

What We Value: Stories of Most Significant Change (MSC) from Physicians, Allied Healthcare Providers, and Patients

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GPSC

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GPSC Patient Medical Home – Most Significant Change Evaluation

Executive Summary

From 2017-2019, 33 stories were collected from seven divisions, across four BC health regions. Patients, family physicians, nurses, other allied health professionals, and community members told stories about the changes occurring in the clinics where they give and receive care – in their Patient Medical Homes.

MSC is more than collecting and reporting stories – it’s about having processes to learn from these stories. In particular, MSC allows us to learn about the similarities and differences in what different groups and individuals value based on their role in the health care system. **The method provides some information about impact and unintended impact but is primarily about clarifying the values held by different stakeholders.**

In February 2020, the GPSC Evaluation team held a workshop at the Joint Collaborative Committees Pre-Forum where attendees were invited to conduct a participatory analysis of the Most Significant Change stories. Over one hundred FPs, specialists, patients, division staff and representatives from the GPSC, health authorities and the Ministry of Health reviewed the stories and reflected on the significance of the reported changes. These reflections help to uncover both shared and different values held by stakeholders in our health care system.

Stories covered a range of key topics: team-based care with a nurse, pharmacist and social worker; transitioning from solo to group practice; improving access to mental health care for children and youth, and using EMR to improve practice and care. These stories were analyzed by FPs, specialists, allied health professionals, patients, as well as representatives from divisions, health authorities, the Ministry of Health, and GPSC. This report summarizes the findings from the GPSC Most Significant Change project.

These findings emerged from the GPSC Most Significant Change Evaluation Project. For more information, audio recordings of the stories, and the full evaluation report, please visit [the GPSC Evaluation website](#).

What were the most significant changes experienced so far in the provincial transition to the Patient Medical Home Model?

Team-based Care and effective use of **Electronic Medical Records (EMRs)**.

What made those changes worthwhile?

- Improved collaboration between professional from different disciplines
- Reduced FP workload
- Health care providers are able to work at the top of their professional scope
- Improved work-life balance
- Improved patient access to care
- Proactive, whole-person care

What do system actors have to do to enable more TBC and effective use of EMRs?

1. Physicians require support to take part in **planning and administration** of newer models like PMH, including funding, staff support and increased access to data;
2. A **culture shift** is required to embrace consistent and effective EMR use and collaborative approaches including team-based care;
3. Current **compensation models** are not suited to the kinds of collaborative care being undertaken in a PMH model. **Costs** may be higher during the initial planning and administrative phases, while they may be expected to decline over time. The costs and work structures associated with various phases of change will need to be explored to find a sustainable and appropriate funding model;
4. **Team-based care** took many forms, but several issues arose consistently: the need for a sustainable funding model, the need to address different human resource practices across professions and health care settings, and the need to build strong interprofessional practices including role clarification and communication across disciplines;
5. Support is required to address technical and policy barriers in **information management practices and electronic medical records**. Not only do practitioners need to have a more consistent approach to data entry and management, but support is required from policy makers and vendors to implement changes and work toward a more integrated use, access to and management of data that works across health care professionals and settings.

What are the recommended priority next steps for system actors to address?

Prioritize Support for EMR-ready Practices

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- Provide provincial support for EMR optimization and data integration
- Provide guidance and training regarding consistent data entry into EMR to support team-based care and enable an understanding of population health and better allocation of resources throughout the health care system.
- Implement consistent data entry processes so that EMR data can be used at a bigger scale to support

Divisions

- Work toward shared access or integration of data to enable providers to access complete and up to date patient information regardless of their location in a private practice, hospital or other point of care;
- Support physicians in paper-based practices to transition to EMR;

FPs

- Ensure that EMRs are set up to support appropriate team access to patient records;
- Implement consistent data entry processes so that EMR data can be used at a bigger scale to support proactive care, use of algorithms, understanding of population health and better allocation of resources throughout the health care system.

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- Continue to provide coaching and practice support for setting up an EMR, optimizing EMR use, using EMR for proactive care, and team-based care.

Support Planning and Administration

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- Provide sufficient funding and resources to support physicians to participate in planning and administration, including funds for contracted administration, project management and data analysis support through divisions, sessional payments for FP time spent doing planning and administration, and FP training in planning, administration and leadership skills.
- Facilitate access to administrative data to support evidence-informed decision-making.

Divisions

- Ensure that FPs have access to training in planning and administration if desired.
- Support FPs to develop leadership skills.
- Support data gathering and analysis, and provide access to division-level data to support evidence-informed decision-making.

FPs

- Provide access to EMR data to support evidence-informed decision-making.

Continue Building a Culture of Interprofessional Collaboration

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- Provide training in interprofessional collaboration, ensuring that team members have a solid understanding of role clarification and interprofessional communication.
- Ensure that fees and compensation models support PMH models including co-location, referrals, and primary care in community settings as a normal part of care.
- Provide funding and logistical support to involve community partners and providers in planning.
- Provide evidence about PMH models of care including benefits and costs.

Divisions

- Support FP access to training in interprofessional collaboration, ensuring that team members have a solid understanding of role clarification and interprofessional communication.
- Provide funding and logistical support to involve community partners and providers in team planning.
- Support practices to set up data sharing agreements or appropriate sharing permissions for team-based care.

FPs

- Ensure that teams go through role clarification process.
- Set up process for interprofessional communication appropriate to the practice.
- Participate in PSP TBC coaching and training in role clarification, interprofessional communication and TBC competencies as appropriate.

Address Funding and HR within PMH Model

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- Match fees and compensation models to PMH goals and functions.
- Identify how PMH models will fund:
 - Overhead including space for team members
 - Administration including MOA time
 - Allied health professional time

Divisions

- Support human resource planning and management in private practices.
- Facilitate partnerships with public health agencies to support team-based care, including providing guidance to FPs for negotiating human resource policies appropriate to support team-based care.

FPs

- Determine team-based care needs and most appropriate team structure for the practice.