



## Implementation Guide for PCP Access Toolkit

Emergency Department Utilization (EDU) is a top priority area for southeast Michigan. With input from the community, the Greater Detroit Area Health Council's multi-stakeholder EDU Team developed strategies to reduce emergency department use for primary care physician (PCP) treatable conditions. These strategies were implemented in a successful pilot program in Oakland Southfield Physicians' Offices. The implementation guide for the PCP access toolkit appears below.

### Access to Care Policy

- Needs to be in writing and approved by the physician
- Schedule regular working sessions with PO and office staff to review current access policy/procedures and commit to brainstorming and including new ideas from new staff
- Be sure it includes:
  - How quickly the phone will be answered
  - Handling clinical advice for patients
  - Handling post-Emergency Department/Urgent Care Center faxes
    - Tip: if there are too many to follow-up on all of them, pick a disease and focus on one at first (i.e. asthma or respiratory ED visit)
- Establish a feedback loop with after-hours providers; consider establishing a relationship with a near-by Urgent Care Center
  - Have the physician visit the center to “vet” the care patients will receive there
  - Have an informal written agreement
  - Build relationship with urgent care centers through face-to-face dialogue/meeting; establish clear communication expectations of the urgent care center as a valued care-partner.
    - Once relationship is established provide brochures with urgent care(s) in patient waiting areas
- Cross reference access expectations relevant to patients in the standard office welcome packets.
  - Clearly explain in writing “What is an emergency?”
- Have formal process with staff roles and responsibilities for a follow-up phone call after patient goes to ER
- Create templates or job-aids posted at telephone workstations with disease-specific questions for frontline staff to answer or those that require clinical triage; post these job-aids or templates at applicable staff workstations

## **Patient Engagement Materials**

- Need to have a welcome letter or brochure
- Be sure it includes:
  - Physician availability/office hours
  - Instructions for what to do for urgent matters when the office is closed
- Consider keeping copies around the office
  - Exam rooms
  - Check-out window
  - Patient waiting area
- Magnets to show office hours, location, telephone number
- Purposeful email blast with accessibility information.
  - Segment out components of the office welcome letter for structured electronic email notices
- Use 'on hold' pre-recorded information specifically discussing what 'is' an emergency, how to reach physician after-hours, and other tips to reinforce that a member of the office care team is always available to address medical concern
- For key audiences (i.e. pediatrics) establish schedule to target communications on physician accessibility "for example: Back to school = Back to germs! Remember doctor on-call number"
- Use poster messages encouraging patients to call PCP before going to ER
  - Don't just rely on poster but have office personnel focus attention on the poster and message therein
- Use office-based TVs/multi-media to reinforce accessibility

## **After Hours Availability**

- Tone of voice matters; use a calm, relaxed, inviting tone
- Start out explaining that a physician is always available if the patient can't wait until the office opens
  - If the script must instruct patients to call 911 or go to the nearest emergency room, consider making this the last piece of information
- Be sure to include:
  - How the physician is available
  - What to do after hours
- Different messages could be used at lunch or after hours
- Answering service to be available 24/7 –
  - Demonstrates the value in a patient speaking to 'live' person
  - Key to make sure the office and answering service are aligned in messaging to patients especially if service is actively supporting any form of call-triage prior to forwarding inquiry to physician on-call
  - Establish appropriate communication protocols
- Provide physician's cell phone number to patients
  - Call forward incoming office calls to on-call physician's cell phone
  - Make sure that on-call physician's cell phone message is relevant to after-hours coverage for the office

