



RACE in a Box

How to set up a telephone advice line.



RACE Overview

The Rapid Access to Consultative Expertise (RACE) advice line was launched at Providence Health Care/Vancouver Coastal Health on June 21, 2010. The RACE model allows Family Practitioners (FPs) and Nurse Practitioners (NPs) to call one number and speak to a selection of specialists. The service is available for all FPs across the region, Monday to Friday from 0800-1700. RACE provides structure, through one phone line, an organized specialist coverage rotation, timely call back and specialists who will provide an educational experience for FP to enhance the care of their patients. RACE was launched with 5 specialty services. As of October 2013, there are 18 services available through RACE and plans to increase.

The service is available for all Family Practitioners and Nurse Practitioners across the region, Monday to Friday from 0800-1700.

- Cardiology
- Heart Failure
- Endocrinology
- Nephrology
- BC Centre for Excellence for HIV Primary Care
- Respiriology
- Internal Medicine
- Cardiovascular Risk & Lipid Management
- General Internal Medicine
- Psychiatry
- Geriatrics
- Geriatric Psychiatry
- Gastroenterology
- Chronic Pain
- Addictions Medicine
- Rheumatology
- Child and Adolescent Psychiatry
- Treatment Resistant Psychosis
- Transgender Care

For a complete list of current specialty services visit RACEconnect.ca

Education

An educational interaction is encouraged when the specialist answers the call. The service provides an opportunity for in-time learning, often when the patient is still in the FP office.

Remuneration

Specialist and FP are compensated via Medical Services Plan (MSP).

- * Specialist MSP G10001 \$60.00
- * Specialist MSP G10002 \$40.00 (NP advice)
- * FP MSP G14018 \$40.00

Quality Improvement

For the majority of patients, care planning decisions can be made in the FP office. In some cases, all that is needed is minor input from a specialist, which can be obtained through a telephone interaction.

Guided by the IHI "Triple Aim" principles, RACE:

- 1).** Enhances the **care experience** by providing in-time educational advice for the FP. Patient experience is enhanced as they receive information while at their appointment instead of having to wait to see a specialist and consults may be avoided thus avoiding redundant travel and time off.
- 2).** **Population health** may be improved as patients are receiving timely care in their GP office instead of waiting to see a specialist. Access to specialists is also enhanced as the specialists are seeing the patients who they really need to see.
- 3).** Per capita **cost** of health care is at least controlled as utilization of the RACE line avoids unnecessary consults and emergency visits.

Scaling up RACE

Determining the need - Appendix A

Family Practitioners

Hold focus groups with family practitioners to determine what the need is:

- Are there pre-existing established patterns of communication?
- Are there specialty areas that are hard to gain access to?

Specialists

- Hold focus groups with specialists to determine usual patterns of communication, availability, interest and need for structure.

Setting up a phone line

Contact your health region telecommunications representative.

Contact your provincial telephone provider.

You can set up a simple telephone line with telephone trees.

Consider:

- 1-800 line if you are expecting long distance calls
- Monthly reports - the telecommunication company can provide some information on calls. Inquire what information is available
- Other alternatives - contact the RACE team for more information

Setting expectations for the specialists - Appendix B

- Specialists must be **accessible** and able to respond to the calls absolutely within 2 hours but preferably within 10 minutes
- The interaction must have an **educational** component as the discussion is meant to increase the FPs knowledge capacity
- The interaction must be **collegial** as FPs must want to call back and continue to use the resource

Setting guidelines for the FP - Appendix C

- Consider using a structured communication approach such as SBAR: (Situation, Background, Assessments and Recommendation)
- Be aware of what RACE is and what RACE is not - see Appendix C
- Input a telephone number that is accessible to the specialist

Marketing

- Fax information to FPs
- Email to department heads, division heads, individual FPs
- BCMJ e-bulletins
- Professional association newsletters
- Posters/flyers
- Word of mouth (95% of FPs would recommend the service to their colleagues)

Promotional Materials

- Pens with phone number
- Sticky pads and mugs with phone number
- Consider a website

Continuing Medical Education

- FPs are encouraged to use the RACE interaction as an opportunity for "Linking Learning to Practice" to obtain CME credits.

www.cfpc.ca/Linking_Learning_to_Practice/

Scaling up RACE Continued...

