

# The Pulse!

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## Filling the Gap:

How one Local Action Team identified a Saanich Peninsula need and is working to fix it

On summer evenings, teens are often spending time with friends, enjoying the warm weather and just hanging out. This year, some had a new destination in Sidney. As market shoppers filled the streets of Beacon Avenue, there was a healthcare pilot project happening nearby. Ocean Pier Medical Centre offered up its space for a clinic, targeting youth between the ages of 12-24. The original plan was to open in June and July, but demand built over the course of the summer and the team decided to serve patients in August as well.

"You don't know how much the need is there until you start the service," says Jennifer Harrison, the Youth and Family Engagement Coordinator for the South Island Division of Family Practice. "Young people don't necessarily feel comfortable going to their family physicians who they've seen since they were babies, and many others don't have a family doctor at all."

One student who embraced the services offered by the clinic says it is somewhere she feels comfortable. "It provides useful services for youth in a judgement-free zone. I don't like to leave school in order to sit in a waiting room. This allows me access to healthcare during convenient hours in a positive environment."

"Having a centre specifically catered to them could make addressing their issues seem less daunting," says another student.

The clinic is the result of a Local Action Team tasked with improving youth access to healthcare on the Saanich Peninsula. The team, led by Dr. Kate Evans, included school leaders, counselors, doctors, First Nations representatives, youth and families. After many months of discussions, the group honed in on three priorities:

- Improve cultural competency training around First Nations issues
- Work with schools to improve education around healthcare options
- Try to improve access to local services for youth

Youth clinics have proven to be successful both on the Westshore and in downtown Victoria. However, they're difficult for Peninsula youth to access, with many having to take two buses just to get there. The Peninsula LAT decided to launch something similar in Sidney at the Ocean Pier Medical Centre, complete with a psychiatrist, sexual health professionals, and general practitioners.

Dr. Evans says they specifically call it a youth clinic, not a mental or sexual health clinic because they want anyone who needs care to be comfortable asking for help. "We have a Child and Adolescent Psychiatrist from our Local Action Team, Dr. Lori Vogt, who has been

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**W**hen Dr. Alicia Pawluk found out she'd be doing her residency in her hometown of Victoria, she admits it was a dream come true. "Looking back, I can't express how excited I was," she says. Alicia had been in medical school in England and Scotland, and knew it would be a long shot to get one of six spots for International Medical Graduates in her hometown. There are 18 locations in BC where new doctors can complete their residency, but Victoria is highly desired and, for Alicia, it was like hitting the jackpot.

Getting the placement is only the beginning for doctors. What lies ahead is an intense two years, or longer, putting into practice everything they learned in medical school and test-driving focus areas before deciding how they want to spend their careers. And as the healthcare system evolves, they're presented with more options than ever before.

Once she landed back on home soil, Alicia was voted Chief Resident for the UBC Medical Program and acts as a liaison between faculty and all 350 residents in the province. While many people imagine residency to be like a medical drama on television, Alicia says there are lots of misconceptions about what a resident is. "We're qualified doctors who have finished medical school and are doing specialty training. Yes, we do sometimes find ourselves in the wacky situations that you might see on tv, but it's also a lot of long hours and hard work."

## Exploring the future of Family Practice

Victoria's residency program admits 24 people each year. Josie Terlesky, Site Manager for the Department of Family Practice at UBC says they've never had any unfilled spots as the South Island is a sought after destination. "We accept graduates from across Canada and save a few spots for international students. We also put them through a ranking matching service to help them best fit with their desired location and specialty area."

Once the residents are selected, each is paired with a preceptor-- a practicing physician who can act as a mentor throughout their two year residency. During the first year, residents are exposed to a number of rotations as family doctors need to know when to refer to those areas. They gain experience in obstetrics, internal medicine, pediatrics and cardiology as well as general family practice.

The second year provides new experiences. Doctors do a mandatory two month rotation in a rural community and then do several other rotations such as psychiatry, orthopedics, and palliative care. Residency concludes with one month of transition to practice where they set up a mini practice in their preceptor's office.

Days (and night shifts) are long, typically lasting up to 12 hours a day or more. But Alicia says it's crucial to shaping your career. "Immersing yourself in different areas of medical practice allows you to discover what you find most interesting and where your natural talents lie."

And then, it's time to make a choice. Many residents choose to locum in their preceptor's office when they finish, and some choose a third year of specialized residency in an area such as emergency. Others



become hospitalists, while even more locum until they decide where they want to put down roots.

One area most people think would be an obvious next step is actually one of the least popular options: immediately settling down in a practice. "The time, energy, money and paperwork required to do that is not realistic for most of my peers," says Alicia.

