GPSC
General Practice Services Committee

A key component in evaluating the success and benefits of patient medical homes involves collecting stories of health care change from doctors, patients, and allied care providers. These stories take readers on a journey toward understanding how patient medical homes are improving care around the province.

Change Snapshot: How the PMH led to faster, more responsive patient care.

Listen to an audio version of this story here.

Improving Patient Care with a Coordinated Team Approach

The most significant change I've experienced since creating a patient medical home (PMH) in our clinic has been the referrals for outpatient care, home support, and wound care, as well as the additional competencies we can now draw on, including a social worker, physiotherapist, occupational therapist and nurse. It has provided a safer environment for patients we were worried about. Prior to this initiative, high risk patients – frail elderly people living alone or recently hospitalized, with minimal support- were on the verge of admission to the hospital, particularly with chronic conditions. As a physician, when you identify those at-risk patients, you need to consider the options. Prior to the PMH, it would just be an assessment by the outpatient team, the referral would take a long time, and we would not receive feedback- it was like sending information into an abyss, not knowing what would happen, to what extent, or when.

Our pilot project was to create a one-stop referral process. It took a while to figure out, and now we have a streamlined process that is acceptable to both sides. Our clinic, with four full-time and two part-time physicians, has been working on the PMH pilot for 11 months. One immediate change was that each referral would receive guaranteed action on the other side, which reduced uncertainty and diffused the situation. High-risk patients are now assessed much faster and we receive feedback with the information we need. The nurse can now do an assessment, a social worker can also do assessments and forms, and the dietitian can help people with chronic conditions with weight loss- these processes used to require separate intakes. We all feel more secure with tricky, high-risk patients.

As a physician I can now clearly identify the urgency for a referral, ranging from 24 hours, one week, and more than one week. We've worked together with the Health Authority to get the same understanding of "urgency". We also have 24-hour direct access to the team, who could triage and provide a response immediately if that is required. This dedicated line allows any team member to call physicians in our clinic or for us to call them. We only use it in very few instances, but it is very valuable and all physicians in our clinic are using the system.

This system has had a tremendous impact on time savings- we no longer need to chase after other people- we know that once we send a referral, there will be action within the time specified. Patient care has improved, and it has alleviated anxiety on the part of physicians. We also see that the preventative action is reducing Emergency Room access, as patients are not getting into high-risk situations that may lead to a fall, and we are able to prevent issues before they become acute.

This is significant to me because when caring for patients on an outpatient basis, we have the resources to ensure that patients are seen by a nurse in their home, providing an additional dimension of information about the social situation of the patient, which is invaluable to us in improving their care.

We’ve experienced two significant barriers: the additional work to overcome using different systems for electronic medical records (EMR), and the time required for meetings and other planning related to the PMH. We’ve worked through the EMR issues by sending faxes to the server and directly into Oscar. Our communication with the team is quite good because we meet every two weeks, which is a must for us to get to know each other and share our perspectives on what needs to be done, and why. However, sessional fees do not compensate us on par with other work that we do, so we spend a lot of volunteer time on meetings.

The process of creating a PMH has taught us that one of the key success features is that we all have to be prepared to be flexible, listen to the other side, and accept that they may have a different view on the same issue.