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

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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

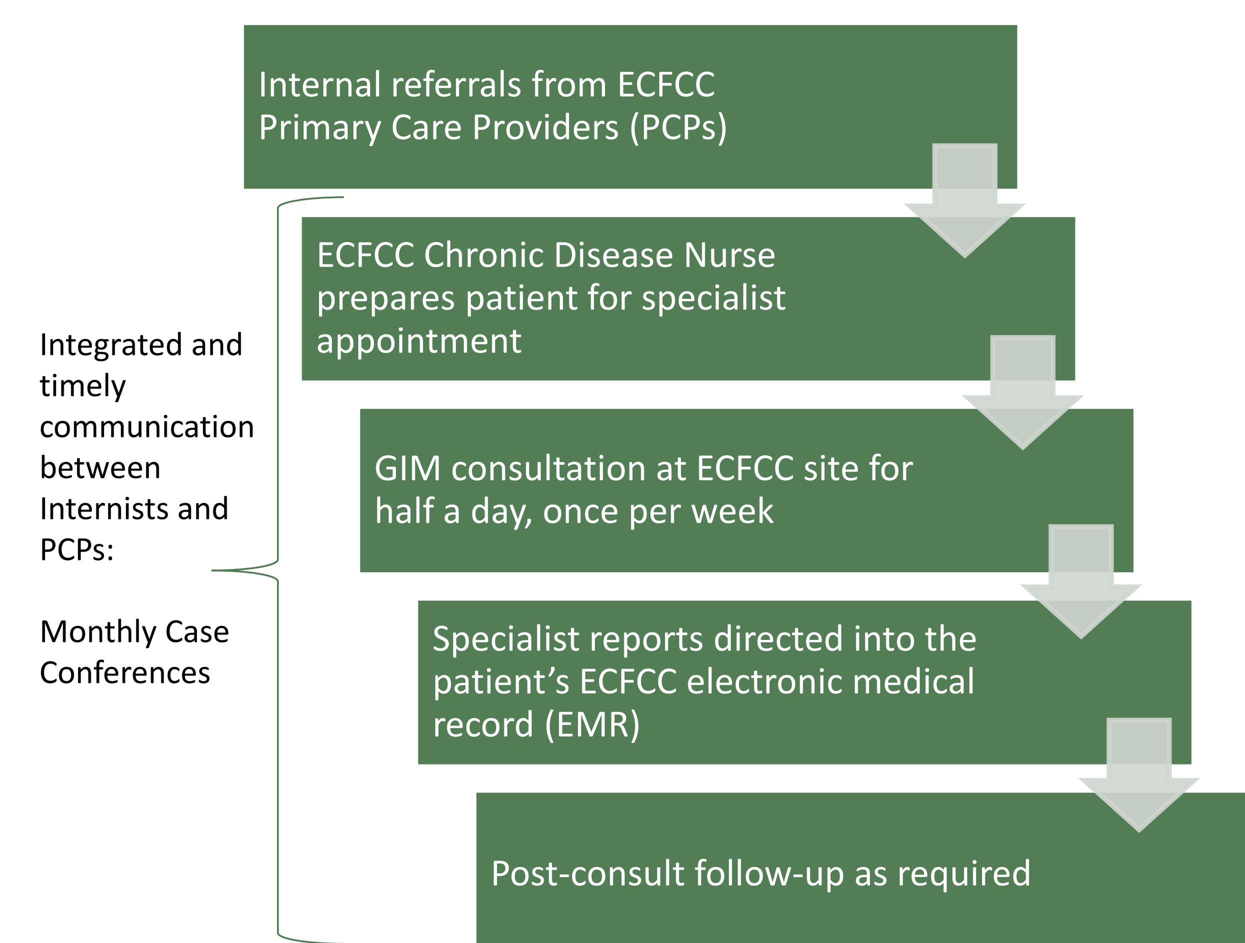
1. Design a GIM outreach clinic using a community based service delivery model aimed at improving access
2. To characterize the initial cohort of referred patients' characteristics and healthcare utilization behaviors in order to tailor future program services

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 ≥1 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