But there is a new option that is appealing: a bigger and collegiate practice. It's called the Patient Medical Home Model and is made up of a family physician and several other specialties such as a physiotherapist, someone to take your blood, a mental health specialist. Alicia says it's something she and her peers discuss, and it's appealing because it takes different patients' needs at different stages of life into account when considering an overall healthcare plan. The idea is being put into practice in many communities around the province, including the South Island. Not only is the "Patient Medical Home" model attractive to new physicians, it's creating capacity within the health care system to ensure more patients have regular access to medical care.

As for Alicia, she already knows she plans to do a two year return of service by practicing in Campbell River. It's a requirement for international medical graduates like her, although not mandatory for local residents. After that, she's not sure. "There are so many wonderful opportunities in BC for family practice graduates, it's difficult to choose just one! Hopefully my time in Campbell River will allow me the opportunity to figure out exactly how I want to shape my future."



# Cracking the GI specialist wait-time logjam



**W**aiting to see any specialist can be excruciating. When you're not feeling your best and go see your doctor, you're desperate to fix whatever ails you. Once you receive a specialist referral and then learn there's up to a year long wait, it's incredibly frustrating. It's also disheartening for doctors, and is why the South Island gastroenterologists are making the central referral and triage process more streamlined so patients can get the help they need faster and more efficiently.

Over the past four years the Partners in Care Project (PiC), funded by the provincial Shared Care Initiative, has been working closely with a number of family physicians and GI specialists to identify gaps, perform system analyses and develop a solution-based approach to improving a patient's journey. Finding the desired solution has been a complex challenge and a multi-step project itself.

Kathy Ilott, Project Lead for the Partners in Care Project (PiC) with the South Island Division of Family Practice says the problem is easy to identify: "There are more referrals than the 12 Gastroenterologists (GI) on the South Island can physically manage. In fact, statistics show they receive 850-1000 new referrals each month. But because most GI issues are chronic and require ongoing care, those patients need to be added to existing patient loads."

Family practitioner Dr. Michele Fretz, Physician Lead for the PiC Project has been instrumental in getting the change to the referral process off the ground. "It was so frustrating to have such a piecemeal system," she says. "I would often receive multiple rejections, and had to put out five referrals to get a patient seen."

National screening programs have also put pressure on the number of patients GIs need to see on a weekly basis. While they are an important part of the healthcare system, when six rooms are each treating 16 patients per day, it takes time away from hospital resources and takes specialists away from day-to-day practice.

Dr. Kevin Rioux moved to Victoria from Calgary last year. He says many of his referrals are from walk-in clinics. "Physicians have so many patients to care for. Many patients end up in

walk-in clinics where they're referred much faster than they would be if they had a family doctor monitoring symptoms through regular patient care."

Under the traditional system, referrals are triaged according to the priority level indicated by the referring physician. Currently a (non-medical) central intake coordinator reviews the document for accuracy and completeness, sending the most urgent referrals to a specialist within two days. Semi-urgent and routine referrals are waitlisted until a GI's office is able to schedule an appointment, consultation, or procedure, which is often many months later.

Even without a medical background, it's easy to see how this system might not work seamlessly. It's also why, in fall 2017, all central triage activities are being migrated over to a shared central computer system. This will allow all GIs to look at all the referrals as they arrive, not just the urgent ones. It will also improve care as any referrals which may be deemed routine by a physician may be upgraded by the reviewing GI.

For Dr. Fretz, even this step will make a huge difference. "This will improve wait times and the quality of care we're able to provide patients because family practitioners will be assured that the referral will be triaged by a specialist in a timely manner, and will also be triaged to specialists with the greatest expertise in a specific area."

However, even with the new referral process, there's still the problem of an extraordinary number of patients needing care when, in reality, many GI issues are actually lifestyle issues which may be better addressed by a family doctor as part of the overall management of a patient's health. In order to best help them do that, the GI specialists have created *Enhanced Primary Care Pathways* for common disorders like IBS, constipation, GERD, dyspepsia and H. pylori. These *Pathways* provide a detailed summary and checklist to guide a physician through the maintenance and management of the specific condition. The *Pathways* also include clinical flow diagrams to indicate when a specialist referral becomes necessary and identifies specific pharmacologic treatments for patients.

Dr. Rioux is quick to add that the purpose is not to push more work onto family physicians.

"Family doctors are the gatekeepers of so many areas of health. It's not possible for them to keep up with all the latest research and treatment protocols. These *Enhanced Primary Care Pathways* are meant as another tool for them to get their patients on the road to health faster."

