Dimension: Substance Use

This Interventions Links to the Following Secondary Drivers:

- Client-centered and client-driven support systems in place to provide individual and peer-to-peer group support
- Strategies to address additional barriers, such as food security, legal support, etc.
- Customized care plan for all clients experiencing substance use issues and are virally unsuppressed

Level of Evidence: Good idea worthy of testing

Walk-In Availability and Open Access to Care

Summary:

Walk-in availability of and open access to Ryan White HIV/AIDS Program-funded clinics allow clients to come for services at a time that is convenient for them and be seen by appropriate providers within a reasonable period during normal business hours.

Core Components

Walk-in availability and open access are often cited as powerful strategies for reducing barriers to care and retention to care. But little has been written to help guide busy Ryan White HIV/AIDS Program-funded clinics to implement these and similar practices. An effective walk-in availability and open access strategy would like include the following:

- Regular communication with patients about walk-in availability and open access options (including explicit mention of these during each visit and in written communications)
- Setting an aim for being able to see any/all walk-in patients within 30 minutes of arrival using an operational definition of being seen by a member of the clinic's care team within 30 minutes of a patient signing in.
- Developing workflows, systems and processes to see walk-in patients within 30 minutes of arrival:
  - Continually understanding the characteristics of walk-in patients to better meet their needs and preferences.
  - Continually understanding walk-in numbers at the clinic (this can be done by plotting the daily number of walk-ins to the clinic and then finding the median, high and low numbers of walk-ins over the previous 2-4 week period)
  - Continually understanding the "surge" times for walk-in clinics (this can be done by plotting the times of walk-ins to the clinic and then finding peak and low times for walk-ins over the previous 2-4 week period)
  - Designing a system with patients and front-line staff to accommodate the anticipated number of walk-in patients including during "surge" times
    - Developing and continually refining the theory for how the clinic can accommodate

> walk-ins in the form of a Driver Diagram
> - Developing a workflow (including staff roles/responsibilities) that aligns with the aim, driver diagrams anticipated number of walk-ins and surge times
> - Ensuring that all staff understand the current workflow, systems and processes for achieving the goal of seeing all walk-ins within 20 minutes of arrival
> - Putting in place a system that any staff can use to call for additional support if they are having trouble meeting the walk-in aim
> - Using continuous improvement methods to track progress toward achieving the aim, using data to improve the processes and continually updating the system based on changes to walk-in data and/or surge times.

Tips and Tricks:

- Implementing an effective and efficient walk-in availability system takes time, testing and refining before going to scale, using continuous improvement methods.
- Keeping a work board up at the clinic that monitors the "wait time" for the previous day and run charts for the current period can be useful and, if done correctly, motivating to clinic staff.
- The **Max Clinic** in Seattle, Washington[11] offered walk-in access to primary care five afternoons per week and walk-in access to case management services 5 full days a week

Additional Resources (Existing Guides, Case Studies, etc.):

- To come as resources become available

Suggested Measures:

Process Measures

- % of walk-in patients seen within 20 minutes (using the operational definition)

Outcome Measures

- % of walk-in patients that achieve viral suppression within 4 months (percentage of patients with a HIV viral load less than 200 copies/ml at last viral load test during the measurement year)

Balancing Measure

- Comparison of wait times for scheduled patient visits and walk-ins

---

[11] Dombrowski, J. C., Ramchandani, M., Dhanireddy, S., Harrington, R. D., Moore, A., & Golden, M. R. (2018). The Max Clinic: Medical Care Designed to Engage the Hardest-to-Reach Persons Living with HIV in Seattle and King County, Washington. *AIDS patient care and STDs*, *32*(4), 149–156. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5905858/

Citations and Acknowledgements:

Dombrowski, J. C., Ramchandani, M., Dhanireddy, S., Harrington, R. D., Moore, A., & Golden, M. R. (2018). The Max Clinic: Medical Care Designed to Engage the Hardest-to-Reach Persons Living with HIV in Seattle and King County, Washington. *AIDS patient care and STDs*, *32*(4), 149–156. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5905858/