

# Practice Support Program

Practice Support Coaching in the North - Special Edition

May 2020

## Extraordinary People in Extraordinary Times

**It is with gratitude that we acknowledge the incredible contributions and innovations from physicians, MOAs, primary care interprofessional teams and coaches to ensure that patient care remains a priority during this pandemic.**

As we balance all the changes during these exceptional times, success stories have highlighted the great work happening in the North.

Virtual group medical appointments have started taking place (or are in planning stages for implementation) to meet the needs of individuals in social isolation, unable to access normal programs and care, and who may benefit from the support of one another. Some examples of these groups include:

- Patients with anxiety
- Patients who may require dietary support
- Pre/postnatal patients

Dr.  
Lupu

Fort  
Nelson



“My patients have enjoyed having access to group meetings on Zoom. They’ve found their anxieties are common and a shared human experience, and also found the socializing helpful. They’ve helped each other reframe anxious thinking and came up with ideas for each other to try. It was challenging to get some of the participants online and all connected, particularly turning video and audio on and off. In some cases phone was the only option, but even so, the patients have found that they were part of the group and connected. I’ve previously provided group medical visits and we already had a framework by which we ran the group. I might have found it more challenging were it not for my prior experience.” Dr. Lupu, Fort Nelson

“Who knew that it would take a pandemic to get me tech savvy?”

“My coach was agile enough to quickly support me with office PPE needs, virtual care transition, and panel management so I could continue to cover overhead and provide services to my population. An incredible partner and advocate.”

“It was explained that because he has asthma, his GP wanted to ensure he was keeping safe and had his medication available. The man commented that he felt cared about by his doctor.”

“The response from the public has been positive. They’re happy to do their appointments virtually, saying they appreciate not having to come into the facility at a time when they would prefer to isolate.”

# Virtual Care in the North



**Dr. Strydom & LPN Darci demonstrating**

During this remarkable time, the Practice Support Program (PSP) coaches, in collaboration with NH and Doctors Technology Office, are supporting physicians with virtual care. There are some fantastic resources for coaches, physicians and their teams. A very rapid change in focus from the services normally provided by coaches has highlighted the agility of the coach to be flexible and responsive in supporting physicians.

Practice Support Coaches are also playing an integral role at many sites with primary care interprofessional teams and Nurse Practitioners. Activities such as securing medical grade Zoom accounts through RCCbc, setting up virtual meetings for leadership teams, primary care interprofessional teams, Medical Advisory Committees, etc. At many sites, coaches are the ones to go to for virtual assistance. In addition, changes to workflow to accommodate virtual care have required a great deal of ongoing communication with, and for, providers and clinicians, and coaches are often taking on enhanced communication roles.

Physicians in the North initially started virtual care, as a response to physical distancing, with the telephone. Many of those providers have now transitioned to virtual face-to-face platforms such as Zoom and Doxy.me. Additionally, physicians and teams have used Pexip and EMRs (Wolf and MedAccess) which have virtual video capabilities built in. Coaches have been helping physicians (and some specialists) with obtaining accounts, test sessions to trial the platform, and office workflow modifications/processes to facilitate virtual sessions.

As well, coaches have focused their efforts on ensuring physicians have access to specific registry reports (e.g., COPD, frailty, age  $\geq 65$ , medications, mental health, etc.), enabling physicians to connect with those individuals to ensure they: have medications/provide refills; have exacerbation plans in place; are well and understand how they can safely access care; are aware of supports that are available for daily living activities; and have the support of a community paramedic for a virtual visit for socialization, as deemed appropriate.

Some practices have seen a reduction in the number of overall visits, which has allowed those physicians to take this time to focus on chronic disease management, complex care planning and updating and uploading care plans to PowerChart. Others have been able to provide appointments to those who would otherwise go to the emergency department for issues that a physician can manage virtually, freeing up the emergency physicians to focus on more emergent patient care.

