Increasing Efficiency in the Family Practice Setting

Report of the Working Group to the Primary Healthcare Planning Group

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Table of Contents

Table of Contents ii
Working Group Members iii
Glossary of Acronyms iv
Executive Summary v

Chapter 1: Background 1
Chapter 2: Current State and the Change Imperative 3
Chapter 3: Increasing Efficiency in the Family Practice 11
Chapter 4: Recommendations 14

Reference Resources 18

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Glossary of Acronyms

FHT	Family Health Team
CHC	Community Health Centre
NPLC	Nurse Practitioner Led Clinic
HQO	Health Quality Ontario
OMA	Ontario Medical Association
IHI	Institute for Health Information
MOHLTC	Ministry of Health and Long-Term Care
NP	Nurse Practitioner
RN	Registered Nurse
PA	Physician Assistant

Executive Summary

Efficiency in the family practice setting is an important enabler of change within the primary healthcare sector. A provider's ability to adapt to patient and system need will be based on how the healthcare system and the family practice setting are established.

This report will outline the key and essential elements of an efficient practice setting and its relationship to the broader healthcare system. The report will focus on the relationship between access, quality, office practice design/workflow, information technology and team care. While by no means comprehensive, the report should serve as a summary of the issues and a roadmap for change that will provide real benefit to patients, providers and the system.

Office practice design and provider workflow need to be considered when establishing a patient-centred family practice setting The office practice design needs to allow for varying patient care and provider service patterns and to respect the differences between providers. Office practice settings should meet the expectation of patients, support patient information gathering and provide flexibility to deliver care to individuals or groups. An efficient office practice establishes the capacity to provide timely access, assess and improve quality of care and provide patient-centred care.

Ontario has focused on developing the necessary infrastructure to support an approach to establishing greater efficiency within the family practice setting. Expanded use of interdisciplinary teams, afterhours care, telephone health support, electronic health and information technology, expanded scopes of practice and extended service delivery, advanced access, facilitated patient attachment and a focus on comprehensive care are now common resources and services available to providers and patients. These are the building blocks necessary to establish the change processes required to improve efficiency, workflow and provider roles within the family practice setting.

The focus of the primary healthcare system in Ontario must include increased coordination of interdisciplinary services, expanding beyond structured team-based care to include integration with other primary and community-care providers and the broader healthcare system . Supporting the integration of patient care across the system and between all providers will serve to enhance efficiency within the family practice setting and better enable providers throughout the healthcare system to deliver patient-centred care.

The integration of patient care and efficient delivery of primary healthcare services will benefit from effective e-health integration and patient-centred communication technology. Providers are lagging in their ability to communicate with patients and each other efficiently and effectively. Capacity to support many patients in technology-based ways has the ability to further enhance efficiency in the family practice setting.

Expanded provider training and curriculum on efficiency in the family practice setting will offer the necessary educational supports to implement the changes proposed. Providers will require assistance when navigating through the concepts and principles of efficiency. Continuing Medical Education, training and supports will be necessary to achieve widespread and lasting change.

Immediate change should be focused on resources that support provider and practice efficiency and patient-centred care within the family practice setting. Longer term priorities should be focused on providing a higher level of provider service and patient care integration within the broader healthcare system through a well-defined ability to measure and apply quality improvement and best practices evaluation.

A key focus going forward is the expansion of provider training and curriculum to better reflect how to implement the principles of efficiency in the family practice. Working with all primary care providers through training and practice development will enable adoption of efficiency principles at a key time in the establishment of a family practice setting.

Currently the primary care system lags behind in its ability to measure efficiency in the family practice, and to apply common standards or goals. Two key measures that reflect efficiency in the family practice setting include patient face-to-face time with healthcare providers and the provider's Third Next Available Appointment.

When developing a strategy for change in how primary healthcare is organized and delivered in Ontario it is important to keep three key principles in mind.

- Efficiency in the family practice setting and throughout the primary care sector should not negatively impact on other areas of the healthcare system.
- The family practice setting is a key part of a patient-centred healthcare system but cannot be expected to resolve all efficiency issues within the healthcare system.
- Developing efficiency in the family practice setting will enhance provider ability to deliver care to patients. Implementation of change in the family practice setting needs to be considered from both provider and the patient's perspective.

