

# Primary Care Wait Times – Managing the Interface

Taming of the Queue V

April 15, 2008

Tom Bailey, MD, CCFP, FCFP  
Past President, College of Family Physicians of Canada  
Co-Chair, Primary Care Wait Time Partnership



The College of  
Family Physicians  
of Canada

Le Collège des  
médecins de famille  
du Canada

# Primary Care Wait Times

## Outline

- ◆ Primary Care Services & Wait Times
- ◆ National Physician Survey 2007
- ◆ Wait Time Continuum
- ◆ Improving Access in Primary Care
- ◆ System Support

# Primary Care Wait Times



How much of human life is lost in waiting?

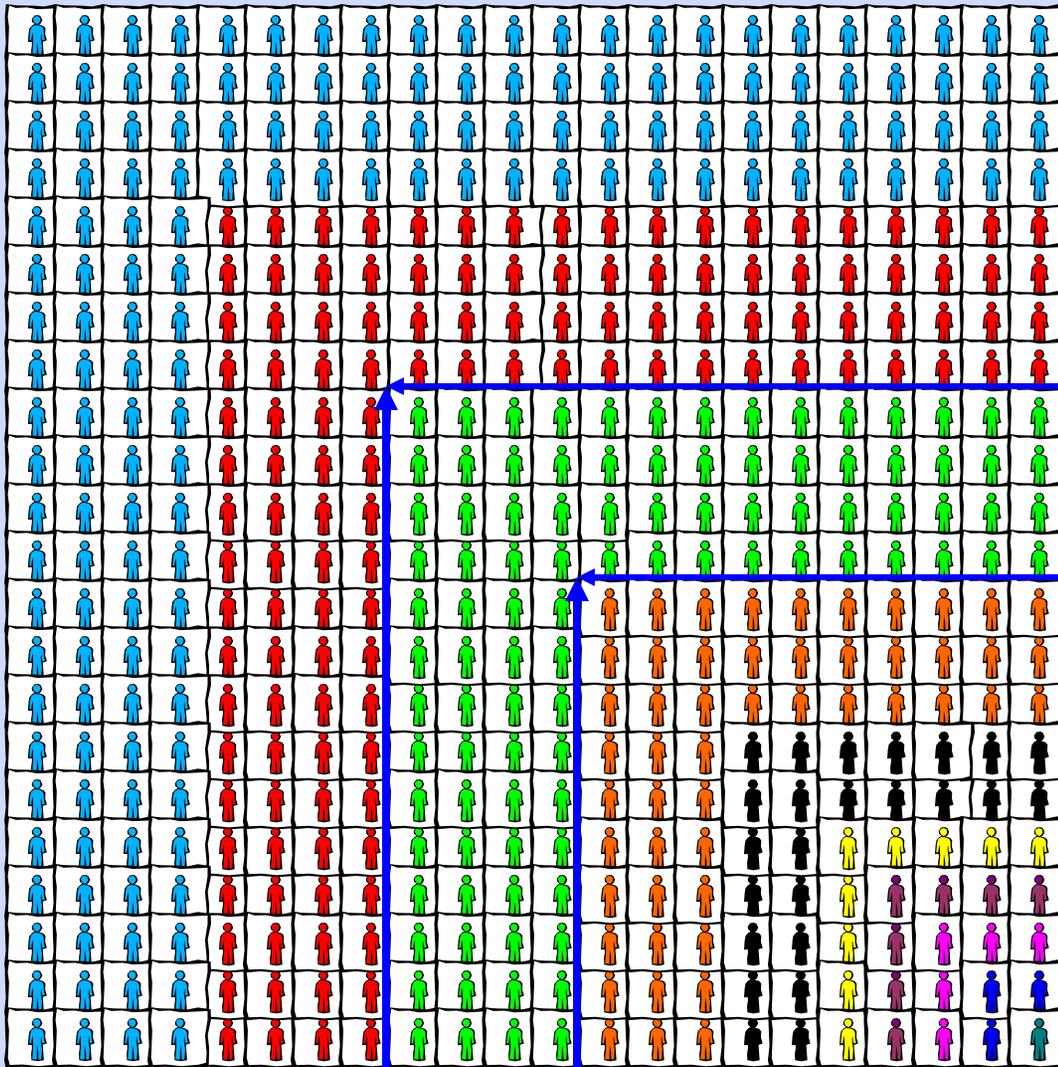
**Ralph Waldo Emerson**

# Primary Care Wait Times

## *Primary Care Services*

- ◆ First contact services – 80-90% thru family physician
- ◆ Backbone of the health system
- ◆ Continuity • comprehensiveness • coordination (navigation) • complexity of care
- ◆ Majority of patients never go beyond primary care
- ◆ Starfield et al – ↑ PC system → ↑ outcomes and ↓ costs

