

## Alberta Family Medicine E-Panel – December 2017

This E-Panel was focused on the issue of clinical care pathways, specifically those used for digestive health, and how they could be more effectively used and developed. The sample size of this survey was 29 family physicians from across the province, who were asked six questions in an online survey which was open for 10 days. The results show that clinical care pathways are mostly seen as useful, and there is a way to integrate them into practice before seeking a specialist referral as a sort of pre-screening or triage tool for family physicians. Below is a summary of the results from the E-Panel:

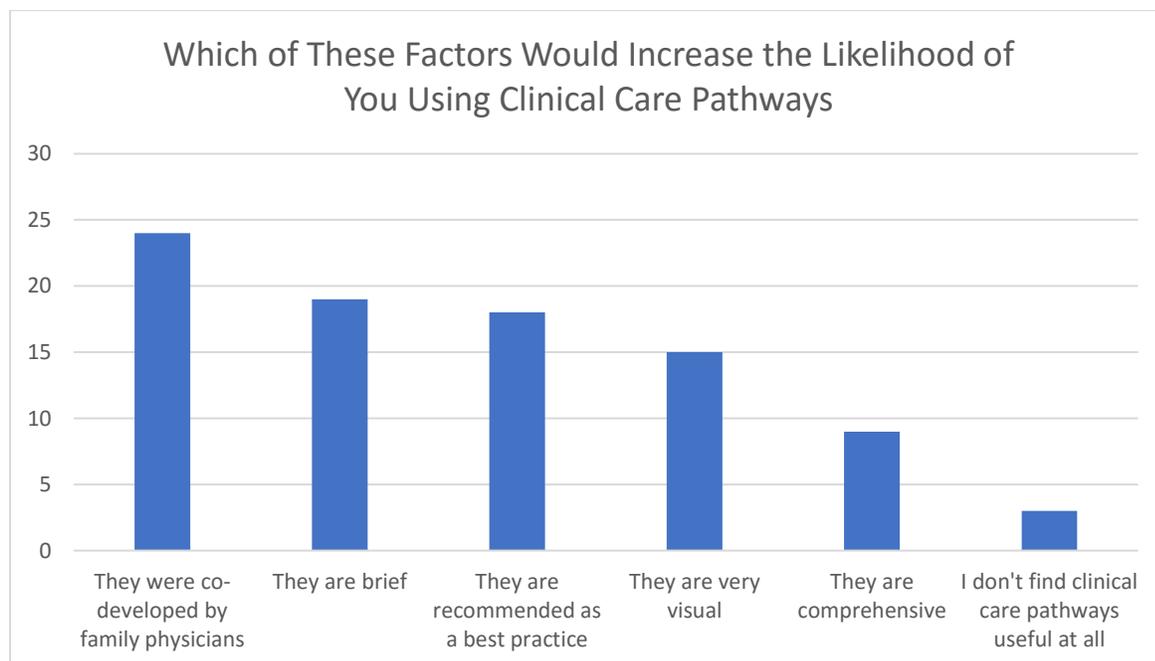


**87%** of respondents state that clinical care pathways have a role in practice if used before considering a specialist referral. Some further thoughts were:

“Seeing the pathway could improve upfront planning and determine if a specialist referral is even necessary”

“The pathways would help assure the patient that a specialist referral would not provide any additional benefit if they insist on seeing one, and that the pathways were endorsed by the specialists themselves”

“Prevents wasted time for both the physician and the specialist”



### Current Use of Clinical Care Pathways

- Out of the 29 respondents, five have not had any experience with clinical care pathways
- Over 80% of members agreed or strongly agreed that clinical care pathways are useful, relevant to their practice, and help them provide quality care to their patients
- 39% of respondents agreed that clinical care pathways were delivered and explained in a timely manner after delivering the referral, with 26% disagreeing (and 35% neutral)
- 54% of respondents agreed that clinical care pathways give them all the information they need about common conditions, with 20% disagreeing (and 26% neutral)

### Possible barriers in implementing clinical care pathways

- They tend to be specialist-oriented, and don't take the whole patient into account
- Using these may delay a specialist referral even further
- The pathways exist outside of the EMR environment; it's difficult to remember which conditions have pathways and to remember to use them
- The time it takes to read the pathway with the patient
- There are already so many pathways for the multitude of conditions family physicians see that this could get lost in the bunch
- Patients are not always satisfied with a pathway instead of a referral

### Other comments relating to developing and implementing pathways

- Ideally these pathways could be embedded within EMR systems to prompt the physicians to use them before submitting the referral
- With patients often being the ones requesting they be referred to a specialist, it's useful to get the decline letter with the pathway attached to make them more amenable to the pathway
- These pathways should not be an absolute requirement before a referral is made
- Including a patient-facing information guide would set up appropriate expectations
- Red flag symptoms must be emphasized
- All pathways should be consistent
- There was one comment to get rid of the pathways entirely

*The Alberta Family Medicine E-Panel is an initiative supported by the Alberta College of Family Physicians, Alberta Health Services Strategic Clinical Networks™, Alberta Health Services Primary Health Care Integration Network, and the Alberta Medical Association. If you would like to be a member of this e-panel, please contact Adam Filiatreault at [Adam.Filiatreault@acfp.ca](mailto:Adam.Filiatreault@acfp.ca)*