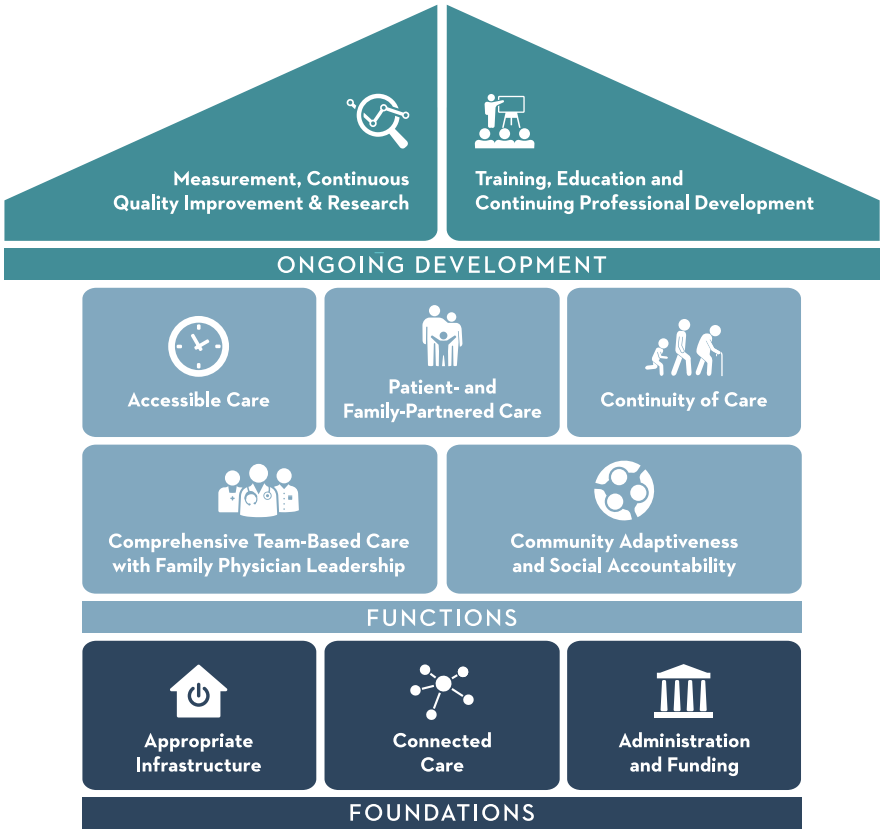
PATIENT'S MEDICAL HOME

IMPLEMENTATION KIT

Alberta College of Family Physicians

THE COLLEGE OF FAMILY PHYSICIANS OF CANADA
LE COLLÈGE DES MÉDECINS DE FAMILLE DU CANADA
Centre for Effective Practice
Alberta College of Family Physicians

The Patient's Medical Home (PMH) is a vision developed by the College of Family Physicians of Canada (CFPC) to support family physicians and their teams in providing coordinated, comprehensive, accessible care to their patients. While many family doctors provide comprehensive care regardless of their practice design, the PMH vision can help enhance care through its 10 key pillars.



This implementation kit is a collaboration between the CFPC and the Alberta College of Family Physicians (ACFP). It supports family physicians and their teams in Alberta who are motivated to further align their practice with the PMH vision by providing relevant next steps to achieve this goal. The kit is organized around a number of actions you can take right now:

- Understand your patient population and their needs
- Start quality improvement (QI) projects to enhance your care and your practice
- Ensure providers and patients have clear lines of communication
- Establish clear roles and responsibilities when caring for patients with interprofessional colleagues as a team

If you and your clinic team are working to implement the PMH principles in your practice, the information provided in this kit will help you.

In Alberta, Toward Optimized Practice (TOP) and your local primary care network (PCN) can help you align with the PMH vision using provincial support and resources.

Note: The resources provided in this kit do not represent an exhaustive list. Resources are hosted by external organizations and, as such, the accuracy and accessibility of their links are not guaranteed.

UNDERSTAND YOUR PATIENT POPULATION AND THEIR NEEDS

Knowing the breakdown of your patient population (e.g., age, social determinants of health), what health concerns are most relevant to each patient group, and what supports they need will help to inform your practice organization, including providing more tailored patient programming and services.

