Practice Support Program

northern health
the northern way of caring

Practice Support Program

Practice Support Coaching in the North **September 2019**

The Practice Support Program (PSP) has a new compensation policy that better recognizes Doctors and their teams!

PSP understands family physicians and team members invest significant time in ensuring that practices run as smoothly and efficiently as possible.

PHYSICIANS TALKED

PSP LISTENED...

Family practice teams are expanding, and family physicians and other team members are increasingly focused on quality improvement (QI) activities*. In recognition of this, PSP has updated how it compensates family physicians and team members for these activities.

The new policy came into effect June 15, 2019. It was developed based on feedback from physicians. It provides flexibility and acknowledges the time invested by practice team members on QI activities that help build practice capacity.

Each eligible** practice team member can receive compensation for up to 15 hours of work for participating in an identified QI activity.

PSP practice support coaches and physician peer mentors can guide practices through a facilitation cycle that supports them in undertaking QI activities compensated under the policy. The facilitation cycle can help practices explore QI activities such as:

- Maximize efficiencies by identifying changes in practice workflow,
- Develop proactive patient recalls for common tests,
- Use data, including patient experience data, to inform practice improvements.

Physicians submit one form to claim a sessional payment for the hours spent on QI activities, and practice support coaches will support physicians and practice teams to track their time throughout the process.

Dr. Jaco Strydom and Darci at Summit Medical Group in Terrace won the crossword prize (little help from Kristi too).

*Excludes Phases of Panel Management and EMR SGLS focused on the phases, which are compensated with the GPSC Panel Development Incentive

** Up to 15 hrs. of compensation tied to action planning for all non-NH, fee for service participants. APP physicians are also compensated outside of salaried working hours provided their APP contract does not specifically exclude.

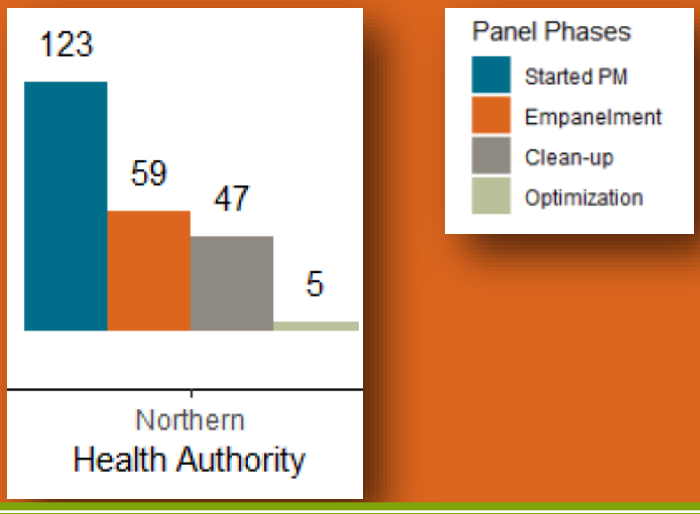
PSP Panel Management Update

Provincial

1663
Family Physicians have engaged with PSP for Panel Management Support

347
Family Physicians completed Panel Optimization (Phase 3) with PSP support

Northern Health



Family Doctors can receive three MainPro+ credits per hour for up to 25 hours (maximum 75 MainPro+ credits) for completing the Panel Management Workbook, which is certified by the Canadian College of Family Physicians.

Examples of Phase 3 Goals

- **Ensuring an efficient CDM or COMPLEX recall process is in place (more in terms of yearly visits and billing)**
- **Breast CA follow-up interventions and recalls**
- **Smokers 50+ with no dx of COPD- diagnostic spirometry**
- **FEV1/FVC < 0.7 value– dx COPD?**
- **COPD who do not have a flare-up plan (group medical visits with RT)**
- **DM's with A1C >7 recalls – gaps addressed**
- **Patients 50-74 who have not had a FIT in last 2 years *if pts have had a negative colonoscopy**
- **Review patients with HEP C that have been on a new medication that now gives them a negative result-put a stop date in for all with Neg HEP C**
- **Pts 19+ with unsafe drug or alcohol use – intervention applied**
- **Use scoring tools to identify frailty in pts 70+**

