

Access to Primary Care A Long Journey

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première ligne

Massive Media Coverage Across Canada

Nearly 75,000 Quebecers refused by family doctors through online registry



General practitioners cite 'unreachable' or 'incompatible' patient denial

CBC News · Posted: Feb 18, 2018 6:47 PM ET | Last Updated: February 18, 2018



Long wait for a family doctor for thousands of British Columbians

Glen Schaefer / The Province
APRIL 5, 2015 03:29 PM



Why Quebec's family doctor crisis is the worst in Canada

For nearly 30 years, compulsory staffing policies for hospitals have short-changed primary care in this province. Now, GPs' advocates are pressing for change

TU THANH HA >
PUBLISHED NOVEMBER 29, 2022



2 challenges

- Attachment to primary care providers
- Timely access

2 solutions

- Centralized waiting lists (CWL) for unattached patients
- Advanced Access model

Access to Primary Care



Challenge 1 :
Attachment to a PC
provider

Attachment to a Primary Care Provider



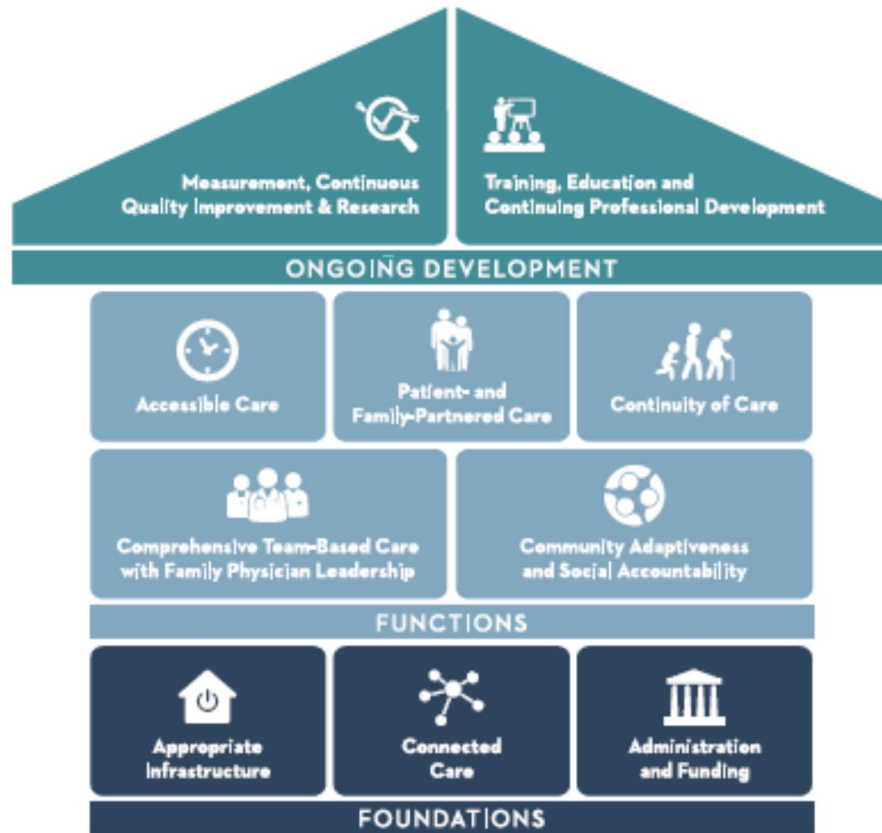
- Having a regular PC provider = Convincing literature
 - accessible, continuous, comprehensive care
 - lower emergency department use
 - better chronic disease management



- 15% of Canadians do not have a primary care provider
~ 5 millions



- #1 reason: cannot find a provider



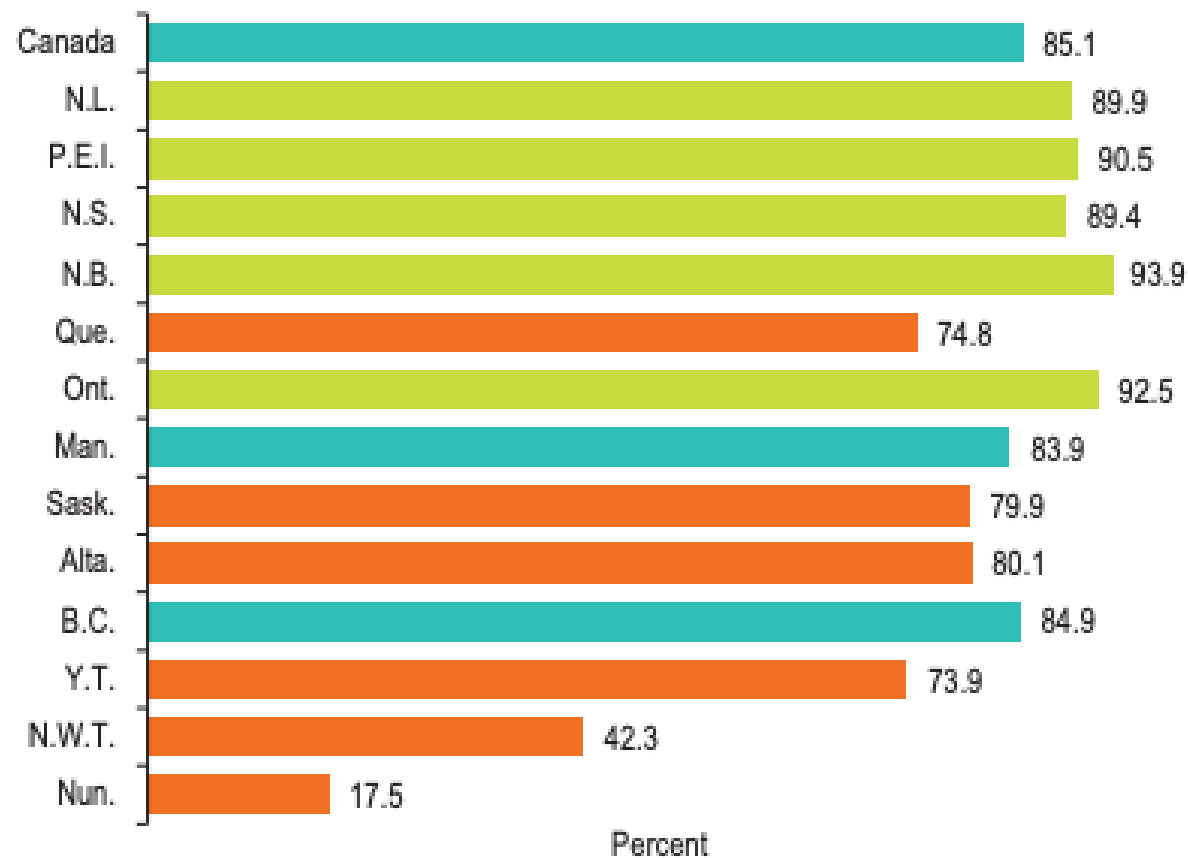
CFPC, 2019

Patient's Medical Home – Team-Based Care

- Family Physician or Nurse Practitioner
- Formal attachment (rostering) to a family physician in some provinces (e.g., Québec)
- Moving toward a team-based attachment ?



