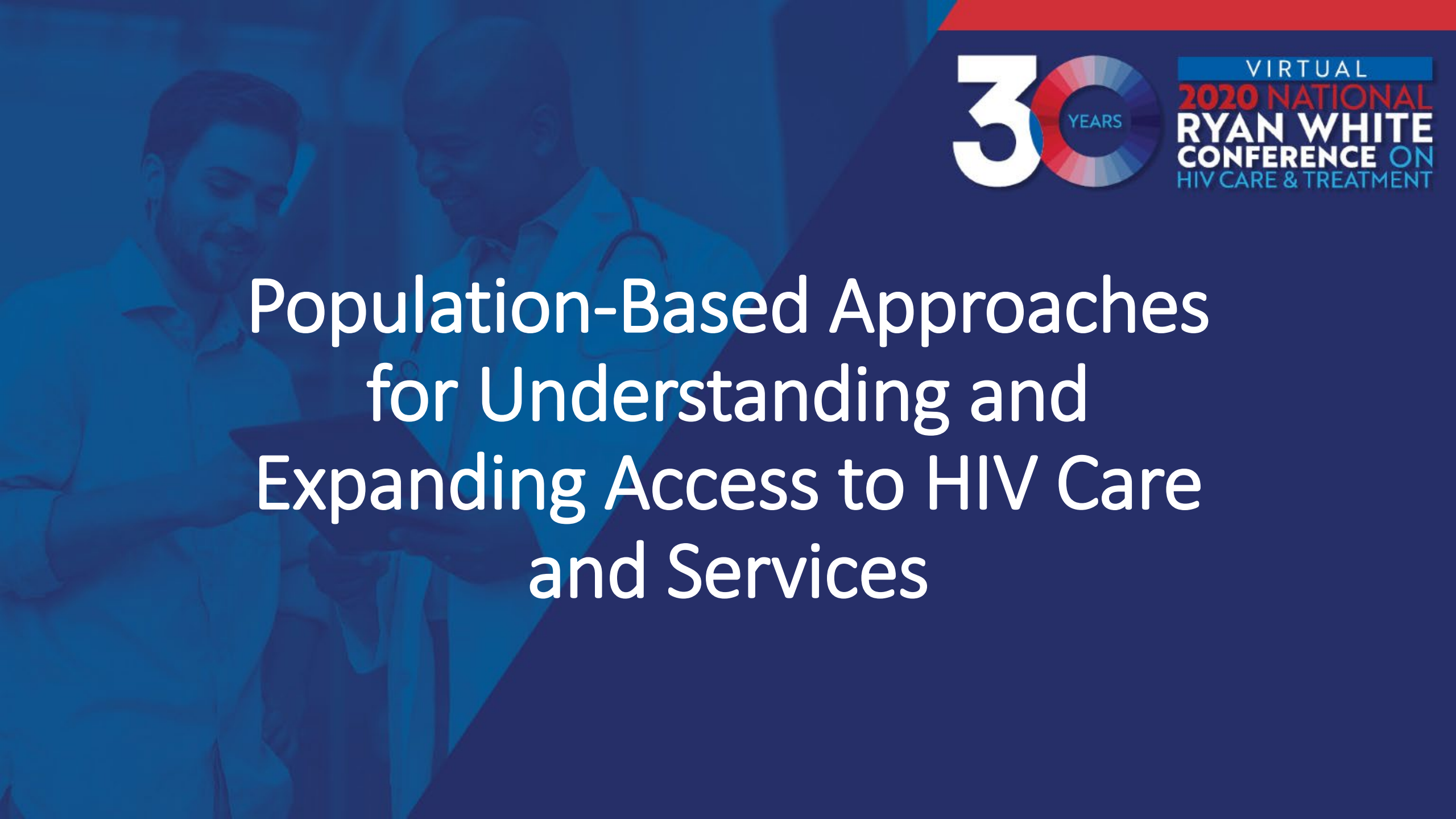


VIRTUAL
2020 NATIONAL RYAN WHITE CONFERENCE ON HIV CARE & TREATMENT

# Population-Based Approaches for Understanding and Expanding Access to HIV Care and Services

# About PCDC



Primary Care Development Corporation (PCDC) is a national nonprofit organization and a community development financial institution catalyzing excellence in primary care through strategic community investment, capacity building, and policy initiatives to achieve health equity.

# Performance Improvement

PCDC's Performance Improvement Practice partners with providers to help them understand their opportunities and challenges and develop customized strategies to achieve practice goals and sustain improvements.

