GPSC
General Practice Services Committee

General Practice Solutions

A Quarterly Newsletter from the GPSC

Working together for local reform to residential care services

While the number of community-based family physicians is on the rise, there is a downward trend in the number of physicians providing services to seniors in residential care. And with the senior population growing larger, the GPSC is getting ready to tackle the challenge by supporting local groups of physicians build local, scalable, and sustainable solutions.

Here are the numbers that paint the picture of the challenge. In the last 10 years, the number of community-based family physicians has increased by about 10%. Over this same period, the number of family physicians delivering residential care services dropped by about 13%. It's also anticipated that there will be a 120% growth in the residential care population in the next 20 years.

"This means that there are fewer family physicians taking care of ever more patients in residential care, and they need help," says Dr Khati Hendry, member, residential care initiative working group and the GPSC.

To help address challenges, the GPSC is expanding its residential care initiative to 109 communities across BC. The GPSC has earmarked up to $12m annually to support divisions to design and implement local solutions.

Dr Larry Gustafson, residential care program medical director, Fraser Health Authority, says not all communities are the same challenges.

> *"This initiative lets family physicians develop local plans that work well with care providers in the care facilities and give great care and support quality of life for their patients."*

The initiative was prototyped by five divisions of family practice: Abbotsford, Chilliwack, Prince George, South Okanagan Similikameen, and White Rock-South Surrey.

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GPSC Visioning: Planning the future

This spring, the GPSC is beginning its visioning process to set its direction for the next three years and beyond. In collaboration with Divisions of Family Practice, the GPSC will plan, engage, and prioritize its future direction.

The goals are:

- Determining the process for completing the visioning work that will broadly engage physicians in the dialogue.
- Ensuring the physician voice is heard and understood in opportunities to influence health care system changes.
- Helping ensure that changes in the health care landscape are appropriately considered when designing supports and enablers for primary care physicians.

The steering committee will consist of six physicians, four GPSC members, one SGP representative, and one health authority representative.

The steering committee will first meet in late April 2015, initiate consultations with doctors as early as May 2015, and make recommendations to the GPSC, Ministry of Health, and Doctors of BC by October 2015.

For details on GPSC Visioning, visit **www.gpscbc.ca.**

"We can start to connect residential care and home health care work together to provide the best combination of services for frail and elderly people."

—Dr Hendry

BRITISH COLUMBIA

doctors of bc
British Columbia Medical Association

MEET THE GPSC

Dr Shelley Ross

Co-chair, Doctors of BC

Dr Shelley Ross knew very early on that she wanted to be family doctor. As a toddler, she was given a doctor's kit by her uncle, and from then on, Shelley never wavered on her career path. What she couldn't know at that time was that she would become a physician leader in primary care reform in BC.

Shelley earned her medical degree at the University of Alberta moved to BC in 1974 to complete her residency at the University of British Columbia. With the support of her husband and two sons, Shelley pursued a rewarding 36-year career as a full-service family physician with a special interest in obstetrics in Burnaby, BC. By the time Shelley ended her practice, to to become President of the BC Medical Association (BCMA), now known as Doctors of BC, in 2012, she was delivering about 300 babies a year. Shelley is a strong proponent of the value family practice offers to both doctors and patients.

"For me, general practice is absolutely the best area to work in. You've got variety. You've got longitudinal care. You've got positive influence on peoples' lives."

Currently representing BC on the board of Canadian Medical Association and as Secretary General to the Medical Women's International Association (MWIA), Shelley's career also includes leadership roles as President of BCMA, Federation of Medical Women of Canada, and MWIA.

In her spare time, Shelley enjoys travelling, reading, cross-stitch, and quilting.

The value in continued learning through post-implementation support

Drs Nigel Myers and Sheila Bowling of Village Medical Clinic in Fort Langley have used EMRs in their practice for about 10 years. They quickly learned that the technology could help them provide better patient care in a more efficient way.

They felt they could do even more if they took a deeper dive to fully utilize the capacity of what EMR's can do to really help move the practice to a whole new level of excellence. So they took the opportunity to further learn about EMRs for optimal meaningful use (MU) level 3 through post-implementation support.

> *"The level of support offered and the incentive benefits enabled us to reflect on how we could fully use our EMRs."*
>
> —Dr Myers

"I had no formal training before," added Dr Bowling. "I knew post-implementation support could help me with my deficits."

Together, Drs Myers and Bowling and their clinic staff connected with their local practice automation coach (PAC) for an assessment of their current EMR use and for support to maximize the usage of EMRs.

"We receive support from our front office staff and have a nurse as a part of our clinic team." said Dr Myers. "We all work together."

Through the initial assessments, the team learned that quality data input was a key area for efficiencies, effectiveness, and quality improvement.

The post-implementation support by the PAC showed Drs Myers and Bowling that they were inputting data into their dashboards, but inconsistently. Inconsistent data entry can impact the level of information retrieved or usage of functions such as referral letters, pre-populated requisitions, medical summaries, or charts.

> *"We were both inputting data into our dashboards, but just not in the same spots," said Dr Bowling. "Now that information is standardized, we can more easily share information with each other and specialists, and with our patients."*

In addition to emphasizing the need for consistent and standardized data input, the PAC also highlighted the importance of having an up-to-date list of active patients. As EMR MU3 achievements are based on measuring consistency of EMR usage, the PAC encouraged the doctors to review and purge their patient list to remove inactive patients.

The doctors were able to reduce their active patient lists by about 52% and 20%, respectively. This has resulted in more accurate thresholds.

THE TEAM AT VILLAGE MEDICAL CLINIC IN FORT LANGLEY.

83% of physicians indicated post-implementation support improved their ability to enhance patient care.

