

Share & Learn: Helping patients to access care

Improving wait times on the phone

May 2, 2022



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Improving wait times on the phone

Moderators:

- **Dr. Debbie Elman**, Family Physician, Sunnybrook Health Sciences Centre
- **Dr. Erica Li**, Family Physician, Michael Garron Hospital

Presenters:

Toronto East Health Network - Michael Garron Hospital

- **Dr. Blaise Clarkson**, Toronto, ON

Trillium Health Partners - Credit Valley Hospital

- **Dr. Ali Damji**, Mississauga, ON
- **Ms. Christina Enchev**, Mississauga, ON



Land Acknowledgement

We acknowledge this land on which the University of Toronto operates. For thousands of years, it has been the traditional land of the Huron-Wendat, the Seneca, and most recently, the Mississaugas of the Credit River. Today, this meeting place is still the home to many Indigenous people from across Turtle Island and we are grateful to have the opportunity to work on this land.



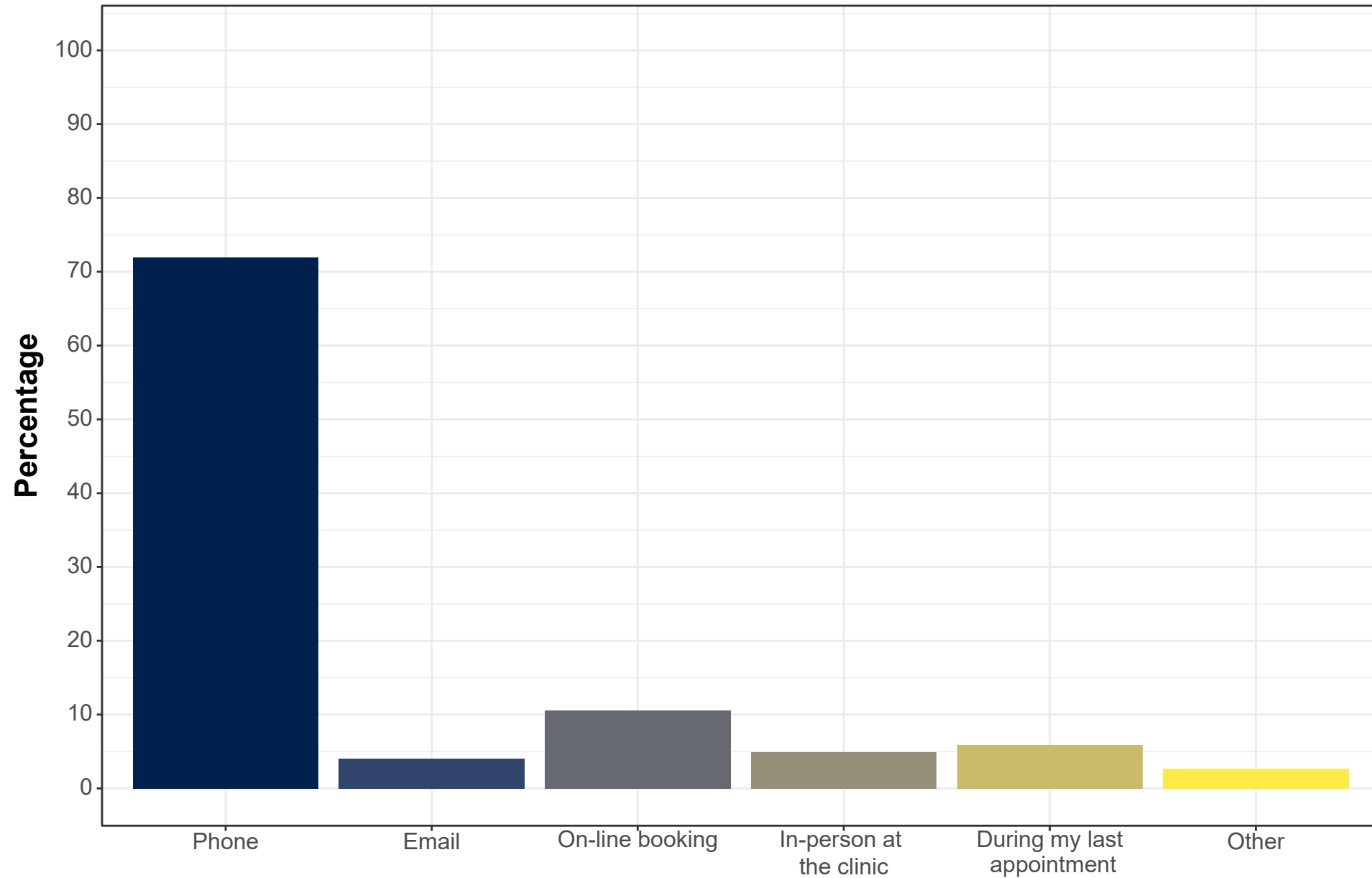
Background

- Common patient experience survey developed June 2020 to better understand patient experience during COVID pandemic, virtual care, and access
- After 4 waves of the survey, survey was re-designed to include questions on booking appointments and phone wait times
- Wave 5 surveys were sent between Nov 2021 and Feb 2022 at 13 of the core DFCM teaching sites
- Survey emailed to all patients with an email on file and a birthday in May, June, July, August, September, and October

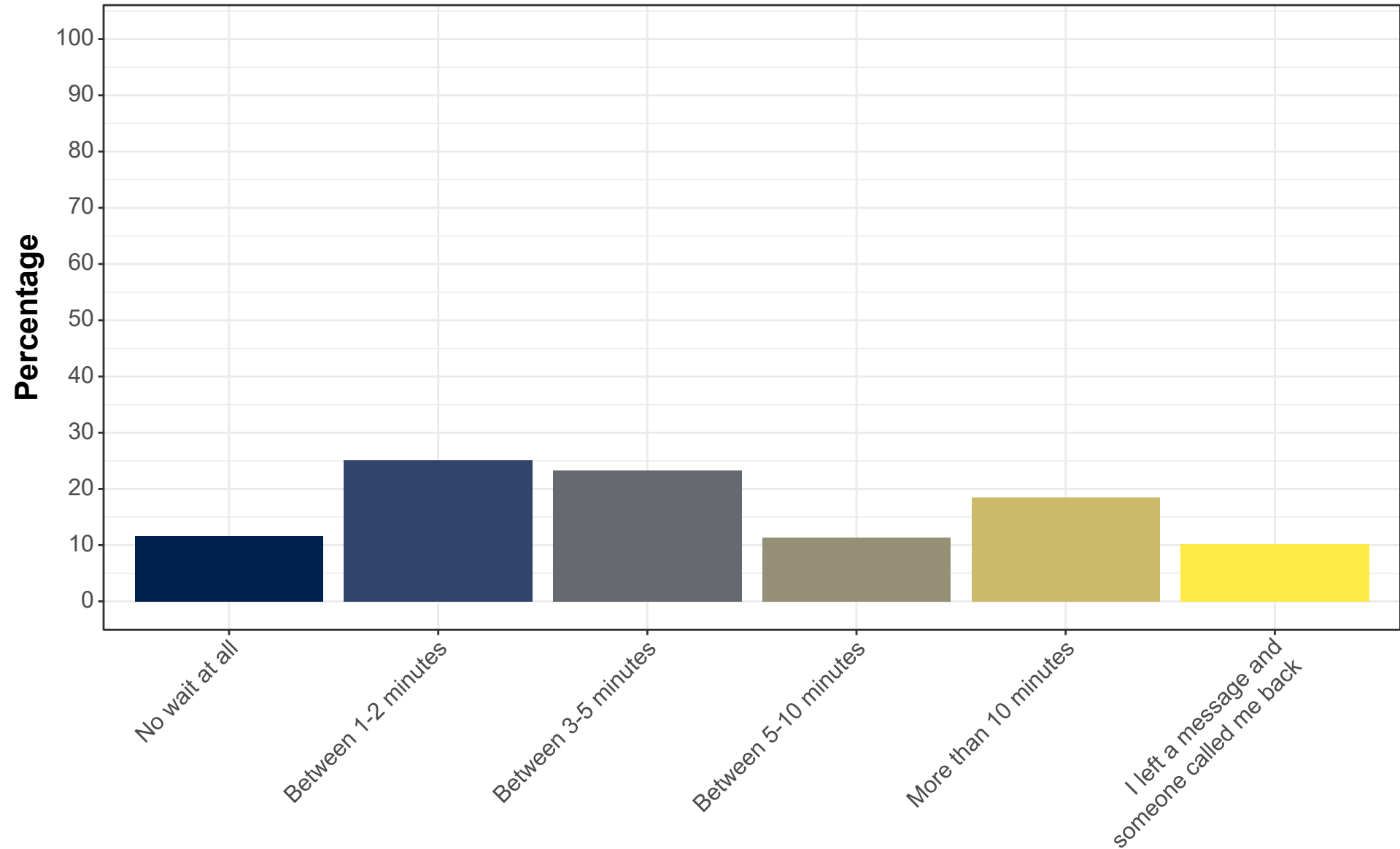


How did you book your most recent appointment? Note: Not all of these methods may be available at our practice.