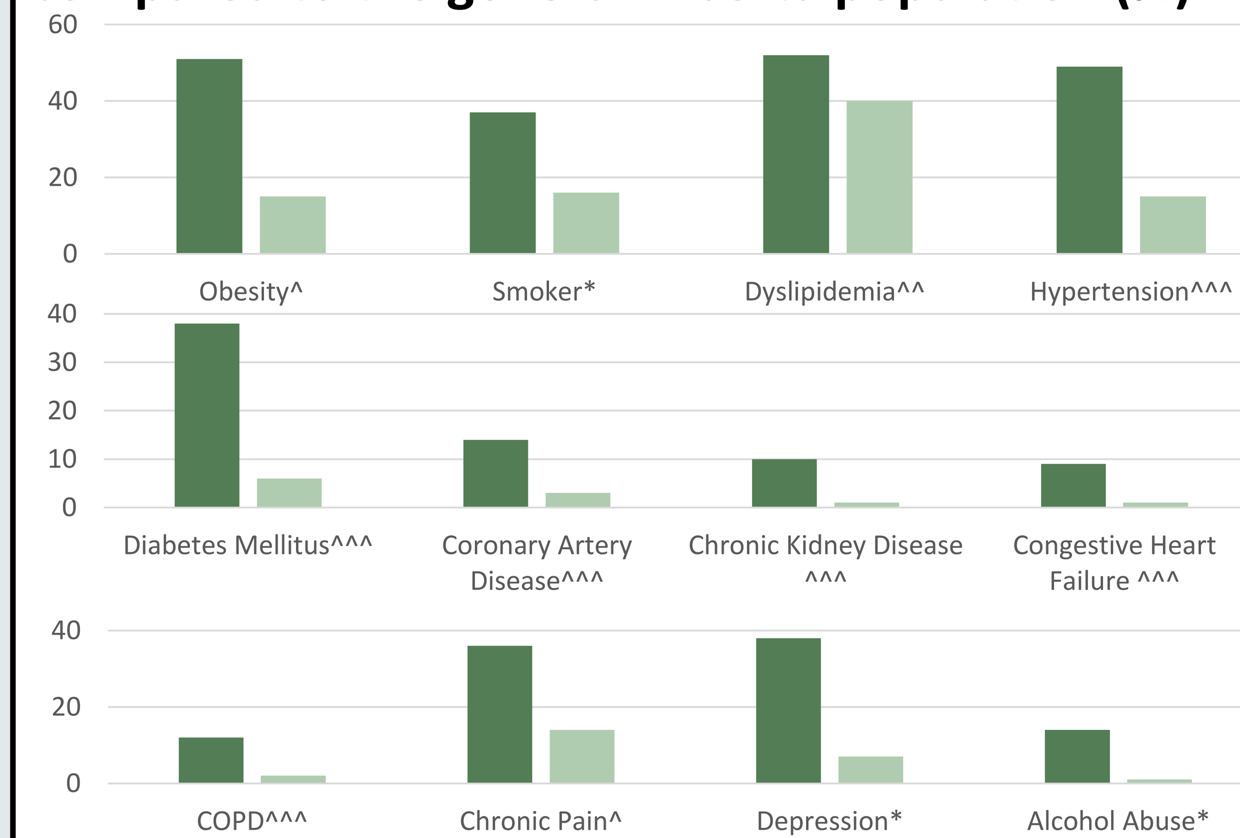
Results

Table 1: Sociodemographic characteristics of ECFCC GIM referral population

Characteristics	ECFCC GIM; n=50	Alberta
Age years (SD)	54 (15)	37*
% Female (%)	30 (60)	(50)*
Visible Minority (%)	11 (24)	(18.4)**
Prefer non-English speaking healthcare provider (%)	4 (9)	(1.2)*
Legally married/Common-law (%)	22 (48)	(50)**
Own home (%)	12 (26)	(74)**
Unemployed (%)	19 (49)	(33)***
Bachelor's degree or above (%)	4 (9)	(26)*
Household income <$30,000 (%)	22 (49)	(13)****
Recipient of ≥1 source of social assistance (%)	26 (52)	(4)*

*= AHS Calgary Zone East Planning profile, Priorities and Performance, 9/5/2013
**= Stats Can - Alberta 2011 census
***= of 15y-64y olds living in low-income neighbourhoods
****= for all persons, Stats Can - 2007 to 2011

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



^= Stats Can - Calgary 2013-2014
^^ = AHS 2014 Vascular Disease in Alberta Fact Sheet
^^^ = Alberta Health. Interactive Health Data Application – Disease Prevalence 2014

