HEALTH INNOVATIONS

NAME OF PRACTICE: QuickCare Clinics

JURISDICTION: Manitoba

HEALTH THEME: Access and Wait Times; Capacity Building; Health Promotion and Prevention

HEALTH SECTOR: Primary care

IMPLEMENTATION DATE: 2012

SNAPSHOT: This innovative practice is designed to meet low-complexity, primary health care needs, thereby addressing unnecessary visits to the emergency room, duplicated diagnostics, testing, and imaging, and shortages around availability of family physicians. The first QuickCare Clinic opened in Winnipeg, Manitoba in 2012, followed by three more QuickCare Clinics in the same year. Collectively the four QuickCare clinics had over 45,000 patient visits by the fall of 2013.

PRACTICE DESCRIPTION:

QuickCare Clinics operate as ‘nurse-led care models’. This means that registered nurses and nurse practitioners share the responsibility of seeing patients and make referrals outside of the clinic when necessary. Basic services offered at these centres are based on episodic primary care needs, and include treating infections, rashes, sprains, etc.; prescribing birth control; and administering immunizations. Patient intake is organized on the principles of the ‘Advanced Access Model’ and combines walk-in services with scheduled appointments to enable more immediate patient visits. In contrast to traditional payment systems where physicians bill per service provided, nurses are paid through block funding so that the flow of financial resources matches the input of the health human resources on-site.

By treating more basic health care needs within the scope of practice of the attending nurse, this model is designed to improve efficiency of health care services, theoretically diverging inappropriate demands away from urgent care centres and emergency departments. The clinics address issues of accessibility of primary care by providing extended hours and are open during weekends, evenings and holidays.

QuickCare Clinics are funded through the Regional Health Authorities, and are part of a broader provincial plan to ensure that every Manitoban who wants a family physician will have access to one by 2015. These clinics are therefore not considered a replacement to family practice clinics, but are integrated within the primary care network strategy to decrease the overall work burden on physicians, enabling them to accept more patients into their practice.

IMPACT:

This innovative practice has been implemented since February 2012 and does not have a completed evaluation at this time. While the practice has not been formally evaluated, personal testimonials, observations and early results suggest that the practice can lead to improved performance metrics and has the potential to produce positive outcomes on health.

APPLICABILITY/TRANSFERABILITY:

The success of QuickCare Clinics has been facilitated by the broader provincial agenda to increase accessibility of family physicians, collaboration across regional health authorities, improved staffing models, convenient locations for the clinics, and having established an electronic medical record from the onset.
In terms of health human resource planning, challenges around nurse practitioner recruitment have been experienced province wide. For the case of the QuickCare Clinics, full nurse practitioner staffing was not achieved until the fall of 2013.

This particular nurse-led model is unique to Manitoba. The four Quick Care Clinics that are currently operational are: Steinbach, Selkirk, McGregor Avenue in Winnipeg, and St. Mary’s Road in Winnipeg, which opened most recently in November 2012. Four more Quick Care Clinics are scheduled to open in the next few years.

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Content has been adapted from the following sources and relevant links:

PRACTICE WEBSITE

http://www.gov.mb.ca/health/primarycare/quickcare.html