

General Practice Solutions

A Quarterly Newsletter from the GPSC

A New Information Source for GPs

Welcome to the first issue of *General Practice Solutions*. This quarterly newsletter will keep you up to date on General Practice Services Committee (GPSC) initiatives – and tell you what they mean to you. GPSC was formed five years ago with an ambitious goal – the renewal of primary health care in BC. At that time, fewer than 25% of BC's medical school graduates were choosing family medicine as a career, and a bulging number of GPs were nearing retirement.

Since its creation as a joint BCMA/Ministry of Health committee, GPSC has made good progress toward its goal. In its first year, the committee dedicated \$20 million to a range of new incentive payments in support of full-service family practitioners. In the following year, the GPSC consulted with over 1,000 GPs across the province to hear their concerns, identify areas of family medicine that needed support, and get recommendations on how to support GPs.

Today, through a range of new fees and programs, the committee is allocating the \$382 million earmarked for primary care from the 2006 Agreement. For the most part, the money is being targeted to support four priority areas:

- chronic disease management
- maternity care
- improved care for the frail elderly, patients requiring end-of-life care, and patients with multiple medical needs
- patients with chronic mental illness.



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

Keeping BC's family physicians informed about GPSC is an important part of the committee's endeavours. We hope you'll find the information you need in *General Practice Solutions*. Email us at GPsolutions@bcma.bc.ca with your feedback or ideas.



Dr. Bill Cavers, *GPSC Co-Chair, Victoria Family Physician*

Dr. Bill Cavers sees his position on the GPSC as both "an incredible opportunity and a huge responsibility." The Victoria-based family physician, on the committee since its inception and co-chair since 2004, is passionate about family practice and is in no doubt about the boost it's received through the committee. — *continued on page 2*



Val Tregillus, *GPSC Co-Chair, Executive Director, Primary Health Care, BC Ministry of Health*

Val Tregillus hopes that in the not-too-distant future all British Columbians will have a high level of confidence in the province's primary health care system. "Security means more than just having a family doctor," says Val, who has championed primary health care in her current position since 2003. "It means having your doctor firmly linked into and supported by the health system overall." — *continued on page 2*



BRITISH COLUMBIA
The Best Place on Earth



Recruiting doctors to family practice

In response to the critical shortage of family physicians in BC, the Family Practitioners for BC program (FPs4BC) launched a major advertising campaign across Canada last fall.

Full-colour, one-third page ads were placed in major medical publications with a strong family physician readership, including: BC Medical Journal, Canadian Medical Association Journal, Ontario Medical Review, Canadian Family Practitioner, National Review of Medicine and Medical Post.

To date 37 physicians have entered the program and have been established or soon will be established in both rural and urban locations across the province.

Through the 2006 Agreement, \$10 million was allocated to FPs4BC to cover financial incentives for family physicians establishing practice in one of over 40 communities identified as in need of primary care. To be eligible, physicians must be licensed to practice in British Columbia, have completed family practice residency training in the past ten years, and be willing to participate in the Chronic Disease Management program. Qualifying physicians are eligible for maximum \$100,000 to put towards the following options:

- Student debt repayment – maximum \$40,000
- Funding to set up or join a group practice – maximum \$40,000
- New practice supplement for 26 weeks – \$52,000 (\$2,000 per week)

A bonus of \$1,500 will be given to physicians who obtain full hospital privileges.

For more information, visit www.bcma.bc.ca. For a list of designated communities visit www.health.gov.bc.ca/phc/resource_fps.html.

of the GPSC's complex family physicians have or 93,253 BC patients.

The complex care fee in action...

Mrs. J, a 68-year-old woman with diabetes, asthma, hypertension, and early osteoarthritis, has a January appointment with you for an annual care plan review. You review her medications, recent lab tests, and peak flow chart. After checking her diabetes flow sheet, you discuss her care plan for the rest of the year and book a complete check-up in March. At this appointment, you bill the 14033 as well as the office visit (16100) with the diagnostic code A250.

