An innovative model for shared care

Rapid Access to Consultative Expertise

RACE

Margot Wilson and the RACE Team

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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
Context

- Deterioration in Relationships
- Disconnect of acute hospital care and primary community care

Needs Assessment with FPs and specialists identified:
- Need for improved communication
- Improved access to specialists
- Improved collaboration and relationships
Strategic Workflow

Pre Referral Process

Telephone Advice Line

Rapid Access to Consultative Expertise

Referral Process

RACE

Referral Process

Patients as Partners

Consult Process

Shared Care Plans

Unattached Patient Strategy

Compacts

Trigger for Re-Referral
Rapid Access to Consultative Expertise - RACE

- Real-time telephone advice line to provide support for FPs
- PHC/SCC initiative launched June 2010
- One phone line with a selection of services
  - Cardiology, Nephrology, Respiratory, Endocrinology, CV Risk & Lipid Management, Internal Medicine, Psychiatry, Geriatrics, Gastroenterology, Rheumatology, Chronic Pain,
- Involves specialists from PHC, VGH, Lion’s Gate, Royal Columbian
- Future Specialties: Child Psychiatry
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
Key Metrics

2031 calls (TELUS reports Sept 2010 – Dec 2011)
Metrics based on data from 696 calls

• 77% of calls were answered within 10 minutes
• 88% of the calls were <15 minutes in length

• Reason for Call:
  – General management, diagnostic, therapeutics

• Recommendation:
  – Medication, additional testing, reassurance of FP plan

• 60% avoided face-to-face consults
• 32% avoided ED visits

Potential for:

• Improved patient experience
• Improved provider experience
• Improved efficiencies
• Improved ED flow
• Cost savings
• Increased specialists capacity
Key Learnings

• One size does not fit all

• 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
Challenges/Strategies

• Marketing the service to family practice
• Physician engagement
• Identifying a technology that meets the needs of specialists and family practitioners
• Securing ongoing funding to support the service
  – Technology, admin support
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”
  – Information on how to start up a telephone advice line
  – Decision support tree with key questions

• 3 services currently will trial a provincial service
  – rheumatology, chronic pain, child psychiatry
Summary

**RACE has the potential to:**

Enhance the care experience by
- provide knowledge transfer
- improve the specialist/FP 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
  - potentially avoidable consults and emergency visits.
“It is such a useful service - every time I call I receive timely and helpful advice on some challenging issues”.

Family practitioner, frequent user of the RACE line
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