Centralized Waiting Lists for Unattached Patients in Primary Care: Learning from an Intervention Implemented in Seven Canadian Provinces

Listes d’attente centralisées pour les patients orphelins dans les soins de première ligne : leçons à tirer des interventions mises en œuvre dans sept provinces canadiennes

Appendix 1. Logic Models

**FIGURE A1.** British Columbia – Patient Attachment Mechanism

<table>
<thead>
<tr>
<th>Action areas:</th>
<th>Improving access to primary healthcare</th>
</tr>
</thead>
<tbody>
<tr>
<td>Outcome areas:</td>
<td>Attaching a primary care provider to every patient in the province</td>
</tr>
<tr>
<td></td>
<td>Prioritizing attachment for vulnerable patients</td>
</tr>
</tbody>
</table>

**Inputs and strategies**

**Governance**
- Implemented region-wide by the local healthcare division

**Human resources**
- A care connector (medical office assistant) was involved in the management of the CWL (1 in the division)

**Financial resources**
- Implemented as a temporary measure (was planned to be closed by 2017) as part of a provincial program, A GP for Me
- Financial incentives for the attachment of patients:
  - No incentives for healthy patients
  - $200 per patient with complex medical conditions

**Guidelines and regulations**
- Patients could be attached to FPs
- Patients could not be attached to NPs in this division (possible in other divisions)
- Participation was voluntary for FPs

**Process and structures**

**Registration**

**Eligibility**
- Unattached patients

**Ways to register**
- Phone

**Information collected**
- Demographic
- Distance preference between patient and provider
- Medical history

**Information update**
- Not updated

**Assessment of patients**
- Patients were prioritized based on their degree of vulnerability and distance preference
- Degree of vulnerability was assessed without clear guidelines
- Vulnerable patients and pregnant women could receive care while they waited on the list

**Attachment to provider**
- No possibility of refusing the attachment and return to the CWL

**Intended impacts**

**Targets**

**Monitoring**
- A manual count was kept and a monthly report was produced

**Performance indicators**
- Number of attached patients
- Number of new patients attached under a given period

**Contextual factors**
- Patients could be attached through other pathways
- Informal attachment of patients
- Difference regarding attachment policies between divisions
- Financial incentives were part of the larger A GP for Me program

CWL = centralized waiting list; FPs = family physicians; GP = general practitioner; NPs = nurse practitioners.
**FIGURE A2. Manitoba – Family Doctor Finder**

**Action areas:** Improving access to primary healthcare  
**Outcome areas:** Attaching a primary care provider to every patient in the province  
**Intended impacts**  
**Targets**  
Recommended 30 days limit to attach patients (not coercive)  
**Monitoring**  
Manitoba Health did some patient satisfaction surveys in 2015  
Reports were made on a monthly basis; the government provided the information for reports at the regional level  
**Performance indicators**  
Key measures:  
- number of patients matched within 30 days  
- profile of patients  
- profile of providers  
- patients waiting over 30 days  
- number of patients registered on CWL  
- number of patients attached per month  
- complaints on the CWL  
- number and types of calls received weekly  

**Inputs and strategies**  
**Governance**  
- Implemented province-wide by the Ministry of Health  
- Managed at a regional level (14 Local Health Integration Networks)  
**Human resources**  
- Care connectors (nurses) involved in the management of the CWL  
- No financial incentives  
**Financial resources**  
- Implemented as a permanent measure  
**Guidelines and regulations**  
- Patients could be attached to FPs and NPs  
- Provider participation in CWL was voluntary  

**Process and structures**  
**Registration**  
Eligibility:  
- All patients could register  
**Ways to register:**  
- Online  
- Phone  
**Information collected:**  
- Demographic  
- Patient’s preference for future provider  
- Medical if provided by patient  
**Information update:**  
- Not updated  

**Assessment of patients**  
- Degree of vulnerability is assessed; three levels of need:  
  - High (cancer, newborn, referred from hospital)  
  - Medium (unattached)  
  - Low (attached)  
**Attachment to provider**  
- Patients were contacted by care connectors or by the FP  
- If care coordinator did not hear back, attachment was considered successful  
- Patients were put back on the CWL if attachment was not suitable  

**Contextual factors**  
- Patients could be attached through other pathways  
- Informal attachment of patients  
- Implemented as part of a larger primary care reform  
- Team practice providers had attachment targets  
- Difference in terms of resources between rural and urban regions  
- Some regions had few providers available to attach patients

CWL = centralized waiting list; FP = family physician; NP = nurse practitioner; ON = Ontario.

