



Midterm Evaluation of the Specialist Services Committee 2010/11 Initiatives

Final Report – Executive Summary
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EXECUTIVE SUMMARY

A) THE SPECIALIST SERVICES COMMITTEE AND ITS INITIATIVES

The Specialist Services Committee (SSC) was established in 2006 to facilitate collaboration between the Government and the British Columbia Medical Association (BCMA) on the delivery of services by Specialist Physicians (Specialists) and to support the improvement of the Specialist care system.

Under the 2009 Memorandum of Agreement, \$45 million in funding was allocated to the SSC to enhance and expand programs that support the delivery of high quality specialty services in British Columbia (BC). Reinforcing triple aim goals and its own guiding principles, the SSC implemented several initiatives to enhance the quality of and improve appropriate patient access to Specialist services. The specific initiatives that encompass the SSC program for 2010/11 and 2011/12 are as follows:¹

1. **Physician to physician phone fees** which include the specialist telephone advice fee and the specialist telephone patient management fee.
2. **Specialist to patient phone fee** which includes the specialist telephone patient management / follow-up fee.
3. **Practice Support Program (PSP) for Specialists** which includes the group medical visits module and the advanced access / office efficiency module.
4. **System redesign funding** to compensate Specialist participation in system-level change initiatives led by the Health Authorities.
5. **Peri-operative billing rule changes** to support the provision of medically necessary peri-operative care.
6. **Labour market adjustment funding** to support the recruitment and/or retention of Specialists in BC.
7. **Discharge planning fee** to improve the information that is documented when a patient is discharged from hospital.
8. **Physician scholarships for leadership training** to fund scholarships for Specialists participating in system redesign initiatives.

The purpose of the mid-term evaluation was to evaluate the first five of these initiatives. All eight initiatives will be evaluated during the outcome evaluation.

B) PURPOSE OF THE EVALUATION

The overall objective of this evaluation was to assist the SSC in assessing the relevance and performance of its fiscal 2010/11 initiatives and to help determine whether the initiatives have achieved their overall intended goals and objectives. This mid-term evaluation report provides an interim assessment of the progress made to date in five key areas including Implementation; Achievement of Objectives; Success and Constraining Factors; Unintended Consequences; and Improvement Opportunities.

¹ For more information on the SSC initiatives, please refer to Section 3.B of the mid-term evaluation report.

C) METHOD OF STUDY

The mid-term evaluation relied on information gathered through both primary and secondary research including:

- Interviews with program participants and stakeholders.
- An online survey of SSC members.
- An online survey of General Practitioners and Specialists in 2010 (baseline survey) and a second survey of General Practitioners and Specialists in 2011 (mid-term survey).
- Section head input.
- A case study of the PSP for Specialists.
- Administrative reports including MSP reports, PSP reports and Health Authority reports on the system redesign initiative.

D) KEY EVALUATION FINDINGS

There were six major findings in the mid-term evaluation. They are summarized in the following textbox and described in more detail below.

Summary of Mid-Term Evaluation Findings (1.5 Years into the SSC Program):

1. There is a strong need for the SSC initiatives in BC.
2. The SSC initiatives have made progress towards achieving their intended objectives.
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. There has been one main unintended consequence as a result of the SSC initiatives.

1. There is a strong need for the SSC initiatives in BC.

Our research showed that there is a need for the types of services and funding provided by the SSC initiatives, particularly because the program:

- Focuses at the BC health care system as a whole.
- Addresses factors that are critical to sustaining a healthy medical practice including system redesign, access to care, efficiency, collaboration and communication.
- Applies across the province and across specialty areas.

There is also a need to revisit and potentially expand the SSC program offerings in the future (e.g. expanding the phone fees to other modes of communication such as email).

2. The SSC initiatives have made progress towards achieving their intended objectives.

About 1.5 years after implementation, the SSC program has been successful in achieving some of its intended objectives. The SSC initiatives have yielded positive impacts for both physicians and their patients.²

According to program stakeholders and participants, the program has yielded positive impacts in the following areas:

- Enhanced collaboration between the BCMA, Ministry of Health Services (MOHS), Health Authorities and Specialists.
- Enhanced collaboration and consultation between General Practitioners and Specialists.
- Improved access by patients.
- Reduced number of unnecessary patient visits.
- Improved doctor/patient relationships.
- Increased capacity and efficiency within Specialist practices.

