



Health Quality Ontario Primary Care Timely Access

Overview

Updated on August 14, 2017

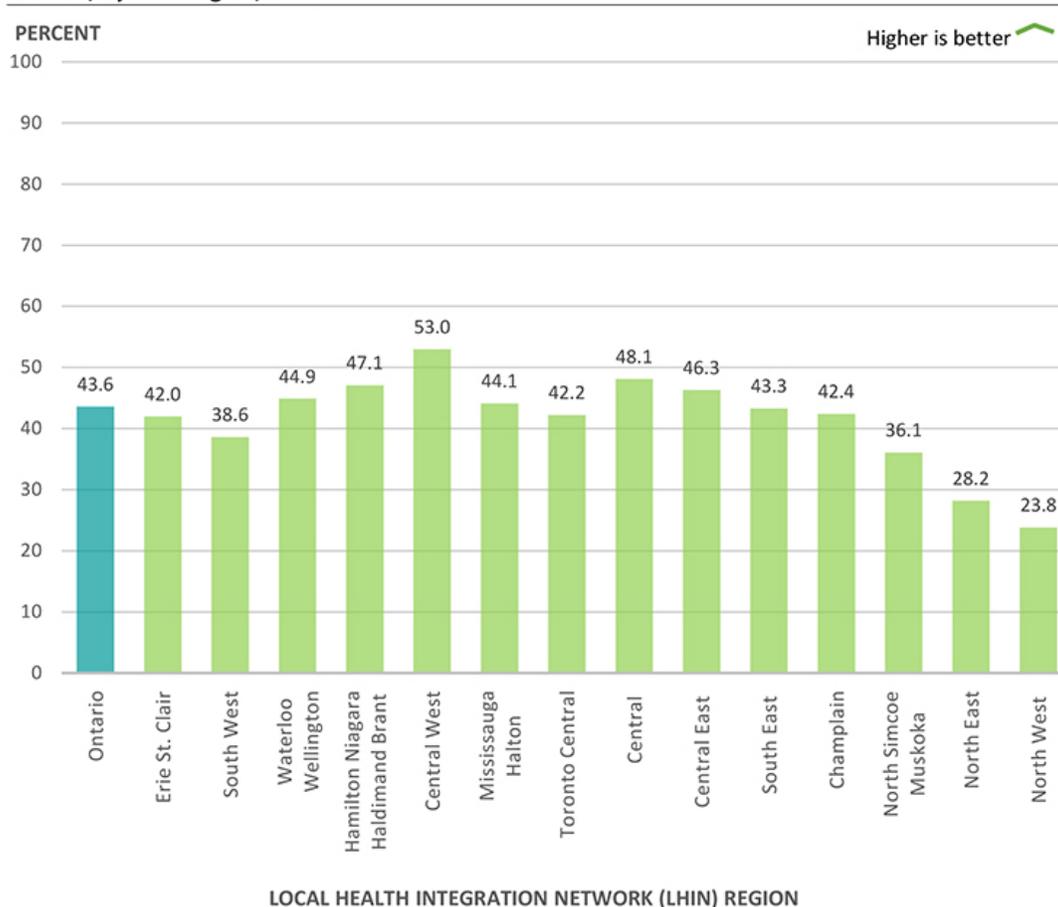
"If it currently takes 2 weeks to get a non-urgent appointment –but it always takes 2 weeks – then the practice is meeting its demands...just 2 weeks late. The challenge is getting that demand met today."

