GP Update

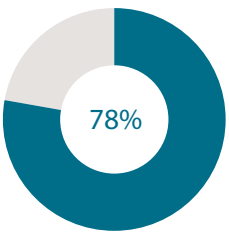
GPSC
General Practice Services Committee

A QUARTERLY NEWSLETTER FROM THE GPSC

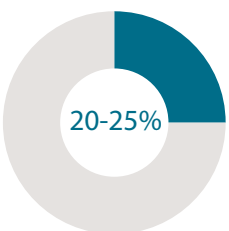
WINTER 2017

Family doctors and dietitians collaborate to support patients in Abbotsford

A pilot project undertaken by the Abbotsford Division of Family Practice demonstrated the valuable role that registered dietitians can play in primary care teams. After identifying that approximately 38,000 patients, which is 27% of the community, suffered from diet-related chronic diseases such as diabetes and hypertension, Abbotsford Division launched a pilot project to provide 10 primary care clinics in its community with access to registered dietitians for a 19-month period.



Patients surveyed made positive health changes after seeing a registered dietitian.



Family doctor visits are for nutrition-related conditions.

Implemented between September 2015 and March 2017 in partnership with Fraser Health Nutrition Services, the project involved four part-time dietitians (full-time equivalent to 1.0) providing service to approximately 730 patients of more than 30 GPs. The project had a positive impact on patients across the dietary spectrum with healthier weights being achieved by both overweight and underweight patients. Feedback from patients surveyed was overwhelmingly positive, citing key benefits such as shorter wait times, one-on-one nutritional counselling, and ongoing support in setting realistic, achievable goals.

Dr Caroline Cook, one of the participating physicians, shared a clinical example of a young underweight 17-year-old patient with a history of dietary challenges and failed treatments. The patient had a very low BMI, was consistently missing school, and "would not go to an eating disorder clinic in the city and would only agree to come to my practice." After introducing the patient to an onsite dietitian the patient visited the office every two weeks. The dietitian frequently checked in with Dr Cook to discuss concerns and process. Dr Cook reported that her patient is "stable, has gained weight and is now doing really well. She's 18 and graduating from high school this year."

Another example of patient success was when one 65-year-old sedentary woman diagnosed with diabetes, hypertension and struggling with post-retirement depression began seeing the dietitian at her local doctor's office. Under the dietitian's guidance she was able to transition to a healthier diet and increased her activity level. She even had the opportunity to fulfill one of her dreams of joining a competitive dragon boat racing team, and won a gold medal.

The Abbotsford Division of Family Practice's pilot project demonstrated a team-based approach to care that enabled providers to effectively support patients as well as each other. In addition to the positive patient feedback, the participating physicians appreciated the amount of time saved counselling patients with complex health challenges, and the ease of access to the dietitian. Currently, the Abbotsford Division is looking into new ways of evaluating the work to demonstrate sustainability and prove its business case so these learnings can be integrated into its next project.

what's **inside**

Update: Primary Care Networks

In the fall, the Ministry of Health refreshed its policy paper on primary care. In the refreshed policy papers, the government has officially changed the name of primary care homes to primary care networks (PCN). This change, in part, is in response to feedback from patient focus groups and from physicians about the duplication of the word "home" (shared with patient medical homes). This official change reflects the language already being used in communities. The general direction of the ministry's policy hasn't changed and is consistent with the foundational work being done with partners locally.

Improving provincial linkages with local and regional partners

At its October meeting, with input from health authority and division representatives at the table, the GPSC committed to make two important operational changes.

- The committee will decrease the frequency of its meetings from eleven to five times a year, effective after the November 2017 meeting.
- As of early 2018, the committee will adjust its approach to member representation at Collaborative Services Committees (CSCs) and Interdivisional Strategic Councils (ISCs), with each health authority region assigned a team of three representatives: a representative from both Doctors of BC and the Ministry of Health, as well as a senior GPSC support staff member. (While some divisions have had a consistent GPSC representative, currently half of CSCs do not have one.)

These changes are intended to:

- Ensure CSC and ISC partners have regular support and advice from the GPSC, as well as to better enable two-way communication and a more fulsome GPSC role at CSCs and ISCs, as needed.
- Enable GPSC members to dedicate necessary time to the work that happens outside of regular committee meetings, including governance functions, working groups, and task groups.

For questions or comments, please contact the GPSC (**gpsc@doctorsofbc.ca**).

SOS doctors lighten workloads and optimize scope of their team members

Keremeos family physicians recently tackled some workflow inefficiencies affecting practice operations and patient care, with amazing results.

