Improving & Driving Excellence Across Sectors

Primary Care & CCAC Relationship Development ... A Key to CCP Success

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IDEAS Applied Learning Project

www.ideasontario.ca

Our Story

- Patient
  - In most areas I can meet my goals. Just one area is lacking. My doctor wasn't at the care conference.
- CCAC
  - It's hard to get ahold of the primary care physician.
- Physicians
  - I wasn't even aware that a care conference had happened
- Other Providers
  - I thought the communication would be better with CCAC and physicians, but its not. It's not easy.

AIM & Measures

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IDEAS Project Aim Statement

- By January 30, 2017, 80% of CCPs referred by a BAFHT primary care physician (PCP)) will have input from the PCP in the identification and implementation of action items to help patients to achieve their care goals.

Process Measures

- Physician Participation defined as referral source, live contact with CCAC prior to CCP, and/or participation in CCP

Outcome Measure

- % of patients that report feeling confident that they will achieve their goals

Our Changes - Driver Diagram

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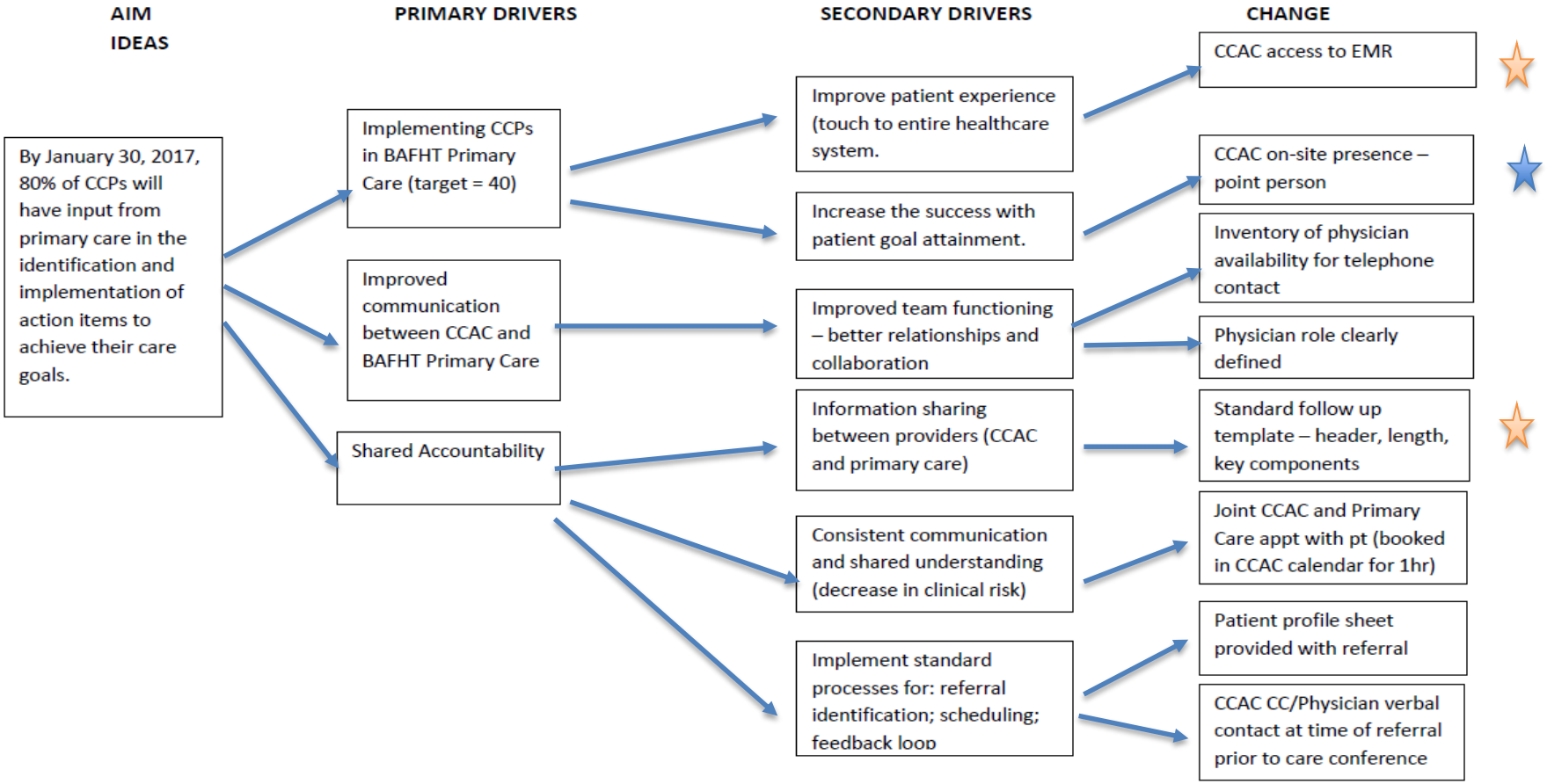
South Grey Bruce Driver Diagram

