

Specialist Services Committee

Response and Follow-up to SSC Mid-Term Evaluation, 2010-11

Purpose of SSC Evaluation

In the fall of 2011, the Specialist Services Committee initiated a Mid-Term Evaluation of the initiatives that began in April 2010. The SSC contracted with the external consulting firm of MNP to conduct the Mid-Term Evaluation for the period of 2010-11. The purpose of the evaluation was to assess the implementation of the initiatives and the extent to which they are achieving the overall goals and objectives set by the SSC.

The Mid-Term Evaluation covered the following SSC initiatives:

- Physician to Physician Telephone Advice Fees
- Scheduled Patient Telephone Follow-up Fee
- Perioperative billing rule changes
- Practice Support Program (PSP) for Specialists
- Support for specialists participating in health authority-led system redesign initiatives

As part of the external evaluation, MNP consultants interviewed and sought feedback from the SSC and its stakeholders including specialist sections, the Society of Specialist Physicians and Surgeons, health authority representatives, and staff of the SSC and the Practice Support Program for Specialists. The SSC also contracted with the public opinion polling firm of Ipsos-Reid to assist in surveying GPs and Specialists across the province on their perceptions of the SSC initiatives as well as physician communication and collaboration.

The SSC would like to thank all specialists and GPs that participated in the Ipsos-Reid survey during the fall of 2011, as well as other physicians and stakeholders who have provided feedback regarding the SSC and its initiatives.

Mid-Term Evaluation Findings

MNP has completed its Mid-Term Evaluation and delivered its report to the SSC. The key evaluation findings from MNP are:

1. There is a strong need for the SSC initiatives in BC.
2. The SSC initiatives have had positive impacts and have made progress towards achieving their intended objectives since its implementation in April 2010.
3. Program uptake varies across the SSC initiatives.
4. There is an opportunity to improve the communication and promotion of the SSC initiatives.
5. There is an opportunity to tailor the SSC program offerings and content to make them more effective and relevant to Specialists.
6. One unintended consequence was identified resulting from the implementation of the perioperative billing rule changes. In particular, expenditures exceeded the original allocation due to higher than anticipated billing of fees by some sections.

The Mid-Term Evaluation Report from MNP and the results of the Ipsos-Reid Mid-Term survey of GPs and Specialists are available in the Specialist Services Committee section of the BCMA website (www.bcma.org).

SSC Response and Action

The SSC has reviewed and accepted the findings from the Mid-Term Evaluation by MNP along with the results of the Ipsos-Reid survey of GPs and Specialists. The SSC is pleased that the initiatives overall are perceived as having a positive impact for both physicians and patients, particularly regarding the support for improving communication and collaboration between physicians and improving access and quality of care for patients.

Telephone Fees

The telephone fees have been the most utilized of all the SSC initiatives, however overall utilization of these fees has been lower than originally projected. The SSC will increase promotion of the telephone fees, as well as continue to monitor and address issues such as billing concerns and rejections. The SSC will review the fees and consider if adjustments to the fee descriptions, scope or criteria are needed.

Perioperative Billing Rule Changes

The Ipsos-Reid mid-term survey confirmed that the change to the billing rules have not altered the pre or post-operative care being provided by the majority of surgeon. However, the SSC is pleased that the billing rule changes has ensured that surgeons now have the flexibility to provide perioperative care for their patients at the most clinically appropriate time. While the expenditure related to the billing rule changes was greater than anticipated, it can be accommodated within the overall SSC budget.

Practice Support Program for Specialists

The PSP for Specialists is the one initiative that has been identified as having the greatest opportunity for improvement in terms of implementation and promotion. In 2010-11, approximately 40 specialists in BC were engaged by the PSP for Specialists. The SSC is pleased that some successes have been identified from this initiative, such as the promotion of group medical visits. However, the SSC will now be working proactively with the PSP staff to develop an implementation and communication strategy to ensure that the PSP services offered are relevant to specialist practices and that more specialists take advantage of these services.

Going-Forward

MNP has made several recommendations regarding the content, delivery, marketing and promotion of the SSC initiatives. The recommendations, along with the SSC's proposed action are summarized below in Appendix A. The SSC will ensure that opportunities for improvement are acted upon, including changes to the implementation and promotion of the initiatives.

