

Doctors innovating local strategies to improve residential care across BC

The GPSC’s residential care initiative is designed to enable physicians to develop local solutions that improve the care of patients in residential care facilities. Five divisions of family practice began prototyping the initiative in 2011: Abbotsford, Chilliwack, Prince George, South Okanagan Similkameen, and White Rock–South Surrey. Based on the successes achieved in the prototype communities (many of which are highlighted in the May, 2015 GPSC column in the *BCMJ*, titled “Localized solutions for provincial reform of residential care services”), the GPSC approved up to \$12 million in annual funding earlier this year to expand the residential care initiative to communities across BC.

Participation in the residential care initiative is open to all practising GPs in all communities throughout the province. Physicians who practise in communities in which no division of family practice has been formed are invited to self-organize and apply for funding as a local group. Funding is calculated for equity at \$400 per residential care bed per year and is accessible to divisions and other physician groups.

Divisions and self-organizing groups of physicians who wish to participate in the initiative start the process by applying for planning funding. This initial funding supports a local engagement process to develop solutions for delivering dedicated GP most responsible physician (MRP) residential care services. These solutions are then formalized in a memorandum of understanding (MOU) between the di-

vision or group and the health authority with input from the GPSC. The MOU recognizes the potential for overlap of responsibilities between divisions/self-organizing groups and their region’s health authority, and documents each partner’s role and responsibilities

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in contributing to residential care solutions, creating an open, efficient, and transparent environment in which collaboration can take place.

In the past 4 months, 28 divisions of family practice have applied for funding for the planning phase of the initiative, and 6 have signed MOUs to receive implementation funding. This means that only 8 divisions and a handful of communities without a division in the province remain in which physician participation in the initiative has yet to be confirmed. GPs’ enthusiasm for participating in the initiative highlights that the challenges faced by residential care facilities relating to polypharmacy, emergency room transfers, continuity of care, and timely on-site care for patients are recognized province-wide.

There are five best-practice expectations to be reflected in the proposed residential care solutions of each division or physician group:

- 24/7 availability and on-site attendance when deemed necessary by the on-call physician
- Proactive visits to residents
- Meaningful medication reviews
- Completed documentation
- Attendance at case conferences

It is anticipated that creating solutions to fulfill these best-practice expectations will result in three system-level outcomes:

- Reduced unnecessary or inappropriate hospital transfers
- Improved patient-provider experience
- Reduced cost per patient as a result of a higher quality of care

Identifying ways to address each of these expectations has brought common themes to the surface and allowed for the creation of innovative strategies to address them. Some of the strategies outlined by participating divisions in their MOUs include the following:

24/7 physician availability

To ensure that facilities are provided with 24/7 physician coverage, many divisions have outlined plans to

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identify call structures, use systems already in place (such as the GPSC inpatient care networks), and make use of existing call groups within the local physician community.

Proactive visits to residents

To provide residents with proactive physician visits, the Victoria and South Island Divisions of Family Practice (who are collaborating on their residential care work) will recommend physicians and facilities schedule regular visits by the MRP during operating hours. Scheduling physician visits at regular intervals increases the opportunity to provide proactive care to individual patients and enables the physician to participate more fully in facility-based team care processes such as care conferences.

Meaningful medication reviews

Participating divisions have identified many ways to improve the medication review process, with education arising

as a common theme. As part of their residential care plans, the Cowichan Division intends to access educational opportunities from the Shared Care Polypharmacy Risk Reduction Initiative for quality improvement and clinical updates.

Completed documentation

To ensure that residents have completed documentation in place, the Central Okanagan and Shuswap North Okanagan Divisions of Family Practice will be implementing the Medical Orders for Scope of Treatment (MOST) planning form, aiming to have completed documentation (including medical summaries and advanced care plans expressing resident and family preferences at end of life) for all facility residents.

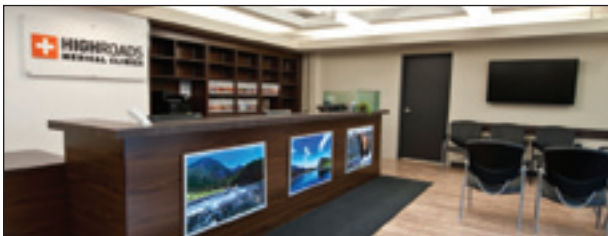
Attendance at case conferences

To facilitate physician attendance at case conferences, Shuswap North Okanagan Division of Family Prac-

tice has drafted a plan to accommodate family physicians' schedules and group conferences by physician. The Division also plans to explore video or Skype teleconferences as an alternative to in-person case conferences.

Physicians who would like to learn more about residential care projects underway in their community are encouraged to contact their local division of family practice. Any physician interested in participating in the residential care initiative as part of a self-organizing group can visit www.gpsc.bc.ca/family-practice-incentive/residential-care.

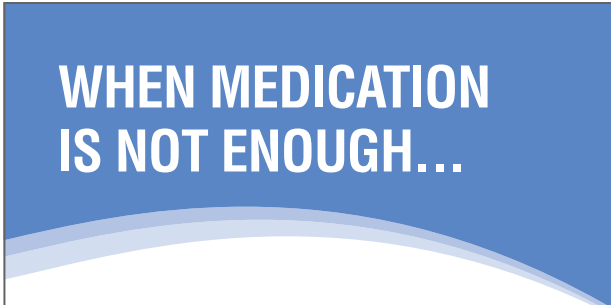
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—Darcy Eyres
Co-leads, Residential Care Initiative



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