GP Update

GPSC
General Practice Services Committee

A QUARTERLY NEWSLETTER FROM THE GPSC

SUMMER 2018

'Skills, not only pills:' Nova Scotia adopts Practice Support Program adult mental health module

A BC innovation is changing the way GPs manage mental health care and changing patients' lives, and its success has inspired Nova Scotia family physicians to adopt it widely across their province in 2018.

The adult mental health (AMH) training module offered by BC's Practice Support Program (PSP) equips family doctors with tools and skills to diagnose and treat mild to moderate mental health conditions – mainly anxiety and depression – in their practice, often without referring the patient to a specialist or relying on medications as the sole approach to treatment.

The module was initiated by BC psychiatrist Dr Rivian Weinerman and early adopter GPs like Dr Frank Egan who, in collaboration with clinical partners and the GPSC, designed and launched it across the province starting in 2010.

Today, more than half (1,640+) of BC's practising family doctors have participated in the skills training and integrated tools into their practices. They include a diagnostic interview, cognitive behavioural therapy 'light' skills, a self-care workbook, and the Canadian Mental Health Association Bounce Back telephone coaching.

"We found that these skills and tools increased GPs' confidence in diagnosing, treating, and developing care plans for these patients, and in prescribing and relying less on medication," says Dr Weinerman. "And it increased ability for their patients to return to work. And those results persisted three to six months after the training." [1]

"Then we thought: if you give GPs these skills and decrease their anxiety, their attitude might also change," she says. "If they had more confidence and were more comfortable asking the questions, and felt they had the skills, they would be more welcoming to these patients, less avoidant, and therefore we'd see less health care provider stigma."

In 2017, in a double-blind study, Dr Weinerman and her colleagues were able to show those results. "We saw an decrease in social distance," she says, "meaning, the distance the doctor put between them and the patient – an important dimension in stigma. The doctors were more welcoming to their patients." [2]

Dr Frank Egan uses the tools on a daily basis in his Victoria, BC practice. "It has changed the way I practice medicine for mental health patients," he says. "Now, instead of shying away a bit from taking on someone with depression, I embrace it. I have more confidence and clearer insight into what my patients need and what type of follow up I can provide. I feel I can support them in their recovery in a much more valuable and authentic way than I did before I went through the training. And I know where my limitations are, and when it's time to refer a patient."

"I think the stigma has lessened with patients as well. They are much more willing to discuss their mental health, much more open to treatment, and more knowledgeable about their mental health."

For complete physician interviews, visit **gpscbc.ca**

[1] Mental Health Practice and Attitudes Can Be Changed. http://www.thepermanentejournal.org/issues/2013/summer/5223-mental-health.html
[2] Impact of Skill-Based Approaches in Reducing Stigma in Primary Care Physicians: Results from a Double-Blind, Parallel-Cluster, Randomized Controlled Trial https://www.ncbi.nlm.nih.gov/pubmed/28095259

what's inside

Walk with your Doc

Doctors of BC's Walk with your Doc is a province-wide event that celebrates daily movement and activity for better health. It provides an opportunity for doctors to connect with their patients outside their practices. Each local event is organized by doctors, community leaders, and health care partners.

9TH ANNUAL

Walk with your Doc

MAY 2018

250+ family doctors	**12** local divisions
48 walks	**4,900+** British Columbians

Learn more: **walkwithyourdoc.ca**

PMH resources: in practices

The following are tools and resources developed by GPSC to support doctors and divisions of family practice with their patient medical home work.

Panel Assessment

A process that supports the clean-up of patient data (in EMRs) that can be used to inform planned, proactive care.

Practice Characteristics Matrix

A guide that illustrates the continuum of the 12 attributes.

Practice Assessment

An e-survey that highlights practice strengths and suggests opportunities for improvements, in relation to the 12 attributes.

To participate or to learn more about these GPSC resources, contact **psp@doctorsofbc.ca**.

Working with nurses as part of a team

A key component in enabling a family practice to operate at its full potential as a patient medical home is the addition of interprofessional team members – such as nurses – to support GPs in the care of patients.

Having a nurse's expertise readily available in the practice or community can ease pressures for family doctors and reduce the risk of burnout. GPs get quicker access to comprehensive support for patients, especially those who are frail, elderly, and/or have complex and chronic conditions. This support enables GPs to focus on doing more of what they love to do—including building relationships with their patients and spending more of their time on difficult diagnostic dilemmas.

