Divisions of Family Practice and Shared Care Committee: Working together for healthier communities

Integrated care—the seamless support of patients across multiple health care providers—is a model aspired to throughout North America. Here in BC, pioneering partnerships between local Divisions of Family Practice and the Shared Care Committee are making successful strides in this area.

Optimizing integrated care has proved difficult in many regions due to operational and management silos in the medical system. In his 2008 editorial, Nick Goodwin[1] noted that several attempts in the United States at integration faltered because they happened at the network level, with little or no involvement of medical professionals. In contrast, the work underway in BC is grounded in the principles of collaboration, bringing together representatives from every aspect of the health care experience, both at a provincial and local level.

While BC's health care system is complex, everyone involved shares a common goal: to provide patients with the best possible care and achieve the best possible outcomes. Coupled with this is a broad desire to operate efficiently and cost-effectively. With these ends in mind, a culture of collaboration is emerging.

In 2008, the General Practice Services Committee (GPSC) developed the Divisions of Family Practice initiative, which aims to improve primary care by engaging family physicians to address locally identified priorities. Formed as part of the 2006 Physician Master Agreement, the joint BCMA/Ministry of Health Shared Care Committee develops initiatives aimed at improving the shared care of patients by family and specialist physicians by bridging organizational, geographic, and access barriers. The partnership of local divisions and the Shared Care Committee facilitates community-based enhancements across the spectrum of health care.

Since the divisions model was introduced, 31 local divisions have been formed and several have entered partnerships with the Shared Care Committee. The South Okanagan Similkameen (SOS) Division of Family Practice was one of the earliest to be formed and has been collaborating with the Shared Care committee since 2011.

Nephrologist Dr Brian Forsely approached the Division about co-managing care to improve the flow of information between family physicians, specialist physicians, and patients. This goal aligned with the Shared Care Committee's Partners in Care initiative and the groups began working together.

The partnership is overseen by a steering committee comprising local divisions, specialists, and representatives from the Specialist Services Committee—another joint BCMA/Ministry committee—and is operated by an advisory committee that includes physicians, members of the Patient Voices Network, and the Interior Health Authority. Representatives from the medical office assistant network have also provided their input on the partnership's undertakings.

SOS Division executive lead Terrie Crawford notes that while systemic change takes time, the region began to see process improvements within 6 months with the creation of a referral acknowledgment form now in its final testing phase. Specialists automatically send the form to requesting family physicians, streamlining the referral process and improving information flow.

The SOS Division/Shared Care collaboration has also created a tool to support patients with complex needs. A small bag that holds medication and a personal health record that logs all medical appointments is being piloted with good results. Patient feedback is also strong, showing that participants appreciate contributing to the quality of their own care.

Establishing collaborative models opens the doorway to continuous process improvement, and knowing that there is already a culture of mutual respect and willingness to change in place is key to expanding collaborative influence. In one case, in the SOS, a specialist who had heard about the division's work on the Partners in Care initiative approached the division about working together on another Shared Care initiative, Transitions in Care.

In a study entitled "Collaborative Governance in Theory and Practice,"[2] University of California Berkeley researchers Chris Ansell and Alison Gash observed three main characteris-

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tics necessary for successful collaborative governance. These are:

- Respect and trust.
- A measured approach.
- Facilitative leadership.

The partnership between local divisions and the Shared Care Committee incorporates each of these.

With an aging population, a rising number of patients presenting multiple or chronic conditions will create a greater demand for support than ever before. Breaking down silos and barriers to efficient care will benefit patients, physicians, and funders. While it is still early days in the movement toward collaboration, who better to lead this necessary evolution than physicians?

—Brian Evoy, PhD
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References

1. Goodwin N. Are networks the answer to achieving integrated care? J Health Serv Res Policy 2008;13:58-60.
2. Ansell C, Gash A. Collaborative governance in theory and practice. J Pub Admin Res Theory 2007;18:543-571.

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Continued from page 451

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