September 20, 2016



Telus Entry by CCAC CC

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- **Plan** Does the CC inputting messages into the EMR improve communication?
- **Do** Tested with one CC for in November & December at three BAFHT sites. Qualitatively received positively by the MDs. Notes requiring direct action were completed.
- **Study** All of the physicians read the notes. If specific actions were requested they were completed. We achieved a 50% response rate over the period as predicted. It only translated to CCP referrals if their was a direct ask within the EMR note.
- **Act** We continue to have a high degree of belief that EMR entries improve communication. We are now looking to increase CCAC staff access to EMR and identify key messages for inclusion in EMR by CCAC CCs.

Standard CCP Follow Up Messages within EMR

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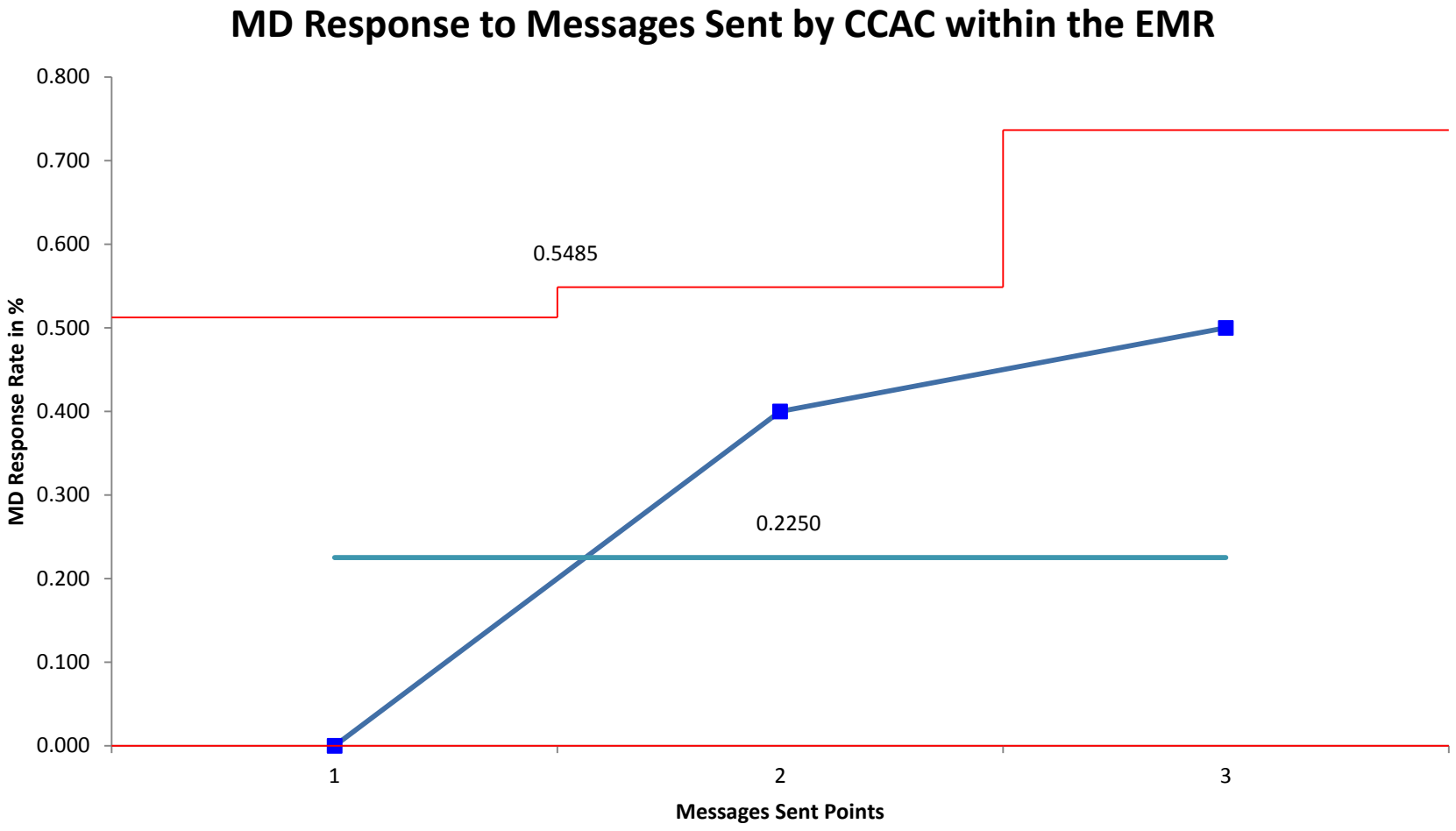
