Relational Continuity

ALBERTA MEDICAL ASSOCIATION | ACTT Accelerating Change Transformation Team

Purpose:

To assist primary care clinics in optimizing processes for relational continuity

Outcome Measure:

Aim Statement:

By a specific date, the clinic team will have improved average physician relational continuity by a specific percentage.

Balancing Measure:

Prerequisite Tools

- Quality Improvement Guide

Prerequisite Change Packages

- Panel Processes Change Package

Search our collection of premium tools in AMA's Resource Centre.

High Impact Changes	Potentially Better Practices (PBPs)	Process Measures	Searchable Tools
1. Recognize the Value	1.1 Plan regular team meetings to review the benefits and importance of relational continuity between patients and primary care physicians and to begin planning around how to apply to your clinic context.	Team meetings are scheduled regularly.	• Relational Continuity Clinical Practice Guideline
	1.2 Develop a plan to work as a team to create processes to strengthen relational continuity, with recognition that it is the foundational building block for achieving management and informational continuity.		• HQCA Primary Healthcare Panel Reports
	1.3 Identify elderly patients, vulnerable populations, and those with complex needs or multiple chronic conditions who may benefit most from improved continuity.		• Evidence Summary: The Benefits of Relational Continuity
	1.4 Apply knowledge into practice that recognizes that all patients benefit from relational continuity.		• An Albertan Perspective - IHE Innovation Forum Video

High Impact Changes	Potentially Better Practices (PBPs)	Process Measures	Searchable Tools
2. Foster patient/provider (team) relationships	2.1 Make explicit agreement with the patient that the identified primary care physician will provide and/or coordinate their healthcare needs.		• Guide to Panel Identification
	2.2 Partner with patients for shared decision-making and explore their values and preferences.		• Setting Effective Patient-Centred Goals Guide
	2.3 Develop modes of communication and care plans where all primary care team members respect and honour patients and families as team members in shared decision-making.		
3. Advise and advocate continuity	3.1 Promote and advocate the value of continuity to all patients and within the health system. • Within practice, within community • Advocate within health system by communicating and raising awareness of the value. • Educate and empower patients, families and caregivers to resolve discontinuity.		• Continuity Posters • Continuity Advocacy Tool
4. Identify and manage your panel	4.1 Take steps to identify your panel of unique patients (those with whom you have a trusting, ongoing therapeutic relationship). • Develop processes for panel identification and ongoing verification and maintenance. • Ask your patients at every opportunity, document consistently, review your list.		• Guide to Panel Identification • STEP Checklist • STEP Toolkit • STEP Workbook
	4.2 Review and actively manage your panel size		
	4.3 Identify and focus on sub populations who may benefit most from continuity (e.g., elderly patients, vulnerable populations, and those with complex needs or multiple chronic conditions). • Develop processes to identify patient lists of clinical need. • Routinely review patient lists (whether patients still belong there or not).		• CII/CPAR • EMR Guide for Patient's Medical Home • EMR Resources

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5. Enable continuity via office processes	5.1 Test and adopt office processes to improve continuity with a goal where your patients visit their own primary care physician >80% of the time. • Test and apply hierarchy of booking processes to maintain continuity when patients cannot see their own primary care physician.		• Hierarchy of Booking Tool
6. Balance demand for care with capacity (supply)	6.1 Apply the following principles and strategies for access improvement: • Match appointment demand to supply available. • Optimize the care team to enhance and maximize capacity. • Address scheduling complexities to maximize use of appointment time. • Utilize contingency planning for both scheduled and unscheduled time away.		• Improving Access to Primary Care Strategies
7. Measure baseline continuity & track progress	7.1 Obtain data to know your current rate of continuity and identify a baseline from which to improve.		• HQCA Primary Healthcare Panel Reports
	7.2 Develop, as a team, a goal (aim statement) that focuses on improving continuity.		
	7.3 Continue to measure, share and display your progress toward a goal of >80% continuity.		
	7.4 The following measure of continuity can be accessed via HQCA Primary Healthcare Panel Reports: • **Physician Continuity** – the number of patients' visits to primary care physician divided by the total number of all family physician visits • **Average physician continuity** – the sum of all individual patients' physician continuity divided by the total number of patients in the physician panel • **Facility continuity** – the number of family physician visits to a primary care facility divided by the total number of all facility visits		

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High Impact Changes	Potentially Better Practices (PBPs)	Process Measures	Searchable Tools
7. Measure baseline continuity & track progress (cont.)	7.5 **General practitioner sensitive condition visits** – average number of general practitioner visits to the emergency department (ED) by a specific patient population		
8. Optimize the patient care team to improve and support continuity	8.1 Develop processes to engage with patients as a member of their own care team.		• Cambridge Health Alliance Team Based Care Toolkit
	8.2 Create processes to support team-based care (e.g., algorithms, shared EMR, interdisciplinary huddles, regular meetings to discuss care and care coordination).		
	8.3 Develop roles and responsibilities where the skills, knowledge and training of all team members is optimized.		
9. Optimize all potential improvements in all contexts	9.1 Follow the above recommendations, particularly around access improvement to exercise all possible strategies to improve continuity.		• HQCA Primary Healthcare Panel Reports
	9.2 Understand that relational continuity still holds value in all contexts and may require more innovative strategies including engagement with other groups to creatively problem solve together.		
	9.3 Recognize that improving continuity is a multifactorial pursuit that optimally requires effort in all areas of recommendations and despite challenges some levels of improvement can be achieved in all contexts.		
	9.4 Address each recommendation based on context and capacity with the support of Alberta resources including the Continuity Change Package, PCN and other provincial supports		