Enabling a Learning System in Primary Care through Practice Facilitation

March 6th, 2020
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Today’s Objectives

- Provide a brief overview of the Practice Support Program in BC
- Share an example of practice facilitation in primary care
GPSC’s Strategic Direction
What is PSP today?

- A quality improvement program that focuses on building capacity in primary care practices and enabling proactive, data-informed care
- Provincially housed tools and resources with local/community based in-practice coaching support
PSP Team: Coaches

- 81.5 FTE coaches across BC
- Established relationships with divisions of family practice and health authorities
- Trusted by primary care providers and teams
PSP Team: Peers Mentors & Panel Assistants

Peer Mentors
- Physician and MOA peer mentors work side-by-side with PSP Coaches in the delivery of PSP services and supports.

Panel Assistants
- Work as a member of a practice team for a pre-determined period of time, laying the groundwork to build capacity in a family practice for ongoing panel management.
Practice Facilitation: Tailored In-Practice Supports

What is important to you? Where do you want to be? What works best for you to get there?

I want to do a good job with my patients. Get help from my team. Save time. Sustain my business.
PSP Practice Facilitation Cycle

**Sustain**
Ensure capacity to sustain change and leverage momentum

**Engage**
Establish scope, set expectations and build trust

**Implement**
Ensure the desired benefits are fully realized

**Assess and Learn**
Determine drivers for change and develop foundations

**Test and Measure Impact**
Test a change idea, measure impact, and adjust the plan if needed

**Action Plan**
Define what will change and what success looks like
The PSP Toolbox
Practice Facilitation in the Real World – Reducing Workload and Wait-times
Stage 1 - Engage

• Maintaining on-going relationship from Phases of Panel Management initiative and previous PSP participation
Stage 2 – Assess and Learn

- EMR Functionality Assessment
- Review of current processes (e.g. phone answering, appointment scheduling, team communication, visit preparation)
Stage 3 – Action Plan

• **Aim statement:** Dr. D will create standardized processes related to office visits in collaboration with the MOA Lead and staff by June 21, 2019

• **Measures:**
  - Patient wait time (baseline: 55min)
  - Visit time duration (baseline: 25 min)
  - Time spent doing paper work at home (baseline: 2h)
  - # of times going in and out of the visit (baseline: 2-3x/visit)
Stage 4 – Test and Measure

• Change ideas tested:
  – 10 min huddle between Dr. D and MOA to prep for following day
  – Distributing patient education letter
  – New follow-up appointment booking process
  – Developed a visit type and prep document
Test and Measure cont.

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<thead>
<tr>
<th>Measure</th>
<th>Pre</th>
<th>Post</th>
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<tbody>
<tr>
<td>Avg patient wait time</td>
<td>55 min</td>
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<tr>
<td>Avg visit time duration</td>
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<tr>
<td>Paperwork time</td>
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<tr>
<td># times going in and out</td>
<td>2-3x/visit</td>
<td>0-1x/visit</td>
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Stage 5 - Implement

- Refined and standardized change ideas
- **Outcomes:**
  - Dr. D is leaving work on time and doing less paperwork at home
  - MOA feels valued and clear on their roles and expectations
  - Patients are happier with reduced wait times
  - Overall team morale and communication has improved
Stage 6 - Sustain

- Celebrated successes
- Discussed approaches to sustain work
- Booked future check-ins with PSP to explore future projects
  - E.g. patient experience, PMH Assessment
Questions
Thank You!

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