

Established Primary Care Patients' Preferences for Urgent Access and Continuity of Care



Jane Forman, ScD MHS

Implementation Evaluation Lead

PACT Research Inspiring Innovations & Self Management
(PRIISM) Demonstration Laboratory, VISN 11

Ann Arbor VA Center for Clinical Management Research



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Audience Poll Question

What is your role?

- 1) Primary care clinic administrator
- 2) Primary care clinic clinician or staff
- 3) VA researcher
- 4) Non-VA researcher
- 5) Other

Background

- **Two central goals of a patient-centered medical home are increasing timely access to primary care and continuity of care with a usual primary care provider (PCP).**
- **In its medical home initiative, Patient Aligned Care Teams (PACT), the Department of Veterans Affairs (VA) has set key measures for access and continuity.**
 - Same-day requests with the patient's usual PCP (access)
 - The proportion of encounters completed with the patient's usual PCP (continuity)
- **Outside the VA, practice-level evaluation of access and continuity measures are also required, e.g., by the National Committee for Quality Assurance PCMH and Centers for Medicare & Medicaid ACO quality standards.**

Background

- **Although access and continuity measures are built partly on assumptions about patient preferences, little is known about these preferences.**
- **PACT encourages alternatives to in-person visits with a usual PCP, such as telephone care and secure messaging, and visits with RNs. These are not captured by currently emphasized measures.**

Research questions

- **What are the preferences of established patients for where to seek urgent access to care and what factors affect those preferences?**
- **What influences whether patients prioritize continuity with their usual PCP vs. same-day or next-day access to any PCP?**
- **What are patient experiences and opinions about using modes of care and providers of care (e.g., RN) other than in-person visits with their PCP for urgent needs?**

Setting

- **Ann Arbor VAMC
Primary Care Clinic**
- **Serves 21,000 Veterans**
 - 40% increase since 2010



Clinic Structure

- 20 Teamlets, each with 2-3 physicians who share an RN.
- 70 PCPs and Residents = 20 FTEE
 - 60% of PCPs see patients <16 hrs/wk
 - 30 residents see patients 4 hrs/wk
 - Residents care for about 15% of clinic patients
- **Computerized Patient Record System (CPRS) gives all providers access to patient medical records.**

Methods

Participant Inclusion Criteria:

- Same-day visit request in the past 12 months
- At least 2 visits in the past 6 months (at least 1 visit in first cohort)

Data Collection:

- April 2013 to February 2014
- 25 interviews with primary care patients
 - Median age = 68 (range 53 to 85)
 - 23 male, 2 female
 - 20/25 patients reported multiple chronic conditions

Data Analysis:

- Thematic analysis using deductive and inductive coding
- Analysis of the entire data set (=44 interviews) ongoing

Access to same-day in-person care with a physician: Primary care vs. urgent care

- **For conditions that didn't warrant emergency care, almost all patients preferred seeing their usual PCP over going to urgent care.**
- **However, most assumed they could not get a same-day appointment with their usual PCP.**
 - “[primary care doesn't] keep any slots open for emergency I think [but]...I'd rather see my primary care doctor than an urgent care doctor.” (2023)

Assumption based on two main factors

- **Patient's perception that their usual PCP was too busy to see them right away**
 - "...that's a scheduling thing...how many patients a doctor has and how much time they have...that's just simple math." (2013)
- **Having been told by staff to go to urgent care**
 - "...that's the standard procedure because when I call about problems, they tell me to go to urgent care." (2029)

Patient-PCP relationship was a common factor in preference for primary care over urgent care

- “[My usual PCP] knows me very well and knows what medication I’m taking and so for the most part does [my team]...he cares for me...I feel comfortable with him”
(2143)

Calling primary care for advice on where to seek care

- **Some patients said they had called or would call primary care to get advice on where to seek care before making a decision.**
- “The primary care nurses have been very knowledgeable...they’ve got enough smarts to be able to tell me what to do and who to go see.” (2135)

Waiting for usual PCP vs. same-day access to any PCP

- **Patients generally preferred to see their usual PCP for urgent issues related to a chronic condition, but were willing to see any PCP for unrelated urgent issues.**
 - “If it’s something to do with my diabetes, I’m going to my primary care doctor and I’d wait a few days...I’d rather stay on the same path.” (2122)
 - “[If it were for a bad cold]...I would call them up...and ask to see a doctor...I would in that case see another doctor.” (2017)

