

General Practice Solutions

A Quarterly Newsletter from the GPSC

Match-making between retiring and new-to-practice doctors gives patients uninterrupted care

As part of the provincial A GP for Me initiative, local divisions of family practice are working on a variety of strategies to prevent patients from losing access to primary care when a doctor retires.

Many young family doctors set out on their careers to get experience and eventually join a larger practice that integrates a multi-disciplinary approach to care.

By matching new-to-practice doctors with retiring GPs, and providing them with business coaching and supports to start and build a practice, the Vancouver Division of Family Practice is giving young doctors confidence to take over existing practices from retiring physicians.

Dr Ruchika Shukla had worked as a locum in Dr Norm Stanley's practice on several occasions. Like many physicians nearing retirement, Dr Stanley faced the prospect of closing the practice, leaving 1400+ patients without a family physician.

In 2014, the Division started its A GP for Me work to proactively support family doctors planning to retire. It included a review of patient panels to determine who would need supports first, or otherwise face declining health without a regular GP.

Through focus groups with both retiring and new-to-practice doctors, the Division's A GP for Me Project Implementation Manager, Rose Gidzinski, identified that Dr Shukla might be an excellent candidate to prototype their first match with a retiring doctor's practice. Dr Shukla was already familiar with Dr Stanley's patients, many of whom were elderly.

Initially, Dr Shukla was reluctant to take over a family practice on her own. She wanted to work in a practice with other doctors. She had no experience running a business or managing employees. With a new baby on the way, she was concerned about work-life balance and her financial future.

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Fee code billing requirement changes

On August 1, the GPSC revised billing requirements for several of its fee codes. In part, these changes came about as a result of feedback from Patterns of Practice and the Billing Integrity Program/Audit. As well, changes were needed to align the rules of the older GPSC incentive codes with the attachment incentive codes.

To address these issues, the billing requirements have been adjusted in an attempt to bring clarity, alignment, and coordination to the GPSC incentives.

The adjustments affect documentation and timing requirements, condition-based payments, and eligibility. In addition, there are new CDM fee codes for doctors using APP funding. These new codes are effective August 1st and are retroactive to January 2015.

For details about these changes, please visit www.gpsc.bc.ca.

"Providing young doctors with guidance about basic business principles, and working through the barriers of starting and running a successful practice seems to be working."

—Ms Rose Gidzinski

MEET THE GPSC



Dr Joanne Young

Dr Joanne Young is a family physician in Vancouver. One of four partners in a full-service family practice, she also provides geriatric outreach to Downtown Eastside hotels through the Strathcona Mental Health Team and works with BC Women's Sexual Assault Service.

Joanne completed her medical degree at McMaster University and her residency at the University of British Columbia, where she also completed a fellowship in geriatrics and palliative care. Joanne also holds an undergraduate degree in biology from Trent University.

Joanne was President and a board member of the Society of General Practitioners of BC (SGP). Currently, she is one of the SGP representatives to the GPSC, where she is part of the Workplan, Pathways, and A GP for Me working groups. Joanne also sits as a District Three delegate to the Doctors of BC board and is CEO of the Hillman Medical Education Fund.

When not at work, Joanne enjoys BC's natural beauty with her family in one of their three remote cabins.

Doctors leading change, shaping the future

More and more doctors are taking on leadership roles in their practices and communities. Since 2011, the GPSC has been supporting these efforts by offering the Leadership and Management Development Program (LMDP), through the Simon Fraser University's Beedie School of Business. The focus of the program is helping doctors develop the skills required to have an impact as practice leaders.

More than 120 family doctors from across the province have graduated from the program, gaining a broader understanding of leadership, as well as learning about governance, strategy, engagement, innovation and change. Five groups have completed the program which is extremely popular and always has an enrollment waitlist.

"I had heard very good things from other past participants," says Dr Connie Woo, a graduate of cohort five and Board Director with the Nanaimo Division of Family Practice. "I was very excited to learn and be a participant. This program was transformational."

With its valuable insights and learnings, the LMDP is a customized 10-day program designed to complement and integrate existing GPSC activities and programs, like the Practice Support Program. It aims to align with doctors who are involved in, or aspiring to, leadership roles with their local division.

"I wanted to be able to have the tools to make change," says Dr David May, a graduate of cohort five and Director with the Powell River Division of Family Practice. "We are working with some really smart people who can do some real good."

As leadership and management responsibilities are increasing for many doctors, the program learnings have immediate application and provide long-term benefits. Doctors learn about managing resources, making decisions, solving problems, fostering relationships, and implementing clinical and systematic improvements. Doctors build common ground and language with one another, and, in time, throughout local divisions and other GPSC initiatives.

Graduating with renewed confidence, participants can use the real and practical leadership and management lessons to take action and inspire and facilitate change.

Dr May says he is excited to have the ability to make a difference within his division with his new learnings. And, likewise, Dr Woo is energized at the opportunity to influence change. "We can inspire change and that change is possible," she remarks. "We can be a part of it."

