

Reflections



Northern Interior Rural Division of Family Practice - Newsletter

BURNS LAKE - FORT ST. JAMES - FRASER LAKE - ROBSON VALLEY - MACKENZIE - VALEMOUNT - VANDERHOOF

Welcome!

Welcome to the second issue of your Northern Interior Rural Division newsletter.

Inside this fall issue of Reflections, you will read about the impact our physician membership are having in all aspects of practicing and improving health service delivery for our patient population in the Northern Interior Rural region. These initiatives range from the Community Sustainability Plan project in Burns Lake to physician recruitment in MacKenzie and McBride, to technology pilots taking place in the Robson Valley. You will also read about the reason for one physician's decision to provide leadership to the Child and Youth Mental Health and Substance Use (CYMHSU) initiative in Valemount, and the introduction of Advance Care Planning in Vanderhoof.

The Division is pleased to announce the expansion of its staff base with the appointment of Denys Smith as Operations Manager. In the third and upcoming winter issue of Reflections, you will read about the expansion of the Division membership with the addition of the community of Quesnel.

The Division produces this quarterly newsletter to keep our members, partners and other stakeholders up-to-date on what is happening in the Northern Rural Interior region. If you have a story idea or comments please contact Anneli Rosteski at arosteski@divisionsbc.ca.

We look forward to hearing and reflecting your voice.

- Dr. Sean Ebert, Board Chair

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Fall 2016



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What's new with NIRD?



Denys Smith Joins NIRD

The Northern Interior Rural Division is pleased to announce the appointment of Denys Smith to the senior management team. Denys has accepted the newly created position of Operations Manager. Based out of Prince George, Denys will be responsible for co-managing the day-to-day operational needs of the Division.

Denys, a long-time resident of the Prince George area, brings over 10 years of experience working with Primary Care, Mental Health and Population Health. Denys held the Practice Support Regional Lead position with Northern Health, leading the coaching team to implement and measurably sustain practice improvements since 2010.

Photo above: As Operations Manager, Denys Smith will be responsible for co-managing the day-to-day operational needs of the Division from Prince George.

Denys graduated from UNBC with her MSc. Degree in neuropsychology. She has, in her former role, been working in close partnership with Divisions across the Northern Health region and we are excited at the opportunity to have Denys bring her considerable skills to bear in support of the Northern Interior Rural Division priorities.

Denys can be contacted via:
email at dsmith@divisionsbc.ca
Or by telephone at 250-961 8903



McBride celebrates one-year anniversary of Dr. Jamal Alwan



Photo above: Dr. Jamal Alwan has practiced medicine in McBride since September 2015.

As he begins his second year of practicing medicine in McBride, Dr. Alwan is looking forward to strengthening connections with his colleagues across the Robson Valley and Northern Interior region, and meeting new colleagues through events such as CME training sessions. He is also excited about having access to medical technologies like the RACE line and Telehealth, which help him better support his patients who live far from town.

Reflecting on his past year, Dr. Alwan says, "I was very happy to be accepted here - it was a good decision to come."

Born and raised in Iraq, Dr. Alwan moved his family to Canada and settled in Toronto while becoming certified to practice medicine in Canada. After being accepted to the International Medical Graduate program of Canada, Dr. Alwan was excited to accept a position as a family physician in McBride. It has now been one year since Dr. Alwan began working in McBride: September 1st marked his first anniversary at the McBride and District Hospital and Health Centre.

Dr. Alwan is very passionate about being a physician in McBride: "Every morning I see the mountains, and I think— it's such a wonderful place, such a friendly community."

There is a strong emphasis on collegiality in the region, and he's pleased that "a wonderful and talented doctor" recently joined him at McBride and District Hospital and Health Centre, which he says has "made the job more enjoyable— we have good discussions and he is a wonderful doctor."

The staff at the Hospital have also made Dr. Alwan feel welcomed: "the staff are very supportive – I feel that we are part of a family." Dr. Alwan is equally impressed with the patient population in McBride, noting how well-prepared and involved they are in managing their care.



Photo above: McBride, BC

The Northern Interior Rural Division of Family Practice proudly supports new physicians practicing in the region. Congratulations on your one-year anniversary, Dr. Alwan – we are thrilled to have you as a member of our physician community here in the North!



