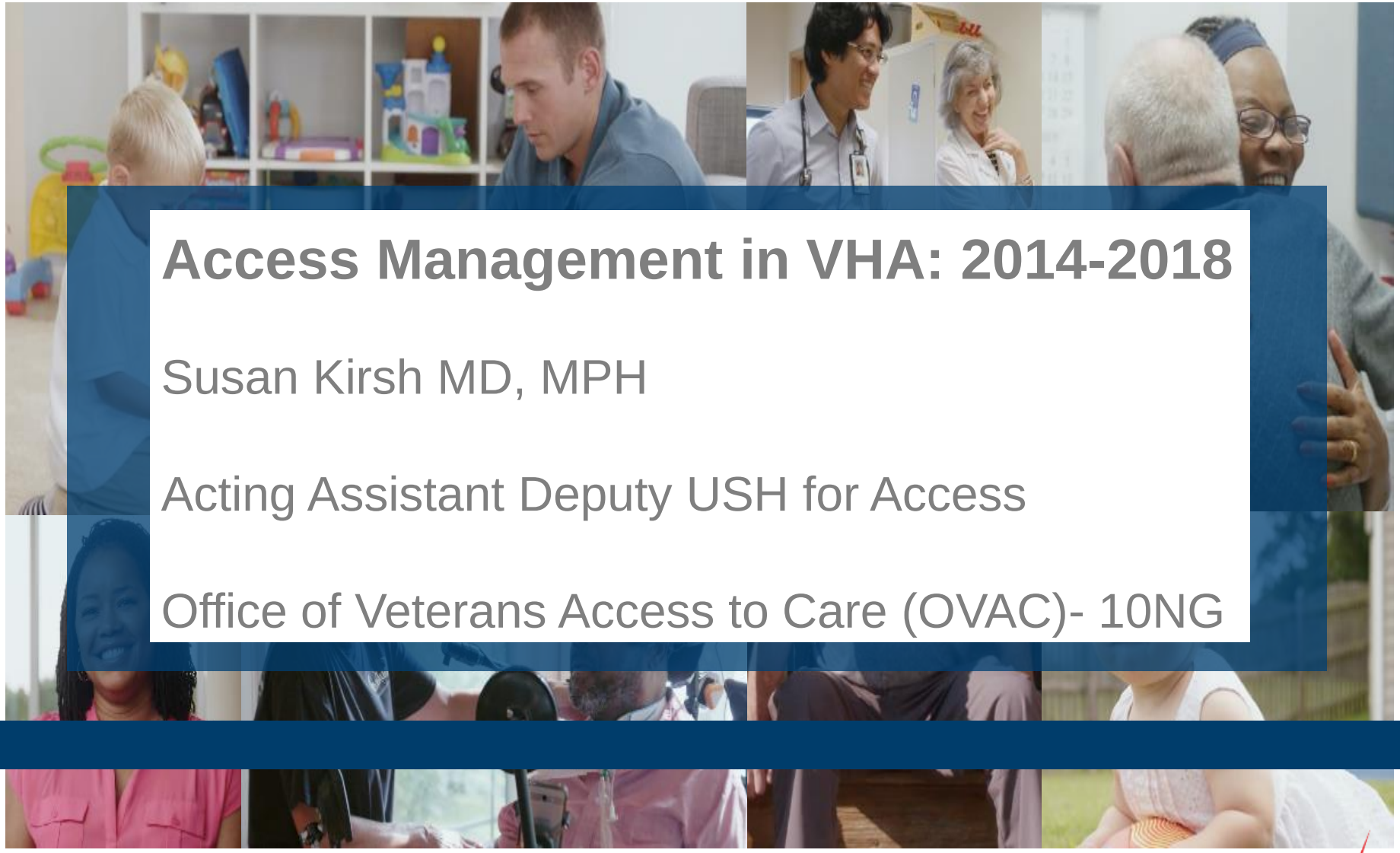


Access Management in VHA: 2014-2018

Susan Kirsh MD, MPH

Acting Assistant Deputy USH for Access

Office of Veterans Access to Care (OVAC)- 10NG

Choose VA

Polling Question #1: How familiar are you with access management principles?

