

General Practice Solutions

A Quarterly Newsletter from the GPSC

CHARD marks significant milestone



April marked a significant milestone for the Community Healthcare and Resource Directory (CHARD).

Launched initially with listings in the area of mental health and addiction, the directory now includes all medical topic areas, encompassing the entire health landscape. Using a phased approach, the CHARD staff have continued to expand and broaden the directory listings. Designed to make the referral process easier and more efficient, CHARD now contains over 40 000 listings across the province, including:

- Specialist physicians.
- Family physicians, including those with a special focus.
- Sixteen separate allied health professional designations.
- Both publicly funded and private programs and services.
- Health authority programs as well as diagnostic services.
- Web and phone resources.

Listings contain detailed information, including contact information (phone, fax, e-mail, and website), inclusion and exclusion criteria, and referral instructions and forms. A clean, intuitive interface makes searching quick and easy.

Most recently, the topic area of mother and infant care was added, which spans pre-natal, obstetrics, infant health, and early development listings. Several new allied health resources have also been added: midwives, dentists, optometrists, nurse practitioners, and dieticians.

Why have so much referral information in one place? Reduced time and frustration for a busy family practice. Whether you are scanning across a broad topic to identify many potential resources or performing an advanced search to locate something very specific, CHARD is designed to help you locate the appropriate referral resource for your patient.

"CHARD puts a vast amount of local health services information at your fingertips in a Google-like format that lets you find what you need easily and quickly. We love it," says Dr Chris Watt, a Vancouver-area physician.

If your office hasn't yet signed on to CHARD and would like some assistance, consider booking a set-up session and having a CHARD representative come to your office. He or she can provide a brief orientation, train the team, and ensure that everyone in the office has access to the directory.

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Creating a new training module for child and youth mental health

This fall the Practice Support Program (PSP) will roll out its newest learning module for family doctors. The Child and Youth Mental Health (CYMH) module will provide family physicians across BC with skills to help them diagnose and treat mental health conditions in children and youth.

The module addresses the unique treatment needs of this patient population and is the result of an extensive and ambitious development process.

Like many PSP learning modules, CYMH was researched, developed, and created for physicians by physicians, with the help of staff. But the development of CYMH was different from other modules, in that it brought together representatives from many other sectors, professions, associations, and groups right from the start.

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To book a session or to learn more about CHARD, visit www.info.chardbc.ca or contact the helpdesk at 1 877 330-7322 or chard.support@gov.bc.ca.

SUCCESS STORY: Home health integration in the Fraser Valley

Integrating health care is a common goal for most regions, but putting the wheels in motion can be a real struggle. By bringing together community doctors with community care providers, one BC health authority is a shining example of how integrating resources can improve health outcomes and save money.

Home health patients are those with complex health needs who require extra and ongoing support to live independently in their own home. Prior to 2010, GPs and case managers—those who coordinate home care of patients—were feeling disconnected when it came to providing the appropriate care to their patients.

Case managers were responsible for all cases within a geographic area but weren't in frequent communication with the GP on the patient's health status. The case manager was often unaware of the care provided by the GP and vice versa, which led to inefficient, fragmented, and costly care.

Dr Grace Park, the Medical Director of the Home Health program for Fraser Health and also a board member for the White Rock/South Surrey Division of Family Practice, says that all health organizations within the Fraser Valley saw the need for improvement. "There was recognition from all of our partners that a gap existed in the way home health care was being provided," she notes. "Patients weren't receiving services in a coordinated way."

The Fraser Health Authority began collaborating with the Ministry of Health and the Divisions of Family Practice to create a program that integrates the work of the health authority and GPs. The new Home Health initiative, led by Director Irene Sheppard, now attaches case managers to a specific physician's practice and together they coordinate Home Health services for patients. "Both parties now meet regularly and communicate on the status of their Home Health patient," says Dr Park. "It's become a well-coordinated team atmosphere."

Patients were also an integral part of the process. Baseline surveys were done with clients in Chilliwack and repeated approximately 12 months later. The patient survey results reported a dramatic decrease of self-reported overnight hospital stays in the latter 6 months.

This program has been successfully implemented in Chilliwack, White Rock/South Surrey, and Abbotsford. With the help of the Divisions of Family Practice, the Home Health initiative will soon be implemented in every community in the Fraser Health region. "We are already seeing decreased hospital visits because the quality of care patients receive at home has increased," said Dr Park.

The Home Health initiative is an example of the efforts underway to improve the health of the population, enhance the experience of care for patients, families, and providers, and reduce or control care costs.

An initiative of the GPSC, Divisions of Family Practice are community-based affiliations of family physicians working together to achieve common health care goals. The program was designed to improve patient care, increase family physicians' influence on health care delivery and policy, and provide professional satisfaction for physicians. For more information, visit www.divisionsbc.ca.

CASE STUDY: Family doctor in small town provides discretion for patients with mental health issues

In a small town, everyone knows your business, so if a patient is dealing with mental health problems, there can be added stigma when seeking treatment. That's why many of Dr Tara Guthrie's patients are thrilled that she now has training and skills to help them with their mental health issues in her family practice.

