

Improving Primary-Specialty Care Integration Through Digestive Health Primary Care Pathways

SCNergy, Winter 2023

The Digestive Health SCN (DHSCN) is addressing the timeliness of access to specialty care for digestive diseases by improving primary-specialty care integration in digestive health.

Funded by the Health Innovation Implementation and Spread grant (HIIS), this three-year project focused on the spread and adoption of primary care supports to provide patients quicker access to digestive health specialty care, including gastroenterology and hepatology, which has been challenging for Albertans with lower-risk conditions to access in a timely manner.

Referrals from primary care have exceeded the capacity of gastroenterologists practicing in Alberta such that nonurgent referrals had wait times of 9–24 months.

The project focused on developing and implementing nine primary care pathways as well as non-urgent advice services which together empower primary care providers to care for patients with digestive health conditions in the medical home.



These pathways have decreased wait times while maintaining safety and increasing primary care capacity by providing evidence-based guidance on assessment and care for patients with low-risk, high-demand indications such as irritable bowel syndrome (IBS), constipation, and dyspepsia, among others.

The path to improved patient care

Clinical pathways typically provide information on diagnosis, management, and referral of patients for a specific specialty. They include an evidence-based algorithm along with supporting details outlining key components of assessment and care, identification of “alarm features” that warrant an urgent specialist referral, references, and links to local resources, and a “patient pathway” handout that describes the plan of care and support self-management.

Advice services, such as [Specialist Link](#), [ConnectMD](#), and [eReferral Advice Request](#), are also available to address questions and to provide additional patient-specific guidance from a specialist.



Using primary care pathways and advice services to divert lower-risk referrals from digestive health specialty care ensures that patients receive the care they need, right away, from a trusted healthcare provider, rather than waiting for specialist care.

Digestive Health Pathways project findings

From July 1, 2019-March 31, 2022, the use of these pathways and advice services resulted in 6,217 avoided referrals to digestive health specialty care. Approximately 16% of these patients were later re-referred and had an endoscopic procedure, often when new clinical information or an alarm feature was identified as the primary care provider followed the pathway or if the pathway was completed without resolution of the patient's symptoms. Of the endoscopic procedures reviewed, 75.5% were completely normal; and 10.5% showed a clinically significant finding. In total, avoided referrals resulted in an estimated net cost avoidance of over \$2.4M.

Provider perspective

Overall, primary care providers reported that the pathways are evidence-based, easy to understand, and feasible to implement in their practice, while specialists reported that the pathways have improved the quality and appropriateness of referrals. Input from both primary care and specialist providers showed that key facilitators for adoption of pathways include central triage, knowledge translation, structures for collaboration, and monitoring and evaluation. Key barriers include the lack of an integrated approach between specialties, the lack of a clear structure for primary care implementation on a provincial scale, provider and patient engagement, and limited accountability mechanisms.

Patient perspective

Patient experience with care provided through primary care pathways was mixed. While many patients acknowledged that receiving care from their primary care provider rather than a specialist could be more timely, convenient, and efficient; many also had concerns that their symptoms might not resolve or that a significant diagnosis could be missed without specialist consultation. They expressed that more timely care, education, and support are required for them to feel comfortable receiving care without specialist assessment. These findings emphasize the need for quick initiation of pathway-based care in the medical home, congruent communication between primary and specialty care providers with patients, and effective patient education resources. They also underscore the need for greater engagement with patients to understand and improve their experience with pathway-based care.

These findings are applicable well beyond digestive health to any specialty that is developing and implementing primary care pathways as a strategy to improve appropriateness and access to care. Within digestive health, several future directions are planned to build upon the successes achieved, including development of an expanded suite of digestive health primary care pathways for adult and pediatric patients, continued knowledge translation activities to support implementation, and further research and interventions to optimize how pathways are used and improve patient and provider experience and outcomes.

Digestive health primary care pathways, patient pathways, links to non-urgent advice services, related educational webinars, and other resources for digestive health primary-specialty care integration are available at www.ahs.ca/dhpathways.