GPSC
General Practice Services Committee

General Practice Solutions

A Quarterly Newsletter from the GPSC

Support available for local Divisions through brand-new Innovation Fund

Divisions of family practice throughout BC can now apply for additional funding for projects aimed at fostering organizational development.

Established by the provincial Divisions team, the newly created Innovation Fund helps local divisions to continue developing by ensuring that financial resources are available for them to implement ideas that make their organizations more sustainable and robust.

"Our goal here is to support divisions in deepening their organizational capacity. We want them to feel comfortable that they can access funds for their projects when they need it," says Brian Evoy, executive lead of Divisions.

"If a suitable project arises that a division would like to undertake but has not budgeted for, the Innovation Fund will make it possible."

Typically, those with budget shortfalls must forego development opportunities, while those with budget surpluses often race to spend leftover funds, fearing they won't receive similar resources in the future unless they do so. The provincial Divisions team suggests instead that when a division has leftover funds at the end of a fiscal year, it consider returning unused, undesignated funds to the provincial Divisions office. Those surplus resources will remain in a pooled fund specifically for local divisions, ensuring that funds are available to local divisions when they need them.

For example, if an unexpected opportunity to improve primary care surfaces during the fiscal year and a division lacks the financial resources to participate, the provincial Divisions team would use the Innovation Fund to help.

The Innovation Fund is one example of how the Divisions initiative strives to model new ways of working collaboratively. This extends beyond working with health care partners, to local divisions working with each other and with the provincial Divisions team.

Local divisions are encouraged to consider this particular collaborative approach to financial resources.

Several divisions have already expressed confidence in the fund and have contributed a total of $1.1 million of unused money. Together with $3 million provided by the GPSC, there is currently $4.1 million available in the Innovation Fund.

For more information, **visit www.divisionsbc.ca/provincial/innovationfund**.

RACE wins 2011 Excellence in BC Health Care Award

On June 20, the Health Employers Association of British Columbia (HEABC) presented the Rapid Access to Consultative Expertise (RACE) program with a Top Innovation Gold Apple Award.

Projects or initiatives nominated in this award category must demonstrate excellence and innovation, leadership, best practices, and measurable results.

RACE is a prototype program that came out of a partnership between the Shared Care Committee—a joint project between the GPSC and the Specialist Services Committee—and Providence Health Care in Vancouver. With RACE, family doctors gain access to specialists by phoning a single number and within 2 hours, often sooner, receive a return call from an on-duty specialist. Queries regarding treatment, investigations, or referrals, urgent or elective, can be discussed to accelerate care plans and follow-up when indicated.

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— Brian Evoy, executive lead of Divisions

BRITISH COLUMBIA
BCMA BRITISH COLUMBIA MEDICAL ASSOCIATION

RACE wins 2011 Excellence in BC Health Care Award – *Continued from cover*

The RACE program has allowed Providence Health's family practitioners to be connected with specialists in many fields, including cardiology, endocrinology, nephrology, and respirology.

Dr Robert Levy, a specialist in respiratory medicine at Vancouver's Pacific Lung Health Centre and the specialist lead on the RACE program, and Margot Wilson, project leader at Providence Health Care, accepted the award at a ceremony held at Vancouver's Pan Pacific Hotel.

For more information on the RACE program contact:

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Visit: www.bcma.org/partners-patients

BILLING GUIDE HIGHLIGHT

The Personal Health Risk Assessment incentive (14066)

As part of a strengthened provincial strategy for and investment in prevention, the new GPSC Personal Health Risk Assessment fee came into effect in January 2011.

This incentive compensates physicians for care of patients in four target populations—those who:

- Smoke.
- Are obese.
- Are inactive.
- Have unhealthy eating habits.

This fee is payable to the general or family practitioner who undertakes a Personal Health Risk Assessment with a patient belonging to one or more of these target groups, either as part of proactive care or in response to a request for preventive care from the patient.

In a face-to-face visit with the patient or patient's medical representative, the physician recommends age- and sex-specific targeted clinical preventive actions consistent with GPAC Obesity and Cardiovascular Disease Primary Prevention Guidelines and the BC Lifetime Prevention Schedule.

