Attachment and integration: Collaboration at work

In March, general practitioner representatives from Divisions of Family Practice across BC met with representatives from the BCMA, the Ministry of Health Services, and the province's health authorities as well as with patients and their caregivers at a 1-day workshop, Attachment and Integration: Collaboration at Work, which focused on two new General Practice Services Committee (GPSC) initiatives: attachment and integration.

Research shows that attaching patients to primary care physicians leads to increased benefits for patients and lower costs to the health care system.[1] Since the challenge of attaching patients to practices is not being met within the current system structure, innovation is needed to achieve the overall goal of attachment, which is to ensure that every person in BC who wants to have a family physician can, including those who are traditionally hard to attach to primary care practices.

The more than 130 participants in the GPSC workshop discussed ideas and issues that the committee and its partners might consider while developing their attachment and integration strategies.

Following introductory comments from Dr Bill Cavers and Ms Valerie Tregillus, GPSC co-chairs; Mr Brian Evoy, executive lead, Divisions of Family Practice; and Dr Nigel Murray, CEO of Fraser Health Authority, there were two breakout sessions (one focused on attachment, one on integration) in which participants worked in groups based on health authority geographic regions. The groups were given a list of defined questions addressing issues such as treating the chronically ill, incorporating multidisciplinary care, reconfiguring practice management to accommodate attachment, and compensation for physicians willing to provide longitudinal care. Each breakout group discussed these subjects, then summarized its thoughts for the larger group.

Many cogent thoughts and ideas came out of these conversations and were quite similar, particularly regarding the requirements for the overall success of achieving attachment and integration, as follows:

- Input from health care providers at the community level, where providers and professionals share the same geography, patients, and challenges of providing the best care possible, is integral to the success of attachment.
- The success of the integration initiative also depends on collaboration between health care planners and providers, including those in primary health care, home and community care, mental health and addictions, and acute care.
- Both the initiatives need to be patient-centred.
- Multidisciplinary care providers and allied health professionals must be incorporated into the two initiatives to improve the delivery of primary care.
- Current physician payment structures could be enhanced to support longitudinal primary care.
- Chronic disease and specialist care could have more GP involvement.
- All providers must better understand current primary care flow to develop new approaches.
- Change management expertise and stakeholder engagement will be important.
- EMR and e-health are essential for integration efforts to succeed.
- Attachment, if successful, will lessen the current increasing pressures on emergency departments.

Most importantly, the participants overwhelmingly recommended that the best method of delivering attachment and integration would be through the GPSC's Divisions of Family Practice, groups of family physicians working together at the local level to address common health care goals for their communities. These goals reflect the needs of each division's community and are achieved by divisions connecting and collaborating with their local health authorities and other community organizations and services.

The strong desire to maintain the momentum that began at the 25 March 2010 workshop helped the group determine the next steps for attachment, as follows:

- Four divisions will be selected as prototypes for developing the attachment process, provided they meet the selection criteria; i.e., they are established as a society with over 85% of the doctors in the community and they have a collaborative services committee in place.
- The prototypes will begin in spring 2010.
- More prototypes will begin in the fall.

For integration, the next steps include:

- Identifying by June 2010 the communities in which health authorities want to integrate their services.
- Integrating services such as chronic disease management and coordinated care for seniors, women through pregnancy and childbirth, and people with mental illness and substance abuse issues.

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Integrating public health and Aboriginal health around divisions

Division leads are invited to contact the Divisions of Family Practice office to discuss their ideas and proposals, as well as to arrange meetings to develop each prototype. There will be no formal call for proposals.

Ultimately, by 2012, the goal for both initiatives is that 90% of BC residents who want a family physician can and will be attached to a family physician.

Updates on attachment and integration are available from the GPSC at www.gpscbc.ca, Divisions of Family Practice at www.divisionsbc.ca, or by e-mail at divisions@bcma.bc.ca.

—Brian Evoy, Executive Lead, Divisions of Family Practice

Reference

1. Hollander MJ for the British Columbia Ministry of Health Services and the General Practice Services Committee. Evaluation of the Full Service Family Practice Incentive Program and the Practice Support Program. Final Synthesis Report. June 2009:ii.

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informing their patients that cooling and hydration prevent harm from heat; waiting till one feels hot or thirsty is waiting dangerously too long.

Identifying persons at high risk, encouraging planning for hot days, assuring the means for cooling and hydration, and having a buddy who keeps watch can be hot day lifesavers. These factors, combined with building greener cities and cooler homes, offer protection in an ever warmer world. And we must all do our part in reducing the buildup of greenhouse gasses.

BCCDC's National Collaborating Centre for Environmental Health has information on personal heat protection geared to both clinicians and public health physicians (www.ncceh.ca). Two informative articles are:

Basu R, Samet JM. Relation between elevated ambient temperature and mortality: A review of the epidemiologic evidence. Epidemiol Rev 2002;24:190-202.

Hajat S, O'Connor M, Kosatsky T. Health effects of hot weather: From awareness of risk factors to effective health protection. Lancet 2010 Mar 6;375:856-863.

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