

## Background

Northern Health (NH) has a large proportion of rural, remote, Northern, and Indigenous populations, which increases the need for creative health care solutions for patients and health care providers alike. The Northern RACE line allows physicians to be connected by telephone to a specialist in urgent cases. However, NH still battles long referral lists and wait-times for specialist consultations in addition to high expenses related to patient travel.

In Northern BC, GPs have access to the Northern Rapid Access to Consultative Expertise line for non-urgent patient care questions, an advice line that allows the GP to get quick support from 12 different specialist types, including cardiology, nephrology, and infectious disease. Northern Partners in Care (NPIC) had originally developed the Northern RACE line. When NPIC closed its doors in 2017, Northern Health's Chronic Disease Program agreed to continue the administration of this line while planning for a long-term solution continued.

At the same time, the Canadian Foundation for Healthcare Improvement (CFHI) was offering teams across the country to join a 15 month quality improvement collaborative focused on spreading evidence-informed strategies that enhance primary care access to specialist consult, July 2017 to September 2018. As physicians, we saw this as an opportunity to learn about what was working well with the current Northern RACE line, and be supported with quality improvement education to learn and connect with other teams seeking to improve similar services in their own health organizations.

We saw an opportunity to bring together a small team of specialists and GPs working in the Northern Health region to learn quality improvement methods, and apply them together with the support of this national collaborative and the Northern Health Physician Quality Improvement Program.



## Details from our Project Team Charter

The project encompassed five main objectives.

1. Improve patient access to specialist care in the North
2. Improve timeliness of access to specialist care for providers and patients
3. Support collaboration and relationship building between specialists, PCPs and their patients
4. Create opportunities to highlight and support awareness about how to provide culturally safe care
5. Improve the care inequities in rural and remote communities, including First Nations

By September 2018, our team aimed to:

- Increase awareness about culturally sensitive care for patients, families, and care providers at the point of care.
- Increase awareness and use of the RACE line by 50% in order to seek feedback and make improvements to the existing system.
- Seek to understand how communities are currently accessing specialist services and explore opportunities for building new and/or improving relationships between SPs, PCPs and their patients/communities.

## Why is this important?



Dr. Anurag Singh, Nephrologist

"The patients we serve do not always have the means or the desire to travel to larger communities to receive care. The RACE line prevents patients from having to leave home and allows the Primary Care Provider to have their questions answered quickly."

"Remote consults will prevent anxiety, travel and related costs to patients, burden on wait lists, and overall better patient and provider experience. Remote consults can also play a huge role to build relationships between providers which can improve patient experience and outcomes."



