

How to REALLY Talk to Your Doctor



Dr. Chantal Chris

Topics

1. How to find a doctor locally

2. Making appointments

3. A team approach

4. What are your values and goals

1. Misconceptions about your doctor

2. Do we ultimately want the same thing?



1. First you need a doctor

- * Research shows:

A strong primary care system
+ Continuous doctor-patient
relationships =

- * The best health outcomes
for patients.

- * Right now there are ~ 176,000
British Columbians who want
a family doctor yet cannot
find one.



1. What is A GP for Me?

A GP for Me is a provincial initiative of [Doctors of BC](#) and the [Ministry of Health](#). A GP for Me aims to:

- * To confirm and strengthen the GP-patient continuous relationship, including better support for the needs of vulnerable patients;
- * To enable patients who want a family doctor to find one; and
- * To increase the capacity of the primary health care system.

1. A GP for Me in Chilliwack



PARTNERS IN HEALTH CARE COMMUNITY FORUM

SQUIALA COMMUNITY HALL
FEB 26 • 2014

a GP for ME

Improves HEALTH

Continuous doctor-patient relationships

BC

Chilliwack Healthier Community

Partnerships

1 STOP SHOP FOR SERVICES

non profit represents family doctors in Chilliwack, Agassiz-Hatfield, Hope, Seabird Island

local solutions

ACCESSING PRIMARY CARE PROVIDER

- AFTER HOURS ACCESS
- WAIT TIMES TOO LONG
- SPECIFIC NEEDS PER NET
- WALK IN GUYS FULL

I went to the ER

HOUSING

IDEAL WAIT TIME (non urgent)

- ✓ 3 DAYS
- ✓ 7 DAYS
- ✓ 2 WEEKS: Rx
- ✓ special considerations for infants/elderly

FINDING A PRIMARY CARE PROVIDER

THIS IS HARD!

Word of mouth referral

hospital referral

doctors referring to other doctors

are out of date

rate my MD.com

we need a GOOD LIST.

- I feel rushed.
- I'm not taken seriously, or my history
- doctors not accepting
- Complex care patients

Community Survey

94% Have a family doctor or nurse practitioner

6% unattached

Physician Survey

8am-5pm Hours (Concentrated)

relief coverage 52%

7% "easy" difficult -> very difficult

5/4 survey 2 meetings 1 focus group

it's important to me

98%

WHAT ARE BARRIERS TO ACCESSING A DOCTOR?

waiting clinic hours

incapacitated times

CLOSED

I'll go to a walk-in clinic OR ER

TOP 3 REASONS

"office was closed"

"same day care"

"no appointment available"

WHY DOCTORS + NURSE PRACT. LOVE CHILLIWACK

1. Collegial
2. family
3. scope of work
4. community
5. location

Recruitment

- 16 willing to supervise
- 10 involved in teaching
- 33 willing to recruit



- ### IDEAS
- staggered clinic times
 - patient education - telehealth
 - streamline Rx refills
 - staff with GP for Me to help "attach"
 - "meet and greet"
 - more time @ doctors/nurse practitioners
 - intake had full interview
 - clinics - establish partnerships for challenging patients

CHALLENGES

- Doctors need relief coverage
- Keeping up w/ technology
- 1 issue per appointment policy
- patient-centered - docs need training
- concurrent patients
- Culturally competent care for FN people - and patient education: how agencies + doctors to choose
- transportation to new doctors
- Limits on # of patients at walk in
- not enough time for appointments
- wait times...
- Finding the right "fit" - relationship + being comfortable
- Connected: doctors who pass off patients (retiree etc) should make a good match
- family GP NP needs specialty training: additons, etc

OPPORTUNITIES

increase:

- self-advocacy skills
- health literacy

Patients

can connect with health through traditional/spiritual wellness (esp indigenous context)

physician assistant for paperwork

See family doc @ ER

health system

don't change making files = ##

more GP teamwork

physicians

deal with 2+ issues at appointment

Support professional development

need great office staff

Support alternative medicines

promote "Rx wellness"

1. What are we doing?

- * **Patient Attachment Mechanism**
- * **Chilliwack Primary Care Clinic**
- * Hope Clinic Expansion and Fraser Canyon Outreach
- * Physician Recruitment and Retention
- * Physician Practice Support and Coaching
- * **Community Education**

1. Patient Attachment Mechanism

Don't have a family doctor or nurse practitioner?
Looking for one in your community?