**This work is important**  
**Connected**  
**Felt cared about by doctor** **Thankful for habit of updating EMR**  
**Partner** Positive response **Proactive patient care** Specialists using zoom  
Avenue to connect, socialize and support one another  
**Shared Human Experience** **Agile** **Connected with other PCAs/MOAs**  
Zoom meeting for all physicians and specialists to discuss COVID **Connect with patients in an effective and genuine way**  
**"Who knew that it would take a pandemic to get me tech savvy?"**  
**To feel we are not alone** **"What haven't we done?!"** Virtual group medical visits  
**Collaborated to support the process** **Share stories with colleagues**  
95% of appointments now virtual **Using virtual care to set up virtual care** **Advocate**  
**EMR report functionality** **Amazing team work** Collaboration of physician group and Health Authority  
**Able to bring specialist /primary care nurse into the physicians telehealth**  
**Quick to learn virtual care**  
**Part of the group**  
**Appreciate**

# PSP Learning Opportunities Offer Flexible & Virtual Delivery Options

To ensure continuous access to learning units, the Practice Support Program is supporting the delivery of our learning opportunities with unparalleled content flexibility, including select virtual options.

In-person sessions hold unique value and will be prioritized when, and where, possible. However, where virtual options are able to increase accessibility, particularly in rural areas and during times of physical distancing, we encourage you to reach out to your Practice Support Coach to discuss how to meet practice needs through flexible and virtual delivery options.



## CLINICAL LEARNING OPPORTUNITIES



A grid of ten blue rounded rectangular buttons, each containing a clinical topic. The topics are: ACEs &amp; TIP, Adult Mental Health, Chronic Pain, Child &amp; Youth Mental Health, Chronic Disease Management, COPD, Dementia, Diabetes, Heart Failure, and Hypertension. Below these are three more buttons: Musculoskeletal, Palliative Care, and Substance Use: Screening &amp; Brief Intervention.

## PRACTICE MANAGEMENT LEARNING OPPORTUNITIES



A row of four orange rounded rectangular buttons, each containing a practice management topic: Advanced Access/Office Efficiency, Group Medical Visits, Practice Improvement (QI), and Team Based Care.

## Team Mapping & Virtual Care

Practice Support Coaches have received valuable training from UBC's Innovation Support Unit (ISU) for team mapping as a component of team-based care. Integral to team mapping are 'experiences' or 'scenarios' to explore in detail for that scenario and who takes on which role? What are the individual responsibilities in that scenario? Where are the gaps in the system? This tool has evolved for use in a virtual environment.

Many of you will be leading or participating in table top or simulation exercise at your sites for the presentation of COVID-19 positive patients. Inherent in this process is the reality that we should be physically distancing while still ensuring key medical staff are prepared for the current situation. The use of virtual mapping can help many participants experience a simulation in a safe, controlled environment.

Recently, teams in Chetwynd and Tumbler Ridge participated in a simulation exercise. Although the exercise was not designed to be virtual, tools such as Zoom were used successfully to communicate throughout the simulation. We know that in many rural communities, physicians may not physically be in a community 365 days a year, but might still be serving a patient panel and also working in the Emergency Department. Including them via virtual tools can help all staff members feel confident and secure of safe processes.

During this time where patient care is being delivered virtually, team-based care can also continue in your community using virtual tools. If you have not scheduled a simulation exercise yet or if you are interested in using virtual mapping to carry on with team-based care for your patients, ask your practice coach, we are here to help.

# Pathways Virtual Directory

Pathways is introducing a new public-facing Virtual Care Directory. Each clinic/family physician listing will provide basic contact info, relevant patient instructions and a link to your own clinic website (if you have one). For offices without websites, your Pathways Virtual Care Directory listing can serve as a public web page for your clinic (you can direct your patient here for their virtual care link).

The survey link is: <https://www.surveymonkey.com/r/FPvirtualcare>

## Facilitation Cycle & Tools

In addition to offering in-person support, PSP can offer compensation to physicians and staff for work being done to implement virtual care options through the accredited QI Practice Facilitation Cycle. These QI cycles don't need to be large scale or lengthy projects. They can be as short as 1-2 hours engaging in some type of practice improvement.

