Family Practice Quality and Capacity Study

Report of a Survey of Family Physicians on Issues of Quality and Capacity in the Capital Health Authority

Executive Summary

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Introduction

The rationale for the Family Practice Quality and Capacity (FPQC) Study comes from the recognition that there is a crisis in the health care system in terms of availability, or perceived shortages, of family physicians for the provision of certain services. At the same time, a number of changes are being made to the health system in order to enhance primary health care, sometimes with little involvement from family physicians themselves. Family physicians play an essential role in the delivery of primary care services. However, system changes and initiatives are frequently undertaken without a thorough discussion with local family physicians to identify issues, challenges, and willingness to participate.

The purpose of the FPQC Study is to determine family physicians' perspectives on the quality and capacity of family practice services in the Capital Health Authority (CHA) and to develop strategies in order to enhance quality and capacity.

Eight major issues or themes were identified through a series of focus groups with family physicians in the Capital Health Authority in November and December 2000. Based on the issues identified in the focus groups, a questionnaire was developed and sent to 583 family physicians in the Capital Health Authority in June 2001. A total of 300 questionnaires were completed and returned by the end of August 2001. This report is based on the analysis of those questionnaires. The results are presented according to the sections of the questionnaire.

Summary of Results

Physician Issues

Eleven quotes were identified from the focus groups as being representative of the themes that had emerged. To determine the representativeness of these quotes, physicians were asked to rate their level of agreement with each of the quotes. Overall there was very high level of agreement with the issues identified (79-97% agree/strongly agree for eight of the quotes). Three quotes with lower levels of agreement were thought to have caused confusion for some responders by including more than one theme or issue (25-71% agree/strongly agree).

Access to Specialist Services

Focus group participants had identified that access to specialist services was a major issue, creating stress both for patients and family physicians. The questionnaire asked physicians to identify how strongly they agreed with five statements related to specialist access. There was overwhelming agreement for four of the five statements (*patients should have an identifiable family physician who coordinates access to consultants* [92%], *I need to get my patients seen by a consultant in a more timely fashion* [97%], *I would like access to short verbal consultation with specialists* [86%], and *the referral process needs to be easier and less time consuming* [88%]). The statement *'I need to know my consultants on a personal basis'* received only 61% agree/strongly agree and 32% of the family physicians were neutral on this statement. It appears that for family physicians the key is to get access to specialists. It may be preferable to know the specialists personally, but the need to get the patients seen in a timely manner is critical. The results of this section are supported in the Future Directions section, where family physicians strongly indicate that changes are necessary in order to access specialist services in a more timely and rational manner.

Workload

The hours worked, the number of patients seen, and the number of problems patients' have were felt to be important issues in terms of the quality and capacity of family physicians. In this

section, physicians were asked to indicate their current situation and then, what they would like to see if the system allowed them the opportunity to provide quality care at a level to which they believe a family physician should aspire.

Many family physicians also work long hours in the office doing non-clinical work (documentation and other paperwork), or providing services out-of-office, such as house calls, palliative care, long term and continuing care, and hospital work in addition to being on-call for their practice. This section was not looking at 'how much' or 'how long' physicians work in total during the week. It was looking at clinical practice within the office setting.

In this, and subsequent sections of the questionnaire, physicians were asked to respond with the assumption that the region wished to invest in and support primary care family practice services. They were to assume that they would be well supported, there would be no increase in their overhead expenses and there would be no decrease in their income.

In general, family physicians would like to see fewer patients per hour, spend fewer hours per week doing clinical work in the office, and spend fewer days per week doing clinical work in the office. 54% of family physicians currently see 3-5 patients per hour, 81% of family physicians would like to see 3-5 patients per hour in the future (reducing from 6+ patients per hour).

Scope of Practice

Family physicians were asked to consider in the new and appropriately supported primary health care system described above, how interested they would be in providing a series of identified services. In addition to rating their interest, they were asked to identify if they currently provide the service. The areas that have the highest level of interest from family physicians include, providing comprehensive preventive care (82%), taking part in an on-call group (57%), prenatal care (56%) and palliative care (53%).

The percentage of physicians indicating a 'neutral' level of interest for the identified services varied from 12-27%. The services with the greatest reported levels of neutrality included: long-term care/nursing home care (19%), palliative care (20%), house calls (21%) and care to high intensity, multi-problem patients (27%). These services also had the greatest gaps between the level of interest and the number currently providing the service (i.e. fewer physicians indicating 'interested/very interested' than are currently providing the service).

Primary Care Physician Networks

This section suggested to physicians that one method of providing support to family physicians is through the concept of primary care physician networks. This concept has been identified and publicized by the College of Family Physicians of Canada[1].

The questionnaire described a physician network as being a real or virtual group, practising either in the same office setting or in different locations, but linked with one another to facilitate transfer of information and to share responsibilities. This linkage would be supported through the implementation of electronic information and communications technology.

Physicians were asked to indicate their level of support for each of the items listed. Many of the items identified in this section were in relation to electronic technology. The level of support indicates strongly that family physicians want electronic technology to assist them in quality and capacity related issues. The responses also identify clearly physicians' expectations of what

[1] *Primary Care and Family Medicine in Canada – A Prescription for Renewal,* College of Family Physicians of Canada; October 2000; http://www.cfpc.ca/prescription-oct00.htm

electronic systems should be capable of and what they consider important in an electronic patient record. In the non-electronic technology related items, *'linking with other family physicians'* and *'working in a 24/7 call arrangement*'', the level of interest is relatively high but not overwhelming (66% and 52% respectively). In both of these items, about 20% of physicians are neutral, with another 4% undecided or no response. It may be that these concepts, and that of a Primary Care Physician Network, are not well known to many family physicians.

