



The degree to which a patient experiences a series of healthcare encounters as coherent, connected, and coordinated.

The Study

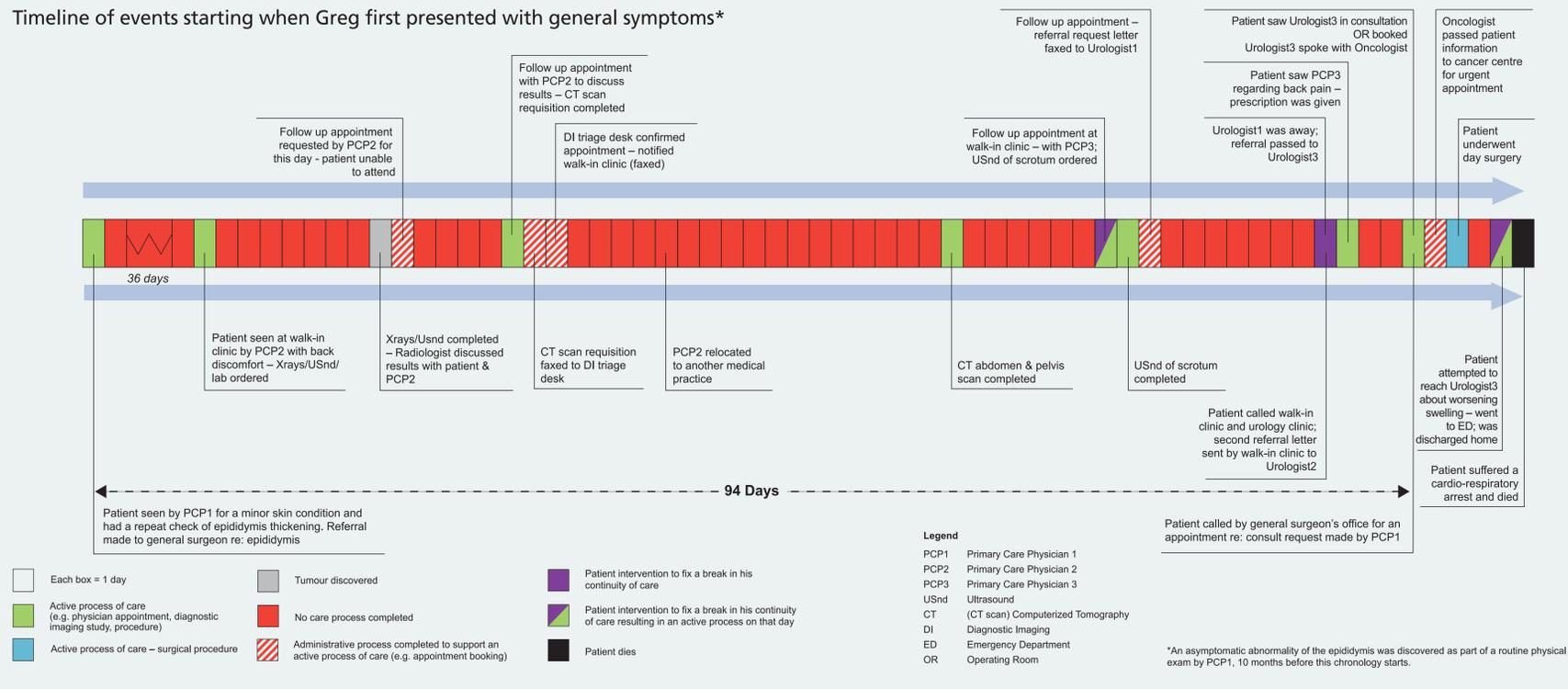
The Health Quality Council of Alberta (HQCA) has heard from many Albertans, through surveys and personal stories, about their concerns with breakdowns in the continuity of patient care.

