Practice Improvement Evaluation Plan

Fraser Northwest Division of Family Practice

FY 2018/2019

Report Overview

What did we learn that worked?

1. MOA engagement is important and impactful for FNW members and their clinic teams.
   a. MOAs are willing and excited to give up an evening a month to learn new skills and socialize
   b. MOAs are excited to apply their new skills in practice
2. Family practices are small businesses that have evolved and developed based on necessity rather than function and therefore clinic business related tools are appreciated.
   a. Streamlined process for recruiting MOAs
3. EMR user groups with specific topic areas are important to help understand the possibilities of how the EMR can be used.
4. Having a dedicated practice improvement person allows for more individualized learning and support for physicians in practice.
   a. The Division is able to quickly receive feedback from members and adjust programs and service delivery to the needs of members as opposed to a partner organization who has a different mandate and may or may not share the feedback with the Division in the same manner.
   b. This position's flexibility allows for in-person engagement to support in areas that clinics may be struggling in – for example, questions around asepsis audits have been handled and this role has gone in and ensured that clinics have the correct equipment to successfully move through the audit process.

What did we learn that doesn't work?

1. The EMR events have not been as receptive as initially anticipated.
   a. The version of EMR a clinic is using makes a significant difference
   b. EMR "experts" for all EMRs are not readily available within the Division except for OSCAR
   c. There were 5 OSCAR EMR User Groups held in the period however, there were a number of one-to-one in-practice EMR support sessions that occurred
2. Evaluation data is challenging to collect after the fact.
   a. Reporting and evaluation mechanisms and metrics are factors that were not in place at the time of the inception of this role.
3. MOAs are the key stakeholders to patient attachment and access
   a. If physicians have no capacity, the MOA engagement can not be used as an indicator for attachment
4. The goal at the time of this role's development was to support in increased attachment amongst the family practices in the communities through engagement; however, this role did not get the attachment numbers that were originally anticipated. This may be a goal for the upcoming year, but it also is worth exploring further within the practices as to whether there is capacity for increased patient attachments.

What are the remaining gaps?

1. Moving into the coming year, a more thorough reporting structure will be put into place with data tracking mechanisms that relate to clearly defined strategic outcomes.

    a. A measuring structure that looks at the practical application of the in-practice skills that MOAs learn at the monthly events will be developed and implemented.

    b. The monthly MOA events have been more well recieved than expected and it's important to our members that we continue to offer these; however, in order to continue to do this, there needs to be a metric or mechanism that showcases the value that these events have for practices. Physicians need to be able to see a direct correlation between the skills MOAs develop and what's happening in the practice. .

2. As related to the EMR education, a better understanding of what is needed is required:

    a. EMR functionality

    b. EMR technical skills

    c. EMR features and settings

    d. Privacy and security

    e. IT infrastructure in practice

Introduction

The need for a dedicated practice improvement role emerged largely out of Fraser Northwest (FNW) division member feedback and identification of opportunities to support physicians in the way that they practice (Patient Medical Home).

From the FNW Executive Director's (ED) perspective, one of the major intentions in creating this role was to have a dedicated person go into family practices to "look at what's happening within clinics and look at opportunities to decrease expenses, and what I call increasing revenue per square footage."

This is an example of how the FNW sees itself as a member driven organization: a theme was identified through member communication and FNW acted on it.

Building capacity in our physician community

Since its inception, the responsibilities of the role have centred largely upon that initial vision and intention through a number of different avenues:

- Practice improvement,
- Electronic Medical Record (EMR) support, and
- Medical Office Assistant (MOA) recruitment, engagement, retention, and education/upskilling to name a few.

As with the introduction of any new program or position into the FNW, there is an explicit alignment with the Patient Medical Home (PMH)/Primary Care Network (PCN) attributes and this role is no different. Prior to the dedicated division practice improvement support team member, the related job duties were not a function of FNW.

