



A moment of calm in the busy GrowHealth office at Admiral's Walk in View Royal.

Doctors Alicia Power (top left) and Jenn Tranmer (top right) are pictured here with Medical Office Assistants (MOAs) Cadera Campbell (left) and Raelynn Younghusband.

## GrowHealth

### Growing Up Gracefully

GrowHealth is a rare duck in the medical world these days, both in British Columbia and across Canada. It's a medical clinic that specializes in maternity, obstetrics, pediatrics and family medicine.

It also gives partner physicians the opportunity to practice other medical interests, from hospital-based medicine and surgical assists to teaching.

GrowHealth is the dream of Drs. Jenn Tranmer and Alicia Power. They met in 2007 at the UBC Residency program in Victoria. After completing residency in 2009, they worked as locums in other practices, replacing other doctors on vacation or away from work, gaining experience, and figuring out what kind of practice they wanted.

In 2014, they decided to create their own practice focusing on their professional interests, personal values and lifestyle goals.

On January 5, 2015, they opened the doors of GrowHealth in Admirals Walk.

*Dr. Power: That was a fun day. And the first week, the phones! All you heard was ring-ring, ring-ring, ring-ring, because everybody and their dog was calling. It was wild. And people were walking right in, looking for a doctor and an appointment. We had to put a sign on the door asking people to please call first. It was great, but it was stressful.*

At less than a year old, GrowHealth already has nine physicians, four Medical Office Assistants (MOAs) and a full roster of patients. In early October, the South Island Division checked in to see how things are going.

#### The start of a good idea

*Dr. Tranmer: The main reason we did this is because we don't want to see GP/obstetrics (GPs who deliver babies) become a thing of the past. It's a hard practice, as obstetrics is uncertain – you don't know when the baby is going to come, or how long it will take. It can be hard to balance that uncertainty with patients who need scheduled office appointments and families who need you home at dinnertime!*

*We saw a lot of our peers who didn't want to be in that kind of situation. But we really wanted to see that model keep going in the future.*

*We had similar paths to our peers. We did locums [filling in for other doctors] for a while, and we travelled around the same circles. But we were among the few people in our grad class who:*

- a) did straight-up family practice,*
- b) did obstetrics at all, and*
- c) stayed in Victoria!*

# GrowHealth (continued)

## Growing Up Gracefully

We wondered why physicians weren't going into family practice. The reasons were the usual things that we hear all the time: It can be difficult to find a locum when you want to take time off for a vacation. You're not just a physician – you operate a business, and that is complicated. And you want to do lots of different things in your medical career, like surgical assists, maternity, hospitalist work, joining medical committees, teaching, etc. A lot of physicians don't want to tie themselves to a general practice office from nine to five every day.

### Learning the business

While doctors are qualified to treat patients, they don't always know how to run a business. Scheduling patient appointments, tracking paperwork, and managing supplies is a huge part of operating a medical practice. These two physicians turned to the Division, and the connections they could make, for help.

**Dr. Power:** Both Jenn and I joined the A GP for Me committee [the Ministry of Health/Doctors of BC initiative to help unattached patients find family physicians]. We learned about some of the resources available, and that's where we met Erica Kjekstad. She's stepped up to the plate to help in a few different ways.

Kjekstad is the Practice Support lead for South Island Division of Family Practice. She works directly with physicians and MOAs to improve office operations.

**Dr. Power:** It was great to work with Erica. She came into office and walked us all through all our processes. I'd locumed in the past, but I hadn't thought about documenting all those details for anyone coming in here. We worked out processes for things I hadn't even thought of, like taking a photo of how we like our equipment drawer organized.

Jenn took that information and developed a kit for our locums so they would know how we operate and what to expect.

### Attaching patients

Just 10 months in, GrowHealth is filling a need in the community.

**Dr. Tranmer:** When women who don't have a family doctor come in as maternity patients, we try to place them with one of our doctors. The pediatricians do the same with their patients – children and their families who don't have a GP and who need them. Once one member is part of the GrowHealth family, we'll often take the whole family on as well.

