

An Evaluation of Patient Access to Primary Care Within The ArnotHealth System

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Background

The World Health Organization defines primary health care as addressing the patient’s needs physically, mentally, and socially through a patient-centered approach in order to promote health, disease prevention, treatment, rehabilitation and palliative care [4]. Studies have shown that an increase in primary care physician availability has been associated with an average mortality reduction of 5.3 percent. Around 127, 617 deaths could be avoided with an increase in the availability and number of primary care physicians [7]. Patient access to primary care services is a growing problem in healthcare. Barriers to patient access have led to an increase in ED visits for both emergent and non emergent conditions, ED overcrowding, increase in healthcare costs, and a decrease in preventative health management. [8]. We conducted research within ArnotHealth to identify barriers to primary care patient access. This research provides insight into patient experience, ArnotHealth scheduling, and provider and staff knowledge on patient access. By completing this research, we hope to work with ArnotHealth providers, faculty, and staff to implement changes to improve patient access to primary care.

Objective

To identify patient access barriers at ArnotHealth Primary Care offices in order to provide both new and established ArnotHealth patients with patient-centered, timely, quality care.

Methodology

In order to better understand patient experience, 7 third-year medical students each called six different ArnotHealth primary care offices posing as patients yielding 42 patient perception evaluations. They identified as having been recently admitted and discharged from the hospital but did not identify their diagnosis. They requested a follow up appointment and to establish as patient within the practice and recorded the dates for the soonest available appointment. The students evaluated various elements of their overall experience on a 1-5 scale, 5 being excellent/exceeded expectations (Figure 3). Students were encouraged to leave comments about each call to better understand patient experience and identify areas for improvement.

In addition, quantitative surveys were distributed to primary care providers at six ArnotHealth primary care offices to better understand their perception of patient access. Providers were asked how soon a patient could schedule a hospital follow up appointment and to become established as patient. They were also asked to identify any barriers to patient access and for solutions to improve patient access. Of the providers at the six offices a total of 19 providers responded.

Results

While providers indicated that patients would be able to readily be seen for a hospital follow up appointment, patient experience indicated otherwise (Figure 1). Specifically, we found that 60% of providers thought that a patient could schedule a hospital follow up within 2 weeks while only 33% of patients were able to do so (Figure 2).

When evaluating overall experience, the offices were generally found to be professional, yet struggled to explain the differences between residents, physician assistants, and nurse practitioners. Patient experience results indicated the worst overall experience when calling the internal medicine office at Ivy II.

