Reducing General Internal Medicine specialty care wait times using a community based service delivery model at the East Calgary Family Care Clinic

Olivia McCreary BHSc, BA; Nazia Sharfuddin MD; Rajdeep Kandola MD, CCFP; Alicia Dallos BScN; Gabriel E. Fabreau MD, MPH

East Calgary Family Care Clinic, 4715 8 Avenue SE, Calgary, Alberta, T2A 3N4; Department of Internal Medicine, University of Calgary, 1403 20th Street NW, Calgary, Alberta T2N 2T9

Introduction

• Medical wait times for specialty services is a significant issue in Alberta
• General Internal Medicine (GIM), non-urgent consultations typically take 12-13 weeks
• Extended wait times can lead to: increased pain, financial hardship from lost wages, and poorer medical outcomes
• Lengthy wait times reduce visit attendance and thus, reduce clinic productivity and efficiency
• The East Calgary Family Care Clinic (ECFCC) provides primary care services to medically complex and socially vulnerable patients who have financial, psychosocial, and/or physical barriers to access traditional GIM clinics
• Community based GIM/primary care shared-care may improve access to specialty services for socially vulnerable populations

Objectives

1. Design a GIM outreach clinic using a community based service delivery model aimed at underserved populations
2. To characterize the initial cohort of referred patients’ characteristics and healthcare utilization behaviors in order to tailor future program services

Methods

Setting: The ECFCC
• Interdisciplinary team approach
• Primary healthcare and specialty care services
• Patients with medical complexities and social vulnerabilities

Figure 1: GIM ECFCC program process

Evaluation design: Prospective cohort using a comprehensive review of EMRs
Population: 70 adult patients referred for GIM consultation and 21 GIM appointment from January 1, 2015 to March 1, 2016
Characteristics investigated:
• Sociodemographic information
• Social Determinants of Health
• Healthcare utilization
Outcomes:
• Wait times for initial GIM appointment
• Appointment attendance

Table 1: Sociodemographic characteristics of ECFCC GIM referral population

| Characteristics     | ECFCC GIM, n=50 | Alberta%
|---------------------|-----------------|---------------
| Age years (SD)      | 54(15)          | 37%           |
| ≥65 years (%)       | 20 (40)         | 31%           |
| Female (%)          | 30 (60)         | 51%           |
| Visible Minority (%)| 11 (22)         | 18.4%         |
| Prefer non-English speaking healthcare provider (%) | 4 (9) | 1.2% |
| Legally married/Commom-law (%) | 22 (44) | 70.6% |
| Own home (%)        | 12 (26)         | 84%           |
| Unemployed (%)      | 13 (29)         | 43%           |
| Bachelor’s degree or above (%) | 4 (9) | 21% |
| Household income <$30,000 (%) | 22 (46) | 11% |
| Parent of > 25 years of social assistance (%) | 20 (52) | 6% |

Table 1: Sociodemographic characteristics of ECFCC GIM referral population (Continued)

Results

Figure 2: Common ECFCC GIM comorbidities compared to the general Alberta population (%)

Figure 3: Healthcare utilization for the average patient referred to ECFCC GIM

Figure 4: ECFCC GIM Appointment Attendance

Figure 5: Change in ECFCC GIM consultation wait time

Discussion

• Referred patients had multiple medical comorbidities and barriers to accessing traditional specialty services in Calgary
• Providing a safe and familiar environment for patients contributed to a high rate of appointment attendance
• Integrating specialty care services into a community patient-centered care setting improved patient access and care coordination between primary and specialty care providers

Limitations

• Single Centre Study
• Self-report and referral biases
• Limited sample to compare against other populations

Implications & Future Directions

A community based GIM/primary care shared-care service delivery model improved access to GIM services in a urban underserved population. This can be scaled to similar jurisdictions. Future evaluation include patients’ acute care utilization.