

General Practice Solutions

A Quarterly Newsletter from the GPSC

Physician engagement the GPSC way

“The success of the General Practice Services Committee (GPSC) programs depends on how effective we are at connecting with physicians to ensure they are aware of what’s available, that current programs meet their needs, and to learn more about what else they would like to have,” says Dr. Dan MacCarthy, Director of Professional Relations at the BC Medical Association and a GPSC member.

The GPSC has a number of programs and initiatives underway to improve primary care across BC and to enhance physician professional satisfaction. These include the Divisions of Family Practice, the Practice Support Program (PSP), a Family Practice Incentive Program, and others, with new programs and offerings being added each year.

“While information about these programs is available through a variety of sources, their overall success will come as a result of physicians becoming truly engaged in the programs that meet the specific needs of their practices and their patients,” says Tristan Smith, Physician Engagement, PSP.

Physician engagement—what it means, how it works, and effective methods—was the topic of a day-long meeting held in late 2009 in Vancouver. Its objective was to encourage BCMA, government, and health authority staff as well as physician leaders to truly understand how to support family physicians and to learn more about appropriate and effective ways to interact with and engage physicians around the province.

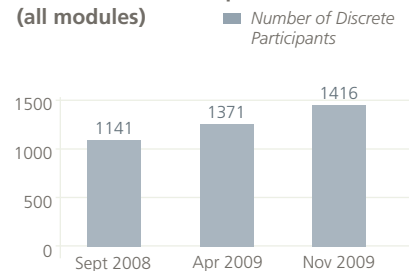
With an accurate understanding of the breadth and scope of a typical family physician day, participants can better tailor their approach with physicians to ensure that a physician’s time is well spent and programs provide value.

Two speakers brought the physician viewpoint into sharp focus for participants—Dr. Jim Reinertsen and Ms. Alice Gosfield. Dr. Reinertsen is a Professor of Medicine at Harvard Medical School and practised rheumatology for twenty years. Ms. Gosfield has spent her entire legal career focused on health law, with an emphasis on representing physicians and their group configurations.

They frequently present together to build a deeper appreciation of the challenges facing health care, focusing on the fundamental role of the doctor-patient relationship and how it drives other aspects of the system.

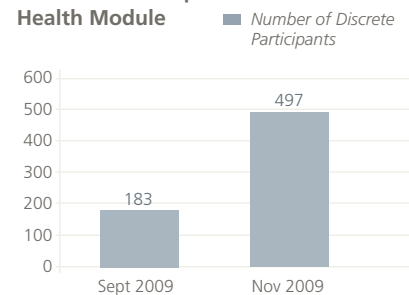
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PSP Individual Participants (all modules)



From September 2008 to November 2009 there was a 24% increase overall in individual person participation in all PSP modules.

Individual Participants in Mental Health Module



Participation in the Mental Health Module by individual physicians and Medical Office Assistants increased by 171% over three months.

“Courage is what it takes to stand up and speak. Courage is also what it takes to sit down and listen.”

Winston Churchill

PSP Mental Health Module designer receives provincial award



DR. RIVIAN WEINERMAN, the Victoria-based psychiatrist who spurred the PSP Mental Health Module and designed the training materials, recently received a provincial award for innovation from the Canadian Mental Health Association. Dr. Weinerman worked as a general practitioner for many years before specializing in psychiatry and has a unique understanding of GP issues.

*Physician engagement the GPSC way –
Continued from cover*

Together, Dr. Reinertsen and Ms. Gosfield emphasized the need for re-framing values, habits, and beliefs both for physicians and for others working in the health system in order to truly “move the needle” on the number of physicians who are actively participating in health care system planning and decision making.

Dr. Reinertsen encouraged participants to recognize that this will be time-consuming work, with creativity and patience required by all parties and recalled Winston Churchill’s words to finish the day: “Courage is what it takes to stand up and speak. Courage is also what it takes to sit down and listen.”

GPSC launches new web site

The General Practice Services Committee (GPSC) web site (www.gpsc.bc.ca) was launched on February 1, 2010.

The new site is your primary source for up-to-date information on GPSC initiatives to renew primary health care in BC, with dedicated sections for both the Practice Support Program (PSP) and FP Incentive Program.

Built with both the new and experienced user in mind, the site features a clean, simple design that provides easy access to the GPSC Billing Guide, program and fee updates, PSP learning module details and materials, case studies, a media room, and more.

Visit www.gpsc.bc.ca to learn more about how the GPSC is helping to improve care for British Columbia’s patients and to increase job satisfaction among general practitioners.

