

General Practice Solutions

A Quarterly Newsletter from the GPSC

Practice Support Program and Divisions of Family Practice showcased at national conference on best practices for primary health care

The GPSC's Practice Support Program (PSP) and Divisions of Family Practice have been singled out as best practice examples by the Canadian Health Services Research Foundation (CHSRF) at its recent national gathering of health care leaders and policymakers in Montreal, *Picking up the Pace: How to accelerate change in primary healthcare*.

"We have proven to the British Columbia medical community and policymakers that our programs are making family practice better for patients and practitioners, but it is even more of an honour to now share our innovations nationally," said Dr William Cavers, co-chair of the GPSC. "By learning from our programs, other provinces may be able to match stats like ours that show higher professional satisfaction among family physicians compared to just 10 years ago, and that patients who have a strong relationship with a family physician experience better health outcomes. On top of that, we are seeing increasing enrollment in family practice at our provincial medical schools."

The CHSRF is an independent, not-for-profit corporation that promotes the use of evidence to strengthen the delivery of health services for Canadians. The foundation's 2-day event highlighted innovations in primary health care from across Canada, selected by an expert committee, and focused on sharing the successes and challenges of implementation to enable their possible adaptation in other parts of Canada.

The GPSC presented its two programs in the following ways:

The PSP: An example of how to improve access, efficiency, and clinical care by focusing on elements such as prevention and office practice redesign.

Started in 2007, the PSP offers focused training sessions for physicians and their medical office assistants to help improve practice efficiency and to support enhanced delivery of patient care. Training session topics include changing patient scheduling, holding group medical visits, managing chronic disease, and

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BILLING GUIDE HIGHLIGHT The Mental Health incentives

In the past when patients presented with depression or other mental health concerns, I would try to determine the seriousness of their symptoms and uncover factors related to their mental state. I'd then make a diagnosis and determine a therapeutic approach that might include referral to a psychiatrist, psychologist, or other local mental health program, though these resources often weren't available or affordable. Without effective tools or adequate time to help these patients, I often prescribed medications. These limitations, along with inadequate remuneration for the time and effort required to deliver the quality care needed, made this important part of my clinical practice extremely frustrating.

New fee codes and treatment options have improved my patient care

By incorporating the GPSC-supported Mental Health incentives and the Practice Support Program (PSP) Mental Health learning module tools and resources into my practice, I am

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— Dr William Cavers, GPSC co-chair

The Community Healthcare and Resource Directory (CHARD) continues to grow

The Community Healthcare and



Resource Directory (CHARD) is a secure web site for physicians containing referral information on health care practitioners and services in BC. Funded by the GPSC, CHARD launched in April 2010 and already has almost 700 users registered to access this no-charge service.

Today CHARD has approximately 12 000 mental health and addiction listings; by early 2011 this list will expand to include services and practitioners working in the fields of cancer, cardiac, musculoskeletal, neurodegenerative, palliative, renal, and respiratory treatment, as well as every specialist physician in the province.

Discussions are now underway regarding providing CHARD information directly to GPs via their Electronic Medical Record systems. This would further increase the ability of GPs and medical practices to streamline their referrals and to find the right solutions for patients.

Look for the CHARD team at local primary care forums, Practice Support Program learning sessions, and selected conferences. Remember to stop by the CHARD booth at the upcoming St. Paul's CME conference, or go to info.chardbc.ca for information on signing up and using CHARD in your practice or to provide feedback about the web site.

CASE STUDY

Practice innovations in mental health improve patient and doctor satisfaction

Like most family doctors, Herman Keyter of Valemount saw many patients dealing with mild to moderate depression, but his ability to help these patients depended more on referrals and medication than he'd have liked.

But now, Dr Keyter is armed with new tools to help him manage mental health situations that allow him and his patients more control over their treatment.

Dr Keyter now follows the protocols set out in the Mental Health module from the GPSC, a partnership between the BC Ministry of Health and the BC Medical Association. GPSC supports doctors by developing and implementing practice innovations like the Mental Health module, as part of its Practice Support Program, that improve job satisfaction for family physicians and primary health care for patients.

