

General Practice Solutions

A Quarterly Newsletter from the GPSC

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.

New Shared Care COPD/Heart Failure module addresses comorbidity and complexity of care

Family and specialist physicians throughout BC now have access to training and resources designed to support the effective coordination of care for patients who are at risk of or living with COPD and heart failure.

Developed under the governance of and with funding support from the Shared Care Committee, the Practice Support Program (PSP) System of Shared Care for COPD/Heart Failure learning module has been in the prototype stage, offered selectively within five BC health authorities, as the module development team of family and specialist physicians has worked to refine elements of training and support to best meet the needs of physicians. Combining two PSP modules that each focused on effective shared care of patients at risk of or living with a single condition (COPD, heart failure), the revised module addresses both the complexities inherent in treatment of patients with this particular co-morbidity and a growing need among physicians and their patients.

“COPD and congestive heart failure are the two most common causes of admission to hospital in Canada,”

says respirologist Dr Mark FitzGerald, who along with cardiologist Dr Sean Virani led development of the COPD and heart failure components of the module, respectively.

Continued on back

PSP practice coaching builds on Dartmouth Institute program

In early June, approximately 40 PSP regional coordinators, along with PSP central staff, convened at the Delta Richmond hotel in the final of four learning sessions that marked their completion of the first phase of practice coaching training.

Practice coaching is one of a number of PSP training and support services for physicians and their staff designed to improve clinical and practice management and to support enhanced delivery of patient care.

Through regular meetings held via phone or in person, PSP coordinators (“coaches”) work together with participants to determine needs related to office workflow and/or clinical areas of practice. Coaches help to identify a suitable action plan to optimize processes in these areas and to facilitate

Continued on page 3

“Clinicians’ enthusiastic response to the module reflects the challenges many face when managing patients with multiple co-morbidities.”

—Dr Mark FitzGerald, respirologist

NEWS

A GP for Me/ Attachment initiative fee codes for locums and online video tutorials now available

The GP Locum Attachment Participation code G14071 (a zero sum amount) now enables locums to participate in the Attachment initiative. As soon as the Attachment code has been submitted and MSP has approved it, locums can bill Attachment initiative fees.

Learn more at www.gpsc.ca/attachment-initiative. Video tutorials about A GP for Me and In-Patient Care are also now available on the GPSC web site at www.gpsc.ca/billing-fees/billing-guide-tutorial.

Attachment fee code stats

From April 1, 2013 to June 28, 2013

- 2,269 GPs (66 of whom are locums) have billed the zero sum portal fee.
- More than 33,800 physician-patient telephone management fees (14076) billed.
- More than 9,200 patient conferencing fees (14077) billed.

SUCCESS STORY: Learning modules give physicians more tools to diagnose mental health issues

For some physicians, learning new skills to treat patients can be a game changer. That's the case for Kelowna family physician Dr Jim Ketch. Learning how to more effectively treat patients with mental health issues has definitely changed his practice for the better.

Dr Ketch gained valuable skills through two learning modules from the Practice Support Program (PSP): the Adult Mental Health and the Child and Youth Mental Health (CYMH) modules, which enable physicians to screen patients more thoroughly for mental illness and to diagnose conditions that can be difficult to detect.

"The more I use it, the more I am using it," says Dr Ketch of the Adult Mental Health module. "I'm not prescribing medications as much. I'm educating my patients to cope with depression and anxiety with tools they can use."

The module tools and resources include 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.

The CYMH module offers similar screening and assessment tools designed for children and youth. Module training, tools, and resources encourage and support collaboration of the various practitioners—the multi-sectoral team—who provide care for these young patients. Family physicians who complete the CYMH module training learn how to work together with child and adolescent psychiatrists, pediatricians, child and youth mental health clinicians, and school counselors in their local communities.

"Before I took this training, I had nothing," says Dr Ketch. "Now when school counselors refer children to me, I have tools. I can assess them and figure out what to do with them. These mental health tools can be used by my patients their whole lives. So now they can be empowered to change the way they cope with life stressors and reduce their anxiety and depression."

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 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 practices.

Dr Ketch notes that adults and youth approach him differently for mental health issues. "Both modules are great, but with adults it often takes more convincing to get them to use some of the tools. At first, adults may want pills to make them better, and they're less

receptive. But once we get into it, they feel much better using the techniques they learn. With adolescents, their brains are mouldable at this age, and they can take control of their thoughts and emotions. I can show them some ways of dealing with them, and they can see the successes. But for all of my patients, these are tools they can use for the rest of their lives."

Dr Ketch is also an instructor at UBC's School of Medicine, working with family practice residents. He teaches them many of the lessons he learned through his PSP training.

