

General Practice Solutions

A Quarterly Newsletter from the GPSC

GPSC Achieves Goals during Busy 2007/08

The past year has been a busy one for the GPSC, says co-chair Dr. Bill Cavers. The joint BCMA/Ministry of Health committee takes its mandate seriously, and as this year's accomplishments show, their commitment is paying off.

"There's no doubt family practice in this province has received a huge boost through GPSC incentive fees and support programs," says Dr. Cavers. "Our figures show that increasing numbers of family practitioners are coming on board, and that more patients are receiving better care."

GPSC has two streams: the Full-Service Family Practice Incentive Program (fees for guideline-based care in areas such as chronic disease management and maternity care); and the Practice Support Program (PSP), offering change management support to help GPs maximize their practice.

Last year saw the introduction of several new incentives, including:

- A community mental health initiative to support GPs in diagnosing and supporting patients with mental health issues. To date, more than 1,000 GPs have participated, developing plans for over 15,000 patients
- Family Physicians for BC (FPs4BC), to encourage GPs to establish or join a family practice in a "community of need." Forty-nine GPs have participated to date
- Maternity Care for BC (MC4BC), introduced in January 2008 for family physicians who want to acquire or upgrade obstetrical skills and in addition to the existing obstetric premium and maternity care network payment

- A revised complex care fee, streamlining the billing process for GPs to develop and monitor care plans for patients with two or more of certain conditions.

Uptake of existing incentive fees also increased last year, says Dr. Cavers. "We did province-wide billing tutorials in spring 2007 to give GPs an overview of the process, and it really helped." Record numbers of physicians billed for guideline-based care for diabetes (2,981), congestive heart failure (1,911) and hypertension (2,735).

The PSP also experienced success in its Advanced Access, Group Visit, Chronic Disease Management and Patient Self-Management modules (see story on page four). About 25% of the province's GPs are participating or are registered to participate.

"Of course the real story here is about patient care," says Dr. Cavers. "The province's GPs, using GPSC incentives, are now able to improve the quality of care for thousands of British Columbians."

For more information on GPSC programs, visit www.bcma.org.



Liza Kallstrom — BCMA's Practice Support Program lead, Liza Kallstrom, spent years doing what she calls "macro level" health policy work until six years ago. While she enjoyed policy, she prefers being closer to health care practice. That started in 2002, when she directed the first province-wide collaborative on congestive heart failure for the Healthy Heart Society of BC and the Ministry of Health. She then went on to co-direct the BCMA-led diabetes collaborative. She credits these and similar initiatives in the province with paving the way for the very successful PSP.



Rosemary Gray — Consultant Rosemary Gray has led a number of change management initiatives related to physician engagement in BC and Canada over the past 18 years. As Ministry of Health lead on the Practice Support Program since its inception, she appreciates being part of what she calls a "culture shift" in BC's health care system.



Liza Kallstrom, *continued from cover* “The collaborative approach, quite simply, works for doctors and their teams,” says Liza, an adjunct professor in the UBC Faculty of Medicine’s Department of Health Care and Epidemiology who holds Master of Science degrees in neurochemistry and health services planning. “Many of the physicians from the diabetes collaborative are now GP champions for the PSP, mentoring their colleagues because they know that the process really produces results.”

Although she acknowledges it’s still early days, Liza says the tide is beginning to turn for primary care in BC: “Physicians who have taken PSP modules are telling us it renews their confidence in family practice and reminds them why they went into it.”

Rosemary Gray, *continued from cover* “It’s quite something to roll out a province-wide infrastructure to support physicians’ practice change,” says Rosemary, who has degrees in economics and health information science. “We’re basing this on the successful chronic disease management collaboratives, but those were much smaller.”

Despite what she calls the “mind boggling” scale of system change, Rosemary is hopeful.

Attending a conference in Paris recently, she realized how ambitious the PSP is. “We are unique in the world,” she says. “Others were talking about their successful programs, but they tend to involve fairly small populations, whereas we are improving primary care for over 250,000 diabetes patients.”

