Rapid Access to Consultative Expertise
An Innovative Model of Shared Care

Robert Levy, MD
Specialists Shared Care Lead
Providence Health Care

Garey Mazowita, MD
Family Physician Shared Care Lead
Providence Health Care

Margot Wilson, RN, MSN
Director, Chronic Disease Management Strategy
Providence Health Care

David Thompson, MHSc
Vice President Seniors Care & Chief Quality, Safety and Performance Improvement Officer

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Purpose

• **Objective 1:** Develop an understanding of how a project can evolve from a simple idea to implementation and sustainment of a successful provincial resource.

• **Objective 2:** Develop an appreciation of the challenges and mitigating strategies used for successful spread.

• **Objective 3:** Identify successful strategies on engaging physicians in quality improvement initiatives.

Disclosure Statement: I do not have any affiliations (financial or otherwise) with a commercial organization or have had an affiliation (financial or otherwise) with a commercial organization.
Workshop Flow

Interactive discussion
information session
Providence Health Care
Vancouver, British Columbia

• One of Canada's largest faith-based health care organizations
• Operates 16 facilities with 1,200 physicians, 6,000 staff and 1,500 volunteers
• Programs and services span the complete continuum of care and serve people throughout B.C.
• Operates one of two adult academic health science centres in the province; St. Paul’s Hospital
Canadian Health Care System

- A group of socialized health insurance plans
- Provides coverage to all Canadian citizens
- Publicly funded and administered on a provincial or territorial basis
- Guidelines set by the federal government
- Citizens are provided preventative care and medical treatments from primary care physicians as well as access to hospitals
Why RACE Came to Be at Providence Health Care

Joint partnership between Providence Health Care and the Shared Care Committee, in collaboration with Vancouver Coastal Health

Need for improvement:
- Communication
- Access to cardiology
- Collaboration and relationships

Rapid Access to Consultative Expertise

- One phone line with a selection of specialty services
- Started in June 2010 with 5 services
- Currently at 22 services with plans to increase
- >20,000 calls to date
Current Services

- Nephrology
- Heart Failure
- Psychiatry
- Respirology
- Endocrinology
- Cardiovascular Risk & Lipid Management
- General Internal Medicine
- Geriatrics
- Geriatric Psychiatry
- Hand and Upper Limb Orthopedics
- Obstetrics/gynecology
- Ophthalmology
- Dermatology
- Emergency Medicine
- Cardiology
- Rheumatology

Provincial Services

- Child & Adolescent Psychiatry
- HIV Primary Care
- Transgender Primary Care
- Cardiac Transplantation
- Addictions Medicine
- Pediatric Gastroenterology

Results & Outcomes

(>20,000 calls, data based on 30% of calls)

- 80% of calls answered within 10 mins
- 90% are <15 min in length
- 60% avoided face-to-face consults
- 32% avoided ED visits

Reason for Call:

- General management, diagnostic, therapeutics

Recommendation:

- Medication, additional testing, reassurance of plan

Cost savings – up to $200/call
Evaluation: Key Themes

Phase 1 – questionnaire/interviews
- “Excellent resource”
- “Would like to see it expanded”
- Viewed as a service that could “…fill the gap…”

Phase 2 – online survey
- High user satisfaction – all would use the service again, 95% recommend usage to colleagues
- All FPs noted that RACE
  - Reduced the number of unnecessary referrals to specialist care
  - Prevented ED visits

Phase 3 – Interviews/survey
- 83% of respondents believed it helped manage care for their patients

RACE App
- For iPhones and Androids
- No more listening to the tedious VM
- To download - search RACEconnect
Cardiology Question?

