

ALBERTA AIM (ACCESS IMPROVEMENT MEASURES)



Editor's Summary: The *Alberta AIM (Access Improvement Measures)* initiative seeks to improve access by reducing delays to see physicians, improve office efficiency by minimizing delays during the office visit and improve clinical care processes and outcomes for patients. The initiative is part of a formalized and funded improvement process in Alberta. The process requires the formation of clinic improvement teams who participate in a collaborative learning process, develop improvement aims, map current processes, test changes and track key quality measures. Many clinics have demonstrated reduced wait times for and at appointments, reduced no show rates and improved rates for health screening. As a specific example, one clinic was able to increase its screening rates from 66% to 90% of clients. Several partner organizations work together on this initiative. Alberta Health Services is the provincial health authority responsible for planning and delivering health supports and services for more than 3.5 million adults and children living in Alberta. Its mission is to provide a patient-focused health system that is accessible and sustainable for all Albertans.

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Purpose:	Reduce waits and delays in ambulatory care, specifically family physician and specialist physician office practices, and improve clinical outcomes for a panel of patients.
Context:	Alberta AIM is a formalized improvement process based on the fundamental tenet that waits and delays are costly for patients, for clinics and for the health care system as a whole. To date, 120 clinics have participated, representing 650 physicians.

Resources:	Operating \$: 250,000 per collaborative (~15 teams) FTEs: several consultants & in kind from partnering organizations
Source of resource:	<input checked="" type="checkbox"/> <i>In kind</i> contributions from the organization <input checked="" type="checkbox"/> Dedicated internal funding <input checked="" type="checkbox"/> External funding (example grant, Ministry etc.)
Population group:	Family and specialist physician clinics and their patients.
Patient flow entry and end points:	Flow starts from when the patient calls to make an appointment with a family physician; or a referral is made to a specialist. The end point is when the patient receives appropriate care from their primary or specialty care provider/team.
Description/ approach:	The AIM learning process is based on the Breakthrough Series (BTS) developed by the Institute for Healthcare Improvement (IHI) and improvement principles of Dr. Mark Murray. Family or specialist physicians and staff form Clinic Improvement Teams (CIT) and participate in a 14 month structured collaborative learning process led by expert faculty, and are assigned a facilitator for support. Activities include a pre-work phase to review the process and begin measuring, and attendance at eleven days of interactive learning sessions with ~15 other CITs to learn about process improvement and system flow principles/strategies. During action periods (the time between learning sessions), CITs, with facilitator and faculty support, develop and implement tests of change based on the principles learned, participate in monthly conference calls and submit monthly reports.
Tools and tactics:	The success of the BTS model, including the Model for Improvement, is well documented in literature by the IHI and other participating health organizations. In this initiative, specific change packages with high leverage improvements have been identified and used. Measurement spreadsheets have been developed and refined to capture quality dimensions which demonstrate improvement.
Measurement approach:	Improvement measures include: <ul style="list-style-type: none"> - Delay measured by time to third next available appointment - Patient flow and cycle time - Continuity to own physician - Demand for care - Supply and activity of care - No show percentage - Panel/Caseload size - Team functioning measures - Clinical measures (contingent on specific clinical area chosen for improvement by the clinic)

Impact/ evaluation:	AIM principles have been successfully applied by participating clinics to reduce delays for and at appointments; increase the percentage of patients seeing their own physicians (continuity); improve clinical care processes; reduce no-show rates; increase job satisfaction and feelings of control over the work environment. For example one clinic has used specific strategies to improve mammogram compliance from 55% to 93%; pneumovax vaccination from 43% to 95%; diabetic screening from 66% to 90%. A provincial evaluation was initiated in the summer 2008 and will report overall outcomes.
Observation/ Discussion:	Additional benefits include but are not limited to: increased patient and provider satisfaction; decreased operating costs and increased revenues; improved clinical care and outcomes.
Critical success factors/ lessons:	<ul style="list-style-type: none"> - Leadership of physicians and administration - Expert faculty and facilitators trained in the methodology to work directly with CIT's over the 14-month collaborative - Ongoing funding to support the collaborative model - Measurement and ability to customize approaches while maintaining integrity of principles to achieve results.
Limiting factors:	Ongoing funding, continued physician leadership and internal expertise to build capacity, spread and sustain gains.