

General Practice Solutions

A Quarterly Newsletter from the GPSC

Attachment mechanisms open doors for patients

Across the province, Divisions of Family Practice are introducing a variety of patient attachment mechanisms that make it easier for local residents to be matched with a family doctor, while effectively assisting physicians to take on new patients.

They are just one of the approaches that local divisions of family practice are taking to improve primary care as part of their work in the province-wide A GP for Me initiative.

In the communities of Chilliwack, Agassiz-Harrison and Hope, anyone without a primary care provider can just “call PAM” to start the process. PAM (patient attachment mechanism) is a dedicated phone line introduced last fall by the Chilliwack Division of Family Practice that serves as one primary care attachment entry point for the public.

The PAM coordinator – a Medical Office Assistant – takes information from callers. Depending on where they live, individuals may be matched directly to a GP or nurse practitioner (NP), or attached to the Chilliwack Primary Care Clinic (CPCC) where they receive services until they are ready for transition to a community family practice. Some patients with complex conditions may continue to receive ongoing services from GPs or NPs at the CPCC.

“We do all the background work to assess, stabilize and eventually transition patients to a community practice,” says Katrina Bepple, Programs Lead for the Chilliwack Division. “We’ve had really good feedback so far from GPs and NPs. By doing quick improvement cycles, we’ve worked hard to learn about what the providers want and respond to their needs, and we continue to streamline the processes,” she says.

Continued on page 3



A VARIETY OF SYSTEMS ACROSS BC ARE MATCHING PATIENTS WITH GPs.

PSP redesigning its service delivery approach to better meet doctors' needs

Doctors value flexibility. Health authorities promote creative solutions. Divisions want streamlined relationships.

Based on its partners' unique needs and insightful feedback, the Practice Support Program (PSP) has redesigned its service delivery approach. The collaborative approach aims to be more responsive to local needs and to enhance and integrate practice and quality improvement supports and services.

“The new PSP approach aims to offer more flexibility and deepened partnerships while continuing to enrich the quality of patient care,” says Dr Brenda Hefford, Executive Director, Practice Support and Quality, Doctors of BC.

Collaborative Planning — Planning for PSP services is being localized with new collaborative tables. These tables, which are already underway across the province, aim to better align service prioritization and delivery between PSP and divisions and increase partner collaborations.

“Local divisions and RSTs will decide together what the structure and representation of these collaborative tables should be to best suit the needs of the local community,” says Dr Hefford.

Continued on page 2

“By doing quick improvement cycles, we’ve worked hard to learn about what the providers want and respond to their needs, and we continue to streamline the processes.”

—Katrina Kemple

MEET THE GPSC



Dr Fiona Duncan

Dr Fiona Duncan chose a career in family medicine because it offered both variety and the opportunity to help others. With a bachelor of arts in history from the University of British Columbia under her belt, Fiona went on to earn her medical degree from UBC before completing her residency through McMaster University's Rural Family Medicine Program.

After doing a year of locums including in Vancouver's Downtown Eastside (DTES), in 2002, Fiona started her practice at Chaldecott Medical Clinic in Vancouver. At the same time, Fiona started working with the Vancouver Coastal Health in the DTES providing primary care, addictions, and hepatitis C treatment for 10 years. Her work earned an Excellence in BC Health Care Award.

In addition to her practice, Fiona is also a Clinical Assistant Professor at UBC's Department of Family Practice and a past Preceptor with the St. Paul's Hospital Family Practice Residency Program. While balancing her busy work schedule, Fiona returned to her roots in the humanities and earned a master of arts in liberal studies at Simon Fraser University.

A strong supporter of family medicine, Fiona is Vice Chair on the Vancouver Division of Family Practice's Board of Directors. She chairs the Division's Continuity of Care Committee and co-chairs the A GP for Me Working Group.

Province-wide representation on the Visioning Steering Committee

The GPSC is pleased to introduce the 12 members on its Visioning Steering Committee, which will be working to help the GPSC identify its priorities and plans for the next three to five years and to influence the future of primary care in BC.

