Embedding a Specialist Within Primary Care to Improve Access for Low-Complexity Indications


**Background:** Every year, 1.3 million people seek care at Mayo Clinic from highly specialized experts who treat rare and complex conditions. In addition to tertiary and quaternary care, generalists are providing care coordination for community, employee, and destination patients’ symptoms that range from low complexity and acuity to high complexity and acuity. Historically, there has been no operational process to differentiate symptom groups, resulting in high and low complexity patient populations competing for the same specialty access. This results in longer wait times and unnecessary utilization of subspecialist resources.

**Objective:** The goals of embedding specialist:

1) Improve timeliness and access for community patients and employees by having low complexity and acuity issues addressed at the original point of care;
2) Facilitate “curbside” consultations, in which the provider and specialist are able to discuss patient issues and determine the best plan of care without requiring a specialty appointment;
3) Improve specialty capacity for other patients who require a higher level of care;
4) Reduce the specialist FTE required to appropriately address the needs of low complexity patients; and
5) Increase new referrals to the surgical and procedural practices.

**Planning/Research Methods:** Pre/post implementation data were collected from scheduling and finance databases to assess impact to patient volumes. The assigned providers developed criteria by which to triage incoming appointment requests to determine the type of consult the patient needs: Integrated Community Specialist, Specialty Clinic, electronic or curbside consultation.

**Implementation Methods:** The Spine Center allocated 0.5 physician FTE to the Integrated Community Specialist practice. Calendars were built with appointments and designated time for curbsides and electronic consults.

**Results:**

- Integrated Community Specialist reduced primary care referrals to the specialty clinic by 70%.
- Spine Center specialty appointments for patients requiring a higher level of care increased from 588 in 2016 to 807 in 2017 due to open capacity from removing low complexity patients.
- The orthopedics and neurosurgical spine practices experienced a net increase of 208 surgical cases between Q4 2016 and Q4 2017.

**Conclusion:** Embedding a Spine specialist into primary care has provided 1) more rapid consultations in the primary care environment and 2) opened capacity in the Spine specialty practice and increased high complex referrals. Curbside consultations with the embedded specialist resulted in educating primary care providers on the optimal spine care plan and resulted in patients not needing to see a specialist. By 2018, the embedded Spine specialist had become oversubscribed with appointment requests, requiring the FTE allocation to be revisited.

**Lessons Learned:** The successful implementation of an embedded Spine specialist within primary care has developed an additional opportunity for an embedded Gastroenterology & Hepatology (GIH) specialist. This was successfully piloted for four weeks and will be fully implemented in January 2019.

**Embedded GIH Pilot Results:**

- 25% of patients stayed within the primary care practice.
- 100% of patients were seen 0-2 days after the primary care provider.
- Improved access to GIH specialist by reducing appointment times to 30 minutes for low complexity indications.

Contact: Brynn Howard, M.A. | Operations Manager | Mayo Clinic | howard.brynn@mayo.edu