

Patient Attachment Mechanisms

Kamloops Experience
October 2016 – May 2018



Interior Health
Every person matters



Division of Family Practice
A GPSC initiative



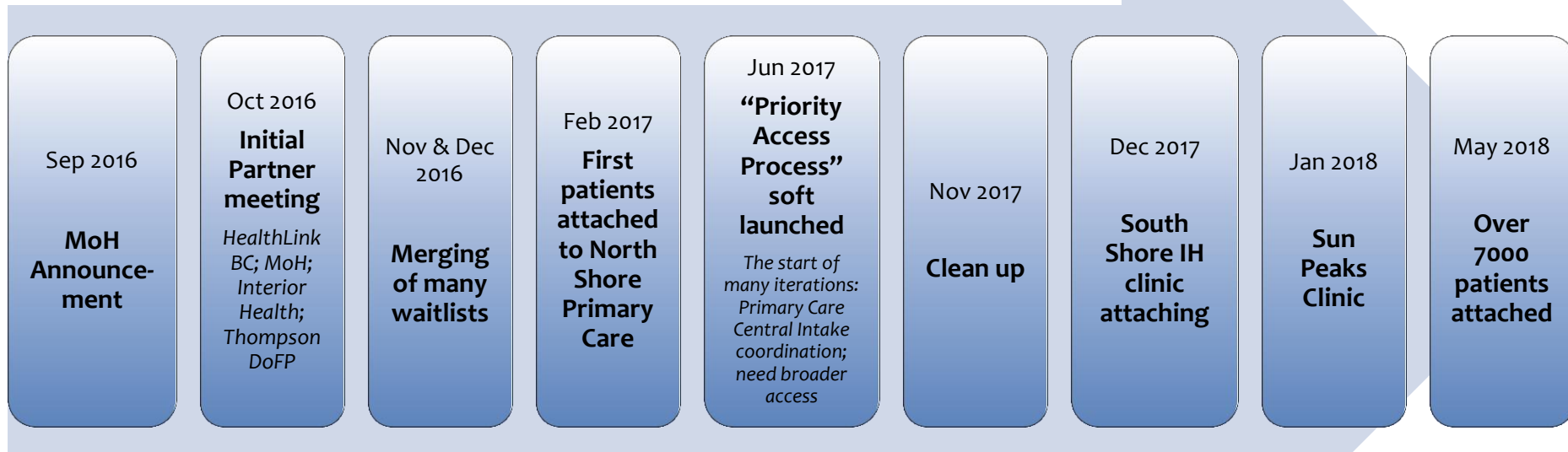
HealthLinkBC

Purpose

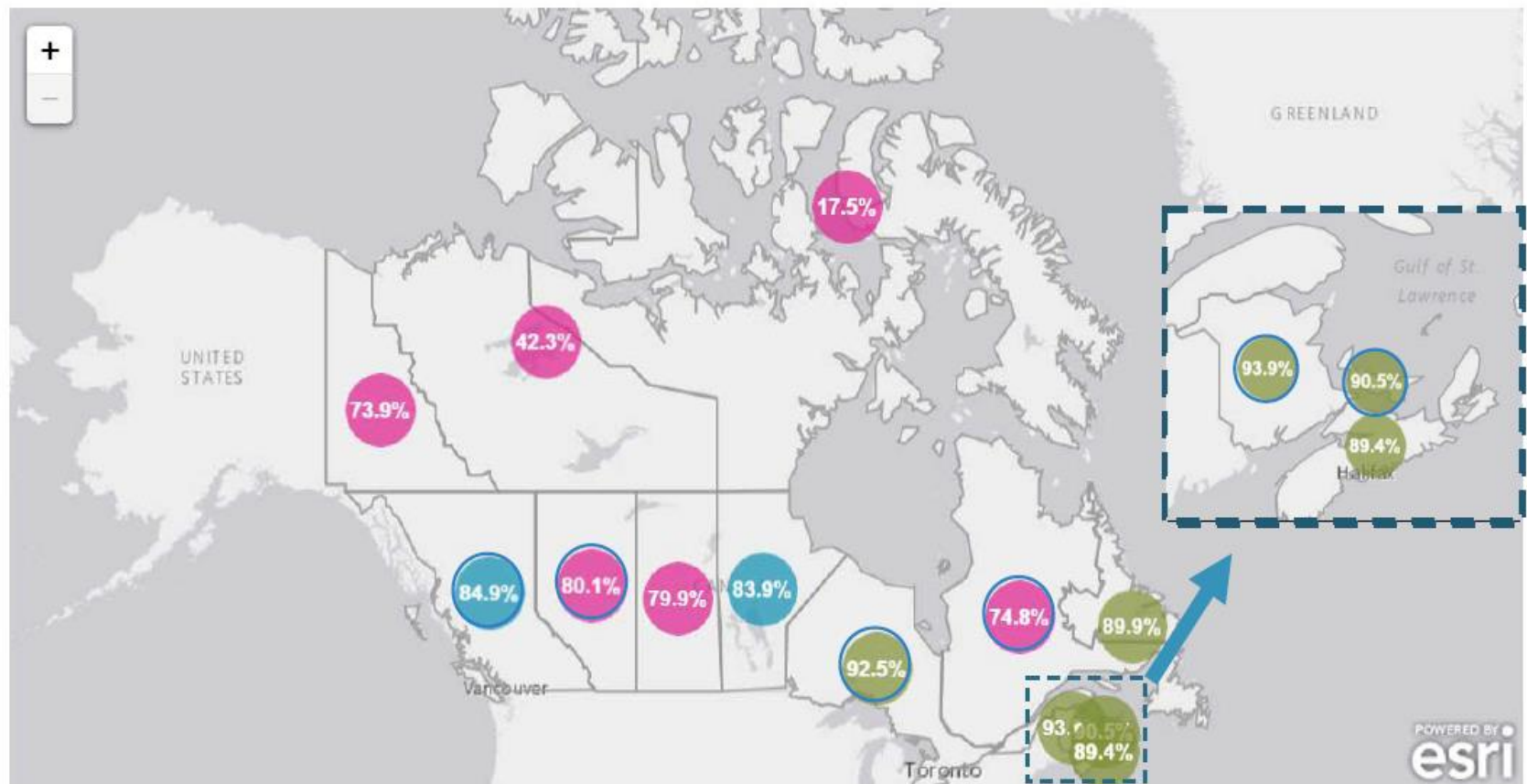
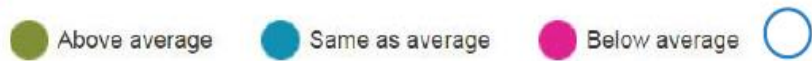
- * To share the partners' experiences in development and ongoing use of the 811 Patient Attachment Mechanism
- * Differentiate Kamloops learnings vs proposed provincial waitlist
- * Co-development of privacy, ethics and a principled approach must be foundational
- * Person centered