“The challenge as we go forward is to keep up momentum by building on successful changes,” says Rosemary, who also works with the Ministry’s CDM Toolkit program and the Physician Information Technology Office. “The good news is that the Ministry has devoted more funding to sustain practice support teams so physicians and health authorities can continue strengthening their relationships.”

Advanced Access – a Solution to Long Days and Work Overload

Advanced Access is one of four learning modules from the Practice Support Program (PSP) and is designed to help family practitioners (FPs) manage their patient visits more efficiently.

One of the Advanced Access strategies addresses the two major challenges facing FPs in their professional life – lack of time/time management, and workload. For this strategy, the Medical Office Assistant (MOA) books only 40 to 60 percent of available spaces ahead of time for routine appointments, leaving room for patients with immediate needs.

Other strategies include those that help planning for peak times such as flu season as well as managing a return from vacation.

According to a recent survey of the physicians and MOAs who had taken the module and applied it in their practice, Advanced Access has had a strong impact on practice operations:

- 59% of participants reduced their appointment backlog by an average reduction of 72%
- 85% of FPs found the module improved their practice overall
- 26% were able to see more patients
- 55% experienced less stress
- 62% found patient satisfaction increased significantly.

The survey also showed that the estimated wait time for regular appointments was shortened from six days to two days, and the length of time for third next available appointments went from four days to approximately one day.

Finally, a bonus in terms of quality of work life is that 77% of physicians found the broader PSP initiative made them feel more connected to other family physicians.

Feedback on Advanced Access Learning Sessions

Further feedback in the survey of participants regarding the Advanced Access module from PSP addressed the learning sessions directly.

Major findings showed:

- 90% (approximate) of FPs and MOAs found the material from the sessions were clear and informative
- 96% felt the facilitators were well informed and knowledgeable about the topic
- 95% of physicians found the Practice Support Team and GP Champions were available to support them during the action periods.

Strengthening Maternity Care in BC

Thanks to a new GPSC program offering retraining in obstetrics, Dr. Nattana Dixon-Warren will soon add deliveries to her duties as family practitioner in Salmo, BC. Maternity Care for BC (MC4BC) is aimed at reversing the trend away from obstetrics in the province – a trend that Salmo and neighbouring Interior Health communities are feeling sharply.

“Ten years ago there were six hospitals doing deliveries in this area, and now there are two,” says Dr. Dixon-Warren, an FP for 11 years, with privileges at the hospital in Trail. “We need to change the system so that it supports mums in rural areas.”

According to Dr. Dixon-Warren, MC4BC is a good start. “With this program, I work with a colleague who practices obstetrics, and he trains me,” says the mother of four children aged two through ten. “It’s a really family-friendly way to get physicians into obstetrics, because there is no need to travel to a major centre for training.”

MC4BC funding covers income loss during training, a preceptor stipend, liability insurance, neonatal resuscitation program training and more. In Dr. Dixon-Warren’s case, she and her colleagues have partnered with Interior Health, which covers the overhead related to providing obstetrical care.

“The health authority is very supportive, and we are increasing our call group to ensure it is sustainable,” she says. “Working with them and MC4BC, we have a chance of turning this crisis around.”

Physician Information Technology Office (PITO) Marks Milestones in Move to EMRs

The Physician Information Technology Office (PITO), a joint initiative between the provincial government and the BCMA as part of the 2006 Agreement, marked a few milestones in the last month in its move to expand use of electronic medical records (EMRs) in physicians’ offices across British Columbia:

- More than 1300 physicians applied for the first enrollment period of April to September 2008. Five hundred spaces were available for this enrollment period according to the parameters of PITO funding. Applications from physicians who were not selected will be automatically included in the Fall lottery for the October 2008 to March 2009 enrollment.
- The Nelson pilot project group will be the first PITO pilot site to implement a PITO-Qualified EMR in June.
- One vendor has already completed conformance testing with at least one more confirmed to enter conformance testing in June. Successful completion of the testing through the Ministry of Health makes a vendor “PITO-Qualified” and therefore eligible for selection by physicians receiving PITO funding.
- Twenty-five Local Peer Champions (LPC), physicians with EMR experience who act as mentors and support resources for colleagues adopting an EMR, began working with local colleagues throughout BC in May.



