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**CHIP Title:** Optimizing Safety-Net Primary Care Access in the Era of COVID-19

**Project Description:**

Primary care practices in the safety-net face increasing demands for services as the COVID-19 pandemic has elevated health awareness and state initiatives continue to expand Medi-Cal coverage. At Los Angeles General Medical Center (LA General), the largest primary care site within the Los Angeles County Department of Health Services (DHS), we noted that the years of deferred care, rapid primary care panel growth, and marked workforce attrition pushed our clinics to the breaking point. Primary care provider visits were backlogged, wait times for appointments were months long, and clinical outcomes and patient experience metrics were stagnant or worsening.

As the stewards of primary care access for nearly 58,000 patients across 9 unique medical homes, we heeded the call to disrupt the status-quo and began our journey to design and implement an alternative model of access to meet the competing needs of our patient population. Our vision was to use human-centered design methodology and understand the needs and experiences of all end-users. Our objective focused on developing an innovative solution that integrated medical home team-based care concepts and virtual health tools and technology to improve primary care visit capacity utilization (reduced % monthly visits not utilized, reduce % visit no-show, reduce third next available appointments [TNAA]) and balance clinical quality outcomes in our Quality Incentive Pool (QIP) Program and reported patient experience scores in the Press Ganey Medical Practice Survey (PG-MPS).

The model is simple: digitize, organize, and prioritize future appointment requests for ongoing preventative care and chronic disease management; maintain access for acute and urgent appointment requests; engage patients with integrated technology solutions at regular intervals to activate their participation in their care; empower scheduling subject matter experts to regularly monitor system demands, thresholds and determine activation and deactivation protocols.

In January 2022 after a period of discovery, design, and prototyping, our first and largest Adult Primary Care clinic launched with the initial iteration of our new access model. Over the first three months, there was an immediate reduction in unused provider appointments from 25% to <5%, a reduced no-show rate from 25% to <15%, and improvements in appointment availability as measured by the TNAA, from >30 days to <10 days. This prompted an advancement to the next phase with a go-live in our second-largest Adult Primary Care clinic in July 2022. Similarly, we noted an immediate improvement in operational metrics measuring appointment utilization and access however were required to make minor iterative changes to our model to meet both patient and system demands. By July 2023, we have moved the model into phase 3, including 3 additional medical homes. All 5 medical homes in total are responsible for the care of >55,000 patients who receive primary care services at Los Angeles General Medical Center. All clinic sites continue demonstrating improvement in their appointment utilization and access metrics. Additionally, >90% of our facility QIP metrics remain at or above target as many are reliant on having easy access to primary care visits. PG-MPS scores have remained at least stable or

trending toward improvement as patient more frequently engage with this new model.

**Key Findings and Lessons Learned:**

- Large scale operational redesigns require shared vision, committed leadership, strategy, governance, and skilled resources to sustain changes.
- Organizations should strive to understand the drivers in demands for primary care, local primary care appointment supply and preferred modes of engagement with patients.
- Trends toward integration of virtual health care and technology tools have upended traditional models in health care; leaders should be looking to integrate these tools to keep patients as an actively engaged partner in their care.

**Next Steps:**

This project is still progressing and there continues to be strong markers of success as additional clinics have gone-live with our new scheduling model. The goals remain focused on improving operational efficiency, primary care clinic visit capacity utilization and appointment access. LA General will be finalizing an adoption guide to support continued implementation efforts at our site but also for other DHS primary care sites to consider as DHS continues central efforts to standardize access pathways into all primary care sites.