GP/SP Consults Optimization Project

Coordinating Complex Care for Older Adults

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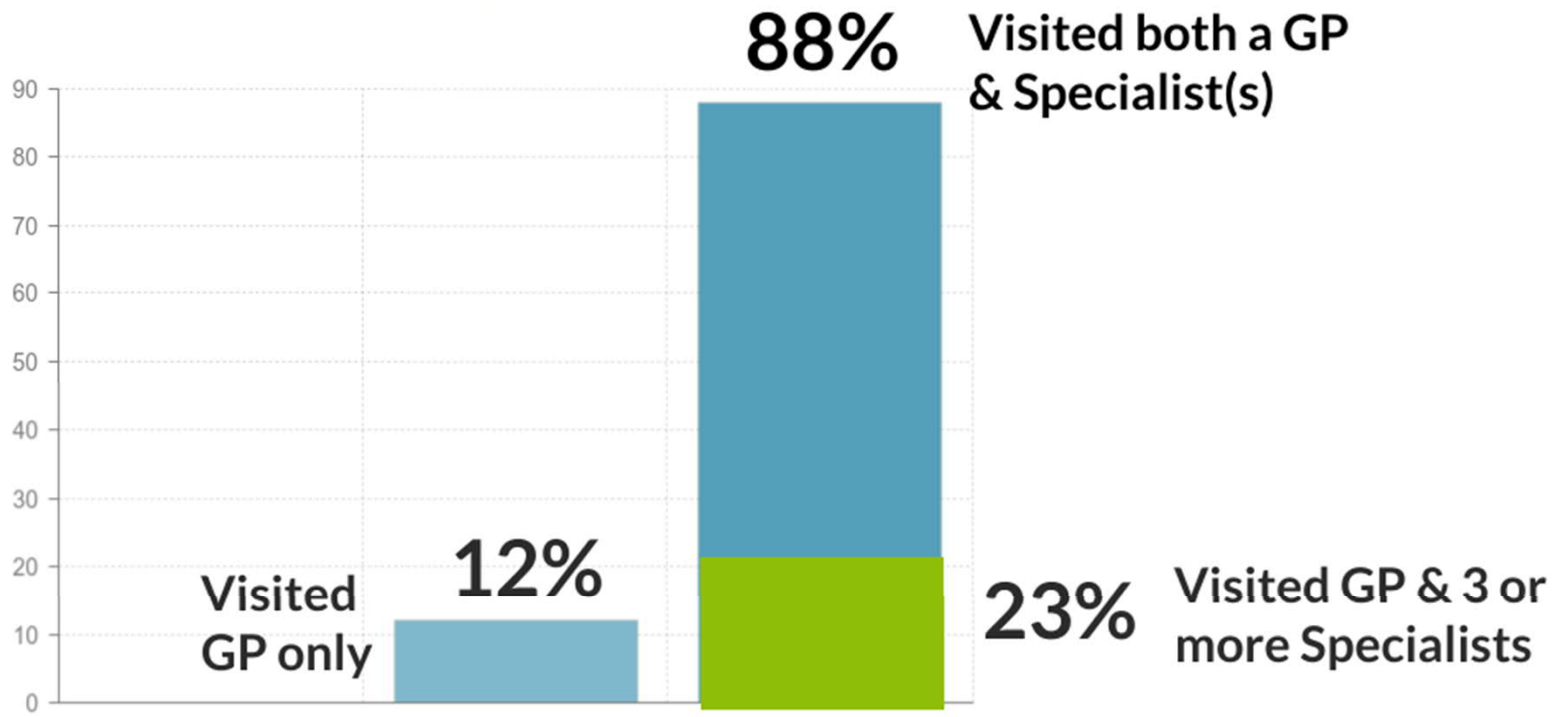
Kootenay Boundary
Division of Family Practice
A GPSC initiative

SharedCare
Partners for Patients

There are 950,000 Older Adults in BC...
....832,883 had an MSP visit in 2017



*PPhRR Evaluation Administrative Dataset (includes all people 65+ and service data from BC MOH Client Roster, MSP, PharmaNet, DAD, NACRS, Home and Community Care, Vital STats, RAI Continuing Care and Home Care)

