

Centralized Waitlist – Patient Attachment Mechanisms



Divisions of Family Practice

A GPSC initiative

Technology Overview

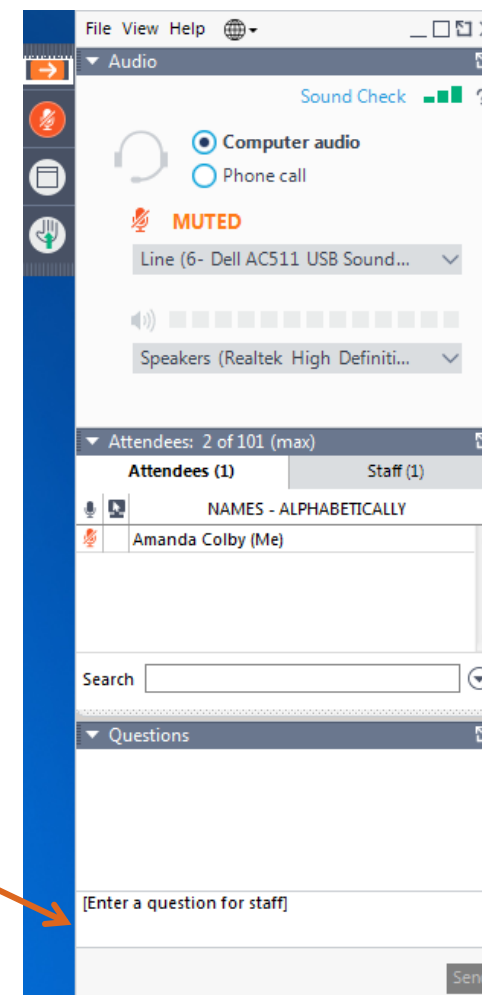
You are currently muted. To ask a question, or make a comment, please raise your hand.

When your hand is raised,
the button will look like this:



If you're experiencing technical difficulties you can send a message to the organizers through the questions window.

Note: questions are sent to the organizers only. Other webinar attendees won't see them unless the organizer shares both the question and response with all attendees.



Agenda


- The value of both a Centralized Waitlist & Patient Attachment Mechanisms
- How Divisions and Health Authorities can inform provincial planning of the Primary Care Waitlist
- Highlight local Divisions' work
 - Chilliwack
 - Oceanside
 - Thompson



Centralized Provincial Patient Attachment Waitlist Planning

Provincial Webinar
July 10, 2018

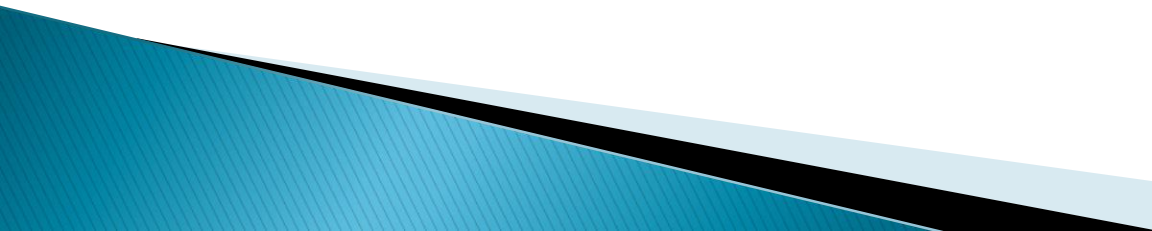
Why are we doing this?

- ▶ In many of the communities you live and work in, people are struggling to find a family doctor to call their own (about 16% provincially, may be lower or higher in your community)
 - ▶ No direct way to measure how many there are who are struggling to find a provider
 - ▶ Not all communities have a centralized way for people to indicate their need, and to support a systematic approach to attachment
- 

Why are we doing this now?

- ▶ Ministry's 2017 PCN policy:
 - PCNs' community populations be provided with, "An explicit, ongoing care relationship (i.e. attachment/relational continuity) with a regular primary care provider who is most responsible for their care for all people who want one,"
 - "PCNs will identify unattached individuals and families in the community and have a centralized primary care waitlist and protocols for person-provider attachment."
 - Requirement of PCN Expression of Interest
- ▶ Significant ongoing investment in primary care; provide support for PCN

