



New and improved

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One of the joys of being President of the College of Family Physicians of Canada is having the opportunity to hear about and visit family practices across the country that are experimenting with new ways of operating. Let me share some of these new types of care:

A “discharge summary” for chronic disease management. Some groups are working to improve chronic disease management by giving written instructions to patients after office visits, outlining particular medications the patients should take and goals they should work toward until the next assessment. In western Canada, impressive work has been done on chronic disease management through collaboratives, using Web-based tools, remuneration incentives, and group processes, to increase the percentage of the population that receives guideline-based care for certain diseases.

Rostering. The process of formally registering patients with physicians’ practices has been a large part of the primary care initiative in Ontario, where more than 8 million patients are “rostered” with family physicians; virtual rostering is used in some of the other provinces. Defining practice populations is key when beginning active outreach to patients for chronic disease management, preventive maneuvers, or other quality assurance activities.

Advanced access. Overly long wait times for access to care have preoccupied politicians and policy makers for years. The shortage of family physicians makes access to services difficult; many family physicians have long wait times for appointments. For example, in a recent Health Council of Canada survey,¹ 45% of Canadians said they waited too long for an appointment for routine or ongoing care; 27% felt they had waited too long for an appointment for a minor health problem; and one-third of seniors said they visited an emergency department for a condition that could have been dealt with by a primary health care provider.

A number of practices, mostly in Alberta, Saskatchewan, and British Columbia, have implemented advanced or open access appointment scheduling. These scheduling systems balance pre-existing bookings with a daily supply of open appointments, and potentially allow for better continuity of care, reduced wait times for family physician services, improved same-day access, and the ability to proactively schedule visits for

chronic disease management. Solo practices, academic units, and group practices are using this method.

Round-the-clock access and telehealth. Some provinces have put a nurse-led triage system in place to allow family physicians to be accessible around the clock. Experience has shown that such systems substantially decrease the number of calls made directly to physicians. By virtue of being safe and cautious, however, such services tend to unnecessarily redirect patients to emergency services. Telehealth Ontario reports that although 40% of callers are given self-care advice, 35% are advised to contact their doctor and 14% are redirected to the emergency department.¹

Remuneration models. Several provinces are offering blended remuneration schemes, which the College has long supported. The 2007 National Physician Survey reports that about one-third of family physicians derive their income from blended payment models.²

Shared care. Working with specialists from the Royal College of Physicians and Surgeons of Canada to provide care to patients has always been part of our day-to-day work. Some practices are now implementing new ways of working interprofessionally, going beyond the traditional written referral and consultation model. The College’s project on shared mental health care, for example, details the way collaborative care works for family physicians, psychiatrists, and mental health workers.³

These are exciting times to be in family medicine. Our practice milieu is changing, and the ways we organize and use our time and resources to service our patients are also changing. Our commitment to personal, continuous, and comprehensive care, however, remains the same—a core value of family medicine and a hallmark of the kind of care family physicians provide. 🍁

References

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