

Toward a Strategy of Patient-Centered Access to Primary Care

Leonard L. Berry, PhD; Dan Beckham, MBA; Amy Dettman, RN, MBA;
and Robert Mead, MD

Abstract

Patient-centered access (PCA) to primary care services is rapidly becoming an imperative for efficiently delivering high-quality health care to patients. To enhance their PCA-related efforts, some medical practices and health systems have begun to use various tactics, including team-based care, satellite clinics, same-day and group appointments, greater use of physician assistants and nurse practitioners, and remote access to health services. However, few organizations are addressing the PCA imperative comprehensively by integrating these various tactics to develop an overall PCA management strategy. Successful integration means taking into account the changing competitive and reimbursement landscape in primary care, conducting an evidence-based assessment of the barriers and benefits of PCA implementation, and attending to the particular needs of the institution engaged in this important effort. This article provides a blueprint for creating a multifaceted but coordinated PCA strategy—one aimed squarely at making patient access a centerpiece of how health care is delivered. The case of a Wisconsin-based health system is used as an illustrative example of how other institutions might begin to conceive their fledgling PCA strategies without proposing it as a one-size-fits-all model.

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From the Department of Marketing, Mays Business School, Texas A&M University, College Station, TX (L.L.B.); The Beckham Company, Bluffton, SC (D.B.); and Physician Division (A.D.), and Bellin Medical Group (R.M.), Bellin Health, Green Bay, WI.

A primary care practice that wants to deliver health care effectively must interact with patients where, when, and how they want to be served. *Patient-centered access* (PCA), or consistently providing convenient access to services that patients need and desire, is becoming a priority for medical practices, many of which are adopting useful tactics to achieve this goal. These practices include, but are not limited to, operating urgent care, retail, and employer-based clinics; offering same-day and group appointments to patients; deploying physician assistants (PAs) and nurse practitioners (NPs) on the front lines of care; and enabling patients to access health services remotely. All these tactics enhance PCA, but none of them alone—nor even all of them put together—is enough. Achieving the goal of PCA—improving clinical quality and efficiency while reducing the time, effort, emotional burden, and expense that patients incur in obtaining care—requires a comprehensive management strategy that attends to the uniqueness of the health care setting and to the needs and expectations of the patients. This article articulates a multifaceted but coordinated strategy of PCA and provides a basic

blueprint for implementing it using various tactics.

COMPETING ON CONVENIENCE

To create a viable PCA strategy, one must account for several market dynamics. The first is *intertype competition*, or competition for the same customers by dissimilar competitors. One of the most common ways that intertype competitors distinguish themselves from existing organizations is in how they change customers' expectations of convenience. For example, consumers now expect virtually any business to offer online access to its services; businesses that do not offer such access have trouble competing for customers.

In primary care medicine, competing for patients on the basis of convenience may seem an unlikely concern given the predicted shortages of primary care physicians (PCPs), expected increases in health care utilization related to the Affordable Care Act, and the aging of the US population.¹⁻⁶ However, intertype competitors already handle a growing share of the estimated 50 million low-acuity patient visits annually.⁷ For example, more than 8000 *urgent care clinics* in the United States offer extended walk-in

hours, a physician presence, and many testing services.^{7,8} More than 1400 *retail clinics* (in supermarkets, drug and discount stores, and airports), typically staffed by NPs and PAs, treat a defined set of low-acuity conditions and offer immunizations, basic screenings, and other services. Retail clinics are predicted to more than double in number by 2015.⁹ *Employer-based clinics*, often staffed by clinicians from external contractors, are now operated by about a third of US companies that have more than 500 workers in 1 location.⁷ Increasingly, urgent care, retail, and employer-based clinics are owned by physician groups or health systems. Finally, *telephone visit* (eg, Teladoc) and *electronic visit* (eg, Consult A Doctor and American Well) competitors are making inroads. During an e-visit, for example, a patient logs into a Web portal to communicate in real time with a doctor or NP who can prescribe medications electronically.⁷

Any strategy for pursuing PCA in primary care must focus on the importance of intertype competition and patients' rising expectations of convenience. Maintaining the status quo increases vulnerability and overlooks opportunity in the new competitive environment. The first step in moving forward is to understand the basic structure and pillars of a PCA strategy.

THE BUILDING BLOCKS OF PCA

The fundamental mission of PCA is to provide timely, high-quality care, irrespective of whether an in-person encounter is required. The aim is to assist patients with a comprehensive range of health needs by coordinating care among multiple clinicians, each performing tasks aligned with his or her training.¹⁰⁻¹³ Information technology plays a pivotal role in facilitating

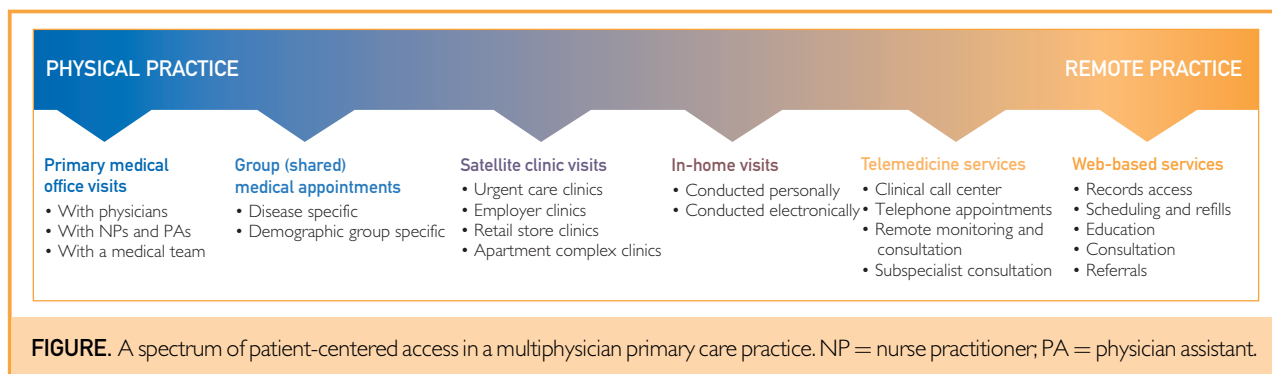
communication among staff and with patients, in managing medical records and allowing patients to retrieve information from them, in coordinating care plans, and in giving clinicians quick access to evidence-based clinical protocols.

The Figure illustrates a possible PCA strategy for a multiphysician primary care practice. The spectrum of access choices accounts for the heterogeneity of the needs and preferences of the served patients by offering them multiple paths to receiving care. Impediments—system-related factors such as inability to schedule timely appointments, patient-related factors such as patients' work schedules,¹⁴ and locational factors such as those related to transportation—can be minimized through intelligent, deliberate execution of a PCA strategy.

Executing a PCA Strategy

The labor, knowledge, skill, and time intensiveness of health care service all represent challenges to improving productivity.⁸ The traditional office visit works well for patients who can wait for an available in-person appointment and whose medical issues can be addressed effectively in the time allotted. Although research establishes that most patients would rather see their existing primary physician than someone new,¹⁵⁻¹⁷ the growth of intertype competition in primary care clearly exhibits the willingness of many patients to trade-off continuity of care for better access.^{7,18} Modernizing how patients access care (see the Figure) can help physicians' practices compete for patients in this evolving environment. Let us explore the components.

Team-Based Primary Care. A team-based approach enables physicians and nonphysicians



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