Access Community Health Network: 
Looking Beyond Our Walls

Presented to: Oregon Primary Care Association
Advanced Care Model Collaborative
November 5, 2016
Our Approach to Quality Improvement

• Emphasis on quality outcomes (measureable)
• Patient-Centered Medical Home (PCMH) model (Level 3)
• Strong technology investment
• Ability to be nimble and rapidly adapt to this new health care environment
Background: The Staff Experience

- No predictability of how many patients were going to show up resulting in frequent gridlock in the waiting room
- Care needs often based on episodic rather than a planned approach to care
- Inconsistency in organizational health center operations, creating staff frustration and burnout
- Patients leaving without being seen or during process because of length of visit
Highlighting Provider and Patient Satisfaction

One Provider’s Favorite DPI Change
By Davida Gerena, M.D., ACCESS Genesis

“The most dramatic change since implementing DPI is on patient satisfaction,” says Dr. Gabriela Novota, a pediatrician at ACCESS Genesis. “When patients are seen on time, they know their time is valued and protected.”

As one of the busiest health centers in our ACCESS network, ACCESS Genesis has seen it all. Prior to DPI, patients lined up beginning at the front desk and curved like a snake throughout the waiting room. Now, everyone has a set appointment time and knows they will be seen at that set time.

“Patients that otherwise would have expected to be seen anytime, regardless of their appointment, now come in on time,” reflected Dr. Novota. She went on to say that her favorite component of DPI is knowing her schedule. “I don’t have to rush to see patients that come in late, which causes distress to others who end up waiting because of another patient’s tardiness.”

The improved process ensures that patients have a designated time slot and that they are seen in a timely manner. DPI has provided increased satisfaction and peace of mind for both providers and patients.
Dramatic Process Improvement (DPI)

**DPI: Goals**

- Lower No Show rate <5%
- Lower Cycle time <90

**Midway Knock**

- Make sure the provider has been in the room for more than 15 minutes
- No KISS Knock for staff to see if power needs anything (This lowers our cycle time)

**Confirmation Calls**

- Calls are made within 1 hour after the visit to ensure the visit’s confirmation
- Real-time calling the provider one day off
- Providers: The missing of patient age, gender, or the visit's reason
- Reducing uninsured patients and reducing cycle time

**Every patient must have a red carpet call**

- A technique for making patients feel valued, which starts with a simple gesture and using the proper salutation to welcome the patient from the waiting area
- Providing exceptional customer service, and labelling it as important to the organization

**CHOOSING ACCESS POINT**

- Choosing the right access point
- AECC: Must wait for 15 minutes before apt time
- FU: Must wait for 30 minutes before apt time

**New Patient**

- To arrive 15 minutes before apt time to register, this gives us time to call insurance

**Newborns**

- Please start the discharge forms

**Procedures (e.g., blood draws)**

- No more than 4-5 per day
Dramatic Process Improvement (DPI)
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ACCESS’ Quantitative Story
Addressing Racial and Ethnic Disparities
A Sampling of Pinning Ceremonies and Our Reach

- 600+ houses of worship including IN, MI, WI, MO, KY, IA, TN, MA, NE
- Alpha Kappa Alpha Sorority Chicago Conference
- The Black Nurses Association
- Book club
- Chicago Archdiocese Hispanic and Black Ministries
- The Chicago City Council
- Chicago Public Schools
- Cook County Clerk’s Office
- Family Reunion
- The Girl Schools of Greater Chicago
- Illinois Governor’s Mansion
- The International League of Muslim Women
- Jalisco, Mexico churches
- Mbabane, Swaziland church
- Mexican Consulate Chicago
- National Museum of Mexican Art
- Northeastern Illinois University El Centro
- The Red Hat Society of Chatham
- The Salvation Army of Chicago
- State and Local Women’s Correctional Facilities
- US House of Representatives sponsored by the Women, Black, Hispanic and Cancer Causes