PMH Attributes			FNW Practice Improvement Program Alignment
PMH Attributes	Service Attributes	Commitment (a personal family physician)	
		Contact (timely access)	
		Comprehensive Care	X
		Continuity of Care	X
		Coordination of Care	X
	Relational Enablers of Care	Team-Based Care	
		FP networks supporting practice	X
		PMH networks supporting communities	X
	Structural Enablers of Care	Information technology enabled	X
		Education, training, research	X
		Evaluation and quality improvement	
		Internal and external supports	X

	Process for ensuring all people in a community have access to quality primary care, and are attached within a PCN.	X
	Provision of extended hours of care including early mornings, evenings and weekends.	
	Provision of same day access for urgently needed care through the PCN or an Urgent Primary Care Centre.	
	Access to advice and information virtually (e.g. online, text, e-mail) and face to face.	X
PCN Core Attributes	Provision of comprehensive primary care services through networking of PMHs with other primary care providers and teams, to include maternity, inpatient, residential, mild/moderate mental health and substance use, and preventative care.	X
	Coordination of care with diagnostic services, hospital care, specialty care and specialized community services for all patients and with particular emphasis on those with mental health and substance use conditions, those with complex medical conditions and/or frailty and surgical services provided in community.	X
	Clear communication within the network of providers and to the public to create awareness about and appropriate use of services.	X
	Care is culturally safe and appropriate.	X

Doctors of BC does provide services through the Practice Support Program (PSP), which is available to help doctors in their practices and offers specific program content which is developed at a provincial committee and delivered through staff employed by Fraser Health Authority. The new FNW position was developed to augment and support the work of PSP and not to replicate or duplicate their work.

Initial Intent

The role initially was a combination of both a Practice Coach and a Medical Office Practice Support Coordinator position and closely based on the job description from the Prince George Division practice support coach. Based on feedback from the FNW ED, this position's original job duties were:
- To host monthly EMR sessions, and
- To host quarterly MOA events to specifically support the upskilling of the MOAs as the MOAs in these communities are not being fully utilized.

The role has evolved and grown from the initial posting. The position was initially listed as a Practice Improvement Coordinator whose key responsibilities included:
- Assists practices in maximizing the use of available health information technology resources in order to accomplish improved patient outcomes and increased office efficiency.
- Plans, organizes and facilitates group training workshops for EMR meaningful use.
- Aids practices in customizing processes to fit their own situation and incorporating the changes in their day-to-day routines, so as to increase the likelihood that the changes will be sustained.
- Provides on-site coaching to Physicians and staff members.
- Build and sustain relationships with physicians and staff members through education, engagement and support to support a decrease in the attachment gap within the FNW.

To date, there have been practice efficiency assessments at 3 FNW clinics with one return visit to a clinic. These assessments include the FNW practice improvement team member to go into practices to shadow MOAs, assess workflow and create a facility assessment for the clinic that is in line with acceptable standards as laid out in the College of Physicians and Surgeons Standards.

In the first year, there has been a total of 5 OSCAR and 1 IntraHealth Profile (Profile) EMR user groups (timeline of April 2018 to March 2019). Profile had 1 attendee show up for the session. :

Number of Attendees at OSCAR EMR User Groups
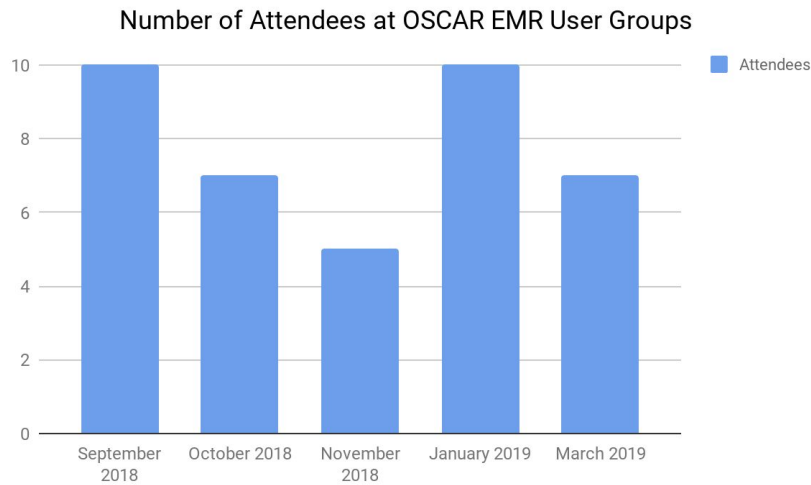
The goals of the session were to:
- Share learning opportunities
- Improve EMR use (efficiency)
- Follow up to the PSP EMR Functionality Assessment.

