

# Are You Accepting New Patients?

## Increase Chilliwack Family Physician Engagement with Attaching Orphaned Patients Through a Central Patient Attachment Program (PAM)

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### Aim

To increase Chilliwack family physician (GP) engagement with the Patient Attachment Mechanism (PAM) program for patients without family physicians (orphaned) by 25% between Sept 2017 to May 2018.

### Background

Chilliwack is a growing community where PAM was started (2015 GP for Me initiative) as a central access for orphaned patients. Due to time and capacity challenges, the program currently has poor engagement with Chilliwack GPs. There is a cultural belief that PAM referrals provide challenging patients who are difficult to look after. Although GPs are willing to refer to the program, there is low interest in accepting patients from the program.

Financially and medically, a 2016 trend analysis showed after 1 year of attachment there was a decrease of:

- 0.5 ER visits & 9.9 acute bed days per patient with high needs attached to a community doctor
- 0.8 ER visits & 5.2 acute bed days per patient with high needs attached to CPCC multi-disciplinary medical team

### Cost Savings

After one year of attachment to GP, savings are:

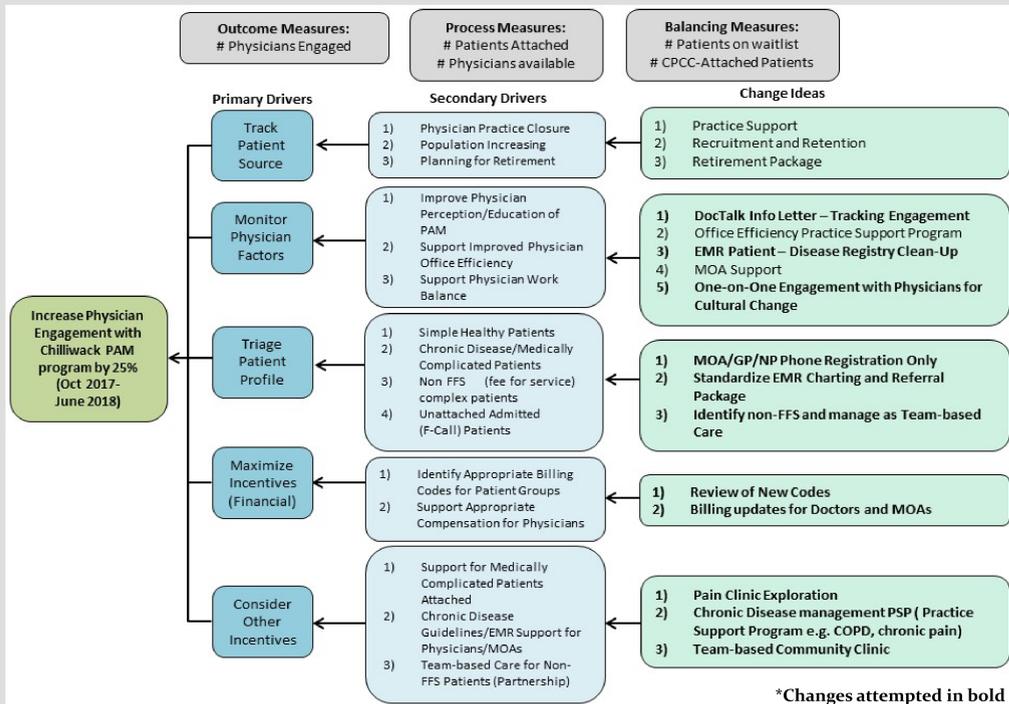
\$173 and \$9316 for Total: \$9489

After one year of attachment to multi-disciplinary medical team, savings are:

\$277 and \$4893 for Total: \$5170

### Project Design & Strategy

PAM works closely with the Chilliwack Primary Care Clinic (CPCC) to stabilise orphaned patients medically, before they are ready for referral to a Chilliwack GP. The QI team worked on standardising referral packages, designing various info sheets for online and mailbox dissemination, with one-on-one conversations between physicians to maximise successful attachments.

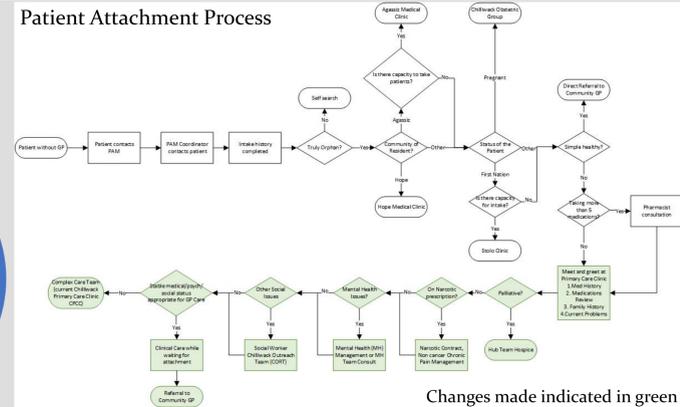
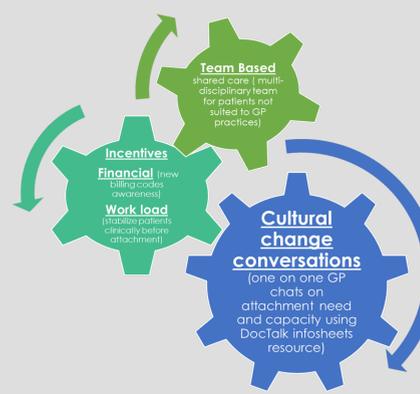


