

A QUARTERLY NEWSLETTER FROM THE GPSC

SPRING 2017

PSP learning modules: relevancy with a side of life-saving

For Vancouver's Dr Paul Wong, the Practice Support Program's learning modules provide a key opportunity to keep his medical knowledge up-to-date.

"As family doctors, we are the filter for the medical system," says Dr Wong, who has practiced medicine for more than forty years. "Everyone comes to us first with their health concerns. It's important to keep our knowledge relevant, not only from a scientific standpoint but also to know what's happening in our communities and what our patients may ask about."

Dr Wong offers examples from the Pain Management module to illustrate his point. "Fentanyl didn't used to be an issue, but it is our responsibility to know about that now. We need to learn when it's appropriate to prescribe marijuana and how to do that. Things change so fast and PSP's modules offer a great way to stay current with best practices."

Another key benefit of the learning modules is the opportunity to come together with other family doctors, specialists and topic experts to share knowledge and experience. "It's nice to know you are not alone," says Dr Wong. "We all face similar situations and it is good to hear what has worked for others, to collaborate on how to best support our patients."



Dr Paul Wong has participated in nearly all available learning modules and has incorporated knowledge and tools from each one into his practice.

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In addition to knowledge, Dr Wong has incorporated several of the tools and resources obtained through PSP modules into his practice.

"We use the listing of community resources to refer patients to support services near them," says Dr Wong. "I don't have time to build that kind of list and keep it up to date, so it's a tremendous benefit to be able to tell patients where they can get pain support, for example, or whatever it is they might need. As well, we use the flow sheets from Chronic Disease Management to help monitor patients with conditions like diabetes. And, we keep the latest guidelines for best practices care right in our EMR, so they're easy to access."

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GPSC Summit report, new interactive format

The event report from the GPSC Fall Summit is available online in a new web-based interactive format. Readers can read a brief overview of each session, see photos of presenters and participants, and read a summary of feedback provided by attendees.

For more information or to access this event summary report online, please visit <http://gpscsummit.wixsite.com/2016>.

The patient medical home: GPSC's vision for an integrated system of care

Many doctors are likely aware that the GPSC is working toward creating an integrated system of care – a health care system that improves support for patients through enhanced and simplified linkages between providers. The patient medical home model is an important component in building this system together with partners.

A patient medical home is a longitudinal GP practice where doctors work with colleagues and teams of health professionals, which may include nurse practitioners, nurses, social workers, pharmacists, and dietitians. Networked with other patient medical homes, the patient medical homes are linked to additional health care services provided outside of the practice. By working within their practices and networking with other physicians and health care providers, physicians are better enabled to deliver or enhance access to broad range of services for their patients.

To develop this care model, the GPSC adapted the patient medical home model described by the **College of Family Physicians in Canada**. Two additional attributes were added to identify the role played by divisions of family practice in BC: enabling linkages between GP practices and creating networks of care as well as influencing the broader design of the integrated system of care in response to local health care needs identified in their communities.

The GPSC is working to meet its goals and clear the path to care by creating smoother connections for family doctors to teams of health professionals, networks, and better-coordinated specialty services in the community.

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PSP learning modules: relevancy with a side of life-saving

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Dr Wong has participated in nearly all available learning modules, incorporating knowledge and tools from each one into his practice. He found them so valuable, he asked his Medical Office Assistant of 33 years, Sandi Smith, to attend some of them with him. She has participated in the Advanced Access/Office Efficiency, Chronic Disease Management and Adult Mental Health modules. The last one may have helped her save a patient's life.

"I got a call from a patient who said she was going to commit suicide," explains Sandi. "I asked her if she wanted to come into the office and she said okay. When she arrived, Dr Wong wasn't available yet, so I took her into a private room and followed what I'd learned: kept eye contact and helped her calm down. I didn't make her explain what was wrong; I just tried to make her feel better. By the time she saw Dr Wong, she was much calmer. If I hadn't taken that PSP module, I wouldn't have known what to do to help her."

