



How to REALLY Talk to Your Doctor



EXAMPLE

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to improve health care.



Topics

1. Finding a local primary care provider
2. Making appointments
3. A team approach
4. What are your values and goals
5. Misconceptions about your doctor
6. Do we ultimately want the same thing?



First you need a doctor

Research shows:

Strong primary care system + Continuous doctor-patient relationships = Best health outcomes for patients

Right now there are ~ 176,000
British Columbians who want a
family doctor yet cannot find one



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What is A GP for Me?

A GP for Me is a provincial initiative of [Doctors of BC](#) and the [Ministry of Health](#). A GP for Me aims to:

- To confirm and strengthen the primary care provider-patient continuous relationship, including better support for the needs of vulnerable patients;
- To enable patients who want a primary care provider to find one; and
- To increase the capacity of the primary health care system.



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A GP for Me in Chilliwack



Great providers

- ✓ explain treatment
- ✓ have great rapport
- ✓ are dedicated
- ✓ have a team approach
- ✓ long term relationship to you

SQUILA COMMUNITY HALL
 FEB 26, 2014

a GP for ME

Improves HEALTH!

Continuous doctor-patient relationships

BC

non profit represents family doctors in Chilliwack, Agassiz-Harrison, Hope, Seabird Island, local solutions

Chilliwack Healthier Community

Partnerships

1 STOP SHOP for SERVICES

ACCESSING PRIMARY CARE PROVIDER

- AFTER HOURS ACCESS
- WAIT TIMES TOO LONG
- SPECIFIC NEEDS PER MET
- WALK-IN GUIN FULL

IDEAL WAIT TIME (non urgent)

- ✓ 3 DAYS
- ✓ 7 DAYS
- ✓ 2 WEEKS: Rx
- ✓ special considerations for infants/elderly

I went to the ER for non urgent issues

CHOOSING a primary care doctor

FINDING A PRIMARY CARE PROVIDER

THIS IS HARD!

Word of mouth referral

hospital referral

doctor referring to other doctors

are out of date.

wait me, Ma'am

I feel rushed.

30 min taken seriously, or my history

Complex care patients

We need a GOOD LIST.

ALL LISTS

Community Survey

94% Have a family doctor or nurse practitioner

6% unattached

How would you find a doctor?/NP?

- ask friend/family
- ask hospital/clinic
- internet

8% It's important to me.

Physician Survey

8am-5pm Hours (Concentrated)

5/4 survey 2 meetings 1 focus group

7% "easy" relief coverage

52% difficult - very difficult

WHY DOCTORS + NURSE PRACT. LOVE CHILLIWACK

1. Collegial
2. family
3. scope of work
4. community
5. location



- IDEAS
- staggered clinic times
 - patient education - telehealth
 - streamline Rx refills
 - staff with GP for Me to help "attach"
 - A meet and greet
 - More time @ doctors/nurse practitioners
 - intake had full interview
 - clinics - establish partnerships for challenging patients

CHALLENGES

- Doctors need relief coverage
- Keeping up with technology
- "1 issue per appointment" policy
- patient-centered care need training
- concurrent patients
- Culturally competent care for FN people - and patient education have agencies + doctors to choose
- transportation to new doctor
- Limits on # of patients at walk in
- not enough time for appointments
- wait times....
- Finding the right "fit" - relationship + being comfortable
- Connected: doctors who pass off patients (referral etc) should make a good match
- family/GP/FP needs speciality training - additions, etc

OPPORTUNITIES

- increase self-advocacy skills
- Health literacy
- Patients can connect with health through traditional/spiritual wellness (esp indigenous context)
- Support professional development
- deal with 2+ issues at appointment
- Support alternative medicines
- more GP teamwork
- promote "Rx wellness"
- physician assistant for paperwork
- see family doc @ ER
- health system
- don't change mailing files = \$\$\$
- need great office staff

WHAT ARE BARRIERS TO ACCESSING A DOCTOR?

- waiting
- clinic hours
- income - ment times

CLOSED

I'll go to a walk-in clinic or ER

TOP 3 REASONS

- "office was closed"
- "same day care"
- "no appointment available"

How are we making it easier to find a local primary care provider?

