



# Hierarchy of Booking

## Booking for Continuity

It is recognized that it may not always be possible for patients to see their own primary care physician on the day they request despite best efforts to maintain good access.

However, some degree of continuity can be maintained based on a hierarchy of booking. Through teamwork and coordination, appointments can be scheduled in such a way as to promote care delivery by those who have some degree of relationship with the patient within the patient's medical home. Consequently, it is not only important to maximize continuity but to manage the inevitable discontinuity via clear booking practices and other office processes.

Mitigating discontinuity is a key objective of a primary care system. When a patient can't see his/her usual provider (relational continuity), the second-best choice is a provider who works in close coordination with the primary provider (relational and management continuity regardless of who the provider is). Third best is a provider with access to the same medical record (informational continuity only). Least effective is for the patient to see another provider with no connection to the primary provider.

### Hierarchy of booking routine appointments

1. Book to patient's own primary care physician (or most appropriate team member) for today.
2. Book to patient's own primary care physician (or most appropriate team member) in the future.
3. Book for today but not with own primary care physician (or most appropriate team member).
4. Patient seeks care outside clinic (patient and provider are consciously aware of need to close the loop).

## Substitution and Supplementation

There are two methods of addressing insufficient access and the potential discontinuity that may result – substitution and supplementation. Substitution occurs when the desired provider is not available. The patient needs another provider who offers the same service who is usually of the same profession. Supplementation occurs when the patient benefits from a different set of skills. In this case the patient needs another provider who offers a different service and is typically from a different profession or discipline. In both cases teamwork and coordination mitigate the effects of discontinuity.

It is important to note that "service" is not synonymous with "profession." For example, a pharmacist or a physician could provide medication reconciliation and advice, therefore continuity can exist as a function of the service provided rather than the professional affiliation. Additionally, it is important to recognize who is best placed in terms of access, team dynamic and has the highest level of skill to provide a given service.

When substitution is necessary the objective is to reconnect the patient to the original provider in subsequent encounters and to mitigate relational discontinuity through informational continuity. This is not possible without an identified panel and clear processes and mechanisms for information sharing.

This hierarchy of booking serves as guide to provide patients care that optimizes relational continuity via substitution and in some cases supplementation when the primary provider may not be available either because they are away or due to diminished access.