
REDESIGNING PRIMARY CARE: BOLD EFFORTS AT CONFLUENCE HEALTH DRIVE INCREASED ACCESS, AVAILABILITY, AND CARE FOR NORTH CENTRAL WASHINGTON

North Central Washington: As options expand in other industries, healthcare has had a lot of catching up to do. The desire for ready access, diverse availability, easy scheduling, and a variety of options is something that has become more and more available, if not expected. And at Confluence Health, they recognized that there were areas to improve.

“We pride ourselves on being the local option and providing the service our community needs right here at home,” explained Dr. Andrew Jones, CEO of Confluence Health. “We value this so much that it became our new mission: ‘Local care by and for our community.’ We know that care is best when it is not only provided by someone in and from this community, but when the decisions for the organization are made locally too.”

But keeping care local comes with its challenges in an industry that is rapidly changing, with many healthcare organizations opting to simply become part of larger, multi-state systems. To meet community needs while remaining relevant and independent, Confluence Health recognized it wasn’t enough to just make a few tweaks here and there. They were going to need to completely redesign how primary care is delivered to the residents of North Central Washington.

Partnering with former Harvard Business School professor Dr. Richard Bohmer and with various experts with experience in the transformation of healthcare, Confluence Health launched a bold series of initiatives to prepare its leadership in all areas to become an organization nimble and capable enough to meet these goals, and to begin experiments on new ideas on how to better provide the access, ease, and outstanding care to the community they were committed to serving.

One major and central effort in this wider transformation is collectively known as ‘Primary Care Redesign’: an effort to rebuild and reimagine care. After 18 months of hard work, process improvement, experiments, and change, the effects are starting to ripple across the organization and making dramatic improvements.

“One major change that many have likely seen is the transition from walk-in clinics to DirectCare, which allows for patients to schedule same day and next day appointments rather than having to just show up to the clinic and wait for availability,” remarked Dr. Elizabeth Avena, core medical director for primary care. “Previously, you would have seen full waiting rooms but, if you go there now, the waiting rooms are nearly empty, but we are seeing and providing care for more patients than ever. It’s important to note that the spirit of the ‘walk-in’ hasn’t gone away but has just been improved: you can still get the care you need that can’t wait for a primary care appointment. The difference is that now patients have an appointment that they either scheduled online, over the phone, or by coming to the clinic and then can wait in the comfort of their own home rather than in a waiting room, all without losing their place in line.”

Though early on there were worries that this transition might lead to more patients needing to go to the ER or in patients foregoing primary care visits, this isn’t what has happened, Dr. Avena went on to clarify. Demand for those other services has held about the same, but the number of patients getting prompt appointments has increased through the rollout of DirectCare, leading to more care and convenience. Initially piloted in a limited way at the East Wenatchee walk-in clinic prior to the launch of DirectCare, in July 2024 the clinic saw 49.7% more patients than the same month the previous year. Since DirectCare launched at the Wenatchee Mares Campus in April of this year, a similar increase has

been seen with 15.6% more patients seen in July 2024 than in March 2024, the month prior to go-live. Overall, the number of patients seen has increased 13.8% across both clinics since the April go-live and, due to other efforts that are ongoing as well, the former walk-in clinics have increased the number of patients seen in July 2024 by 26.7% from the same month the previous year.

A crucial part of this success has also been the increase in the ability to schedule online, another component in the vast Primary Care Redesign project. Not only has online scheduling been opened for patients using DirectCare, but also for regular primary care visits, most commonly using MyChart which allows patients to have everything related to their care all in one convenient location through an online app. Over the course of a year, the percentage of appointments scheduled online more than doubled by July 2024, with almost 7,000 appointments made online in that month alone. This shift has also been seen with MyChart signups – using the electronic medical record to make appointments, view test results, and talk with providers – with over 8,000 new users on Confluence Health’s platform in the past 12 months. To further this push towards convenience and extension of care, some departments have even started serving patients as primary care provider (PCP) pools or pods, rather than single practitioners. By having a team working together, patients have more options on who and when they can schedule care with, and still have the benefits of care with a traditional PCP.

