

Initiative to Eliminate Wait Times for Specialty Access

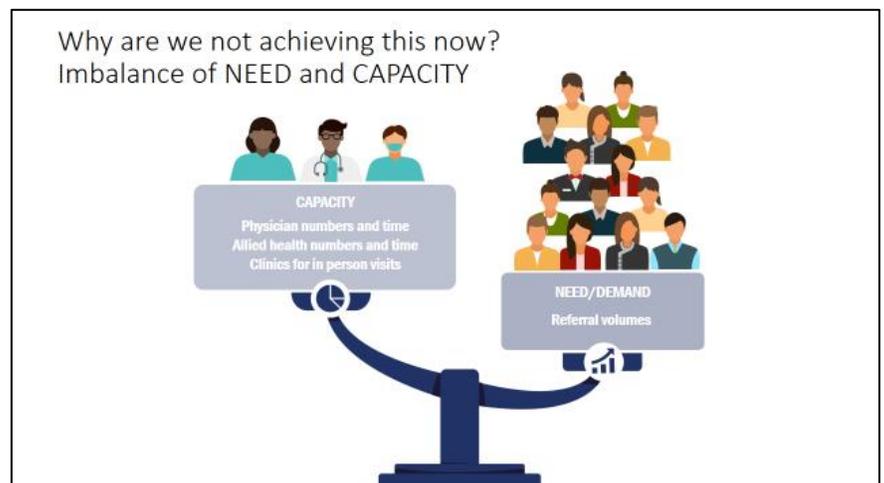
July 2021 Communique - Implementation and Impact:

July 2021 marks the one-year anniversary of the multi-partnered initiative in our region to “Eliminate Wait Times for Specialty Access” so it is timely to see where we started, how far we have come, and where we go next.

A reminder of why we began this work:

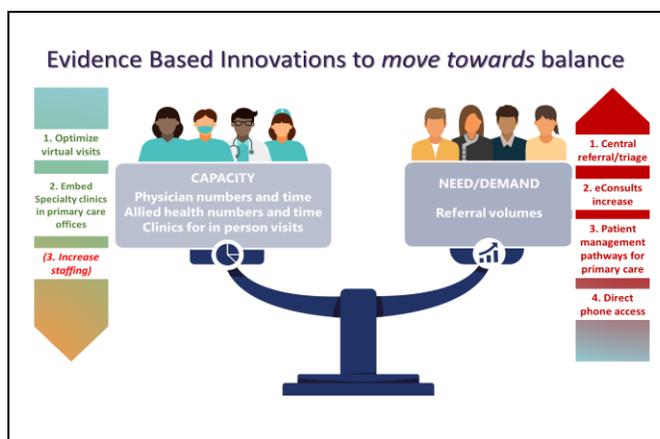
Long wait times to access specialty consultation have been well documented in Canada. A 2020 survey of Kingston Health Sciences Centre (KHSC) specialists showed that ~ 50% of patients with non-urgent referrals wait more than 6 months and 25% wait more than 12 months for a specialist consultation. The ongoing COVID19 pandemic has only exacerbated this.

The KHSC Innovation Portfolio had identified this area as one of several priorities. Numerous evidence-based innovations had been identified which could redress the **imbalance** of the high **need** for consultations vs. the limited **capacity** to see patients face to face. So, by implementing these we hoped not only to create solutions relevant to our pandemic times, but also to offer **lasting transformation**.



Thus in mid-2020, the initiative to **Eliminate Wait Times for Specialty Access** was born with support from KHSC, Queen’s/SEAMO leadership and the Primary Care Physician’s Council of FL&A.

Actions and Progress - Identifying and Deploying Evidence-Based Innovations



Five areas for evidence-based innovation were identified each of which could lead to either improvement in capacity for specialist care or reduced demand. More than 70 volunteers from primary care, hospital specialists, academic and organizational leaders as well as patient experience advisors were allocated to **Five Working Groups** to tackle each area. Oversight by a **Leadership team** (KHSC, patients, Queen’s, SEAMO, Primary Care Physicians Council) and expert advice from an **Evaluation Team** has been ongoing to assess impact. Progress is starting to be seen (as described below), and some philanthropic support has been obtained to facilitate the work.

Working Group 1 – Central referral and triage using digital tools

Working Group1 (WG 1), led by Drs. Natasha Cohen and Rupa Patel, began by developing recommendations for central intake and triage using digital tools. Evidence has shown “central referral”, whereby patients are referred to a specialist *group* (rather than individual physicians) and assigned the next available appointment based on urgency, reduces wait times and enhances equity of access to care. Within KHSC many, but not all, specialty groups are moving in this direction already using current paper/FAX methods.

