

## Collaboratively Reducing Rural Isolation:

# Specialist Outreach Contributes to Sustainability in Rural Practice

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## PROBLEM

### RURAL ISOLATION AND INSTABILITY

Princeton is a small rural community in British Columbia's South Okanagan Similkameen (SOS) region with a surrounding population of 5,400.

- Small local hospital: 6 acute and 4 emergency beds



Pictured left:  
Princeton  
General  
Hospital

- 1 RN and 1 LPN per shift
- Difficulty recruiting and retaining family physicians
- Older population with lower income level than BC average
- Higher chronic disease prevalence than BC overall
- Nearest larger centres: Vancouver (285 km), Kelowna (162 km) and Penticton (115 km)



The road to and  
from Princeton  
winds through  
mountainous terrain

### 2011: PRINCETON HEALTHCARE CRISIS

- 2 of 3 Princeton physicians were on the verge of retiring
- Emergency room was closed weeknights
- Physicians were overburdened
- Princeton community protests erupted
- Community leaders started working together with local government and the health authority to create a community healthcare action framework that could provide sustainable, effective rural health care
- 3 new physicians were recruited for Princeton to replace retiring physicians

### 2013: COLLECTIVE PHYSICIAN RESPONSE

- Penticton specialists approached Princeton physicians to see what specialist support was required
- Specialist outreach clinics and ongoing continuing medical education were suggested as a solution
- A 2-year Shared Care project began to co-design a new model of specialist care (funded by the Doctors of BC and the Ministry of Health)

## FINDING SOLUTIONS TOGETHER

### SHARED CARE PROJECT AIM

To improve and sustain access to local specialist care, and to support rural physicians in providing optimal health care delivery.

### COLLABORATION: KEY TO FINDING SUSTAINABLE SOLUTIONS

All stakeholders helped co-design and optimize outreach clinics to fit into existing resources and workflows. In addition, dedicated project management was pivotal in coordinating a collaborative approach at each step of the implementation process.

### STEP BY STEP GUIDE: Implementing Outreach Clinics

#### 1 Identify specialty outreach needs

Track referrals over several months to determine what specialties are needed and what types of appointments would be appropriate for outreach clinics.

#### 2 Recruit specialists for outreach

Approach specialty department heads in nearest centres to identify which specialists are available and interested in providing outreach clinics.

#### 3 Compensate specialist travel costs and lost clinic time

Work with health authority staff and interested specialists to apply for Northern and Isolated Travel Assistance Outreach Program (NITAOP) funding to cover specialist costs and travel time.

#### 4 Find a suitable location for outreach clinics

Strategize with all stakeholders to find a single location with adequate space, equipment and administrative support that is close to referring physicians. (2 exam rooms were re-purposed in Princeton General Hospital, adjacent to the Family Medicine Clinic.)

#### 5 Optimize clinic space, equipment and procedures

Liaise with visiting specialists and a responsive health authority team to meet the needs of all the different specialty appointments.

#### 6 Organize referrals and clarify roles

Coordinate with health authority staff, specialists and referring physicians and their office staff to develop procedures for booking clinic space, coordinating referrals and triaging appointments.

#### 7 Incorporate Continuing Medical Education (CME)

Develop a structure for outreach CMEs. (Visiting specialists presented new research, responded to questions or reviewed case studies at lunchtime. CME credits administered by the SOS Division of Family Practice.)

#### 8 Plan for sustainability

Embed roles and responsibilities into workflow and job descriptions for all aspects of outreach clinics.