Learn more about your patient panel and find opportunities to enhance your knowledge of your patients' health needs:

- Ask your PCN or your team's electronic medical record (EMR) lead to generate reports for patient demographics and disease prevalence. The data can show trends in your patient population (e.g., age groups, common health conditions) and guide future programming or hiring. Review the data periodically (e.g., quarterly or yearly) to see how your patient panel is changing.

- If practice level data are not available through your EMR, access other provincial resources. For example: Health Quality Council of Alberta's Primary Healthcare Panel Reports, which contain aggregate information about individual clinicians' panel of patients; Alberta Interactive Health Data for information relevant to your region about chronic disease, socioeconomic status, and health usage.

- Add and use screening tools to obtain more detailed information about your patients' health and access to services. Tools for enhancing patient screening are available through the following organizations:

  - Alberta Screening and Prevention: standardized population screening interventions with recommended screening intervals and evidence-based practice points

  - Poverty: A Clinical Tool for Primary Care Providers: a primary care tool for screening and supporting patients' living situation and socioeconomic concerns as part of their overall health

  - Building on Existing Tools to Improve Chronic Disease Prevention and Screening in Primary Care: evidence-based recommendations for chronic disease prevention and screening, including an algorithm for targets and care pathways adjusted for diabetic and non-diabetic patients

- Increase your patients' knowledge of community resources to improve their overall health and well-being. Direct your patients to 211 Alberta, an online database of government, health, and social services that can be searched by location and/or category (e.g., food and clothing, employment). This service is also available by telephone. Please note that many regions in Alberta are not yet represented.

Learn more about how your patients feel about their care and health needs:

- Create an anonymous comment box for your waiting room—and an anonymous form for your practice website, if applicable—and place it in a location that patients can easily find, and set up a process to regularly review what is submitted
- Develop and execute a plan to survey patients, with help from the Health Quality Council of Alberta (HQCA). Family physicians, clinics, or PCNs can sign up with the HQCA so that their patients can participate in the survey. The survey takes about 10 to 15 minutes to complete.
- The Canadian Institute for Health Information has another example, the *Measuring Patient Experiences in Primary Health Care Survey*

START QI PROJECTS TO ENHANCE YOUR CARE AND YOUR PRACTICE

Any initiatives that you and your colleagues implement that are intended to improve care, office efficiencies or workflows, effectiveness, patient safety and experience, or clinical outcomes, and that link learning to action, are considered QI. Any QI effort helps build a PMH where continuous practice improvement is a priority and an everyday occurrence.

Take on QI projects that are manageable in scope and size for your practice:

- Identify and celebrate QI activities that your practice may already be undertaking as a starting point for future quality initiatives (e.g., changing office hours to address patient accessibility, reducing the use of bundled tests)
- Use a QI methodology to identify, plan, measure, and test changes within your practice; the Institute for Healthcare Improvement's Model for Improvement is a well-tested and widely-used model that employs plan-do-study-act cycles for testing changes and can work well for primary care
- Examples of how to use this model for QI are available from the Agency for Healthcare Research and Quality (which outlines how to identify and test changes in patient feedback surveys), and from NHS Education for Scotland (which outlines the adaptation of a patient self-management goal sheet)

Find ideas:

- Use TOP's step-by-step *Quality Improvement Guide*
- Establish and monitor metrics, such as Third Next Available Appointment, as a tool for evaluating patient access and measuring efforts to reduce backlog or optimize scheduling
- Incorporate evidence-based QI recommendations for family practice from Choosing Wisely Canada in your practice
- Look outside of your jurisdiction for other ideas; for example, the American Medical Association has QI tools, resources, and examples

Integrate patient-centredness in your QI projects or engage patients to improve quality:

- Incorporate patient-centred principles into your practice using resources from the HQCA, Collaboration for Change, the Canadian Foundation for Healthcare Improvement, or the Canadian Patient Safety Institute to guide work with patient advocates or persons with lived experience

ENSURE PROVIDERS AND PATIENTS HAVE CLEAR LINES OF COMMUNICATION

Communication between physicians, patients, and other health care providers is central to providing comprehensive and continuous care. It can also provide opportunities to learn and share knowledge with other family physicians and interprofessional providers, both on specific clinical topics as well as on successes or challenges experienced in practice QI.