They made efficient, practical changes through the coaching and guidance of the Practice Support Program Advanced Access/Office Efficiency series, supported by the SOS Division of Family Practice and a local MOA peer mentor.

"We offered protected time to work out details that would lighten workloads, and make sure office staff and physicians were working within the scope of their roles," explains Wendy Boyer, PSP Coordinator for the South Okanagan Similkameen.

"Working with Wendy and Rob was an absolute pleasure," says Dr Johan Boshoff. "We have benefited from their facilitation experience in identifying the varied issues at our clinic. This has greatly improved our clinic efficiency, workplace atmosphere and overall enjoyment in our employment."

At the beginning, South Similkameen Health Centre physicians and multidisciplinary team members attended an evening learning session, which included confidential team discussions, process mapping, and problem and solution identification.

PSP offers physician-led group training sessions in nine key clinical areas of care.

- Adult Mental Health
- Advanced Access/Office Efficiency
- Child and Youth Mental Health
- Chronic Disease Management
- COPD/ Heart Failure
- End-of-Life
- Group Medical Visits
- Musculoskeletal
- Pain Management

"The physicians and team were so dedicated to making improvements," says Boyer. "All attended the planning meeting, and expressed 100 percent buy-in for change."

This led to an office work plan that prioritized improvements ranging from scheduling/work flow, attaching patients, EMR panel updates, EMR user-training, communications, and setting aside dedicated time for rapid access patients. "Being able to see patients expeditiously with Advanced Access built into every day has helped to be of service, and improve patient satisfaction without compromising being relatively on-time," says Dr Mark Baillie.

"The whole journey was very practical and it was enlightening to get input from other offices," says Dr Marina Louw.

Improvements to clinic workflow also made it easier to cope when locums and an LPN were added to clinic operations.

To participate, contact your PSP Regional Support Team:

- **Fraser Health:** PSP@fraserhealth.ca
- **Interior Health:** julie.davenport@interiorhealth.ca
- **Northern Health:** Liana.Doherty@northernhealth.ca
- **Vancouver Coastal:** pspsupport@vch.ca
- **Vancouver Island Health:** RSP@viha.ca

New fees and changes better support doctors, including team-based care

Many GPs are working in practice teams to increase capacity for themselves and their practices. To support this approach, and in response to physician feedback through the GPSC visioning consultations, the GPSC has simplified and aligned some of its incentive fees.

"The new fees are easier to understand, more consistent, better support team-based care, and aim to provide access to quality primary medical care for more patients in BC," says Dr George Watson, Incentive Program Working Group Co-Chair.

Many of the updated GPSC incentive fees enable physicians to delegate to a College Certified Allied Care Provider (ACP) or medical office assistant (MOA) to perform duties that were previously initiated by doctors. The new GP-Patient Email/Text/Telephone Medical Advice Relay fee (G14078) allows physicians to delegate communication with patients to MOAs or ACPs, which increases patient access to medical information and leaves physicians more time to focus on complex issues.

For example, a patient visits her doctor's office, provides a urine sample, and is prescribed an antibiotic. The next day, the doctor receives the culture results and realizes the bacteria is resistant to the antibiotic that was prescribed. Instead of the doctor having to call the patient directly, with this new fee, the doctor is now able to have an MOA call, text, or email the patient to relay information.

Additionally, the GPSC Chronic Disease Management incentives (G14050, G14051, G14052, G14053) have been amended to allow a College Certified ACP to provide one of the two required visits, which would be indicated by billing the new Allied Care Provider Visit incentive (G14029). Requests for urgent telephone advice initiated by an ACP are now eligible under the GP with Specialty Training Urgent Telephone Advice fee (G14021).

"All of this enables more opportunities for physicians and ACPs to connect with their patients and each other," says Dr Watson. "This will also help to improve patient access to care."

For example, the mental health management fees (G14044-48) have been updated to allow delivery of care via videoconferencing, which previous fees did not allow. The Planning Visits for Complex Care G14033 and G14075, Mental Health G14043, and Palliative Care G14063 have also expanded to enable College-certified Allied Care Providers working within the practice to undertake appropriate non-face-to-face planning tasks.

"With greater flexibility in the provision and delivery of care, doctors and their patients can save time," says Dr Watson. "Having more time available can increase practice capacity and, ultimately, patient access to longitudinal care."

For the related GPSC billing guides and to learn more about these and other fee changes, visit **gpscbc.ca**.