Dr. John Pawlovich, GP

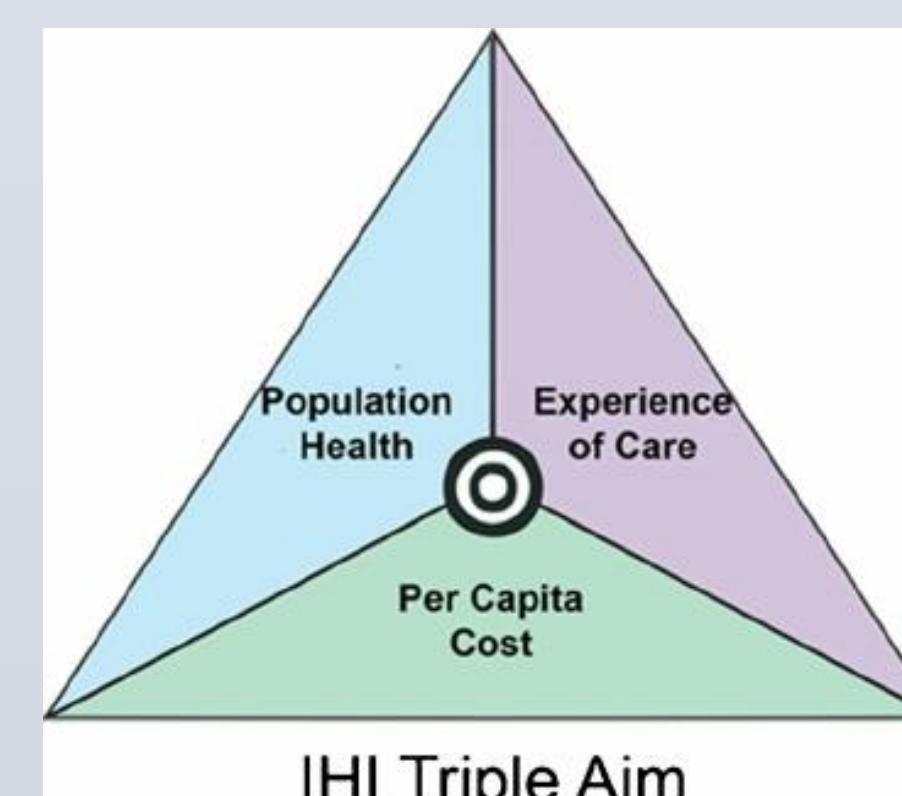


Dr. Abu Hamour, Infectious Disease Specialist



Dr. Haidar Hadi, Cardiologist

"As the vast geography is a major challenge in Northern BC, remote consult will undoubtedly help bridge the gap in access to care. The anticipated improvement in the quality of care, patient and provider experience alike, and the possible savings in healthcare costs would all fit well with the triple aim strategy."



Edwina Nearhood, Patient Advisor

"The RACE line would significantly improve the patient experience by allowing their Primary Care Provider to discuss the condition with a specialist without having to send the patient out of town."

## Team Learning Activities

Key activities and education experienced:

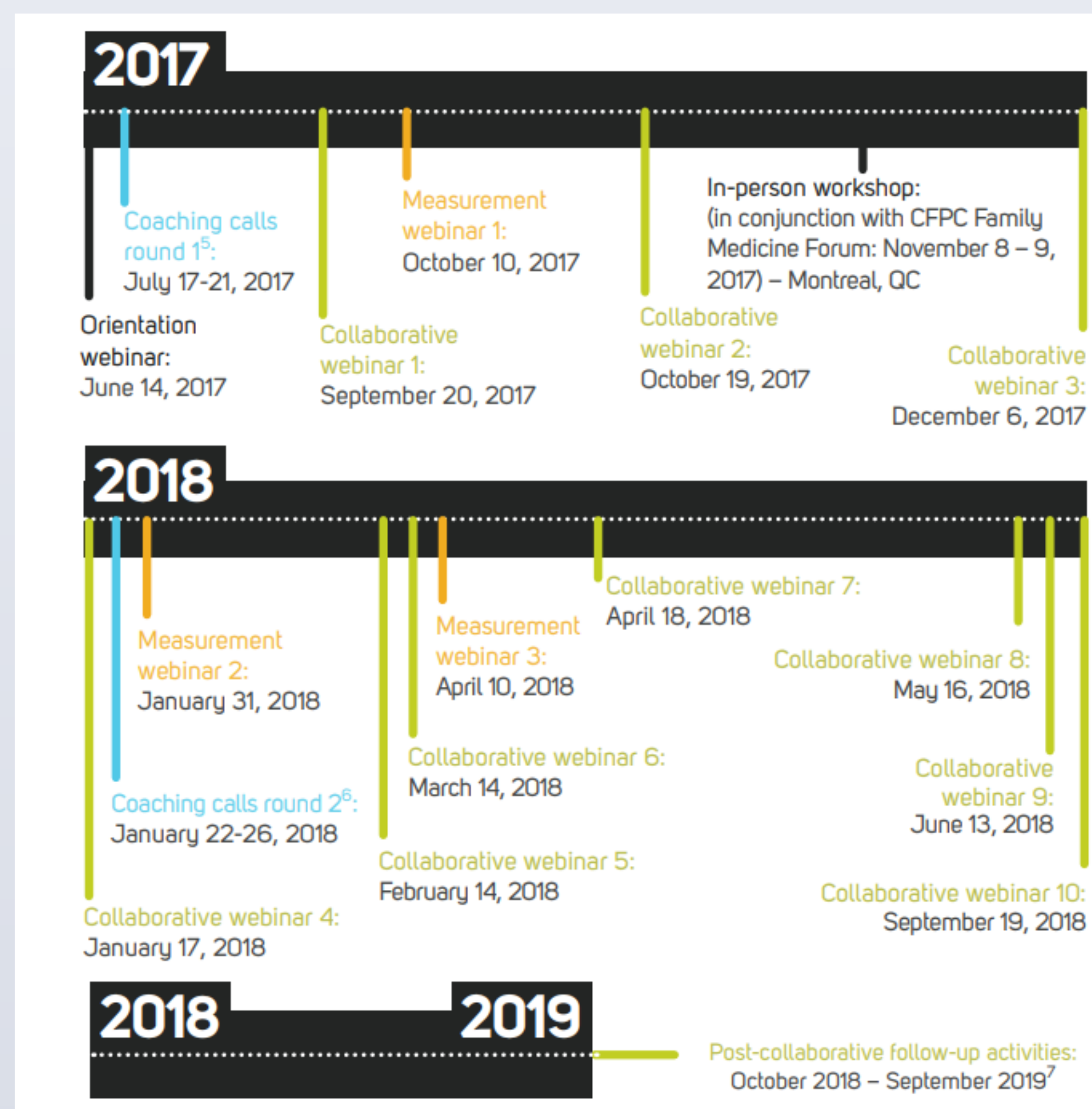
### 4 Modules + 1 we added

- Design and Readiness for implementation
- Early Stage Testing and Implementation
- Continued implementation and Early Evaluation
- Planning for Sustainability and sharing results
- + Indigenous Cultural Sensitivity Training Workshop