Consider the following examples related to virtual care:

Aim Statements	Measures
To be able to follow up <i>all (100%)</i> of my Frailty patients and make sure that they are all informed about my virtual care appointment availability by <i>---, 2020</i> . (MOA can help with project by notifying patients of VC appointment time)	# of Frailty patients informed
I want to create an up to date list of email addresses (and/or mobile numbers) for approx. <i>--%</i> of my patients (one per family) by <i>-----, 2020</i> .	% of patients with updated email addresses (and/or mobile numbers)
I will document verbal and/or written patient consent for virtual care in my EMR for approx. <i>--%</i> of my patients within/by <i>-----</i> .	# of % of patients providing verbal and/or written consent
I will develop a written workflow for virtual care visits that my staff can follow for each patient appointment. This will be created by <i>---, 2020</i> .	# of standardized workflow documents
I want to select a virtual care platform (including remote access to EMR & VC platform for my MOAs). Once selected, I will offer virtual care visits to <i>#</i> patients by <i>---, 2020</i> .	Virtual care platform selected # of patients offered virtual care visits

Activities or Tools	Compensation	Certificate
GPSC Panel Management Workbook	\$6,000 total for completion of all three phases of panel management	3 certified Mainpro+ credits per hour for up 25 hours (maximum 75 Mainpro+ credits)
GPSC Patient Experience Tool	Associated with QI cycle maximum 15 hours	Earn up to 45 certified Mainpro+ credits
Coaching (Virtual Care and Office Efficiency)	Associated with QI cycle maximum 15 hours	Earn up to 45 certified Mainpro+ credits

# GPSC Patient Experience Tool During the COVID-19 Outbreak

The GPSC Patient Experience Tool can continue to be used to improve your practice and provide better patient care. The tool enables physicians to collect feedback from patients about their experience in accessing care, including using virtual care during the COVID-19 outbreak, and using the data to improve workflow and communication.

Historically, surveys are accessible to patients on a PSP-issued tablet, which is rotated between participating clinics every six to eight months. In light of the COVID-19 outbreak, a new feature is being developed where surveys are sent electronically to patients by either email or text. Patient responses will be automatically collected and displayed in the reporting dashboard via the GPSC Patient Experience Web Portal.

Through PSP, participating doctors and eligible team members can each receive compensation for up to 15 hours spent on practice improvement. Physicians can also receive up to 45 certified MainPro+ credits (three credits per hour, for up to 15 hours).

To learn more, complete [this online form](#) and a PSP team member will be in touch to coordinate a time to connect.

## Are there Benefits to Using Video Virtual Tools?

- ◆ It can provide the opportunity for physicians to pick up visual clues such as symptoms, skin tone, facial expressions and even surroundings, particularly for chronic, complex or mental health patients
- ◆ Patients and physicians may feel more connected during video virtual visits
- ◆ It may support patients in considering the use of virtual tools to connect with loved ones during isolation
- ◆ Ease of access may encourage some patients to be more likely to have a visit.

## Patient Voices: Experiences of Accessing a Doctor During COVID-19



Palwinder

“As a renal patient it is important for my health to remain in self isolation. During these difficult times I’ve had to reach out for medical care from my doctor by telephone for myself and also for my elderly father. The response has been great from my doctor and very helpful. I also needed bloodwork at the hospital, it was preplanned in a very fast, efficient manner.”

Palwinder T, Terrace, BC  
(*Patient Partner, Patient Voices Network*)



Taylor

“I have been able to talk to multiple doctors by phone to discuss things such as mental health and prescription advice, as well as video conference with my counsellor from my beanbag chair! I found the experience to be quite comfortable and easy to do from my cellphone.”

Taylor M., Terrace, BC (*Patient Partner, Patient Voices Network*)

## Feedback / Comments / Contact :

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