NIRD's Micro-Credit Fund Supports its First Project: Advance Care Planning

Dr. Nicole Ebert presented an overview of an Advance Care Planning pilot project at the NIRD's 4th AGM on September 9, 2016 in Prince George. It is the first project funded through the NIRD micro-project fund that provides funding up to \$10,000 to physicians who identify a project they wish to champion in their community.

Advance care planning is the process of planning for one's future care. It involves helping seniors learn about the types of decisions that may need to be made related to their end-of-life care and begin considering those decisions ahead of time. It is important for seniors to choose a substitute decision maker who knows and understands their medical preferences.

Research has shown that more than 50% of people are unable to communicate their wishes at the end of their lives. By planning in advance, the right medical decisions can be made and discussed with the senior's family doctor and documented on their chart.

Dr. Nicole Ebert explains that the Vanderhoof project is taking a two-prong approach: first, it aims to improve physician education with tools to better initiate the conversation with patients; and secondly, it looks at ways of changing perspective on end-of-life planning discussions. "It is really about asking ourselves, how do you have this conversation early so you can start to understand what is important to you?" Dr. Nicole Ebert says.

The Vanderhoof pilot project accesses the large volume of information that is available and provides information packages that get the conversation started. They have held three discussion groups in the community each with 20-30 participants. "At first, we advertised the sessions as being available for those 65 and over," Dr. Ebert explains, "but then we had adult children call us and ask if they could accompany their parent, and conversely we had seniors call us and say they needed help to start the conversation with their adult children."

Part of the pilot project will examine how this initiative can have the most direct impact, perhaps through local churches, the library, or care homes. "We are asking ourselves, 'is it possible to train facilitators in the community who will be responsible for running regular monthly or bi-monthly discussion groups?'" Dr Ebert says. "All the information is available for people to use as a basis of creating a discussion group."



Want to Know More?

For further information on the Advance Care Planning Vanderhoof project, please contact Dr. Nicole Ebert at nebert@telus.net



When wireless is perfectly applied the whole earth will be converted into a huge brain, which in fact it is, all things being particles of a real and rhythmic whole. We shall be able to communicate with one another instantly, irrespective of distance.

Not only this, but through television and telephone we shall see and hear one another as perfectly as though we were face to face, despite intervening distances of thousands of miles; and the instruments through which we shall be able to do this will be amazingly simple compared with our present telephone. A man will be able to carry one in his vest pocket.

- Nikola Tesla



Robson Valley Telementoring

It is incredible to think that Tesla's words are from 1926. The modern day smart phones are the fulfillment of his prediction. But technology's reach has extended far beyond what Tesla could imagine and impacts every industry, including healthcare.



Physician recruitment and retention to rural and remote locations continues to provide challenges to communities. This year, the Robson Valley (McBride and Valemont) medical community has entered into a partnership with the Prince George Emergency Room and Northern Health's IT department to pilot virtual connections.

These connections will provide a virtual link for physicians whether they are covering call shifts from one community to another (i.e., McBride physician covering call shifts for Valemont or vice versa) or to get consults and support from the Prince George Emergency Room.

What's Next?

The preliminary tests have been positive and our next stage involves user training, workflow mapping and operationalizing. We look forward to reporting back over the different phases of this project as it helps to shape the future of virtual medicine and best practices in a rural community.

Want to Know More?

For further information contact Sarah Kesler at Sarah.Kesler@unbc.ca



Secure Texting – Faster, Safer, and More Effective Electronic Communication for Physicians

Texting has become the preferred method of communication for everyone and their grandmothers - but is it the next frontier for electronic patient care? While traditional texting is quick, convenient, and discrete, it lacks security and is limited by privacy legislation.

The Northern Interior Rural Division (NIRD) has partnered with Northern Partners in Care (NPiC), Northern Health, the University Hospital of Northern BC Physicians Improvement Committee (UPIC, Prince George Medical Staff Association) and the Prince George Division of Family Practice (and is in discussion with others provincially) to trial software solutions that allow doctors to text patient information including pictures, imaging results, and other documents safely and securely.

Physicians surveyed listed the following desired features:

- secure, reliable, always available (e.g., no downtime with servers for updates),
- results in high uptake amongst users (so you can connect with who you need to),
- sends and receives images as well as text,
- confirms that a message was viewed, and,
- works across all areas of the health authority.

