

Practice Support Program module helps GPs support patient self-management

A Practice Support Program (PSP) learning module designed to help GP practices enable patient self-management is rolling out successfully across the province, with 320 physicians and 232 medical office assistants having completed it or participating as of June 2008.

The module emphasizes the role of the health care team in fostering self-management, suggesting that the physician's belief that a patient can become an active self-manager is indeed a powerful force.

"Let's face it, physicians have been involved in a form of self-management for years—even when they tell patients to monitor their condition and come back if it doesn't resolve," says Victoria GP Dr Eric Shafonsky. "But with the complexity of conditions and treatment methods these days, that's not good enough—I see patient self-management as absolutely critical to the survival of primary care."

Benefits for patients and GPs

The benefits of self-management (described as tasks that one undertakes to live well with a chronic condition¹) include improved health

outcomes, health status, medication management, and quality of life.

The benefits are also there for doctors and medical office assistants, says Dr Shafonsky, who enrolled in Vancouver Island Health Authority's PSP self-management module after speaking at a previous session and being impressed with what he saw. Although his presentation was on the topic of self-management, Dr Shafonsky realized there was much to be gained from participating in the full module himself.

"I've been in practice since 1995 and year after year I've seen a deterioration in primary care, with doctors feeling unrecognized, overworked, and overwhelmed," he says. "When I attended this session I saw people debating and learning from each other—I saw family practice being reinvigorated."

A bonus effect of patient self-management is physician self-management. By empowering patients and giving them effective tools for monitoring and controlling their condition, the burden of the disease passes from the physician to the patient, where in reality it belongs.

The module in action

The self-management module includes 4 half-day learning sessions with 6- to 8-week action periods in between when GPs and MOAs implement what they have learned with the support of a health authority—specific practice support team. Using such tools as the Stages of Change model and motivational interviewing, physicians and office staff are supported to work with patients to select behaviors they are prepared to change, learn strategies to change those behaviors,

and problem solve. Topics covered in the module are:

- Patient assessment.
- Patient education.
- Goal setting to facilitate self-directed behavioral change.
- Patient support and assistance in problem-solving areas of daily living.
- Consistent patient evaluation and follow-up of self-management plans.

By empowering patients and giving them effective tools for monitoring and controlling their condition, the burden of the disease passes from the physician to the patient, where in reality it belongs.

After successful implementation of their first self-management module, the Fraser Health practice support team decided to try something different—specifically, to offer the subsequent self-management program in concert with group visits, another PSP module.

"It occurred to us that self-management involves techniques that could be used readily in group visits,

Continued on page 410

The General Practice Services Committee newsletter, *General Practice Solutions*, had a publication holiday for the summer. It will return in the fall with more information on GPSC initiatives, services, and people.

Continued from page 409

when patients are getting together to learn about a condition,” says Fraser Health practice support team member Jivi Khehra.

Fraser Health is running two cohorts of between 30 and 40 GP/MOA teams each, with a rigorous evaluation planned to help make a decision on whether to offer the programs separately or together in future.

“Anecdotal feedback suggests the combined program is going really well,” says Ms Khehra. “But of course what counts is whether the positive changes are sustained over the longer term.”

Dr Shafonsky says he is encouraged by support for the PSP overall, which he feels validates the role of the GP. He also applauds the inclusion of MOAs in the modules. “They have so much more to offer than answering the phone,” he says.

As well as patient self-management and group visits, the PSP includes modules in advanced access (an approach to scheduling appointments) and chronic disease management. Modules are accredited by the College of Family Physicians of Canada (CFPC), and credits can be applied toward CFPC Maintenance of Proficiency (Mainpro) requirements.

The PSP is an initiative of the joint BCMA/Ministry of Health General Practice Services Committee. For more information, visit www.practice.support.bc.ca.

—Liza Kallstrom, Lead, Change Management & Practice Support, BCMA

Reference

1. McGowan P. Self-management: A background paper. Presented at New Perspectives: International Conference on Patient Self-Management, Victoria, BC, 12–14 September 2005.

in memoriam

Dr David Doty 1950–2008

Dr David Doty died just before the official beginning of summer. His fractured family origins likely steeled his self-dependence and striking individuality. Only recently did he discover his entire saga and found that he had two gentle and loyal half sisters. He had a very competent intelligence, held strong convictions, and had an inflexible sense of fairness—which obliged him to battle any dissenter, especially if they were part of the establishment. Inside this warm, sociable, unapologetic personality there prowled the search of the committed rebel.

He was devoted and dedicated to the righteous cause of establishing a sensible and fair system of reimbursement for all specialists of the province: a Herculean struggle against the daggers of self-interest. His dream was to have the BCMA adopt his vision. His signature achievement was forging a province-wide reimbursement contract for doctors on hospital call, which steals from their families, their sleep, and their stress recovery time. Traditionally physicians had provided this without recompense, but the inequity made it an irresistible target for David.

After an exhausting year as president of the SSPS (the roller on his new fax machine wore out in 6 months), his replacement declined to succeed him and David presided for a further year rather than see his dreams dashed. This unrelenting pursuit of a cause afflicted his health, his family, and his practice.

He joined the Air Force and served from 1974 to 1977. He was the flight surgeon at CFB Comox for 2 years, with 3 months each of pacifying the Golan Heights and

guarding Egypt for the UN. He was professionally knowledgeable in the history of the area.

Graduating from the University of Alberta in 1973 he completed his residency in otolaryngology head and neck surgery in Halifax (1980) and then became the first otolaryngologist in Campbell River, BC. In 1985 he moved to Victoria where he built up an extensive ENT pediatric practice; what child could not identify with this *enfant terrible*? Cycling to the office or hospitals daily kept him in fighting trim, and he also loved to ski. A brachial plexus neuritis forced him to retire from otolaryngology in 2002, but he stretched himself to spend some months working in Vanuatu, Victoria’s medical missionary clinic in the South Pacific.

With his former wife Janny, daughter Karin, sons Jason and Sean, and two half sisters, we all share the loss of a constructive iconoclast.

A memorial fund in pediatric surgery has been established at the Victoria Hospitals Foundation in the name of Dr David Doty.

—Michael A. Ross, MD
Victoria

In Memoriam notices wanted

The *BCMJ* depends on you for the In Memoriam department. Please include birth and death dates, full name and the name the deceased was best known by, name of spouse and children (if any), key hospital and professional affiliations, and relevant biographical data. Photos cannot be published; notices should be less than 300 words and e-mailed to journal@bcma.bc.ca.