

Can Group Medical Visits Benefit Specialists?

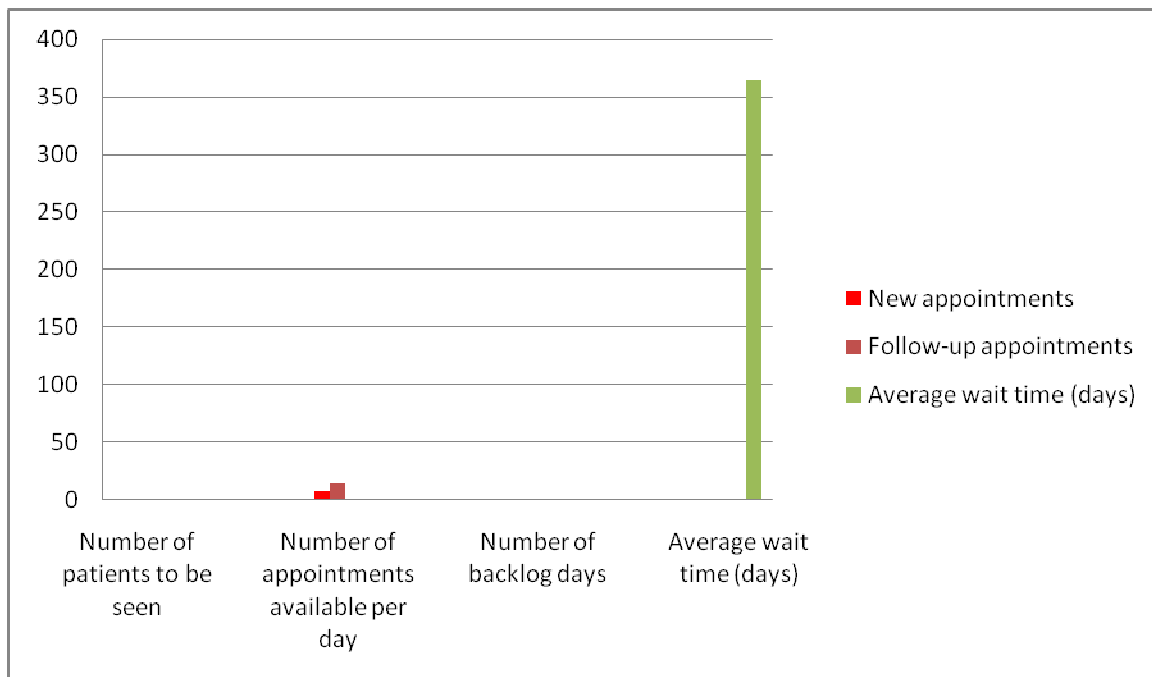
An overview of Rheumatology Specialist GMVs in Prince Rupert

May 13 / 2010

Background:

Prince Rupert is located on the Northwest coast of British Columbia and has a population of approximately 14 000 people. The community has 16 family physicians, 1 nurse practitioner, 1 Orthopaedic surgeon, 1 Paediatrician, 1 Obstetrician / Gynaecologist, and 1 General Surgeon. In conjunction to these on-site services, Prince Rupert benefits from regular visits from other specialists in varying fields of practice including Rheumatology.

Family physicians refer patients to the Rheumatologist for new diagnoses and follow-up appointments. Although the number of patients waiting to be seen by the Rheumatologist has not been tabulated, the average wait time for a patient to be seen is estimated at approximately one year.



Rheumatologist, Dr. Huang, has been coming to Prince Rupert 2-3 times per year for over 5 years. During his visits, he normally sees 1 new patient per hour or 1 follow-up patient per half hour, resulting in very long waitlists for new referrals and extensive delays for follow-up appointments. Therefore, in order to provide care to all referred patients, innovative approaches to increase capacity and efficiency were considered.

Dr. Huang participated in a Group Medical Appointment in Prince Rupert in April 2008 which was quite successful.

Aims:

Our aim was to revive Rheumatology Group Medical Appointments as a method to:

- Reduce the backlog and wait times for patients in Prince Rupert
- Increase the capacity of the visiting Rheumatologist
- Improve access to the health care team
- Increase patient to patient learning and support
- Increase the amount of information being provided through increased time spent with the Rheumatologist.
- Improve provider satisfaction (i.e. by decreasing the amount of repetition of medical advice)
- Improve patient satisfaction
- Increase utilization and collaboration of interdisciplinary team (i.e. Rheumatologist and Rehabilitation Services)

PDSA (Plan, Do, Study, Act):

Plan:

Build upon learnings from our previous Rheumatology Group Medical Appointment in order to meet our aims mentioned above. Some of these are:

- Decrease wait times
- Reduce backlog
- Improve access for patients to Rheumatology services
- Increase the efficiency and capacity of the Rheumatologist

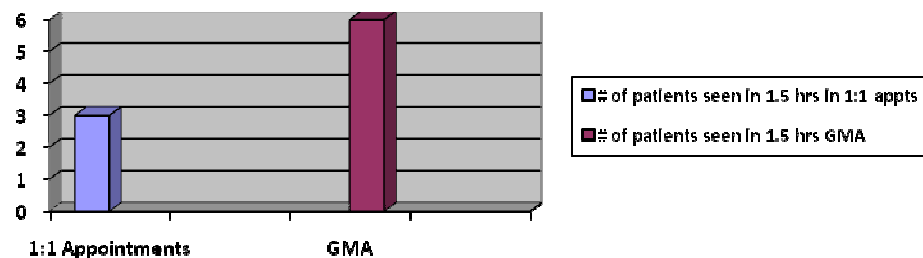
Do:

- Met with Jane Wilde (Director of Care), Victoria Stewart (Regional Coordinator, Primary Health Care), Lisa Chieduch (Primary Health Care Coordinator), Angenita Gerbracht (Manager of Rehabilitation Services), and Janess Iverson (Administrative Assistant) to discuss collaborative steps to planning our next Rheumatologist GMA.
- Decided that Victoria would contact Dr. Huang to assess his willingness and readiness to participate in another GMA.

- Angenita would ensure either a Physiotherapist or Occupational Therapist was available to participate in the GMA.
- Angenita would have educational information (i.e. handouts) available for distribution and a cart with educational tools if deemed appropriate.
- Administrative Assistants, Janess & Doreen, would work together to review the outstanding patient referrals to the rheumatologist and organize according to the date of referral and family physician (Registry Development).
- Janess developed a registry of all of the current patients – new referrals and those requiring follow up and forwarded to Dr. Huang for review and approval.
- Decided to proceed with 1 GMA at this time.
- Upon receipt of the list of approved patients, Janess booked Room 430 on the 4th floor of the hospital for the GMA as well as began the process of inviting patients.

Study:

- Dr. Huang was able to see 6 follow-up patients in 1 ½ hours instead of 3 **(100% increase)**.



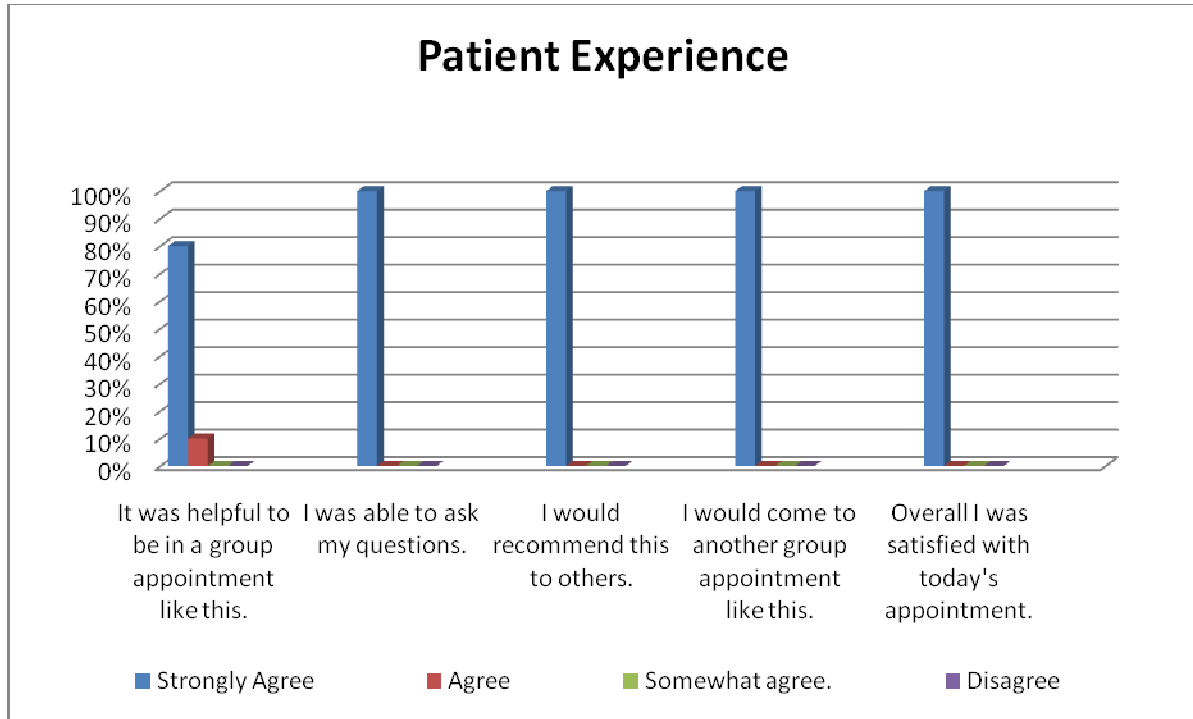
- Occupational Therapist performed Behaviourist Role.
- Dr. Huang conducted patient assessments in the group setting.