Vineet Nair, MD CCFP, Lead Physician London Centre Family Health Organization

Issue

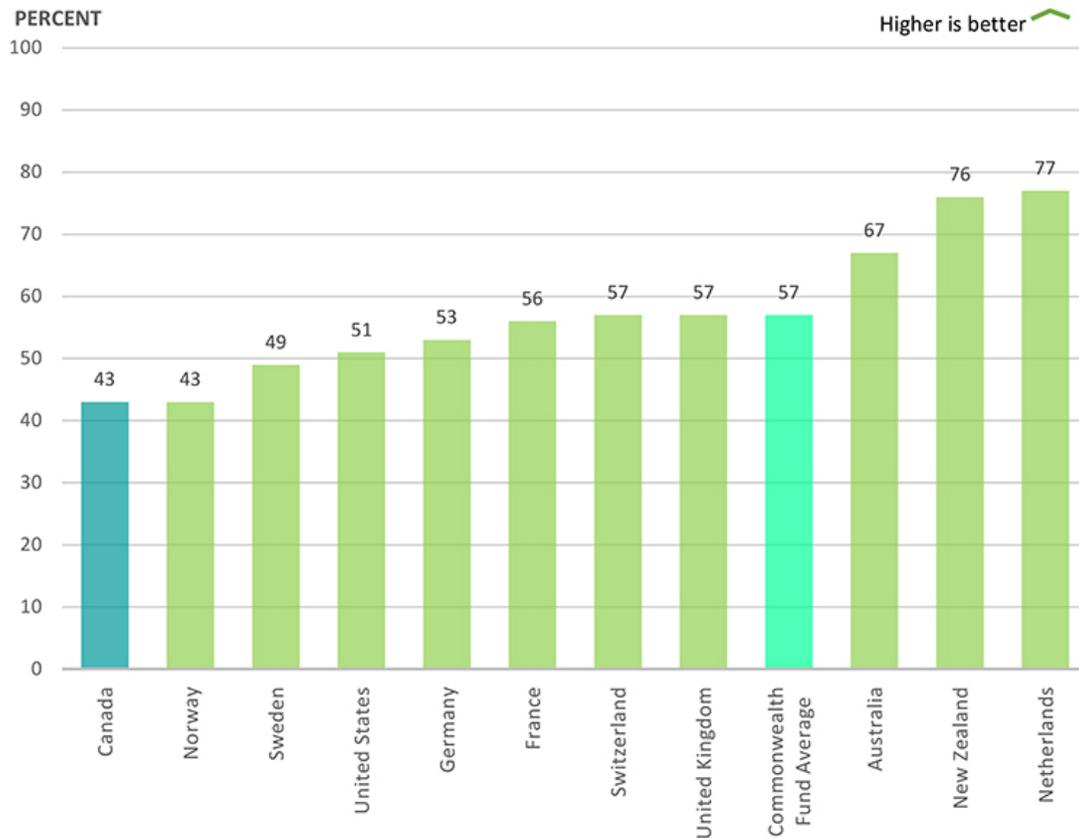
Timely access to primary care is about getting supply and demand in equilibrium; meeting the demands of one's practice population by supplying timely patient-centred care (IHI, 2017). In Ontario 94% of people aged 16 and older have a primary care provider, however delays in getting appointments for family physicians, specialists, or certain tests, are common. Figure 1 shows that only 43.6% of Ontario adults over the age of 16 are able to see their primary care provider on the same or next day when they are sick or need medical attention (HQO, 2016; IHI, 2017).

FIGURE: 1 Percentage of people aged 16 and older who were able to see their primary care provider, or another primary care provider in their office, on the same day or next day when they are sick, in Ontario, by LHIN region, 2015



As shown in Figure 2 Ontario and Canada have some of the worst access rates (same or next day appointments available) compared to the other countries in the Commonwealth (CIHI, 2017).

FIGURE: 2 Percentage of people who were able to see their primary care provider, or another primary care provider on the same day or next day when they are sick. Commonwealth Country Results, 2016



COUNTRY RESULTS (FROM LOWEST TO HIGHEST)

A gap in the supply and demand of primary care creates delays which create stress, waste, and can lead to worse clinical outcomes (IHI, 2017). Furthermore, delays are expensive:

- There is a cost to maintaining the wait list and triaging patient requests for appointments;
- The no-show or fail-to-show rate increases the time patients must wait for their appointment;
- Many patients (almost one in two Ontarians) use the Emergency Department to access medical care that they could have received from their primary care provider if a same day or next day appointment was available.

Action Plan for Health Care

Faster access to the right care is an important area of focus in Ontario's [Patients First: Action Plan for Health Care](http://www.health.gov.on.ca/en/ms/ecfa/healthy_change/docs/rep_patientsfirst.pdf) [http://www.health.gov.on.ca/en/ms/ecfa/healthy_change/docs/rep_patientsfirst.pdf]. Better access to a primary care provider can reduce use of the emergency department, reduce use of walk-in-clinics, and improve continuity of care. In addition, increased access to primary care can lead to better health outcomes and lower total health care system costs (HQO, 2016; IHI, 2017).

