QUERI

Access Management Improvement: A Systematic Review

May 2017

Prepared for:
Department of Veterans Affairs
Veterans Health Administration
Quality Enhancement Research Initiative
Health Services Research & Development Service
Washington, DC 20420

Prepared by:
Evidence-based Synthesis Program (ESP) Center
West Los Angeles VA Medical Center
Los Angeles, CA
Paul G. Shekelle, MD, PhD, Director

Investigators:
Principal Investigator:
Paul Shekelle, MD, PhD

Co-Investigator:
Isomi Miake-Lye, PhD

Research Associates:
Selene Mak, MPH
Roberta Shanman, MLS
Jessica M. Beroes, BS

VA HEALTH CARE Defining EXCELLENCE in the 21st Century

PREFACE

The VA Evidence-based Synthesis Program (ESP) was established in 2007 to provide timely and accurate syntheses of targeted healthcare topics of particular importance to clinicians, managers, and policymakers as they work to improve the health and healthcare of Veterans. QUERI provides funding for 4 ESP Centers, and each Center has an active University affiliation. Center Directors are recognized leaders in the field of evidence synthesis with close ties to the AHRQ Evidence-based Practice Centers. The ESP is governed by a Steering Committee comprised of participants from VHA Policy, Program, and Operations Offices, VISN leadership, field-based investigators, and others as designated appropriate by QUERI/HSR&D.

The ESP Centers generate evidence syntheses on important clinical practice topics. These reports help:

- Develop clinical policies informed by evidence;
- Implement effective services to improve patient outcomes and to support VA clinical practice guidelines and performance measures; and
- Set the direction for future research to address gaps in clinical knowledge.

The ESP disseminates these reports throughout VA and in the published literature; some evidence syntheses have informed the clinical guidelines of large professional organizations.

The ESP Coordinating Center (ESP CC), located in Portland, Oregon, was created in 2009 to expand the capacity of QUERI/HSR&D and is charged with oversight of national ESP program operations, program development and evaluation, and dissemination efforts. The ESP CC establishes standard operating procedures for the production of evidence synthesis reports; facilitates a national topic nomination, prioritization, and selection process; manages the research portfolio of each Center; facilitates editorial review processes; ensures methodological consistency and quality of products; produces “rapid response evidence briefs” at the request of VHA senior leadership; collaborates with HSR&D Center for Information Dissemination and Education Resources (CIDER) to develop a national dissemination strategy for all ESP products; and interfaces with stakeholders to effectively engage the program.

Comments on this evidence report are welcome and can be sent to Nicole Floyd, ESP CC Program Manager, at Nicole.Floyd@va.gov.

Recommended citation: Miake-Lye IM, Mak S, Shanman R, Beroes JM, Shekelle PG. Access Management Improvement: A Systematic Review. VA ESP Project #05-226; 2017.

This report is based on research conducted by the Evidence-based Synthesis Program (ESP) Center located at the **West Los Angeles VA Medical Center, Los Angeles, CA**, funded by the Department of Veterans Affairs, Veterans Health Administration, Office of Research and Development, Quality Enhancement Research Initiative. The findings and conclusions in this document are those of the author(s) who are responsible for its contents; the findings and conclusions do not necessarily represent the views of the Department of Veterans Affairs or the United States government. Therefore, no statement in this article should be construed as an official position of the Department of Veterans Affairs. No investigators have any affiliations or financial involvement (*eg*, employment, consultancies, honoraria, stock ownership or options, expert testimony, grants or patents received or pending, or royalties) that conflict with material presented in the report.

ABSTRACT

INTRODUCTION

Access is a fundamental characteristic of a health care system. All health systems struggle with primary care access. This evidence report was requested by the Office of Analytics & Business intelligence to assess the evidence regarding primary care access management strategies. The key questions asked were:

1) What definitions and measures of intervention success are used, and what evidence supports use of these definitions and measures?

2) What samples or populations of patients are studied, including eligibility criteria?

3) What are the salient characteristics of local and organizational contexts studied?

4) What are the key features of successful (and unsuccessful) interventions for organizational management of access?

5) Are relevant, tested tools, toolkits, or other detailed material available from successful organizational interventions?

METHODS

We searched PubMed & CINAHL from 2005 through September 2016 for titles related to group practice management and access. Searches of included studies were used for articles published earlier. Studies were included if they assessed primary care patients, an intervention to manage access, and reported an access outcome. Intervention studies were assessed for quality using study design and the Quality Improvement Minimum Quality Criteria Set. The data synthesis was narrative.

RESULTS

Our literature search identified 979 titles. From these, and including references selected from included studies, 53 publications were included. Of these, 29 publications assessed 19 implementations of interventions to manage primary care access. All were about Advanced or Open Access. All but 3 studies were published between 2001 and 2010.

Key Question #1. What definitions and measures of intervention success are used, and what evidence supports use of these definitions and measures?

In the studies we identified of management interventions to improve primary care access, the third next available appointment was the most commonly used measure of success (14/19 studies, 74 percent). We identified no empiric data exist linking this choice to any health outcome. The next most commonly used measure of success was continuity (7 studies), followed by patient satisfaction (3 studies). Many publications that discuss access management do not include a definition of access. No evidence supports any measure with clinical outcomes. The third next available appointment measure is believed to be a more stable measure of access than the first or second available appointment.

Key Question #2. What samples or populations of patients are studied, including eligibility criteria?

The patients who have been included in published studies of access management in primary care have not been described in detail. In general, though, they are likely typical of adult patients attending family medicine clinics, given that many patients came from similar contexts, except for the studies specific to VA.

Key Question #3. What are the salient characteristics of local and organizational contexts studied?

Little is known about the local and organizational contexts of practice sites included in published studies of primary care access management interventions. Many sites were academically-affiliated clinics, part of the British system, or in the VA.

Key Question #4. What are the key features of successful (and unsuccessful) interventions for organizational management of access?

All interventions were described by the authors as Advanced Access or Open Access, with 15 of the 19 studies including these phrases in the publication title. The most common intervention components were reducing the backlog of appointments, using fewer appointment types, and producing regular activity report. In 8 studies reporting results of longer than 12 months duration, one study reported initial improvements in access followed by subsequent worsening, one study reported statistically significant decreases in continuity (of uncertain clinical significance), and in 2 implementations across a large number of sites the effect on access was variable.

Key Question #5. Are relevant, tested tools, toolkits, or other detailed material available from successful organizational interventions?

We identified and retrieved 6 tools or guides for improving primary care access, 4 from settings linked to implementation studies: one from a VA setting, 2 from the IHI/Advanced Access group, and one from the English National Health Service. Two additional online tools came from Canada.

CONCLUSION/DISCUSSION

A key finding of this review is that evidence about primary care access management is essentially limited to implementation of Advanced/Open Access, with all but 3 publications coming in a ten-year period of time from 2001-2010. Most studies reported dramatic improvements in access. The most commonly used intervention components were reducing the backlog, using fewer appointment types, and setting goals, but whether these are key features of success cannot be determined from the data. Some studies of longer duration reported more mixed results, with rising wait times and the need for modifications to the access management strategy reported in 2 large and long-term studies. Patient populations and contexts have been described at only a basic level. Five toolkits were identified, most coming from settings described in implementation studies.