Other QI Projects Happening in the North

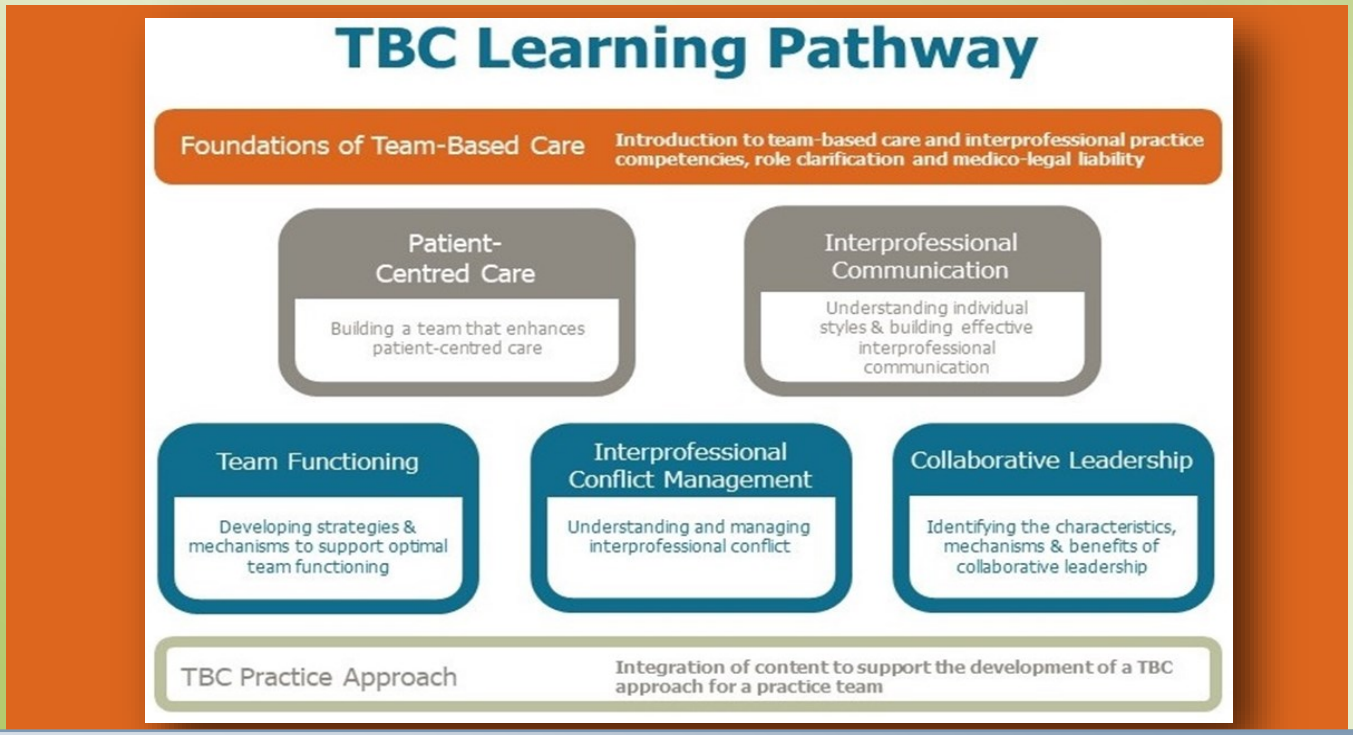
Masset– Diabetes process and billing efficiency in MOIS

Fort St James- Biosimilars Initiative- switching patients using the biologics Enbrel, Remicade and Lantus to their biosimilars which are more cost-effective, just as safe and underused. The aim of the initiative is to better optimize our public resources, and getting the best value for treatments while optimizing patient care.

Quesnel- Improve early identification for COPD. Identify all people age 40 or older with a smoking hx and screen with the Canadian lung health test followed by a COPD 6 for those with positive lung health tests. Start COPD guideline care and team based approach for all positively diagnosed with COPD.

PSP Team Based Care Small Group Learning Series

The Practice Support Program's series of Team Based Care (TBC) Small Group Learning Sessions (SGLS) focuses on helping physicians and practice teams develop competencies key to successful team-based care in practice. PSP recognizes that each community and each physician practice is unique, therefore with PSP's flexible content approach, this learning series has been developed to provide a more tailored learning approach for participants.