Delays are systemic, and not the fault of any one provider or practice, however there are ways to organize office processes to make better use of time and resources. The primary goal is to enhance the doctor-patient relationship, and improving access is a critical component of this relationship. It requires that practices offer appointment options to suit the patient's current needs.

Quality Improvement in Timely Access and Efficiency

Quality improvement initiatives strive to improve **access** (providing timely patient access to a scheduled appointment with the patient's primary care provider) and **efficiency** (being more efficient in the office processes leading up to, during and after a patient's appointment).

Efficiency goes hand in hand with improving access, the table below outlines the principles of Timely/Advanced Access and Efficiency. These principles come from [the Advanced Access and Efficiency Workbook for Primary Care](http://www.hqontario.ca/Portals/0/documents/qi/primary-care/qi-aae-interactive-workbook-en.pdf) [<http://www.hqontario.ca/Portals/0/documents/qi/primary-care/qi-aae-interactive-workbook-en.pdf>].

Quality improvement [timely access change ideas](#) in primary care can help address the root causes of the problem.

Principles of Timely Access	Principles of Efficiency
<ol style="list-style-type: none"> 1. Understand and balance supply and demand 2. Increase supply of visits 3. Reduce demand for visits 4. Reduce appointment times and types 5. Reduce backlog 6. Develop contingency plans 	<ol style="list-style-type: none"> 1. Balance supply and demand of non-appointment work 2. Synchronize patient, provider, information, room and equipment 3. Anticipate and predict patient needs 4. Optimize rooms, staff and equipment 5. Manage constraints 6. Eliminate waste

References

1. Canadian Institutes for Health Information (CIHI). *How Canada Compares: Results from the Commonwealth Fund's 2016 International Health Policy Survey of Adults in 11 Countries – Accessible Report*. Ottawa, ON: CIHI; 2017. Retrieved from: <https://www.cihi.ca/sites/default/files/document/text-alternative-version-2016-cmwf-en-web.pdf> [<https://www.cihi.ca/sites/default/files/document/text-alternative-version-2016-cmwf-en-web.pdf>]
2. Glazier RH. Balancing equity issues in health systems: perspectives of primary healthcare. *Healthcare Papers*. 2007;8(Sp):35-45. Available from: <http://www.longwoods.com/content/19218> [<http://www.longwoods.com/content/19218>]
3. Health Quality Ontario. *Advanced Access Workbook for Primary Care*. Toronto: Health Quality Ontario 2012 Sept [cited 2015 Oct 15]. Available from: <http://www.hqontario.ca/Portals/0/documents/qi/primary-care/qi-aae-interactive-workbook-en.pdf> [<http://www.hqontario.ca/Portals/0/documents/qi/primary-care/qi-aae-interactive-workbook-en.pdf>]
4. Health Quality Ontario (HQO). *Primary Care: Impressions and Observations 2016/17 Quality Improvement Plans*. Toronto: Queen's Printer for Ontario; 2017. Retrieved from: <http://www.hqontario.ca/Portals/0/documents/qi/qip/analysis-pc-2016-17-en.pdf> [<http://www.hqontario.ca/Portals/0/documents/qi/qip/analysis-pc-2016-17-en.pdf>]
5. Health Quality Ontario (HQO). *Measuring Up 2016: A yearly report on how Ontario's health system is performing*. Toronto: Queen's Printer for Ontario; 2016. Retrieved from: <http://www.hqontario.ca/System-Performance/Yearly-Reports/Measuring-Up-2016> [<http://www.hqontario.ca/System-Performance/Yearly-Reports/Measuring-Up-2016>]
6. Health Quality Ontario (HQO). *Quality in Primary Care Setting a Foundation for Monitoring and Reporting in Ontario*. Toronto: Queen's Printer for Ontario; 2015. Retrieved from: <http://www.hqontario.ca/System-Performance/Specialized-Reports/Primary-Care-Report> [<http://www.hqontario.ca/System-Performance/Specialized-Reports/Primary-Care-Report>]
7. Institute for Healthcare Improvement (IHI). *Primary Care Access*. Retrieved from: <http://www.ihl.org/Topics/PrimaryCareAccess/Pages/default.aspx> [<http://www.ihl.org/Topics/PrimaryCareAccess/Pages/default.aspx>]
8. Vogel, L. (2017). **Canadians still waiting for timely access to care.** *CMAJ*; 189 (9): E375 – E376.

