



Practice Support Program



northern health
the northern way of caring

Practice Support Program

Practice Support Coaching in the North

JUNE 2019

Introducing...

The Northern region Practice Support Program quarterly newsletter! It's purpose is to keep you informed of recent changes with the program provincially but also what is happening on a local level here in the North!

We will provide stories of Quality Improvement projects that are happening in cities and towns in the north. We have a spotlight section that will feature a clinic or practice. You can be featured here!!

We will share interesting tools and supports that will help in your practice

We will introduce you to some of our local coaches in the North and what they are working on in their Physician's practices.

In This Issue

- What's new with PSP
- Panel Management activity
- Spotlight on...
- Are you ready for QI
- PSP Framework for supporting practices
- Meet a PSP coach
- FUN– win a PRIZE

“Doing the right thing, at the right time, for the right person, and having the best possible result.”

Agency for Healthcare Research & Quality



The UBC E-Coach Tool can guide you through a self-directed assessment of an area(s) of practice you may be uncomfortable with or wish to improve upon. Next, it will help you develop an action plan to address that area of practice, and – after you have implemented your plan – guide you through evaluating the effect of your plan.

Credits available!

Call your local coach for more information and support!

UBC CPD



CONTINUING PROFESSIONAL DEVELOPMENT
FACULTY OF MEDICINE

PSP Panel Management

Supporting the provincial model of patient medical homes (PMH), coaches in the north are working closely with physicians and their staff to work through PMH assessments and panel management.

The opportunity for physicians to look at their practice through the PMH assessment process has been well received. To date, in the North, 196 assessments have been completed since January of this year.

A total of 110 physicians in the North have committed to work through and complete all three phases of panel management.

Phase 1 – Empanelment: The steps to achieve empanelment are well on their way. Physicians and staff are working with coaches to establish processes to discover who their active patients are and updating their information to create an accurate patient panel registry.

Phase 2: Focuses on the physician identifying 3-5 conditions of their choice to create disease registries in their EMR. Physicians develop a standard coding for these conditions in health issues to build robust registries which will help them to better understand the needs of their practice. Phases 1 & 2 have been completed with the help of a coach by 20 physicians.

Phase 3: Panel optimization builds on the processes of phase 2, choosing 7 – 10 more conditions. The same steps are followed from step 2, however, physicians now review these registries and identify any opportunities for improvement in managing this population through proactive care and recalls. We have had 2 physicians complete phase 3 with the support of a coach.

With all this work we are seeing great successes! Thanks to everyone for all the hard foundational work you've been doing!

A PMH is a family practice that operates at an ideal level to provide longitudinal patient care.



EMR Panel Assistants

Consistent with the move to fully integrated primary care networks and the implementation of the Practice Support Program Quality Improvement Framework, the provincial support program has unveiled a new resource for physicians and their practices, supporting them through phase 1 & 2 of panel development.

Panel assistants will be deployed in Northern Health to communities who have expressed interest in becoming part of the primary care network. These panel assistants are independent EMR experts who will be assigned to clinics to ensure that reliable, consistent, and accurate data is enabling physicians and their clinics to support data informed care.

The use of panel assistants in the Northern Health region is being discussed and, as details develop, will be shared with physicians and their teams. Contact your practice support coach if you have questions about panel assistants.

PSP Module Evolution and New Framework

Partnering with educational experts at the UBC Division of Continuing Professional Development and key subject matter experts, PSP is currently evolving content traditionally delivered as three session modules into efficient, versatile learning opportunities.

Taking into account physician feedback, we're leveraging the latest research in adult education and marrying that with quality improvement methodology to create shorter, more dynamic and flexible options for learning.