Project Focus:

Address the interface between family physician and specialty/subspecialty practices

- build a network of trust and collective intelligence
- bring to light different relationship perceptions between GP/SP and seek to close the gaps
- explore the institutional context of the GP/SP relationship
- inspire confidence in the consultation process for both GPs and SPs
- strengthen the KB medical culture and identity
- encourage shared care/management of patients

Work of Thought Leaders

Advise on a framework to categorize the different types of interactions between GPs/SPs, and define a set of care coordination agreement principles to facilitate improved coordination and patient care.

Care for Complex Seniors in KB

What we saw when we started

- GPs uncertain who to call post-operatively
- Consult letters lacked clarity regarding roles
- Referral letters failed to provide needed info
- SPs not always providing "whole person" care
- GPs doing "dump and runs"
- Reliance on "calling a friend"
- Protocols for continuity of care unclear
- GPs without face to face relationships with SPs struggled more

VS

Where we wanted to get to

- Clear guidelines for who to call when
- Great consult and referral letters that provide clarity to both parties
- Collaborative care for complex patients
- Robust relationships that allow anyone to call anyone when needed
- Clear protocols for continuity of care
- Integration of all GPs into SP network

What have we done?

- Preliminary interviews with 24 GPs and 17 SPs to understand issues
- Doctors Lounge event attended by 37 GPs and 22 SPs to explore relationship issues
- Social network mapping of collegiality and referral patterns of 25 GPs and 18 SPs
- 4 "Thought Leader" meetings attended by core group of 6 GPs and 6 SPs to talk about approaches to co-management
- News Flash delivered to all GPs to outline preferred communication channels
- Data themed from multiple sources

What have we learned?

Universal themes corroborated by the literature on:

- Why relationships matter
- How to build stronger relationships
- Relationship patterns in our communities
- What makes good referral and consult letters
- How to coordinate care for complex patients

Why relationships matter?

BETTER PATIENT CARE

- Providers can discuss cases, ask questions and manage things on their own.
- Unclear and disrespectful communication or lack of willingness to help has negative effects on patient care and creates hold ups on both sides

PERSONAL BENEFITS

- Positive relationships and effective communication increase job satisfaction, make work easier and more meaningful and help to address burnout.
- Physicians value friendly, collegial, respectful and honest conversations and interactions

UNIVERSAL THEMES

Relationships matter to both GPs and SPs, improve patient care and provide personal benefits

How can we build stronger relationships?

MORE FACE TO FACE TIME

- GPs and SPs from the same community/hospital tend to have stronger relationships
- GPs from more distant communities have a harder time with urgent and non-urgent referrals
- Focus on more social gatherings outside the hospital, more joint educational events, working together face to face and visiting other communities/facilities

CHANGE INTERACTIONS

- Focus on respectful communication, being compassionate with each other, and communicating clearly
- Physicians may need instruction on this and have it embedded into CME and residency programs

UNIVERSAL THEMES

Prioritize face to face time, respectful communication and having compassion for each other

Where do we need stronger relationships?

ACROSS COMMUNITIES

- GPs in more distant communities often have never even met SPs to whom they are referring
- Relationships needed to be improved between physicians in regional hubs and more distant communities
- CME events that bring specialists to more distant communities can forge important ties

