Open Access and Redesign: Implementing Change for Your Community Health Center

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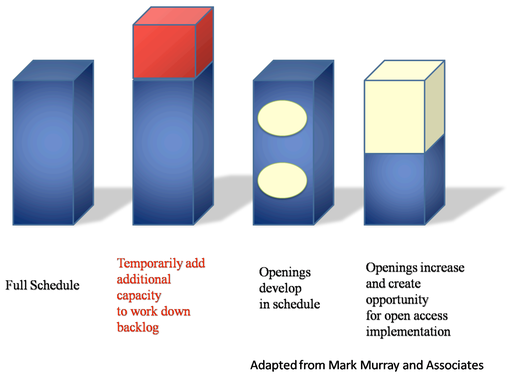
Objectives

- To comprehend how an Open Access and Redesign model functions, and how this model can be applied in Community Health Centers to improve efficiency
- To identify the necessary steps required to implement Access and Redesign in a Community Health Center and to clarify how to execute those steps
- To create a "toolkit" which provides instructions, resources, and examples pertaining to Access and Redesign implementation
- To provide a systematic process that a Community Health Center can utilize to improve quality of care for patients and to create a more effective system for providers

Open Access and Redesign Model:

Open Access involves appointment system redesign such that patients have the option of calling their provider's office and receiving an appointment the same day they place the call



Adapted from Mark Murray and Associates

Background

- The Access and Redesign (AR) model is a solution to a growing problem in the health care system. With the American population nearing 300 million, there is a large population that needs to be taken care of by a finite population of providers (physicians, dentists, PAs, APRNs).
- This AR model proposes that a patient receive an appointment with his provider when he wants it. These visits are efficient for both patient and provider, and there is no wait time for patients.
- AR is a relatively new concept to community health centers, but when properly implemented can be beneficial from both the patient and provider's perspectives.
- The purpose of this project is two-fold: to identify the series of steps required for a Community Health Center (CHC) to begin AR, and to compile resources within an easy-to-use guide that can be used by any CHC beginning its own AR project.

Methods

- We performed a literary review of web-based research, current publications and previous AR projects in order to develop a strong foundation and understanding of the costs and benefits of implementing access and redesign in a Community Health Center (CHC) setting.
- We conducted interviews with executive leadership, providers, quality managers and other members of previous AR teams at different CHCs in order to discuss:
  - Their process of implementing AR
  - Barriers and best practices of AR
  - Suggestions for improvement
  - Factors to consider as a CHC
- As we reviewed the feedback from the interviews, we noticed recurrent patterns of questions and concerns common to every CHC beginning AR. We identified the need for an easy-access, step-by-step guide for CHCs to use when beginning an AR project at their center.
- We systematically created a step-by-step manual that could be used by any individual to create and bring AR to their community health center.

Results

The Nine Steps to Successfully Implementing Access and Redesign

1. You introduce AR
- You are the agent of change

2. Leadership Buy In
- Administration must have foresight
- Administration must have regular "face time" with the AR project team members

3. Forming AR Team
An effective team consists of members who represent each department and discipline affected by the new AR changes

4. Data Collection
Use measures as a way to identify areas of improvement and best practices

5. Needs Assessment
- Rank by importance the strong and weak aspects of your CHC
- Using results of Needs Assessment, the AR group can create goals specific to the needs of their CHC

6. Identify Goals
Create S.M.A.R.T. goals for your CHC

7. PDSAs
- Plan, Do, Study, Act
- The PDSA cycle is a "trial-and-learning" method to test changes quickly to explore how they work
- Teams redefine and repeat these test cycles until the desired change is achieved

8. Patient Education
- AR is only successful if the patient understands how to use the new system
- Identify ideal methods of communication specific to your patient population
- Different types of education tools are needed (written, visual, spoken)

9. Regular Team Meetings
- Creates accountability and a system of trust, support, and knowledge
- Keeps communication open among all members of the team

Conclusions

- The Nine Steps to Successfully Implementing Access and Redesign incorporate accepted theories and best practices of AR in a CHC setting.
- This manual provides CHCs with an outline of necessary measures and common challenges identified by researchers and CHCs with previous experience in AR.
- This guide equips CHCs interested in starting AR, with data collection tools, resources and references useful for developing goals and establishing strategies necessary for a successful AR project.
- The Nine Steps to Successfully Implementing Access and Redesign manual and flow chart offer a standardized approach to AR.
- By using a standardized implementation process, CHCs will be able to use a common AR language when discussing their AR project progress and objectives.

Considerations for Future Work

- Introduce manual and flow chart to several CHCs as they begin their AR projects
- Assist AR teams at their respective CHCs with compiling and comparing preliminary data as they undergo implementation of AR
- Interview all disciplines in each CHC team to identify how the manual could be re-written to better serve each type of team member
- Additionally, interview departments (i.e. pediatrics, dental, women's health) interested in adapting the AR module to fit their specialties
- Use feedback from these interviews and site visits to revise and rework manual and flow chart
- Compile a "Best Practices" AR Resource Manual to share information and successes across CHCs

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