Unattached Patients Across Canada



Results compared with the Canadian average

● Above average ● Same as average ● Below average

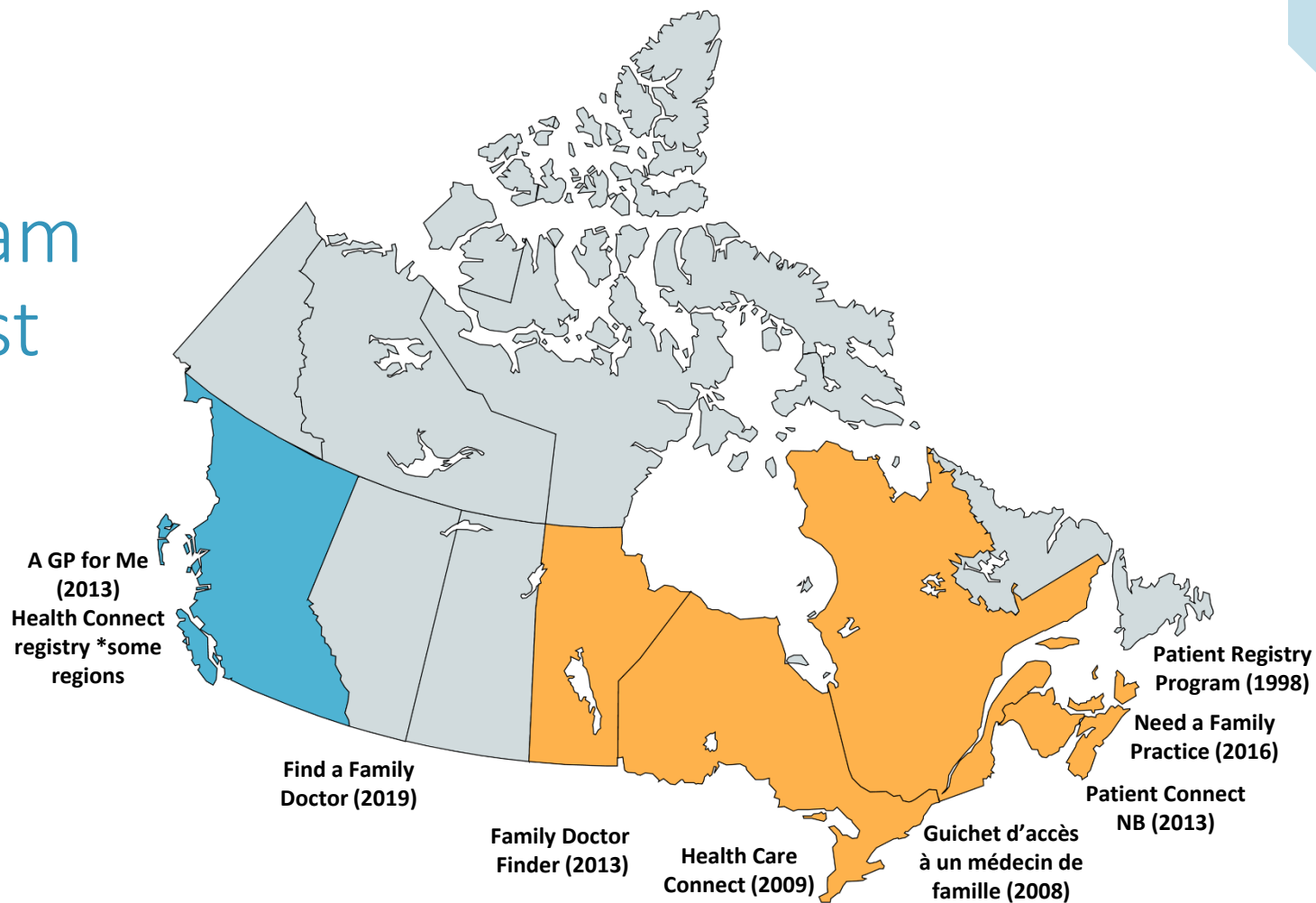


Solution 1:
Centralized
waiting list

Provincial program Centralized waiting list

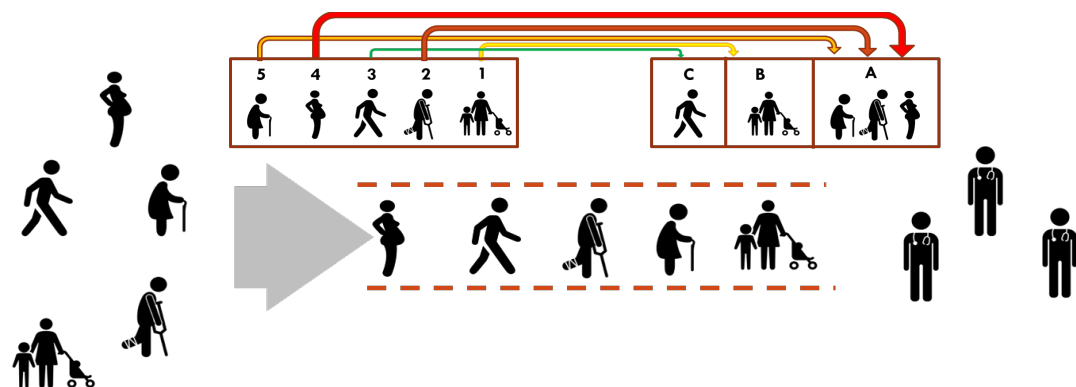


Over 1 million
unattached
patients in BC



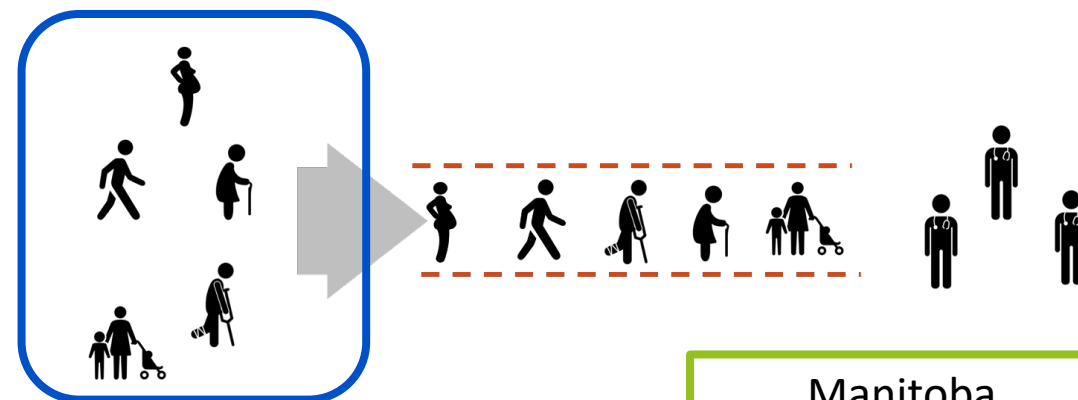
Design of Centralized Waiting Lists

Priorization



Ontario
Quebec