History

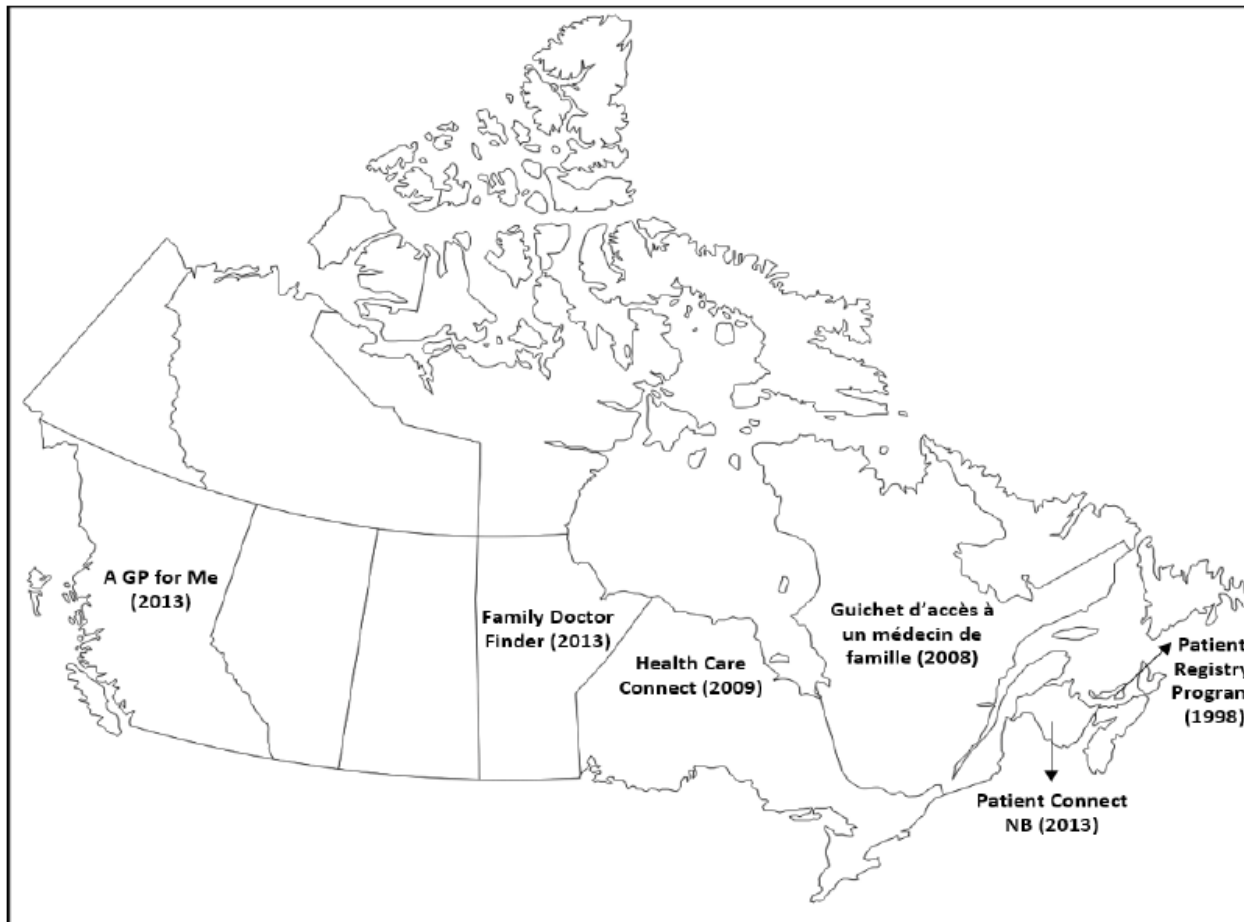


ISSUE: HIGH NUMBER OF UNATTACHED PATIENTS ACROSS CANADA