- Very familiar
- Somewhat familiar
- Little or no familiarity

Access Crisis in the Veterans Health Administration: Identified in April, 2014

- VACAA section 303
- Practice management has been used to standardize underlying systems
  - Trainings
  - Resource materials
  - Policy
- Evidence synthesis 2016
- RAND expert panel
  - The panel influenced 2017-2019 current and ongoing priorities

Veterans Access Experience: Comparison of Avg. National Patient Satisfaction with Timeliness of Care within VA over Time (Percentage responding 'Always' or 'Usually')

	FY 2016 %	FY 2017 %	Q1 FY 2018 %
PC Routine Care	83.6	84.5	85.9
PC Urgent: care needed right away	72.4	74.2	75.6

Veteran Access Experience – National Comparison of Completed New Patient Wait Times (Create Date to Visit Date)

	FY14	FY17	FY18 to Date through Mar 21
Primary Care New Patient Wait Times	24.3 days	21.8 days	21.5 days

A Focus on Veterans Access Experience

- Wait times from appointment create date and displayed on website: www.accesstocare.va.gov
- While **wait times** and **patient satisfaction scores** have improved, further improvements are needed
  - Sites vary and change over time; no clear way to help struggling sites identify thei problems and work on them
  - Highly variable use of non-face-to-face care modalities
    - Difficulties linking call answering resources to resolution at the patient's clinical site
    - Telemedicine modalities are available but often not linked in
  - Specialty care access affects primary care

Current and Ongoing Priorities Go Beyond Open Access

- FY 16-18 same day target goals
  - FY 16 Primary Care
  - FY 16 Mental Health
  - FY17 implemented Same Day Services in Orthotist and Prosthetist Clinics
  - Implement Same Day Services for Substance Use Disorder Clinics at all medical centers by end of FY18
- For FY 19, need to continue to focus on overall access management
  - Reducing site level variation by considering how best to balance e.g. continuity and same day access, in a way that reflects patient preferences and site level realities
  - Focus on specialty care coordination and access to help primary care
  - Measuring success is a challenge: need improvement measures as well as performance measures

Virtual Care Access Goals Are Current and Ongoing Priorities

- Improve routine telephone management-contact centers and clinical call centers
- Expand all aspects of virtual care
  - ≥20% of Veterans will receive a portion of their care through telehealth modalities
  - ≥ 5% of Veterans will receive care through telehealth at non-VA settings (e.g. in the home, at work, Vet Centers)
  - Use VA Video Connect as much as possible (e.g. MH, Social Work, Nutrition and other clinics not requiring physical examination (could include PC and specialty care))

Supporting Access in the Field

- Group Practice Managers/**Clinic Practice Management Team** has helped, we think
  - At least one at each medical center
  - Core responsibilities include data, relationships, leading change, supporting process improvement
  - Early qualitative evaluation results are positive but show room for improvement
- Practices struggle with silos, multiple authority levels (national, regional, local), and a focus on performance measures without a path to improvement under difficult circumstances

Focus Areas for Operations and Research

- Decrease variation in underlying systems
- Expand and explore use of VA video appointments
- Specialty Care
  - Affects Primary Care
- Use of QI measures to inform prioritized access measures

Underlying Concepts for VHA Access 2019

- We are building improved access as a learning health system
  - Evidence review & qualitative evaluation of access management fueled an expert panel to identify priorities
- Underlying concepts presented in this session:
  - Access Management Improvement: A Systematic Review (Miake-Lye)
  - Priorities for Access Management: Results of a Modified Delphi Stakeholder Expert Panel (Hempel)
  - Summary (Rubenstein)
- Not discussed here, but critical to panel development:
  - Group Practice Management: A Qualitative Evaluation (Sayre)