N=11960

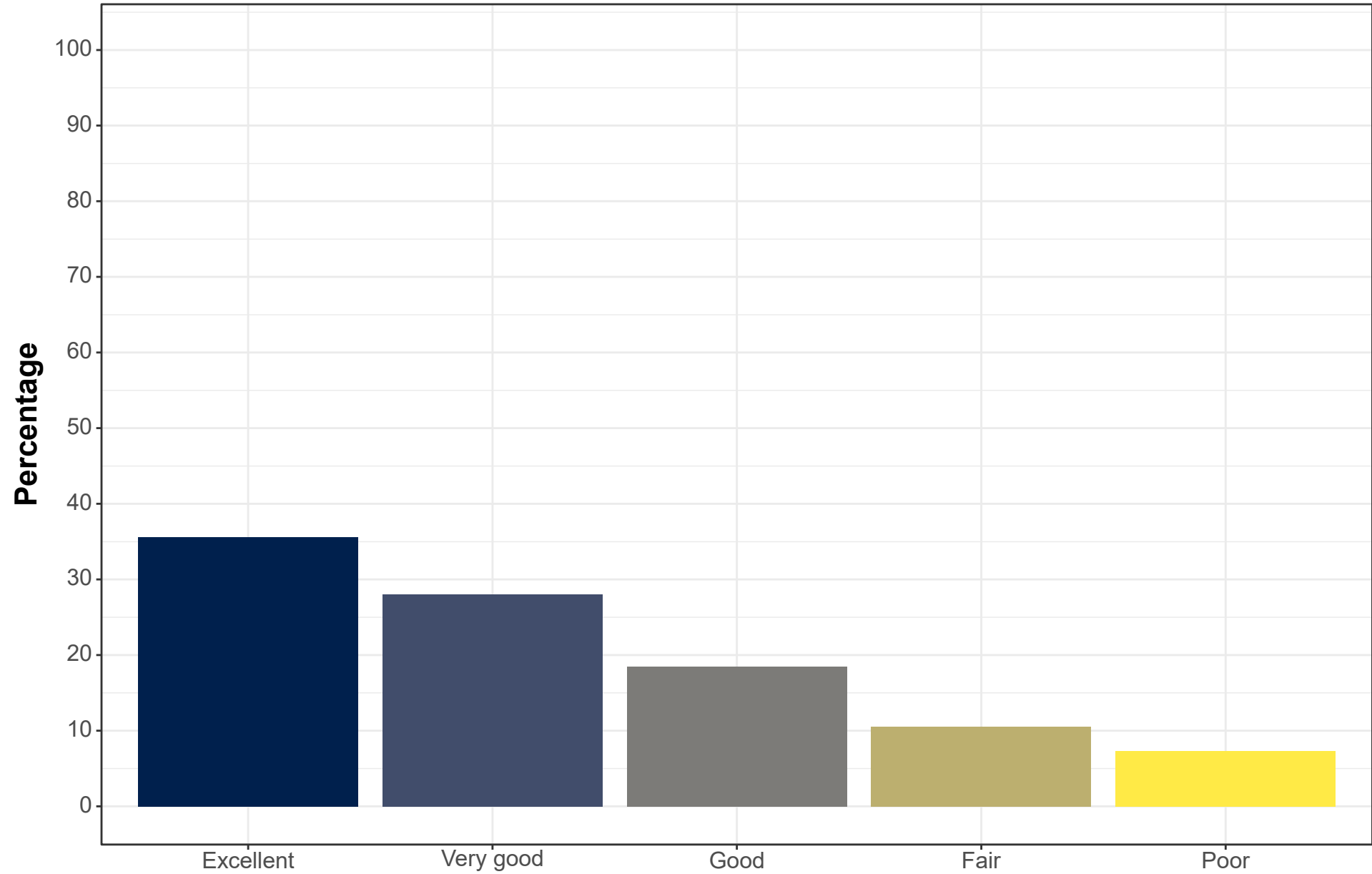


**When you called [CLINIC] to book your appointment by phone, how long did you wait before being able to speak to someone who could book your appointment?
N=8337**

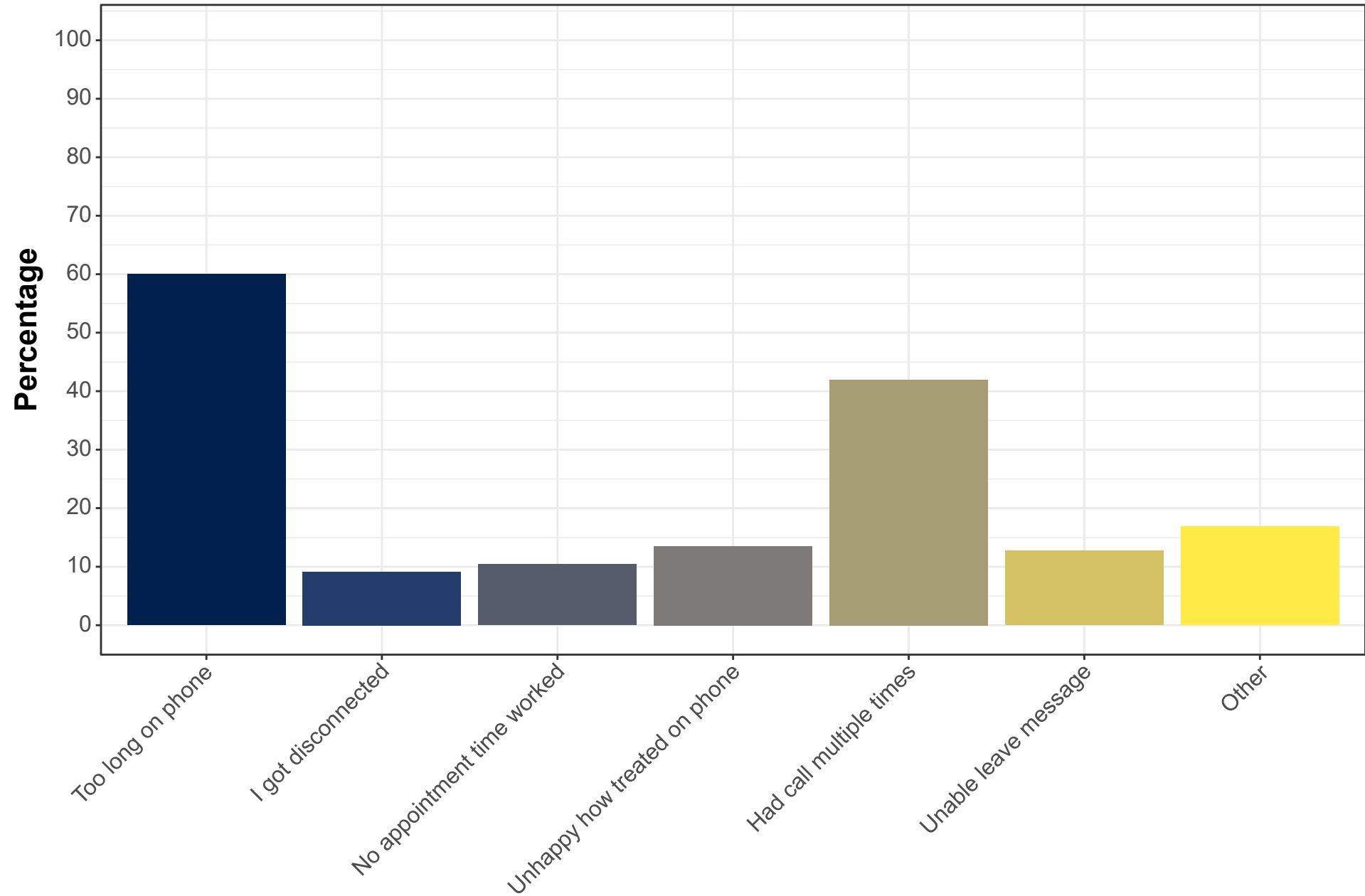


How would you rate your overall experience when booking your last appointment over the phone?

