

## Improving patient-centred care

**T**he Ministry of Health recently released its health system planning guide, *Setting Priorities for the BC Health System*. Priority one in the guide is to shift the health care system from a disease-centred focus to more of a patient-centred focus. The document states this focus “will drive policy, service design, training, service delivery, and service accountability systems over the coming 3 years.”<sup>1</sup>

For the Specialist Services Committee (SSC), creating patient-centred specialist care has been a unifying vision and central activity for Doctors of BC and the Ministry of Health for the past 4 years.

A number of the 21 SSC Quality and Innovation Initiatives led by specialist physicians that have focused on patient-centred care are now coming to fruition. Below are summaries of just three projects that are helping improve the specialist care system for patients in BC.

### BC Inherited Arrhythmia Program

The multidisciplinary BC Inherited Arrhythmia Program (BCIAP) was recently established, with help from a \$500 000 grant from SSC, to provide expert care, management, and support to the one in 500 British Columbians who may be affected by an inherited heart rhythm condition. People with this condition are at risk for sudden cardiac arrest. When at-risk individuals are identified, effective treatment can be provided and tragedies prevented.

British Columbians with a history of inherited heart rhythm conditions,

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*This article is the opinion of the SSC and has not been peer reviewed by the BCMJ Editorial Board.*

unexplained cardiac arrest, or sudden unexplained death in a family member are encouraged to consult their family doctor about a referral to the BCIAP. Operating out of two main sites in Vancouver and Victoria, the program also has outreach and support for patients and specialists across the province.

For more information see Cardiac Services BC at [www.phsa.ca](http://www.phsa.ca).

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—Dr Larry Goldenberg

### Prostate Cancer Supportive Care Program

This comprehensive survivorship program for prostate cancer patients and their partners, addressing concerns that arise from the time of initial diagnosis to end-of-life care, received \$500 000 in start-up funding from the SSC. The program offers five patient-care modules that address the decision-making and coping challenges along the entire disease trajectory and serves both the physical and psychological needs of men with prostate cancer and their partners. The five modules cover treatment options, sexual function, lifestyle management, androgen deprivation therapy, and pelvic floor physiotherapy.

“We have brought all the services together and put the patient and their

partner in the middle of it,” says Dr Larry Goldenberg, professor and head of the Department of Urologic Sciences and director of development and supportive care at the Vancouver Prostate Centre. “It is the patient deciding on what they need; not the doctor. That is patient-centred care.”

### Youth with complex conditions transferring to adult care

Each year in BC roughly 1700 youth with chronic health conditions graduate from the pediatric care system into an adult care system. The difficulty in transitioning can lead to increased morbidity and mortality for young patients. This large conceptual and logistical project, which received \$750 000 from the SSC, as well as funding from other sources, has a steering committee of 18 people and more than 200 individuals involved. The SSC grant is being focused on four stages of specialist involvement, beginning with two specialty areas—cardiology and neuromuscular conditions.

The first stage is to identify specific pediatric and adult specialists willing to tackle the issue of transition. Then, working together, the teams co-develop long-term care plans and treatment guidelines for specific conditions. The third stage provides educational and skill-building programs, as well as support services for specialists and their office staff to help fill gaps in care. And finally, transition plans will be implemented.

“This is such a complex issue that looking at it through just one lens is not going to solve the problem,” says project lead Dr Sandra Whitehouse, a pediatrician at BC Children’s Hospital.

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behaviors among young men but not among young women,” visit [www.sciencedirect.com/science/article/pii/S009174351300457X](http://www.sciencedirect.com/science/article/pii/S009174351300457X).

### BC's cervical cancer screening rates declining

Despite the many benefits of regular cervical cancer screening, fewer women in this province are getting Pap tests. Further intervention is needed to reverse this trend and drive awareness around the benefits of regular Pap tests.

British Columbia's current cervical screening participation rate for 21- to 69-year-olds is 66%. This rate is well below the national target of 70%, and is a 5% decrease from last year's rate. Furthermore, participation rates are significantly lower than the BC average for some regions in BC, particularly urban areas like Richmond, Vancouver, and the Fraser Valley. Retention rates are also concerning. Our provincial retention rate has seen a decline in every age group, with a 5% decline in ages 30 to 39, 40 to 49, and 50 to 59. These declines have been consistent over the past 5 years.

There are many theories as to why women are not being screened, including misconceptions around the test, confusion about eligibility, lack of access to a family physician, lack of time, fear, embarrassment, transportation difficulties, disabilities,

and literacy and language barriers.

Primary care providers are the single biggest influencer in a woman's decision to participate in screening. If you are a primary care physician, it is important that your eligible patients are aware that a Pap test is an excellent way to prevent cervical cancer, and the only way to detect abnormal cells in the cervix which, if left untreated, could develop into cancer.

Women should also be aware of when to start screening and at what interval to return. Our current policy recommends that women start having Pap tests at age 21, or 3 years after first sexual contact. Pap tests should be done every year for the first 3 years, then continue every 2 years if results are normal.

Women should get regular Pap tests even if they:

- Have had the HPV vaccine.
- Have only had one sexual partner.
- Have been with their partner for a while.
- Have been through menopause.
- Are no longer having sex.
- Are in a same-sex relationship.

For more information on cervical cancer screening, please visit [www.screeningbc.ca](http://www.screeningbc.ca).

—Dirk van Niekerk, MD, FRCPC  
Medical Director, BC Cancer  
Agency Cervical Cancer  
Screening Program

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It is these kind of projects, and many more being funded by the SSC, that are helping shift health care culture from being disease-centred to patient-centred, and translating concepts, strategies, and policies into actionable, attainable, and sustainable practices.

By focusing on the primary objective of improved patient care, the Doctors of BC and Ministry of Health representatives on the SSC have found common ground for the committee's activities and priorities. For more information on how you can get involved, please see [sscbc.ca](http://sscbc.ca).

—Sean Virani, MD  
Doctors of BC Co-Chair,  
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—Kelly McQuillen  
Ministry of Health,  
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#### Reference

1. Ministry of Health. Setting priorities for the BC health system. Accessed 27 March 2014. [www.health.gov.bc.ca/library/publications/year/2014/Setting-priorities-BC-Health-Feb14.pdf](http://www.health.gov.bc.ca/library/publications/year/2014/Setting-priorities-BC-Health-Feb14.pdf).

## Cervical Cancer Screening Program statistics, 2012

- 501 245 women received Pap tests and 14 508 required further investigation.
- 2791 women were treated for significant cervical abnormalities, most for precancerous conditions.
- 42% of the 176 women diagnosed with cervical cancer in 2012 were 5 years or more overdue for screening or had never been screened.
- 83% of cervical cancer cases occurred in women between the ages of 30 and 69 years old.



SPECIALIST SERVICES  
COMMITTEE

### Specialist Services Committee (SSC)

SSC provides a platform for specialists to work with key partners, achieve professional growth and deliver an improved health care system for patients.

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