

# General Practice Solutions

A Quarterly Newsletter from the GPSC

## PSP holds first Child and Youth Mental Health train-the-trainer session

The GPSC's Practice Support Program (PSP) held a highly successful train-the-trainer session for its Child and Youth Mental Health (CYMH) module in October in Vancouver.

Internationally renowned child psychiatrist, Dr Stan Kutcher, led this first of two sessions during which GPs were trained in the use of tools and resources designed for the treatment of children and adolescents with mental health disorders.

The CYMH module focuses on identification and treatment of children and adolescents suffering from mild to moderate anxiety, ADHD, and depression (adolescents only). Supporting GPs to provide comprehensive, effective care for these patient groups has become increasingly important as research shows that the onset of symptoms for a significant number of mental health disorders occurs during these early years. If caught early, the vast majority of these conditions can be treated and managed in the primary care setting with short- and long-term success.

Two hundred and twelve participants, including GPs, child psychiatrists, pediatricians, MOAs, school counselors, and patients and their families, represented both the primary care and "wrap-around" service provider team. This broader care team is seen as integral to both the recognition and treatment of mental health disorders in children and adolescents. Their inclusion in this session marks the broadest multi-sectoral involvement in the history of PSP module development.

"This is the first session to include participants from outside the health care sector," says Liza Kallstrom, PSP content and implementation lead. "It's been extremely helpful to have the support and involvement of a wide range of care practitioners, particularly school counselors. They see these young people daily and are often the first to notice changes in behaviour that may require diagnosis and treatment."

The feeling seems mutual, with one clinician from the Ministry of Children and Family Development describing the session as "one of the most applicable and worthwhile collaborative partnerships I've been involved in."

Participants rated the session highly in an independent evaluation, suggesting that they agreed with Dr Kutcher when he said that, "By moving this important agenda forward, British Columbia is leading the way to improving the lives of children and families across Canada."

*Continued on page 2*

## GPSC program develops leadership and management abilities

In February 2011 the General Practice Services Committee (GPSC) launched its new Leadership and Management Development Program (LMDP) for physician and non-physician leaders of stakeholder groups involved in the GPSC's primary care initiatives (e.g., Divisions of Family Practice, health authorities, Ministry of Health).

Developed in partnership with and delivered by the Learning Strategies Group (a division of SFU Business), the program is designed to enhance participants' ability to collaborate with colleagues and community stakeholders in building healthy communities and excellence in primary health care.

The program provides opportunities to practice/implement new insights, and participants rate the program highly, emphasizing the applicability of course content and its relevance to their leadership role in health care.

*Continued on page 2*

*"It's been extremely helpful to have the support and involvement of a wide range of care practitioners, particularly school counselors."*

*— Liza Kallstrom, PSP content and implementation lead*

*PSP holds first Child and Youth Mental Health train-the-trainer session – Continued from cover*

Over the coming months, GP and MOA participants will test out what they learned in the first train-the-trainer session. Then they'll reconvene during the second session to report back on their successes and difficulties and receive special training on how to facilitate training sessions themselves.

The second CYMH train-the-trainer session is scheduled for 25 January 2012.

*GPSC program develops leadership and management abilities – Continued from cover*

In late November, the first cohort of 25 physicians graduated and the second physician cohort, which filled up quickly, began the first of its five leadership and management development modules.

The first two cohorts have focused on physicians engaged in, or planning to engage in, leadership roles within the Divisions of Family Practice. In subsequent cohorts, it is envisioned that GPs will be joined by leaders from specialty care, health authorities, and the Ministry of Health, as well as partners from non-governmental organizations.

This program is the latest of the GPSC's initiatives designed to improve job satisfaction for family physicians and primary health care for patients.

Planning for additional cohorts will commence soon.

For further information on the program, contact Andy Basi at [abasi@bcma.bc.ca](mailto:abasi@bcma.bc.ca).

## 29 divisions from around BC convene for second annual meeting

Physician representatives, coordinators, and executive directors from all 29 established Divisions of Family Practice met in Vancouver on 20 and 21 October. The 2-day provincial meeting provided an opportunity to share information about their local initiatives, to acquire strategies for effective collaboration, engagement, and division operations, and to network with colleagues.

