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'**

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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

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

April 24, 2020

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Zoom Instructions

Zoom technical support
(+1.888.799.9666 ext 2)

Live Recording

- Privacy Statement: Please note that the webinar you are participating in is being recorded. By participating, you understand and consent to the webinar being made publicly available via a link on the AMA website for an undetermined length of time.

- 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.

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Land Acknowledgment

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.

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Disclosure of Financial Support

This program has not received any financial or in-kind support.

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Alberta Primary Care Alliance Chair

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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

Q/A Chat Moderators:

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Family Physician, AMA Physician Champion
(Central Zone)

Dr. Janet Craig
Family Physician, AMA Physician Champion
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Privacy/Technology SME

Barbra McCaffrey
EMR SME

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Process SME

Sue Peters
Panel Management

Michelle Tobias-Pawl
Health System Integration

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Presenter Disclosure

- 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

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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

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- 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

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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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Learning Objectives

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

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Algorithm

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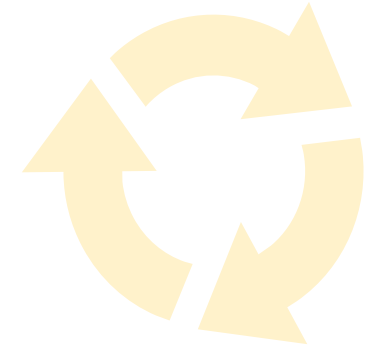
Algorithm

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

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Algorithm

https://actt.albertadoctors.org/PMH/panel-continuity/Pages/Panel-Management.aspx

Algorithm

Algorithm

Is there care (or a component of care) that the team can offer now?

NO → Book care or component of care to future date or create reminder

Does the care or component of care require require a team and patient interaction?

NO → Complete care or assign tasks

YES

Determine if appointment is virtual or in-person

Patient Scheduling Tool

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Algorithm

Peer Sharing

Dr. Scott Wilson
Neurology

Dr. Joseph Ojedokun
Family Medicine

Dr. Lindsay Nanninga-Penner
Family Medicine

Dr. Neil Cooper
Pediatrics/Sports Medicine

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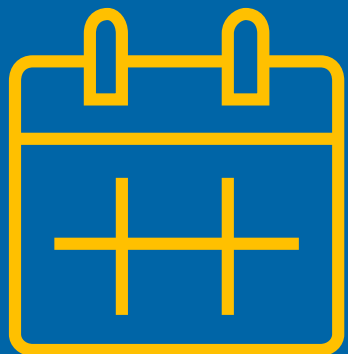
Organize Time and Space for Patient and Staff Safety

Dr. Scott Wilson

Neurologist

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My Clinic Practice

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

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My Clinic Practice

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

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Flight Preparation
(Patient & Team Safety Checklist)

Organizing Time and Space for Safety Concerns
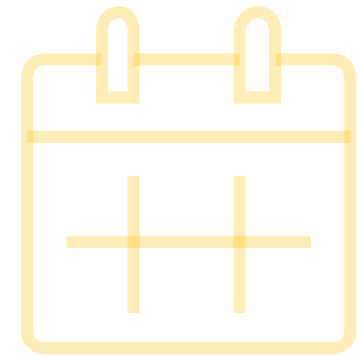
Checklist created linking to up to date information

- **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

Organize Time and Space for Patient & Staff Safety

Document current as of: April 21, 2020

This checklist was created for community physicians in Alberta to support the organization of time and space for patient, staff, and physician safety. The checklist is organized by steps to consider taking within each room of the clinic. For more detailed information and most up to date guidance on safety, check https://www.albertahealthservices.ca/topics/Page16947.aspx.

Based on your affiliation with other partners (e.g., PCNs) there may be additional resources available on the zone specific community response to COVID-19.

General Considerations

- ☐ Advise all patients to call prior to coming into the clinic (post information on clinic website, update phone line and answering machine, and/or send email to all patients. Consider creating a Facebook page for real-time patient updates).
- ☐ Consider clinical scenarios that may warrant in-person care (e.g. non-infectious complaint of acute nature, prenatal/immunizations, allergy shots for those severely affected – more information HERE; Virtual Care Scope of Practice HERE; statement from CPSA on defining 'urgent' in COVID-19 HERE).
- ☐ Clinic staff and physicians complete the daily fit for work questionnaire (screening tool HERE).