The session format included:
- PSP EMR Functionality Assessment (initial session)
- A community family practitioner (FP) facilitates the session of physician participants
- Support staff to document and follow up on any issues or concerns
- Dinner and network.

35 Physicians completed assessments
With an average meaningful use score of 3

In addition to the User Groups, the following practice support was requested and completed:
- One-to-one or group practice specific EMR support sessions for both clinic MOAs and physicians
  - 13 separate clinics with one clinic having an additional 2 visits
    - Approximately 25 total participants from the practices
      - Including physicians,
      - MOAs, and
      - Practice managers.
- Billing support

- Panel clean-up activities
- As part of the PSP, physicians completed functionality assessments for their EMR and the practice improvement program provides follow up annually.

> *This allows for support to be individually tailored and flexible to each physician or clinic specific needs; however, it can also create difficulties and inconsistencies when reporting out to stakeholders, partners, and members on what work has been completed.*

An event held for MOAs every month since July 2018 with each event focusing on distinct topic areas where subject matter experts were brought in to present and facilitate the session. Topics were chosen based on feedback from in-practice visits conducted by the practice improvement person, topics that have been presented over the last year include:

- July 2018: Medical Asepsis in medical practice
- August 2018: Intercultural skills and teamwork
- September 2018: Respond with respect from the Canadian Mental Health Association
- October 2018: Communication skills and teamwork
- November 2018: Privacy and security from Doctors Technology Office (DTO)
- December 2018: Pathways overview between specialist MOAs and family practice MOAs
- January 2019: Lifelabs overview
- February 2019: MBTI interpersonal communication skills
- March 2019: Gender affirming care

Number of Attendees at MOA monthly meetings
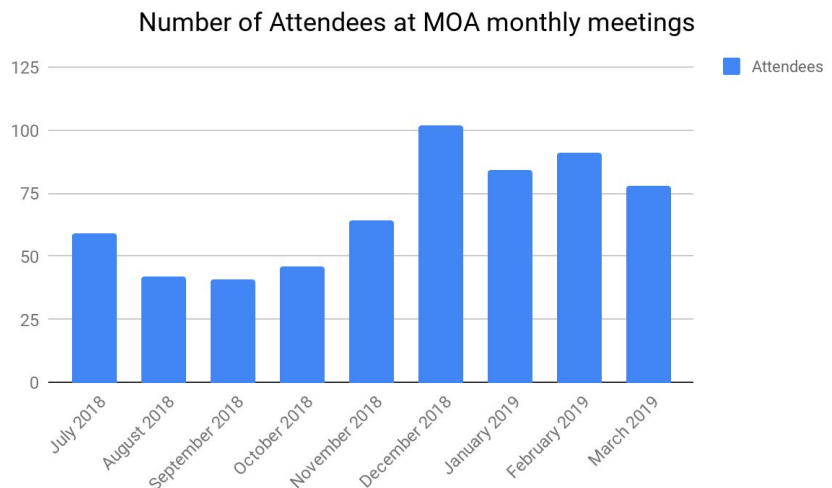
Highlights Include:
- 607 registrations
- An average of 68 registrants per event
- Highest demand event (# of registrations) was the Pathways overview between specialist MOAs and family practice MOAs with 102 total registrations
- Lowest registration numbers was the 'Responding with respect from the Canadian Mental Health Association' with a total of 41 registrations.
- Visual representations of all events' analysis can be found in Appendix A.

Program Growth

Although on-boarded to meet distinct needs identified from the community, the reach of this role expanded beyond what the initial intent was.

1. One of the initial requirements of this role were to hold MOA events quarterly, but based on feedback and demand, were moved to monthly gatherings.
2. A key element that may also be a factor in increased MOA retention and engagement across the communities is the development of the MOA recruitment list.
   a. September 2018, a list of pre-screened MOA candidates were made available to FNW members.
      i. the list includes potential candidates seeking both temporary and/or permanent placements in FNW practices.
      ii. Successful candidates are added to the list after they have been pre-screened, interviewed and reference checked and include an expected wage range.