**Dr. Power:** We have seven family doctors and two pediatricians. Another family doctor is joining us in January 2016. When we opened the doors, most of the doctors started with zero patients. It's hard to estimate how many patients we actually have at any given time. The numbers are in flux because of the maternity patient load. When a patient delivers their baby, they return to their usual family doctor, if they have one. But I'd say that, on average, each of the doctors here has between 600 and 800 patients (excluding maternity patients).

**Dr. Tranmer:** We weren't sure we could pull this off, but it's surprising to see how receptive the patients have been. We get pictures of the babies as they're growing. We get comments on our FaceBook page – people saying "Oh my gosh, I love being part of Grow Health." It is kind of like a family, and that makes it more than worthwhile.

They're also addressing the main reason they started the clinic: demonstrating that GP/Obstetrics can be part of the future.

**Dr. Power:** This clinic has eight residents who are now – in some respects – training with us and excited about maternity care. We've been able to show residents who are up-and-coming that combining general practice and obstetrics is possible, that it's enjoyable work, and that we can still do the other things we want to do, too. Given the way we're set up and how we work, we are able to do many other things – not just GP and maternity. We are actively trying to foster that vision for future generations.

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Jen Roberts (left), Administrative Coordinator, and Erica Kjekstad, Practice Support Lead, are part of the team providing Practice Support to members of South Island Division.

# Checking the Pulse

## Doctors' Den



The heart of the program is the casual meetings between mentors and mentees, getting to know each other and sharing their experience.

After the business portion of last year's South Island Division AGM, Dr. Michele Fretz stepped into the spotlight of the Doctors' Den. She helped pitch an idea near and dear to her heart: a mentorship program with the South Island Division family practitioners and residents of UVic's Island Medical Program.

"Residents have preceptors, who are dedicated teachers," she explained. "But mentors can give a different perspective – how to 'live the life' of a GP. They provide added guidance to residents – guidance that is not related to any grading. Mentees should be able to ask mentors questions that they may not feel comfortable asking their preceptors."

MJ Cousins leads Physician Recruitment for the Division.

"Drs. Michele Fretz and Loreli Johnson [last year's resident representative on the SIDFP Board], came up with the idea. Dr. Johnson approached developing the pitch just like it was an assignment for her residence finals. The PowerPoint presentation she made at last year's Doctors' Den was a powerhouse, and the pitch was approved."

"We were able to enlist 11 mentors to lead the program," said Dr. Fretz. "I think many GPs were excited about this opportunity. It also gave GPs who are not involved in teaching an opportunity to be involved with residents."

Each mentor was assigned a group of four residents – two in their first year and two in their second. Dr. Fretz says that structure has additional benefits. "It is wonderful to have a group of both first- and second-year residents in each group. The second-years also act as mentors to the first-year residents."

### Fun and conversation

When Cousins joined the Division in January 2015, bringing the Mentorship Program to life was a top priority. "At first, I was thinking of a formal program, with workshops and everything. But really, it's a very informal, social, friendly, and supportive communication program. It's a chance for residents and physicians to get to know each other, and to talk freely."

Cousins and SIFFP Events Coordinator Debbie Kendz organized the launch - a fun and casual bocce ball tournament in July. Cousins is developing a mentorship tool kit that explains exactly what mentorship is, what it isn't, and what the benefits are. She's also making plans for another gathering in January.

Meanwhile, the heart of the program is the casual meetings between mentors and mentees, getting to know each other and sharing their experience.

"It's very exciting to watch it develop," said Dr. Fretz. "The mentors involved are very pleased with it. It's delightful to speak with these young, bright minds, and the residents are very keen to participate. The discussions and ideas that flow at the meetings are very exciting. I think it gives the residents added confidence and comfort in their choice in family practice."

