

## We're building a brand new model of care... and the physicians are coming

With little fanfare and a lot of hard work, the Saanich Peninsula Primary Health Care Centre Society's new clinic opened its doors in Sidney this summer.

The Sidney centre is the first in a planned network of three or four wrap-around care centres on the Saanich Peninsula that will allow physicians and a team of allied health providers to treat more patients while offering a broader range of services.

On July 2, 2016, after about a decade in the thinking-about, talking-about, planning-for and making-it-happen stages, the first centre quietly opened for business in the former Bevan Medical Clinic in Sidney. Former Bevan physicians continued treating existing patients, and a new physician spent the summer locuming (filling in for physicians on holiday). Three more physicians will join through the fall and winter.

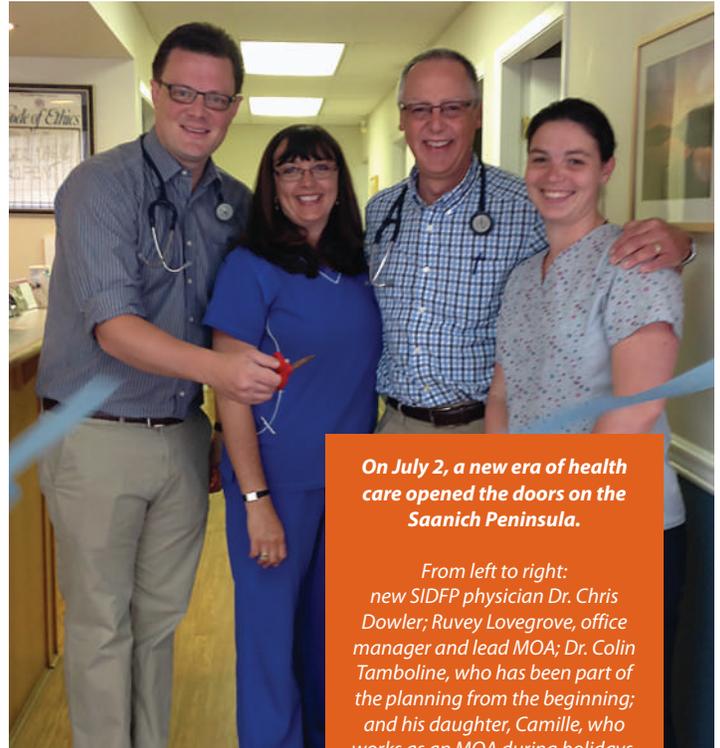
About 1,000 patients have already come into the clinic asking to be attached to a new physician. Staff are working hard to process all the requests as quickly as possible and set up a first appointment. The top goal is to make sure that patients most urgent health needs are seen as quickly as possible. Next, the goal is to ensure that all physicians have a well-balanced practice, treating patients with a wide range of medical needs.

### The Start of Something Big

"We are planning for three centres as part of the network, but hopefully it will become even more than that," says Dr. Elizabeth Rhoades, South Island Division board member and co-chair of the Society. "We are looking at options in Brentwood and Saanichton, preferably close to Saanich Peninsula Hospital. We want all the centres to be connected virtually, using modern technology to allow offices to distribute work and share information. A patient could go to any centre in the network, and when it's appropriate, a team member would still have access to their medical chart."

The opportunity to make it happen came with significant funding from the South Island Division of Family Practice and the provincial government's A GP for Me program, as one part of an integrated approach to provide primary health care services to all British Columbians. Organizers were hired to help create the independent Society, the Sidney centre, and ultimately the network.

Dr. Rhoades says that their new Society is unique in that it has been formed by both physicians and community members. They are hoping to become a registered charity which will allow them to work more closely with the Saanich Peninsula Hospital Foundation.



**On July 2, a new era of health care opened the doors on the Saanich Peninsula.**

*From left to right: new SIDFP physician Dr. Chris Dowler; Ruvey Lovegrove, office manager and lead MOA; Dr. Colin Tamboline, who has been part of the planning from the beginning; and his daughter, Camille, who works as an MOA during holidays.*

You don't often hear "family physicians" and "infrastructure" in the same sentence – unless you're talking with Dr. Elizabeth Rhoades about the Saanich Peninsula Primary Health Care Network.