Progress: Based on WG1 *checklist of key components for a successful system of central referral (in box below)*, and the information that our new HIS will not have eReferral functions embedded within it, KHSC under the leadership of Val Gamache O’Leary (CIO at KHSC)) was successful in obtaining funds to pilot an alternative approach: integration of ***Ocean eReferral*** (for primary care referrals) plus ***Novari eRequest wait list management software*** (for specialist office management of Ocean plus Faxed referrals). This will be integrated into QuadraMed, and eventually also the Cerner HIS.

The “ideal” digital referral system:

- ✓ A single-entry point for receipt of referrals
- ✓ A process for administrative and medical triage: assessing appropriateness, completeness and triaging into urgent or routine categories
- ✓ A process for patients who may be managed without a face-to-face consultation (e.g., conversion to eConsult)
- ✓ A standard acknowledgement for receipt of referral back to referring physician and patient
- ✓ A process to assign patients to next available clinic slot for those who need to be seen
- ✓ A process/tool to track wait lists and flags patients about to breach evidence-based wait times

With the oversight of a Steering Committee and Project team, ***pilots are being launched in:***

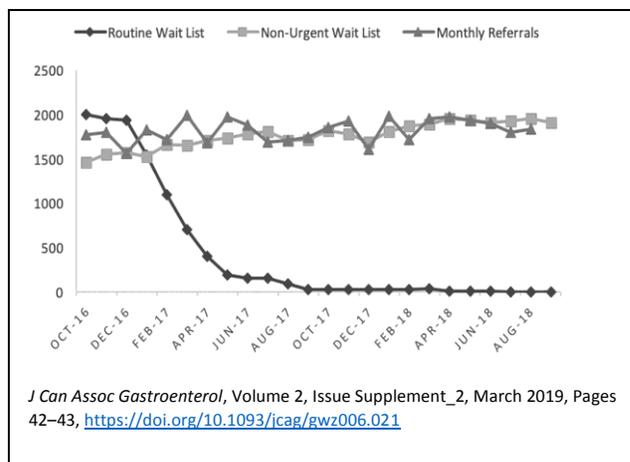
- ***General Internal Medicine***
- ***Pediatrics***
- ***Urology***
- ***General Surgery***

with a planned completion date of Mar 2022. Should the pilots be positive, the plan is to onboard all specialties to this system in the coming months/years – moving towards the goal of “Axing the Fax” and having an efficient electronic approach to referral tracking and management.

Working Group 2 - Pathways for Primary Care Management of Common, Non-Urgent Consults

WG2, led by Drs. Jason Beyea and Matt Dumas, has focused on the development of easy-to-follow patient management pathways for common, non-urgent conditions for which long wait times currently exist. Primary care partners are particularly excited about these. Evidence to support this work comes from a similar program in Calgary where implementation, of GI (and now many other) pathways, has been led and welcomed by the primary care community with dramatic impacts on wait lists (see graph).

WG2 developed criteria for identifying conditions for which pathways would be useful. They have created ***working subgroups to develop each pathway***. In parallel “launch plans” for each pathway (CPD events and new KHSC website for posting pathways) were created.



Progress: Nine conditions are in development for pathways (see table) – two of these, monoclonal gammopathy of undetermined significance (MGUS) and Parkinson’s Disease, have been launched in a primary care accredited CPD event in June 2021. An information letter detailing all this information has recently been sent to primary care colleagues.

✓ MGUS	GERD	Irritable Bowel Syndrome
✓ Parkinson’s Disease	Dyspepsia	Chronic Diarrhea
Anemia	Non-Alcoholic Fatty Liver	Dizziness

In order to ensure these documents are readily available, an update to KHSC website (Health Care Providers section) is underway. This will provide information on referrals, pathways, eConsults and how to connect urgently with a specialist. See: <https://kingstonhsc.ca/refer> (Neurology and Hematology completed to date).

Once pathways are launched, new referrals for conditions for which the pathway is appropriate will be “closed” and the referring physician will be provided with a link to the pathway instead – when questions arise for pathway patients or when/if “red flags” are noted, there is ready access to specialist advice through phone calls or eConsults. The impact of the pathways will be evaluated using a number of measures including tracking of pathway-relevant referrals over time.

Working Group 3 - Direct specialist phone access for primary care

WG3, chaired by Dr. Naz Alavi, has focused on improvements in time-sensitive communication between primary care providers and specialists.

