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## NEWS RELEASE

For Immediate Release  
2013HLTH0031-000309  
Feb. 22, 2013

Ministry of Health  
BC Medical Association

### **Government and doctors partner to improve primary care**

VANCOUVER – The government of British Columbia and the BC Medical Association are partnering to improve primary care services and ensure all B.C. citizens who want a family doctor are able to access one by 2015.

BCMA president Dr. Shelley Ross joined Health Minister Margaret MacDiarmid in launching a new provincewide program, A GP for Me. This program is based on a successful pilot program that matched patients with doctors. As well, a separate and complementary program is being created to support hospitalized patients in receiving care from family physicians.

“We know that a strong primary care system built around continuous doctor-patient relationships can improve health outcomes for patients,” said MacDiarmid. “This new program will make it easier for physicians to provide high-quality care to their patients, and in many cases ease their workload so that they can accept more patients into their practices.”

Among the features of the new program that will launch on April 1:

- Funding to enable family physicians to consult with patients by telephone.
- Incentives for physicians to take more patients with complex conditions, such as cancer, onto their caseloads.
- Funding to support local physician groups to work collaboratively with health authorities to support better local access to primary care.

“Moving forward, the resources will be in place for those British Columbians who are looking for a family doctor, to be able to have one,” said Ross. “Because of the great collaborative work between government, the BCMA, and family doctors enhanced access to primary health care will be a reality for many patients and will result in better health outcomes.”

The innovative approach to improving primary care services and finding family physicians for patients was piloted in the communities of Cowichan Valley, Prince George and White Rock-South Surrey. The approach has already matched more than 9,000 patients – who did not previously have GPs – with family doctors.

“Two years ago, there were no doctors in our community accepting new patients,” said Dr. Brenda Hefford, a White Rock family physician who was instrumental in spearheading the program locally. “Now, those without a family doctor can be referred to one immediately. That is radically different than it was at the beginning of 2011.”

In the pilot communities, through the collaborative local efforts, new primary care clinics were opened for patients, more doctors were recruited, and more multi-disciplinary teams were developed, which included nurse practitioners and mental health workers.

“I feel so lucky to have found a family doctor in my community, who also took on me, my husband, two children and even my parents. It has made a tremendous difference to our lives. We have peace of mind knowing that we have a GP near our home who can look after us when we get sick and manage our health for the long term,” says Allison Anderson, a White Rock resident and patient at the Primary Care Access Clinic.

The new programs being launched throughout the province are initiatives of the General Practice Services Committee, which is a partnership between the Ministry and the BCMA.

The programs are supported by \$132.4 million in funding. A significant portion of this funding is from the existing physician master agreement negotiated by government and the BC Medical Association in 2012.

For additional information, including frequently asked questions about the program, please visit: [www.agpforme.ca](http://www.agpforme.ca)

Two backgrounders follow.

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## **A GP for Me and In-Patient Care program**

A GP for Me and the In-Patient Care program, which supports hospitalized patients in receiving care from family doctors, are funded through the General Practice Services Committee, a collaboration between the BCMA and the Ministry of Health. Total funding for this program is \$132.4 million.

A breakdown of the funding includes:

- \$40 million distributed over the next three years to Divisions of Family Practice to evaluate community needs, and develop and implement local community plans to improve primary care capacity – such as mechanisms to place patients with doctors and meet the needs of vulnerable patients.
- \$22 million will be provided to enable physicians to consult with patients via telephone – meaning patients may not need to physically attend their doctor’s office for some health issues. Physicians will receive \$15 per call and will be able to bill a total of 500 telephone consultations every year.
- \$20 million will support a new incentive, which will assist physicians in providing care to vulnerable populations including frail in residential care, frail in the community, cancer patients, patients with severe disabilities, mental health and substance use, and maternity. Physicians will receive \$200 per patient when they agree to be the primary provider for these patients.
- \$18.5 million will:
  - Expand the current complex care management fee that supports doctors who develop long-term care plans for patients with complex conditions. This fee will be available for a wider range of high-needs patients, including those with cancer and pregnant women. Physicians will receive \$315 per patient per calendar year.
  - An expansion of fees to help physicians coordinate patient care planning with other physicians and health care providers. Physicians will receive \$40 per 15-minute patient conference and a total of up to three hours per patient per calendar year.
- \$31.9 million to better support existing care by family physicians in hospitals. Funding will support:
  - Family doctors in providing care to their own patients when they are in hospitals.
  - Family doctors in providing care for patients admitted to hospital without a family doctor, whose doctor does not have hospital privileges, or who are from out-of-town.
  - Increased incentives for family doctors to provide hospital or terminal facility care to patients.

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## **Successes of the three pilot communities**

Since June 2010, Divisions of Family Practice in three regions of B.C. have been working to support improved access to primary care and to ensure residents have family physicians. As of Dec. 31, 2012, the total number of patients connected to a family doctor in the three pilot communities is approximately 9,400.

**White Rock-South Surrey** – total number of patients connect to a family doctor: 4,500.

- Recruited seven new doctors to the community.
- Opened a new primary care access clinic in partnership with Fraser Health, the Peace Arch Hospital and Community Health Foundation to provide transitional care to those discharged from hospital or emergency room without a doctor, help people find doctors in the community, and provide long-term care for patients who are difficult to attach to traditional primary care practices.
- Offered practice coaching for family doctors aimed at improving their capacity, enhancing quality of care and expanding access to patients seeking a doctor.
- Provided matching grants to physician practices to hire or expand access to registered nurses and other allied care providers.
- Established a locum program enabling physicians to ensure their patients are cared for when they are away from their practices.

**Cowichan Valley** – total number of patients connect to a family doctor: 1,100.

- Opened new maternity clinic in Cowichan District Hospital in partnership with the Cowichan District Hospital Foundation and Vancouver Island Health Authority.
- Recruited one new doctor.
- Established a locum program.
- Found local general practitioners for more than 600 patients when their own doctor was suddenly and unexpectedly unable to practice.
- Formed Aboriginal health working group to enhance relationships and improve primary care access.
- Currently manage the hospital support program to care for hospitalized patients without a family doctor.
- Currently planning a community primary care clinic to serve patients without a family doctor.
- Currently planning a practice coaching initiative to optimize use of electronic medical records, increase office efficiencies, improve quality of care and increase capacity for practices to take on new patients.

**Prince George** – total number of patients connect to a family doctor: more than 3,800.

- Eight new doctors added to the community.

- Developed and implemented a coaching resource for family doctors and their practice teams to assist them to find efficiencies and increase capacity.
- Opened the Blue Pine Primary Health Care Clinic in partnership with the Northern Health Authority for patients who need team-based care and do not have a physician.
- Manage the In-patient Primary Care Doctor program to care for patients admitted to hospital without a family doctor.
- Started a residential care program in partnership with Northern Health, to provide continuous care to those in residential facilities.
- Formed a community resource network to assist with recruiting new doctors to the community.
- Partnering with the city and health authority on initiatives to build a healthier community, such as setting targets for obesity and having physicians work with patients to reach the targets for healthy living.

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