# Learning Objectives

- Provide an overview of key healthcare access measures
- Describe methods of measuring patient demand for HIV care and services
- Examine next steps for expanding HIV care and supportive services at your practice

# What is access to healthcare?

- Access refers to the ability to obtain necessary care when it is needed by the patient.
  - Ability to receive timely appointment/access, and
  - Receive comprehensive, efficient care while visiting service providers

- Focus of patient centered care model

- Benefits:
  - Enhances patient satisfaction
  - Builds effective patient engagement
  - Reduces ED/hospital visits

# How is healthcare access measured?

- Interaction of demand and capacity
- Healthcare access measures
- Patient experience data

# Demand in Healthcare



- Reflects **need for service** by a panel of patients for
  - Clinical care, referrals, advice, condition monitoring
  - Prescriptions, forms and results
  - Self-management support, education

- Two types of demand:
  - **External**: from patients directly, or referral sources on behalf of patients
  - **Internal**: generated by provider-directed return visits to the clinic or health center.

# Capacity in Healthcare

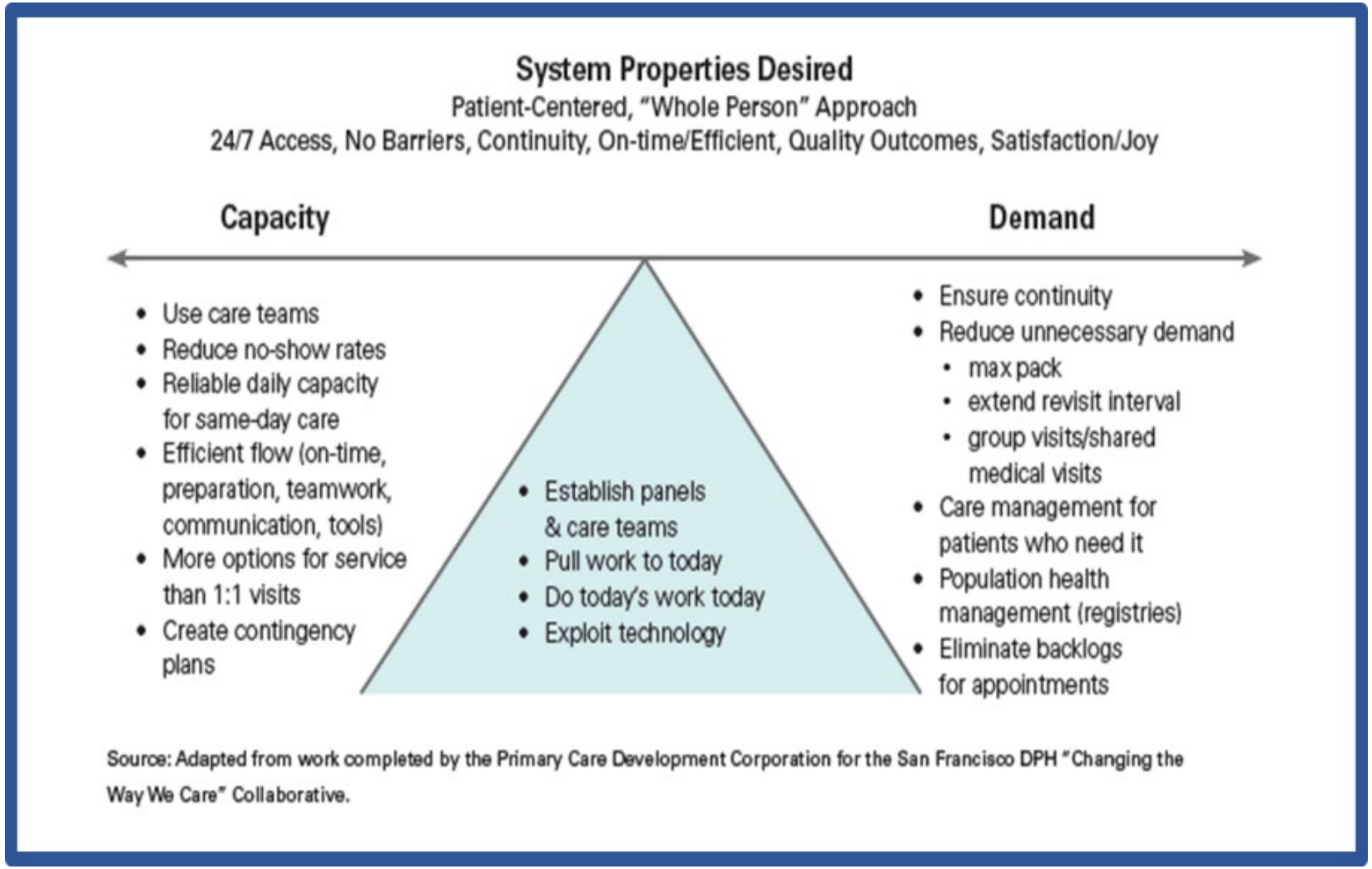


- Reflects your ability to **accommodate the demand for needed services** for a panel of patients

- Factors that influence your capacity:
  - Appropriately triaging and matching time slots to appointment types (for practices that set appointments)
  - Distribution of work among the care team to ensure each staff member is working to the top of his or her position/license (clinical care, advice, prescription refills, assessment, triaging/referrals/connection to care, education/risk and harm reduction, self-management support, etc.)
  - Provision of culturally competent care in alternative ways (phone, electronic communication, group visits, etc.)