In the spring of 2012 the HQCA learned about a man diagnosed with testicular cancer who died unexpectedly and within a short time of his diagnosis. This case was felt to be representative of many experiences and was studied in-depth with information from:

- Patient health records
- Interviews
- Detailed flow mapping
- Literature review
- Review of leading practices (Mayo, Geisinger, Kaiser)
- Information technology experts
- Published documents (e.g., CPSA Standards of Practice)
- The family's perspective of the healthcare system

Breaks in Greg's Continuity of Care

Timeline of events starting when Greg first presented with general symptoms*



Greg Price was 31 years old when he was diagnosed with cancer. The HQCA made the decision to use Greg's name in the report because using his name rightly keeps him, and other patients like him, at the centre of the issue of continuity of care.

Study Methodology

- System focused approach
- Does not address or judge the performance of individuals
- Focus on issues with broad implications

Key System Issues

Several key issues were identified following an analysis of the findings:

1. Reliable continuity of care when patients are referred for specialized healthcare services.
2. Radiologists expediting additional diagnostic imaging studies and the next level of care for patients with time-sensitive health conditions.
3. Prioritization criteria for outpatient CT scans.
4. Formal transfer-of-care responsibilities for time-sensitive health conditions and availability of responsible healthcare providers.
5. Co-located practice groups: co-ordinating services and clarifying relationships.

Recommendations

The HQCA's Quality Assurance Committee, that conducted the study, identified 10 recommendations to address the issues highlighted and an additional three recommendations to address a supplementary issue that was identified while reviewing this case. The following are abbreviated versions of the 10 recommendations.

Recommendation 1

Alberta Health and Alberta Health Services (AHS) should strongly consider making additional investments in the provincial EHR and eReferral system to standardize workflow processes for all specialized healthcare services so that functionality is available for all patients and practitioners in Alberta.

Recommendation 2

The College of Physicians & Surgeons of Alberta (CPSA) and other relevant healthcare colleges amend their Standards of Practice, and AHS amend its policies and procedures, related to co-ordination and provision of services.

Recommendation 3

The Alberta Society of Radiologists in collaboration with AHS and the CPSA develop policy and procedures that would support radiologists to expedite the care of a patient whom they find has a time-sensitive health condition.

Recommendation 4

AHS revise the current criteria for prioritizing outpatient CT scans to take into account patients with time-sensitive health conditions who do not yet have a confirmed diagnosis of malignancy.

Recommendation 5

The CPSA amend its Standards of Practice, and AHS revise its Medical Staff Rules and Bylaws, as required to ensure a 'responsible physician'.

Recommendation 6

The Alberta Medical Association in collaboration with AHS and the CPSA, and with public consultation, develop a document that outlines specific physician commitments to patients who have time-sensitive health conditions (or who have recently undergone an invasive or semi-invasive procedure), to be available and responsive to concerns patients may have about their condition or possible complications from a procedure.

Recommendation 7

The AMA and AHS investigate how to partner with HealthLink Alberta so that patients who believe they need to contact a specialist (or designate) responsible for their care after hours have a mechanism by which to do that.

Recommendation 8

The CPSA should develop a proactive process to monitor physicians' compliance with the CPSA's After Hours Access to Care Standard.

Recommendation 9

All (adult-treating) private-practice urologists in Calgary, the Prostate Cancer Centre, and AHS enter into discussions to review the business and organizational model for the Southern Alberta Institute of Urology.

Recommendation 10

The Southern Alberta Institute of Urology and Alberta Health Services review their websites and written communication.

Breaks in Continuity of Care

Greg's care was representative of what many patients experience in Alberta's healthcare system. There were multiple factors that contributed to these breaks:

- Greg was in the care of two, and then three, primary care physicians, none of whom knew or had access to all of his history, physical findings, and diagnostic imaging results.
- He experienced delays in receiving the results from tests that were important to advancing his care to another level and critical to him receiving the treatment required for his underlying disease.
- Referral from primary care to specialty care was not completed due to breakdowns in referral pathways resulting in delayed intervention for a patient with a time-sensitive condition.
- He had difficulty contacting the specialist providing his care which resulted in an emergency department (ED) visit and the ED physician did not have complete access to all the details of his case.
- There was insufficient communication from providers about appointments and results.
- There were breakdowns in appointment booking processes.

