Divisions of family practice: New initiative of General Practice Services Committee

A new Divisions of Family Practice (Divisions) initiative is supporting family physicians in BC communities to work together to enhance their practice and address gaps in patient care.

The Divisions concept arose from the 2005 Provincial Quality Improvement Days, during which about 1000 GPs from across BC discussed their concerns with members of the General Practice Services Committee (GPSC). Low levels of professional satisfaction, isolation, and difficulty in accessing resources were among the issues raised. These continue to be addressed through various programs developed by the GPSC, a joint BCMA–Ministry of Health Services committee aimed at renewing primary health care.

As the latest GPSC offering, the Divisions help establish a community infrastructure and support GPs to organize themselves and work as a group, according to Brian Evoy, recently appointed executive lead for the program.

"The need was voiced by family physicians, and the solution is being driven by them," says Evoy. "Working collectively offers a wide range of advantages, from easier access to information, to improved advocacy for both patients and physicians, to an opportunity to influence decision making at the health authority and government level."

Other benefits that may be offered by Divisions:

- Capacity to enhance provision of care through collective shared responsibility—and to expand service offerings for patients in the community.
- Improved access to health authority and specialist services, both hospital- and community-based.
- Peer support, networking, and access to physician health and wellness programs.
- Opportunity to take part in medical education.
- Financial support for Division infrastructure and clinical service delivery.

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Division membership is open to all family physicians with common goals or who are in the same geographic area. Each Division works with its regional health authority, community agencies, and GPSC through a collaborative services committee. "We're all at the table," says Evoy. "But the important thing is—it's the GPs' table."

Three prototype Divisions underway

Prototype Divisions of Family Practice have been developed in Abbotsford, White Rock/South Surrey, and Prince George, where physicians were already meeting pre-Divisions to work on an identified issue within their community.

"The intention of the prototypes was to trial a few aspects—for instance, how do we standardize an organizational structure while still leaving flexibility for each community?" says Evoy. "By fall of this year, we hope to have 10 Divisions up and running, with a view to eventually going province-wide."

The GPSC is establishing four Divisions within the geographic boundaries served by the five regional health authorities before fully opening the program up to interested groups. "We want to ensure equal access across the province—in other words, not limit this to communities whose GPs are already organized and therefore in a position to apply immediately."

Dr Brenda Hefford, medical director at Peace Arch Hospital and a White Rock/South Surrey GP since 1991, leads a planning committee of 12 family physicians in her community's prototype Division.

"We've been working with the government for some time on enhancing family practice in our area, so when they introduced the Divisions concept to us last January, it was a

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Table. Quebec Task Force grades of whiplash-associated disorders

STI classification			
Grade I	Grade II	Grade III	Grade IV
No physical neck/upper back sign(s)	Neck/upper back musculoskeletal signs: • Decreased ROM • Point tenderness	Neck/upper back neurological signs: • Decreased reflexes • Decreased sensation • Decreased strength	Neck/upper back fracture/ dislocation

Although much of the "chin-in" flexion/extension and rotation movements occur at the atlanto-occipital and C1-C2 joints respectively, full active motion invokes the movement of many tissues, including muscles, ligaments, and facet joints. All of these areas have the potential to be affected by trauma and it can be difficult to isolate them during physical examination and testing.

If there is any possibility of neurological compromise, then sensorimotor function and deep tendon reflexes of the upper extremities must be done.

Consideration should be given to general medical conditions including psychological/psychiatric factors. A visual analog scale for pain may be used.

How to classify WAD based on the physical examination

In the CL19, ICBC uses the classification of grades of WAD for the neck/upper back, as defined by the Quebec Task Force in 1995 (see the **Table**).

This classification system, although not perfect, is generally accepted by clinicians and may be used to aid management of WAD. Future articles will refer to this classification system with discussion on the management of WAD.

Please direct any comments or questions to me by e-mail at Laura .Jensen@ICBC.com or fax at 604 647-6148.

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natural evolution," she says. "We responded with our ideas and have since attended three workshops with the ministry to develop the concept—it's been a very collaborative process."

Hefford says as well as offering universal benefits—for instance the capacity to work together to meet population health needs—Divisions present the opportunity to address unique community issues. "Our Division's initial priority is supporting GPs to provide hospital care, particularly for complex patients," she says. "We also need to deal with the issue of residential care and, finally, to work on ways to ensure that unattached patients in our community get access to health care."

When the White Rock/South Surrey Division is completely established, says Hefford, it is expected to include approximately 60 family physicians.

Find out more

To form a Division, family physicians must be collaboratively involved in discussing common issues that impact patient care and physician professional satisfaction, and be interested in working as partners with their health authority and the GPSC to make changes at the practice and health system evels.

For more information, visit the GPSC section at www.bcma.org/gpsc-Divisions-family-practice or contact Brian Evoy at 604 638-2880 (direct) or 800 665-2262 (toll free) and at bevoy@bcma.bc.ca.

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