



Doctors of BC

Final Evaluation of Specialist Services Committee Initiatives

Final Report – Executive Summary

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1 EXECUTIVE SUMMARY

THE SPECIALIST SERVICES COMMITTEE AND ITS INITIATIVES

Established in 2006, the Specialist Services Committee (SSC) aims “to facilitate collaboration between the Government of BC, Doctors of BC and the Health Authorities on the delivery of Specialist services, and to support the improvement of the Specialist care system.”¹

The SSC has been allocated \$20 million in 2010/11 and an additional \$25 million in 2011/12 for a total of \$45 million in the second year. The targeted funding falls under the 2009 Memorandum of Agreement (MOA) to enhance and expand programs that support the delivery of high quality specialty services in BC.

The 2012 Physician Master Agreement (PMA) allocated additional annual funding amounts to the SSC as follows:

- An additional \$10 million in annual funding to be made available effective April 1, 2012.
- An additional \$8 million in annual funding to be made available effective April 1, 2013.

With this funding, the SSC implemented several initiatives that are a combination of new fees, training modules and activities to enhance the quality of, and improve appropriate patient access to, Specialist physician services.

THE PURPOSE AND SCOPE OF THE FINAL EVALUATION

The overall objective of this final evaluation was to assess the relevance and performance of six SSC initiatives (described in the following table) and to determine whether the initiatives have achieved their overall intended goals and objectives. Where possible, the final evaluation assessed the levels of impact and change that have been achieved since MNP’s mid-term evaluation.

The SSC may utilize the outcome evaluation findings to:²

- Determine what lessons have been learned.
- Make recommendations for future project development and improvement.
- Guide decision making for future SSC funding considerations.

The table following provides summaries of the six SSC initiatives evaluated in the final evaluation. More detailed descriptions of each initiative are provided in **Section 5** of the report.

| SSC Initiative | Description |
|--|---|
| 1. Complex Care Discharge Planning Fee | A fee developed to improve the information that is documented when a complicated patient is discharged from hospital to ensure there is proper follow-up and coordination of patient care and management. This may involve the development of a discharge plan in coordination with other health care providers, including a patient’s family physician. |
| 2. Group Medical Visit (GMV) Fees for Specialists | GMVs are intended to provide an effective way of leveraging existing resources while simultaneously improving quality of care and health outcomes, increasing patient access to care and reducing costs. GMV Fees are billable by Specialists that have completed, or that are currently enrolled in, the Practice Support Program module for Specialists on Advanced Access and GMVs. |

¹ Specialist Services Committee Presentation to the Quality Forum. February 28, 2014. <http://qualityforum.ca/wp-content/uploads/2014/03/SSC-Presentation-to-Quality-Council-Feb-2014-v2.pdf>

² SSC Program Inception Report April 15, 2010.

| SSC Initiative | Description |
|---|---|
| <p>3. Labour Market Adjustment (LMA) initiative</p> | <p>As of fiscal year 2012/13, about \$10 million has been awarded to nine Sections to implement LMA fee items aimed at addressing recruitment and retention pressures. Funding allocations were based on the recommendations of an independent LMA Advisory Committee. A total of 43 new fee codes were created and implemented during the summer of 2011.</p> <p>While two sections have exceeded their allocation during the monitoring period, all other sections are within or under budget. As a result, various adjustments, to LMA fee items, have been made by the SSC, the Doctors of BC and the Ministry of Health.</p> |
| <p>4. Health Authority Redesign Funding initiative</p> | <p>The Health Authorities System Redesign initiative involves the compensation of Specialists that have been asked to participate in health system redesign initiatives led by the Health Authorities.</p> |
| <p>5. Physician Scholarship Funding initiative</p> | <p>To promote and/or further the work being undertaken within each health authority on behalf of the health authority redesign initiative, the SSC has committed to fund scholarships for training of Specialists to enhance the redesign experience and outcomes, and to support their professional growth. Funding towards leadership training scholarships covers tuition and travel costs.</p> |
| <p>6. Specialist Advanced Care Planning Fee</p> | <p>Advance Care Planning is when a capable adult thinks about, and discusses, their beliefs, values and wishes for future health care, in the event the adult becomes incapable of making such decisions in the future. When an adult's wishes are written down, they become an Advance Care Plan.</p> <p>This objective of the Advanced Care Planning Fee is to encourage Specialists to have discussions with their patients about Advance Care Planning.</p> |

EVALUATION METHODOLOGY AND APPROACH

The final evaluation of SSC initiatives did not target the entire BC Specialist population, but rather focused on Sections that were identified as being users and non-users of SSC initiatives. The data collection for the final evaluation took place from April to July of 2014, and involved both primary and secondary research.

