



THE UNIVERSITY OF BRITISH COLUMBIA

Continuing Professional Development

Faculty of Medicine

UBC CPD

The Division of
Continuing Professional Development
Faculty of Medicine
City Square, 200-555 W 12th Ave
Vancouver BC Canada V5Z 3X7
T 604.675.3777
ubccpd.ca

COVID-19 UPDATE: INNOVATION AND CHANGE IN FAMILY PRACTICE ARISING FROM COVID-19 PANDEMIC

Webinar recording: **April 30, 2020**

Recording URL: <https://ubccpd.ca/innovation-and-change-family-practice-arising-covid-19-pandemic>

Disclaimer: Information on COVID-19 is changing rapidly and much of the research is preliminary. Assessment and management protocols are suggestions only; they do not take the place of clinical judgement. Please check with your own health authorities and local medical health officers as policies and support for the suggested approaches to patient care may vary between regions.

This summary was prepared by Dr. Simon Moore and not by the speakers.

Summary of Clinical Pearls

Find innovative ways to increase connections & new income streams

- **Collaborate with colleagues**
Create a WhatsApp group with nearby clinic owners to share workflows, innovation, and discuss the business side of medicine. Some MDs have started Facilitation Fridays where they go through a PSP-funded facilitation session every Friday for QI or workflow changes.
- **Connect with clinical team**
Setting a regular (i.e. weekly) clinic meeting can help overcome the challenge of no longer all being in the same clinic and help the team cope with the large amount of recent changes.

- **Delegate duties**

For example, one person in the clinic can make a clinic virtual waiting room website, another person obtains a text-message vendor, ask your accountant to process the Canadian Emergency Wage Subsidy paperwork, etc. Ask an office assistant to call every patient to get an e-mail address, update the patient panel, and identify any outstanding preventive care interventions or CDM fees that have not been billed.

- **Visit the vulnerable**

Anticipate which patients are vulnerable or at risk and reach out to them to assess their chronic disease care, state of mental health and need for medication refills ahead of the virtual visit. These include patients who are alone, have chronic/complex disease, mental health or substance use concerns, and are frail/elderly.

- **Plan proactively**

Implement a widget to identify patients who need a prescription refill in the next month and book those patients to be seen. Complete training to learn how to mine the EMR for care gaps for medically at-risk patients (e.g. complex care patients, patients with respiratory disease, CKD patients with out-of-range GFR, heart failure not on triple therapy).

- **Owners have huge responsibilities to compare costs and share with their clinical team**

Before laying off a MOA, weigh the cost savings of laying off a MOA compared to the cost it takes to train a new MOA when we reopen and need staff again.

- **Cut costs in the future**

New government grants, funding models, or an increased supply of providers may change the way we do business. In the future, if these things are in place, perhaps increasing the number of virtual visits from home can increase the number of clinicians that work out of one clinic, helping to reduce the overhead cost burden and shift to financial models that are truly sustainable.

Use technology creatively & wisely

- **Using Email**

- Update patients with information about changes in our practice as they evolve.
- If using email to update demographics, use a program like MailChimp that allows you to easily create customizable fields that will merge with patient's current contact information. Patients are then instructed that if any information is missing or out of date, they can update it by replying to the email. Given that 90% of the information is likely up to date, this is more efficient than using an E Form because patients are not sure what information you have on file and may respond unnecessarily.

- **Try texting**

Use your EMR functionality or a third-party vendor can allow you to send text messages that are integrated with the EMR, and:

- Send out appointment reminders
- When booking appointments over the phone, use typing templates with print variables to send patients their appointment date, time and provider
- For either of the above options, you can use auto-populate demographics into the text scripting asking the patient to add to or update the information
- At the end of a visit, copy and paste the assessment and plan into a text message or use a typing template to enter common explanations and instructions which saves time explaining and gives patients something to refer to later
- Enables patients to instant message their comments directly into the EMR, or submit pictures directly into the EMR
- Do not reveal your personal mobile phone number
- Enable patients to fill out forms at home such as CMPA consents, new patient forms, and demographic info update

- **Discuss downfalls**

Advise patients about the shortcomings of telemedicine, and obtain verbal (or ideally, written) consent for a televisit.

- **Prioritize privacy**

Use encrypted conversation methods for staff communication (e.g. WhatsApp).

- **Schedule smartly**

Do not underestimate the amount of clinician and staff time and energy it takes when switching to telemedicine; test out the technology first with friends or family, have a backup option (i.e. telephone), and book extra time when starting.

- **Patient portal**

Use so that patients can do some or all of the following: update demographics, book online, view referrals, view results, view problems, request prescription refills, enter their “list”, or pictures directly into the EMR prior to their next appointment.

Find opportunities in this challenging time

- **Wonder “Why?”**

Using the pandemic lens gives us the chance to ask, “why do we have to do things this way?”

- **Announce availability**

Patients are attending virtual walk-in companies rather than their family physicians; now we have the technology to offer this service from patients' usual family practice which increases continuity. Release an announcement via e-mail, website, or mail so patients are aware that your clinic is open for telemedicine. Open a virtual after hours service for your patients for 1-2 hours a day or join with another clinic to provide this service.

- **Boost balance**

This can present an opportunity to improve work life balance e.g. telemedicine in the morning, walk the dog in the midday, and then go into the clinic for in-person visits in the afternoon.

- **Increase involvement**

If you are interested in obtaining change for the healthcare system, now is a great time to get involved with your Division of Family Practice or with BC Family Doctors.

- **Leave a legacy**

There is opportunity to leave a positive legacy from this pandemic: if our province can rise to overcome the challenge of unattached patients with the same innovation, vigour, dedication, and accelerated funding that we have put towards COVID-19, we will create better outcomes for everyone in BC.

Resources

- **This Changed My Practice article: Evolving in the era of COVID-19**
<http://thischangedmypractice.com/evolving-in-the-era-of-covid-19/>

Thanks to the speakers on the video:

- **Dr. Aaron Childs**, Family Physician – Victoria, BC
- **Dr. Jaron Easterbrook**, Family Physician – Victoria, BC
- **Dr. Daniel Ngui**, Family Physician – Vancouver, BC
- **Dr. Richard Welsh**, Family Physician – Abbotsford, BC
- Moderator: **Dr. Bruce Hobson**, Family Physician