The patient was able to successfully recover from the episode.

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Dr Paul Wong and his MOA of 33 years Sandi Smith have both participated in PSP's learning modules.

PSP offers nine different learning modules. In addition to Chronic Disease Management, Pain Management, Advanced Access/Office Efficiency and Adult Mental Health, there is Child and Youth Mental Health, Musculoskeletal, End-of-Life Care, Group Medical Visits and COPD/Heart Failure. For more information, visit www.pspbca.ca.

Did You Know?
Nearly 1,300 doctors participated in 80+ learning modules within the last year

"The module improved my care for people with mental health issues. I can provide more than just meds."

To learn more, visit www.pspbca.ca



Richmond Division's Neighbourhood Networks strategy connects doctors, improves patient access to care

As part of its work on the provincial A GP for Me initiative, the Richmond Division of Family Practice embarked on a local strategy to support family doctors. With a high proportion of doctors working in solo and small practice, often independently from their physician colleagues, Richmond physicians needed a strategy to better address their practice coverage needs and thereby improve patient care in the region.

The Neighbourhood Networks strategy aimed to bring together family doctors practicing in similar geographic locations (sometimes in the same building) to form collegial networks to support practice coverage (e.g. locums and cross-coverage), integrate additional services (e.g., chronic disease nurses, pharmacists, psychiatrists, etc.) and improve access to comprehensive care for their collective patients.

The approach

The City of Richmond comprises many smaller, unique neighbourhoods, each with distinct socioeconomic, cultural, language, and health care needs, so the Division took the approach of supporting the creation of networks among geographical clusters of family doctor offices. These networks relied on local data to define their population's needs.

By supporting the independence and potential interdependence of neighbouring family doctors, the Division was able to trial a more systematic approach to peer support, practice coverage, and coordinated multidisciplinary care (embedding nurses, pharmacists, and psychiatric consults into family doctor practices when they have an extra exam room available). In many cases, the Division leveraged existing initiatives and strong relationships with partners in rolling out newly created networks of doctors.

The Division wrote a series of white papers highlighting its processes and learnings related to the Neighbourhood Network implementation period. Topics include:

- Envisioning and evaluating transformative work
- Family doctor engagement
- Infrastructure challenges
- Integration of health professionals
- Key partners: Promoting alignment and readiness
- Leveraging data
- Parameters of an optimal network
- Role of the division

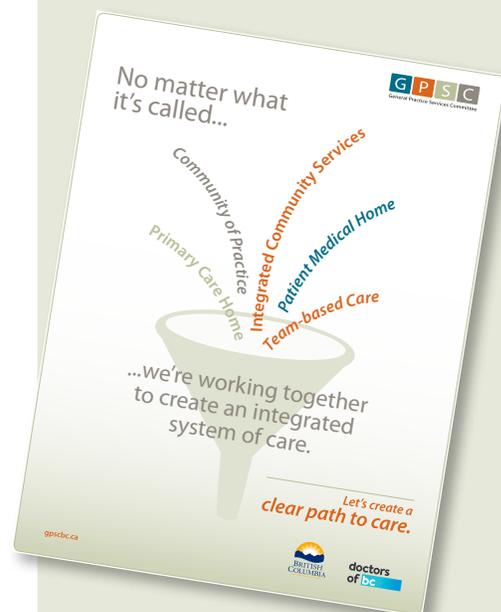
Visit www.divisionsbc.ca/richmond/neighborhoodnetworks to download these papers.

Richmond physicians needed a strategy to better address their practice coverage needs and thereby improve patient care in the region.

The patient medical home: GPSC's vision for an integrated system of care *Continued from p.2*

By working together in new ways, the GPSC and its partners can better:

- Meet the needs of patients now and into the future, so patients have timely access and to continuous, coordinated primary and community care across practitioners and locations.
- Manage the impacts of a changing workforce—resulting from retiring family doctors and work practices of new doctors—so we can continue to deliver care effectively and keep up with patient demand for access.
- Establish strong, healthy and affordable health care for the future.



