



Journey Mapping of a Primary Care Visit

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Disclosures

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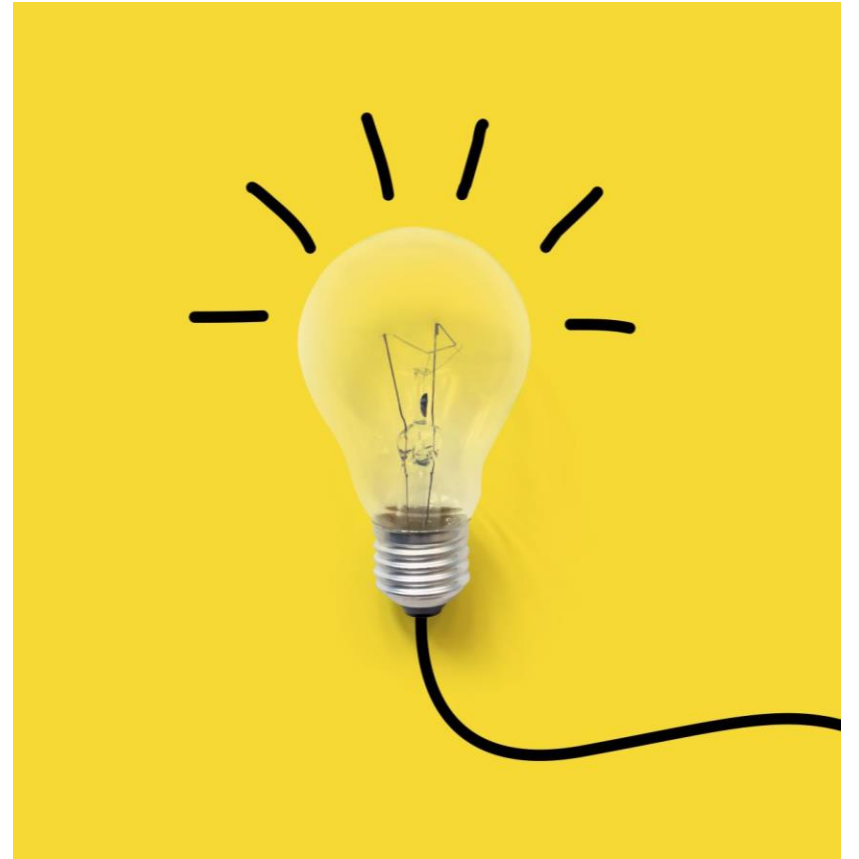
Study Objectives

To describe the primary care patient experience in the Frontenac, Lennox & Addington Ontario Health Team (FLA OHT) region using the journey mapping method

To identify pain points and barriers throughout the journey; and to explore opportunities for improvement

What is Journey Mapping?

- Visual engagement tool employed in service and product design
- Key input in person-centered quality improvement processes to generate change ideas that improve the individuals' experience
- Provides a holistic picture of the individual's experience by capturing the environmental and contextual factors across both single episodes and broader continua of care



Literature review

- ***Patient journey mapping*** first described by Trebble et al in their 2010 BMJ paper
- Davies et al.'s (2022) scoping review identified 81 articles that used patient journey mapping
 - 76.5% published since 2015
 - Only 6 (7.4%) primary care articles identified
- Philpot et al (2019) mixed-methods study in ambulatory setting of Mayo Clinic, focusing on quality improvement efforts to enhance the patient experience using patient journey mapping tools
 - Results used to outline framework for designing optimal care experiences, including communication, expertise, and connection and context
- Multi-method case tracking study (Barton et al, 2019) analyzed journeys of clients with depression and diabetes in five Australian multidisciplinary primary healthcare centers
 - Journey mapping captured complex nature of clients' experiences and provided valuable information about the available services in primary care