Waiting for usual PCP vs. same-day access to any PCP

- **If they couldn't see their usual PCP for an urgent concern, some patients had no preference between seeing another PCP in primary care or going to urgent care.**
 - “Well if I couldn't get in [to see my usual PCP] it wouldn't matter [if I saw another doctor in primary care or went to urgent care], as long as I got to see somebody.” (2135)

Waiting for usual PCP vs. same-day access to any PCP

- **The ability of any PCP to have access to patients' medical records through CPRS led some patients to prefer same- or next-day access to any PCP over waiting for their usual PCP.**
 - “I would probably see another doctor [rather than wait for my doctor]...they got a computer there, they know my record and they're good doctors...they will know what the problem is.” (2006)

Modes of care other than in-person visits with a physician to meet urgent needs

- **Phone call to primary care:** “I called because when I’m in severe pain...I can’t just take [more pain medication] because they only give me so much a month...and I’m going to run out...[my PCP] called me back the same day...” (2171)
- **Secure messaging:** “My prescriptions were expiring where I couldn’t get em refilled...I sent the email off to Dr. X...and I got an e-mail...saying it’s been taken care of and I received my prescriptions.” (2013)
- **In-person nurse visit:** “I wouldn’t have a problem seeing a nurse for acute [conditions], you know, bad cold, flu, earache...” (2008)

Conclusions and Recommendations

- **Where established patients choose to seek care for urgent needs may not always be based on preferences, but rather on perceptions of not being able to gain same-day access to primary care.**
- **As clinics make significant changes in clinic processes to increase access, it's important to communicate with patients about the availability of in-person PCP appointments, and new ways to access care.**
- **Clinic triage processes that route patient requests for care based on needs and preferences, and that include a range of care modes are important to providing access.**

Conclusions and Recommendations

- **In constructing access and continuity measures that allow clinics to meet the needs of patients, policy-makers should consider measuring performance at a team or clinic level, rather than an individual PCP level, and including modes of care other than face-to-face visits with PCPs.**
 - Consistent with what VA is doing with PACT.
 - Current measures do not capture alternative modes of care; however, VA is working toward capturing them.
 - Measures should be informed by patients' preferences and clinical needs.

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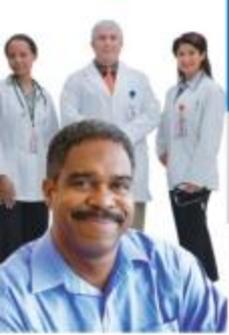
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Questions/Comments?

Contact Information

Jane Forman – jane.forman@va.gov

Thank you!!



Engaging Patients in Care Design

Susan E. Stockdale, Ph.D. (VA)

Dmitry Khodyakov, Ph.D. (RAND)

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Background – V22 Veterans Assessment and Improvement Laboratory (VAIL)

- Efforts to engage Veterans in care design in VAIL demonstration lab
 - Veteran Patient Reps participate in site Quality Councils
 - VAIL VISN 22 Steering Committee includes VISN and med center PCC&CT leads
 - Veteran Patient Reps actively engaged in learning collaborative conferences
 - Formative evaluation results – SHEP OS

Lessons learned from VAIL – generally positive response

- VAIL patient reps provide meaningful input that has impact on care design decisions
- Takes time for patient reps to get oriented, feel comfortable in this role
- Learning curve for clinicians and administrators

