



SNMHI Summit 2011

LEARN • SHARE • TRANSFORM

Enhanced Access for the Safety Net

FMRI Boise

Kevin T. Rich, MD

Chief Clinical Officer

Family Medicine Health Center



FAMILY MEDICINE HEALTH CENTER

Session 3B

March 8, 10:30 AM -12:00 PM



MacColl Institute at
Group Health Cooperative

About FMRI Boise

- Family Medicine Health Center operated by Family Medicine Residency of Idaho
- Residency with a clinic attached
 - Education is our business
 - Patient care is how we educate
- FQHC Look-Alike



About FMRI Boise, cont.

- 5 Clinic Sites



About FMRI Boise, cont.

- Volume
 - 41,566 encounters to 11,123 individuals (FY 2009)
- Payer mix
 - Medicaid 47.8% (20,624 annual Medicaid visits)
 - Medicare 9.6%
 - Uninsured 14.8%
 - Commercial 27.8%

About FMRI Boise, cont.

- Family Medicine Residency of Idaho
 - 180 Employees
 - 38 Nursing Staff
 - Lots of Providers
 - Residents
 - Boise 16/11/11
 - 2 rural training tracks
 - Caldwell 3/3/3
 - Magic Valley 2/2/2
 - Faculty 30
 - 21 Family Medicine Physicians
 - 2 Obstetricians
 - 2 Pediatricians
 - 1 Pharmacist
 - 1 Psychologist, 1 Psychiatrist
 - 1 Midwife
 - 1 Plastic Surgeon
 - Mid-levels
 - 6 PA's
 - 2 NP's



About FMRI Boise, cont.

- Integrated Behavioral Health
 - 5 LCSW's in 3 clinics
 - Behavioral health consultation
 - 2 LCSW's
 - 1 floor consultant
 - 1 in patient care
 - Daily

About FMRI Boise, cont.

- Refugee population
 - Boise is a federally appointed refugee relocation site
 - 43 Languages spoken by our patients.
 - Screening 15-20/wk. new refugees this year (1100-1500/yr to Boise over past few years)

Idaho Refugee Day



Access Barriers

- We had long wait time for appointments
 - New patients had to wait 30-60 days to get a new patient appointment
 - Established patients couldn't be seen within 3-4 days for acute visits
 - Established patients follow-up visits were being scheduled out 4-6 weeks



Access Barriers, cont.

- High turn away rate for established patients
 - 1 new patient a day
 - Acute visits >5 patients/day
- High no-show rate
 - 25-30%



Access Barriers, cont.

- Provider Continuity, or Lack Thereof
 - Residents
 - 1 to 4 half days in clinic per week
 - Faculty
 - 1 to 6 half days in clinic per week
 - Mid-levels
 - 8 half days in clinic per week



Changes to Enhance Access

- Open Access Scheduling Implementation
 1. “Big Bang” Approach
 2. Partial open access
 - Balancing act
 - Same day access
 - Need for follow up slots
 - Preserve chronic care model planned care visits
 - 60:20:20
 3. Scheduling fears
 - Would anyone come?
 - Open slots filled 24-48 hours
 - Had to avoid/resist reverting back to filling future appointments

Changes to Enhance Access, cont.

- Open Access Scheduling Implementation

4. Continuous Improvements

- Not enough open access slots
- 70:30

5. Access vs. Continuity

- Patients given choice – PCP vs. team provider
- Redefined “same day” access
 - “same week” for 1st year residents and some faculty
 - “same day” for mid-levels, senior residents, and clinic faculty

Changes to Enhance Access, cont.

- Open Access Scheduling Implementation
 - 6. Current status
 - 20% open access held until 3 PM night before (res/fac)
 - 30% for midlevels
 - Same day access for 1-2 providers (lunch coverage)
 - Filled at 10 AM
 - Held slots (CDHD, ER followup)
 - Unfilled slots filled at 10 AM
 - Tomorrow's Appts (as of 10 PM EST)
 - Almost full
 - 6 open slots

Changes to Enhance Access, cont.

- Making Changes Exposed Other Deficiencies
 - Old Phone System
 - Implementation of new phone system
 - Phone tree
 - Continuous improvement
 - Empanelment
 - 33% anticipated annual provider turnover
- Saturday Clinic
 - Weekend follow up
 - Patient need

Outcomes of Enhanced Access

- Appointment Wait Times
 - New patients are given appointments in < 7days
 - Established patients can now be seen same day for acute visits
 - Now able to schedule follow up/chronic disease management visits out 6-8 wks
- Turn away rate
 - “No one turned away” policy
- No show rate
 - Decreased 50%
- Improved patient satisfaction

Lessons Learned

- Get the water to the end of the row!
 - Communication, Communication, Communication
 - All stakeholders need to be part of the implementation in all stages.
 - Providers, Nursing, Schedulers, Receptionists, Billing office staff
 - Patients
- Be optimistic
 - The glass is half full, not half empty.
 - “We can do it!”

Lessons Learned, cont.

- Don't bite off more than you can handle.
 - Be patient for change.
- We had a large amount of fear that we would have empty exam rooms.
- “Biting the bullet” takes a huge amount of faith; but with planning good outcomes can be seen.

Questions?



FAMILY MEDICINE HEALTH CENTER





MacColl Institute at
Group Health Cooperative