N=8337

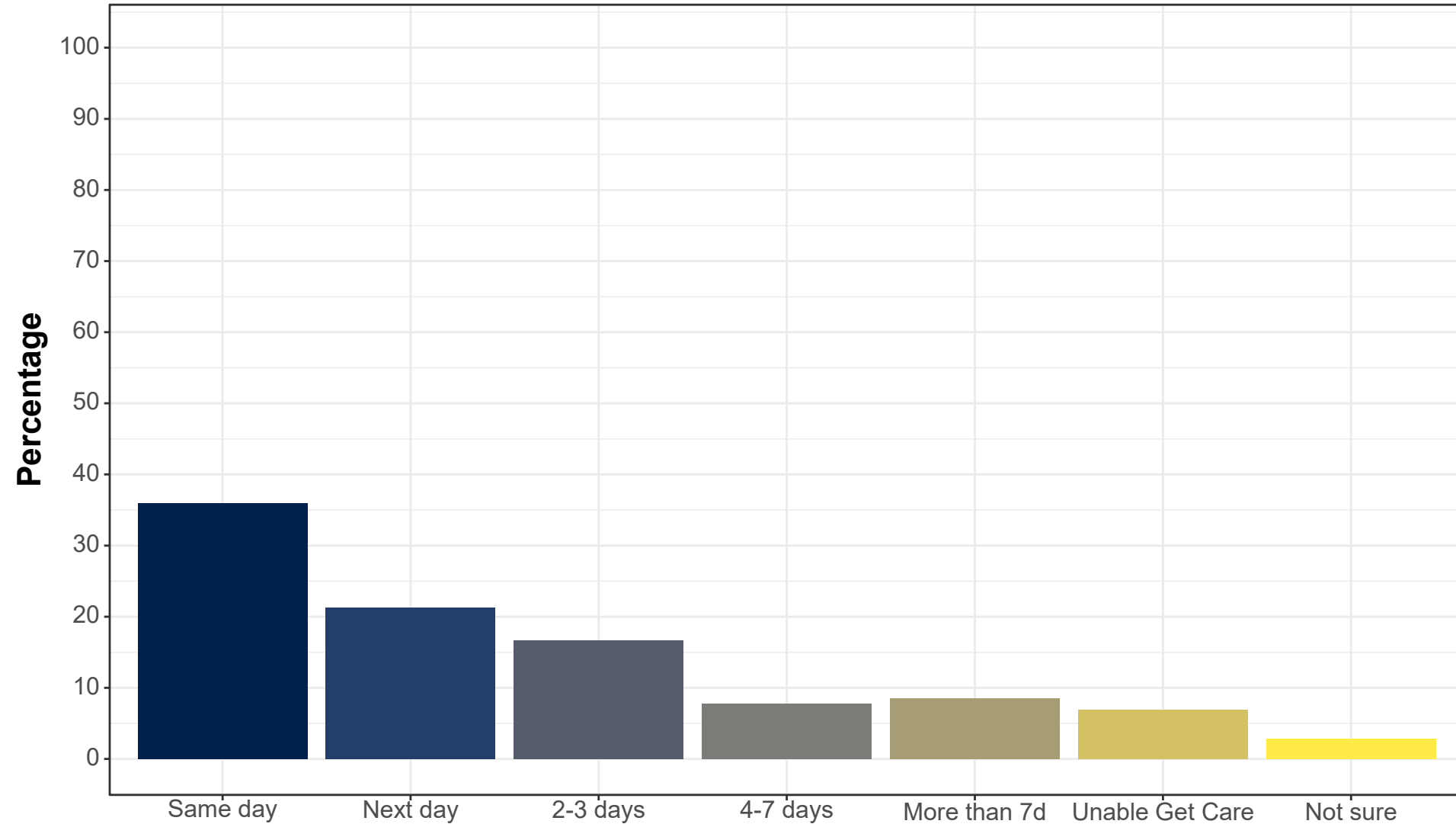


Why did you rate your last booking experience as fair or poor? N=1504



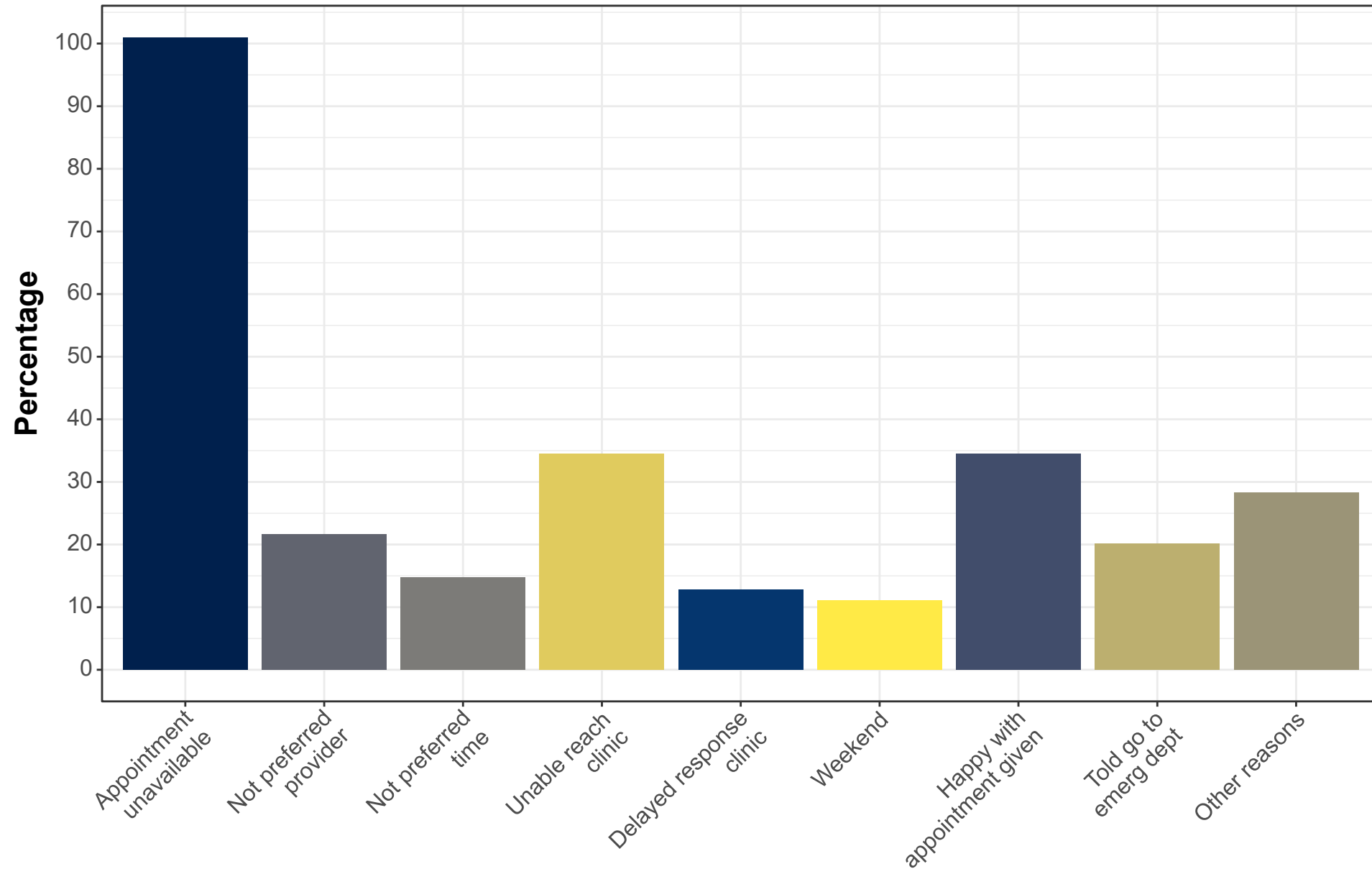
Think about the most recent time you URGENTLY needed care at [CLINIC]. How long did it take from when you first tried to book an appointment at our clinic to when you received care? Care could include an in-person visit, phone visit, video visit, email or secure messaging.