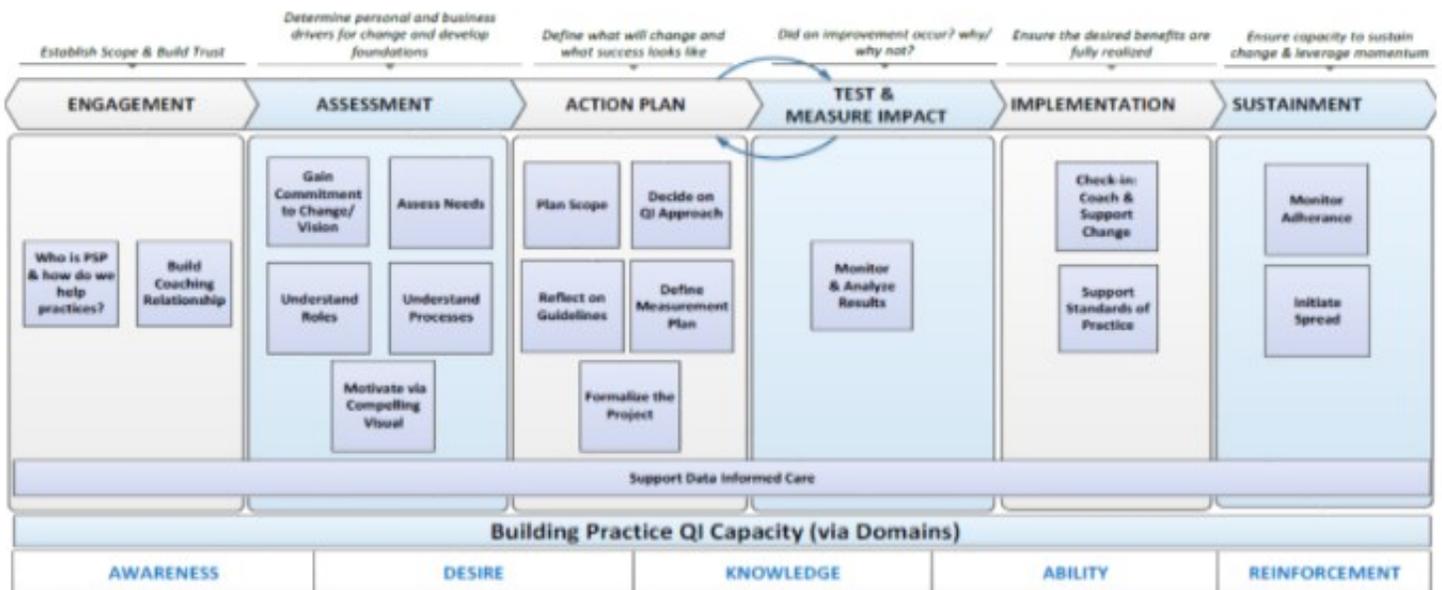
As part of this process, we are reviewing evaluations and historical content, consulting Regional PSP Coaches, and collaborating with clinical experts throughout the province. Content will be based on high quality evidence, aligned with current guidelines, and will be relevant for physicians and their practice teams throughout BC.

The goal is to make it easier for physicians to access content, with continued focus on action planning and in-practice coaching toward improvements in practice. These updated learning units are also an opportunity to consider a variety of learning approaches and formats, new ways to integrate practice data and quality improvement measures into the educational content, and inclusion of team-based care approaches.

This module evolution process is underway releasing new content intermittently upon certification and availability.

Topics set for evolution (in order) include:

- Chronic Disease Management (COPD, Heart Failure, Diabetes and HTN) **available to prototype**
- Pain, **available to prototype in 2019 Summer/Fall**



The **PSP Practice Facilitation Framework** was developed by members of the PSP team to describe PSP's **full-service coaching** and mentoring approach that serves to:

- Meet the unique needs of a practice and its patients
- Establish and **build QI capacity** across primary care practices in BC by enabling a culture of practice improvement
- Increase **consistency in the delivery of PSP** support across the province by clearly outline what a participating family physician can expect from PSP, regardless of location
- Enable a **sustainable coaching** and mentoring model supporting family practices
- Establish the foundation of the **PMH model** across a critical mass of practices to build enthusiasm beyond early adopters
- Demonstrate **measurable patient care improvement**

ASK YOUR COACH ABOUT IT TODAY!

SPOTLIGHT ON

Spruce Medical Centre

The Spruce Medical Centre is a new clinic in Terrace that opened on June 1, 2018. This close knit group not only works well together but also enjoys activities outside of work together as a team. Besides frequent 'touch base' office meetings with staff, they are often found enjoying lunch together and exchanging humorous moments. Some of their team social activities include bowling, going to the movies, dinner parties and an upcoming golf scramble and camping weekend.

The physicians love practicing in Terrace for a number of reasons. They are able to work using their full scope of practice and they have excellent specialist support. Terrace also affords many opportunities to play in the outdoors which in turn promotes a greater work-life balance. The physicians work four days per week with one flex day which helps them maintain a healthy work-life balance.

All are actively engaged with the Practice Support Program's services and supports for improving patient care and provider experience.



Physicians: Mariette de Bruin, Harvir Dhillon, Eloise Laing, Carla Gemeinhardt, Jordan Hynd, Nicholas Mooney and Nicola Beck.

