SharedCare

Partners for Patients

ANNUAL REPORT
2011/12

BRITISH COLUMBIA

BCMA
BRITISH COLUMBIA MEDICAL ASSOCIATION

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MANDATE

Per article 8.1 of the 2006 Physician Master Agreement (PMA), the Shared Care Committee was established to develop recommendations, including the creation of new fees, to enable shared care and appropriate scopes of practice between general practitioners, specialist physicians, and other health care professionals.

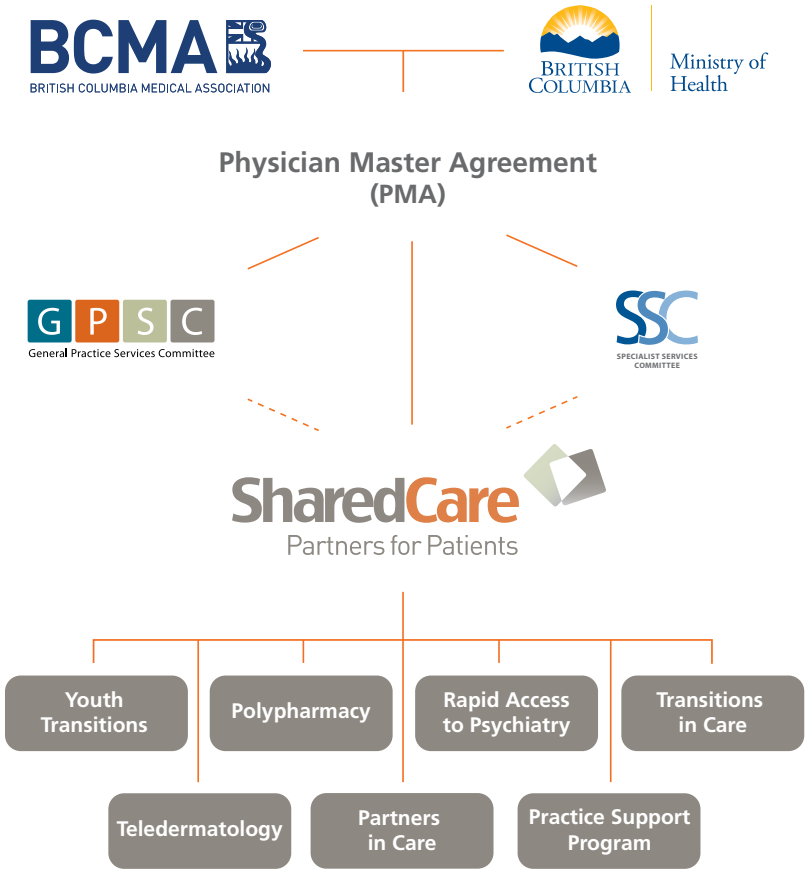
The Shared Care Committee was originally established as a subcommittee of the General Practice Services Committee (GPSC) and the Specialist Services Committee (SSC) and was allocated $100,000, as specified in the PMA. The Ministry of Health (MoH) and the GPSC provided additional funding to initiate the committee's early work. In April 2010, the Shared Care Committee received $3 million in annual funding directly through the PMA, with an additional $3 million in 2011/12 for an annual allocation of $6 million.

ORGANIZATIONAL STRUCTURE

The Shared Care Committee consists of four members appointed by the GPSC and four members appointed by the SSC (Appendix A). Committee guests representing the British Columbia Medical Association (BCMA), MoH, BCMA Sections of Emergency Medicine and Hospital Medicine, and BC health authorities also participate on a regular basis. (Appendix B).

All Shared Care Committee decisions are made by consensus.

Shared Care Committee Structure



INITIATIVES

A growing number of sub-specialties and patient management by physician teams in hospitals have contributed to patient care that is comprehensive, but often disjointed, especially for the most complex patient populations.

Gaps in communication between hospital-based and community-based physicians and, in turn, between family and specialist physicians, can impede the flow of patients from primary to specialist care.

Shared Care initiatives are enabling family and specialist physicians to work together to bridge these gaps and improve the flow of patients from primary to specialist care.

By enabling each participating physician to play his or her appropriate role in the shared care of patients, Shared Care initiatives foster mutual trust, respect, and knowledge of each physician's expertise, skills, and responsibilities, all of which are integral to effective collaboration and collegial relationships.

Partners in Care

The Shared Care Committee's Partners in Care initiative comprises numerous joint efforts by family and specialist physicians in regions throughout the province to streamline referral and consult processes, shared care planning and re-referral criteria, diagnostic standards and communications, telephone advice protocols, and more.

With funding from the committee, these physicians are developing locally appropriate solutions to challenges to both access to and delivery of comprehensive care for patients who require both primary and specialist care, especially those patients with chronic diseases.

