Introduction/Background:
- Appointment wait times have increased nationally since 20141
- Expected deficit of general cardiologists by 2025: 8,000 to 16,0002
- Problem: The General Cardiology Clinic at a Mid-Atlantic Academic Medical Center had variable access to care beyond national standards, which can negatively affect patient outcomes and satisfaction
- Solution: Implementation of Team-Based Care (TBC), which added advanced practice providers (APPs) to care teams alongside cardiologists to provide timely outpatient management of cardiac conditions
- Goal: Increase access to care and consequently patient satisfaction

Team Based Care (TBC) Model:
- APP co-manages patient panel of 3 cardiologists
- APP sees patients independently and bills under their own NPI number
- Visit Types: Follow Ups, ED and Hospital Discharges and Pre-Op Assessments
- MA supports APP as well as the overall team

Results:
- 9-months after TBC had a greater decrease in time to new patient appointment, with an average of 30.7 days to appointment compared to 41.2 days for non-team providers
- TBC also had a higher percentage of new patient appointments within 14 days compared to non-team providers
  - Neither group reached the benchmark goal of 53.3% of new patient appointments within 14 days, but the TBC group was closer to this target
- Patient satisfaction increased modestly across TBC providers but decreased for non-team providers

Discussion/Conclusion:
- These findings suggest that a team-based model of care utilizing APPs can be an effective way to improve access to care while maintaining or improving patient satisfaction in the outpatient general cardiology setting
- Future Opportunities:
  - Standardized follow up intervals
  - Assessment of provider satisfaction with TBC
  - Expansion of TBC to all General Cardiology

References/Disclosures:
1. Merritt Hawkins (2022)
2. Association of American Medical Colleges (2021)
Author Disclosures: None
Author Contact: cml8bx@virginia.edu

Methods:
- Formative program evaluation using the Agency for Clinical Innovation (ACI) framework (pictured below) was conducted to assess the impact of TBC on access to care and patient satisfaction during the early implementation of this new care model, which started in January 2022

Access to care and patient satisfaction measures for all general cardiology providers were compared to national benchmarks and differences between TBC and non-team providers evaluated
- Post-implementation outcomes were measured at 3-, 6-, and 9-month intervals

Team Based Care (TBC) Model:
- Improved access to care
- Increased provider satisfaction
- Improvement in patient satisfaction

Patient Satisfaction: Overall Likelihood to Recommend

Impact on Access to Care and Patient Satisfaction

Discussion/Conclusion:
- These findings suggest that a team-based model of care utilizing APPs can be an effective way to improve access to care while maintaining or improving patient satisfaction in the outpatient general cardiology setting
- Future Opportunities:
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Team-Based Care Model Utilizing Advanced Practice Providers in General Cardiology: Impact on Access to Care and Patient Satisfaction
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University of Virginia Heart and Vascular Center, Charlottesville, VA

Average Days to New Patient Appointment

<table>
<thead>
<tr>
<th></th>
<th>Non-Team</th>
<th>Team-Based Care (TBC)</th>
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<tbody>
<tr>
<td>3 months Post-TBC May 2021</td>
<td>31.1</td>
<td>29.3</td>
</tr>
<tr>
<td>6 months Post-TBC June 2022</td>
<td>35.9</td>
<td>32.2</td>
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47% decrease for TBC compared to 20% decrease for non-team providers

Percent of New Patient Appointments within 14 Days

<table>
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<th>Non-Team</th>
<th>Team-Based Care (TBC)</th>
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</thead>
<tbody>
<tr>
<td>3 months Post-TBC May 2021</td>
<td>35.7</td>
<td>37.6</td>
</tr>
<tr>
<td>6 months Post-TBC June 2022</td>
<td>38.7</td>
<td>41.2</td>
</tr>
</tbody>
</table>

39% of appointments within 14 days for TBC versus 20% for non-team providers

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