Calling Cardiology

Second Generation App

- Web based
- Ability to register once
- Specialists chooses preference on how to receive the contact
  - Phone
  - SMS
  - Email
- Interaction is still voice to voice
- Post call evaluation built in
- Currently no patient info exchange
Physician Perspective

• Keep it simple
• Direct physician to physician
• Decrease the amount of demographic information exchange
How RACE Impacts Family Practice

• User-friendly 'decision support system'
• Improves clinical judgment
• Receive medical education
• Increases knowledge capacity
• Enhances overall practice efficiencies

“... It is fantastic to be able to get answers immediately that I normally would either
• refer to a specialist and have to wait months for an appointment,
• try and look up online but not be confident of the answer,
• play telephone tag or fax back and forth with a specialist regarding the clinical situation or,
just take my best guess with the clinical situation.

It has given me a level of professional satisfaction, professional empowerment and improved patient care.”

Family Practitioner
Frequent user of the RACE line
Typical RACE Call to Specialist

- 28 yo with intermittent (2-3 days/month) chronic incapacitating breathlessness at rest, “air hunger”
- Asthma x 18 years
- No cough, wheeze, exercise intolerance
- Triggers: stress, strong smells (perfumes, etc)
- Non-triggers: exercise, weather, allergens, dust, GERD, PND, RTIs, etc.
- Chronic Rx- LABA/ICS (Symbicort®) PRN, salbutamol
  - “…they don’t really help…”
- Multiple ER visits (no admissions)
  - Rx with salbutamol & ipratroprium neb, tapering steroids, antibiotics
    - Always looks well, normal exam
    - Normal spirometry (at time she was well)

RACE- Respiratory Call

- FP questions
  - “Do I have the correct diagnosis?”
  - “How should I proceed?”

- Discussion with specialist & Specialist advice
  - Baseline spirometry + bronchodilator challenge
  - If normal, proceed to methacholine challenge
    - If negative, consider other diagnoses/investigations (CXR/CT, full PFT, echo, thyroid) ± Resp consultation
    - If positive, step asthma therapy as per Canadian Thoracic Society guidelines (reference provided) ± Asthma clinic/educator consultation
I find myself educating pediatricians, GPs, and even other psychiatrists about more complicated psychiatric issues in children—both sides of the conversation seem to enjoy the collaboration.

I learn something about the types of patients and resources available to front-line clinicians and physicians, and they learn something about child and adolescent psychiatry."
Strategies for Physician Engagement

Group work
Break in to table groups or groups of 4-5

Identify 3-5 way to completely DISENGAGE physicians from participating in the creation, implementation and spread of a model like RACE

Report back to larger group

Lessons Learned on Engagement
One size does not fit all

Keep is simple

Patient participation

Engage Champions

Communicate

Communicate

Communicate

Engagement

Learnings

Be responsive

Leverage Leadership

Physician Remuneration

Engagement Strategies

Patient Participation is Essential

For Patients:

http://www.youtube.com/watch?v=QiHFLKGHL9w

— Positive contribution
— Greater understanding
— Stimulating and gratifying experience

For the Healthcare System:

http://www.youtube.com/watch?v=uxTNnkWlqys

— Includes all stakeholders in change process
— Patient-centered perspective
— Greater harmony in problem solving process
Lessons Learned for Successful Spread

• It’s not peanut butter...
One size does not fit all

**Keep it simple**

“RACE in a BOX”

**Talk about it**

Avoid replacing well established effective communication lines

Respect what works well

**Spread Learnings**

Share everything

**Marketing is key**

Requires criteria for specialist participation
- Response time
- Collegial interaction

**Provincial RACE Spread**
National Spread

• Canadian Foundation for Healthcare Improvement (CFHI) Collaborative
• Canadian College of Family Physicians
RACE Triple Aim Potential

A) Enhance the care experience by:
   • providing knowledge transfer
   • improving the specialist/primary care interface through improved communication
   • simplifying the patient journey

B) Improve Population Health
   • access to specialty care enhanced, increase capacity

C) Control per capita cost of health care
   • reduce avoidable consults and emergency visits

Outcomes of Interest

What would success look like for...
   • Patient
   • Specialist
   • Primary Care Provider
   • Health Care Administrator
Summary

What stands out to you from today’s discussion?

www.RACEconnect.ca

Margot Wilson mwilson@providencehealth.bc.ca

@RACEconnect1