The Efficiency in the Family Practice Setting working group has provided a list of recommendations that it feels will help direct the Ministry of Health and Long-Term Care towards policies and planning that will result in a more efficient, patient-centred healthcare system in Ontario.

Chapter 1: Background

A. Development and Establishment of the Primary Healthcare Planning Group

At the McMaster Health Forum in June 2010 on the topic of "Supporting Quality Improvement in Ontario," a number of stakeholders and experts identified the need for an overarching framework for strengthening Primary Healthcare in Ontario.

Forum participants concluded that two parallel initiatives should be pursued:

1. A small planning group should draft and build consensus on an approach for strengthening primary healthcare in Ontario. The group will plan a summit at which the proposed approach would be debated, finalized, and approved by a broad-based group of key stakeholders, including citizen and patient groups, and representatives from Local Health Integration Networks and from public health units; and

2. The Quality Improvement and Innovation Partnership should convene one or more meetings to discuss the need for a strategic alliance focused on supporting quality improvement in primary healthcare devise a plan of action and then provide leadership and support to the strategic alliance.

The purpose of the Primary Healthcare Planning Group is to address the first plan of action, as outlined above. The mandate of the Primary Healthcare Planning Group is as follows:

> Draft and build consensus on an approach for strengthening primary healthcare in Ontario, to address key issues such as: the business case for primary healthcare investments, goals related to improving access and quality within primary care and activities to achieve these goals, monitoring and evaluation plan to monitor progress against the goals and evaluate impacts of investments and activities

Five working groups were established, representing key areas of analysis deemed important to achieve this mandate: Efficiency, Access, Quality, Governance and Accountability. The structure is represented in Figure 1.

Figure 1: Structure of the Primary Healthcare Planning Group

B. Mandate of Working Group 3: Increasing Efficiency in the Family Practice Setting

The mandate of the Efficiency Working Group is to develop a proposal to optimize the efficiency with which primary healthcare is delivered to Ontarians, in support of improving access and patient-centred care.

The analysis will consider the diverse practice environments for primary care providers and make recommendations on how to improve efficiency. Inefficiencies between primary care providers and the broader primary healthcare sector will also be addressed.

Chapter 2: Current State and the Change Imperative

Current State:

Practice Models

Primary healthcare in Ontario consists of a large number of family practice environments. From solo provider practice settings to group and interdisciplinary team practices, Ontario's primary healthcare sector is divided into twelve main primary care models. (Table 1)

Traditionally primary healthcare providers have independently established how their practice functions. Current physician service agreements outline responsibilities for providing afterhours care, obligations to provide on-call support through a telephone health advisory service and commitments to provide comprehensive care. These agreements do not obligate physicians to address efficiency, provide timely access for patients or assess quality measures within the practice.

To improve access and service to patients, Ontario has been expanding models of interdisciplinary care that provide a team practice environment for patients. Current models include the Family Health Team, the Community Health Centre and the Nurse Practitioner-Led Clinic. While each of these models is designed to support patients differently, they all employ an integrated multidisciplinary team model that provides and supports each patient's primary healthcare needs. As a condition of the funding to support the team infrastructure, these practices are beginning to focus efforts on providing timely access, measuring quality and establishing efficiency principles within their practice settings.

Efficiency Tools

Efforts are underway to expand the adoption of Advanced Access, a technique whereby a family practice leaves space within its schedule for patients with same-day care needs. Providers who have adopted advanced access principles into their practice have demonstrated that they and their patients are more satisfied with their experience, and that the practice increases clinical productivity. (Subramanian, January 2009)

Opening a practice to patients that includes same-day availability, expanded and flexible service hours, and communication infrastructure will eliminate wait and delay and assist in providing whole patient care. Ontario has had some success with implementing advanced access. Primarily targeting providers practicing within FHTs, the Quality Improvement and Innovation Partnership, now Health Quality Ontario (HQO), has supported the implementation of advanced access throughout Ontario. More work is underway between the Ministry of Health and Long-Term Care, the Ontario Medical Association and HQO to expand the introduction of advanced access into more primary care provider offices.