Study Design & Methods

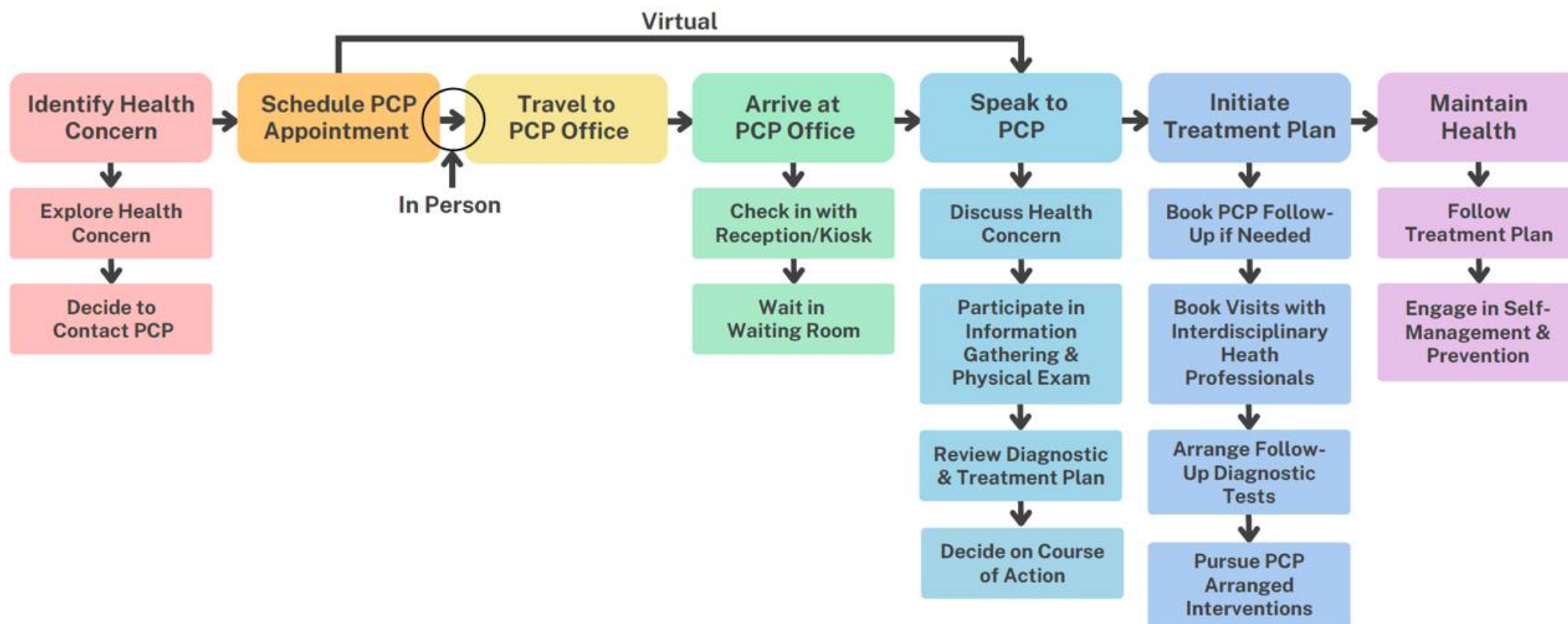
- **Inductive qualitative** – guided phenomenological interviews & focus groups
- **Recruitment** – convenience sample and snowball
- **Stimuli/Output**: draft high-level journey map, guided by multiple rounds of iteration
- **Data Analysis**: Open & axial coding of transcripts (146 single-spaced pages)



Participants

- 16 participants
 - 6 one-on-one interviews
 - 2 focus groups
- 13 Community Council members, 3 non-Community Council members
 - 1 male, 15 female
 - Age range 25-84
 - 3 indigenous, 2 francophone
 - 1 caregiver, several participants with chronic disease, physical and cognitive disabilities
- Some sampling limitations





PCP = Primary Care Provider

Phase	Theme
Identify health concern	<p>Widespread expression of reluctance to "bother" PCP</p> <p>Online and offline research before deciding to see PCP</p>
Schedule appointment	<p>Strategizing to pick a time to call</p> <p>Sense of need to negotiate with office staff</p> <p>Recurrent lack of language empathy for francophones</p>
Speak to PCP	<p>Strong preference for own PCP</p> <p>General feeling of being supported by PCP</p> <p>Patients create lists and agendas to maximize value of visit</p> <p>Perceived need for self-advocacy even with the best of providers</p>
Initiate treatment plan	<p>Reliance on PCP to initiate plan</p> <p>Uncertainty about the outcome of tests or status of referrals</p> <p>Uncertainty about the degree of communication between PCP and specialist</p>
Maintain health	<p>Expression of sense of accountability for own health</p> <p>PCP support still needed in health maintenance</p>

Emerging themes → Identify Health Concern

- Widespread expression of reluctance to "bother" PCP

"I feel like I shouldn't bother my doctor and that I should do everything in my power to resolve my own issue before I call the doctor."