      318 MOA applications!
      27 successful candidates!

      iii. This process is done collaboratively between two FNW programs (HR and practice improvement).
3. An MOA toolkit has also been developed with support from this program.
4. In-practice support is another key attribute of this program and supporting relationship building between physicians, practice managers, and MOA.
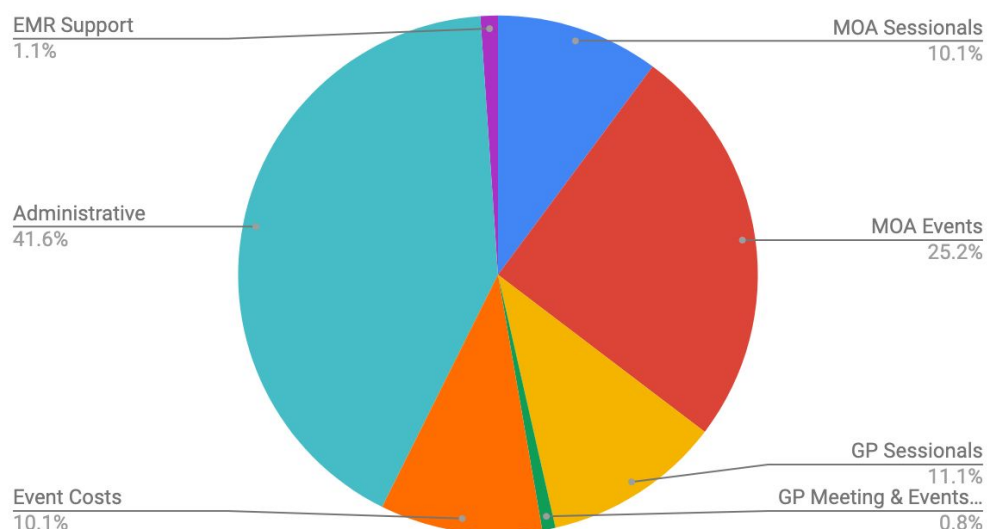
Program Expenses

Financial reporting of these engagements showcase the reach that these events have, but also are reflective of moving forward, strengthened reporting structures are needed in order to understand and measure the applicability of the skills and knowledge MOA's attain at these sessions.

Practice Improvement Program Costs FY 18/19

EMR Support 1.1%	MOA Sessionals 10.1%
Administrative 41.6%	MOA Events 25.2%
Event Costs 10.1%	GP Sessionals 11.1%
	GP Meeting & Events… 0.8%

Note* admin cost only includes direct admin staffing costs; however additional staff resources not included in total cost includes ED oversight, evaluation, event and communications coordination, finance, and administrative support.

Program Spread

Gaining insight and knowledge from outside of the FNW communities also supports opportunities for growth and change within FNW. The practice improvement role has been invited to support planning in other communities outside of the FNW:

- In September 2018, this role was part of the planning process for the Community Health Center (CHC) of Renfrew-Collingwood in Vancouver where they supported the development of job descriptions for MOAs and practice managers. As described by the practice improvement role "this was about brainstorming and planning around the needs of that particular community but it taught me how to gather the right people for this type of discussion in our own community." This is a project in collaboration with the Ministry of Health and project managed by Sue Davis.
- In December 2018, this role met with a representative from the Surrey-North Delta division in which correspondence around MOA training and engagement ideas ensued.
- In January 2018, this role worked with the Chilliwack division by presenting about Physician Office Medical Device Reprocessing Assessments (POMDRA) audits that were occurring around medical asepsis and instrument sterilization.
- The practice improvement staff shared that they attended the Walk-In Clinic Association conference in Richmond in November 2018 where the conference allowed for networking and a key learning piece was around the running of walk-in clinics.

Looking Ahead

Based on the learnings from this past year, the practice improvement program has grown from one specific role to a larger program which, in Summer 2019, will encompass two additional roles. The Practice Improvement Program Manager's (previously coordinator) role still encompasses the key responsibilities previously stated; however, with the onboarding of an IT Support position, certain in-practice technological

support will be covered. The Program Manager will continue to engage, communicate and promote learning with practice staff and provide practice efficiency consultations with clinics. This role will have both the IT Support and the MOA Recruitment and HR Consulting Program Assistant reporting to it.