There is a case study that shows these *Pathways* work. Gastroenterologists in Calgary implemented the *Enhanced Primary Care Pathways* and tracked data as they went. They found that the number of referrals decreased by 1000 in a single year and, of those patients who were guided by the pathways, only 10% required a scope and further care. None of the patients had cancer.

Of course, one of the reasons a family practitioner refers a patient to a specialist is because there are often nuances to an individual case and GIs are hoping to address that challenge as well. In December 2015, the PiC Project, in partnership with the provincial RACE Project (Rapid Access to Consultative Expertise) launched the RACE app, which is a new communication tool allowing the two doctors to discuss the details of a case by phone before a referral. The South Island RACE app has experienced great success and is now being used by several specialties. Gastroenterology specialists joined the service in late October 2017.

While there is a backlog in GI referrals, there is a coordinated effort underway to tackle that pile from different angles. With the success out of Alberta, and with the help and support from the South Island PiC Project, the local GIs are committed to improving the efficiency and communication with the family physician colleagues as their patients move to the referral process.

Ilott adds, "We have experienced significant progress already with both the physicians and specialists. The groups will now work closely together with their ultimate goal of improving the patient's journey through the system."

# Filling the Gap: (continued from pg. 1)

instrumental in getting the clinic started. She has been able to provide Psychiatric Consultations for emergency and elective cases and it has been wonderful to work alongside her and have that kind of expertise on site. Up until now youth and their families had to travel to Royal Oak to be seen by Saanich Child and Youth Mental Health, and this brings the service right to them".

The first week, the clinic saw three patients. By August, they were seeing more than a dozen in just a two-hour period. Some patients have sports injuries that need to be treated. Others want to talk about contraception. Still others have depression and anxiety and need medical care.

Whatever their needs, the students reiterate they're grateful for medical care targeted to their age group. "Just the action of reaching out to youth in this way creates a bridge of trust and mutual respect. Although we value our independence, navigating life's issues can be hard, so having people make resources-- like counselling and sti tests-- more available to us is so greatly appreciated."

And the clinic is also providing a business lesson for students. Before the clinic was finalized, the group took the idea to some students at Parkland school and asked them whether students would use it. The youth were skeptical because it was only a two month start, but in the end decided something was better than nothing. Together, students helped create and execute a number of marketing strategies in and outside of the school. In all, eight middle and high school students became regular volunteers.

So far, Harrison says the reviews have been excellent. "We've had a number of youth tell us that they are pleased the group is asking for their feedback and having a say in what youth need on the Saanich Peninsula. We're here to help the young people first and can assist them with getting parents or other specialists involved as needed. That's something that hasn't existed before."

Given the enormous success the clinic experienced in the summer, they only expect demand to increase as school resumes and word of mouth spreads information about the clinic. The team serving patients is committed to finding a sustainable solution so that youth on the Peninsula can continue to have a place to get the care they need in an environment where they feel comfortable.



(Peninsula News Review / Black Press)



## Dr. Vanessa Young

Dr. Vanessa Young has been a family physician for 25 years in Langford/View Royal. She keeps busy by training for and racing in triathlons, gran fondos (long distance bike races) and running races. She's cautiously optimistic about the future of primary care, as a key and increasingly important cog in the healthcare system engine.

1. **If you had to live somewhere other than Vancouver Island, where would it be?** Somewhere walking distance to the ocean in southwest BC.
2. **Guilty pleasure?** Book stores.
3. **What is the one thing you wish your patients knew?** That much of their ill health is due to poor lifestyle choices mainly around eating and exercise.
4. **What do you consider your greatest achievement?** A great marriage, two great adult kids.
5. **Which movie or book can you re-watch or re-read without becoming tired of it?** None, I can't re-read or re-watch.
6. **What is your fondest vacation memory?** My hubby and I have just returned from 3 weeks in Spain, cycling and hiking with very good friends, and it was a fantastic trip that is still fresh in my mind.
7. **When you have guests in town, what spot do you always insist on taking them to?** The Dallas road waterfront.
8. **What is society doing now that in 20 years will be laughed at and ridiculed?** Using cash, ever.
9. **What philanthropic or social cause is important to you? Why?** Woodwynn Farms in Central Saanich. This therapeutic community helps the homeless to live clean and learn farming and trade skills for re-entry into society in a productive way. It's modeled after a very successful program that's been running for decades in Italy, San Patrignano. I'm the GP for the clients at Woodwynn, and have been serving in this role for about 5 years, after meeting the man behind it, Richard LeBlanc, and asking how I could help.
10. **What's one small thing you would tell people to do each day that would greatly improve their life?** Take 30 minutes each day to care for themselves better.

### Contact us, we'd love to hear from you!

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