

# Optimizing Primary Care

Klamath Open Door Family Practice

Klamath Falls, Or



# Why change?

- 10,000 patients and growing, however the number of providers has decreased from 11 to 8
- As the number of providers decreased, the supply decreased for the demand we faced.
- So we decided to try something different.

# Optimizing Primary Care

- We chose to attend the Optimizing Primary Care learning sessions organized by the California Primary Care Association, and taught by Mark Murray and Associates
- Concept: support the provider in seeing their panel of patients without delay.

# The Goal

- The theory is if patients can see their PCP without delay, they will be happier.
- Providers will be happier seeing their panel of patients.
- Quality of care better
- Cost of care less
  
- Improved provider satisfaction leads to retention and ease in recruitment.

# What to Measure

- Panel Size- using studied and validated formula first, then through a function of our EMR
- Supply- calculate the true number of days a provider is in clinic X the number of patients per day
- Demand- all calls coming in
- Delay- 3<sup>rd</sup> next available ( representing backlog)
- Cycle time
- Continuity of Care

# Getting Ready

- Accurately measuring panel size
- Identifying a provider that was at panel goal size
- Putting together the project team
  - Providers: 2 MDs, 1 urgent care PA, part time MD
  - Support staff
  - IT
  - Nurse care manager
  - Office manager

# The Work

- Project time line developed, initially focusing on backlog reduction.
- Providers worked extra days, fit in more patients per day to work down backlog.
- Once backlog was reduced it would allow for quick access for the patients.



# The Mountain to Climb



# Reality sets in

- The backlog did reduce from average of 19 days to a low of 5.5 days.
- Continuity of care climbed from 80% to over 90%.
- The gains could not be sustained.

# Why?

- Physicians on the team were gone for one week every 5, to perform on call duties.
- Our hospital call system relies on the MD being the “hospitalist” for the week, daily managing 10-19 patients and rarely able to see patients in clinic.

# What we learned?

- Backlog reduction is possible.
- Maintaining this reduction requires more providers (yes we are hiring, aren't we all in rural areas?)
- Continuity increased and led to improved provider satisfaction and anecdotally improved patient satisfaction.

- We will do it again, it is just a matter of when, because we are convinced it is the right thing to do.



**Mi Familia**