- Online and offline research and self-management before deciding to see PCP

"I always feel that it needs to be a worthwhile visit and I hesitate to contact the doctor. That's why I do the research to see if it's something that's really a problem or not a problem."

Emerging Themes → Schedule Appointment

- Sense of need to perform for, “play nice” and negotiate with medical secretary/staff
- Recurrent lack of language empathy for francophones

“So if you didn't get it and they speak very fast, and when people speak fast I get lost sometimes, and it's “sorry I didn't get that”. And then they're not really patient about repeating...I think that they need some training to be nice with patients like us, right?”

- Strategizing to pick a time to call

“You’ve got to be on your game at 7:00 AM and there's usually two to three slots for same day and they will go in about 30 seconds. So if you get them, great, and then if you don't, then you're playing phone roulette for the rest of the day or try again tomorrow.”

Emerging Themes → Speak to PCP

- Strong preference to see PCP vs other providers in same clinic
- General feeling of being genuinely heard and listened to (but still a feeling of being rushed)
- Recurrent expression of feeling of meaningful partnership with PCP

“There are very other few other spaces outside the medical field, where I feel that heard, and that being heard, plays directly into my feeling of safety, physical safety, psychological safety also my feelings of trust, my feelings, that these are people who are consistent and congruent in what they say and what they do.”

- Safe and supportive space created by PCP is valued

“I feel like when my GP is the center of the wheel with me, that I can say, ‘Well, I heard this, I heard this, I heard this. Does this add up?’ And she will either myth bust with me right on the spot. She's really on the journey with me.”

Emerging Themes → Speak to PCP

- Patients create lists and agendas to maximize the value of their appointment

“I come with a list of like, I got a grocery list, girl like, let's go. I've had as many as 10 items in 30 minutes because I know some of them are brief updates and some of them are more in depth and I'm ready to rock and take my full-time”

- Patients perceived a need for self-advocacy at times, even with the best providers

“So when it's ahead of time and I know that the issue, the health issue might need a referral, I would go on the College of Doctors and Physicians [website] and make my own research ahead of time so to come prepare and see if there is anybody in this field working in the Kingston hospitals to see if I could get referred to this person.”

- Recurrent lack of language empathy for francophones

“He knows that we are francophone family, that we're French-speaking first and we're still juggling with our English, especially in the medical field. So it's not like buying milk at the store. So it's quite different, but it does not come to him because he doesn't think about it. So I have to remind him.”

Emerging Themes → Initiate Treatment Plan

- Reliance on PCP to initiate treatment plan

“You can't get anywhere without that family doctor sending reports on, or making the contact, or making the request for their patient to be seen.”

- Uncertainty about the outcomes of tests or status referrals

“You're left wondering. Well did they forget to do it? Is it done? [Is it] okay? Is it a disaster? And they just forgot to call?”

- Uncertainty about degree of communication between PCP and specialists

“So I often find myself quite lost in terms of where should I be turning without wasting anyone's time? And how do we get these people working together? Because I don't get the sense that the specialist doctors work collaboratively with the primary care doctors as often as we think or would like them to do.”

Emerging Themes → Initiate Treatment Plan

- Inconsistent tools to reach or follow up with PCP post appointment
- Variable clarity from patient perspective of follow up plan and actions they need to take

“Sometimes, when you have an appointment, you don't take in all the information, and then I might have to call back and say ‘I can't remember what I was supposed to do about X,’ you know.”

- Perceived need for self-advocacy during the initiation and following of treatment plan

“So I know that my role as a patient, my role as a self advocate is [to] chase.”

Emerging themes → Maintain Health

- Patients generally express a sense of accountability for own health

“There is our own, you know, tak[ing] personal responsibility for your health, and do all the things you need to do. You can't be always “Did you do this? Did you do that?”

- PCP & interdisciplinary health professional support still required in health promotion & maintenance

“She helped me arrange things so I could empower myself to lose a hundred pounds, to get off two kinds of insulin, many medications. So now I feel like I'm being the change I want to see. So it's been totally positive for me at age 70.”

“We get called for regular blood pressure checks and things like that. I don't have to think about that.”

“I did just access the diabetes program here, they have a nutritionist there that can work with you.”