Provider Experiences:

- Seemed well received and will gain momentum.
- 1 provider believes GMAs will begin to reduce wait lists for patient follow-up appointments if continued upon a regular basis.
- Saw more patients than would have been seen in 1:1 appointments.
- Good experience and it seemed like most people were genuinely interested in what was being said around the room.
- Patients were ensured that they could see the Rheumatologist privately if they chose to do so; however, no one did.
- Group was feeling more comfortable than they had initially anticipated.

Patient Experiences:

Surveys were handed to each patient to evaluate the GMA from their perspective. 5 questions were asked and the responses are summarized in the following table.



In conjunction to the above ratings, the surveys also asked for feedback regarding the patient experience. The replies are outlined below:

What did you like about today?

- Friendly, questions were answered.
- I liked offering my knowledge regarding arthritis with others who have arthritis and hearing about their experiences.
- Talking to others about similar problems.
- Being able to talk to other people with RA and find out how they deal with their pain and their reaction to their medications.

Is there anything you would like to change about today?

- Absolutely not.

Act:

Room to Improve:

As with any process, reflecting upon on what occurred during this Group Medical Appointment can identify areas that could be improved upon for the future. The feedback received addresses the following for room to improve upon:

- Ensure lab requisitions and prescription pads are ready.
- Have paperwork ready for Biologics patients.
- Obtain a better blood pressure cuff.
- Is there a process to assist with completing forms for patients (i.e. non-insured health benefits)?
- Forms and contact info given to Dr. Huang regarding Biologics approval for patients on non-insured health benefits. Is there anything we can do from our position?
- Is it possible to track any clinical measures to demonstrate if rheumatology group medical appointments improve patient care?
- Count number of patients waiting for appointments (both new and follow-up) in order to measure the backlog.

Next Steps:

- Investigate if second Rheumatologist (Dr. Reynolds) is interested in participating in a Group Medical Appointment.
- Investigate if Dr. Huang is interested in conducting more than one group medical appointment during his next visit to Prince Rupert.

Conclusion:

Rheumatology Group Medical Appointments appear to achieve the aims we set forth to accomplish.

Aim	Achieved
Increase the capacity of the visiting Rheumatologist	1:1 appointments: Rheumatologist sees 2 follow up patients per hour = 3 patients per 1 ½ hours. GMA = 6 patients per 1 ½ hours

	100% increase in capacity
Reduce the backlog and wait times for patients in Prince Rupert	Increasing the capacity and efficiency of the Rheumatologist to see more patients in the same amount of time (as illustrated above) will lead to an overall reduction of backlog and wait times for patients in Prince Rupert over time.
Improve access to the health care team	GMA included the Rheumatologist and Occupational Therapist working together to address patient needs, answering questions, and providing information.
Increase patient to patient learning and support	<p>Patient feedback indicates that they enjoyed:</p> <ul style="list-style-type: none"> • Talking to others with similar problems. • Offering their knowledge and discussing experiences. • Finding out how others deal with pain and reactions to medications.
Increase the amount of information being provided through increased time spent with the Rheumatologist.	Results from patient surveys illustrate that 100% of patients felt they could ask their questions and received answers in the GMA environment.
Improve provider satisfaction (i.e. by decreasing the amount of repetition of medical advice)	To be determined.
Improve patient satisfaction	<p>Patient surveys indicate that overall, patients were very satisfied with the care they received in the GMA.</p> <ul style="list-style-type: none"> • 100% would recommend GMAs to others

	<ul style="list-style-type: none"> • 100% would come to another group appointment • 100% were satisfied with the GMA
<p>Increase utilization and collaboration of interdisciplinary team (i.e. Rheumatologist and Rehabilitation Services)</p>	<p>GMA utilized an interdisciplinary team consisting of the Rheumatologist and Occupational Therapist.</p> <p>It is possible to utilize the services of a Physiotherapist in future Rheumatology GMAs.</p>

As with any process, there is room for improvement through ongoing evaluation and system adjustments which are best approached using the PDSA format (Plan, Do, Study, Act). Collaboration by all health care providers will ensure that future GMAs will become even more efficient and operate seamlessly.

We look forward to having the opportunity to increase the number of specialist GMAs in our community. We believe GMAs will help address the needs of our population in a timely and efficient manner while providing our local health care practitioners with ongoing specialist support.

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