Meeting Patients’ Needs - A Stepwise Approach to Delivering Care for Primary and Specialty Care Clinics

Welcome! Thank you for joining early

Start Time: 12:00 PM promptly

- Your **mic** and **camera** are enabled by default
- Please **mute** yourself
- **To ask questions:**
  - Click ‘raise hand’ during presentation; moderator will invite you to unmute during the question period
  - At any time, type questions in the ‘chat box’
Meeting Patients’ Needs - A Stepwise Approach to Delivering Care for Primary and Specialty Care Clinics.

Webinar Series: Maintaining and Optimizing Your Practice During Times of Rapid Change

We will be starting the session promptly at 12:00 PM

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Meeting Patients’ Needs - A Stepwise Approach to Delivering Care for Primary and Specialty Care Clinics

April 24, 2020
Zoom technical support (+1.888.799.9666 ext 2)
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• By participating in the chat and live Q&A, your name entered into the Zoom sign-in may be visible to other participants during the webinar and/or in the recording.
We would like to recognize that we are webcasting from, and to, many different parts of Alberta today. The province of Alberta is located on Treaty 6, Treaty 7 and Treaty 8 territory and is a traditional meeting ground and home for many Indigenous Peoples.
This program has not received any financial or in-kind support.
Q/A Chat Moderators:

Dr. Bill Hendriks  
Family Physician, AMA Physician Champion (Central Zone)

Dr. Janet Craig  
Family Physician, AMA Physician Champion (Edmonton Zone)

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Sue Peters  
Panel Management

Michelle Tobias-Pawl  
Health System Integration

Presenters:

Dr. Brad Bahler  
Family Physician, ACTT Medical Director, Alberta Primary Care Alliance Chair

Dr. Joseph Ojedokun  
Family Physician, AMA Physician Champion (North Zone)

Dr. Lindsay Nanninga-Penner  
Family Physician, Sylvan Lake  
Board Chair, Wolf Creek PCN

Dr. Scott Wilson  
Neurologist, President of AMA Section of Neurology

Dr. Neil Cooper  
Pediatrician and Sports Medicine Physician, AMA Past President 2017-18

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Brad Bahler: AMA-physician contractor, CIHR grant
Neil Cooper: None
Joseph Ojedokun: AMA-physician contractor, UofA-faculty appointment
Lindsay Nanninga-Penner: None
Scott Wilson: None
Moderator Disclosure

- **Bill Hendricks**: AMA-physician contractor; advisory board - Bristol-Myers Squibb, Bayer, Valeant, Pfizer, Sunovion, Novartis, GSK, Eli Lilly, Janssen, Boehringer Ingelheim, Allerban, Lundbeck, Novo Nordisk
- **Janet Craig**: AMA-physician contractor, Honoraria - UofA, Custom Learning Systems, Alberta AIM, AMA, Edmonton West PCN
- **Caroline Garland**: AMA employee
- **Barbra McCaffrey**: AMA contractor
- **Jillian Bates**: AMA contractor, AMA SPAD grant
- **Sue Peters**: AMA contractor, IBI Group-contractor, honoraria-HQCA
- **Michelle Tobias-Pawl**: AMA employee
- **Jonathan Mudry**: AMA employee, AHS employee
Welcome from AMA Board
Session Overview

Meeting Patients’ Needs - Algorithm
Organizing Physical Space
Panel Management/Patient Care Management
Tools
Upcoming Webinars
Questions and Wrap-Up

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At the end of this session participants will be able to:

- Outline a step-wise approach to delivering care in community-based clinics
- Identify how they can pragmatically incorporate this approach into delivering care in their practice setting
Algorithm

Why an algorithm?

• Current Environment
  – Lots of tools, guidance, advice
  – Implementation challenges
  – Uncertainty and ambiguity remains

Closing gaps

– Designed to communicate simply and clearly
– A mechanism to place the information you know
– To empower your staff to help make changes
Algorithm

Organize Time and Space for Patient and Staff Safety

- Time and space safety checklist

Optimize Patient Care Management

- Patients on schedule
- New patients/referrals (not booked yet)
- Patient follow-ups
- Patients discharged from hospital
- Vulnerable or complex patients not seeking needed care

COVID-19 Primary Care Pathway

H2H2H transitions checklist for primary care

Patient care management toolkits

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Algorithm

**Virtual Appointment**
- Telephone
- Video
- Secure Message

**Virtual appointment workflow**

**In-Person Appointment**
- Non-infectious patients
- Symptomatic and possibly infectious patients
- Presumed or confirmed infectious patients

**In-person appointment workflow**

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Organize Time and Space for Patient and Staff Safety