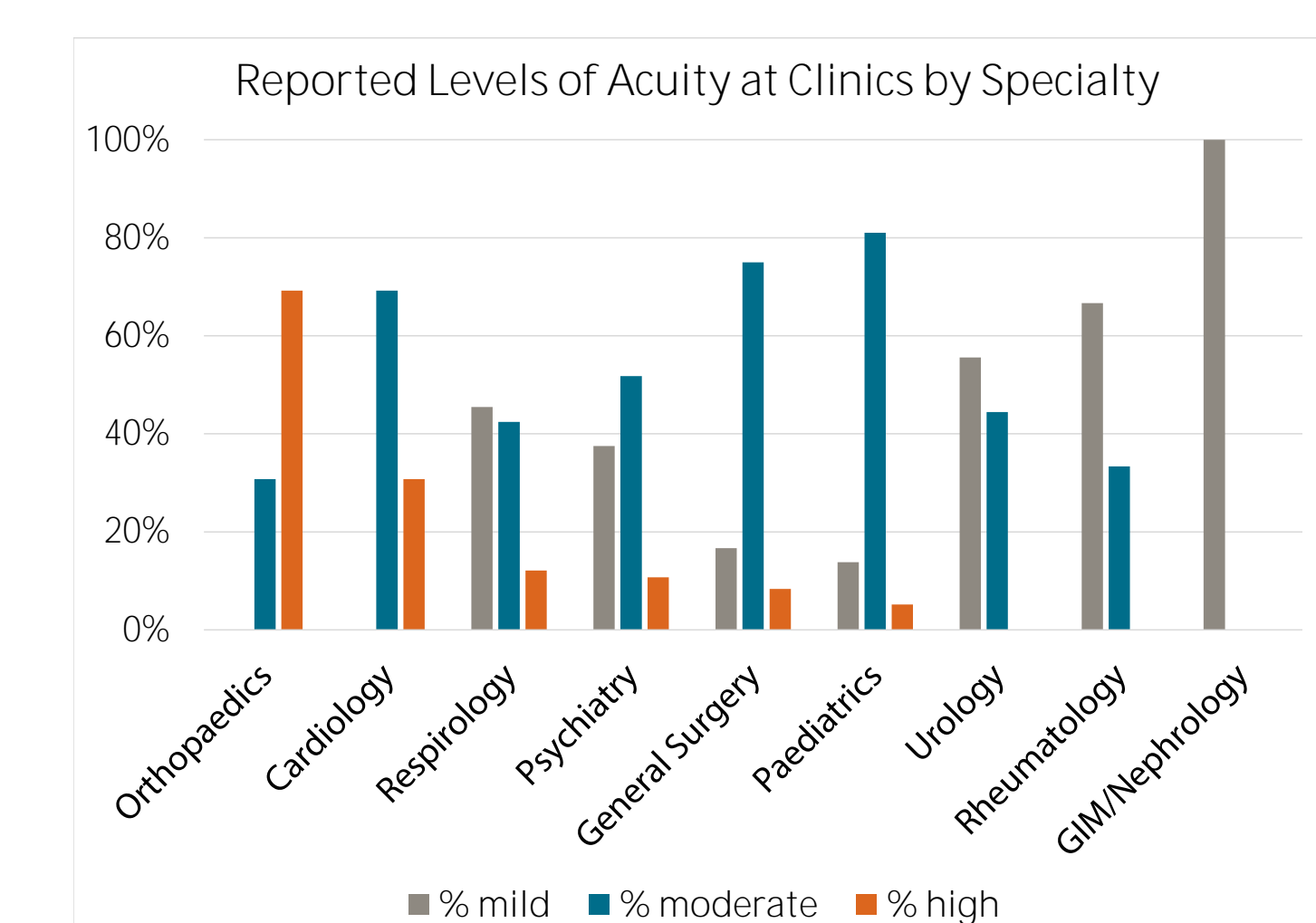
### MEASUREMENT: KEY TO KNOWING THE SOLUTION WORKED

- Evaluation framework was developed at the outset of the project
- Processes were built to measure patient and provider experience, patient impact and sustainability
- Feedback from surveys, questionnaires and interviews informed the development of clinics using a PDSA cycle

## RESULTS

### PRINCETON SPECIALIST CARE ONE YEAR LATER

- 500 specialist appointments
- 46 clinics with an average of 11 patients per clinic
- 11 specialities offered by 13 visiting physicians
- 9 lunchtime Continuing Medical Education (CME) sessions for Princeton physicians and nurse practitioners
- 13% patient visits rated high acuity, and 54% visits were rated moderate acuity



### Patient Demographics

- 10% over 90 years of age, 53% over 70
- 25% under \$16,000 household income
- 60% under \$30,000 household income

### Patient Experience

- 100% patient satisfaction
- 33,000 km patient travel avoided
- 4% missed appointments



Princeton husband  
and wife patients  
(pictured with family  
physician, Ella Monro)  
no longer have to  
contemplate  
moving from their  
rural home, thanks  
to the availability of  
specialist outreach  
clinics in Princeton.

### Health Authority Experience

"I see it. I hear it from patients personally. They tell me what a difference it makes in their life."

—Site Manager, Princeton General Hospital

### Family Physician Experience

"As a new doctor to the community it feels like we're not out here on our own now. The visiting specialists have helped me feel supported and I feel a lot more confident in the level of care that my patients receive. I feel like we are really working together."

— Princeton Family Physician

### Specialist Experience

"It's really quite rewarding. You see interesting patients with some complicated conditions, and they tell you how much they appreciate you coming."

— Visiting Specialist