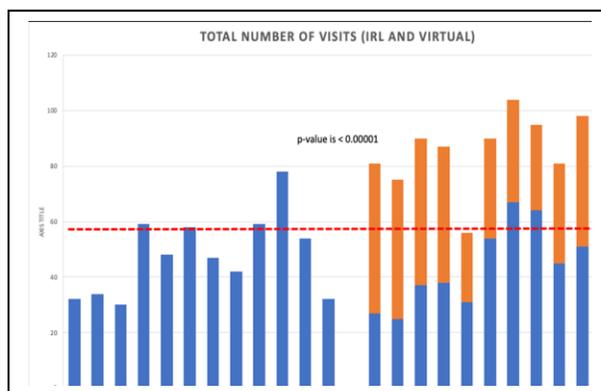
Progress:

- **Information for primary care on how to access clinicians for time sensitive guidance** (generally via Switchboard and paging on call consultant) was distributed to primary care physicians in the region in January. After a few weeks, we tracked the change in such calls via survey of five specialty areas and compared the volumes to those from 6 months prior – little change was seen. Similarly, we obtained primary care feedback on these calls – generally it was very positive.
- **Primary care “back office” and cell phone access** - in order to facilitate communication in the other direction, primary care physicians in our region were invited to provide back office and/or cell phone contact information. Over 100 family physicians have provided this information and it will soon be made available on KHSC intranet/PCS in an easy-to-query format.

Working Group 4 - Optimizing virtual care to increase capacity

Under Dr. Genevieve Digby’s leadership, WG4 has been focused on “optimizing” virtual care (phone & video visits). Specifically, WG4 is addressing: **can VC improve wait times by increasing capacity for care?**

Progress: WG4 has highlighted some issues that need to be addressed to optimize VC – within both infrastructure and human resources. KHSC VC Steering Committee has been engaged to ensure complementary efforts. Finally – data are being collected from a number of programs across KHSC to determine if any change in the numbers of clinic visits pre-pandemic (all in person care) to during pandemic (combination of VC and in



person care). Tantalizing data from one clinician (shown above) suggests that at least in some settings total visit numbers may have increased.

Working Group 5 – Embedding specialty clinics in primary care offices

Drs. Liz Touzel and Shawna Johnston have led WG5 in a discussion about enhancing capacity, communication, and education by **embedding selected specialty clinics into primary care practices**. This is already in place for psychiatry (under Dr. Renee Fitzpatrick’s leadership) and a primary care survey identified a number of other clinical specialities where embedded clinics could be of high value: **General Pediatrics, General Internal Medicine and Gynecology**.

As noted in our January newsletter, WG5 has already:

- Established with SEAMO that such clinical work will be “**in scope**” for participating clinicians.
- Obtained buy-in from the leaders in Pediatrics, General Internal Medicine, Obstetrics and Gynecology, and Psychiatry to proceed to pilot phase.
- Identified **potential primary care practices** to pilot these within.
- Developed a set of “**principles**” to guide how these clinics will work.
- Developed a **process flow** for how such clinics will be managed.

Progress: This spring has seen the successful “launch” of pilots of embedded clinics as follows:

Embedded clinic (specialist)	Primary Care Practice	First Clinic
Pediatrics (Dr. A. Moore)	Kingston Community Health Centre	April 2021
General Internal Medicine (Drs J. Murphy and M. Leung)	Frontenac Doctors	June 2021
Gynecology (Dr. S. Chamberlain)	Queen’s Family Health Team	June 2021

Evaluation of patient and provider experiences as well as data on number and types of patients seen are being gathered. A fall review of the pilots is being planned and, if successful, we will then need to determine how to scale this initiative into more primary care practices going forward.

Evaluation Team

Under the able leadership of Drs. Catherine Donnelly and Sidd Srivastava an Evaluation team with representation from each working group kicked off its work in October 2020. An over-arching Logic Model is guiding the evaluation plan. Many of the key metrics are not collected within current administrative systems, so for-purpose data will be required. Each WG is providing the key measures they wish to track for a) successful implementation, b) outputs, and c) impact. The work of the Evaluation team will be supported by Mr. Alex Hamilton – a Data Scientist in the Centre for Health Innovation.

Leadership Team

Overseeing all this work has been a very engaged Leadership Team with membership from KHSC, Queen’s, SEAMO, and primary care, clinical champions and, most importantly, patient experience advisors. Their guidance, advice and support in moving the initiative forward has been invaluable.

Initiative Team – has grown!

A philanthropic donation via the Faculty of Health Sciences has made possible the recruitment not only of Alex Hamilton at a 0.2 FTE, but also a new full time Project Manager, Madelaine Meehan. These new recruits supplement the team of Jessica Elgie (KHSC Project Manager) and Darlene Evans (KHSC admin support) along with the Innovation Lead, Elizabeth Eisenhauer. **We thank ALL of you** for your efforts and hope you have found this (not very brief after all) Newsletter useful to see how your part in the big picture is really making a difference.