Discussion



Opportunities for improvement at local, practice, and system levels



Leveraging CPD activities, digital tools, patient empowerment practices, practice level process improvements



Primary care experience of the attached vs unattached, marginalized populations

Next steps

1

Journey mapping of an **unattached** patient's primary care visit underway

*funded by Center of Studies in Primary Care, DFM, Queen's University

2

Journey mapping of a primary care visit – **wider community and provider perspectives**

*funded by College of Family Physicians of Canada

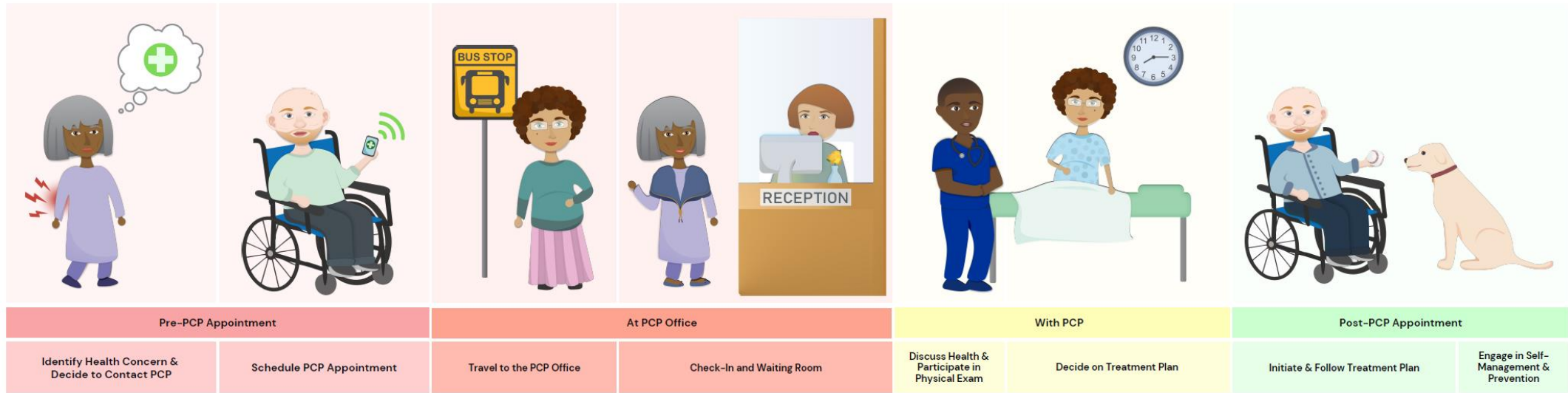
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Journey mapping with the **underhoused population**

*supported by the Homelessness Collective Impact Committee working group

Conclusion

- Primary care service transformation and co-design require community participation and feedback
- Patient journey mapping can be a key input in patient-centered and quality improvement processes to:
 - Generate change ideas that improve the individuals' primary care experience
 - Demonstrate the receptiveness of the system to patient feedback on the structure and quality of their own healthcare experiences




*PCP=Primary Care Provider

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Acknowledgements

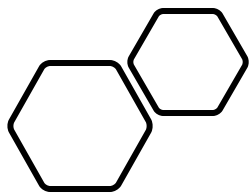
Thank you to:

- FLA OHT Community Council
 - Marie Bartlett, FLA OHT
 - Kevin Farrell, Frontenac County
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- A yellow dashed line is located in the bottom right corner of the slide, consisting of several short, curved segments.

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Potential Opportunities for improvement at local and system levels

Phase	Opportunities
<i>Identify Health Concern</i>	Future Health 811; standardized & evidence-based patient-friendly resources; easy to access self-management programs
<i>Appointment Scheduling</i>	Online appointment booking & patient portal/information systems; language-sensitive resources (both paper, digital & human)
<i>Speak to PCP</i>	Continuing Professional Development re: patient-centered care, shared decision making, implications of true "patient-empowerment"; patient education on benefits of team-based approach
<i>Initiate Treatment Plan</i>	Referral pathway improvements (eServices - Ocean/eReferral/eConsult) Practice-level process changes (investing in patient portals, optimize office flow, appointment booking reminders, decision/information aids for patients; team-based care to build capacity) System-level modifications (coordinated care plans; embedded coordinators/home care modernization; facilitating team-based structures)
<i>Maintain Health</i>	Patient portals, self-referral ability, expanded promotion of community programs, health home decision support, healthcare connectors/community services workers