# The Ecology of Medical Care



Utilization of health care services per 1,000 people per month in the USA

< 1 is hospitalized in an academic medical center

## Primary Care Wait Times

### *Wait times – without a family physician*

- ◆ 2X as likely to report difficulties accessing routine care

### *Wait times – with a family physician*

- ◆ 88% believe having a FP allows them to feel more confident about access to appropriate & timely care

# Primary Care Wait Times

## Challenges & Opportunities

- Restricting capacity (challenges):
  - ◆ closed practices
  - ◆ looming retirements
  - ◆ changing practice patterns
  - ◆ payment methods
- Augmenting capacity (opportunities):
  - ◆ networks
  - ◆ collaborative care
  - ◆ technology
  - ◆ scheduling
  - ◆ payment methods
- IMGs
  - ◆ self-sufficiency in Canada

# Primary Care Wait Times

*Wait times – to see a consulting specialist*

- ◆ Need to get beyond “the five”
- ◆ Challenges & Opportunities – include:
  - Define wait times for clinical areas relevant to primary care
  - Levels of urgency
  - Role of advanced diagnostic testing

# Primary Care Wait Times



## GRIDLOCK

Figuratively and by extension, any paralysis of a complex system due to severe congestion, conflict, or deadlock.

# Primary Care Wait Times

## *National Physician Survey 2007*

**Fair to poor** access within “top five” priorities of gov’t

- ◆ 55% of FPs for access to orthopaedic surgeons
- ◆ 42% of FPs for access to ophthalmologists
- ◆ 19% of FPs for access to cardiac care
- ◆ 19% of FPs for access to cancer care
- ◆ Half of *all* physicians (49%) for access to advanced diagnostic services, i.e. CTs, MRIs

# Primary Care Wait Times

## *National Physician Survey 2007*

Access to psychiatrists is still a top challenge.

Two-thirds (64%) of family physicians said access to psychiatrists in 2007 was fair to poor for their patients.

Likewise, access to psychosocial support, mental health and addiction counselling services were rated poorly.

# Primary Care Wait Times

## *National Physician Survey 2007*

Same day access for urgent patient problem

- ◆ 65% for family physicians
- ◆ 37% for other specialists

One week access for urgent patient problem

- ◆ 20% for all physicians

# Primary Care Wait Times

## ***Contrast...***

### *Commonwealth Fund Survey (2007)*

- ◆ 12,000 adults from UK, Netherlands, NZ, Australia, Germany, USA & Canada
- ◆ Same day access to see a doctor when sick – least likely experience from 22% of Canadian & 30% of American adults
- ◆ 6-day access – most likely experience from 30% of Canadian & 20% of American adults
- ◆ ER use also highest for these two populations

# Primary Care Wait Times

## ***Contrast...***

### *Decima Research 2007*

- ◆ 5 million Canadians without a family physician
- ◆ Almost half of these looking but can't find one
- ◆ Remainder not looking but using ERs and walk-in clinics

# Primary Care Wait Times



*“Access to physicians and access to medical services has to improve. We share that concern.”*

*- Federal Minister of Health, Tony Clement*

...response to Commonwealth Fund Study 2007

# Primary Care Wait Times



*” . . . a common concern of Canadians [is] the unacceptable length of time between a referral by a doctor and the actual appointment with the specialist”*

*- Federal Minister of Health, Tony Clement*

*...Announcing March 2008 Manitoba Pilot Project:  
Bridging Generalist and Specialist Care - The  
Right Door, The First Time*