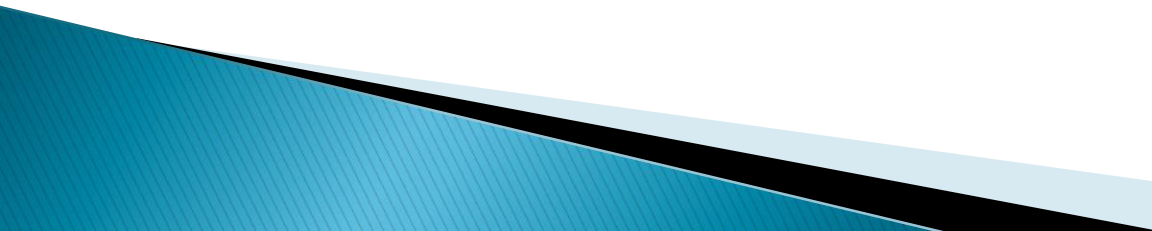
What are we doing

- ▶ The Ministry of Health and HealthLink BC, in consultation with Doctors of BC, health authorities, divisions of family practice, and primary care providers, will develop and implement a provincially supported patient attachment waitlist
 - ▶ Support local attachment mechanisms
 - ▶ Build off experiences of other provinces, and communities in BC
 - ▶ Closely linked to establishment of primary care networks and patient attachment mechanisms
 - ▶ A tool for the collection, reporting and tracking of data to support system monitoring and evaluation, HR planning, and investment/funding decisions
- 

When are we doing this?

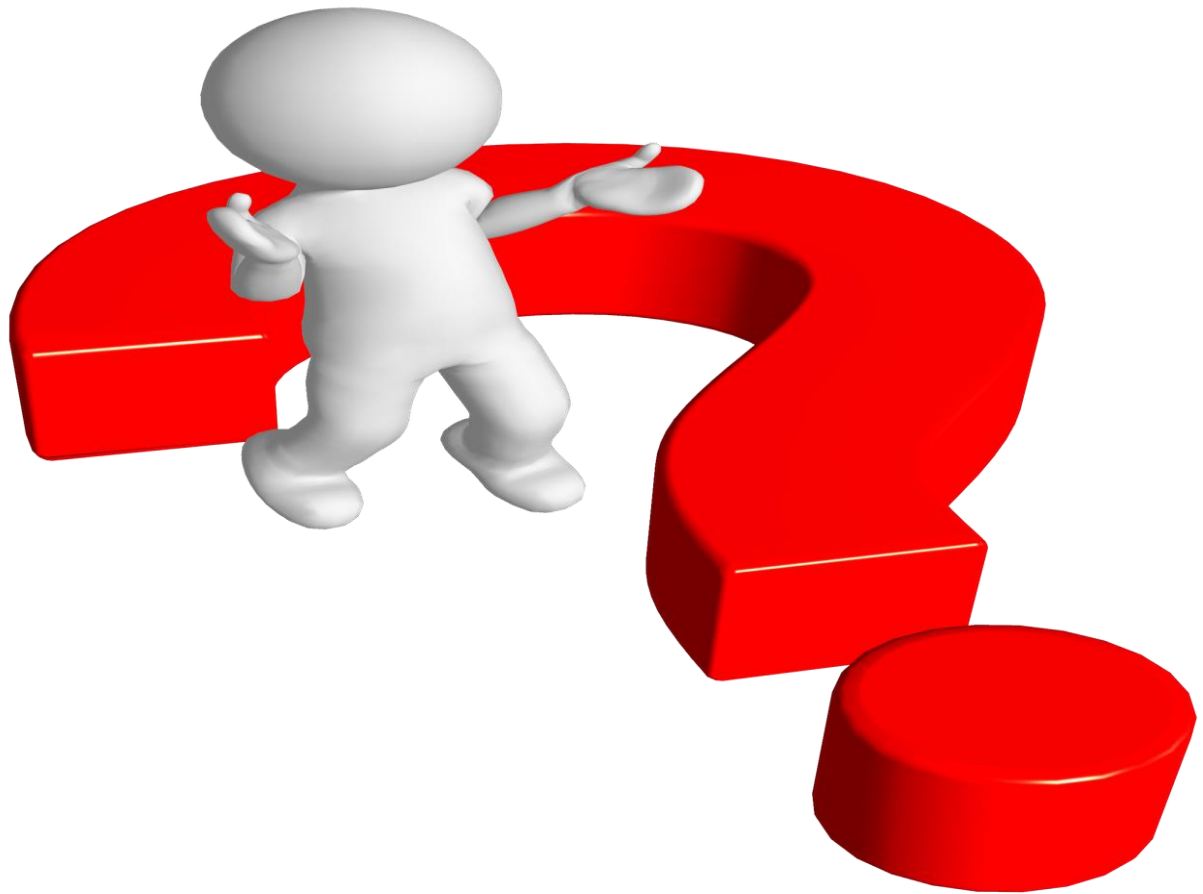


What will success look like?

- ▶ A consistent process for British Columbians to register their need for a provider
 - ▶ A support for PCNs and local attachment mechanisms that is consistent and equitable
 - ▶ Improved measurement of the number of British Columbians who are not attached, wanting attachment, or becoming attached through system interventions, to a regular primary care provider
- 

How can you be involved?

