Cowichan Valley
Division of Family Practice
A GPSC initiative

KEY FINDINGS

2015 CVDFP Physician Self-Assessment Survey

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1.0 Introduction

The Cowichan Valley Division of Family Practice (CVDFP) conducted its first Physician Self-Assessment Survey in 2011. The information from that survey was used extensively between 2011 and 2015 to inform the Division's work on the Attachment/GP for Me initiatives.

This report introduces the Key Findings from the 2015 Physician Self-Assessment Survey, which evaluated the Division's Attachment and GP for Me initiatives between 2011 and 2015. It highlights the Division's achievements (between 2011 and 2015) as related to the Triple Aim framework of improving the patient and physician experience of care; improving the health of populations; and reducing the per capita cost of health care.

The Division exceeded its March 31, 2015 Patient Attachment target of 3,600 patients. Indeed, by November 2014, the Division had attached more than 3,800 patients. Following the final year of the GP for Me initiative, the Division's focus is shifting toward poorly-attached patients who also lack continuity of care and increase costs to the system.

The introductory "Highlights" and "Other Trends" sections in this report illustrate the progress that has been made since the 2011 survey. Where appropriate, highlights have been categorized according to the Institute for Healthcare Improvement's Triple Aim framework. Summary results for each survey question can be found in the supplementary document CVDFP Physician Self-Assessment Survey Final Report.

2.0 Methodology

The methodology for the 2015 survey is based on a pre/post comparison evaluation model. The 2011 survey serves as the "pre," or baseline, before Attachment/GP for Me initiatives were implemented. The 2015 survey serves as the "post," or outcomes, after a four-year period of measuring Attachment/GP for Me initiatives for improvement.

The completion and analysis of the electronic 2015 Physician Self-Assessment Survey was confidential. The 2015 Physician Self-Assessment Survey included 136 questions, many replicated from the 2011 survey, with some additional questions including: information based on accurate patient panel reports; evaluation of the CVDFP's attachment initiatives; and patient populations and health care issues physicians believe are in need of priority attention.

Forty-one physician surveys were completed for the 2015 Physician Self-Assessment.
The response rate for the 2015 survey was 48%. Due to unforeseen problems with the initial online survey mechanism, the survey was converted to a hard copy paper version that proved less convenient for members to complete.

3.0 Purpose

The Division's electronic 2015 Physician Self-Assessment survey had three main objectives:

1. To evaluate Attachment and GP for Me initiatives from 2011 to present;
2. To collect data about the current rate of attachment and the poorly attached patient population; and
3. To update the Division's data to enable accurate physician succession planning.

The 2015 survey was also designed to ensure each full-service family practitioner has an accurate patient panel number and can identify the number of patients in their panel who are "familiar faces" at the ER.

4.0 Note

Caveat: This report is based on 41 completed surveys submitted to the Division. Due to the diverse nature of individual physicians' practices, respondents may not have answered each and every question. The total number of respondents for each question is indicated for clarity.

The same physicians may not have responded to the self-assessment survey in both 2011 and 2015. Therefore, the highlights and trends identified do not represent changes amongst the same group of physicians. Nevertheless, viewing the data in aggregate can provide insight into general trends amongst physicians and patients in the Cowichan Valley.

5.0 Key Findings and Triple Aim Framework Highlights

The General Practice Services Committee (GPSC) adopted the Institute for Healthcare Improvement's (IHI's) Triple Aim framework for its attachment initiatives and GP for Me programs. The Triple Aims for system improvements are:

- Improving the patient and physician experience of care (including quality and satisfaction);
- Improving the health of populations; and
- Reducing the per capita cost of health care.

The information obtained from the CVDFP 2011 physician survey was used to identify areas of focus that would help family physicians in the Cowichan Valley in achieving the Triple Aims, and the 2015 survey shows the progress has been made. Of particular note, the Division exceeded its intended Patient Attachment target of 3,600 patients by March 31, 2015, attaching more than 3,800 patients by November 2014. The 2015 survey results will also inform the Division's work as it looks to make even more improvements.

The following highlights relate to the CVDFP's efforts to achieve the goals of the Triple Aim framework.

5.1 Improving the Patient and Physician Experience of Care

Attachment Evaluation: Maternity Clinic

A majority of respondents reported that the Cowichan Maternity Clinic attachment initiative had a positive or "significant positive impact" on: their ability to provide quality patient care (70%, n=16/23); their relationships with patients (61%, n=11/18); and their overall experience as a family physician (65%, n=13/20).