Primary care provider = family doctor or nurse practitioner





Patient Attachment Mechanism

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



How does PAM work? *(Patient Attachment Mechanism)*

You call and speak to our Patient Attachment Coordinator.

You fill out a Patient Intake Form.
We may call you for more info once the form is submitted.

If needed, our team of family doctors and nurse practitioners will care for you until you are transitioned to a community practice.

For more information, visit
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Patient Attachment Mechanism

Phases of Implementation



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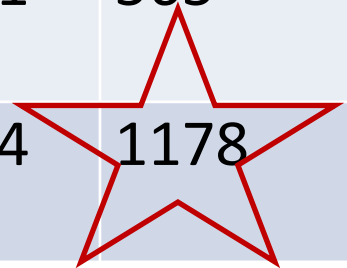
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How are we doing so far?

Up to August 30, 2015	Chilliwack	Agassiz and Seabird Island	Hope	TOTAL
# of complex patients attached through PAM	361	79	173	613
# of healthy patients attached through PAM	320	94	151	565
TOTAL # of patients attached through PAM	681	173	324	1178



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Making an Appointment

Common Misconceptions

- It always takes 3-5 weeks to get in to see my doctor.
- 10 min long appointments only
- My doctor is away and can't see me

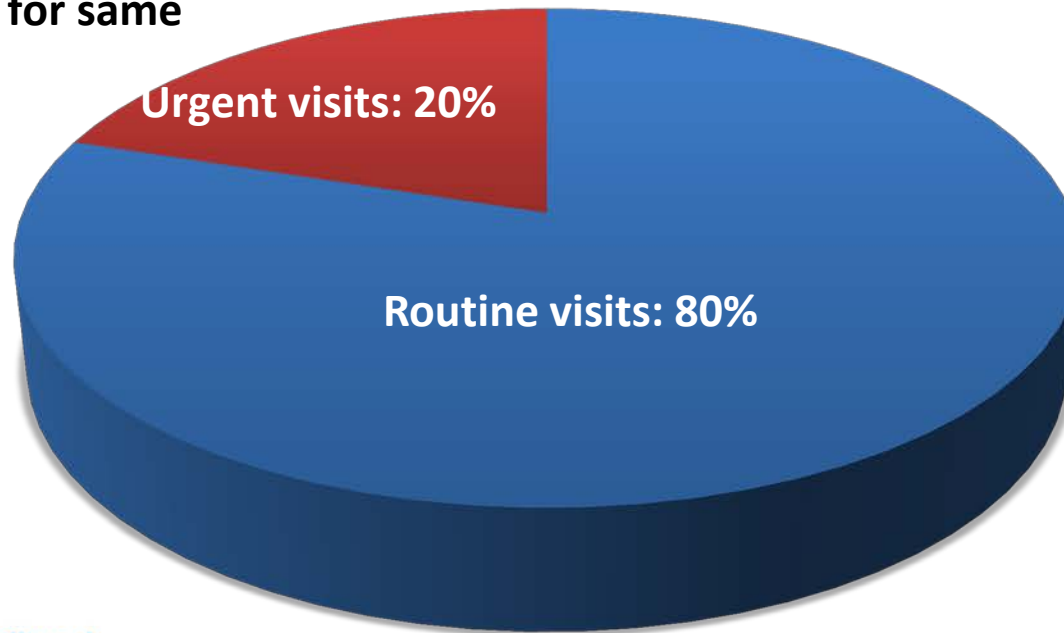




“I can’t get in with my doctor”

Many doctors leave time open each day for same day or urgent appointments

Doctor Visits



Routine visits are booked 1 – 3 months in advance.
The average doctor here has between 1000-2000 patients.
Book your appointments well in advance

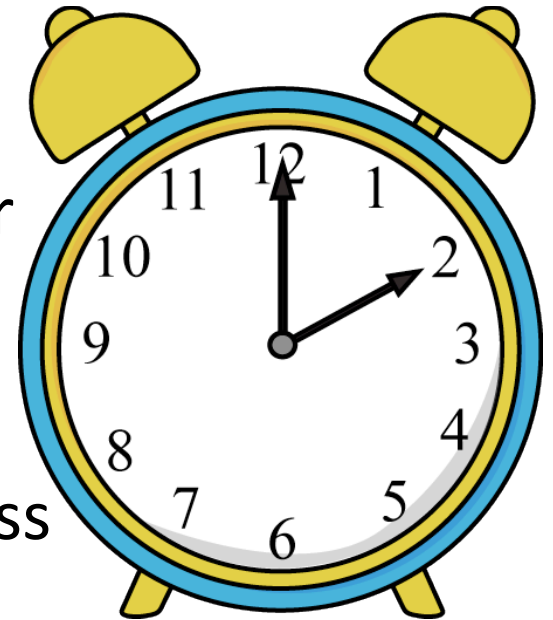


“My doctor only has 10 min to spend with me”