Staff: Angie, Terri, Sydney, Jessie and Sharra. Photo credit: Talon Gillis

They welcome the local PSP coach, Tamara Stephens, to 'set up shop' whenever she wants in their clinic, which she takes full advantage of on a weekly basis. They stated, "Tamara has been a huge support with clinic start up and ongoing office flow, helping with our EMR and billing. She also connects us with needed support and resources when she doesn't have the answer."

Spruce Medical Centre is actively working to build QI capacity in their practice by encouraging staff to expand their skills and providing opportunities to do so. They are aiming to use patient satisfaction surveys to ensure patient needs are being met. All of the physicians have participated in the GPSC patient medical home assessment and panel workbook. The result is newly discovered opportunities for providing greater access to patients and greater satisfaction.

The Spruce Medical Centre has sought to meet the attributes of the PMH in innovative ways:

1) Creating a **clinic website** with patient information and an **online booking** platform. The results have shown that patients are quickly getting to know the online booking system. Results have increased significantly (>1500%) since the start date of Jan 15th.

Results — Patients can book at their leisure and outside of clinic phone hours. Increased patient satisfaction and improved appointment accuracy.

Reason for visit explanations are more descriptive when done by the patient online. Unattached patients also benefit by booking online and have opportunity to find a family doctor.

2) Check in **Kiosk** that links to their EMR allows patients to update their own demographic information and will be used for future patient experience QI initiatives.

Results — Initially patient use of the kiosk was slow. The clinic staff came up with an idea to have a weekly give-a-way draw for patients who used the kiosk. They have seen a notable increase in use since then.

3) **Extended clinic hours** 3 days of the week.

Results — Greater patient satisfaction. “Patients don’t have to miss work for routine appointments.”

4) Use of **E-Faxing** for prescriptions

Results — Improved medication compliance by patients.

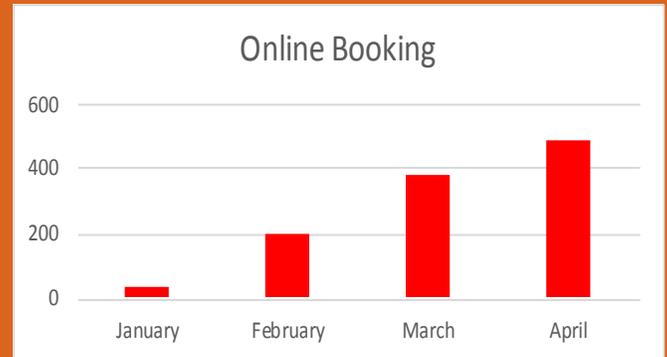
Phases of Panel Management. Some of the biggest successes with this work are, “getting insight into patient populations and identifying the need to engage in group medical visits”.

“Properly marking patient charts with correct diagnosis has been important”.

They look forward to continuing in the work of updating patient profiles and full medical histories as they continue to take on unattached patients.

They advise other physicians to:

- 1) Start EMR management meetings with the entire team, including front end staff
- 2) Start panel management procedures from the ‘get-go’.



A visiting locum physician commented after his work stay, “These are really great people who are very welcoming!”

Primary Care Network updates across the North

From Susan Schienbein, Practice Support Coach in Burns Lake

“Physicians from Burns Lake met with Mary Knowles, Facilitator for the Primary Care Network on Friday March 29, 2019. There was good representation from both the private clinic and the primary care clinic. Attendees expressed their interest in moving patient-centred care forward and acknowledged that patient outcomes can be improved when we collaborate as a team.”

Anel Meintjes, Practice Support Coach in Fort St James

“A need was expressed for a greater understanding of the “in-community” population numbers, interpretation of population size, demographics and chronic disease profile. Amongst others, need for social work support and mental health services was highlighted. Much of the conversation addressed the very specific needs of rural communities.”

Michelle Pele, Practice Support Coach in Prince Rupert

In April 2019 various meetings were held to discuss an expression of interest in a primary care network. There was good representation from the Prince Rupert primary care interprofessional team, Coast Tsimshian community representatives, organizational partners in health and mobile Primary Care Team Professional Advisory Committee, community health partners, and local physicians and specialists.

Work continues to be done in other areas and updates will be given in another issue of the Newsletter.