"There is infrastructure for hospital care, but there has never been any organized infrastructure for primary health care in our communities. There have been excellent doctors working in their private offices, but no organizational support. That's what we're trying to do here – to bring some organized structure for family doctors who are providing health care directly to patients.

"Patient care is much more complex than it used to be. Today, we're able to manage chronic disease better, people live much longer with complex illnesses, and our population is aging. That means physicians carry a larger case load of patients who need much more attention than in the past. It's very difficult to manage all of that when you're alone and in your own practice. It's time consuming and emotionally draining. There just aren't enough physicians around to do that anymore. It takes a whole team to properly manage patients today.

( continued on page 2 )

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## Changing with the Times

Although it's still very early days, Dr. Rhoades says the initiative is generating lots of buzz among family physicians.

"Young physicians are very interested in the network model. We've already recruited four physicians working part-time or full-time, and we are very optimistic that even more physicians will join us later this year. We've had many more express an interest in the network, and they're watching us as we open and begin to operate. This is a new model of care, and we're operating under the assumption of 'if we build it, they will come.' So far, that seems to be working.

"Physicians operating independently – working solo and in small groups – has worked well in the past, but that's not the model that most young physicians prefer to work in," she explains. "They are trained, and prefer, to work in groups as part of a team with other allied health care providers such as nurses, social workers, pharmacists and dietitians. This allows physicians to function more effectively at their level of expertise and allows faster access to services our patients need. There will be several family doctors in each centre, and they will be able to cover each other off if necessary.

## Team Care

"One of the strongest appeals for physicians is this team concept. We're excited about the wrap-around approach to health care, where physicians are part of a whole team that provides a wide range of medical and community support. For example, we're very confident that an Island Health nurse will be associated with the centre to help care for complex patients. The nurse will come right into the office to discuss care plans directly with physicians, and that will be a huge benefit for patients. That's the first step in building the team. Island Health has also dedicated a case manager to work with the centre. Case managers help with patients who are referred for further assistance, for home care and residential care. We are continuing to integrate with Island Health's teams of allied health-care providers, and hope to receive funding for other in-house team members.

## Better Use of Time

"Second, we are aiming to reduce non-medical and administrative tasks that physicians need to do to keep the business going, things like hiring staff, finding and teaching a locum to take over when they go on holiday, conducting job performance reviews with staff, managing an office space, buying office supplies and financial management. Those sorts of non-medical, administrative tasks will be done for all the centres by the network, so the physicians can concentrate on being physicians. It means they will have more time to be with patients and a better work-life balance, and actually see more patients.

## Learning and Teaching

"Third, we want to become a centre to educate students who are in the Island Medical program and graduated medical students who are doing their two year Family Practice Residency. We believe that by helping to educate these new physicians, and to introduce them to working in the area, there's a better chance that they will choose a) to go into family medicine, and b) opt to stay and work in an area they know. So a big part of our plan is to have an onsite medical education centre near the Saanich Peninsula Hospital.

Looking for reliable, up-to-date information about a medical condition, or contacts for a health care services? You'll probably find it in FETCH (For Everything That's Community Health). The comprehensive database of community resources was developed by the South Island Division for family physicians in Sidney, Sooke, the Western Communities and Greater Victoria. Now, everyone is invited to use it.

FETCH is a comprehensive database of community resources – from social services to medical support groups. It's been rolling out in divisions across B.C., and is already in place in Nanaimo and Salt Spring Island. With more than 2,200 individual listings, the Victoria edition is the largest in B.C. to date.

Family physicians are often a gateway for patients, helping them find the right community services. FETCH was developed as part of the Division's A GP for Me initiative specifically to give physicians and patients an online listing of health care services in their specific communities.

Diane Hanson, MOA at the Admiral's Medical Clinic in View Royal, was one of the early testers of FETCH. She's now an official fan.



