



## GROUP PRACTICE REVIEW (GPR)– GENERAL PRACTITIONERS/FAMILY PHYSICIANS - PHASE 1 RESULTS (MAY 2017)

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### 1. INTRODUCTION

Ensuring physicians remain competent throughout their careers is a priority for the CPSA. In 2014, CPSA Council asked the College to develop an evidence-based process to evaluate and assess physician group practices.

To inform the program design, the College’s Continuing Competence department sought input from Alberta physicians on two key questions:

- What makes a “high quality” physician? and
- How do physicians in Alberta want to be assessed?

Through focus groups, surveys and one-one-one interviews, hundreds of physicians shared their thoughts. Based on their feedback, the College introduced the Group Practice Review (GPR) process in 2016.

### 2. METHOD

College staff identified eight family medicine/general practice clinics/groups<sup>1</sup> as potential test sites. Recognized as high-functioning clinics, physicians at these clinics were invited to voluntarily participate in the initial test group. Choosing high-functioning clinics allowed the CPSA to focus on the GPR concept, processes and tools prior to further testing with randomly-selected clinics. Sixty-five physicians participated in Phase I, with the number of physicians in each clinic ranging from 3 to 15.

Phase I consisted of:

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<sup>1</sup> A family medicine practice group is defined as “The practice of health care by an association of family medicine physicians who share premises and other resources.”

- i. A [Pre-Visit Questionnaire](#) completed by the “Clinic Designated Physician” (CDP) on behalf of the group practice. This questionnaire collected information on processes, infection prevention control activity, services offered, and clinic involvement in quality initiatives.
- ii. An on-site [Standards of Practice Implementation](#) (SOPI) review to measure clinics’ adherence to elements of CPSA [Standards of Practice \(SOPs\)](#). Using group quality indicators, the process included a review of 10 patient records and a 30-minute interview with the CDP. Ongoing education and support for clinic staff and physicians was a priority throughout.

The SOPI review findings, along with various group data, was shared with each physician shortly after the review. Group data included:

- self-reported information from the CPSA’s annual Registration Information Form (RIF),
  - CPSA Professional Conduct data, and
  - Opioid and Benzodiazepine prescribing data.
- iii. A group meeting with a CPSA peer facilitator to discuss the GPR report and resources.
  - iv. A [post-visit questionnaire](#) completed by the CDP on behalf of the clinic to gather feedback on the process, tools, group data, facilitation, etc.

### 3. CONCLUSIONS

- The GPR tools and processes are efficient and the overall program is cost-effective.
- Suggestions for improvement from Phase I participants have been incorporated into Phase II of the GPR.

### 4. NEXT STEPS

GPR Phase II: 50 Family Medicine/General Practice community-based clinics will be randomly selected to participate in GPR in 2017.

Specialist GPR: Stakeholder consultation with community-based specialists will begin in 2018. This will include a review of process, tool development, and a test run with a small number of clinics. The review’s primary focus will be:

- reviewing assessment tools;
- testing the acceptability and feasibility of the GPR process for specialists; and
- determining the resources needed to conduct group practice reviews for specialists.