Best Practices

Updated on August 14, 2017

"Insanity is doing things the way we've always done them and expecting different results"

Albert Einstein

[Timely access to a primary care](http://indicatorlibrary.hqontario.ca/Indicator/Summary/Timely-access-primary-care-provider-patient/EN/) [http://indicatorlibrary.hqontario.ca/Indicator/Summary/Timely-access-primary-care-provider-patient/EN/] is a priority indicator for the QIP. This indicator refers to the percentage of patients and clients able to see a doctor or nurse practitioner on the same day or next day, when needed. In Ontario [http://www.hqontario.ca/System-Performance/Primary-Care-Performance/Same-Day-or-Next-Day-Appointment] only 43.6% of adults are able to access care in a timely fashion when they need it (CIHI, 2016; HQO, 2016).

Below are the best practices for timely access to primary care. They are graded according to their [Type of Evidence](#) [http://qualitycompass.hqontario.ca/Documents/EN/QualityCompassLevelsofEvidence.pdf]. Evidence-informed best practices are based on quality evidence, they can optimize outcomes and should be implemented into practice where possible.

To help you move from best evidence to best practice refer to the [Advanced Access and Efficiency Workbook for Primary Care](http://www.hqontario.ca/Portals/0/documents/qi/primary-care/qi-aae-interactive-workbook-en.pdf) [http://www.hqontario.ca/Portals/0/documents/qi/primary-care/qi-aae-interactive-workbook-en.pdf] (AAEWPC) or browse the interactive table below for a quick summary.

EVIDENCE-INFORMED BEST PRACTICES

Understand and balance supply and demand

Make Change		
Evidence-Informed Best Practice	Change Ideas	Toolbox
<p>Build Relationships and Trust</p> <p>Meaningful patient involvement/engagement requires authentic, timely and mutually beneficial relationships forged between patients, their family members, other informal caregivers, health professionals and the organizations they work with.</p>	<ul style="list-style-type: none"> • Foster a healthy supportive doctor-patient relationship. • Build Trust. • Clear concise communication encourages patient involvement. • Schedule your time appropriately and take the time required with each patient. • Ask patients if they feel involved to the extent they want to be in decisions related to their care. If they don't, find out what more you can do. 	<ul style="list-style-type: none"> • Mac Health Quality in Family Practice Curriculum [http://machealth.ca/programs/quality/] • Five actions to build trust [https://bmcmededuc.biomedcentral.com/articles/10.1186/s12909-017-0868-5] in the doctor-patient relationship • Trust in the Doctor Patient Relationship [http://bmjopen.bmj.com/content/3/5/e002762.full] • Section 3.3 Anticipating and Predicting Patient Needs of the Advanced Access and Efficiency Workbook for Primary Care. [http://www.hqontario.ca/Portals/0/documents/qi/primary-care/qi-aae-interactive-workbook-en.pdf]

Increase supply of visits

Make Change

Evidence-Informed Best Practice	Change Ideas	Toolbox
<p>Increase the supply of visits to improve access</p> <p>In order to increase supply, it is necessary to identify who is doing the work, who should be doing the work, and how the care team's performance can be optimized.</p>	<ul style="list-style-type: none"> • Maximize provider and other staff schedules. • Optimize the care team. Make sure all members are working to their full scope of practice. • Manage constraint. Use guidelines and protocols to treat simple common conditions. • Develop a care delivery model to identify who does what. • Remove unnecessary work from a provider if someone else on the team can do it. • Use group visits or shared medical appointments. • Use technology. EMRs, email, skype and patient portals. • Encourage patient engagement and self/caregiver management. 	<ul style="list-style-type: none"> • Supply. [http://www.hqontario.ca/Portals/0/documents/qi/primary-care/qi-aae-interactive-workbook-en.pdf] Sections 4.2.8 (pg. 37) of the AAEWPC. Record your supply by day of the week. • Daily Demand, Supply, Activity and No Show Data. [http://www.hqontario.ca/Portals/0/documents/qi/primary-care/qi-aae-interactive-workbook-en.pdf] Section 5.1 (pg. 46) of the AAEWPC. Record your daily demand, supply activity and no shows by provider. • Understanding Your Practice Worksheet. [http://www.hqontario.ca/Portals/0/documents/qi/primary-care/qi-aae-interactive-workbook-en.pdf] Section 5.6 (pg. 51) of the AAEWPC. • Machealth Advanced Access & Efficiency for Primary Care. [http://machealth.ca/programs/advanced-access-efficiency-primary-care/] This is an overview of Health Quality Ontario's advanced access and efficiency in primary care.

