

In-patient Care program supports physicians and continuous care in BC

In February 2013, the BC Medical Association and the Ministry of Health announced the development of the In-patient Care program, an innovative approach to supporting continuous physician-patient relationships in BC. Along with the Attachment initiative, also referred to as A GP for Me, the In-patient Care program is the most recent addition to a comprehensive suite of joint BCMA/Ministry of Health initiatives designed to strengthen BC's primary care system.

Despite the critical importance of continuous care, the number of community-based family physicians (FPs) who provide care to patients in hospitals has dropped. For the past decade, each year approximately 3% of FPs have ceased to provide in-patient care. Cumulatively, that means there are 30% fewer FPs doing in-patient care work today than in 2003.¹

Medium- and smaller-sized hospitals—where hospitalist programs are unavailable—are particularly affected by this change. In these more vulnerable communities there is often no generalist to look after unattached patients arriving in the hospital. The decrease in continuity of care and rise in unattached patients also increases overall system costs. A recent BC-based study determined that even a 5% increase in the number of patients who visit the same family practice can lower the overall annual cost to the health care system (projected cost savings of about \$85 million annually).²

To address these issues, the General Practice Services Committee (GPSC)—a joint committee of the

BCMA and Ministry of Health—developed the In-patient Care program to better support and compensate FPs who provide in-hospital care services, including:

- Care for their own patients when they are in hospital.
- Care for patients admitted to hospital without an FP, who have an FP who does not have hospital privileges, or who are from out of town.
- Care for patients in hospital or hospitalized in a terminal care facility, through increased incentives.

Funding for the program rolled out in April 2013 and is available to both local divisions of family practice and individual FPs in communities without a division. Each new MSP fee code can also be billed retroactively to April 2013 until December 31, 2013.

The new incentives also pay special attention to the transition of patient care between physician offices in the community and hospitals—an important yet often overlooked aspect of continuous care that requires well-coordinated and comprehensive attention—through the development of assigned and unassigned In-patient Care networks. These networks are groups of family physicians who share provision of patient care, working together to ensure that one member of the network is always available to care for patients.

Since its launch in April, the In-patient Care program has been well received by the health care community. As of mid-July, 84% of communities with hospitals that are eligible for the program had determined how they would administer the incentives. In just under 4 months, 98 assigned In-patient Care networks comprising 1105 FPs around 53 hospitals had been registered—an uptake rate of approxi-

mately 69% of the expected total. In addition, 33 unassigned In-patient Care networks with 633 FPs had been established—roughly three-quarters of the expected total.

Where prior service agreements exist, including hospital care programs such as doctor-of-the-day, the In-patient Care program replaces these contracts. Many hospitals have found that the flexible nature of the program eased transition. The Penticton Regional Hospital (PRH) has operated a doctor of the day program with 53 community-based FPs since 2010 and, after evaluating their needs, chose to implement the new program. Early reports show that the transition to the In-patient Care program has helped PRH develop a single, unified call group and backup support MRP (most responsible physician), and has enabled unassigned patient coverage 365 days a year.

For further information about the In-patient Care program and the new MSP fee codes, visit www.gpsc.bc.ca/inpatient-care-program. The webpage also includes online resources designed to help local divisions apply for In-patient Care funding. Additional support for divisions that want to participate in the program is available through the Divisions of Family Practice provincial team.

—Brian Winsby, MD
GPSC member

References

1. British Columbia Ministry of Health. Planning and Innovation Division based on GP billing of 13008 fee items.
2. Hollander MJ, Kadlec H, Hamdi R, et al. Increasing value for money in the Canadian healthcare system: New findings on the contribution of primary care services. *Healthc Q* 2009;12:32-44.

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