GPSC
General Practice Services Committee

General Practice Solutions

A Quarterly Newsletter from the GPSC

New primary care initiatives under way

More than 130 health care professionals and patients came together in March to discuss two new GPSC primary care initiatives: Attachment and Integration. The two initiatives are voluntary opportunities for BC general practitioners (GPs).

Participants included family physicians, representatives from the Ministry of Health Services, health authorities, the BC Medical Association, Impact BC, the College of Physicians and Surgeons of BC, the Society of General Practitioners, the Patient Voices Network, and others involved in primary care.

The goal of the Attachment initiative is to improve patient care by "attaching" every willing British Columbian to a family practitioner, thereby providing each with comprehensive, long-term care.

Current research shows that attaching patients to primary care physicians helps patients by preventing illness and early death and also reduces impact on the health care system by lowering the numbers of emergency room and hospital admissions and procedures.

The two initiatives, however, were conceived by listening to what physicians had to say about orphan patients and time wasted navigating the system for their patients as much as by the evidence.

The Integration initiative starts with health authorities building their services around the specific needs of communities, integrating into primary care services such as coordinated care for seniors and people with mental illness and substance abuse issues.

The *Attachment and Integration: Collaboration at Work* workshop was structured to elicit participants' suggestions and comments about which key health system elements might best support Attachment and Integration. The GPSC and its partners across BC could then use this feedback as they develop a more detailed plan for both initiatives.

"We brought our ideas, with nothing confirmed or established, knowing that we could develop these concepts further together. We know the best ideas come from those working in primary care every day—and we have to tap them," says Ms Val Tregellis, co-chair of the GPSC. "As the workshop progressed, we were confident we would have enough information and guidance to move Attachment and Integration forward, with definite steps and plans for the immediate future."

The workshop marked the first collaborative effort between the Patient Voices Network and the GPSC to include patients in discussions with physicians and health care decision makers. Several patient advisors participated throughout the day, bringing another perspective to the discussions.

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Practice Support Program FAQs now available on the GPSC web site

Now answers to the most frequently asked questions regarding the Practice Support Program (PSP) are at your fingertips. For information on physician and MOA participation in the PSP, as well as information on the Chronic Disease Management Module, visit **www.gpscbc.ca/psp/faqs**.

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CASE STUDY

Empowering patients to take control of their own health care

Fort Langley family doctor Andre van Wyk has always tried to follow a proactive care model in his practice, but he recently made some innovations that have helped him change the doctor-patient relationship into a true partnership.

"I recognize that people are now better informed about health and their own situations, so my role has become different," says Dr van Wyk. "Especially for people with chronic diseases, it's important that I do more than just offer information."

Van Wyk has had tremendous success in empowering his patients to take responsibility for their health, thanks to an innovative program that provides a structured method for patients to self-manage many aspects of their own health care and build their confidence.

Dr van Wyk is now following the protocols set out in the Patient Self-management module from the General Practice Services Committee (GPSC), a partnership between the BC Ministry of Health and the BC Medical Association. GPSC supports doctors by developing and implementing practice innovations, like Patient Self-management and other practice support programs, which improve job satisfaction for family physicians and primary health care for patients.

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Improving the patient referral process

Referring patients to specialists and other health care services will become easier for general practitioners (GPs) across the province with the launch of the Community Healthcare and Resource Directory (CHARD) in May 2010.

CHARD is a free, secure, web-based service designed to provide GPs with detailed information on health care specialists and related resources. For its initial launch the system is focused on resources related to mental health and addictions; however, other speciality resources will be added in the future.

"The real value of CHARD for GPs is that it lets you know about specialists and resources available in your local community that you may not even be aware of," says BCMA president, Dr Brian Brodie. "It also allows you to offer patients a number of specialist options, so they can choose the one most convenient for them."

The information in CHARD, collected from the regional health authorities, the Ministry of Health Services, and other sources, is kept up-to-date by a dedicated operations team at HealthLink BC. In addition to basic contact information, CHARD provides full descriptions of services offered, hours of operation, current referral forms and procedures, patient eligibility criteria, fee structure, and other details.

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CHARD is a joint initiative of the General Practitioners Services Committee and HealthLink BC. Access to the system is restricted to authorized users in accordance with provincial privacy legislation. Authorized users include GPs, psychiatrists, nurse practitioners, and medical office assistants.

Following the launch of the system, invitations will be sent to all eligible CHARD users, with instructions for the secure log-in process required for accessing the system.

For more information, visit the CHARD web site at ***www.info.chardbc.ca***.

New primary care initiatives under way– Continued from cover

"We know that patients have to understand that their GP is not a warm, fuzzy computer capable of solving their problems in 10 minutes. We have to make better use of scarce health care resources," says Susan Lanyon, patient representative. "We also would like to see physicians making changes in their practices, to work more closely with other primary health workers so they can focus on complex medical care. Everyone has to think differently to preserve access for all."

The Divisions of Family Practice structure is viewed as the optimal route to making Attachment a reality. Divisions that are established as societies and that have a Collaborative Services Committee are invited to contact the Divisions office to discuss their ideas and proposals, and then meetings to develop each prototype will begin. There will not be a formal call for proposals.

