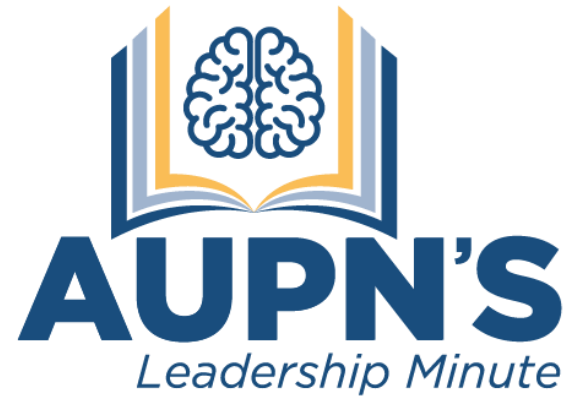




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*Improving Access to  
Neurology Care*



**Gwenn Garden, MD**  
University of North Carolina  
at Chapel Hill

## Leadership Minute Podcast Episode Description

- Access to care for patients with neurological disorders is extremely limited.
- What can academic departments do to improve access to care for neurology patients?
- This leadership minute discuss ways to address the neurology access problem through:
  - Inspiration
  - Incentivization
  - Innovation

# The UNC Chapel Hill Experience

- Since 2019
  - $\cong$  25% growth in ambulatory clinic faculty FTE
  - $\cong$  50% growth in ambulatory visit volume
  - $\cong$  50% growth in net receipts (on track for improvement in FY24)
  - New patient median time from referral to visit  $\cong$  12 weeks

# Inspiration

- All providers value timely access to care for new patients.
  - Establish access to care as a “north star” issue
  - Explain the difference Neurology providers make
  - Raise the concept of access as a health equity issue

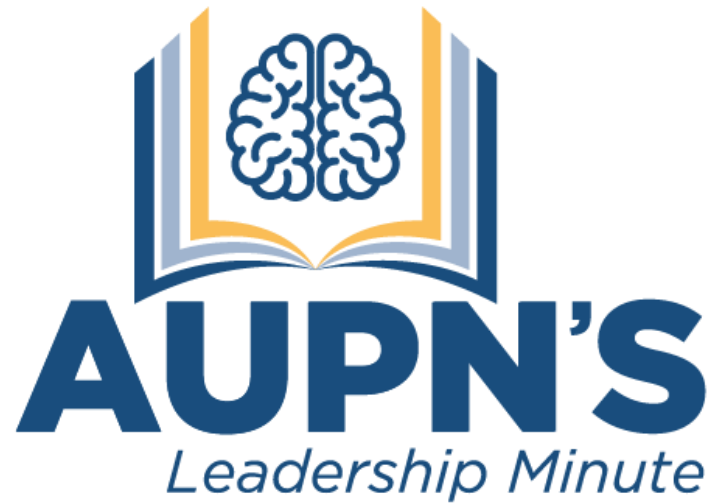
# Incentivization

## Use your compensation plan to change behaviors

- Carrots (extra pay) and sticks (deny extra pay) are very helpful
- Reward new access metrics:
  - New: return ratio
  - # of patients transferred or co-managed by APP or PCP
  - Creating more new visits in templates
- Move from wRVU targets and using wRVU for incentive payment determination
  - wRVUs incentivize procedures over access
  - wRVUs inhibit collaboration (which is key for a group practice model)

# Innovations

- Template innovation
- Group practice model
  - Nurse practitioners – Chronic, stable and stable-“ish” patients
  - Physician assistants – procedures, patients on stable care plans
  - Pharmacy Doctorates – manage medication toxicities and immunosuppression
  - Nurses, care managers, etc. – unbillable care
- Waitlist and EPIC FastPass
- Triage clinic
- Co-Management with PCP



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