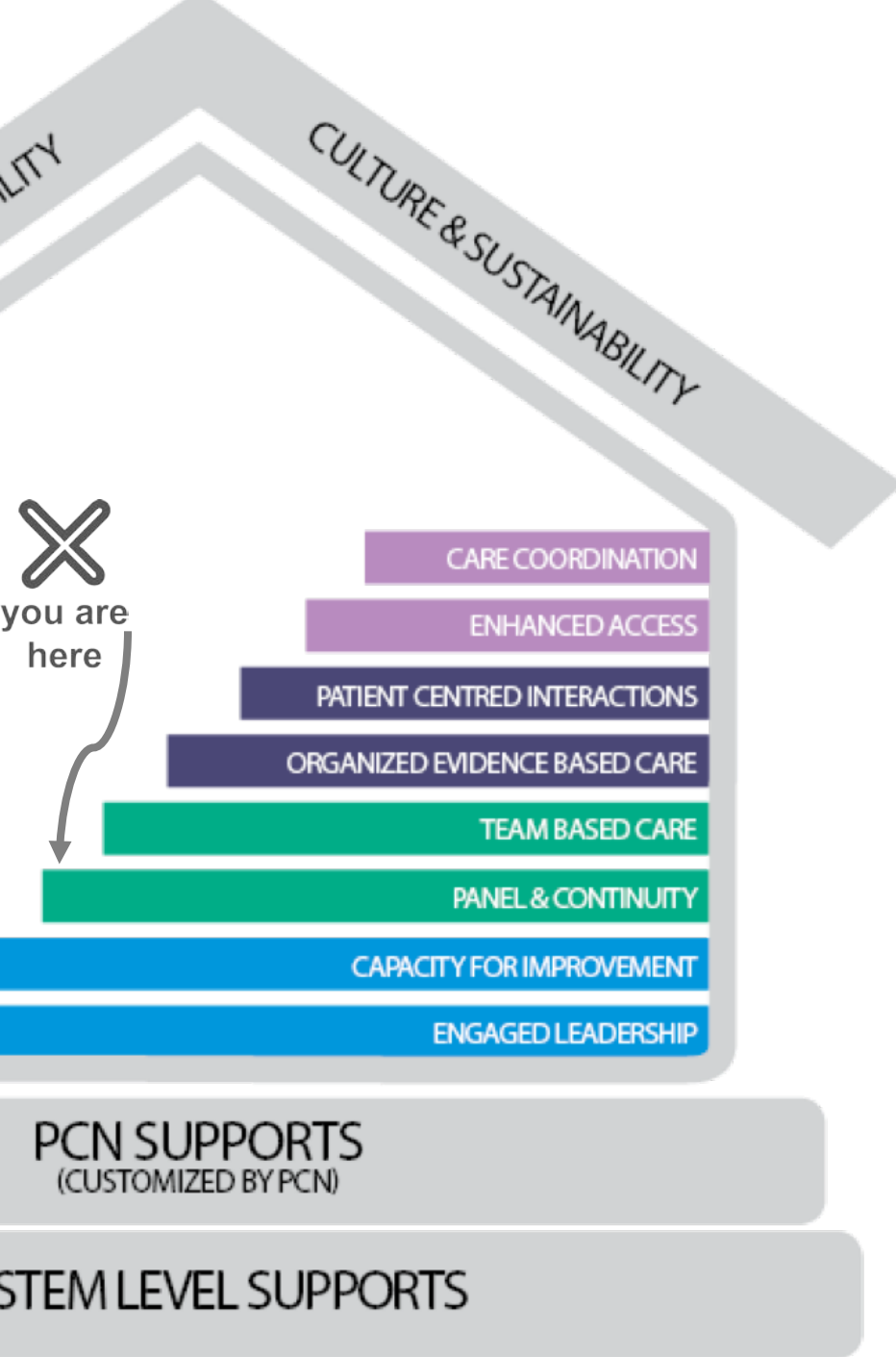




# TOP Relational Continuity Guideline

Dr. Rick Neuls

PCN Leads Forum February 23, 2018





# Agenda

1. Why develop a clinical practice guideline
2. Proposed guideline context, scope and outline
3. Discussion and feedback to this proposed guideline