- ▶ Email Emma Isaac (Emma.Isaac@gov.bc.ca) or Stan Bersenev (Stan.Bersenev@gov.bc.ca)
- ▶ Considering three different approaches for consultation in planning:
 1. Email questions to provide input
 2. Join a working group as they are established
 3. Have members of the planning team meet directly with your community to seek input
- ▶ Contact Emma Isaac or Stan Bersenev for interest in being part of early implementation



Patient Attachment Mechanism and Waitlist

Chilliwack, Agassiz-Harrison, and Hope

Katrina Bepple, Executive Director

July 2018

Looking for a Family Doctor or Nurse Practitioner? Live in the Chilliwack, Hope, or Agassiz-Harrison area?

Sign up for the PAM waitlist!

(Patient Attachment Mechanism)

Register online: divisionsbc.ca/chilliwack/pam

How does it work?

Go online and register at divisionsbc.ca/chilliwack/pam

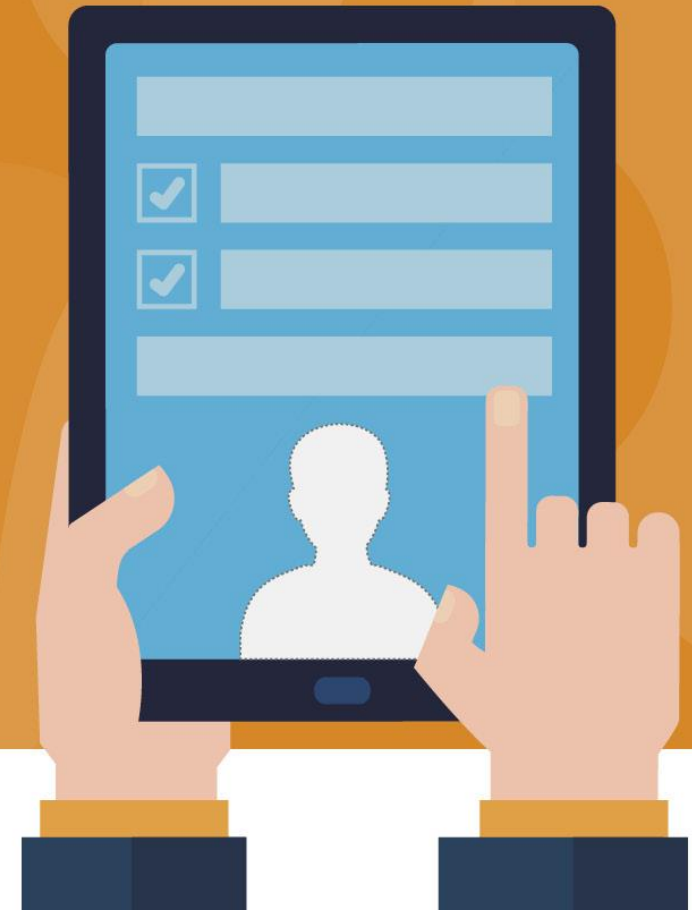
Then you'll receive an email to confirm you're on the waitlist.

We'll be in touch when there is capacity to attach you.

In the meantime, visit www.medimap.ca for walk-in clinic locations and wait times.

This service is only available for those who do not already have a family doctor/nurse practitioner.

If you don't have internet access, call 604-795-0034.



Don't have a family doctor or nurse practitioner?
Looking for one in your community?

CALL PAM

(Patient Attachment Mechanism)

9 am to 3 pm Monday to Friday
1-844-795-0034 Hope and the Fraser Canyon
604-795-0034 Chilliwack, Agassiz, and Harrison



Where we have come

★ Essential for a well functioning waitlist and mechanism

Fall 2013 Patient Attachment MECHANISM is conceived

August 2014 Patient Attachment MECHANISM is born (one # to rule them all)

Spring 2014 Patient Attachment MECHANISM is piloted with the Chilliwack Primary Care Clinic ★

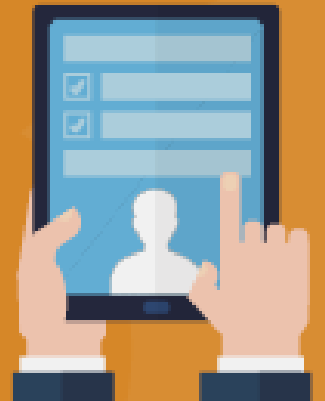
★ July 2016 WAITLIST initiated

★ August 2017 ONLINE initiated

June 2018
4900 patients attached (3800 to community + 1100 CPCC) with 4600+ on the waitlist

Sign up for the
PAM waitlist!