"As I was going through FETCH, I realized I wasn't aware of just how much info is out there! I was amazed by the web site. It has everything we would need to save time. Looking for resources and phone numbers can be frustrating. We've been using the site a lot."

Diane Hanson

The Division has distributed business cards (complete with a QR code to scan and link directly with the website) to South Island physician offices, to help physicians and MOAs promote the service directly to patients. Any medical office needing additional cards can get more by contacting the South Island Division office by phone (250 658-3303) or email ([info@sidfp.ca](mailto:info@sidfp.ca)).

Margi Bhalla, the South Island Division's lead on A GP for Me, says one of the best things about this resource is that while it was designed for physicians in South Island and Victoria, it can also be used directly by the public.

"FETCH was created because health care information is scattered in several paper and online databases, and more often than not, it was out of date," said Bhalla. "We needed a single resource that was easy to navigate and current. Physicians and patients can search the listings – from health professionals, substance use and seniors' resources to information about mental health and First Nations – for reliable community information."

**FETCH is very easy to use – just log onto the website [www.south-island.fetchbc.ca](http://www.south-island.fetchbc.ca)**

# Writing the prescription for better health care in the Western Communities

Mitzi Dean considers herself a lucky woman. She works in the Western Communities, and she has a family physician. This is an accomplishment in a region with a noted shortage of family doctors.

But it's a mixed blessing: "I live at French Beach and my doctor is on Foul Bay Road. When anyone in my family has to see our GP, that is a day trip. It is a 65 kilometer drive one way, 90 minutes with clear traffic. And that's a true life situation. I have to take a day off work. We couldn't get a GP in the Western Communities, or even in downtown Victoria. This physician was taking patients, and we jumped at the chance."

Her personal situation gives Dean a first-hand understanding of the state of family practice in the Western Communities. In her job as Executive Director of the West Shore Child, Youth and Family Centre in Colwood, she sees and supports many families who do not have family physicians, and who are seeking primary care services.

"It's way more than an inconvenience, and it isn't about just one trip from home to the doctor's office. If you have a child, you have to make one trip to pick up the kid from school, drive into the doctor's office and figure out who's going to pick up the second kid after school. It's all choreographed, like a complicated dance – especially when I try to tie the trip in with other appointments in town. And that doesn't even take things like shift work or public transportation into account.

"There's also a hidden problem – you have to have a GP to take advantage of integrated health network services. If you don't have a family physician to refer you, you automatically aren't eligible for some health services, like groups for people with diabetes, or subsidies for health activities like swimming or aerobics that promote long-term cardiac health."

Bringing new physicians to the Western Communities is a priority for the South Island Division of Family Practice. The Division, part of Doctors of BC, represents some 150 physicians south of the Malahat, in the Western Communities and on the Saanich Peninsula.

"The Western Communities is in great need in terms of per capita physician presence," says Clay Barber, Executive Director of SIDFP. "Part of the problem is a shortage of family physicians, and the stiff competition from other communities looking for family doctors across Canada and the United States. The Western Communities has been historically under-represented in terms of the number of physicians, and now, it's the fastest growing community in Western Canada.

"In February and June 2016, we held two engagement events. We invited representatives from all parts of community life – physicians, local governments, the school board, Island Health and community organizations. We wanted to put it out there – how can we all work together to attract new physicians to this community? We all have a role in this. We've taken the lead initiating this work, in bring together all parties that need to be there together.



**Representatives from the Western Communities attend the South Island Division's June engagement event.**

*From left to right: Margot Swinburnson, Trustee, School District 62; Catharine Berghuis, Clinical Coordinator, Island Health; Neil Poirier, Trustee, School District 62*

"Because we represent family physicians, we are acutely aware of the need to lead change. This is a challenging area to work in.

The Western Communities covers View Royal, Colwood, Metchosin, the Highlands, Sooke, Langford, three First Nations and the Juan de Fuca Regional District. The solution is the responsibility of many people all across these diverse communities. The Division actively recruits new physicians, and now, it's time to turn to the whole community to help with that.