Going-forward, the SSC will also be working to engage more with specialists directly as well as through the sections and the SSPPS to obtain input and feedback on current and proposed new initiatives to support the work of specialists within the health system.

- Dr. Ken Seethram and Nichola Manning
SSC Co-Chairs

Appendix A

Summary of Mid-Term Evaluation Recommendations and SSC Action

MNP Mid-Term Evaluation Recommendations	SSC Action
A) Content	
<p>1. Expand existing and/or design additional initiatives that will have a direct impact on improving patient care.</p>	<p>a) SSC is considering the introduction of new initiatives (i.e. supporting complex care, discharge planning, advance care directives, and prevention) for implementation at the beginning of 2011/12.</p> <p>b) SSC has initiated a request for proposals (RFP) process to solicit applications from specialists to fund one-time projects and initiatives for implementation beginning in the second quarter of 2011/12.</p>
<p>2. Consider expanding the telephone fees to other means of communication and other services after the final evaluation is completed and its cost effectiveness has been assessed.</p>	<p>a) SSC will review the fees and consider if adjustments to the fee descriptions, scope or criteria are needed.</p>
<p>3. Tailor program offerings and content to reflect the needs of different specialties or groups of specialties, particularly relating to the Practice Support Program (PSP) for Specialists.</p>	<p>a) SSC will conduct strategic planning sessions and focus groups of specialists and sections to determine additional supports and initiatives for potential implementation.</p> <p>b) SSC will develop communications material targeting individual specialties/practice types.</p> <p>c) SSC will work with PSP for Specialists to tailor support services for specialists, including:</p> <ul style="list-style-type: none"> i. Improve current PSP modules and delivery mechanisms (e.g. shorten modules, offer on-line tutorials); ii. Identify other office supports that specialists may need.
B) Delivery	
<p>1. Address implementation and administrative difficulties (e.g. billing and payment problems)</p>	<p>a) SSC will update FAQs and develop billing tutorials/tips to address common billing issues</p> <p>b) SSC will continue to monitor billing rejections on an on-going basis and follow-up with MSP as required to resolve issues.</p> <p>c) SSC will adopt a common reporting template to help health authorities provide consistent reports regarding use of system redesign funding.</p>

	d) SSC will work with PSP for Specialists to develop common reporting mechanism to obtain feedback on a quarterly basis from all HAs on delivery of PSP support for specialists.
2. Consider increasing health authorities' capacity and ability to support the SSC initiatives such as PSP for Specialists, and consider changing administration of payments for system redesign funding.	<p>a) SSC will work with PSP to develop implementation strategy to improve and enhance PSP support for specialists. Resourcing requirements including staff at the HA level will be determined as part of the implementation strategy.</p> <p>b) Administration of payment to specialists participating in system redesign initiatives has already been transferred from individual health authorities to the BCMA in mid-2011.</p>
C) Collaboration	
1. Further improve the referral process between physicians	a) SSC will continue to support the Shared Care Committee's Partners in Care initiative to improve shared care issues such as referral processes in pilot sites. The SSC will work with the SCC and GPSC to determine how successes and best practices regarding referral processes developed at these sites can be expanded geographically and by specialty.
2. Consider increasing representation of various specialties on the SSC.	<p>a) SSC has already identified additional specialists from different disciplines who have volunteered to participate on the SSC and on ad hoc working groups as needed.</p> <p>b) SSC will continue to engage specialists directly and through the SSPS and sections. The SSC will also engage the SSPS and sections in strategic planning sessions and focus groups for future initiatives.</p>
D) Marketing and Promotion	
1. Improve proactive communication and promotion of the SSC initiatives and implement a consistent province-wide marketing approach.	<p>a) SSC will revise and enhance its communications strategy, including:</p> <ul style="list-style-type: none"> i. Develop messaging and information targeted to individual specialties as required; ii. Develop messaging for GPs on how to contact SPs for telephone advice iii. Develop and promote a more comprehensive website dedicated to SSC and specialist issues; iv. Work with PSP to develop a specific promotions and marketing approach for the PSP for Specialists initiative.