Reduce demand for visits

<p>Make Change</p>

Evidence-Informed Best Practice	Change Ideas	Toolbox
<p>Reduce demand for visits</p> <p>Reducing the amount of demand makes it easier for the system to absorb current or future levels of demand.</p>	<ul style="list-style-type: none"> • Max-pack and reset the appointment schedule. Do as much as possible at each visit to reduce future visits. • Challenge the need for follow-up appointment(s). Rather extend the visit intervals. • Promote continuity; seeing the same provider generates fewer visits. • Reduce no shows by providing timely appointments. • Use alternate methods of care delivery (i.e. nurse visits, self-care, tele-consultations, email and group visits). • Review future schedule to see if patient could benefit from being managed differently. • Utilize other team members and maximize efficiency of each visit. 	<ul style="list-style-type: none"> • Internal, External and Total Demand. [http://www.hqontario.ca/Portals/0/documents/qi/primary-care/qi-aae-interactive-workbook-en.pdf] Sections 4.2.5, 4.2.6 and 4.2.7 (pg. 34-36) of the AAEWPC. Record all three types of demand by day of the week. • Track No Shows. [http://www.hqontario.ca/Portals/0/documents/qi/primary-care/qi-aae-interactive-workbook-en.pdf] Sections 4.2.10 (pg. 39) of the AAEWPC. Record no shows by day and week. • Daily Demand, Supply, Activity and No Show Data. [http://www.hqontario.ca/Portals/0/documents/qi/primary-care/qi-aae-interactive-workbook-en.pdf] Section 5.1 (pg. 46) of the AAEWPC. Record your daily demand, supply activity and no shows by provider. • Understanding Your Practice Worksheet. [http://www.hqontario.ca/Portals/0/documents/qi/primary-care/qi-aae-interactive-workbook-en.pdf] Section 5.6 (pg. 51) of the AAEWPC. • Machealth Advanced Access & Efficiency for Primary Care. [http://machealth.ca/programs/advanced-access-efficiency-primary-care/] This is an overview of Health Quality Ontario's advanced access and efficiency in primary care.

Reduce appointment types and times

<p>Make Change</p>

Evidence-Informed Best Practice	Change Ideas	Toolbox
<p>Reduce appointment types and times</p> <p>Complex schedules (various appointment types, times and restrictions) can increase total delay in a system. Reducing complexity reduces delays.</p>	<ul style="list-style-type: none"> Standardizes appointment types and lengths using only a few classifications (i.e. short check-ups vs. long new patient visits or chronic multi morbid patients) Book appointment times in blocks of 10 or 15 min to combine and separate blocks. Truth in scheduling. Adjust the schedule to match the reality of a provider's pace and book to the provider not the first open space. 	<ul style="list-style-type: none"> Daily Demand, Supply, Activity and No Show Data. [http://www.hqontario.ca/Portals/0/documents/qj/primary-care/qj-aae-interactive-workbook-en.pdf] Section 5.1 (pg. 46) of the AAEWPC. Record your daily demand, supply activity and no shows by provider. Patient Cycle Time. [http://www.hqontario.ca/Portals/0/documents/qj/primary-care/qj-aae-interactive-workbook-en.pdf] Section 5.2 (pg. 47) Understanding Your Practice Worksheet. [http://www.hqontario.ca/Portals/0/documents/qj/primary-care/qj-aae-interactive-workbook-en.pdf] Section 5.6 (pg. 51) of the AAEWPC.