[Click Here](#)



2016/2017 - Pan Canadian Centralized Waitlist Study
June 2017 - GPSC Summit Presentation on Waitlists and Mechanisms
January 2017 - Patient Waitlist and Mechanism Provincial Meeting

Future considerations

- Provincial Primary Care Waitlist
- Queuing vs. Prioritization



SHARING A SOLUTION TO A COMMON PROBLEM: COMPARING CENTRALIZED WAITING LISTS FOR UNATTACHED PATIENTS IN PRIMARY HEALTHCARE IN SIX CANADIAN PROVINCES



Centre de santé et de services sociaux
Champlain—Charles-Le Moyne

Centre affilié universitaire et régional de la Montérégie



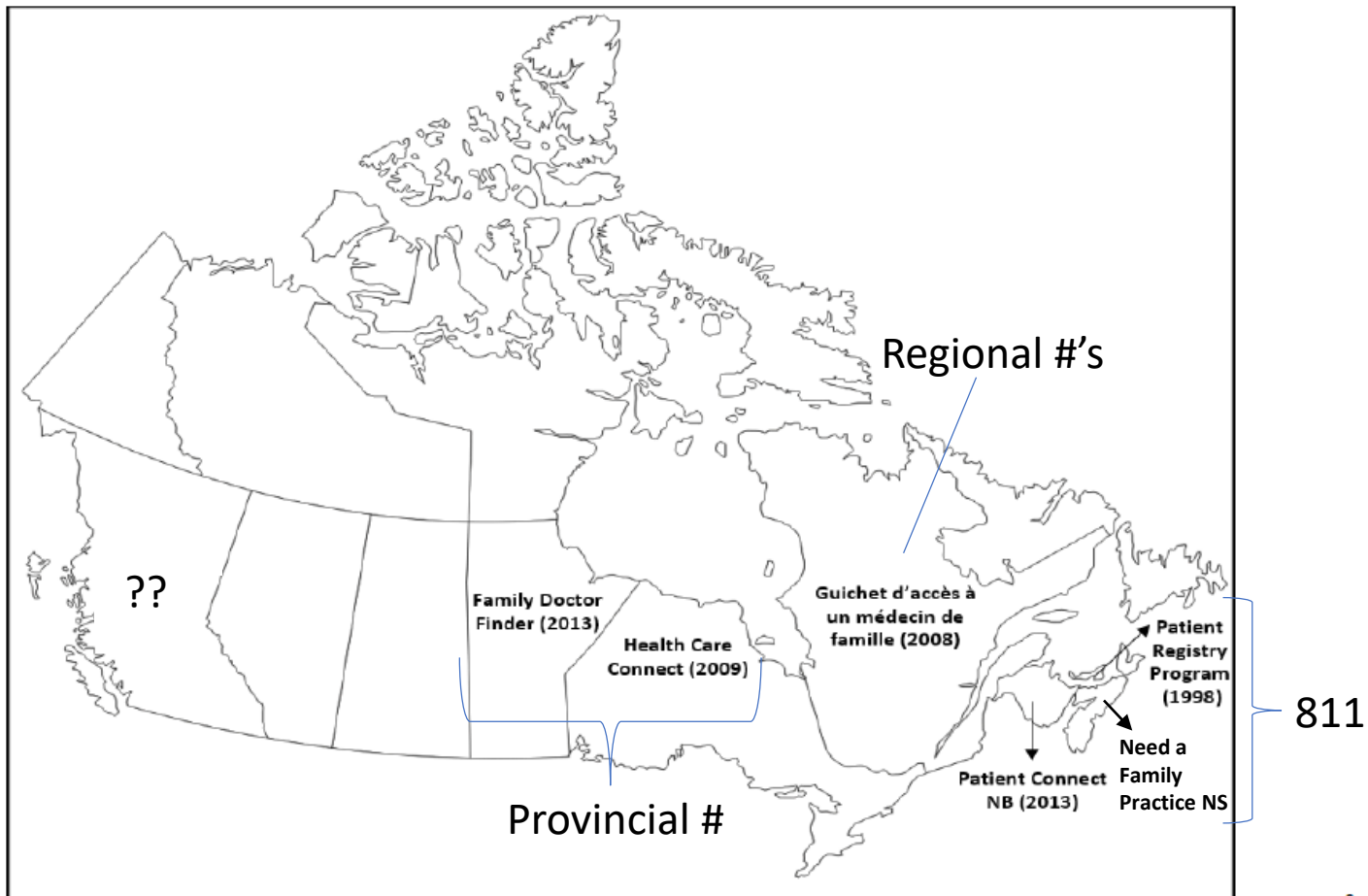
Mylaine Breton, Université de Sherbrooke
Sara Kreindler, University of Manitoba
Jalila Jabilou, Moncton University
Sabrina Wong, University of British Columbia
Audrey Vanderasier, Université de Sherbrooke
Mélanie Ann Smithman, Université de Sherbrooke
Jason Sutherland, University of British Columbia
Valorie A. Crooks, Simon Fraser University
Jay Shaw, University of Toronto
Astrid Brousselle, Université de Sherbrooke
Damien Contandriopoulos, Université de Montréal
Martin Sasseville, Université de Sherbrooke
Michael Green, Queen's University

 @bretonmylaine



Chilliwack
Division of Family Practice
A GPSC initiative

INTERVENTION: THE IMPLEMENTATION OF CENTRALIZED WAITING LIST FOR UNATTACHED PATIENTS



6 of the 10 provinces in Canada have provincially facilitated centralized waitlists associated with attachment mechanisms.