Supports and resources: mental health and substance use

Many divisions around the province are working with partners in their communities on projects to support the care of patients with mental health and substance use issues. Through this work, a wide range of materials have been created for patients and physicians, including emotional wellness handouts, resource lists, presentations, referral forms, and lists of signs and symptoms that can help patients (or their friends and family) identify when they might need help. For more information, visit **divisionsbc.ca**.

Twenty-five divisions are also engaged in projects focused on MHSU for children and youth in partnership with Local Action Teams of the Child and Youth Mental Health and Substance Use (CYMHSU) Collaborative–a provincial initiative supported by the Joint Collaborative Committees of Doctors of BC and the BC government. Learn more at **sharedcarebc.ca**.

The GPSC's GP Mental Health Planning Fee (G14043) is payable upon the development and documentation of a patient's mental health plan for patients residing in the community. To bill for this code, a care plan must have been created, the patient must have an eligible mental health condition as per Appendix 1 of the Mental Health Fee Guide; and the patient must have a severity level and acuity level that warrants the development of a care plan. For more information, refer to the GPSC's mental health billing guide at **gpscbc.ca**.

In addition, the GPSC's Practice Support Program (PSP) offers two physician-led group education sessions to help doctors provide mental health care: Adult Mental Health and Child and Youth Mental Health. For more information, visit **pspbc.ca**.

Save the Dates

JCC Champions of Change: February 2018

The Joint Collaborative Committees, representing a partnership of Doctors of BC and the BC government, are working with the BC Patient Safety Quality Council to present a pre-Forum event called "Champions of Change" on February 21.

Physicians and other health care professionals will share successful work and emerging ideas, and all participants will have the opportunity to both teach and learn from one another to support a shared culture of care. Together they will look at solutions to expand and sustain health care improvements, and learn from successful change initiatives that include a focus on team-based care in order to support patient- and family-centred models of care.

To register and to learn more, visit **https://qualityforum.ca/champions-of-change/**

BC Rural Health Conference: May 2018

Rural Coordination Centre of BC (RCCbc) is hosting the 2018 BC Rural Health Conference in Nanaimo, BC on May 11-13. The conference (formerly RECC conference) is an annual CME/CPD event that brings together BC's rural health care learners and practitioners for learning sessions in rural medicine, emergency medicine and office practice topics as well as hands-on workshops and networking.

Designed by rural physicians, this event is facilitated and taught by BC physicians and provides practitioners with the opportunity to share knowledge, update and/or learn new skills, and to discuss cases within a larger group to facilitate learning and support.

The BC Rural Health Conference is hosted by and is supported by the Joint Standing Committee (JSC) on Rural Issues, along with a number of sponsors. For more information, visit **rccbc.ca**.

Understanding your patient panel

BC family doctors are working to improve services for their patients with the patient medical home (PMH) model of care. As part of their PMH journeys, more than 400 doctors have improved the quality of their patient data using PSP's new Understanding Your Patient Panel tool. This tool supports doctors in managing their patient panels so that they can use the data to inform planned, proactive care.

So far, doctors who are using the assessment have:

- Decreased by 25% the number of patients listed as active but unseen, so that doctors can now have patient registries that accurately reflect active patients.
- Improved disease documentation by five percent by improving use of disease codes rather than text documentation, so that doctors can have accurate patient registries.
- Improved representation of disease prevalence by more appropriately classifying patient conditions, with the top five most improved areas including: hypertension, depression, diabetes, anxiety, and osteoarthritis , so that doctors can now proactively monitor and meet patient needs.

Physicians and MOAs can receive compensation for much of their time spent on understanding their patient panels. With the support of PSP's Regional Support Team (RST) coordinators, doctors and their MOAs can use the panel assessment tool to update their patient information to better understand their patient population, create registries of patients with complex care needs, and identify needs of the patient registry. The tool helps:

- Improve day-to-day clinical and practice workflows, such as:
  - Enabling easy tracking of CDM billings.
  - Helping identify patients who quality for incentive billings.
  - Assigning generic care plans to patient panels.
- Enrich doctor experience, such as:
  - Helping ensure patients are getting appropriate care.
  - Identifying patients with similar conditions and care needs.
  - Supporting succession planning.
  - Assigning PSP learning module tasks to patient charts.
- Enable better access to care and services, such as:
  - Supporting working with other family doctors and in multidisciplinary teams.
  - Providing patients with continuous care across primary care providers in practice.
  - Providing patients with comprehensive care that reflects their needs.

This assessment tool is currently available on Intrahealth, Med Access, Wolf and Osler EMRs.

To participate or to learn more, contact your RST.

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GP Update is produced by the General Practice Services Committee (GPSC), one of four joint collaborative committees that represent a partnership of the government of BC and Doctors of BC.

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