To support sustained change in a patient's behavior, these recommendations should be partnered with access to community services, such as nutritional and exercise programs, counseling, or support. Incorporating patient self-management tools into patient care is also recommended.

The Personal Health Risk Assessment fee replaces the initial prevention incentive that focused narrowly on cardiovascular risk assessment.

Focused, but not restricted

While the Personal Health Risk Assessment fee is focused on treatment of patients in these four at-risk populations, it is also intended to compensate the general or family practitioner for taking the time to review a *spectrum of prevention issues*, not just the behaviour or condition that puts a patient into one or more of the targeted populations.

Recommended subjects to consider are listed in the BC Lifetime Prevention Schedule.

For example, when talking to a smoker I would address his or her smoking but would also discuss other relevant issues, such as mammography/Pap screening, colorectal cancer screening, recommended immunizations, etc. I would also address recreational use of substances, including alcohol.

From prevention to treatment—Related GPSC incentives

When alcohol or other substance use becomes a larger issue, it is a medical problem.

Both alcohol dependency and substance abuse (non-nicotine) qualify as Axis I diagnoses (*DSM-IV* codes 303 and 304, respectively) and, as such, support for intervention in both cases is delivered through the GPSC Mental Health incentives, provided that the other requirements for billing this fee have been met.

—Dr Bill Cavers
Family physician and GPSC co-chair

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CHARD saves time, reduces work for busy practices

CHARD
Community Healthcare and Resource Directory
A GPSC initiative

In a busy family practice setting, managing patient referrals can be a complex and time-consuming process. A GPSC initiative, the Community Healthcare and Resource Directory (CHARD) is a secure website for physicians containing referral information on health care practitioners and services in BC. CHARD was built by physicians for physicians, with the goal of making the referral process more effective and efficient.

The Avery Health Clinic in Quesnel has recently discovered the benefits that CHARD can bring to their practice.

"We have found that using CHARD has saved us so much time in finding an appropriate referral resource. All of the information we need is there, at a glance," says clinic manager Robin Barker.

> *"Features such as knowing who is accepting new patients, as well as referral procedures and forms allow us to quickly and easily find the right practitioner."*

Patients also benefit from the information listed in CHARD. "We are able to provide patients with printouts containing the information they need, including location details and any patient preparation instructions or information sheets from the provider. Printing from CHARD also saves us having to manage and organize large amounts of paper."

Finding specialist physicians has been simplified at the Avery Health Clinic. "Gone are the days of numerous phone calls to gather complete information before completing a referral letter," says Barker. "Using CHARD has also meant a wider variety of specialists to refer to. Previously, it was too onerous to research alternatives, but now we get a list of choices with every search."

Currently, the directory lists all specialist physicians in BC along with approximately 15 000 allied health practitioners and 7000 public and private services in the areas of cancer, cardiac, mental health and addiction, musculoskeletal, neuro-degenerative, palliative, renal, and respiratory care. Services and practitioners related to all remaining medical topics will be added by April 2012.

Access to CHARD is offered to BC physicians and their delegates at no charge. To get your clinic signed up and experiencing the benefits of faster and easier patient referrals, visit **www.info.chardbc.ca** or call **1 877 330-7322**.

Look for the CHARD team at the 2011 St. Paul's Emergency Medicine Update in Whistler as well as the 2011 St. Paul's CME conference in Vancouver.

Prescription for Health includes peer-to-peer support for healthier choices

Peer Coaching, a program delivered by the Patient Voices Network, is now part of the Ministry of Health's (MoH) Prescription for Health initiative, which supports family physicians in making referrals for patients seeking healthier lifestyle choices.

Prescription for Health was developed by the MoH in partnership with the General Practice Services Committee, a joint committee of the Ministry and the BC Medical Association.

The Peer Coaching Program pairs a carefully screened, trained volunteer coach with an individual patient looking to make a healthy living change. Their goal must be aligned with one of the four areas targeted by Prescription for Health: quitting or reducing smoking, making healthier food choices, increasing physical activity, or managing weight.

