

THE COLLEGE OF  
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OF CANADA



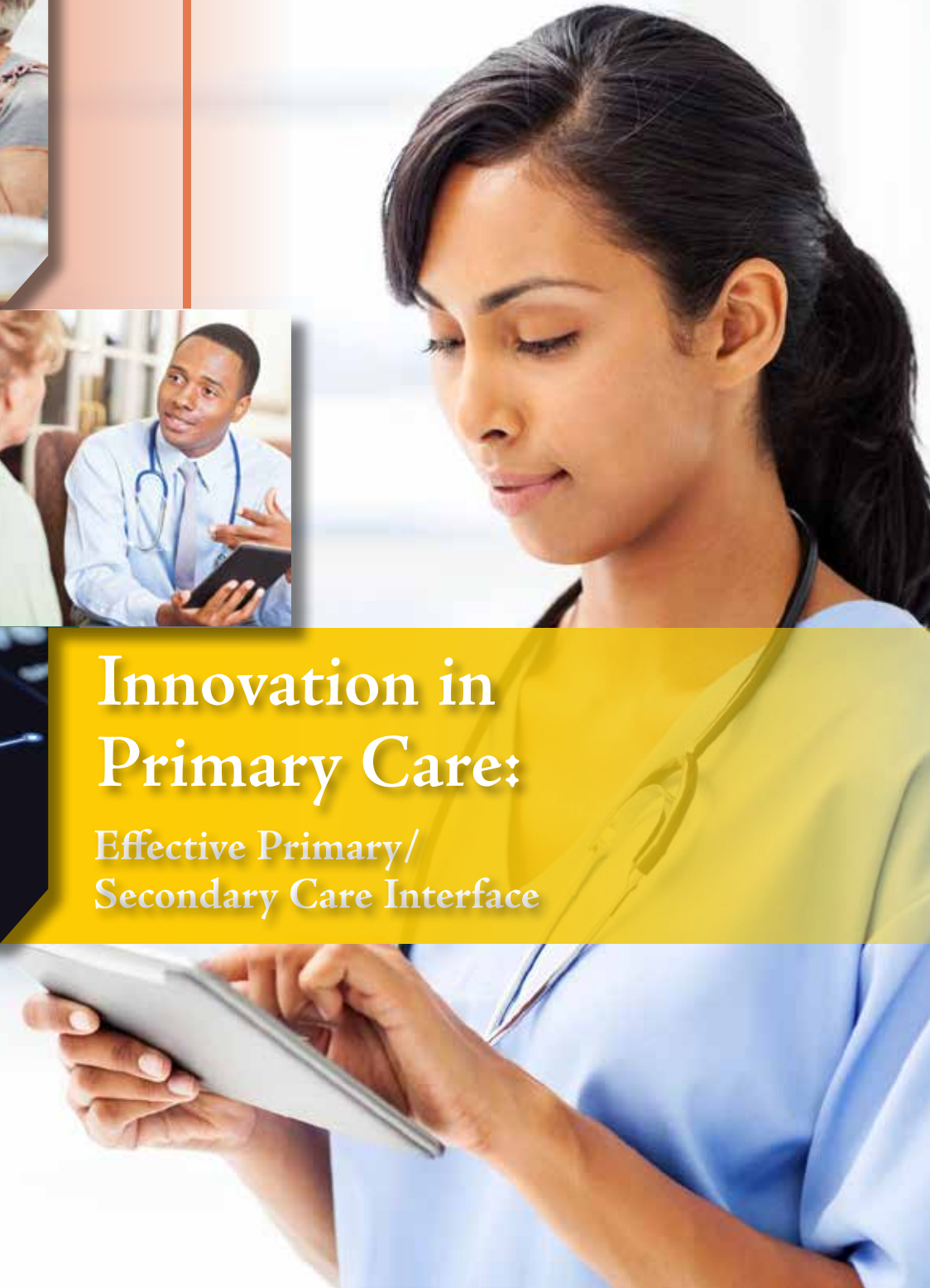
LE COLLÈGE DES  
MÉDECINS DE FAMILLE  
DU CANADA



# Innovation in Primary Care:

Effective Primary/  
Secondary Care Interface

January  
2017








## INTRODUCTION:

# Upscaling local innovation

**THE INNOVATION IN PRIMARY CARE** case series aims to foster collaboration, sharing, and learning among family physicians in different provinces and territories. The series highlights local innovations and approaches to health care that are working well using examples of thematically connected experiences.

