

**Physician Integrated Network (PIN)
PIN Day VI – September 11, 2009
Summary of
Break-out Session Discussions**

During the afternoon, PIN Day participants were asked to consider one of two of PIN's core objectives:

- improving primary care providers' work life, and
- improving access to primary care.

Each table in the room was asked to discuss one of the two objectives, and in particular, strategies and ideas for advancing these. The following is a summary, in point form, of the comments and suggestions that emerged at the tables.

Executive Summary

While the two objectives (work life and access) were discussed at different tables, many of the same themes emerged; it became clear that the two objectives are closely linked. For example, several patients noted that unnecessary activities not directly related to patient care often cut into both physicians' personal time and their time available to see other patients. The time it takes to complete forms required by specialists and insurance companies was frequently cited as an example.

It also became clear from the discussions that the one of the objectives (patient access) has a great impact on the second (provider work life). Several tables noted that poor access affects physicians' work life, as many experience guilt when patients complain of inadequate access, and patient satisfaction is important to physician satisfaction.

The discussions also brought to light the potential tension between the two objectives. Some tables noted that setting boundaries in order to achieve a better work life balance can affect patient access. Conversely, being more available for patient appointments can cut into personal time, thinking time, and "recovery" time. It was also noted that improved access could also shift the balance of care to shorter-term, less severe health needs (e.g. coughs and colds), which could impact provider satisfaction with their practice.

Work Life

What does a good work life involve?

- Having a more efficient practice
- Having what you need to accomplish your work
- Having a balanced, manageable schedule
- Practicing good quality medicine
- Doing satisfying and interesting work
- Having flexibility in the work environment (e.g. control over your schedule)
- Having enough down-time between work days to feel refreshed
- Having a positive culture in the clinic, which includes being heard within the clinic environment, having your needs met, having a role in clinic decision-making, and recognizing the significant contribution that administrative personnel bring to the table
- Spending more time per patient on patients that really need to be seen, and spending less time on things that aren't direct provision of care (i.e. forms)
- Having access to more physicians and locums
- Working in a supportive environment
- Good quality of life outside of work (for example, for IMGs working in isolated communities)
- Physicians' abilities to connect with one another in and out of work (e.g. at conferences)

A number of tables also noted that a good work life isn't necessarily defined by the number of hours worked per week. It may be more about quality than quantity.

What are some of the challenges to achieving a good work life?

- Physician expectations (e.g. not all new physicians want to work the same hours as experienced physicians.)
- Patient expectations (Physicians may experience guilt when they set limits)
- Poor work flow
- Too much time spent performing tasks that are not direct patient care (e.g. paperwork) This may cut into a physician's own personal time, as well as time available to see other patients
- Too much time spent looking for test results, discharge summaries, phoning specialists etc...
- Access to and wait times for specialist services is limited, fragmented, unpredictable and requires too many forms
- Clinics require a lot of resources in order to run well
- Role clarity: is the right provider providing the right service?
- Lack of clarity between RHA and Primary Care Provider roles
- The fee-for-service funding model can be a barrier to an increased team care model
- Access to locum coverage

What are some possible solutions?

- Access tools
- Reducing wait times for patients
- Allowing providers boundaries and acknowledging burnout
- Accessing more support through group practices, virtual groups, more locum coverage, and greater reliance on professional administrators
- Control, flexibility and culture
- Access to information, allows for more time with patients
- Incorporate and value “thinking time”
- Find a way to streamline the number of forms and paper work required by physicians. (Some of this may be achieved through technology, if it is possible through EHR for providers to access the information they need that way instead of through forms)
- Good, well-defined workflow between physicians, allied health and support staff
- Patient satisfaction
- Reforming insurance form requirements to minimize the amount of time physicians spend completing them
- Making better use of public health nurses and primary screening clinics for things such as immunizations and pap smears
- Making more progress with information technology to improve the flow of information between various health care delivery providers in order to reduce time spent looking for test results, discharge summaries etc....
- Hiring dedicated consult staff within clinics to navigate through the system to ensure the patient gets the best care possible
- Having the right provider do the right work
- Work with the RHAs to clarify and delineate roles
- Working in a group, which can provide more time off and the ability to consult with colleagues (e.g. case rounds)
- Access to physician assistants
- EMRs – they can make work more efficient in the long run
- Ability to access lab results and other patient information electronically
- Guiding patients towards credible online sources of health information
- Better practice management which may help with work flow, and also managing patient expectations

Access

What is appropriate access?

- The best use of resources for maximizing your patient panel's health
- Same or next day access for your own patients.
- Access to physicians, but also access to information.

Several tables also noted that, for them, appropriate access would not necessarily include same day appointments for coughs and colds. Several tables also noted that patient and physician perspectives on appropriate access may differ.

What are challenges to achieving appropriate access?

- The lack of walk-in options for rural patients
- Holding same day spots can be difficult to maintain
- The number of pre-operative appointments that are requested, which may no longer be required
- Too many prescription renewals
- Emergency discharge referrals (e.g. see a doctor within 1 week)
- Space, in some clinics
- Existing funding models
- How to link across various services (e.g. RHA services, primary care services and other resources)

What are some possible solutions?

- Access tools like online booking and online tracking of results
- Interdisciplinary providers
- Nurse screening / triaging and Health Links
- Adding additional nurses within clinic
- Have nursing resources in schools to provide education on birth control, STDs etc....
- Better utilizing public health nurse resources back in community
- Advanced Access
- Understanding the patient's true need to see the physician (ie. Emergency vs prescription re-fills)
- Need to access real-time information on where a patient should be transferred
- Striking the right balance between regular patients and walk-ins
- Greater access to information
- Cease practice of requesting pre-operative appointments for patients scheduled for cataract surgery
- Find a way to streamline the number of forms and paper work required by physicians
- Providing patients with access to their own information

- Team-based, multi-disciplinary care
- Reviewing practice profiles. If they don't match capacity, redistribute within the clinic
- Educating patients to help avoid unnecessary visits

For more detailed notes on the discussions that took place during PIN Day VI, please see <http://www.gov.mb.ca/health/phc/pin/workshops.html>