First-come first served



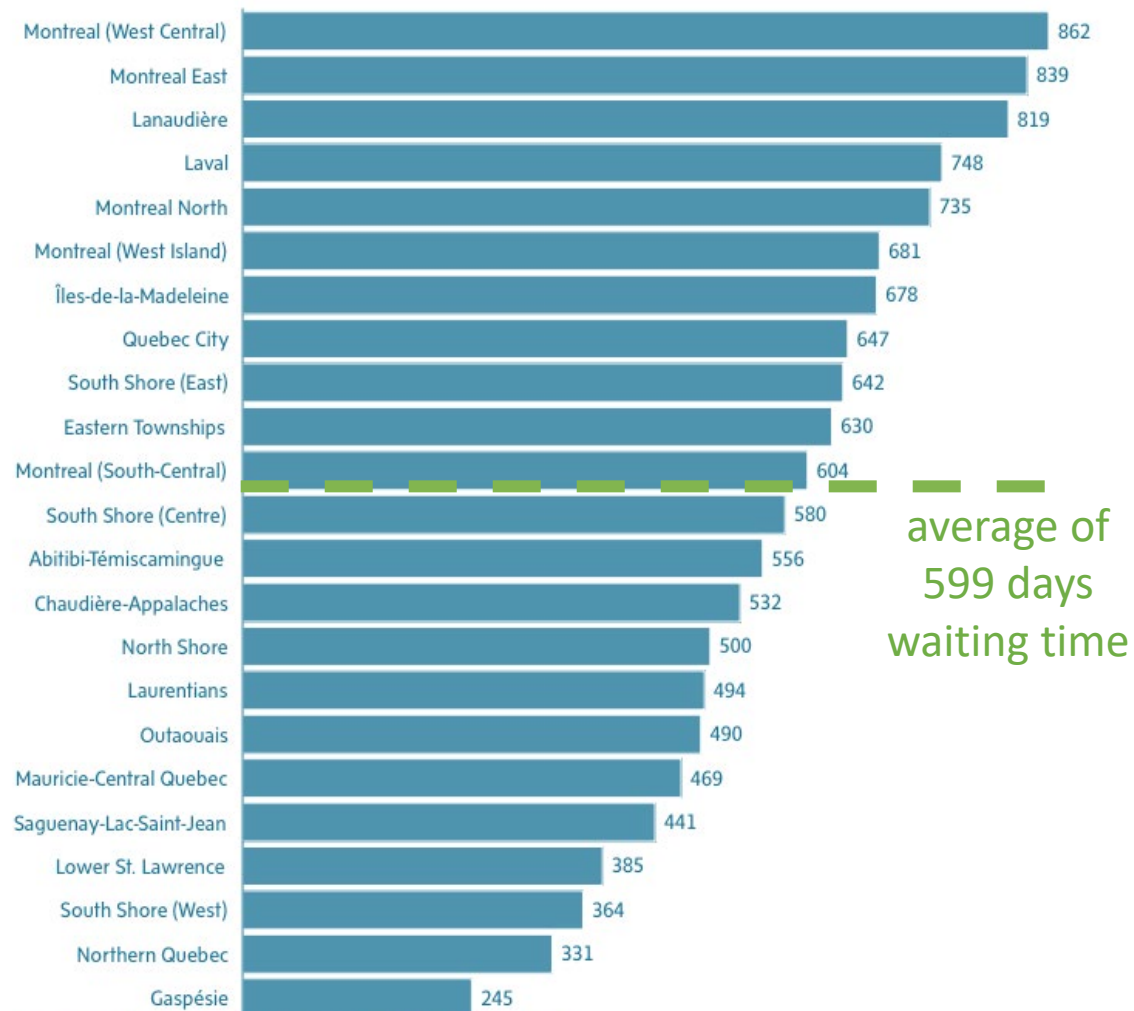
Manitoba
Nova Scotia
PEI
New-Brunswick

- Population-wide intervention
- Broad-spectrum prioritization
- Long-term relationship

1,5 million patients
attached through
CWL in Québec
since 2009

Average waiting time for a patient to register with a family doctor in Quebec

In days, as of Feb. 28, 2021

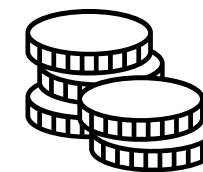
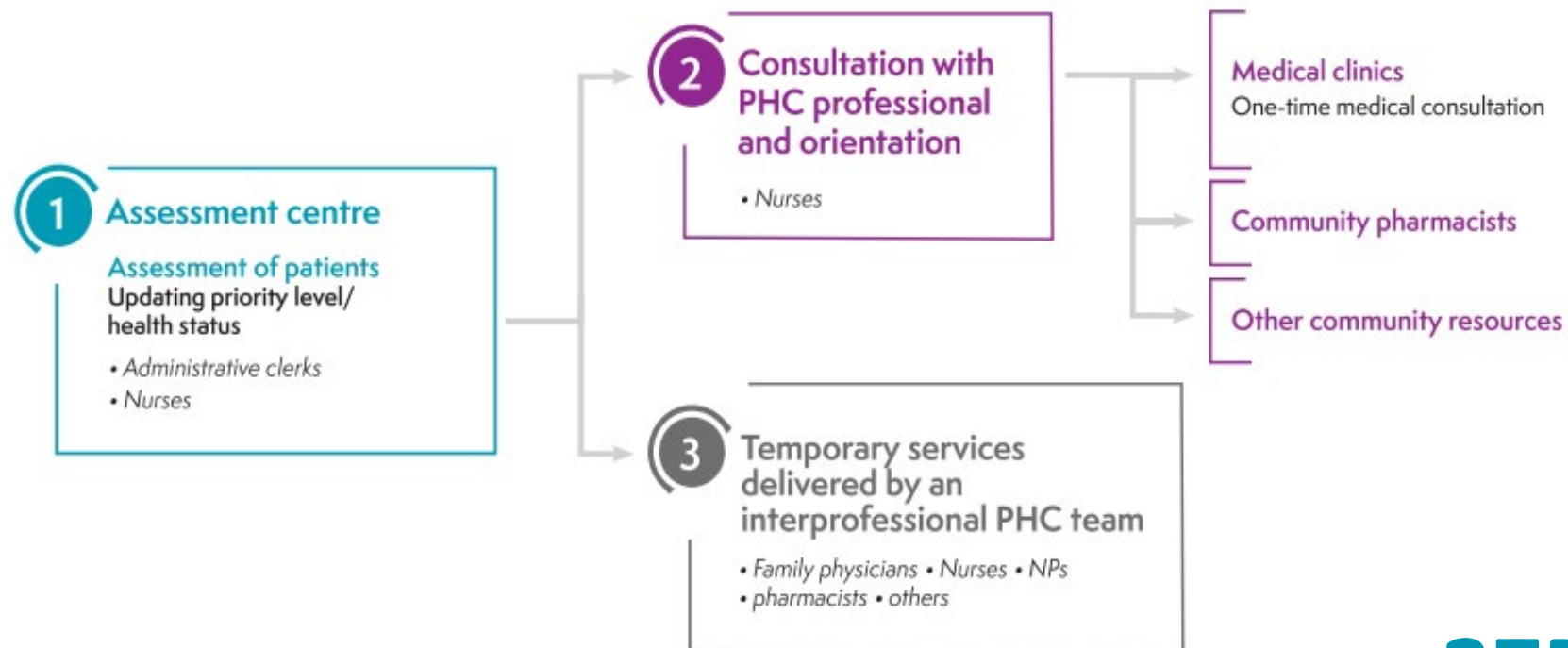