Coaches support participants through six confidential telephone sessions, helping them set goals and develop an action plan. Coaches and participants are continually assessed through the Patient Voices Network to ensure a good working match and realistic expectations of their time together.

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Prescription for Health includes peer-to-peer support for healthier choices – *Continued from page 3*

A large and growing body of evidence demonstrates the value of a structured peer support program. Studies show improved self-management skills, sustained behaviour changes, and heightened self-esteem as beneficial outcomes. "Having a peer coach reinforced the importance and value of making healthy life choices," reports one participant. "Having short- and long-term goals and talking them through with a coach was invaluable in helping me stay on track."

Physicians can access a referral form at www.patientvoices.ca/peer-coaching, or direct their patients to the site for information.

The Patient Voices Network is led by ImpactBC in collaboration with Patients as Partners, Ministry of Health.

Chronic Obstructive Pulmonary Disease (COPD) incentives result in significant cost avoidance

Recent evaluations by Hollander Analytical Services Ltd. of the GPSC's incentives for Chronic Obstructive Pulmonary Disease (COPD) indicate significant cost avoidances resulting from physician use of the incentives for treatment of higher-needs patients with COPD.

The COPD incentives are part of a suite of incentives developed by the GPSC to support and compensate GP delivery of guideline-based care to patients with chronic diseases.

See the figures below for details.

ANNUAL COSTS FOR COPD PATIENTS AT RUB 5 WITH 90% OR GREATER ATTACHMENT LEVEL – APRIL 2009 TO MARCH 2010

Without incentive	$12,323
With incentive	$9795
Cost avoidance	**= $2528**

Source: Table 3, Hollander COPD Payment Incentives report.

AVERAGE HOSPITAL COST AVOIDANCE FOR ALL PATIENTS WITH COPD

	No incentive (2008/09)	Incentive (2009/10)	Cost avoidance
RUB 3	$944	$683	$261
RUB 4	$3599	$2653	$946
RUB 5	$13,740	$10,606	$3134
Total	**$18,283**	**$13,942**	**$4341**

Source: Table 4, 5, and 6, Hollander COPD Payment Incentives report.

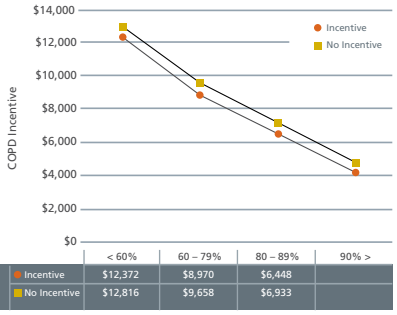
AVERAGE TOTAL COST AVOIDANCE PER COPD PATIENT – APRIL 2009 TO MARCH 2010

(GP, specialist, diagnostic facility, hospital, and pharmacy costs)

Without incentive*	$7587
With incentive*	$7150
Cost avoidance	**= $437**

* Standardized rates for RUB, attachment, gender, and age groups
Source: Table 11, Hollander COPD Payment Incentives report.

STANDARDIZED RATES FOR GENDER AND AGE GROUPS AND RUB WITHIN ATTACHMENT FOR COPD PATIENTS FOR APRIL 2009 TO MARCH 2010



	< 60%	60 – 79%	80 – 89%	90% >
Incentive	$12,372	$8,970	$6,448	
No Incentive	$12,816	$9,658	$6,933	

Source: British Columbia Ministry of Health Services, Primary Care Data Repository, Fiscal 2009/10.

COST AVOIDANCE WITH COPD INCENTIVES FOR APRIL 2009 TO MARCH 2010

Cost per patient without incentives	$7587
Cost per patient with incentives*	$7025
Cost avoidance	$562
(Number of incentives paid)	x 17,915
Total cost avoidance *(Using standardized rates excluding incentives)*	**= $10,068,230**

* Cost excluding main incentive amount ($125)
Source: Table 12, Hollander COPD Payment Incentives report.

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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.gpscbc.ca** or **www.bcma.org**.