There are many ways that a nurse can complement and support the care provided by GPs in the primary care setting. Nurses can educate patients to manage chronic conditions like diabetes and asthma, conduct prevention screening and immunizations, and provide follow-up support to check blood pressure and wounds. They can prepare patients for same day urgent appointments, coordinate community resources, and ensure patients have what they need after being discharged from the hospital.

Across BC, a number of GPs are adding nurses – including registered nurses (RNs) and licensed practical nurses (LPNs) – to their teams and/or physician networks. Nurse practitioners are also being integrated into primary care settings, often as co-located partners with family doctors.

The following are a few examples of how divisions, GPs, and health authority partners across BC are trialing or incorporating nurses into teams, using different options that are flexible for local needs.

- In the Central Okanagan, the division and family doctors are testing the concept of a model in which individual practices employ a nurse directly, with funding from the Ministry of Health.
- In Kootenay Boundary, Interior Health is providing funding for three full-time nurses (as well as one social program officer) to support ten physicians and one nurse practitioner. They will be employed through the Boundary Health Care Cooperative.
- The White Rock-South Surrey Division offers small grants to encourage practices to hire RNs or LPNs or to increase hours of those already working in the practices.
- Nurse practitioners employed by health authorities are co-locating with doctors in clinics such as the Family Tree Health clinic in Powell River and the Mission Attachment Clinic.
- Health authority-employed nurses are shifting to primary care roles to work with GPs in practices, networks, and/or on interprofessional teams, such as in Northern Health and Fraser Health.

> *"GPs can optimize what they're capable of doing. I couldn't go back. I wouldn't want to. Anything that can be delegated to someone else who can do it better, should be."*

In an example from Fraser Health, nurses are partnering with doctors to visit frail elderly patients in their homes. The 'Nurse Debbie' model, initiated by the Fraser Northwest Division, has already had a significant impact. When measured over the course of a year starting in 2016, a single nurse saw 469 patients, preventing more than 500 visits to the emergency room and an estimated 17,000 inpatient days.[3] The success of that experience led to its current expansion across the region.

[3] Fraser Health Authority comparison of pre-nurse patient baseline acute care utilization data for 365 days with post-intervention data collected for the period January 1 to December 31, 2016

(L-R) Heidi Howay, RN, Kim MacLeod, Patient, and Dr Janet Evans, GP, Kelowna

There are positive gains emerging from the other models as well. Regardless of how the team is structured or funded, physicians involved are reporting that life is better working with a nurse.

Dr Paras Mehta, Fraser Northwest Division: "Ultimately there's a sense of ease for myself as a provider and for my patients and their caregivers. I know that my patients are getting the services that they need in a timely way. There will be a quick response and not a trip to emergency."

Dr Lawrence Yang, Surrey-North Delta Division: "We're hearing from patients who say they are impressed with the care team collaboration and communication. There is no doubt they feel better cared for. As a doctor, I feel better, less likely to burn out, and energized by the partnership with the nurse."

Dr Mark Szynkaruk, Kootenay Boundary Division: "GPs can optimize what they're capable of doing. I couldn't go back. I wouldn't want to. Anything that can be delegated to someone else who can do it better, should be."

Dr Janet Evans, Central Okanagan Division: "Patient feedback has been excellent. Patients have an easier time getting an appointment with me. I feel like I have someone to collaborate with, and I'm not shouldering all of the responsibility of the practice myself."

And why are nurses interested in the role? "Job satisfaction," says Heidi Howay, an RN who works with Dr Evans and the other physicians in their Kelowna practice. "I was working in the health authority and had reached a transitional phase. When this opportunity came up, I was very interested, but had to consider if I was willing to give up benefits. For example, I had 1,200 hours of accrued sick time and a matched pension. But I'm so happy with the role and my job satisfaction is 100%."

Ultimately, having a nurse on the team is all about making life better for patients. "I feel doubly looked after now," says Kim MacLeod, a patient of Dr Evans and Heidi Howay. "It helps make the doctor's time available for more serious issues that only she can care for."

GPSC supports: for divisions

The following are mechanisms that the GPSC currently has in place to support ISCs, CSCs, and local divisions:

GPSC/Divisions interface webinars

Following each GPSC meeting, a webinar is held to communicate key decisions, to share highlights, and to provide time for a Q&A session.

Division representatives at GPSC meetings

Representatives from divisions of family practice pro–vide community perspectives at the provincial table.