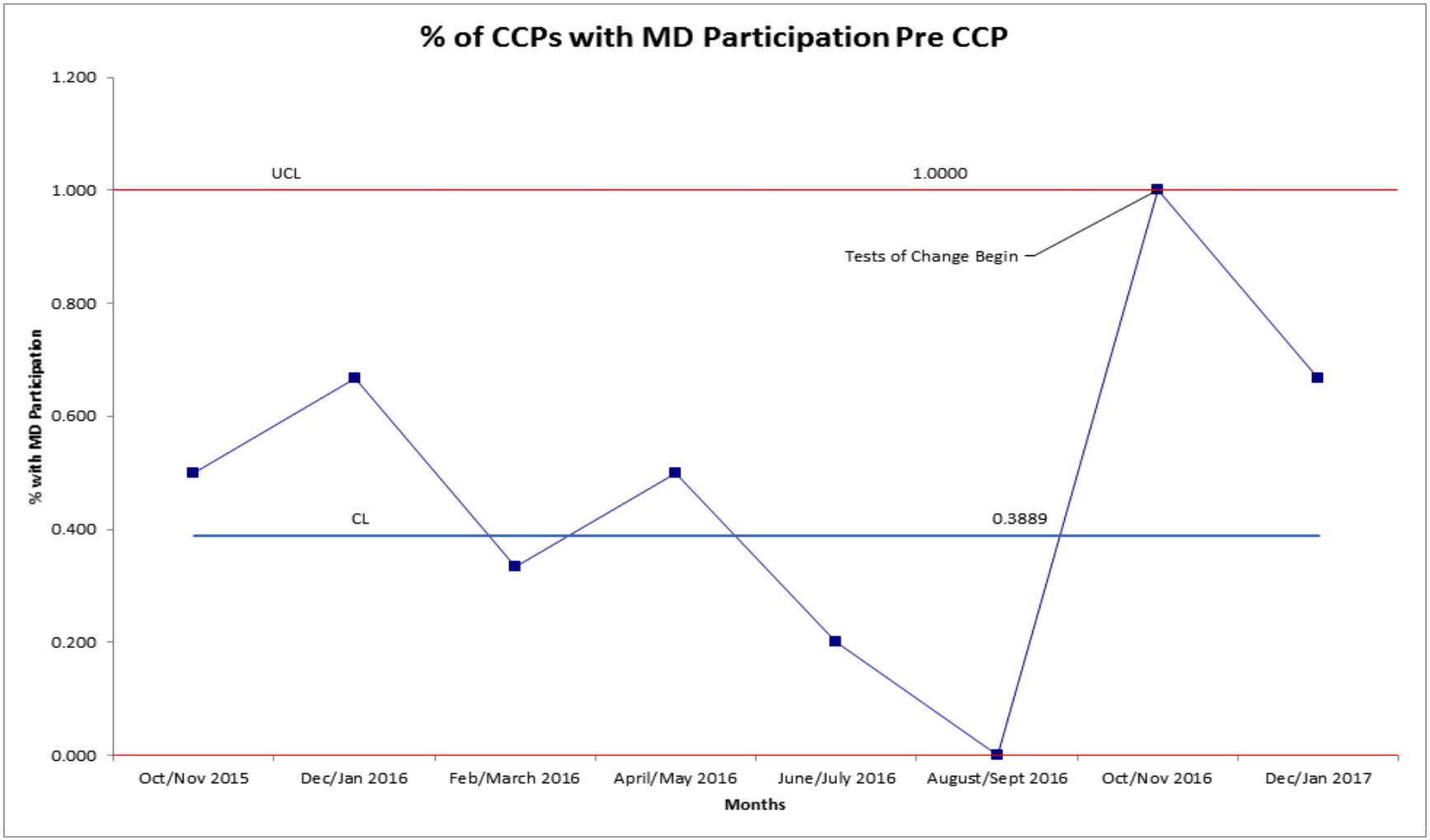
- **Plan** The MDs want a brief update on the status of the CCP when there is a change. A standard template will be helpful in capturing the required information and will keep the MD engaged in helping to meet the patients goals.
- **Do** Met with 3 lead physicians to draft headings for standard template. Sent 21 follow up messages to MDs via the EMR through one CCAC CC in December and January.
- **Study** Response increased with timeliness of the message. Obtained qualitative feedback from six MDs who all felt the content and length was right. All messages requiring action were completed. Value add that it is searchable.
- **Act** These follow up messages are a good communication tool to keep MDs engaged. Need to now engage the CCAC CCs to look at how we can build this into regular practice (for CCPs and beyond).