The Evolution of the Practice Support Coach Scope and Role in Team-Based Care

The current structure of the Practice Support Program (PSP) enables the Quality Improvement Practice Support Coach to offer expertise and resources that are primarily centered around and delivered to Primary Care Providers. Given the provincial priority of a team-based model of care, we are seeking strategies to align and expand PSP expertise and resources in the North to include the broader healthcare team in recognition of the value team-based care has to support person and family centered care and care coordination. Commencing in early June, Dawson Creek agreed to be our first rural community to partner with PSP & NH to prototype this expansion of the scope and role of the Coach, with a focus on coaching TBC drivers with the team in:

- a clear, common goal
- teamwork and communication
- team mapping (clear understanding of respective roles & responsibilities)
- coordination of panel management mentorship

In partnership with PSP and NH, our goal is to develop provincial (PSP) and regional (NH) TBC frameworks and guidelines, modeling TBC coaching that adapts to the unique needs of each primary care team. With communication as a key driver, we've initiated our TBC journey in Dawson Creek with team meetings enabling conversation around gaps in release of care coordination from the hospital to primary care and coordination of care in primary care teams. Next steps will be to evaluate the outcomes of TBC team and patient assessment areas of focus in Dawson Creek, and strategize how to coach through the assessment, particularly around aligning teams with appropriate curriculum, team mapping and panel management mentorship

SPOTLIGHT ON

The Coaching team in Prince George is very proud of the fact that any given family Doctor in their city could identify who their Coach is. However, this didn't happen overnight. Although some are newly engaged, there are Doctors that have been interested in quality improvement since the existence of coaching in Prince George (and probably even before that!). One of these local Doctors is Dr. Barend Grobbelaar. As one of the founding signatures for the Prince George Division of Family Practice, Dr. Grobbelaar has been involved in many different pieces of work in our community. His local Coach could write many words about the work he has done, but will focus on one example that shares a sneak peek into his QI world.

It was no surprise to the Coach when Dr. Grobbelaar pinpointed **care plans** as a goal for phase 3 of the panel management workbook.

"For the good work regarding patient preferences that is done in the office to not be available to emergency and hospital Doctors, is a travesty."- Dr. Barend Grobbelaar.

His goal was broken into three parts:

1. Enter frailty scores for all patients over the age of 65 in Measures in MOIS. A Health Condition of frailty was entered for those with scores equal to or greater than 4.
2. Identify frail patients and ensure they have a Medical Orders for Scope of Treatment documented in the Preferences section of the care plan in MOIS.
3. Upload the patient's care plan to Powerchart, so it can be accessed by others in the patient's circle of care. Mainly, the patient's wishes would be available to emergency Doctors or others providing care in the hospital.

Dr. Barend Grobbelaar and Dr. Omesh Syal working together to clean up data at an HDC Data Party, hosted by Dr. Bill Clifford (pictured very excited in the back).

Using his criteria, 49 patients were identified as frail. Of these, 1 had recently passed away, 12 had current care plans uploaded to Powerchart, 17 would benefit from an updated care plan in the near future (last updated 10 months ago), and 19 needed a care plan created and uploaded. His MOA, Mable, was made aware of this and has been booking appointments appropriately to allow time for this important conversation.

This goal is particularly significant as Dr. Grobbelaar's patient panel is now small and very complex. He recruited a new Doctor to his practice last year as his first step towards retirement. Although he cross-covers for the other four Doctors in his clinic, his focus is on those of his patients requiring a little more time than others. It's been inspiring to see him keep his passion for quality improvement and excellent patient care alive as he eases into retirement. He's been a great example of how quality improvement can be a compliment to practice management and patient care.

We Need to Talk More about Physician Burnout!

Personal reflections from a family physician: "*Being a physician takes energy even on the best of days. Our practice is the classic high-stress combination of great responsibility and little control. We practice ignoring our physical, emotional, and spiritual needs to unhealthy levels. You work until you can't go any longer, and then you keep going. To do otherwise could be seen as a sign of weakness. The same traits responsible for our success as physicians simultaneously set us up for burnout down the road.*"

According to the Doctors of BC and the World Health Organization (WHO), burnout is now officially classified as an occupational syndrome and defined as "a long-term stress reaction, characterized by depersonalization, including cynical or negative attitudes toward patients, emotional exhaustion, a feeling of decreased personal achievement and a lack of empathy for patients." Burnout is a leading cause for physicians to withdraw from practice and leads to adverse consequences such as depression, substance use, and suicidal ideation.

