and health outcomes.

**Here's what you need to do...**  
Clinicians can reduce anxiety and increase satisfaction by consistently keeping patients informed and managing their expectations. Improve by following these action steps:

- **Review treatment plans** (i.e., what to do next, what to do if condition worsens)
- **Share expected timelines** (i.e., referrals, lab results, test results, follow up)
- **Explain care modality** (i.e., virtual care, in-office visit)
- **Teach them when and how to use the patient portal** (i.e., view test results, renew prescriptions, message providers, online scheduling, view health record including allergies, immunizations and manage bills, etc.)
- **Ensure they know where to seek care** (i.e., doctors office, walk-in clinic, urgent care, emergency room)

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# Open Access Model

## Access Models

**Traditional**  
100% booked

**Typical carve-out**  
50% booked, 50% open

**Advanced Access**  
65% open, 35% booked

### Benefit

Combining it with care team model, they can see the best suited provider from care team.

How to's	Benefit
<p>Simplifying Scheduling</p> <ul style="list-style-type: none"> <li>• <b>Limit schedule to three appointment types</b> – Personal, Team, Unestablished.</li> <li>• Every appointment <b>weighted same</b> on schedule with <b>same time allotment</b>.</li> <li>• <b>Sync all appointments</b> (in person, phone or online) to master calendar.</li> </ul>	<p>Decreased no-shows and ED visits.</p>
<ul style="list-style-type: none"> <li>• Keep <b>one provider's</b> schedule <b>open every day</b>.</li> </ul>	<p>Increase Patient Experience with the ability to meet patient needs in real-time.</p>
<ul style="list-style-type: none"> <li>• Each provider with open access for 2 <b>evenings</b> per week and other provider with <b>open access for weekends</b>.</li> </ul>	<p>Allows practices to do today's work today and manage true capacity.</p>
<ul style="list-style-type: none"> <li>• Schedule <b>appointment with a team, not a specific provider</b>.</li> </ul>	<p>Patient can make same-day appointment for any type of visit</p>
<ul style="list-style-type: none"> <li>• <b>Don't schedule after 2:00 pm</b>.</li> </ul>	<p>No time limit on visit – you can spend 5 minutes or 30 minutes with patients.</p>



# The team model

**Alternative to traditional 1:1 face-to-face visit**  
connect via portal, phone, telemedicine, home visit

**Staff as a team is available**  
to see the patients

**Huddles and pre-visit planning**  
ensure each patient is seen by most appropriate team member

**Additional resources used across team**  
PharmD, Social Worker, Behavioral Health Coach, Dietician, etc.

**Flexible panel size**  
based on type of patients and care model



**What *innovative* tactics can a  
medical practice implement  
to provide access to care?**

# Care innovations



## eConsults

clinical decision-making and diagnoses with the help of virtual specialty network.



## Remote monitoring

Patients share blood sugar monitoring results on regular cadence with the office (example: every month via portal). Care team reviews results and identifies patients that need to come in. Diabetes, CHF, HTN



## Care based on algorithms

Patients can be “seen” through portal or over the phone based on algorithm

### Clearly define to the patient

- when they need to call the doctor,
- when they need to go to urgent care,
- when they need to go to ED

Dedicated staff monitors and addresses portal and telephone messages



## Group visits

Nurse run group of 10 patients with similar condition. Educate patient on condition, diet, and signs they need to notice. **Research:** [article 1](#), [article 2](#), [article 3](#), [article 4](#)

# Virtual Care Offerings

## Telehealth for follow-up visits

- **Identify appropriate appointment** for telehealth
- **Schedule** follow-up telehealth **as patient leaves the clinic**
- Plan for actual time needed with provider
- Use teach back best practices to assure understanding
- Focus on Universal Relationship skills during telehealth visit

