

Wave 6 Outreach Information Package:

Advanced Access, Efficiency and Chronic Disease Management in Primary Care

Background – Primary Care Access, Efficiency, and Chronic Disease Management in Ontario

According to Health Quality Ontario's 2012 Quality Monitor, "only half of sicker adults could see a doctor or nurse the same or next day when they were unwell, compared to 79% in the United Kingdom."¹ Delays are expensive:

- There is a cost in maintaining the wait list and triaging patient requests for appointments;
- The no-show or fail-to-show rate increases the time patients must wait for their appointment;
- and
- More patients (almost one in two Ontarians) use the Emergency Department to access medical care that they could have received from their primary care provider had appointments been available²

As identified by Murray and Tantau, "waits, delays, and restricted access are rarely symptoms of inadequate resources."³ Evidence from teams internationally, nationally and from Ontario^{4,5,6} demonstrates that healthcare systems can achieve major improvements in the timeliness of care with the current resources available, and with no increase in the burden of work for healthcare staff.⁷

Other findings in the 2012 *Quality Monitor* demonstrate some positive signs of improvement when it comes to chronic disease management (CDM) related to complications and the use of recommended medications. There remain many opportunities for improvement to ensure people routinely receive all of the evidence-based best practices in CDM.⁸

Wave 6 – Advanced Access, Efficiency and Chronic Disease Management in Primary Care: Program Overview

As part of its work to foster quality improvement capacity in Ontario's health system, Health Quality Ontario (HQO) has been offering improvement initiatives in Advanced Access and Efficiency in Primary Care since 2008. Starting in 2012, HQO added a Chronic Disease Management component to enhance this learning.

This initiative is designed to help primary care practices streamline their operations so that they can reduce wait times for patients. The core principle of the initiative is that patients calling to schedule a visit are offered an appointment with their primary care provider on the same day, or on a day chosen

by the patient. By participating in this training, primary care teams learn how to implement change concepts and evidence-informed care that will enable them to "do today's work today." In addition to reducing waits and delays for patients, the benefits of learning and implementing Advanced Access, Efficiency and Chronic Disease Management in Primary Care principles include:

- Improved office efficiency and patient flow
- Increased patient satisfaction
- Increased provider and staff satisfaction
- Improved ability to organize care processes and continuity of care

Teams who enrol in upcoming **Advanced Access, Efficiency and Chronic Disease Management** improvement initiatives will also be guided through an assessment of their management of patients with chronic diseases. Teams will identify areas for improvement that will enable them to serve these patients more effectively, contributing to improved outcomes for this group as well as improved patient flow and access for all patients within the practice.

This initiative is designed to offer different levels of learning intensity with different levels of support so that providers can find the best fit for their needs. Participants can learn how to implement the principles of *Access & Efficiency* independently, or with the support of a Quality Improvement (QI) Coach.

Detailed Timeline for Wave 6 QI Coach Supported Learning

Phase	Date
Applications Accepted	<i>November 26, 2012 to March 1, 2013</i>
Readiness & Capacity Assessment Interview Completed	<i>November 26, 2012 to March 10, 2013</i>
Action Period 1	<i>March 20, 2013 to May 27, 2013</i>
Learning Session 1, Regional Sessions (Structured Learning Only)	<i>Week of May 27, 2013 (Dates to be confirmed)</i>
Action Period 2	<i>June 1, 2013 to September 9, 2013</i>
Learning Session 2, Regional Sessions (Structured Learning Only)	<i>Week of September 16, 2013 (Dates to be confirmed)</i>
Action Period 3	<i>September 23, 2013 to December 20, 2013</i>
<i>Sustain and Spread (data reporting only)</i>	<i>January 1, 2014 to March 31, 2014</i>

Program Aims and Measures

The aims of Wave 6 Advanced Access, Efficiency and Chronic Disease Management in Primary Care are to help participating primary care teams:

- Improve patient access to primary care appointments and the teams' efficiency in the delivery of care, throughout the first six months of the wave; and
- Identify improvement opportunities in the management of patients with chronic diseases, during the final three months of the wave.