CALL PAM

(Patient Attachment Mechanism)

9 am to 3 pm Monday to Friday
1-844-795-0034 Hope and the Fraser Canyon
604-795-0034 Chilliwack, Agassiz, and Harrison



How does PAM work? *(Patient Attachment Mechanism)*

You call and speak to our Patient Attachment Coordinator.

You fill out a Patient Intake Form.
We may call you for more info once the form is submitted.

If needed, our team of family doctors and nurse practitioners will care for you until you are transitioned to a community practice.

For more information, visit
www.divisionsbc.ca/chilliwack

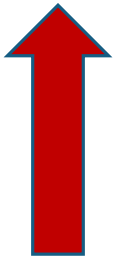
Patient Attachment Mechanism

Phases of Implementation

Unattached
patients

Patients whose
FP/NP is not
local

Patients seeking
a different
primary care
provider



We are here!!

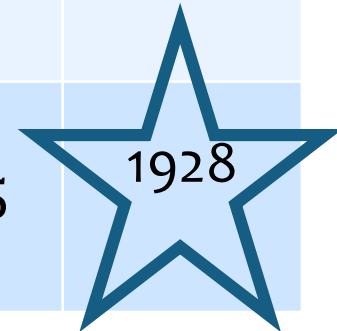
1. Chilliwack Primary Care Clinic

If needed our team of family doctors and nurse practitioners at the Chilliwack Primary Care Clinic will provide excellent care until we can match you with a family practice in your community.



1. How are we doing do far with our Patient Attachment Mechanism (PAM)?

From April 2014 – September 2015	Chilliwack	Agassiz (incl. Seabird Island)	Hope	Sto:lo	TOTAL
# of complex patients attached through PAM	537	87	309	60	993
# of healthy patients attached through PAM	475	113	292	55	935
TOTAL # of patients attached through PAM	1012	200	601	115	1928



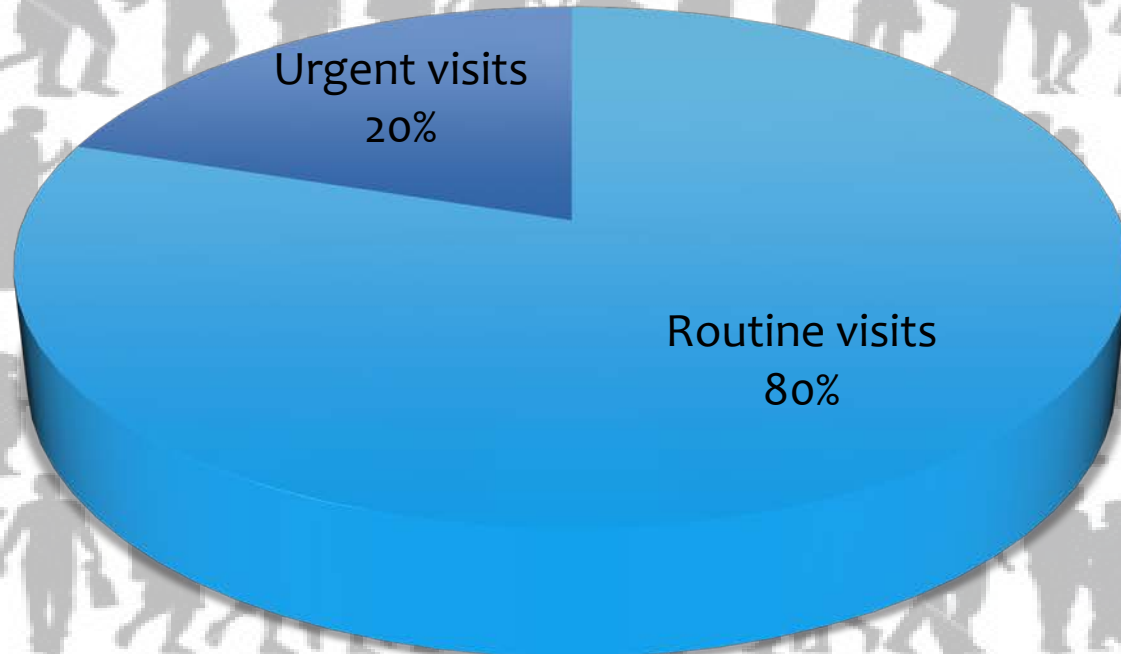
2. Making an Appointment

* Common Misconceptions:

- a) It always takes 3-5 weeks to get in to see my doctor.
- b) 10 min long appointments only
- c) My doctor is away and can't see me

a) I can't get in with my Doctor

Doctor Visits

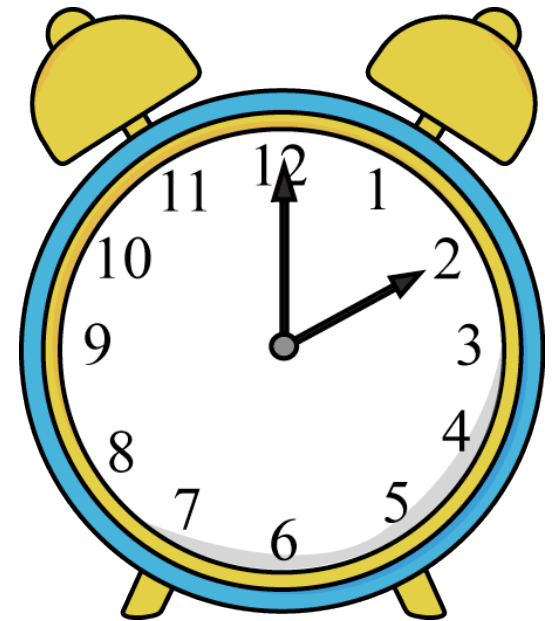


b) My doctor only has 10 min to spend with me

- * The default is usually a 10 min appointment..... BUT
- * If you want longer- just book it longer when you call in!

OR

- * Book multiple appointments to discuss several things



c) My doctor is away

- * “Locums” (or another doctor in the office) covers their patients when they are away.
- * No reason to wait until your doctor gets back for anything
- * Your doctor will be updated by the notes when they get back.
- * Always much safer to go to a doctor who has access to your notes than emerg or a walk-in who doesn't



3. A Team Approach



- * You're an official partner in your healthcare team
- * In this role, you will be expected to:
 - Ask questions
 - Speak up

3. Before you go to the doctor:

* Create a plan

- List and prioritize your concerns
- Note other health and life changes since your last visit



* Gather information to take with you

- Other specialist' names you have seen
- Health card
- Medical history
- Medicine (prescriptions, over-the-counter pills, vitamins, supplements, eye drops)



* Think about what you'll need to see, hear, and communicate during your visit:

- Wear your glasses and your hearing aids
- Consider bringing a family member or friend



3. Now at the Doctor

- Activity: Describe the image
 - What do you think is going on in this photo?
 - What could this woman be feeling? What might be her symptoms?



3. Now at the Doctor



: You share your health concerns



: Your doctor asks questions about your symptoms



: You answer the questions



: Your doctor shares the diagnosis and treatment



: You ask questions to better understand the plan



: Your doctor answers the questions

Good Questions for Your Good Health

Ask Me³

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Every time you talk with a health care provider,
ask these questions:

1. What is my main problem?
2. What do I need to do?
3. Why is it important for me to do this?

*Asking questions can help you be an active member
of your health care team.*



 **NPSF**
National Patient Safety Foundation

www.npsf.org/askme3

3. Other Questions To Ask About Treatment Options

- What are my treatment choices?
- What are the risks and benefits?
- Ask yourself—which treatment is best for me, given my values and circumstances?



3. Repeat in Your Own Words

“So I think what you’re saying is...

... Did I get that right?”