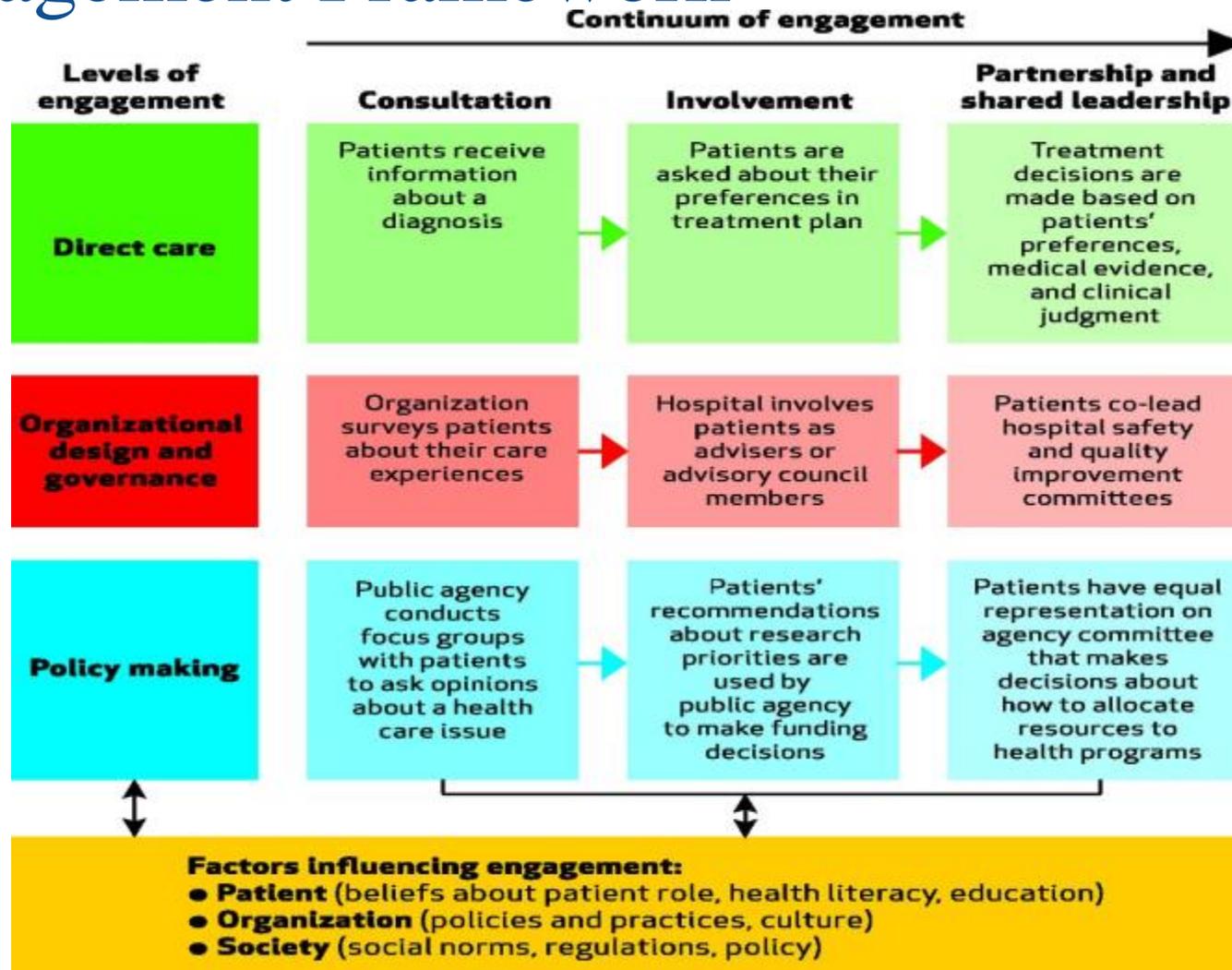
Questions raised by VAIL experience

- How can we systematically incorporate veteran patient feedback into care design decisions?
- What levels of engagement and care decision domains are most appropriate for Veteran patient rep participation?

Poll Question #1

- What type of experiences have you had with engaging veteran patients in care planning and design? (check all that apply)
 - 1. Providing patient with information about a diagnosis during a medical encounter
 - 2. Asking about patient preferences for the treatment plan
 - 3. Working collaboratively with patient on a treatment plan based on the patient's preferences, medical evidence, and clinical judgment
 - 4. Surveying patients about their care experiences (such as SHEP, TruthPoint)
 - 5. Involving patients as advisors or advisory board members on hospital boards/committees
 - 6. Participating in hospital or clinic safety and quality improvement committees co-lead by patients.
 - 7. Conducting focus groups with patients to ask their opinions about a health care issue
 - 8. Making funding decisions about research priorities based on patient recommendations
 - 9. Involving patients as equals on agency committee that makes decisions about allocation of resources among health program
 - 10. None of the above

Engagement Framework





Study Goals

- To apply the engagement framework to learn about feasibility, desirability, and potential impact of different strategies of engaging veterans in care design decisions in VA
- To explore the potential of using online engagement approaches with diverse groups of VA stakeholders as a supplement to traditional, face-to-face engagement strategies