MD Response to EMR Messages

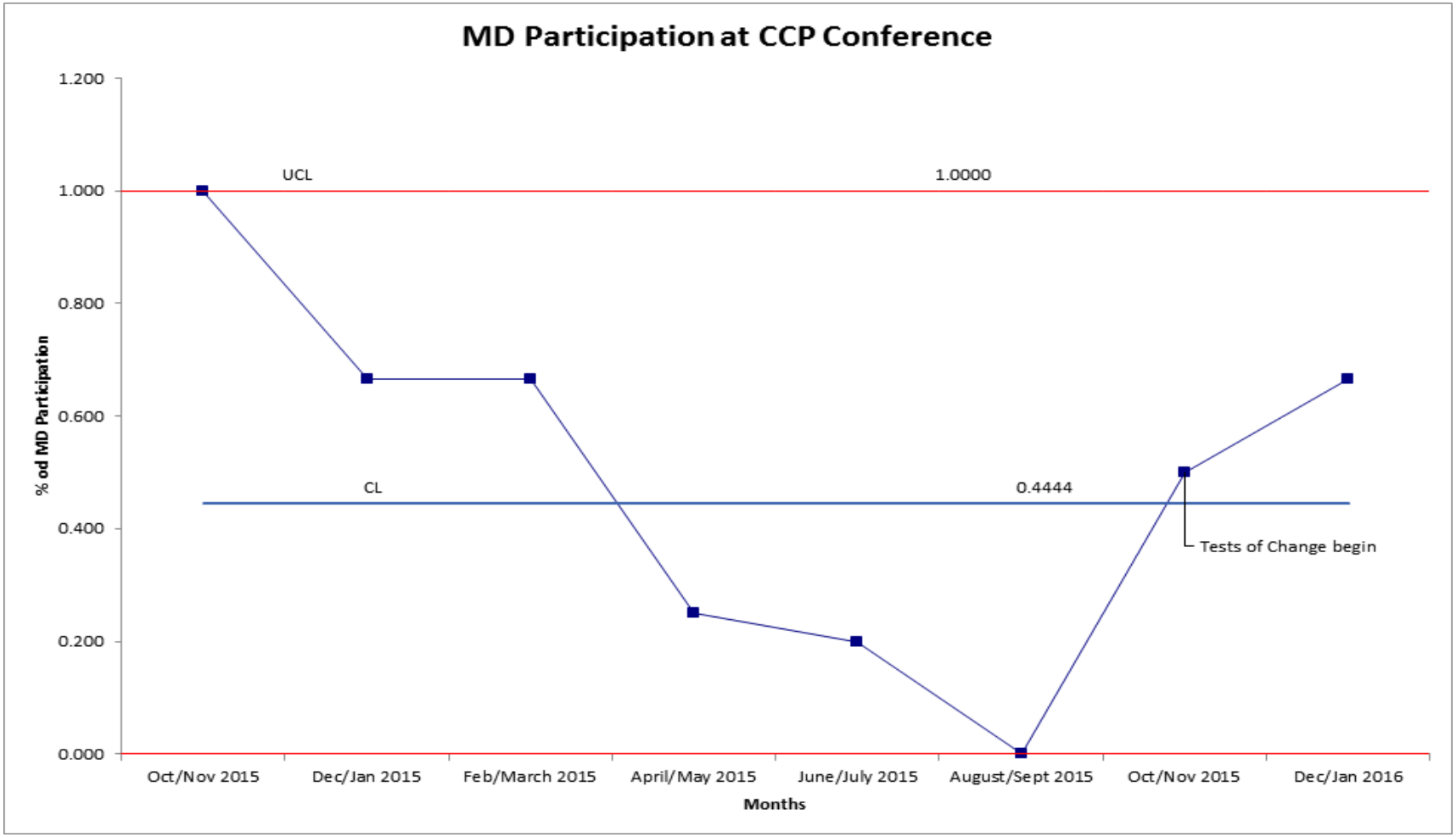


OUTCOMES

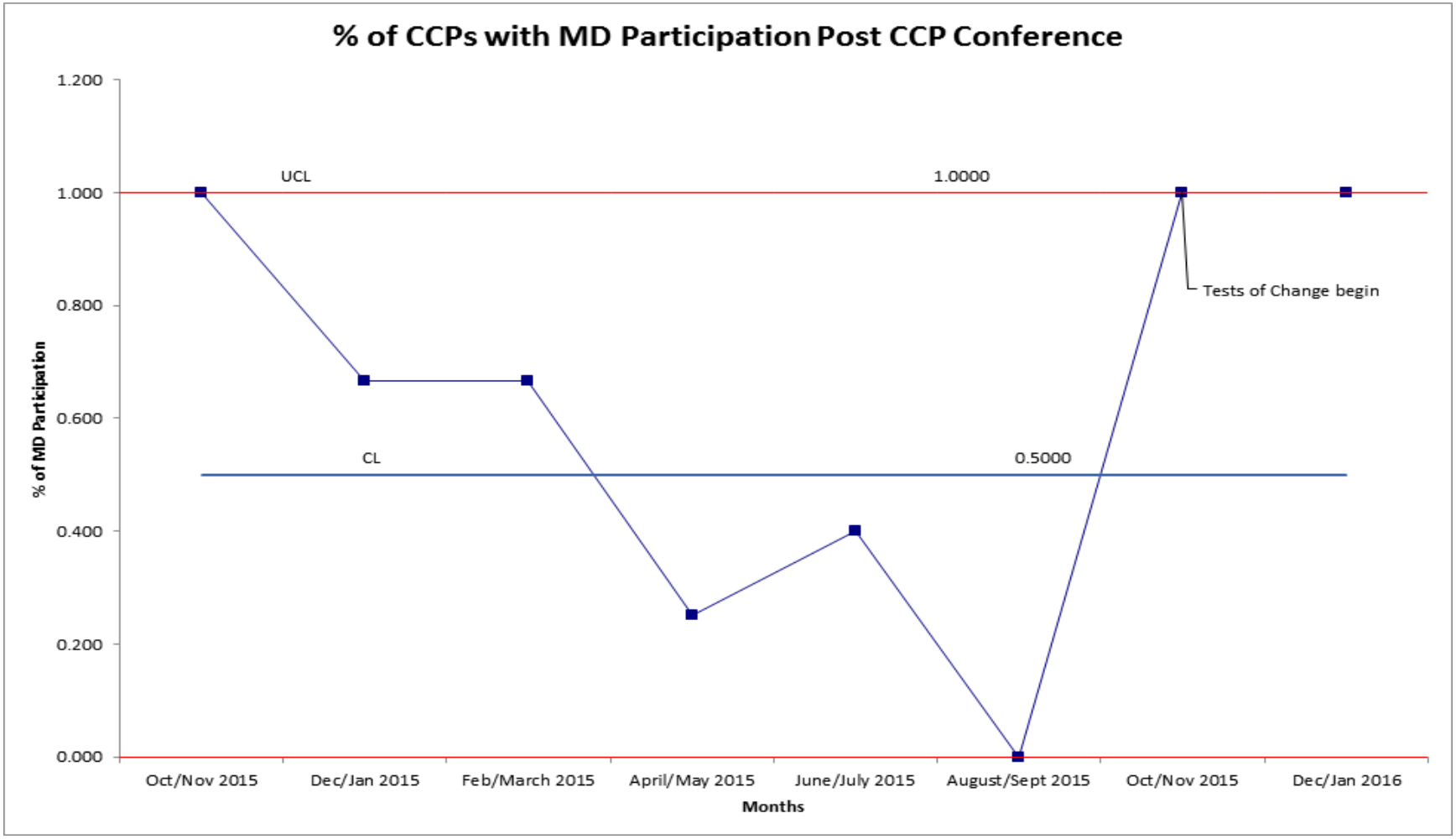
MD Participation Pre CCP



MD Participation at CCP Conference



MD Participation Post CCP



Patient Experience

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- It was easier once everyone got together
- Has been a bit better since the care conference
- Quite an experience with all these people in the room brainstorming. We came to a few very good decisions.
- Very informative and my wife liked that she could get so much information out of it as usually she is on the outside looking in even though she is the main caregiver. Very valuable to everyone to hear everything at the same time.
- I used to go into the hospital once every 2 weeks and be there for a few days, and now I have not been an inpatient for 5 weeks, which is a long time for me.
- It was a real learning experience and everyone is so on board and we are actually getting somewhere. I would love to get it out there to other people that it adds something to the patient getting more information and the patient becoming part of it. It's so important.