"I've always tried to help patients with mental health problems, but now I feel I have the tools to deal with the whole patient in a more patient-centred way."

— Dr Herman Keyter

The module for mental health enables general practitioners like Dr Keyter to screen their patients more thoroughly for mental illness and diagnose conditions that were previously more difficult to detect. The program includes common screening scales, a diagnostic assessment interview tool, a tool for organizing patient issues, a cognitive-behavioural skills program, and a patient self-management workbook.

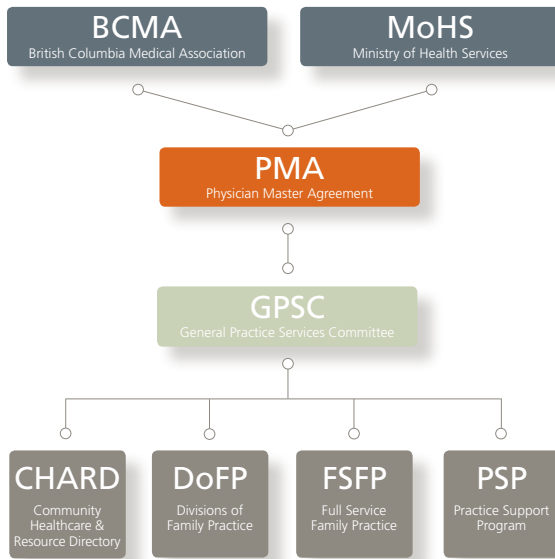
"The module provides a structure to my work with patients who have mental health issues and adds an extra dimension to the treatment," says Dr Keyter. "With a process in place, including worksheets for me and the patient, there is much less frustration for both of us."

Taught by other family doctors, termed "GP champions," the mental health program helps physicians develop a care plan that incorporates cognitive-behavioural, interpersonal, and problem-solving skills in real office time. A child and youth component will be launched later this year.

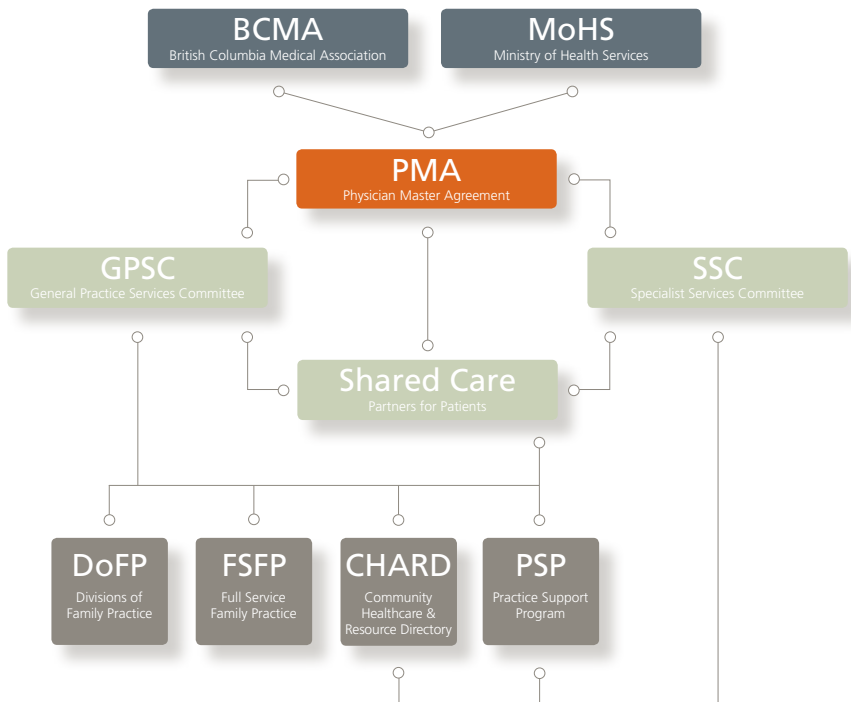
Jeanette (who asked that her last name not be used) has been through several programs to deal with her depression but is very happy with her current treatment from Dr Keyter.