# Primary Care Wait Times

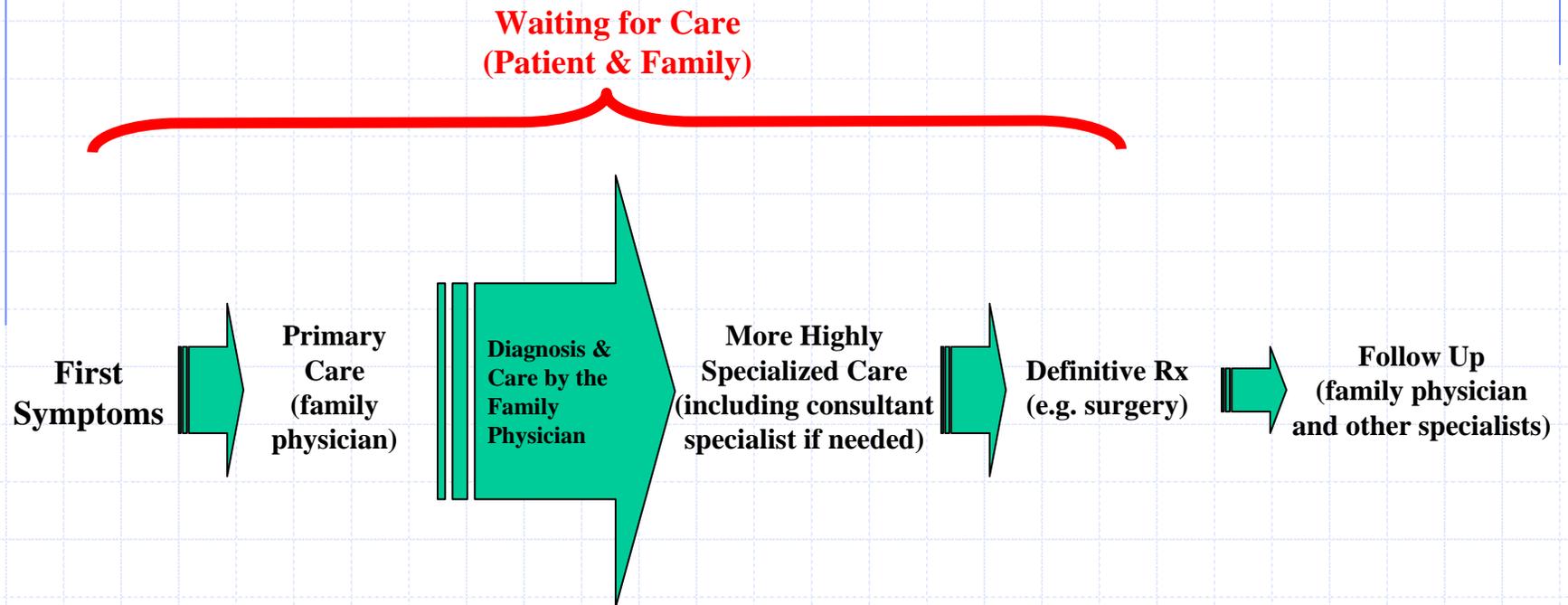
*Of Importance to Primary Care...*

## **WAIT TIME CONTINUUM**

*Wait time benchmarks should be developed for the time it takes people to find / identify a personal family physician for their ongoing care, for appointments with a family doctor for a given problem, and for appointments for investigations or consultations with other specialists made by family doctors on behalf of their patients.*

