Virtual Primary Care in Digby : A technology-enabled solution to enhance access to a primary care provider for Nova Scotians living in rural and remote communities

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&

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About Us…

❑ The Digby and Area Health Services Centre (DAHSC) was funded by the town, the Digby and Area Health Services Foundation, the NSHA, and the Department of Health and Wellness

❑ Opened in 2015 and is owned by the Nova Scotia Health Authority.

❑ Serving population of the Municipality of Digby.

- Number of patients currently Rostered (as of 29/05):

    ~ 1065 (DAHSC/IHC)

- Team composition: 3 NPs, 2 part-time physicians, 1 part-time long term locum, 1 LPN and 1 RN and 3 clerical staff.

- Members of the team involved in Virtual Care Clinics:

    - Chantelle Hazelton, LPN

    - Dr. David LaPierre, FP (Kentville and Digby)

    - Dr. Chris King, FP (Kentville and Digby)

    - *Dr. Chris Randell (Yarmouth and Digby)

    - Clerical Staff

Virtual Care Initiative

Problem and Opportunity

❑Recruitment and retention challenges

❑Severely underserviced area

❑ The Digby, Clare, Weymouth cluster with over 2,000 patients on the Need a Family Practice Registry

QI initiative

❑To increase access to primary care for people without a family doctor or nurse practitioner living in the Digby Area

Implementation of Initiative

❑Fall 2018: Collaboration with IM/IT to explore innovative Virtual Care approach to improving access, conducted needs assessment

❑ November 27th, 2018: 1st virtual care clinic offered!

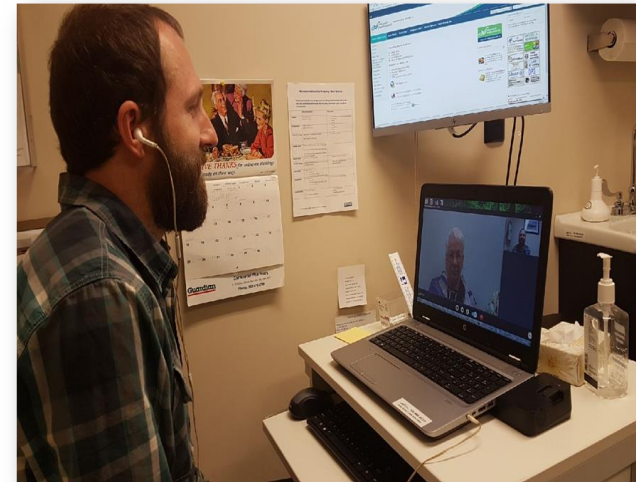❑Evaluation process is ongoing

Virtual Care Visit

① 10-15 min: LPN completes initial workup

② 15-20 min: Provider logs on and completes appointment. LPN stays with patient.

③ LPN wraps up appointment
(provides patient with prescriptions, requisitions, etc.)

Quality Improvement

- ❑ Informal Plan-Do-Study-Act cycles
- ❑ Patient surveys administered periodically to support QI and broader evaluation
- ❑ Provider surveys completed at the beginning
- ❑ DAHSC and IM/IT team meets regularly and rapid cycle changes made
- ❑ Process changes being documented (spreadsheet below)

DEC: LPN part ⬇ 10 mins

APR: Using iPad for RPD and using digital stethoscope

MAY: LPN no longer choosing patients, clerical booking independently

MAY: Appointments with 2nd provider started!

