LTCI

Vic-SI Long-term Care Initiative

CARE CONFERENCE ATTEDANCE REVIEW 2019

Victoria-South Island Long-Term Care Initiative

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Victoria and South Island Long-Term Care Initiative

Care Conference Attendance Review 2019

Introduction

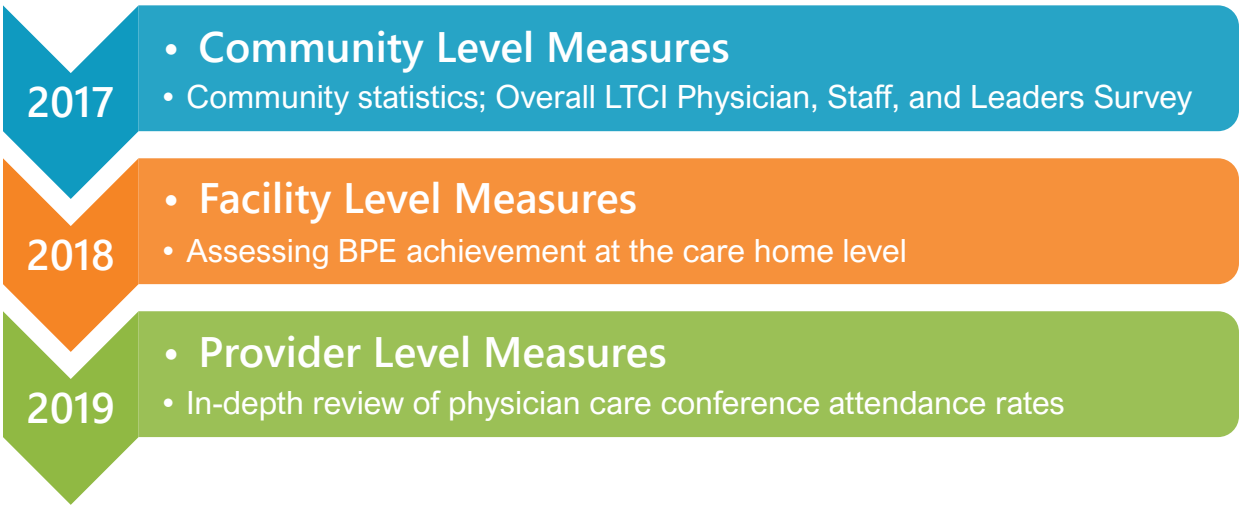
Initiative Overview

This is the 2019 report for the Victoria-South Island Divisions of Family Practice's Long-Term Care Initiative (Vic-SI LTCI). The initiative, which was launched locally in 2015, has been working towards improving the care of long-term care facility residents through engaging and supporting physicians to meet the LTCI's Best Practice Expectations (BPEs). These expectations include:

- 24/7 availability and on-site attendance (when required)
- Quarterly proactive visits to residents
- Biannual meaningful medication reviews
- Completed documentation
- Attendance at annual care conferences
- Participation in facility quality improvement initiatives

To support the LTCI's goals and physicians' progress towards the BPEs, the Vic-SI LTCI project team has been undertaking a 3-year evaluation and quality improvement approach to reviewing its outcomes (Figure 1). Starting in 2017, the project team has looked at the LTCI's outcomes from the community and care facility perspectives. This year, the evaluation narrowed its focus to examine provider level measures in an effort to provide meaningful feedback and support to the physicians who are a part of the LTCI.

Figure 1. Vic-SI LTCI Project Team's 3-Year Evaluation Approach



There are 38 long-term care sites across the Victoria South-Island region. Since the LTCI's launch in the region, 79 physicians have signed onto the Vic-SI LTCI. These physicians are active at all 38 sites and act as MRP for approximately 85% of residents and provide after-hours coverage for 100% of all residents.

2019 Evaluation – Care Conference Attendance Review

The 2019 evaluation focused on a key provider level BPE of the LTCI: attendance at resident care conferences (CCs). CCs are the central locus of team-based care for residents. It is where residents and their families meet with their most responsible provider (MRP) and interdisciplinary care team to establish their goals of care. As such, measuring the growth of CC attendance offers a way of indirectly observing improvements in the other BPEs.