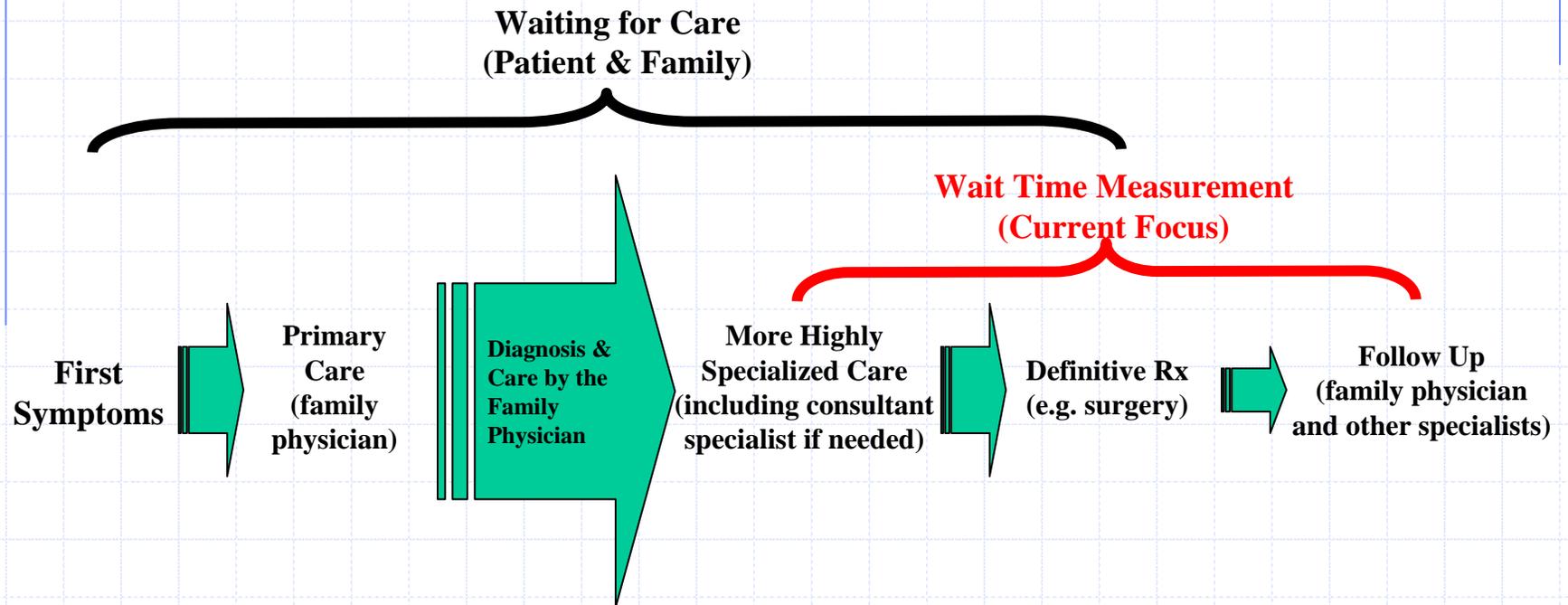
# Primary Care Wait Times

## WAIT TIME CONTINUUM ...



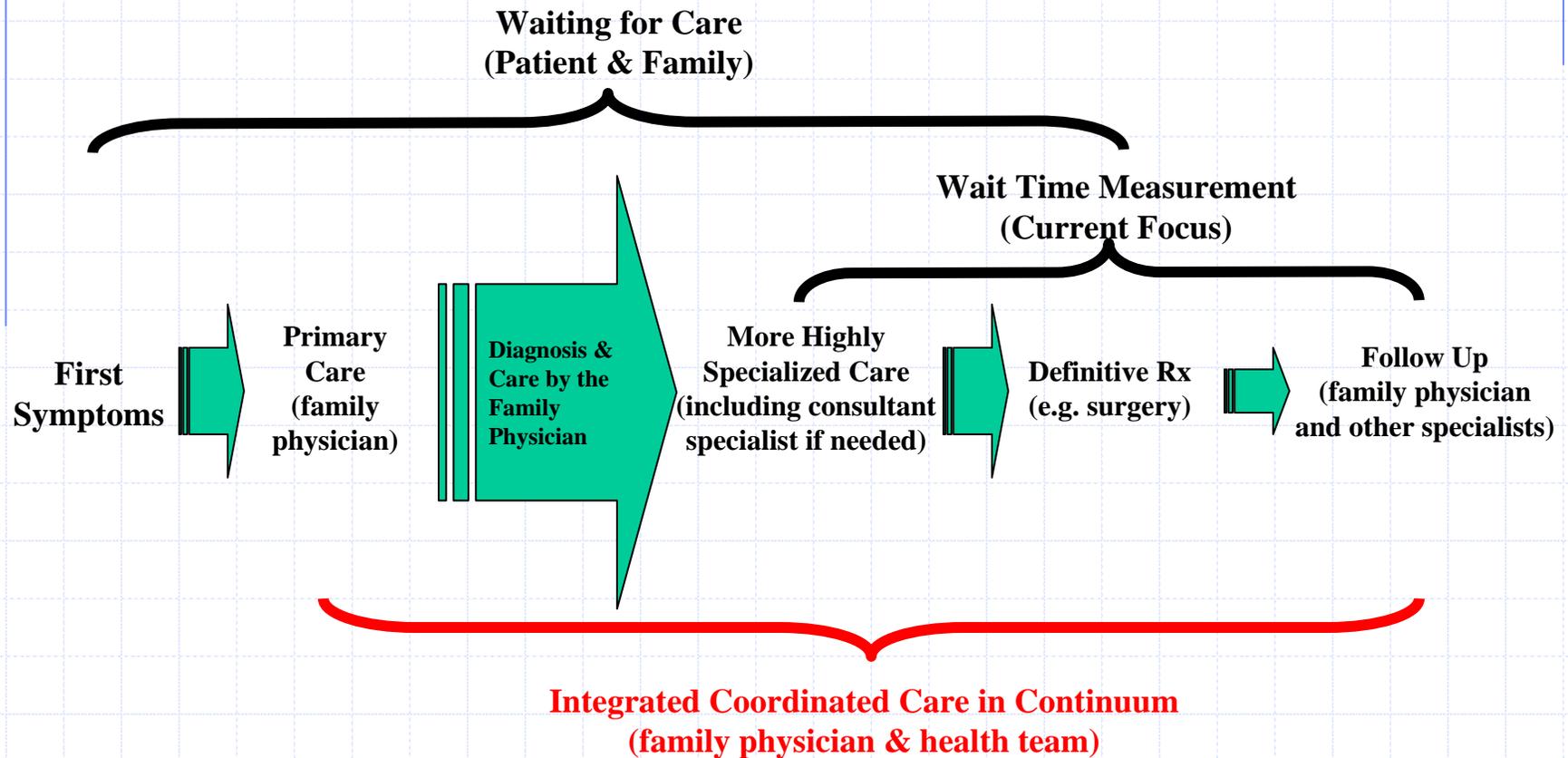
# Primary Care Wait Times

## WAIT TIME CONTINUUM ...



# Primary Care Wait Times

## WAIT TIME CONTINUUM ...



# *Wait Time Continuum*

How it's distorted for patients without  
*a family physician*

- ◆ 63-year old man moves to a new community to retire
- ◆ Recent diagnoses of atrial fibrillation, a “prostate problem”, a “cyst on his testicle” and “borderline diabetes”
- ◆ Unable to find a family doctor; presents to a walk-in clinic with urinary frequency

# Wait Time Continuum

How it's distorted for patients without  
*a family physician*

- ◆ Findings include glycosuria, pyuria, large cystocele and elevated blood pressure
- ◆ Requires treatment for cystitis, complete physical, lab investigations, longitudinal follow up and possible referral(s)
- ◆ Only current option is episodic care system (WICs and ER)



“Waiting for a family doctor”



# *Wait Time Continuum*

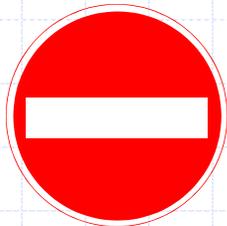
How it's distorted for patients with a  
*family physician*

- ◆ 81-year old man (in a wheelchair) with a 4 day history of intermittent pain in the right arm that brings him to tears
- ◆ Has cervical spinal stenosis, spastic quadriplegia, urogenic bladder (indwelling catheter), chronic renal failure, eczema, chronic constipation; recently hospitalized with septicemia; on 7 current medications

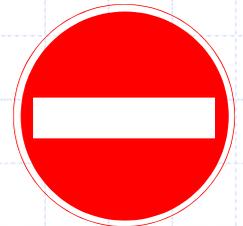
# Wait Time Continuum

How it's distorted for patients with a family physician