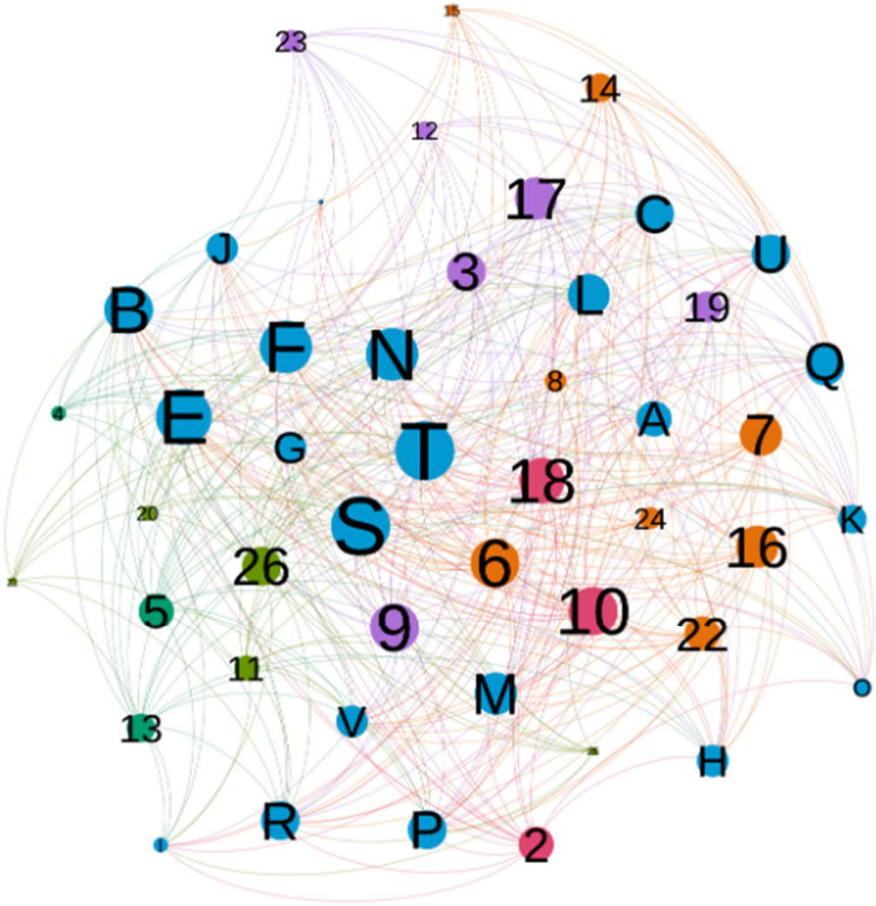
AMONG NEW & ESTABLISHED MDS

- New and young GPs and SPs in particular do not have the connections with each other
- Establish regular opportunities for new physicians to meet established physicians in the area, such as meet and greets.

UNIVERSAL THEMES

Engage in deliberate relationship building among those who are least likely to have day to day in-person interactions

What about referral and relationship patterns?



GENDER MAKES A DIFFERENCE

- Female GPs perceive themselves to make more referrals and are perceived by SPs to make more referrals
- Male SPs perceive they receive more consult requests
- Female GPs perceive SPs as more collegial than male GPs
- Male SPs perceive GPs as more collegial than female SPs

LOCATION MAKES A DIFFERENCE

- GPs from more distant communities were less likely to refer to SPs at the regional hospital and rated collegiality as lower

ROLES MAKE A DIFFERENCE

- Some SPs, due to their specialty, receive referrals from most or all GPs, while others appear to receive significantly fewer
- ED physicians can have better and also more tenuous referal relationships with SPs as they have to make more urgent referrals

UNIVERSAL THEMES

Everyone has a unique experience within the referral/ consult community - it is important to explore those experiences

What generates better referrals and consults?

TIME AND KNOWLEDGE

- Having time, knowledge of the issue, the patient, and the referring or receiving physician influence the quality of referral and consult letters
- Knowing SP preferences in terms of tests, information needed, how to specify acuity and red flags helps GPs in preparing referral letters

FOLLOWING SUIT

- The degree of thoughtfulness and thoroughness in the receipient's prior communication also influences the quality of referral and consult letters.

QUALITY MATTERS

- EMR dumps, not including relevant information, exaggerating the situation and lack of clarity on both sides are not helpful

UNIVERSAL THEMES

Referral algorithms and better information regarding what SPs need to know can generate better referrals

How can we care for complex patients?

