



FAMILY PHYSICIAN TIPS FOR DEMAND REDUCTION IN TIMES OF CHAOS



1. Review the clinic schedule for visit alternatives to face-face. Review the schedule one to two days ahead and assess alternatives (telephone and secure video) for patient visits. For example:

- patients booking an appointment to review lab results
- patients returning for a re-check (follow-up visit) of a condition (B/P monitoring; ear check, etc.)
- patients booking for a prescription refill and refill per extended clinically appropriate interval
- patients with chronic health conditions, cardiac and lung disease, in cancer treatment, are immunocompromised, or pregnant



2. Know your patients and see your own. It saves physician and staff time.



3. Address more than one clinical problem (Max Pack the visit) during the patient encounter to reduce the need for future appointments.



4. Extend the length of time between patients' re-check (follow-up) visits.



5. Extend the prescription renewal/repeat time to reduce the need for future appointments.



6. Ask clinic staff to:

- confirm patient demographics and contact information
- confirm patient consent to be contacted virtually
- inform patients that virtual appointments may come from a 'private caller' cell phone or video application
- assist you in preparing for the patient visit (clinic or virtual) by gathering test and imaging results, discharge notifications, consult letters, medication lists, etc.
- encourage the patient to have their home monitoring test results and questions written down and ready for both face-to-face and virtual visits



7. Make canceling appointments easy (eg. option to leave voice mails; emails, separate cancellation line).



8. Consider contacting the local pharmacist to extend a prescription and/or prescribe when appropriate.



NOTES & REFERENCES

- 1. Review the clinic schedule for visit alternatives to face-face.** Review schedule a day ahead to determine if some appointments can be virtual or may need to be rescheduled. Consider secure teleconferencing, video, and telephone consultations. Benefits for patients include less risk for immunocompromised individuals, improved access, and reduced travel time. This also includes patients who 'should not' come in, and those who don't need to be seen in person. Clinic staff to prioritize the patients who could have virtual visits instead of visiting the clinic depending on their diagnosis - chronic health conditions, immunocompromised, cancer treatment, cardiac and lung disease, pregnancy, etc. (Health Quality Ontario, Advanced Access and Efficiency Workbook for Primary Care, February 2013; Alberta AIM, <http://aimalberta.ca/too/resource-library/>)
- 2. Know your patients and see your own.** Continuity of patient care involves the same family physician (Family Physician) caring for the same patients on an ongoing basis. Continuity improves physician and patient satisfaction and health outcomes. Filling your schedule with your own patients instead of patients unknown to you may save you 25-30 minutes a day and up to 40 minutes of staff time. Having a known patient panel means your staff can take on tasks pro-actively to make your day run more smoothly. College of Family Physicians of Canada. A new vision for Canada: Family Practice—The Patient's Medical Home [Internet]. Mississauga, ON: College of Family Physicians of Canada; 2019. Available from https://patientsmedicalhome.ca/files/uploads/PMH_VISION2019_ENG.pdf
- 3. Address more than one clinical problem;** "Max Pack" the visit. This means doing as much for patients while they are in the office at any given visit to reduce future work, thereby eliminating the need for extra appointments. This method of patient assessment is a holistic approach to care which improves patient satisfaction and health outcomes, while also deducing the demand for appointments. (Institute for Healthcare Improvement, Manage Panel Size and Scope of Practice, Use Max-Packing during the Visit, March 2020)
- 4. Extend the length of time between patients' re-check (follow-up) visits.** Where a patient's condition or diagnosis is stable the Family Physician may suggest longer intervals between office visits. This will reduce unnecessary appointments and reduce clinic wait times. (Institute for Healthcare Improvement, Decrease Demand for Appointments, March 2020)
- 5. Extend the prescription renewal/repeat time.** Where a patient's condition or diagnosis is stable the Family Physician may wish to provide multiple repeats per prescription. This extends the time between visits for prescription renewals. The benefits of using a refill protocol are improved patient service, decrease errors related to delays in treatment, facilitate patient compliance, and save office staff time. (Family Practice Management, Rethinking Your Approach to Prescription "Refills", 2011 Nov-Dec;18(6);16-19)
- 6. Ask the clinic staff to assist you.** This also allows for clinic preparation depending on patients who will be presenting (Ex. review of lab results, diagnostic imaging, specialist referrals, and exam room preparation). This practice will ensure the Family Physician has each person focused on the right work. This improves efficiency and saves time. (Health Quality Ontario, Advanced Access and Efficiency Workbook for Primary Care, February 2013)
- 7. Make canceling appointments easy.** Ensure that clinic staff check for cancellations including voicemail twice daily or as appropriate. This will help in reducing no-shows and allow for appointments for other patients. (Health Quality Ontario, Advanced Access and Efficiency Workbook for Primary Care, February 2013)
- 8. Consider contacting the local pharmacist.** The amount of medication provided for extension shall be determined by the pharmacist based on the circumstances of the particular patient. There are certain medications (ex. emergency contraceptive, GERD, acne, allergic rhinitis, mild joint pain, diarrhea) that can be prescribed by pharmacists. (Newfoundland and Labrador Pharmacy Board of Standards of Practice, Prescribing by Pharmacists, Approved 29 November 2020, in force 31 January 2020. <http://nlpb.ca/media/SOPP-Prescribing-by-Pharmacists-Jan2020.pdf>)