Clinical Outcome – Patient Confidence

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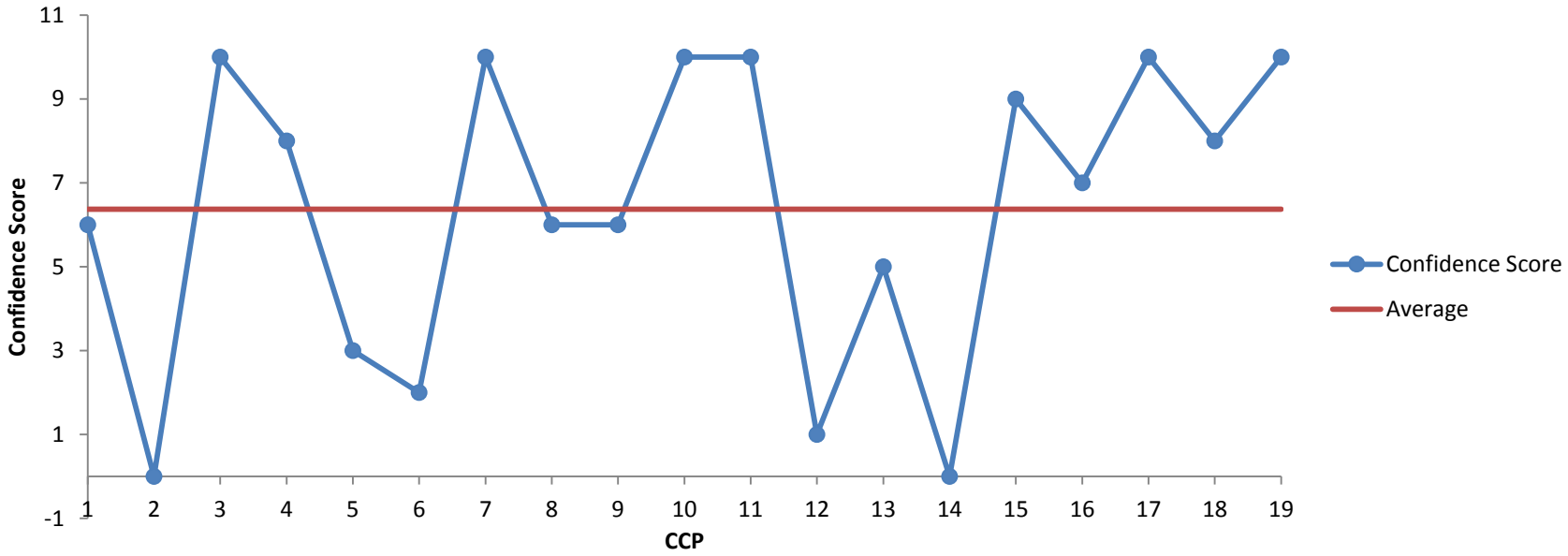
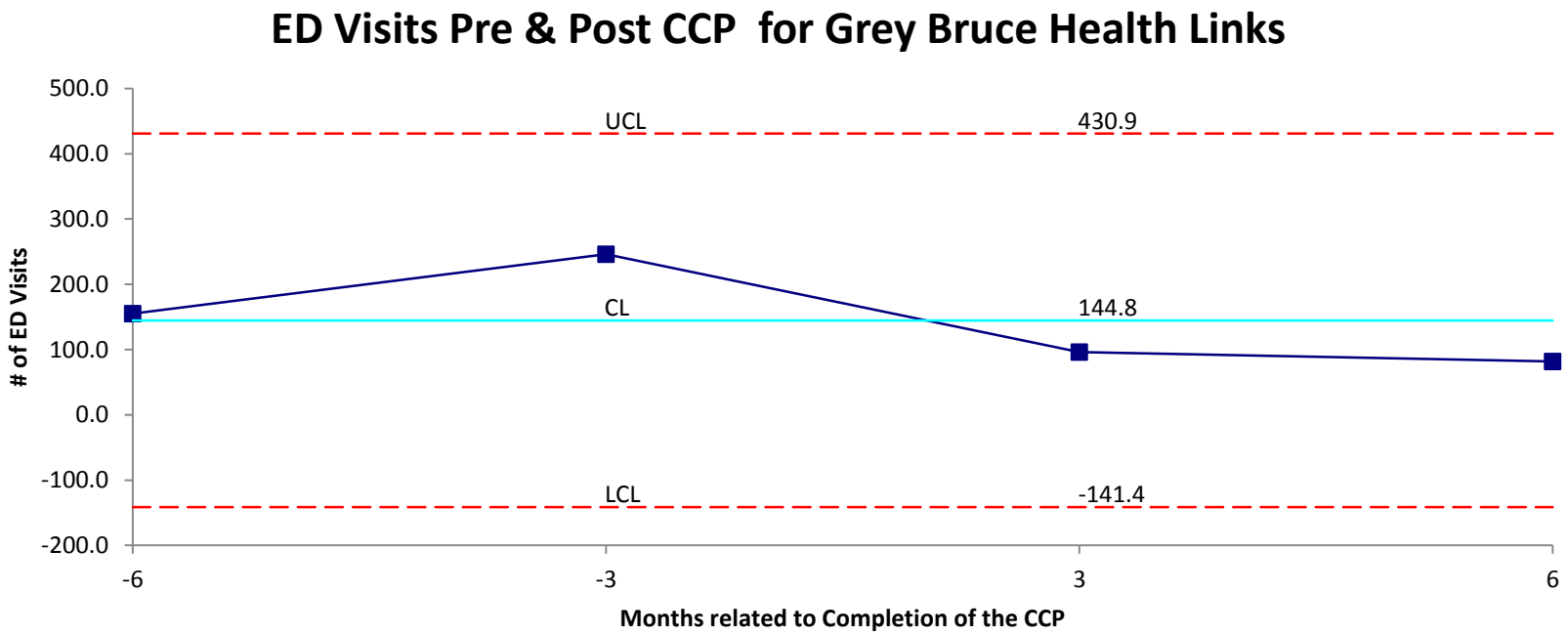
Confidence Score