Work is underway toward understanding current health needs in communities around the province, engaging and moving toward the patient medical home model, aligning GPSC programs and initiatives to support patient medical homes, identifying barriers and working on a provincial level to address these, and developing implementation guidelines and supporting tools and resources.

For more information on the patient medical home in BC, visit:

www.gpsc.bc.ca.

Physician resources: pain management and opioid prescribing

BC doctors can access learning and support tools to help patients manage chronic pain. The PSP Pain Management learning module provides information on: EMR enabled pain tools; promoting patient self-management; better identifying, assessing, managing, and communicating with patients living with chronic pain; and effectively collaborating with patients and their families, pain specialists, allied health professionals, and non-governmental agencies to achieve optimal patient outcomes.

Online tools and resources include: case studies, including an opioid management case study; clinical tools, including an opioid risk tool, physician resources, and patient information. Over the past year, nearly 300 physicians have taken the module and are now helping their pain patients return to a higher level of functioning. Visit www.pspbca.ca for more information.

As well, through their local divisions of family practice, doctors are creating and compiling resources on opioid prescribing and alternative pain management modalities. These resources help doctors to manage substance use issues in their own communities, and to comply with opioid prescribing standards announced by the BC College of Physician and Surgeons in 2016.

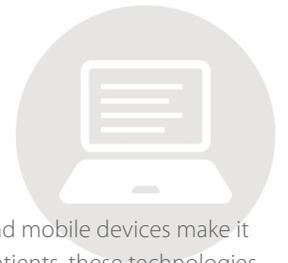
Some of the resources are intended to support doctors with decision-making in the prescribing process, and some of the resources and community links are for doctors to provide to patients on alternative pain management strategies. Learn more at www.divisionsbc.ca/provincial/painmanagement.



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Technology in practice: is it delaying patient care?



While electronic medical records (EMRs), printers and scanners, and mobile devices make it easy and fast to access health information for doctors and their patients, these technologies can also create some challenges. Many doctors know the frustrations that come along with relying on technology in practices.

With the slightest interruption to technology in a doctor's practice, patient care can be significantly disrupted, and doctors can be delayed from seeing their patients. Doctors and their team can experience issues with loading patient files, saving appointments, or printing prescriptions because their computers are taking longer to start or their networks are slower to respond.

It can be trying to navigate technical interruptions in the moment. It is also challenging to troubleshoot the root cause for a permanent solution. Performance issues can arise from incorrectly configured or installed networks or equipment with the practice or within the network provider, or within the EMR datacentre. Recent updates and upgrades by Microsoft and Apple might also impact technology performance. These updates and upgrades may be saturating the network and draining system resources that could be allocated to other software, such as EMRs.

To reduce impact during business hours, doctors are encouraged to control the upgrade and update process when possible and consider these options:

- Delay/defer updates by modifying the option from the Windows 10 setting app.
- Download the upgrade/update image for offline installation.
- Enable changes to occur after hours by leaving computers on overnight (be sure to turn off any option that may put the computer to sleep).
- Control other software updates.
- Consider impact of portable devices, which may automatically update when connected to the network.
- Turn off unnecessary applications.
- Reduce the number of open browsers.
- Update laptops at home before connecting devices to the clinic network.

Two types of technical networks in a practice:

Local area network (LAN):

Links in-practice systems, such as computers, printers, scanners, tablets and phones, together.

Wide area network (WAN):

Connects in-practice systems to external services, such as the Internet.

Physicians are encouraged to first contact their local IT provider for technical support. And, for additional troubleshooting tips and information, e-mail Doctors Technology Office at dtotechsupport@doctorsofbc.ca or visit www.doctorsofbc.ca/doctors-technology-office.

Jointly funded by the General Practice Services Committee and Specialist Services Committee, Doctors Technology Office provides centralized technical support to physicians and partner programs.

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The GPSC strengthens full-service family practice and comprehensive patient care in BC with its programs and initiatives. For more information, visit www.gpsbc.ca.