Prince George Division of Family Practice
A GPSC initiative

five years strong EST. 2009

Division Newsletter

A newsletter for Division members: Family Physicians & Family Practice Residents. Please feel free to share with your Health Care partners

April 2015
Issue 11

Inside this issue:

From the Desk of the President

By Garry Knoll

I have watched for years - with envy - people skate-skiing, whizzing past me as I "classic" my way along the Otway trails. In my head I was jealous, but felt incapable. I made excuses not to learn: too sore, "classic" is what I prefer (how would I know?). Inside I struggled with looking too dorky, too old. Then my wife bought me skate-skis for Christmas. Mind reader? Not my plan.

But, not wanting to waste those skis, I committed to this awkward thing. After my first 10 falls on Pine Flats, I knew I needed a plan. ALWAYS skate a length of the stadium area each time out. COMMIT to least 4 times/week, 40 minutes (thereby getting almost all the aerobic min/wk recommended for adult Canadians). And I would INCREASE the skating by one stadium lap every time out. ASK for help. I am most breathless, and working hardest, when my technique sucks and I have forgotten about basic skills.

My clinical worries often arise when I am rushed and I abandon my routines. I saw a diabetic the other day who had an ACR of approximately 10 measured in July of last year. I had reviewed her prescriptions on 2 occasions since then, while we had been sorting out some other issues. For some reason I had not checked her meds against her CTRL-H or reviewed her diabetic templates against her meds. I would have seen the opportunity to ramp up her small dose of ACEI had I kept to my routine during those "distracted" visits. Back to basics.

I was looking at my scorecard the other day (Reports>Clinical Audits>Scorecard), and I still need to incorporate some workflow things to improve results for my practice. I miss opportunities. I have only documented physical activity in 11 of 215 patients age 2-19. Five of the 11 were physically inactive. I missed the opportunity to talk about physical fitness with many young patients who needed to have a different lifestyle in the last 2 years. It isn't much better with unsafe alcohol and drug use in the same age group. On the other hand, I have documented tobacco use in 59% of patients in the last 2 years. Back to basics.

Would I return to classic skis? Yes, under certain specific conditions with heavy, new, unpacked snow. But now that I have felt the glide of skating.....I would miss a whole new world of speed and efficiency. If it's not speedy and efficient, back to basics.

Fundamentals for Practice Success

By Olive Godwin

The membership of the PG Division of Family Practice is a very diverse group of dedicated, busy physicians who work all across the continuum of primary care: from the emergency department to oncology, with everything from office practice, inpatient care, residential care, obstetrics, and palliative care in between.

Your Division is working hard to make sure we are supporting you in every part of that practice spectrum. We know we do better in some areas than others, but rest assured, if you have not yet received the benefits of services like coaching, recruitment, peer mentoring, practice support modules or quality improvement, we have not forgotten you! We also realize that assisting you to streamline your practice, so you can be the most efficient and effective you can be, is also a continuum: from just beginning to use tools like the EMR, all the way to mastery of tools like electronic care plans and chronic pain management! It's the 'art' of holding all of that at once, so that every member feels like they are getting "just what they want and need at just the time they need it," that keeps us on our toes.

You will notice that in this issue of the newsletter, and at the next member meeting on April 22nd, we are reviewing 'the fundamentals.' We will leave no one behind as we continue to build our knowledge toward a highly-evolved primary care system for PG. We want to remind you - and ourselves - that "every question is a valuable question!"

BLUE PINE CLINIC PHYSICIAN COVERAGE NEEDED

Have you considered working with patients with complex needs?

The Blue Pine provides an environment that includes longer appointment times & the support of a multi-disciplinary team.

Please contact us if you are interested!

Megan Hunter
Phone: 250-596-8103
mhunter@divisionsbc.ca

Spring Member Meeting: Wednesday, April 22nd

1730—2100 Civic Centre Rm 208. All Family Physicians & Family Practice Residents welcome!
Dinner, sessional payments, Resident honoraria provided

*** Remember to bring your MOIS Scorecard as we review the fundamentals ***
See page 4 for how to run your Scorecard, or contact your practice coach if needed

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Save the Date: AGM
Annual General Meeting: **Tuesday, June 16th at UHNBC Room 410 (12-1330).** Come for a summary of the year, to complete Society business, & for a great lunch. **Consider running for a seat or nominating a colleague: contact Auton St. Rose, Nomination Committee Chair**

Did You Know? Society of General Practitioners of BC (SGP)
This site is a resource for current & accessible billing information: www.sgp.bc.ca
Access the site by adding the SGP to your account when renewing your Doctors of BC dues, or click the Join Now button if you are currently a member.

