

# The Specialist Is Always In:

*The Story of Rapid Access  
to Consultative Expertise (RACE™)*



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Canadian Foundation for  
**Healthcare  
Improvement**

# Rapid Access to Consultative Expertise (RACE™) - the story

## The Challenge

Many chronic diseases can be identified and managed effectively in a primary care setting. Care is made even more effective when specialty care support is readily available. However, the current reality is that patients often have to wait several months for a separate specialist appointment, and while they are waiting, their disease could progress. This could be prevented if the primary care provider was able to discuss treatment strategies with the specialist more quickly.

## The Solution

### In the beginning...

In 2008, the Division of Cardiology and Department of Family Medicine at St. Paul's Hospital in British Columbia did a pilot project where a pager was shared between three cardiologists, allowing family physicians to contact them to get a timely response to questions. Along with positive feedback from FPs there was a request to expand to additional specialty areas.<sup>1,2</sup>

### Evolution of a good idea...

Through a partnership with Providence Health Care, the Shared Care Committee, and Vancouver Coastal Health (VCH), this initiative was expanded beyond cardiologists to include other specialties, and Rapid Access to Consultative Expertise (RACE™) was launched. A central telephone line was set up, allowing calls to be routed directory to the appropriate specialist's cell phone. The project was made possible in part thanks to the RACE™ leaders' participation in the Executive Training for Research Application ([EXTRA](#)) program offered by the Canadian Foundation for Healthcare Improvement (CFHI).<sup>3</sup>

### Growth and expansion

A billing code was created in 2010 to allow specialists and family physicians to bill for the telephone call.<sup>3</sup> This helped to encourage the expansion of RACE™ to a broader range of specialties and increase its use by family physicians..

RACE™ was initially available only to Primary Care Providers (PCPs) in the Vancouver Coastal Health region, but it is now growing across the province. The number of specialties participating has steadily increased: as of September 2016, RACE™ had 28 specialty areas and 400 specialists providing coverage.



To be added to the RACE™ service, specialists must be able and willing to respond to a RACE™ call in a timely manner (calls must be answered within two hours to be billable). A three-month trial is suggested for specialties that want to discover how RACE™ would affect their work flow.

There is a valuable educational component as well. Family physicians can learn from RACE™, as it allows them to treat similar patients in the future without specialist intervention. This learning experience is recognized by the College of Family Physicians of Canada as an activity eligible for [Continuing Professional Development credits\\*](#).

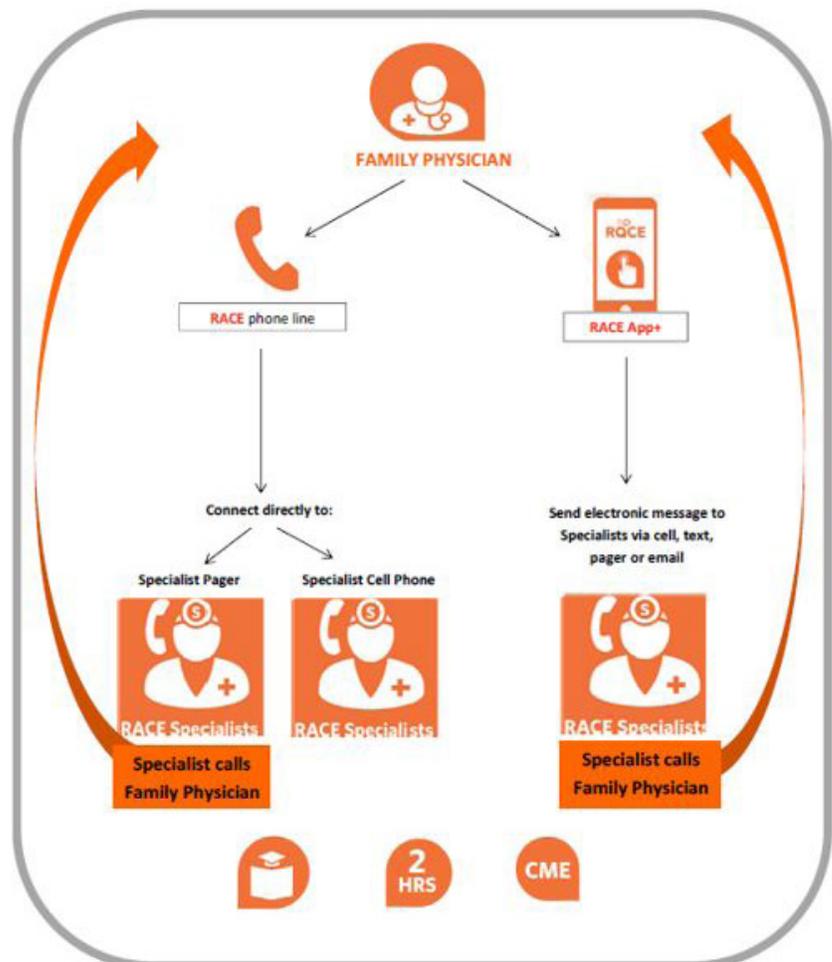


“It is fantastic to get answers immediately that I normally would either refer to a specialist and have to wait months for an appointment, try and look up online but not be confident about the answer, play telephone tag or fax back and forth with a specialist regarding a clinical situation, or, just take my best guess with the clinical situation. It has given me a level of professional satisfaction, professional empowerment and improved patient care.” **Family Physician**