4. What are your priorities? Your Goals and Values?

Complex Care Planning:

- * Have multiple chronic diseases (ie. Previous heart attack, diabetes, COPD, etc.)?
- * then family doctors are specifically paid to have a long visit with you once a year! And talk about:
 - * the plan for all your diseases and
 - * your specific goals and
 - * health/life priorities

Complex Care Plan Template

Initial Planning Date: _____

Patient Name: _____

Condition # 1: _____ Condition # 2: _____

Dual Diagnostic Code: _____

Patient Values/ Goals: _____

Plan for Management of Co-Morbid Conditions:

Linkage with other Health Care Professionals:

Discussed with AHP: _____

Expected Outcomes:

Time frame for Re-Evaluation: _____

Discussed with: Patient _____ Representative: _____

Re-Evaluation Date: _____

Change(s) to Plan, if any:

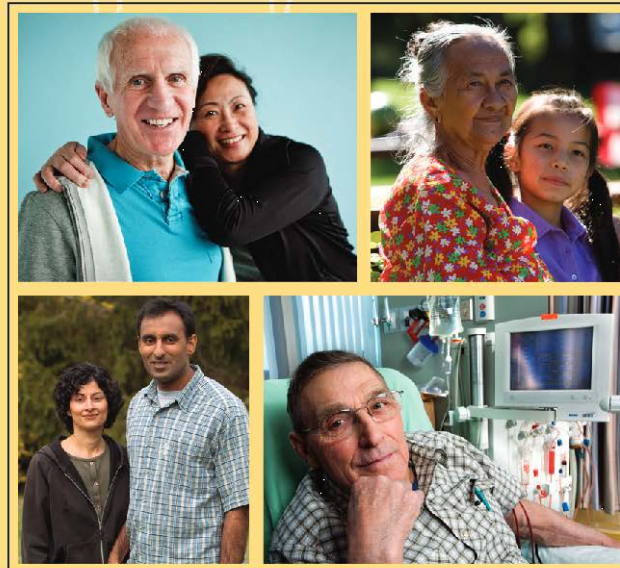
Discussed with: Patient _____ Representative: _____ AHP: _____

www.SeniorsBC.ca

My Voice

Expressing My Wishes for Future Health Care Treatment

Advance Care Planning Guide



5. More misconceptions about your doctor

- a) Only one problem per visit!
- b) No one does house calls any more
- c) After hours my only option is a Walk-in or the Emergency room
- d) How doctors are paid
- e) We are motivated by money
- f) My doctor doesn't care



a) Why do we want you to only come with ONE problem?



b) House Calls





c) After Hours



- * If it's an emergency – go to the Emergency Room
- * Call Telehealth 811
- * Some Doctor's offices have an on-call doctor number you can call.
- * Walk-in clinic
- * Wait until morning on a week day:
 - * bladder infections, prolonged fever, sprained ankle, sore throat
- * Back pain, neck pain, vomiting/diarrhea (not dehydrated)- don't go to the doctor.

What does appropriate access look like?

Materials adapted from [Choose Better](#)



Appropriate Access Jeopardy

	GP	Pharmacist	Self Care
Diarrhea?			
	Call 811	Self Care	Pharmacist
Pain after minor fall?			
	Self Care	GP	ER
Severe earache?			

Appropriate Access

Hangover, grazed knee, sore throat, cough?

Self care: be sure to stock up your medicine cabinet with pain killers, plasters, and antiseptic creams

Diarrhea, runny nose, painful cough, headache?

Pharmacies: can provide confidential health advice and treatment. There is no need to make an appointment

Vomiting, ear pain, sore belly, backache?

GP: Your primary care provider is the best place to go to for such concerns.

Unwell, unsure, confused, need help?

Call 811 for fast, reliable medical help and advice for anything that is not a life-threatening emergency.

Cuts, sprains, itchy rash, strain?

Walk In offer access to a range of treatment for minor illnesses and injuries. You will be seen by an experienced care provider, without an appointment.

