

A GP FOR ME CELEBRATION

DR. FIONA DUNCAN / SHANA OOMS, Co-Chairs, A GP for Me Working Group
November 28, 2016

Please note: Delivery / presentation may have varied slightly from these original notes.

WHAT HAVE WE ACHIEVED?

- As we have seen today, the breadth and depth of change we are seeing as a result of your A GP for Me successes is nothing short of impressive.
- When we set out on this journey, we didn't know what kind of impact we would have on patients and communities, and the system.
- We can now say: it has been significant.
- So what changed most at the provincial level as a result of your collective work? And why is it important moving forward?
- Today, we're pleased to present the "official record" of what changed - at least until March 31, 2016; as we present the results of the provincial A GP for Me Evaluation report.
- It is a pleasure to share a summary of your collective achievements after three years of hard work.
- We're also excited to share observations about the impact of your work that goes well beyond the A GP for Me evaluation.

Provincial Evaluation Report

How was this evaluation carried out?

- On June 30, thirty Divisions of Family Practice submitted Final Evaluation and Project Implementation Close-Out reports.
- Thank you for your tremendous efforts to prepare and submit those reports.
- They have served as a key input for the Provincial Evaluation Report to help us understand the impact of our work to date.
- Your evaluation and closeout reports, also offer valuable insights and rich learnings that can inform our work moving forward.

- The Evaluation Report is a culmination of monitoring and reporting from April 2013 to March 31, 2016.
- It uses a mixed methodology of data and experiences:
- Along with the divisions' reports, it uses:
 - Results of physician surveys, GPSC and Canadian Community Health Surveys
 - Administrative data
 - Most Significant Change Stories
 - Case Studies of Innovation
 - Interviews with health authorities and the BC Ministry of Health; and facilitated focus group sessions
- The Report assesses the initiative to March 31, 2016 while work was still underway - so not all division-led community work is reflected.
- It will take time for the full impact of your work to be realized as changes and improvements need time to take effect
 - And as some of your implementation work has continued through project extensions.
- It is important to note that A GP for Me was introduced within a complex provincial health care system.
- It was one of a number of overlapping and complementary efforts underway to transform primary care in British Columbia.
- Which makes measurement challenging.
- Despite that, the Evaluation does illustrate how A GP for Me strengthened the foundational work of Attachment...
- And demonstrated positive impact on the primary care system and its stated goals. It shows many successes.
- We're pleased to share the findings with you now.
- Copies will be available from the registration desk when we break.

Summary of Findings

The findings in the main report are organized under four domains of change:

- *health system performance;*
- *quality of care;*

- *governance and policy;*
- *and partnership.*

These are also placed in context of the three goals we set out to achieve, to:

- create more capacity in the primary care system;
- support the relationship between patients and family doctors, including better support for vulnerable patients;
- help more people who want a family doctor to find one.

DID A GP FOR ME INCREASE THE CAPACITY OF THE PRIMARY HEALTH CARE SYSTEM?

In domain of *health system performance*, A GP for Me contributed to the capacity within physician practices through:

- **Practice efficiencies:** supporting the optimization of office administration, scheduling, work flow, and billings.
 - *26 Divisions implemented 26 Practice Efficiency strategies*
- **Increased team-based care options** - nursing staff and allied health providers resulted in greater overall capacity in the system to meet patients' primary care needs.
- **Recruitment and retention:** proactive outreach to attract new GPs, practice coverage to support current GPs, succession and transition support for retiring doctors:
 - *28 Divisions were engaged in 33 R & R Initiatives.*
 - *416 new physicians came to BC communities*
 - *(while 178 GPs left communities)*
- **Timely access to care and more family physicians accepting new patients** also contributed to increasing capacity.

DID A GP FOR ME SUPPORT THE NEEDS OF VULNERABLE PATIENTS AND BENEFIT DOCTOR AND PATIENT RELATIONSHIPS?

- Measured under the domain of *health system performance*, about 3/4 of eligible family physicians in British Columbia registered for, and participated in, A GP for Me through the incentive billing codes.
 - At least half of participating physicians billed each incentive code.

- More than **116,000 patients** with high needs or complex medical issues were attached to a GP through the Unattached Complex and High Needs Patient Attachment Fee (14074).
- Participating physicians consecutively billed the incentive fees for the same patient more frequently than physicians not taking part.
 - This suggests they may have seen the same patients more frequently, strengthening attachment.
- Captured under the domain of *quality of care*, many divisions participated in strategies targeted to **increase access to, and improve attachment with, primary care providers including:**
 - More team-based care
 - *101 allied health professionals* -- nurses, social workers, dieticians, and mental health professionals joined GPs to support patients with complex needs
 - *26 Divisions implemented 57 team-based care initiatives*
 - Specialized training and coaching for physicians and medical office assistants helped to strengthen attachment.
 - More flexible care like telephone appointments, telehealth and mobile care broadened access for hard-to- reach patients and those in rural areas.
 - Links to community services helped patients better manage their health.