A majority of physicians reported that the Cowichan Maternity Clinic had a positive or "significant positive impact" for patients and their families in all categories, including: the quality of care for complex patients (86%, n=18/21); access to care for vulnerable patients (78%, n=18/23); ability for unattached patients to find a family physician (73%, n=16/22); patients' relationships with family physicians (65%, n=15/23); and their overall experience as a patient (85%, n=17/20).

Attachment Evaluation: Family Practice Hospital Support Program

Over half of physicians also reported that the Family Practice Hospital Support Program attachment initiative had a positive or "significant positive impact" on: their ability to provide quality patient care (52%, n=13/25); and their relationships with other family physicians (52%, n=13/25).

A majority of physicians reported that the Family Practice Hospital Support Program had positive or significant positive impacts for patients and their families in the following categories: the quality of care for complex patients (70%, n=19/27); access to care for vulnerable patients (70%, n=19/27); and their overall experience as a patient (60%, n=15/25).

Attachment Evaluation: In Practice Attachment

Forty-four per cent of physicians (n=15/34) reported the In Practice Attachment initiative had a positive or "significant positive impact" on their ability to provide quality patient care, and 45% reported a positive or "significant positive impact" on their overall experience as a physician.

A majority of physicians report that In Practice Attachment had a positive or "significant positive impact" for patients and their families in all categories, including: the quality of care for complex patients (63%, n=20/32); access to care for vulnerable patients (70%, n=23/33); ability for unattached patients to find a family physician (64%, n=21/33); patients' relationships with family physicians (69%, n=22/32); and their overall experience as a patient (63%, n=20/32).

Attachment Evaluation: Recruitment of New Physicians

Forty-two per cent of physicians (n=10/24) reported that the Recruitment of New Physicians had a positive or "significant positive impact" on their caseload management and overall experience as a physician. Forty per cent reported positive or significant positive impacts on their work-life balance.

A majority of physicians (56%, n=14/25) reported that the Recruitment of New Physicians had positive or "significant positive impacts" on unattached patients' ability to find a family physician. Forty-five per cent reported positive or significant positive impacts for patients' overall experience.

Changes to Practice from Attachment Initiative

Physicians reported a number of ways in which the attachment initiative has changed their practice over the past two years. Changes related to patient attachment include: accepting new patients at clinic; reduced pressure to accept new patients as other physicians accept them; expanding their practice; taking on new patients through practice attachment; and taking referrals from emergency physicians.

Physicians also reported changes in their office, including: streamlining office and flow efficiencies; reduced office inquiries; improving the quality of their practice and care for patients; and spending more time reviewing new patients' history, thereby increasing their comfort level when taking on complex patients.

Physicians also reported the following results from the attachment initiative: joining the Family Practice Hospital Support Program; assisting the physician in FPHSP and supporting inpatient care; improved management at the hospital; improved physician cooperation; starting the CMC and continuing maternity care for physicians; and stabilizing the FPHSP rotation, with their call group system improving their experience of hospital call.

Additional Resources

Nineteen physicians identified additional resources that would help them manage their patients, including:

- Access to increased mental health resources for adults and children;
- ER and specialist reports coming directly to EMR;

- Easy-to-access patient information handouts in the EMR pre-made medication templates;
- Assistance with patient self-management;
- A personal assistant;
- A paramedical employee in their office;
- Locum support;
- A social worker/counsellor;
- Educators;
- Patient navigator;
- More physicians on electronic fax system to send letters of patients seen in clinic;
- A clinic nurse with a focus on chronic disease management;
- Mental health, obesity, healthy eating, and active lifestyle resources; and
- Improved imaging wait-times.

Additional Learning

Thirteen physicians indicated topics they would like to learn more about, including:

- Billing issues;
- Billing as a locum;
- How other physicians use EMR;
- MSK module and EMR audits;
- Patient access to Med Access;
- Business management of medical practice;
- Setting up a website for medical practice;
- Meditation and mindfulness; and
- Specific medical issues, including: chronic pain management; mental health; palliative care; ADHD; urology; diabetes; COPD; and immunizations.