Interdisciplinary Collaborative Practice

Focus group participants indicated that there is interest in working collaboratively with other health care professionals. Interdisciplinary collaborative practice could provide benefits both to family physicians and to patients. In the questionnaire, family physicians were asked to indicate their level of interest in working with other health care professionals linked to their practice. They were asked to assume, while responding, that there would be no increase in their overhead expenses and no decrease in their income.

Overall, there is interest from family physicians in working with other health care professionals in a collaborative fashion. Family physicians showed the highest level of interest in working with: dieticians (88% interested/very interested), psychologists (85% interested/very interested), and home care nurses (80% interested/very interested). Following closely behind in level of interest where: pharmacists (78%), physical therapists (78%), office/clinical nurse (77%), and social worker (73%).

Physicians were also asked to indicate if they already have a working relationship with a particular health care professional. The level of interest in working with other health professionals was strikingly higher than the numbers who currently have working relationships with these health professionals. For example, 51% indicate interest in working with a nurse practitioner whereas only 5% currently have a working relationship with a nurse practitioner.

The Complexities and Challenges of Practice

In this section physicians were asked about the usefulness of certain approaches in terms of providing higher quality of care to patients.

The results to *'timely access to diagnostic test results'* (97% indicate useful/very useful) and *'electronic access to test results'* (91% indicate useful/very useful) support the results in the Future Directions section. There is a great desire to have better and more timely access to tests and test results.

94% indicate that it would be useful/very useful to have phone consultations with specialists. This supports the Access to Specialist Services section where 86% indicated they wanted short verbal consultations with specialists. This is further supported in the Future Directions section.

The results for *'access to a social worker'* and '*access to a pharmacist'* mirror the responses in the previous section where we asked interest in working with these health care professionals. Physicians are interested in having access to counselling services (92%) and also in actually working collaboratively (85%) with a psychologist. The need for counselling services is also heavily supported in the Future Directions section.

Triage of patients by other health care professionals shows the lowest level of interest – only 41% of physicians indicated interest. However, 27% were neutral and another 6% undecided or no response. Perhaps further clarification of this concept is necessary for physicians to be interested. Also, the concept of triage by another professional implies teamwork and comfort

level with that other professional. This is something that many physicians would not have had experience with.

Future Directions – What Family Physicians See as Necessary

In this section of the questionnaire, physicians were asked to list the five items needed to enhance the quality and capacity of their practice and then rank them in order of priority. In order to facilitate analysis, 98 individual codes were developed. These were then grouped into 13 major categories. The top six categories (access to specialists/consultants, team work/collaborative practice, electronic records/technology, access to diagnostics, time issues and remuneration issues) each have roughly 10 or more percent of the overall total responses. Together they equal 80% of the responses.

Access to specialists/consultants is the first category (21%). Within this category, the top issues are quicker/better access to specialists, consults via the phone with specialists and simplified referrals. *Team work/collaborative practice* follows with 15%. There are a number of issues identified including: nurse on premise (preferably funded), multidisciplinary team paid by region (in office or associated with practice), better access to mental health services, better access to other health care providers (may also include mental health), nurse practitioner in office, ability to delegate more to staff, more extensive access to home care. *Electronic records/technology* is the third category (12%). Basically physicians want electronic technology in their offices, paid for and supported by the system. *Access to diagnostics* comes fourth with just under 12%. The major concerns here are quicker/better access to diagnostic facilities and improved quality of and/or quicker return of lab reports. *Time* issues came fifth in terms of being able to improve quality and capacity with 11%. Physicians want less paperwork and bureaucracy. Some specified more time per patient based on patient need, usually equating it to dollars, so this is closely related to the perceived need for adequate remuneration. Others specified 'more time' without specifying it to patient care. *Remuneration* issues were identified almost 10% of the time. This includes: adequate remuneration in order to compensate for spending appropriate time with patients, adequate remuneration for activities such as long term care and hospital work, and payment for non face-to-face work.

The three individual codes with the highest frequency of response are *quicker/better access to specialists* (16%), *quicker better access to diagnostic facilities* (10%) and *adequate remuneration* (7%).

Conclusions

Family physicians play an essential role in the delivery of primary health care services. The provision of high quality primary health care services by family physicians is critical to the health care system in Alberta, yet what constitutes quality family practice and the capacity to provide services in the system are not known. The FPQC Study has identified issues relating to quality and capacity from the perspective of the family physicians and will facilitate the development of potential strategies to address these issues.

The results of the questionnaire clearly indicate that **family physicians in the CHA are concerned about quality and capacity issues and that they are receptive to trying innovative means of addressing the issues**. However, the physicians indicate that innovations require system changes which cannot occur without the support and participation of stakeholders such as the CHA, Alberta Health & Wellness, the Alberta Medical Association and other health professionals. The level of interest and reflective suggestions provided by physicians in this Study confirms the need for their inclusion in the decision making processes for the development of new ways of practicing. By involving the family physicians from the beginning, and developing strategies to address their issues in relation to quality and capacity, the delivery of primary health care services in the Capital Health Authority will be strengthened.

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