

General Practice Solutions

A Quarterly Newsletter from the GPSC

Physicians launch innovative pilot project to improve care for patients who don't speak English

Coquitlam family physician Dr Patricia Gabriel noticed a significant number of non-English speaking patients arriving at her office and became concerned about how to best support them.

"Open dialogue is vital to positive patient outcomes," says Dr Gabriel. "In many cases, patients with very limited English rely on a family member or friend to explain symptoms, which can be difficult if they involve sexual or mental health. When key information doesn't get passed on or nuances are lost, there's a possibility of misdiagnosis. In an effort to avoid that, doctors might order extra tests that wouldn't be needed if we could communicate effectively with our patients."

Upon bringing the issue to the Fraser Northwest Division of Family Practice, Dr Gabriel learned other family physicians in her community were experiencing a similar challenge. To support physicians in providing non-English speaking patients with optimal care, the Division funded a three-month pilot project that provides free telephone access to an interpreter during office visits.

"This pilot is a perfect example of the physician-driven improvements to primary care that the Divisions of Family Practice initiative was created to support," said Dr Kathleen Ross, physician lead for the Fraser Northwest Division.

The pilot is the first of its kind in Canada in a fee-for-service setting with family doctors. While interpretation services are available in hospitals, no system is currently in place for accessing and funding interpretation support in community-based family physicians' offices.

Continued on page 4

Divisions take action on physician recruitment and retention

A province-wide issue. A collaborative approach to solutions.

Physician recruitment and other practice coverage issues are high priorities for the membership of most divisions of family practice. The good news is that a cross-divisions initiative has several projects underway to address these issues and support local divisions in their efforts.

Established following the spring 2012 Round Table, the Physician Recruitment and Retention Committee is focused on identifying system-wide efficiencies and practice-focused solutions to improve recruitment, locum, and practice coverage in BC. The committee's 20 members include physicians and local division board members and staff, many of whom also serve on three sub-committees, to handle specific activities.

Continued on page 4

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Kaiser Permanente Journal article highlights Adult Mental Health module

An article on the Practice Support Program (PSP) Adult Mental Health (AMH) module was published in the summer edition of *The Permanente Journal* (www.permanentejournal.org), a Kaiser Permanente publication that advances knowledge in scientific research, clinical medicine, and innovative health care delivery.

Entitled “Mental health practice and attitudes can be changed,” the article describes the objectives, methods, and results of the AMH module, which is designed to enable family physicians to identify, diagnose, and treat certain types and levels of adult mental health conditions within the confines of their practices and schedules.

The evaluated results show that the module training is positively impacting the way physicians practice as well as changing stigmatizing attitudes toward patients with mental health conditions.

Authors include Dr Rivian Weinerman, chair of the AMH module advisory committee; Dr Dan MacCarthy; Liza Kallstrom; Helena Kadlec, Marcus Hollander; and Dr Scott Patten.

PSP mental health practice innovations so effective they’re now being taught to BC medical residents, used in other provinces

With so much innovative work underway to improve primary care in BC, it’s no surprise that the Practice Support Program’s Adult Mental Health (AMH) module has the medical community in other areas taking notice. While designed for practising family physicians in BC, the module’s positive impact on patient care and physician experience have gained recognition elsewhere—the module is now being used for training in other provinces and incorporated into training for the next generation of BC family physicians.

“We’ve taken the module on the road and presented at major conferences, trained front-line workers in Manitoba and front line workers and physicians in PEI, and taught it at McGill University in Quebec,” says Rivian Weinerman, a physician in Victoria who was part of the team that created the AMH several years ago. “We’ve presented it in Hong Kong, Grenada, Tennessee, and other places. And now we’re embedding the module into the University of BC’s family practice residents’ program and the University of Victoria’s nursing program.”

A joint initiative of the BC Medical Association and Ministry of Health, the Practice Support Program (PSP) is a training and support program for physicians and their MOAs that is designed to improve clinical and practice management and to support enhanced delivery of patient care.

The AMH module includes screening and assessment tools and three supported self-management approaches: the Bounce Back program, the Antidepressant Skills Workbook, and the Cognitive Behavioural Interpersonal Skills (CBIS) Manual, which form the core of the AMH. CBIS provides an organized, guideline-based system for physicians to assess patients and to develop treatment strategies that incorporate self-management processes to empower patients to be active partners in their mental health treatment. The manual is also featured in the Canadian Medical Association national e-learning anti-stigma course for physicians, in partnership with the Mental Health Commission of Canada.

“We’ve trained front-line workers such as case managers, pain clinicians, diabetic clinicians, substance use clinicians, nurses, and family practice residents in the use of CBIS,” says Weinerman. “Both patients and clinicians enjoy it.”

PSP learning modules typically involve three half-day group-learning sessions, offered locally in communities throughout the province. Each group session is followed by an action period of approximately eight to 12 weeks during which PSP participants try out what they’ve learned in their own practice. During action periods, participants receive in-practice support to ensure they get as much benefit as possible from the learning sessions, and have the guidance they need to incorporate newly acquired tools and processes into their everyday practice workflow.

For UBC’s family practice residents, the exposure to the module is more limited. During their residency, new medical school graduates have a one-day session on CBIS as part of their academic training that supplements their clinical work.

“Residents consider CBIS to be important, and they can be a hard bunch to please at times,” says Dr Karen Shklanka, faculty member for behavioural medicine in the University of BC’s Department of Family Medicine Residency Program.

Dr Helen Campbell, who was also part of the team that developed CBIS, teaches residents on Vancouver Island and in the Lower Mainland and says she’s had great feedback.