N=2920

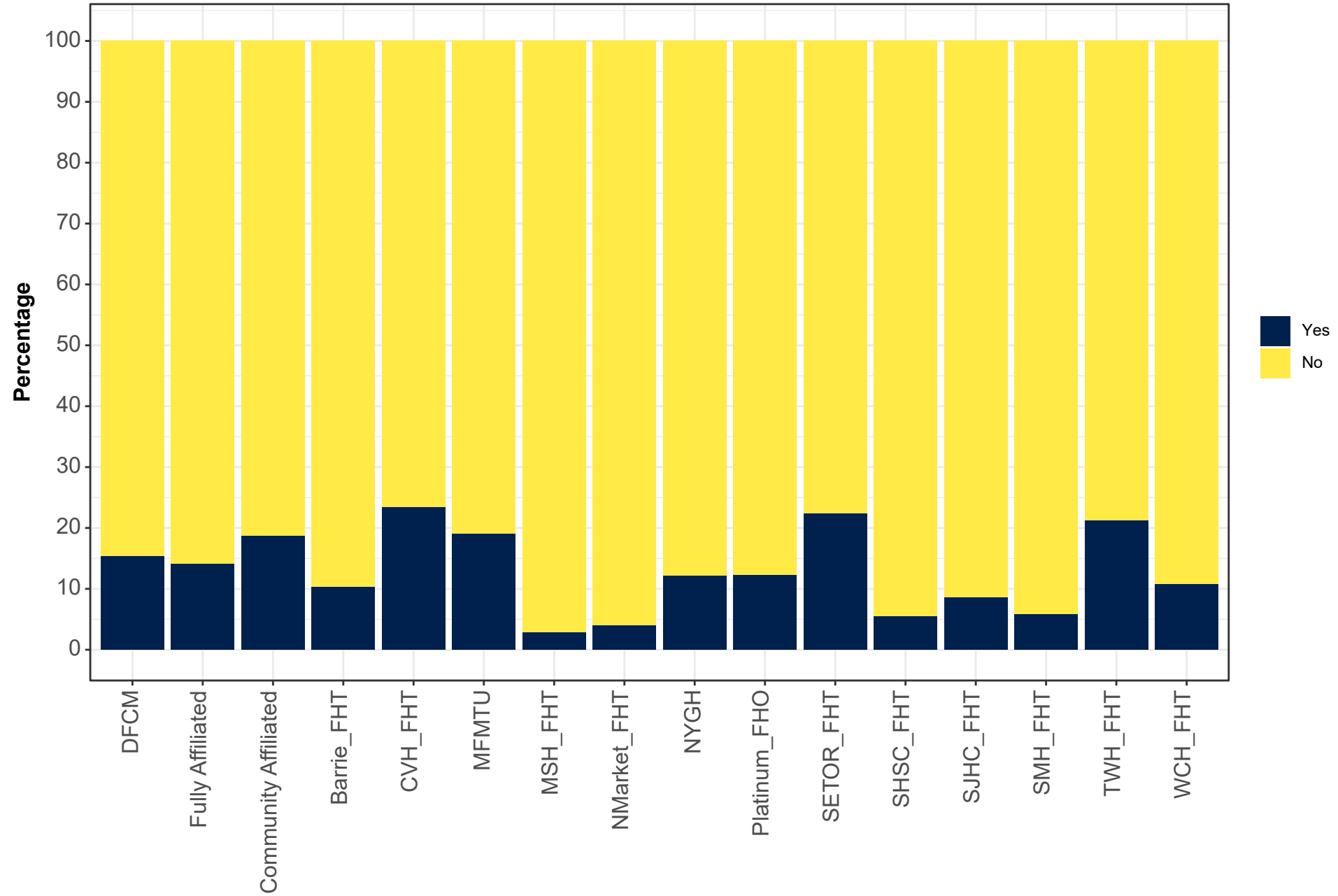


Why were you not able to get care the same or next day? (Select all that apply)

N=530



Why were you not able to get care the same or next day? (Selection = Could Not Reach Clinic) (N_DFCM=1308)



To summarize what we learned

- Majority of patients are booking appointments by phone
- Almost 20% have to wait longer than 10 minutes on the phone
 - 10% have to leave messages and get a call back
- Patients are unable to get same day/next day urgent care access partly because there are no appointments available and they cannot reach the clinic
- There is variation between DFCM sites



Introducing Share & Learn Sessions

- Shared improvement initiative presented by the QPC
- Six presenters over three 1-hour sessions
- Exploring how different teams have approached improving wait times on the phone
 - What interventions have been tried? What happened? What can we learn?



Presenters

Toronto East Health Network - Michael Garron Hospital

Dr. Blaise Clarkson

Family Physician and Co-QI Program Director, South East Toronto Family Health Team; & Assistant Professor, Department of Family and Community Medicine.

Trillium Health Partners - Credit Valley Hospital

Dr. Ali Damji

Family physician, Addiction Medicine Physician, COVID-19 Medical Director, and QI Program Director, Credit Valley Family Health Team / Family Medicine Teaching Unit; Division Head, Primary Care, Trillium Health Partners; & Assistant Professor, Department of Family & Community Medicine.

Ms. Christina Enchev

Manager, Clinical Operations, Credit Valley Family Health Team



Disclosures

Name: Dr. Blaise Clarkson

- **Relationships with financial sponsors: None**
 - **Grants/Research Support: N/A**
 - **Speakers Bureau/Honoraria: N/A**
 - **Other: N/A**

Name: Dr. Ali Damji

- **Relationships with financial sponsors: None**
 - **Grants/Research Support: N/A**
 - **Speakers Bureau/Honoraria: N/A**
 - **Other: N/A**

Name: Ms. Christina Enchev

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Context/Culture – South East Toronto FHT



South East Toronto

Family Health Team



- South East Toronto FHT (FHT/FHO)
- 2 sites, 20,000 patients
- 23 MDs, 23 residents, 23 IHPs, 17 admin
- QI manager, QI leads, QI committee

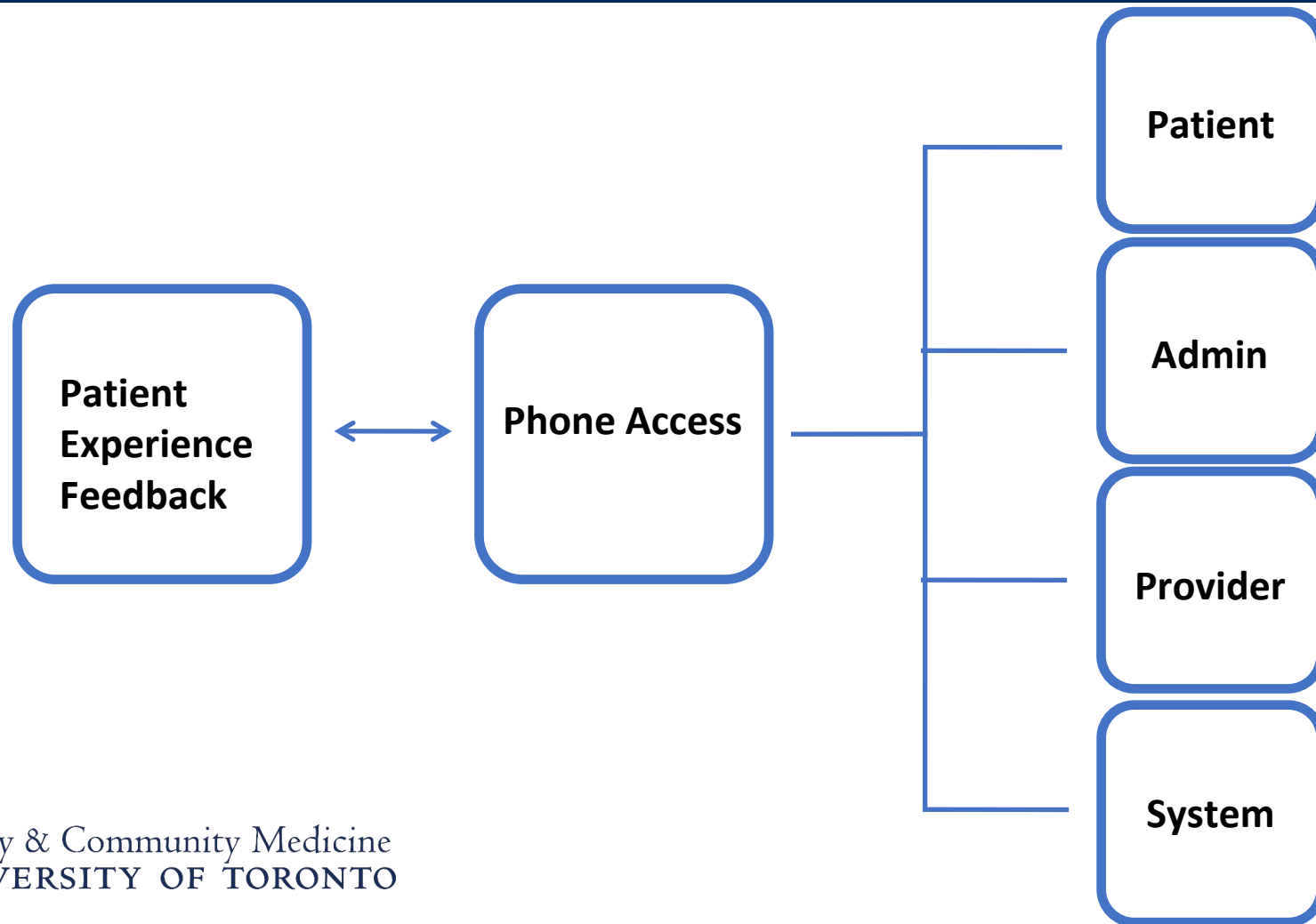


What problem were you addressing?