average of
599 days
waiting time

THE GLOBE AND MAIL, SOURCE: QUEBEC HEALTH DEPARTMENT

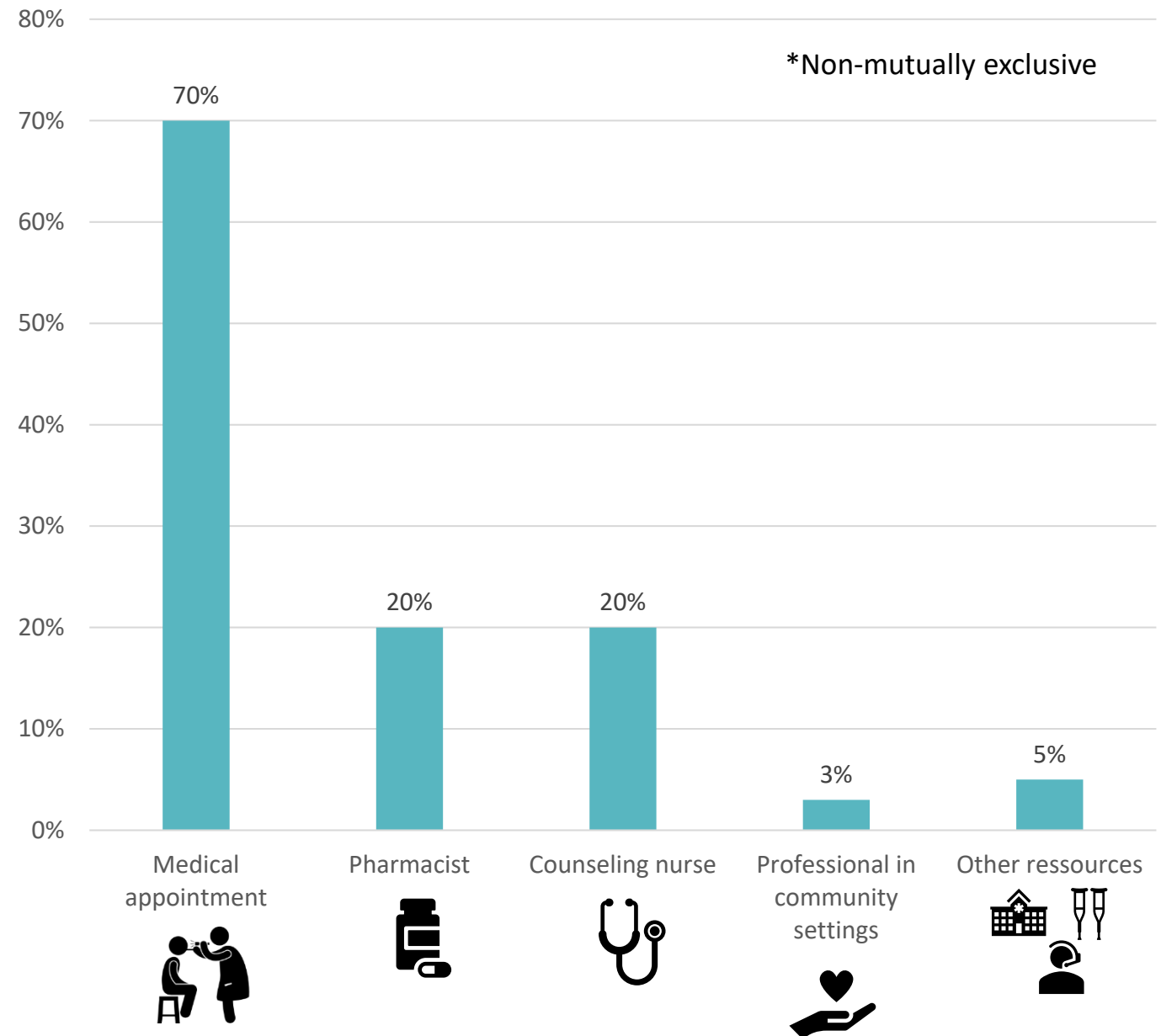
DATA SHARE

Single Point of Access for Unattached Patients (GAP – Guichet d'accès première ligne)



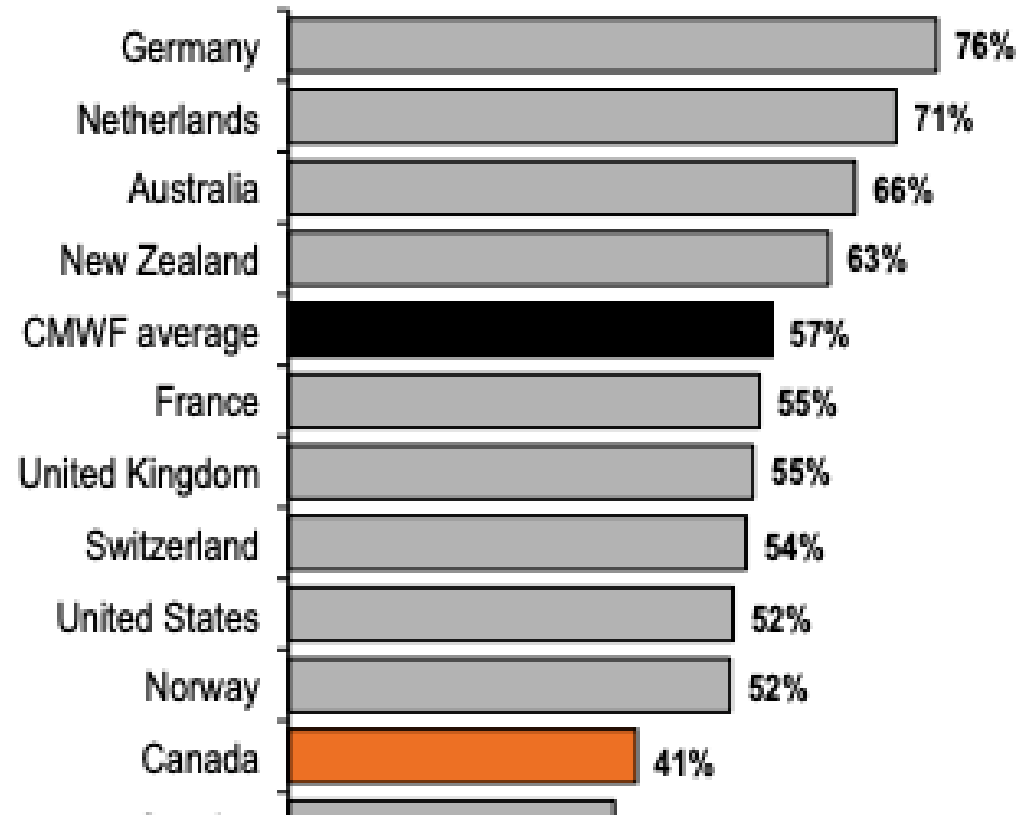
37M first year


Orientation Toward Appropriate Health Professional (GAP)



Challenge 2 : Timely access

Respondents who were able to get a same- or next-day appointment to see a doctor or nurse the last time they were sick or needed medical attention





Solution 2 : Advanced Access Model



Kaiser Permanente USA (Murray et al, 2001)



Theories based on
industrial engineering



International movement Implementation



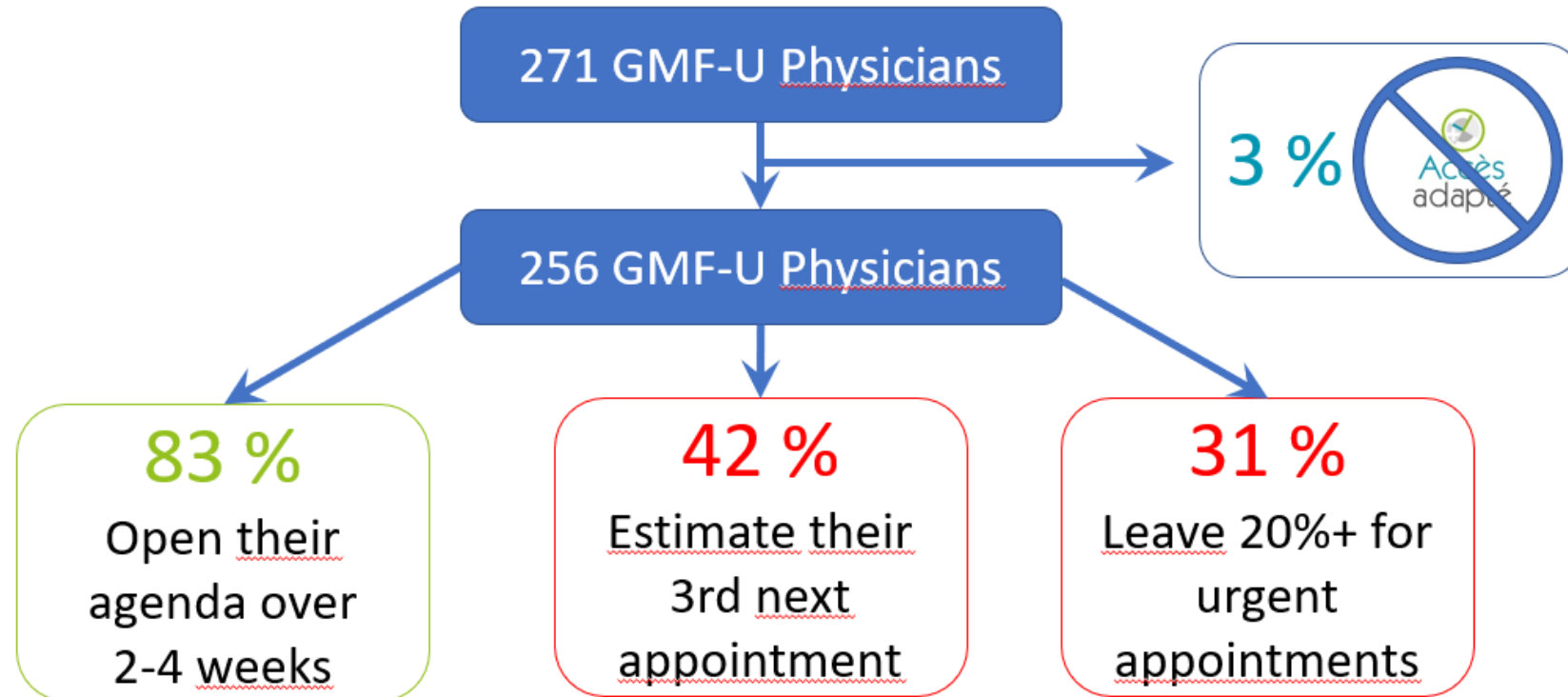
Extensive scientific literature on positive
effects