Reduce Bad Backlog

Make Change		
Evidence-Informed Best Practice	Change Ideas	Toolbox
<p>Reduce Bad Backlog</p> <p>Limiting the amount of appointments on the future schedule that have been put off because of a lack of space or manpower and working down backlog recalibrates the system.</p> <p>Good Backlog: When a patient chooses to push their appointment to a later date due to personal / physiological reasons.</p> <p>Bad Backlog: When the provider pushes a patient's appointment to a later date due to a full schedule.</p>	<p>There are strategies to help reduce bad backlog:</p> <ul style="list-style-type: none"> Measure backlog and distinguish between good and bad backlog. Work Smarter. Handle backlog at quieter times. Develop a plan to manage backlog with beginning and end dates. Work Harder. Temporarily increase the supply of visits to accommodate a full schedule (i.e. Increase Supply of Visits). And display wait times data or alerts for patients. Add temporary resources. Add a care team member or locum. 	<ul style="list-style-type: none"> Backlog Reduction. [http://www.hqontario.ca/Portals/0/documents/qj/primary-care/qj-aae-interactive-workbook-en.pdf] Section 4.2.12 (pg. 42) of the AAEWPC. Machealth Advanced Access & Efficiency for Primary Care. [http://machealth.ca/programs/advanced-access-efficiency-primary-care/] This is an overview of Health Quality Ontario's advanced access and efficiency in primary care.

Develop contingency plans

Make Change

Evidence-Informed Best Practice	Change Ideas	Toolbox
<p>Develop contingency plans</p> <p>Supply and demand naturally varies, sometimes without warning. Having plans in place to work around any variations will help improve access.</p>	<ul style="list-style-type: none"> • Daily huddles to review patterns of supply and demand • Develop “Time-away” processes during times when staff most often take vacation. • Invest in and develop staff who are multi-skilled. Staff that are trained for multiple duties helps meet demand in a timely manner. • Manage the variation of demand proactively. Understand the cause of the variations and adjust people and practices accordingly. • Watch out for seasonal fluctuations and increase supply accordingly. • Anticipate unusual but expected events (i.e. flag patients who tend to be late or bring a caregiver to their appointments). 	<ul style="list-style-type: none"> • HQO’s workbook “Predict the Expected: Contingency Plans to Manage Advanced Access Schedules” [http://www.hqontario.ca/DesktopModules/Bring2mind/DMX/Download.aspx?language=en-CA&Command=Core_Download&EntityId=321&PortalId=3&TabId=1062] • Machealth Advanced Access & Efficiency for Primary Care. [http://machealth.ca/programs/advanced-access-efficiency-primary-care/] This is an overview of Health Quality Ontario’s advanced access and efficiency in primary care. • Track No Shows. [http://www.hqontario.ca/Portals/0/documents/qi/primary-care/qi-aae-interactive-workbook-en.pdf] Sections 4.2.10 (pg. 39) of the AAEWPC. Record no shows by day and week. • Daily Demand, Supply, Activity and No Show Data. [http://www.hqontario.ca/Portals/0/documents/qi/primary-care/qi-aae-interactive-workbook-en.pdf] Section 5.1 (pg. 46) of the AAEWPC. Record your daily demand, supply activity and no shows. • Huddles. [http://www.hqontario.ca/Portals/0/documents/qi/primary-care/qi-aae-interactive-workbook-en.pdf] Sections 5.4 and 5.5 (pg. 49 – 50) of the AAEWPC. Productive huddles.

References

1. Ford JA, Jones AP, Wong G, Steel N. (2015). Weekend opening in primary care: analysis of the General Practice Patient Survey. *British Journal of General Practice*; 65(641):e7928, pg. 1-7.
2. Health Quality Ontario. Advanced Access Workbook for Primary Care Toronto: Health Quality Ontario; 2012 Sept. Retrieved from: <http://www.hqontario.ca/Portals/0/documents/qi/primary-care/qi-aae-interactive-workbook-en.pdf> [\[http://www.hqontario.ca/Portals/0/documents/qi/primary-care/qi-aae-interactive-workbook-en.pdf\]](http://www.hqontario.ca/Portals/0/documents/qi/primary-care/qi-aae-interactive-workbook-en.pdf)
3. Health Quality Ontario. Practice Assessment Tool: A Guide to Advanced Access and Efficiency for Primary Care Providers: Time for Change. 2013 July. Retrieved from: <http://www.hqontario.ca/portals/0/Documents/qi/learningcommunity/practice-assessment-tool-july->

[2013.pdf \[http://www.hqontario.ca/portals/0/Documents/qi/learningcommunity/practice-assessment-tool-july-2013.pdf\]](http://www.hqontario.ca/portals/0/Documents/qi/learningcommunity/practice-assessment-tool-july-2013.pdf)