The selection team chose the six physician representatives from 25 nominees submitted by the divisions. The methodology employed for candidate selection ensured equitable representation from the health authority regions and rural/suburban/urban geographies, and gave consideration to the physicians' length of time in practice, their skills, and their competencies.

Mark Armitage
Ministry of Health
Dr Shelley Ross
Doctors of BC
Dr Peter Barnsdale
Doctors of BC
Dr Jean Clarke
Society of General Practitioners of BC
Dr William Clifford
Prince George Division of Family Practice
Dr Renee Fernandez
Vancouver Division of Family Practice

Dr Lee Mackay
Kootenay Boundary Division of Family Practice
Dr Scott Markey
Chilliwack Division of Family Practice
Dr Annette McCall
North Shore Division of Family Practice
Shana Ooms
Ministry of Health
Petra Pardy
Fraser Health Authority
Dr Trudy Woudstra
Cowichan Division of Family Practice

For details on GPSC Visioning, visit www.gpsc.bc.ca.

PSP redesigning its service delivery approach — *Continued from cover*

Regional Support Teams — To better support the expanded delivery of PSP services, PSP expanded the provincial RST team and the role of the RST staff. As the day-to-day function of each RST will vary regionally, all RSTs will continue to support physicians with quality improvement activities, and now within the context of EMRs.

Mentorship — PSP is working to integrate its GP Champions network with PSP-TG's Physician and Medical Office Assistant Peer Mentors program. Currently, GP Champions primarily assist in module development and lead the delivery of those clinical modules to peers. Peer Mentors supported physicians with EMR implementation and post-implementation support. The integrated mentorship support will continue to offer peer-to-peer support for physicians across the province.

Small Group Learning Sessions — PSP is also redeveloping the purpose and scope of EMR User Groups, which were very well received in the community and redeveloping the purpose and scope of user groups as small group learning sessions. These sessions will create opportunities for discussions on clinical issues relevant to local physicians and using data for quality improvement and will build connections between RST or GP peer experts for in-practice coaching and support. PSP anticipates the small group learning sessions to be operational later this year.

"We know that physicians value peer learning and support," says Dr Hefford. "And PSP is committed to continuing to offer physicians increased opportunities to collectively address locally relevant quality improvement work."

As PSP continues to refine its integrated service delivery approach, please visit www.pspbc.ca for the latest news.

Attachment mechanisms open doors for patients – Continued from cover

“Over the past year to March 2015, we’ve attached 530 residents to primary care providers using our patient attachment mechanism. We’re filling a need that patients themselves identified with a simple, effective way to find a primary care provider.”

In BC’s interior, the Central Okanagan Division of Family Practice has partnered with Interior Health to help connect seniors with ongoing primary care through a Mobile Assessment Unit (MAU). Residents 65 or older without a family doctor can visit the MAU as it travels to local seniors’ centers. At the appointment, a doctor or nurse collects health information and attaches those with immediate needs to doctors who have capacity. Patients with no immediate needs may have to wait four to six weeks, a similar wait time to Chilliwack.

“Patients are extremely grateful for the service, and don’t complain about the wait,” says Leslie Godwin, Project Manager for the Central Okanagan Division.

After introducing the MAU to the community in November 2014, the Division monitored early public response and took time to make improvements to the model before advertising widely. In its initial months to March 2015, the MAU served to attach 184 seniors to GPs, with assessments more than doubling since the new year alone. With increased public advertising through the spring, the MAU continues to get busier.

The response from Okanagan family doctors is positive too. The system allows for a better match of patients with physicians who have indicated they have capacity for relatively healthy patients or those with more complex conditions. Physicians can go on or off the availability list as their capacity ebbs and flows.

“Physicians who are stretched and have limited capacity are more willing to open the door when they can get neatly-packaged information and a patient has been triaged ahead of time,” says Godwin. “It’s so much easier for GPs to attach a patient when they get quality information in a way that works for them.”

“If we can help physicians to open their door a crack – to take one or two patients each – that can be a lot of capacity created in a community.”

Watch for more examples of divisions’ A GP for Me work in future issues of this newsletter, and at www.agpforme.ca. 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.