## How RACE™ works:

- PCP provides information on the patient’s condition, background and possible causes for the condition.
- Participating specialists provide coverage via an organized rotation schedule and are expected call back within two hours.
- The RACE™ service is available from 0800 - 1700, Monday to Friday.
- Quite often, the patients are still in the PCP’s office and a meaningful consultation can take place they leave before.<sup>1</sup>



\* [http://www.cfpc.ca/Linking\\_Learning\\_exercises](http://www.cfpc.ca/Linking_Learning_exercises)

## eRACE

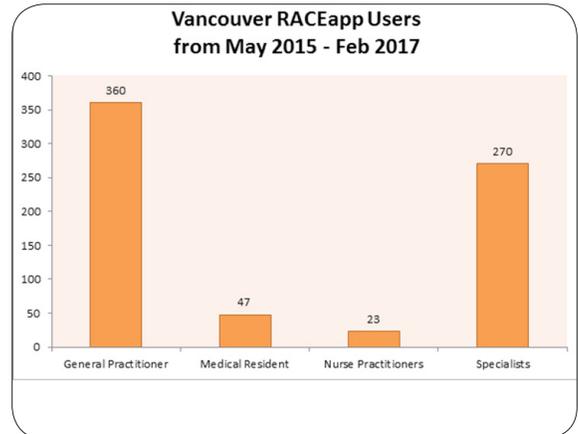
The system was enhanced in 2015 with eRACE™, a mobile application that enables PCPs to initiate contact via email, text or Short Message Service (SMS), depending on the preference of the specialist. Awareness and use of eRACE™ is expanding rapidly.



eRACE app – choosing a specialist



eRACE app – Specialist's Inbox



**>25,000**

Number of RACE calls as of September 2016

**60%**

Percentage of calls that avoided the need for specialist visit

**32%**

Percentage of calls that avoided an emergency department (ED) visit

**80%**

Percentage of calls that are returned within 10 minutes

**BY THE NUMBERS**

**90%**

Percentage of calls that are less than 15 minutes long

**Results from a comprehensive evaluation done in 2012**

All PCP users would use the line again and 95% would recommend it to colleagues.

All family physicians noted that RACE reduced the number of unnecessary referrals to specialist care and prevented ED visits

**83%**

of PCPs believed it helped manage care for their patients.



**Each call results up to \$200 in direct cost savings for the Ministry of Health as a result of avoided ED visits.**

## **RACE™ add-on: Emergency Medicine**

PCPs identified a need to be able to speak to an ED physician in a timely manner, so the emergency medicine service was brought on to RACE™.

Instead of calling an ED, PCPs call the RACE™ line and speak directly to an emergency medicine physician.

If the patient requires a visit to the ED, the emergency specialist will complete an initial assessment sheet and fax it to the hospital of choice, ahead of the patient.



A 67-year-old patient with a history of mild chronic kidney disease, GFR of 54, impaired fasting glucose and a family history of heart disease presents to a PCP with mild chest pain that mostly occurs at night.

The patient reports weight gain in the past few months with decreased physical activity. His physical exam is normal and the PCP sends him for an ECG and stress test, which show a Left Bundle Branch Block. The report comes back “Non-diagnostic due to LBBB.”

The PCP contacts RACE™ and reviews the case with a cardiologist over the phone. The cardiologist recommends an echocardiogram to rule out structural heart disease. He also provides some learning points about the treadmill test. He advises the PCP that there is no need for a specialist referral.

The PCP and patient are both reassured, and a long wait to see a specialist is avoided.

## Keys to Success

- Strive for constant communication and interaction between all parties
- Find, engage and retain local champions
- Obtain engagement from users and maintain it
- Share information broadly and frequently

## Opportunity for Spread and Expansion

- A useful [guide to establish a RACE™ line](#)<sup>o</sup> called "[RACE™ in a Box](#)"<sup>^</sup> has been developed.
- In June 2016 a pilot for RACE™ began in Manitoba (for psychiatric advice only)<sup>4</sup>
- Others provinces are pursuing the implementation of a RACE™-like system through their participation in CFHI's 2016 Connected Medicine e-Collaborative.



## Consider This...

If, by 2043, 50% of Canada's healthcare system were to use RACE™, it would reduce the number of ED visits by 6.2%, or 1.1 million patients. Average nominal annual savings are estimated at \$132 million.<sup>5</sup>

If 5% of GP visits resulted in specialist consultations and 50% of our healthcare system used RACE™, by 2043 the annual cost savings would be approximately \$143 million.<sup>6</sup>

For more information, visit the [RACE™ website](#)<sup>±</sup>.

“I find myself educating pediatricians, GPs, and even other psychiatrists about more complicated psychiatric issues in children - both sides of the conversation seem to enjoy the collaboration.” **Specialist**

“It gives me great pleasure to be able to help my colleagues. It is satisfying to be able to give reassurance, to provide helpful advice in real time and to share my knowledge.” **Specialist**

<sup>o</sup> <http://www.raceconnect.ca/wp-content/uploads/2013/10/Race-In-A-Box.pdf>

<sup>^</sup> <http://www.raceconnect.ca/about-race/race-in-a-box/>

<sup>±</sup> <http://www.raceconnect.com>

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“As a person living with a chronic condition, I have had to navigate through a very complex medical system to ensure I receive proper care. GPs have an incredible background of information on many different diseases and conditions, but it is quite unreasonable to expect diagnostic and treatment perfection in such a rapidly changing and complex medical environment. I think the RACE program is a wonderful idea because it will allow my GP to access expertise on a specific problem without my having to be referred and having to wait a number of months to see a specialist when perhaps only minor advice might be needed.” **Patient**

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