Additional requested features included connectivity across the province, access to RACE and call schedules (so you can connect with who is available to help), the ability to import information into electronic patient records, group messaging, and the ability to duplicate/replace switchboard functionality.

Trial Results and Next Steps

Phase 1

A trial was completed with Vocera Collaboration Suite during which we discovered issues with battery life of mobile devices and Wi-Fi connectivity.



Phase 2

Based on Phase 1 findings, the next step is a review of the growing number of potential software solutions to determine which options are the best fit for northern physicians (and comply with the BC College of Physicians and Surgeons and provincial privacy requirements). We will then be in a position to trial the solution most likely to meet physician needs.



We are excited to move ahead and find a solution that helps physicians provide the best and most efficient patient care in a safe and secure manner. We look forward to involving you as this work progresses!



Want to Know More?

For more information, contact Sarah Kesler at Sarah.Kesler@unbc.ca.

Local physician provides leadership to Valemount's CYMHSU Local Action Team

Dr. Herman Keyter believes that by providing support and leadership to the Local Action Team (LAT) in Valemount, he is helping to build the foundation that will enable systemic change in the current mental health care system in Valemount.

"A good way to encourage comprehensive support for mental health services is through recognizing that collaboration is key to ensuring less patients fall through the cracks," Dr. Keyter emphasizes. "Mental illness is not only a personal cost to the patient and family, it also has an economic cost associated with it. By investing in mental health systems that work, it results in increased job satisfaction for everybody and positively affects the economic well-being of communities," he further notes.

Twenty per cent of Canadians will experience mental illness or languishing mental health in their lifetime, according to the CMHA, meaning roughly 200 people in Valemount and 1,000 in the Robson Valley have or will experience mental illness.

Sue VandenBergh is the project lead of the Shared Care CYMHSU project in Valemount, which has 25 members making up the LAT.

"One of the most significant benefits I've noticed from having a consistent physician on our team, is the revelation of the real possibility of system change," VandenBergh states. "Usually, that level of change feels so out of reach to the community. Dr. Keyter always has time for our LAT, and makes himself available to support me as the project lead. I am not sure that I would receive this same type of physician support in a bigger town or city. It is a significant advantage of working with the Valemount LAT," concludes VandenBergh.

Get Involved!

LATs are seeking and encourage physician involvement.

Those NIRD physicians who want to learn more about the program and become involved are encouraged to email arosteski@divisions.ca for further information.

Valemount LAT is funded by Northern Interior Rural's Division (NIRD), and they are just one of 64 teams across B.C. and one of five in the NIRD region – the other communities being Burns Lake, Fraser Lake, Fort St. James, and Vanderhoof.

The main three objectives of the Valemount LAT are:

- Reduction of stigma and stereotyping around mental health
- Youth recruitment and empowerment
- Community awareness and resource mapping

A main goal of Valemount's LAT is to provide Applied Suicide Intervention Skills Training (ASIST). "Rural communities lack consistency in how to appropriately help an individual — specifically youth — who may be experiencing suicidal attempts or ideations," VandenBergh says.

"We bring programs, training seminars and educational workshops to the community, and other supports to help set in motion the journey towards sustainable change," she says.

NIRD and the Shared Care CYMHSU team are planning a strategic planning session with the region's LATs later in November. Watch the NIRD website for updates and details.

With files from Evan Matthews.



Changing the landscape of Mackenzie's primary care community

Dr. James Card was a member of the Northern Medical Program's first graduating class. After graduation he completed a two-year family practice residency in Prince George and went on to do several locum placements around the province. One of these locum placements was in Mackenzie, a small town he had spent time in during his previous career. After doing several locum placements, Dr. Card heard about a family physician vacancy in Mackenzie and decided to seize the opportunity. He accepted a full-time position in Mackenzie and decided to buy a house there with his wife.

When Dr. Card first arrived in Mackenzie in 2011, the town only had two other physicians: one was on a Return of Service contract and the other was a locum. These physicians provided care to more than 5,000 patients and were also responsible for covering the Emergency Room, meaning that sometimes physicians would be working for days on end with minimal downtime.