Advanced Access Model

5 pillars of Advanced Access



Advanced Access Implementation Started in 2011 Québec - 10 years later



Reflective tool on Advanced Access (2022)



PERSONALIZED REPORT OF RECOMMENDATIONS FOR THE ORAA TOOL

Professional working in primary healthcare
GMF Clinique santé de l'Université de Sherbrooke

September 05, 2022

Reflection on your practice

Your result

Overall planning of needs, supply and recurring variations

You have established agreements to ensure continuity of care for your patients when you are absent for more than two weeks, that's great! In order to move towards even more comprehensive overall planning, you should [consider recurring variations](#) in demand and supply (vacations, flu season, etc.). You are on the right track to optimal planning to balance your supply with patient demand. Here are some common recurring variations you may want to consider: Days of the week that are typically busy vs. quiet days, Flu season and other recurring seasonal peaks, Vacations (summer, Christmas, school break, etc.), Arrival/presence/departure of trainees at the clinic (residents, PCNPs, etc.)

Your overall annual planning does not include estimates of patient needs (demand) or your service supply. This planning is one of the fundamental principles of advanced access, which is based on a balance between supply and demand. These estimates allow you to respond to needs by adequately planning your annual service supply based on anticipated demand. Here you will find information to help you [plan your advanced access practice](#).

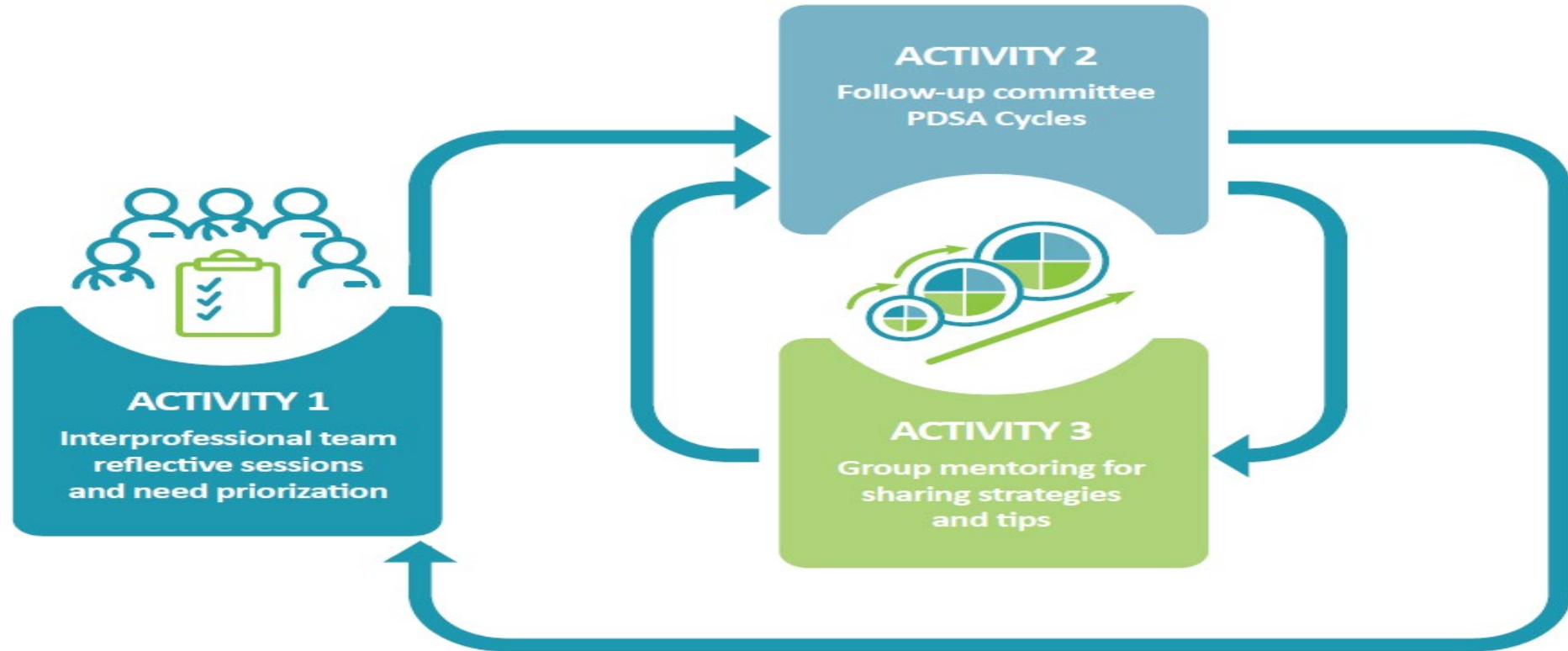
Your result

Regular adjustment of supply in line with demand

You regularly use several strategies to balance your supply and demand, congratulations! In order to broaden your range of strategies, we offer [a list of temporary and/or permanent strategies](#) that you may already be familiar with, some of which focus specifically on responding quickly to peaks in demand while others offer longer-term management solutions. It's up to you to see if any of these might be useful for your practice.

In advanced access, it is very important to have an indicator that allows you to assess the balance between your patients' demand and your service supply in real time. However, you use the 3rd next available appointment measure infrequently or not at all. You could use the following [indicators of imbalance](#): 1) a feedback mechanism, in collaboration with the administrative officers responsible for scheduling appointments, or 2) the 3rd next available appointment measure, evaluated on a regular basis, either every week, two weeks or month. These indicators will allow you to quickly identify the presence of an imbalance and adjust your practice accordingly.