Study Framework

Level of the Healthcare System Where Engagement Takes Place	Patients' Roles			
	Consultation	Implementation Advisor	Partnership and shared decision-making	Patient leadership
Local-level decision-making	Veteran voice is elicited in care design decision at VA outpatient clinics and hospitals	When new models of care are introduced at the local level, patient feedback affects the way these new models are being implemented	When called upon to represent patient interests during local VA quality councils, advisory boards, or other committees charged with improving care, patient representatives are treated as equal partners	Compared with other stakeholders, patients have a stronger voice in the design of VA clinical practice at the local level
Regional and national-level decision-making	Veteran voice is elicited as part of national and regional strategic planning processes	When new policies are introduced at the regional and national levels, patient feedback affects their implementation	Patient representatives are treated as equal partners in VA-wide decision-making processes	Compared with other stakeholders, patients have a more influential voice in the decision-making process at the regional and national levels

Study Methodology

- ~ 100 VA patient advocates and council reps, VA care providers, VISN-level administrators, and national level policy-makers on different approaches to patient engagement in the design of VA care
- Data will be collected using ExpertLens, an online iterative, Delphi-based system of expert elicitation and stakeholder engagement developed by RAND

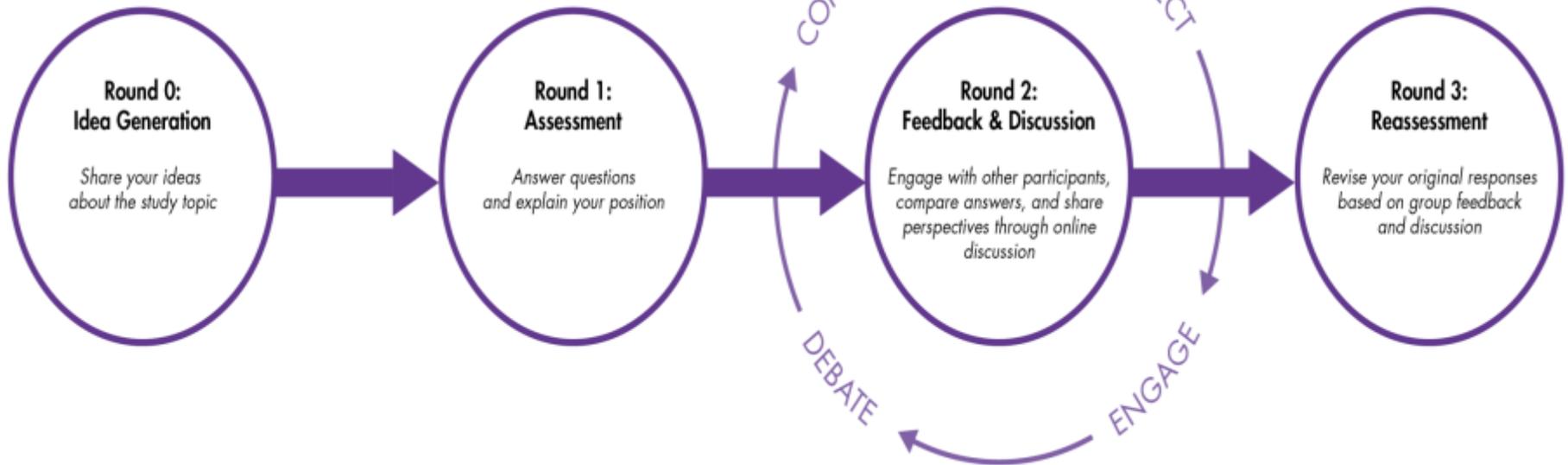
Poll question #2

- How familiar are you with the Delphi method of expert elicitation? (choose only one)
- 1. Very familiar
- 2. Somewhat familiar
- 3. A little familiar
- 4. Not at all familiar

ExpertLens



ExpertLens Process



Round 1

- Using 9-point Likert scales, participants will rate 8 strategies of patient engagement
- Brief description and one example of each strategy will be provided
- Participants will be instructed to think about strategies rather than examples

Round 1 (cont'd)