Working Journey Map

		Pre-PCP Appointment				At PCP Office					With PCP		Post-PCP Appointment			
		Identify Health Concern & Decide to Contact PCP		Schedule PCP Appointment			Travel to the PCP Office	Check-In & Waiting Room			Discuss Health & Participate in Physical Exam	Decide on Treatment Plan		Initiate & Follow Treatment Plan		Engage in Self-Management & Prevention
Dimensions	Functional	Tendency to engage in online & offline research & self-management before deciding to see PCP "I do the research to see if it is something that's really a problem or not a problem."	-	Appointment booking not standardized; busy signals & seemingly long voice message length is a deterrent "So it's easier for booking online. So over the phone maybe they're busy [with] phones ringing. Other people are waiting."	Appointments for urgent issues are available but chronic issues require 2-6 weeks wait "It takes 3 to 4 weeks sometimes, but for the most part, you know, if it's something that I need to have a remedied right away, they can usually see me."	Virtual appointments are inconsistently accessible or uniform (i.e. video vs. phone only) "It would be easier if we had on the zoom at least. We can see the other person. But it was just on the phone."	People with special needs or disabilities have more difficulties with travel "It's a big deal. Leaving this house, especially on day, 1007 of pandemic is a very big deal to me."	The clinic flow varies by the physician - some people get through quickly & others wait for up to 30min "Well you have to wait. Not too long in the waiting room, maybe 5, 10 min. But then you have to wait in the [clinic room]. Then that could be quite long. Oh, half an hour, maybe. Alone in the [room], thinking, you know, like, where are they? But did they forget me? I don't know why they do that."	Patients create lists & agendas to attempt to maximize the value of their appointment "I come with a list of like, I got a grocery list, girl like, let's go. I've had as many as 10 items in 30 minutes because I know some of them are brief updates & some of them are more in depth & I'm ready to rock and take my full-time."	People have various levels of shared-decision making when deciding on course of action "I'm sure there was a level of maturity difference too where I am now versus then. But being younger, definitely, I don't think there was as much collaboration. It was more of a "I'm going to tell you what we should do" rather than still respecting that young people have knowledge & feelings about their health. Yeah."	-	There are inconsistent tools to reach PCP post-appointment to clarify plan or ask questions "She phones me to say, it's usually voicemail, I don't pick up the phone because, again, that's another issue right there, there is so much junk on the phone. So we likely trade voicemails."	There are inconsistent tools to reach PCP post appt to clarify plan or ask questions "I don't always have [follow-up], I must say, & again I can appreciate that they don't have time to do this but there's not a lot of follow-up I find."	Regular chronic disease check-ins are usually arranged by PCP for disease maintenance "Because I have chronic disease, I'm in there every three months, & at the end of my appointment, the next appointment's made. I don't have to call anyone."	-	
	Social	Discussion with family & friends, both with topic knowledge & who may have similar experiences "I also have friends & family that are doctors, nurse practitioners, nurses, which I'll sometimes go to. But I feel kind of bad putting them in that situation."	-	There is a sense to need to negotiate with & be especially nice to practice gatekeepers to get needs met "For one thing, the message is much longer than it used to be, & it tells me to behave and be nice or else you probably won't get an answer."	Supportive & positive interactions with front staff "It's usually 1 or 2 people, same people, & they're always very pleasant. Yeah, no issues."	-	People predict they may require help from family and friends to get to PCP office in the future "If I were really ill, & I didn't have someone to take me, that would be a problem."	Pleasant & fast check-in experience "They're listening. They are actually extraordinarily good at that. They're better than the hospital at that. It's always that friendly rapport. Always warm, always welcome, all those human-centered always people first."	-	There is a strong preference to see PCP instead of other providers in the same clinic "I just want to see my doctor sometimes, you know, so most recently in the summer my hip, I mean, it was like a year & a half that I've tried physio blah, blah blah this stuff. And I finally phoned & said I want to see the doctor. I don't want to see the nurse practitioner. I want to see the doctor."	Recurrent expression of feeling of meaningful partnership with PCP "I feel like I'm in a partnership with my family doctor, which is the way I expect it & want that to be."	-	Patients are reliant on PCP to initiate treatment plan "You can't get anywhere without that family doctor sending reports on, or making the contact, or making the request for their patient to be seen."	-	People usually engage with interdisciplinary health professionals during health maintenance and promotion period "I did just access the diabetes program here, so they have a nutritionist there that can work with you."	