In Ontario a substantial effort has been underway to increase the use and functionality of electronic health resources. To date, investment in electronic medical records, an e-prescribing pilot, lab and drug information systems and disease registries are either better enabling access to information at the practice level or proposing to improve integration of patient care across the system.

Quality Standard

Establishing a quality standard within the family practice setting ensures that continuous improvement in patient care includes ongoing analysis, patient feedback and response to the diversifying needs of patients. A technology enabled and enhanced practice will be equipped to measure key aspects of patient care, while flexible enough to provide patient-centred changes to the practice that will improve with continued measurement and change processes. Recent legislation has established a quality agenda for Ontario, first implemented in the Hospital sector; the Excellent Care for All Act will bring a focus on quality care to the primary healthcare sector and the family practice setting. To support implementation of this act, Health Quality Ontario, an arm's length agency of the government, has been empowered to support and coordinate Ontario's quality agenda.

Care Transition

One aspect of the current primary healthcare system in Ontario that continues to underperform, and that has a dramatic impact on the efficiency of office practice, is the transition of care for patients moving between providers. Currently the availability and quality of emergency department reports, hospital discharge plans and specialist or consultant reports is inconsistent. The information is not standardized, and this often impacts on the primary care provider's ability to transition the patient's care. Community providers are routinely faced with a recently discharged patient but no record of the patient's encounter in hospital; this can result in duplication of tests and inefficient and ineffective and unsafe patient care.

A well designed primary healthcare system supports the family practice setting with well thought out service transition and clinical care supports. Recognition of the value of these care transition tools has resulted in a focus on enhancing the healthcare system's ability to transition care. Local Health Integration Networks, hospitals, physicians, Community Care Access Centres and the Ministry of Health and Long-Term Care are working collaboratively to explore solutions to this issue.

Enhanced Roles

To support broader adoption of interdisciplinary care and efficiency within the primary care system and to increase service availability to patients, Ontario continues to expand scopes of practice and to implement extended service programs for primary care providers.

Currently Ontario's pharmacists are expanding the services offered to patients within the pharmacy to include comprehensive medication counselling, FOBT kit distribution and smoking cessation counselling, along with additional extended services planned for the future. Planned expanded scopes of practice will allow pharmacists to initiate a limited number of new prescriptions and to alter existing ones, as well as demonstrate medical devices and order tests.

Nurse Practitioners have seen their role expanded to include patient discharge from hospital privileges, expanded prescribing and diagnostic service lists, as well as a plan to allow hospital admitting privileges. By improving efficiency of patient transitions through the system and increasing patient access through expanded scopes of practice, it is hoped that greater overall

efficiency and patient-centred care will be achieved. Further integration of the NP into the team family practice setting will enhance the efficiency of patient care provided within the healthcare system.

Expanding the complement of primary care providers in Ontario will assist in providing additional resources to family practice and to the patient care team. Physician Assistants (PAs) are being utilized effectively to extend existing physician services, thus providing enhanced capacity to primary healthcare in Ontario. These PA providers, working under delegation, are well placed to meet the growing and demanding needs of patients.

Change Imperative:

To establish an efficient family practice setting enabled to provide patient-centred care, the following five elements should be considered.

Information Technology

Establishing an integrated electronic medical record, adapted to meet patient and provider need, is a key component of an efficient practice. Establishing the capacity to integrate external information from the broader health and community care sector will support the comprehensive needs of the patient within the family practice setting. EMR data management and data quality is key to establishing the integration capacity of the primary healthcare system. Building a system on common standards and shared terminology will allow for quality improvement at the system and practice level.

Access

Matching provider supply with active patient demand requires establishing a balance within the practice setting, whereby patients are receiving the care they need while providers better leverage their time and ability to deliver patient-centred care. Finding this ‘harmony’ within the practice necessitates a careful review of practice process, and includes seeking efficiencies in how patients encounter the practice and how providers encounter patients. It requires actively monitoring and managing the practice roster, ensuring that the practice maintains a balanced roster of patients, and working collaboratively to care for patients differently and effectively.