In February, Mrs. J phones to say that her peak flow has suddenly dropped into her low yellow zone. Her maintenance dose of Flovent is 125 mcg twice daily, so you ask her to increase it to 250 mcg twice daily and to come to your office the following day. During her visit you confirm she has had a flare of her asthma but there is no sign of acute infection, so you advise her to continue with the increased Flovent. Three days later her peak flows have improved. You advise her to continue the higher dose for two more weeks and that your office nurse will check on her. You then bill the 14039 for the telephone management of the complex condition(s) followed by the office visit (16100) the next day.



FPs4BC

Inviting Family Physicians to Practice in BC

British Columbia wants recently qualified family physicians, and is providing funding to make that happen.

The provincial government and the BC Medical Association have developed the FPs4BC Program to attract and retain family physicians in the province.

The BC government and the BCMA allocated \$10 million to provide financial incentives for recently graduated family physicians to establish practice in a community of identified need.

What the Program Provides

Each qualifying physician is eligible for a maximum of \$100,000. Within the maximum allowance, physicians can include any of the following options in any mix that meets their needs:

- Student debt repayment – up to \$40,000.
- Funding to set up or join a group practice (e.g., leasehold improvements, capital costs, costs for a practice mentor or moving costs, and with consideration for solo for remote or rural areas) – up to \$40,000 per physician.
- A new practice supplement for the first 26 weeks of practice of \$2,000/week (total \$52,000).

A bonus of \$1,500 will be provided to those physicians who obtain full hospital privileges in the designated community.

If you think you might be interested in the program, contact fps4bc@gov.bc.ca or 250-952-1925 for more information.

www.primaryhealthcarebc.ca



Dr. Bill Cavers, *continued from cover*

"A big success is stopping the exodus from obstetrical care," says Dr. Cavers, who graduated from UBC in 1977, interned in New Zealand, moved to Victoria for a "temporary stint" in 1981 – and has been there ever since. "We've graduated the first GP from the maternity retraining program, and we've heard from several physicians who wish to form a group obstetrical practice."

Other highlights include increasing the number of patients receiving guideline-based care and engaging 1700 of BC's GPs in meetings and Practice Support Program (PSP) workshops (see story on page 4).

Successes aside, there is still work to do. "One of the gaps is the GP/specialist interface," says Bill. Other priorities are supporting GPs to work with new information technology, and assisting them in whole-patient oriented treatment.

"Some of those things are happening, but some will have to wait," says Bill. "My hope is that our contract will be renewed in 2010, with an even wider mandate for renewing family practice in BC."

Val Tregillus, *continued from cover*

Although what Val calls the "substantial shift to primary care" will take time, she believes the work of the GPSC is helping. "GPSC has responded well to GPs' concerns, and I think they appreciate it.

Val brings a varied background to her current work, having been a private sector policy impact consultant, marketing director for an international professional education company, director of a mental health agency in Ontario, and executive director of BC's Office of Health Promotion. Based on her experience, she sees a window of opportunity for renewing primary health care – but it won't be open forever. "People are on board, but it's a challenge competing with the 'bricks and mortar' of the acute care system."

On the other hand, Val is inspired by the support for primary health care in general. "BC is investing \$31 million this year and another \$48 million for the next two years on integrated health networks across the province," she says. "Right at the centre of those networks, just where they should be, are the family doctor and patient."

Complexity of care acknowledged by new, streamlined fee

A steady increase in the complexity of BC patients' conditions has, not surprisingly, led to a steep increase in the time and attention required to care for them. In recognition of this shift in patient care, GPSC has developed the complex care management fee, which applies to patients living at home or in assisted living with two or more of the following conditions:

- diabetes mellitus (type 1 or 2)
- chronic renal failure (GFR values less than 60)
- congestive heart failure
- asthma
- chronic obstructive pulmonary disease (emphysema and chronic bronchitis)
- cerebrovascular disease
- ischemic heart disease (excluding the acute phase of myocardial infarct)

"At \$315 per patient, payable once per calendar year, the fee compensates GPs for developing and monitoring patient care plans," says Greg Dines, BCMA senior program advisor. "We are pleased to see family practitioners already billing the fee."