Methods

This report employed three data collection methods and examined 4 sources of data as part of the 2019 LTCI evaluation:

1. Comprehensive resident chart review
2. MSP billing data provided by the Ministry of Health
3. Survey distributed to LTCI physicians
4. Survey distributed to consenting long term care facilities

Resident Chart Review

The primary evaluation activity that was undertaken by the Vic-SI LTCI Evaluation team was a comprehensive resident chart review. A protocol was developed by the Vic-SI LTCI staff and Reichert and Associates, a Vancouver-based research and program evaluation firm, to complete a chart review that identified the last CC for each resident at each long-term care facility. The review involved identifying residents' most responsible provider (MRP), as well as whether residents' last CC was attended by their MRP, covered by a medical coordinator or another GP, or left unattended. The review was completed by staff members at each long-term care facility with oversight and direction provided by the LTCI's program coordinators. The chart review forms were collected by the program coordinators, scanned, and sent to Reichert and Associates where they were then inputted into an excel database. Between June-August 2019, a total of 2758 resident charts were collected and reviewed by LTCI staff.

From this chart review, CC attendance rates for each MRP as well as for each care facility were generated. In general, the CC attendance rate was calculated by dividing the number of CCs attended during the review period—established by the Vic-SI LTCI team as being between July 1st, 2018 – June 30th, 2019—by the number of total CCs that were scheduled for an MRP during that time.

From the 2758 resident charts reviewed, 83% (2295 of 2758) of the charts had a CC that fell within the review period.

MSP Billing Data Analysis

In addition to the chart review, the Vic-SI LTCI team examined MSP billing data provided by the BC Ministry of Health (MoH). This billing data examined all instances of when a physician billed for the fee code 14077 (Patient Conference Fee). Using this information, the MoH provided the percentage of residents who had a least one CC billed between 2014 to 2018.

This MSP billing data, however, does not provide an accurate portrayal of CC attendance in the Victoria-South Island region. The fee code 14077 includes other forms of physician conferences that are not official resident CCs. For example, physicians use the same fee code for inter-provider discussions that

do not include residents or their families. As such, caution must be used when making inferences from this data.

Physician Survey

An electronic survey was developed by the Vic-SI LTCI team and administered to LTCI physicians to contextualize the findings from the chart review and to better understand physicians' satisfaction with the CC organisation process. Of the 86 surveys sent to LTCI physicians, 50 responded to the survey which corresponds to a 58% response rate.

Care Facility Survey

A second survey developed by the Vic-SI LTCI team was distributed to each of the 38 care facilities in the Vic-SI region. This survey asked facility representatives key questions about their care home's CC scheduling and planning practices, how they notify physicians about CCs, as well as their satisfaction with the CC process as a whole. The purpose of this survey was to further contextualise physician CC attendance rates. For example, physicians might have a lower than expected CC attendance rate because some care facilities do not invite physicians to attend CCs.

Findings

Care Conference Attendance Rates

Physician Care Conference Attendance Rates, July 2018 – June 2019

Figure 2 illustrates the CC attendance rates that were calculated from the chart review data. Overall, 60% of all CC (1368 of 2295) that fell within the review period (July 2018 – June 2019) were attended by residents' MRPs. Physicians who are a part of the Victoria LTCI (62%; 1237 of 1983) had a higher attendance rate than non-LTCI physicians (23%; 32 of 141).