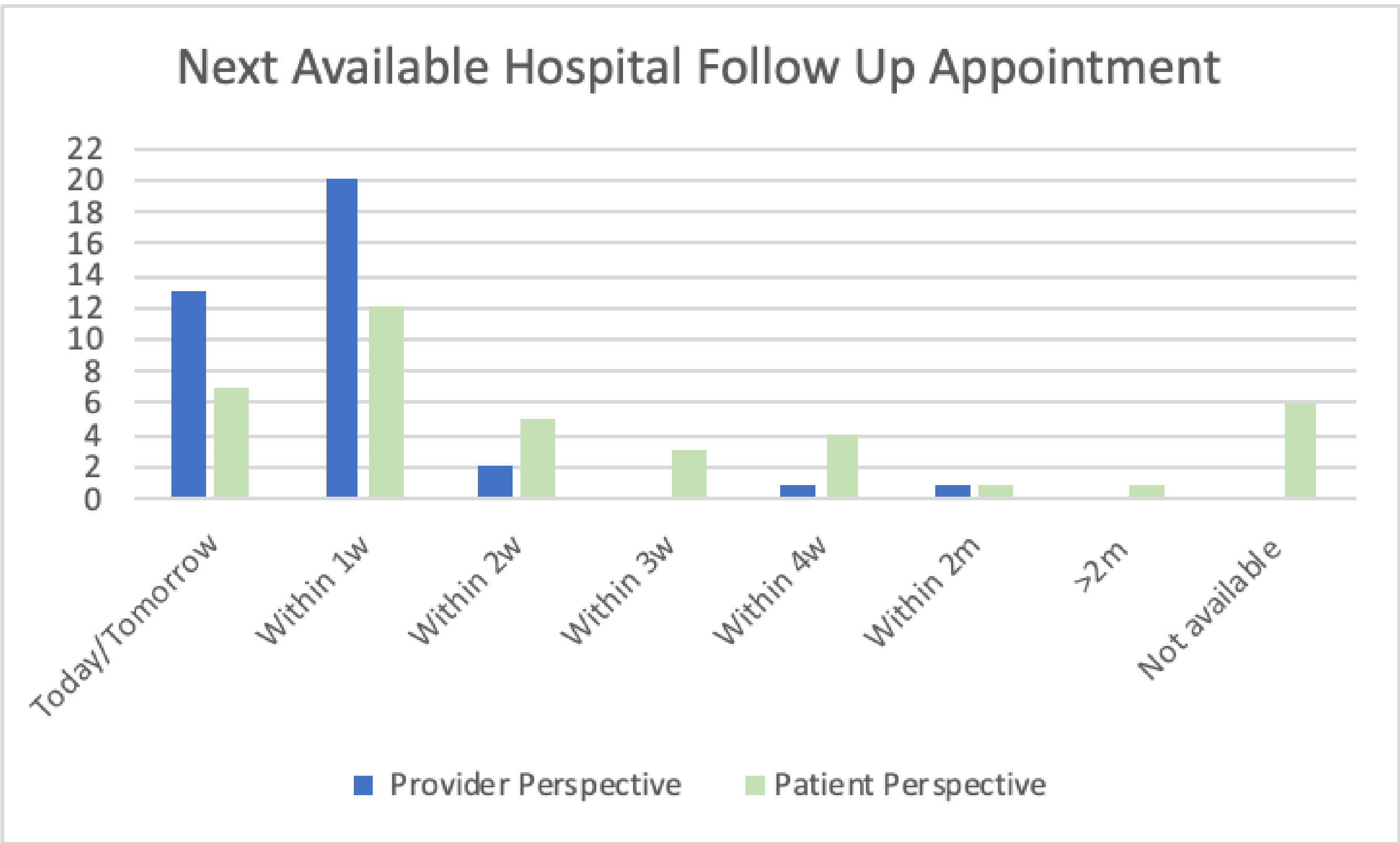


Figure 1: Next available hospital follow up appointment. Providers were asked when they thought the next available hospital follow up appointment would be for an unestablished patient at their practice. Patient perspective was determined by the response they received when they attempted to schedule a hospital follow-up as unestablished patients.

Can a patient schedule a hospital follow up in the next two weeks?