# Your thoughts matter...

- How can we create a “guideline” on Continuity that will be an effective tool for physicians?
  - Would you and your colleagues read it, use it?
  - What would make it user friendly? (e.g. – tools, length, linkages to other continuity work etc.)
  - What are some key behaviours/ behaviour change recommendations physicians need to know?
- If a guideline is not an effective tool, what alternatives would you suggest?
- Additional feedback?



Let's Talk

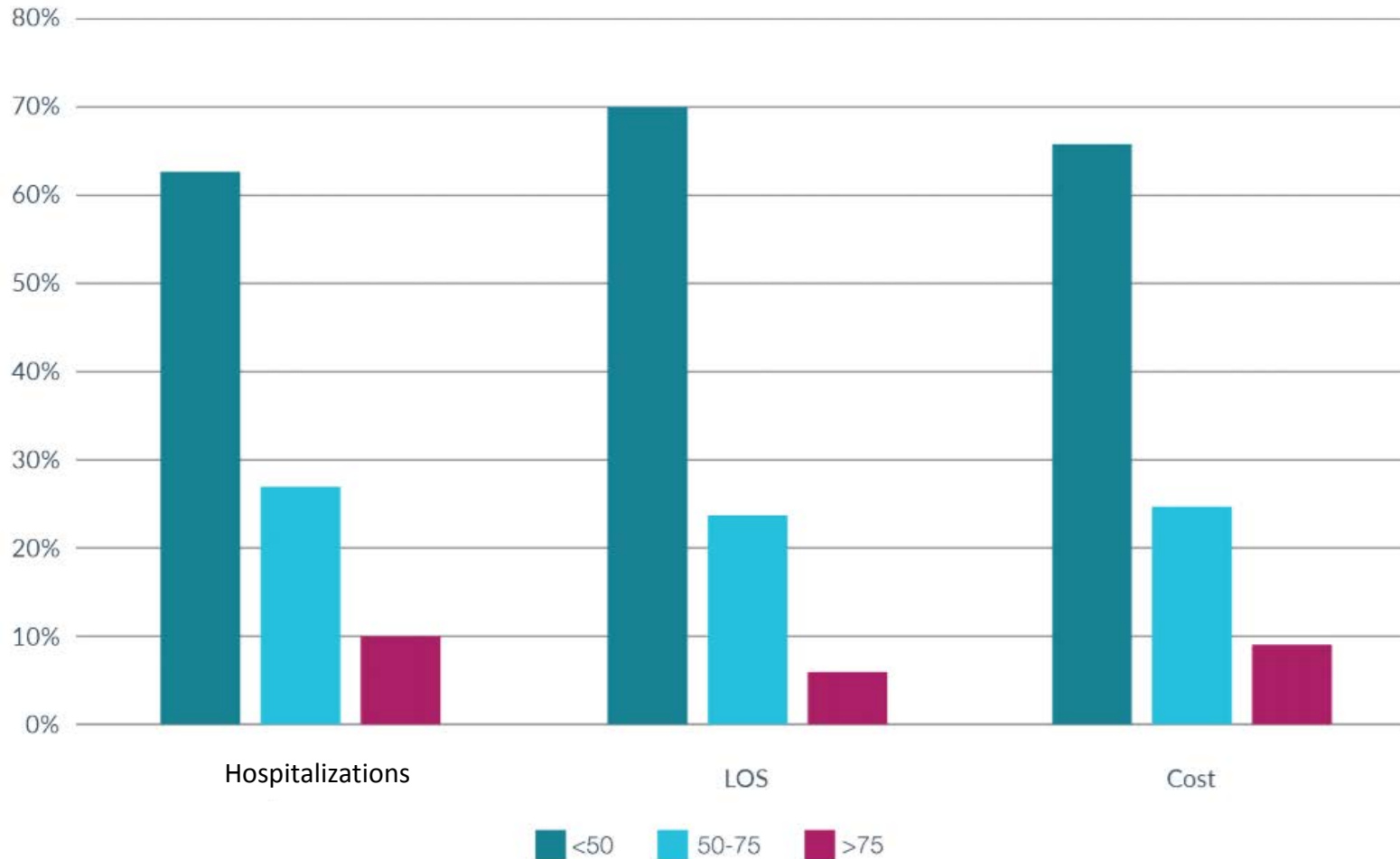
# If we could only do one thing...