“Residents are very receptive to it,” she says. “Through their training, they are comfortable with the medication side of managing mental health in the office but are not quite as confident with non-medication options for their patients. Learning about CBIS increases their satisfaction. It feels good to be offering more than just reaching for a prescription pad.”

“I feel like I have some tools to use for mental health conditions that I didn’t have before,” said one resident after Campbell’s lecture. “I look forward to testing out the different strategies with my patients.”

Dr Annemarie Falk teaches the AMH module both as a mentor to doctors receiving training through the PSP, and to residents at St. Paul Hospital in Vancouver. “The AMH module has given physicians a much bigger toolbox of treatments to offer patients, and more information about treatments other than medication,” says Falk.

Falk teaches St. Paul’s residents about the online resources the PSP provides. “They get everything on a flash drive, and I show them the CBIS manual and go through some basic screening tools,” she says. “Then we spend time listening to residents describe their real-life office experiences with patients. Having this training earlier in their practice benefits everyone. As family physicians, we have to know so much about a wide range of medical and health-related conditions. Treating mental health conditions can be daunting if you don’t have adequate skills.”

Weinerman says that teaching these skills to physicians and other front-line workers can also decrease the stigma sometimes associated with patients presenting with mental health issues. “I think that physicians sometimes avoid patients when they feel they don’t have the tools to treat them,” she says. “The module enhances the idea of patients being heard and understood by their doctors, which makes them feel respected. Doctors begin to feel more comfortable and confident, and when a patient senses that and feels heard and respected, it helps decrease self-stigma.”

Weinerman is currently working with the Mental Health Commission of Canada on a randomized controlled trial of the AMH module with family doctors in Nova Scotia that will run from January 2014 to end of 2015. Doctors will partake in module group training, and the module’s efficacy and the participating physicians’ attitudes toward patients with mental health conditions will be evaluated. Weinerman’s hypothesis is that there is a relationship between training and skills-building and health care provider stigma reduction, but, she says, “This is the first time we’ll have a formal study with a control group to see if this reduction is really happening.”

The Practice Support Program is a training and support program for physicians and their MOAs that is designed to improve clinical and practice management and to support enhanced delivery of patient care. The program began as an initiative of the GPSC and now receives additional direction, support, and funding from the joint BCMA/Ministry of Health Shared Care Committee and Specialist Services Committee.

GPSC billing tip

Heading into flu season, did you know that you can bill for telephone management for many of your patients?

- For patients on whom either of the complex care fees, the palliative care planning, and COPD chronic disease management fees have been billed, you can bill for up to five telephone or e-mail consultations per calendar year using code 14079.
- For patients who do not qualify for this code, you have access to up to 500 telephone consultations per year, using the A GP for Me fee code 14076.

These non-face-to-face consultations are a great way to connect with complex patients for routine check-ins and avoid bringing these patients into contact with other sick patients in waiting rooms.

For more information on this and other GPSC fee codes, see the GPSC billing guide at www.gpsc.bc.ca/billing-guide-fees.

Physicians launch innovative pilot project to improve care for patients who don't speak English – *Continued from cover*

Interpreters are made available through the Provincial Language Service, which offers interpretation of more than 150 languages. As the services are on-demand, physicians can access them without notice whenever a language barrier arises.

During the pilot project, which runs through January 2014, the service is available free of charge to the members of the Fraser Northwest Division of Family Practice. (The Division is comprised of more than 200 family physicians supporting patients in Burnaby, Coquitlam, New Westminster, Port Moody, and Port Coquitlam.)

Once completed, the impacts of the pilot project will be assessed to determine the feasibility and cost of providing ongoing interpretation services in community-based family physicians' offices. This assessment can then be used to analyze the potential for the service to be continued and expanded.

More information can be found at www.divisionsbc.ca/frasernw/home.

Divisions take action on physician recruitment and retention – *Continued from cover*

The committee has four major projects underway:

- Working in partnership with the Delta, Surrey/North Delta, and Langley Divisions, the **Fraser Area Recruitment Strategy** has created a user-ready recruitment toolkit and planning framework that are available to all local divisions. Resources include everything from recruitment ads to tips on coordinating candidate tours and how to work effectively with community stakeholders. Access the toolkit at www.divisionsbc.ca/provincial/lr-recruitment-tools.
- A **locum matching strategy** is exploring practice coverage solutions, starting with a nationwide survey of locum attracting/matching programs and approaches for potential applicability in BC. The report will be available in the next few months.
- With support from the Divisions' Innovation Fund, **Interior Health (IH)** and **local divisions** have partnered on an environmental scan of current and planned recruitment activities across IH as well as in other regions. The scan also identifies urgent needs in specific IH communities as well as local and regional barriers to recruitment and retention. It is the first step toward building a comprehensive strategy, tools, and resources for the IH region.
- A **physician journey map** has been created to gather physician input about where and how they enter the system, the paths they travel, the barriers they face, and the mechanisms that facilitate their journey throughout their careers. Many physicians contributed their experiences to the map at the fall 2013 Round Table and an interactive, online version will be available in the coming months for input from all BC physicians. The map will help inform the work of the committee and others involved in recruitment and retention.

Plans for the coming year include:

- Researching and facilitating options for locum training on EMR systems used in local divisions.
- Researching steps to increase flexibility around credentialing and privileging for locums moving between practices, hospitals, and health regions in BC.
- Creating a central knowledge hub of recruitment and practice coverage resources.
- Building partnerships with other organizations involved in recruitment and retention, including Health Match BC, the College of Physicians and Surgeons of British Columbia, health authorities, and others.

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