Going Forward

- Engaging patients in their own care by providing them electronic access to their health record, including the ability to monitor their referral status builds an extra safety net to reduce the likelihood that a patient will 'get lost' in the healthcare system.
- Continuity of care can be improved by enhancing the reliability of information exchanged between a patient's multiple care providers.
- Developing standardized referral pathways for patients will improve the reliability of patient 'hand-offs'.
- eReferral automates the process allowing physicians and patients to view details, view wait times and track the status of the referral.

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The degree to which patients experience a series of healthcare events as coherent, connected, and consistent with their medical needs and personal context.

Context

The mandate of the Health Quality Council of Alberta (HQCA) spans a wide range of activities including surveying Albertans on different aspects of their experiences with the healthcare system. Over the years, our surveys have highlighted the negative association between poor coordination of care and healthcare access, quality, and satisfaction.

The HQCA also studied and reported on the strong relationship between continuity to a primary care provider and reduced levels of healthcare utilization.

Our concern with continuity was further crystalized with the 2013 Continuity of Patient Care Study which, through the lens of a single patient's journey, identified that current processes in Alberta's healthcare system may not always be sufficiently reliable to ensure patients' continuity of care.

Key Informant Interviews with Albertans

Albertans rely heavily on their family physician throughout the patient journey. Trusting relationships over time enable good communication and exchange of relevant information between patients and health professionals and between health professionals. This also creates good coordination of care.

Focus Groups with Providers

Focus groups further validated the importance of trusting relationships with providers over time, as well as shared responsibility for managing and coordinating healthcare services.

Contribution to Safe Transitions in Care

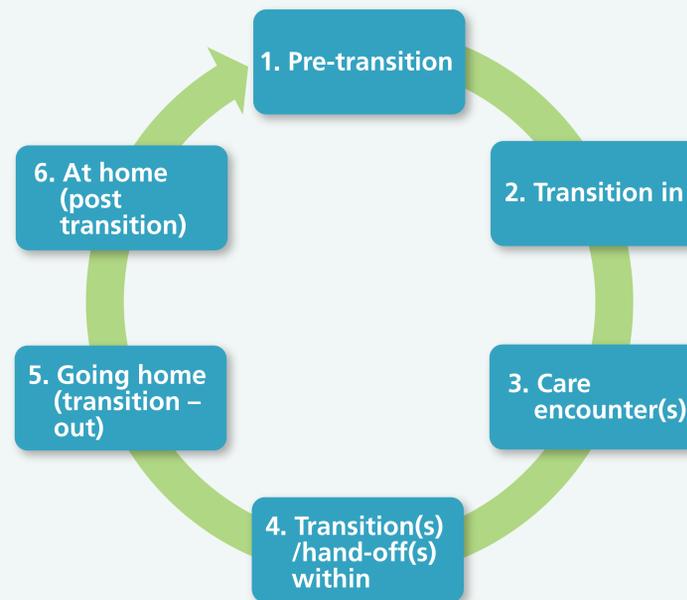
The HQCA's upcoming report will identify key factors leading to a seamless or fragmented patient journey. Stage one findings suggest that the largest potential gaps in information and management continuity occur during transitions; these issues are explored in stage two.

Objectives

Given the critical role of continuity, the HQCA conducted an in-depth study engaging Albertans to explore and identify factors that influence their experience of a seamless or fragmented patient journey.

