Results for Northwestern Medical Faculty Foundation Division of GIM’s Advanced Access Program
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Physician Practice Connections
Patient-Centered Medical Home

- Access and communication
- Care Management (Continuity of Care)
- Performance Reporting and Improvement (Patient experience)
Access is the biggest source of our patients’ dissatisfaction!

- Successful implementation of Open or Advanced Access with full-time physicians
- Less success with part-time physicians
Office Redesign

- Physicians were grouped in teams of 4-6 (2 FTE’s)
- Teams with same triage nurses
- Same geographical area
- 2 physicians available per team per day
Office Redesign (continued)

- Diverse interests on a team
- 3rd available return appointment data given 1 month prior to backlog reduction
<table>
<thead>
<tr>
<th>MD</th>
<th>DATE OF 3RD AVAILABLE RET APPT</th>
<th># OF WKDAYS BEFORE 3RD AVAIL RET APPT</th>
<th># OF RET APPTS ON 3RD AVAIL DATE</th>
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<tbody>
<tr>
<td>BLUE TEAM</td>
<td></td>
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<tr>
<td>Au</td>
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</table>
Metrics to access impact of Advance Access

- 3rd available appointment.
- Patient Satisfaction (NRC Data)
- Staff Satisfaction
- Charges and Encounters
- Work RVUs
- Billing Profile
Implementing Advanced Access

- 7 unique teams were selected.
- The first teams were volunteers, later teams were recruited.
Pilot Team (4 Physicians)

- Started Advanced Access in May of 2006.
- Added on sessions and stopped taking new patients.
- Within a few weeks, 1 physician began accepting new patients.
- Within 2 months another physician opened to new patients.
- 2 physicians still with closed practices.
Lessons Learned from Pilot Team

- Communicate about vacations
- Number of new patients unchanged
- Physicians with closed practices continued to see direct referrals and family members of patients.
Next Teams

- Rolled out every 1-2 months.
- Final team started working down backlog by January 1, 2007.
Initial Problems

- Physician flexibility with schedules
- Teams could not cover all days.
- Triage nurses reassigned
- Physicians moved to different geographical areas.
Access

- 3rd available appointment improved from 14 days to under 6 days.
Changes in 3rd Available Return Appointment:
Patient Satisfaction

- Patient Satisfaction from 2006 to 2007 improved across all metrics.
- Improvements maintained in 2008
Changes in Patient Satisfaction: NRC Data
Staff Satisfaction Questionnaire

- Survey administered before and after implementation
- 7 questions based on a Likert scale (0-5)
- Clinical and non-clinical staff
Questions for the Survey

1. Stress levels
2. Morale
3. Good place to work
4. Coworkers approachable
5. Coworkers courteous
6. Coworkers cooperative
7. Recommend for care
Staff Satisfaction Improved
Productivity Increased!

<table>
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<td>Revenues</td>
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Changes in Billing Profile

- Return Visits
  - 99214 increased by 4%
  - 99212-99213 decreased by 4%
Changes in Billing Profile for Return Patients:
Compensation was Changed to Reward Improved Access

- 25% of total clinical compensation at risk
  - 15% Productivity
  - 5% Citizenship
  - 5% Access

- In FY2008, faculty were paid anywhere from 0-$10,000 based on 3rd Available appointments.
Next Steps

- Measure Continuity Index
- Measure 3rd available appointment by team
- Consider quarterly bonus by team
- Align triage nurse incentives with team’s 3rd available visit.