Primary Research

The primary research tools used by MNP to assess stakeholder perceptions were:

- Two web-based surveys of targeted Sections (high users and low users).** In collaboration with the SSC and its Working Group, MNP developed two web-based surveys for targeted Sections. The surveys were used to assess utilization of the Complex Care Discharge Planning Fee and the Specialist Advanced Care Planning Fee among Sections deemed as 'high users' of the fees, as well as among Sections deemed as 'low users' of the fees. The Complex Care Discharge Planning Fee survey yielded 218 respondents, and the Specialist Advanced Care Planning Fee yielded 82 respondents. A profile of survey respondents is included in **Section 5.1**.
- Telephone interviews with Specialists, Section Heads and Economic Leads, and Health Authority representatives.** To assess the effects of the GMV Fees for Specialists, LMA initiative, Health Authority Redesign Funding initiative and the Physician Scholarship Funding initiative, MNP interviewed a total of 40 representatives of various Sections and Health Authorities. A profile of interview respondents is included in **Section 5.1**.

The individual data collection tools and questions can be viewed in **Appendix A**.

Secondary Research

Secondary research conducted by MNP for the evaluation included:

- **A Document Review.** The document review consisted of a review of existing resources including the SSC Inception Report and SSC annual reports. A high level review of initiative-specific background documentation was also conducted using publically available documents, as well as information received from the Doctors of BC.
- **A Review of MSP Data – Fee Utilization Trends.** To identify Sections that were high and low users of the Complex Care Discharge Planning Fee and the Specialist Advanced Care Planning Fee codes, MNP reviewed fee utilization data across Sections. Data on fee utilization was obtained from the Doctors of BC for the GMV Fees for Specialists and the new fee codes that originated through the LMA Funding initiative.

Evaluation Design

The final evaluation was designed to address the following questions:

1. **Implementation.** Have the initiatives been implemented in an effective manner?
2. **Achievement of Objectives.** To what degree have the initiatives achieved their intended objectives?
3. **Success and Constraining Factors.** What factors contribute to and/or constrain the effectiveness of the initiatives?
4. **Unintended Consequences.** Are there any unintended (positive or negative) consequences occurring as a result of the initiatives?
5. **Improvement Opportunities.** Are there opportunities for improvement?

Section 4.1 of the report summarizes the specific evaluation issues and indicators, as well as evaluation methods employed, for each SSC initiative.

KEY FINDINGS BY INITIATIVE

1. Complex Care Discharge Planning Fee

The key final evaluation findings for the Complex Care Discharge Planning Fee were:

- While the majority (82%) of survey respondents had prior experience with developing a discharge plan, they were largely either unfamiliar or only somewhat familiar with the Complex Care Discharge Planning Fee.
- The utilization of the Complex Care Discharge Planning Fee varied among respondents, and the majority (86%) of respondents did not bill it for all of their complex patients.
- The main reasons for not billing for the Complex Care Discharge Planning Fee were lack of familiarity with the appropriate billing procedures, the billing process (which was perceived to be onerous by survey respondents) and the perceived inapplicability of the fee to Specialists' roles, practices or situations.
- Unexpected outcomes that arose from the Complex Care Discharge Planning Fee included an increase in satisfaction among primary care providers and patient families with receiving written discharge care plans, and improved communication between Specialists and primary care providers.

2. Group Medical Visit Fees for Specialists

The key final evaluation findings for the Group Medical Visit Fees for Specialists were:

- The uptake of GMV Fees for Specialists continued to be slow. Total utilization is highest for GMVs that include smaller groups of patients.
- The composition of GMVs across interview respondents varied. When describing the key characteristics, elements, and/or supports that make GMVs an effective part of their practice, respondents cited the inclusion of allied health professionals, involvement of other Specialists, improved patient access to care, group dynamics time and cost efficiencies.
- Although respondents deemed the GMV fee levels as inappropriate, most reported that they would likely claim the GMV Fees for Specialists in the future.
- According to respondents, the GMV Fees for Specialists could be improved by increasing the current fee levels. Respondents also agreed unanimously that patient and physician awareness of GMVs should be improved.

3. Labour Market Adjustment Initiative

The key final evaluation findings for the Labour Market Adjustment initiative were:

- Interviews with Section Heads and Economic leads of the Sections that obtained funding through the LMA initiative suggested that the initiative has made progress towards reducing pressures associated with recruitment and retention.
- Respondents were generally satisfied with the overall process implemented by the SSC to address labour market adjustments, as well as with the review panel process that was implemented.
- According to respondents, the fees created as a result of the LMA initiative have incentivized Specialists to collaborate with allied health professionals, to implement new techniques and to utilize telephone or virtual follow-ups as part of their patient consults.
- Respondents noted that a lack of initial understanding of the implications and consequences of under or over-utilization of fee codes implemented through the LMA initiative affected Section proposals.
- Respondents stated that the LMA initiative could be improved further by ensuring the availability of ongoing funding as the utilization of new fee codes rises.

