



Nemours Access Initiative

NASEM Webinar: The Pediatric Subspecialty Workforce and Its Impact on Child Health and Well-Being

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NEMOURS
CHILDREN'S HEALTH

Introduction & Objectives

- Access Initiative
- Previous and Current Clinics
- Training
- Data, Takeaways, Publications

Access Initiative

- 2011 - Nemours Strategic Plan included improving 5- day access for new patients
- Many subspecialties had very long wait times for new appointments: GI, Neurology (weeks); Developmental Medicine, Dermatology (months)
 - Idea 1 was to template appointments for 5-day access (only opens for scheduling 5 days prior) – *later changed to 3-day*
 - Idea 2 was to embed generalists into subspecialties – the idea of a generalist as a specialist
- Recruitment began for general pediatricians interested in this model of care
- Buy-in from subspecialists obtained
- Support of the Chair of Pediatrics and Physician-in-Chief

Previous and Current Clinics

- The first three clinics were ADHD, Headache, and Gastroenterology
 - Staffed by psychologist (ADHD) and generalists (Headache, GI)
 - Clinic in the same space as subspecialists who were available for consultation in real-time
- As the model expanded, and showed success in reducing wait times, new clinics were added:
 - Genetics, ID
- Over time, some clinics have phased out, with subspecialty divisions now able to meet access metrics (ADHD, GI, Genetics, ID)
- Other clinics have started up and are currently active:
 - Behavioral & Development, Dermatology, Gender Wellness, Healthy Weight/Wellness (2023)