More than 1500 family physicians and 125 specialist physicians are involved in the initiative, and work is under way at numerous sites across BC, including:

- Providence Health Care
- Central Okanagan
- Fraser Northwest
- Kootenay Boundary
- Salmon Arm
- South Okanagan/Similkameen
- South Vancouver Island

Total expenditures 2011/12: $1,865,329

Partners in Care highlight: Rapid Access to Consultative Expertise (RACE)

The Rapid Access to Consultative Expertise (RACE) program developed from a partnership between the Shared Care Committee and Providence Health Care in Vancouver.

In February 2009, RACE began as a hotline between Vancouver Coastal Health primary care physicians and Providence Health Care cardiologists aimed at increasing family physician access to specialist consultation, and improving communication and knowledge transfer between different care providers.

It has since expanded to include specialist physicians in the fields of cardiology, endocrinology, gastroenterology, nephrology, psychiatry, respirology, rheumatology, cardiovascular risk and lipid management, geriatrics, heart failure, internal medicine, and chronic pain. (Chronic pain specialists participating in RACE are also providing consults to physicians within the Fraser Health Authority.)

Callers provide information regarding a patient's condition and request advice regarding patient assessment, management, and treatment plans. If the specialist physician is not available immediately, he or she will return the call within 2 hours (the majority of calls are returned within 10 minutes).

Calls average from 5 to 15 minutes in length.

RACE is part of the Partners in Care work currently under way within Providence Health Care and has been awarded both the Institute of Public Administration of Canada/Deloitte Public Sector Leadership Award and the Health Employers Association of BC Top Innovation Gold Apple Award.

Rapid Access to Psychiatry

The Rapid Access to Psychiatry initiative began in March 2009 when two Vancouver psychiatrists began offering group medical visits (GMVs) for their patient group.

These GMVs formed the basis of an alternate model of care the two physicians were developing to expedite access to psychiatric assessment (i.e., assessment within 4 to 6 weeks), effective intervention, and follow-up for patients with mood disorders.

In 2010, the Shared Care Committee allocated $250,000 for expansion of the initiative, and there are now five psychiatrists providing five drop-in GMVs a week at the Mood Disorders Association of BC (MDABC) premises in Vancouver. Follow-up treatment is provided through future drop-in GMVs or via email communication between psychiatrists and patients in lieu of traditional face-to-face consultation.

Five psychiatrists, each working 1 day a week at the MDABC assessing new patients and chairing one GMV, are able to assess and provide care for approximately 1500 new patients a year, while maintaining a follow-up cohort of 2000 patients. (A psychiatrist working full-time under the traditional model of care might see 150 new patients each year.)

As of March 31, 2012, approximately 1200 new patients have received care. Moreover, wait times for psychiatric consults have decreased drastically from as long as 6 to 12 months to an average of less than 6 weeks.

An evaluation of this model of care revealed a high level of patient satisfaction with wait times for initial consultation, overall quality of care, and information received. Family physician satisfaction with the referral and consult process and overall quality of care was also high.[1]

An economic analysis found that this prototype is cost effective for all patients, with costs being lower especially among those patients with moderate to severe mood disorders (depression, anxiety, and neuroses): The annual cost per patient with a severe mood disorder was estimated at $550 versus $3250 for one-on-one treatment with a psychiatrist, and $4500 to $5500 for care typically provided through health authority programs and services.[2]

The Shared Care Committee is working to expand the Rapid Access to Psychiatry initiative beyond the MDABC site.

Total expenditures 2011/12: $203,644

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[1] Lear S. Program evaluation of MDABC psychiatric clinic on demand. January 2012. Presented to the Shared Care Committee January 30, 2012.

[2] Brawner D. Mood disorders—Overview of treatment models and initial costing analysis. Draft. September 21, 2011. Presented to the Shared Care Committee January 30, 2012.

Teledermatology

In 2011, the Shared Care Committee allocated $300,000 for a Teledermatology pilot project on Salt Spring Island. Based on an existing system in place in Alberta, the Teledermatology initiative aims to improve access to dermatological consults for family physicians in urban, remote, and isolated communities in BC and thereby reduce wait times for consults and the need for patients to travel elsewhere for services.

A secure web-based system enables family physicians to send photographs of a patient's dermatological condition to a dermatologist for assessment.

A recent evaluation of the Salt Spring project indicated that 95% of patients found the Teledermatology process more convenient than having to travel to another city for a consultation, 85% were satisfied with their consultation, and 100% were comfortable having photographs of their dermatological condition sent to a dermatologist via a secure website. Collectively, the 78 patients participating in the prototype saved $19,000 in travel costs and lost hours of work.[3]

Based on the success of this pilot project, the SSC is funding Teledermatology consultations by BC dermatologists at a rate equal to the MSP fee for an in-office visit.

Additional proposed prototype sites include rural remote regions (Fraser Lake/Burns Lake/ Ft. St James/Vanderhoof and Prince Rupert and surrounding area) and an urban centre (Vancouver's Downtown Eastside).

Total expenditures 2011/12: $7,728

[3] Barclay S. Teledermatology for BC: A pilot project sponsored by the Shared Care Committee of the BCMA and Ministry of Health. February 2012.