## Conversation Starters

- New patients get welcome letter/brochure
- Important for staff to have regular, ongoing conversations with existing patients to reinforce/remind them of access to care information
  - The physician would also ask patients if his/her staff had spoken to them about the topic
- Consider picking a week and making sure each patient seen in that week has a conversation with a staff member
- Suggest patients add the practice's phone number to their cell phone contacts
- In the fall, use this conversation opener for parents: "back to school time means kids will be exposed to all kinds of new bugs; to help you be prepared in case something urgent comes up, here's what the doctor suggests you do:...."
- Brainstorm with your team new conversation starters to keep it fresh
- A poster that changes regularly on what is happening in community
- A poster stating that office has same-day visits AND conversation/outreach -
- Anchoring around care managers to facilitate after-hours availability for those patients who have visited the ED for a primary care treatable condition. Utilizing care managers in an ED transitions role
- Reaching out to adult children or other caregivers to make sure they are fully connected-to or aware of how to reach an after-hours on-call physician

## Tips for POs

- No practice really wants their patients to end up in the ED unnecessarily; evidence from the GDAHC PCP Access Pilot shows that good care coordination and communication CAN make a difference!
- Have frequent reminders and touch points
- Build on your established and trusting relationship with practices to share what you've learned from the GDAHC PCP Access Pilot that will benefit physicians and patients
- Opening questions:
  - Do you need any more materials?
  - Do you think it's time for a staff refresher?

***SAMPLE Toolkit Materials Provided Below***

## ACCESS TO CARE, TELEPHONE AND APPOINTMENT SCHEDULING POLICIES

(Entire care team needs to read and ensure adherence of this policy)

### Office Telephone & Fax Number

Phone #: (xxx) xxx-xxxx  
 After hours #: (xxx) xxx-xxxx  
 Fax #: (xxx) xxx-xxxx

### Regular Office Hours:

Monday	8:30AM-5:00PM
Tuesday	8:30AM-5:00PM
Wednesday	8:30AM-5:00PM
Thursday	8:30AM-5:00PM
Friday	8:30AM-5:00PM
Saturday	8:30AM-12:00PM
Sunday	8:30AM-12:00PM

### Responding to Patient Inquiries:

Ensure patients have telephone access 24/7. Answer all phone calls by the 3rd ring during office hours. Office hours are listed on answering machine. All patients have access to a physician or clinical decision maker 24 hours every day for the management of urgent and emergent conditions. Answering service is used when office is closed.

If a clinical phone call is answered by a non-clinical staff member, the staff member will:

1. **Not** answer clinical questions
2. Fill out a triage form/book to help the doctor assess the need and urgency of the patient's concerns
3. Inform the patient that the doctor will be with them shortly
4. Give the triage form/book to the medical assistant/healthcare provider who will then utilize office protocols to answer inquiry ASAP

### Appointment Scheduling:

Schedule appointment to meet the patient's requests; with same-day access. Well care appointments may be made up to three months in advance. Sick appointments will be seen the same day.

Accommodate the patient whenever possible; it is the patient's choice. Encourage early morning appointments, if scheduling for another day. If the patient insists on a later time, schedule the appointment as requested (patient's choice!). Try not to schedule any further than two weeks out, since the no-show rate rises after that length of time.

Follow-up with a reminder notice (letter or call) if the scheduled appointment is not during the current week. Be sure the patient knows what he or she is required to do and/or bring for the appointment:

1. Medication list or medications/devices
2. Self-monitoring tools/results form
3. Goal sheet
4. Completion of medical tests

Coordinate other specialist's appointments and/or diagnostic tests whenever possible—usually the patient will schedule their own appointments. An authorization/referral will be faxed to the specialist within a 24 hour period.

### Follow Up Post ER Visit:

Upon receipt of patient ER visit notice (either by fax or secure hospital connection); physician reviews documentation and instructs staff to either place a follow-up call to the patient, schedule patient for an appointment, or file notice in chart.

As part of this pilot your office is requested to consider:

1. Using a template letter (see enclosed) to communicate with patients after a primary care treatable ER visit.
2. Establish condition based follow-up program to actively address frequent ER use  
 i.e. **asthma** – office will call patient or caregiver after every ER visit to determine why needed and if any change to the care plan is necessary.

Date: \_\_\_\_\_

Dear \_\_\_\_\_

According to our records, you recently sought care at an emergency room for a condition that could have been successfully managed by your primary care physician. It is important that you work through your primary care physician for nonemergency medical care.