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

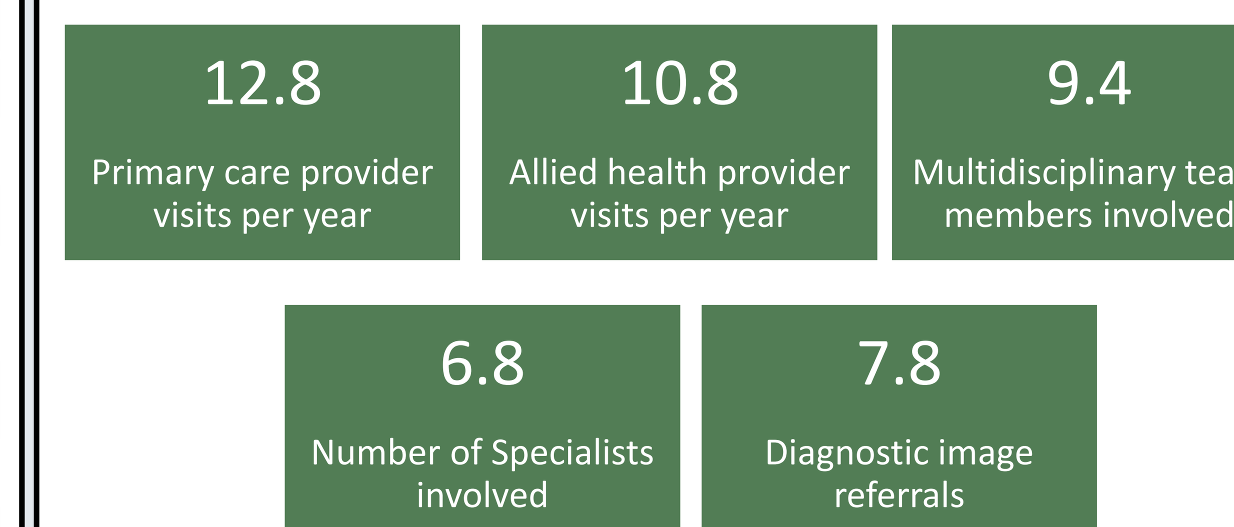


Figure 4: ECFCC GIM Appointment Attendance

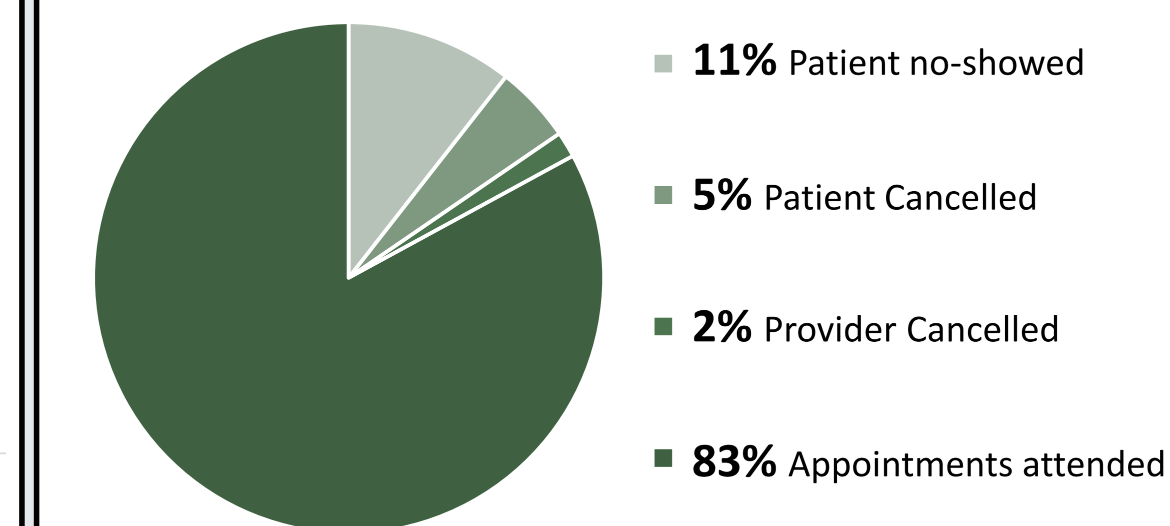
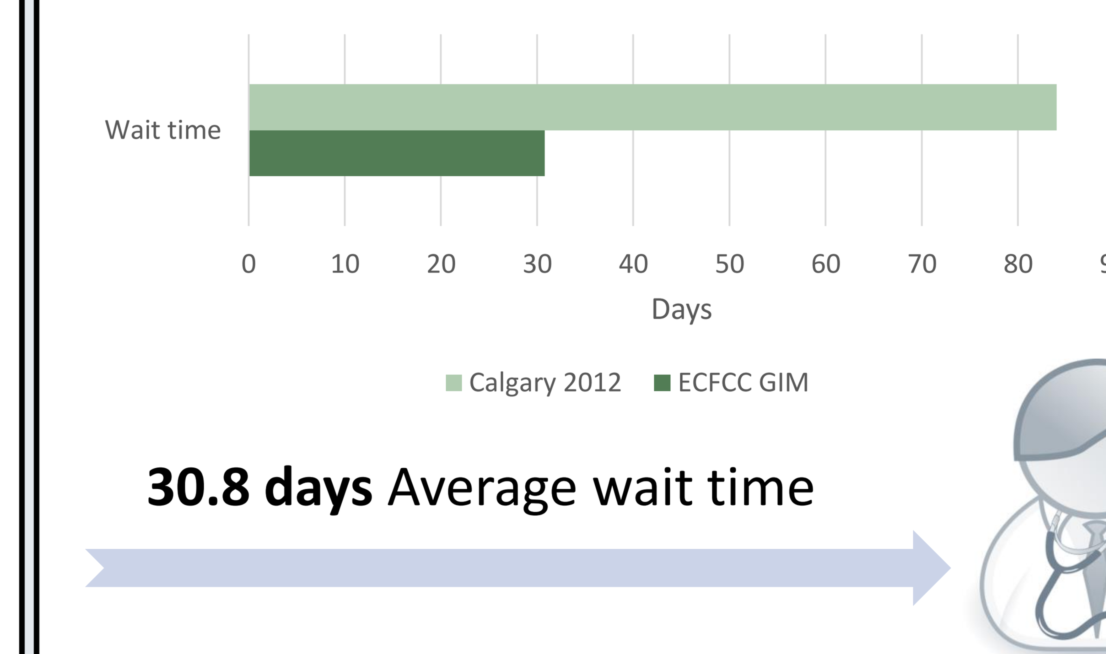


Figure 5: Change in ECFCC GIM consultation wait time



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.

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