**FIGURE A3. Ontario – Health Care Connect**

**Action areas:** Improving access to primary healthcare  
**Outcome areas:** Attaching a primary care provider to every patient in the province  
Prioritizing attachment of medically complex patients  

**Inputs and strategies**  
**Governance**  
- Implemented province-wide by the Ministry of Health and Long-Term Care  
- Managed at a regional level (5 regions)  
**Human resources**  
- Care connectors (nurses) involved in the management of the CWL  
**Financial resources**  
- Implemented as a permanent measure  
**Guidelines and regulations**  
- Patients could be attached to FPs and NPs  
- Provider participation in CWL was voluntary  

**Process and structures**  
**Registration**  
Eligibility:  
- Patients had to be unattached to register on CWL  
- Attached patients had to “detach” to register  
**Ways to register:**  
- Online  
- Phone  
**Information collected:**  
- Demographic  
- Medical (self-reported)  
**Information update:**  
- Letter automatically sent to patients on CWL every 3 months to ask to update information  
**Assessment of patients**  
- Patients assessed based on a score assessing their level of complexity  
  (chronic conditions, disabilities)  
- Information on existing services provided to CWL patients if needed  
**Attachment to provider**  
- Possibility of attachment of family members to same provider  
- Providers assess preference in terms of type of patients to attach  

**Contextual factors**  
- Patients could be attached through other pathways  
- Formal attachment of patients to FPs in certain primary care models only (capitation models)  
- Regions were diverse and had different needs  
- Many team practices  
- Program for transferring entire panels to another FP upon retirement

CWL = centralized waiting list; FP = family physician; NP = nurse practitioner; ON = Ontario.
FIGURE A4. Québec – Guichet d’accès à un médecin de famille

Inputs and strategies
Goverance
- Implemented province-wide by the Ministry of Health and the QC Federation of General Practitioners
- Managed at a regional level (4 local health networks)
- Implemented as a long-term intervention

Human resources
- A registered nurse, clerk, medical coordinator (FP) and manager managed the CWL in each local health network

Financial resources
- Financial incentives (for FPs) to increase the use of the CWL:
  - FPs practicing >4 years: maximum $23 for non-vulnerable patients (healthy)
  - $150 for vulnerable patients (chronic condition or ≥70 years old)
- $130 for every vulnerable patient (mental health or substance abuse)

Guidelines and regulations
- Provincial guidelines for managing the CWL
- Patients could only be attached to FPs who had fully participated in the CWL

Contextual factors
- Regions were diverse and had different needs
- Minimum of 500 patients attached per FP to receive full amount for fee-for-service
- Policy target of 85% of all residents of QC attached to an FP by December 2017, with coercive and restrictive measures
- Many team practices

Process and structures
Registration
- Eligibility:
  - Patients had to be unattached to register on CWL
  - Attached patients had to "detach" to register
  - Patients from FPs retiring in the next 2 years could register without detaching
- Valid QC health insurance card

Ways to register:
- Online
- Phone

Information collected:
- Demographic
- Medical (self-reported and health insurance data)

Information update:
- Automatically updated via health insurance data

Assessment of patients
- Patients are assessed to one of five categories (A to E) on a first-come, first-served basis
- Information on existing services provided to CWL patients if needed

Attachment to provider
- Maximum distance between patient and FP’s practice determined regionally (from 5km to 40km)
- Patients returned to CWL if attachment was not suitable

Financial incentives
- $150 for vulnerable patients (≥70 years old)
- $23 for non-vulnerable patients

Action areas:
Improving access to primary healthcare

Outcome areas:
Attaching a primary care provider to every patient in the province
Prioritizing attachment of medically-vulnerable patients
Monitoring the number of unattached patients looking for a primary care provider

Intended impacts
- Attachment within target wait times per category:
  - A ≤ 7 days
  - B ≤ 2 weeks
  - C ≤ 3 weeks
  - D ≤ 1 month
  - E ≤ 3 months

Monitoring
- A dashboard of indicators with a quarterly report to monitor the evolution of the CWL
- At the regional and local level, the local table of FPs (DRMG) received a report containing the data for all local health networks

Performance indicators
- Information shared in the reports included:
  - waiting times
  - number of new patients registered on CWL
  - number of patients still on CWL
  - number of vulnerable patients
  - number of non-vulnerable patients
  - number of patients returned to CWL
  - number of FPs who participated

FIGURE A5. New Brunswick – Patient Connect NB

Inputs and strategies
Goverance
- Implemented province-wide by the Ministry of Health

Human resources
- CWL was embedded with the provincial health information phone line

Financial resources
- Implemented as a temporary measure (should be closed in 2020)
- Financial incentives for FPs if 600 patients had been attached during their first year of practice: 3 × $50 for each additional patient

Guidelines and regulations
- CWL was managed at the provincial level and with the local FP lead to monitor what is working
- Identification of providers to attach available for attaching new patients

Contextual factors
- Patients could be attached to FPs through other pathways
- Formal attachment of patients to FPs
- Many team practices
- Team practices received additional human resources for reaching attachment targets
- Policy target of 85% of all residents of QC attached to an FP by December 2017, with coercive and restrictive measures

Process and structures
Registration
- Eligibility:
  - All patients living in NB
  - Valid NB or other Canadian health insurance card
- Ways to register:
  - Online
  - Phone