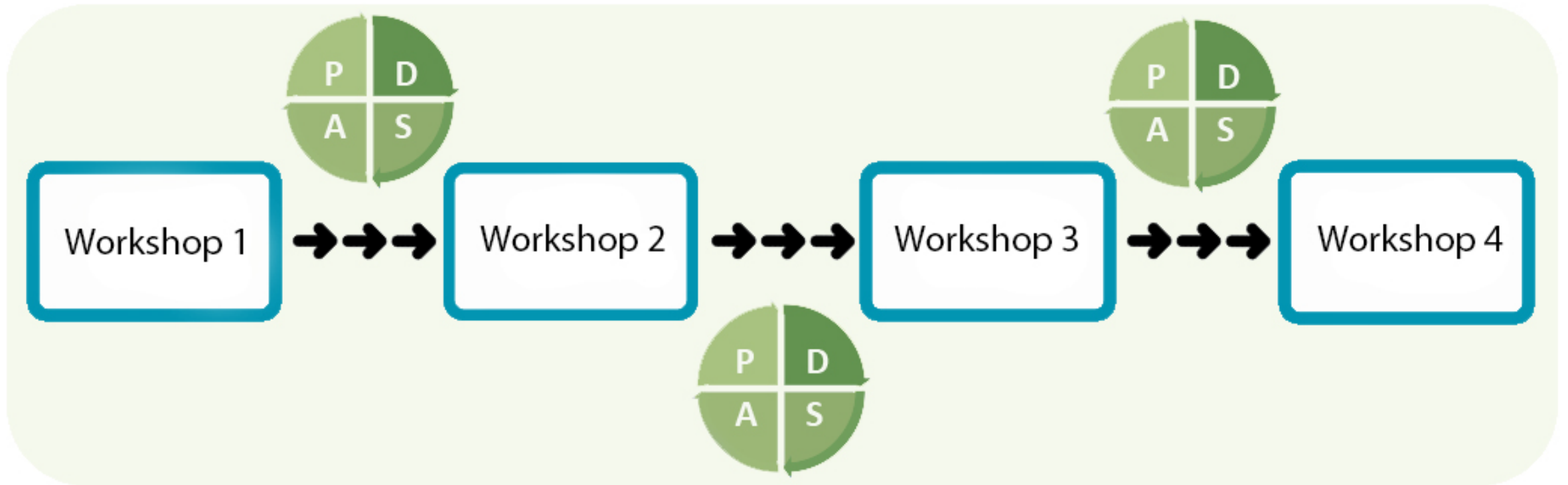
External quality Improvement Coach to support Advanced Access implementation



Interprofessional
team reflective
sessions and need
prioritization



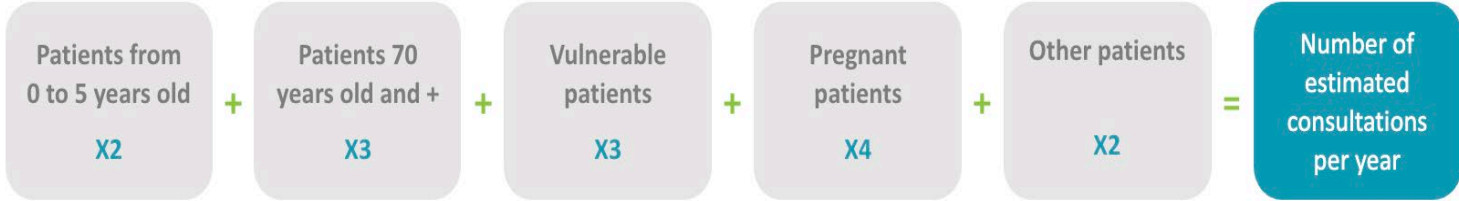
Improvement journey





Examples of improvement
projects on Advanced Access

Supply and Demand Assessment



	Estimated Demand	Individual Clinician Supply	Clinic-wide Supply
Patients registered with the physician	998	748 (28%)	50%
Other patients registered at the clinic	-	457 (28%)	43%
Non-registered patients	-	426 (26%)	7%
Total	-	1631	-

Use of an Algorithm

Délai	Raison de la consultation	MD/Rés/ IPSPL traitant	Téléphone	Présentiel	Inf. accueil	Autre→	Référence ou commentaires	
RV le jour même – 40% –	◆ Absence d'urine > 8 heures	①	*					
	◆ Accident de travail/Trauma/Chute	①		*				
	◆ Allergie sans détresse respiratoire	①	*					
	◆ Antibiotique inefficace après 48 heures	①	*					
	◆ Cellulite/Zona (rougeur, chaleur, douleur, enflure)	①	*				*Photo ou vidéo, si impossible présentiel	
	◆ Conjonctivite	①	*				*Photo ou vidéo, si impossible présentiel	
	◆ Corps étrangers (non-respiratoire)	①		*				
	◆ Détresse psychologique - Idées suicidaires/homicidaires				*	②	①	Équipe psychosociale du GMF-U
	◆ Difficulté à avaler (non-allergique)	①	*					
	◆ Douleur abdominale avec fièvre	①	*				Si fièvre = téléphonique	
	◆ Fièvre bébé < 3 mois	①	*					
	◆ Fièvre > 3 jours	①	*					
	◆ Formulaires	Mettre le formulaire dans le pigeonier du médecin						
	◆ Infection urinaire**	②	*				①	Pharm. communautaire
	◆ Points de suture (blessure < 24h)	①		*				
	◆ Mal de gorge depuis > 5 jours	①	*					
	◆ Phlébite (douleur, lourdeur, gonflement)	①		*				
	◆ Pilule du lendemain	②	*				①	Inf. scolaire/CLSC/Pharm. commun.
	◆ Saignements/Problème de grossesse < 20 sem.	①	*					En présentiel pour saignement seulement
	◆ Symptômes d'ITSS	①		*				
◆ Tension artérielle > 180/110	①	*						
◆ Trauma + Vomissements/Mal de tête avec fièvre	①	*	*				Si fièvre = téléphonique	
24 à 72 heures – 30% –	▲ Arrêt de travail (renouvellement)	①	*					
	▲ Boutons sans fièvre	①	*				*Photo ou vidéo, si impossible présentiel	
	▲ Douleur abdominale sans fièvre	①	*	*				
	▲ Mal de tête sans fièvre	①	*					
	▲ Sang dans les selles ou dans les urines	①	*					
▲ Tension artérielle > 160/100	①	*						
2 semaines – 30% –	● Ajustement de médication	①	*					
	● Contraception	①	*					
	● Dépistage d'ITSS sans symptômes			*		①	Infirmière clinicienne du GMF-U	
	● Douleur musculosquelettique sans trauma	①	*					
	● Insomnie	①	*					
Référé	● Suivi d'examen ou de laboratoire prévu par MD	①	*					
	● TDAH	①	*					
	● Toux qui persiste sans fièvre > 3 semaines	①	*					
	● Allaitement et soins au bébé		*			①	Info-Santé	
	● Conseils sur un médicament		*			①	Pharm. communautaire	
	● Intoxication (ingestion de poison)		*			①	Centre antipoison 1-800-463-5050	
	● Problème avec médicament		*			①	Pharm. communautaire	
	● Renouvellement d'ordonnance		*			①	Pharm. communautaire	
● Saignements/Problème de grossesse > 20 sem.		*			①	Salle d'accouchement		
● Suivi Virage		*			①	Infirmière du Virage		
● Symptômes de gastro, rhume ou grippe		*			①	Info-Santé		
● Santé voyage		*			①	Clinique santé-voyage ou pharmacie		

Appropriateness
Sometimes, less
is more!