### Modalities Used

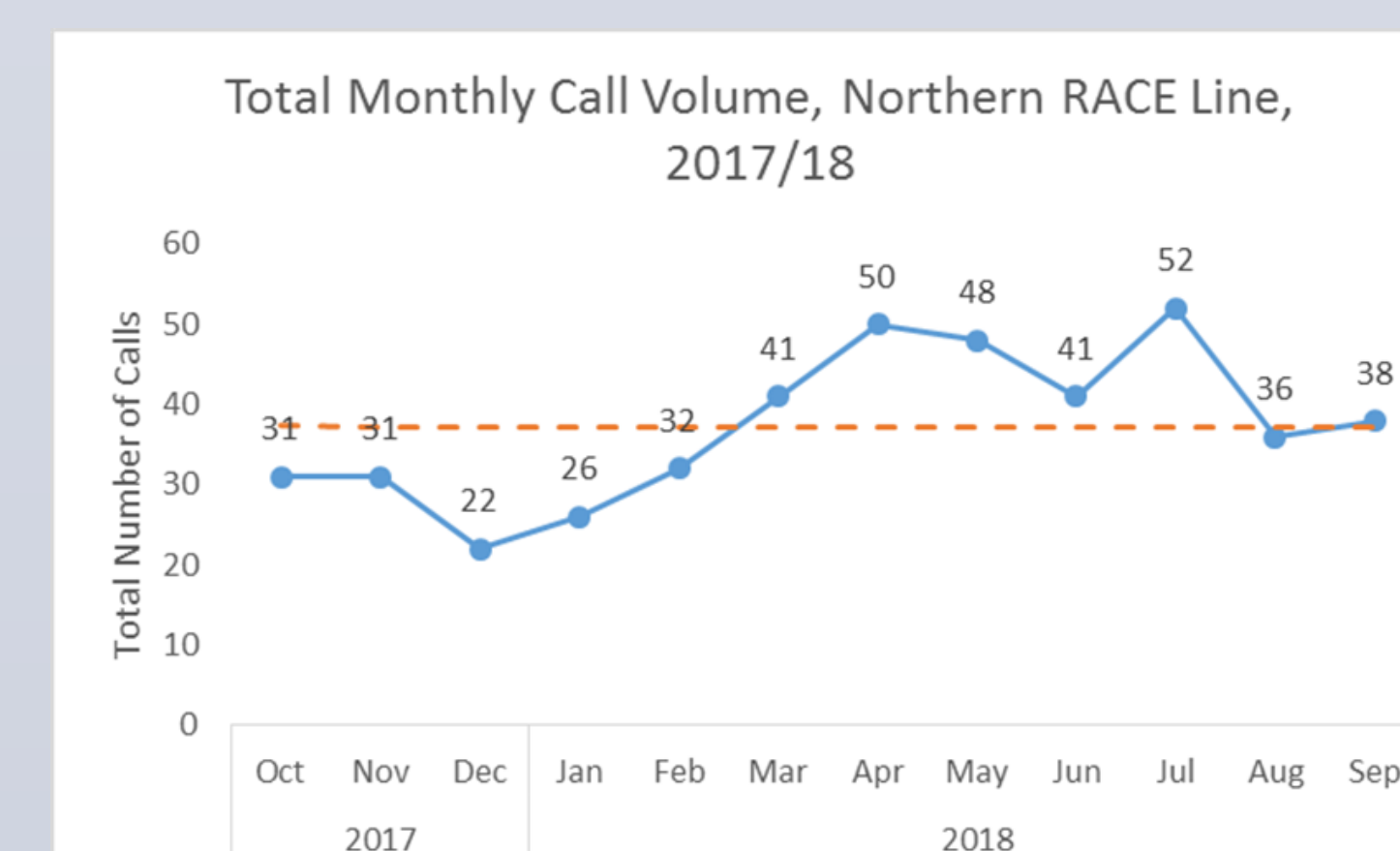
- Webinars/live chats
- Surveys
- Coaching teleconferences
- Worksheets and data reviews with team PSDA Virtual Team Planning/Studying Meetings using QI tools
- Education Primers: Patient engagement and co-design; Highly Adoptable Improvement; PSDA Cycles

Collaborative Timeline:



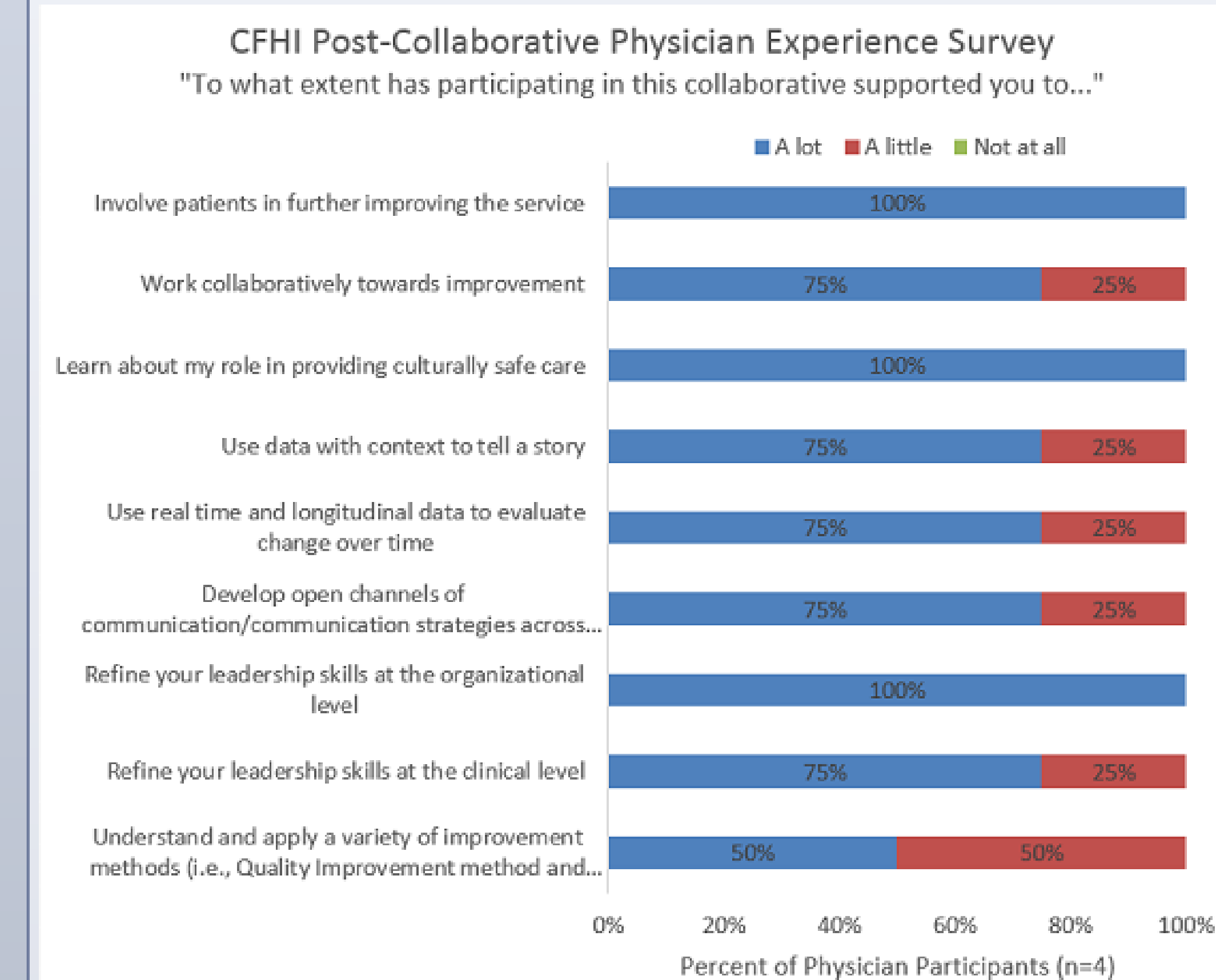
## Project Results

Since the beginning of focused project work in September 2017, the Northern RACE line has seen an average of 37.3 calls per month. An upwards trend in call volume was seen between December 2017 and April 2018.



## Reflections

"We have learned a lot about patient and stakeholder engagement through this collaborative and through working with our patient partner on the team. Also, the measurement webinars and coaching have been helpful. We are also learning ways to successfully engage with physicians and leaders in our regions. We have a much better understanding about how the physicians in the north appreciate and advocate for their northern connections and consults and the importance of having a local and regional context for consults and communication." (Team Report, July 2018).



## What's Next?

For education and leadership:

As physicians, we plan to further our education with additional leadership and quality improvement courses, and use our leadership to support contemporary technology use and relationship collaboration between GPs and specialists.

For the Race North Team:

- Further relationship building with GPs in our region
- Technology improvements to enhance RACE line services
- Patient Journey Mapping with our Patient Partner
- Additional spread and sustainability planning
- Participate in provincial planning discussions

## Acknowledgments and Contact Info:

Contact: Dr. Anurag Singh Email: [Anuragsing@hotmail.com](mailto:Anuragsing@hotmail.com)

This project owes a great deal of appreciation and thanks to the following people and groups that enabled this project to happen: Patient Voices Network, our Patient Partner, Edwina Nearhood; our Sponsors, Northern Health, the SSC funded Physician Quality Improvement initiative, and the CFHI Connected Medicine Collaborative.

We would like to also acknowledge the rest of the RACE North team: Reina Pharness, Edwina Nearhood, Frank Flood, Lee Cameron, Leanne Nahulak, Sheri Yeast, Jessica Place, Tiegian Daniels, and Janice Paterson.