Each case will focus on a particular situation, including the obstacles encountered, the strategies used, and what was gained in the process.

While some challenges may exist in implementing innovative ideas across Canada, we hope you will find this series helpful in practice.

The College of Family Physicians of Canada and its Advisory Committee on Family Practice are pleased to launch this series' first issue, which focuses on the theme of "effective primary/secondary care interface" with cases featured from Alberta, British Columbia, Newfoundland and Labrador, and Ontario. 



# Gastroenterology Referrals in Alberta

## Integration between local Primary Care Networks and the Division of Gastroenterology in Calgary (University of Calgary and Alberta Health Services)

### What needed improvement?

Between 2010 and 2016 referrals to gastroenterologists increased to more than 1,600 per month from 900 per month. Patients with referrals considered “routine” faced a wait period of more than 2 years, which meant some would in fact never be seen since the number of referrals coming in each month exceeded the available slots for patients to be assessed, resulting in a never-ending wait list.

### What was done to help the situation?

Family physicians and gastroenterologists both saw the issue of access as one they shared, so they committed to finding solutions together. It was found that routine referrals often could be managed in family practice with proper support. Local Primary Care Network medical directors were brought together with gastroenterology leaders (the head of the Division of Gastroenterology at the University of Calgary and Alberta Health Services, other key physicians, and leaders in triage and administration) to look at gaps and brainstorm solutions. Improving patient care and implementing the solutions as inexpensively as possible, using resources that already existed, were the goals.

Local Primary Care Networks worked with the Division of Gastroenterology to solve this issue by implementing:

- Clinical pathways for gastroesophageal reflux disease, chronic constipation, and irritable bowel syndrome/chronic abdominal pain, including a process for re-referring to gastroenterology for patients who remained symptomatic after following the care pathway
- Group medical visits with a multidisciplinary team including a family physician, plus a gastroenterologist to see patients who still need to be seen individually after a group visit
- **Specialist LINK**—a dedicated phone line that family physicians can use to get advice in 15 minutes from a gastroenterologist while the patient is in the family physician’s office

Family physicians received communications about routine referrals coming back to them—ie, why and how to manage them—and received timely support from gastroenterologists through Specialist LINK. A “score card” of metrics to track progress was developed, accompanied by ongoing dialogue between family physicians and the Division of Gastroenterology.



## WHAT WAS GAINED?

- There has been a reduction in the routine wait list by 700 referrals since January 2016
- Reductions in wait times for urgent and moderately urgent gastroenterology referrals
- Happy patients (who get more timely access to care through group medical visits)
- Happy family physicians (who appreciate support from Specialist LINK)
- Happy gastroenterologists (who connect with and support family physicians to provide best care)

## WHAT WAS LEARNED?

Care pathways and group visits in family practice with support from external gastroenterologists allow the management of cases in family practice, reducing the number of referrals.

## TO FIND OUT MORE ABOUT THIS CASE, CONTACT:

Dr Rick Ward, Medical Director,  
Primary Care, Calgary Zone,  
Alberta Health Services  
Email: [rawardmd@gmail.com](mailto:rawardmd@gmail.com)

## CFPC LOCAL CHAPTER CONTACT INFORMATION:

Terri Potter, Executive Director,  
Alberta College of Family  
Physicians  
Email: [terri.potter@acfp.ca](mailto:terri.potter@acfp.ca)

# Timely Access to Specialty Care in British Columbia

## Improving access with the Pathways referral tool and RACE phone line

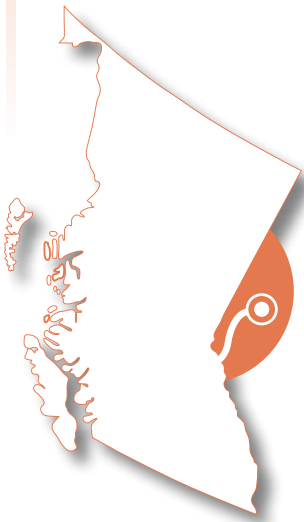
### What needed improvement?

