

BC seniors receive improved long-term care through GPSC initiative

The GPSC Long-Term Care Initiative (LTCI) recently reported significant improvement in the medical care of BC seniors who are in long-term care facilities since it was created in 2015.¹ The LTCI was formed through a partnership between the GPSC, divisions of family practice, health authorities, long-term care facilities, and the Ministry of Health. It was set up in response to a decline in the number of family doctors and most-responsible providers working in long-term care facilities, significant projected growth in the number of long-term care patients, and the lack of a system to plan family doctor coverage for long-term care facilities across a community. The LTCI builds on the work of the GPSC in developing physician longitudinal relationship-based care, which is shown to improve health outcomes.²

Through the divisions of family practice, the LTCI supports local family doctors to design and implement community solutions that deliver dedicated care provider services to patients in long-term care facilities. The LTCI service review report shows how the initiative made a difference for one of BC's most vulnerable patient populations:¹

- Communities have developed mechanisms for patient attachment to ensure all long-term care patients are assigned a dedicated most-responsible provider.
- Emergency department transfers of long-term care patients have decreased substantially since the start of the initiative (as much as 28% in the Fraser Health Authority).
- 90% of facility survey respondents reported that the overall quality of care provided to patients during the pandemic by family

physicians and nurse practitioners was good or very good.

- Long-term care facilities are now able to routinely reach a family doctor after hours 87% of the time, an increase from 64% at the start of the initiative in 2015.
- Implementation of the LTCI is very high across BC, with an uptake of 96% across the 31 000 long-term care beds in the province.
- Proactive visits from most-responsible providers to long-term care patients have increased at the provincial level since the implementation of the LTCI.
- Attendance of a care conference by patients and their families has increased by 10% to 41%, depending on the health authority in which they receive care.

In addition, the initiative increased engagement from family doctors in long-term care by providing a network of support, continuing medical education, systems for ongoing coverage, and clearly defined expectations. It has also enabled family physicians to increase their skill sets with a quality improvement approach that regularly creates opportunities to review and reflect on quality indicators and measures directly related to the care of their patients.

To build on the success of this initiative, the report outlines key recommendations for the future of long-term care, which include:¹

- Exploring how team-based care, patient medical homes, and primary care networks integrate with long-term care.
- Supporting ongoing quality improvement reviews.
- Collaborating with Indigenous partners so that their perspectives, lived experiences, and cultural safety and humility are integrated into a holistic vision of long-term care.
- Preparing for the growth in long-term care clients projected over the next 2 decades.

The LTCI demonstrates the value of the divisions of family practice, and the partnerships

between divisions and health authorities, in focusing on specific gaps in care at the community level. It shows the tangible improvements that can result when clinicians have the support of the system and administrators to implement new approaches or changes. The initiative builds on divisions of family practice as networks of family physicians who are rooted in a community, working together to address gaps in care, and provides the basis for working in partnership with a community's health authority to implement care systems and improvements to address those gaps. It also emphasizes the quality improvement approach in terms of regularly gathering information from care facilities and giving family physicians the opportunity to review and reflect on the quality indicators they receive feedback about.

Following this report, the GPSC is convening a new LTCI task group, which will further advise and oversee implementing the report's recommendations. The task group will be composed of a variety of stakeholders, including long-term care physicians, nurse practitioners, division of family practice, caregivers, the First Nations Health Authority, and regional health authority representatives. This work is funded through the GPSC, a partnership of Doctors of BC and the Ministry of Health. If you would like a copy of the report, please email evaluation@doctorsofbc.ca. ■

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References

1. GPSC LTCI Working Group, Elayne McIvor. GPSC Long-term care initiative service review, 2021. p. 3-31.
2. Ross S. Recognizing the value of longitudinal care: The community longitudinal family physician payment. *BCM J* 2020;62:25,28.

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