

GPSC: How far we've come

Family physicians have always been committed to the care of their patients, but we now have so much more support for our work through the General Practice Services Committee (GPSC)," says Burnaby GP, Dr Davidicus Wong. "I'm now better able to provide timely care to each of my patients and am seeing improved health outcomes."

A joint committee of the BCMA and the BC Ministry of Health, the GPSC's mandate is to support the provision of full-service family practice and improve patient care. The committee works in a collaborative model and decisions are made by consensus.

Starting in 2003 with a number of disease-based financial incentives for care management of target patient populations, the GPSC moved forward in 2004/05 by holding province-wide consultations with approximately 1000 GPs whose message was clear and consistent: "Value us, pay us, train us, and support us."

The GPSC responded, developing a collection of innovative, dynamic programs to improve physician morale, remuneration, and patient care. In the past 8 years, GPSC initiatives have evolved from the disease-based financial incentives to include training in clinical and practice management, facilitation of GP collaboration to address physician isolation and gaps in patient care, and strategies to expand the capacity of family practice to reach the goal of providing every British Columbian who wants a doctor with a doctor by 2015.

These current initiatives include:

Full Service Family Practice Incentive Program

The inaugural initiative of the GPSC, the incentive program provided financial incentives to enhance maternity care and the delivery of guideline-based management of diabetes and congestive heart disease. Today there are more than 15 different financial incentives that compensate physicians for the additional time and effort required to deliver quality primary care to certain patient populations, including incentives for treatment of patients with COPD, mental health issues, comorbidities, and palliative care needs.

Practice Support Program (PSP)

Since 2007, the PSP has provided focused training sessions and extensive tools and resources for physicians and their MOAs to help improve practice efficiency and support enhanced delivery of patient care.

The program began with four learning modules (Advanced Access, Chronic Disease Management, Group Medical Visits, and Patient Self-management) and now also offers modules on Mental Health and End of Life. Additional modules on Child and Youth Mental Health and Shared System of Care for patients with COPD are currently in development.

Divisions of Family Practice

Divisions of Family Practice are community-based affiliations of FPs working together to achieve common health care goals.

The Divisions initiative provides physicians with a stronger collective

voice in their community while supporting them to improve their clinical practices and offer comprehensive patient services.

Currently, there are 25 divisions of family practice in BC that encompass 92 communities, and discussions are under way in up to another 12 areas of the province. Each community or region in the province where physicians wish to establish a division will have one by 2012.

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Community Healthcare Resource Directory (CHARD)

CHARD is a free, secure, web-based database for health care providers designed to provide comprehensive, up-to-date listings for community health care referral resources, searchable by type of service or geographic proximity.

The directory contains information for nearly 80% of the referral resources accessed by FPs, including programs and services, as well as BC's 6000 specialist physicians and nearly

Continued on page 374

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Continued from page 362

- Recommends avoiding the use of opioids for chronic LBP.
- Requires pre-authorization for payment of acupuncture to ensure this is not the sole treatment.
- Has education materials available for injured workers.
- Can supply an excellent 3-minute back exam teaching video and a Physician’s Toolkit, on request.

- Has access to multidisciplinary assessment and treatment programs—for information, visit WorkSafe BC.com and view the rehabilitation programs in the Health Care Providers section.

—**Tim Dundas, MB, BS, CCFP**
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Continued from page 363

18 000 allied health professionals in cancer, cardiac, mental health and addiction, musculoskeletal, neurodegenerative, palliative, renal, and respiratory care.

Many listings include a description of services, hours of operation, maps and parking details, patient eligibility criteria, referral forms, and patient information materials.

“CHARD gives new meaning to one-stop shopping. It’s a win for both me and my patients,” says Victoria-area family physician Dr Frank Egan.

Attachment

Recent research shows that British Columbians who are “attached” to a family physician have better health care outcomes and lower overall health care costs, especially patients with several chronic diseases.

With this in mind, the GPSC’s Attachment initiative aims to provide every British Columbian who wants a family practitioner with a doctor by 2015.

Local divisions of family practice are leading this work to ensure that residents of their community have access to the benefits of primary care.

The communities of Prince George, White Rock/South Surrey, and Cowichan are currently prototyping this initiative.

GPSC evolving

GPSC initiatives continue to evolve to meet the diverse needs of BC’s family and general physicians, and there is evidence of a growing optimism and enthusiasm among them.

“GPSC programs are giving me the spark later in my career to continue to learn and to support my patients and practice in a way that keeps me loving the work that I do,” says Powell River GP, Dr Bruce Hobson.

Indeed, as of April 2011, 1941 FPs—more than 55% of the province’s FPs—and almost as many MOAs have participated in PSP learning modules. Uptake of incentives has steadily increased each year. Currently more than 90% of all BC GPs are billing one or more of the incentives and physicians who participate fully in the program have seen an average 11.8% increase in their earnings. The number of patients covered by these incentives and the number of patients receiving guideline-based, proactive planned care have also been increasing annually.

“We’re seeing a coming together of resources, enthusiasm, and funding to support what I like to call a renaissance of family practice,” says Dr Wong.

For more information, visit www.gpsc.bc.ca.

—**Greg Dines**
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Speakeasy Solutions 317

Specialist Services Committee 320, 324, 377

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