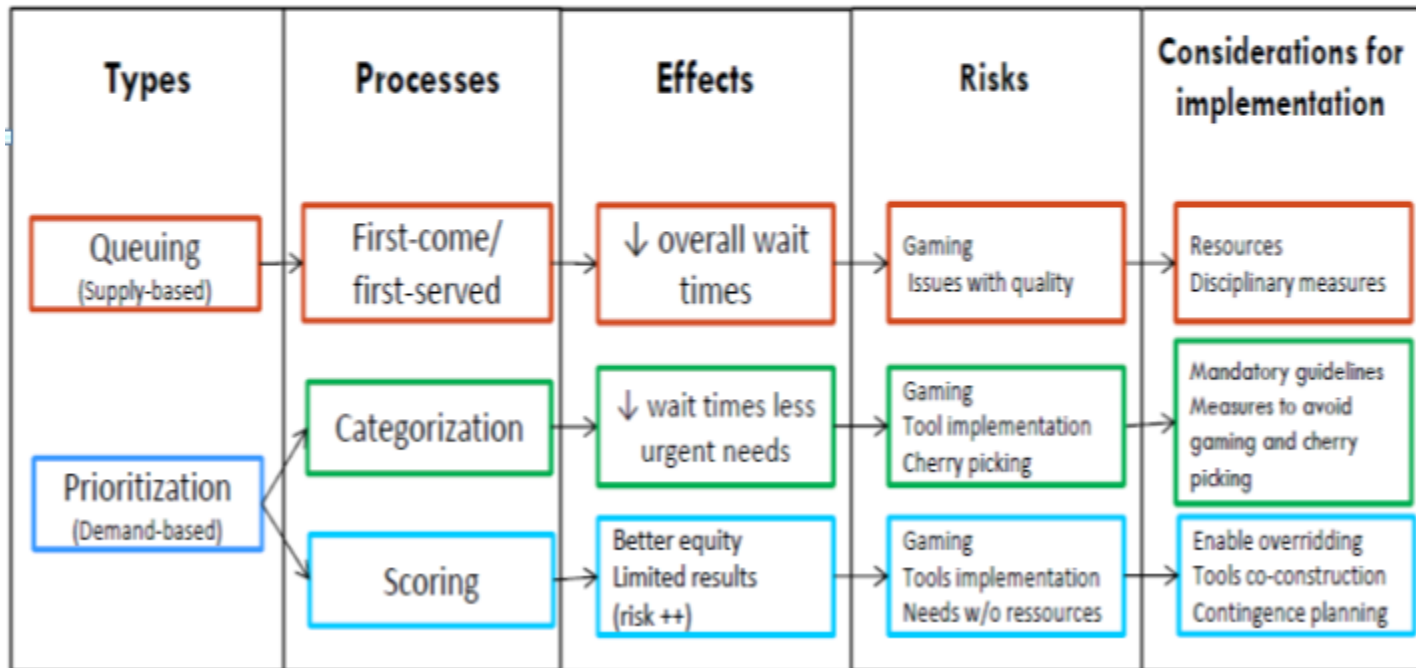
INTERVENTION: THE IMPLEMENTATION OF CENTRALIZED WAITING LIST FOR UNATTACHED PATIENTS

