



Freeing up time

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Dear Colleagues,

Several family doctors have shared how hard it is to do the very best for patients in the current environment—frustration with electronic medical records (EMRs), paperwork after regular hours, and complicated processes, all of which add complexity to a system already difficult to navigate. Attention is being dedicated by CFPC Chapters and others to the organization of family practice. Some family practices in Canada have adopted a Patient's Medical Home model and have successfully demonstrated positive effects on care and outcomes. This column was inspired by recent provincial meetings and member interactions, as well as emerging literature.^{1,2}

Access to care remains an important concern for many Canadians, both for those seeking care and for those of us charged with providing it.^{3,4} Understanding one's practice, knowing the time to the third next available appointment, and implementing advanced access can reduce wait times and enhance satisfaction. Communication methods that go beyond the traditional face-to-face consultation and support continuity (eg, telephone, text messages, e-mail, virtual consultation) are being used successfully in many innovative practices; we need to learn from these practices and determine how to integrate these communications into everyday practice. Maximizing the functions of other team members such as medical office assistants is gathering attention. With additional training, medical office assistants can enhance service by triaging, directing patients to a more appropriate provider, and performing some tasks traditionally done by other providers. This frees up time for family doctors and other providers.

Another factor is EMRs that support rather than hinder practice (eg, cost issues, lack of end-user friendliness). As imperfect as some might be, EMRs are here to stay. Governments and decision makers must address ongoing issues of interoperability, as well as the need for practices to obtain, with relative ease and at low cost, practice data to support ongoing monitoring and quality improvement initiatives.

Our relationship with other specialists and providers requires better communication and attention to work flow. It is hoped that initiatives such as Rapid Access to Consultation Expertise and eConsult will become the norm, allowing time for consultation that requires

face-to-face interaction. A relationship of mutual trust requires a good and timely referral letter by the family practice, assuming responsibility by the consultant's office of notifying patients of their appointment, a good and timely consultation letter, and the family practice then assuming the follow-up. Repeated visits to consultants for stable conditions that can be handled in primary care should be the exception. Similarly, particularly in resource-constrained environments, inappropriate handoff of specialty care to family practice ought to be avoided.

We are also increasingly involving patients and making it easier for them to access their information. Portals that allow patients to book their own appointments, view their test results, and access resources are becoming a reality in some provinces.

Paying attention to the layout of space in the practice is also important; accessibility, privacy, multipurpose rooms, and enablement of procedures all affect flow, efficiency, and, ultimately, patient care and joy of work.

And last, but not least, we need commitment to quality improvement, including the intent to improve flow and the organization of practice. This is an action that in itself can have a profound effect and it is also an enabler to better support the initiatives described above.

These elements of organization of practice can be incorporated in the 2019 Patient's Medical Home model of care, which has been well received across the country. I want to acknowledge that what is proposed here is far from simple; it requires facilitation expertise, resources, and ongoing support at the practice level. Although implementable in any payment model, we suggest that an alternate payment model is better suited to such a transformation of practice. Freeing up time in family practice does require buy-in from decision makers and collaboration between funders and family practice organizations. For every patient admitted to hospital, 46 are seen in family practice.⁵ This deserves appropriate attention. 🌿

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