- Chronic negative feedback from patients, admin staff and providers



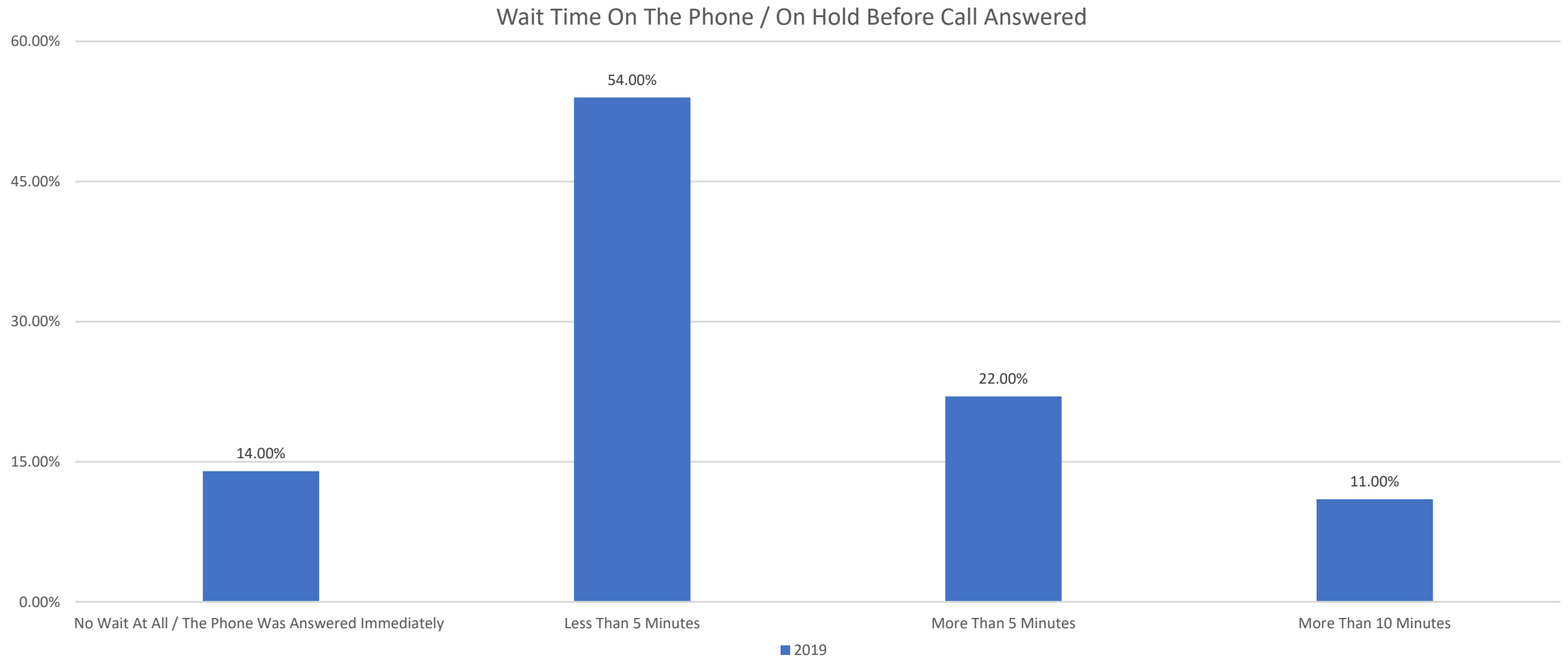
What problem were you addressing?



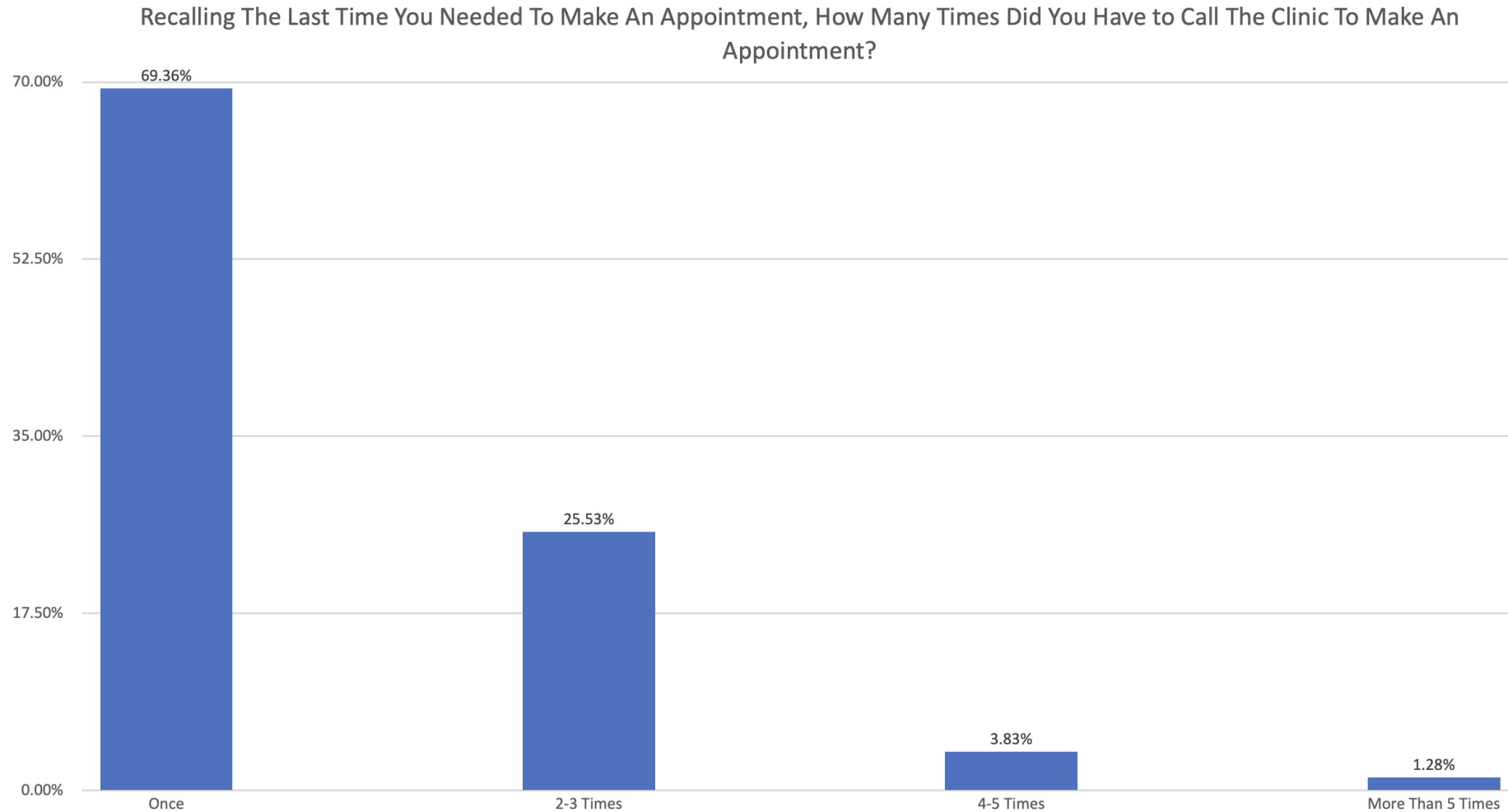
- wait times, call abandonment
- call volume, length of calls
- timeliness of care
- call dropping, call forwarding