Outside of Clinic

- ☐ Post signage on entry to the office and at reception. If the office is in a shared building, post signage at entrance to building (AHS signage HERE, COVID Ambulatory poster, Patient Symptom poster).
- ☐ Screen patients over the phone before scheduling appointment (Question 1 on daily fit for work questionnaire, HERE).
  - ☐ If patient has ILI symptoms, consider a remote assessment (e.g., remote COVID assessment, HERE) or have patient call 811.

Reception Area

- ☐ Provide hand sanitizer, tissue, masks, and a hands-free waste receptacle at clinic entrance.
- ☐ Use a Plexiglas barrier between patient and reception to prevent spread. If a Plexiglas barrier is not available, staff should maintain a 2-meter distance. Mark this physical distance on the floor of the clinic. If a 2-meter distance cannot be maintained, staff should use contact precautions.
- ☐ Scan health cards or identification visually (i.e., "hands free").
- ☐ Repeat screening for COVID-19 symptoms when patient presents to clinic (Question 1 on daily fit for work questionnaire, HERE).
- ☐ Space chairs in waiting room at minimum 2 meters apart and remove all extra objects in waiting room (e.g. coffee tables, magazines, toys, brochures). When possible, avoid having patients in the waiting room at all (examples below on how to do this):
  - ☐ Consider having the patient call from outside the clinic (e.g. in car) once arrived and move to clinic room when available. For patients with ILI symptoms or confirmed COVID-19, provide them with a mask and room immediately with the door closed.
  - ☐ Book patients at non-overlapping intervals to minimize number of patients entering/exiting the clinic at the same time.
  - ☐ Limit the number of physicians taking in-person appointments at a given time. Potentially create two separate teams to manage patient flow, if team is large enough.
- ☐ When possible, encourage patients to come to their appointment alone and do not allow extra people in the clinic room (e.g. spouses, children).

Scott's Tip
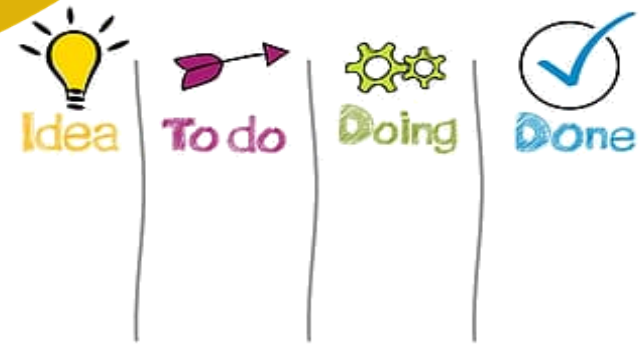
★ Use the tools available to improve clinic efficiency, safety and patient care

- ○ 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

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Personal Protective Equipment

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

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Panel and Patient Care Management

