

Systems-Based Practice and Advanced Clinic Access

Systems-Based Practice from ACGME website

<http://www.acgme.org/outcome/comp/compFull.asp>:

“Residents **must demonstrate** an awareness of and responsiveness to the larger context and system of health care and the ability to effectively call on system resources to provide care that is of optimal value. Residents are expected to:

- understand how their patient care and other professional practices affect other health care professionals, the health care organization, and the larger society and how these elements of the system affect their own practice
- know how types of medical practice and delivery systems differ from one another, including methods of controlling health care costs and allocating resources
- practice cost-effective health care and resource allocation that does not compromise quality of care
- advocate for quality patient care and assist patients in dealing with system complexities know how to partner with health care managers and health care providers to assess, coordinate, and improve health care and know how these activities can affect system performance.”

System-based practice competency description (ACGME):

<http://www.acgme.org/outcome/comp/compFull.asp#6>

System-based practice references (ACGME):

<http://www.acgme.org/outcome/comp/refList.asp>

Advanced Clinic Access (ACA) is a system-based practice initiative in ambulatory settings that has been undertaken (by the VA in collaboration with the Institute for Healthcare Improvement) in order to improve access to care in a timely and efficient manner. ACA is one method of putting VA's philosophy of patient-centered care into practice. “The goal of VHA's ACA initiative is to build a system in which patients have the opportunity to see their own providers when they choose.”

[See <http://www.ihl.org/clients/va/access/changes/> for key aspects or changes (innovations) in clinic practice as part of the ACA process. <http://www.ihl.org/clients/va/access/faq/> for answers to frequently asked questions.]

For users with access **to the VA intranet**: <http://vaww.vsscportal.med.va.gov/aca/> for further details.

Access improvements:

<http://www.qualityhealthcare.org/QHC/Topics/OfficePractices/Access/HowToImprove/>

Clinical Microsystems: <http://www.clinicalmicrosystem.org/index.htm>

Bibliography on Clinical Microsystems:

“Every system is perfectly designed to get the results it gets.”

- Paul Batalden, M.D.

[Paul Batalden Articles can be accessed directly at: <http://www.clinicalmicrosystem.org/publications.htm>]

Other useful sites:

Yale faculty practice standards: <http://info.med.yale.edu/yfp/standards/>

Kaiser experience: <http://www.harp.org/kaiserstrategy.htm>

Long waiting lists for hospitals: <http://bmj.bmjournals.com/cgi/content/full/324/7332/252?>

Group visits & other ways to improve chronic illness care:

<http://www.improvingchroniccare.org/tools/criticaltools.html>

Reducing waits & delays in the referral process: <http://www.aafp.org/fpm/20020300/39redu.html>

Systems & Process Redesign (a British, NHS, perspective): <http://www.steyn.org.uk/>

[See especially the slide show under "Presentations"]

Other references:

Nolan TW: Understanding Medical Systems. *Ann. Int. Med.* 128 (15 February 1998): 293-98.

Berwick DM: Improvement, trust, and the healthcare workforce. *Qual. Saf. Health Care* 12 (2003): 448-52.

Berry LL, Seiders K, and Wilder SS: Innovations in Access to Care: A Patient-centered Approach. *Ann. Int. Med.* 139(2003): 568-74.

Murray M and Berwick DM: Advanced access: reducing waiting and delays in primary care. *JAMA* 289(2003): 1035-40.

Plsek P: Innovative Thinking for the Improvement of Medical Systems. *Ann. Int. Med.* 131 (1999): 438-44.

Batalden PB, Splaine M: What Will it Take to Lead the Continual Improvement and Innovation of Health Care in the Twenty-first Century? *Quality Management in Healthcare*, 11(Fall 2002): 45-54.

Weinstein JN, Brown PW, Hanscom B, Walsh T, Nelson EC: Designing an Ambulatory Clinical Practice for Outcomes Improvement: From Vision to Reality - The Spine Center at Dartmouth-Hitchcock, Year One. *Quality Management in Healthcare*, 8(Winter 2000): 1-20.