

General Practice Solutions

A Quarterly Newsletter from the GPSC

Improved access to family physicians promised by 2015

In June, Health Minister Kevin Falcon announced further progress in the redesign of the primary care model in this province. One element of this is the Attachment Initiative, funded through the GPSC. The initiative, called *A GP for Me*, aims to provide access to and benefits of primary care to all British Columbians, including those who may be hard to serve in traditional practice settings. Ultimately, the aim of this initiative is that by 2015, everyone in British Columbia who wants a family doctor can have one.

Achieving the goal of *A GP for Me* will require significant system redesign to better support and reward family physicians who are committed to delivering long-term care for their patients. Physicians in local Divisions of Family Practice will lead this work in collaboration with their partners, the GPSC, their Health Authority, and the Ministry of Health. Because the work will be done at the community level, this access may look different depending on the needs in that region.

Three Division prototypes have begun working on ways to provide access to a family physician for each citizen who wants one: Cowichan Valley Division of Family Practice, Prince George Division of Family Practice, and White Rock-South Surrey Division of Family Practice. Each prototype Division is in the process of hiring an Attachment Lead to manage the project, and planning and brainstorming sessions will take place throughout early fall.

Initially, the work will focus on assessing the strengths and weaknesses of access to primary care in communities, including higher-needs populations such as seniors, individuals with chronic illness, and those with mental health or substance use issues. Each participating Division will work closely with its regional health authority, municipality, and community groups to create locally appropriate, collaborative strategies to ensure that all residents of a community have access and deeper attachment to a primary care provider.

For more information, contact Mary Konkin, Provincial Attachment Lead, at mkonkin@bcma.bc.ca.

Rapid Access to Consultative Expertise (RACE) program expands

In June, Providence Health Care (PHC) expanded its Rapid Access to Consultative Expertise (RACE) program to provide family practice physicians, community specialists, and housestaff in the Vancouver Coastal Health region with access to telephone advice from PHC cardiologists, endocrinologists, respirologists, and nephrologists Monday to Friday, 8 am to 5 pm.

The RACE program, which began in February 2009 as a hotline between Vancouver Coastal primary care physicians and Providence Health Care cardiologists, now includes a broader range of specialists who provide timely guidance and advice regarding assessment, management, and treatment of patients.

Physicians can phone 604 696-2131 or toll free 1 877 696-2131 and provide information regarding a patient's condition and its apparent causes, background information related to the patient's condition, and a request for recommendations on how to proceed.

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"A GP for Me aims to provide access to and benefits of primary care to all British Columbians."

— Mary Konkin

MC4BC – bringing maternity care back into family practice

Maternity Care for BC (MC4BC) is helping to bring maternity care back into family practices. The program supports GPs and FPs who have dropped their obstetrical privileges to refresh and regain obstetrical skills and also supports additional training for graduating FP residents who want to incorporate obstetrics into their practice.

MC4BC funding covers income loss during training, a preceptor stipend, liability insurance, Neonatal Resuscitation Program training, and travel and accommodation during training.

Each qualifying physician is eligible for maximum funding of up to \$45 645, which may include the following:

- Training stipend to a maximum of \$30 744 (for income loss, provides compensation for two GP sessions per birth up to a maximum of 40 births).
- Preceptor stipend to a maximum of \$4000 (for up to 40 births in addition to preceptor's regular fee-for-service billings associated with births).
- Travel and accommodation allowance up to \$9500.

To be eligible, physicians must:

- Be registered and licensed by the College of Physicians and Surgeons of BC.
- Have obtained obstetrical privileges for the hospital where they train.
- Intend to practice in BC after training.

