

## Patient attachment: Identifying methods for improvement in the Cowichan Valley

**T**he Attachment initiative—also known as A GP for Me—aims to provide access to primary care for all British Columbians who want a family doctor. We know that strong patient attachment to a primary care provider improves care quality and satisfaction and can decrease overall health care costs.

On 1 April 2013 the BCMA and the provincial government announced A GP for Me to improve primary care in BC. Its goals are to confirm and strengthen the relationship between family physicians and to increase capacity so that physicians can take on new patients. The initiative will provide \$40 million to Divisions of Family Practice over the next 3 years to conduct research evaluating the needs of the divisions' communities and develop plans to improve local primary care capacity.

The Cowichan Valley Division of Family Practice was one of three divisions to prototype the attachment work at the local level. In 2011–2012, this Division worked with representatives from the regional health authority and other partners comprising the health authority, the local Collaborative Services Committee, the Learn, Evaluate, Act, Design (LEAD) lab (part of the UBC Faculty of Medicine Department of Family Practice), and the University of Victoria's eHealth Observatory to explore the issue of attachment in the region and ways to improve it. Collaboration among a wide range of partners is key to finding local solutions to local challenges.

A number of BC communities are now actively exploring ways to meet the complex challenge of patient attachment, and many others will follow. Following are our experiences and the methods by which we undertook the work, with the goal of supporting other regions as they navigate their own journeys in this area.

### Process for finding community-based solutions

The Cowichan Valley Division held a series of four debates, facilitated by the LEAD lab, to explore how various attachment and integration initiatives might improve care in the region. Over 30 attendees participated in each debate. Attendees included family doctors, specialists, nurses, patients, and representatives from First Nations, health authorities, and the community.

The debates were structured using a set of evidence-based personas or patient cases that were developed using local community data, ensuring that the discussion was patient-focused and addressed the needs of the community. The data used for the personas were collected through surveys of both patients and physicians. The personas helped the group explore how various initiatives would or would not improve patient care for specific populations.

The debates first explored the attachment issues for each persona, then focused on how each potential community initiative might support enhanced attachment for each persona. The discussions then moved to summarizing and reflecting the findings back to the participants, sharing evidence from other communities and jurisdictions to help inform choices,

facilitate the discussion of priorities, and assess the feasibility of the proposed initiatives.

The discussions made clear that a multipronged approach was needed, as unattached and poorly attached patients have differing needs. Four improvement options were considered for the Cowichan Valley—one for unattached patients and three for poorly attached patients.

### Unattached patients

A small cohort of patients had no attachment to primary care and only limited access. Improving attachment for unattached patients first requires getting them access. The first initiative, a multidisciplinary community health centre in the Cowichan Valley, was considered an effective approach to helping difficult-to-treat, unattached patients.

### Poorly attached patients

A larger cohort of patients was poorly attached, meaning that they had a family doctor but did not consistently seek care from that physician or location. Three initiatives were considered to enhance existing services:

- Inreach specialized services supporting GPs with specific patient populations (e.g., patients with mental health issues) by bringing trained professionals (e.g., psychiatrists/psychiatric nurses) into the GP office to see patients.
- Office redesign coaching to examine care services and optimize care delivery to improve access and thus improve attachment.
- Enhanced home and community care to better support chronic disease management in the community and be connected with the primary care

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engaging in this type of work, especially if they are front-line firefighters working in fire suppression. This work is extremely physically demanding. Workers with mild and well-controlled respiratory disease may be able to work with few or no restrictions. Those with more advanced COPD with fixed airway obstruction or brittle asthma may be limited in their ability to do this type of work. Such cases may warrant a referral to a cardiologist, respirologist, or occupational medicine specialist.

### For more information

If your patient is a seasonal wildland firefighter and you would like further information or assistance with his or her diagnosis or treatment, please call a medical advisor in your nearest WorkSafeBC office.

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A version of this article listing sources is available online at [bcmj.org](http://bcmj.org).

### Additional reading

- Betchley C, Koenig JQ, van Belle G, et al. Pulmonary function and respiratory symptoms in forest firefighters. *Am J Ind Med* 1997;31:503-509.
- Materna VL, Jones JR, Sutton PM, et al. Occupational exposures in California wildland fire fighting. *Am Ind Hyg Assoc J* 1992;53:69-76.
- Naeher LP, Brauer M, Lipsett M, et al. Woodsmoke health effects: A review. *InhalToxicol* 2007;19:67-106.
- Reinhardt TE, Ettmar RD. Smoke exposure among wildland firefighters: A review and discussion of current literature. Portland, OR: U.S. Department of Agriculture Forest Service Pacific Northwest Research Station; 1997. 61 p.
- Reinhardt TE, Ottmar RD. Baseline measurements of smoke exposure among wildland firefighters. *J Occup Environ Hyg* 2004;1:590-606.

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many of the traditions that had left such an impression on me. I even added a new custom—a trip out to the forest in my snowmobile to cut down a Charlie Brown Christmas tree and then haul it back on the trailer. We were guaranteed snow over Christmas in Yukon.

My own children have been brought up with the same blend of traditions. And we added something else to the mix: a musical Christmas in which the family and guests each bring and play a musical instrument—we've had more than a dozen musicians.

However you enjoy this festive season, I wish you happiness and laughter, good food and good cheer, and time spent with friends and loved ones.

—William Cunningham, MD  
President

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3. Smith R. Where is the wisdom...? *BMJ* 1991;303:798-799. Accessed 30 October 2013. [www.chiro.org/LINKS/FULL/Where\\_Is\\_The\\_Wisdom.shtml](http://www.chiro.org/LINKS/FULL/Where_Is_The_Wisdom.shtml).
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5. The Cochrane Collaboration. It is estimated that only "10% to 35% of medical care is based on RCTs." On what information is this based? Accessed 30 October 2013. [www.cochrane.org/faq/it-estimated-only-10-35-medical-care-based-rcts-what-information-based](http://www.cochrane.org/faq/it-estimated-only-10-35-medical-care-based-rcts-what-information-based).
6. Gill P, Dowell AC, Neal RD, et al. Evidence based general practice: A retrospective study of interventions in one training practice. *BMJ* 1996;312:819-821.

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home and family physician rather than being geographically based.

In the Cowichan Valley, attachment was explored through a patient-centric lens, and several improvement options were supported by the division and its partners. The prototype work has seen early positive results, connecting about 2000 Cowichan residents with family doctors. However, the issue of patient attachment is complex. The next step is to implement additional changes and to continually evaluate their impact in order to share the outcomes.

For more details on the Cowichan Valley Attachment initiative prototype, visit [www.leadlab.ca/wp-content/uploads/2013/09/CowichanAttachment.pdf](http://www.leadlab.ca/wp-content/uploads/2013/09/CowichanAttachment.pdf).

For more information on the GPSC's Attachment initiative, visit [www.gpsc.bc.ca/attachment-initiative](http://www.gpsc.bc.ca/attachment-initiative).

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