To kick-start the meetings, each division shared highlights of its experiences to date. Their stages of development and projects are as diverse as the communities they come from. Some spoke of member engagement, surveys and priority setting, or of establishing strategic plans and task forces to guide their work. Others are newly formed, working on selecting a board of directors, hiring staff, and establishing Collaborative Services Committees, while others have already launched programs.

Divisions are introducing primary care enhancement initiatives in areas such as home health, residential care, maternity care, youth health, palliative care, hospital care (including several successes with improved physician parking!), and more. They have opened new clinics, formed alliances with community partners, and introduced supports such as practice coaching, locums, and group purchasing for physicians to improve their practice efficiency, satisfaction, and wellness.

"I heard very positive trends throughout the reports about strategies for collegiality, local partnerships driving work, and the mending of bridges between different types of doctors," said Brian Evoy, executive lead, Divisions of Family Practice.

Attendees heard from GPSC representatives Nichola Manning (Ministry of Health) and Dr Dan MacCarthy (BCMA), who provided an update on GPSC initiatives and reinforced that the GPSC partners remain committed to engaging with physicians through Divisions of Family Practice, and to the principles of the GPSC: consensus building, collaboration, and locally relevant, evidence-informed solutions aimed at improving health care for British Columbians.

*"Thank you for what you've done," said MacCarthy. "Through your efforts and commitment, you're turning the theory of Divisions of Family Practice into a reality. Now we need a new PMA to sustain it."*

The provincial Divisions team provided an update on new functions in the DivIT system, and on partnership work with PITO and the PSP. Evoy reinforced that support is available to those divisions that need it.

Doctors from several divisions came together to present information on the Divisions data strategy, which will take patient data and amalgamate it, ensuring confidentiality and creating a central source of health information for planning and evaluation purposes. They invited others to get involved and contribute their time, knowledge, and funding.

## CHARD listings continue to grow



If it's been a while since you last logged in to CHARD, you might be pleasantly surprised with some of the improvements that have recently been made. In addition to resources in the areas of cancer, cardiac, musculoskeletal, neurodegenerative, palliative, renal, and respiratory care that were released earlier this year, the directory now also includes resources for diabetes, geriatrics, infectious diseases, and HIV/AIDS, making CHARD an even more comprehensive tool for finding referral resources.

Physicians and MOAs will also find performing searches faster and easier thanks to a cleaner, more intuitive interface and overall system performance improvements. New icons make adding favourites, emailing a link, or generating a printout even easier, and links provide quick access to referral forms. Soon listings for your family practice colleagues, including those with a special focus who accept referrals from other physicians, will be added to the directory.

By now you will have received a data collection form to share details about your practice. Any information provided, as with all CHARD listings, will remain secure and be accessible only to physician users and their delegates. Please take a few minutes to complete your form and help us ensure the directory contains all the detailed information you have come to expect from CHARD.

If you've been considering using CHARD but need a little extra help to get signed on, support is available, including orientation and set-up sessions delivered by a CHARD representative at your clinic.

For more information, phone 1 877 330-7322, email [chard.support@gov.bc.ca](mailto:chard.support@gov.bc.ca), or visit [www.info.chardbc.ca](http://www.info.chardbc.ca) and click on the "contact us" button.

### *29 divisions from around BC convene for second annual meeting— Continued from left*

Brian Evoy, physician engagement leads Sue Davis and Mylo Riley, and other presenters offered a range of facilitated breakout groups on topics such as collaboration, member engagement, program evaluation, succession planning, wellness, and the Attachment initiative. At roundtable discussions, division members shared their experiences with recruitment and locum attraction, and with their Collaborative Services Committees.

In addition to the formal agenda, "open space" sessions allowed meeting participants to define their own topics. Groups discussed: changing the face of family practice and responding to the needs of new graduates, funding models for multidisciplinary care, issues with doctor of the day programs, residential care issues, and more.

There was time for socializing and interdivisional collaboration too, with an evening social held on day 1 and interdivisional meetings on day 2.

For more information, a summary of the meeting is available at [www.divisionsbc.ca](http://www.divisionsbc.ca).



## GPSC welcomes new co-chair

On 1 August, the GPSC welcomed new co-chair Nichola Manning.

Nichola has been a Ministry representative on the GPSC for the past 3 years, as well as on both the Shared Care Committee and the Specialist Services Committee for the past 2 years, serving as co-chair for the latter since February 2011. She is also a former co-chair of the Guidelines and Protocols Advisory Committee.