All provide phone registration (811, provincial, or regional) and online registration.

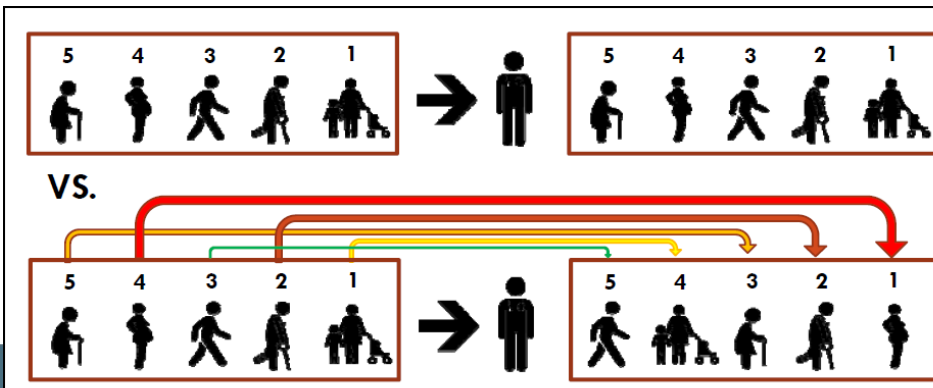


RESULTS: MECHANISMS TO MANAGE CENTRALIZED WAITING LISTS

Types	Processes	Effects	Risks	Considerations for implementation
Queuing (Supply-based)	First-come/ first-served	↓ overall wait times	Gaming Issues with quality	Resources Disciplinary measures
Prioritization (Demand-based)	Categorization	↓ wait times less urgent needs	Gaming Tool implementation Cherry picking	Mandatory guidelines Measures to avoid gaming and cherry picking
	Scoring	Better equity Limited results (risk ++)	Gaming Tools implementation Needs w/o resources	Enable overriding Tools co-construction Contingence planning

Does not necessarily result in most needy being attached first

Attach most complex/
needy first (always jump to the front of the que)



Queuing: promote the use of an adequate supply of services

Prioritization: promote equitable or appropriate use of a limited supply

Lessons Learned

- Supports must be in place for a MECHANISM to function properly
 - Provider buy-in
 - Attachment clinics and/or clinics for vulnerable populations if there is limited/no capacity
 - Incentives – loss of 14074 impacted ability to attach
 - Administrative resources (especially waitlist = time intensive)
- Managing expectations from the outset is key
- Information must be kept up to date
 - waitlist vs. individual responsibility
- Partnerships are key

Questions

Katrina Bepple, Executive Director

Chilliwack (Agassiz-Harrison and Hope) Division of Family Practice

kbepple@divisionsbc.ca

Patient Attachment Mechanisms

Kamloops Experience
October 2016 – May 2018



Interior Health
Every person matters



Division of Family Practice
A GPSC initiative



**BRITISH
COLUMBIA**

HealthLinkBC

History

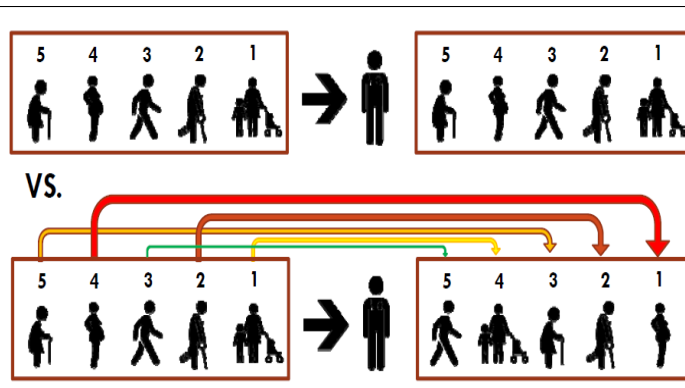


RESULTS: MECHANISMS TO MANAGE CENTRALIZED WAITING LISTS

Types	Processes	Effects	Risks	Considerations for implementation
Queuing (Supply-based)	First-come/ first-served	↓ overall wait times	Gaming Issues with quality	Resources Disciplinary measures
Prioritization (Demand-based)	Categorization	↓ wait times less urgent needs	Gaming Tool implementation Cherry picking	Mandatory guidelines Measures to avoid gaming and cherry picking
	Scoring	Better equity Limited results (risk ++)	Gaming Tools implementation Needs w/o resources	Enable overriding Tools co-construction Contingence planning