Information collected:
- Demographic
- Patients’ preference for future provider
- Distance preference between patient and provider
- Medical (short health assessment for chronic illness)

Information update:
-Automated calls every 3 months

Assessment of patients
- Patients attached on a "first come, first served" basis
- Exceptional priority for patients referred to the CWL from hospitals or with urgent needs
- In some areas, vulnerable CWL patients have access to a healthcare clinic until they are attached to a provider

Attachment to provider
- Patients received a letter and had 2 weeks to contact the provider for a first appointment
- Attachment was officialized by patients and providers after first appointment
- Patients were put back on the CWL if attachment was not suitable

Performance indicators
- Information collected in the 7 zones:
  - number of new patients registered
  - number of patients attached
  - number of patients sent back to the list by FPs
  - waiting times
  - profile of patients waiting/attached (by zone and illness)
  - No indicators on the FPs or NPs that participate are collected

Action areas:
Improving access to primary healthcare

Outcome areas:
Attaching a primary care provider to every patient in the province
Having a standardized process for the attachment of patients

Intended impacts
- Targets
  - Identification of providers to attach new patients

Monitoring
- A dashboard for every zone was published monthly by the Department of Health and used to:
  - Initiate a discussion with the medical vice presidents at the provincial level and with the local FP lead to monitor what is working
  - Identify primary care providers available for attaching new patients
- A report providing an overview of providers that take patients was also produced

Contextual factors
- Patients could be attached through other pathways
- Informal attachment of patients
- Patients could be attached through other pathways
- Patients were put back on the CWL if attachment was not suitable
- No indicators on the FPs or NPs that participate are collected

Centralized Waiting Lists for Unattached Patients in Primary Care

CWL = centralized waiting list; DRMG = Département régional de médecine générale; FP = family physician; NPs = nurse practitioners; QC = Quebec.
FIGURE A6. PEI – Provincial Patient Registry Program

**Contextual factors**
- Patients could be attached through other pathways
- Informal attachment of patients
- Lower ratio of providers in urban areas
- Medical association negotiated with the government the financial incentives for taking patients from the CWL
- More providers are on fee-for-service than contract

**Inputs and strategies**
**Governance**
- Implemented province-wide by the Ministry of Health
- Management at regional level (n = 4)

**Human resources**
- One care coordinator in every region

**Financial resources**
- Patients could be attached by FPs and certain NPs
- Providers in an accredited team practice
- Use of the CWL is mandatory for contract and salaried FPs

**Guidelines and regulations**
- Patients could be attached by FPs and NPs (only one in the province)
- Use of the CWL is mandatory for contract and salaried FPs

**Process and structures**
**Registration**
- Unattached patients
- Valid PEI insurance card

**Ways to register**
- Online
- Phone

**Information collected**
- Patients attached on a "first come, first served" basis
- Exceptional priority for patients referred to the CWL from hospitals or with urgent needs

**Attachment to provider**
- Possibility of attachment of family members to same provider
- Patients were put back on the CWL if attachment was not suitable

**Intended impacts**
**Targets**
- Timely access to care (reducing emergency department visits)
- Decrease in wait times
- Decrease number of patients on the CWL

**Monitoring**
- A report is generated monthly and published on the Nova Scotia Health website

**Performance indicators**
- Number of patients on registry in each zone
- Numbers of patients attached in each zone

---

FIGURE A7. Nova Scotia – Need a Family Practice Registry

**Contextual factors**
- Patients could be attached through other pathways
- Informal attachment of patients
- Lower ratio of providers in urban areas
- More providers are fee-for-service than contract

**Inputs and strategies**
**Governance**
- Implemented province-wide by the Ministry of Health
- Management at regional level (n = 4)

**Human resources**
- One full-time clerk and one part-time manager worked in the CWL

**Financial resources**
- Implemented as a permanent measure
- Financial incentives for FPs with over 1,200 patients: $150 per new patient

**Guidelines and regulations**
- Patients could be attached by FPs and certain NPs
- Providers in an accredited team practice
- Use of the CWL is mandatory for contract and salaried FPs

**Process and structures**
**Registration**
- Unattached patients
- Valid PEI insurance card

**Ways to register**
- Online
- Phone

**Information collected**
- Demographic
- Patient's preference for future provider

**Information update**
- Manually updated by extra staff hired to update the list

**Assessment of patients**
- Patients attached on a "first come, first served" basis
- Exceptional priority for patients referred to the CWL from hospitals or with urgent needs

**Attachment to provider**
- Possibility of attachment of family members to same provider
- Patients were put back on the CWL if attachment was not suitable

**Intended impacts**
**Targets**
- Timely access to care (reducing emergency department visits)
- Decrease number of patients on the CWL

**Monitoring**
- A report is generated monthly and published on the Nova Scotia Health website

**Performance indicators**
- Number of active patients
- Number of inactive patients
- Providers’ status

---

CWL = centralized waiting list; FPs = family physicians; NPs = nurse practitioners; PEI = Prince Edward Island.