Patients with chronic conditions often have to navigate a confusing and fragmented system to get timely access to the complex care they need. In British Columbia innovative resources were needed to help family physicians get their patients access to the right specialty care when needed as quickly as possible. Ideally, the locus of care should remain with the family physician to make things easier for the patient.

### What was done to help the situation?

**Pathways:** A new online directory tool that connects family physicians and other specialists to help improve the process for patient referrals was developed by the Fraser Northwest Division of Family Practice, which includes family physicians in parts of Burnaby, New Westminster, Coquitlam, Port Coquitlam, and Port Moody, British Columbia. The General Practice Services Committee (GPSC), a joint committee of Doctors of BC and the provincial government, then adopted the tool as a pilot project in 2014 and rolled it out to 12 Divisions, including Vancouver, all Divisions in the Fraser Health catchment area, and Kootenay Boundary. This tool provides information on all specialists in local Divisions, their areas of practice, and their wait times, but was designed not to hold any patient-related data. It is password protected and available only to physicians and their staff who have access. Access to Pathways is mediated through local Divisions of Family Practice, which are community-based groups of family physicians who work together on particular health care goals and are funded by the GPSC. In 2015 the GPSC approved the expansion of Pathways across the province, which is ongoing. Use of the tool has now spread to 14 Divisions, providing access to about 2,500 physicians (50% of Division members) in British Columbia, and is anticipated to reach 80% of Division members by the end of 2016.

**RACE:** A toll-free telephone line for Rapid Access to Consultative Expertise (RACE), with multiple specialists taking calls from family physicians seeking support in the management of their patients, was developed based on a pilot study that was done in 2008 by St. Paul's Hospital's Division of Cardiology and the Providence Health Care Department of Family Medicine, which allowed family physicians to page a cardiologist. The RACE model was expanded in June 2010 through a partnership with Providence Health Care, the Shared Care Committee (a joint committee of the BC Medical Association and the Ministry of Health), and Vancouver Coastal Health. Family physicians can call a central number, choose from a selection of specialty services, and be directed to the specialist needed for "just-in-time" advice. The phone line is available from 8 am to 5 pm Monday to Friday, and is meant to provide a call back within 2 hours. Fee codes have been created to compensate participants in telephone consultations between family physicians and other specialists.



The RACE line has grown to include 25 specialty areas from five in the beginning, with more to be added based on ongoing needs identified by family physicians. Interviews and surveys were done to measure RACE's use, benefits, areas for improvement, and knowledge transfer. The formal evaluation was completed in 2012 by Dr Scott Lear, Team Leader at the British Columbia Alliance on Telehealth Policy and Research. The findings indicated:

**8 OUT OF 10**  
CALLS WERE  
RETURNED WITHIN  
10 MINUTES

**9 OUT OF 10**  
CALLS WERE LESS  
THAN 15 MINUTES  
IN LENGTH

**6 OUT OF 10**  
CALLS AVOIDED THE  
NEED FOR A FACE-  
TO-FACE CONSULT  
WITH A SPECIALIST

**1/3**  
OF CALLS  
HELPED AVOID  
AN EMERGENCY  
DEPARTMENT  
VISIT



### WHAT WAS GAINED?

Family physicians can now get quick access to many different types of specialists when needed, which has improved patient care and family physician satisfaction.

### WHAT WAS LEARNED?

The locus of care can remain with the family physician using innovative resources to get timely access to and support from specialty care.

