

MEDICAL ACCESS TO SERVICE



Editor’s Summary: In the *Medical Access to Service*, the objective was to develop a broad-based system level change in access to specialized medical care. The authors describe an initiative that involved centralizing access and standardizing triage procedures. Prioritization tools were introduced as well as the ability to monitor and track key indicators. The system-wide nature of this collaborative effort resulted in the ability to engage over 700 urban physicians with 250 medical specialists in order to better integrate, plan and deliver services. Patients report enhanced communication and participation in their own care.

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Purpose:	The Medical Access project is a multi-sectoral/ multi-regional collaboration designed to develop a broad-based system level change in accessing specialized medical care. There are three critical needs driving the design of the Medical Access to Service Project: 1. An aging and complex medical population and the burden of chronic disease; 2. Challenges with access to services of a primary care physician; and 3. The complex organization of health service delivery and how the referral process to specialty medical services sub-optimizes system navigation.
Context:	Participants in the health system were engaged using a conference model approach which allowed broad engagement across all disciplines in primary care and specialized medical services including patients and their families. The goal of the conference was to improve service integration and communication between specialists, primary care physicians, the healthcare team and patients/ families.
Resources:	Operating \$: ___\$2.52 million_____ FTEs: ___30.1_____
Source of resource:	<input checked="" type="checkbox"/> <i>In kind</i> contributions from the organization <input type="checkbox"/> Dedicated internal funding <input checked="" type="checkbox"/> External funding (example grant, Ministry etc.)

Population group:	Patients and primary care physicians requiring access to specialized medical services including: Cardiology, Dermatology, Endocrinology, Gastroenterology, General Internal Medicine, Geriatric Medicine, Hematology, Nephrology, Respiratory, and Rheumatology.
Patient flow entry and end points:	This initiative targets access and clinic improvements from when a patient needs to see their primary care physician, to specialty referral to see a specialist.
Description/ approach:	<ol style="list-style-type: none"> 1. Development of Central Access and Triage clinics within each of the specialty service areas for intake, triage and placement of referrals; 2. Prioritization tools to ensure the right patient is seen at the right time by the right provider; 3. Implementation of AIM (Access Improvement Measure) access and efficiency collaboratives in both specialty and primary care; 4. Service model development for chronic, complex patients allowing enhanced access to specialized medical services for patients with a history of frequent inpatient admission and complex chronic needs.
Tools and tactics:	<ol style="list-style-type: none"> 1. Central Access & Triage standardization and practice changes include use of a single, standard, flexible referral form and consistent communication strategies including commitment to respond to referrers within 48 hours acknowledging receipt of referral and within 7 days with appointment booking. Referral process details are available at www.departmentofmedicine.com/MAS/index.html 2. Prioritization tools that are reliable, valid and clinically coherent. 3. AIM participants receive tools developed as part of the Provincial AIM strategy including spreadsheet, manuals, and faculty resources. 4. The care of patients in the highly supported Complex Chronic clinic are actively followed by a multi-disciplinary team.
Measurement approach:	Measures include time to first available appointment based on urgency, third next available appointment, and clinic visit cycle time.
Impact/ evaluation:	Changes to the referral process resulted in reduced wait times, enhanced accuracy of referral information, and improved communication, integration and collaboration between over 250 medical specialists and 700 rural and urban primary care providers.
Observation/ Discussion:	Patients report enhanced communication/ participation in their own care. Other benefits include improved quality, improved system efficiencies, patient/ provider satisfaction, safety, service integration, and knowledge translation.
Critical success factors/lessons:	Referral and access affects all points across the continuum of care. The Medical Access project demonstrates streamlining the referral process, and pooling referrals within a specialty improves access.

Limiting factors:	Expanding the project to include all services regionally and provincially is required to ensure optimal coordination and efficiency.
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