ACCESS
TRANSFORMING COMMUNITY HEALTH CARE
www.achn.net
A Successful Campaign

- More than 4 million readers and listeners have heard about the campaign through intensive media efforts.
- Over 750,000 women pinned at various ceremonies throughout the United States (including women’s correctional facilities).
- International participation includes three churches in Jalisco, Mexico, one church in Peru and one church in Mbabane, Swaziland.
- 600+ houses of worship across the country hold pink ribbon pinning ceremonies annually on Mother’s Day.
- Ground swell of public support and participation from elected officials, media personalities, local celebrities, renowned clergy, and civic leaders who visit churches and correctional institutions and participate in the media campaign.
- ACCESS-led grass-roots movement secured state funding for free mammograms for uninsured women; linking low-income women to care.
Strategic Partnerships
Fresh Produce Truck Pilot

- Partnered with the Greater Chicago Food Depository (GCFD)
- Targeted four initial health center sites
- Each health center’s staff was trained on food insecurity, GCFD resources and the patient screening process
- All data recorded in Epic
The Truck in Action
The Screening Process

The screening includes three questions:

1. Over the past 12 months, did you worry whether your food would run out before you got money to buy more?
2. Over the past 12 months, did the food you buy not last, and you did not have the money to get more?
3. Would you like help getting food? (Asked if patient responds yes to question 1 and/or 2.)
Pilot screening results:
• 71% of visits included a food insecurity screening and 82% of unique patients were screened
• 11% of patients screened positive for food insecurity and 93% of those who were screened requested assistance
Connecting in Communities
Purple Binder

• Technology that is integrated into the EMR
• A tool that connects patients to community resources and institutions that support health
• Provides up-to-date and real-time information about community services across metropolitan Chicago that includes housing, food and job resources
• Enables staff to have information at their fingertips beyond any single neighborhood
• Data collected by Purple Binder is available to ACCESS staff
“I would have to navigate through Google and make endless phone calls just to find out if someone was eligible for a service. With Purple Binder, the change in my work has been tremendous, because all of that research has been done for me.”

- Vanessa Muhammad, ACCESS Care Coordinator
“Purple Binder has shelters broken down by category, such as overnight, emergency, and family shelters... Sometimes I see patients that are in domestic violence situations, and now I can easily find shelters that provide the proper resources and care for their circumstances.”

- Vanessa Muhammad, ACCESS Care Coordinator
How We Impact Health Beyond Our Walls

- Engage patients between visits through technology, including 24/7 patient access via a secure online patient portal
- Screen patients for key social determinants that impact health (i.e., food insecurity, housing) and link patients to the resources they need to support their care and positively affect their health outcomes
- Develop a team-based care model that is rooted in evidence-based practices
- Engage our patients in their care plan through shared decision-making and meet them where they are
- Invest in the right technology to give our providers access to real-time data that can impact patient care and outcomes
How We Impact Health Beyond Our Walls and The Role of Community

• Imbedded in our strategic focus
  o Stakeholders are within and outside our walls
• Long history of cultivating collaborative relationships
  o Strategic community partnerships aren’t built with only those organizations that think like you
• Intentional in creating a workforce reflective of the community at all levels of the organization
• **51%** of ACCESS’ Board of Directors are community representatives
• Community must feel that they have power and ownership
  • Can influence change
How We Impact Health Beyond Our Walls and Learn What Patients Need

- Build trust and non-judgmental relationships
- Shared decision making
- Use of data from various sources to confirm/validate and bring clarity when discussing community issues
- Advisory groups
- Change the milieu of the health center
  - Comfort rooms
  - Design of the exam rooms
  - Group visits that create supportive environment
    - Centering® programs
How We Impact Health Beyond Our Walls and Connect to Existing Resources

Things to consider:

• Success is all about the detail
• Understanding the assets in the community and staying current
• Ideas that appear simple are usually more complex to execute
• What’s it really going to take to make a resource valuable for the community
• Community perception of resources can make or break an idea
• Resources need to be aligned to how people navigate their daily lives
How We Impact Health Beyond Our Walls and Advocate for Resources That Don’t Exist

Things to consider:

• Build a business case using data that supports the need and desired impact
• Ideas that appear simple are usually more complex to execute
• It’s better to seek resources with a group that has the same shared interests. Strength in numbers and influence.
• Explore non-traditional sources for advocacy or to build coalition
• Patience and focus critical - to build momentum and commitment may take years before outcome is realized
Learn More About ACCESS

• Donna Thompson
  Chief Executive Officer
  Donna.Thompson@achn.net

• Visit our website: www.achn.net

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