Figure 2. Care conference attendance rates, July 2018 – June 2019

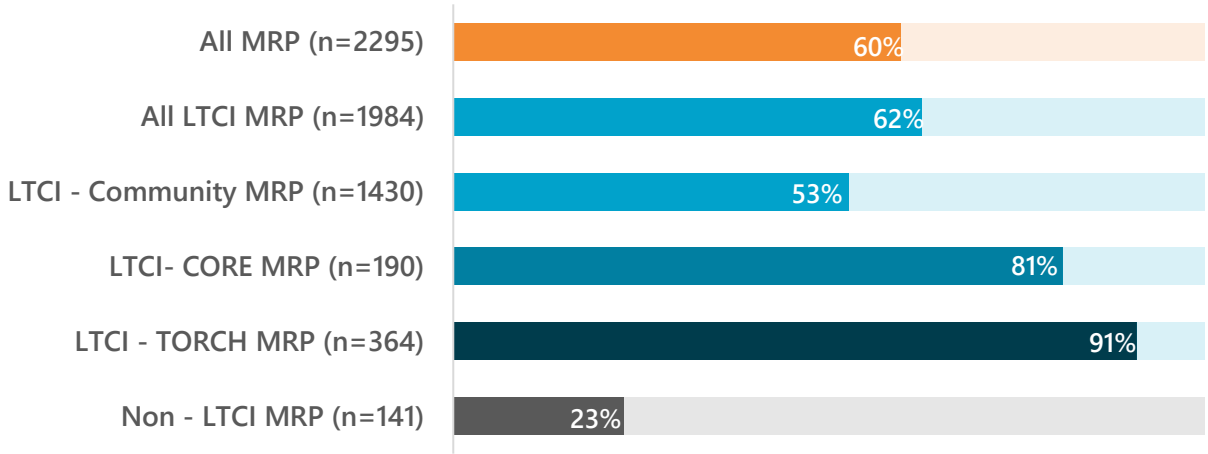
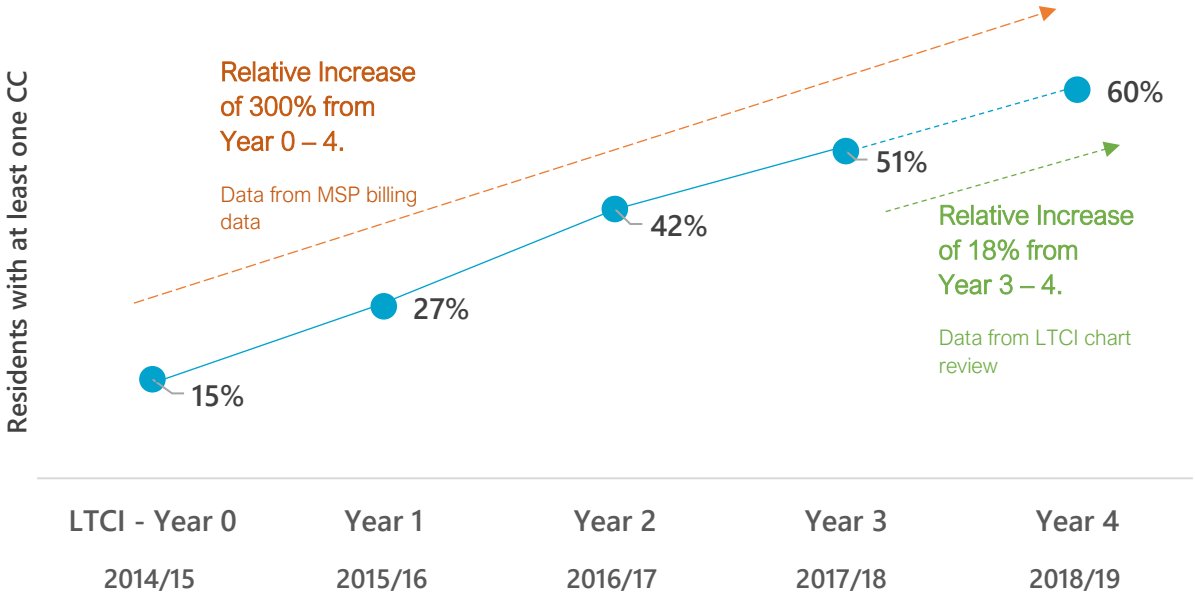


Figure 2 also shows that physicians who were a part of an organised LTCI practice model (CORE or TORCH) had a higher CC attendance rate than both non-LTCI and LTCI-community physicians. Physicians who were a part the TORCH practice model attended almost all of their scheduled CCs (91%; 331 of 364) while those who were a part of the CORE practice model attended 81% (154 of 191) of their CCs.

Physician Care Conference Attendance Rates Over Time

Since the introduction of the Victoria LTCI, the proportion of long-term care residents who have had at least one physician care conference billed has increased.[1] Figure 3 shows that from LTCI year 0 to LTCI year 4, the percentage of residents with at least one CC has increased by 15% in 2014/15 to 60% in 2018/19—a relative increase of 300%.

