

Practice Support Program

...an initiative of the General Practice Services Committee

“I have never found such a proactive program that acknowledged patient need and the practicalities of practice by physicians in their offices”

– Physician, Advanced Access module

The General Practice Services Committee is a joint committee of the British Columbia Ministry of Health and the British Columbia Medical Association.

Formed under the 2004 Agreement between BC’s doctors and the provincial government, the GPSC is responsible for developing and implementing strategies that support improvements in primary care.

Survey of Physicians and Medical Office Assistants (continued from page one)

Of the physicians who completed learning modules, 58% were male, 39% were 50 years of age or older, 73% worked full time, 39% had worked for more than 20 years, 43% worked by themselves or with one other physician, and 65% worked in practices with less than 2,000 patients. For MOAs, 99% were female, 36% were 50 years of age or older, 70% worked full time, 20% had worked for more than 20 years, 49% worked in practices with one or two physicians and 43% worked in practices with less than 2,000 patients. Of the physicians who did not complete learning modules, 52% were male, 62% were 50 years of age or older, 62% worked full time, 57% had worked for more than 20 years, 30% worked by themselves or with one other physician, and 52% worked in practices with less than 2,000 patients.

Physicians Who Did Not Complete Learning Modules Table 4 provides a summary of the reasons physicians gave for not completing a learning module; they could provide more than one response. Half of the respondents in this group indicated that the PSP approach to providing learning sessions and action periods was effective, although several commented on the relevance of the material for their specific practices as well as the time required for the learning sessions.

Table 4: Reasons Physicians Gave For Not Completing a Learning Module

The physician had already incorporated most of the changes covered in the learning materials into his/her practice.	48%
The pacing of the learning sessions was too slow.	33%
Given the demands of his/her practice, the physician did not have time to continue with the learning module.	33%
The times at which the learning sessions took place were not convenient for the physician.	29%
The physician already knew most of the material.	24%
The physician did not see the relevance of the material covered to his/her practice.	19%
The learning sessions and action periods were more time consuming than the physician had anticipated.	19%
Implementing the required changes in the respondent’s practice was too time consuming.	19%
The physician prefers self learning.	10%
The physician did not find the facilitators to be effective.	10%
The physician did not think the facilitators were particularly knowledgeable.	5%
The location in which the learning sessions took place was not convenient for the physician.	5%

Impact of the Practice Support Program on Physicians, Medical Office Assistants and Patients

Introduction

The General Practice Services Committee, a joint committee composed of representatives of the BC Ministry of Health Services and the BC Medical Association, has developed a number of initiatives to support full service family practice in the province. As part of these initiatives, a Practice Support Program (PSP) was implemented in May 2007. The goals of the PSP are to improve: a) physician professional satisfaction; and b) patient access to, and quality of, care. The PSP consists of three components: a) accredited learning modules and materials to support primary health care practices; b) ongoing practice support for family physicians and clinical staff; and c) compensation for family physicians and medical office assistants (MOAs) to assist them to take time away from their practice to think about and implement practice changes. The PSP is delivered by Practice Support Teams in each of the five regional health

authorities in BC. Physician participation in the program is voluntary.

Survey of Physicians and Medical Office Assistants

As part of a recent evaluation of the PSP, 215 physicians and 161 MOAs who completed learning modules completed surveys regarding five modules – Advanced Access, Chronic Disease Management (CDM), Patient Self-Management, Group Medical Visits, and Patient Self-Management/Group Medical Visits. The physicians and MOAs were asked several questions regarding their satisfaction with, and perceived impact of, the learning modules. In addition, 21 physicians who had not completed learning modules completed surveys regarding why they had not completed the modules.

“This program has had a positive impact on both patient care and physician satisfaction. It feels wonderful to improve the quality of care.”

– Physician, CDM module

BCMA Communications
Suite 115
1665 West Broadway
Vancouver, BC V6J 5A4

T: 604.736.5551
F: 604.638.2917

www.bcma.org

For more information, visit
www.bcma.org/bcma-home-page
or contact Liza Kallstrom
at 604.638.2854 or
lkallstrom@bcma.bc.ca