Photo above: Mackenzie physicians out for a team dinner

Dr. Card recalls, "we experienced some challenges around staffing because there were just not enough of us. If we got busy or if someone went on holiday

or got sick, very quickly we could get in a position where we needed to close our ER." Having only three GP positions allocated to the Mackenzie region meant that patients were rarely able to see physicians quickly. Instead, they would often make the two-hour drive to Prince George to seek medical support. As Dr. Card neatly summarized, "having only three physicians was never adequate."

Dr. Card really enjoyed all that Mackenzie had to offer in terms of outdoor opportunities and lifestyle. He also liked the idea of the Alternative Payment Program (APP), which meant less time spent on billing and managing the business aspects of family practice and more time on patient care. "As a new grad, I wanted to focus on medicine and not worry about the business side [of fee for service models]." He was less enthusiastic, however, about the physician shortage in the community and the increasing workload he was facing.

Wanting to better support his community, Dr. Card understood that if primary care services in Mackenzie and his professional satisfaction were to improve, he would need to come up with a plan to increase physician supply. This began Dr. Card's ambitious campaign to bring more physicians to the community. He presented Northern Health with a proposal to expand the three allocated APP positions to four. According to Dr. Card, "Northern Health responded immediately. They knew we needed it. They even funded the position themselves first and then approached the government about recouping costs." While the Ministry of Health allocates salaried contracts, Dr. Card recognizes that the health authority has continued to go to bat for Mackenzie at the provincial level.

After successfully securing an additional position in Mackenzie, Dr. Card began his innovative approach to recruiting new physicians. He started by undertaking a comprehensive marketing campaign in the Spring of 2011 to increase awareness about the practice and lifestyle opportunities in Mackenzie.

By the Fall of the same year, Dr. Card began tapping into his network at UBC and worked with the university to set up a teaching site for medical students and a clinical rotation for residents in Mackenzie. His rationale was that introducing students and new graduates to the area would give them a feel for the community and the style of medicine, making it more likely they would want to return.

He made postcards about practicing in Mackenzie, he gave presentations at conferences, universities, and hospitals. He said of the work, "Mackenzie was a town with a lack of exposure. It's rural. It's remote. People are nervous to step into something like that... it's a leap of faith." It was not long before Dr. Card scored a victory: in the summer of 2012, he recruited a former resident he worked with in Prince George to join the Mackenzie team. A second triumph followed shortly after, when Dr. Card recruited another Prince George physician who filled the position of a family doctor who had just left Mackenzie.

Over time, and with persistence, Dr. Card has brought in several new recruits who in turn, have also helped recruit new physicians to Mackenzie. Using a team-based approach to recruitment, they have since formed their own community of practicing physicians. He reflects, "we are all recent



Photo above: Mackenzie and District Hospital & Health Centre

graduates, most of us graduated within the last six years, and we all practice a similar style of medicine. Everyone here wants to be here which is a huge plus. Everyone is here by choice."

"It's been the biggest difference for our workloads and for future sustainability," Dr. Card reflected. Because the physicians are not pressed to turn over patients as quickly as possible – due to the increased availability of primary care physicians and the use of the APP funding model, the approach to practice has shifted from reactive to proactive medicine. There is a strong focus on health promotion, chronic disease management, and mental health. Dr. Card highlighted that this shift has resulted in a decrease in the prescription rate of many medications, such as opioids. He reflects, "our physicians can now put in the time to do the right thing, rather than just doing the quick thing and prescribing medications."

Recently, Mackenzie successfully lobbied for an additional APP position. "Going from four physicians to five was a bit more difficult," Dr. Card reflected. "But Northern Health stepped up and supported it."

The physicians in Mackenzie are passionate about their work and enjoy the lifestyle they maintain. Dr. Card emphasizes that this passion is an important factor that supports physician recruitment, especially medical students and residents. "When learners come into our community for a rotation, they can tell the doctors are here because they want to be here—not because they have to be—and that makes a huge difference."

When asked if Mackenzie's recruitment model is sustainable, Dr. Card says, "it absolutely is. But to continue to be successful, you can't ease up. You have to keep pushing it at the health authority level, at the provincial level. It's ongoing, non-stop recruitment. But with a bit of work, I think we can keep it up for years."

Continued below...



Dr. Card also gave advice for other communities looking to undertake a similar initiative:

“Each community will bring something different to the table and so everyone has to sell themselves in a unique way... I believe that anyone who wants to recruit new physicians needs a physician champion: that person needs to believe in it fully and truly to take on the extra work.”