Does not necessarily result in most needy being attached first

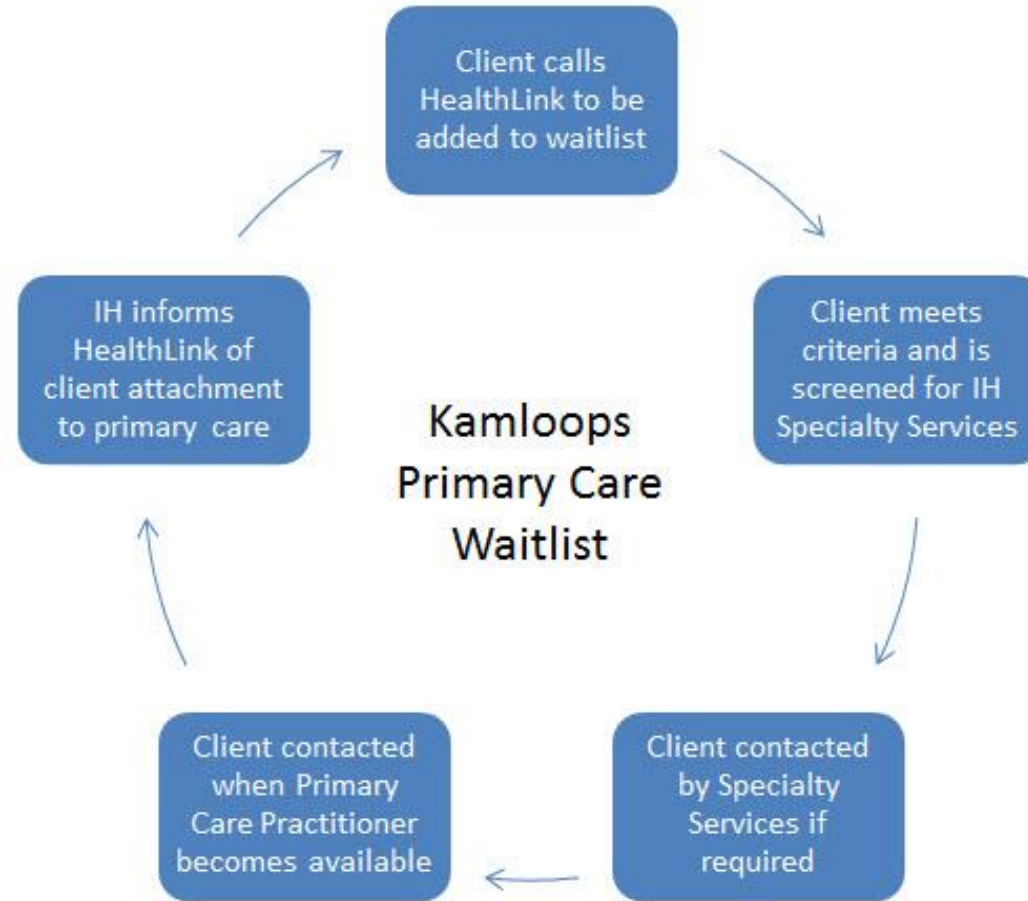
Attach most complex/ needy first (always jump to the front of the queue)