3. Program uptake varies across the SSC initiatives.

Program uptake varies across the five SSC initiatives. For example, physician uptake of the changes in peri-operative billing rules has been higher than anticipated. Conversely, the PSP for Specialists has experienced low uptake among Specialists. It is important to recognize that low uptake in some program areas is due to the fact that the program is still new, that working with Specialists is a process that takes time, and that it is difficult to target and engage Specialists across BC because they are a very heterogeneous group.

4. There is an opportunity to improve the communication and promotion of the SSC initiatives.

One important implementation-related improvement opportunity is in the area of marketing and promotion. Some of the SSC initiatives, such as the telephone fees, have been fairly well-advertised among Specialists, whereas others such as the PSP for Specialists have not been well-articulated across sections. Key promotion and marketing improvement opportunities include:

- Identifying best avenues to reach General Practitioners to market the phone fee initiatives.
- Clearly articulating program objectives and creating marketing materials which highlight program benefits and success stories.
- Leveraging existing relationships with Specialists to promote the initiatives.
- Engaging Specialists through word-of-mouth.
- Engaging sections individually and identifying and utilizing peer champions to articulate and promote the initiatives.
- Identifying and targeting each section's societies to promote the initiatives.

5. There is an opportunity to tailor the SSC program offerings and content to make them more effective and relevant to Specialists.

Program stakeholders and participants who were surveyed in the mid-term evaluation indicated that there is an opportunity to improve program effectiveness by further tailoring the SSC program to different specialities. The PSP for Specialists, for example, is still perceived as a General Practitioner program among Specialists and the current modules do not apply across all specialities. For example, specialities

² MNP did not extract and analyze detailed data from the MSP claims database for the mid-term evaluation. The outcome evaluation in the summer and fall of 2010 will feature several specific MSP extractions to. The additional MSP data analysis will help assess the SSC program's impact on cost efficiency.

such as Pathology that do not see patients or specialities that need to meet with patients one-on-one cannot apply group medical visits.

Key improvement opportunities for program delivery include:

- Facilitating strategic planning sessions involving Specialists to assess future initiatives and changes to existing initiatives before implementation.
- Linking with Specialists one-on-one and/or in group sessions to identify their needs, perceived system gaps, mitigation strategies and engagement strategies. Sections that share certain needs (i.e. those in a solo practice) could participate in one group session.
- Involving individuals who are non-physician experts in models of health care delivery to work in collaboration with physicians.

6. There has been one main unintended consequence as a result of the SSC initiatives.

There was one main unintended consequence, related to the peri-operative billing rule changes, as a result of the SSC program. In particular, there was higher than anticipated billing in some sections due to the implementation of the peri-operative billing rule changes.

In summary, there is a strong need for the SSC program in BC and the program has had positive impacts since its implementation in mid 2010. Going forward, there are opportunities to improve program marketing and promotion. There is also an opportunity to tailor program offerings to make them more applicable across the different specialities. The PSP for Specialists, for instance, needs to be revisited so that the program is perceived as a Specialist and not a General Practitioner program.

E) RECOMMENDATIONS

For a detailed discussion of potential improvement opportunities and recommendations in the areas of content, delivery, collaboration and marketing and promotion, please refer to the *Recommendations* section of the mid-term evaluation report.

The high level recommendations that we derived from our mid-term evaluation are presented below.

Content

- Expand existing and/or design additional initiatives that will have a direct impact on improving patient care.
- Consider expanding the telephone fees to other means of communication and other services.
- Tailor program offerings and content to reflect the needs of different specialties or groups of specialties.

Delivery

- Address implementation and administrative difficulties.
- Consider increasing Health Authorities' capacity and ability to support the SSC initiatives.

Collaboration

- Further improve the referral process between physicians.
- Consider increasing representation of various specialties on the SSC.

Marketing and Promotion

- Improve proactive communication and promotion of the SSC initiatives and implement a consistent, province-wide marketing approach.