7 of the 10 provinces in Canada have provincially funded centralized waitlists associated with attachment mechanisms.



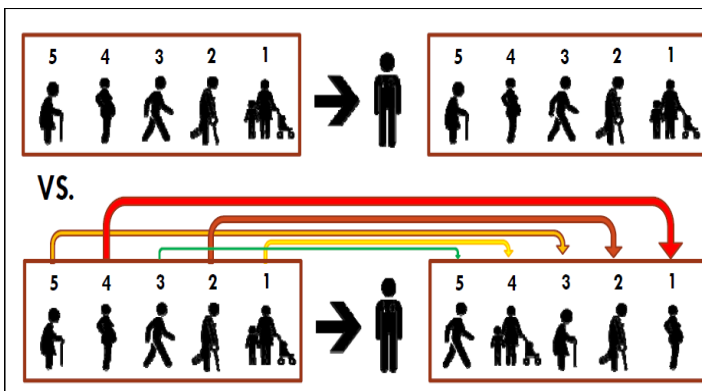
All provide phone registration (different) and online registration through one central portal.

RESULTS: MECHANISMS TO MANAGE CENTRALIZED WAITING LISTS



Does not necessarily result in most needy being attached first

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



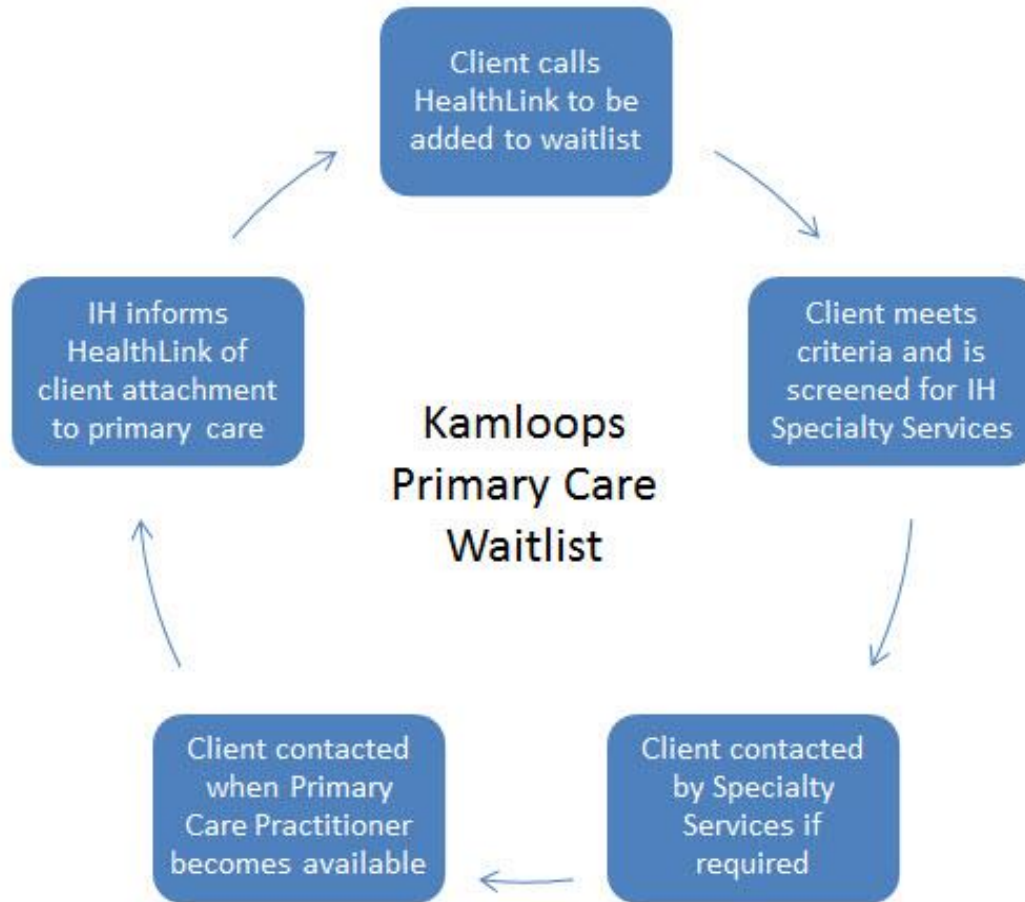
Queuing: promote the use of an adequate supply of services