"I've incorporated the Adult Mental Health and CYMH training and tools into my program in behavioural medicine, so the residents have exposure to the modules," he says. "I teach them how to screen for mental health, how to use the module materials, and even how to take care of themselves using the same tools. This way they are better able to show patients how to use them."

Dr Ketch says these treatment techniques are changing the way physicians think about many of their patients. "It's changing the paradigms. We have to teach old docs new tricks. Both modules will give doctors more confidence, more tools to use to treat patients other than just medication. The treatment approach is not for every patient, but those who are open to it get lots of success."

PSP practice coaching builds on Dartmouth Institute program – Continued from cover

the execution of this plan. Meetings are held as required over the course of a mutually defined period of time.

The service is available to both physicians who have and have not participated in PSP learning modules. There is no direct remuneration for participating, but the service is provided to physicians at no cost.

The year-long PSP coordinator training program was based on a clinical Microsystems Academy program developed by New Hampshire's Dartmouth Institute for Health Policy and Clinical Practice, customized to suit both the BC physician practice environment and quality improvement processes. Dartmouth Institute faculty members, Marjorie Godfrey and Brant Oliver, led the training, which included both in-person and e-learning components. They also facilitated the June session, at which PSP coordinators presented posters documenting case studies of their pilot practice coaching experiences, including methods used, data collected, improvements achieved, and lessons learned.

"The Dartmouth training equips coaches with the skills to support quality improvement at the office practice level and to support physicians as leaders of the practice team," says Liza Kallstrom, PSP Lead, Content and Implementation. "Practice coaching meets a specific training and support need identified by BC physicians and is indicative of the PSP's responsiveness to input and feedback from those it aims to serve."

PSP coordinators received a PSP certificate of completion acknowledging the time and effort they'd dedicated to expanding their capacity to provide effective support for BC physicians. A number of these coordinators have also received international credentialing for practice coaching through the Dartmouth Institute, which has a mission to train leaders in the measurement, organization, and improvement of health and health care.

Practice coaching training for coordinators continues to evolve as the PSP builds on the Dartmouth-based training, incorporating practice coaching tools and processes from a range of health care quality improvement leaders into its training process.

For more information, visit www.pspbc.ca.

GPSC says farewell to long-serving leader, welcomes BCMA past president as new co-chair

After nearly a decade, Victoria family physician **Dr Bill Cavers** has stepped down as BCMA co-chair on the GPSC. In a role he described as "an incredible opportunity and a huge responsibility," Dr Cavers was integral to the development and success of the numerous GPSC initiatives to encourage and enhance full-service family practice. He is now focusing on his new role as the BCMA's president elect.

2012/13 BCMA President **Dr Shelley Ross** replaces Dr Cavers as GPSC co-chair. Practising in Burnaby for more than 30 years, Dr Ross ran a busy solo, full-service family practice, delivering upwards of 300 babies each year.

She has been actively involved with the BCMA since the mid-1990s as a Board member and for several years chaired the BCMA's policy development committee – the Council on Health Economics and Policy – where she worked on issues such as increasing access for ADHD patients, better coordinating BC's home and community care, and improving services for patients with depression. Dr Ross also has an interest in female physicians learning to be great leaders. She is a past-president and current secretary-general of the Medical Women's International Association, a global organization that helps promote and support medical women, gender equality in health care, and better health care for women worldwide.

New Shared Care COPD/Heart Failure module addresses comorbidity and complexity of care – Continued from cover

“In 25% of COPD patients admitted, there is co-existing heart failure,” he says. “Management is complicated by the overlap in the signs and symptoms of both conditions. This module provides a framework for the pragmatic management of patients with either condition or patients who are suffering from both.”

The PSP aims to better support physicians to manage patients in the community and avoid hospital admissions or readmission, where possible. To this end, this shared care-focused module supports specialist-guided, family physician-managed care for patients with complex care needs, enabling physicians to work together and with community service providers (e.g., respiratory therapists) to develop patient care plans.

“Few if any chronic disease management programs are taking this integrated approach to the management of both conditions,” says FitzGerald. “Clinicians’ enthusiastic response to the module reflects the challenges many face when managing patients with multiple co-morbidities.”

The module also supports early identification and diagnosis, appropriate use of evidence-informed treatments based on GPAC guidelines, and improved communication and information-sharing between family and specialist physicians, patients, and community-based service providers. Through processes such as appointment confirmation and the use of standardized referral acknowledgement and consult letters, family and specialist physicians are better able to co-manage care of complex patients.

The module includes a range of clinical tools and resources, including the COPD-6 case-finding spirometer, COPD and heart failure treatment algorithms, referral and consult templates and forms, and patient self-management and education resources (e.g., BC Smoking Cessation Program information).

For more information, visit www.pspbc.ca.