Comme votre situation est stabilisée, un suivi régulier avec l'infirmière n'est plus nécessaire

Nous vous invitons à prendre rendez-vous si votre situation évolue :

- Si votre TA est $>130/80$ ou $>135/85$ ou autre :
- Si vous avez des inquiétudes par rapport à votre TA ou vos médicaments
- Si vous avez des symptômes tel que des étourdissements ou une fatigue inhabituelle

Si aucune de ces conditions ne se représente, nous vous invitons à faire un protocole de pression de 7 jours à chaque ____ mois et de le rapporter à Dr. _____

En cas d'urgence ou en dehors des heures de bureau, téléphonez au 811, à votre pharmacien ou au 911

300 rue Paradis
Sorel-Tracy (Qc)
450 742-0485

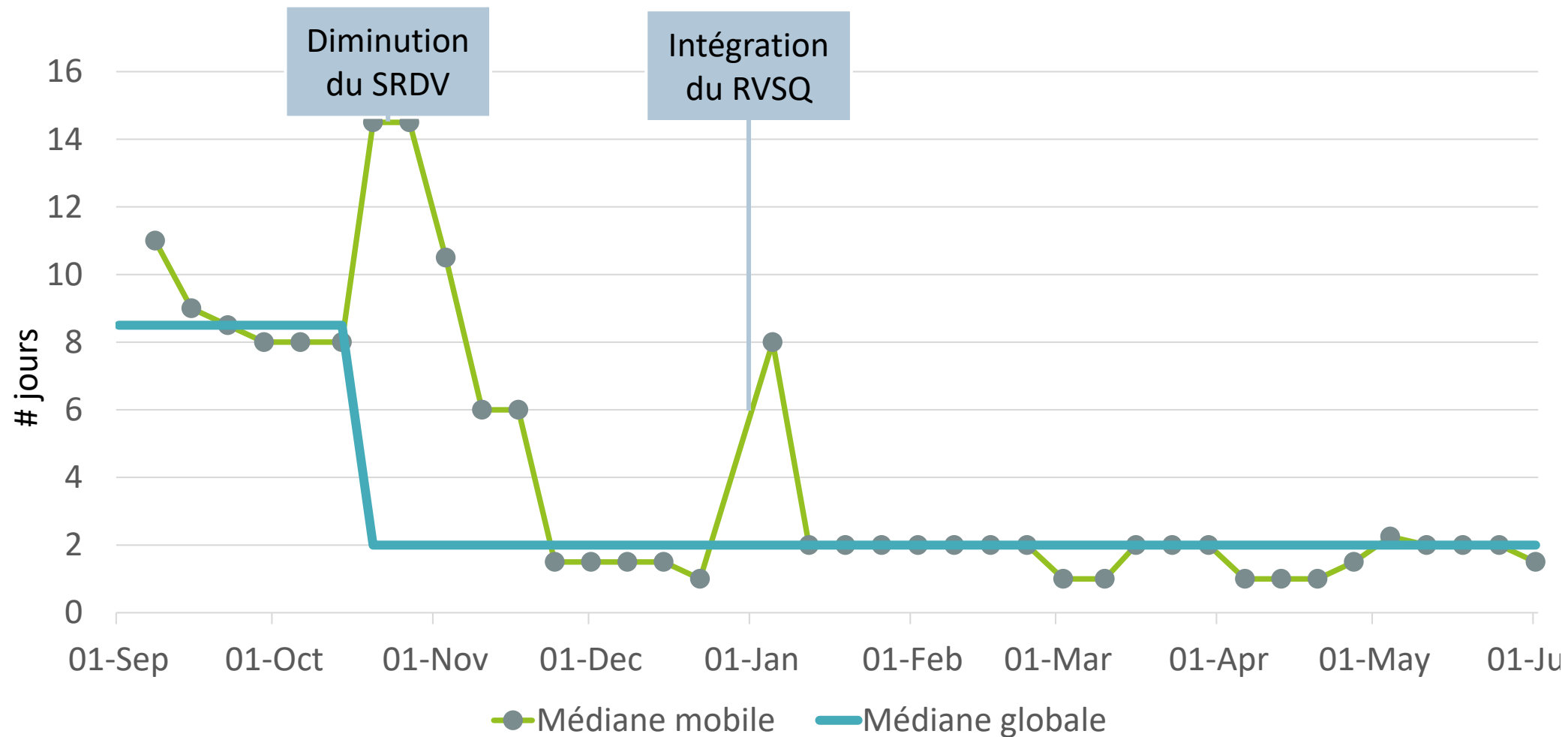


Some results of the coaching with Family Medicine Groups (2018-2022)

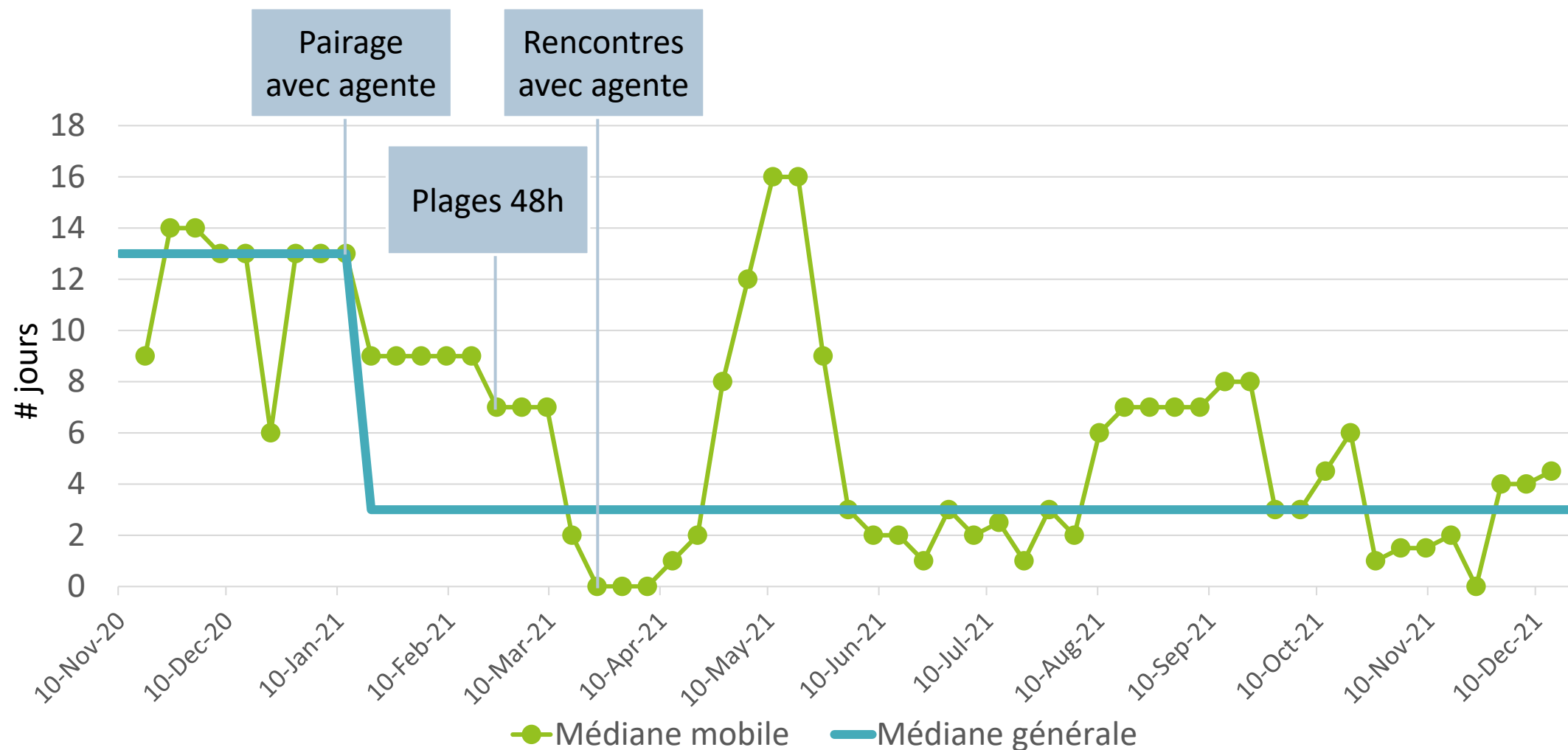


Third Next available
appointment (TNA)