Learn from other physicians about their experiences providing primary care, or consult with other specialists:

- Connect with your PCN to learn about events, supports, and experiences from other physician members
- Connect with other family physicians in your province to share knowledge and learn about other interprofessional practices; Canada Health Infoway's Clinician Peer Networks provide opportunities to connect on different clinical topics and practice needs
- Connect with other family physicians through the ACFP Collaborative Mentorship Network to learn and share information about managing patients with chronic pain and addiction

Communicate more effectively with your patients:

- Investigate and adopt communication supports like a website or online appointment booking for your patients. Setting up an electronic communication system like e-booking gives you the opportunity to communicate information about your practice's services that patients might not otherwise know (e.g., new programs or providers, changes in office hours).

- Canada Health Infoway provides resources to guide e-booking adoption, maintenance, and privacy concerns

- The Canadian Medical Association (CMA) recommends that your practice website includes contact information, staff introductions, appointment policies, and patient intake processes. The CMA *Starting Your Practice on the Right Foot* guide contains a full list of recommended information.

ESTABLISH CLEAR ROLES AND RESPONSIBILITIES WHEN CARING FOR PATIENTS WITH INTERPROFESSIONAL COLLEAGUES AS A TEAM

Practising effectively in an interprofessional team enhances collaborative, patient-centred care by providing patients with access to providers who are qualified to deal with a variety of health needs. Roles and responsibilities within your practice may vary within your team members' professions and experience. Ensuring that these roles are clear can help your team maximize their professional skill set and improve provider or team experience.

Practise more effectively in your interprofessional team:

- Establish clear roles and a clear scope of practice for each provider on your team through open dialogue so that everyone knows, and feels confident in, their role and the roles of other team members. You can obtain American Medical Association Physician's Recognition Award CME credits with your team through MedScape (a Medscape account is required) to build competency in establishing these roles.

- Additional resources are available through Improving Primary Care, including an assessment of your current interprofessional care and strategies to improve teams (e.g., working to optimize scope of practice, professional development opportunities, making time for meetings)
- Create and regularly review policies in your practice to ensure that they are effective and appropriate for your unique circumstances. The Association of Family Health Teams of Ontario provides a manual that offers template solutions for a variety of practice issues (e.g., governance, risk and safety, human resources).

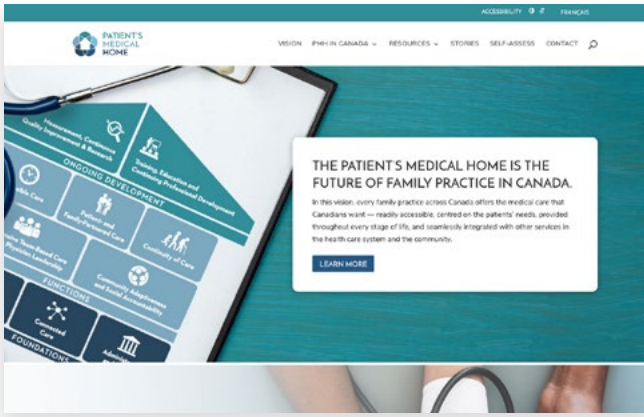
Lead your team more effectively and build your management and leadership skills:

- Management and governance resources are available in the Alberta Health Services Collaborative Practice Toolkit. Training courses for management and leadership are also available from the CMA's Joule.
- Engage in TOP's Physician Champion Community of Practice to connect with other physicians leading PMH work

Leverage resources from other jurisdictions to support continued work on the PMH vision:

Access additional resources about the PMH:

- CFPC Patient's Medical Home
- Ontario College of Family Physicians Patient's Medical Home



RESOURCES

Following is a summary list of the websites and online publications referred to in this document.

