





### A CASE OF PREVENTION:

REGISTERED DIETITIANS IMPACTING UPSTREAM PRIMARY CARE IN ABBOTSFORD

Interdivisions Roundtables Presentation June 19, 2017





### PRESENTERS' DISCLOSURE

Faculty: Michelle Favero, Dr. Caroline Cook, Jessica Young

Relationships with commercial interests:

None.

Potential for conflict(s) of interest:

None.

#### **Mitigating Potential Bias**

- The information presented is based on available data and evaluation findings. All efforts have been made to provide fair and balanced perspectives.
- If you have concerns of commercial bias, please contact Michelle Favero, Executive Director, Abbotsford Division of Family Practice.

### PRESENTATION OUTLINE





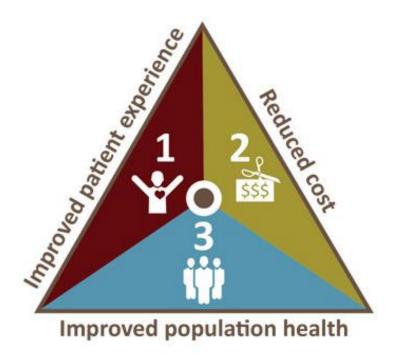








#### **Triple Aim**



Source: Institute for Healthcare Improvement







# (i) Program Background













1.0 FTE RD spread across 10 clinics



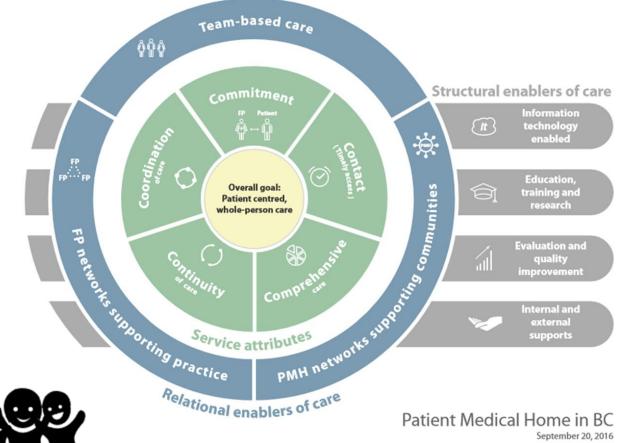


















## Health outcomes (of 324 patients seen)



Over 1/3 of patients lost weight, with an average weight loss of 5.3kg



 Those underweight or suffering from malnutrition gained an average of 4.3kg



 ¼ of patients reduced Hemoglobin A1C, by an average of 0.9%







## Patient experience

- Of the 22 patients who had received FH out-patient services, 82% said the wait-times were shorter at their doctor's clinic
- 97% changed or somewhat changed health behaviours



- **94%**:
  - Found the services 'Very Valuable' & 'Valuable'
  - Wanted the project to continue
  - Were more satisfied with their doctor's clinic













## **☑** Physician experience

- Liked the ease of access to communicate with a RD, and the service impact on patients (including follow through)
- GP survey results: 100% said 'Strongly Agree' or 'Agree' to:
  - RD services enabled me to save time typically spent on counselling complex patients
  - Wanted to look at ways to incorporate a RD into the clinic beyond the pilot.
- Biggest barrier to continuing the program is sustainable costs for clinics to house an allied health professional.







## **MOA/clinic experience**

- Survey: 100% said RD appointments run on schedule.
- Liked that patients with barriers could see a RD in house.
- Said there was less wait times to see a RD in the clinic than if the clinic had done a referral.
- Would like more availability of a RD, dedicated space for a RD, and project financial sustainability.







## **☑**Cost savings to the health system

- In 2016, the Dietitians of Canada reported that every \$1 spent on nutrition intervention can save the health care system between \$5 - \$99.1
- Applying this to the project would mean that \$700k - \$13.8m in health system costs could have been diverted.





www.Dietitians.ca/Downloads/Public/BC-Primary-Care-Info-Graphic-Final-BC.aspx











#### **NEXT STEPS**

- Our team based care supported the Triple Aim
- Patients and providers were highly satisfied with the project
- Ongoing project evaluation is needed to make quality improvements and capture learnings
  - A key learning is to make team based care sustainable (e.g. compensation for clinic use, adequate billing codes)



#### **NEXT STEPS**

Provide a report of findings and recommendations to Fraser Health

Submit a report of results and recommendations to GPSC



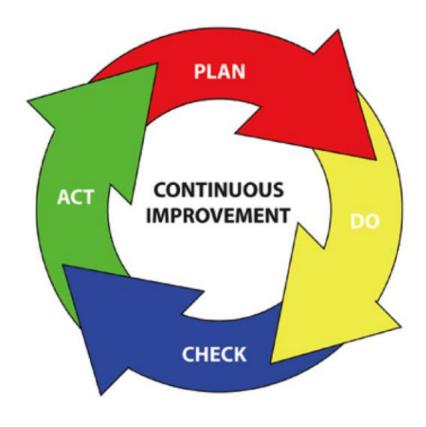




## TESTING THE CHANGE

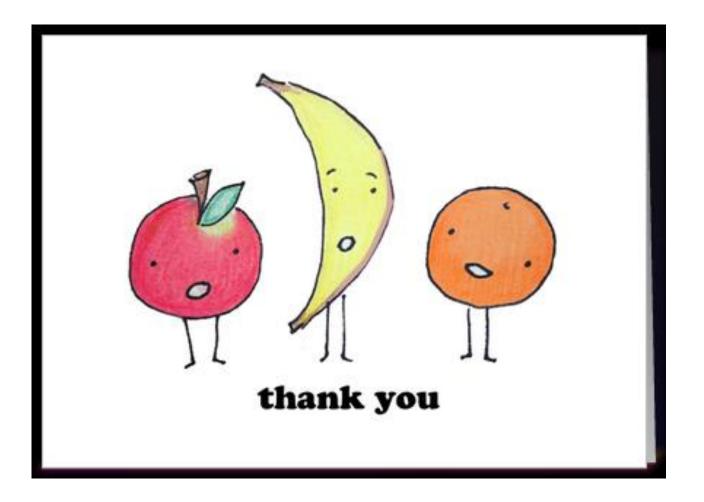
- Clinical Pharmacist supporting Frail Seniors using > 9 medications who have a CFS of 5-9 & are co morbid
- 54 physician referrals (initial patient assessments by home visit)
- Medication Reviews with GP through an in-person care conference

"[My Physician] must really care about us if he sent you to our home to help us." – Patient's wife









#### **CONTACT**

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