Administrative Support for RACE (1 day a month total)

One central person is needed

- to re-route the telephone numbers weekly or as necessary when there is a change
- to oversee the schedule and ensure there are no gaps in coverage – manage the spread sheet for the rotations
- to follow up on unanswered calls
- to follow up on difficult to answer calls

Bringing on a New Service

- Engage a champion specialist to lead each specialty area
- Each specialty area identifies an administration assistant or specialist who organizes the RACE coverage schedule for their area and communicates the schedule and any changes to the central administrative support person
- Coverage of the line is suggested for 1 week blocks
- Specialists can use either their cell phone or pager number
- The specialist records the basic information used for their own billing purposes and “note to file” and completes a couple of questions related to the evaluation process. Tear off pads should be provided for the specialists in Appendix D.
- Set the expectation:
 - Specialist billing is through MSP and is the responsibility of the specialist.
 - The telephone conversation is meant to be an educational interaction.
 - Call back must be within 2 hour maximum, preferably within 10 minutes

Issues and Concerns to Address

It is important to consider the needs of the areas and respect existing, well established communication patterns. RACE is meant to fill a gap and not interfere with existing communication patterns

- No disruption to preexisting referral patterns
- Ensure capacity of specialists to cover the calls
- Protocols for managing volume increases
- Ensure alignment with other adjacent, regional, provincial structured telephone advice (both existing or other who wish to expand)
- Protocols for managing quality

Recommendations

- Keep it simple – you want it to be easy for the user
- Be responsive – follow up on all unanswered calls
- Gain feedback from the providers and users

Evaluation

- Information can be gained from the monthly telephone reports
 - Overall number of calls
 - Number of calls to each service
- The fax back sheets provide info around
 - response time
 - length of call
 - reason for call
 - recommendation given
 - specialty called
 - avoided face to face consults and ED visits
- MSP billing information can provide information on RACE specialists vs non-race specialists