GPs can also access a follow-up management fee – up to four times a calendar year for each patient – for subsequent telephone or email communication with their complex care patients.

This fee is just one of the incentives developed by the GPSC as part of its Full Service Family Practice Incentive Program. A variety of incentives support improvements in:

- chronic disease management
- maternity care
- community mental health care management
- care of frail, elderly patients, patients with multiple conditions, and patients needing end-of-life care.

Did you know?

Since the introduction of the complex care fee, about 3,000 family doctors have developed care plans for

The complex care fee in action...

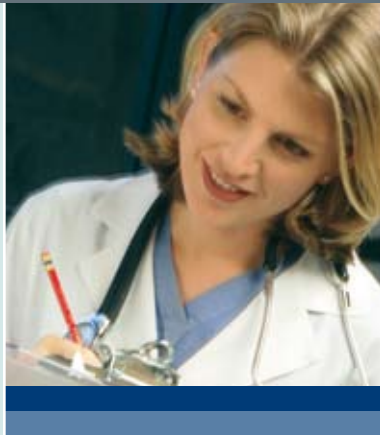
Mrs. J, a 68-year-old woman with diabetes, asthma, hypertension, and early osteoarthritis, has a January appointment with you for an annual care plan review. You review her medications, recent lab tests, and peak flow chart. After checking her diabetes flow sheet, you discuss her care plan for the rest of the year and book a complete check-up in March. At this appointment, you bill the 14033 as well as the office visit (16100) with the diagnostic code A250.

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Did you know?

Maternity care gets a boost through funded, self-directed obstetrical upgrade program.

Maternity Care for BC (MC4BC) has recently been launched – with \$1 million of funding from GPSC – in an effort to reverse the trend away from obstetric practice in the province. The program's objectives are to support GPs to refresh and regain obstetrical skills, and to offer training for graduating residents who want to incorporate obstetrics into their practice. Stay tuned for a full program profile in the next issue of *GP Solutions*.



Billing Guide

At 100+ pages, it's no quick read, but the General Practice Billing Guide – distributed in February to all family physicians in BC – contains vital information and guidance for GPs billing the new GPSC incentives. Look for payment eligibility requirements, billing procedures, care plan templates, frequently asked questions, and scenarios that illustrate how the specific care is best incorporated into practice. The binder – which also contains sections on WorkSafeBC fees, uninsured services, and other tools to support family practice – has been designed for easy reference by both medical office assistants and GPs, with space to incorporate future updates from GPSC as well as the BCMA billing guide, currently being revised.

Have a Q we can A?

What's the difference between assisted living and care facilities? Does this fee replace that fee? Why these eligibility requirements? These are just some of the questions asked by GPs on the various fees introduced by GPSC over the last year. Stay tuned – we'll feature some of them in a regular Q and A column in the next and subsequent issues. In the meantime, email your questions to: GPsolutions@bcma.bc.ca.

Practice Support Program update: Health system change, one practice at a time

More than 1,200 BC family physicians are taking advantage of educational opportunities offered by GPSC's Practice Support Program (PSP), designed to facilitate implementation of the committee's fee-based incentives for improving patient care. The PSP offers modules in four key areas – advanced access, group visits, managing chronic disease, and patient self-management – to help GPs redesign their practices and improve their administrative efficiency.

"We're thrilled with the enthusiasm for the program," says Liza Kallstrom, Lead, Change Management and Practice Support for BCMA. "With a quarter of the province's GPs already involved and discovering the benefits of these innovations to their practices, we hope to see some significant system improvements in the near future."

The modules – delivered by dedicated practice support teams in each health authority, including physician and medical office assistant 'champions' – involve interactive, accredited and remunerated learning sessions followed by action periods, where the learning is put into practice. Two hundred clinicians, facilitators and MOAs are working on the PSP teams across the province.

Future issues of *General Practice Solutions* will profile each of the PSP modules in turn, including the perspective of participating physicians who are using what they've learned to redesign their practices.

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