## Types of visits for Telehealth:

*(Some visits combined with physical exam next day)*

- PMH, Social HX, Family HX and medication
- Verification for routine physical
- Diagnostic test results
- Outcome of specialty referral
- Follow-up on new medication, BP check, etc.
- Annual Wellness Visit
- 1<sup>st</sup> pregnancy intake visit
- Pediatric patient milestones
- Prepping for procedure




## Interprofessional Visit

- Schedule patient for time with referring physician and have specialist join visit via telehealth
- Both providers work as a care-team to develop the plan-of-care



# Portal utilization an efficient, effective communication tool

Effectiveness depends on a systematic process including things like:

-  Determining **which types of communication to use the portal** and which things need to be done by phoning the office
-  Standardizing your processes:
  - Enrollment at **check-in and -out**
  - **Inbox management**
  - Triage and Follow-ups
  - **RX guidance and refills**
-  Direct patients to the portal whenever possible



**Imagine the  
possibilities.....**



A female doctor with dark hair pulled back, wearing a white lab coat and a stethoscope, is smiling warmly at a patient. The patient is seen from the back, wearing a light-colored sweater. The background is a bright, slightly blurred hospital or clinic setting with other people and medical equipment visible.

## **A Day in a Life**

**Patient A: Biopsy Needed**

**Patient B: Biopsy Needed**

**Based on the story:**

**What could have been done to  
improve access?**



# Reimagining care – referrals

## Dr. Gettinbetter

- ✓ No standard referral process
- ✓ Inadequate education of patient/family on referral
- ✓ No Checklist (documents for PCP/specialist)
- ✓ Minimal communication (incoming/outgoing)
- ✓ No referral tracking system
- ✓ Minimal optimization of digital referral system



## Dr. How

- Schedule referrals and follow ups at the close of patient's appointment
- Establish clear, realistic, patient expectations
- Create a plan, discussing changes before the next appointment
- Designate staff for referral support and follow-up
- Verify patient connections and specialist recommendations
- Maintain updated contact info in insurance directories

