Change Package: Providing Access and Continuity

Purpose:
Provide and balance access and continuity, while ensuring a high level of care.

Aim Statement:
This clinic by <date> , third next available appt. for any primary care related need has improved by 50%

Outcome Measure:
The average number of days to the third next available appointment will decrease by 50%

Balancing Measure:
Continuity rate to provider and team
Impacts on provider and team → burnout does not increase, activity level is manageable

Process Measures:
Demand for appointments
Available supply

Why is providing access and continuity important?

Providing timely access to care and ensuring continuity with a trusted primary care team are core elements of the Health Home model, essential to achieving high-quality, patient-centred care.

This change package is part of New Brunswick Medical Society's (NBMS) broader strategy to support primary care physicians, nurse practitioners and teams to implement a Health Home model that aligns with College of Family Physicians of Canada's Patient's Medical Home vision.1

Improving access and continuity enables patients to reliably receive care when they need it from providers who know them, leading to better health outcomes, improved patient experience, and more effective use of health system resources. This change package supports teams in making these improvements, enhancing provider satisfaction, strengthening relationships, and enabling comprehensive and coordinated care.

To ensure access improvements are effective and sustainable, it is critical to first understand and define your patient panel. Practices that have not yet completed this work are encouraged to begin with the *Implementing Panel Processes Change Package* to establish a strong foundation for access improvements.

Using this change package:

This change package contains links to documents on the NBMS Practice Support Program website and is intended to be used by primary care practice teams with guidance and support by a practice facilitator. NBMS practice support can be reached at: practicesupport@nbms.nb.ca.

The change package is to be used with the Sequence to Achieve Change (STAC) quality improvement framework and supports clinics to provide access and continuity through the high-impact changes of:

- Collect and track key access measures at appropriate intervals to assess current state and impact of tests of change
- Reduce patient demand for care
- Proactively manage variations in demand
- Proactively manage variations in supply
- Increase provider and team supply
- Reduce backlog to resynchronize for access and continuity

Overarching Tools

- Sequence to Achieve Change (STAC)
- What's In It For You? Access and Continuity
- Example QI Plan and PDSA Cycles

Providing Access and Continuity

By: **Collecting and tracking key access measures at appropriate intervals to assess current state and impact of tests of change**

Change Ideas

Track third next available (TNA) by provider at the same time every week and record on a run chart

Measure the demand (internal and external) for appointments (in-person and virtual) to understand daily, weekly, monthly, and yearly demand for appointments for all providers

Measure provider and team supply across all demand streams (patient panel appointment work, non-patient panel appointment work, asynchronous non-appointment work, other clinical work, administrative work)

Tools

- Measuring For Access: Core Orientation
- Key Access Measures At a Glance
- How to Measure Third Next Available (TNA)
- How to Measure Supply, Demand, and Activity
- Capturing Demand Worksheet
- Counting Demand: Scenario-Based Practice Video

Providing Access and Continuity

By: **Collecting and tracking key access measures at appropriate intervals to assess current state and impact of tests of change**

Change Ideas

Tools

Change Ideas	Tools
Measure and monitor the amount of backlog (good and bad) by provider	HIG Backlog Reduction Tipsheet HIG Backlog Reduction Planning
Review the impacts of current metrics (e.g. wait times, delays, clinical outcomes, provider stress, team functioning)	HIG Measuring For Access: Core Orientation

Providing Access and Continuity

By: **Reducing patient demand for care**

Change Ideas

- Prioritize continuity of care
- Extend the intervals for return appointments as appropriate
- Maximize activity (max pack) in appointments when appropriate
- Promote patient self-care and self-management
- Consider use of patient portals for information exchange (e.g. emails, labs, appts, forms)

Tools

- Demand Reduction Tipsheet
- Utilizing Demand Reduction Strategies Planning
- Promoting the Value of Continuity
- How to Measure Continuity of Care
- Scheduling for Continuity Tipsheet
- Part-Time Provider Tipsheet
- Max Packing For Visit Efficiency Tipsheet
- Promoting Patient Self-Management Tipsheet
- Asynchronous Messaging Tipsheet

Providing Access and Continuity

By: **Reducing patient demand for care**

Change Ideas

Decrease no-show appointment rates

Integrate asynchronous care opportunities by establishing clear workflows and criteria

Implement group patient visits to enhance peer-to-peer support in addition to the medical management of condition(s)

Reduce booking rules and appointment types that create unnecessary demand queues by eliminating unused appointment types, combining similar appointment types, and accounting for unique circumstances

Tools

- Reducing No-Shows Tipsheet
- Demand Reduction Tipsheet
- Utilizing Demand Reduction Strategies Planning
- Asynchronous Messaging Tipsheet
- Online Booking Tipsheet

Providing Access and Continuity

By: Proactively managing variations in demand

Change Ideas

Anticipate and plan ahead for predictable seasonal demand variation by proactively adapting internal processes

Schedule follow-up appointments to occur later in the week or earlier in the day

Use carve-outs to manage daily demand surges and same-day or urgent requests

Monitor and proactively prevent clinic actions that cause artificial increases in demand (not answering the phone, letting email requests pile up, etc.)