*“Having a family doctor, being able to access the family doctor, and most importantly, continuity of care with a family doctor, is probably the single most important thing a health care system can provide to its population.”*

- Dr. Richard Lewanczuk,  
Senior Medical Director,  
Primary Health Care, AHS

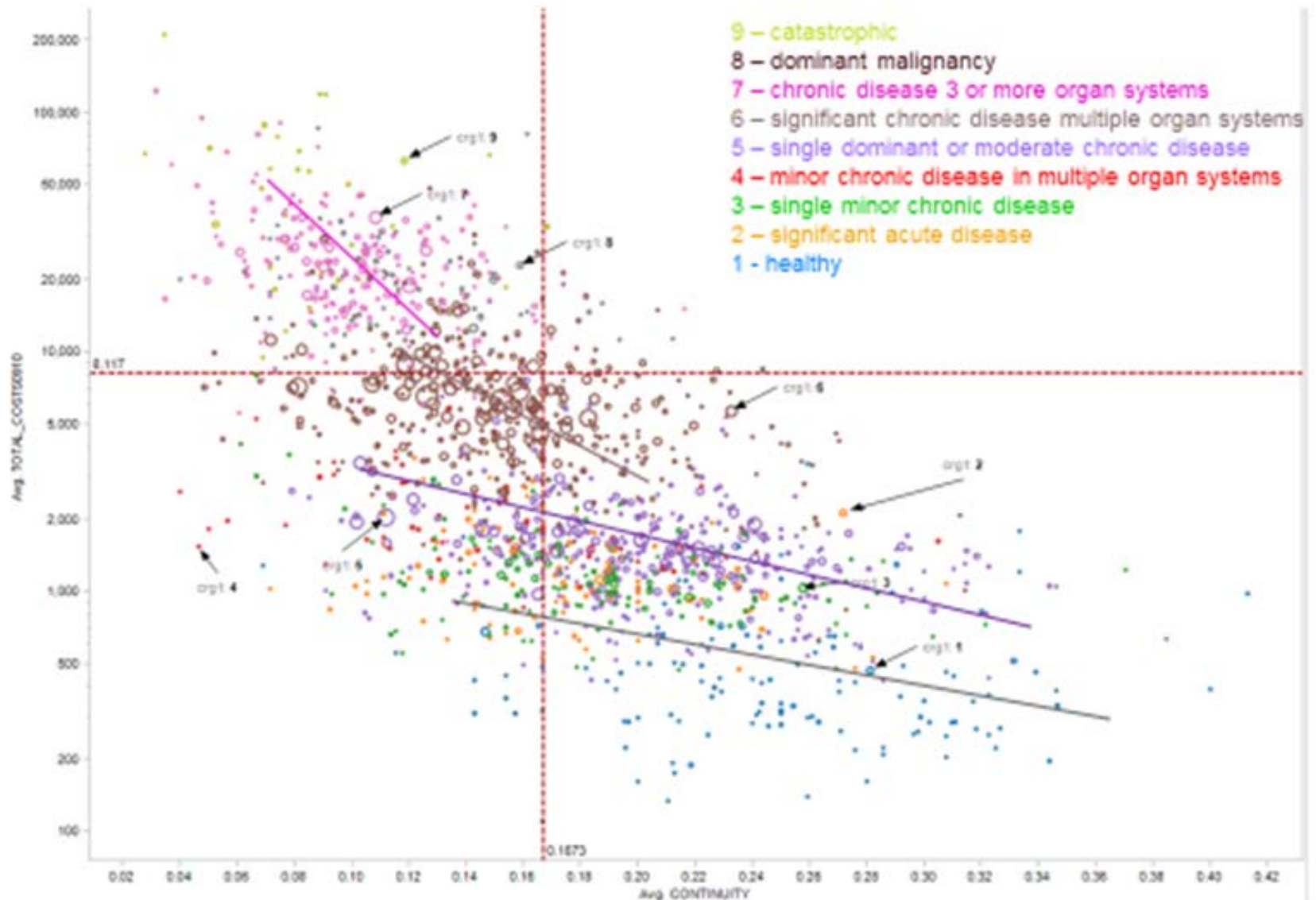


# As Continuity Increases, Utilization Decreases

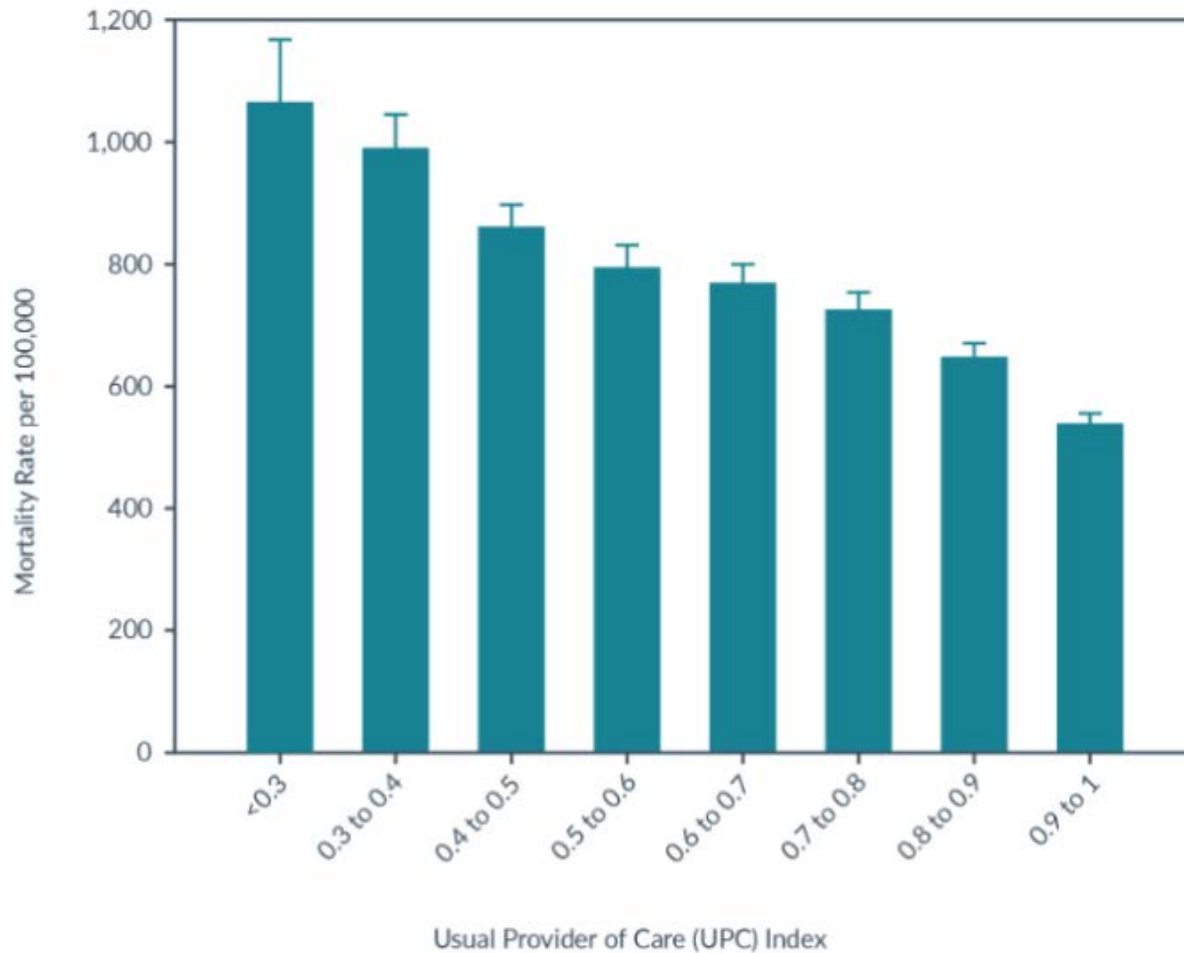


# As Continuity Increases, Cost Decreases

*(particularly in complex cases, defined by CRG)*



# As Continuity Increases, Mortality Decreases

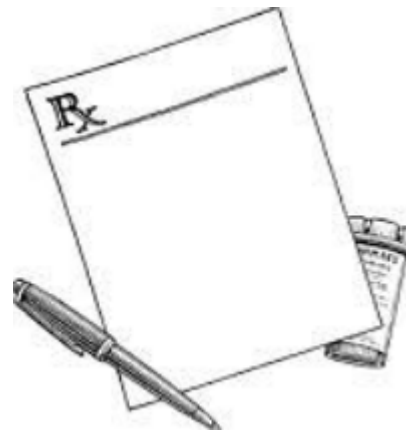




# Can Relational Continuity be framed as a Clinical Practice Guideline?

Can “Relational Continuity” be thought of in terms of a typical clinical practice guideline intervention?

- If we had a pill that decreased a disease by up to 50%, wouldn't we develop a CPG and emphasize this as best practice?
- We know Relational Continuity can decrease mortality by up to 50%, therefore, is it possible to think of relational continuity as a true clinical intervention?