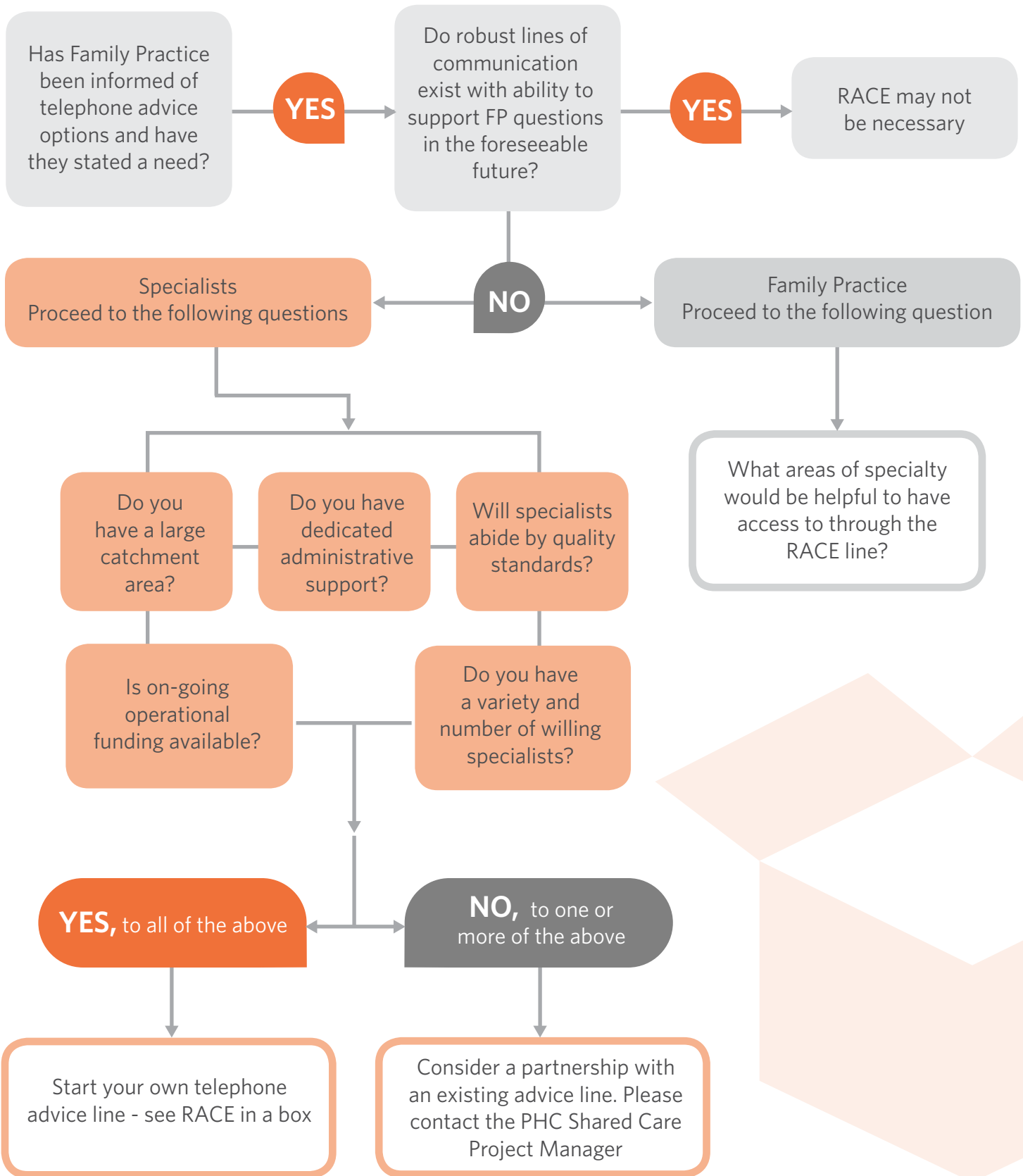
Appendix A - Determining the Need

Supplementary questions for RACE implementation Decision Tree

1. What is your catchment area – hospital based, regional based?
2. How many family practice physicians are within your catchment area or area based on normal GP / Specialists referral patterns?
3. Do FPs encounter difficulty accessing specialists?
4. Are there particular specialists groups that have been identified as challenging to access?
5. Do FPs have an informal list of specialists they can easily access?
6. When FPs call specialists do they get a timely response?
7. Do conversations currently take place that support the FP (education, or confirmation of treatment plan) to avoid a face to face consult?
8. Do FPs normally consult with specialists outside your catchment area? If so which specialists where? Do they do this even when there is a specialist within? Why?
9. What are the number and mix of specialists within your catchment area?
10. Do you have a critical mass of specialists that are willing to support this?
11. What is the long-term vision? How do you see it evolving?
12. Specialists are requested to meet quality standards developed to ensure uptake (e.g.: timely return of calls within ~15 minutes, time spent on the call, ~ 10 min, willingness to have a collegial, educational discussion, call schedule availability, ability to fax back information)
13. Who will “own” the service? Recruitment, invitations, adding new specialties, usage statistics / evaluation, quality assurance, issues management, etc.?
14. Do you have a dedicated person that will be responsible for the administering the telephone system? (~2 hour per week)
15. Do you have funds to support an advice line?

This work is made possible through a partnership between the Shared Care Committee, Providence Health Care and Vancouver Coastal Health

RACE Implementation Decision Tree



Appendix B - Specialists Information on RACE

Specialists provide timely telephone advice to Family Physicians, Nurse Practitioners and Community Specialists. Monday to Friday, 0800 – 1700.

