

Choosing Wisely Canada: Rural medicine list of recommendations

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RURAL MEDICINE

Five Things Clinicians and Patients Should Question by Society of Rural Physicians of Canada. Last updated: July 2020.

1. Do not send a patient for a specialist visit that requires several hours of transport if the visit can be done virtually or by a local physician

Due to the location of many rural communities, it is very challenging for rural patients to easily access many specialist physicians who typically practise in more urban centres. Travel away from a community removes patients from their support systems, induces financial burdens and can create safety concerns for patients, especially in the winter months. Telemedicine provides a cost-effective solution to improve access to care closer to home. Thus, if the option is available, and in consultation with the patient, physicians should consider utilising telemedicine.

Another option is to have the out-of-town specialist communicate with the local physician who can provide follow-up care. Local physicians should receive explicit detailed instructions as to what issues need to be addressed and

the appropriate time frame for follow-up.

2. Do not send a low-risk patient to a distant centre for a screening test (i.e. mammography) if the risk of injury from transportation to the centre is higher than the benefit of the test and if there are other screening options available in the local community (i.e. mobile mammography, mobile ophthalmology, faecal immunochemical test)

In 2018, for every billion kilometres travelled by a motor vehicle in Canada, there were 4.9 fatalities and 390 total injuries (including 24.2 serious injuries). The risk of travel in rural communities is greater than urban areas. Despite rural areas accounting for only 18% of the population, 54% of fatal motor vehicle collisions in Canada occur on rural roads. The danger of rural roads has been attributed to multiple factors including greater distances to medical facilities, inclement weather, higher speed limits, animal crossings, poor lighting and poor maintenance.

Screening is important for disease prevention. It is important to weigh the risk of transportation with the

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benefit of the test, patient-specific risk factors and patient preferences. Arranging screening tests when the patient is already visiting the centre for another reason is efficient.

3. Do not transfer a palliative patient to a facility far from their friends and family without considering if their goals of care can be achieved locally

Advanced care planning is an important part of primary care to establish individual patient's goals of care. This is especially true for rural patients who may need to be transferred to an alternate community for care.

Studies have shown that rural patients prefer to die in their home communities. It is important to consider the patient's goals when contemplating sending them away from the community for medical treatment at the end of life. If the patient is transferred to an alternate community, ensure an updated, written advanced directive accompanies them to the receiving community.

4. Do not call in staff for an investigation (i.e. blood test, imaging and operative procedures) at off-service hours unless it is likely to change management

Health personnel are valuable resources in rural communities. It is important that provider well-being is balanced with optimal patient care, especially where human resources are limited.

5. Do not transfer a patient by ambulance with skilled personnel if the patient is unlikely to require medical intervention en route

Health personnel are valuable resources in rural communities. Sending a nurse or physician *en route* to an urban centre can leave a rural hospital without medical support for significant periods of time. Consider the evidence when deciding whether a patient needs to be accompanied during transport. Consider calling the receiving hospital to mutually agree on the need for skilled personnel during urgent or emergent transport.

HOW THE LIST WAS CREATED

The Society of Rural Physicians of Canada (SRPC) established its Choosing Wisely Canada top five recommendations through collaboration with its internal members and with medical students of the Students and

Trainees Advocating for Resource Stewardship program. The list started with brainstorming overuse topics in rural medicine based on the experiences of rural practitioners across Canada. Over several months, the list was refined based on the feedback received from SRPC members, a peer-review process and a review of relevant scholarly research. A preliminary list was shared at the SRPC Annual General Meeting in May 2020, from which a final list was established. Globally, this is the only known rural-focussed Choosing Wisely recommendation list.

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ABOUT THE SOCIETY OF RURAL PHYSICIANS OF CANADA

The Society of Rural Physicians of Canada (SRPC) is the national voice of Canadian rural physicians. Founded in 1992, the SRPC's mission is championing rural generalist medical care through education, collaboration, advocacy and research.

On behalf of its members and the Canadian public, SRPC performs a wide variety of functions, such as developing and advocating health delivery mechanisms, supporting rural doctors and communities in crisis, promoting and delivering continuing rural medical education, encouraging and facilitating research into rural health issues and fostering communication among rural physicians and other groups with an interest in rural healthcare.

The SRPC is a voluntary professional organisation with over 2200 members representing rural physicians and allied healthcare workers across the country.

ABOUT CHOOSING WISELY CANADA

Choosing Wisely Canada is the national voice for reducing unnecessary tests and treatments in health care. One of its important functions is to help clinicians and patients engage in conversations that lead to smart and effective care choices.

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