Physician Insights from Self-Assessment

More than half of respondents (54%, n=13/24) said they recognized a need to better optimize EMR as a result of this assessment. Half of physicians (50%, n=12) said they recognize they need more information to utilize all incentive codes, and one-third (33%, n=8) recognized they needed to improve Chronic Disease Management. One-quarter of respondents (25%, n=6) said they needed to bill more specifically. Individual physicians (4% each) said the self-assessment reminded them of the need to "teach back," and to ask their MOA about their wait times.

5.2 Improving the Health of Populations

Patient Demographics

Physicians reported an average of 165.33 patients in the 60-69-year-old age group, followed by an average of 160.64 patients in the 50-59-year-old age group. Physicians have an average of 604.21 and 442.64 active female and male patients, respectively. The average physician reports having an Aboriginal patient panel of 8%. One-fifth of physicians (21%, n=6/29) report an Aboriginal patient panel between 10-25%.

EMR data from 21 physicians showed an average of 1103 active patients seen in the last five years, ranging between 506 and 1479. The average number of active patients seen in the past three years in EMR records from 24 physicians was 1061 (between 464 and 1719).

Chronic Diseases

The average physician has 143.18 active patients with hypertension; 70.88 active patients with diabetes; 69.28 patients with Axis I Mental Health (excluding depression) diagnoses; and 65.44 patients who have been diagnosed with depression.

Newly Attached Patients

After running an accurate patient panel, twelve physicians report they have attached between 10 and 296 patients since they started tracking, with an average of 106.63 new patients. Five physicians report attaching fewer than 100 patients (42%); 33% have attached 100-150 patients; 8% have attached 150-200 patients; and 17% (n=2) have attached 250-300 new patients.

Taking on New Patients

Less than a quarter (23%) of physicians are taking on new patients with the intention of becoming their primary care provider, down from 38% in 2011. More than three-in-five physicians (63%, n=25/40) accept new patients "only in specific circumstances," up from 48% in 2011. Physicians taking on new patients in 2015, regardless of whether or not they only do so in specific circumstances, reported taking on an average of 2.32 new patients a month.

ER Familiar Faces

Accurate patient panel reports have allowed physicians and the CVDFP to identify the number of patients who are "familiar faces" at the ER for the first time. Nearly a third of physicians (31%) report that 1-25 of their patients have three or more visits to the ER per year; 28% report 26-50 ER familiar faces; 17% report 51-75 ER familiar faces; 7% report 76-100 ER familiar faces; 7% report 126-150 ER familiar faces; and one physician (3%) reports 151-175 ER familiar faces. Two physicians (7%) reported that none of their patients are ER familiar faces.

Future Planning for CVDFP

Physicians were asked to rank the impact or priority of different populations on their practice, to aid with the future planning efforts of the CVDFP. Nearly three-quarters of physicians (74%, n=28/38) said "frail elderly" patients had an impact or priority level of "4" or "5" on a five-point scale.

Patients with mental health and substance use issues were the next largest priority group for most physicians, with a combined total of 73% (n=27/37) saying they were a level "4" or level "5" priority, followed by patients with chronic conditions (68%, n=25/37); end-of-life care (60%, n=21/35); Aboriginal people (44%, n=15/34); rural and remote populations (26%, n=9/34); and maternal health (15%, n=5/33).

5.3 Reducing the Per Capita Cost of Health Care

Increased Attachment and Reduced Per Capita Costs

The Division achieved its March 31, 2015 Patient Attachment target of 3,600 patients, attaching more than 3,800 patients by November 2014. Research has shown that increased attachment can "reduce health care costs over time and across chronic conditions."[1] Increased patient attachment will reduce system costs.

Increased Efficiency and Capacity

In 2011, 92% of physicians (n=54/59) said they were interested in trying to increase efficiency in their office. In 2015, 69% of physicians (n=27/29) reported that they had increased efficiency in their office in the past 4 years. Similarly, 48% of physicians (n=28/59) said they were interested in trying to increase capacity in their office in 2011, and 50% of physicians (n=19/38) reported in 2015 that they were successful in doing so.

EMR Efficiencies

A majority of physicians (86%, n=30/35) had obtained an EMR meaningful use level 3 (MU3) assessment at the time of the 2015 self-assessment survey. Optimized use of EMR can reduce administrative workloads.

