CASE STUDY
JOHNS HOPKINS ACG® SYSTEM
IN COLLABORATION WITH GRAPHNET HEALTH & THATCHAM MEDICAL PRACTICE

Thatcham Medical Practice Improves Care, Access and Efficiency Using Johns Hopkins ACG System Patient Segmentation

At a glance

Thatcham Medical Practice uses the Johns Hopkins ACG System Patient Need Groups (PNG) segmentation model within the TVS (Thames Valley Surrey) Shared Care Record, powered by Graphnet Health to enhance patient triage, prioritize care and optimize workforce efficiency.

With over 19,000 patients, the practice used PNGs to inform appointment scheduling in order of need and streamline care delivery, leading to improved patient outcomes, enhanced patient experience and reduced hospital admissions.

"This solution focuses on three key points: access, patient needs and dealing with your workforce. I found the segmentation tool to be an ideal thing that brings all these three together."

DR. HEIKE VELDTMAN, GP Partner

BENEFITS

Improved access and triage

Front-desk staff now direct patients to care based on need, reducing unnecessary face-to-face appointments and ensuring patients see the right clinician faster.

Evidence-based decision making

Clinicians use dynamic segmentation insights together with patient-reported symptoms, improving triage, treatment planning and medication review prioritization based on risk.

Preventive care leading to reduced hospital admissions

Proactive, targeted interventions for high-risk patients have led to fewer hospital admissions and improved chronic condition management.

Contact us today to learn more.

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Challenges

Thatcham Medical Practice faced rising patient demand for medical appointments, necessitating a solution to better allocate staff based on their skill sets and enhance patient triage to improve access to care.

Solutions

By incorporating the ACG System's PNGs in its TVS Shared Care Record, the team at Thatcham further categorized patients by clinical risk into Red, Amber and Green groups. Front desk and clinical staff were trained to use these insights alongside the patient's presenting symptoms to inform appointment scheduling, triage and workload planning — prioritizing patients with the highest needs.

Initial findings

The team found that 43% of face-to-face visits were with lower-risk ('Green') patients, while fewer than 10% of face-to-face visits were with high-risk ('Red') patients, despite the latter group's higher and more complex needs. The segmentation analysis allowed the practice to redirect patients to the most appropriate care based on clinical need, resulting in the following key metrics.

"We are addressing patient needs in a different way — a better way — sorting them out the first time around."

DR. HEIKE VELDTMAN
GP Partner

"When a patient calls, we use the RAG rating as a soft signal to help signpost the appropriate appointment."

JENNY GROOMBRIDGE
Receptionist

KEY METRICS

- **5% increase in face-to-face consultations** for higher-risk ('Red') patients, leading to better management of complex conditions
- **Increased telephone consultations and reduced face-to-face consultations** for lower-risk ('Green') patients, improving accessibility and efficiency
- **A trend towards reduced hospital admissions** as a result of proactive care

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