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Divisions of Family Practice prove contagious in BC

The Divisions of Family Practice initiative has gone viral in BC. There are 16 Divisions throughout the province that encompass 60 communities, and the pace of development has increased rapidly in 2010. "Divisions took 6 to 9 months to sign a Document of Intent last year; now, it takes perhaps 1 month," said Brian Evoy, Executive Lead of Divisions of Family Practice. "Once we had about eight Divisions, it became almost contagious. Doctors in new communities heard the initiative was a good idea so they were keen to get involved." Currently, more than 1900 family physicians—or 50% of family doctors in the province—are eligible to participate in their local Division of Family Practice.

At least 20 Divisions of Family Practice will be established by the end of 2010. Each community or region in the province where physicians wish to create a Division will have one by 2012. The current Divisions are:

Abbotsford	Ridge Meadows
Central Okanagan	Shuswap North Okanagan
Chilliwack	South Island
Cowichan Valley	South Okanagan Similkameen
Mission	Surrey-North Delta
Langley	Thompson Region
North Shore	Vancouver
Prince George	White Rock-South Surrey

Already, well-established Divisions have achieved some concrete results:

- Four divisions have created Hospital Care Programs, where family physicians take shifts to look after patients in-hospital, in addition to family physicians on call. The program strives to relieve pressure that family physicians feel when looking after their clinical practice while also looking after patients in-hospital. It also helps to provide care to unattached patients in hospital.
- Three Divisions have been selected as provincial prototypes for attachment. This initiative of the GPSC, called *A GP for Me*, strives to help improve access and capacity so that every British Columbian who wants one will be able to benefit from a strong, deeper relationship with a family physician, including those who may be hard to serve in traditional practice settings.
- Two Divisions are close to signing residential care service agreements.
- One Division has recruited nine new family physicians to the community, which was previously designated by the provincial government as badly needing additional practitioners.

The Divisions of Family Practice initiative is watched closely by the international community as well, as health care researchers around the world consider placing renewed emphasis—and funds—in primary care.

For more information about Divisions of Family Practice, visit www.divisionsbc.ca.



General Practice Services Committee

Practice Support Program keeps growing

Improving practice efficiency for specialists

A number of Practice Support Program (PSP) practice efficiency improvement learning modules are now being offered to specialist physicians in BC.

Specialists are now being offered modules on advanced access scheduling, improving office efficiency, and conducting group medical visits. These learning modules will continue through the fall and are open to all specialists and their medical office assistants.

Delivery of the modules is coordinated by the regional health authorities.

Train the trainer sessions

A number of training sessions will be held this fall and next spring to prepare provincial PSP physician practice leaders ("champions") for a series of new PSP learning modules being launched in the coming year.

The training sessions include:

End-of-Life (EOL)/Palliative Care

Chaired by Dr Cathy Clelland, this session, scheduled for 9 December, supports a new module for GPs on the palliative approach to care for patients approaching end of life. The module will provide training to help GPs identify these patients, assess their pain and symptom management issues, assist with advance health care planning, and ensure their referral to an appropriate program or community resource for EOL care. The primary focus is on patients with serious chronic conditions and progressively declining health.

Prescribing Safety and Quality

This session supports a new learning module focused on changing the culture of prescribing among physicians. Dr Keith White is chair of the working group developing the module.

Shared Care, with a focus on COPD

This session supports a new learning module about shared care between family and specialist physicians for COPD patients. The working group for this module is chaired by Dr Gordon Hoag and is developing a shared care referral, consult, and communication process for COPD patients that could provide a template for the shared care of other patients with chronic disease.

Child and Youth Mental Health

This session supports an expanded Child and Youth Mental Health training module, based on a prototype conducted at Killarney High School in Vancouver last winter. The prototype provided participating physicians with training and clinical tools for identifying, diagnosing, and treating adolescent depression. The need for improving the skills of GPs in this area is highlighted by statistics that show 6% to 8% of adolescents are affected by depression and that most adults who develop major depressive disorder experience their first episode of depression in their teenage years.

The PSP's Child and Youth Mental Health learning module will address anxiety, depression, ADHD, and other significant areas of mental health.

MC4BC – bringing maternity care back into family practice – Continued from page 2

MC4BC also provides up to \$400 for CMAA obstetrical insurance, and up to \$1000 for additional educational requirements.