Queuing: promote the use of an adequate supply of services

Prioritization: promote equitable or appropriate use of a limited supply

High level Process

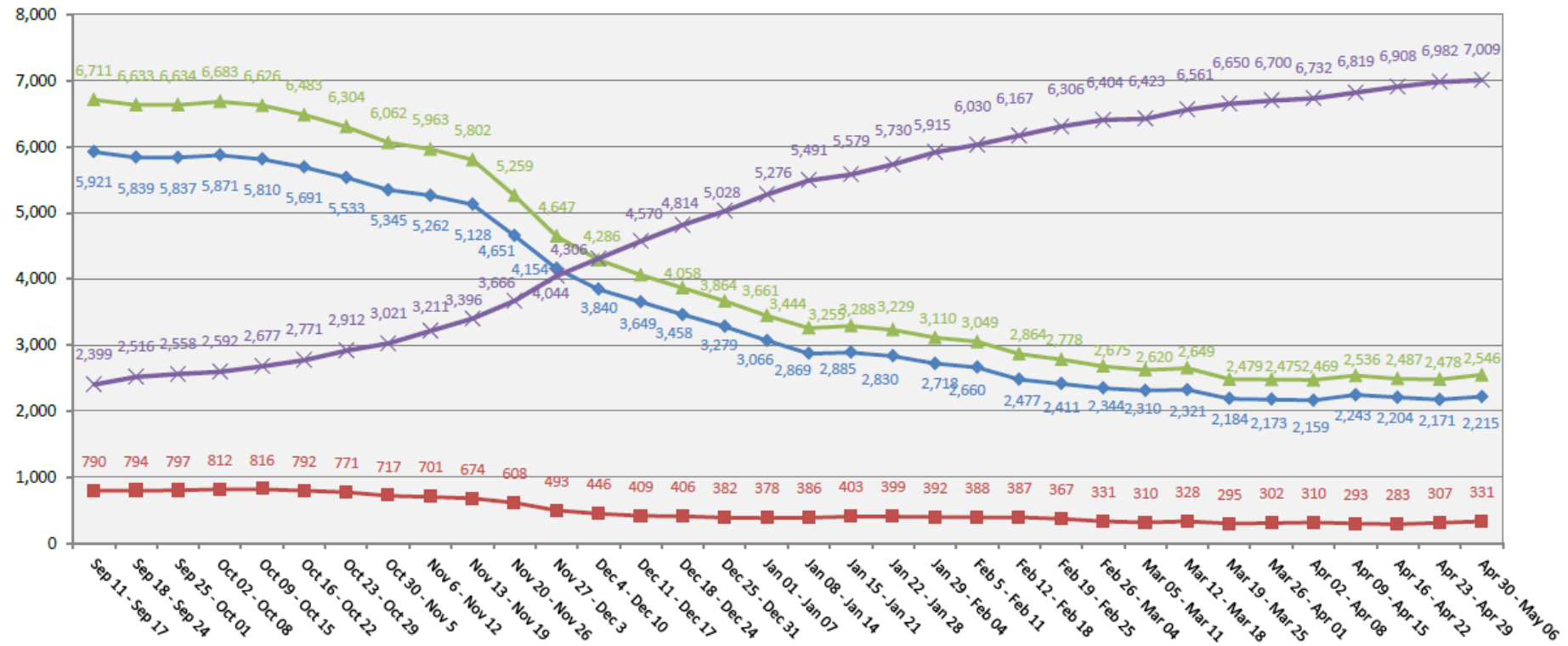


Guiding Principles

- Initially clients are offered primary care attachment based on their chronological location on the waitlist
- Attachment to primary care occurs when an appointment is made with a primary care provider (Nurse Practitioner or Physician)
- Clients cannot be seen by a Nurse Practitioner (become attached) and remain on the waitlist for a physician, but patients can decline an offer to see a Nurse Practitioner and remain on the waitlist for a physician.

Weekly Waitlist Statistics*

Weekly Waitlist Statistics*



Waiting for Attachment
The sum of waitlist sign-ups and additional family members.

Waitlist Sign-Ups
The sum of callers added to the waitlist (including additional family members called back and entered into waitlist)

Additional Family Members
The sum of immediate family members (spouse/partner and dependent children) within a household that also require a physician.

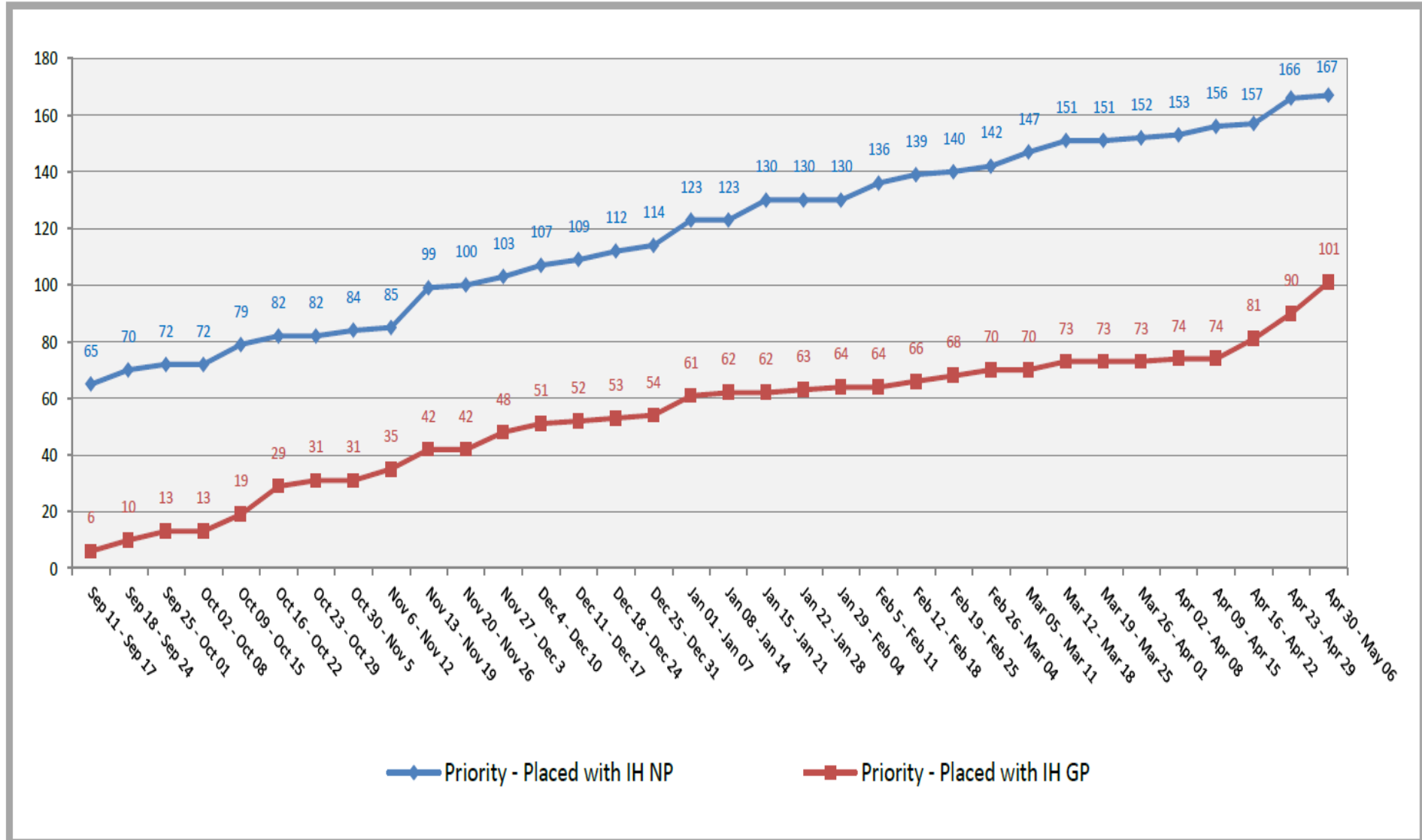
Patients Attached to Primary Care
The sum of patients placed with a GP or NP.

