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Title

Clinician satisfaction with implementation of Continuity, Patient Panel correction, and 30-minute template initiative (CP3O).

Priority 1 (Research Category)

Healthcare Services, Delivery, and Financing

Presenters

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Abstract

Context: Mayo Clinic Arizona Family Medicine experienced disjointed care, patient/clinician frustration, and inadequate access. With the aim of increasing the quality of care and patient/clinician satisfaction, we implemented a scheduling algorithm to prioritize patient continuity with PCP/care team. PCP panels were adjusted to the appropriate size, access was increased by moving to 30 minutes from 20/40-minute visits, and clinicians received 30 minutes of additional daily non-visit care time (NVCT). Objective: Gauge clinician satisfaction with 30 min visit template, panel size adjustment, and continuity scheduling algorithm. Study Design and Analysis: Pre/post survey Setting: Multi-site Ambulatory Primary Care Center. Population Studied: Family Medicine Clinicians. Instrument: Likert scale satisfaction survey. Outcome measures: Clinician satisfaction with scheduling, paneling, and continuity of care. Results: Access increased by 1 appointment per clinician per day. Clinicians agree they can see their patients more frequently for acute care (71% v 40%), chronic disease management (82% v 77%), and GMEs (79% v 73%). Continuity improved with fewer clinicians seeing patients from other care team members (43% v 70%), other teams (14% v 50%), and other sites (0% v 17%). Clinicians reported the ability to address acute/chronic conditions in 30 min was less than 40 min visits (54% v 100%) but more than 20 min visits (54% v 37%). Clinicians reported that the ability to address routine screening in 30 minutes was 46% compared to 100% in 40 minutes and 17% in 20 minutes. Post-implementation, more clinicians run behind (54% v 27%) and fewer can document timely (25% v 60%). Satisfaction with 30-min visits was 39% vs 77% with 20/40 min. Clinician satisfaction with NVCT dropped from 33% to 21%. Clinician satisfaction with panel size and reported ability to meet empaneled patient needs decreased from 67% to 50%, and 60% to 54% respectively. Conclusion: The intervention improved continuity of care, reduced the likelihood of seeing patients off-panel, and increased PCP access for acute/chronic care. Clinicians expressed concerns including lack of time to address patient needs and running behind schedule, and were also less satisfied with the calendar template. Despite improvement in continuity, access, and increased NVCT, clinicians report being less satisfied post-intervention.