

based on reasoning that is equivalent to “just in case” or “you never know” will not be found to have been reasonably incurred or, to put it another way, they will be found to be extravagant or the result of excessive caution or zeal.”⁵

Conclusion

The courts seem to allow a private MRI expense when it is seen to have been reasonable either in treatment or in litigation, and was obtained with some level of medical input. The College requires doctors to “consider the medical necessity” in requesting MRIs. Perhaps the apparent convergence of these two tests will assist both doctors and lawyers in deciding whether there is a need for an MRI in the litigation context.

—Doug Harrington
Counsel, ICBC Litigation
Department

Disclaimer

This article is intended to provide general information only and should not be relied on as legal advice. Any specific questions readers may have about their legal rights and obligations should be referred to the reader’s own legal advisors.

References

1. College of Physicians and Surgeons of British Columbia. Resource Manual for Physicians. www.cpsbc.ca/cps/physician_resources/publications/resource_manual/referaldoc (accessed 3 June 2008).
2. *Colasimone v. Ng*. 2007 BCSC 1179, paragraphs 22-24.
3. *Parrotta v. Bodnar*. 2006 BCSC 787, paragraph 13.
4. *Ward v. W.S. Leasing Ltd.* 2007 BCSC 877, paragraph 14.
5. *Phelan v. Newcombe*. 2007 BCSC 714, paragraph 16.

Group medical visits: Enhancing chronic illness care

An “impressive tool for change” is how Dr Judy Dercksen describes group visits—one of four modules offered by the General Practice Services Committee’s Practice Support Program (PSP).

The Quesnel GP, who practised in South Africa until 5 years ago, first learned about group visits at an Institute for Healthcare Improvement (IHI) conference in the US. She was immediately taken with the approach, which puts chronic disease patients together for medical visits—and in the process improves access to medical appointments, uses resources more efficiently, helps motivate behavior change, and ultimately improves outcomes.

“The vast majority of my diabetes patients—some of whom have been very resistant—have made noticeable changes in their lifestyle,” says Dr Dercksen.

Who can participate?

A group medical visit includes several patients with the same or similar chronic conditions who meet with a health care team that consists of two or more of the physician, medical office assistant, nurse, dietitian, or specialist. Candidates for group visits are patients with chronic illness or particular problems (e.g., diabetes, blood pressure management) who need regular monitoring, patients in a specific age group (e.g., frail elderly), and patients who might benefit from a support structure. Group visits allow patients to learn from providers as well as from other patients. There’s more time to address psychosocial issues, which in turn helps patients put their illness into perspective and boosts their confidence in their self-management abilities.

Enderby GP Dr Allison Rankin says group visits would work in any practice with complex or elderly patients, or those with comorbidities. “Let’s face it—these days, that’s most practices,” she says.

Dr Rankin also learned about group visits at an IHI conference, and is now a GP champion on Interior Health’s PSP team. In that role, she will mentor her colleagues participating in the group visit module.

Group visits: Coming soon

PSP group visit modules will soon be available in all health authorities. The sessions will enable practices to identify the group visit model that will work best in that practice, identify patient populations, plan, conduct, and evaluate group visits, and identify patient issues and outcomes.

“There is no set recipe for group visits—my team has tried a few different ways,” says Dr Rankin. Her most recent sessions—with chronic pain patients—have been extremely successful. She has just completed her fifth session and the group is at the point of exchanging contact information with each other, sharing resources, and arranging for other participating health professionals for upcoming sessions.

“I was at the point where I thought I couldn’t help my pain patients,” says Dr Rankin. “But when you put them together in a group and they can support each other as well as get the medical attention they need, things really turn around.”

Medical care is always part of the visit, says Dr Rankin. “Patient evaluations, necessary lab tests or physical exams, and updating of charts and

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The computer has had a dramatic impact on the physicians' use of records in day-to-day practice. We now use our medical records as an integral part of our daily routine. Systematic record-keeping is easy and not a tedious chore. The record is at your fingertips instantly when on the telephone. Seeing someone else's patient offers no difficulty because of the format and continuity of records and the fact that the computer printing is always legible.

Consequently, we feel our quality of care is improved. Certainly, our memory for what is happening to the patient is much better. It is possible to review systematically and logically in moments a complicated history spanning many months. This aids diagnosis, ongoing treatment, and is a useful teaching aid. To date, the computer has brought us full circle—back to the initial enjoyment of practising medicine.

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References

1. Child and Youth Mental Health: Population Health and Clinical Service Considerations, A Research Report Prepared for the British Columbia Ministry of Children and Family Development, April 2002.
2. Gibson, J. Northern Life. 2 May 2008.
3. Canadian Pediatric Society.
4. Child and Youth Mental Health Plan for B.C.—Progress Report 2008, MCFD.
5. Strengthening Primary Care, CPA.
6. Dr Charlotte Waddell, director, Children's Health Policy Centre, SFU.

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BCMJ getting greener

The bag that the next issue of the *BCMJ* will be mailed in is biodegradable. The bags are made of the same plastic resin that most polyethylene or polypropylene bags are made of, but is combined with a compound (made by ECM Biofilms, Microtech Research) that makes the plastic biodegrade. The plastic has the same strength and durability of other bags, but when disposed of is metabolized into inert biomass by the microorganisms found in landfills. Unlike other plastics that need sunlight to degrade, these plastic bags will degrade in darkness, in both aerobic and anaerobic environments. In addition, the end products of biodegradation are safe for soil-dwelling organisms (such as earthworms), plants, and the water supply in general. Go to www.ecm-biofilms.com for details, or www.ecm-biofilms.com/report.pdf for the full ecological assessment.

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flow sheets still happen," she says. "It just takes place in a more relaxed setting, which reduces anxiety and leads to better and broader education."

The GPSC, a BCMA/Ministry of Health joint committee, administers approximately \$100 million annually through the Full Service Family Practice Incentive Program, which is designed to support improvements in primary care. These include:

- Complex care
- Facility and community case conferencing
- Prevention
- Chronic disease management
- Community Based Mental Health Initiative

Guide to drive

The Office of the Superintendent of Motor Vehicles (OSMV), in partnership with the BCMA, is revising the *BC Guide for Physicians in Determining Fitness to Drive a Motor Vehicle* (the Guide) to ensure that it reflects changes in the case law and the best evidence available regarding medical conditions and fitness to drive.

Draft chapters may be viewed at Drivesafe.com, on the public side of the BCMA web site, and at the SGP web site.

Chapters available to date include Diabetes, Peripheral Vascular Disease, Vestibular Disorders, Hearing, Renal Disease, Respiratory Disorders, Psychiatric Disorders, Musculoskeletal Disorders, and Cardiovascular Disorders.

Feedback to the project team is encouraged, even if it is positive. Feedback instructions are in the documents themselves.

—John McCracken, MD
Medical Consultant, OSMV

- Family Physicians for BC (FPs4BC)
- Maternity Care for BC (MC4BC)

Through the Practice Support Program, GPSC offers training modules in advanced access, group medical visits, managing patients with chronic diseases, and patient self-management.

For more information on the GPSC, visit www.bcma.org and for PSP, visit www.practicesupport.bc.ca.

—Liza Kallstrom
Lead, Change Management and Practice Support