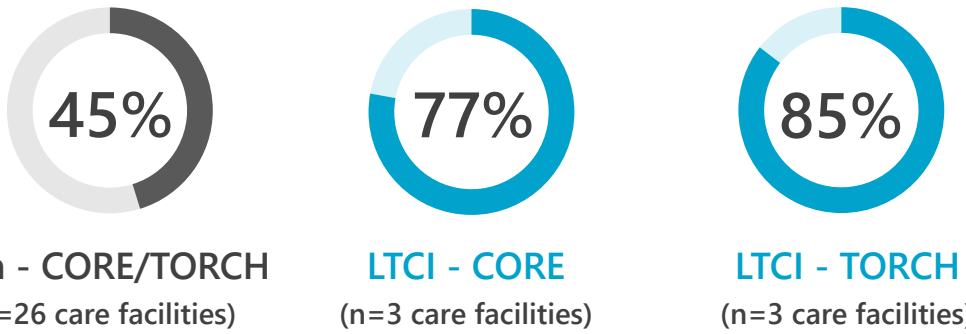
Figure 3. Long-term care residents with at least one CC (MSP billing code 14077 + LTCI Data)



Long-term Care Facility Care Conference Attendance Rates, by LTCI Practice Model

Facilities organised under an LTCI practice model, such as CORE or TORCH, had higher CC attendance rates than non-organised LTCI facilities (Figure 4). Sites that organised under the TORCH model had the highest CC attendance rate (85%; 358 of 419) followed by CORE facilities (77%; 190 of 244).

Figure 4. Care conference attendance rates, July 2018 – June 2019, by organised LTCI facility vs. non-organised LTCI facility