Looking ahead, there will be more structured reporting mechanism put in place, not only with the roles that make up this program, but also with the members to garner feedback and perspective on how this program contributes to their practices. The division ED stated that looking back a year from now, what they would like to be able to reflect on is how there has been a realignment of this position and program. When this position started, there was no clearly defined strategy or an evaluation plan so there weren't structured goals and outcomes that the program was working towards. Moving into this next year, there needs to be clear goals and outcomes set from the beginning so that as the year moves forward, there is the ability to look back and reflect on activities that have been undertaken to ensure alignment with the program's intent. As stated by the current Practice Improvement Program Manager, the hopes for this program next year is to be **"the reason physicians love going to their offices each day. I want physicians to enjoy the work they do and have the support they need to love doing what they do. I want family practices and clinics in the FNW to work as teams and can attach more and more patients. Additionally, I want the program to be the reason physicians are using the MOA roles in their practice to the top of their scope. Physicians are allowing the MOAs to assist them, with tasks that they can offload to them, so that the physicians can see more patients and accept more patients into their practice."**

Appendix A: MOA Monthly Event Evaluation Summaries

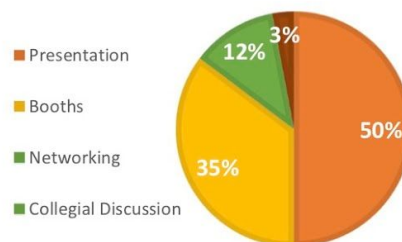*June 2018*

MOA Resource Fair | Event Evaluation

50% were familiar with a few of the resources
44% were familiar with most of the resources.

88%
found this session
VERY EFFECTIVE
And 12% found this session somewhat effective.

Which portion of the event did you find to be most valuable?

- Presentation
- Booths
- Networking
- Collegial Discussion

3%
12%
35%
50%

What resources do you wish had been at the event?

- Mental Health Resources
- Fraser Health Medical Imaging
- Emergency Department
- Occupational Services Funded by MSP

"Enjoyed the presentation aspect as it was a good overview of the resources"

TOPICS OF INTEREST: Mental Health | EMR | Team Building | Pain Management | Billing Worksafe | Running an Efficient Office | Clinical Things
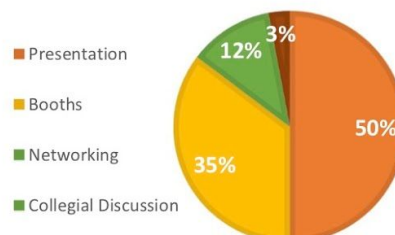

July 2018

MOA Medical Asepsis | Event Evaluation

50% were familiar with Medical Asepsis and Guidelines.
24% were not familiar and **26%** were very familiar.

83%
found this session
VERY EFFECTIVE
And 17% found this session somewhat effective.

Which portion of the event did you find to be most valuable?

- Presentation
- Booths
- Networking
- Collegial Discussion

3%
12%
35%
50%

What resources do you wish had been at the event?

- Mental Health Resources
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"Enjoyed the presentation aspect as it was a good overview of the resources"

TOPICS OF INTEREST: Mental Health | EMR | Team Building | Pain Management | Billing Worksafe | Running an Efficient Office | Clinical Things

August 2018

Intercultural Skills & Teamwork Workshop | Event Evaluation
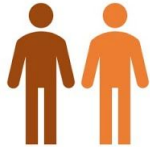
97%

have experienced an issue arise with others due to not understanding how to handle the others' behaviours.

"Great presentation, great examples, and great games!"

Over **50%**

Found all components (presentation, speakers, discussion, games, and networking) of the event valuable.
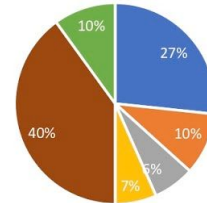
53% found this event **very effective**.

41% found this event somewhat effective.

What time of day is best to receive email communications regarding events?