Establishing the right panel or roster size is something many primary healthcare providers struggle with. Over time patient demand for care has exceeded provider supply, resulting in larger and more complex patient panels. To address supply and demand within a practice, it is important to measure both the patient demand and panel size and compare that to the provider supply within the model of care.

Green et al. (April 2007) suggest that establishing an appropriate panel size for an existing practice consists of six steps:

1. Identifying the current panel size
2. Estimating the daily visit rate per patient
3. Fixing the number of daily appointment slots
4. Calculating the current overflow frequency

5. Setting the overflow frequency
6. Computing the panel size based on the target flow frequency

The challenge to providers is to establish sufficient supply that will meet the daily demand while providing for the variability of demand by patients. Overflow capacity is necessary when demand exceeds typical supply, and can be related to fluctuations in patients requiring services specific to a time of year (flu season, back-to-school, etc.). It requires providers to establish a safety capacity within the practice that allows for supply to meet a variable in demand. The balance between too much safety capacity and not enough is a determination by the practice over time, and is a result of successive measuring and mapping of patient demand fluctuations.

Office Design/Workflow

Creating efficiency within a fluctuating family practice environment requires providers to predict and anticipate patient needs. L. Gordon Moore and John H. Wasson (September 2007) highlight the ideal medical practice, which outlines a practice model designed to enhance doctor-patient relationships, increase face-to-face time between providers and patients, reduce provider workloads, instil patients with a sense of responsibility for their health, and cut wasted dollars from the entire system.

The Ideal Medical Practice uses a standardized protocol approach to care. By establishing consistent protocols and procedures for common patient care experiences using all members of the care team, patient care interactions can become more efficient and less demanding on the practice. Common practice processes are managed by the most appropriate member of the care team. This can include vaccinations, hypertension, allergy or INR clinics, managing specialist referrals and follow-up. Additionally, by adopting virtual office visits, technology-enabled patient engagement, and the use of group care, the family practice setting can increase patient/provider interaction for some in an efficient and patient-centred way.

The Future of Family Medicine Project identifies how the design of the office practice plays into establishing an efficient practice. An office designed to accommodate the work and staffing patterns of a single provider will be different than one designed for a multidisciplinary team, and will reflect the practice's patient care needs, expectations and community. "Offices should be designed to meet changing patient needs and expectations, to accommodate innovative work processes, and to ensure convenience, comfort, and efficiency for patients and clinicians."

Understanding work process by mapping the patient journey and provider process enables assessment of the impact and appropriateness of standardized, guideline informed care and practice organization. The result can often lead to more efficient ways of organizing the physical practice, better streamlining of some patient care cycles and enhanced staff utilization. Standardized rooms, equipment and supplies reduces variation in the practice setting and time wasted looking for resources or adapting work flow to changes in the office practice environment. (HQO)

Lean Process involves working through continuous improvement to achieve efficient processes in production or the provision of services. Inefficient work flow in the family practice setting can lead to waits, delays and poor quality of patient care. The first step to implementing Lean Process into primary healthcare delivery is identification of inefficiencies and barriers to quality

patient care within the practice setting. This baseline work positions the practice to introduce and measure change.

Measuring the process of care within the practice allows for the determination of impact on those processes as they relate to patient care. Selecting the right change strategies and determining their outcome measure, process measure and balancing measure ensure that these strategies are achieving the aim or outcome desired.

Quality

When applying change in the family practice setting, outcomes measures are important to establishing whether a change is leading to improvement or the stated aim. Achieving change within the practice requires regular process measures that indicate throughout the change whether the intended effect is occurring. The unintended impact of change can be managed by establishing balancing measures. With a complex and integrated primary healthcare system, improvements to one area of care can have an unintended or deleterious impact on another area. (IHI)

The complexity of patient care is requiring providers to adopt a wider range of services and to provide more care to a greater number of patients and conditions. The ability for providers to maintain the necessary and complete information required to treat patients is a growing challenge. The translation and application of clinical practice guidelines and research supporting the care of complex patients within the family practice setting is slow to reach primary healthcare providers and regularly changes the optimal standard of care.

