General Practice Solutions

A Quarterly Newsletter from the GPSC

Fourth regional support team learning session attracts 200+

More than 200 regional practice support team members, including GP and medical office assistant (MOA) champions from around BC, gathered in Vancouver at the end of October for the fourth in a series of provincial learning sessions. The five teams – one in each health authority – support the implementation of Practice Support Program (PSP) modules for GPs and MOAs and Integrated Health Networks (IHNs) in their geographic area. The provincial learning sessions provide an opportunity for teams to come together and share their experiences as well as hear updates from leaders on the "bigger picture" of the health care system.

The learning session concept is part of the "structured learning collaborative" approach developed by the Institute for Healthcare Improvement (IHI). "It's an approach to changing behaviour and practice that has been proven more effective than straightforward continuing medical education," says BCMA's PSP lead Liza Kallstrom. "We come together regularly to learn about a concept, then apply aspects of that concept between the sessions in what are called action periods."

Learning sessions are held at the health authority (HA) level as part of the implementation of the four PSP modules: patient self-management, advanced access, group visits and chronic disease management. This approach will also be used for the new IHN initiative. The same model was used for the BCMA's diabetes and congestive heart failure collaboratives.

The surprise hit of the October provincial session was an "open space technology" workshop, proposed by BC's improvement advisors Neil Baker and Connie Davis, both faculty members at the Institute for Healthcare Improvement. In open space events, participants list topics of importance to them, and split up into small groups depending on what topic they want to discuss. The sessions are self-managed – there is no facilitation – and there are very few rules.

The open space workshop was evaluated the most valuable forum of the learning session by attendees, as well as most relevant to their practice. As one participant noted:

> *In my small group we talked about how we can work with people who are new to PSP as well as those who have been around since the beginning. We discussed a variety of ways to make our work and planning events more useful to everyone. I don't think we could have sorted this out without open space technology.*

The next provincial learning session takes place April 22-23, 2009.

Tenth annual Institute for Healthcare Improvement conference to take place in Vancouver

Billed as a "meeting place for thousands of providers to learn cutting-edge improvements for the office practices and outpatient settings," the 10th annual International Summit on Redesigning the Clinical Office Practice takes place March 22-24, 2009 at the Vancouver Convention and Exhibition Centre.

Attendees will:

- Identify ideas that are ready for immediate application to their practice
- Apply new ways to engage patients and families
- Network with colleagues
- Explore strategies to transform care delivery systems

The BCMA's Dr. Dan MacCarthy is a conference co-chair. For more information: **www.ihi.org**. Click on programs, then conferences and seminars.

BRITISH COLUMBIA
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Changes to Rural Locum Programs give physicians better coverage

The BCMA and the Ministry of Health recently announced new guidelines for the Rural General Practitioner (RGPLP) and the Rural Specialist Locum Programs (RSLP), province wide initiatives developed and implemented by the BCMA and the Province through the Joint Standing Committee on Rural Issues.

Effective October 1, 2008, the changes include adjustments to the daily rates for locums and to the number of days for host physicians as well as recognition for locums with enhanced skills.

To be eligible to use the RGPLP, physicians must work in a rural community with seven or fewer physicians. For eligibility in the RSLP, physicians must work in designated rural communities with fewer than five specialists working in the areas of: general surgery, anesthesia, internal medicine, orthopedics, pediatrics and obstetrics.

For information on qualifying communities and other details of the program, visit ***www.bcma.org/committee/joint-standing-committee-rural-programs-jsc***

RURAL GP LOCUM PROGRAM

Current Program	Changes October 1, 2008
Minimum daily rate for all rural communities: $750	Minimum daily rate scaled by community isolation category: A = $900 / day B = $850 / day C = $800 / day D = $750 / day
No premiums for enhanced skills.	Additional premiums paid to locums for enhanced skills required by rural hospitals: $100 / day for General Surgery and/or Anesthesia $50 / day for Emergency Room and/or Obstetrics
Maximum locum days for host physicians for all eligible rural communities: 28 days	Maximum locum days for host physicians scaled by community isolation category: A = 43 days B = 38 days C = 33 days D = 28 days

RURAL SPECIALIST LOCUM PROGRAM

Current Program	Changes October 1, 2008
Daily rate paid to specialist locums: $1,000 / day	Daily rate paid to specialist locums: $1,200 / day
Maximum locum days for host specialist physicians: 28 days	Maximum locum days for host specialist physicians: 35 days

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New GPSC initiative supports GPs' collective community efforts

A new *Divisions of Family Practice* initiative is supporting family physicians (FPs) in BC communities to work together to enhance their practice and address gaps in patient care.

The *Divisions* concept arose from the 2005 Provincial Quality Improvement Days, during which about 1,000 GPs from across BC voiced concerns about family practice in the province. As the latest GPSC offering, the *Divisions* will address these concerns by establishing community infrastructure and supporting GPs to organize themselves and work in partnership with health authorities and community services.

"Advantages range from easier access to information to improved advocacy for both patients and physicians, to an opportunity to influence decision-making at the health authority and government level," says Brian Evoy, recently appointed executive lead for the program.

Division membership will be open to all family practitioners in a geographically-defined community. Each division will work with its regional HA, community agencies, and GPSC through a collaborative services committee. Funding is available for infrastructure costs as well as clinical service delivery.

Three prototypes being developed

Prototype *Divisions of Family Practice* are in development in Abbotsford, White Rock/South Surrey and Prince George, where physicians were already meeting to work on an identified issue within their community.

Dr. Brenda Hefford, medical director at Peace Arch Hospital and a White/Rock South Surrey GP since 1991, leads a planning committee of 12 FPs in her community's prototype division. "Our Division's initial priority is supporting FPs to provide hospital care, particularly for complex patients," she says. "We hope to eventually include 60 FPs."

The GPSC has committed to establishing four Divisions within the geographic boundaries served by the five regional health authorities before fully opening the program up to interested groups. By this time next year, Evoy says the goal is to have ten divisions up and running.

To form a Division, family practitioners must be collaboratively involved in discussing common issues impacting patient care and physician professional satisfaction, and be interested in working as partners with their health authority and the GPSC. For more information, visit the GPSC section at www.bcma.org or call Brian Evoy at 604-638-2880 (direct) or 1-800-665-2262 (toll-free).