

General Practice Solutions

A Quarterly Newsletter from the GPSC

CASE STUDY: Menopause group medical visits offer time for questions and information

When a woman goes through menopause, her body is changing rapidly, and many women have a lot of questions about how to cope with the changes.

Dr Liz Zubek wants to answer all her patients' questions, but sometimes an office appointment is just not long enough to impart all the information her patients need, especially when a long chat might be needed. That's why Zubek's group medical visits for menopause are so popular.

"I like to have my patients fully informed, so I love the group visits as a doctor," says Zubek, a family physician in Maple Ridge. "I can sit back and talk without a time limit, without worrying also how many people are waiting for me in the waiting room. It's very invigorating to have these group visits."

Group visits are one of the practice innovations becoming popularized by the General Practice Services Committee (GPSC), a partnership between the BC Ministry of Health and the BC Medical Association to support doctors by developing and implementing programs that improve job satisfaction for family physicians and primary health care for patients.

Zubek attended Practice Support Program (PSP) sessions from the GPSC on practice efficiency methods like group medical visits and working with patients on mental health issues. The learning modules of the PSP deliver education sessions, action periods, and physician mentoring to help family doctors adopt new initiatives.

She has been holding group medical visits for different groups of patients for a few years now, including groups for heart health, nutrition, aging, chronic pain, and diabetes. But Zubek says her menopause groups bring a different tone to the notion of a group visit.

"Some groups are more medical, some more of a teaching session, but my menopause group is really a cluster of women gathering together," she says. "We have up to a dozen women after office hours gather in my waiting room, and we can cover everything. It's really a lot of back and forth with chatter all the way through."

Zubek holds the menopause group a few times a year. Her patients can sign up online if they want to attend the next session, as they can for all her group visits. Patients of other doctors in her clinic often ask to attend too, and if she has room, they can.

Continued on back

GPSC billing simplified: One fee code replaces four

In response to physician feedback indicating that the multiple telephone/email fees detailed in the GPSC Billing Guide are too complicated, the GPSC has simplified the billing process as follows:

- As of December 31, 2011, fee items 14039 (Complex Care Telephone/Email Follow-up Management fee), 14049 (GP Mental Health Telephone/Email Management fee), 14069 (Palliative Care Telephone/E-mail Follow-up Management fee), and 14073 (COPD Telephone/Email Management fee) are cancelled.
- In place of these cancelled fees, effective January 1, 2012, physicians can now use one fee code for non-face-to-face service to eligible patients (NB: there is no change in eligible patient groups): the new **GP Telephone/Email Management fee (14079)**.

Payable to a maximum of five times per patient per calendar year, this fee can be billed for two-way communication with eligible patients, or the patient's medical representative, via telephone or email by the GP/FP who has billed and been paid for at least one of the following GPSC incentives within the previous 18 months:

Continued on back

"Some of the more outspoken women usually ask the questions at first...and I can see that the shy ones are really benefitting from my answers."

— Dr Liz Zubek, Maple Ridge family physician

Learn more about the GPSC at www.gpsc.bc.ca

Since 2003, the GPSC has been working toward its mandate to support the provision of full-service family practice and improve patient care.

Through its programs, the GPSC is helping to change the face of family practice in British Columbia, encouraging physicians and patients alike through its innovative approaches to meeting the challenges facing primary care.

Visit the GPSC web site to watch short presentations that explain the who, when, what, where, and why of this unique collaboration of the BCMA and the BC Ministry of Health. Chapters include overviews of the:

- General Practice Services Committee.
- Family Practice Incentive Program.
- Practice Support Program.
- Divisions of Family Practice.
- CHARD.
- A GP for Me/Attachment initiative.

And see the GPSC Annual Report online for a review of the committee and its programs in 2010/2011.

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– Continued from cover

Each group visit begins with a discussion about privacy and confidentiality, and every patient signs a confidentiality agreement. Some women start out at the group as the shy ones, nervous about asking questions on some topics. “Some of the more outspoken women usually ask the questions at first, like about sex during menopause, or hormone replacement therapy, and I can see that the shyer ones are really benefitting from my answers,” notes Zubek.

For Rosie Keating, 57, the menopause group visit was an important experience.

“I went in prepared not to enjoy it, but it was a really good experience,” she adds. “A few people were hesitant and some asked questions that others were uncomfortable asking, but that empowered the quieter ones. It was a very supportive environment.”

Keating said the age range of the patients also helped her, allowing her to hear from older women who could share their journeys through these big changes.

“I went in with my own questions, but having others in the visit with me made me listen to their questions and the answers, and it made me reconsider decisions I’d made about how to treat my symptoms,” she says.

While Zubek plans the menopause groups to last an hour, she says they always go a bit longer. “And there’s always a lot of laughter,” she says.

“I believe in medicine that information is power,” adds Zubek. “I’m trying to let patients make the best choices for treating the symptoms of menopause. In the group visit we get to spend a lot more time discussing the options.”

GPSC billing simplified: One fee code replaces four – Continued from cover

- Complex Care Planning fee (G14033).
- Mental Health Planning fee (G14043).
- Annual Chronic Care Bonus for COPD (G14053).
- Palliative Care Planning fee (G14063).

The new fee is billable for medical management of the conditions covered under these incentives.

For more information, visit www.gpsc.bc.ca/about-gpsc/program-updates.

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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 2002 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.