

General Practice Solutions

A Quarterly Newsletter from the GPSC

North Peace Division tells recruits “come for the job, stay for the community”

Across the province, local physicians in divisions are taking a leadership role in helping to recruit and retain family doctors to help communities meet the challenge of physician shortages. In some communities, baby-boomer family physicians are hanging up their stethoscopes faster than they can be replaced. In others, GPs are moving their practices to communities that can better support their partners' careers. Whatever the reasons, recruitment and retention are urgent priorities for divisions throughout BC.

The North Peace Division of Family Practice, which encompasses Fort St. John and Hudson's Hope, is one of the divisions that has recently been hit hard by a loss of family physicians.

“We’ve gone from 31 GPs to just 21 in ten months,” says the Division’s executive director Mary Augustine. “That’s very difficult for a small community to absorb.” She adds that in order to keep up with the volume of patients in Fort St. John, they need a minimum of eight additional physicians – and the sooner the better.

“The recent loss of doctors has put a strain on our health care community, increasing the risk of physician burnout. We’re working hard to find new recruits,” says Augustine.

While the North Peace Division is certainly not alone when it comes to its need for new doctors, being a small community in the north of the province makes recruitment even more difficult.

“Attracting physicians and their families to a more remote community is an added challenge,” says Augustine. “Our recruitment package includes things like recreational passes and other little perks that will help new physicians and their families get to know our community and get off to a good start.”

Augustine says the Division’s latest recruitment tool – a video posted on its homepage promoting the benefits of practising in the North Peace – takes a light-hearted approach.

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In-patient care incentives receive enthusiastic welcome

Four new In-patient Care incentives have been successfully rolled-out across BC since their April 1, 2013 introduction, with support from the province’s 33 divisions of family practice.

Network incentives for both assigned and unassigned patients, as well as unassigned patient and enhanced clinical fees, were introduced in response to a concerning trend – physicians relinquishing hospital privileges at a rate of three per cent annually. With a third fewer family physicians caring for their own and unattached patients than a decade earlier, province-wide consultations were undertaken to learn why so many physicians were choosing to walk away.

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—Mary Augustine, Executive Director, North Peace Division of Family Practice

BC family doctors honoured for contributions to family medicine

Dr Paul Mackey receives Award of Excellence

North Peace Division of Family Practice member Dr Paul Mackey has received the College of Family Physicians of Canada's prestigious 2013 Award of Excellence for his contributions to rural family medicine. The award recognizes outstanding family physicians from across the country in several categories that include rural family physician, community family physician, teacher, researcher, and excellence in contribution.

In addition to running a busy family practice in Fort St. John since 1995, Dr Mackey is a GP anesthetist, obstetrician and, until recently, provided ER coverage. He was a provincial leader in patient self-management and the first GP in Fort St. John to hold a group medical appointment.

As site director for the Peace Liard Family Medicine Residency Program since its inception in 2008, he has been instrumental in training and recruiting rural doctors. It is to his credit that some residents have chosen to remain in the community.

Dr Mackey is also known for his professional leadership to his peers. He has served on the Rural Issues Committee of Doctors of BC for 14 years and was instrumental in guiding his colleagues toward the installation of an office electronic medical records system.

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Telephone consultation fee: Annual billing limit triples as of January 1, 2014

Physicians who are participating in A GP for Me can now bill for 1500 telephone consultations with patients annually (using fee code 14076), triple the number from last year when the program was announced. The change is retroactive to January 1, 2014 and applies to physicians who have billed 14070 (or 14071 for locums).

In making the decision, the GPSC recognized that physicians who wish to increasingly engage patients by telephone can enhance practice efficiency and improve both the patient and care provider experience.

These telephone consultations are a great way to connect with patients as an alternative to a face-to-face visit and can help increase capacity in physician practices, especially during the busy flu season.

The limit for billing of the telephone/e-mail follow-up management fee (14079) remains unchanged at five per calendar year for any patient for whom one of the portal "planning-related" fees (14033, 14043, 14053, 14063, or 14075) has been billed for complex care, mental health care, palliative care planning, or COPD chronic disease management. For patients who are eligible for 14079, it is advisable to use this first, saving the 14076 fee for other patients who would benefit from telephone visits.

For more information on this and other GPSC fee codes, see the GPSC billing guide at www.gpsc.bc.ca/billing-fees/complete-guide.

PSP provincial session prepares GP physician leaders for Pain Management module rollout

In early December 2013, more than 200 participants gathered at the Westin Wall Centre in Richmond, BC in the first of two provincial sessions for the new Practice Support Program (PSP) Pain Management learning module.

Developed under the governance of and with funding support from the joint Doctors of BC/Ministry of Health Shared Care Committee, the Pain Management module emphasizes the importance of a multidisciplinary approach to treatment of patients with persistent pain and supports effective shared care of patients between care providers—module training and resources address the roles of both physicians and allied health professionals.

Attendees at the session included pain and non-pain specialist physicians, allied health professionals, PSP coordinators and staff, patients, and 49 family physicians who will go on to train others regionally as the module is rolled out provincially later this year.

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In-patient care incentives receive enthusiastic welcome – *Continued from cover*

“We heard two issues loud and clear,” says GPSC In-patient Care program co-chair Dr Brian Winsby. “First, providing hospital care wasn’t financially feasible and second, working in hospitals presented a variety of logistical challenges, from a lack of parking to the remote location of a computer that could access lab results.”

As family physicians are a vital component to delivering quality in-patient care, particularly in small and medium-sized communities, addressing physicians’ concerns became a key priority for the GPSC. While Dr Winsby and In-patient Care program co-chair Darcy Eyres worked toward establishing the incentives, they also met with some divisions to explore other ways to make the system sustainable.