Providers can disrupt workflow and suffer inefficiency in the practice setting when clinical practice guides and resources are unavailable, inaccessible or out-of-date. Patient encounters benefit from built-in decision support tools and knowledge management resources that help providers access the latest evidence-based clinical guidelines in order to provide the best care in a more timely way. (Bagley, May 2005).

Team Care

A well-functioning family practice setting establishes defined roles and responsibilities for all members of the care team. Optimizing staff to work to their full ability and assigning work to reflect that ability will ensure that duplication of service is eliminated, efficiency of care is improved and quality of care is high. To understand the roles of each member of the care team, the family practice must understand the services it provides. This understanding allows for not only the appropriate allocation of existing staff within the team, but also the ability to focus the expansion and deployment of the team.

Often the care team focuses on the clinical services being provided to patients within the clinic, overlooking the non-clinical supports that can make or break an office's efficiency. Staff who support the administrative functions of a family practice also require defined roles and responsibilities; their jobs need to be well understood and assessed to ensure that they are contributing to the efficiency of the patient care encounter. This often includes schedulers, receptionists, medical assistants and billers.

Minimizing constraints on staff to perform their tasks within the family practice is an important component of efficiency. Provider constraints can result in long waits within the practice. This is often overcome by better allocation of provider and support resources, as well as better administration of clinic resources. Optimizing access to care by eliminating constraints on providers establishes a better care environment for patients and increases job satisfaction for all members of the team.

Table 1: Primary Care Models[1]

Provider	Primary Care Model (examples)	Description
Physician	Comprehensive Care Model (CCM)	Solo physician providing comprehensive primary care services to enrolled patients and some after hours care.
	Family Health Group (FHG)	Groups of physicians (3 or more) providing comprehensive primary care to enrolled patients on a 24/7 basis (through office hours and Telephone Health Advisory Services).
	Family Health Network (FHN)	Groups of physicians (3 or more) providing comprehensive care to enrolled patients on a 24/7 basis (through office hours and Telephone Health Advisory Services), compensated through capitated payments and fee-for-service. Main differences between FHN and FHO are the base rate payment and the basket of core services.
	Family Health Organization (FHO)	
	Fee for Service (FFS)	Physicians compensated for services performed according to the Schedule of Benefits.
Interdisciplinary	Family Health Team (FHT)	Teams of physicians, nurses, social workers, dieticians and other interdisciplinary health providers (IHPs) providing comprehensive primary care to enrolled patients. Governed by a Board of Directors. IHP and operational funding established through agreement between FHT Board and Ministry; physician funding through separate agreements in most cases.
	Nurse Practitioner-Led Clinics	Teams led by Nurse Practitioners and consisting of RNs, RPNs, collaborating physicians and others to provide comprehensive primary care services to unattached patients. Governed by a Board of Directors.
	Community Health Centres/Aboriginal	Interdisciplinary teams in a non-enrolment model serving unique

[1] Primary care deck

	Health Centres	population groups. Community governed through LHINs
Specialized	First Nations Agreements	Special arrangements with providers delivering primary care in unique circumstances, such as rural and northern Ontario, to high needs populations, etc.
	GP Focused Practice Models	
	Homeless Shelter Agreements	
	Rural Northern Physician Group Agreement (RNPGA)	

Chapter 3: Increasing Efficiency in the Family Practice

Guiding Principles

Building a patient-centred primary healthcare system requires the healthcare system and the family practice setting to provide internal and external linkages with other providers to create a collaborative network of care around the patient. The family practice setting needs to be established not in isolation but in partnership, ready to connect with the broader primary and healthcare system.

An efficient family practice setting requires the ability to assess and improve quality, is supported and integrated by technology, and is built on the backbone of teamwork and interdisciplinary care. It provides timely access to patients within an office design that reflects provider workflow and patient care needs. Internally, the practice will: balance supply and demand for non-appointment work; synchronize patient, provider information, rooms and equipment; predict and anticipate patients' needs; and optimize rooms, staff and equipment, while managing constraints.