COMMUNICATION IS KEY

- Timely, clear communication among all care providers regarding role division, patient status and care delivered is critical
- Up to date records and shared care plans facilitate communication
- Having physicians willing to text or take calls when not on call helps for continuity of care

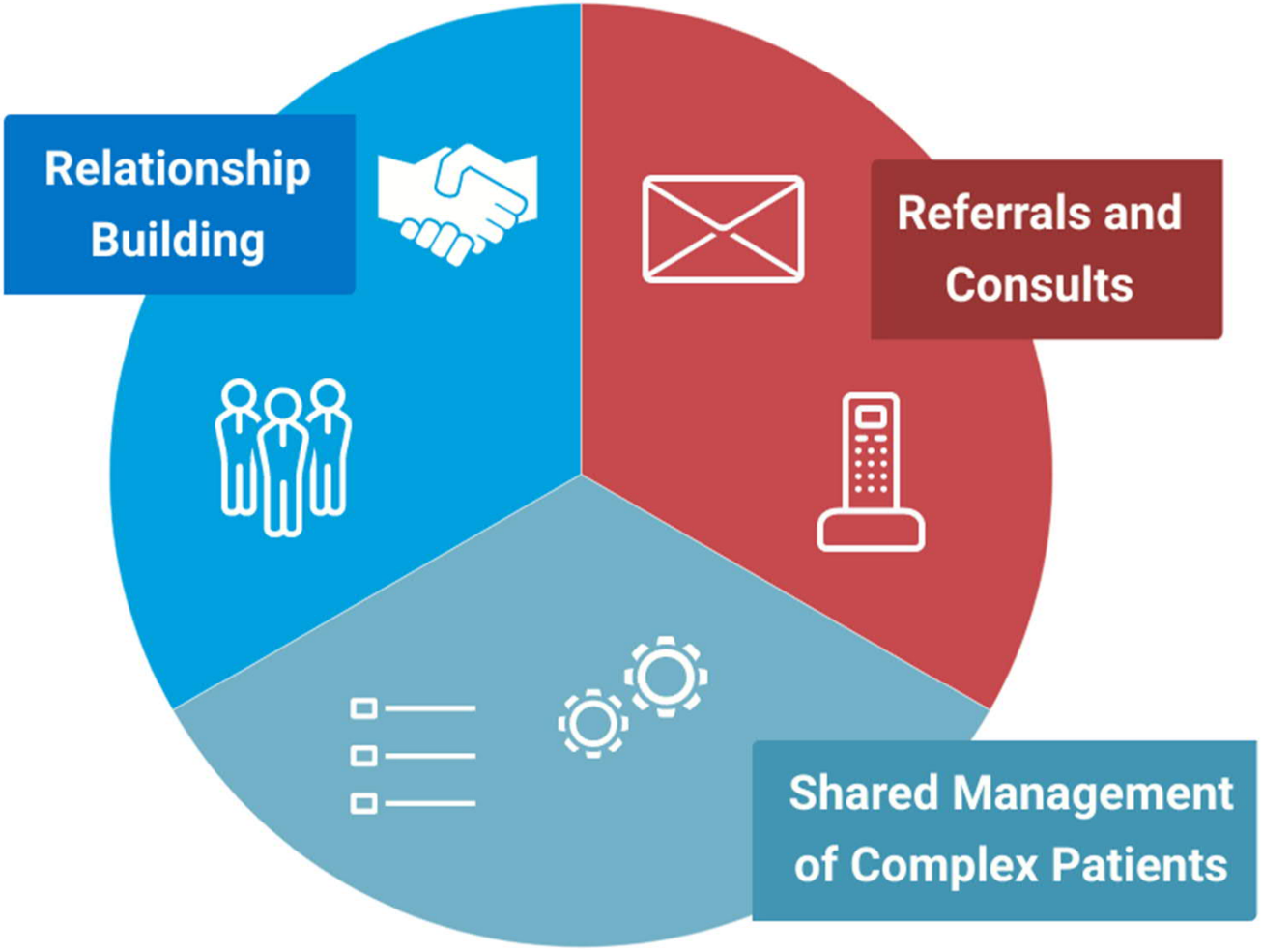
NEED A TEAM WITH A QUARTERBACK

- GPs and SPs need to manage medically complex patients in partnership - don't just handover to SP
- Caring for complex patients is a team-based sport, but someone needs to be the leader in coordinating care, and having all the information
- Currently lack of clarity regarding who does what in complex cases

UNIVERSAL THEMES

There is a need to embrace a team approach with more robust and timely communication and role clarity

Key Areas of Action



Evidence on Best Practices: Complex Patients

CARE COORDINATION AGREEMENTS

A means of specifying a set of expected working procedures agreed upon by the collaborating practices toward the goals of improved communication and care coordination—they are not legally enforceable agreements between the practices.