How confident are you that you will achieve your goals?

On a scale of 1-10 (1 is not confident and 10 is very confident) please rank how confident you feel.



Clinical Outcome – ED Visits



Physician Experience

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- Messaging through the EMR facilitates timely communication as messages can be managed during “off-peak” times of day.
- Messages in the EMR can be easily viewed while the patient is in the MD office for follow up appts. This increases MD awareness of what is going on, provides him with the opportunity to take any action required directly with the patient and makes the patient feel that their MD and team are all working together for them.
- Standard CCP follow up EMR message provides value by ensuring that the MD is aware of what is happening with the patient post CCP. The ability to archive the message to the patient chart permits easy retrieval of the information when needed.

CCAC Experience

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- On site presence has improved rapport and relationship with MDs.
- There has been increased clarity around roles and expectations.
- On site presence provides opportunity to collaborate regarding potential HL/CCP candidates.
- EMR messaging has provided access to provide MDs with timely patient status updates.
- Enhanced relationship and increased collaboration with MDs has improved teams ability to implement action items and ultimately increased patients ability to achieve their goals.

Overall Learning

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- The EMR can be a valuable communication tool that facilitates timely and efficient communication
- Standardized messaging ensures that communication is pertinent and helps to elicit a response when required
- On-site presence of CCAC CC has increased communication and provided opportunities to build relationships
- On-site presence of CCAC CC has presented an opportunity for MDs to ask questions and therefore gain a better understanding of services and processes.

* Course and/or project work

Overall Challenges

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- Lack of willingness to change current processes and try new things
  - "It won't work. We have tried this before."
- Sense of this taking more time and that they are already overworked and overwhelmed
  - "I have no time for this"
- Multiple systems – no one had access to all at this time.
- Spread to other CCAC CCs.

* Course and/or project work

Next Steps to Progress Improvement

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- Use of Project CCAC CC as a point person to test messaging by other CCAC CCs.
- Increasing the CCAC CC presence of all CCs within their local FHT.
- Identification of point person at each of the BAFHT sites to support this communication for moving forward.
- Investigate access to EMR by CCAC CCs.
- Use of learning to expand the use of PDSA in all components of Health Link Project across partner organizations.