Please contact our office to schedule an appointment. Regular appointments are important to managing your medical needs and ensuring your continued health.

Please take a few minutes to review the following guidelines for care:

**Emergency Care:** If you have an immediate and unforeseen injury or illness and the time needed to contact your physician may mean permanent damage to your health, you should seek treatment from the nearest emergency room or call 911 for assistance.

**Other Care:** Please call our office if your problems are urgent and cannot wait until regular office hours, a doctor is available to handle your urgent problem.

We hope this information is helpful.

Sincerely,

[insert physician or office name]

**PRACTICE NAME**  
**YOUR PARTNER IN EXCELLENT HEALTH CARE**

When you choose one of our primary care physicians, your health care becomes our responsibility and we work as hard for your health as you do. We all share that commitment, setting high standards for ourselves and the quality of our care and we deliver on that promise through caring, convenience and qualifications.

We will attempt to have you see your personal physician at each of your appointments. However, if he or she is not available, our physicians work as a team and use our electronic medical system to provide coordinated care.

Combining services and programs is a growing trend for our practice to help our patients find multiple services at a single site. Practice Name proudly offers X-Rays, Ultrasounds, Stress Testing as well as in-house laboratory for patient convenience.

**Scheduling Appointments**

When you call the office, be sure to tell the receptionist the reason for your appointment so we can plan on a date and time that is most convenient for you. Appointments for physical exams and routine visits are always available and can be scheduled as needed. We know that illnesses are unexpected and we will gladly work around your schedule to bring you in for immediate care and attention.

**Regular Office Hours**

Telephone: (XXX) XXX-XXXX

Monday	AM – PM
Tuesday	AM – PM
Wednesday	AM – PM
Thursday	AM – PM
Friday	AM – PM
Saturday	AM – PM

**Urgent Care Center**

Telephone: (XXX) XXX-XXX

Name  
Address  
City, State Zip  
*\*(Open Daily 7:00am – 11:00pm)*

**Extended Hours and After-Hours Emergencies**

Health care emergencies can happen anytime. If you have an urgent problem and the office is closed, call us anyway (XXX) XXX-XXXX. We're on call 24 hours a day. If you feel that you have a life-threatening emergency, call 911 or go straight to the nearest hospital emergency room. It is your responsibility to inform the practice regarding care with any other health care facilities and providers.

**First Visit and Follow Up Visits**

On your visit, check in at the reception desk so your information can be reviewed for accuracy. You can help us serve you better by notifying the receptionist of any changes in name, address, telephone number or insurance coverage since the time of your last visit. Verifying this information at each visit will help ensure the accuracy of submitting your services to your insurance(s) company in a timely manner.

We try to follow our scheduled appointments as closely as possible. However, due to unavoidable circumstances or emergencies, a doctor may have to spend additional time with a patient who may have had an appointment prior to yours. This may result in a delay in seeing your doctor. We appreciate your patience and understanding in such circumstances.

**Prescriptions and Refills**

We proudly use electronic prescribing to improve prescription safety and efficiency. Prescriptions and refills are issued during regular office hours. Call your local pharmacy for all refill requests.

## Sample After-Hours Telephone Script

It is important to make patients feel comfortable calling the doctor on call if they *believe* the matter is urgent and cannot wait until normal business hours. To support this you may wish to consider using after-hours language similar to:

IF YOU ARE A PATIENT AND YOUR PROBLEM IS URGENT AND CANNOT WAIT UNTIL REGULAR OFFICE HOURS, A DOCTOR IS ALWAYS AVAILABLE TO HANDLE YOUR URGENT PROBLEM. PLEASE CALL XXX-XXX-XXXX FOR THE DOCTOR ON-CALL.

FOR ALL OTHER NON URGENT REQUESTS PLEASE CALL DURING NORMAL BUSINESS HOURS. OUR OFFICE HOURS ARE.....