Better utilization of walk-in clinic

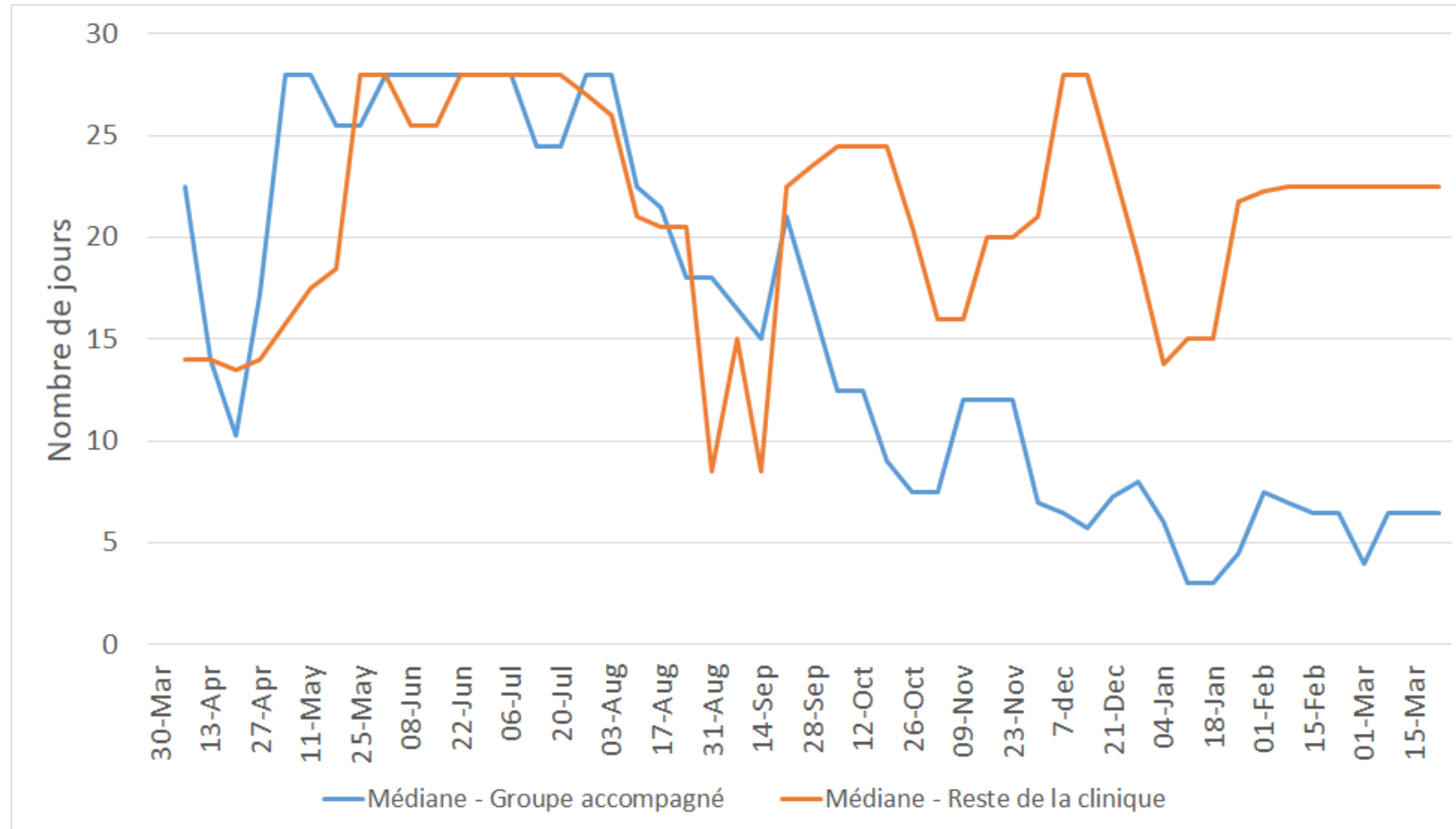


Better planning of the schedule



Booking system

Comparaison among 2 sites



Data on Primary Care – Moving Forward

- Data on PC is crucial to improve the performance of healthcare system
- Dashboards fueled by different sources of information (EMRs, administrative databases and patient surveys)



Health Canada, 2023: Working together to improve health care for Canadians.

Shared Health Indicators and Results

What is measured, matters.



Dashboard on
Access
120 clinics in
Quebec
participated

3 data source

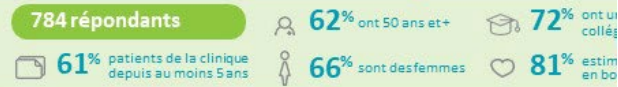
1. Outil réflexif sur l'Accès Adapté (ORAA)
 - ORAA Professional (n=1600)
 - ORAA Administratif staff (n=350)
2. Indicators based on EMR
3. Patients report experience measure (PREM)
(n=107 000)

Collaboration with FMOQ – training credits

2. Indicators based on EMR

Coming soon – HealthCare Policy

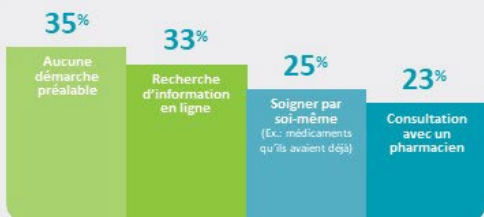
Measure	Definition
Outcome	
3rd next available appointment (weekly)	Number of days before the 3 rd next available appointment open for general consultation in a professional' agenda.
Relational continuity index (monthly)	Total number of medical consultations with a patient's attached family physician (or nurse practitioner) out of the total number of consultations with any family physician (or specialised nurse) from the clinic. Evaluates relational continuity between the provider and their registered patients.
Process	
48-hour future capacity (weekly)	Proportion of appointments available in the next 48 hours. Provides an overview of the provider's ability to respond to urgent care demands.
Use of walk-in clinics (monthly)	Proportion of consultations with registered patients offered through walk-in visits out of the total number of consultations with their attached professional.
Professional diversity of care (monthly)	Proportion of consultations with a physician, resident or nurse practitioner out of the total number of consultations with any provider at the clinic. Evaluates the level of involvement of different types of providers (social workers, nurses, pharmacists, etc.) with registered patients.
14-day future capacity (weekly)	Proportion of appointments available in the next 14 days. Provides an overview of a provider's ability to respond to routine care and follow-up demands.
Balancing	
Discontinued care for patients with chronic disease (monthly)	Proportion of registered patients with at least one chronic condition who have not consulted at the clinic within the last 12 months.



Processus de prise de rendez-vous



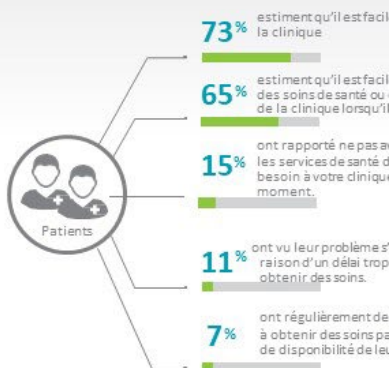
Principales démarches avant la prise de rendez-vous



Lors de la prise de rendez-vous :



Accessibilité de la clinique



Consultations des patients inscrits en dehors de la clinique



3. Patient-reported Experience measure (PREM)

- GP survey is mandated every year to inform policy
- Patient Experience Tool (BC)
- To date – 107 000 patients !!!

Key messages



Attachment to PC provider vs team ?
Enrolment Policy



Segmentation of the population – who need coordination ?



Timely access does not mean ≤ 48 -hour delay



Balancing relational continuity and timely access remains a challenge



Policy is needed to support the creation of a real-time dashboard on PC & coaching

Questions?



MERCI!