What RACE provides:

- Timely guidance and advice regarding assessment, management and treatment of patients
- Assistance with plan of care
- Teaching opportunities — educational and practical advice
- Enhanced ability for FPs to manage patients in their offices
- Calls returned within 2 hours and commonly within an hour

What RACE DOES NOT provide:

- Appointment booking
- Results of diagnostic investigations to the referring physician
- Arrangement of:
 - Transfers within 24 hours
 - Laboratory or diagnostic investigations
 - A hospital bed



Answering a call:

- The goal is to answer the call as close to “real time” as possible, with a maximum response time of 2 hours
- Use the opportunity for teaching
- Facilitate a collegial interaction
- Length of call usually varies between 5 – 15 minutes
- Use the RACE sheet (yellow pad) for documentation of the call and **fax to: 604-806-8968**

Unable to answer calls?

If you are not able to get through to the FP number we need to track this to make system improvements. Please use the contact information below - all unanswered calls will be followed up

Billing Information:

Billing code **G10001** — \$60.00 — for calls returned within **2 hours**

Billing code G10002 — \$40.00 (NP advice)

For questions or feedback related to RACE, call 604-682-2344, extension 66522 or email mwilson@providencehealth.bc.ca

Appendix C - Family Physicians Information on RACE

RACE means timely telephone advice from Specialists for Family Practitioners, Nurse Practitioners, Community Specialist or Housestaff, all in one phone call.

Monday to Friday 0800 - 1700

Local Calls: 604-696-2131 | Toll Free: 1-877-696-2131

Speak to a:

- Nephrologist
- Heart Failure Specialist
- Cardiologist (VCH & FHA)
- Respiriologist
- Endocrinologist
- General Internalist
- Addictions Medicine Specialist
- Chronic Pain Specialist
- Cardiovascular Risk & Lipid Management Specialist
- Psychiatrist
- Geriatrician
- Geriatric Psychiatrist
- Gastroenterologist
- Rheumatologist (VCH & FHA)

Provincial Services

- Child & Adolescent Psychiatrist
- Chronic Pain Specialist
- Treatment resistant psychosis Specialist
- BC Centre for Excellence for HIV Primary Care
- Transgender Care Specialist

For a complete list of current specialty services visit: RACEconnect.ca

What RACE provides:

- Timely guidance and advice regarding assessment, management and treatment of patients
 - Assistance with plan of care
 - Learning opportunities — educational and practical advice
 - Enhanced ability to manage the patient in your office
 - Calls returned within 2 hours and commonly within an hour
 - CME credit through “Linking Learning to Practice”
- http://www.cfpc.ca/Linking_Learning_to_Practice/

What RACE DOES NOT provide:

- Appointment booking
- Arranging transfer
- Arranging for laboratory or diagnostic investigations
- Arranging a hospital bed
- Informing the referring physician of results of diagnostic investigations



Unanswered Calls?

If you call the RACE line and do not receive a call back **within 2 hours** - call the number below. All unanswered calls will be followed up.

Billing Information:

14018 General Practice urgent telephone conference with a specialist fee - **\$40.00**

For questions or feedback related to RACE, call 604-682-2344, extension 66522 or email mwilson@providencehealth.bc.ca

Appendix D - Tear off pad Information for Specialists

Rapid Access to Consultative Expertise

RACE - MSP G10001

Date: _____

Time of call/page from GP: _____

Start of call: _____

End of call: _____

Caller: Dr. _____

Caller billing #: _____

Specialist: Dr. _____

Patient: _____

PHN: _____

DOB: _____

Diagnosis: _____

Advice given: _____

1. In your opinion (FP) did the RACE telephone conversation avoid:

a consult Yes No

an ER visit Yes No

2. Reasons for call from FP:

Advice on diagnostic testing

Advice on management

Advice on therapeutics

Other _____

3. Specialist Recommendation

Additional diagnostic testing

Specialist follow-up required and referred

Medication recommendation

Reassurance of FP care plan

Referred to ER

More info needed

Other