
Addressing Staff Shortages and Primary Care Access Problems through Innovative Scheduling

A Case for a Unique Team Model in Family Practice

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Abstract:

The growing shortage of healthcare professionals, particularly in primary care, poses significant challenges to accessible and efficient patient care. This paper explores the impact of staff shortages on healthcare delivery and proposes a novel scheduling solution: the 3-12 team model. By employing two nurse practitioners (NPs) in rural family practice settings, this model aims to enhance patient access and continuity of care, while maximizing physical space. The 3-12 schedule involves 2 clinicians working opposite 3 12-hour shifts, followed by one day off, thus covering six days of patient care each week. This paper will discuss the implications of this model for addressing workforce shortages and improving patient outcomes.

Introduction:

The demand for primary care services is increasing, driven by an aging population, the rise of chronic diseases, and expanded healthcare coverage. However, a critical shortage of healthcare providers, including family physicians and nurse practitioners, threatens the accessibility and quality of care. This shortage is particularly acute in rural and underserved areas, where healthcare disparities are most pronounced. To address these challenges, innovative solutions are necessary to optimize the use of available resources and ensure continuous patient care.

The 3-12 Scheduling Model:

The 3-12 model is a scheduling strategy designed to maximize the availability of healthcare providers while promoting work-life balance and reducing burnout. This model involves two nurse practitioners, each following a schedule of three consecutive days of work, with 4 consecutive days off, this rotation allows for six days of patient care coverage each week, ensuring that patients have consistent access to their healthcare team. This model allows a large panel of patients to be seen in the same space with better access with Sunday-Friday availability.

Implementation in a Family Practice Setting:

In a family practice setting, implementing the 3-12 model can provide several advantages:

- 1. Continuity of Care:** With two NPs managing the same panel of patients under the supervision of a family physician, patients benefit from consistent and familiar care providers. This continuity fosters stronger patient-provider relationships, which are crucial for effective chronic disease management and preventive care.
- 2. Expanded Access:** By covering six days of the week, the 3-12 model increases the availability of appointments, reducing wait times and improving access to care. This is particularly beneficial for patients with urgent needs or those with scheduling constraints.

3. Enhanced Team Collaboration:

The collaborative nature of the model encourages teamwork and communication between the NPs and the physician. This can lead to more comprehensive care plans and improved patient outcomes.

4. Provider Satisfaction:

Offering a balanced schedule with regular time off helps reduce burnout among healthcare providers, improving job satisfaction and retention rates.

Challenges and Considerations:

While the 3-12 model presents several benefits, its implementation requires careful planning and consideration of potential challenges:

1. Coordination and Communication:

Effective coordination and communication are essential to ensure seamless transitions between providers and maintain continuity of care.

2. Training and Scope of Practice:

NPs must be adequately trained and supported to manage a wide range of patient needs within their scope of practice. Ongoing education and professional development are crucial.

3. Financial Implications:

Practices must evaluate the financial feasibility of this model, considering factors such as reimbursement rates, staffing costs, and potential revenue from increased patient volume.

Conclusion:

The 3-12 scheduling model has been an innovative solution to the challenges posed by staff shortages and limited primary care access. By leveraging the skills and expertise of nurse practitioners working as a team, this model has enhanced patient care, improved provider satisfaction, and ultimately contributed to more sustainable healthcare delivery. Starting with one single provider, a small rural office with space constraints, we quickly saw the benefits of this model, which has led to 9 family practice offices utilizing the 3-12 model. This model has shown great success in family practice and is now being implemented in 2 pediatric locations.



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