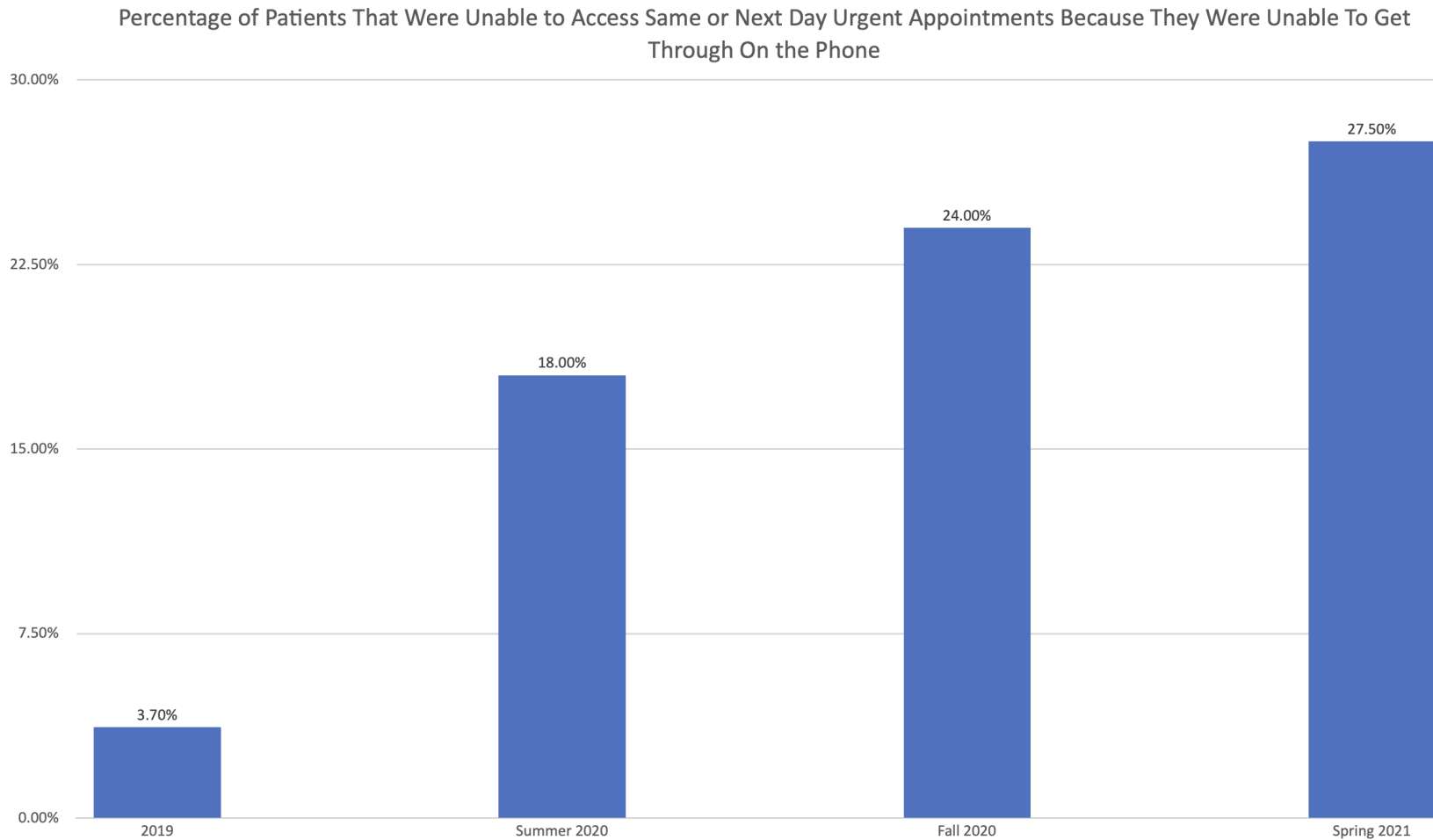
What problem were you addressing?



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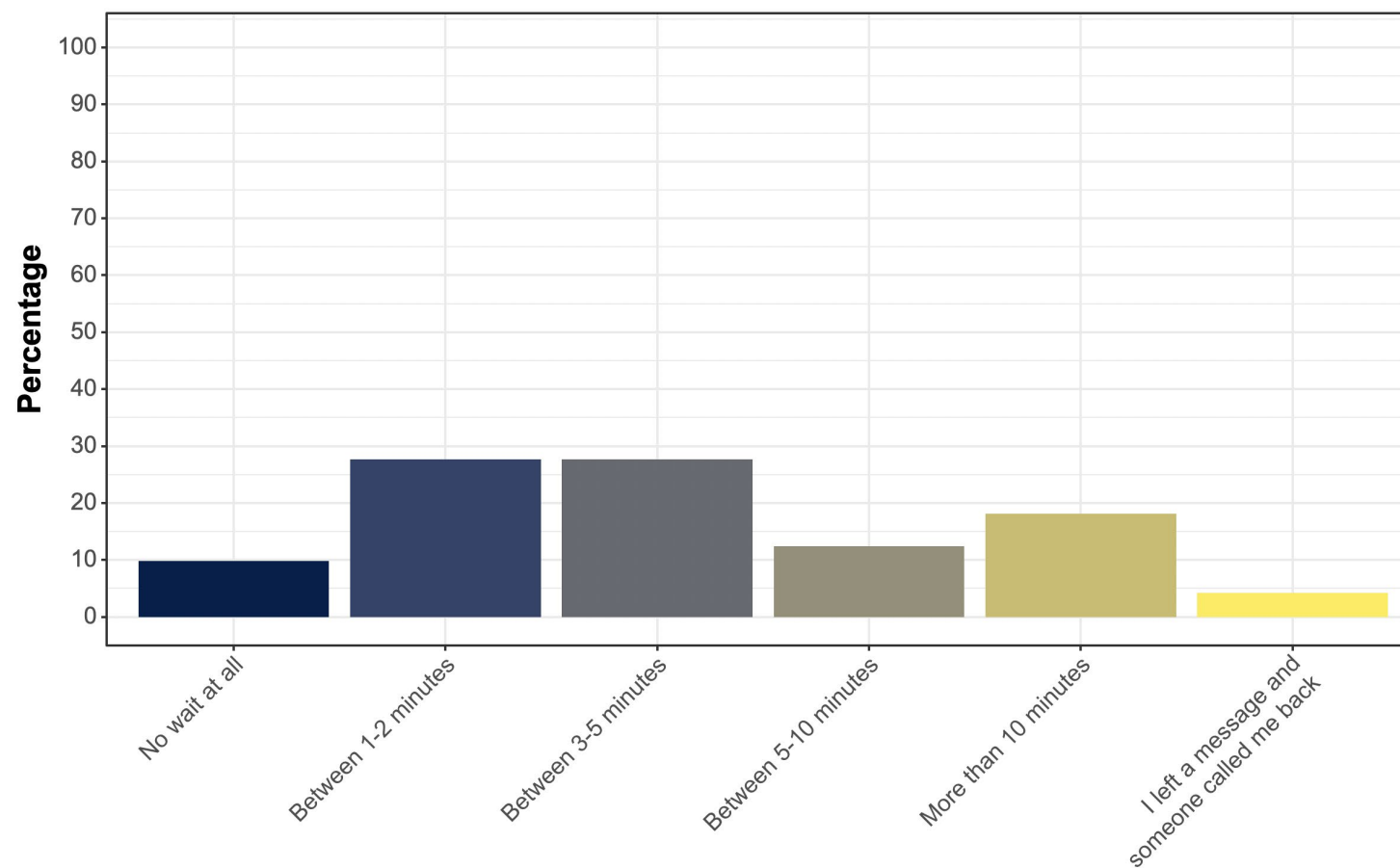


What problem were you addressing?



What problem were you addressing?

When you called SETFHT to book your appointment by phone, how long did you wait before being able to speak to someone who could book your appointment? (Wave 5 Nov 2021-Feb 2022)
N=949



What problem were you addressing?

- Understanding the problem
- Phones task force
- Process mapping
- Real time tracking and data collection



What changes did you try?

- Change ideas:
 - Pods: return to team based model
 - Portal: patient portal
 - Phone system: independent from hospital system, Voice over Internet Protocol (VoIP)



What changes did you try? Pods

- Pods: a return to team based model
 - Calls forwarded to each site and each team
 - Continuity for patients
 - Staff accountability
 - Improved team dynamics
 - Streamlined messaging, templates and pre-set booking options



What changes did you try? Portal

- Patient portal: Health Myself/Pomelo
- Phone diversion
- Alternate mode of communication
- Intervention with Behavioural Insights Unit to increase adoption
- Pandemic was a major driver for enrolment



What changes did you try? Phone system

- Switch to Voice over Internet Protocol (VoIP) at one site
- Improved call quality
- Enabled responsive voice messaging and options
- Control over call forwarding to sites running urgent care clinics
- Did not facilitate easy data capture of call volumes, wait times, call abandonment