4. Health Quality Ontario.
Impressions and Observations 2016/17 Quality Improvement Plans. April 2017.
Retrieved from: <http://www.hqontario.ca/Portals/0/documents/qi/qip/analysis-pc-2016-17-en.pdf>
[\[http://www.hqontario.ca/Portals/0/documents/qi/qip/analysis-pc-2016-17-en.pdf\]](http://www.hqontario.ca/Portals/0/documents/qi/qip/analysis-pc-2016-17-en.pdf)
5. Houck, S. What Works to Improve Primary Care.
Boulder, Colorado, USA: HealthPress Publishing; 2017. IHI Resource
Retrieved
from:<http://www.ihl.org/resources/Pages/Publications/WhatWorkseffectivetoolsandcasestudies toimproveclinicalofficepractice.aspx>
[\[http://www.ihl.org/resources/Pages/Publications/WhatWorkseffectivetoolsandcasestudies toimproveclinicalofficepractice.aspx\]](http://www.ihl.org/resources/Pages/Publications/WhatWorkseffectivetoolsandcasestudies toimproveclinicalofficepractice.aspx)
6. Hudec JC, MacDougall S, Rankin E.
Advanced access appointments: Effects on family physician satisfaction, physicians' office income, and emergency department use.
Canadian Family Physician. 2010 Oct;56(10):e361-7.
7. Institute for Healthcare Improvement.
Improve Primary Care Access [Internet]. Cambridge (MA): Institute for Healthcare Improvement; 2012.
Retrieved from: <http://www.ihl.org/explore/PrimaryCareAccess/Pages/default.aspx>
[\[http://www.ihl.org/explore/PrimaryCareAccess/Pages/default.aspx\]](http://www.ihl.org/explore/PrimaryCareAccess/Pages/default.aspx)
8. IOM (Institute of Medicine). 2015.
Transforming health care scheduling and access: Getting to now. Washington, DC: The National Academies Press.
Retrieved from: <http://iom.nationalacademies.org/Reports/2015/Transforming-Health-Care-Scheduling-and-Access.aspx>
[\[http://iom.nationalacademies.org/Reports/2015/Transforming-Health-Care-Scheduling-and-Access.aspx\]](http://iom.nationalacademies.org/Reports/2015/Transforming-Health-Care-Scheduling-and-Access.aspx)
9. Grol R, Grimshaw J.
From best evidence to best practice: effective implementation of change in patients' care.
Lancet. 2003 Oct 11;362(9391):1225-30.
10. Kiran, T., O'Brien, P. (2015).
Challenge of same-day access in primary care.
Canadian Family Physician. 2015 May; 61(5): 399–400.
11. Mehrotra, A., Keehl-Markowitz, L., Ayanian, J.Z. (2008) .
Implementation of Open Access Scheduling in Primary Care: A Cautionary Tale.
Annals of Internal Medicine. Jun 17; 148(12): 915–922.
12. Rose KD, Ross JS, Horwitz LI.
Advanced access scheduling outcomes: a systematic review.
Archives of Internal Medicine. 2011 Jul 11;171(13):1150-9.

Measurement

Updated on August 14, 2017

"While all changes do not lead to improvement, all improvement requires change"

Institute for Healthcare Improvement

How will we know if a change is an improvement? Measurement is a critical step in QI to assess the impact of a change. Quality indicators are used in the QIPs to measure how well something is performing. There are three types of quality indicators used to measure QI efforts:

- **Outcome Indicators:** capture clinical outcomes and or system performance,
- **Process Indicators:** track the processes that measure whether the system is working as planned, and
- **Balancing Indicators:** ensure that changing one part of the system does not cause new problems in another.

Indicator	Timely access to primary care [http://indicatorlibrary.hqontario.ca/Indicator/Summary/Timely-access-primary-care-provider-patient/EN/]
Topic	Access
Quality Dimension	Timely
Type of Indicator	Outcome
Measure	Percentage (%)
Data Source	In-house data collection
Data Collection Instrument	The Primary Care Experience Survey [http://www.hqontario.ca/Quality-Improvement/Quality-Improvement-in-Action/quality-improvement-in-primary-care/] (available in 12 languages)
How to Calculate	(Numerator/Denominator) x 100 Numerator: Number of positive respondents to "same day" and "next day" Denominator: Total number of respondents
Target	Higher is better (provincial benchmark not available)
Range	0 – 100%
HQO Reporting Tool	Quality Improvement Plans (QIPs)

