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

Richard Ward, MD, CCFP, FC FP, Mark Swain, MD, FRCP C, Linda M. Slocombe, MDCM, CCFP, Kerri Novak, MD, FRCP C, 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 resource

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
- EPCPs 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 PCPs 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

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