The program runs until March 2012 or until all funding has been allocated.

For more information on MC4BC, contact Adrienne Darling at adarling@bcma.bc.ca or 604 638-2903; or visit www.gpsc.bc.ca/family-practice-incentive/maternity-care-bc.

Provincial learning session

The next PSP provincial learning session is scheduled for 10 December in Vancouver. These twice-yearly sessions provide ongoing support for PSP regional teams through information sharing and new materials.

The sessions also offer an opportunity for PSP regional support team members from different health authorities to learn what is being done and what is working in other areas of the province.

A particular focus for the learning session in December is increased training for medical office assistants.

For more information on these PSP learning modules and sessions, visit www.gpsc.bc.ca.

Patient Care flow sheets no longer available in print

Printed pads of flow sheets are no longer available. Copies of flow sheets can now be downloaded from the Guidelines and Protocols Advisory Committee (GPAC) web site.

Visit www.bcguidelines.ca/gpac/eligible.html for more information and access to guidelines and flow sheets for COPD, diabetes, heart failure, and hypertension.

Rapid Access to Consultative Expertise program expands – Continued from cover

Specialists then return calls within 2 hours and provide practical advice to callers on treatment plans for their patients. Calls average from 5 to 15 minutes in length.

The program enhances primary care physicians' ability to manage patients in their offices and provides learning opportunities, including a .25 CME credit for every call.

Participating specialists receive MSP remuneration for their participation.

Funded by the Ministry of Health Services and Shared Care, RACE is designed to increase access to specialists and improve communication and knowledge transfer between different care providers.

For more information on RACE, call 604 682-2344, extension 66522.

Billing Guide Highlight: The Complex Care Incentives (14033 and 14039)

The Complex Care Incentives compensate GPs for the management and coordination of care for complex patients who have chronic co-morbid conditions.

In recognition of the additional time and effort required to deliver quality primary care to patients with co-morbid conditions, these incentives are designed to remove the financial barrier to providing this care, encouraging primary care physicians to take on hard-to-place patients rather than seeing more patients with simpler clinical conditions.

“Cared about, not just cared for”

Because of the complexity of their conditions, most of my patients with co-morbidities require an annual complete physical examination. I've found it very useful to incorporate the development of a care plan for the year into these visits and use the Complex Care Incentives for this purpose.

Depending on the patient, I book 45 minutes to 1 hour as my last appointment of the morning. First I go over the patient's current concerns, do a functional inquiry, and then the physical exam. This takes about 20 minutes or so, and following this, the patient can get dressed and I let them know that I'll return to go over all the findings, results, and medications and to discuss a plan for his or her care for the next year.

Next we review everything, including the patient's wishes regarding resuscitation. We develop a plan that takes into account which community resources we need to involve, etc. If the patient has COPD, this is an ideal time to review or give them a COPD Action Plan as part of that complex care planning process.

After a pleasant 45- to 60-minute visit, patients tell me that they feel *cared about*, not just *cared for*.

I bill the complete physical fee, the annual complex care management fee (14033), plus any CDM fees that may be due at that time (14050, 14051, 14052, 14053). If I need to conference with an allied health professional about the plan (e.g., a home care nurse), I do so and then bill the community patient conferencing fee (14016).

I feel my efforts are valued and that my patients and I have a stronger doctor-patient relationship, and that's priceless.

— Dr Cathy Clelland,
*Family physician and Executive Director,
Society of General Practitioners*

For more information on the Complex Care Incentives, visit www.gpsc.bc.ca/billing-fees/complete-guide.

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General Practice Solutions is produced by the General Practice Services Committee, a joint committee of the British Columbia Ministry of Health Services and the British Columbia Medical Association.

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.

For more information, visit www.gpsc.bc.ca or www.bcma.org or contact **Adrianne Darling** at 604.638.2903 or adarling@bcma.bc.ca.