There are now seven physicians practicing family medicine in Mackenzie. Many of them practice part-time, including Dr. Card. The physicians in Mackenzie have built a flexible, stable group practice. This is good news for the physicians, and even better news for the community of Mackenzie, which now has access to a number of family physicians and a much higher quality of primary care.

Burns Lake Community Sustainability Plan Project

The expansion of healthcare services in Burns Lake began in response to the voices of the community and resulted in the opening of the new Lakes District Hospital and Health Centre in January 2015. The new hospital provides modern state-of-the-art treatment for patients who need medical care both inside and outside of an acute care hospital. The Burns Lake District Hospital and Health Centre expands access and availability of acute and primary care services for the community of Burns Lake and the surrounding areas. With a more spacious facility, updated equipment and expanded care team, the modernized environment will better meet the patient needs and attract physicians to the community.

Marie Hunter, Health Services Administrator for Lakes District Area, is very excited about the

potential of this project to give the community “hope with actions – the project, combined with the new facility, supports physicians’ flexibility for service delivery and a balanced lifestyle as well as being co-located with the inter-professional teams in offering primary care services as seamlessly as possible. The community will feel that the NH, Municipal/Community representatives and other local services have formed a cohesive partnership to address access to services.”

The rebuilding of the Burns Lake District Hospital was a big step forward to improving access to healthcare services in Burns Lake. The next step is to continue to build out the team of health care professionals including physicians, nurse practitioners, mental health workers, physiotherapists and other valued members of the care team. Recruitment of physicians is a key priority and is supported by The Joint Standing Committee on Rural Issues, in partnership with Northern Health, the Northern Interior Rural Division (NIRD) of Family Practice, the Village of Burns Lake and the First Nations Health Authority.



Photo above: Construction of the \$55-million facility was completed months ahead of schedule, allowing hospital services to transition into the new space and be open to patients in early 2015.



Photo above: the new Lakes District Hospital and Health Centre was opened in Burns Lake in January, 2015

Dr. Sean Ebert, Physician Lead for the Northern Interior Rural Division (NIRD) of Family Practice, is proud to be a collaborative partner in the Burns Lake Rural Community Sustainability Project. NIRD is comprised of a group of rural physicians who value rural patients, rural medicine and rural communities. Their vision is to create healthy communities connected by a solid, collaborative physician community within a stable network of health care. Dr. Ebert says, “we feel that this work will build on the current health care strengths and services and allow the development of an integrated, sustainable primary care home for Burns Lake and the surrounding communities.”

Currently, there are 3.25 FTE family physicians working in the community. According to the Northern Health Physician Human Resource Plan 2015, they are approved for 8 FTE physicians. Of the four physicians practicing in Burns Lake, only one full-time doctor lives in the community. Recruiting physicians into the community is in full swing. Dr. Caira and Dr. Benloulou, who currently provide

services in Burns Lake, are also members of the project’s Steering Committee. Together they are assisting in the long-term recruitment of physicians for Burns Lake by attending the Practice Ready Assessment Seminar in Vancouver to sponsor foreign medical graduates to work in Burns Lake. “In cooperation with Northern Health, this will hopefully provide another avenue for the recruitment of physicians,” says Dr. Caira.

Every effort is being made to respond to the community’s request for increased access to primary care provided by an integrated team using a patient- and family-centred approach. The Northern Health Authority is also playing their part to recruit physicians by helping to create a collaborative work environment with flexible compensation models and work-life balance.

Together, this strong, resilient community will work to recruit physicians to provide the enormous benefits to the residents of Burns Lake and help improve the overall health of the community.



**Northern Interior Rural
Division of Family Practice**

A GPSC initiative

**The foundational pieces
behind NIRD**

Vision

To create healthy communities connected by a solid, collaborative physician community within a stable network of health care.

Mission

Rural physicians supporting rural physicians helping to build healthier communities – together.

Values

Collaborative
Authentic
Acting with Integrity and accountability
Respectful
Proactive

**Value Propositions
for Members**



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FORT ST JAMES

Vacant

Contact Us

We want to hear from you! Send us your comments or questions about the work we're doing, or let us know if you want to get involved with any of our projects.

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