### TO FIND OUT MORE ABOUT THIS CASE, CONTACT:

Ryan Lammertsen, Pathways Executive Lead  
(<https://divisionsbc.ca/provincial/pathways>)  
Email: [ryanlammertsen@pathwaysbc.ca](mailto:ryanlammertsen@pathwaysbc.ca)

Margot Wilson, RACE line ([www.raceconnect.ca](http://www.raceconnect.ca))  
Director, Chronic Disease Management Strategy,  
Providence Health Care  
Email: [mwilson@providencehealth.bc.ca](mailto:mwilson@providencehealth.bc.ca)

### CFPC LOCAL CHAPTER CONTACT INFORMATION:

Toby Kirshin, Executive Director,  
British Columbia College of  
Family Physicians  
Email: [toby.kirshin@bccfp.ca](mailto:toby.kirshin@bccfp.ca)

# Endoscopy Services in Newfoundland and Labrador

## Standardized referral forms for endoscopy and stress testing with central intake and wait-list management

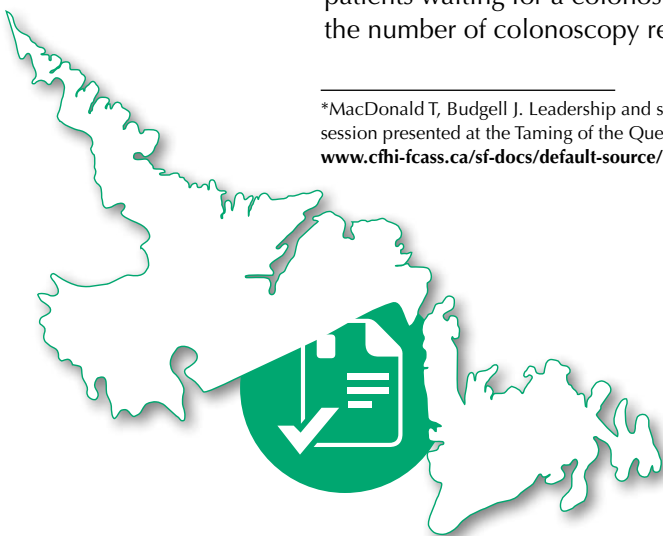
### What needed improvement?

The demand for endoscopy services such as colon cancer screening and other gastrointestinal concerns was growing beyond the clinic capacity of the Regional Health Authorities in Newfoundland and Labrador. In 2010 the Newfoundland and Labrador Department of Health and Community Services announced a provincial wait time management strategy for endoscopy services to improve access to these services for patients, reduce existing wait times, and make the referral process more efficient.

### What was done to help the situation?

Central Health, the second-largest health region in the province, formed a working group to assist in developing a wait-list management strategy to improve access to endoscopy services and reduce wait times. This involved having a standardized provincial referral form for all endoscopy services with a central intake to provide family physicians a single point of entry for referral of patients, and exploring ways to better measure demand for services. Implementation involved discussions with family physicians, other specialists, and other primary care providers about the new referral process. The full scope and impact of the project with outcome measures can be viewed in Central Health's poster on **Leadership and sustainable change: A process improvement initiative in endoscopy\***. Results indicated significant improvements within 1 year from December 2011 to December 2012. With respect to referral rates (urgent and non-urgent combined), the number of patients waiting for a colonoscopy in that year decreased to 864 from 1,139, while the number of colonoscopy referrals increased to 43 from 14.

\*MacDonald T, Budgell J. Leadership and sustainable change: A process improvement initiative in endoscopy. Poster session presented at the Taming of the Queue, Ottawa, ON. 2013. Available from: [www.cfhi-fcass.ca/sf-docs/default-source/tq2013/Central-Health-poster.pdf](http://www.cfhi-fcass.ca/sf-docs/default-source/tq2013/Central-Health-poster.pdf). Accessed 2016 Apr 7.