Each practice is different, but every practice should reflect the needs of the patients and the providers and staff who work there. Efficiency principles should be universal and not impacted by provider model, design of payment or location of practice. What will differ is which efficiency enabling tools and resources are applied.

Building on the change imperative referenced earlier, the following examples demonstrate how the application of the guiding principles of efficiency benefits patient care.

Information Technology

An Electronic Medical Record allows clinic staff to track patients needing follow-up care. Follow-up is a major obstacle to care in many diabetic treatment programs. Tracking patients in an EMR can help identify patients lost to follow-up, and reduce their number within a large and busy practice. Due to long treatment and complex drug and testing regimens, diabetes is a difficult disease to monitor. With an EMR, treatment adherence and follow-up, as well as documenting changes in medications and drug forecasting, are made possible. An EMR allows a practice to analyze data and long-term trends, and produce analysis that is useful when designing and using a comprehensive diabetic program.

Access

Timely access to care within the family practice allows providers to treat patients at the right time. Patients living with complex chronic diseases are often faced with changes in their condition that require timely access to primary care providers for adjustments to their treatment regime.

Patients living with hypertension may do so for many years without having any symptoms. Although a person may be asymptomatic, it doesn't follow that their high blood pressure isn't affecting the body. Having high blood pressure puts a person at risk for strokes, heart attacks, kidney failure, loss of vision, and atherosclerosis. In rare cases, severe hypertension can

cause headaches, visual changes, dizziness, nosebleeds, and nausea. Patients with well managed hypertension can experience a sudden increase in blood pressure that without timely access to a primary care provider either in the clinic or through a telephone health advisory service would result in a preventable trip to the Emergency Department.

Office Practice Design/Workflow

An efficient family practice requires a focus on collaborative interaction and effective care of the patient. It requires attention to coordination of clinical services provided as well as the administrative processes of organizing care, including ease of access to that care.

Patients living with depression can benefit from coordination and collaboration of their care within the family practice setting. Effective collaboration between mental health service providers and the patient's primary care providers within the practice setting allows for efficiency in treatment. Coordination when booking appointments improves collaboration between all service providers and provides opportunities for timely consultation. Each provider's ability to treat the patient is enhanced through the team's ability to share the patient charts, including core data, available resources and the opinion of others. Patient experience is improved because care is coordinated across the multiple providers involved in supporting their care needs.

Quality

Quality improvement in the family practice setting should include the ability to measure clinical service targets and indicators, and to measure the patient experience and the impact of change, while applying evidence based practice tools into patient care encounters.

Primary prevention of cancer occurs throughout a patient's interaction with a primary care provider. It may include counseling related to lifestyle behaviors, including smoking, diet, exercise, and alcohol use. Primary care providers can apply effective and efficient strategies to identify and assess high-risk behaviors and help individuals to modify them. Quality improvement initiatives within the family practice setting can assist in the identification of at-risk patients, coordination of prevention strategies like counseling and education, prescription of pharmacotherapy for smoking cessation, and promotion of appropriate screening and detection. Quality improvement initiatives can assist in the identification and application of clinical support tools to enhance prevention services within the practice.

Team Care

Enhanced coordination of Interdisciplinary services for patients both throughout the community and as part of a formal team requires minimizing of constraints and limitations placed on providers. Those family practice settings that enable providers to work to their full scope of practice and who coordinate effectively with other providers are better positioned to efficiently support the complex care needs of their patients.

Palliative care treats people suffering from serious and chronic illnesses including cancer, cardiac disease such as Congestive Heart Failure (CHF), Chronic Obstructive Pulmonary Disease (COPD), kidney failure, Alzheimer's, HIV/AIDS and Amyotrophic Lateral Sclerosis

(ALS). Palliative care is a partnership of patient, clinical providers and family, utilizing a team-based model of care to support the patient and their family seamlessly. Care is typically provided in the community, offering resources and supports in the home or in specially designed facilities. The transitions through the palliative care model highlight the complexity of managing patient care; they require the family practice setting and the providers working within the team to apply efficiency principles to ensure clinical supports that are effective, timely and patient-focused.