Tools

- Scheduling Tips for Managing Variation in Primary Care Practices
- Same-Day "Carve-Out" Appointments Tipsheet

Providing Access and Continuity

By: **Proactively managing variations in supply**

Change Ideas

- Create time-off policies based on panel demand and supply data
- Proactively plan for long-term supply shortages such as resignations, retirements, and leaves of absence
- Utilize the post-vacation scheduling strategy for short-term planned time away from clinic such as vacations, other clinical responsibilities, etc.
- Communicate to patients in advance about planned clinic closures or staff absences
- Develop and review contingency plans for unplanned variations in supply including for short-term coverage and unexpected medium to long-term coverage

Tools

- HIG Scheduling Tips for Managing Variation in Primary Care Practices
- HIG Post-Vacation Scheduling Tipsheet
- HIG Managing Absences Through Contingency Strategies Tipsheet

Providing Access and Continuity

By: **Proactively managing variations in supply**

Change Ideas

Change Ideas	Tools
Cross train staff to build team capacity and ensure strategic overlap in team roles and responsibilities when accounting for variation in team supply	HIG Cross-Training Decision Tool and Worksheet HIG Guide to Developing Strong Interprofessional Teams
Use routine communication strategies to respond to daily variations in supply	HIG Closed Loop Communication Tipsheet HIG Huddles, Debriefs, and Care Conferences Overview HIG Team Huddle Checklist HIG Team Huddle Planning HIG Visual Management Board Planning

Providing Access and Continuity

By: **Increasing provider and team supply**

Change Ideas

Increase provider availability (if appropriate) by adding time to the schedule, hiring additional (temporary or permanent) providers, or by decreasing appointment length if indicated by unused red zone time

Create more provider capacity by removing unnecessary work away from the provider to the most appropriate team member

Tools

- Guide to Developing Strong Interprofessional Teams
- Planning Cycle Time At a Glance
- Patient Cycle Time Recording Sheet
- Visit Flow Task Analysis
- Red Zone Roles and Processes Evaluation
- Cross-Training Decision Tool and Worksheet

Providing Access and Continuity

By: **Reducing backlog to resynchronize for access and continuity**

Change Ideas

Add temporary appointment supply (1-4 appt/day) for provider and/or appropriate team member with a defined start and end date

Prevent further backlog accumulation by employing relevant change ideas to maintain access

As access improves gradually loosen the criteria for what qualifies for a same day appointment

Encourage providers to engage in backlog reduction simultaneously to avoid unintended impacts on other providers

Tools

- Backlog Reduction Tipsheet
- Backlog Reduction Planning
- Same-Day "Carve-Out" Appointments Tipsheet

Summary: Providing Access and Continuity

Aim	The third next available appt. for any primary care related need has improved by 50% by DATE.

High-Impact Changes	Change Ideas
Collect and track key access measures at appropriate intervals to assess current state and impact of tests of change	Track third next available (TNA) by provider at the same time every week and record on a run chart
	Measure the demand (internal and external) for appointments (in-person and virtual) to understand daily, weekly, monthly, and yearly demand for appointments for all providers.
	Measure provider and team supply across all demand streams (patient panel appointment work, non-patient panel appointment work, asynchronous non-appointment work, other clinical work, administrative work)
	Measure and monitor the amount of backlog (good and bad) by provider
	Review the impacts of current metrics (e.g. wait times, delays, clinical outcomes, provider stress, team functioning)
Reduce patient demand for care	Prioritize continuity of care in scheduling practices
	Extend the intervals for return appointments as appropriate
	Maximize activity (max pack) in appointments when appropriate
	Promote patient self-care and self-management
	Consider use of patient portals for information exchange (e.g. emails, labs, appts, forms)
	Decrease no-show appointment rates
	Integrate asynchronous care opportunities by establishing clear workflows and criteria
	Implement group patient visits to enhance peer-to-peer support in addition to the medical management of condition(s)
	Reduce booking rules and appointment types that create unnecessary demand queues by eliminating unused appointment types, combining similar appointment types, and accounting for unique circumstances

Summary: Providing Access and Continuity

Aim	The third next available appt. for any primary care related need has improved by 50% by DATE.

High-Impact Changes	Change Ideas
Proactively manage variations in demand	Anticipate and plan ahead for predictable seasonal demand variation by proactively adapting internal processes
	Schedule follow-up appointments to occur later in the week or earlier in the day
	Use carveouts to manage daily demand surges and same-day or urgent requests
	Monitor and proactively prevent clinic actions that cause artificial increases in demand (not answering the phone, letting email requests pile up, etc.)
Proactively manage variations in supply	Create time-off policies based on panel demand and supply data
	Proactively plan for long-term supply shortages such as resignations, retirements, and leaves of absence
	Utilize the post-vacation scheduling strategy for short-term planned time away from clinic such as vacations, other clinical responsibilities, etc.
	Communicate to patients in advance about planned clinic closures or staff absences
	Develop and review contingency plans for unplanned variations in supply including for short-term coverage and unexpected medium to long-term coverage
	Cross train staff to build team capacity and ensure strategic overlap in team roles and responsibilities when accounting for variation in team supply
	Use routine communication strategies to respond to daily variations in supply

Summary: Providing Access and Continuity

Aim	The third next available appt. for any primary care related need has improved by 50% by DATE.

High-Impact Changes	Change Ideas
Increase provider and team supply	Increase provider availability (if appropriate) by adding time to the schedule, hiring additional (temporary or permanent) providers, or by decreasing appointment length if indicated by unused red zone time
	Create more provider capacity by removing unnecessary work away from the provider to the most appropriate team member
Reduce backlog to resynchronize for access and continuity	Add temporary appointment supply (1-4 appt/day) for provider and/or appropriate team member with a defined start and end date
	Prevent further backlog accumulation by employing relevant change ideas to maintain access
	As access improves gradually loosen the criteria for what qualifies for a same day appointment
	Encourage providers to engage in backlog reduction simultaneously to avoid unintended impacts on other providers

Acknowledgements & Evidence

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