Regular support and advice from the GPSC members

GPSC members provide support and advice at the local and regional tables, as well as better enable two-way communications with the GPSC.

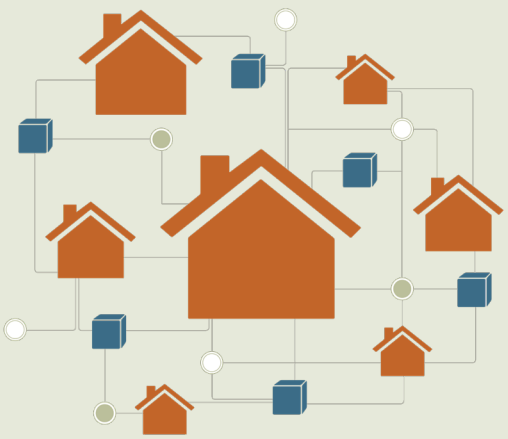
Regional team support

A support team, by health region, comprised of a physician and Ministry of Health member from the GPSC and representatives from the provincial Divisions office, Practice Support Program, Doctors Technology Office, and Shared Care.

Feedback from the Profession

An opportunity for physicians, CSCs, and ISCs to share feedback about strategic issues with the GPSC, as a standing agenda item at the committee meetings.

For more information about these mechanisms, contact **divisions@doctorsofbc.ca**.



Meet the GPSC: Richard Jock

Richard Jock is a member of the Mohawks of Akwesasne and serves as the Chief Operating Officer for the First Nations Health Authority. As the COO, Richard's portfolio includes health benefits, policy, planning, engagement, service improvements/ integration, investment strategies, and regional partnership implementation. His position also provides leadership for the building, functioning and implementation of strong partnerships within the First Nations health governance structure and within the health system more broadly. Richard has worked for the past 25 years for First Nations organizations and the federal government, including numerous positions in the health field.

Prior to joining the FNHA, he held the post of Chief Executive Officer for the Assembly of First Nations. Among his other professional roles, Richard has held senior leadership positions at Norway House Health Services Incorporated, Health Canada, the National Aboriginal Health Organization, and Mohawk Council of Akwesasne.

Team-based approach helps new physician settle in Keremeos

Dr Ifeju Omojuwa is thrilled to finally be settled in Keremeos and feels very welcome in his new community.

He first moved with his family from Nigeria to Calgary in 2013 to complete the process to practice medicine in Canada. During this time, Omojuwa flew back to Nigeria for three-month stints to keep his Nigerian practice current. Ultimately, this hard work has been worthwhile and he and his family are enjoying life in rural BC.

Since establishing himself at the Keremeos clinic, Omojuwa has been focusing on integrating and building an understanding of the community, which is key to his practice.

Omojuwa points out that medicine and its practice in Canada and Nigeria are distinct. "The expectation of doctors is different. I talk to a lot of patients about welfare issues, housing issues. In Nigeria we don't typically get involved in these types of psychosocial issues."

Omojuwa says although it took time to gain an improved understanding of community culture and addressing patient needs, a team-based and interdisciplinary clinic has helped him settle smoothly into practice in Keremeos.

In particular, Omojuwa recognizes the unique value of the Community Worker, who assists and connects patients with psycho and social needs to community resources. This not only helps patients but provides peace of mind to physicians that their patients' needs are being met in the community.

He also notes how valuable it is to have an LPN working alongside physicians. "For instance, the patient comes in and the LPN has already put on the blood pressure cuff and takes the blood pressure. That gives me more time to do other clinical things."

> *"I so appreciate the support of the other doctors here, and the nurses and the MOAs. The best thing for me is the teamwork."*

According to Omojuwa, these resources, along with other allied professionals that work as part of the Keremeos team, help provide good patient care and allow the physicians to better work at top of scope and feel more satisfied at the end of the day.

Omojuwa feels grateful to be working at the interdisciplinary clinic, noting that a number of international medical graduates that he knows who came to Canada, feel isolated and aren't in systems that are as supportive. "I so appreciate the support of the other doctors here, and the nurses and the MOAs. The best thing for me is the teamwork."

He looks forward to continuing to serve the community in the future. "Already I feel like I should give a lot back to the community. I am looking forward to being here for the long term."

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GP Update is produced by the General Practice Services Committee (GPSC), one of four joint collaborative committees that represent a partnership of the government of BC and Doctors of BC.

The GPSC strengthens full-service family practice and comprehensive patient care in BC with its programs and initiatives. For more information, visit **gpscbc.ca.**