Dr. Scott Wilson
Neurologist
PRE COVID PRACTICE

- Average 10 referrals per day and 10 to 15 visits per day
- 90% of visits face to face; includes: clinical consult, diagnostic, procedural visits
- Virtually engaging patients e.g. pre-consult information gathering and post consult follow-up of diagnostic results
  - Use secure-mail (Brightsquid) with patients
PRACTICE DURING COVID PANDEMIC

• Referrals down significantly

• Now 90% virtual and 10% face to face; still need to see some patients e.g. botox injections

• Patient consultations process
  ▫ Start with secure messaging
  ▫ phone consultation
  ▫ escalate to video if needed
  ▫ post consult patient messaging (e.g. follow-up, prescriptions)

• Creating process for new post COVID patient workflow
Flight Preparation
(Patient & Team Safety Checklist)
Checklist created linking to up to date information

- Organized by steps to consider taking within each room of the clinic:
  - Outside of clinic
  - Reception area
  - Exam rooms

- Provides relevant sources, e.g.:
  - Clinic signage
  - Patient and staff questionnaires
  - Disinfecting recommendations
Scott’s Tip

★ Use the tools available to improve clinic efficiency, safety and patient care

- Checklist for patient and staff safety
- While patient volumes are down:
  - Sign up for CII (Community Information Integration)
  - Consider asynchronous communication tools
  - Explore how workflow can be more efficient
NEW PPE Distribution Process for Community Specialist Physicians

Go to AMA website for Link: https://www.albertadoctors.org/about/COVID-19
Look in letter from CPSA sent via email
Link on AHS site: https://www.albertahealthservices.ca/topics/Page16956.aspx
Link in CMIO email for those affiliated with AHS

PPE distribution processes to the following groups has NOT changed:
PCN primary care physicians, Non-PCN primary care physicians, Obstetricians, gynecologists and pediatricians
Approach to Panel Management

- KNOW YOUR PANEL
- PROVIDE ACCESS & CONTINUITY OF CARE TO YOUR PANEL
- MANAGE YOUR PANEL

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Panel Management

IDENTIFY PANEL SEGMENTS

OPTIMIZE TEAM FOR CLINICAL CARE DELIVERY

OPTIMIZE INFORMATION EXCHANGE FOR CARE DELIVERY

OFFER OUTREACH AND OPPORTUNISTIC CARE

COORDINATE CARE WITHIN THE HEALTH NEIGHBOURHOOD

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## H2H2H Transitions Checklist

### What Primary Care Teams Can Do Now

#### Home to Hospital to Home Transitions Checklist

<table>
<thead>
<tr>
<th>H2H2H Guideline Elements</th>
<th>Primary Care Provider Team Role*</th>
<th>Covid-19 considerations</th>
<th>Actions You Can Take Now to Improve Transitions</th>
</tr>
</thead>
</table>
| Confirmation of the Primary Care Provider | Agree or disagree with patient attachment. Agree to accept responsibility for the care of unattached patients. | Some zones have ‘attachment’ processes in place for all admitted ‘unattached’ patients. Your zone may have NEW interim processes to ensure unattached patients that are presumed/confirmed COVID+ve (identified in community or the hospital) have a primary care provider for follow-up. | - Confirm patient demographic information with each patient interaction (especially contact info.).
- Keep “Find a Doctor” information up to date as it is used by many partners to contact you.
- Sign-up for CII/CPAR (if you have not already). The Central Patient Attachment Registry (CPAR) was requested by physicians to record and share attachment relationship.
- Maintain and improve panel management processes. |
| Admit Notification | Open and read admit notification. | Some zones have admit notification processes in place. Your zone may have NEW interim processes to notify primary care providers if one of their patients were admitted and are presumed/confirmed COVID+ve. | - For those clinics live on CII/CPAR, ADMIT eNotification comes automatically and directly into the lab report area of your EMR for paneled patients.²
- If you have not already, sign-up for CII/CPAR for automatic and reliable e-notification for paneled patients.
- Some zones have admit notification processes, if you do not have a reliable process in your zone consider looking in Netcare.
- If you are on CII/CPAR, your patient encounter information is shared in Netcare in the form of a Community Encounter Digest (CED).
- If you receive notification, consider sharing with the hospital team relevant information as per patient’s medical home care plan. |
| Transition Planning | Provide information required to assist transition planning. | For presumed/confirmed Covid-19 positive patient plan for Primary Care follow up as per “Presumed/Confirmed Covid-19 Positive Primary Care Pathway”. | - Work collaboratively with hospital team and provide any relevant information (medical, social, financial, etc.) needed to ensure appropriate care and services are arranged before patient leaves the hospital. |
| Referral and Access to Community Support | Work collaboratively with hospital team and provide any relevant information needed to ensure appropriate services are arranged before patient leaves the hospital. | | - Work collaboratively with hospital team and provide any relevant information (medical, social, financial, etc.) needed to ensure appropriate care and services are arranged before patient leaves the hospital. |

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Scheduling Patients

Dr. Brad Bahler
Family Physician

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Demand is Coming in...
Now What?

