**Access Case Vignettes**

Facilitator Guide

* **Time:** 15 minutes per case, or 45 minutes total
* **Audience:** option of doing session with first year residents, or mixed audience (R1-R3). If doing mixed group, would recommend having third year residents facilitate the case discussions.
* **Objective(s):** to understand access in your clinic and common barriers faced by patients in accessing healthcare in our systems.
* **Procedures:** Given time availability, could discuss 1 case during a pre-clinic conference session & modify it to reflect issues in your clinic. Alternatively, you could do all 3 cases over a 1 hr session.

*ACCESS Case Vignettes*

**Case 1: Access Barriers**

Your 55yo [23yo parent of a newborn] Cantonese-speaking patient comes to see you for a new patient appointment. She [They have] has no new complaints. She has a history of previous UTIs and is worried about how she will contact you in case symptoms recur.

Q. How does phone access work in your clinic?

What number would your patient call for an urgent complaint?

Will she be able to speak to someone that is Cantonese-speaking?

What can your patient do if she cannot reach someone by phone?

(Discussion)

Case 1 Continued:

1 month later while in clinic you get a electronic message stating that your patient was admitted to the hospital for pyelonephritis. She got IV fluids and antibiotics and quickly improved, and was discharged home. You have a no-show while in clinic and decide to call your patient.

Q. What might you ask her about in thinking about the recent hospitalization?

What are some other barriers that might hinder access?

How do you use the phone interpreter in clinic to call your patient?

Are there hours during which you cannot use the phone interpreter system?

How would you document the contents of your conversation in the medical record?

What will you do about the other patient that no-showed to clinic?

**Case 2: Outpatient Access & Enhancing Access**

A new patient has been assigned to your panel. The [child has congenital heart disease and had a prolonged NICU stay] gentleman has sarcoidosis, CHF, CKD, severe depression, and poor health literacy.

You are concerned that [the child is not thriving given poor weight gain] he has cardiac sarcoid and you want to see him back quickly for follow-up.

Q. How big is your panel? How would you add someone to your panel?  
How can you see what openings you have in your schedule in the future?

If you cannot see your patient, what are alternative access options for your patient?

What does your clinic template look like?

Your patient misses the cardiac MRI, but returns for a follow-up appointment with the nurse practitioner. He requests another cardiac MRI, refills medications, and refers him to the Better Breathing course.

[Your patient needs to be seen by nutrition and have an urgent echocardiogram]

Q. What were the barriers to your patient not attending the MRI [echocardiogram]?

Can you provide a visit summary to your patient? What are ways to make this most helpful to patients, particularly if he/she has low health literacy? How does the EMR help/hurt things?

**Case 3: Tracking Systems and Enhancing Access**

You are taking care of a patient in the hospital who is hoping to see you or another provider for follow-up in your clinic. You are wondering about when the next opening is in your clinic.

Q. What are the different metrics that are followed for access?

What is the desired level of access for patients? What access is most important?

How does your clinic provide access to pateints recently admitted to the hospital?

What are clinic-level practices developed to increase access?

You decide the patient probably shouldn't see you since you're an R3 and will be leaving soon. You wonder about the process of transitioning patients with resident graduation.

Q. How does the R3 transfer process work in your clinic?

How can a clinic prepare for all the frequent transitions of personnel?

How have clinics achieved the most patient-centered access?

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Evaluation

1) I understand the ways in which we fail to provide comprehensive access for individuals that are non-English speaking, have limited literacy, or have diverse cultural backgrounds.

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| --- | --- | --- | --- | --- |
| Strongly Disagree | Disagree | Undecided | Agree | Strongly Agree |
| 1 | 2 | 3 | 4 | 5 |

2) This activity enhanced my understanding.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Strongly Disagree | Disagree | Undecided | Agree | Strongly Agree |
| 1 | 2 | 3 | 4 | 5 |

3) The information from this activity is relevant to my practice.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Strongly Disagree | Disagree | Undecided | Agree | Strongly Agree |
| 1 | 2 | 3 | 4 | 5 |