### Team

Jennica Grenier PAM MOA  
Navneet Bhogal NP  
Janetta Cook CPCC MOA  
Dr Robert Brook CPCC Lead

Michelle Ambrose NP  
Dr Ling L Low MD  
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Emily Sayward Program Coordinator,  
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### Changes Made



### Results

There was an improvement in the percentage of Chilliwack GP physicians engaged in accepting new patients through PAM, but this is not reflected in an increase in the number of patients accepted.

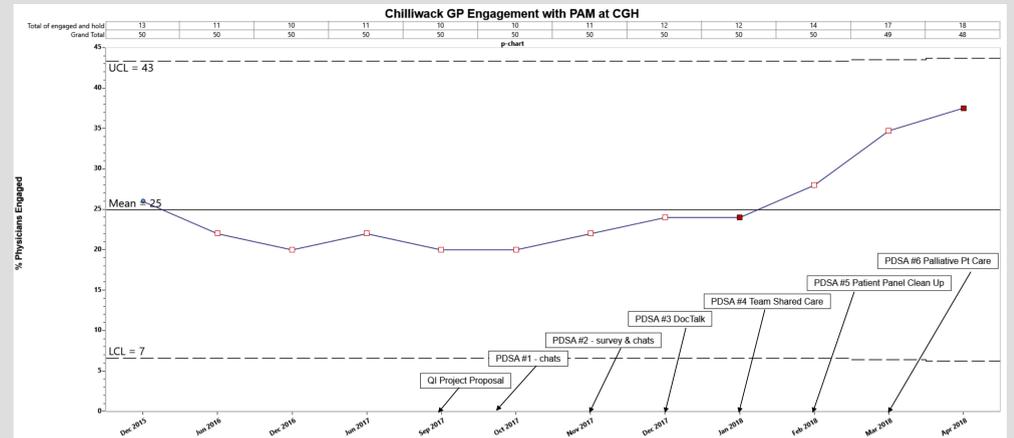


Figure 1: Percentage of available Chilliwack physicians currently accepting or willing to accept PAM patient referrals, reviewed monthly

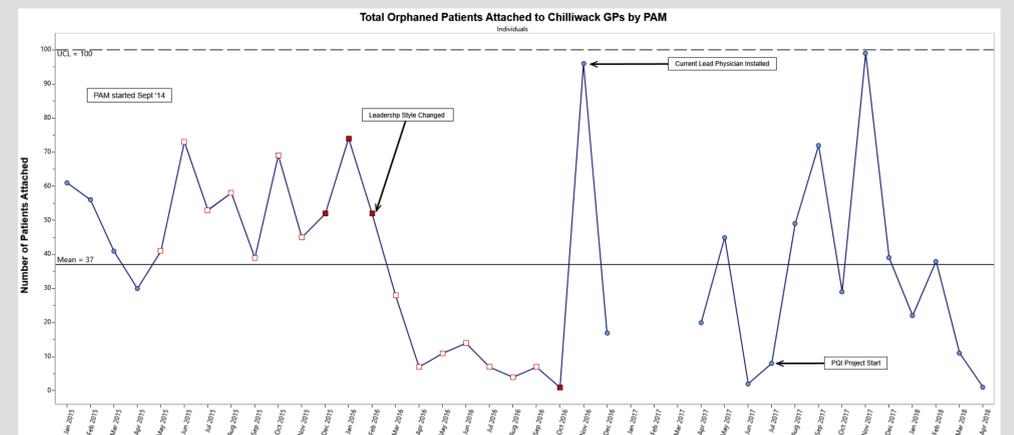


Figure 2: Total number of patients attached by PAM to Chilliwack physicians after phone ( healthy) or clinical (chronic diseases) assessments.

### Lessons Learned and Next Steps?

1. Patient attachment is a complex multisystem process and many factors in the driver diagram could not be addressed. Phase 1 was looking at the Chilliwack community.
2. Attaching patients with high needs improve cost savings but decrease physician engagement due to challenges in clinical care of such patients (time and resources limitations)
3. Creating a place to refer patients not suited for care model in GP offices may help alleviate burn-out for physicians. We could explore a model where physicians can care for these patients as part of a team but funding is unclear.
4. Avoiding attachment to physicians with transient practices would decrease turnaround of orphaned patients.
5. QI Team meetings created a positive atmosphere and new skills in caring for complex patients with concurrent medical, social and mental health needs

### Contact Information

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