Your voice matters!
We would love to hear from you; we always welcome comments, concerns, success stories, & challenges. Contact Olive Godwin at 250-561-0125 or pgdofp.coordinator@gmail.com

Acknowledgements
We are grateful for contributions from:
- Doctors of BC
- GPSC
- Ministry of Health
- Northern Health
- PSP-Technology Group
- Spirit of the North Healthcare Foundation

Prince George Division of Family Practice Leadership

Board of Directors

Garry Knoll	Board Chair/Physician Lead
Barend Grobbelaar	Vice Chair
Dick Raymond	Secretary/Treasurer
Phil Asquith	Attachment Lead
Rachel McGhee	Member at Large
Cathy Textor	Member at Large
Susie Butow	Member at Large
Trish Goodman	Member at Large
Auton St. Rose	Member at Large
Bill Clifford	Ex-Officio (NH ICT)
Ian Schokking	Ex-Officio (FP Dept. Head)

Newsletter Physician Lead: Cathy Textor

Division Staff

Olive Godwin	Executive Director
Megan Hunter	Clinical Programs & BPC Lead
Bonnie Bailey	Operations Lead
Gail Brawn	Executive Assistant
Heather Chafe	Practice Improvement Coach (NH)
Karen Gill	Practice Improvement Coach (NH)
Tammy Bristowe	Practice Improvement Coach
Kaylee Bachand	BPC MOA, Part-time Coach
Sara Hare	BPC MOA
Channan Weatherly	BPC MOA

(BPC = Blue Pine Clinic)

Membership Detail

Division Members	128
Full-Service Family Physicians	77
In-Patient Doctor of the Day Members (IDOD)	35

PSP Advanced Access/Office Efficiency Module

By Karen Gill

The coaching team has worked with 6 offices and a total of 21 physicians to complete the PSP Advanced Access/Office Efficiency module. Initially, we promoted this work with the lens of improving access by providing patients same day appointments. We have since learned that office efficiency and work flow are the major points of improving overall access. Five of 6 offices chose to work on cycle times for their action periods while working through the module. A major focus for another office was working down their backlog in order to catch up and get to the point of doing "today's work today."

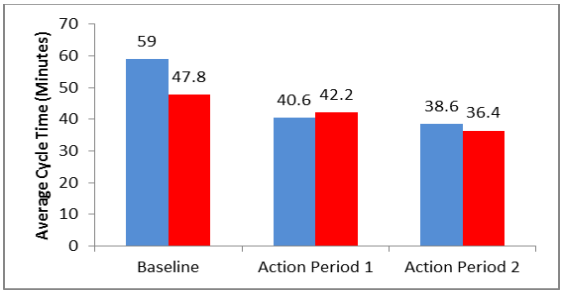
One clinic in particular worked diligently to not only improve office efficiency, but to also collect data to ensure change was taking place. The clinic team believed that although they already had same day access there was room for improvement in cycle times. The team started by collecting a baseline and having a discussion. Questions asked were:

- Does the baseline give us an ideal cycle time?
- What do we consider an ideal cycle time?
- What can we do differently?

The team decided to aim for a 35 minute cycle time, measured using MOIS functionality. A few of the change concepts were:

- MOAs to selectively and gently knock on the exam room door after 15 minutes
- Physicians to be more aware of the impacts of hospital rounds on office start times
- Physicians to be conscious of the amount of time spent with individual patients and attempting to curb "shopping-list" visits
- MOAs to do chart prep before patients arrive (check for required lab work, consults, outstanding exams and referrals), resulting in time saved and patient safety enhanced. For example, a patient with a sore throat who has an outstanding positive FIT referral and hasn't been seen by 6 months after the referral was sent.

The coaching team's hard work and commitment was evident in the results. The graph below shares the data collected for sampled weeks throughout the module work for two physicians (shown in red and blue).



Feedback: "We enjoyed the experience as the process engaged the doctors and staff as a team with a common goal. We would never have collected this data and stuck to the course without our superb coach, Karen. Thank you!"

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M—F 8:30—4:30

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Prince George, BC V2L 3P1
Phone: (250) 596-8100
Fax: (250) 596-8101
M—Th 8:30—4:30 (closed 12—1)
F 8:30—12:00

Showcasing Our Members' Work: Chronic Pain Management

By Cathy Textor

All of you are doing excellent work with your patients on a daily basis. Many of you have areas of special interest or innovation which need to be showcased. Showcased - and shared - so that we can learn from one another. Our scope of practice is broad; we cannot be experts in all areas. Sharing knowledge and successes is an efficient and collegial way to educate ourselves and improve patient care. In each newsletter, we would like to showcase members who have a special area of interest or an innovative approach to delivering care or office management. You may be approached for your contribution, or if you feel you have something to share, please contact me directly.