Evidence-based Synthesis Program (ESP)

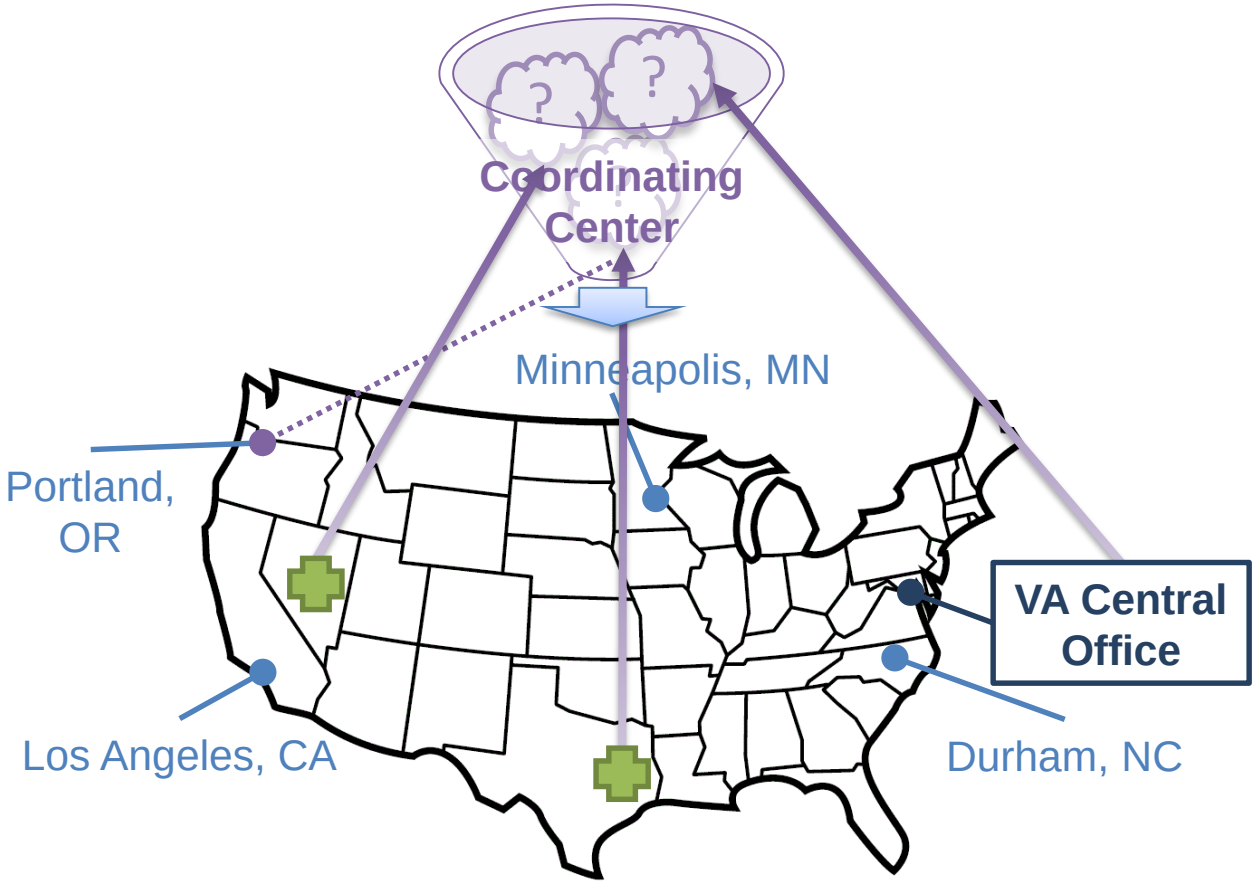
ACCESS MANAGEMENT IMPROVEMENT: A Systematic Review

