



Briefing Note

Report: CFPC ePanel #01, 2016 – Summary Report: Family Physician Perspective on Access

Organization: The College of Family Physicians of Canada (CFPC)

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Background:

The latest [CFPC ePanel](#) collected physician input around providing same-day and after-hours access. Findings highlight the challenges and benefits of same-day and timely access as well as the perceptions of family physicians of their role.

Methodology:

The CFPC conducts ePanels polls as a means to better understand our members' perspectives and guide our decision-making and planning as an organization. Responses to ePanel polls inform CFPC policies, practice supports and government relations efforts.

This ePanel poll on access included 7 questions including multiple choice and open-ended questions. A total of 449 responses were collected (44% response rate). A significant amount of feedback was received via the open-ended comments. This briefing note summarizes the finding, including a high-level summative analysis of open-ended responses.

Please note that the percentage of write-in responses reported, while small in absolute terms, should be considered because these represent the same point made by several respondents without there being a pre-defined answer to this effect. Where a specific percentage is not specified – it can be presumed that the proportion of respondents with this view is not large, but should be noted regardless.

Summary:

The majority of respondents indicated that their practice provides same-day access (84%) and after-hour access (71%). Physicians whose practices do not offer these services cite a variety of reasons:

- The main reason (51%) that practices do not offer same-day access was reported to be the difficulty in balancing a scheduled caseload with same-day appointments.
- The primary reason (57%) that practices do not offer after-hours care is physician unavailability.

Respondents identified other reasons that act as barriers to delivering after-hours and same-day access. The most reported reasons include:

- In addition to their practice, family physicians are engaged in other external work and are not available to provide same-day or after-hour access. Approximately 18% of write-in respondents indicated that they work in the ER, walk-in clinics, after-hours OB or anaesthesia, as well as nursing homes and thus cannot commit more hours to their clinical practice. Rural physicians seemed to particularly focus on this answer seeing as they often work in the ER.



Blended models as an alternative to same-day access. Instead of exclusively providing same-day access, some respondents (9% of write-ins) prefer a blended model of care that allows for scheduled and same-day access appointments.

Team-based care as a facilitator of same-day and after-hours access. Given the busy workloads of family physicians and their desire for improved work-life balance, many respondents feel that there is not sufficient time to offer same-day and after-hour access. This is especially true in solo practices. Those who identify as a team-based practice were likely to have other team members offering same-day and after-hours access.

- Some family physician respondents (11% of write-ins) identified their team-based practices as a means to offer same-day and after-hours services through sharing the workloads and dividing the call schedules. A few responses cite Alberta PCNs as a positive example of team-based care improving access.
- Responses highlight the need for team-based approaches to be financially supported within the health care system.

65% of the respondents identify after-hour access to primary care as a core feature that should be available to all patients. Family physicians identified many potential consequences of family physicians not providing after-hours and same-day access. Consequences include:

- Governments will demand family practices abide by stricter regulatory requirements (25%).
- Write-in responses included:
 - Increased strain on ER which can lead to increased health care spending (36% of write-ins).
 - Breakdown in continuity of care for patients (18% of write-ins).
 - Inefficiency and duplication of services in the health care system (5% of write-ins).

Over half (53%) of respondents are willing to provide services needed to ensure after-hours and same-day access if it can be done while maintaining reasonable work hours for individual physicians. Write-in supports that were identified as helpful for same-day and after-hours access include:

- Changes to funding. Some highlighted the inefficiencies of the current rostering of patients and how it is tied to funding and suggest a restructuring in order to incentivize increased access to services.
- Increasing supply of physicians (particularly in rural areas). Responses from rural family physicians highlighted the importance of distinguishing between the expectations of working in a rural and urban settings. With limited health human resources, many rural doctors deliver hospital-based care and ER care and cannot offer after-hours care in their practices.
- Offering training and supports for those who want to offer advanced access services.

Controversy about whether this should be an obligation. Responses highlight the fact that there are currently no regulations obligating family physicians to offer same-day and after-hours access. Discussion on this topic is varied with some highlighting that this should not be mandated, particularly given the lack of resources, and others viewing regulations around access positively.



Need for positive leadership from the CFPC. Following notable comments were made:

- Call for supportive policies, funding, and collaborations to improve access to care.
- Role of the CFPC in defining expectations. What does 24/7/365 mean? To expect any physician to be available 24-7 is unreasonable.
- Physicians need to lead reform in after-hours care, perhaps by starting with a needs assessment – family physicians should be consulted as to how much after-hours family medicine is medically-necessary in communities.
- CFPC is an important stakeholder in defining the role of family physicians in society.

Observations:

The [Patient's Medical Home](#) (PMH) model, the CFPC's vision for the future of family practice, outlines ten goals to transform a family practice into a PMH that provides care that is centered on patient's needs. One of these goals is timely access; a PMH ensures timely access to appointments within the practice and coordinates timely appointments with services made outside the practice. [The Commonwealth Fund 2015 International Health Policy Survey](#) demonstrates that while access to services in is improving, Canada still performs below average. This highlights the importance of investing in promoting access to services.

The feedback received through this survey offers a unique insight into the variety of the opinions. What is clear is that there is a need for assessment of appropriate levels of services and decisions around offering support to family practices to provide the necessary care. Physicians' preferences and roles of interprofessional collaboration have to be major factors in decision-making around this issue. Terminology of what's meant by 24/7/365 access or same-day access also must be clarified and standardized to ensure realistic expectations and common goals.

For further information:

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