

Attachment: How “A GP for Me” will help improve BC’s primary care system

On 22 February Health Minister Margaret MacDiarmid and BCMA President Dr Shelley Ross announced the provincial rollout of funding for the attachment initiative, sometimes referred to as “A GP for Me.”

Funding will be available as of 1 April on two levels: to divisions of family practice to begin the work of increasing primary care capacity locally, and to individual family physician practices in the form of new fees to recognize and support the provision of longitudinal care.

This multifaceted approach to patient attachment has not been tried before in a fee-for-service health care system, but recognizing the proven benefits of a strong primary care system and attachment to a regular care provider, the province and the BCMA have taken on the attachment challenge.

A study conducted in 2007–2008 by Victoria-based Hollander Analytical Services Ltd. examined usage data from more than 98 000 high-needs patients in BC. It focused on two common chronic diseases, diabetes and congestive heart failure, and found that the more patients go to the same family practice, the lower the overall annual cost to the health care system. Other studies had previously proven the correlation between regular care by a full-service family doctor and better patient health outcomes, but Hollander’s “home-grown” study was the most detailed look at the impact family doctors have on health care costs.

The Ministry of Health estimates that about 176 000 people in BC are without a family doctor and actively looking for one. The General Practice Services Committee (GPSC) began work on this issue in 2010 and initially provided funding to three divisions of family practice to prototype patient attachment work at the local level: White Rock–South Surrey, Prince George, and the Cowichan Valley. In doing so, it was aiming to give more people access to good primary care through a longitudinal relationship with a family doctor. It was also following its mandate to give doctors more of a role in determining which steps need to be taken to make the primary care system better in their own communities.

In the three prototypes, division leadership has worked with health authorities and other partners to evaluate the issue of unattached patients and to understand what doctors need in order to enhance access to care in their practices. The evaluation involved tools such as practice assessment surveys, community surveys, and circle-of-care modeling. Primary care planning has followed this research, leading to strategies like new recruitment programs, grants for multidisciplinary care team hiring, and even the establishment of new primary care clinics. More than 9000 patients have been matched with family doctors as a result of the efforts made in these three divisions. In White Rock–South Surrey, there is now no wait for patients wanting to find a new doctor.

Attachment is an important addition to efforts already underway to improve family practice efficiency and enhance patient care. It will build on home and mental health integra-

tion efforts, funding for more nurse practitioners in BC, and GPSC programs like the Practice Support Program and PITO.

With the launch of the attachment initiative, any division may now access funding for attachment initiatives. Given that the focus is local primary care system evaluation and enhancement, attachment already fits well with the priorities of most divisions. Dr Mitchell Fagan, who practices in Langley and is active on that Division’s board of directors, says attachment is fundamental to reasserting the crucial role played by family physicians in ensuring that health care resources are used efficiently and effectively. The Langley Division has been evaluating its needs for the last 2 years and has a database of member input upon which to build its attachment plans. With the funding now available, the Division will engage the community in its research and fine tune its plans into a sustainable attachment initiative that meets the unique needs of its community, which includes large multicultural and seniors populations.

A website and toolkit are being prepared to help divisions apply for attachment funding. In addition, the Divisions of Family Practice provincial team is ready to offer a variety of supports for any division that wants to participate in attachment. More information about the new MSP fee codes is available to all family doctors at bcma.org.

—**Bill Cavers, MD**
GPSC Co-chair

This article is the opinion of the GPSC and has not been peer reviewed by the BCMJ Editorial Board.