Using a Systems Redesign approach toward improving Primary Care Services and Beneficiary Travel

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Objective
The Carl Vinson Veterans Affairs (VA) Medical Center in Dublin Georgia delivers primary care services care to approximately 38,000 veterans in middle Georgia. In 2009, Primary Care faced a demand problem with high rates of patients not showing (NS) for scheduled appointments and a high volume of walk-in patients resulting in long waiting lines, patient dissatisfaction, provider frustration and sub-optimal use of resources. According to workload data collected from April 2009 – May 2010, the overall NS rate was about 12.3%; overbooking rate was as high as 150% and 45-72 veterans were seen as walk-ins per day. A project charter was established for an interdisciplinary Systems Redesign (SR) team to improve current processes. Aims for reducing patients who walk in for care to include medication refills, consults for specialists and non-acute care were established to reduce rates by 75%.

Planning/Research methods
A multidisciplinary team was chartered to reduce the numbers of patients walking in for care, especially for non-acute issues. Evaluation of the data indicated some potential abuse of travel pay and significant increases of cost for beneficiary travel and large lines to the cashier window. Another team was formed within the fiscal department to improve the process and include verification of address eligibility and use of travel pay vouchers. High call volumes for appointments and medication issues resulted in up to 50% abandonment rates in the facility call center. The current process of mailing appointment reminders and advising patients to call primary care for an appointment further added to increased call volumes. A loss of providers increased patient panel sizes. The next available appointment for most providers was in excess of 60 days.

Implementation methods
All current processes were flow mapped. Tests of change included: scrubbing future appointment lists for all patients seen within the last 6 months, nurse calls, nurse clinics with provider collaboration to open up appointment times for providers, lists of patients placed into appointment recall for future appointments are pulled weekly, mailing of a reminder letter to call for an appointment is replaced by a proactive call for a telephone or face to face visit with the provider or nurse. Scripting and guidelines were given to primary care clerks to assist with medication refills. Implementation of the Patient Aligned Care Team (PACT), the VA model for Medical Home, empowered healthcare teams to improve care coordination. Team nurses receive alerts for patients calling telephone triage for care issues and assist providers with consults and chronic care issues. Nurse clinics and pharmacy clinics utilize protocols and replace provider clinics for patients with acute or chronic healthcare issues. The fiscal team developed verification of eligibility process and use of pay vouchers to replace current process for distribution of cash at the time of visit. A separate clinic was also established to treat patients residing in our hospital domiciliary.

Results
Implementation of a proactive process to call patients saved the facility at least $28,500 per year in postage. From Mar 2011 – June 2011, the new process for Beneficiary Travel pay resulted in a savings of $338,669.08. 40% reduction in walk-ins for medication refills. The overall patient walk-in rate dropped 10-20%. Nurse clinics increased return to interval to providers and reduced overload of attending physicians. The next available appointment improved to less than 30 days. Timeliness of care for patients with appointments increased to offer same day acute care slots. Quality of care was improved through the use of support teams for acute and chronic patients and domiciliary residents.

Conclusion
Utilization of the Systems Redesign framework resulted in positive outcomes for cost savings and improved processes and services for access to care and coordination of care in a primary care setting.

References

Bodenheimer, T., Grumbach, K. (2007) Improving Primary Care, USA Lange Medical Books/McGraw-Hill