This data can be presented using [Run Charts](http://qualitycompass.hqontario.ca/Documents/EN/Interpreting%20Run%20Charts.pdf) [\[http://qualitycompass.hqontario.ca/Documents/EN/Interpreting%20Run%20Charts.pdf\]](http://qualitycompass.hqontario.ca/Documents/EN/Interpreting%20Run%20Charts.pdf) to track improvement over time. To read more about general measurement in QI refer to [Measurement for Quality Improvement](http://www.hqontario.ca/Portals/0/Documents/qi/qi-measurement-primer-en.pdf) [\[http://www.hqontario.ca/Portals/0/Documents/qi/qi-measurement-primer-en.pdf\]](http://www.hqontario.ca/Portals/0/Documents/qi/qi-measurement-primer-en.pdf).

To learn more about advanced access measures refer to Section 4: Measures, of the: [Advanced Access and Efficiency Workbook for Primary Care](http://www.hqontario.ca/Portals/0/documents/qi/primary-care/qi-aae-interactive-workbook-en.pdf) [\[http://www.hqontario.ca/Portals/0/documents/qi/primary-care/qi-aae-interactive-workbook-en.pdf\]](http://www.hqontario.ca/Portals/0/documents/qi/primary-care/qi-aae-interactive-workbook-en.pdf).

Tools & Resources

Updated on August 14, 2017

Health Quality Ontario'S Tools and Resources

- [Advanced Access and Efficiency Workbook for Primary Care \(AAEWPC\)](http://www.hqontario.ca/Portals/0/documents/qi/primary-care/qi-aae-interactive-workbook-en.pdf) [<http://www.hqontario.ca/Portals/0/documents/qi/primary-care/qi-aae-interactive-workbook-en.pdf>]
- [Advanced Access and Efficiency, Chronic Disease Management in Primary Care, Learning Community](http://www.hqontario.ca/learningcommunity) [<http://www.hqontario.ca/learningcommunity>]
- [Health Quality Ontario's Indicator Library: Timely Access](http://indicatorlibrary.hqontario.ca/Indicator/Summary/Timely-access-primary-care-provider-patient/EN) [<http://indicatorlibrary.hqontario.ca/Indicator/Summary/Timely-access-primary-care-provider-patient/EN>]
- [Predict the Expected: Contingency Plans to Manage Advanced Access Schedules](http://www.hqontario.ca/DesktopModules/Bring2mind/DMX/Download.aspx?language=en-CA&Command=Core_Download&EntryId=321&PortalId=3&TabId=1062) [http://www.hqontario.ca/DesktopModules/Bring2mind/DMX/Download.aspx?language=en-CA&Command=Core_Download&EntryId=321&PortalId=3&TabId=1062]
- [Primary Care Report \(2015\)](http://www.hqontario.ca/System-Performance/Specialized-Reports/Primary-Care-Report) [<http://www.hqontario.ca/System-Performance/Specialized-Reports/Primary-Care-Report>]
- [Quality Improvement in Primary Care](http://www.hqontario.ca/Quality-Improvement/Quality-Improvement-in-Action/quality-improvement-in-primary-care) [<http://www.hqontario.ca/Quality-Improvement/Quality-Improvement-in-Action/quality-improvement-in-primary-care>]

Other Tools and Resources

- [Machealth](http://machealth.ca/) [<http://machealth.ca/>]
- [Machealth Advanced Access & Efficiency for Primary Care \(AA&E\)](http://machealth.ca/programs/advanced-access-efficiency-primary-care/) [<http://machealth.ca/programs/advanced-access-efficiency-primary-care/>]
An online interactive curriculum, created by Health Quality Ontario (HQO), in partnership with Machealth and the Ontario College of Family Physicians (OCFP).
- [Institute for Healthcare Improvement: Access to Primary Care](http://www.ihl.org/Topics/PrimaryCareAccess/Pages/default.aspx) [<http://www.ihl.org/Topics/PrimaryCareAccess/Pages/default.aspx>]
- [The College of Family Physicians of Canada: Timely Access to Appointments in Family Practice](http://www.cfpc.ca/ProjectAssets/Templates/Resource.aspx?id=4753&terms=timely+access) [<http://www.cfpc.ca/ProjectAssets/Templates/Resource.aspx?id=4753&terms=timely+access>]
- [Quality Book of Tools](https://qualitybookoftools.ca/) [<https://qualitybookoftools.ca/>]