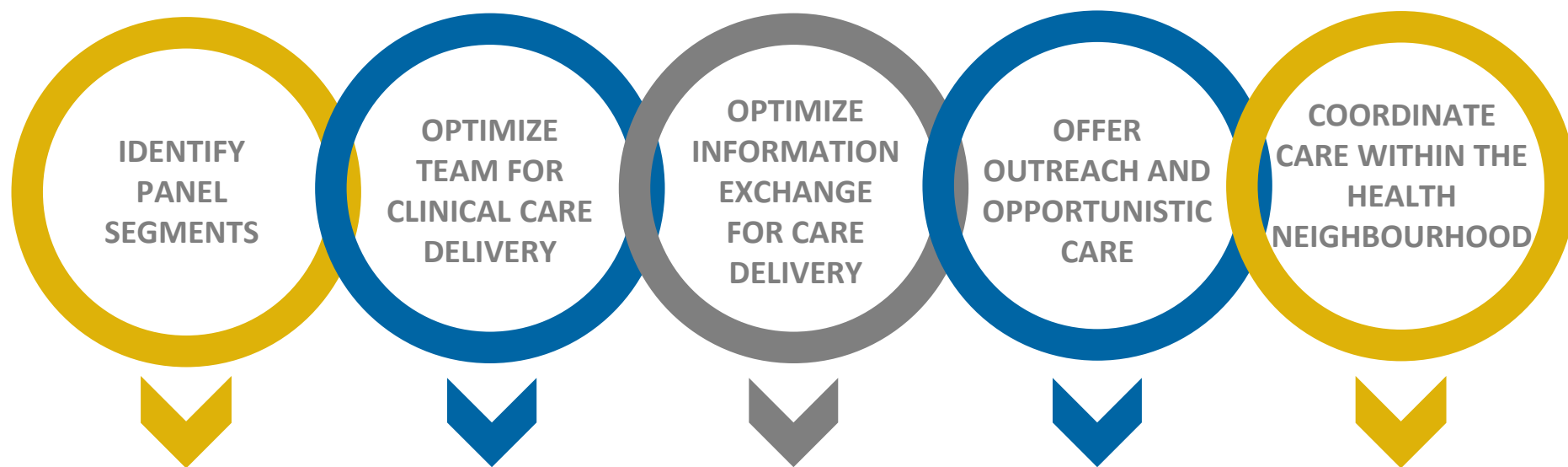# Dr. Joseph Ojedokun

Family Physician

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Approach to Panel Management

KNOW YOUR PANEL

PROVIDE ACCESS & CONTINUITY OF CARE TO YOUR PANEL

MANAGE YOUR PANEL

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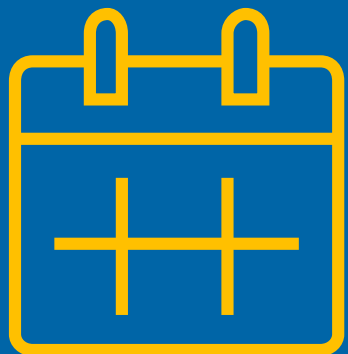
Panel Management

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

Home to Hospital to Home Transitions Checklist:
What Primary Care Teams Can Do Now

April 22, 2020

H2H2H Guideline Elements	Primary Care Provider Team Role*	Covid-19 considerations	Actions You Can Take Now to Improve Transitions
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/CPAR¹ (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. Send relevant information to the hospital team.	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 patients². ☐ If you have not already, sign-up for CII/ CPAR for automatic and reliable e-notification for panelled 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*

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Building Team Capacity to Route Patients