APPENDIX – Eliminate Wait Times Initiative Members since July 2020 (Bolded names = Chairs of groups)

Leadership Team	
KHSC Leaders: Elizabeth Eisenhauer (innovation lead) Mike Fitzpatrick (CoS) Troy Jones (COO) Brenda Carter (Chief of Quality & Clinical Transformation)	Medical Leaders/Champions: Chris Smith (Deputy Head Medicine) Ramana Appireddy (Neurology) Jay Engel (Surgery) Renee Fitzpatrick (Psychiatry) Stephen Archer (Head, Medicine)
Primary Care: Elaine Ma (Primary Care Physician Council) Kim Morrison (Primary Care Physician Council) Alenia Kysela (Deputy Head Dept. Family Med)	SEAMO and FHS: Chris Simpson (until Feb 2021) Stephen Vanner Danielle Claus
Patient Representative Angela Morin (Lead, Patient- and Family-Centred Care)	Ethics framework proponent: Scott Berry (Oncology; ethics expert)
Working Group 1	
Al Jin (Medicine – Neurology) Richard van Wylick (Pediatrics) Doug McKay (Surgery -Plastics) Danielle Kain (Medicine – Palliative) Lysa Lomax (Medicine – Neurology) Chris Smith (Medicine, GIM) Siddhartha Srivastava (Medicine – GIM) Elaine Ma (Primary Care – Leadership Liaison)	Tara Baetz (Oncology) Rupa Patel (Primary care) Sabra Gibbens (Primary Care) Rob Siemens (Urology) Christen Cormier (Primary Care) Danielle Claus (SEAMO Exec director) Natasha Cohen (Surgery - Head and Neck) Gerhard Wendt (patient rep)
Working Group 2	
Al Jin (Medicine – Neurology) Jason Beyea (Otolaryngology) Annette Hay (Medicine – Hem.) Don Wijeratne (Medicine – GIM) Glykeria Martou (Surgery -Plastics) Natalie Kondor (Medicine – Palliative)	Olga Bougie (Ob & Gyn) Sam Silver (Medicine – Nephrology) Melissa Dawn Kelley (Medicine – GI) Kevin Loughlin (Primary Care) Justyna Nowak (Primary Care) Matt Dumas (Primary Care) Kerry Stewart (patient rep)
Working Group 3	
Adrian Baranchuk (Medicine – Cardiology) Craig Goldie (Medicine – Palliative) Natasha Cohen (Surgery - Head and Neck) Greg Baran (Primary Care)	Nazanin Alavi Tabari (Psychiatry) Joy Hataley (Primary Care) Phyllis Davis (Patient rep)
Working Group 4	
Ramana Appireddy (Medicine -Neurology) Joel Parlow (Anesthesia) Fred Watkins (Surgery -Plastics) Genevieve Digby (Medicine – Respiriology) Maj Iqbal (Medicine – Palliative) Sophie Crinion (Medicine – Respiriology)	Sarah Moran (Medicine- Nephrology) Fabio Ynoe de Moraes (Oncology) Debra Hamer (Psychiatry) Rachael Da Cunha (Orthopedics) Anne O’Riordan (Patient rep) Marla Rosen (Patient Rep)
Working Group 5	
Shawna Johnston (Obstetrics & Gynecology) Alison Flanagan (Medicine – Palliative) Robyn Houlden (Medicine – Endocrinology) Maria Velez (Obstetrics and Gynecology) Kristy Cooke (Primary Care)	Liz Touzel (Primary Care) Matt Wonnacott (Primary Care) Brianne Lewis (Obstetrics and Gynecology) Renee Fitzpatrick (Psychiatry – Leadership team Liaison) Guests: Bob Connelly (Peds), Chris Smith (Medicine)
Evaluation team	
Tara Baetz (Oncology -Working Group 1) Sidd Srivastava (Medicine - Working Group 1) Matt Dumas (Primary Care -Working Group 2) Jason Beyea (Otolaryngology - Working Group 2) Adrian Baranchuk (Medicine - Working Group 3) Genevieve Digby (Medicine - Working Group 4)	Matt Wonnacott (Primary Care - Working Group 5) Angela Morin (Patient rep) Catherine Donnelly (Director of Queen’s HSRPI) Mike Fitzpatrick (Chief of Staff KHSC) Brenda Carter (Chief of Quality & Clinical Transformation)