"There are two key aspects. First is making the community an attractive place to live and work. We can put all kinds of efforts into getting physicians to tour the area, but if it's not a nice place to live and raise a family, they won't be interested. As a Division, we can bring physicians here. What we can't do is vote to build a new recreation centre, or a new library, maybe bring an International Baccalaureate program to the local high school. It has to be living here that's the attraction. The second aspect is an active recruitment campaign.

"The Western Communities have done a lot, and they've changed a lot over the years. So we have to use that infrastructure to promote the area. In the old world, infrastructure meant parking spaces. Today, it means bike lanes and bike trails. It's great that the Galloping Goose

*( continued on page 4 )*

# Writing the prescription for better health care in the Western Communities

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bike trail goes right from Colwood and Langford to the Victoria General Hospital – a well maintained, easy-to-use trail that physicians can use as part of their daily commute is a pretty unique attraction, and that's the sort of thing that matters. Something like that will appeal to many physicians."



*New West Shore physician Dr. Jeremy Piemontesi discusses solutions to the region's medical needs with community representatives Amanda Chapman, Practice Support Program Coordinator, Island Health (left) and Colwood Mayor Carol Hamilton.*

Dr. Jeremy Piemontesi is a fresh face in the Western Communities. He's a physician from Saskatchewan who now calls Langford home.

"The main thing that attracted me was the fact that it is a really good opportunity. I met the physician I work with now through a family friend. I looked at his clinic and I liked him, I liked the way he does medicine, I liked the overall clinic setup, I liked the patients and I liked the community. I also really like the outdoors, and being in the Western Communities, I have lots of access to that."

Dr. Piemontesi speculates that the financial reality drives many new physicians' decision on where to live and practice.

"Lots of new physicians are going up to northern communities where they are paid more to work. There's a lot of high student loan debt coming out of medical school, and lots of new doctors want to pay that debt off. The cost of living in Victoria and even in the Western Communities is high. Many new physicians are going to communities where they can afford the housing. Then they'll work their way up to where they can afford a house and the overall cost of living, in the place they want to live.

Dr. Piemontesi took part in the SIDFP engagement sessions, and thinks they can be an important catalyst in the community. And for his part, this young physician says he talks up the advantages of his new home when he goes to conventions. "I tell people how nice it is to be in the Western communities. There are lots of job opportunities, and they'll never be short of patients. It's a really good place to live and raise family, and if you're into outdoors activities, there's a lot to do."

**In 2009, there were 66,000 residents in the Western Communities** (Sooke, Metchosin, Langford, Colwood, View Royal and the Highlands).

By 2019, that's expected to rise by 25% to 86,000.

The population is also getting older – which means more frequent and time-consuming visits to the doctor.

In 1994, 13% of the population in the Western Communities was over 60.

In 2014, it was 20%.

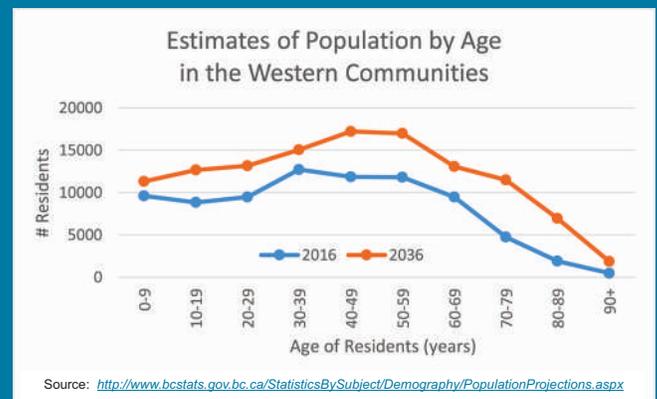
By 2034, it's expected to reach 27%.

#### Over the past five years:

- 21 physicians have retired or moved away from the Western Communities

- 14 new physicians have started practices here

That's a net loss of seven physicians.



## Contact Us We want to hear from you!

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