Project: Pathways –A Resource Web Portal

Background

Since the 2011 outset of Shared Care work in Kootenay Boundary (KB), GPs have identified as one of their most pressing concerns the lack of information they have about Specialist Care (referral pathways, specific interests of Specialists, wait times, etc.) and resulting unnecessary suffering of patients and waste of Health Care dollars due to misdirected referrals and excessive wait times. During KB’s Shared Care process, including consultations in General Surgery, Internal Medicine, Orthopedics, Radiology and Psychiatry, major gaps in information (patient work-up, appropriateness of referrals, etc.) between GPs and SPs have been identified, which are often resolved 1 on 1 by participants in the consultations. KB requires a vehicle to share this new knowledge and resources presented in Shared Care meetings with the broader medical community.

Fraser Northwest (FNW) Division’s Pathways is a web based resource designed by physicians, for physicians, and contains the information required to facilitate efficient referrals and support optimal patient care during the referrals process. Pathways acts as a real time, efficient ‘information bridge’ to what needs to happen both during a patient visit and immediately thereafter as the GP office facilitates next steps in the patient’s care, whether that is an appointment with a specialist or clinic, accessing other needed health services, or giving the patient the necessary information so that s/he can better understand and manage his/her health issues.

Data provided by FNW Division indicates that Pathways is a valuable tool to GPs and their MOAs and has significant potential to address the triple aim by improving both the patient and provider experience. In the first needs assessment report by AmBIT consultants, features identified as high priority items by physicians across the province were acknowledged as being met by Pathways. FNW are 100% in support of KB being the first “rural” pilot in the expansion of the Pathways tool.

The adoption of an already tested strategy that is relevant (provides the solution to the problem as stated), credible (designed by physicians for physicians) and proven (extensive evaluation has occurred) means that there is no need to develop or design a new web based interface when Pathways meets all high priority information needs identified by physicians around the province, and is expandable in KB both from a functional perspective and through the expansion of FNW Division’s existing database.

It is possible to populate the site with KB specialists, clinics and wait times but still have access to the existing database, which currently includes 684 specialists and 152 clinics across 30 specialities in the lower Mainland. Amongst other important pieces of information, these specialists and clinics are organized against 717 areas of practice, 37 languages, and 30 hospitals. User groups can define the geographic areas that are included in their default views, thus ensuring that they will not see information that is not of interest. The resource also has 140 different patient and physician resources available across multiple categories: physician resources, pearls, red flags, and patient resources.

It will be important to help stakeholders understand that the key to Pathways’ current success has been its high quality, complete, detailed and accurate data. The quality of the specialist/ clinic data in particular is directly linked to a local sense of communal ownership. Within the FNW Division, Pathways has been, and continues to be, populated and maintained by local, committed GPs and MOA division staff members who know the area and take pride in gathering/ maintaining the most complete & accurate data possible. KB’s expansion of this tool would leverage similar strategies to ensure “local investment” is ongoing.

# Goal and Objectives

To goal of the project is to expand “Pathways” web portal to KB, providing all MOAs, GPs & SPs in the region with a user-friendly web based resource to facilitate the pathways of team-based care.

Objectives:

The project objectives are:

* Provide GPs with the information they need (specialists’ consultation requirements, areas of practice and limitations, wait times and available community resources and allied health services) to make efficient and effective referrals
* Improve specialists’ satisfaction with referrals
* Improve quality of communication and relationships between GPs and Specialists in KB
* Improve patient experience of care and outcomes

## Expected Outcomes:

The project’s success will be measured via user satisfaction surveys and usage data. The following are expected outcomes:

* GPs report increased capacity to provide complete, appropriate and timely referrals to all multidisciplinary care partners
* GPs report patients have increased satisfaction
* GPs and specialists report improved communication regarding referrals
* GPs and specialists report a sense of being part of multi-disciplinary team (community referral info)
* Specialists report improved communication regarding referrals

# Scope and Schedule:

The key scope components in support of the project goal are:

* + 1. Use virtual presentations from FNW Division, key communications (usage data and provider experience), email communications, face-to-face meetings and presentations to promote and educate the region about Pathways and to engage a local Pathways Steering Committee (SC), Advisory Leadership Team and MOA Adminstrator.
    2. Determine what content is in-scope and out-of-scope for the initial (and subsequent) launch of Pathways. This process will be a key responsibility of the SC.
    3. Participate in FNW Division’s Pathways training sessions. It is important to the success of Pathways that the SC & Leadership Team of committed GPs, specialists, MOA Administrator and Division staff assist in building, populating and maintaining the site.
    4. Collect and upload data to the site including the KB ‘Home’ page. To facilitate the successful launch of Pathways in Kootenay Boundary and effectively collect local data it will be important to utilize a similar set-up and execution model carried out by FNW Division. This ‘lessons learned’ approach will ensure that Kootenay Boundary is not duplicating research methodologies or reinventing a database model but building off existing knowledge and a database template proven to be successful.
    5. Beta-test and execute a small pilot launch prior to full roll-out in the region. This will support the early identification of any missing data, bugs or required system fixes.
    6. Hold a MOA training event prior to full roll-out. Since MOAs are a known significant user of the system it will be imperative that they are trained and excited about the use of the resource.
    7. Evaluate the success of the roll-out via usage data and user comments.

