



Network Session Summary

Session Topic:	When Demand is High and Supply is Low: Options for Providing Timely Access in a Challenging Climate
Session Date:	December 6, 2023
Session Host:	Dr. Janet Craig & Dr. Jerrett Stephenson
Session Objectives:	<p>At the end of this webinar, you will be able to:</p> <ul style="list-style-type: none"> • Describe 3 strategies that physicians and teams can employ to proactively manage demand for appointments. • Describe 2 strategies for increasing supply of appointments through utilizing team and protecting physician time.

Recommended Resources:

- [Session Recording](#)
- [Podcast](#) episode on primary care nurse’s (RN, LPN) scopes of practice
- [‘Primary Care Nursing in Alberta: A guide to the role’](#)
- [Ideal Panel Size Calculator and other resources](#)
- [Access-related tools & resources](#)

Session Highlights & Themes:

- Access for appointments is dependent on the demand from the patient panel and the supply of appointment slots from the provider.
- When demand and supply are balanced, there is no backlog of patients needing appointments who can’t get in.
- When demand goes up and/or supply decreases, a backlog is created – as well as stress for all involved!
- Simple strategies aimed at reducing demand and increasing supply can make a big difference in improving access.



3 Strategies to Reduce Demand

1. Consider appointment types
 - For example, emailing the patient with lab results and/or medication refills.
 - Support self-management of conditions to reduce follow up visits (e.g., self-monitoring HTN with guidelines to follow up only when out of range)
 - Provide next steps for acute conditions (e.g., use neti pot for postnasal drip x 2 weeks; if that doesn't work then nasal steroids x 2-4 weeks, then trial OTC antihistamine, so patient can self-manage in a stepwise fashion)
 - **Common Concern:** *In fee for service, I make more money seeing patients in person*
 - **Response:** *True, and a new fee model is part of the solution. But sending a quick message via the patient portal allows you to bill, and will open up a future appointment. So you will actually be ahead financially.*
2. Extend return visit rates
 - For patients with stable conditions, consider extending re-check and prescription intervals
 - Over the course of one year, extending recalls from every 2 months to every 4 months for 100 of your stable patients would result in 300 open appointments to work down backlog
 - As an example for prescriptions, extending scripts for chronic conditions to 100 days with 3 refills (versus 90 days x 3 refills) extends the patient contact by 40 days. Also, advise patient to follow up only if their condition hasn't improved or is worsening (i.e., NO follow up for stable patients)
 - **Common Concern:** *If I don't see a patient regularly after I start a new blood pressure medication, how will I know whether they are improving?*
 - **Response:** *We can teach patients to do self-monitoring, and that they only need to follow-up when out of range.*
3. 'Max pack' visits
 - Address more than 1 concern at each appointment as time allows
 - For example, do a punch biopsy same day instead of at a follow-up visit, or complete a pap when due
 - Also, max pack prescription refill requests from the pharmacy – fill them all, not just one
 - Consider [PrescribeIT](#)
 - **Common Concern:** *Trying to pack more into each visit is going to get me further behind.*
 - **Response:** *Sometimes you can max pack, and sometimes you can't. But again, doing more at a visit might open up a future appointment slot for you.*



2 Strategies to Increase Supply

1. Decrease the admin load on the primary provider
 - What can the team do to allow the primary provider to focus on delivering clinical care
 - Examples:
 - Reception/MOA to arrange lipids/FIT/A1C/mammo ASAP screening using EMR supports
 - Have reception create a req for any Creatinine required for CT scans
 - Have clinic nurse or PCN pharmacist update Rx and do medication reconciliation when patient discharged from hospital
 - **Common Concern:** *Aren't I responsible for arranging screening for my patients?*
 - **Response:** *Yes, but you can get help from team members. In a recent study published by the American Academy of Family Practice, it takes 26.7 hours per day for a physician to provide preventative care, chronic care, acute care and documentation and inbox management for a panel of 2500 patients. Physicians can't do it alone anymore!*
2. Ensure team members are working to full scope of practice
 - Determine which clinical team members you have access to (clinic, PCN, community pharmacist, etc.) and have a conversation about what they could potentially be managing for you clinically – where does their scope overlap with yours?
 - RNs and LPNs have a vast scope as outlined in the document ['Primary Care Nursing in Alberta: A guide to the role'](#)
 - For example: nurses and pharmacists can be especially helpful in managing patients with diabetes

Session Statistics

Total Physician Participants	North Zone Physician Participants	Edmonton Zone Physician Participants	Central Zone Physician Participants	Calgary Zone Physician Participants	South Zone Physician Participants	PCNs Represented
27	5	3	4	11	4	17