# System Properties Desired





# Key Access Measures

- Appointment Availability
  - Third Next Available Appointment (TNAA)
  - Same Day Availability (SDA)
  - Same Day Utilization
- Cycle Time
- No Show Rate (NSR)
- Provider Capacity Utilized

# Appointment Availability



- Managing Walk-In Patients
  - **GOAL**: engage and retain patients that need HIV services
  - Schedule design depends on the balance of capacity and demand
    - Options include:
      - No appointments booked….all walk-in
      - Specific slots available for walk-in
      - Designated walk-in hours
        (e.g. Walk-in hours between 10-11 am, and 3-4pm)
      - Extended hour appointment availability on evenings and weekends

# Third Next Available Appointment (TNAA)



- # of days from the initial appointment request to the third available appointment on the schedule

**What we want to learn:**

- What is our true appointment availability?

**GOAL**: 0-3 days for 1 FTE equivalent

# Same Day Appointment Availability



**What we want to learn:**

- How many appointment slots are actively reserved for same day use?
- How many patients that request to be seen today are actually seen the same day?
- Is there a way we can better accommodate our same day demand?

**GOAL** = up to 30% of schedule reserved for same day appointment demand

# Same Day Appointment Availability



$$\frac{\text{\# of appointment slots available at the beginning of the day}}{\text{\# of appointment slots each day}}$$

# Same Day Appointment Utilization



$$\frac{\text{\# of same day visits seen}}{\text{\# of patients seen}}$$

# Cycle Time

Time patient was at the practice from initial arrival time to the time the patient left the building

**What we want to learn:**

- How much time does the patient spend in our office?
  - *Consider possibility patient was seen my multiple providers during a single office visit (e.g., nutrition, case manager, physician to address multiple components of HIV care)
- What are our points of inefficiency?

**GOAL** = varies according to the appointment type and needs of the patients; establish a goal for each appointment type

# No Show Rate



$$\frac{\text{\# of patients that do not show for their appointment}}{\text{\# of scheduled appointments}}$$

**What we want to learn:**

- How frequently do patients not show for their appointments?

**GOAL =** no more than 20% of scheduled appointments

# Provider Capacity Utilized



$$\frac{\text{\# of actualized patient visits}}{\text{\# of available appointment slots on the schedule for the same period of time}}$$

**What we want to learn:**

- How many appointments did the provider see relative to his/her availability?

**GOAL =** 90% of provider's appointment capacity is utilized

# Access and Patient Experience



- Access to care questions encompass key portion of nationally recognized patient experience surveys:
  - Consumer Assessment of Healthcare Providers and Systems (CAHPS)

- Include questions that address access experience via qualitative and quantitative analysis

# Quantitative Experience Questions

- From CG CAHPS (CAHPS Clinician & Group Patient-Centered Medical Home Survey 2.0)

**Example:**

- In the last 12 months, how many days did you usually have to wait for an appointment when you needed care right away?
  - Same day (0 days)
  - 1 day
  - 2 to 3 days
  - 4 to 7 days
  - More than 7 days

# Demand for HIV Services

- **Methods for Measuring Demand:**
  - Electronic:
    - Billing data include HIV Codes
    - Visit data (e.g.. visit type or condition)
  - Manual:
    - Demand study – demand for services through all methods (i.e.. requests by phone, walk-in)

# Outpatient Ambulatory Health Services (OAHS)



- Use Third Next Available Appointment (TNAA) to measure specific demand for OAHS care
  - Consider measuring different appointment types (OAHS initial visits, follow up appointments, same day appointments).
  - **Performance Measure**: Waiting time for initial access to outpatient/ambulatory medical care
    - Description: % of RWHAP-funded outpatient/ambulatory care organizations in the system/network with a waiting time of 15 or fewer business days for a RWHAP-eligible patient to receive an appt to enroll in medical care.
      - Numerator: # of RWHAP-funded outpatient/ambulatory medical care organizations in the system/network with a waiting time of 15 or fewer business days for a Ryan White Program-eligible patient to receive an appointment to enroll in outpatient/ambulatory medical care.
      - Denominator: # of RWHAP-funded outpatient/ambulatory medical care organizations in the system/network at a specific point in time in the measurement year.

# Waiting Time for Initial Access to Medical Care



# of RWHAP-funded outpatient/ambulatory medical care organizations in the system/network with a waiting time of 15 or fewer business days for a Ryan White Program- eligible patient to receive an appointment to enroll in outpatient/ ambulatory medical care.

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# of RWHAP-funded outpatient/ambulatory medical care organizations in the system/network at a specific point in time in the measurement year.

## Outpatient/ Ambulatory Health Services Performance Measure:

- Waiting time for initial access to outpatient/ambulatory medical care

# Meeting the Access Demands of Your Patients



- Consider the time of day:
  - Add appointments outside regular business hours
- Consider alternatives types of encounters:
  - Remote access:
    - Use of patient portals
    - Telemedicine

# Presenters

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# THANK YOU