- 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
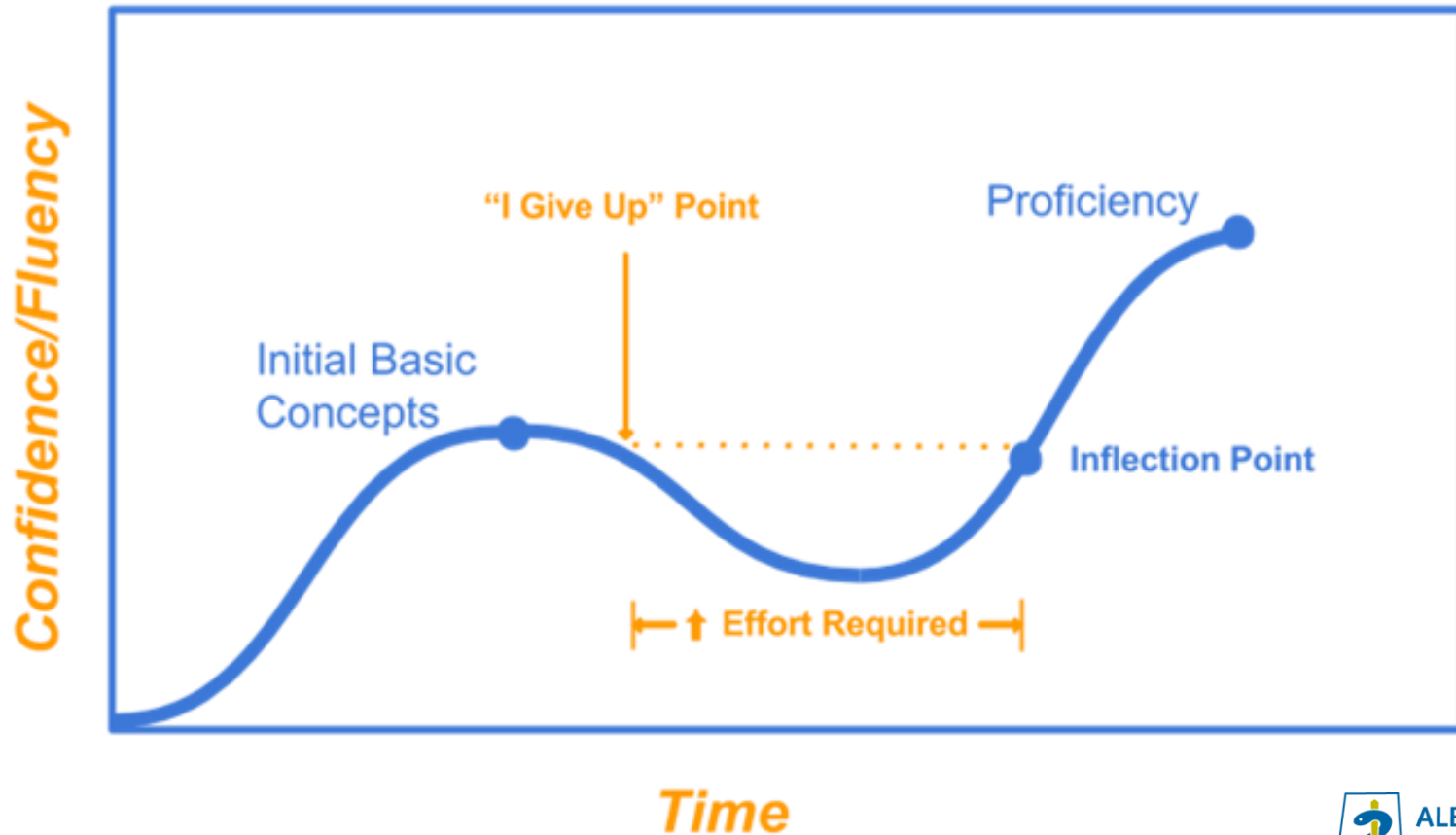- Assessments not needing a physical exam
- And more - *see tool

Determining the Appropriate Appointment Modality (Virtual or In-Person)
Patient Scheduling Tool
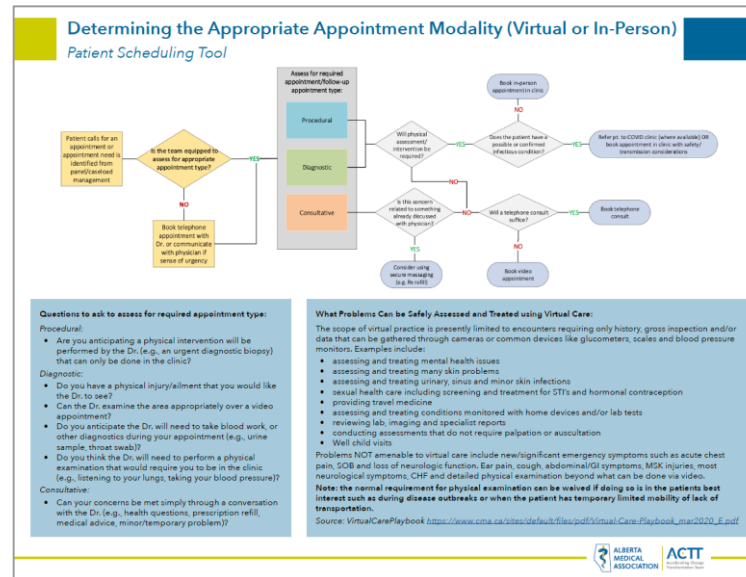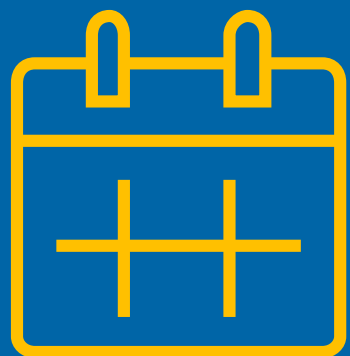
Virtual Medicine in Primary Care