Dr. Frank Egan’s top 10 tips on using the Mental Health Module

Dr. Frank Egan has been a solo full-service general practitioner in Victoria for the past 11 years. Prior to that, he worked for eight years in Ashcroft, BC as a rural physician in a group practice. He became involved with the Practice Support Program (PSP) in March 2007 as the program was first being developed. He found it a perfect fit because it allows for trying out new ideas, sharing them with colleagues and staff, and seeing patients benefit from the work. He is a strong advocate and user of the Mental Health Module and offers his top ten tips:

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| 1 | Have your patient write his/her name on material/book for a sense of ownership and commitment. |
| 2 | PHQ-9: Have patient read and score with you. This “physically” gets them started. |
| 3 | Have patient write down one problem and a corresponding resource. |
| 4 | Use “PDF” algorithm. |
| 5 | Ensure office culture is friendly, welcoming, and safe. |
| 6 | Brief MOAs and other physician in “huddles”. |
| 7 | Include PHQ-9 in complete physicals. |
| 8 | Use “linking”—request a phone call once a week. Give patient telephone appointment cards to encourage keeping in touch. |
| 9 | For the support team, more is better <ul style="list-style-type: none"> • Three is better than two—two physicians or a physician and MOA with patient • Four is better than three—two physicians or a physician and MOA with patient and patient support person • If possible—three physicians, MOA with patient and the patient’s support person. |
| 10 | To get started, just get going, build momentum and soon this will take on a life of its own. |

Group visits let doctors spend more time with patients without taking up more time

Sean Ebert hosts some of the most popular gatherings in Vanderhoof. The busy family doctor is even getting stopped on the street lately to find out when his next group will meet. Ebert isn't hosting a party or quilting bee, but rather group medical visits that have innovated and rejuvenated his practice.

For many patients, especially those with a chronic disease, seeing their doctor for a 15-minute visit may not provide them with all the information they need to learn how to manage their disease. With group medical visits, Ebert can see about a dozen patients at once in a 1.5- to 2-hour visit.

"In a group visit, I have more time to talk, more time to pass on critical information about chronic disease management," says Ebert. His Omineca Medical Clinic hosts about three group visits every week in Vanderhoof for a variety of chronic conditions.

Group visits are one of the practice innovations becoming popularized by the General Practice Services Committee (GPSC), a partnership between the BC Ministry of Health and the BC Medical Association to support doctors by developing and implementing programs that improve job satisfaction for family physicians and primary health care for patients.

Ebert attended the Practice Support Program sessions from the GPSC on practice efficiency methods like group medical visits and chronic disease management. He is now a GP champion and helps teach some of these programs to other family doctors. The learning modules of the Practice Support Program deliver education sessions, action periods, and physician mentoring to help family doctors adopt new initiatives.

Sherry Wright, who suffers from auto-immune disease, is a regular at Ebert's group medical visits and is a big fan. "I really enjoy the group visits," she says. "They have definitely made me feel less alone with my condition."

For most chronic conditions, there are symptoms that all patients share, common lifestyle and dietary countermeasures they can all take, and certain information they all need to understand. Instead of having to repeat the same information for each patient, Ebert can say it once to a whole group and then spend more time going in-depth about disease management. Patients are required to agree to keep confidential any information that comes out about other peoples' conditions

"I find group visits are a great opportunity to educate my patients and help them manage their own health," says Ebert. "And the bonus in these sessions is that a group can provide great social support as well."

The Omineca clinic hosts a variety of group visits, with four doctors holding group visits regularly. For the patients, group visits mean they have improved access to their doctor and decreased wait times to get into the clinic. For the doctors, it's meant a decrease in their backlog of patients and a more manageable practice. A win-win situation.

Updates available for GPSC billing fees and guide

The 2010 General Practice Services Guide is now available on the GPSC web site (www.gpsc.bc.ca) and on the BC Medical Association web site (www.bcma.org).

Inserts of 2010 updates for inclusion in the GPSC Billing Guide binders distributed in 2007 will be sent to all BC family practitioners in March. If you do not receive an insert and wish to do so, please contact Adrienne Darling at 604.638.2903 or adardling@bcma.bc.ca

Coming soon

- End-of-Life/Palliative Care PSP learning module
- Youth and Mental Health PSP learning module
- Shared Care COPD learning module

As of December 31, 2009: BC family practitioners have used the COPD incentive payment to treat 18,407 patients for a total of \$2.3 million in billings.



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 **Adrienne Darling** at 604.638.2903 or adarling@bcma.bc.ca.

Divisions of Family Practice take hold in BC

The Divisions of Family Practice initiative—launched late in 2008—now has five communities with an established Division and discussions are underway in another 20 areas of the province. Divisions of Family Practice are groups of physicians organized at the local or regional level who work to address common health care goals. They will create a stronger collective voice and more impact in their communities to enhance patient access to primary health care.

There are several phases for a community to move through to create a Division. Physicians lead the way, holding numerous discussions about their own community's needs and developing plans—or service agreements—to outline the clinical services each Division will deliver. They are working with their regional health authority, the Ministry of Health Services, and other health service agencies.

By the end of 2009, Divisions were established—as not-for-profit societies—in five communities:

- Abbotsford
- Chilliwack
- Cowichan Valley
- Prince George
- White Rock/South Surrey.

In addition, there are five communities or regions where a Division is expected to be established in the early part of 2010:

- Central Okanagan
- Mission
- North Shore (North and West Vancouver)
- South Okanagan
- Thompson Region.

Visit www.divisionsbc.ca to learn more.

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