MAY: Patient Survey changed based on feedback from IQIS team + IM/IT

Steps	Outline	Δ December 2018	Δ Jan 2019	Δ Feb 2019	Δ March 2019	Δ April 2019	Δ May 2019		
1. Screening Patients	List of inclusion/exclusion criteria was established. Exclusion: ~~rashes (for now, due to camera quality), heart and lung auscultations, abdomen pain, forms, dementia~~ Forms and pap tests. Examples of appropriate virtual care appointments: refills, blood work reqs/review, BP checks, med adjustments, DI reqs AND all other that are not in the excluded category.		LPN was doing this, until clerical took over. If unsure they ask LPN before booking a patient.	LPN still mostly screening patients. Clerical asking her if patients are appropriate.	~~Clerical is now going to book patients mostly indep.~~ Criteria for booking are now less strict (excludes: forms and paps).		Clerical now booking independently.		
2. Booking Patients	Patients are individually booked in Med Access. They are also booked in iScheduler as a group/total length of the entire clinic.			Main scheduler changed from IdE to LDH. IdE remains as back-up. LDH Received training to use iScheduler.					
3. Preparing for Appointments	LPN: Chart/Labs review as needed, set up of exam room for virtual care (lap top, internet cable, speaker, web cam and table), log on to RPD. FP: Review of charts, set up headset, log on to RPD								
4. During the Appointments – LPNs Role	Current State: LPN: first 10 minutes: brings in patient, verifies identifiers, intro to virtual care, BP, update allergies/screening, chief complaint. Let's FP know that she's done, relays pertinent info to FP, stays with patient for the rest of the appointment, documents her part of the visit using EMR. Possible Changes: ?	LPN reduced the first part of the appointments to 10 minutes instead of 15 minutes		LPN changed her settings to Auto Answer the FP's call.		Started to use the digital stethoscope and the iPad during visits.	Started appointments with Dr. King!		
5. During the Appointments – FPs Role	Current State: after LPN sends a message to let him know he's done, FP calls into patient appointment using RPD, says hello to the patient, listens to the LPNs update, completes a regular doctor's appointment, sends reqs/prescriptions to Chantelle's printer, tells patients when next FUP needed (if there is a need) and charts using EMR. Possible Changes: Faster appointments?								
6. After the Appointments	LPN: asks patient if any other questions, provides necessary handouts, reqs or prescription printed by FP on her printer.								
7. Evaluation	Patient satisfaction surveys periodically provided to patients. Provider surveys given out after the first virtual care clinic. Both surveys will need to be administered again (for patients, likely on a regular basis). IT/Virtual Care is updating patient questionnaire.	PHC coordinator gave the first surveys. LPN/clerical now giving out surveys.		LPN Administered Survey.			PHC Coordinator Administered Survey. LPN ++ busy. Survey was tweaked based on IQIS and IM/IT feedback.		

Initial Results (as of 29/05)

- ❑ **Number of appointments attended:**
  - 138 (Dr. LaPierre and Dr. King)
- ❑ **Demographics (Dr. LaPierre):**
  - Average age: 61.2
  - Age range: 11-96
  - Males: 40; Females: 79
- ❑ **Patient satisfaction:**
  - Overall: all positive feedback.
  - Technology: positive, one patient indicated need for bigger screen
  - Ongoing evaluation…

- ❑ **Provider satisfaction**
  - After initial session: positive feedback
  - Need for repeat survey

- ❑ **Top-5 reasons for an appointment:**
  - Refills*: 48
  - Results*: 37
  - Specific condition/issue: 14
  - BP Check: 13
  - Requisitions: 10

Challenges & Considerations

❑**Challenges**:
- Billing codes!
- Technology (hitches and glitches)
- Approval of digital stethoscope and iPad set up
- Cloning our LPN…

❑**Considerations**:
- Very important to have a good relationship with IM/IT!
- Important to have a team that is willing to try something new!
  - Champions, organizers and providers from away!
- Important to let the community know about the new initiative
  - Educating the public leads to better acceptance

Key Learnings & Opportunities for Spread

❑**Key Learnings:**

- Having a tight relationship with IM/IT is truly key to success
- Need to have good assessment skills
- Good working/trusting relationship between provider and LPN

❑**Opportunities for Spread:**

- Virtual Primary Health Care is sustainable, patient-centered and cost-effective solution.
- Areas with the following criteria could consider virtual care as a feasible option:
  - Recruitment and retention challenges
  - Other enhanced strategies haven't been successful
  - Options for community members without a primary care provider are limited to one alternate option

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