- Early morning (8 am to 10 am)
- Late morning (10 am 12 pm)
- Afternoon (12 pm to 2 pm)
- Late afternoon (2 pm to 4 pm)
- Evening (4 pm to 6 pm)
- Other

27%
10%
5%
7%
40%
10%

For Future Events: More information on how to work as a team | How to deal with bullying in the workplace | More tips on how to react to different behaviours | How to deal with difficult patients and their behaviours | Use a microphone when moving around room |

December 2018
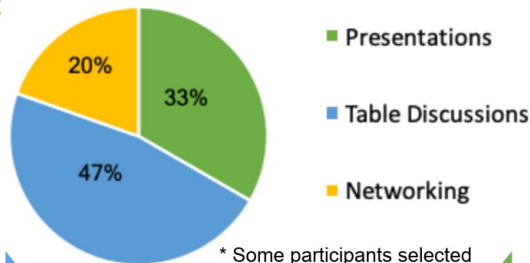
MOA Pathways Overview | Event Evaluation

70%

felt **very comfortable** in understanding the referral process & Pathways **after** the event

29% were somewhat comfortable
1% very uncomfortable

"Pathways is an abundance of information"

"[I] learnt ways to use pathways efficiently for referrals"

Most valuable portion of the event to attendants

- Presentations
- Table Discussions
- Networking
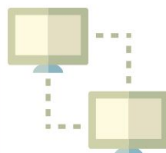
20%
33%
47%

* Some participants selected more than 1

Table discussions gave "*different perspectives* on the referral process"

Presentations were "**clear**" and had "**helpful** information"

Networking was useful because participants were able to "**exchange information**"

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Division of Family Practice
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January 2019

MOA LifeLabs Overview| Event Evaluation

79% felt **very comfortable** in understanding life labs, testing, and transporting of specimens **after** the event

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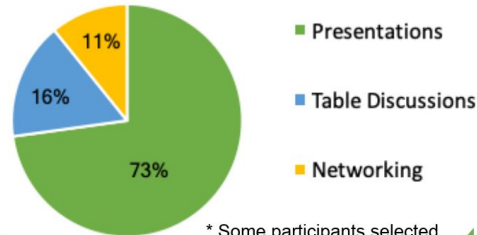
18% were somewhat comfortable
3% very uncomfortable

LifeLabs website has *"lots of updated procedures"* and *"information on swabs"*

Participants got a *"better understanding* of how LifeLab processes work"

Most valuable portion of the event to attendants

- Presentations (73%)
- Table Discussions (16%)
- Networking (11%)

* Some participants selected more than 1

Table discussions gave insight on "*other clinics ideas and issues*"

Presentations gave "***reasons** behind different procedures*" and were "*informative*"

Networking was useful because participants were able to *"exchange information"*

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February 2019

MOA MBTI Interpersonal Skills | Event Evaluation

88% felt **very comfortable** in understanding their personal strengths, development opportunities and interpersonal communication skills **after** the event

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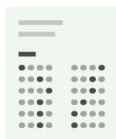
6% were somewhat comfortable
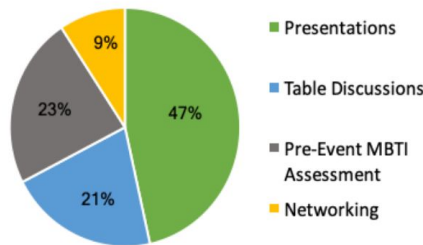6% were neutral

*"**Personalities** can affect your work environment"*

There was "opportunity to **explore** your personality type and achieve the **best** possible **working conditions**"

Most valuable portion of the event to attendants

- Presentations (47%)
- Table Discussions (21%)
- Pre-Event MBTI Assessment (23%)
- Networking (9%)

* Some participants selected more than 1

Table discussions gave "*different points of views*" of other personalities

Participants felt "*engaged in the presentation through the activities*"

Networking allowed participants to "*talk to other MOAs*"

"*I liked finding things out about myself*" - MBTI Assessment

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A GPSC initiative

MOA Gender-Affirming Care | Event Evaluation

Workshop topics:

- Trans and gender **key concepts, terminology and considerations**
- Creating **accessible** and **affirming services** for gender diverse clients
- Basics of **trans competent** primary care services
- **Supporting** patients seeking **gender-affirming surgery**
- **Trans Care BC**

Most Effective:

"Speaker Gwen was very informative, personable, very interesting, learnt many things"

"Using more gender pronouns"

"Learning about the website and tools available. Awesome speaker Gwen!"

Did participants learn relevant information on each topic?

Unclear Questions:

"Confusion still regarding terms"

"[How to] pull transgender info on an EMR"

Motivated to change practice by:

"Put pamphlets/information in waiting room"

"Adjust forms to include preferred name(s) and/or pronouns"

"Update washroom signs"

Strongly Disagree
1

4.7 - 4.9

Strongly Agree
5

Average response

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