

# Evidence Summary: Enhanced Access

## Impact of access improvement interventions

Strategies focused on clinics or providers improving timely access to care are associated with many positive outcomes. These impacts are demonstrated in both primary and specialty care, unless otherwise specified.

### Wait time reduction:

- Access improvement is associated with a reduction in wait times for appointments<sup>1,2</sup>
- A systematic review of 11 studies found a mean reduction in wait times of 11.3 days.<sup>1</sup>

### Reduction in missed appointments:

- A systematic review of 4 studies found no-show rates decreased after the implementation of access improvement strategies, with a mean reduction in no-show rates of 2.78%.<sup>1</sup>
- One review found no-show rates improved only in practices with baseline no-show rates greater than 15%.<sup>1</sup>

### Impact on continuity of care:

- Improving access to a person's regular primary care physician has been shown to improve relational continuity<sup>3,4</sup>
- A recent Alberta study found for primary care physicians with improved access, physician continuity was also improved by 6.8% per year, and discontinuity was reduced by 2.1% per year.<sup>3</sup>

### Impact on utilization:













- Working on improving timely access to care is associated with reduced use of:
  - urgent care<sup>5,6</sup>
  - emergency room care<sup>7-10</sup>
  - walk-in clinics.<sup>11</sup>
- A recent Alberta study found primary care physicians with worsening access had patients with increased emergency department encounters compared to those with stable access.<sup>3</sup>

### Impact on revenue:

- Improving access to appointments led to a 7% increase in revenue in one study<sup>7</sup>

## Best practices for improving access to care

Strategies associated with improved access to care. These impacts are demonstrated in both primary and specialty care, unless otherwise specified.

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**Open access scheduling** - short appointment slots usually available on the same day a patient calls, is the most commonly used intervention to reduce wait times for primary care appointments. A systematic review of 11 studies found open access scheduling results in reduced wait times in primary care.<sup>1</sup>
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**Team-based care** - when care is shared with nurses, nurse practitioners and other health care team members, access is improved.<sup>1,12</sup>
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**Virtual visits** - when compared to usual face-to-face care, can lead to improved access to care and decreased wait times, especially for patients in rural areas.<sup>1,13-18</sup>
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**Alternative payment models** - support implementation, but evidence from Ontario indicates these do not work alone to improve access.<sup>19,20</sup>
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**Patient's medical home model** - positively associated with improved access for patients.<sup>23,24</sup>
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**Buy-in and support from leadership** - important for the success of access improvement efforts.<sup>25-27</sup>
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**Expertise and external supports** –access improvement requires access to expertise & **external supports.**<sup>27</sup>
- 
**Utilizing the provider's electronic medical record** is required to successfully implement & track progress.<sup>27</sup>
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**Max-packing** - a method of maximizing patient visit efficiency by performing additional tasks during a medical visit, is a good option to consider.
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 Max packing works best when the schedule is on time or ahead due to cancellations, no-shows or unexpectedly short visits.<sup>28</sup>
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**Extending return visit interval** - helps free up time from the primary care provider's schedule.
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 Research has shown follow-ups with patients who have well controlled diabetes can be less often.<sup>29,30</sup>

- Providers should be sure to not extend the return interval so long as to cause a no-show.<sup>31</sup>



### **Addressing key factors resulting in no-shows is likely to have an impact**

- The most common reasons for no-show are:
  - high lead time before the appointment date
  - forgetting the appointment
  - feeling too sick to attend
  - transportation issues
  - inconvenient timing
  - lack of confirmation
  - resolved issues
  - work obligations. <sup>32-34</sup>
- Patient characteristics more frequently associated with no-show behaviour include:
  - adults of younger age
  - lower socioeconomic status
  - place of residence is distant from the clinic. <sup>32-34</sup>



**Appointment reminders** - proven to reduce no shows.<sup>35-38</sup>



**Web-based appointment systems and patient portals** - reduce no-show rates.<sup>39,40</sup>



**Legislative** approaches such as Bill 20 in Quebec are not effective and can threaten the sustainability of achievements and attractiveness of family practice for medical graduates.<sup>21</sup>



**Access approaches not connected to the medical home** such as urgent care centres or outsourced virtual visits can negatively impact continuity of care, preventative services and ongoing management of chronic conditions.<sup>22</sup>

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