

Access and the Patient Centered Medical Home: Of Love and War

Priya Radhakrishnan, MD

“Improving access to care is one of the fundamental building blocks of the patient centered medical home (PCMH). The revised PCMH standards list enhanced access and continuity as the first of the six standards in PCMH recognition to accommodate patient’s needs with access and advice during and after hours, give patients and their families information about their medical home, and provide patients with team-based care.”

Our PCMH journey was very rocky. Our first iteration got blown to smithereens when our hospital announced its purchase of an electronic medical record. None of us ever believed that it would happen—it was something that was always promised “next year” (for the first six years of my job). So when we decided to convert to a PCMH, no one really knew or cared enough to let us know. As a result, we sacrificed a small forest completing our paper application.

Finally we went live and decided—quite like warriors—that we were going to pursue accreditation or go bust, which we nearly did. As a practice in sync with the economic downturn, we suddenly had time to pursue the recognition simply because patients could not afford to come in. If they came to the doctor’s office, most of them would lose their jobs. Our clinic volumes plummeted, and we were once again in quicksand.

As an NCQA practice with limited resources, we have focused on improving access as an important measure of quality. The trouble with access is finding the sweet spot between utilization of existing open slots and blocking slots. We conducted many plan-do-study-act (PDSA) cycles to evaluate our processes, including balancing the impact of physicians who heavily overbooked with those who refused

to add one extra patient to their schedules, thus requiring appointment slots being blocked. Despite the barriers, we eventually arrived at a structure where any patient who called into our practice had the opportunity to see a physician within 48 hours. What was interesting, reflecting back on those times, is the constant state of flux we were in managing many small changes. Minor issues such as shifting schedules to accommodate a physician on sick leave caused massive ripple effects. At the end of the day, open access has come to mean having slots or not.

Once we recovered from the financial downturn and the implementation of our PCMH, we got buried under terabytes of big data. Now we spend our time figuring out what is valuable and what is noise—all in the middle of seeing patients, attending meetings, teaching, seeing patients, and attending yet more meetings.

I often equate transformation with war: The strategies are similar and fall into offensive, defensive, and strategic concepts. As I was writing this article, I came across the Wikipedia article that lists the Principles of War according to the US Army Field Manual 3.0. As I reflected on this information, the parallels to our PCMH recognition process were huge:

1. **Objective:** Direct every military operation toward a clearly defined, decisive, and attainable objective (military). *March steadily toward NCQA standards (PCMH).*
2. **Offensive:** Seize, retain, and exploit the initiative (military). *Seize data by cajoling, then stare blankly at reams of data. Finally seize the systems analyst, and exploit the data sources (PCMH).*
3. **Mass:** Concentrate combat power at the decisive place and

time (military). *Achieve critical mass and then work to maintain commitment (PCMH).*

4. **Economy of Force:** Allocate minimum essential combat power to secondary efforts (military). *Allocate minimum staff for monitoring—never mind that clinics are falling apart (PCMH).*
5. **Maneuver:** Place the enemy in a disadvantageous position through the flexible application of combat power (military). *Consider big data both the friend and enemy (PCMH).*
6. **Unity of Command:** For every objective, ensure unity of effort under one responsible commander (military). *Unite docs, care coordinators, and champions in a single simple refrain—We are the champions today of big data! (PCMH).*
7. **Security:** Never permit the enemy to acquire an unexpected advantage (military). *Embrace the VPN (virtual protected network) and guard against virus intrusion (PCMH).*
8. **Surprise:** Strike the enemy at a time, at a place, or in a manner for which he/she is unprepared (military). *Enjoy the serendipity of stumbling on a success and then ensure that it spreads throughout the system like wild fire (PCMH).*
9. **Simplicity:** Prepare clear, uncomplicated plans and clear, concise orders to ensure thorough understanding (military). *Repeat the mantra of the PDSA over and over and over again (PCMH).*

So you see, PCMH transformation is quite like going to war—with data, with words, sometimes your own colleagues. Did I just say data? Sounds miserable, but I am sitting pretty with the end of the tunnel in sight...buried under big data. **SGIM**