- The default is usually a 10 min appointment..... BUT
- If you want longer- just book it longer when you call in!

OR

- Book multiple appointments to discuss several things



“My doctor is away”

- Locums, or another doctor in the office, covers their patients when they are away.
- There is no reason to wait until your doctor gets back for an appointment.
- Your doctor will be updated by the notes in your medical record when they get back.
- It is usually preferable to go to a doctor who has access to your notes than to a walk-in or the emergency where they do not.





A Team Approach

You are an official partner in your healthcare team. You should:

Ask questions

- If you don't understand something, ask your doctor to explain it again
- Your doctor may use technical terms and not realize they are unfamiliar or confusing to you unless you say something

Speak up

- Tell your doctor if something is bothering you, such as a pain in your hip or other symptoms. Don't just wait to see if it goes away.
- Or, let your doctor know if you're unsure about that surgery and want to hear about other treatment options.



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Before you go to the doctor

Create a plan

- List and prioritize your concerns
- Note other health and life changes since your last visit



Gather information to take with you

- Other specialist' names you have seen
- Health card
- Medical history
- Medicine (prescriptions, over-the-counter pills, vitamins, supplements, eye drops)



Think about what you'll need to see, hear, and communicate during your visit:

- Wear your glasses and your hearing aids
- Consider bringing a family member or friend





: **You share** your health concerns



: **Your doctor asks** questions about your symptoms



: **You answer** the questions



: **Your doctor shares** the diagnosis and treatment



: **You ask** questions to better understand the plan



: **Your doctor answers** the questions

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National Institute on Aging

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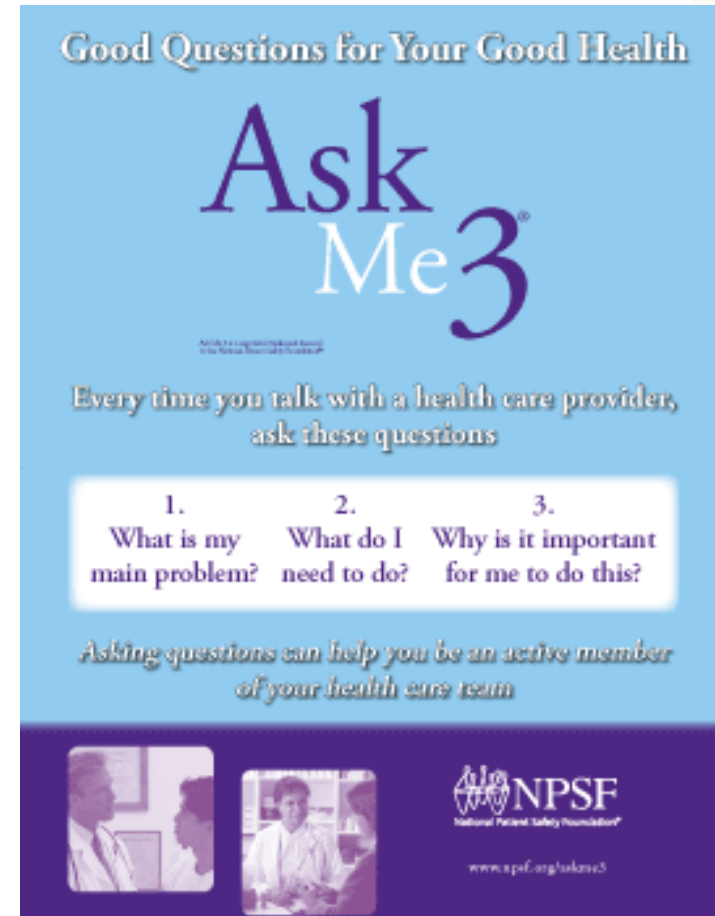
Ask Me 3 - Patient Education Program designed to:

- 1) improve communication between patients and health care providers,
- 2) encourage patients to become active members of their health care team, and
- 3) promote improved health outcomes.

