

It doesn't make a difference if we provide exceptional care for our patients if the patient can't get into the clinic when they are in need of care.

Carolyn Shepherd, M.D., Clinica

Virginia Garcia currently faces a challenging backlog of 9,000 CCO assigned Oregon Health Plan (OHP) patients to be established. Moreover, with the Affordable Care Act (ACA), there are additional unassigned patients with OHP coverage who are also requesting care. There is an urgent need to get newly assigned patients into primary care to provide high quality care within affordable costs.

VG's standard was a 40% carve-out model before Advanced Access was begun, characterized by:

- Resistance to seeing new patients
- No space for follow-up appointments
- Frequent patient reschedules
- Appointments held in anticipation of same day urgent demand, requiring patients to call back daily in the morning to try to get a slot.
- "Supply" shortage to meet "demand" growth projections
- Concern that panels were not balanced
- Difficult to measure true demand for services
- Dropped call rate was up to 26% and patients complained of being on hold for long periods of time, resulting in an increased number of patient walk-ins.

CARVE OUT MODEL	ADVANCED ACCESS
<ul style="list-style-type: none">• Increases delays in providing care• Increases backlog by pushing care out to tomorrow• Increases no show rates• Patients are less apt to see their own PCP resulting in less efficient and effective care	<ul style="list-style-type: none">• Reduces wait times for patients to receive care• Reduces no show rates• Allows patients to see their PCP, resulting in more effective and efficient care• Decreases demand for appointments by providing patients with what they need/want and therefore increase future capacity/ open appointments.

RN Visits

RNs play a critical role in the implementation and success of Advanced Access. In order to establish care for the 9,000 new patients that have been assigned to VGMHC we need to utilize all of our resources and talent. We decided to train our registered nurses to work at the top of their licenses by seeing patients under standard protocols. RN visits allow patients another option to receive care. In addition to benefits for patients, RNs report better job satisfaction because they are empowered to care for patients in hands on manner.

In 2014 we implemented RN visits. RNs were trained on 9 standard protocols:

- Uncomplicated urinary tract infection
 - Uncomplicated urinary tract infection
 - Conjunctivitis
 - Pharyngitis
 - Upper respiratory infection
 - Head lice
- Oral thrush
- Diaper rash
- Emergency contraception
- Otitis media

To complete the RN training, we hired a “swarm” of FNPs to complete didactic and hands on skills training. The Swarm team pulled RNs into patient visits who fell under the standard protocols for hands on learning. They also helped manage RN in baskets when the RNs were observed interacting and assessing patients while applying their newly acquired knowledge. Before seeing patients on their own for protocol visits, the RNs were assessed on competency. In addition to training RNs on protocol visits, the Swarm FNPs help reduce backlog of patient appointments. This will make it possible for the team to see patients when they want and need to be seen.