West Los Angeles ESP Center
Isomi M. Miake-Lye, PhD
Selene Mak, MPH
Jessica M. Beroes, BS
Paul Shekelle, MD, PhD

FEBRUARY 2017

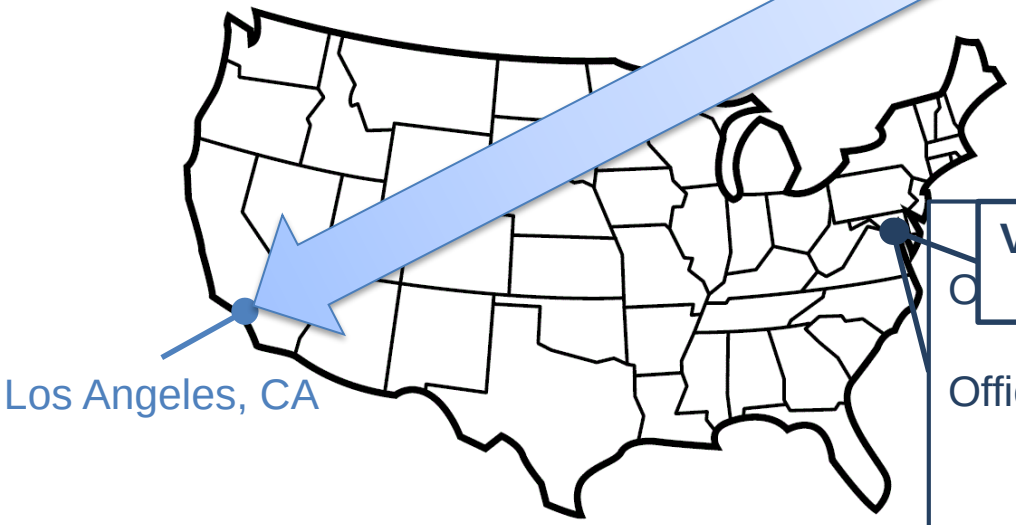
VA U.S. Department of Veterans Affairs
VA Greater Los Angeles Healthcare System

VA Evidence-based Synthesis Program



Topic Development

What evidence is available to support improved organizational management of access in a multi-level organization such as VA?