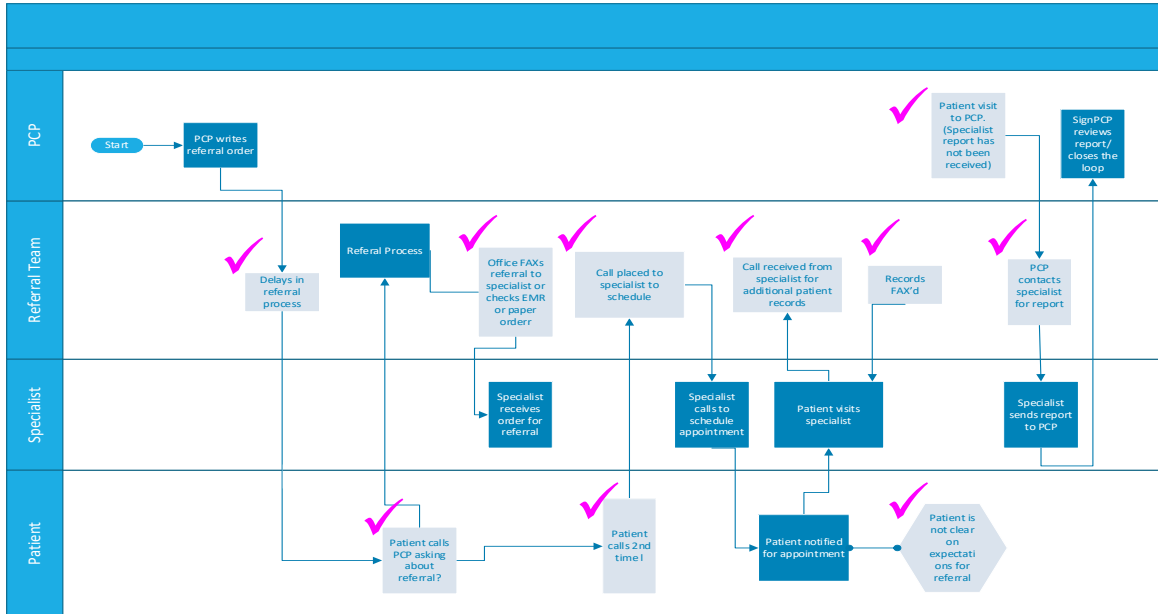




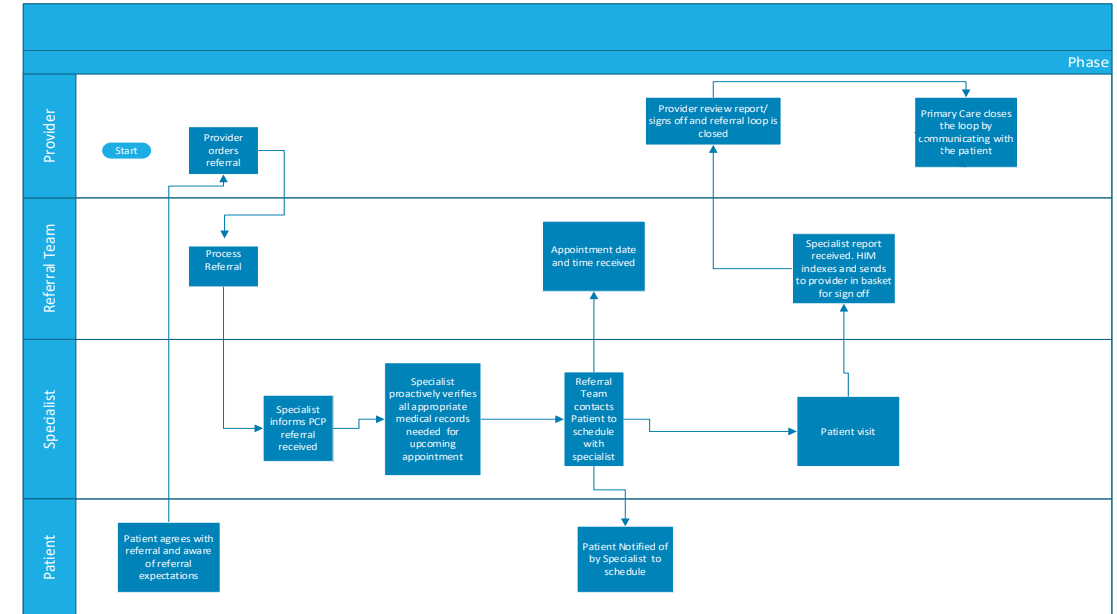
# Reimagining Care - referral workflow

Key = Non-value step Value step

## Dr. Gettinbetter workflow (3-month process)



## Dr. How workflow (2.5-week process)



### Innovative workflows:


- Opens 3 office visits for Primary Care for patients that really need to be seen face to face
- Eliminates 10 non-value steps, 3 friction points for patient, 5 repeat steps for referral team
- Enhances Patient Centered Care
- Efficient process for Specialist
- PCP informed of all process steps and Specialist recommendations



# Recommendation

## Referral PX bundle



Behavior >>>>>>>>>><<<<<<<<<<<<

Process  Process design needs to demonstrate that the team is working together.