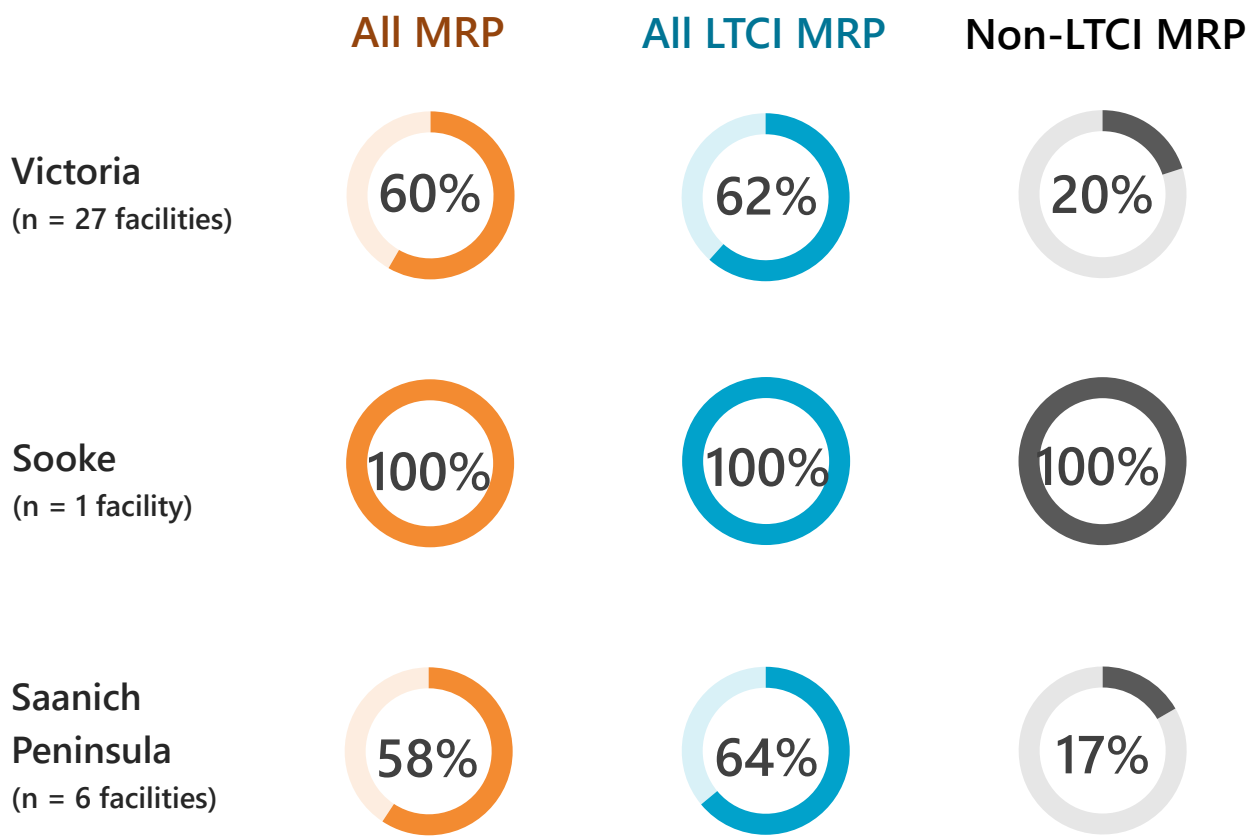


1. The MSP billing code 14077 includes resident care conferences as well as conferences between providers that do not include residents. As such, MSP billing data overstates the number of resident CC conferences attended by MRPs.

Long-term Care Facility Care Conference Attendance Rates, by Region

The care facility in Sooke had the highest CC rate in the Victoria-South Island region among all LTCI and non-LTCI physicians (Figure 5). Caution, however, must be used when drawing inferences from this finding as there was only one care facility from Sooke. Care facilities in Victoria and the Saanich-Peninsula had similar CC attendance rates among all MRPs.

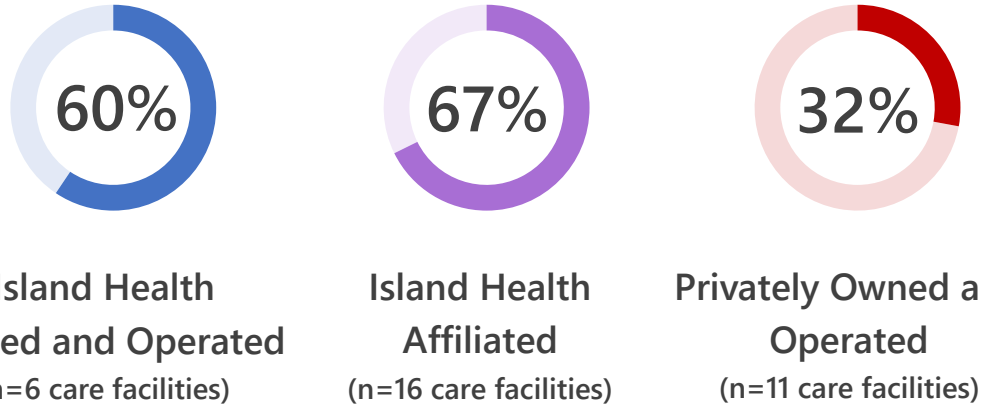
Figure 5. Care conference attendance rates, July 2018 – June 2019, by region



Long-Term Care Facility Care Conference Attendance Rates, by Facility Owner Type

Figure 6 shows the region's CC attendance rates stratified by care facility ownership and operation type. Care facilities who are not affiliated with Island Health had a lower CC attendance rate (32%) than those who are (approximately 60%).

Figure 6. Care conference attendance rates, July 2018 – June 2019, by Facility Owner Type



Physician Perception of Care Conference Organisation Process

Physicians who are part of the local LTCI were given the opportunity to express their perception of the CC organisation process through a survey.

Care Conference Organisation

How CC are organised varied between long-term care facilities. Elements involved in the CC organisation process include

- Whether physicians are invited to CC,
- Whether care facilities check with physicians and their availability before scheduling a care conference
- The length of advanced noticed that a physician receives before a scheduled care conference date
- The protocol the care facility follows in the event that a resident's MRP is unable to attend the care conference (i.e. whether a care conference is rescheduled, attended by the facility's medical director, or left unattended by a primary care physician)

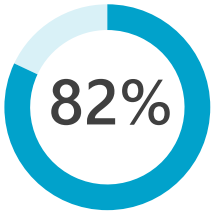
As part of the 2019 LTCI evaluation, care facilities were provided with a small survey that collected information on how they organised their care conferences. The appendix provides a detailed list of each care facility in the Victoria-South Island region and their care conference organisation process.