- Ensure effective communication, coordination, and integration in a bidirectional manner
- Ensure appropriate and timely consultations and referrals
- Ensure the efficient, appropriate, and effective flow of necessary patient and care information
- Effectively guides determination of responsibility in co-management situations
- Support patient-centered care, enhanced care access, and high levels of care quality and safety
- Support the GP clinic as the provider of whole-person primary care to the patient and as having overall responsibility for ensuring the coordination and integration of the care

Source: American College of Physicians. The Patient-Centered Medical Home Neighbor. The Interface of the Patient-Centered Medical Home with Specialty /Subspecialty Practices.

Evidence on Best Practices: Referrals and Consults

THE IMPACT OF EFFECTIVE REFERRALS AND CONSULTS

Studies show that letters that meet the needs of physicians and patients:

- Save time for clinicians and patients
- Reduce unnecessary repetition of diagnostic investigations
- Increase shared patient management plans
- Help to avoid patient dissatisfaction and loss of confidence in medical practitioners

Source: Tobin-Schnittger, P., O'Doherty, J., O'Connor, R., & O'Regan, A. (2018). Improving quality of referral letters from primary to secondary care: A literature review and discussion paper. Primary Health Care Research & Development, 19(3), 211-222.

TWO TOP RECOMMENDATIONS

- Peer feedback increases letter quality and can decrease 'inappropriate referrals' by up to 50%
- Templates increase documentation and awareness of risk factors

Evidence on Best Practices: Building Relationships

What does incivility look like?

- Skipped hello
- Talking over, talking down, being condescending
- Sarcasm
- Eye rolling or other demeaning gestures
- Showing little interest in someone's opinion
- Rude use of technology
- Calling someone out, blaming publicly
- Demeaning or derogatory remarks about a person
- Doubted a person's judgement in a matter in which they have responsibility
- Not answering pages or calls or delaying doing so Intentional miscommunication
- Impatience
- Yelling

Source: Michael Kaufmann, Ontario Medical Association Physician Health Program; multiple publications.

Five fundamentals of civility

- Respect others and yourself
- Be aware
- Communicate effectively
- Take good care of yourself
- Be responsible

"Compassion and caring is not just for the patient, it's for your colleagues. Teamwork is better, communication and planning is improved, people are less stressed..."

Progress so far

- Committed group of geographically representative GPs and SPs
- Improved relationships among "Thought Leaders"
- Created a modern, inclusive, regional doctors' lounge
- Getting real about their experiences working in health care system and discovering common ground
- GPs from different settings more comfortable asking questions of SPs in open setting to clarify best practices
- SPs taking leadership and taking issues back to their specialty group to develop solutions
- SPs involved demonstrating greater awareness of interpersonal communication
- Specialties have identified who to contact post-operatively
- Agreed on key components of good consult and referral letters
- Working on specialty specific algorithms for Pathways
- Discussions ongoing with regard to how to best coordinate care for Seniors

"I used to hate that guy. But it was because I didn't know him. Now I'm totally comfortable calling him. He knows me, and I can just tell him what I need to tell him. It's made so much difference"

Next Steps

- Sustaining positive relationships and creating organizational memory
- Creating specialty specific algorithms to help GPs understand urgency and best practices for common referrals
- Exploring the potential for care coordination agreements for complex adults/seniors
- Continuing to build relationships and spread behaviour patterns beyond Thought Leaders
- Videos, journal articles, embedding in residency program teaching
- Leverage trust built through repeated engagement to advance difficult and complex problem solving

Thank You!

Questions?
Thoughts?

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