Online Publication/Resource	Website
211 Alberta	www.ab.211.ca/
Agency for Healthcare Research and Quality: Health Literacy Universal Precautions Toolkit	www.ahrq.gov/professionals/quality-patient-safety/quality-resources/tools/literacy-toolkit/healthlittoolkit2-tool2b.html
Alberta College of Family Physicians	acfp.ca
Alberta College of Family Physicians, Collaborative Mentorship Network: Medical Mentoring for Chronic Pain and Addiction	acfp.ca/tools-resources/tools-resources-opioid-response/collaborative-mentorship-network

Online Publication/Resource	Website
Alberta Health Services: Collaborative practice tool kit	www.albertahealthservices.ca/assets/careers/ahs-careers-stu-supporting-interprofessional-placements.pdf
Alberta Interactive Health Data	www.health.alberta.ca/health-info/health-data.html
American Medical Association: Physician's Recognition Award	www.ama-assn.org/education/cme/apply-ama-physician-recognition-award
American Medical Association: STEPS Forward™ QI using plan-do-study-act	www.stepsforward.org/modules/pdsa-quality-improvement
Association of Family Health Teams of Ontario: *Sample Policies for Primary Care Teams and Practices*	www.afhto.ca/sites/default/files/2019-03/Provincial%20Policies%20and%20Procedures%20Manual%20Nov2018.doc
Building on Existing Tools to Improve Chronic Disease Prevention and Screening in Primary Care	www.better-program.ca/home
Canada Health Infoway: Clinician peer networks	www.infoway-inforoute.ca/en/communities/clinical-peer-network/182-our-partners/clinicians-and-the-health-care-community/clinical-engagement-strategy/12-clinician-peer-network
Canada Health Infoway: eBooking resources	www.infoway-inforoute.ca/en/solutions/access-health/access-to-services/e-booking
Canadian Foundation for Healthcare Improvement: Patient engagement resource hub	www.cfhi-fcass.ca/WhatWeDo/PatientEngagement/PatientEngagementResourceHub.aspx
Canadian Institute for Health Information, sample survey: *Measuring Patient Experiences in Primary Health Care*	www.cihi.ca/sites/default/files/info_phc_patient_en.pdf
Canadian Medical Association: Joule	joulecma.ca
Canadian Medical Association: *Starting Your Practice on the Right Foot*	legacy.cma.ca//Assets/assets-library/document/en/practice-management-and-wellness/MEDED-12-00307-PMC-Module-12-e.pdf
Canadian Patient Safety Institute: Patient engagement resources	www.patientsafetyinstitute.ca/en/toolsResources/Patient-Engagement-Resources/Pages/default.aspx
Choosing Wisely Canada: QI recommendations	choosingwiselycanada.org/family-medicine
Collaboration for Change	collaborationforchange.ca
College of Family Physicians of Canada	www.cfpc.ca
Health Quality Council of Alberta	www.hqca.ca
Health Quality Council of Alberta: Patient survey	hqca.ca/surveys/patient-experience-survey
Health Quality Council of Alberta: Primary Healthcare Panel reports	hqca.ca/health-care-provider-resources/physician-panel-reports
Improving Primary Care	www.improvingprimarycare.org
Institute for Healthcare: Model for improvement	www.ihi.org/resources/Pages/HowtoImprove/default.aspx
NHS Education for Scotland: Patient self-management goal sheet	www.nes.scot.nhs.uk/media/3604285/always_events_-_pdsa_examples.pdf
Ontario College of Family Physicians: Patient's Medical Home resources	ocfp.on.ca/patients-medical-home
Patient's Medical Home	https://patientsmedicalhome.ca
Poverty: A clinical tool for primary care providers in Alberta	www.cfpc.ca/Poverty_Tools
Primary Care Network	pcnpmo.ca/medical-home/Pages/default.aspx

Online Publication/Resource	Website
Third Next Available Appointment	www.safetynetmedicalhome.org/sites/default/files/Third-Next-Appointment.pdf
Toward Optimized Practice: Alberta Screening and Prevention	www.topalbertadoctors.org/asap
Toward Optimized Practice: Physician Champion Community of Practice	www.topalbertadoctors.org/tools--resources/patientsmedicalhome/#engagingleadership
Toward Optimized Practice: *Quality Improvement Guide*	www.topalbertadoctors.org/file/quality-improvement-guide.pdf
Toward Optimized Practice: The Patient's Medical Home	www.topalbertadoctors.org/change-concepts/introduction/patientsmedicalhomeinalberta
Vega CP, Bernard A. *Establishing Roles and Responsibilities for Interprofessional Care Team Members*. New York, NY: Medscape; 2016.	www.medscape.org/viewarticle/857825_authors