Facts about PCNs

- processes to ensure all people in a community have access to quality primary care and are attached within a PCN;
- provision of extended hours of care, including early mornings, evenings and weekends;
- provision of same-day access for urgently needed care through the PCN or an urgent primary-care centre;
- access to advice and information virtually (e.g., online, text, email) and face to face;
- provision of comprehensive primary care services through networking of primary care providers and teams, to include maternity, inpatient, residential, mild/moderate mental health and substance use, and preventative care;
- co-ordination of care with diagnostic services, hospital care, specialty care and specialized community services for all patients and with a particular emphasis on those with mental health and substance use conditions, those with complex medical conditions and/or frailty and surgical services provided in community;
- clear communication within the network of providers and to the public to create awareness about appropriate use of services; and
- care that is culturally safe and appropriate.

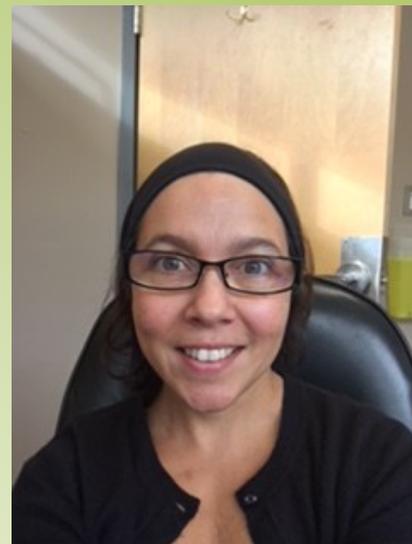
A primary care practice has "QI capacity" when it knows and understands QI approaches and how to use data and feedback to improve. QI capacity also depends on the commitment of practice leadership and staff to QI activities. - Agency for Healthcare Research and Quality

Practice Support Coach Story

Denise Cerqueira-Pages, Masset Coach

Denise started with the Practice Support Program in 2017. Before moving to Canada from Brazil, she studied pharmacy and biochemistry and gained her masters in immunology. She worked as an immunologist researcher at Oswaldo Cruz Institute in Brazil. Denise's dad is a gastroenterologist and she always thought that she would go to medical school after high school, but discovered pharmacy was her passion.

Denise now resides in Masset, Haida Gwaii. She describes this community as special because of the many natural beauties, the Haida nation culture, the peaceful environment, and the warm and friendly community.



The highlight of the PSP role for her is working with a supportive leader and 23 teammates with different backgrounds, making the team unique. Denise values being able to provide 'at-the-elbow-support' to physicians using a quality improvement approach. She took the Leading Edge Green Belt training in 2018 and her storyboard won 1st place at the 2018 Northern BC Research and Quality Conference.

With the PSP provincial program refocusing its priorities to focus more on practice support and panel management, there is a better understanding with the physicians in Masset as to how she can support them as their coach. She looks forward to assisting with improvement in these areas.

When asked what makes her feel proud, Denise replied, "my growth on a personal and professional level." As well, she has learned to accept whatever comes in life which has enabled her to create a happy and peaceful life for herself and her family.

A favorite quote of Denise's is, "Everyone in healthcare should have two jobs: to do the job and to improve how the work is done" by Maureen Bisognano.

Say hi to Denise, and be sure to ask her for a dance lesson!

Contact Us

Want to share your QI story?
Do you have questions?

Email Team Lead:

Liana.Doherty@northernhealth.ca

or

Charleigh.Rudy@northernhealth.ca

Tamara.Stephens@northernhealth.ca

Feedback...

In order to keep our newsletter of utmost value to you, we need your feedback. Please complete this brief survey to let us know how we can improve future PSP newsletters and capture content that is important to you.

<https://www.surveymonkey.com/r/36YNRSZ>

WIN A PRIZE!!!

Are you a GP, MOA, Nurse or other staff member? Be the first person that completes and emails their answers to anyone in the 'Contact Us' section on Page. 6!

ACROSS

- 2 requirement prior to committing to the Panel Development Incentive (2 wds)
- 3 progressive lung disease
- 6 a system of care providers working together in a geographical area to provide care
- 9 diagnosis often due to aging and decline in function
- 11 document containing goals and patient preferences
- 13 end of life wishes document
- 14 learning opportunities through PSP
- 17 group of various allied health care workers supporting patient care (2 wds)
- 19 help prevent or treat to improve outcomes
- 20 assess, action plan, test and measure, implement and sustain (2 wds)

DOWN

- 1 Place where individuals receive their longitudinal, coordinated care (3 wds)
- 4 maintaining security and confidentiality of records
- 5 supports proactive patient care
- 7 vaccination
- 8 interaction between provider and patient
- 10 where patient chart is located
- 12 doctor
- 15 clinic office support staff
- 16 list of patients with a specific disease
- 18 one of the twelve attributes of a PMH



MEDICAL PRACTICE