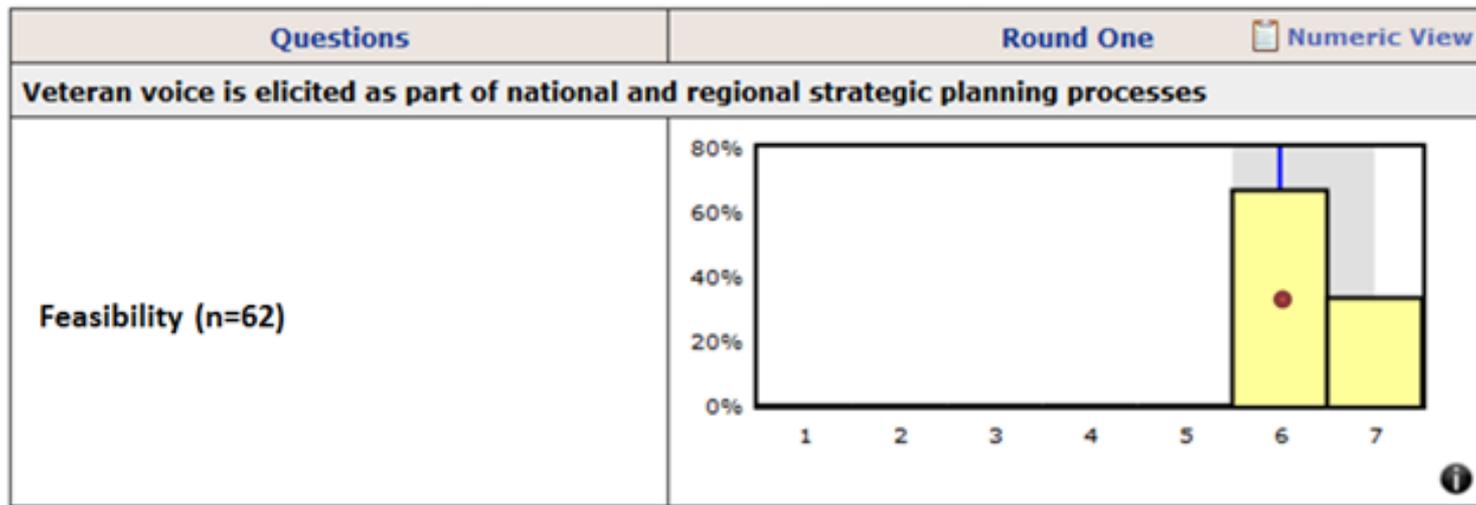
- Engagement strategies will cover different levels of the healthcare system and patient roles:
 - Veteran voice is elicited in care design decision at VA outpatient clinics and hospitals
 - When new policies are introduced at the regional/national levels, patient feedback affects their implementation
 - Compared with other stakeholders, patients have a stronger voice in the design of VA clinical practice at the local level

Round 1 (cont'd)

- Rating scales will include:
 - Feasibility
 - Patient ability
 - Physician/staff willingness
 - Patient-centeredness
 - Impact on healthcare quality
 - Desirability
- Participants will have an opportunity to explain their ratings using open-text boxes

Round 2

- Participants will see how their Round 1 answers compare to those of other participants by looking at:
 - Frequency distributions
 - Median response
 - The range of middle half of all responses
 - Individual response of each participant



Round 2 (cont'd)

- Participants discuss Round 1 responses using online discussion boards:
 - Asynchronous
 - Anonymous
 - Moderated
- Discussion board data help explain why group responses change between rounds

Round 3

- Participants will revise their Round 1 answers in light of Round 2 statistical feedback and discussion
- Participants will participate in an optional survey about their experience using ExpertLens

Data Analysis

- Level of consensus among participants
- Differences between stakeholder groups
- Ranking of patient engagement strategies:
 - Based on each rating criterion
 - Across all rating criteria
 - Within each level engagement
 - On the continuum of engagement
- Satisfaction with the online process

Next Steps

- A study design paper is under review at *Implementation Science*
- Participant recruitment: July 2014
 - If you are interested in participating in this online panel or know someone else who would be, you can register here:

<https://smapp2.rand.org/surv4/TakeSurvey.aspx?SurveyID=m64Hm57>

- Data collection: August-September 2014
- Data analysis: September-December 2014



References

Carman KL, Dardess P, Maurer M, Sofaer S, Adams K, Bechtel C, Sweeney J: **Patient And Family Engagement: A Framework For Understanding The Elements And Developing Interventions And Policies.** *Health Affairs* 2013, **32**:223-231.

Question/Comments

Contact information

Dmitry Khodyakov – dkhodyak@rand.org

Susan Stockdale – susan.stockdale@va.gov

Jane Forman – jane.forman@va.gov

THANK YOU!