Los Angeles, CA

VA Central Office

Central Office

Operations

Susan Kirsh

Office of Analytics & Business Intelligence

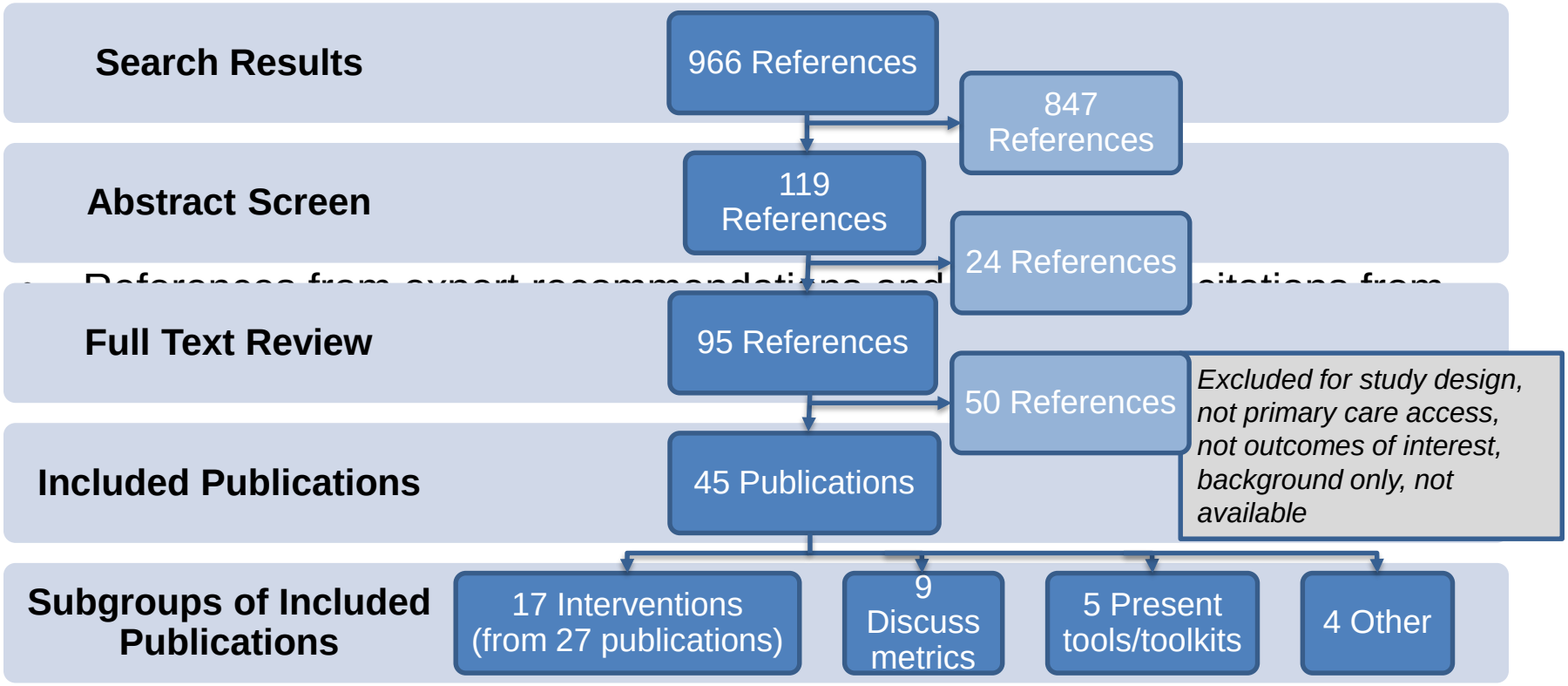
Stephan D Fihn

Joseph Frances

Topic Development

Key Question 1	What definitions and measures of intervention success are used, and what evidence supports use of these definitions and measures?
Key Question 2	What samples or populations of patients are studied, including eligibility criteria?
Key Question 3	What are the salient characteristics of local and organizational contexts studied?
Key Question 4	What are the key features of successful (and unsuccessful) interventions for organizational management of access?
Key Question 5	Are relevant, tested, tools, toolkits, or other detailed relevant material available from successful organizational interventions?

Literature Flow



Results

Key Question 1

What definitions and measures of intervention success are used, and what evidence supports use of these definitions and measures?

- Third next available appointment most common (n = 12/17 studies)
- Other common measures include continuity (n = 7), patient satisfaction (n = 3)
- No evidence supports any measure with clinical outcomes

Results

Key Question 2

What samples or populations of patients are studied, including eligibility criteria?

- Not described in detail, some studies in VA

Results

Key Question 3

What are the salient characteristics of local and organizational contexts studied?

- Not described in detail, many sites were academically-affiliated clinics, part of the British system, or in the VA

Polling Question #2

- How sufficient is focusing primarily on Open Access and related measures for improving primary care access management?
  - Sufficient
  - Somewhat limited
  - Very limited

Results

Key Question 4

What are the key features of successful (and unsuccessful) interventions for organizational management of access?

- All 17 interventions described by authors as Advanced Access/Open Access
- Common components include:
  - Reducing appointment backlog with temporary addition of resources
  - Using fewer appointment types
  - Producing regular activity reports
- Mixed results in longer duration studies (n = 8 reporting >12 months)
  - One study found initial improvement but subsequent worsening
  - One study reported decreases in continuity
  - Two studies reporting across a large number of sites found the effect on access was variable

Results

Key Question 5	Are relevant, tested, tools, toolkits, or other detailed relevant material available from successful organizational interventions?