The much-anticipated release of the PSP module on Chronic Pain is forecast for May 2015, and it will be introduced to you at the member meeting on April 22nd, so be sure to be there! There are members of our Division who are doing amazing work in chronic pain, who have made contributions that will help us manage these often-complex patients in the normal flow of a busy family practice office. In this edition, we chose to showcase Dr. Devan Reddy, who created the dynamic form for chronic pain which is now available in MOIS, and Dr. Heather Smith, who is our physician lead for the PSP Chronic Pain module .

Managing Chronic Pain in the Primary Care Home

By Devan Reddy

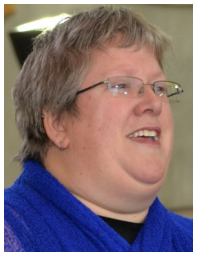
Chronic pain is difficult, for both provider and patient. It is currently estimated that one in five Canadians suffer from chronic pain. Neuroplastic changes in the central nervous system following acute injury or other causes can result in chronic pain. Chronic pain is physiologically different from acute pain and is now being identified as a chronic disease. There are significant health implications for the sufferer and those around them that result in a multitude of economic and psychosocial consequences.

For far too long the only therapeutic tool in primary care has been the prescription pad; this approach personally left me feeling inadequate and has historically contributed to poor outcomes when used singly. Pain itself is subjective. The lack of objective measures makes chronic pain management difficult. Pain-related disabilities and behaviours are, however, measurable. Over the last few decades, epidemiological and other research has led to new practical tools being offered in primary care for the management of chronic pain. I am excited to announce that these tools will be taught in an upcoming PSP module facilitated by our Division of Family Practice. These tools are already available in MOIS and include motivational interviewing techniques such as Brief Action Planning.

Vigilant prescribing practices for high-risk medications, psychological treatments, motivational interviewing techniques, interventional pain therapies, as well as physical therapies, are now all at the frontier of chronic pain management. I am sure that we as providers are certainly ready for it.

Innovative Pain Management at Central Interior Native Health

By Heather Smith



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Chronic Pain – the abyss of medicine – as practitioners, we stand on the edge and peer in. We wonder how we can have meaningful interactions, and make informed decisions that benefit our patients, when presented with this topic that is a huge chasm in many of our knowledge bases.

Chronic pain management does not have to feel this way. Chronic pain can be viewed like any other chronic disease – diabetes, heart failure, hypertension. These feel overwhelming at times but the development of tools, flow sheets and guidelines have made the management of these conditions less onerous. The same is being done for chronic pain, and I was fortunate enough to be part of the Provincial Support Program's modules on chronic pain. Along with members of the Division of Family Practice and other practitioners from Prince George, I was given a toolset and guidelines to apply to chronic pain, and this toolset is available in MOIS.

I have been able to translate much of this training into the work being done at Central Interior Native Health. We have successfully used the chronic pain management module to help add diagnostic clarity and treatment direction to some of our more difficult cases. We have also held group medical visits on chronic pain that were not only well attended, but also left participants feeling more empowered regarding their pain.

In the coming months, the Division of Family Practice will be rolling out new opportunities regarding the management of chronic pain. I encourage you to explore these opportunities as they become available, and to start making chronic pain just another chronic disease that family practitioners are well-equipped to handle.

Opportunity: Find a Locum; Get a Locum

The Society of General Practitioners (SGP) has added a *Family Practice Locums in BC* list to their website (http://sgp.bc.ca/locums/). SGP members can post ads at no cost. Locums can customize job searches by filtering for EMR type and job features (OB, ER, etc.) They can also subscribe to receive a newsletter every two weeks.

Need an MOA Locum?
Contact the Division for the list, gbrawn@divisionsbc.ca or 250-561-0125

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PHYSICIANS ACCEPTING NEW PATIENTS

If you are accepting patients, you can be listed via these options:

- Northern Health's number for physicians accepting patients is 250-565-2237; the recording will either provide physician info or will direct patients to the Blue Pine Clinic. Call Switchboard at 250-565-2000 to be listed
- You can also list directly with the Blue Pine Clinic, whose MOAs will screen for patients with no prior PG doctor

If you no longer wish to receive Division newsletters, please e-mail *gbrawn@divisionsbc.ca* for removal from the distribution list.

Peer Mentoring—Docs Helping Docs

Many of our fellow Division members will act as peer mentors.