These options for patient care will be supplemented even further with the upcoming rollout of KeyCare – a new virtual care option which will allow Confluence Health patients to seamlessly access care 24/7 from their home or while traveling across the country while ensuring the visit notes end up in their chart for their care team – and Care Companion, a digital option for patients with chronic conditions such as diabetes, to help monitor vitals, learn about how to manage their health better, and communicate with their care team digitally. These options – part of a new initiative called Patient Digital Engagement that dovetails with and expands upon Primary Care Redesign – are still in development but are slated to be available before the end of the year in certain areas, expanding to others as the rollout continues.

“While these new avenues for care are coming soon, we’re extremely excited as well about another option which is already up and running: expanded patient care provided by clinical pharmacists,” added Tracy Corgiat, vice president of primary care at Confluence Health. “We currently have two clinical pharmacists who are seeing patients both locally and virtually and they help bridge a very real need in care by working with patients with hypertension or diabetes, for example, to fine-tune their medication dosing or other needs to optimize their health. In addition to their profound expertise in these areas, this also frees up family practice or primary care physicians to see other patients since clinical pharmacists are able to provide the ongoing aspect of care they specialize in as a part of a care team. It’s a win-win for our physicians and our patients.”

Availability has also been increased through smaller, more day-to-day standardization that has been implemented incrementally across Confluence Health as a part of the overall Primary Care Redesign vision. Recognizing the variability in how scheduling templates were handled for physicians in different departments, the team worked to standardize, allowing for the maximum number of appointments while still allowing for unexpected, acute needs that might arise and keeping an eye on not lessening the standard of care by rushing patients during their appointments. Efforts have also been underway to lessen the number of unused appointments since no-show appointments or appointments cancelled close to the date that go unfilled exacerbate the availability issue. Teams have worked hard to implement new processes, such as using MyChart to send out notices to patients with similar needs to offer to change to an earlier appointment when one becomes available, to ensure each slot is filled and patients are seen as fast as possible.

This standardization has extended even to new patients who need to establish care or people who need to establish care right away after a hospital stay but do not have a current PCP.

“Previously, there wasn’t any set, agreed upon standard for when a physician’s panel – the group of patients that a doctor cares for – would open or close, and this led to some closing prematurely or some not opening as readily as they could have, which makes it more difficult to establish care,” explained Dr. Avena. “Working with committees and our fellow physicians, we established a set of norms for when and how this would happen, which will make it much easier to see our capacity both today and down the road to ensure patients have the availability they need.”

“Especially as this access is improving, we also recognized that for some cases, such as when someone is being discharged from the hospital but doesn’t have a PCP that can take up their ongoing care needs, there needed to be an option to provide care until a PCP could be established,” added Corgiat. “We’ve begun using transitional care providers to bridge this gap. Often through either retired or soon-to-be-retired physicians who are looking for lighter workloads, these providers can help provide that continuum of care right after the patient is discharged to when they establish care with their new PCP, making sure no one is left behind or without that ongoing need met.”

And while the Primary Care Redesign project is still very much underway with much left to do, not to mention all the other ongoing efforts such as Patient Digital Engagement and more, this work is already bearing dividends.

When looking at a particularly impressive increase to a single site, a recent Press-Ganey survey given to gauge patient satisfaction found that, at the Confluence Health clinic in Cashmere, 20% of all appointments were now being made online and 93% of patients surveyed reported that they were able to get the appointment time that they preferred or was convenient for them. Overall, across the entire Confluence Health healthcare system, nearly 87% of patients reported being able to get the appointment they had wanted in June 2024, the last month for which finalized data was available.

“We’re in it for the long-haul at Confluence Health and we want to be providing superb care for our community in a way that meets needs for decades to come,” summarized Dr. Jones. “Our work in Primary Care Redesign and all the other initiatives is about ensuring we actually meet these aspirational visions, rather than just talking about them. It’s not always easy, but we care so much about North Central Washington and the people who call this place home that we are putting our full effort into making sure our mission of ‘local care by and for our community’ is exactly who we are, and who we will continue to be.”

About Confluence Health

Confluence Health serves the largest geographic region of any healthcare system in Washington State, covering over 12,000 square miles of Okanogan, Grant, Douglas, and Chelan counties. Confluence Health is one of only two locally-lead healthcare systems in the state with the purpose of maintaining availability and access to high-quality, cost-effective healthcare services for North Central Washington. The Confluence Health Board of Directors provides governance for Confluence Health and includes nine community board members and six physician board members.

For More Information

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