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GP and patient access to specialist services improved

GPs requiring the medical input of a specialist and patients being treated by a specialist will now find accessing these services easier.

Working to improve the delivery of specialist care in BC, the Specialist Services Committee (SSC) has introduced initiatives designed to increase specialist capacity and improve GP and patient access to specialist expertise.

Effective April 1, 2010, specialists can now bill three new telephone fees for the following services:

Specialist-to-physician urgent telephone advice

Fee is used when another physician (GP or specialist) requires immediate advice. Specialists can bill this item when they provide telephone advice to the initiating physician within two hours.

Specialist-to-physician telephone patient management

Fee is used when a referring physician needs advice and guidance with the management of a patient. Specialists can bill this item when they provide telephone advice to the initiating physician within seven days.

Specialist-to-patient telephone follow-up

Fee is used when specialists have scheduled follow-up phone visits with their own patients in situations that do not require a face-to-face visit. The telephone follow-up must be pre-scheduled with the patient in order for this fee to be billed.

These initiatives aim to refine collaboration and consultation between GPs and their specialist colleagues, and patients and their specialist caregivers, and are the first of many the SSC is currently developing.

For more information, visit ***www.bcma.org/committee/specialist-services-committee-ssc***.

The provincial Divisions team will support three prototypes initially, be fully involved in their development, and then prepare for additional prototypes later this year and in 2011.

It is expected the health authorities will be the link in integrating Attachment since they are most able to develop a method of identifying unattached patients through their hospitals and community services.

"Integration can only happen when professionals from primary health care, home and community care, mental health and addictions, and acute care work together with those who plan and evaluate the system as a whole," says Dr Nigel Murray, CEO, Fraser Health Authority, who participated in the workshop. "These providers and professionals share the same geography, the same patients, and the same desire to provide the best care possible."

Visit the GPSC web site (***www.gpscbc.ca***) for a summary report of the workshop as well as updates about the Attachment and Integration initiatives as these develop.

Shared Care Committee partners up for Chronic Care Initiative

The Shared Care Committee and Providence Health Care have partnered to improve the delivery of chronic disease care services in BC.

During this year-long collaboration, family practice and specialist physicians will work to transform care for patients with chronic conditions by developing and implementing tools and processes essential to providing effective, streamlined care.

The aim of this initiative is to:

- Increase access to specialists through telephone advice protocols and expedited referral and re-referral processes
- Improve communication, processes, knowledge transfer, and relationships between different care providers
- Ensure that all integrated care processes are adaptable to both urban and rural settings.

Funding by the Ministry of Health Services provides remuneration for family practice and specialist physicians who participate in this effort to relieve the current system of its inefficiencies and provide optimum care for patients with chronic conditions.

For more information on the Chronic Disease Management Shared Care Partnership, contact Margot Wilson, Project Leader, Providence Health Care at 604 682-2344, ext. 66522 or at **mwilson@providencehealth.bc.ca**.

Empowering patients to take control of their own health care – Continued from page 2

Taught by other family doctors, termed "GP champions," the Patient Self-management program enables physicians and their staff to help patients take a bigger role in managing their own health. Physicians learn how to help patients identify behaviours they are prepared to change and how to help them develop a plan for changing those behaviours, one step at a time.

"As a family doctor, I need to not only help my patients set realistic goals for their health but also provide them with support and education for solving daily problems and then follow up with them regularly," he says.

Richard Edge has been a patient of Dr van Wyk's for nearly a decade and has found the Patient Self-management program very helpful in treating his Type 2 diabetes.

"I got to a point where my diabetes wasn't as controlled as it should be—I was overweight, had hypertension, high cholesterol, and other issues," says Edge. "But with Dr van Wyk's help, I started taking a more active, self-managed role in my health care. I lost 60 pounds, took on an exercise program, and even went off all my medications at one point. Now I commute to and from work by bike all the time."

Edge says he's also gotten additional benefits from tackling his own health issues. "I've lowered my blood pressure and cholesterol, I have more energy, and I'm better able to cope with the stresses I have."

Dr van Wyk provided Edge with regular medical tests and a lot of support as well. "I could e-mail him," Edge exclaims. "He's been very active to help find other help I needed—referrals to specialists, online resources. He's great at providing me with information and taking the time to listen to me as well."

Van Wyk likes the module's emphasis on setting realistic goals. "We don't always need to look for traditional medical goals," he says, "but instead need to understand the patient goals. Look at what's meaningful for a person.

"This required a paradigm shift for me as a doctor, because that's not always how we're trained," he adds. "I truly believe that self-management is the keystone to patient attachment."

Edge echoes this sentiment. "I've learned that I can't just rely on the medical system," he says. "This made it more of a team effort, and I was part of the team. We were all working together to see that I live as healthy a life as possible."

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General Practice Solutions is produced by the General Practice Services Committee, a joint committee of the British Columbia Ministry of Health Services and the British Columbia Medical Association.

Formed under the 2004 Agreement between BC's doctors and the provincial government, the GPSC is responsible for developing and implementing strategies that support improvements in primary care.

For more information, visit **www.gpscbc.ca** or **www.bcma.org** or contact **Adrianne Darling** at **604.638.2903** or **adarling@bcma.bc.ca**.

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