## GPSC builds on foundation of collaboration

ince its first meeting in January 2003, the General Practice Services Committee (GPSC), a joint committee of the BCMA and the Ministry of Health, has sought to identify common ground, establish mutual goals, and foster creative thought and solutions to health system challenges. Through initiatives such as the Practice Support Program, the Divisions of Family Practice, and the Full-Service Family Practice Incentive Program, the GPSC found new approaches to improving both physician professional satisfaction and patient care, and evidenced the value of collaboration.

With renewed funding from the new Physician Master Agreement, the GPSC continues to work toward closing gaps in care and providing BC physicians with the support they need to deliver effective patient care. Building on its collaborative success, in 2012 the GPSC embarked on new partnerships with the Specialist Services Committee and the Shared Care Committee—also joint BCMA/ Ministry of Health committees—at a governance level and through its initiatives. A number of these new partnerships are detailed below.

## **Practice Support Program**

Both the governance structure and the scope of service of the Practice Support Program (PSP) have evolved. The program began in 2007 as an initiative of the GPSC, but in June 2012 it moved to a tri-committee governance structure, with the Specialist Services Committee and the Shared Care Committee providing additional

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direction, support, and funding. The PSP now also provides training and support to specialist physicians. Current focus is on adapting the Advanced Access/Office Efficiency and Group Medical Visits learning modules to meet the needs of various specialist practices.

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In spring 2013 the PSP will launch How's Your Health BC? (HYHBC), an initiative aimed at getting patients more engaged in their own health. HYHBC is an adaptation of a program developed by the Dartmouth Medical School, redesigned specifically for residents of BC. It is a free web-based application (www.howsyourhealthbc .ca) through which patients can anonymously share information with their family physician via online surveys.

Patients answer questions regarding their health and lifestyle and provide feedback on their experience of care through their physician's office. Aggregate survey results enable physicians to assess the health of their patients as a group, and patient feedback offers them guidance on potential improvements to their practice.

The PSP is also working with the Divisions of Family Practice, the Attachment initiative, and the Physician Information Technology Office (PITO) on a number of projects. These include the Clinical Usability and Standards Project on which the PSP and PITO are working together to integrate

EMR systems and PSP modules. Current focus is on developing EMRenabled versions of a number of the Chronic Disease Management module tools and resources, specifically those related to treatment of type 2 diabetes.

## **Divisions of Family Practice**

A growing number of local divisions of family practice are engaged in the rollout of many of the initiatives of the Shared Care Committee, including Partners in Care, Transitions in Care, and Polypharmacy. Local division family doctors and regional specialists are working together on Shared Care initiatives to find local solutions to local challenges they face while sharing patients' care.

The Divisions of Family Practice initiative is also working together with the PSP, Attachment initiative, and PITO on the Integrated Practice Support Initiative, which aims to help these partners align their physician engagement activities, training, and support. Eight communities in BC are now trialing a variety of ways to improve the coordination of this assistance. A range of methods are being explored—everything from practice coaching, cross-training across programs, engaging vendor support, and peer coaching.

This year is set to be exciting, with continued growth and development for the GPSC and its partners as they work together toward the triple aim of improved patient and provider experience, improved population health, and lower per capita costs of care. Visit www.gpscbc.ca for more information.

> —Bill Cavers, MD -Nichola Manning **GPSC** co-chairs