Teams will be required to report certain measures on the Learning Community website to monitor whether the changes are resulting in improvements. Measurement tracking will occur throughout the nine months during which practices participate in Wave 6 (March 20, 2013 to December 20th, 2013), and will continue for another three months (January 2014 to the end of March 2014) to demonstrate sustainability of improvement efforts made during the Wave.

The four measures and targets to be reported are described in the table below.

Measure	Description	Target
1. Third Next Available Appointment	This sentinel measure is used to measure the number of days a patient has to wait to get a routine appointment. "The third appointment is featured because the first and second available appointments may reflect openings created by patients cancelling appointments and thus does not accurately measure true accessibility." ⁹	<ul style="list-style-type: none"> • A wait of less than one day for the third next available routine appointment • 50% improvement from baseline where demand greatly exceeds supply
2. Continuity of Care	In practices with multiple providers of the same discipline, continuity of care refers to patients' ability to see their own provider during their scheduled visits.	<ul style="list-style-type: none"> • 85% of patients from a multi-provider practice will see their own provider at each visit
3. Cycle Time	Cycle time is the time patients spend at the clinic, from the moment they arrive until the moment they leave, which is an indicator for the amount of wait time they experience at their visit.	<ul style="list-style-type: none"> • <60 minutes from arrival to departure
4. Red Zone Time	Red zone time is the amount of time during the office visit that patients spend with face-to-face contact with the care team (e.g., physician, nurse practitioner, registered nurse)	<ul style="list-style-type: none"> • >50% face-to-face contact with the care team

At the end of the three months focused on chronic disease management assessment and diagnosis, teams will identify two areas for improvement for their practice. Teams will gather baseline chronic disease management data on a small group of measures by the end of their participation in Wave 6. Teams will have the option to track measures related to the patient experience.

How to Participate

Wave 6 is offered to all primary care practice models in Ontario, and is comprised of three separate learning approaches: **Independent Learning**, **Self-Directed QI Coach Supported Learning**, and **Structured QI Coach Supported Learning**. The differences between the three approaches and how to participate are outlined in the table below. Both of the QI Coach Supported Learning approaches require a significant commitment of time. The improvement team can expect to spend 5 to 8 hours per month.

Independent Learning	Self-Directed QI Coach Supported Learning	Structured QI Coach Supported Learning
<p>For providers who:</p> <ul style="list-style-type: none"> • Want to learn and implement the principles on their own • Are only interested in Access and Efficiency for Primary Care 	<p>For providers who:</p> <ul style="list-style-type: none"> • Are interested in minimal guidance from a QI Coach • Are interested in both Access & Efficiency, and Chronic Disease Management in Primary Care 	<p>For providers who:</p> <ul style="list-style-type: none"> • Are interested in regular guidance from a QI Coach • Are interested in both Access & Efficiency, and Chronic Disease Management in Primary Care
<p>Program offers:</p> <ul style="list-style-type: none"> • Access to online tools and resources (Access and Efficiency only) 	<p>Program offers:</p> <ul style="list-style-type: none"> • Access to online tools and resources • Virtual QI Coach support • Monthly webinars/calls with all participating teams in the wave 	<p>Program offers:</p> <ul style="list-style-type: none"> • Access to online tools and resources • Face-to-face and virtual QI Coach support • Monthly webinars/calls with all participating teams in the wave • Two regional face-to-face collaborative learning sessions with other teams in the wave
<p>Eligibility criteria:</p> <ul style="list-style-type: none"> • Anyone can join at anytime and participation is unlimited 	<p>Eligibility criteria:</p> <ul style="list-style-type: none"> • Completion of an online application by March 1, 2013 (see <i>How to Apply</i>, below) • Successful completion of a Readiness Assessment by a QI Coach • Commitment to collect, report, interpret, and respond to the monthly measures described in the previous section using a web-based reporting tool • Commitment to participate in the monthly webinars/calls • Organizations that have participated in previous waves are eligible to participate with a new provider in this wave. A provider who has participated in previous Self-Directed Stream may apply for the Structured Stream in Wave 6. • Providers are required to have at least half of their target panel rostered by the beginning of the Wave 	<p>Eligibility criteria:</p> <ul style="list-style-type: none"> • Completion of an online application by March 1, 2013 (see <i>How to Apply</i>, below) • Successful completion of a Readiness Assessment by a QI Coach • Commitment to collect, report, interpret, and respond to the monthly measures described in the previous section using a web-based reporting tool • Commitment to participate in monthly webinars/calls and the two-face-to-face collaborative learning sessions • Organizations that have participated in previous waves are eligible to participate with a new provider in this wave • Providers are required to have at least half of their target panel rostered by the beginning of the Wave

