

A3 proposals for unpaneled from local 7

Initial proposal:

Proposed Action:

- APPs have a named template
- APPS integrated into a team whether supporting 2 physicians or 12 physicians; by using subgroups because team-based care is better for patients! This then can increase the access when MD's are providing all this virtual care and are outside of the clinics.
- Secondary bonding could be done with the APP; they would have a PCP and an APP. This could position KP in a unique role in the community and could be used as a marketing tool to increase membership.
- APP's have individual templates
- Autonomy to local leadership for staffing ratios, patients age seen and templates.
- APPS having a mix of pre-bookable and more protected same day appointments totaling no more 15-16 appointments.
- Bringing back a mid-shift for APPs
- Recognizing the unique skill set of each APP and playing to that strength. Example Trauma would go to a trauma PA.
- Local leadership control over schedules to maximize appointments.
- Coordinating vacation and time off with CPMG in accordance with Local 7 CBA
- Equitably rotate the early, late and weekend shifts among all providers. (previously agreed to in IR so as not to breach previous agreements)
- Template format standardized should be standardized for booking consistency, with some customization allowed at local level to manage supply and demand.
- Patient requests are honored; if they want to be seen by an APP they get this.
- Education for CPMG and Health Plan leadership on the APP role and what they can bring to the team

Access to a consult provider for all hours of operation including hours that the clinic is open.

Second proposal:

Currently the shared templates are housed under the Primary Care team department. i.e. PC Sout (primary care Southwest)

I Propose that a new department is created called "Care Team". Under this department templates would exist for both the APPs and the Physician supporting that work. i.e. CT Sout (Care team Southwest)

APP- named template i.e. Caroline Andrew, FNP-BC ,Ellen Hartman, PA-C

Physician- unnamed template

I believe that this would allow the call center and other's who schedule to be able to easily search for appointments.

Example: member calls in I would like an appointment, SA searches for appt with PCP and advised member that next available appointment is 10 days out. The patient requests to be seen sooner. The SA then flips to CT department and can offer appointments with either named APPs or an unnamed physician.

Benefits of this proposal:

- Acknowledges APPs as individual professional providers
- Provides patients a choice if an APP if desired
- Allows CPMG providers who desire team approach to care to direct patients to APPs on their team, sending notes or teams messages with "heads up" to the APP and then the APP can follow up with the PCP and consult about exam findings. Patients would feel cared for.
- Help with following booking guidelines
- Easier to book procedures- playing to the strengths of some APPs
- CPMG having an unnamed template will prevent the "relationship" type of care from being booked into this template.
- Would allow for work life balance for APPs – mid shift option,(the early and late hours could be rotated between the providers working in this department). Opportunity for different shifts 8,9,10,12 hours. This could help to reduce burn out and help with retention.

The physician template could also be the consult provider in some of the mid/smaller clinics. Increasing PCP continuity access.