Access to Continuity for Primary Care

ALBERTA MEDICAL ASSOCIATION | ACTT Accelerating Change Transformation Team

Purpose

To assist patient's medical homes to optimize access processes, so patients can receive care when they want or need it.

Outcome Measure

Each primary care physician and team have high relational continuity (≥80%) & low TNA (≤1 day)

Prerequisite Tools

- Access to Continuity Trail Map

Aim Statement

By x date, patient continuity to the primary care physician and team is greater than 80% and patients can be offered a same or next day appointment for any primary care related need as measured by Third Next Available Appointment (TNA)(TNA ≤1).

Balancing Measure

Physician and patient satisfaction (goal: maintained or improved)

Prerequisite Change Packages

- Panel Processes Change Package

Search our collection of premium tools in AMA's Resource Centre.

High Impact Changes	Potentially Better Practices (PBPs)	Process Measures	Searchable Tools
1. Improve the patient experience	1.1 Establish an interdisciplinary improvement team and consider including a patient with lived experience	Regularly scheduled team meetings	• Sequence to Achieve Change Workbook template • Sequence to Achieve Change Sample • Patient Partner Guide
	1.2 Commit to access to continuity as a team	Have met as a team to discuss the benefits of improved access	• Access literature summary • Access to Continuity Infographic
2. Know your paneled patients	2.1 Review the physician's panel and how patients access primary care inside and outside of the practice.	Review CII/CPAR portal: • # of patients on panel • % of patients in conflict Review HQCA report: • Average annual visits for panel • Average physician continuity over time	• HQCA Primary Healthcare Panel Report Online Request Form • Understanding HQCA Continuity Data Online Module

High Impact Changes	Potentially Better Practices (PBPs)	Process Measures	Searchable Tools
2. Know your paneled patients (cont.)	2.2 Assess the balance of supply and demand for appointments by provider to identify key improvement strategies	• Third Next Available Appointment • Panel Size • Supply • Demand	• Ideal Panel Size Worksheet • A2C EMR Guides (future) • DSA Data Tracker
3. Coordinate care in the medical home by enhancing team-based care	3.1 Establish clear roles and responsibilities for clinic processes & enable all team members to work to full scope	Roles & responsibilities guide completed	• Roles and Responsibilities Guide • Introductions with Intention • Team Huddles Guide • Process Mapping Guide
4. Manage demand for care	4.1 Identify strategies to reduce the return visit rate	Return visit rate	• Max Packing • Strategies to Reduce Demand for Appointments
	4.2 Select the optimal care delivery method for patient needs	# of non-face-to-face appointments	• CMA Virtual Care Playbook • ACTT Virtual Appointment Guide • Prenatal Care Case study
5. Optimize supply	5.1 Simplify appointment types and times and avoid carve-outs and other scheduling restrictions	# of appointment types	• A2C EMR Guides (future) • Avoiding “Carve-Outs”
	5.2 Develop procedures to manage variation in supply and demand.	Third Next Available Appointment	• Post Vacation Scheduling • Shaping Supply & Demand Case Study
	5.3 Schedule patients to maximize continuity	Internal continuity	• The Hierarchy of Booking
	5.4 Synchronize elements of the appointment & optimize the clinic environment	Cycle time # of interruptions	• Cycle Time Tracker • Synchronization Tool • Clinic Walk Through Tool
	5.5 Address factors contributing to no-show rate	% no-shows	• Improving No-Shows
6. Address Backlog	6.1 Assess backlog and develop a plan to address unplanned backlog	# of backlogged appointments	• Backlog Reduction Tool

Continued over

High Impact Changes	Potentially Better Practices (PBPs)	Process Measures	Searchable Tools
7. Coordinate care in the health neighbourhood	7.1 Establish processes that facilitate effective transitions of care	A process is documented for offering and managing follow up care	• Home to Hospital to Home Change Package • Collaborative Care Agreements