Dr. Lindsay Nanninga-Penner

Family Physician

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Case Story:
Virtual Care Approach
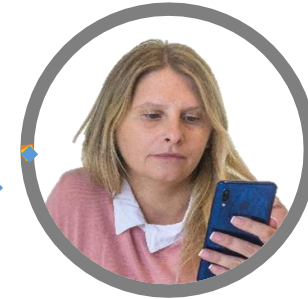
Learning Curve

Virtual Care Delivery

Phone

Examples:

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

Video

Examples:

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

Secure Messaging

Examples:

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

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Virtual
Appointment Guide

Virtual Appointment Guide

'Virtual appointment' is a broad term that encompasses a variety of ways healthcare providers can remotely interact with their patients. In addition to providing care to patients via telephone, physicians may use live video and secure messaging to communicate with their patients remotely.

Some examples of how Alberta physicians are practicing virtual medicine include:

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.)*

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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

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Doc Tips

❑ 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

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From primary care to specialty care...

Optimizing Your Team for Successful Workflow

Dr. Neil Cooper

Pediatrician and Sports Medicine Physician

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My Clinic Practice

PRE-COVID PRACTICE

- 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

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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

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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

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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
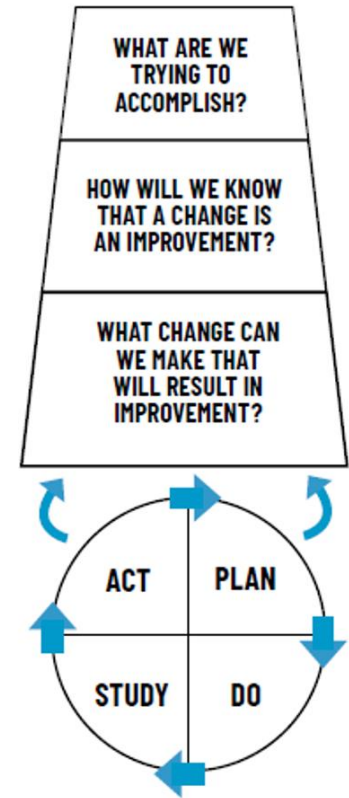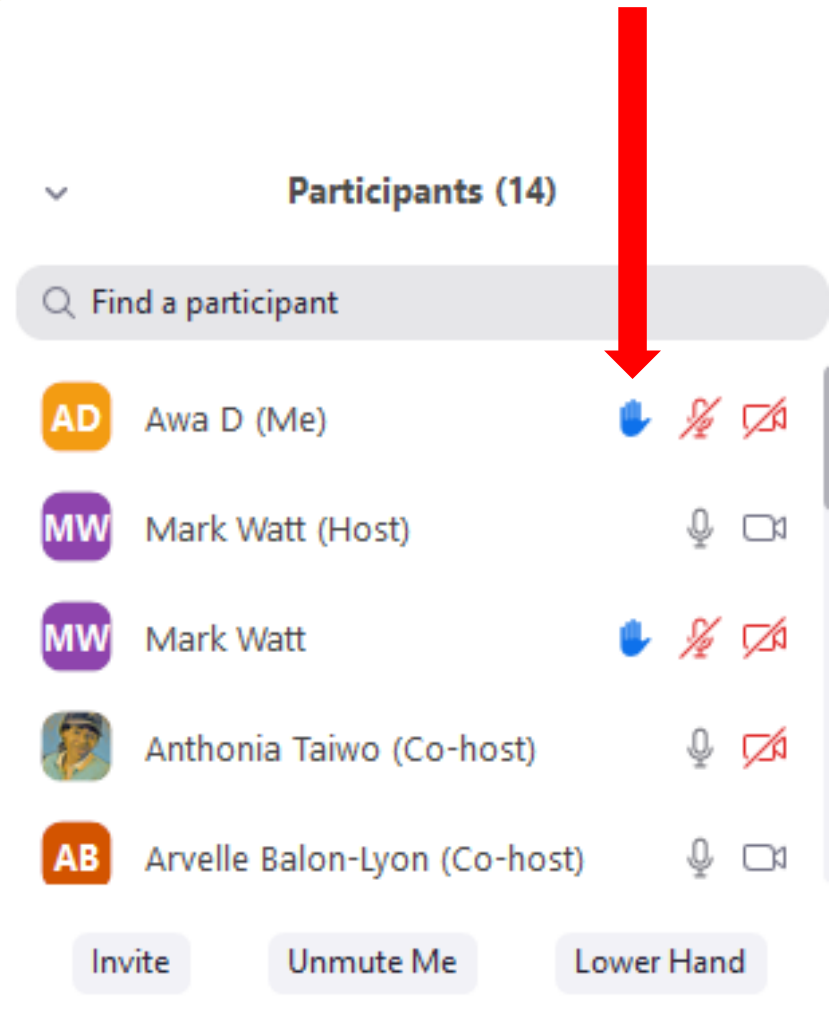
Meeting Patient's Needs
Algorithm for Today's Primary & Specialty Care Teams
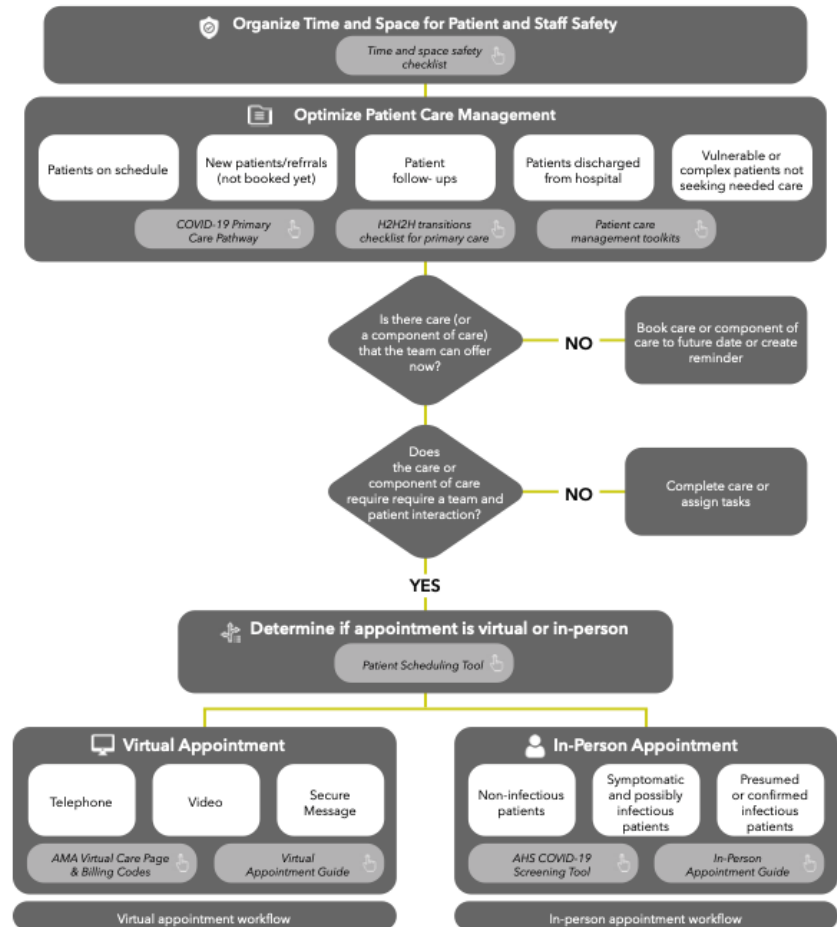
Live Q&A and Polling

- 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!

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Evaluation

https://interceptum.com/s/en/RC04242020