Prioritization: promote equitable or appropriate use of a limited supply

Considerations based on the findings

- Supports must be in place regardless of the mechanism. This is inclusive of:
 - Attachment clinics and/or clinics for vulnerable populations if there is limited/no capacity and
 - Appropriate services wrapped around the family practice accepting patients (specifically complex).
- Centralized Waitlists do not seem to be appropriate systems for vulnerable patients.
 - For example, mental health problems or addictions. Studies show that in the prioritization system there may be cherry picking and in the queuing system there are various arrangements not to send certain kinds of patients.
- Information must be kept up to date

High level Process



Eligibility/Screening Criteria

- Must live within the Kamloops Local Health Area 024
- Must currently be unattached (unable to make an appointment with primary care practitioner)
- Authorizes their information to be shared with primary care practices within IHA or the Division of Family Practice for the purpose of attachment
- Holds an active PHN (BC, out-of-province or federal)

Specialty Services

- Clients screened for Specialized Services referral as stop gap
- IHA contacts clients if needed for additional screening and appointment
- Very low connection results found

Attachment

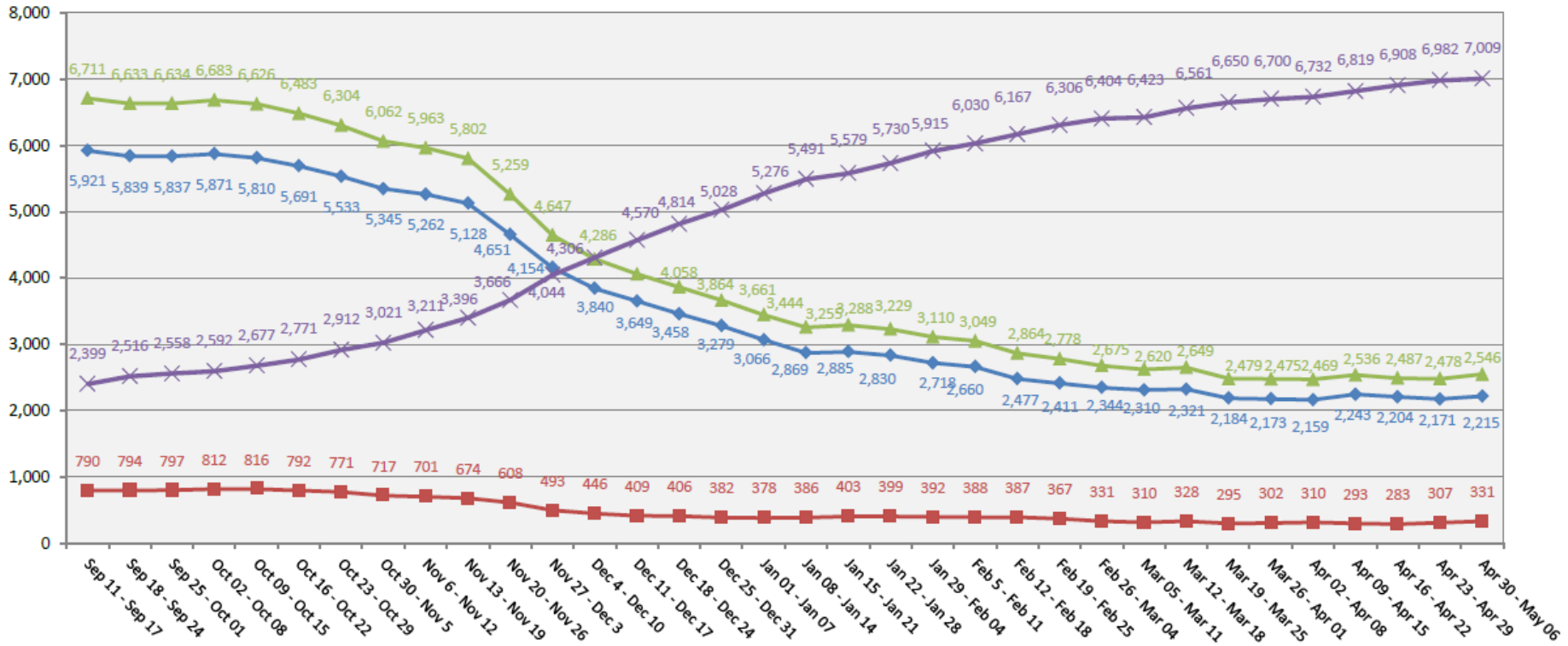
- Clients contacted chronologically and appointments booked
- Client then considered "attached"
- Feedback forms submitted by IHA back to HealthLink BC to update status

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.

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

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

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

Priority Protocol

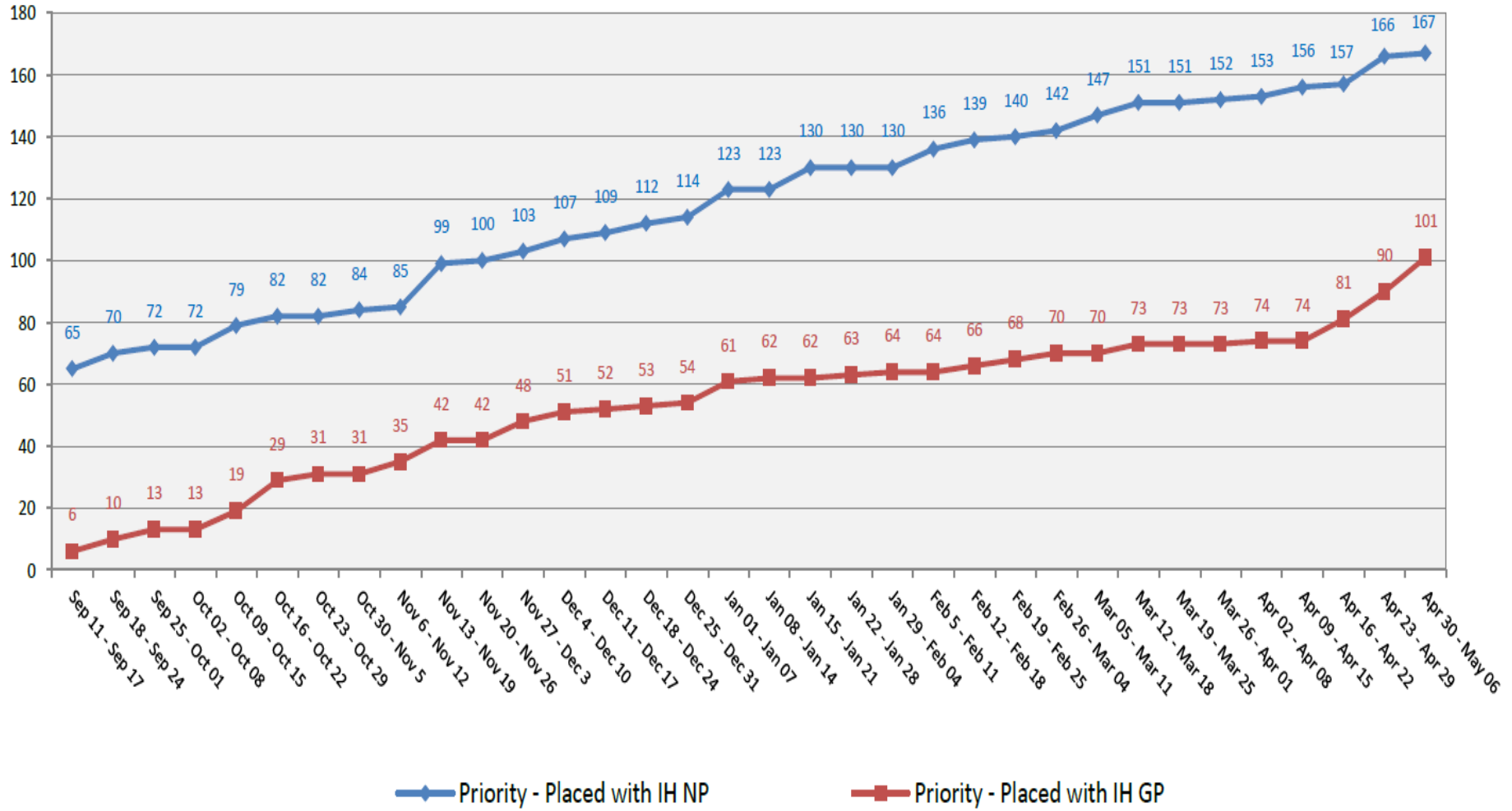
- * The priority access process is a tool for follow up and continuity of care for transitions out of emergency, inpatient and specialty programs.
- * Patients are called in chronological order off the KPC waitlist, unless a priority access referral is made and the patient meets the exceptions criteria.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

