Rapid Access to Consultative Expertise
An innovative model of shared care

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Outline

• Background and burning issue
• The influence of the Canadian Foundation for Healthcare Improvement (CFHI)
• The impact of RACE
• Learnings and opportunities
Background

Joint partnership between Providence Health Care and the Shared Care Committee, in collaboration with Vancouver Coastal Health

Mission to improve care for patients with complex chronic conditions

• Simplify the patient journey
• Improve outcomes
• Reduce costs
• Strengthen relationships

IHI Triple Aim Framework
Need for improved

- Communication
- Access to specialists
- Collaboration and relationships

Focus Groups

- Family physicians
- Specialists
- Patients
Executive Training for Research Application (EXTRA)

EXTRA’s impact on the work:

• Leadership coaching
• Project development guidance
• Stakeholder engagement advice
• Identification of change management principles
• Critical literature review & synthesis support
• Assistance with evaluation
Rapid Access to Consultative Expertise

RACE

• One phone line with a selection of specialty services
• Started in June 2010 with 5 services
• Currently at 17 services
• Physician remuneration through Medical Services Plan

http://www.youtube.com/watch?v=TQyKe0CKh_A
Health Authorities in British Columbia

1. Interior
2. Fraser
3. Vancouver Coastal
4. Vancouver Island
5. Northern
6. Provincial Health Service
Current Services

Vancouver Coastal Health (VCH)
- Nephrology
- Heart Failure
- Psychiatry
- Respirology
- Endocrinology
- Cardiovascular Risk & Lipid Management
- General Internal Medicine
- Geriatrics
- Gastroenterology
- Geriatric Psychiatry
- Addictions Medicine

VCH & Fraser Health Authority
- Cardiology
- Rheumatology

Provincial Services
- Child & Adolescent Psychiatry
- Chronic Pain
- Treatment Resistant Psychosis
- HIV Primary Care

Coming soon
- Transgender Primary Care
Evaluation: Key Themes

Phase 1 – questionnaire/interviews

- “Excellent resource”
- “Would like to see it expanded”
- Viewed as a service that could “...fill the gap...”

Phase 2 – online survey

- 95% aware of RACE
- High user satisfaction – all would use the service again, 95% recommend usage to colleagues
- All FPs noted that RACE
  - Reduced the number of unnecessary referrals to specialist care
  - Prevented ED visits

Phase 3 – In Progress - Interviews/survey

- 83% of respondents believed it helped manage care for their patients
Results & Outcomes

(>7,000 calls, data based on 40% of calls)

- 78% of calls answered within 10 mins
- 90% of the calls <15 mins
- 60% avoided face-to-face consults
- 32% avoided ED visits

Reason for Call:
- General management, diagnostic, therapeutics

Recommendation:
- Medication, additional testing, reassurance of plan

Cost savings – up to $200/call
Key Learnings from RACE

• Care to **avoid replacing** well established effective communication lines

• Requires **criteria** for specialist participation
  – Response time, collegial interaction, knowledge transfer

• Requires limited **resources**
  – Coordination of schedules/re-routing numbers
  – Medical Services Plan billing code
General Key Learnings

• One size does not fit all
• Start small and trial the prototype
• Engage and use your champions
• Share your learnings
• Leverage organizational leadership
• Patient participation was key in the design
Importance of Patient Participation in Shared Care

For Patients:

http://www.youtube.com/watch?v=QiHFLKGHHL9w

• Positive contribution
• Greater understanding
• Stimulating and gratifying experience

For the Healthcare System:

http://www.youtube.com/watch?v=uxTNnkWIlqys

• Includes all stakeholders in change process
• Patient-centered perspective
• Greater harmony in problem solving process
Spreading the Innovation

• Collaboration is key to successful spread
  – Divisions of FP, Health Authorities

• Needs assessment of communities across the province

• “RACE-in-a-Box” (showcased on the CMA toolkit)
  - Information on how to start up a telephone advice line
  - Decision support tree with key questions

• Provincial services
  – Chronic Pain, Child Psychiatry, Treatment Resistant Psychosis, HIV
    Primary Care

http://www.cma.ca/advocacy/intraprofessional-communications
How RACE can impact practice

• User-friendly 'decision support system'
• Improves clinical judgment
• Receive medical education
• Increases knowledge capacity
• Enhances overall practice efficiencies
When to call RACE

- Advice on diagnostic testing
- Advice on general management
- Advice on therapeutics
- Other clinical questions
- When you are fairly certain what to do but just need some reassurance
“... It is fantastic to be able to get answers immediately that I normally would either

• refer to a specialist and have to wait months for an appointment,

• try and look up online but not be confident of the answer,

• play telephone tag or fax back and forth with a specialist regarding the clinical situation or,

• just take my best guess with the clinical situation.

It has given me a level of professional satisfaction, professional empowerment and improved patient care.”

Family practitioner, frequent user of the RACE line
Next Steps & Successes

• **Cost Modeling** (local and national)
• **RACE Manuscript in preparation**
• **Knowledge Dissemination - National and International Exposure (2012)**
  • 2 CMA, 1 IHI invited oral presentations
  • 2 workshops (team of patient, specialist, FP, project management)
  • 11 abstract presentations
• **Awards (2011)**
  • HEABC “Golden Apple”
  • IPAC/Deloitte Public Sector Award – Bronze, BC
  • BC Patient Safety & Quality Council, Excellence in Quality Award - runner up
Summary

RACE has the potential to:

• Enhance the care experience by
  • provide knowledge transfer
  • improve the specialist/primary care interface through improved communication
  • simplify the patient journey

• Population health improved
  • access to care is enhanced

• Per capita cost of health care
  • at least controlled
    — avoidable consults and emergency visits
www.RACEconnect.ca

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Questions?

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Thank you!

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