Currently, Nichola is the executive director of the Ministry of Health's newly formed Primary Health Care and Specialist Services Branch, which is dedicated to government/physician collaboration, with a focus on primary care.

During her 12 years with the Ministry, Nichola has held a variety of portfolios, including: physician engagement and collaboration, physician guidelines and protocols, acute and tertiary services, midwifery, and nursing. Most recently, she was executive director of the Medical Services Branch (MSP).

Nichola replaces Valerie Tregillus, who had served as the Ministry co-chair on the GPSC since 2003 until her departure in August.

## GPSC achievements

- Estimated \$10 million cost avoidance through mental health initiatives that support FP delivery of guideline-based mental health care.<sup>i</sup>
- Estimated \$41 million cost avoidance due to incentive-based care of patients with hypertension.<sup>ii</sup>
- Hospitalization days for diabetes patients of physicians using Chronic Disease Management incentives are less than half the number for those of physicians not using the incentives.<sup>iii</sup>
- Outcomes in congestive heart failure show a 29% drop in the Age Standardized Mortality Rate.<sup>iv</sup>
- Practices that use PSP Advanced Access scheduling processes have reduced wait times for appointments from 5.2 to 1.8 days.<sup>v</sup>
- 61% of FPs report their patients' ability to return to work has improved following cognitive behavioural interventions included in the PSP Mental Health module.<sup>vi</sup>
- More than 55% of the province's FPs have participated in PSP learning modules.<sup>vii</sup>
- More than 30% of physicians using Advanced Access processes were able to increase the number of patients they are able to treat.<sup>viii</sup>
- 88.9% of physicians who have participated in the Chronic Disease Management module feel they are now able to take better care of their patients.<sup>ix</sup>
- 80% of GPs using GPSC programs and fees report an improved overall professional satisfaction.<sup>x</sup>
- 79% of specialists support GPSC-style targeted financial incentives for specialists.<sup>xi</sup>

<sup>i</sup> Hollander MJ, Tessaro A. Evaluation of the Full Service Family Practice Incentive Program and the Practice Support Program. Draft Report: Mental Health Incentives: Fiscal 2009/10. April 2011. p.19. Source: British Columbia Ministry of Health Services, Primary Care Data Repository, Fiscal 2009/10.

<sup>ii</sup> Hollander MJ, Tessaro A. Evaluation of the Full Service Family Practice Incentive Program and the Practice Support Program. Final Report: Evaluation of Chronic Disease Management Payment Incentives. June 2011. p.45. Source: British Columbia Ministry of Health Services, Primary Care Data Repository, Fiscal 2009/10.

<sup>iii</sup> Chaudhry M. An Evaluation of Diabetes Incentive Payments in BC. Presentation to GPSC April 19, 2010.

<sup>iv</sup> British Columbia Ministry of Health Services. Primary Health Care, Medical Services Economic Analysis. November 2009.

<sup>v</sup> Hollander M, Kadlec H. Evaluation of the Practice Support Program. Final Report: End of Module Surveys – Report on the Original Four Learning Modules for the Period March 1, 2008 to March 31, 2011. September 2011. p.30.

<sup>vi</sup> Hollander M, Kadlec H. Evaluation of the Practice Support Program. Final Report: Third Report on the Adult Mental Health End of Module Evaluation Surveys (Surveys Received to March 31, 2011) and Synthesis Report. September 2011. p.38.

<sup>vii</sup> Practice Support Program update to GPSC. July 2011. (1941 discrete GPs out of 3400 Majority Source of Care GPs = 57%).

<sup>viii</sup> Hollander M, Kadlec H. Evaluation of the Practice Support Program Final Report: End of Module Surveys – Report on the Original Four Learning Modules for the Period March 1, 2008 to March 31, 2011. September 2011. p.31.

<sup>ix</sup> Hollander M, Miller J. Evaluation of the Full Service Family Practice Incentive Program and the Practice Support Program. Final Report on the End of Module Surveys. February 27, 2009. p.17.

<sup>x</sup> 2010 BCMA Member Survey. Presentation of Results. p.16.

<sup>xi</sup> Ibid. p.19.

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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 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.gpsc.bc.ca](http://www.gpsc.bc.ca) or  
[www.bcma.org](http://www.bcma.org).