

General Practice Solutions

A Quarterly Newsletter from the GPSC

COLLABORATIVE SERVICES COMMITTEES:

Partners making decisions about local health care

As members of a division turn their attention to improving primary care in their community, there likely will be a complex issue that requires the involvement of local health care partners. A complex issue can't be solved by the physician community alone; the division needs support and, in some cases funding, from other partners. At that point, the division and its partners establish a Collaborative Services Committee (CSC).

A CSC is comprised of representatives from a division's partners in health care: the health authority, the division physicians, the GPSC which represents both the Ministry of Health and the BC Medical Association, and potentially community groups as needed.

The CSC represents a different approach to making decisions about health care. It is intended to foster collaborative, consensus-making decisions to help groups of people work together to make better decisions, and to get greater results. Ideally, priorities are determined through collaboration, not negotiation. And decisions are made as a group through consensus, not votes.

"There is no question that this new, collaborative way of working requires a huge shift in thinking and a significant amount of patience, time, and energy," said Valerie Tregillus, co-chair of the GPSC. "The GPSC has been a great training ground for this different way of working and we have made substantial gains for patients and for family doctors by all working together. To collectively build capacity across the health system, it's clear to me that working in true partnership at the local level through effective CSCs is the way to much greater system-wide accomplishments."

The committee is designed to bring stakeholders together to work on issues that are important to all participating stakeholders. A division physician and a health authority representative co-chair the committee. Representatives from each group participate at the CSC as equal partners, and they work to co-design health care programs to improve primary care locally. Topics discussed at the CSC could include ways in which family physicians support unattached patients in hospital, or ways that a health authority can integrate its community-based services to better support physicians and their patients.

Currently, there are 16 CSCs active throughout the province. Working collaboratively and through consensus requires positive, strong relationships between stakeholders. Some communities have forged good relationships through the CSC, or those connections were already strong. For others, it's a new way of working together. It takes time to foster new ways of working in order to make decisions to improve local patient care. Health authority leaders and family physicians are indicating that they are now able to tackle issues that have persisted for up to a decade.

New GPSC program develops leadership and management abilities

On February 4, 2011 the 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.

Sessions are held approximately every 2 months from February 4 to November 26, 2011 at Segal Graduate School of Business in Vancouver and will be delivered in five 2-day modules held on

Continued on back

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– Continued from cover

Fridays and Saturdays from 8:30 a.m. to 4:30 p.m.

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

The second cohort is expected to start in October 2011, with applications being accepted as of mid-May.

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.

For the first two cohorts, physicians engaged in, or planning to engage in, leadership roles within the Divisions of Family Practice will receive priority admission. In subsequent cohorts, it is envisioned that general practitioners 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 more than 15 GPSC initiatives designed to improve job satisfaction for family physicians and primary health care for patients.

For further information on the program, contact Andy Basi at abasi@bcma.bc.ca.

Quebec Medical Association visits Vancouver to hear more about GPSC best practices

In late March, members and associates of the Quebec Medical Association (QMA) visited the BCMA for 2 days of meetings to learn more about the GPSC and how it is helping to improve primary care in BC.

The group included the QMA's president, Dr Jean-Francoise Lajoie, and administrator, Dr Pierre Harvey, and a mix of family and specialist physicians, a representative from the Quebec Ministry of Health and Social Service, a journalist, and other associates. Dr Alain Larouche, a QMA medical consultant, was team leader.

The Quebecois physicians were most interested in hearing about chronic disease management, patient self-management, physician billing incentives, health promotion and disease prevention initiatives, health outcomes, and patient and provider satisfaction. In other words, all things GPSC.

Presentation topics included an overview of the GPSC, program outcomes, the Full Service Practice incentives, Divisions of Family Practice, Attachment – A GP for Me, the Practice Support Program, Shared Care, PITO, CHARD, and How's your Health.

A feature of the visit was a trip to the White Rock-South Surrey Division of Family Practice's new Primary Care Access Clinic.

CHARD – Community health care referrals now easier and more comprehensive

Have you logged on to CHARD lately? You might be pleasantly surprised at some of the recent changes we've made.



The directory is now more complete, with practitioners and services listed for cancer, cardiac, musculoskeletal, neurodegenerative, palliative, renal, and respiratory care, in addition to all of the mental health and addiction resources. CHARD also contains listings for all specialist physicians in BC; for those who have provided their full referral data, you'll also find information about whether they offer telephone consultations and/or expedited access.

With these new additions, nearly 80% of the referral resources accessed by a family physician are now listed in CHARD, with new resources being added all the time. We've also introduced a new look to the CHARD website based on user feedback. The site has been designed to be cleaner, easier to navigate, and more intuitive and focused in the search process.

Designed to provide up-to-date listings for community health care referrals, CHARD provides an efficient and effective mechanism to identify referral resources for your patients.

For more information, visit www.info.chardbc.ca or call 1 877 330-7322.

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General Practice Solutions is produced by the General Practice Services Committee (GPSC), 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.gpsc.bc.ca or www.bcma.org.