Evidence Boost

for Quality A series of essays highlighting evidence-informed management and policy options for improving quality of care

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VISITING-SPECIALIST SERVICES TO IMPROVE ACCESS AND OUTCOMES FOR ISOLATED POPULATIONS

The Problem: Access to specialist care in rural and remote communities

People living in rural and remote communities often have among the greatest health needs[i] but the most limited access to healthcare services, including specialist care.[ii] This is commonly referred to as the "inverse care law," where the availability of medical care is inversely related to the needs of the population.[iii] For example, while rural Canada makes up the majority (99.8 percent) of terrain and is home to roughly 20 percent (nine million) of Canadians,[iv] only about 16 percent of family physicians and two percent of specialists have practices in these areas.[v]

Rural family physicians often shoulder a heavy workload in these areas,[vi] made more difficult by lack of access to specialist services for their patients.[vii] One solution for increasing access to specialist services is visiting-specialist services or specialist outreach clinics.[ii,viii] This is when specialist physicians make planned, regular visits from their usual practice location (usually hospitals or their own private offices in urban areas) to see patients in primary care or rural hospital settings.[viii] These clinics can improve access to specialty care and health outcomes for patients, especially disadvantaged groups since access barriers have important health consequences, while also improving collaboration between primary caregivers and specialists.[viii]

Strategy for Change

Specialist outreach clinics should be well co-ordinated, adequately resourced and take place on a routine basis,[viii] with a specialist (or group of specialists) visiting a community anywhere from once every few weeks to once a year.[ix] The specialist may see patients in a primary care office where patients would go to see their primary care practitioner; alternatively, the clinics may be offered in small hospital emergency departments or outpatient clinics.

Many specialty areas can be covered during outreach, such as surgery, obstetrics/gynecology, ophthalmology and oncology.[ii] When clinics are conducted in primary care offices, visit schedules should be negotiated with local primary care staff. Portable equipment may be used such as slit-lamps for conducting eye examinations or colposcopes for gynecologic exams.[ii] When clinics are conducted in hospital settings, the equipment may be hospital-owned and case schedules are negotiated with hospital administration. Outreach clinics may last a few hours to a week depending on the service that is provided.[viii] For example, visiting surgical specialists will frequently spend half a day in a clinic and half a day in the operating room. Alternatively, specialists and primary care practitioners may use outreach visits as a vehicle to allow for additional activities such as staff education and joint consultations with patients.

The most common model, described here, is referred to as a "shifted outpatients" model where, within limits, specialists provide the same kinds of consultations, investigations and procedures as they do in their regular settings.[viii]

What the Research Says

Research evidence from a Cochrane review shows that specialist outreach can significantly improve access to specialist care for patients.[viii] While the highest-quality studies included in this review were conducted in major urban settings, such as inner cities, research in a disadvantaged rural setting showed greater improvements in access to specialist care.[ii] In particular, the investigators found that improvements in access to specialist consultations and procedures in this setting came without increased primary care referrals as well as without additional demand for hospital-based care.[ii]

Specialist outreach can also lead to improvements in health outcomes for patients and greater efficiency in the use of hospital-based services by reducing unnecessary

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referrals and investigations.[viii] This is particularly the case when outreach specialists work collaboratively with or provide education seminars to local primary care practitioners.[viii-xiii] Increased collaboration and consultations may improve provider-to-provider communication and lead to more positive patient experiences.[viii] Hosting specialist consultations in primary care settings may also offer such benefits as familiarity and reduced stigma for patients and fewer distractions for providers.[viii]

In terms of costs, international research on collaborative management of depression in urban settings has found that specialist outreach costs more for healthcare systems when compared with typical, hospital-based specialist care.[xiv,xv] However, in rural settings, other international research suggests one specialist visit can save many patients the cost and time of travel.[xvi] In some Canadian jurisdictions, medical travel costs are funded by the healthcare system. However, in other areas, patients must pay for these costs out-of-pocket.

Conclusion

There are a number of proposed solutions for increasing access to specialist services in rural and remote areas — from telemedicine (interactive video consultations)[xvii] to expanding the role of family physicians in providing specialist care.[xviii-xx] Outreach services are a well-evaluated way of enabling patients from rural and remote populations to access speciality care without incurring travel costs and the other inconveniences associated with travel. Importantly, these clinics allow patients to have their families and other loved ones accompany them to their appointments if need be.

For more information about improving quality of care, see the Foundation's managing for quality and safety web page at www.chsrf.ca/research_themes/safety_e.php.

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