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General Practice Services Committee Structure



Physician Master Agreement Program Structure



Practice Support Program and Divisions of Family Practice showcased at national conference on best practices for primary health care – Continued from cover

helping family doctors deal more effectively with patients experiencing mental health challenges. New sessions on the palliative approach to care for patients nearing end-of-life will be available in early 2011.

Divisions of Family Practice: An example of primary health care governance practices.

The Divisions of Family Practice initiative is the first of its kind in Canada—an innovative program designed to increase family physicians’ influence on health care delivery and policy and to provide personal and professional support for physicians.

Divisions are community-based affiliations of family physicians working together to achieve common health care goals. As of November 2010, there are 18 Divisions of Family Practice in BC that encompass 68 communities. The initiative is founded in the belief that communities are best served when the health of all residents is improved.

For more information on these programs, visit www.gpsc.bc.ca or www.divisionsbc.ca.

CASE STUDY—Practice innovations in mental health improve patient and doctor satisfaction – Continued from page 2

“It’s easier for me to do appointments with him,” she says. “It’s much more personal, and I prefer the one-on-one. He’s my doctor, and he knows a lot of my situation and how to work with me. And he is so compassionate. He could be a counselor.”

Jeanette also likes getting new worksheets at each appointment with something for her to work on or a list of resources. “Being able to write things down and go through it with Dr Keyter face-to-face is wonderful,” she adds.

For Dr Keyter, the Mental Health module has not only meant more patient satisfaction but also more self-satisfaction.

“As my patients become empowered, I feel much less frustration with my practice,” he says. “I’ve always tried to help patients with mental health problems, but now I feel I have the tools to deal with the whole patient in a more patient-centred way.”

BILLING GUIDE HIGHLIGHT—The Mental Health incentives – Continued from cover

now able to spend more time interacting with these patients and have more resources to support my care.

Incentives for the development of a mental health care plan (GP Mental Health Planning fee 14043), extra counseling visits (GP Mental Health Management fees 14044, 14045, 14046, 14047, and 14048), supportive telephone/e-mail patient contact (GP Mental Health Telephone/E-mail Management Follow-up fee 14049), and community conferencing (Community Patient Conferencing fee 14016) have allowed me to be better compensated for spending more time caring for my patients with significant mental health conditions.

Some of these incentives specifically support coordinated care within my community:

- The community conferencing fee (14016) encourages me to share care of my patients with more complex needs with a psychiatrist or other mental health care professional.
- With a billed mental health care plan, the follow-up fee (14049) can also compensate my MOA’s time spent in support of these patients.

Also, by attending the PSP Mental Health module, I learned about new tools to help me better assess and more confidently treat these patients. To support my care, I often resort to readily available non-medication treatment options such as the *Bounce Back* program and the *Antidepressant Skills Workbook*, as well as the *Cognitive Behavioural Interpersonal Skills Manual* and the *Family Physician Guide*, which I learned to apply in the PSP Mental Health module.

My practice satisfaction and success with these patients have increased significantly. I now look forward to caring for my mentally distressed patients, knowing that I have more to offer them and will be better compensated for the time required to properly assess and treat them. My patient relationships have become more rewarding and I’m more excited about my medical practice.

—Dr Bob Bluman,
Family physician and Assistant Dean,
UBC Continuing Professional Development (CPD)

For more summaries of practice-changing clinical trials and tips, visit the UBC CPD web site This Changed My Practice at <http://thischangedmypractice.com/>.

For more information on the GPSC’s Mental Health incentives and PSP Mental Health learning module, visit www.gpsc.bc.ca.

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Formed under the 2004 Agreement between BC’s doctors and the provincial government, the GPSC is responsible for developing and implementing strategies that support improvements in primary care.

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