

Five Ways to Improve Access to Care

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If we fail at access, we fail at the most fundamental piece of the relationship.

One of the fundamental tenets of health care is access. In politics, access is defined as having health insurance, even though access to insurance does not guarantee access to care. HEDIS defines access as getting in to see your doctor at least once per year. A better measure is to ask the patient, “How easy is it for you to get medical care when you need it?” Only about 50 percent of people report good access when it is defined this way.¹

People can be hesitant about seeking care. They might worry about their diagnosis or their inability to make needed changes, or they might feel shame. The higher the hoops that patients must jump through, the less they persist.² It behooves us as professionals to lower the thresholds to accessing care. This article offers five strategies.

1. See your own patients. Good care comes from access to the same person or team who knows a patient’s history. A lack of continuity causes errors, reduces compliance and is particularly troublesome for the fragile patient with hearing loss, mental illness, lack of support at home, depression or low IQ. We should promise patients, “You will see me and only me.” This includes after-hours call. Providing 24/7 access may seem overwhelming; however, it is far harder to cover occasionally for 7,000 patients you do not have a relationship with than to care daily for 1,000 you do know or just saw. When your patients know you are available to them, they often feel reassured and respect your time.

2. Make it easy to schedule an appointment. Conduct this experiment in your practice: Call your office to make an appointment and imagine that you are a worried patient or someone with a language or hearing barrier. Often our patients encounter busy signals, long on-hold times or phone trees that are difficult to navigate.

About the Author

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Some patients prefer to make appointments by e-mail or through online software. Proprietary systems are available through AppointmentQuest.com, Appointment-Plus.com or BookFresh.com. This relieves the burden at the front desk, reducing busy signals and on-hold times.

3. Offer to see patients the day they call. When office policies dictate that physicals can only be scheduled at certain times or new patients can only be scheduled on certain days, we erect barriers between our patients and ourselves. But when we offer an appointment today to anyone who requests one, we improve access and provide more timely care, and we spend less time on the phone.

4. Manage patient demand. If demand for appointments overwhelms a practice’s supply, patients will not have good access. Supply and demand must be balanced. The best way to reduce unnecessary demand is to meet patients’ needs at every interaction. For example, patients whose needs are met at the current visit are less likely to call back in a week with a question or a request for a refill.

5. Use e-mail with patients. Using e-mail to answer questions, deliver test results and conduct visits when an exam isn’t required increases access dramatically. In the time of an in-office visit, most doctors can conduct three or more e-visits. Instead of having a patient come to the office for a routine follow-up, that patient could report blood sugars or blood pressures via e-mail. While only a few insurers cover virtual visits, my patients are content to pay for these out-of-pocket. They see them as convenient and affordable, given the price of co-pays and gas, plus time off work.

Removing barriers

If patients can’t get the care they need when they need it, we fail at the most fundamental piece of the relationship. Better access means better continuity and better outcomes. Workloads improve. Money is saved. Patients win, and doctors win. **FPM**

Send comments to fpmedit@aafp.org.

1. Moore LG, Wasson JH. The Ideal Medical Practice model: improving efficiency, quality and the doctor-patient relationship. *Fam Pract Manag.* September/October 2007;20-24.

2. Lacy N, Pullman A, Reuter M, Lovejoy B. Why we don’t come: patients’ perceptions on no shows. *Ann Fam Med.* 2004;2:541-545.