Without rapid access to a primary care provider...

- * At least 1 is required:
 - * Significant deterioration in condition which could lead to hospitalization
 - * Need for further stabilization with primary care provider to support discharge
 - * High risk of readmission following a complicated discharge
 - * Irreversible health impacts without primary care access
 - * Parent/ baby/ pregnant, or vulnerable family identified as at risk

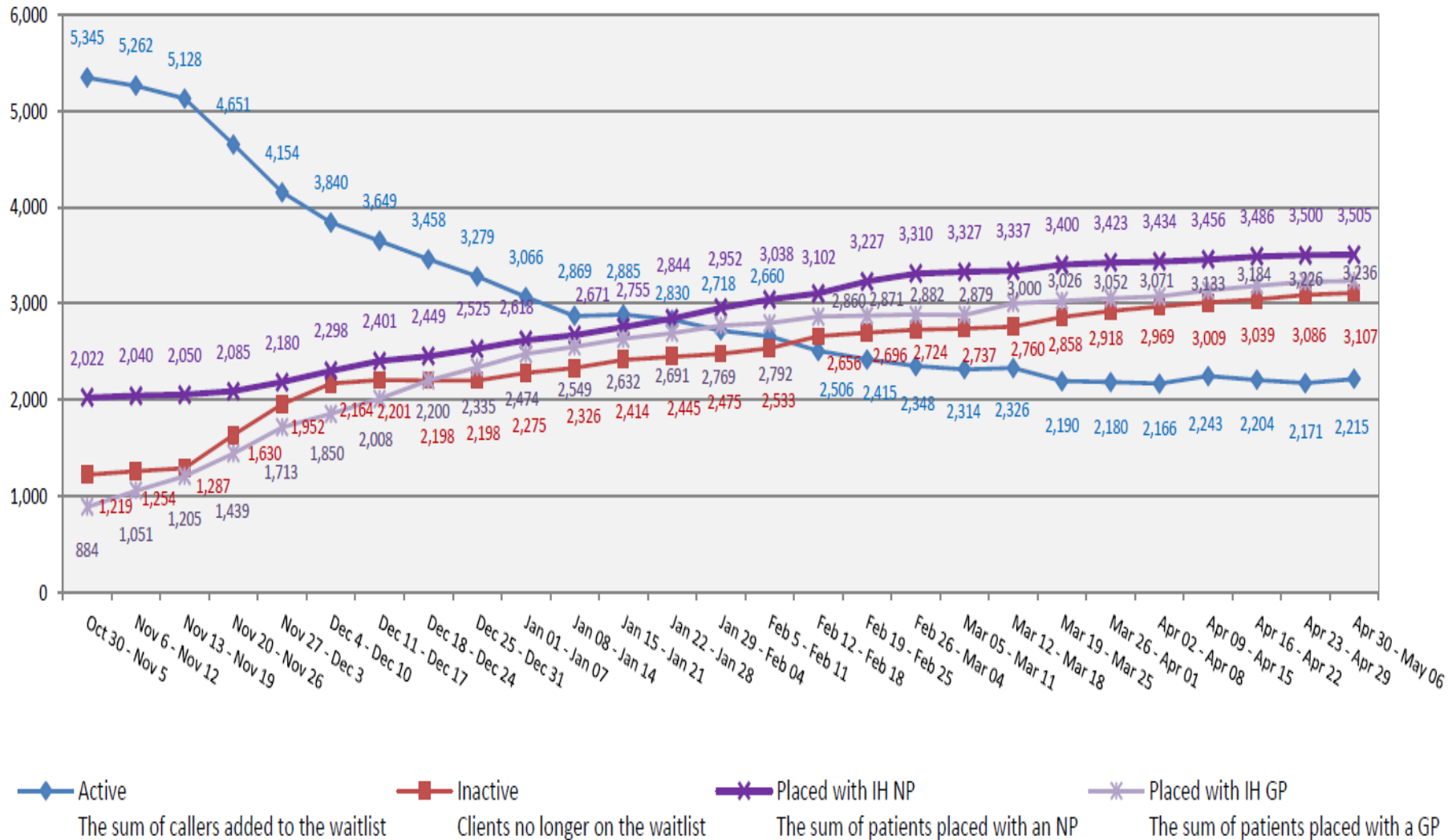
Priority Access*

Priority Access*



Client Status Details*

Client Status Details*



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,
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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



Attachment Mechanisms

23 divisions

of Family Practice engaged in

29 initiatives

of attachment mechanisms

Creates systems that make it easier for patients to find doctors, and for doctors to take on new patients.



EXAMPLES OF INNOVATIONS AND SUCCESSES

- The Central Interior Rural Division (CIRD) developed and implemented a **Telehealth Strategy**. CIRD worked in partnership with the First Nations Health Authority to expand access to telehealth services to improve primary care access for First Nations and rural communities.
- The Central Okanagan Division developed a system to support patient attachment to an appropriate family physician. The system consisted of two elements: a **Mobile Assessment Unit** and a **GP/Patient Matching Registry**.
- The Sunshine Coast Division developed a dual strategy to facilitate attachment (an **attachment assessment clinic**) and to support vulnerable populations to manage their health (a patient navigator role).
- Chilliwack Division's **PAM** attachment system has been integrated into clinics, primary care clinics, and community organizations like non-profits, and has been noted by both patients and providers as being an equitable system for finding a primary health care provider or clinic that can provide more appropriate care for each patient's specific needs.
- Cowichan Valley Division established the **Cowichan Maternity Clinic** in the Cowichan District Hospital to provide pre- and immediate post-natal care to women who do not have a family doctor or whose doctor does not provide maternity care. Every clinic participated in attaching patients from the Maternity Clinic and, by the end of the project, all moms and babes leaving the clinic were attached to a GP in the community.
- Campbell River Division established formal **partnerships with the John Howard Society** to provide and coordinate timely and consistent primary care access for high-risk, vulnerable youth and Community Living of British Columbia to support persons with disabilities.

“

It gives them hope that patients who move away from their community might be able to find a GP [elsewhere].

—a division representative

The PAM attachment method has worked well and has helped me to build my practice.

—Chilliwack Primary Care Clinic physician

We're able to match patients to providers much more easily now. This is possible because we have a coordinated system for attaching patients and new family doctors in Hope.

—an MOA

There is more consistency in my care, I feel my conditions are better supported not having to use the ER or the walk-in clinic that are only open occasionally for minor issues.

—a BC patient

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