Chapter 4: Recommendations

Information Technology

Information Technology is an essential resource to establishing efficiency throughout primary care. Over time the broad Electronic Health Strategy in Ontario has become less clear, with challenges, complexities and evolving interests and leadership leaving much of the work still left to be done. The lessons learned to date demonstrate a need for Ontario to reinforce its commitment to developing information technology resources that are effectively integrated and that will provide access to the best practice tools and resources.

Recommendation: The Ontario government should work with healthcare providers and other stakeholders to design and implement information technology resources that effectively integrate care between providers, while enabling access to best practice tools and resources.

As Electronic Medical Records (EMR) use expands throughout Ontario, EMR data management and data quality is a key opportunity for primary care providers to participate in quality improvement initiatives. Good data results depend on careful and consistent data entry using standardized terminology and EMR design that enhances the provider's ability to capture valuable data elements within their practice.

Recommendation: The Ministry, in collaboration with Health Quality Ontario, OntarioMD, primary care providers and their associations and Colleges, and patients, should establish EMR data entry standards that enhance quality of data collection without increasing administrative burden on providers.

One component of a comprehensive electronic health strategy yet to be fully appreciated is the use of patient-centred communication technology. Provider and patient communications have been limited to employing conventional tools and techniques largely driven by provider need and bias. Opportunities exist within the family practice setting to engage patients through electronic means to enhance interaction, and improve access and efficiency.

Recommendation: Primary care providers should consult with their patients around the adoption of technology to assist in communicating directly with patients.

Access

Providing timely access to the family practice setting and more broadly throughout the healthcare system is a key commitment necessary to ensure an efficient, patient-centred healthcare system. Often timely access, commonly referred to as Advanced Access, is perceived to provide convenience to patients who desire immediate access to care. More appropriately, the concept should be framed as ensuring availability of primary care providers to patients as appropriate. Provision of care at the right time, in the right place and by the right provider is essential to achieve positive health outcomes and to deliver efficiency to the system, patient and provider.

Recommendation: The Ministry should work with primary care providers to determine the necessary resources and support required to allow all primary care providers to adopt 'Advanced Access' principles, making timely access to appropriate care more widely available.

Measurement of access and patients' wait to care is important when designing clinical and non-clinical resources. Without this data, providers face challenges designing a family practice environment that understands the fluctuating demands of patient care, the appropriate clinical and non-clinical resources to provide, as well as the optimal provider supply necessary. Sub-optimal measurement of demand can lead to waste and costs to practice and the healthcare system that are unnecessary and potentially harmful to patients.

Recommendation: The Ministry should work with primary care providers and their associations to ascertain the costs to practice, with a goal of assisting providers with reducing both waste and the cost to practice in Ontario.

Providers should be aware of the time to Third Next Available Appointment (TNA) within their family practice. This measure gives providers accurate knowledge of how long patients will have to wait if they require care immediately. TNA also allows providers to better understand whether their supply is balanced with patient demand. Additionally, providers who are well positioned to provide timely access to care for their patients will assist in improving other aspects of care within the healthcare system. Alternate levels of care issues within Ontario's hospitals can be a result of a lack of availability for timely follow-up post-discharge by a patient's primary care provider. Providers who offer timely access are better suited to respond to the post-discharge needs of their patients. Timely access should be identified as a priority for each provider within the healthcare system. Patient health outcomes can be impacted if they experience waits as they navigate between providers.

Recommendation: The Ministry and Health Quality Ontario should work with primary care providers to promote, encourage and resource the tracking of each provider's time to Third Next Available Appointment.

Office Practice Design/Workflow

System planning should incorporate efficiency principles into infrastructure building as well as improvements on existing practices. The availability of customer-focused efficient design and resources will assist providers with designing office practices that enhance provider workflow and patient experience. . When designing the space and systems that support provider services and patient care needs, it is important to take into account how patients encounter both the clinical and non-clinical services of the family practice. Family practice management supports can enshrine the principles of efficiency in a new practice, as well as providing existing practice settings with tools for change.

Recommendation: The Ministry should work with primary care providers and their associations and Colleges to establish resources and supports to enable primary care practice development and redesign that consider workflow and patient interaction.