ATTACHMENT MECHANISMS ACROSS BC



MEET THE GPSC



Eric Bringsli

A chartered accountant by training, Eric Bringsli provides a unique perspective to the GPSC and enjoys collaborating with physicians to enhance our health care system. Eric has a keen interest in primary care which developed over his more than 13 years in the health care industry. Currently, he is Director, Primary Health Care Strategic Initiatives for the BC Ministry of Health and sits on the Community Paramedicine Advisory Committee.

In addition to his accounting designation, Eric holds a bachelor of commerce in accounting and management information systems from the University of British Columbia. Prior to entering health care, he worked in the resource industry, manufacturing, and on large construction projects which together took him to locations like Indonesia and the Russian Far East. Before his current role at the Ministry, Eric worked with the Physician Compensation Branch and supported the Specialist Services Committee.

In his personal time, Eric helps care for his four children and undertakes various do-it-yourself projects that his wife hopes will not devalue their house.

MEET THE GPSC



Dr Peter Barnsdale

Dr Peter Barnsdale runs a full-service family practice in Mission. Peter's medical training began in the United Kingdom, where he trained as a nurse before entering medical school.

Peter is a strong believer in empowering physicians to optimize patient care. In addition to serving on the General Practice Services Committee, Peter sits on the board of Doctors of BC. He was instrumental in establishing the Mission Division of Family Practice and continues to serve on its board of directors.

Peter has undertaken medical leadership training and as Regional Department Head of Family Practice at the Fraser Health Authority, he oversees the privileging process for family doctors working in hospitals in the region.

Peter enjoys BC's natural beauty through a variety of outdoor activities, as well as spending time with his family.

Evaluation: a key tool for success

Evaluation helps us learn about many aspects of health care initiatives including: what works, what is difficult to implement, and how to improve or change processes and outcomes. With information on improved patient and provider experience and improved population health, the GPSC's emphasis on evaluation is a tremendous benefit to BC physicians.

This is why the GPSC is strengthening its commitment to robust evaluation. The Committee established Evaluation as a core program area with dedicated staff and expertise. And, outcome measurement and evaluation are fully embedded in all GPSC initiatives.

Dr Garey Mazowita, member of the GPSC and President of the College of Family Physicians of Canada, explains, "Evaluation provides doctors, funders and our partners with vital big picture feedback about the work we are doing on the ground. When you look at the innovations being led by doctors in practices and communities across BC, evaluation and measurement are important tools to help us demonstrate the collective impact we are having on the delivery of patient care. Evaluation requires energy, and our various initiatives need not only to include evaluative components, but must acknowledge the time and effort required to do the work in much the same manner as occurs with the clinical care and processes being evaluated."

Physicians in clinical practice have an integral role in evaluations. "By participating in surveys, focus groups, meetings and other means of providing feedback, BC doctors have a significant opportunity to influence planning and decision-making about how health care resources are allocated," adds Dr Mazowita.

Did a project achieve what it intended? What are the long-term needs of this sub-population? Results from evaluation answer questions like these, and more. For example, the evaluation of A GP for Me is being conducted by local divisions as well as at the regional and provincial levels. It will measure the effects and impacts of the initiative on primary care across the province and provide valuable insight for continued improvement.

Evaluation is structurally important for divisions as it provides organizational strength and can be used as an internal engagement tool. By understanding what aspects of an organization's operational processes are fundamental to initiating and maintaining improvements, these structural components can be better understood and utilized. The products of evaluation are valuable for engaging staff around what and why aspects of a project or initiative worked and how this information can be best applied in an ongoing manner. Evaluation allows divisions to use the collected data and stories to illustrate their successes and to implement evidence informed decision-making.

As the GPSC and its partners continue to work together toward the Triple Aim, evaluation is an essential cornerstone to demonstrating accountability, effectiveness and outcomes – all essential contributors to ongoing innovation in health care. Physicians are encouraged to participate in upcoming evaluation opportunities.

For more information, visit www.gpsc.bc.ca.

Doctors of BC Communications
Ranjit Sundur, Editor

Suite 115 – 1665 West Broadway
Vancouver, BC V6J 5A4

T: 604.736.5551 F: 604.638.2920

www.doctorsofbc.ca

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.