The 2019 LTCI evaluation also examined physicians' perceptions of these CC organisation processes. Figure 7 shows that the majority of LTCI physician respondents (89%; 40 of 45) indicated that they were satisfied with how care conferences are organised at the care facilities at which they have patients. Physician respondents highlighted advance notice, flexible scheduling, and teleconferencing capabilities

of some care facilities as factors for their satisfaction. Comments on how to improve the CC organisation process centred around how care facilities schedule CC and the need to continue liaising with physicians before setting a CC date. Two respondents mentioned the need to prepare patients and their families for CCs to prevent unnecessary delays

Figure 7. Physician satisfaction with how care conferences are organised at the care facilities at which they have patients

Figure 8. Physician satisfaction their ability to attend care conferences



Physicians were also asked about their satisfaction of their ability to attend CCs. In general, 82% of physician respondents (37 of 45) noted that they were satisfied with their current ability to attend care conferences (Figure 8).

Physician Communication Preferences

With 4 being the most preferred and 1 being the least, physician respondents (n=44) indicated that the for the purposes of being notified of a CC they would prefer to use fax (Table 1).

Table 1. Physician preferred method of receiving CC communication

Rank	Communication Type	Average Rating
1	Fax	**2.9**
2	Email	**2.5**
3	Phone	**1.6**
4	Letter	**1.0**

Facilitators and Barriers to Care Conference Attendance

Scheduling and communication were among the top 2 facilitators and barriers to physicians' CC attendance rates. Table 2 shows the average rating that participants gave for each facilitating factor and barrier to CC attendance. Scheduling, in particular, was rated to be the most significant facilitator and barrier.

Facilities that accommodated physician schedules like, for example, clustering CCs on the same day, were viewed favourably by physician respondents. On the other hand, physicians indicated that scheduling was also the biggest barrier if facilities scheduled CCs on days when they were unavailable. Related to this barrier is communication, the second highest ranked barrier. Physicians indicated they were unable to attend CC if dates were not communicated within a feasible timeframe.

Table 2. Facilitating factors and barriers to care conference attendance

Rank	Facilitator to CC Attendance (n=44)	Average Rating	Barrier to CC Attendance (n=45)	Average Rating
	With 4 being the most significant and 1 being the least [...]		*With 5 being the most significant and 1 being the least [...]*	
1	**Scheduling** (e.g. scheduling CCs on convenient days for physician	**3.1**	**Scheduling** (e.g. CCs scheduled on days physician is not in office)	**4.2**
2	**Clustering CCs** (have the care home schedule CCs back to back	**3.1**	**Communication** (e.g. CC dates are not communicated)	**3.2**
3	**Remuneration**	**2.6**	**Remuneration**	**2.8**
4	Dedicated onsite physician parking	**1.6**	**Travel** (e.g. traffic)	**2.7**
5	N/A	-	**Geography** (e.g. distance from office to facility	**2.7**

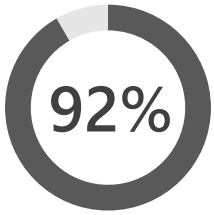
Care Facility Perception of Care Conference Organisation Process

Long-term care facilities in the Vic-SI region were given the opportunity to describe their CC organisation process (Appendix). Care facilities vary in the way they organise CC based on their organisational needs and capacity. As such, the way in which CC are organised, including whether an MRP is invited to CCs and whether facilities check when MRPs are available before scheduling CCs, impacts physicians' CC attendance rates.

Invitation to Care Conferences

In general, the majority of care facilities who responded to the LTCI survey (92%; 33 of 35) indicated that they are invited physicians to attend CC (Figure 9).

Figure 9. Percentage of care facility respondents who invite physicians to care conferences (n=35)



Scheduling Practices

The majority of care facility respondents (79%; 28 of 35) indicated that they check with physicians before scheduling CCs (Figure 10). Almost half of facilities (48%) indicate that they give at least 4 -6 weeks of notice to physicians before a scheduled CC (Figure 11).