## Milestones/ Deliverables:

The key project milestones and deliverables and associated project schedule are as follows:

| **Milestone / Deliverable** | **Target Finish Date** |
| --- | --- |
| **Project Initiation** |  |
| Recruitment of Project Physician Lead, Provincial Pathway Committee Member, Local SC & Advisory Leadership Team | April 17th |
| Project Education & Promotion with Key Stakeholders | April 17th |
| Contract with FNW Division | April 17th |
| **Project Planning** |  |
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| Project Plan – draft/final | April 24th/June 30 |
| Recruitment of MOA Administrator | May 30th |
| Pathways Training by FNW Division – MOA Data Collection Module (for MOA Administrator) | May 30th |
| Project Kick-off: Initial SC meeting and Pathways Training by FNW Division – Leadership Team Module (for SC) | June 15th |
|  |  |
| **Project Execution:** |  |
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| Development of data collection tools | June 15 |
| Customization of KB Pathways site and Pathways Training by FNW Division – Physician and IT Modules (for SC) | June 30 |
| Data collection and Pathways Training by FNW Division – Data Entry Module (for MOA Administrator) | July 31 |
| Data upload - populate site | Aug 31 |
| Pilot launch - beta test | Sept 15 |
| MOA engagement event(s) | Oct 15 |
| Official regional launch | Nov 15 |
| Local user training | Nov 30 |
|  |  |
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| **Project Evaluation** |  |
| Usage data and user comments | Dec 31 |
| **Project Close Out** |  |
| Final Report/ presentation | Dec 31 |
|  |  |

# Budget

The budget estimate is based on the following information and assumptions:

* The Pathways SC will meet approximately monthly (approx. 6 times) for a 3hr dinner meeting in Castlegar where some travel is required by the regional distributed group.
* Minimal customization by FNW developer will be required by KB which will keep any additional costs to a minimum.
* Physician time devoted to this project will be billed at sessional rates (GP $116/hr and Specialist $136/hr)
* Project management devoted to this project will be billed at a rate of $75/hr.
* Pathways MOA Administrator time will be billed at $25/hr.
* One MOA event will be held to train all MOAs in the region.
* The budget allows for a 10% contingency and 15% for KB Division supervision and administration.

The following table outlines the estimated project budget by scope component and milestone.



\* applicable GST is not reflected in total cost

# Project Assumptions, Constraints and Risks

## Assumptions

This plan was developed based on the following assumptions. If any of these assumptions do not hold true, it may result in a change in feasible scope within time and budget constraints.

* KB physician leaders and FNW Division personnel will be able to contribute the necessary time they have committed to make the project a success.
* Accurate and up-to-date data is available and can be collected and uploaded in a timely manner (e.g. across a 3 month period).

## Constraints

The following constraints are recognized in the successful completion of this project:

* Total available budget cannot exceed $66.7k.
* Content deemed ‘in-scope’ for the initial launch of Pathways in KB is aligned with the current Pathways database design and customization options.

## Risks

The following risk register is not intended to be fully comprehensive. It contains high-level and high potential impact and/or likelihood risks that are readily apparent at this time.

| **Risk** | **Probability** | **Impact** | **Mitigation Strategy** |
| --- | --- | --- | --- |
| Misunderstanding of regional needs of the resource tool | Low | High | * Ensure Steering committee has clear understanding of roll-out plan including site content. * Ensure all (>95%) of Pathways required data is uploaded prior to launch |
| Inadequate resources to fully implement the project | Moderate | High | * Continue to stress importance of GPs urgent requests for referral information across all Shared Care specialities. * Lobby for funding now that formal GPSC approval for implementation has been received. |
| Ongoing costs of maintaining database excessive | Low | Moderate | * Ensure sustainability of site is part of project outcomes. * Explore partnerships with other Divisions or organizations to share costs of maintaining and updating site. * In addition to annual fees required by FNW Division, allocate Admin $ to each fiscal budget for maintenance and updating of the site. |

# Project Management Approach

## Governance and Accountability

Funding for this project will be from KB Division Infrastructure budget. This project is lead by Dr. Martha Wilson with the support of a Steering Committee, MOA Administrator and Advisory Leadership Team.

The table below contains a list of the project team roles and responsibility.

| **Project Role** | **Accountability** |
| --- | --- |
| Pathways Physician Lead | * Direct the project, review deliverables and provide input on recommendations |
| Pathways Steering Committee (SC) | * Accountable for the effective allocation of funds and strategic management and oversight of the Initiative |
| Pathways MOA Administrator | * Develop and maintain relationships with all stakeholders in the project * Collect and upload data to web portal in a timely manner |
| Pathways Advisory Leadership Team | * Advise and validate on the accuracy and requirements of resources available through the web portal |
| Pathways provincial advisory committee | * Participate in regular provincial meetings and report back details to SC |
| KB Division Project Manager (PM) | * Direct the project alongside with Physician Lead * Facilitate SC meetings * Provide day-to-day decision making and project oversight * Liaise with all project stakeholders * Issue reports and communications to project stakeholders as per communication plan |
| KB Division Admin | * Provide administration assistance to the SC and PM |

## Pathways Team

The following image illustrates the Pathways Team



## Stakeholders and Communications

In development

# Evaluation:

The project’s success will be measured via user satisfaction surveys and usage data (similar to FNW Division).