The program encourages patients to ask their health care providers three questions:

- 1) What is my main problem?
- 2) What do I need to do?
- 3) Why is it important for me to do this?

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Good Questions for Your Good Health

Ask Me³

Every time you talk with a health care provider, ask these questions

1.	2.	3.
What is my main problem?	What do I need to do?	Why is it important for me to do this?

Asking questions can help you be an active member of your health care team

 **NPSF**
National Patient Safety Foundation
www.npsf.org/askme3



Other Questions To Ask About Treatment Options

What are my treatment choices?

What are the risks and benefits?

Ask yourself—Which treatment is best for me, given my values and circumstances?



Repeat in Your Own Words

“So I think what you’re saying is...
...Did I get that right?”

- When you tell your doctor something, they should repeat it back to you to make sure they understood everything correctly.
- That’s a great opportunity for you to correct your doctor if they have misunderstood.
- You can do the same thing when getting information from your doctor. After your doctor tells you something, like your diagnosis or treatment plan, repeat it back in your own words.



What are your priorities? Your goals and values?

Complex Care Planning

- Have multiple chronic diseases (i.e. Previous heart attack, diabetes, COPD, etc.)?
- Family doctors are specifically paid to have a long visit with you **once a year** and talk about:
 - the plan for all your diseases,
 - your specific goals, and
 - health/life priorities





Chilliwack Division of Family Practice

A GPSC initiative

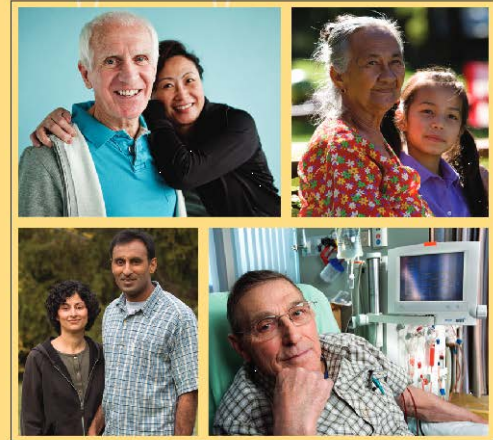
Chilliwack General Hospital
45600 Menholm Rd, Chilliwack, BC V2P 1P7
t 604.795.0034 e cdofp@shaw.ca

www.SeniorsBC.ca

My Voice

Expressing My Wishes for Future Health Care Treatment

Advance Care Planning Guide



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More misconceptions about your doctor

- a) Only one problem per visit!
- b) No one does house calls any more
- c) After hours my only option is a Walk-in or the Emergency room
- d) My doctor doesn't care



Why do we want you to only come with ONE problem?



In consultations where a diagnosis is required, there is danger in trying to deal with too many problems at once. The input of one of them may distract from due attention to the others.

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House Calls

- Sometimes patients are bedbound, unable to drive, palliative, etc.
- There are at least 30-40 Chilliwack doctors that still do routine house calls
- All of our Nursing Home Residents here are taken care of by their own family doctors



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After Hours



- If it is an emergency – go to the Emergency Room
- Call Telehealth 811
- Some Doctor's offices have an on-call doctor number you can call
- Walk-in clinic
- Wait until morning on a week day:
 - bladder infections, prolonged fever, sprained ankle, sore throat
- Back pain, neck pain, vomiting/diarrhea (not dehydrated)- don't go to the doctor

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My doctor doesn't care

- Your doctor has to keep their calm so they can better evaluate and make objective observations and decisions.
- Your doctor sees trauma every day and must not let it affect them for their own well being.
- Your doctor is paying attention to you even if it does not look like it. In addition to listening to your symptoms, they are also assessing your medical needs and recording notes for your electronic medical record all at the same time.
- The doctor-patient relationship is like any other long term relationship... it does require work. Your family doctor is in it for the long haul- they want to see you grow, age, be happy, welcome babies, welcome grandbabies and help you to be healthy and happy to do all that.

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Weekend in the Life of a Chilliwack On-call Doctor



CHILLIWACK DIVISION OF FAMILY PRACTICE