The family practice setting should have an idea of the cycle time for patients throughout the practice. Addressing efficiency requires understanding how long patients are staying within the practice and how much of that time is spent face-to-face with a provider. Reducing the time spent in practice while optimizing the time spent with a provider is key to improving patient experience within the family practice setting. Careful balancing is required not to negatively impact patient care by reducing access to providers in an attempt to reduce patient cycle time.

Recommendation: The Ministry and Health Quality Ontario should work with primary care providers to promote and support providers' understanding of patient cycle time within their practice, and the face-to-face time spent with patients.

Non-clinical service obligations, including administrative burdens, can make up a large amount of an individual provider's day. Establishing principles within the broader healthcare sector that consider the burden of administrative services on providers is necessary to minimize impact on provider time with patients.

Recommendation: The Ministry and Health Quality Ontario should work with primary care providers to understand how to incorporate the administrative needs of the family practice setting into clinical planning and decision-making.

Quality

Efficiency in the family practice setting benefits from the adoption of quality improvement methodology into the practice. Quality improvement measures need to be built into the design of the practice; including how information technology is utilized, how data is managed, what clinical services are performed, and which measures and targets are set. The family practice setting needs to be designed to incorporate quality improvement throughout.

Recommendation: The Ministry and Health Quality Ontario should work with primary care providers and their associations and Colleges to develop an incentive to apply quality improvement methodology into their practice.

Primary care providers require common data elements if the healthcare system is to be in a position to measure the quality of care provided. Quality improvement and the change imperative will continue to be limited if primary care providers do not share a common set of measureable targets and clinical indicators. These targets and indicators will help establish goals and benchmarks within the family practice setting that can help to demonstrate improvements in patient care and experience.

Recommendation: The Ministry and Health Quality Ontario should work with primary care providers to identify and adopt a common set of data elements for measurement within the family practice setting.

There exists a need to build capacity and support for practices to adopt a quality agenda. Data management support is essential to the common adoption of data elements within the practice and throughout the primary healthcare system. To measure accurately, it is important that no variation exists in how data is being recorded. This enables efficiency in applying quality

improvements into the practice setting, and provides better data and improved understanding of the practice's clinical outcomes.

Recommendation: The Ministry and Health Quality Ontario should work with primary care providers and interested stakeholders to establish data management training, support and implementation standards that enhance quality without increasing administrative burden on providers.

With the implementation of a targeted quality improvement agenda, it is important to raise concerns about the impact of focussed improvement at the expense of other important clinical care priorities. The implementation of quality improvement as a means of establishing efficiency in the family practice setting can result in unintended consequences on the practice and on the broader primary care system.

Recommendation: The Ministry should take care to consider impacts on all aspects of patient care when establishing priorities for quality improvement in Ontario.

Team Care

As the cornerstone of patient-centred care, it is important that the family practice setting adapt to the workflow of interdisciplinary care. Establishing efficiency with a team-based delivery model requires full use of provider services and working to the full scope of practice of the team. As formal team development continues, it is important not to lose sight of the external members of any patient's care team. Efficient workflow and transitions of care between community providers are essential to delivering patient-centred care.

Building a collaborative interdisciplinary team requires enhanced communication and support within the practice and throughout the primary care system. In leveraging existing information technology infrastructure or adapting new technologies, the focus needs to be on the ability of multiple providers to seamlessly support complex and evolving patient needs. Efficient transitions of care will be achieved only through proactive collaboration and enhanced coordination.

Recommendation: The Ministry and E-Health Ontario should support the delivery of interdisciplinary team care both internally and externally through information technology funding targeted at enhancing transitions of care and provider communication.

As provider services expand, as scopes of practice are enhanced and as new types of providers become available, the interdisciplinary team will need to adapt. Providers with a solid understanding of the abilities and capacities of other members of the team will be better able to accurately support the transitions of care required by patients. Working collaboratively with all members of the team calls for willingness on the part of all providers to focus care on the needs of the patient.

Recommendation: The Ministry, primary care providers and their associations and Colleges, patients, and other interested stakeholders should design and develop resources to assist primary care providers in understanding the expanded and enhanced roles of service providers within the patient's team.

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