Who?

- Garry Knoll
- Barend Grobbelaar
- Ian Schokking
- Paul Murray
- Bill Clifford
- Denise McLeod

When?

Whenever works for you, 15—60 mins

Where?

They will come to your office

How?

Contact these mentors directly

What?

- EMR Optimization
- Workflow strategies
- Tips & tools
- Sharing best practices

MOA Peer Mentors also available. Interested in becoming a mentor? Contact the Division office for more detail.

New features in AMCARE (Aggregated Metrics for Clinical Analysis, Research and Evaluation)

By Bill Clifford

AMCARE is a built-in-the-north solution to support clinical quality improvement and understand population health. It collects only aggregate information from primary care, leaving patient–specific data safely in the custody of practitioners and practice identity is protected. Governance of the system and its use is firmly in the hands of providers.

Since Primary Care Homes naturally collect much of the clinical information about patients, the primary care record is capable of connecting pieces of data in ways that are extremely difficult, or impossible, to do without a giant central database. We can quickly answer complex questions from our EMR data, e.g. "how many patients in my practice with CHF and an EF of less than 30% are taking a betablocker or ACEI/ARB?"

Across the Northern Health region, aggregated information covering almost half of the entire northern population is available and increasingly used by practices, and practice coaches, to improve quality and to understand how the entire health care system is affected by primary care and interdisciplinary teams. The Division is a large contributor to this; nearly 80% of practices submit data as a result of your excellent data entry and documentation habits.

We are the first in Canada, and perhaps North America, to be in the extraordinary position of being able to follow primary care attachment, understand the state of chronic disease management, privately reflect on practice performance with comparisons to peers, and much more. This work is rapidly gaining attention across the country and is the foundation of the BC Physicians Data Collaborative, which seeks to achieve the same thing across all EMR vendors and all Divisions.

In the next newsletter, we will highlight some community-level information aligned with current Division activities such as polypharmacy and colorectal cancer screening.

The Coaches' Corner

By the Coaching Team

Hello Everyone from your Coaching Team!!

Following up on what our President so artfully articulated regarding "the basics," we would like to talk about the basic elements of the clinical scorecard.

With many of you having focused on your clinical value scorecard in the past year (the Objective Data Dashboard, ODD), the data in your electronic medical record (EMR) is showing that you are entering your data in a consistent and accurate way. This supports being able to analyze the data in your system and focus on areas where you believe your patients would benefit the most.

As the coaches have been making our rounds and speaking with different practices, we've observed that many of our physician members and their teams are not aware of how to generate their practice Scorecard. They may also be unaware of what clinical decisions can be made from it. Given that MOIS is a system created and supported by physicians, the scorecard was developed - and subsequently added to - with much thought and consideration for your patients' care and well-being.

There are a total of 63 data elements addressed on the scorecard; 14 for prevention, 14 for screening, and 35 for chronic disease management. It also provides you with a practice demographic. Some practices may have a very young panel with little chronic disease and may be more focussed on prevention and screening, where other practices may have an elderly population where more intense focus on chronic disease management may be required.

If, for example, you were interested in focussing on how active or inactive your patients are, you can analyze their physical activity by documenting it in MOIS and running the scorecard. If your practice has an elderly population with complex patients and you are documenting medications, the scorecard will bring up the number who are over age 65 and on 5 or 10 + medications. Building on our theme to encompass pain management, the scorecard will also identify a patient on opioids if their problem list includes chronic pain.

These are just a few examples of things that can be analyzed from your scorecard; there are many other elements that the coaches are available to assist you in analyzing. Please contact the Division office or a practice coach for assistance with this, or with anything else you would like help with.

How to Pull Up Your Scorecard **(Please contact a Practice Coach if you would like some help)**

On the bottom left hand side of your MOIS screen select:

- **Reports → Clinical Audits → Scorecard**
- **Selection Parameters → as of "select date" (defaults to today)**
  Time Period – defaults to 3 years (you can change this to 1 year or less if a newer practice)
- **Current Desktop Provider - to run your specific Patient Panel (Your name should appear in Desktop**
- **Provider Box upper right hand corner of screen)**
- **Select All Providers - to pull all Physicians Panel Information in Multiple Physician Practice**
  Facility Code and Service Centre are for Clinics (can be left blank)
  - Make sure "only active patient" box is checked
  - Click "Build Scorecard" (Note: If you have not run a scorecard before or in some time, it may take a few minutes to generate the data)
  - When done your Scorecard report will pop up

Coaching Team

Megan Hunter
Clinical Programs Lead

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