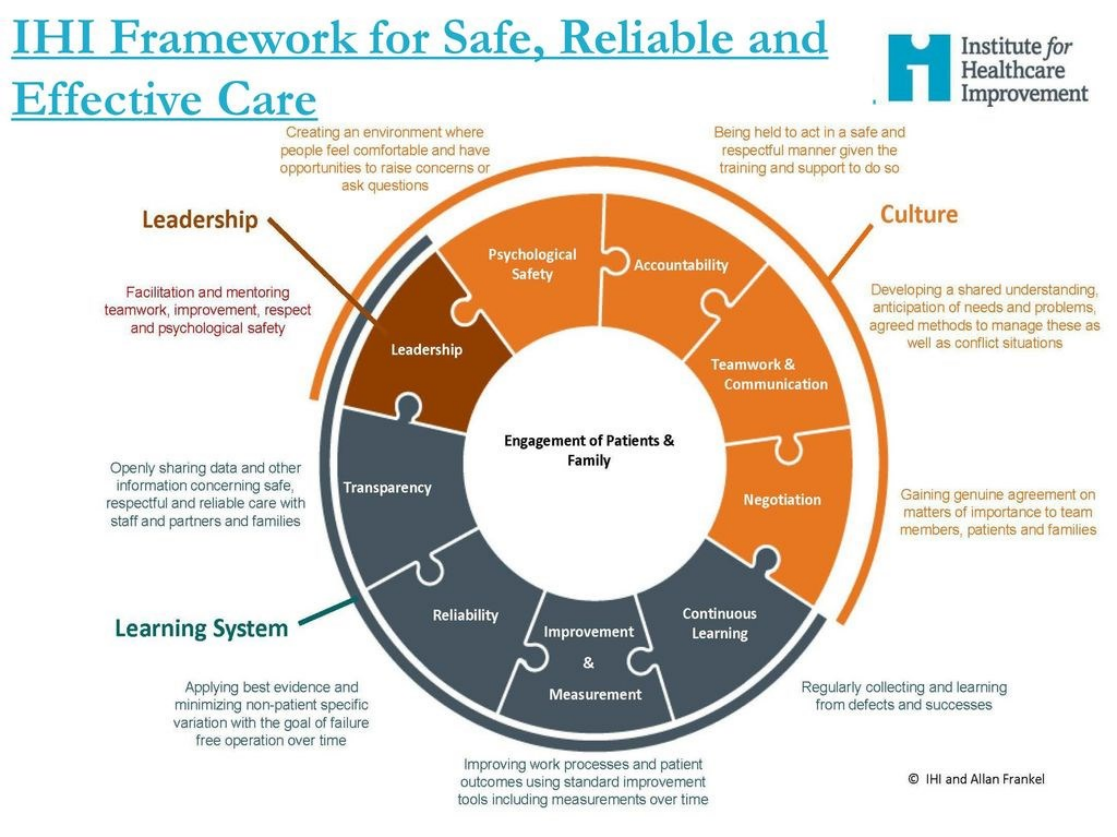
Excessive workloads, frequent debt, relationship status, age of children, spousal/partner occupation, work–home conflicts, loss of support from colleagues, deterioration in control, and lack of meaning at work, have all been enablers of burnout among physicians. Work related stressors drive physician burnout more than individual characteristics, such as personality and interpersonal skills, and personal experiences. According to the Quebec Physicians' Health Program, burnout is reversible, and even preventable. Both individual focused and organizational solutions are required to address physician burnout.

Use of electronic medical records (EMRs) have been associated with 29% greater rates of physician burnout. Some organization-level solutions are education and resources with EMR optimization and non-physician staff support to offload clerical burdens.

Team-based care presents a unique opportunity to achieve key aims of a high-quality health system, while providing physician support. Successful teams have the capacity to improve patient outcomes, the efficiency of care, and the satisfaction and well-being of physicians. High-functioning health care teams come in a variety of compositions, yet all possess key features that make them successful. Key drivers of TBC include: shared team identity, values and goals, leadership, defined and complementary roles, regular meetings, adequate staffing, shared physical space, psychological safety, open communication, mutual respect, constructive conflict resolution, task sharing and shifting, observation, and feedback. Factors that are critical to establishing team-based care include strong leadership—particularly regarding employing change management, co-locating team members in a shared workspace, standardizing roles and job expectations among team members, and adopting team huddles.