84% of physicians said that post-implementation support improved their practice efficiencies either significantly or moderately.

With **93%** of target physicians using EMRs, BC now has the highest EMR adoption rate in Canada.

Though initially overwhelming, the long-term commitment to optimizing EMRs is rewarding. The clinic now leverages thorough recalls, maximized CDM billings, and efficient information sharing, for better and proactive patient care.

"EMRs support the front office with manageable task lists by setting proper recalls and enables the nurse on our team to tap into the EMR to find CDM information about patients," said Dr Myers.

The team at Village Medical Clinic has gained significant time savings and efficiencies. The doctors expressed that post-implementation support was one of most helpful quality improvement activities they have engaged in.

Working together for local reform to residential care services – *Continued from cover*

Since 2011, each prototype division has designed and implemented a local solution for authentic GP MRP services. These are services that meet the initiative's five best practice expectations and promoted three system level outcomes.

In collaboration with regional health authorities and community health providers, the prototype divisions have already experienced significant benefits from their local residential care services including reduced hospital rates, higher quality of care, and improved patient and provider experiences.

"Through the collaborative work of this initiative, we will be better positioned to explore broader topics," says Dr Hendry. "We can start to connect residential care and home health care work together to provide the best combination of services for frail and elderly people."

All divisions are encouraged to participate in the initiative's expansion. Implementation by divisions is expected to begin as early as July.

For more information about the initiative, visit **www.gpscbc.ca**.

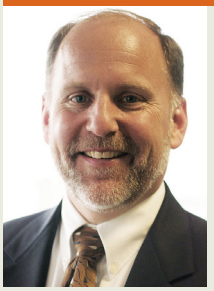
BEST PRACTICE EXPECTATIONS

- 24/7 availability and on-site attendance when required
- Proactive visits to residents
- Meaningful medication reviews
- Completed documentation
- Attendance at case conferences

SYSTEM LEVEL OUTCOMES

- Reduced unnecessary or inappropriate hospital transfers
- Improved patient/provider experience
- Reduced cost/patient as a result of a higher quality of care

MEET THE GPSC



W. Mark Armitage
Co-chair, Ministry of Health

A career public servant, Mark Armitage has worked in government for the past 26 years. Before taking on his current role as Executive Director, Integrated Primary Care at the Ministry of Health, he spent 15 years in various management and executive roles with the Ministry of Children and Family Development. Prior to that, Mark spent a decade as a probation officer with the British Columbia Ministry of Attorney General, Community Corrections Branch.

Passionate about the opportunities he's had throughout his career to work with and for the public, Mark moved to health care in 2014.

"While my position as co-chair on the General Practice Services Committee was assigned as part of my role within the Ministry of Health, it has ignited my passion for primary care; it is where we can see our work has a real-world impact on the quality of people's lives."

In addition to his work, Mark is concurrently pursuing a Master's Degree in Public Administration. He enjoys spending time with his three adult sons and his dog, a German wire-haired pointer, as well as playing the guitar and mandolin, and exercising.

Divisions and A GP for Me

33
Divisions participating in A GP for Me; representing 4,155* family physicians (*August 2014)

220+
BC communities represented

22
Divisions moving forward with implementation plans *(As of Feb 2015 with more to come)*

Dozens
Local partners, including Health Authorities

120
Locally-based projects *(in various stages of implementation; Feb 2015)*

Physicians lead system change with local strategies

As the A GP for Me initiative reaches further across the province and establishes improvements in primary health care for British Columbians, it is also shining a light on the role Divisions of Family Practice and physicians have as leaders of positive change.

A joint initiative of the Government of BC and Doctors of BC, A GP for Me aims to strengthen primary care, help more people who want a family doctor to find one, and better support the needs of vulnerable patients.

In BC communities, A GP for Me work is led by 33 divisions of family practice. As division members, physicians are increasingly collaborating with community partners to shape the future of primary health care at the local level.

A GP for Me has accelerated their leadership role. It has fostered a groundswell of collaboration across the province as divisions join with local health authorities and hundreds of community partners to improve primary care for residents.

To lay the groundwork for A GP for Me, divisions are consulting with partners, the public and physicians to better understand local health care needs and challenges, such as rates of unattached patients, physician retirement plans, and service gaps. In response, they are developing locally-focused solutions that champion patient and population health needs while meeting the unique circumstances of their communities.

While the local solutions are as diverse as the communities themselves, a few common themes are emerging from these strategies:

- ***Attachment mechanisms*** match patients with family physicians and/or primary care services through registries, phone lines, and clinics.
- ***Interprofessional collaboration and team-based care strategies*** improve practice capacity and support for vulnerable, complex patients.
- ***Recruitment, retention and retirement strategies*** attract more physicians to communities, support retiring physicians and their patients, and improve locum support.
- ***Practice efficiencies and clinical improvement supports*** ensure physicians and Medical Office Assistants have the tools they need for decision making and more capacity to deliver patient care.
- ***Health promotion/public education*** guides patients to access appropriate health care services and supports them to be partners in their care.

Examples of these approaches – which are by no means a complete list of the divisions' A GP for Me work – and other local innovations will be highlighted in the months to come.

Meanwhile, the story of physicians collectively leading system change from the ground up, in collaboration with Doctors of BC, the Government of BC, and local partners, is emerging as a key success factor for A GP for Me as it moves toward creating impactful, lasting change for BC patients.

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General Practice Solutions is produced by the General Practice Services Committee (GPSC), a committee of the Ministry of Health and Doctors of BC.

The GPSC strengthens full-service family practice and comprehensive patient care in BC with its unprecedented programs and initiatives.

For more information, visit **www.gpscbc.ca.**