## WHAT WAS GAINED?



**CONSISTENT INFORMATION WAS INCLUDED ON ALL PATIENT REFERRALS**



**AN EASIER REFERRAL PROCESS FOR PRIMARY CARE PROVIDERS WAS CREATED**



**WAIT TIMES DECREASED THROUGH EQUAL DISTRIBUTION OF REQUESTS BASED ON CLINICS' STAFFING CAPACITIES**



**A CENTRAL POINT OF CONTACT WAS INTRODUCED FOR PATIENT REFERRALS AND WAIT-LIST MANAGEMENT**

## WHAT WAS LEARNED?

A central management approach to patient referrals helps find inefficiencies in a health care system and explore what actions can be taken to improve access to care.

## TO FIND OUT MORE ABOUT THIS CASE, CONTACT:

Dr Jody Woolfrey  
Email: [jwoolfrey@nf.sympatico.ca](mailto:jwoolfrey@nf.sympatico.ca)

## CFPC LOCAL CHAPTER CONTACT INFORMATION:

Debbie Rideout, Chapter Administrator  
Newfoundland and Labrador College of Family Physicians  
Email: [debbierideout@cfpc.ca](mailto:debbierideout@cfpc.ca)

# The Champlain BASE™ in Eastern Ontario

## Building access to specialists through e-consultation

### What needed improvement?

A study of wait times in Ontario in 2013 found that patients with non-urgent conditions waited a median of 87 days between being referred to a specialist and receiving a face-to-face visit. Prolonged wait times are associated with patient frustration and anxiety, lost productivity, and poorer health outcomes.

### What was done to help the situation?

**The Champlain BASE™ eConsult Service**, a secure online platform for consultation between primary care providers and specialists, was first launched as a proof-of-concept in January 2010, providing access to five specialty groups. Based on its success at the proof-of-concept stage, a modified version of eConsult was implemented as a pilot project in April 2011 to improve access to specialist care in Eastern Ontario. What began as a conversation between two health care providers in Ottawa, Ontario—Dr Clare Liddy, a family physician, and Dr Erin Keely, an endocrinologist—has grown into a service that now provides access to 86 different specialty groups, the largest menu of specialties of any such service worldwide. Since implementing the program, the average wait time for more than 14,000 patients has been reduced to days from several months. To use the service primary care providers log on to the application and enter their questions into a free text field, attach any files they deem relevant (eg, images, test results), and select the appropriate specialty group. A case assigner allocates the eConsult to a specialist, who responds within 1 week with a recommendation to refer, advice on how best to provide treatment, or a request for more information. The primary care provider and specialist carry on a continual exchange until the case is resolved, at which point the primary care provider completes a mandatory five-question survey to close the case.

<sup>1</sup>Barua B, Esmail N. *Waiting Your Turn: Wait Times for Health Care in Canada*. Vancouver: Fraser Institute; 2013



## WHAT WAS GAINED?

- Since its implementation, the eConsult service has completed 14,395 cases and enrolled 1,039 primary care providers (879 family doctors and 160 nurse practitioners) from 397 clinics in 92 towns/cities across Ontario; more than 75% of primary care providers in the Champlain Local Health Integration Network have joined the service
- More than two-thirds of cases are resolved without the patient requiring a face-to-face visit with a specialist
- The service has received overwhelming patient support and acceptance as an alternative to specialist visits
- It has fostered collaboration between primary care providers and specialists who both agree that the service is user friendly and provides high value for them and their patients
- It has resulted in reductions in costs across specialty groups—eConsult costs a weighted average of \$47.35/case versus \$133.60/case for traditional referrals
- The Champlain BASE eConsult Service is now collaborating with other regions across Canada and the United States to explore the implementation of the eConsult model of care



## WHAT WAS LEARNED?

Interprofessional dialogue and brainstorming can lead to innovative solutions to significant problems facing Canada's health care system.

## TO FIND OUT MORE ABOUT THIS CASE, CONTACT:

Dr Clare Liddy  
Email: [cliddy@bruyere.org](mailto:cliddy@bruyere.org)  
[www.champlainbaseconsult.com](http://www.champlainbaseconsult.com)

## CFPC LOCAL CHAPTER CONTACT INFORMATION:

Jessica Hill,  
Chief Executive Officer,  
Ontario College of Family  
Physicians  
Email: [ocfp@cfpc.ca](mailto:ocfp@cfpc.ca)

# Connected Medicine: Enhancing access to external specialist consults

An 8-month pan-Canadian  
quality improvement e-Collaborative

## What needed improvement?

Timely access to specialist care remains a challenge in Canada, with seven out of 10 family physicians reporting their patients experience long wait times to see other specialists.<sup>‡</sup> Pockets of innovation addressing this challenge exist across Canada. However, there are limited opportunities for clinicians to learn from what works and gain the skills and knowledge needed to implement their own local solutions.