Figure 10. Percentage of care facility respondents who check with MRPs before scheduling CCs (n=35)

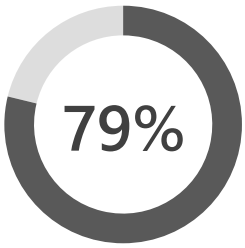
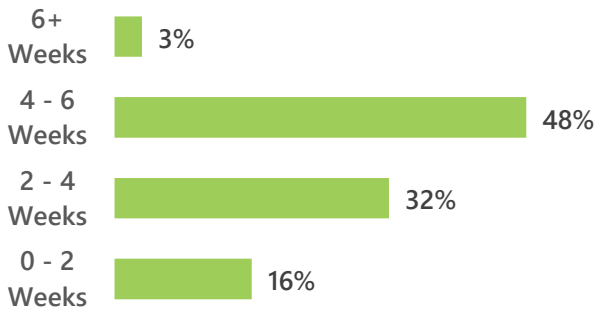


Figure 11. Percentage of care facility respondents who check with MRPs before scheduling CCs (n=31)



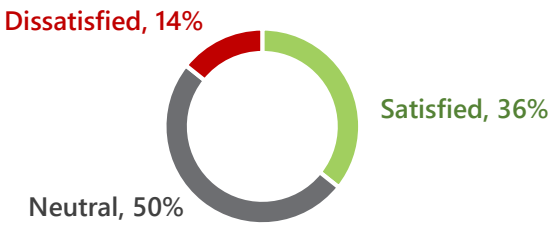
Care Facility Satisfaction with Care Conference Organisation Process

Half of care facilities respondents (50%; 14 of 28) indicated that they felt **neutral** with their present CC organisational process and physician attendance to CC (Figure 12). Those who responded neutral indicated that attendance and the ease of the CC organisation process depended on each individual physicians and that, in general, organising CCs involved a high commitment of staff time.

Over a third of care facility respondents (36%; 10 of 28) indicated that they were **satisfied** with their organisation process. They point to the overall growth of CC attendance even among physicians who were not a part of a coordinated LTCI model.

Lastly, of the 14% of respondents (4 of 28) who indicated that they were **dissatisfied**, respondents pointed to the 'lack of process' and poor physician attendance as reasons for their dissatisfaction with their CC organisation process.

Figure 12. Care facility respondents' satisfaction with care conference organisation process



Key Learnings

The 2019 evaluation for the Victoria-South Island LTCI focused on an in-depth exploration of physicians' care conference attendance rates as an indirect means of measuring how physicians are working towards achieving the LTCI's best practice expectations. This year's evaluation of the project, which was primarily based on a comprehensive resident chart review that was completed by the Vic-SI LTCI team, yielded 3 key findings:

1. CC attendance rates have risen steadily since the introduction of the LTCI in Victoria-South Island.

Findings from the MSP billing data analysis and the 2019 chart review has shown that CC attendance rates have steadily increased since the introduction of the LTCI. In particular, findings from the chart review show that physicians who are a part of the LTCI attended more of their care conferences than non-LTCI physicians (62% compared to 23%).

2. The way in which physicians are organised at a long-term care facility impacts care conference attendance.

Among LTCI physicians, those who were organised under a coordinated LTCI practice model (CORE or TORCH) had a higher CC attendance rates than LTCI physicians who practiced at non-coordinated facilities. In particular, the chart review showed that the facilities who organised physician using the TORCH model had an 85% CC attendance rate compared to 45% of non-coordinated sites.

3. The provision of adequate notice of care conference dates and times improves MRP CC attendance rates.

Physicians identified scheduling and communication as both a facilitator and barrier to CC attendance. In general, physicians indicated that they did not attend CCs largely due to scheduling barriers. As such, physicians also indicated that care facilities could work to liaise with their practices to schedule CCs on days that physicians are available and potentially cluster CCs on one or two days to minimise the disruption that CCs have on their regular practice.

Opportunities for Development

The Victoria-South Island LTCI is well-positioned to continue the success it has had over the past 4 years of its implementation. Findings from the 2019 care conference evaluation show that care conference attendance is increasing. In particular, the findings indicate the success of coordinated LTCI models, such as CORE and TORCH, in improving physicians' abilities to meet this best practice expectation.

Moving forward, survey information from physicians and care facilities both indicate a need to foster stronger communication between the two in order to improve care conference scheduling practices. This would help to improve overall care conference attendance rates. The Vic-SI LTCI team could also explore the expansion of coordinated LTCI practice models as it has been shown to be successful in the care facilities in which it has operated.