# Is developing a CPG on Relational Continuity the right thing to do?

- A guideline alone doesn't directly influence desired practice behaviour, but:
  - It can serve as an important foundational tool for behaviour change within the overall continuity campaign
- Clinical practice guideline development methodology will ensure recommendations are:
  - Evidence informed, primary care behaviour-focused, reflective of Alberta context, simplified, practical for testing and implementation
  - written by physicians for physicians  
(To our knowledge and inquiry there is no other CPG in existence on the this specific topic)

# Guideline Committee Members



## Co-Chairs:

- Dr. Richard Lewanczuk (Senior Medical Director, Primary Health, AHS)
- Dr. Rick Neuls (Family Physician, AIM Faculty)

## Members:

- Dr. Ernst Greyvenstein (Family Physician, PCN Phys. Exec. Lead – Calgary)
- Dr. Lee Green (Family Physician, Prof. & Chair. Dept. of Family Medicine – U of A)
- Dr. Tobias Gelber (Family Physician, SRM President, AMA Board)
- Dr. Jordan LaRue (Family Physician, President Wolf Creek PCN)
- Dr. Charles Leduc (Family Physician, Head of Dept. Family Medicine – U of C)
- Dr. Brad Bahler (Family Physician, Medical Director - PCN Evolution)
- (June Austin) (Senior Consultant AMA – link to associated Continuity work, Access/ Continuity SME)

# TOP Relational Continuity Guideline

- Focus:
  - **Relational Continuity** as it is foundational to patient-focused care and positive health outcomes
  - Management and informational continuity will be included in the context of supporting and linked to relational continuity
- Targeted users:
  - Primary care physicians and their teams
- Objective:
  - Primary care physicians will understand the value of relational continuity and therefore adopt practice behaviours that result in relational continuity.
- Timeline:
  - Complete by June 2018



# Table Discussion

- Take 10 min to chat with your colleagues about what you've just heard
- Prepare to share 1 or 2 key thoughts / ideas that emerge





# Your thoughts...

- How can we create a “guideline” on Continuity that will be an effective tool for physicians?
  - Would you and your colleagues read it, use it?
  - What would make it user friendly? (e.g. – tools, length, linkages to other continuity work etc.)
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Let's Talk