Integrating the Medical Home with the Medical Neighbourhood
A Family Medicine/Division of GI Initiative to Improve Access

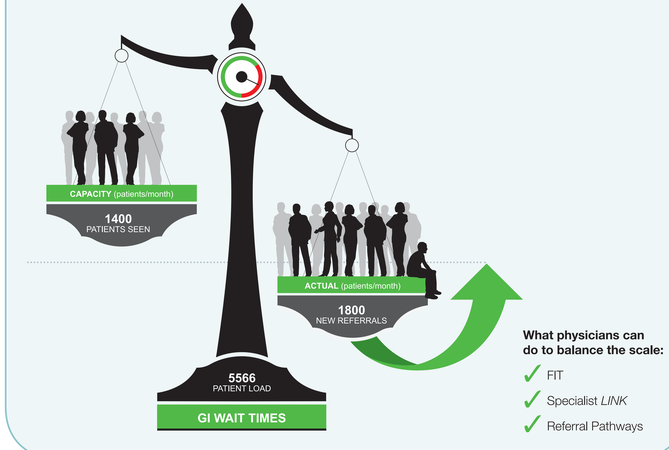
Richard Ward, *MD, CCFP, FCFP*, Mark Swain, *MD, FRCPC*, Linda M. Slocombe, *MDCM, CCFP*, Kerri Novak, *MD, FRCPC,* Greg Heather, *RN, BHScN*, Yolanda Martens-Vanhilst, *BN, RN,* Barb Kathol, *RN, BN, MN*.

The Challenges

- 1800 new referrals coming monthly into GI Central Access and Triage (CAT)
- Balancing the scale of 5566 patients on a wait list. 1677 'semi-urgent' and 2742 'routine'
- 1400 patients seen monthly through existing resources

The Reality

- Patients on the 'routine' list would never be seen
- Demand exceeds supply by 400 patients per month (added to the scale)

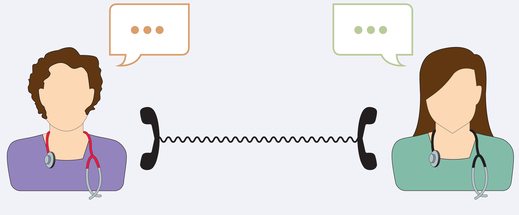


The Solutions

- Partnership with Calgary area Primary Care Networks (PCN), Alberta Health Service Division of Gastroenterology and Division of Family Medicine + Primary Care/Chronic Disease
- Identified common conditions managed best in Patient-Centric Medical Home that didn't need to see specialist
- Developed Enhanced Primary Care Pathways (EPCP) to support management in Medical Home
- EPCP's include: constipation, GERD, IBS, H. Pylori resistance, dyspepsia
- Implemented pathways by reviewing and closing referrals which met the non-urgent criteria for which there was a pathway
- Managed scale by returning referrals to medical home with protocols for care
- Provided support to PCP's through Specialist LINK rapid telephone consult
- Group medical appointments supported by MDT to see patients efficiently with GERD

The Process

- Bi-weekly meetings between Primary Care Physician and operational leadership, Division of GI physician leadership and AHS operational support
- Jointly established protocols based on evidence and consensus
- Joint communications to member FP's explaining process, specialist support for patients referred back to PMH
- Evaluation of patient experience, provider experience
- Quality control metrics to validate triage process



The Outcomes

- Balancing the scale by 32.6% in 7 months (5566 to 3753)
- Urgent referral wait time maintained at < 8 weeks (6 weeks to 7.3 weeks)
- Cost savings of Specialist LINK = $200 per call (avoid consultation or ER visit)
- 9.6% returned to triage - usually due to other conditions *(Calculation based on 64 cases re-entering the system from a total of 667 closed EPCP referrals from January 2015 - June 2016)*
- The process and Specialist LINK now expanded to 3 other specialties

The Lessons

- Good things happen when Family Physicians work with other specialists to improve care
- Engaged leadership is a pre-requisite for collaborative QI
- The PMH can improve access through protocol-based management of common conditions and save money!

Next Steps

- Collaboration with ER to repatriate non-urgent GI patients to Medical Home versus 'urgent GI slots'
- Improving referral quality to ensure proper triage
- Improved endoscopy reports and communications
- Expansion of model to other specialty groups