



*A key component in evaluating the success and benefits of patient medical homes involves collecting stories of health care change from doctors, patients, and allied care providers. These stories take readers on a journey toward understanding how patient medical homes are improving care around the province.*

### **Change Snapshot: How PSP support for EMR functionality, PMH readiness, and a needs assessment helped avoid burnout and ease the transition into retirement.**

[Listen to an audio version of this story here.](#)

#### **The Road to Group Practice; Supporting Primary Care Physicians**

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I've been working with the Practice Support Program (PSP) for ten years in the interior region. I help physicians delivering primary care to focus on what's important for them and their patients on a day to day basis. Wherever physicians and their teams are ready to start with practice level quality improvement, relationships and friendships develop. This level of support is strengthened by the conversations and stories that unfold adding a level of mutual satisfaction for everyone. With this approach with PSP and the local Divisions we have been working holistically to visit practices who often reach out for assistance and it starts with a one-on-one conversation.

We had been working mostly with group practices, but the real impetus came when someone from another region in the province said that we need to think about people at different levels of readiness. I realized that we need a strategy for smaller and solo clinics. What happens in family practice has a ripple effect on what happens in walk-ins and the emergency department. The system is inter-linked (or inter-dependent)

We were supporting family physicians transitioning from solo to group practice when a physician who practiced with his wife (also a practicing Family Physician) reached out to the local Division for support. They wanted to sell their practice and were thinking about retiring. We did a PMH assessment and in a subsequent 1:1 conversation we asked them to think about what was most important for them and what things might look like for them a few years down the road. They had just adopted an EMR and were working long hours to get the practice up to speed electronically in their patient records and hoping this would attract potential candidates to take over their practice. If we had not been there to sit down with both of them, they would have continued to suffer in silence, unaware of the supports available to them.

This all emerged from their relationship with PSP and the Division. We offered support through the PSP peer mentor program to augment their EMR functionality, PMH readiness and consider the needs of the physicians (both short and long term), while considering the needs of the community and the potential role of team-based care. A physician shared an observation directly to me after lamenting about one of his colleagues who retired recently 'Physicians can no longer pass on their practice without serious reflection, not only a handshake but knowledge of the patient population, level of complexity and community needs'. He wouldn't have been able to move to a group practice or to replace his retiring wife's practice without the EMR and support from a knowledgeable peer mentor.

The most significant change was that rather than the two physicians retiring and potentially leaving thousands of orphan patients, many of them over 65, in the community, he had the opportunity to move to a group clinic and find a physician to take over his wife's practice. It's wonderful to know what a difference this has made in his life.



We are taking concerns about physician health and wellness seriously so that we can avoid burnout. Provincially, it's expected for us to transform practice. At the local level, we are recognizing and learning about the needs of the patient and population.

I'm proud of this strategy to support solo practices. We are addressing a generational shift and helping retiring physicians keep up with technology and evolve, resulting in them staying in practice longer. At the same time, we are also attracting new physicians and helping the community.