DID A GP FOR ME ENABLE PATIENTS WHO WANT A FAMILY PHYSICIAN TO FIND ONE?

- We learned that patient attachment can be complex, difficult to measure and is an ongoing challenge to evaluate.
- In 2013, the Ministry estimated that about 209,000 British Columbians were looking for a family doctor. 2016 data is not available.
- As noted earlier, A GP for Me contributed to attaching over **116,000 complex and high need patients** to GPs.
- Divisions also used broader metrics to report on the **attachment of approximately 178,000 patients to GPs.**
 - Some of those were complex and high need patients.
- Divisions also reported that **130,000 patients were transferred from a retiring or relocating physician to a new family physician.**
- The attachment numbers to March 31, 2016 were accomplished as a result of the combination of all of your initiatives –

- recruitment and retention,
 - practice supports,
 - team-based care,
 - attachment mechanisms, and
 - patient education
- A GP for Me brought to light the complexities of the health care system.
 - A combination of approaches is needed achieve sustainable, positive change.
 - The report notes that, despite the tremendous number of patients attached to a family doctor through this work, the attachment rate as measured through administrative data did not significantly change through 2015.
 - We don't have that rate yet to 2016.
 - It likely that the rate of unattached patients throughout the province would have continued to rise in the absence your work.
 - Work is ongoing to better determine the influence of demand on overall attachment and access to primary care
 - (population growth, complexity of patient populations, migration, etc.) and
 - supply (changing health human resources)
 - Managing these pressures is also why we are continuing and broadening the work we started during A GP for Me.
 - Despite the challenges, the impact of your work in A GP for Me is real, and significant.

WHAT ELSE WAS DISCOVERED ABOUT A GP FOR ME?

In domain of *health system performance*, divisions have emerged as an important entity to lead change in the primary care system.

- Many divisions matured and strengthened your capabilities.
- Centralized supports such as practice supports, were noted by divisions as critical to facilitating organizational growth and implementation of projects.
- Sustainability was another important achievement as about 1/4 of the division projects transitioned to ongoing operations.

In the domain of *governance and policy*, the A GP for Me fostered a broad willingness among stakeholders to explore alternative funding models for the primary health care system.

- Most divisions felt that their structures worked well, with partnerships and strong physician leadership as success factors.
- The strengths of the governance structure included collaboration and engagement, multiple points of view, and broader awareness of the work done by the divisions.
- The governance structure and central oversight allowed for community level innovation and an appropriate level of local autonomy.
- We learned that governance could be strengthened with clearer decision making processes and reporting structures.

Under the fourth domain, *partnership*:

- Divisions forged partnerships with local governments, educational institutions, hospital foundations, and other non-profit and private community organizations.
- Of particular importance, divisions worked with health authorities to address challenges in their communities, set goals and develop strategies together.
- Both partners expressed a desire to develop these relationships further, going forward.

OVERALL, WHAT ARE THE KEY LEARNINGS FROM A GP FOR ME?

- On the whole, the report illustrates the success and value of your work and its benefits for patients, doctors and communities.
- It positively affected tens of thousands of British Columbians.
- It brought together thousands of family doctors to work with each other, health authority partners, and other health care and community partners to achieve the goals.

THE BIG PICTURE

- A bigger story is also emerging about the success and legacy of A GP for Me.
- It has prepared all of us to leap forward into the next phase of health system redesign in BC
 - for the longer-term benefit of patients, physicians and communities.
- That's because it fostered a number of foundational changes:

- **important insights** into local health care challenges to inform health care planning.
- **community-driven innovations**, with new practices, systems, and improvements to improve access and care for patients.
- **unexpected outcomes** such as the widespread use of team-based care.
- **a shift in culture and thinking**, opening up possibilities for even more improvements to patient care.
- **an environment for new conversations**, such as those around fee-for-service models.
- **and of course, hundreds of lasting partnerships** that have contributed to a robust foundation on which we can build and evolve the system.
- These foundational changes are enabling us to leap forward to:
 - build on the tremendous existing work of doctors' offices, divisions of family practice, and health authorities in communities across the province;
 - continue to improve patient access and care, and truly achieve Triple Aim goals; and
 - take the next step forward to build a future model of family practice defined by attributes of the BC patient medical home.
- The patient medical home is not a change in direction, but a continuation of the work we have started through A GP for Me.
- Many A GP for Me initiatives connect with some of the attributes of the patient medical home so we are well positioned to move forward.
- Overall, thanks to your grassroots efforts and successes, we're now able to pursue a vision of a comprehensive system:
 - that provides access to quality primary care in understandable and easy-to-navigate system
 - for patients and their families in BC.

Now that's something to truly celebrate: congratulations to all divisions' teams and physicians who contributed to the success of this important initiative!