- 5 tools/guides identified, all but one linked to studies described in literature

Conclusions

- Main points
  - Most common measure is third next available appointment
  - All identified studies were Advanced/Open Access, most over 6 years old
  - Common components include reducing appointment backlog, using fewer appointment types, producing regular activity reports
  - Longer duration studies found mixed results
- Limitations
  - Difficult search, no obvious search terms
  - Study quality variable
- Updating search and findings now for manuscript development

THANK YOU

Miake-Lye IM, Mak S, Shanman R, Beroes JM, Shekelle PG. Access Management Improvement: A Systematic Review. VA ESP Project #05-226; 2017.

The findings and conclusions in this document are those of the author(s) who are responsible for its contents; the findings and conclusions do not necessarily represent the views of the Department of Veterans Affairs or the United States government. Therefore, no statement in this article should be construed as an official position of the Department of Veterans Affairs. No investigators have any affiliations or financial involvement (eg, employment, consultancies, honoraria, stock ownership or options, expert testimony, grants or patents received or pending, or royalties) that conflict with material presented in the report.

Access Management Priorities in Primary Care – Perspectives from a Modified Delphi Stakeholder Panel

Susanne Hempel, Margie Danz, Danielle Rose, Susan Kirsh, Susan Stockdale, Idamay Curtis, Lisa Rubenstein

RAND HEALTH

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Team

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- Jean Yoon

Expert Panel

- David Aron
- Paul Brynen
- Scott Ballard
- Carolyn Clancy
- Joan Clifford
- Angela Denietolis
- Stephan Fihn
- Clinton (Leo) Greenstone
- Karey Johnson
- Peter Kaboli
- Tara Kiran
- Thomas Klobucar
- Jia Li
- Storm Morgan
- Michael Morris
- Greg Orshansky
- Ashok Reddy
- Robert Rubin
- Christopher Ruser
- Ali Sonel

Methods

- Conceptual foundation
  - Logic model and flow chart
  - Framework-based panel recruitment
  - Results organized in Donabedian reference frame
- Stakeholder Panel, N = 20
  - Patients, providers, policy makers, researchers purchasers, payers, product makers
  - National, regional, and local primary care operations, rural care, contracted care
  - VHA, Canadian National health service, Kaiser Permanente, CMS
  - Call center management, group practice management, continuity of care, quality improvement measures, unintended consequences

Panel Activities

- Pre-panel survey to identify disagreements
  - 5 content areas
  - 6-39 items per content area
- In-person meeting for discussions
  - 2-day panel meeting
  - Group discussions, parallel panels, vignette breakout groups, presentations
- Post-panel survey to confirm agreement
  - Independent ratings
- Web meetings to develop recommendations
  - Instant voting and document review to confirm output

Access Management Definitions

Concept	Definition
Access management	Access management encompasses the set of goals, evaluations, actions and resources needed to achieve patient centered healthcare services that maximize access for defined eligible populations of patients.
Optimal access management	Optimal access management engages patients, providers, and teams in continuously improving care design and delivery in order to achieve optimal access.
Optimal access	Optimal access balances considerations of equity, patient preferences, patient needs, provider and staff needs, and value.

Results

- **8 Priority Actions**
  - Important ("very" or "extremely") and Urgent ("within first year of access improvement")
  - 2 **Organizational structure** targets
  - 1 **Process improvement** measure and 3 targets
  - 2 **Outcome** measures

Identify Clinical and Administrative Leaders

- Identify physician, registered nurse, and administrative leaders for each primary care practice site with authority to support access management priorities within local site contexts.

Group Practice Management Structure

- Develop a clearly identified group practice management structure with a designated group practice manager who reports to executive leadership, communicates with individual primary care sites, and can collaborate across roles and service lines (e.g., medicine, nursing, administration).