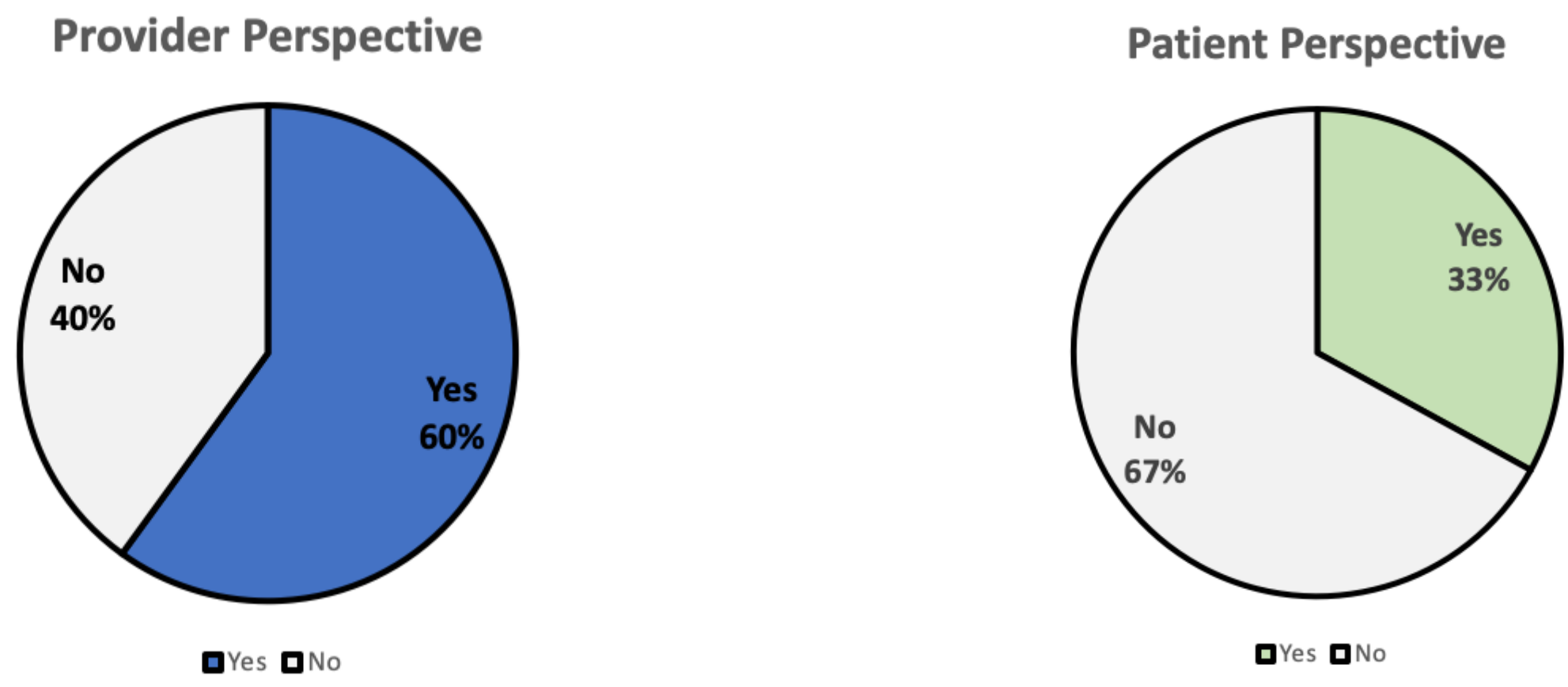


Figure 2 Can a patient schedule a hospital follow up in the next two weeks.

Office	Coming	Eastside	Erwin	Horseheads	IMAST	Ivy II	Overall Averages
Ability to explain Resident/PA/NP	2.5	2.8	3.1	3	3.5	3	2.98
Professional	4.71	4	4.5	3.88	4.33	2.83	4.38
Friendly	4.75	3.8	4.33	4.25	4	2.16	3.88
Knowledgeable	4.14	3.4	3.5	4.28	3.8	3.16	3.71
Accommodating to requests	4	4.2	3.43	3.75	3.2	1.67	3.38
Clear explanations	4.14	3.8	3.3	3.75	3.83	2.6	3.57
Clear solutions	4	4.2	3.17	3.63	3.4	2.5	3.48
Overall Average	4.03	3.74	3.62	3.79	3.72	2.56	3.6

Figure 3 'Patient' (third year LECOM medical student) Evaluation of Primary Care Offices. The students evaluated various elements of their overall experience on a 1-5 scale, 5 being excellent/exceeded expectations

Discussion

Through our patient experience phone calls and provider responses, we were able to identify several areas for possible patient access improvement from phone etiquette to communication amongst staff and providers. Comments provided by students and providers were presented to practice managers, operation managers, and other leaders within ArnotHealth. After analyzing the preliminary results, we worked with ArnotHealth providers and staff to identify other possible barriers and solutions to improve access to primary care.

Limitations

This study had a limited sample size due to limited responses from both ‘patients’ (third year LECOM medical students) and providers. The six ArnotHealth primary care offices were not all the same specialty, some offices were Internal Medicine while others were Family Medicine. The offices were located in different cities surrounding Elmira, NY and had varying number of providers. Specifically, one of our primary care offices was a resident clinic. This study also focused on just six of the ArnotHealth locations without taking into consideration the other primary care offices.

Conclusion & Further Research Proposal

The preliminary results indicated hindrance in patient access to primary care at ArnotHealth. Discordance between provider perception of availability and the reality of actual availability presented to patients was identified. Future planned studies include developing solutions, implementing changes, repeating patient experience phone calls with more detailed script, and then comparing these results with the preliminary results.

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Acknowledgements:

Thank you to the LECOM students that assisted in data collection. ArnotHealth providers and staff for their responses. ArnotHealth management leaders for their input and dedication towards solutions. Special thanks to Cary Muggleton for her guidance, encouragement, and commitment to improving primary care patient access.