4. Health Authority Redesign Funding Initiative

The key final evaluation findings for the Health Authority Redesign Funding initiative were:

- The majority of Specialists interviewed learned about the initiative through their respective Health Authority. Health Authority Representatives interviewed reported that the most common means of engaging Specialists was by communicating that their time is compensated. The compensation of physicians through sessional payments defrays some of the opportunity cost of putting aside clinical hours to participate in the initiative.
- Respondents were engaged in a variety of activities, ranging from e-Health program development and promotion to participation in cross-disciplinary care. Specialists interviewed reported that they were very likely to participate in the initiative again.
- Findings suggested that the initiative is contributing to increased interactions and collaboration between Specialists and Health Authorities.
- Respondents recommended multi-year or renewable funding as well as increased funding to ensure the financial sustainability of projects.

5. Physician Scholarship Funding Initiative

The key final evaluation findings for the Physician Scholarship Funding initiative were:

- Specialists that participated in the Physician Scholarship Funding initiative generally expressed high satisfaction with it.
- The majority of Specialists that participated in the Physician Scholarship Funding initiative used the funding to attend leadership and strategic planning training. The majority of respondents were also satisfied with the flexibility to choose their own leadership courses and conferences, as it provided them with an opportunity to choose initiatives that were suitable to their individual learning needs.
- All respondents reported having gained new skills that they have been able to apply in their own roles and in working with their colleagues and respective Health Authorities.
- Respondents expressed concern regarding the limit on the level of funding for accommodation during courses or conferences attended through the initiative.
- The most commonly reported suggestion for improvement was increasing communication regarding awareness of the initiative. According to respondents, the initiative is not widely known by Specialists, and further efforts are needed to increase awareness of it.

6. Specialist Advanced Care Planning Fee

The key final evaluation findings for the Specialist Advanced Care Planning Fee were:

- The majority (84%) of survey respondents had experience with Advanced Care Planning and plan development, and most (74%) reported being “comfortable” or “very comfortable” with having Advanced Care Planning discussions with their patients.
- Nonetheless, survey results demonstrated that respondents were largely unfamiliar with the Specialist Advanced Care Planning fee, and 72% had never billed/claimed the fee. About a third (33%) of respondents did not bill for the fee because they were unfamiliar with the appropriate billing procedures.
- Almost half (47%) of respondents that were compensated on a fee-for-service (FFS) payment arrangement perceived the fee to be inappropriate.
- Nonetheless, respondents generally perceived the fee as useful in assisting with Advance Care Planning.
- The most commonly reported suggestions for improvement included increasing the fee to a level that is commensurate with the time expended (e.g. time-based fee); increasing marketing efforts to enhance awareness of the fee among Specialists; and, providing more upfront information regarding the specific fee requirements and documentation.

KEY CONCLUSIONS AND RECOMMENDATIONS

MNP’s overall conclusions and recommendations fall into three categories:

1. Communication and marketing of SSC initiatives.
2. Collaboration and consultation with allied health professionals.
3. Ongoing performance measurement.

1. Communication and marketing of SSC initiatives

- Consistent with MNP's mid-term evaluation findings, Specialists' unfamiliarity with SSC initiatives limits their uptake.
- Widespread, focused marketing efforts could improve uptake of SSC initiatives and increase the likelihood of achieving the program objectives. Ensuring that Specialists are informed of the purpose, priorities and scope of initiatives may result in fewer barriers to agreement and increased adoption among Specialists.
- The majority of survey and interview respondents stated that the most effective means of communication with the SSC is twice monthly email updates. The SSC should consider focusing future marketing efforts and dissemination of relevant initiative-specific information through email communication.
- To improve communication and marketing of initiatives, we suggest the SSC:
 - Clearly articulate program objectives, potential benefits and appropriate billing procedures, and create effective marketing materials.
 - Engage Specialists through encouraging word-of-mouth communication, especially by Specialists that utilize or participate in SSC initiatives.
 - Engage Sections individually through Section newsletters and e-blasts, as well as by identifying and utilizing Specialists within each Section to articulate and promote the initiatives.

2. Collaboration and consultation with allied health professionals

- Opportunities exist to improve collaboration and consultation among allied health professionals. Although the outcome evaluation findings suggest that some of SSC initiatives have contributed to increasing collaboration between Specialists and Health Authorities and health professionals, many interview respondents highlighted the need for more cooperation in this regard.
- We recommend that the SSC create additional opportunities to increase collaboration and knowledge-exchange between Specialists and allied health professionals. Annual face-to-face meetings, regular email communication and website updates and publications are some of the ways in which information exchange and collaboration could be facilitated.

3. Ongoing performance measurement

- We recommend the development and implementation of an ongoing performance measurement system that is aligned with the Triple Aim Initiative, the SSC's guiding principles and initiative specific objectives. Such system may be particularly beneficial with monitoring and forecasting future fee code utilization.
- Ongoing performance monitoring and regular progress updates to the SSC would help to inform committee representatives, as well as to increase accountability and to instigate appropriate action based on reported results.
- We recommend that processes and procedures for reporting and performance measurement be revised and streamlined.
- We suggest that an evaluation update in the form of a 'reporting dashboard' be prepared for, and circulated among, the SSC on a quarterly or bi-annual basis. Such a tool would provide a summary of the status and key highlights of each of the committee's initiatives.