- You first must decide **how** appointments will be booked;
  - *Do all decisions go through a physician?*
  - *Do urgent or ambiguous decisions go through a physician?*
  - *Are staff booking most appointments?*

- Then you must decide **what type** of appointment will be booked?
  - *Build capacity in team members to route patients to appropriate appointment modality - *see tips in the tool*
● Evaluate typical patient care needs and determine suitability for a virtual care option – what can be done by secure messaging, phone or videoconference?

● Look through the lens of:
  ○ Performing a procedure (will be in person)
  ○ Discerning a diagnosis (may need exam or diagnostics)
  ○ Providing consultation/guidance

● Provide guiding questions to support staff in offering patients expanded appointment options

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Appointments Amenable to Virtual Care

- Reviewing labs, imaging, and consultation reports
- Assessing and treating conditions using home monitoring
- Well child visits
- Assessing and treating mental health problems
- Assessments not needing a physical exam
- And more - *see tool*
Case Story:
Virtual Care Approach
Learning Curve
Virtual Care Delivery

**Phone**
- Chronic disease
- MSK complaints
- Infections
- Allergies
- Mental health

**Video**
- Hearing impaired
- Visual confirmation of overall condition (*e.g.*, *infants and elderly*)
- Dermatological concerns

**Secure Messaging**
- Follow-up investigations
- Birth control starts
- Prescription refills or adjustments
- Dermatological concerns (*if photos can be sent*)

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Virtual Appointment Guide

The majority of virtual care can be successfully delivered by phone. Examples:
- Chronic disease
- MSK complaints
- Infections
- Allergies
- Mental health

In some instances, having the visual component of a video call is preferable. Examples:
- Hearing impaired
- Visual confirmation of overall condition (e.g., infants and elderly)
- Dermatological concerns

Occasionally, the most convenient method of care delivery is secure messaging. Examples:
- Follow up investigations
- Birth control starts
- Prescription refills or adjustments
- Dermatological concerns (if photos can be sent)

The Canadian Medical Protective Association (CMPA) provides a comprehensive disclosure and consent form that covers video, audio and messaging communication.
Booking Tips

Booking Notes

❑ Patient’s reason(s) for booking
❑ Best phone number to reach the patient
❑ Preferred pharmacy
❑ Preferred lab/DI

Please have **self-measurement info** ready. (e.g., weight, BP, glucometer readings, temperature, etc.)
Team Tips

**Huddle with team** to plan ahead and share workload. For example:

- Decide on most **appropriate modality** for virtual appointment
  - *phone, video or secure messaging*
- **Review Netcare/chart notes** prior to appointment
- Create a **library** of frequently shared documents/web links
- For efficiency, team can **predict and anticipate** what patients will need
Consider creating ‘macros’ for routinely charted notes
Start with your usual opening conversation and set the stage by confirming reason for visit
At the end of the appointment, summarize the discussion and the plan
Clarify red flags the patient should be aware of, including when and how to access care
From primary care to specialty care...
Optimizing Your Team for Successful Workflow
10 physician practice; general pediatrics
Early adopters e.g. beta test site for EMR
Most visits face to face; rarely phone visits
Use multiple tools to gather information from patients, families and teachers
Often visits include teaching patients & families to manage
Use a lot of hand-drawings and handouts to illustrate and explain
My Clinic Practice

PRACTICE DURING COVID PANDEMIC

- Appointment requests have increased
- Physicians see no more than one patient per ½ day in clinic (using checklist practices)
- Majority of virtual visits are via phone
- Staff members in clinic alternating weeks
- Only one person to accompany patient at each visit
- Physicians shifted to using cell-phones to avoid blocking office in-coming calls
Positive changes we may keep!

★ Weekly team video huddles
★ Telus Virtual Visits
  ○ work really well for teenagers
  ○ can see the whole family
★ Converting PDF forms to ‘fillable PDFs’
★ Converting hand-outs to PDFs for e-distribution
★ Creating teaching videos for patients & families
★ Staff creating solutions
Neil’s Tip

★ Give staff permission to innovate... makes the whole system stronger

- PDSA ....staff have taken more initiative to come up with ideas
- Implementing technology is easy; changing workflow is hard
- Testing changes every week based on emerging needs
Resources

https://actt.albertadoctors.org/PMH/panel-continuity/Pages/Panel-Management.aspx
Live Q&A and Polling

- Please put your virtual hand up by using the raise hand function under the ‘participant’ menu.

- If using the phone, open the participant menu and scroll down to find the raise hand feature.
Upcoming Webinars

- Deeper dive into panel management & managing patients in PC discharged from hospital
  *1st May 2020*

- Deeper dive into patient care processes for community specialist clinics
  *8th May 2020*

- Shaping demand
  *15th May 2020*
Thank you and please complete the post-session evaluation!