The executive learning experience is a key place for stakeholders from around the province to not only learn together, but to also build relationships, support each other, solve shared problems, and set the foundation for new innovative ideas to enhance primary care in BC.

“One of my greatest learnings from this program has been seeing the power that this group of people has in influencing system improvement,” shares Dr Woo.

With a richer understanding of how local decisions and transformations can have a positive, collective impact across the province, doctors are leading change that improves primary care.

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With supports from the Division’s attachment team, Dr Shukla gained skills and confidence to take on Dr Stanley’s practice. Together they worked on key aspects of taking over a business; assisting with hiring legal assistance for incorporation, obtaining a business license, negotiating a lease, planning human resources and training for billing.

There were practical considerations too. A clinic facelift created a fresh, inviting environment. Valuable clinic space was freed up by scanning patient files to EMR, making way for future examination rooms and physician associates.

“Young physicians aren’t trained in business,” says Ms. Gidzinski. “We are having these conversations now with dozens of young physicians whom we’re assisting in trying to place and connect with another 17 retiring doctors.”

“Providing young doctors with guidance about basic business principles, and working through the barriers of starting and running a successful practice and business seems to be working.”

Dr Stanley stayed on for several months, mentoring Dr Shukla and supporting a smooth transition for patients, including those who needed special tending during the handover period. Dr Shukla continues to work together with the Division team to build out the business model, and as a member of the Division, feels well-supported by a network of colleagues.

Today, the practice is thriving. Dr Shukla is taking on more patients and planning to grow with the addition of other doctors. “I’m even looking to add multidisciplinary care to my practice. Best of all, these patients still have a doctor, and I feel I am giving them good care,” she says.

Watch for more divisions’ examples in future issues. A GP for me is a joint initiative of the Government of BC and Doctors of BC aimed at strengthening the health care system by supporting the relationship between patients and family doctors.

MEET THE GPSC



Dr John Hamilton

Dr John Hamilton is Medical Director of Primary Care and Aboriginal Health for the Fraser Health Authority. He also operates a part-time family practice in Chilliwack, serves on several subcommittees of the GPSC, including the Residential Care Committee, the In-Hospital Care Program, Recruitment and Retention, and the Evaluation Committee, of which is he is co-chair, and provides support to five Collaborative Services Committees as a GPSC representative.

For the Fraser Health Authority (FHA), John also sits on the Aboriginal Strategic Steering Committee, the Information Management and Technology Committee, the Pathways Implementation Committee and the Interdivisional Committee (as co-chair).

John completed his medical undergraduate and family practice training at the University of British Columbia. For the first decade of his career, he split his time evenly between the emergency department and family practice in Chilliwack. He then took on an administrative role with the FHA. Before his current role, John served as Department Head of Emergency, then as Medical Director of Chilliwack General Hospital.

MEET THE GPSC



Dr Gary Mazowita

Dr Gary Mazowita is President of the College of Family Physicians of Canada. He serves as a Ministry of Health physician representative on both the GPSC and the Shared Care Committee and as the GPSC representative on Strategy for Patient-Oriented Research (SPOR). Gary is also a Clinical Professor in the Faculty of Medicine at the University of British Columbia.

Gary completed his medical degree and training at the University of Manitoba before running a full-service family practice in Winnipeg for more than 20 years. Over the years, he has done fly-in medicine, emergency medicine, prison health, obstetrics and residential care. His current practice focuses on in-patient geriatrics.

After relocating to Vancouver in 2003, Gary was head of the Department of Family and Community Medicine at Providence Healthcare in Vancouver until taking on his current role in 2014.

Speak up about how you want to practice

The GPSC visioning process has been in full swing since mid-July: hundreds of family doctors have spoken up about how they want to practice and care for their patients in the future.

After the first few weeks of the visioning process when the most significant primary care issues were identified, dialogue has been vigorous online at www.gpscvisioning.ca and at in-person meetings across the province. Many GPs are expressing their views, listening to the views of other physicians, and discussing them with the intent of creating a GP vision for the future of primary care in BC.

However, some GPs have not yet had a say. GPSC needs to hear a collective voice. Your input will help it influence policy, set priorities, and allocate its budget for the next three to five years. The results will impact you, your practice, and your patients.

The discussion platform at www.gpscvisioning.ca is open to GPs in BC to ensure the conversation is between GPs. You can join the digital dialogue one time, or many times, and for as much or as little time as is convenient.

It's a rare chance for you and all GPs to help define the most important issues and what would be the ideal practice environment for primary care. The report on visioning will not just sit on a shelf.

Instead, when the consultation process finishes at the end of September, the feedback received will be analyzed and summarized in a report. The GPSC will use this report as the foundation for supporting GPs in practice and for creating a GP vision for the future of primary care. That vision will be shared with members, health authorities, and health care decision-makers in government.

Family care is changing in BC and it will change with or without you. Don't count on others to speak for you. Have a say and help shape your future at www.gpscvisioning.ca.

**Your Voice.
Your Future.**

What matters to GPs?



gpscvisioning.ca

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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.gpsc.bc.ca.