Process improvement methods can be used to analyze the current state of operations and identify opportunities for practice efficiency. The Practice Support Program's flexible learning opportunities and in-practice coaching enables primary care providers to identify, implement, and maintain practice improvements using data & metrics in areas which include EMR optimization, improvement of office workflows & processes, billing supports and panel management, to reflect on quality of care and inform improvements where needed.

Teamwork and Communication: Critical Component of the Framework for *Safe, Reliable and Effective Care* by IHI.



Communication, both verbal and non-verbal, is complex and subject to misunderstanding and misinterpretation. Learning how we work as a team and communicate with each other are essential elements of a healthy culture. Studies show that positive workplace cultures lead to improved system outcomes, patients' satisfaction and a positive experience for health workers. Braithwaite, 2017, reported that patient mortality is 48% lower in hospital sites which report good work environments compared with 60% higher in hospital sites which report poor work environments. For these reasons, it is important that health organizations prioritize not only technical skills, but the culture of a healthy work environment.

Considering this context, Practice Support Coaches in the North participated in the Teamwork and Communication Action series (BC Patient and Safety Quality Council) and learned and developed methods and tools that will direct their team to better outcomes. As Coaches, they can share these tools with physicians and Interprofessional teams.

Foundational to the journey to a healthy work environment is forming a team agreement - "*an explicit agreement that lays out the ground rules for team members' behaviors.*" The group's team agreement should be simple, no more than a page, and should outline:

- A broad statement of what you want your team to achieve
- How your team will work together to foster teamwork and communication
- How conflicts and challenges will be resolved

If you would like assistance to create a teamwork agreement, or want to learn new methods and tools to improve communication with your team, please contact your Practice Support Coach; they are here to help.

Practice Support Coach Story

Jody Johanson is the Practice Support Coach Regional EMR Specialist. Her role is to support EMR data quality, functionality and efficiency. Her journey in the health care field began in the Fort St John Medical Clinic in 1996. Her husband's work in the oil and gas industry moved her across the Peace region, where she worked in various health care settings, including Chetwynd. Jody was the office manager of the Chetwynd Centre Medical clinic for 8 years prior to joining the Physicians Information Technology Office (PITO), a program initiative of Doctors of BC. With the end of PITO, Northern Health and PSP collaborated to create a unique position for Jody as the Practice Support Coach- Regional EMR Specialist.

Jody works with many different EMR's within the Northern Health region, collaborating with practice support coaches to support physicians and clinics. Initially, this role had her travelling a fair bit of the time, but with technology, she is now able to support coaches and physicians remotely. She enjoys the panel management work that is happening right now that is foundational to the patient medical home and team-based care model of care delivery. "Digging into data is my favorite thing to do," says Jody.

She enjoys her role as an EMR specialist finding it challenging with all the diverse needs of the many practices. When asked what she likes most about her job, she replied, "All of my training sessions are so different depending on the QI projects in each community. I love teaching and seeing the excitement when learning new tips and tricks to make daily practice more efficient."

Jody lives in Prince George and loves the outdoors! She enjoys hiking, snowshoeing, kayaking, swimming and camping. She has an adventurous spirit as she, her husband and a group of friends, kayaked and camped along the beautiful Nechako River this summer. She can't wait to do it again!

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? Please complete and email your answers to anyone in the 'Contact Us' section on pg 7 by October 15th! We will draw for the winners on the 16th! Two prizes will be given—one for a GP and one for support staff.

ACROSS

5 Medical problem (2 wds)
6 Phase 1 of the Panel Development Incentive; eligibility and _____
7 Steps taken to accomplish a goal
9 The PSP reporting database for Coaches to document engagement, activities and action plans
10 List of people with a specific condition
11 GFR < 60 that does not improve (2 wds)
12 Condition lasting 3 months or more
13 The number of attributes of a Patient Medical Home
14 Proactive care to avoid health issues

DOWN

1 A person with reduced blood supply to the heart would be diagnosed with this (3 wds)
2 Physicians, clinicians and other health providers working together to support and provide care to individuals (3 wds)
3 Regular day to day health care typically led by a Family Physician (2 wds)
4 Assigning patients to a physician practice
8 Document of and reference for the processes of panel development