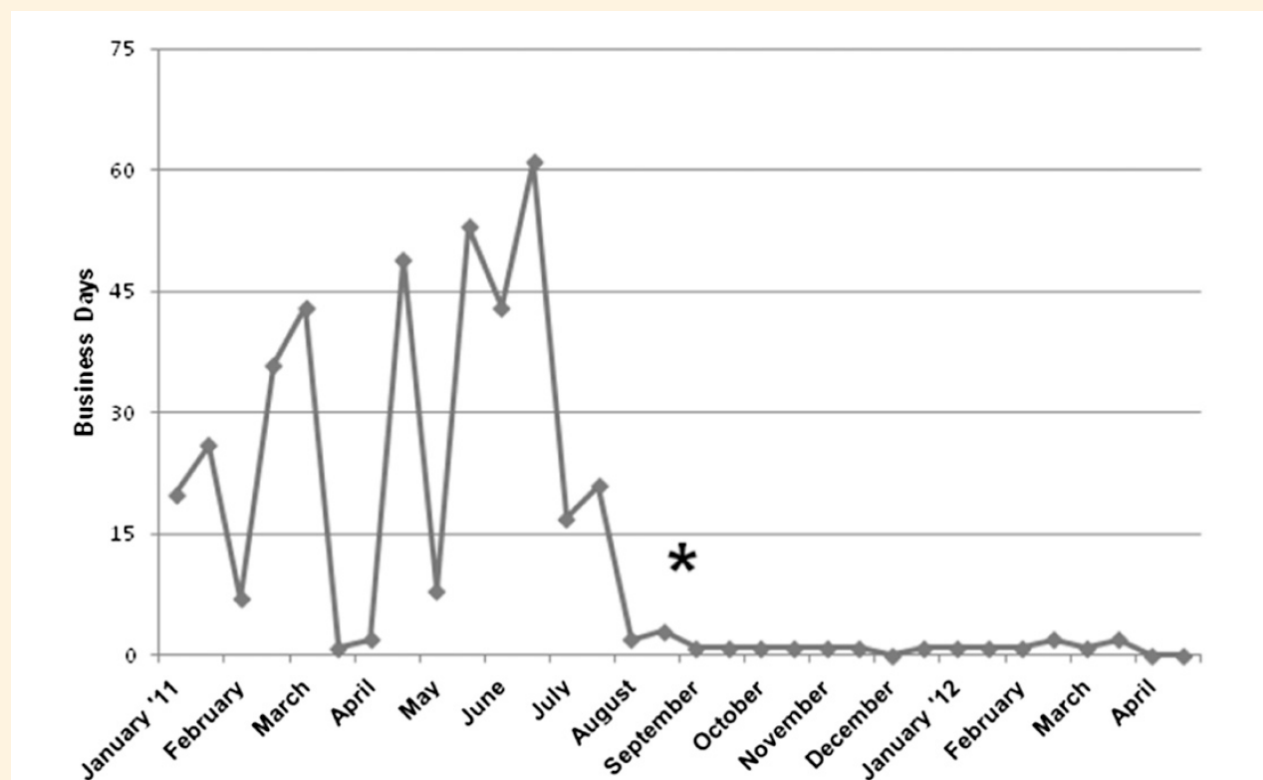
Training

- All Access Pediatricians are faculty in a clinical subspecialty division, with matrix reporting to General Academic Pediatrics
 - Shadow subspecialists initially; see patients of low complexity that would be seen in a primary care clinic – but with more time
 - Privileges in subspecialty for specific duties, paneled and billed as consultative generalists
- Ongoing training
 - Attend subspecialty education sessions, meetings; ongoing review of literature and new clinical guidelines
 - Maintain general academic pediatric/primary care clinical presence
 - Teaching of subspecialty expertise to trainees and colleagues

Data

- Early Access Clinics reduced new patient wait time for appointment significantly, including to <1 day for GI (avg. 25) and 1-2 days for Headache/ADHD (avg. 77)
- Behavioral and Developmental Access Clinic (BDAC) wait time for new patient appointment was decreased from 327 days for the subspecialist to 11 days for the Access Pediatrician
- Patient satisfaction was high, referring provider satisfaction was high
- Current Access Clinics have the following wait times for new appointments:
 - Dermatology: 1 week (vs. 4 months)
 - BDAC: 1 month (vs. 6 months)
 - Gender Wellness: 1 week (vs. 2 months)

Data



Challenges

- Some providers moved on to other roles, necessitating closure of some access clinics.
- Divisions where access clinics are closed were able to ramp up access from subspecialists.
- Where other needs arose, new clinics were started.
- The expansion of access clinics is still ongoing and top of mind

Takeaways

- Access Initiative has decreased wait times for new appointments
- Many appointments are “one-and-done” with low complexity problems that don’t need a subspecialist
- Others require follow-up and with appropriate templating, can reduce wait time for follow-ups
- Certain percentage go on to see a subspecialist; however, majority do not; these referrals to the subspecialists are direct and expedited
- Satisfaction high for access provider, referring provider, and patient/family
- **More generalists acting as specialists can improve access to subspecialty care**

Publications

- Access to subspecialty care: bringing back the specialty of general pediatrics. Sharif I, Gartner JC, Plesnick J, Greenspan JS. *J Pediatr*. 2012 Oct;161(4):577-8.
- A new model to decrease time-to-appointment wait for gastroenterology evaluation. Di Guglielmo MD, Plesnick J, Greenspan JS, Sharif I. *Pediatrics*. 2013 May;131(5):e1632-8.
- New patient access for pediatric specialties: some tools and challenges. Corso P, Greenspan JS. *J Pediatr*. 2015 Jun;166(6):1333-4.
- Pediatrician preferences, local resources, and economic factors influence referral to a subspecialty access clinic. Di Guglielmo MD, Greenspan JS, Abatemarco DJ. *Prim Health Care Res Dev*. 2016 Nov;17(6):628-635.
- General Pediatrician-Staffed Behavioral/Developmental Access Clinic Decreases Time to Evaluation of Early Childhood Developmental Disorders. Harrison M, Jones P, Sharif I, Di Guglielmo MD. *J Dev Behav Pediatr*. 2017 Jul/Aug;38(6):353-357.



Thank you!

Questions?