- ◆ Family doctor has known him for 25 years
- ◆ Next available appointment is in 3 weeks; could squeeze-in next week if it is “really urgent”; walk-in clinic or ER suggested
- ◆ Presents to local WIC – unable to communicate past history, no documented history or medication list



“Waiting for an appointment”



# *Wait Time Continuum*

How it's distorted for patients *requiring referral to a consulting specialist*

- ◆ 81-year old man with increasingly severe OA of the knee
- ◆ Treatments failed, referred to orthopedic surgeon in Nov 2004
- ◆ Obtained appointment in March 2006
- ◆ Seen in June 2006

# *Wait Time Continuum*

How it's distorted for patients *requiring referral to a consulting specialist*

- ◆ Surgery performed in May 2007 (now 84 years old)
- ◆ Prolonged rehabilitation
- ◆ Wait time measurement = 11 months – "real wait time" was 30 months (excluding time prior to decision to refer)

“The Real Wait Time Experience”

# *Wait Time Continuum*

How it's distorted for patients *requiring referral to a consulting specialist*



“The Real Wait Time Experience”

# Primary Care Wait Times



People count up the faults of those who keep them waiting.

French Proverb

# Improving Access in Primary Care

## *Improving access for patients without a family physician*

*From CFPC news release – October 2007:*

Every Canadian should have a personal family physician.

*Let's set a target ...*

95% of the population in every community across Canada should have a personal family physician by 2012.