Patient Telephone Access Management

- Routinely evaluate the degree to which patient telephone calls are a) answered promptly and b) routed accurately and appropriately, as judged in terms of patients' clinical needs and preferences.

Contingency Staffing

- Maximize access managers' routine use or ability to demonstrate systematic approaches to ensuring adequate availability of contingency staffing (i.e., planned minimal excess staffing to cover routine absences such as due to hiring gaps, vacations, illness).

RN Demand Management and Care Coordination Role

- Maximize primary care team's registered nurses' ability to prospectively manage demand by leading care coordination for their panels.

Optimize Provider Visit Schedules

- Maximize primary care team members' ability to proactively manage demand (e.g., alerts, reminders, and telephone contacts from patients on their panels) by optimizing provider visit schedules (e.g., through triage, prospective "scrubbing" of appointments) to the extent appropriate given their training/licenses.

Patient Experiences

- Assess the quality of the patient's experience of access (i.e., patient-rated access). We expect patient ratings to reflect both in-person and non-face-to-face (e.g., telephone, secure messaging) care.

Outcome

Provider Experiences

- Assess primary care provider and staff morale (e.g., low/high burnout, job satisfaction, or turnover rates) in relation to access mismatch (e.g., panels exceeding recommended size, primary care provider vacancies).

RAND Research Report

- https://www.rand.org/pubs/research_reports/RR2536.html
- Includes
  - Recommendations for access management
  - A QI tool for access management improvement

Summary:
--Adding a Kaiser Permanente Perspective
--Overall Implications of the Talks

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10/17/2018

Lessons Learned From Michael Morris, MD, Kaiser Permanente

- **Maximize "bonding" within a team concept**

AND

- **Think FTE's (in clinic), not bodies, for accurate capacity**
  - Many more physicians work less than full time
  - Administrative and teaching duties
  - More medical leaves (maternity, paternity and others)
  - Time off **decisions based on true supply**/demand, not set percentage or number of providers

Lessons Learned From KP (Cont.)

- Patients want choice
  - When in pain, anxious, missing work or ADL's impacted, urgency is prioritized over familiarity with provider (they want the option to take sooner appointment with non-PCP if they prefer)
- Telemedicine very important tool
  - Adds options for patients and doctors (incl work from home)
- Practice support also critical

How Does KP's Experience Match Panel Priorities? ☑ Shows substantial achievement

- **Organizational Structure Targets:**
  - ☑ Identify an MD, registered nurse, and administrative leader for each primary care practice site w/adequate access management authority
  - ☑ Develop a clearly identified group practice management structure with a designated group practice manager who reports to executive leadership
- **Process Improvement Targets:**
  - ☑ Patient telephone calls are a) answered promptly and b) routed accurately and appropriately, as judged in terms of patients' clinical needs and preferences.
  - ? Ensure adequate availability of contingency staffing (i.e., planned minimal excess staffing to cover routine absences
  - ? Maximize PC team RNs' ability to prospectively manage demand by leading care coordination for their panels.
  - ? Maximize PC team members' ability to proactively manage demand by optimizing provider visit schedules (e.g., through triage, "scrubbing")

How Does KP's Experience Match (cont)

- **Outcome Targets:**
  - ☑ Assess the quality of the patient's experience of access (i.e., patient-rated access), incorporating in-person and non-face-to-face contacts.
  - ☑ Assess primary care provider and staff morale in relation to access mismatch (e.g., panels exceeding recommended size, team vacancies).

Primary Care Access Management Priorities: Summary

- Broad and ongoing—requires continuous focus
  - Includes impacts of specialty care management
  - Adjusts to changes in context (e.g., expanding or contracting enrollment, providers/staff, local issues)
- Achieving optimal access is a wicked problem—there is no one solution
- Encompass concepts of open access, but go beyond them (e.g., the critical role of telephone management; leadership)

Access Management is a Core Value, and Challenge, for Population-Based Healthcare Systems: For Discussion

Questions or comments?

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