Priority Protocol

- * The priority access process is a tool for follow up and continuity of care for transitions out of emergency, inpatient and specialty programs.
- * Patients are called in chronological order off the KPC waitlist, unless a priority access referral is made and the patient meets the exceptions criteria. [Priority Access Referral.pdf](#)
- * Everyone must be registered on the 8-1-1 list for attachment, including those people who meet the exceptions protocol.

Priority Access*

Priority Access*



Patient Attachment Information Sheet

The Thompson Region Division of Family Practice is able to support family physicians looking to expand their practice by providing information about the process for patient attachment from the Kamloops Primary Care Waitlist. The Waitlist is managed by HealthLinkBC (8-1-1).

How to Attach Patients from the Waitlist:

STEP 1: To attach patients from this Waitlist the physician will require a Business BCeID. This will allow access to the government secure SharePoint document library where the patient list will be uploaded. To obtain a Business BCeID register at: <https://www.bceid.ca/register/business>

STEP 2: Email Business BCeID login ID and request for patients to: HLBC.Waitlist@gov.bc.ca Email is to include Patient Type and Number of each type. If no preference for Patient Type, then indicate how many patients in total are being requested.

STEP 3: HealthLinkBC will contact the physician by email to provide access details for SharePoint once the list is compiled and has been uploaded into the secure SharePoint document library.

STEP 4: Physician accesses the patient list in the SharePoint document library.

STEP 5: Physician updates SharePoint document by indicating patient attached or not. Physician to notify HealthLinkBC when updates complete.



Patient Type:

- 1. Chronic Disease**
- 2. Frailty:** difficulty with personal care activities, problems with balance or a fall in the last 12 months, weight loss due to decreased appetite, or difficulties with chewing and/or swallowing
- 3. Mental Health and Addiction**
- 4. Obstetrics**
- 5. Polypharmacy:** taking 5 or more medications
- 6. Acuity:** in the last 12 months the patient has attended a walk-in clinic, emergency room or has been admitted to a hospital

For more information contact Melanie Todd,
Project Lead at mtodd@divisionsbc.ca



Community Clinic Attachment

- * Prior to February 2018 IHA was the primary source of attachment
- * First community clinic to use the KPCW was Sun Peaks
 - * Started attachment process in March 2018
 - * Attachment process differed slightly from that of the IH
 - * As of April 29, 2018 – 335 clients have been attached
- * Second community clinic (STEP) now attaching from the waitlist.

Lessons Learned

- * **Partnership:**
 - * Importance of working with partner to determine principles that will guide attachment process
 - * (e.g. queuing vs priority access of hybrid approach, privacy)
- * **Capacity:**
 - * Ensure timing of waitlist going live aligns with attachment process and primary care capacity
- * **Resourcing:**
 - * Ensure adequate resourcing to support development of a local attachment and allow for PDSA approach (we are still learning and adjusting 1.5 years in)

Next Steps

- * May 29, 2018
 - * Review of processes
 - * Prepare for Urgent Primary Care and Learning Centre
 - * Prepare for other community clinics
 - * Develop targeted outputs

Questions



Questions?

If you have any questions following the webinar, please direct them to Michelle Briere at mbriere@doctorsofbc.ca