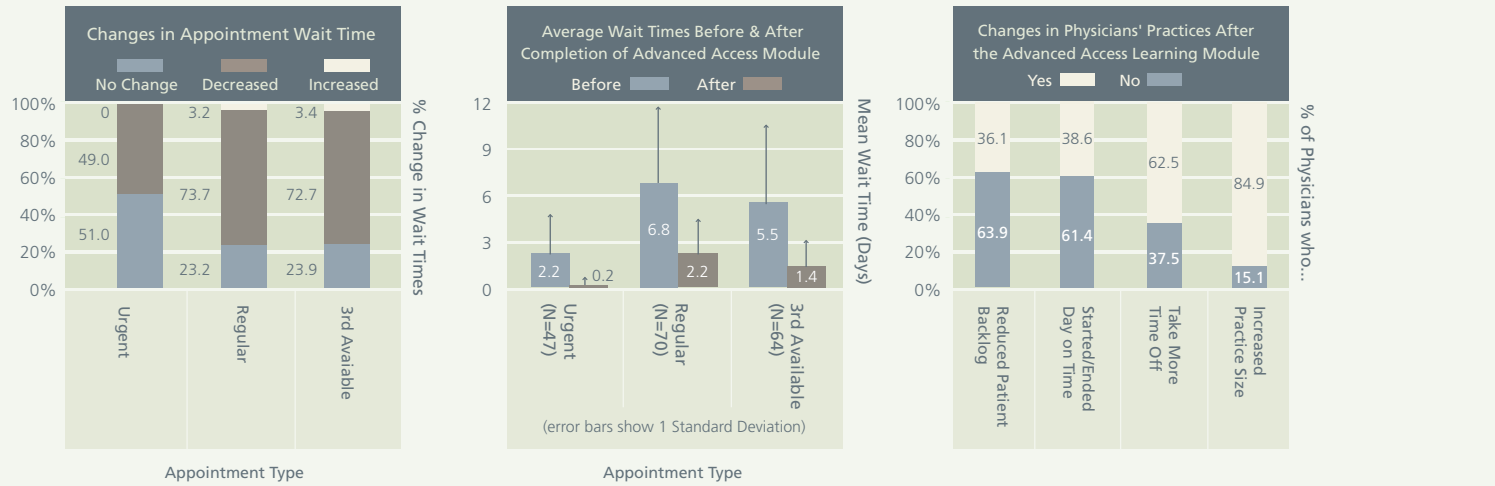


Figure 1: Impact of the Advanced Access Learning Module on Physicians' Practices

Advanced Access Learning Module

Figure 1 presents findings related to the impact of the Advanced Access learning module on physician's practices, specifically: whether wait times for urgent, regular and third available appointments had changed following completion of the learning module compared with wait times before the module; average wait times before and after completion of the Advanced Access learning module for physicians who decreased their wait times; and the proportion of physicians who have been able to reduce their patient backlog, start and end their day on time, take more time off, and increase their practice size. Wait times were significantly shorter after completion of the module than they were before the module.

Chronic Disease Management Learning Module Physicians who completed the Chronic Disease Management (CDM) learning module were asked about the impact of the module on their practice. Table 1 presents the percentage of physicians who agreed with each statement.¹

Table 1: Impact of the CDM Learning Module on Physicians' Practices

Attending the CDM module has...	Agree	Neither Agree nor Disagree	Disagree
helped the physician to identify which of his/her patients require CDM.	83%	9%	7%
prompted the physician to more actively consider existing CDM guidelines in the delivery of care to his/her patients.	87%	6%	7%
prompted the physician to develop a CDM patient register.	91%	6%	4%
enabled the physician to take better care of his/her patients with chronic diseases.	89%	2%	9%
increased the physician's satisfaction with his/her work.	63%	23%	14%
made patients seem satisfied with, and/or engaged in, their care.	70%	22%	7%

Patient Self-Management and Group Medical Visits Physicians who completed the Patient Self-Management learning module were asked what impact patient self-management had had on both their patients and themselves. Those who completed the Group Medical Visits module were asked similar questions regarding group visits. Physicians who completed the combined Patient Self-Management/Group Medical Visits module were asked the module specific questions from both the Patient Self-Management and the Group Medical Visits modules. Table 2 presents findings regarding patient self-management, while Table 3 presents findings regarding group visits. Both tables identify the percentage of physicians who agreed with each statement.

Table 2: Impact of the Patient Self-Management Learning Module on Physicians and Patients

	Agree	Neither Agree nor Disagree	Disagree
The physician and patients are partners in care.	95%	2%	2%
The physician is comfortable helping patients to adopt self-managed care.	93%	7%	0%
Enabling self-managed care has allowed the physician to work in a more efficient manner.	50%	30%	20%
Enabling self-managed care has increased the physician's satisfaction with his/her work.	68%	23%	9%
Patients seem to like self-management goals.	77%	18%	5%
Overall, patients seem to like self-management.	81%	14%	5%
Enabling self-managed care has increased patients' satisfaction with care.	64%	32%	5%
Self-managed care is too time consuming.	18%	34%	48%
Physician plans to make self-managed care an ongoing part of his/her practice.	93%	0.0	7%

Table 3: Impact of the Group Medical Visits Learning Module on Physicians and Patients

	Agree	Neither Agree nor Disagree	Disagree
Engaging in group visits has allowed the physician to use a more team based approach with his/her patients.	91%	4%	4%
Physician is comfortable conducting group visits.	87%	4%	9%
Engaging in group visits has increased the physician's satisfaction.	83%	13%	4%
Engaging in group visits has allowed the physician to work in a more efficient manner.	74%	17%	9%
Patients like the peer-learning that they experience in group visits.	91%	9%	0%
Patients are more involved in the self-management of their care.	96%	4%	0%
Engaging in group visits has increased patients' satisfaction.	91%	9%	0%
Group visits seem to provide support for patient self-management.	91%	9%	0%
Scheduling group visits is difficult for the MOA.	39%	13%	48%
Physician plans to make group visits an ongoing part of his/her practice.	83%	9%	9%

"The combined Patient Self-Management/ Group Medical Visits module has given me a new energy to improve our practice. It has helped patients to set goals to improve their own health."

- MOA, Patient Self-Management/Group Medical Visits

Physicians' and MOAs' Perceived Satisfaction With, and Impact of, the Learning Modules

Figure 2 presents physicians' and MOAs' perceived satisfaction with, and impact of, the learning modules. As can be seen, the two groups of respondents provided similar ratings on the various survey items.



Figure 2: Physicians' and MOAs' Perceived Satisfaction with, and Impact of, the Learning Modules