Do	<p>Discuss Expectations</p> <ul style="list-style-type: none"> <li>-referral times</li> <li>-what to do in the meantime</li> </ul>		<p>Provide Needed Information</p> <ul style="list-style-type: none"> <li>-including what to do if the patient's condition worsens</li> </ul>
Demonstrate	<p>I respect you</p> <ul style="list-style-type: none"> <li>actively listen</li> <li>learn what matters to you</li> <li><b>use language you understand</b></li> </ul>	<p>I care about you</p>	<p>I keep you safe</p> <ul style="list-style-type: none"> <li><b>we work together as a team</b></li> <li>speaking up for you</li> <li>stop and resolve in the moment</li> </ul>
Measure	<p>PX Survey</p> <ul style="list-style-type: none"> <li><b>The Care Provider...</b></li> <li>showed concern for your questions or worries.</li> <li>gave you explanations about your problem or condition.</li> <li>included you in decisions about your care.</li> <li>discussed proposed treatment (options, risks, benefits, etc.).</li> <li>likelihood of your recommending them to others.</li> <li>concern the nurse/assistant showed for your problem</li> <li>how well the staff worked together to care for you.</li> </ul>	 <p>support you with empathy</p> <p><b>explain everything and answer questions</b></p> <p>warmly greet you</p>	<p>MCAHPS Survey</p> <ul style="list-style-type: none"> <li><b>In the past 6 months...</b></li> <li>how often did your personal doctor explain things in a way that was easy to understand?</li> <li>how often did you get an appointment to see a specialist as soon as you needed</li> <li>what is your rating of the specialist you saw most often.</li> </ul>

## PROVIDER ACCESS TO CARE

# Same day availability



### SET A BOLD GOAL

Decrease number of days to third next available appointment to zero days (same day) for Primary Care

Decrease number of days to third next available appointment to two days for Specialty Care

<https://www.ihl.org/resources/Pages/Measures/ThirdNextAvailableAppointment.aspx#:~:text=The%20%22third%20next%20available%22%20appointment,cancellation%20or%20other%20unexpected%20event.>



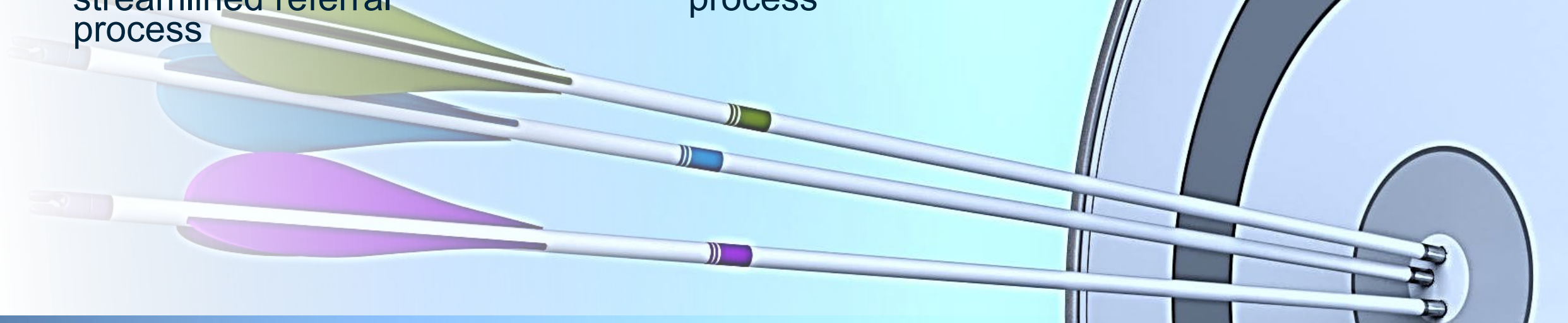
# Best Practices to Implement Tomorrow

## Leaders

- Equip employees with the information to help them set expectations and keep patients informed
- Take inventory of types of visits that can be offered a different way (i.e., telehealth, portal, etc.)
- Establish current and ideal workflow to design a streamlined referral process

## Team Members

- Set Expectations with patient by keeping them informed
- Direct patients to portal access, enroll check-in and -out
- Actively engage in developing the ideal workflow process to streamline referral process



**Thank You**



The logo for PressGaney features a stylized icon on the left consisting of two horizontal bars of different lengths, with the top bar being longer than the bottom bar, creating a shape reminiscent of a right-angled triangle or a step. The top bar is a vibrant magenta color, while the bottom bar is a dark navy blue. To the right of this icon, the word "PressGaney" is written in a dark navy blue, serif typeface. Below the company name, the tagline "Data in black & white, stories in color." is presented in a smaller, dark navy blue, sans-serif font.

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