SUMMARY REPORT

GPSC Long-term Care Initiative Service Review

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Background & Purpose

Prior to the launch of the GPSC Long Term Care Initiative (LTCI) in early 2015/16, Divisions of Family Practice (DoFP) and Health Authorities reported several challenges related to delivering physician services in LTC homes. Examples of such challenges were: declining family physician participation; communities being unable to locate MRPs for all clients admitted; older physicians approaching retirement with large patient panels, but no succession plans; significant projected LTC client growth; and a lack of consistency in service standards for working in LTC homes. The GPSC's Long-term Care Initiative (LTCI) was designed to address these challenges by enabling divisions to develop local solutions to improve the care of clients receiving LTC services.

The initiative supports DoFP to design and implement local solutions that deliver dedicated GP MRP services for clients in long term care facilities. For the purposes of this initiative, a dedicated GP MRP is defined as one who delivers care according to five best practice expectations and promotes three system level outcomes.

This report highlights findings from a service review of the LTCI that was completed in September 2020. The purposes of the report are to summarize:

- progress LTCI has made towards meetings its expectations and outcomes;
- provincial expenditures in the last complete year of work;
- how DoFP have structured their local LTCI implementation models to meet expectations and outcomes; and
- suggestions for initiative improvement.

Best practice expectations

- 24/7 availability & on-site attendance, when required
- Proactive visits to clients
- Meaningful medication reviews
- Completed documentation
- Attendance at case conferences

System level outcomes

- Reduced unnecessary or inappropriate hospital transfers
- Improved client-provider experience
- Reduced cost/client due to higher quality of care

What has the LTCI Accomplished?

- **Widespread implementation.** LTCI has been widely implemented with almost 100% uptake across the LTCI beds in BC.
- **High satisfaction with LTCI.** Stakeholders are highly satisfied with the initiative overall due to improvements in the best practice expectations and in facility/provider working relationships.
- **Increased client attachment.** Communities have developed mechanisms for client attachment to the extent that all LTC clients now have a dedicated MRP.
- **Increased accountability.** LTCI's best practice expectations hold physicians accountable to provide a standard of care, which was absent in the past. LTCI offers clear and standardized expectations and a community of practice for physicians who choose to work in LTC.

What Progress Has Been Made Towards Expectations & Outcomes?

Since LTCI was implemented in 2015, the following improvements have been observed for BC:

- increase in the frequency at which facilities can reach physicians/NPs during office and non-office hours;
- increase in the average number of non-urgent client visits (15%↑);
- clients being prescribed fewer drugs (20%↓);
- physicians/NPs more frequently completing documentation;
- increase in the percent of clients who have annual care conferences (27%↑);
- fewer emergency department transfers (26%↓);
- improved working relationships between physicians/NPs and facility staff.

Facilities were asked to assess the quality of care provided by physicians/NPs during the COVID-19 pandemic. Ninety percent reported that the overall quality of care provided to clients during the pandemic by family physicians/NPs was *good* (36%; n = 40) or *very good* (54%; n = 60). Facilities also recommended ways in which services can be improved in anticipation of a second wave.

Local Service Delivery Models

Findings illustrate that DoFP have implemented similar, yet distinct mechanisms to achieve best practice expectations in service of the system level outcomes. Almost all communities reported that providers were given the opportunity to be consulted and engaged in the process of designing their local solutions.

Clustering approaches where MRPs care for larger groups of clients who are cohorted to single facilities are implemented among two-thirds of communities. The involvement of NPs in local solutions has increased over time, with half now engaging these providers in their solutions. Almost all DoFP reported hosting ongoing quality improvement meetings and professional development opportunities for providers.

Divisions shared feedback on how LTCI articulates its expectations and the current funding model. Two-thirds indicated that expectations can be more explicitly defined. Communities most commonly indicated that the current funding model should not be changed, emphasizing the importance of local flexibility to use funds. However, half reported that current funding is insufficient for smaller communities, often noting that there is limited funding for quality improvement, education, communication, and admin costs once the base cost to deliver expectations is accounted for.

Provincial Funding Expenditures

A total of $11,192,396 was reported to be spent across participating communities' last complete year of work. Of this total, roughly three-quarters was dedicated to different forms of physician compensation. DoFP administrative and project management support accounted for 17% of funds. Communities reported that 4% of funding was spent on quality improvement and educational activities. A small proportion of funds were dedicated to other costs, such as other physician compensation methods (e.g. unique local incentives), meetings, and EMR costs.

Three-quarters reported having funding surpluses in their last complete year of work, which totalled to $2,157,774. Surplus amounts ranged from $402 to $220,467 and were an average of $58,318. Roughly two-thirds of the surpluses were under $50K.

Recommendations for Next Steps

Based on results from past evaluation work and the service review, a series of recommendations have been put forward for the GPSC to consider over the short, medium and long-term. According to Ministry of Health planning figures, LTC clients are expected to double over the next few decades. We have an opportunity to prepare for this influx in volume now by learning about what is working well, and what needs to be improved in the future.

Contact the GPSC for the full-length version of this report at: mmarkovic@doctorsofbc.ca.