Coaching

One-fifth of physicians (21%, n=8/38) are willing and able to coach other physicians. Of the four physicians who provided additional information, three (75%) indicated that they could provide EMR coaching. Individual physicians also said they could assist with Dragon Dictation software; PSP modules; and mental health.

Personal Challenges

Sixty-five per cent of physicians (n=24/37) reported that maintaining a cost-effective practice had a moderate to significant impact on their primary care practice.

5.4 Other Trends

Retirement Projections

In 2011, 66% of practitioners were planning to retire in 10 or more years, and 22% planned to retire in 5-9 years. Five physicians (9%) were planning retirement in 3-4 years, and two physicians planned to retire by 2013. These numbers were largely unchanged in 2015, with the exception that no physicians reported that they were planning to retire in the next two years. Five physicians (12%) plan to retire in the next 3-4 years, and 20% estimate they will retire in 5-9 years, a slight decrease from 2011. Sixty-eight per cent of physicians plan to retire in 10 or more years, a 2% increase.

Physician Demographics

In 2011, 42% of physicians were between 45 and 54 years old. This age bracket increased to half of physicians (50%) in 2015. While 26% of physicians were 35-44 in 2011, this number has

[1] Marcus J Hollander and Helena Kadlec, "Financial Implications of the Continuity of Primary Care," *Permanente Journal* 19.1 (Winter 2015), 4.

decreased to 21%. The number of physicians aged 25-34 also dropped slightly, from 4% to 3%. The percentage of physicians aged 55 to 64 has decreased, from 25% to 23%, and the number of physicians aged 65 and over increased from 4% to 5%.

The number of physicians practicing between 1 and 10 years has increased, from 13% (n=7/55) to 22% (n=9/41). The average respondent in 2015 had been practicing for 21 years.

Physician Planning

The number of physicians who are trying to or planning to recruit another physician to work in their office has decreased substantially since 2011, from 47% to 22%. A majority of physicians are still attempting to find a short-term locum for coverage for holidays, CME, etc., although this number has decreased from 91% to 82%. Two physicians in both 2011 and 2015 indicated they were planning to merge their practice/office with another practice/office within the next year. No physicians reported they were planning to move or retire within the next year, down from 9% of physicians in 2011.

Multi-Disciplinary Team Members

More physicians had multi-disciplinary team members associated with their clinic in 2015 (81%) than in 2011 (60%). The most common multi-disciplinary team member is still an RN (2011: 44%; 2015: 41%).

Most physicians continue to report that they would benefit from having additional access to multi-disciplinary team members (2011: 87%; 2015: 83%). The most in-demand team member is still a counsellor (2011: 63%; 2015: 79%). Demand for social workers has increased from 29% (n=14) to 59% (n=17). Fifty-two per cent of physicians reported that they would benefit from additional access to a dietician in both 2011 and 2015. A majority of physicians report that they have room in their office to accommodate additional staff, although this number is decreasing (2011: 80%; 2015: 62%).

Inactive Patients

In 2011, seven physicians reported seeing between 100 and 1000 inactive patients in the last 3 years. With more accurate data available in 2015, 11 physicians reported seeing between 0 and 2702 inactive patients in the last 3 years.

Residential Care

The percentage of physicians practicing residential home care is unchanged since 2011, at 88%. The average number of residential home care patients has decreased slightly, from 6 to 4.5. The percentage of physicians accepting new residential care patients has remained relatively stable, rising from 40% to 42%; however, the percentage of physicians who are not interested in accepting new residential care patients has risen from 44% to 56%.

EMR

All physicians report having an EMR, up from 95% (n=58/61) in 2011. The biggest challenge with EMR identified by physicians in 2011 was data entry (32%). In 2015, issues of computer literacy (33%, n=12/36), including difficulties learning the system or typing, had overtaken data entry (28%, n=10/36) as the biggest EMR challenge facing physicians.

6.0 Conclusion

Since the May 2010 announcement that the Cowichan Division of Family Practice was to be one of three BC Communities prototyping the Patient Attachment Initiative, the amount of transformational system change in this community has been both substantive and sustainable. The CVDFP is incredibly proud to have exceeded its attachment goal, and to have done so ahead of schedule and under budget.

The CVDFP remains committed to the Triple Aim goals as we move beyond Attachment and A GP for Me to improving care for our Frail Seniors. The incredible amount of thought, effort, creativity, innovation and perseverance that went into the past six years of work has undoubtedly positioned us for success in all of our future endeavours.