Guthrie has a busy family practice in Creston in the Kootenays, population 5000. In the past, when she had patients who needed mental health treatment, she would usually refer them to the mental health department at the local health authority, but now she can treat many of these patients herself, avoiding referrals and providing them a level of discretion and comfort that comes from seeing a family doctor with whom they are familiar.

Dr Guthrie gained valuable skills through the Practice Support Program's (PSP) Mental Health learning module. An initiative of the General Practice Services Committee (GPSC), a partnership between the BC Ministry of Health and the BC Medical Association, the PSP provides training and support for physicians and their MOAs designed to improve clinical and practice management and to support enhanced delivery of patient care.

The GPSC develops and implements programs that improve job satisfaction for family physicians and primary health care for patients.

The Mental Health module enables GPs like Dr Guthrie to screen their patients more thoroughly for mental illness and diagnose conditions that were previously more difficult to detect. The program includes common screening scales, a diagnostic assessment interview tool, a tool for organizing patient issues, a cognitive-behavioural skills program, and a patient self-management workbook.

"Patients find it really useful, and I feel much more comfortable providing counseling using these tools," says Guthrie. "There has been a tendency to reach for medications in these situations before. Now, by the time we've done some counseling, the need for medications for most patients is reduced."

Gwen Benty and her family have been seeing Dr Guthrie for several years, so when Gwen's anxiety and depression needed treatment, she was pleased to be able to see her family doctor, who already knew about her situation.

"It helps that I already have a relationship with my family doctor and that the trust is there," says Benty. "In small communities like ours, a referral to a specialist almost always means traveling, so it's beneficial for us to have her here."

Benty has worked with Guthrie through counseling and used the workbook provided by the Mental Health module. "She answered my questions, and saw me on an ongoing basis, and makes me feel like she's empathetic enough to understand," says Benty. "Sometimes you cry and cry and tear yourself like an onion, but I gain strength from her approach. I think more GPs need to have training in this area."

Both Benty and Guthrie agree that some patients are reluctant to be seen even entering the mental health building in town. "It's much more comfortable entering the family physician's office, more discreet," says Guthrie.

When she does have patients with moderate to severe problems who need to be referred for mental health treatment with specialists, Guthrie's training has made it easier to help those patients. "Using the tools I now have, when I do need to refer, I'm on the same page as the mental health people," she says. "Before, I wasn't comfortable doing cognitive behaviour, so patients weren't getting the same messages from me and the specialists. I have a much better relationship with mental health services now. I understand them more and vice versa."

Guthrie says doing more mental health treatment herself has improved her job satisfaction. "I see patients over a long time, so I get to see that over years they are getting better, see that it helped," she says. "It has made a very challenging part of medicine into something I know how to do."

Creating a new training module for child and youth mental health – Continued from cover

“With this module, we realized that we had to understand the whole picture of child and youth mental health, so we looked for collaborators early on,” said Liza Kallstrom, Lead for Content and Implementation at the Practice Support Program. “We adopted a multi-sectoral approach, involving not just general practitioners but also specialists, school counselors, school boards, government ministries, and families.”

Developing the CYMH module began with a steering committee made up of GPs, with working groups set up to tackle particular issues. Then representatives from other groups were brought in to capture all the areas where children and youth were affected.

“We invited child psychiatric specialists, pediatricians, patients, family networks, school boards and counselors, and staff of the provincial ministries of both education and children and family development,” noted Kallstrom. “Their willingness to collaborate with us has made this module especially insightful and ultimately effective in helping patients.”

Once training materials and tools and resources were put together and tested, two sessions were held to “train the trainers,” during which those GPs who had been testing the materials, along with their local partners at schools and ministries, as well as patients and parents, presented their experiences working with the module to date.

“Going outside of our usual circles of clinical care presented challenges, with different climates, different cultures, different policies, but we were trying to build a team that wraps around child and youth,” noted Kallstrom. “The willingness of everyone to get to know each other and learn to understand each other’s role and how to collaborate and work together has been phenomenal and will really help going forward.”

The CYMH module addresses how family physicians identify, assess, manage, and treat children and adolescents with mental health disorders. The module training provides family physicians with valuable knowledge and skills to improve collaboration with patients’ families, pediatricians, mental health services, psychiatrists, and non-government agencies to provide effective wrap-around care for patients.

About 40 GPs across BC have now had training in how to use the CYMH tools, and they are ready to serve as GP practice leaders to help spread the module out to other doctors. Those outside the medical system who have worked with GPs in testing the materials will also be available as resources when doctors are being trained.

Watch for CYMH training in October for an opportunity to enhance your skills to help identify, diagnose and treat children and youth dealing with anxiety, depression, or ADHD disorders.

BCMA Communications
Clare O’Callaghan, Editor

Suite 115 – 1665 West Broadway
Vancouver, BC V6J 5A4

T: 604.736.5551 F: 604.638.2920

www.bcma.org

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For more information, visit
www.gpsc.bc.ca or
www.bcma.org.