### The recruitment connection

"Although we train a lot of family practice residents, few of them are starting a family practice. They are doing 'anything else' – emergency, locums, walk-in clinics, and hospitalist work," said Dr. Fretz. "We want to show the residents that having a family practice is a viable career, and studies show that residents who are part of a mentorship program are more likely to start a full-service family practice in the jurisdiction they trained in."

Mentorship will be up again at this year's Doctors' Den, making another pitch for more funding to carry the program into a second year. Cousins says she doesn't know of any other division that has a mentorship program like South Island's.

"Our program is unique in that it connects mentors with residents. We have the opportunity to leverage it into a larger program, something that runs into the future," said Cousins. "It's an important tool for recruitment, and we're watching it closely."

# Process in Action

## Aboriginal Strategy

The South Island Division's Aboriginal Strategy got a big boost in June. That's when the Saanich Peninsula First Nations communities welcomed physicians and their staff from the South Island Division to the Tsartlip Reserve for an evening of food, conversation, and a new level of understanding.

Margi Bhalla is the GP for Me Program Lead for the South Island Division. She notes that First Nations are a vulnerable population with significant health disparities compared with the general population. It has been estimated that 40 percent of First Nations in the South Island do not have a family doctor.

"There are many barriers to patients, and many of the problems are rooted in poverty," Bhalla said. "It affects people's ability to get safe housing, which means they might not get enough sleep at night. They might not be able to get transportation from the reserve to a doctor's office, or be on time for appointments. Some patients have had negative experiences in the past, and fear that they may not be received well when they reach the doctor's office."

### Talking together

Bhalla said things started moving last spring during conversations with Heather Hastings, a Tsartlip nurse, and Brian Schultz, a nurse practitioner on the Saanich Peninsula.

"We were thinking about bringing people together to facilitate awareness about First Nations health issues, and things started to fall into place. The Saanich Peninsula First Nation communities were very interested in having a dialogue, and the Tsartlip First Nation generously hosted us. We found funding through A GP for Me, and physicians and MOAs in the South Island Division really wanted to participate. What's amazing is that for many physicians and staff, this would be their first time on a reserve."

"What a change one meeting has made!" said Kelsey Garside, R.N., Home and Community Care, Saanich First Nations Adult Care Society. "I have seen some great results since the meeting with the South Island Division. I have a GP who had not previously done home visits come and do a home visit with an elder. And several doctors have been calling and trying to get more cohesive care for some of their First Nations patients."

The June event was an opportunity to look at gaps in care. The second gathering, scheduled for January, will begin to look at solutions. Bhalla is excited to see the momentum building.

### Doctors in communities

"With Island Health's Aboriginal Health program, we recently recruited family physicians to spend time working with patients in the four First Nation communities on the Peninsula. We just advertised in Greater Victoria, and the response was overwhelming. We had a number of physicians apply, and we're still working through that process. There were even more physicians who didn't apply, but who expressed a

definite interest. That goes a long way in saying how much interest there is in serving the First Nations population."

The plan is to have physicians meeting patients in each community for up to one day per month.

"What's key is to make First Nations patients feel comfortable about accessing health care, and to provide care that is accessible within the communities. We're also looking into the future. We'll see how this model works and determine if it can work in other First Nations communities in the area. The whole idea is to see a reduction of disparities in health outcomes for First Nations patients."

### Cultural awareness

The third element is the Indigenous Cultural Competencies (ICC) program. Bhalla urges physicians and their staff who haven't taken the program to sign up. The facilitated, on-line training program helps increase knowledge, enhance self-awareness, and strengthen the skills of those who work directly and indirectly with Aboriginal people.

"Each of these elements – dialogue and gatherings, physicians in First Nations Communities, and the Indigenous Cultural Competencies program – is part of the Division's larger Aboriginal Strategy," said Bhalla. "It's all about increasing awareness about health disparities, improving access to care, and [facilitating] better health outcomes for First Nations."

For information about and to register for the ICC program, please contact the South Island Division of Family Practice.

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## Contact Us

### We want to hear from you!

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