Polypharmacy

The Polypharmacy initiative supports family and specialist physicians to improve the management of patients on multiple medications that may impact quality of life and patient safety.

The initiative aims to improve communication and consultations between family and specialist physicians regarding medication regimens for these patients, and the collaboration of physicians, pharmacists, nurses, and other caregivers who form a circle of care around them.

The plan is to implement the initiative in phases:

- Phase 1 - residential care.
- Phase 2 - hospital-based care.
- Phase 3 - community-based care.

A working group is in the process of identifying appropriate residential care sites for prototypes, and local divisions of family practice will likely play a key role in the rollout of this initiative.

Total expenditures 2011/12: $96,860

Youth Transitions

The Youth Transitions initiative aims to improve the transition from pediatric to adult care for youth and young adults (age 10 to 24) with complex health conditions, including cancer, chronic diseases, congenital defects, and metabolic disorders of childhood.

The shift from pediatric to adult care services can result in weakened relationships between patients and primary care physicians and decreased access to community-based health care resources. These often lead to exacerbations of illness, secondary illness, or disability for patients.

In 2011, the Shared Care Committee allocated $375,000 for the Youth Transitions initiative leads to prototype navigation models aimed at improving continuity of care and health outcomes.

The initiative engages both patients and physicians in developing, piloting, and evaluating effective transition services and resources that will form an integrated model of care for this vulnerable patient group.

Total expenditures 2011/12: $375,000

Transitions in Care

The Transitions in Care initiative supports work currently under way in regions of the province to improve the transition of patients into and out of acute care.

The initiative began in 2011 with preliminary funding of $1 million ($500,000 each from the GPSC and the SSC) and supports various regional projects by providing additional funding, human resources, and expert advice in areas such as project management, evaluation, change management, and physician compensation.

Current project sites include acute care settings within the Vancouver Island Health Authority, Interior Health Authority, and Vancouver Coastal Health Authority, where Transitions in Care partners are working to:

» Understand the characteristics of the patient journey(s) in each site.

» Create or support processes to alleviate tension or congestion at points in the local health care system.

» Create solutions that can be replicated (with necessary adjustments) in other programs and locations within BC.

Total expenditures 2011/12: $92,250

Practice Support Program

The Practice Support Program (PSP) provides training and support for physicians and their MOAs designed to improve clinical and practice management and to support enhanced delivery of patient care.

Begun as an initiative of the GPSC, the PSP now receives additional direction, support, and funding from the Shared Care Committee and the SSC for the development and delivery of, and specialist participation in, learning modules that focus on the shared care of patients between family and specialist physicians. Learning modules with a shared care approach include:

» Shared System of Care for Patients with COPD/Heart Failure (in development).

» Musculoskeletal (MSK); i.e., osteoarthritis, rheumatoid arthritis, lower back pain, and idiopathic arthritis (in development).

» End of Life.

FUNDING AND SCHOLARSHIPS

The Shared Care Committee offers funding and scholarships to qualifying family physicians for participation in health system redesign initiatives and leadership training.

Redesign funding

The committee supports physician participation in system redesign initiatives led by the BC health authorities by providing funds to compensate family physicians for time spent participating in initiatives to improve the delivery of both primary and specialist care services.

Total expenditures 2011/12: $557,105

Physician Leadership Training Scholarship

The committee offers scholarships for general practitioners with specialized training for successful completion of leadership training approved by a health authority.

A maximum of $10,000 per physician is available to cover tuition fees and lowest reasonable cost of travel.

Applications are endorsed by the health authority, and endorsed applications are submitted to a subcommittee for scholarship approval.

Total expenditures 2011/12: $31,182

LIST OF APPENDICES

Appendix A: Shared Care Committee membership 2011/12

Dr Gordon Hoag, Co-chair, BCMA (SSC)
Ms Kelly McQuillen, Co-chair, MoH (GPSC)
Dr Bill Cavers, BCMA (GPSC)
Mr Jeremy Higgs, MoH (SSC)
Dr Ken Hughes, BCMA (SSC)
Dr Garey Mazowita, MoH (GPSC)
Dr Emiko Moniwa, BCMA (SSC)
Dr George Watson, BCMA (GPSC)

Committee secretariat

Ms Angela Micco, MoH

Staff support

Mr Jim Aikman, BCMA
Mr Clay Barber, Contractor (Executive Lead)

Mr Greg Dines, BCMA
Ms Andrea Elvidge, Society of Specialist Physicians and Surgeons of BC
Dr Dan MacCarthy, BCMA
Mr Peter McClung, BCMA
Ms Angela Micco, MoH
Ms Clare O'Callaghan, BCMA (Communications Lead)

Appendix B: Shared Care Committee guests 2011/12

Dr Jeff Coleman (Alternate, Ms Carole Gillam), Vancouver Coastal Health Authority
Ms Lydia Drasik, Provincial Health Services Authority
Ms Ann Marr, MoH
Dr William Cunningham, BCMA Section of Emergency Medicine
Dr David Wilton, BCMA Section of Hospital Medicine