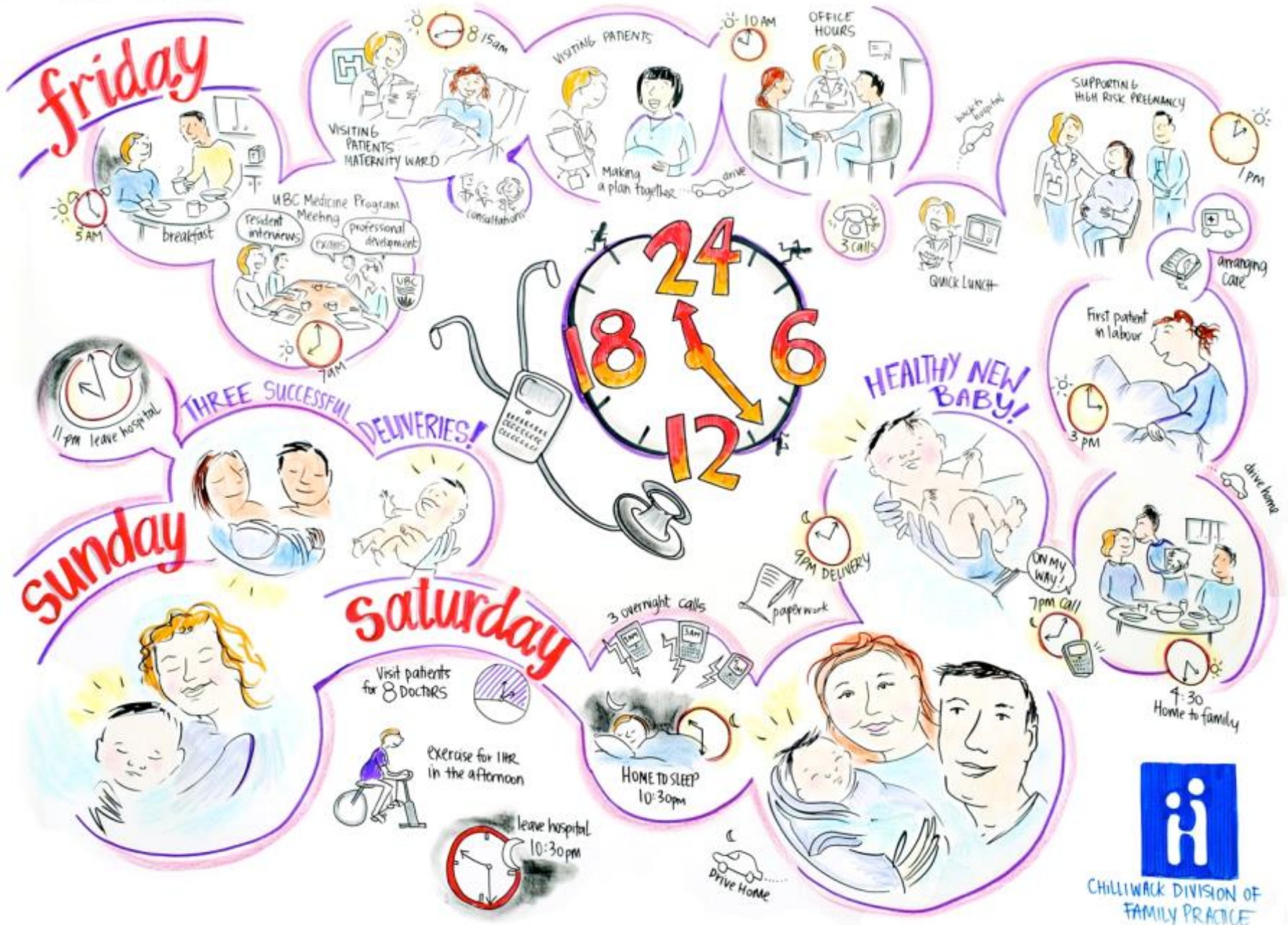
Heavy bleeding, broken bones, burns, chest pains, trouble breathing?

Emergency Department should only be used in an emergency for critical or life-threatening situation. If you cannot travel yourself, you should dial 911 for an ambulance.