Preliminary Findings

Preliminary findings in stage one suggest 6 phases of a generic patient journey:

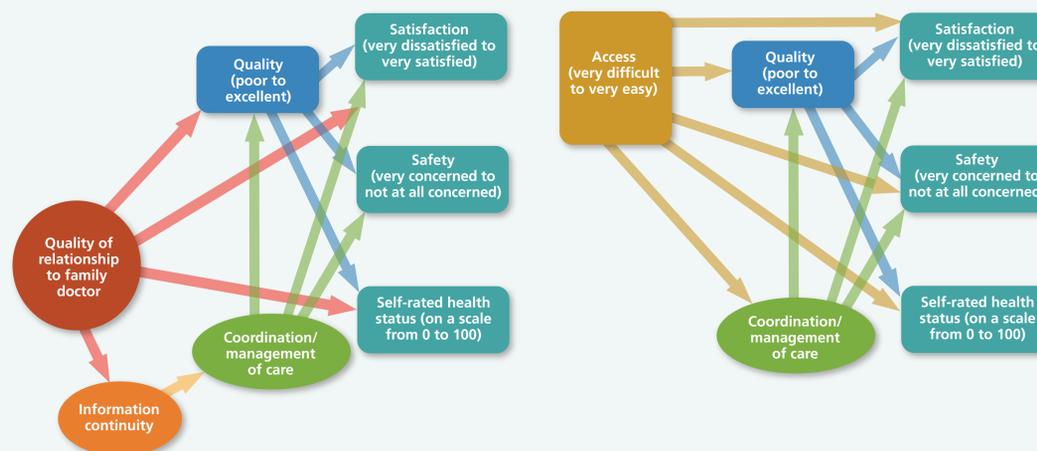


Each phase is associated with specific gaps in continuity, but also generic gaps at all transitions.

People Most at Risk to Fall through the Gaps

Qualitative results suggest that people with chronic, complex health problems (conditions that cut across specialty areas) appear most at risk to fall through the gaps.

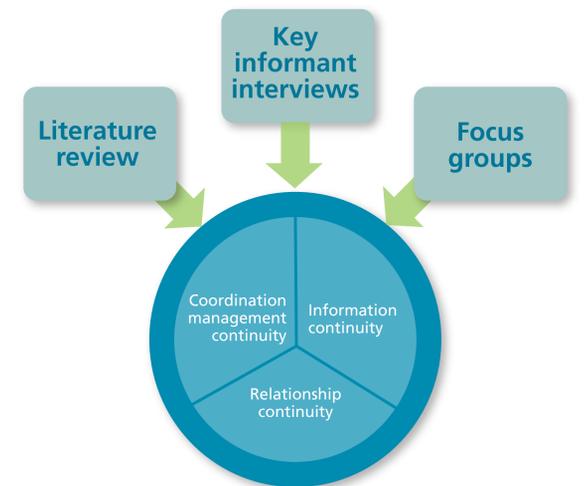
Another at-risk group are those who are "unattached" (i.e., no trusting relationship with a primary care provider) and not able to, or have no experience with, actively coordinating their own health services.



Study Methodology

This study employed a mixed methods approach, broken down into two stages, qualitative and quantitative.

In stage one, a literature review, as well as findings from 40 key informant interviews and subsequent focus groups with providers informed stage two, the development of a continuity of care scale:



Continuity of Care Measurement Scale

Reliable and valid measures of the three components of Continuity of Care were developed, based on stage one findings, using a variety of methods (focus groups, cognitive interviewing, and psychometric testing with the application of item response theory).

The resulting scales were included in the HQCA's bi-annual *Satisfaction and Experience Health Care Services* survey in 2014; along with other patient reported items addressing access, quality, safety, satisfaction, and health status. The results were analyzed using structural equation modelling to create a system level Continuity of Care model which predicts key issues and outcomes, and identifies gaps related to Continuity of Care in Alberta.

Lessons Learned

Stage one and two findings suggest that the role of the family doctor, in the context of a strong patient-doctor relationship, enables information and management continuity, which in turn impacts quality, satisfaction, and safety. These factors can be measured and monitored for change over time.