	Emotional	A widespread expression of reluctance to "bother" PCP because they are perceived to be "busy" "I feel like I shouldn't bother my doctor & that I should do everything in my power to resolve my own issue before I call the doctor."	-	Feeling the need to "perform" for front-line staff "How many people do I have to tell my story to besides the primary care physician to get that time slot?"	-	Recurrent lack of language empathy for francophones "Sometimes, when I don't find the words quickly enough for the receptionist or for the one who's doing the appointment scheduling, I sense their impatience."	-	-	-	General feeling of being genuinely heard and listened to, with some differences when language is a barrier "She listens. She's a good listener. She's a very good listener. I think she gives us time."	Patients value a safe and supportive space the provider has created through meaningful partnership & listening "There are very other few other spaces outside the medical field, where I feel that heard, & that being heard, plays directly into my feeling of safety, physical safety, psychological safety also my feelings of trust, my feelings, that these are people who are consistent and congruent in what they say and what they do."	Recurrent lack of language empathy for francophones "This is something I have to say that nobody ever asked me. "Do you understand?" they know I'm French so, but they never asked me if I understand."	Patient uncertainty about the outcomes of tests or status referrals "You're left wondering. Well did they forget to do it? Is it done? [Is it] okay? Is it a disaster & they just forgot to call?"	Uncertainty about the degree of bidirectional communication between PCP & specialists "So I often find myself quite lost in terms of where should I be turning without wasting anyone's time, & how do we get these people working together? Because I don't get the sense that the specialist doctors work collaboratively with the primary care doctors as often as we think or would like them to do."	PCP support is still required in health promotion "She helped me arrange things so I could empower myself to lose a hundred pounds, to get off two kinds of insulin, many medications. So now I feel like I'm being the change I want to see. So it's been totally positive for me at age 70."	
	Cognitive	Rationalizing the delay to see PCP, either because the provider or the patient is too "busy" "It's not that I've been afraid to see them. I know that they're busy & I don't want to bother them if it is a minor issue."	Recognizing not all information is useful, attempting to assess the credibility of online sources they use "So I will do us a little bit of research online with credible sources. I'd be looking for real sources that look legitimate in terms of like medical institutions or research organizations or universities."	Strategizing to pick a time to call "You got to be on your game at 7:00 AM & there's usually 2 to 3 slots for same day & they will go in about 30 seconds. So if you get them, great, & then if you don't, then you're playing phone roulette for the rest of the day or try again tomorrow."	Preparing for the call to schedule appointment "Oh, man. You got to have your act together right now & get on the page, & then have my schedule in front of me. My work schedule, my personal schedule, trying to figure out how are we going to make this work as fast as possible. That is a lot of pressure."	-	Convenience is valued "I moved to a place that's convenient for me to walk to. I don't know if I'll be able to drive right, so I always think you know we should plan ahead, so I'll live somewhere where I can get to things."	Concerns about privacy of personal information "Almost always when you hand in your health card, just a health card to someone they'll say, oh, are you still at 38, 60, doesn't matter, & I'm thinking, what about privacy here?"	-	Continuity of care with one provider is highly-valued by patients "We've been together a really long time her & I, & I feel like it's her & I have an appointment with her in this together. But she's amazing, & we've grown up together I feel like."	Patients perceived a need for self-advocacy at times, even with the best providers "So when it's ahead of time and I know that the issue, the health issue might need a referral, I would go in the college of doctors & physician & make my own research ahead of time so to come prepared and see if there is anybody in this field working in the Kingston hospitals to see if I could get referral to this person."	-	Variable clarity from patient perspective of follow-up plan & actions they need to take "The other side of that is that sometimes when you have an appointment you don't take in all the info & then might have to call back. Say, I can't remember what I was supposed to do about, you know."	Patients perceived a need for self-advocacy during the initiation & following of treatment plan "So I know that my role as a patient, my role as a self advocate is [to] chase."	Patients generally express a sense of accountability for their own health "There is our own, you know, taking personal responsibility for your health, & do all the things you need to do. You can't be always "Did you do this? Did you do that?"	

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