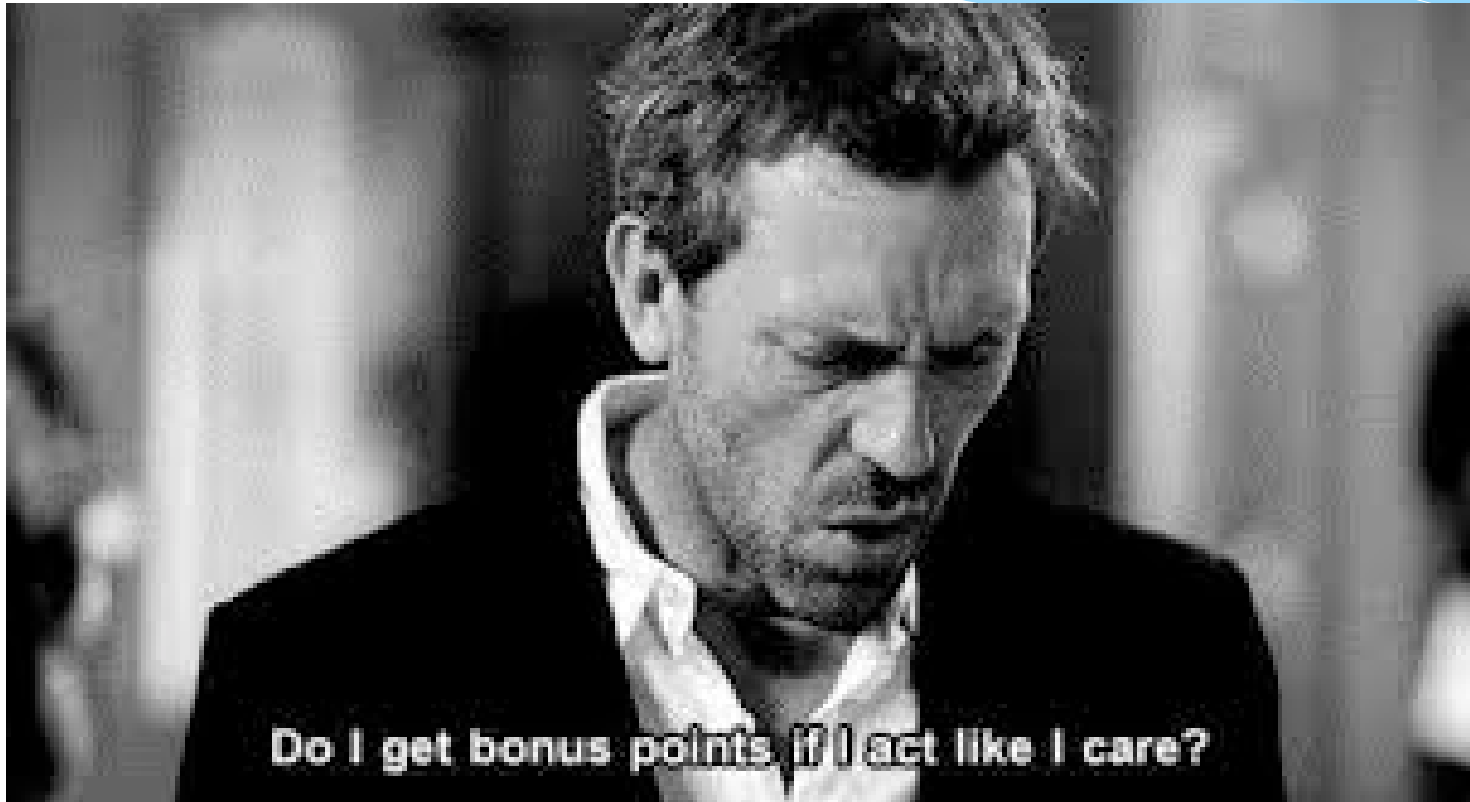
d) How do you think doctor's are paid?

- * By MSP
- * Paid per visit
- * Regular visit pays about \$30
- * Recently there are some bonuses we can bill for more complex patients. These have very specific criteria and require very specific documentation.
- * We have to bill MSP for each visit, each urine test, each bonus, and each billing needs a specific billing code, specific diagnostic code
- * On top of that- frequently MSP holds our payment for weeks- months with no explanation.

Weekend in the Life of a Chilliwack On-call Doctor



f) My doctor doesn't care



Questions?