Maternity Care for BC

MC4BC

Bringing obstetrical care back into BC family practices

The Government of British Columbia and the British Columbia Medical Association have allocated \$1 million to help bring maternity care back into family practices.

MC4BC supports general practitioners who wish to refresh and regain their obstetrical skills as well as graduating FP residents who want to make obstetrics part of their practice.

Each qualifying physician is eligible for maximum funding of up to \$45,645 which may include the following:

- Training stipend to a maximum of \$30,744
- Preceptor stipend to a maximum of \$4,000
- Travel allowance up to \$9,500.

To be eligible a physician must:

- be registered and licensed by the College of Physicians and Surgeons of BC
- have obtained obstetrical privileges for the hospital where they train
- intend to practice in BC after training.

The program runs until March 31, 2010 or until all funding has been allocated.

If you are interested in practicing obstetrics in your family or general practice, contact the MC4BC program administrator at jgrant@bcma.bc.ca or call 604.638.2829. Additional information and application forms are available at: www.bcma.org

www.primaryhealthcarebc.ca





Connecting at the Impact BC dinner were, left to right: Dr. William Cavers, GPSC Co-chair; Dr. Dan MacCarthy, Director of Professional Relations for the BCMA and Jeremy Smith, Program Director for PITO.



Representatives from both the BCMA and the CMA were out in force to hear keynote speaker Stephen Lewis.



The exhibit section featured government departments, associations and service organizations that are involved in helping GPSC improve primary care in British Columbia.

PSP Showcase: Practice Support Program Celebrates at Vancouver Conference

More than 200 FPs, medical office assistants (MOAs) and health authority practice support team members attended the PSP Showcase in Vancouver on April 1, celebrating accomplishments of the previous year and planning for the future. The Practice Support Program (PSP) has been a great success across BC, delivering education and support through four modules: Advanced Access, Chronic Disease Management, Group Visits, and Patient Self-management.

“The PSP is a huge undertaking, and we should all be proud to be part of it,” said Victoria family physician Dr. Bill Cavers, in his opening remarks. Dr. Cavers, who co-chairs the joint BCMA/Ministry of Health General Practice Services Committee (GPSC), told attendees that engaging with the province’s FPs has never before been undertaken on such a scale: “The combination of financial support with clinical and management support has never happened anywhere else, to my knowledge,” he said.

Dr. Cavers’ Ministry of Health counterpart, Val Tregillus, focused her introductory comments on the primary health care environment and the important role the PSP plays. “The Ministry of Health is committed to the idea of the family doctor as a key player in the system,” she said.

Health authority practice support teams – whose members support FPs and medical office assistants as they implement skills learned during the four modules – presented on their activities of the past year. FP/MOA teams from around the province also spoke to the Vancouver Convention and Exhibition Centre crowd about their experiences – including both ups and downs – of implementing modules in their practices.

Two sets of concurrent panel discussions on module topics enabled more detailed discussions on the modules by those who had completed them as well as those who wanted to find out more. Rounding out the day was a panel discussion between GPSC representatives and conference attendees, followed by a dinner hosted by Impact BC with noted guest speaker Stephen Lewis.



Top row: Ms Angela Micco, Ms Val Johnson, Ms Laurie Gould, Mr Clay Barber, Dr Heather Manson, Dr Gary Mazowita, Dr Jean Clarke, Dr Dan MacCarthy, Dr Cathy Clelland, Mr Greg Dines. Bottom row: Ms Nicola Manning, Ms Judy Huska, Dr Bill Cavers, Ms Valerie Tregillus, Dr George Watson, Dr Brian Winsby

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