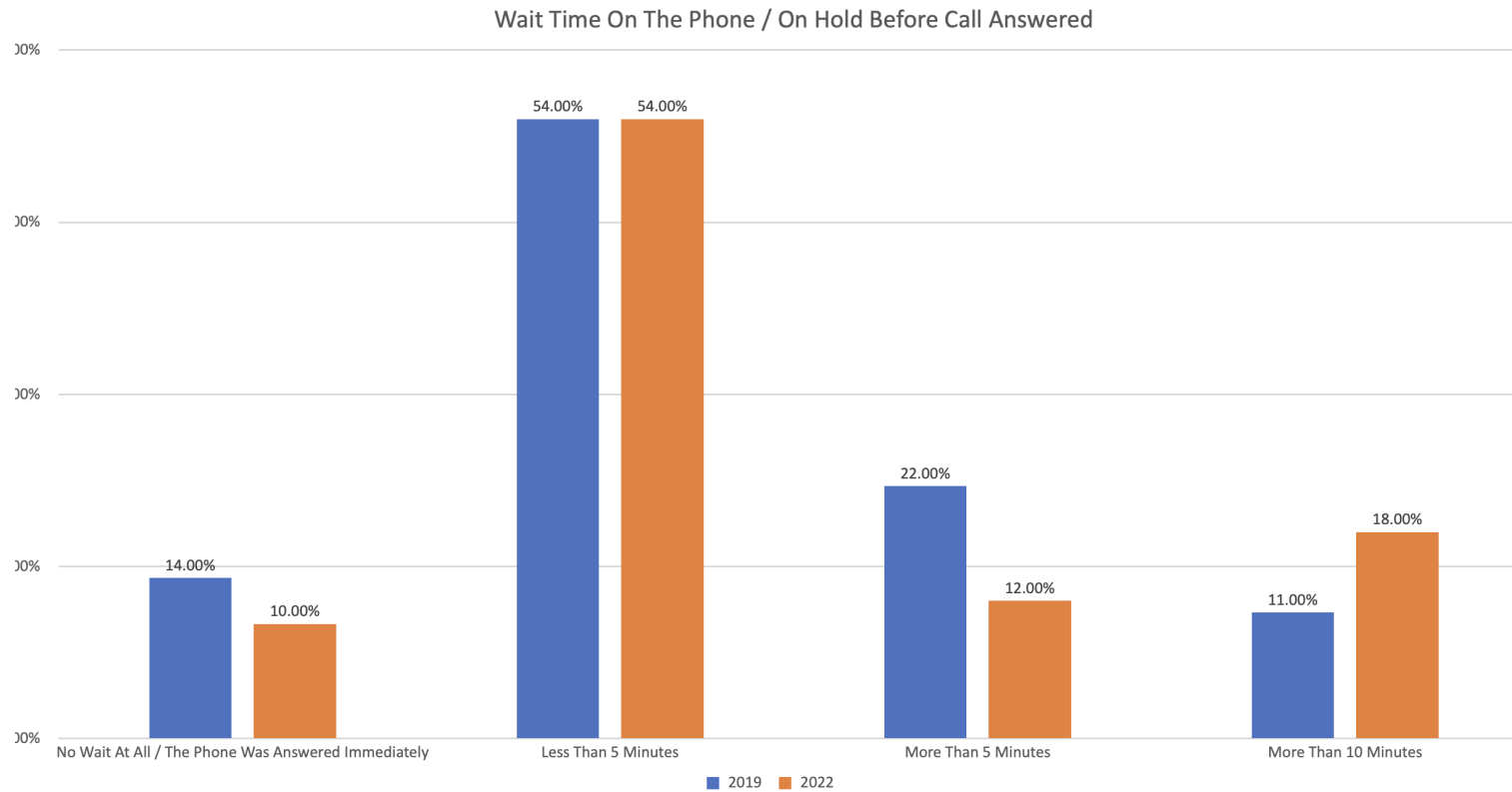


What changes did you try? Phone system

- Phone system: second site switch to VoIP with different vendor
- Accommodates staff and providers on site and working remotely
- Improved data capture: wait times, log of calls, call volumes, call abandonment
- Relies on good internet infrastructure
- Call quality depends on internet service



What happened?



What happened?

- Pods: team based calls and improved messaging improved team dynamics and communication, and patient experience but impact on phone access unclear
- Portal: increased patient access to clinic but impact on phone access unclear, unintended consequences of increased workload, and ongoing issues with limiting use to non-urgent communication
- Phone system: improved system control with VoIP at one site, ongoing issues with call forwarding with 2 separate systems



What happened?

- Phone system: new VoIP system show wait times < 4 min average
- Not yet captured in patient experience data
- Qualitative data to date:
 - Patient feedback about phones has decreased
 - Admin staff describe fewer calls dropped at VoIP site
 - Providers in clinic or working remotely appreciate call forwarding
 - Call quality can be poor with weak internet signal



What will you be doing next?

- Switching second site to same VoIP system
- New PDSA to clear queue of calls before lunch hour
- New areas of inquiry: impact of electronic patient portal on patient and provider experience



What did you learn in the process?

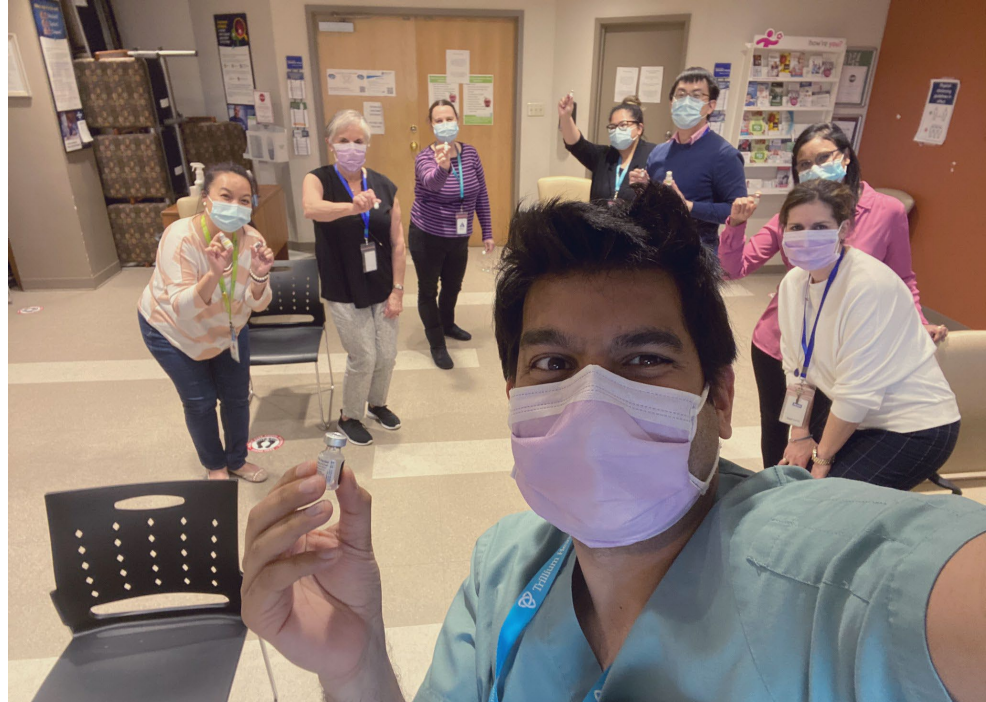
- Need for additional quantitative data to help assess change
- Control over telephone system improves patient experience
- Decreased wait times on phones does not mean decreased workload
- Work over many years
- Ongoing work in progress