<p>How to Apply:</p> <ul style="list-style-type: none"> Join online (www.hqolc.ca) at any time 	<p>How to Apply:</p> <ul style="list-style-type: none"> Participants must apply online (http://hqolc.ca/wave6) by March 1, 2013, and then have a Readiness & Capacity Assessment completed by an assigned QI Coach to determine eligibility. There are 100 available spots and spaces may fill with approved applicants prior to the deadline. QI Coaches will identify eligible teams and determine whether a Self-Directed or Structured approach would be most suitable for the group
--	--

If, after the start of the Wave, participants are unable to meet the expectations of the Wave in either the Self-Directed or Structured QI Coach Support Learning approaches, then transition to Independent Learning will be recommended. Participants will not be able to transfer into, or between, Self-Directed or Structured Learning. Future opportunities to participate will be offered in 2013.

Learning Community and GATEWAY (QI Coach Supported Learning Only)

A Learning Community is a group of improvement-minded primary healthcare professionals, with a common goal, who leverage and deepen their knowledge and expertise by interacting on an ongoing basis. By working together, communities support the exploration of innovative approaches and novel solutions in change that can lead to true improvements. The Wave 6 Learning Community has three main elements:

<p>Active Learning Cycles:</p> <p>Infrastructure:</p> <p>Support:</p>	<p>Based on the Model for Improvement and Plan-Do-Study-Act (PDSA) Cycles of Change</p> <p>Web-based, real-time workspace called the GATEWAY</p> <p>Provided by an external QI Coach (for Self-Directed and Structured Learning)</p>
--	--

In addition to the tools and resources, participants in QI Coach Supported Learning have access to the Learning Community's GATEWAY, which is a virtual workspace that includes a team reporting centre to post measures, and features designed for learning and networking with other Wave 6 participants.

¹ Health Quality Ontario (2012). *Quality Monitor*. Toronto: Ontario, p.4.

² Health Quality Ontario (2011). *Quality Monitor*. Toronto: Ontario, p.80.

³ Murray, M., & Tantau, C. (2000). Same-day appointments: exploding the access paradigm. *Family Practice Management*. Volume 7, p. 45-50 as cited in Murray, M., & Berwick, D. (2003). Advanced Access: Reducing Waiting and Delays in Primary Care. *JAMA*, Volume 289(8). p.1036.

⁴ Quality Improvement & Innovation Partnership (2010). *Learning Collaborative One Report*. Mississauga: Ontario. Available at: http://www.hqontario.ca/en/supporting_qi_pc_reports_resources_archive.html.

⁵ Quality Improvement & Innovation Partnership (2010). *Learning Collaborative Two Report*. Mississauga: Ontario. Available at: http://www.hqontario.ca/en/supporting_qi_pc_reports_resources_archive.html.

⁶ Quality Improvement & Innovation Partnership (2010). *Learning Collaborative Three Report*. Mississauga: Ontario. Available at: http://www.hqontario.ca/en/supporting_qi_pc_reports_resources_archive.html.

⁷ Murray, M., & Berwick, D. (2003). Advanced Access: Reducing Waiting and Delays in Primary Care. *JAMA*, Volume 289(8). p.1040.

⁸ Health Quality Ontario (2012). *Quality Monitor*. Toronto: Ontario, p.10.

⁹ Murray, M., & Berwick, D. (2003). Advanced Access: Reducing Waiting and Delays in Primary Care. *JAMA*, Volume 289(8).p.1038.