# Improving Access in Primary Care

*Improving access for patients without a family physician*

## Developing solutions

- ◆ Increase proportion of medical students choosing family medicine
- ◆ Enhance support for FM residency programs in 17 medical schools
- ◆ Support FPs to ensure retention of sustainable numbers providing comprehensive care as well as those in areas of special need

# Improving Access in Primary Care

*Improving access for patients without a family physician*

## Developing solutions

- ◆ Ensure right numbers & mix of IMGs in family practice
- ◆ Address income gap between family physicians & other specialists
- ◆ Explore local solutions, e.g. patient registries for patients without a family physician

# Improving Access in Primary Care

*Improving access for patients with a family physician*

Advanced access scheduling (same-day booking)

Improves access by:

- Balancing supply and demand
- Reducing backlogs
- Reducing the variety of appointment types

# Improving Access in Primary Care

## *Improving access for patients with a family physician*

### Advanced access scheduling (same-day booking)

Improves access by:

- Developing contingency plans for unusual circumstances
- Working to adjust demand profiles
- Increasing the availability of bottleneck resources

# Improving Access in Primary Care

*Improving access for patients with a family physician*



## Health Innovation Pilot Project

Provision of systematic after hours coverage for residential care patients

- Halved transfer rate to the ER
- Reduced cost of ER and inpatient care
- Increase in system capacity

# Improving Access in Primary Care

## *Improving access through collaborative care*

- ◆ Key to achieving best possible health outcomes
- ◆ Each Canadian should have a family physician
- ◆ Enhanced roles for other health professionals – increased system funding, resources, & recognition of potential for collaborative roles
- ◆ CFPC-CNA Vision Statement (Oct 2007) – support family physicians, registered nurses and/or nurse practitioners working together in family practice/primary care settings
- ◆ Maximizing skills of each professional on the team in a complementary manner – no health professional should be a substitute for another

# Improving Access in Primary Care

## *Improving access through collaborative care National Physician Survey 2007*

- ◆ 93% of physicians believe collaborative care relationships improve care received & 92% feel it enhances care delivered to patients
- ◆ Solo practice arrangements down from 32% (2004) to 27% (2007)
- ◆ 46% of all physicians working in group medical practices & 24% in inter-professional practice settings

# Improving Access in Primary Care

*Improving access through collaborative care*

*National Physician Survey 2007*

- ◆ ***Intra-professionally*** – 55-80% of family physicians collaborate with each other & with other specialists (surgeons, internists, obstetricians / gynecologists, psychiatrists & paediatricians), sometimes in formal arrangements

# Improving Access in Primary Care

*Improving access through collaborative care*

*National Physician Survey 2007*

◆ ***Inter-professionally:***

- 65% of *all* physicians collaborate regularly with pharmacists
- 57% with nurses
- 55% with physiotherapists
- 50% with social workers,
- 46% with dietitians/nutritionists
- 43% with occupational therapists
- 38% with psychologists

# Improving Access in Primary Care

## *Improving access through collaborative care*

Early results from family physician-nurse pilot programs

- ◆ Capital District Health Authority – Halifax, NS
- ◆ Improved access to care
  - More patients per hour
  - Shorter waits until the next available appointment
  - Possibly increased capacity to take more patients
- ◆ Appears to improve patient as well as provider satisfaction

# Primary Care Wait Times

*Where To From Here?*



# Wait Times in Primary Care

## *Where To From Here?*

### System supports – some examples

#### ◆ EMRs

- System support for implementation, including workflow issues and physician education

#### ◆ Advanced diagnostics

- Ease of access in supporting evolving standards of care

# Wait Times in Primary Care

## *Where To From Here?*

### System supports – some examples

- ◆ Supporting personnel for processes of care
  - Need identified by physicians in NPS 2007
  - For example, roles in patient navigation through system
  - Ability to fill other roles in indirect care, e.g. paperwork (impedes direct time with patients)
- ◆ Collaborative care
  - Support for family practice nurses and physician assistants as well as nurse practitioners

# Primary Care Wait Times

## *Where To From Here?*

### Key Evaluation Questions for Future Exploration

*How are changing models of primary care improving timely access to care?*

*How does inter-professional collaboration improve timely access to primary care?*

# Primary Care Wait Times

*Work in progress ...*

PRIMARY CARE WAIT TIME PARTNERSHIP

Established between CFPC and CMA

Purpose – to explore complex issues of PCWTs  
and to develop evidence-based targets for  
timely access

# Primary Care Wait Times

*Work in progress ...*

PRIMARY CARE WAIT TIME PARTNERSHIP

Scoping out report about to be released:

*... And Still Waiting – Exploring Primary Care Wait Times  
in Canada*

Next Steps

# Primary Care Wait Times



# Primary Care Wait Times

*Questions or Comments??*