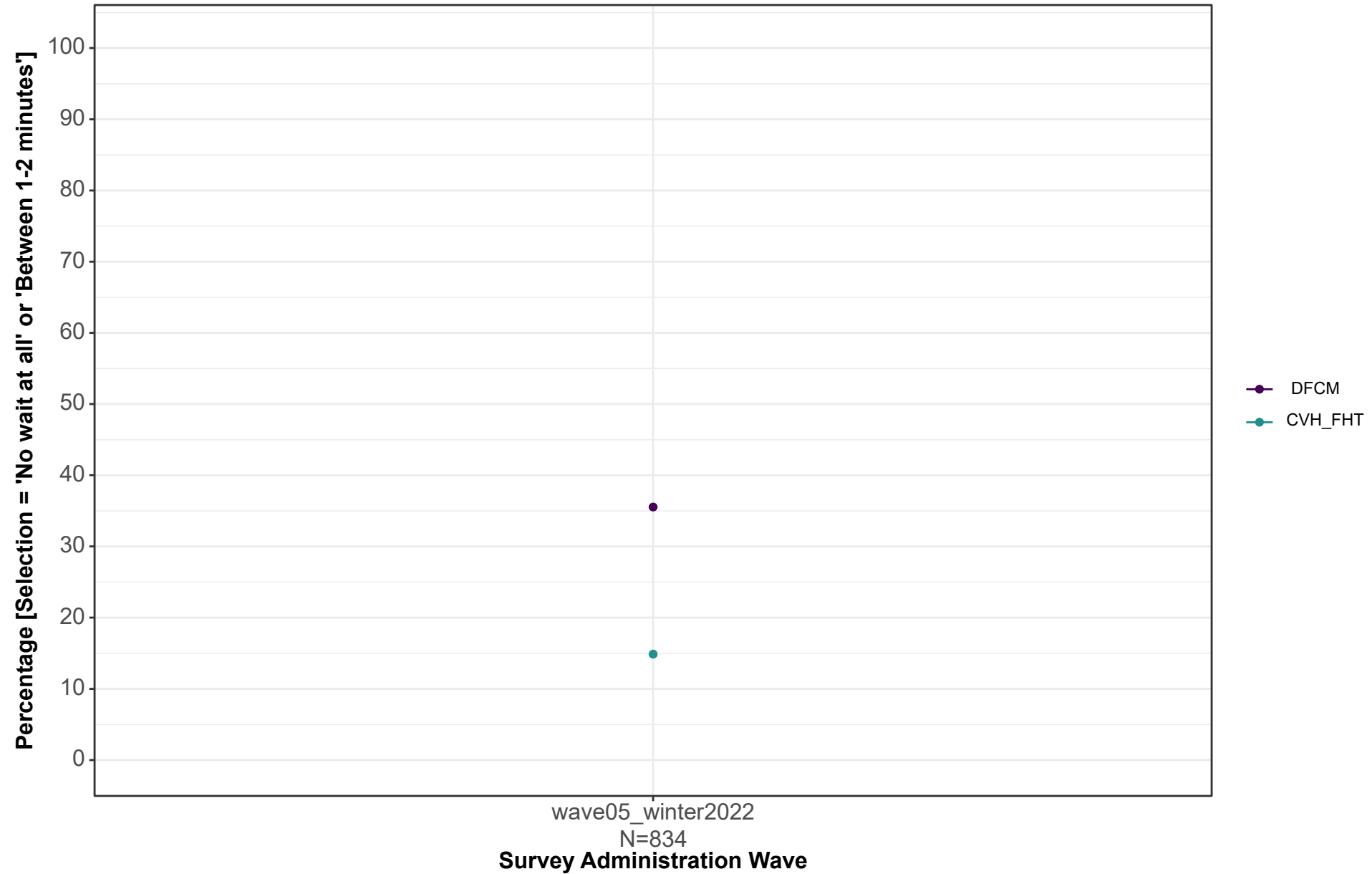
Context/Culture – Credit Valley FHT

- Academic family health team with 11 physicians, 18-20 resident physicians and approximately 70 staff in Mississauga, Ontario (one of hardest-hit regions for COVID-19).
- 4 clinic sites on Accuro EMR with online booking, integrated e-consult/e-prescribe, and secure messaging
- Approximately 12,000 rostered patients
- FHO embedded within a Family Health Team
- Phone system is administered and run by the partner hospital (Trillium Health Partners)
- Strong culture around continuous quality improvement

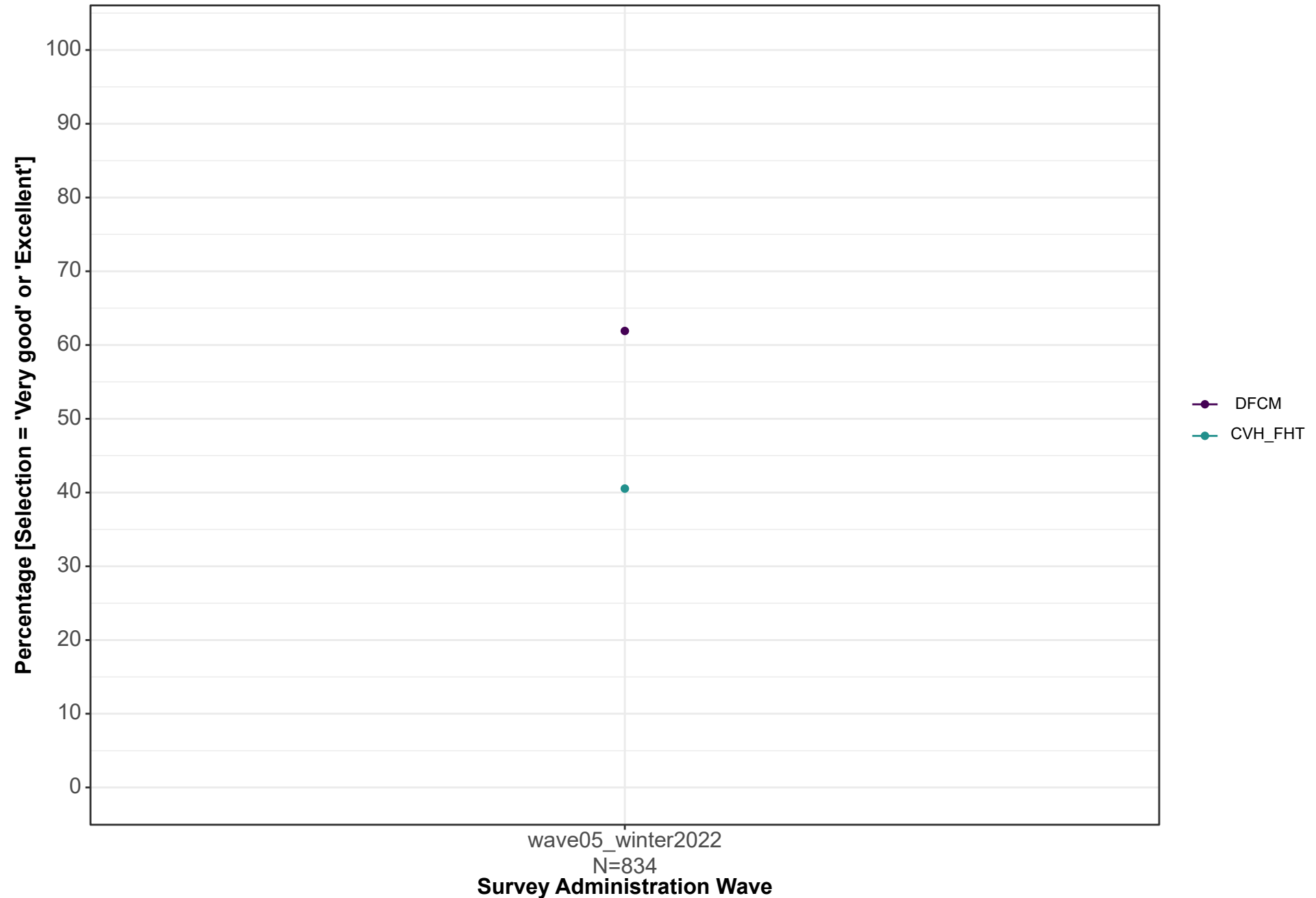




When you called [CLINIC] to book your appointment by phone, how long did you wait before being able to speak to someone who could book your appointment? [Selection = 'No wait at all' or 'Between 1-2 minutes']



How would you rate your overall experience when booking your last appointment over the phone? [Selection = 'Very good' or 'Excellent']



What problem were you addressing?

- Long wait times on the phone for our patients
- Unexpected absences due to COVID-19 exposures/infections leading to staff to be away from work and unable to help on the phones



What changes did you try?

- Use of existing online booking system since beginning of 2020
- Launch of an online system in Jan 2022 for nursing as pilot to allow patients to send a secure message to allow triage and rapid callback/response for the patient, avoiding a phone call
- Launch of online system to contact front desk on large snow day in February 2022
- One and two-way secure messaging system between patients and MDs (since beginning of 2020)



Demo of online messenger system



Family & Community Medicine
UNIVERSITY OF TORONTO

What happened?

- Patients appreciate the convenience and rapid response of the system
 - Over 100 patients used the system on its very first day of launch!
 - 8-10 messages per day on average
- MDs prefer this system
- Adds an additional administrative burden for front staff as not integrated with EMR



What will you be doing next?

- Continuing to refine system and see its impact
- Ongoing communication with patients
- Explore alternate solutions for the telephone service
- Forms to be completed via secure messaging prior to appointments
- FirstHx (AI Tool) to take preliminary history prior to appointments
- Increase our human resources



What did you learn in the process?

- Telephone wait times/staffing shortages can be mitigated with an electronic solution
 - There are patients who still need the phones so it cannot replace the system
- Electronic systems can enhance the provision of virtual and in person care when performed thoughtfully with a QI approach
- It is important to balance new changes with readiness of staff/organization to embrace new changes



Thank you!

Questions?



Share & Learn: Helping Patients to Access Care

Upcoming session dates:

- Tuesday, May 17 from 8-9AM (Zoom)
 - Royal Victoria Regional Health Centre & St. Michael's Hospital
- Monday, June 13 from 12-1PM (Zoom)
 - Southlake Regional Health Centre & Women's College Hospital

You can still register for sessions 2 and 3!

Please visit dfcm.utoronto.ca/share-learn to register and view past session materials.

