

## GPSC annual report highlights 2008/09 successes

**T**he General Practice Services Committee (GPSC) tabled its seventh annual report with the Ministry of Health Services (MOHS) last month, highlighting many successes in its continued efforts to support full-service family practice in BC. Since its inception in 2002, the joint BCMA-MOHS committee, established with the input of 1000 GPs across the province, has allocated \$452 million on programs for physicians.

“Family doctors are the backbone of our health system,” Health Services Minister Kevin Falcon commented when receiving the annual report from the GPSC. “These physicians are leading large-scale changes in clinical practice in British Columbia. We are ahead of many other jurisdictions in the scope and ambition of the changes that are being implemented in primary health care. I would like to offer my congratulations for the results achieved.” Here are some highlights.

### Chronic disease management

Hundreds of thousands more BC patients with diabetes, congestive heart failure, and hypertension received evidence-based care last year thanks to an incentive payment for physicians who apply clinical guideline recommendations in treating these conditions. More than 3000 GPs billed for the annual \$125 (per patient) diabetes care payment, and nearly 2000 for the \$125 CHF payment. Almost 3000 received the annual \$50 payment-per-patient for managing hypertension according to guidelines. Just over \$34 million was allocated for chronic disease management incentive payments last year.

### Patients with complex care needs

GPs are eligible for \$315 per patient per year for developing and monitoring care plans for patients with two or more of the following: diabetes, end-stage kidney disease, vascular disease, respiratory disease. Last year 2550 GPs billed the fee, benefiting 108 145 patients. Approximately 780 GPs used the \$15 e-mail/telephone follow-up management fee to discuss clinical issues between visits with patients or their medical representative, payable up to four times per year per patient.

### Divisions of Family Practice

In 2008/09 the GPSC implemented three prototype Divisions of Family Practice across the province. The GPSC has allocated \$6 million for infrastructure costs associated with divisions, which are designed to unite family physicians in a geographic area so they can work together to improve their own practices as well as coordinate their services with those of health authorities and community organizations.

As of March 2009, 16 more communities are interested in forming a division.

Initial funding is available for up to four Divisions of Family Practice in each health authority. Assuming success of this model, expansion will take place when this goal is met so that each interested GP will have the opportunity to be in a division.

### Practice Support Program

Practice Support Program modules are jointly developed by the Ministry of Health Services, BCMA, and IMPACT BC to provide family physicians and medical office assistants with practical, evidence-based strategies and tools to enhance their practices. Since May

2008, the modules—chronic disease management, patient self-management, advanced access scheduling, and group patient visits—have been delivered regionally by practice support teams throughout the province. As of 31 March 2009, more than 1200 (about one-third) of BC’s general practitioners and their medical office assistants have participated; \$15.4 million of the \$20 million one-time funding has been allocated to date.

A recent PSP evaluation unearthed a number of successes:

- GPs who completed the advanced access module decreased the average wait time for regular appointments from 5.8 to 2.5 days.
- 89% of GPs who completed the chronic disease management module said it enabled them to deliver better patient care.
- 93% of GPs who completed the self-management module are now comfortable helping patients to adopt self-managed care.
- 91% of GPs who completed the group medical visits module felt group visits increased patient satisfaction.

### More to come in 2009/10...

- An extensive evaluation of GPSC’s initiatives.
- New incentive payments for an end-of-life planning fee and an acute care discharge planning conference fee.
- An expanded chronic disease bonus incentive payment for care plan development for people living with chronic obstructive pulmonary disorder.
- An initiative to integrate other health disciplines into family physician practices.

For more information on the GPSC, visit [www.bcma.org](http://www.bcma.org).

—Greg Dines  
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