“Things were getting close to a crisis point for us,” says Dr Tom Rimmer, chair of the Cowichan Valley Division. “Several doctors had given up their privileges, adding to the load for Doctor of the Day which led to more doctors to opting out of the service.

“Darcy and Brian met with us to start looking at non-financial ways to improve some of the ‘hassle factors.’ That was good, but when they introduced the incentives, it changed the whole tone of things. It really showed our work was valued.” Today, the Cowichan Valley Division has not only slowed attrition, it has attracted three physicians back to its roster. Encouraged by the positive changes that have already taken place, Cowichan physicians continue to work toward addressing other local non-financial areas for improvement.

Terrie Crawford, executive director of the South Okanagan Similkameen Division of Family Practice, echoes Dr Rimmer’s experience on physicians’ reception of the new incentives.

“Both the incentives and the way they were introduced showed physicians how much they’re respected,” says Crawford. “There are three hospitals in our area and one, Penticton Regional, had a fantastic hospital care program that 100 per cent of eligible physicians were part of. We were concerned the new system might force us to change what we were doing, but there was complete respect for what was happening at a local level.

“Enabling communities to decide how they wanted to implement the network program made it possible to keep our model intact and build on our success. We’re thrilled.”

Flexibility to adapt to local needs was built into the network incentives, says Eyres. “The GPSC recognizes networks will vary from community to community. The primary goal of the incentives is to help bring family physicians’ in-patient care earnings on par with office-based fees.”

The additional compensation has proved important to offering sustainable in-patient care for two reasons. “It’s not just about the money,” explains Crawford. “That’s important, but perhaps even more so is what it represents. It says to physicians ‘we value you and the work you do.’ Physicians care deeply about supporting patients. It’s good for them to know how much they’re appreciated.”

BCMA rebrands as Doctors of BC

On January 20, 2014, as part of a three-year strategic plan, the British Columbia Medical Association became **Doctors of BC**, a name that better describes who the organization is and what it stands for, and that will help it better engage and connect with members, the public, and key stakeholder partners.

Promotional and informational materials related to the joint Doctors of BC/Ministry of Health GPSC and its initiatives will now reflect the name change and new Doctors of BC logo.

Visit doctorsofbc.ca for more information.

PSP provincial session prepares GP physician leaders for Pain Management module rollout – *Continued from page 2*

Most physicians receive little or no training in management of persistent pain. With an estimated 30% of all Canadians suffering from chronic pain and patient visits to family doctors for this condition on the rise, the module aims to better equip physicians with the training and tools they need to provide more effective patient care, including non-pharmacological therapies.

Developed by a team comprising specialist and family physicians, psychologists, physiotherapists, occupational therapists, and pharmacists, the module content is also relevant to non-pain specialist physicians whose patients may experience chronic pain that has transitioned from acute pain following surgery, illness, or injury.

For more information, visit www.pspbc.ca.

BC family doctors honoured for contributions to family medicine

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Dr Tom Rimmer named BC's Family Physician of the Year

Founding member and lead of the Cowichan Valley Division of Family Practice Dr Tom Rimmer has been named BC's Family Physician of the Year for 2013 by the College of Physicians and Surgeons of Canada. The award recognizes doctors who demonstrate outstanding patient care, significant contributions to the health and well-being of their community, and commitment to family medicine, teaching, and research.

Since 2000, Rimmer has run a full-service family practice in Duncan, caring for about 2,500 patients. He is also a clinical instructor in UBC's Department of Family Practice. Additionally, he has helped train doctors by delivering Practice Support Program learning modules and supported others in the switch to electronic records. He was instrumental in the Division's establishment in 2011 of a much-needed maternity clinic run by nine physicians and a hospital-care program.

North Peace Division tells recruits "come for the job, stay for the community"

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The video calls to mind a late-night infomercial and, dripping with wit, at one point asks if the viewer yearns for "shiny new state-of-the-art hospital facilities, making a difference, trying new things, bacon, kittens, happy faces, and endless recreational and cultural activities".

"The video isn't a traditional approach to convincing people to consider a practice with us but we wanted to go beyond the relocation and financial support available to show who we are as a community," says Augustine. "Not only do we have a new state-of-the-art hospital facility, we have supportive and welcoming people. That's something we wanted to get across when asking others to come join our community."

The video stands out not only for its tongue-in-cheek approach but also because the script was written by one of the Division's members, Dr Danette Dawkin. "Dr Dawkin's involvement in writing the script is a perfect example of how involved our doctors are in the Division," says Augustine. "It's a very supportive community, which I think is important for new recruits," she says, adding there is a strong commitment to mentorship among the Division's doctors, making it a great place for new doctors and residents.

While the video is the recruitment tool that best gives a sense of the Division as a community, it is not enough to secure it the new doctors it needs. "We're exploring different ways of attracting new doctors. We're working on making our web site a more robust tool and we're also interested in face-to-face recruitment opportunities," says Augustine. The Division plans to attend the Rural and Remote Medicine Course from March 27–29 in Banff as an exhibitor, as well as the Rural Emergency Continuum of Care conference in Penticton from May 30–31. Augustine notes that they are also looking into international recruitment options and whether industry partners in the community could play a role in attracting new doctors.

Last year the North Peace Division lost one-third of its doctors in quick succession, but there is no quick-fix solution. "Our focus is on working hard to fill these gaps and make sure our doctors and patients in Fort St. John know that we're mobilizing and making this a priority," she says. "We at the Division know what a great team of physicians we have up here. We know that we have a wonderful community and that we offer every support we can to help newcomers make the transition. Our job right now is to showcase all we offer to as wide an audience as possible."

View the North Peace Division's video at www.divisionsbc.ca/north-peace.

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For more information, visit www.gpsc.bc.ca or www.doctorsofbc.ca.