## What was done to help the situation?

The Canadian Foundation for Healthcare Improvement (CFHI), in partnership with the College of Family Physicians of Canada, Canada Health Infoway, and the Royal College of Physicians and Surgeons of Canada, developed an 8-month quality improvement e-Collaborative aimed at enhancing primary health care access to specialist consult services through the use of electronic and/or telephone tools. The Connected Medicine: Access to Specialist Consult e-Collaborative runs from May 4 to December 31, 2016. Eleven improvement teams from across Canada and internationally are participating, which offers the opportunity to learn about existing models. Two of these projects were discussed earlier in this report: 1) Rapid Access to Consultative Expertise (RACE), a telephone advice line launched at Providence Health Care/Vancouver Coastal Health in British Columbia; and 2) the Champlain BASE eConsult Service, a secure, Web-based e-consultation service launched across the Champlain Local Health Integration Network in Ontario. Over the 8-month e-Collaborative, improvement teams will develop a business case and implementation strategy while also gaining skills in quality improvement methods to assess, design, and develop a specialist consult strategy for implementation and evaluation.

<sup>‡</sup> Canadian Institute for Health Information. *How Canada Compares: Results From the Commonwealth Fund 2015 International Health Policy Survey of Primary Care Physicians*. Ottawa, ON: CIHI; 2016



Canadian Foundation for  
**Healthcare  
Improvement**

Fondation canadienne pour  
**l'amélioration des  
services de santé**





## WHAT WAS GAINED?

- Working toward the Quadruple Aim—building from the Institute for Healthcare Improvement’s Triple Aim framework to simultaneously improve patient experience, population management, and per capita cost of care, as well as enhance provider experience
- Assessing where the greatest opportunities exist to pursue a specialist consult service
- Learning about and designing RACE- and/or BASE-like initiatives within their organizations and/or regions, including development of a business plan
- Applying quality improvement methods to assess, design, implement, and evaluate their improvement
- Enhancing ways of working as an effective interprofessional team
- Planning for the spread and sustainability of specialist consult improvement

## WHAT WAS LEARNED?

- Improving access to specialists is achievable through the use of specialist consults and there are opportunities to spread and scale these innovations across the country
- The Connected Medicine: Access to Specialist Consult e-Collaborative responds to what organizations are telling us they need to kick-start sustainable innovation at the service-delivery level: opportunities to network and learn from proven innovations; program structure; and facilitated collaboration with others

## TO FIND OUT MORE ABOUT THIS CASE, CONTACT:

Jennifer Verma, Senior Director  
Canadian Foundation for Healthcare Improvement  
Email: [Jennifer.Verma@cfhi-fcass.ca](mailto:Jennifer.Verma@cfhi-fcass.ca)

Kirby (Christine) Kirvan, Improvement Lead  
Canadian Foundation for Healthcare Improvement  
Email: [Christine.Kirvan@cfhi-fcass.ca](mailto:Christine.Kirvan@cfhi-fcass.ca)



## CONCLUSION:

**WE HOPE YOU** have found these cases on effective primary/secondary interface useful and we look forward to sharing more with you in the future as themes and ideas for the Innovation in Primary Care Series evolve. It is important to share information and consider what we may do differently in practice, and learn from others' experiences and approaches to health care that are working well. Canada's health care system is under reform and in need of innovative strategies for improving timely access to care for all patients—and that includes both primary and specialty care. Interprofessional collaboration with multidisciplinary teams and community-based services will continue to be central to providing patient-centred care and finding solutions to the issues in health care that challenge us all. 