

# The Pulse!

Winter 2019

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## New to South Island

### Practicing with Fresh Eyes on the South Island

**W**hen Dr. Chelsie Velikovsky and Dr. George Zabakolas moved to Victoria in 2018 to become family physicians, they hit the ground running and they haven't stopped since. "At one point, we had 5000 new patient applications. We had to cut it off in order to manage the demand," says Dr. Zabakolas.

Dr. Velikovsky is a Victoria native and wanted to return home. Her husband, Dr. Zabakolas, hails from New York City. After medical school, the two worked in Arkansas before deciding to settle in Victoria. As you can imagine, they're adapting to many changes between the U.S. and Canadian medical systems.

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*Dr. Zabakolas*

"Most of all, it's just different," says Dr. Velikovsky. "Probably the best thing is that everyone has coverage, so often we see patients early in an illness and can offer early intervention. On the flip side, we also have to plan for much longer wait times to see specialists and elective surgeries. All of these considerations have to be factored in to provide the best care."

In their first months of practice here, both are also surprised that x-rays and lab work is not completed in offices, which often results in multiple visits for a patient to treat one issue. That's frustrating for both doctors and patients, some of whom are older and travel long distances just to access a physician.

That's a sentiment echoed by Dr. Bob Farmer who recently moved to the Saanich Peninsula to practice. "It's hard to see so many people -- even in their 80s and 90s -- who don't have a family doctor. However, it's nice to feel like I'm helping address the physician shortage."

While he establishes himself, Dr. Farmer feels encouraged by different ways people are working to manage the crisis, which includes trials of team-based care. "I feel like there are lots of opportunities here to make a big difference by getting involved in these structural changes," he says.

*(continued on pg. 4)*

# Palliative

Talking about illness and death is never easy. When the time comes, 70% of people want to die at home. In reality only 18% do, with the rest passing in residential care, hospitals and hospice. As the population ages, those statistics are unsustainable, which is why change is starting now on the South Island to better meet the wishes of patients.

Shelley Tysick has been working in palliative care for 18 years and she's spent much of 2018 in a new role – Palliative Care Coordinator -- liaising between physicians, specialists and home care nurses to make sure everyone is kept up-to-date on a patient. "We're trying to build capacity so that more people can have access to good palliative care services," she says.

While Shelley doesn't do patient care full-time, she-- and the two others on the South Island-- help home care health professionals with acute, community, and long-term care consultations, assessments and planning. Education and mentorship are significant parts of the role. "When dealing with an intense or complex situation, I'm able to work alongside clinicians to help alleviate immediate suffering as well as anticipate and plan for future care needs so that crisis may be averted."

She's also able to facilitate any specialty medical care, especially as a disease progresses. "Specialists can help have conversations about values, wishes, beliefs as patients contemplate their mortality," says Dr. Douglas McGregor, Medical Director for Victoria Hospice and the Medical Lead for Palliative and End of Life Care in Island Health's GEO 4. "Palliative care covers physical, emotional, and psychological needs as a patient walks through the various stages of their illness getting all the supportive care they need."

In terms of how much and what kind of specialty care is needed for a patient, the South Island is embracing the triangle of palliative care (shown beside). At any one time, 65% of palliative patients can be cared for by their family practitioner. 20% need specialized input, but that's mainly provided by primary care providers, hospices and residential care. At the top of triangle is the 15% of people with complex palliative care needs, who are mostly cared for with specialist input.

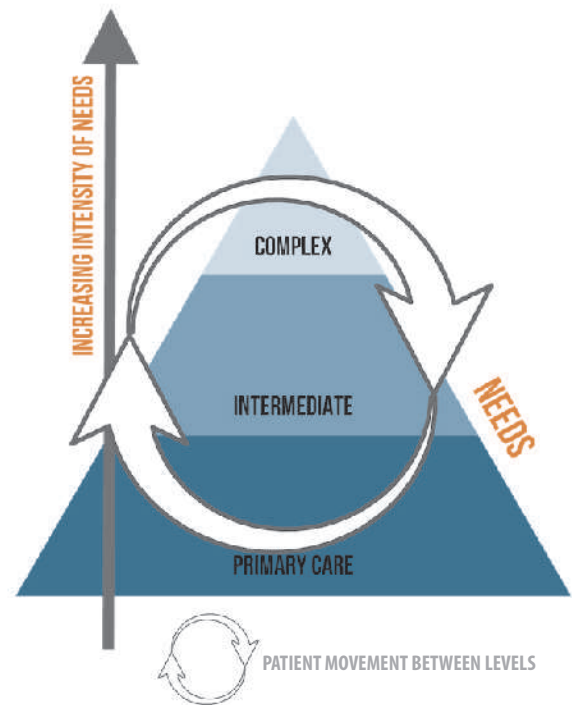
Moving a patient to the needed caregivers for the stage of their illness is the role of someone like Shelley. The funding to provide these additional services is from the Federal government. It's connected to the recent medical assistance in dying bill so that patients don't want to die simply because they can't access good palliative care.

Each health authority received funding and it's a sizable, ongoing investment. In terms of specialist palliative care within Island Health, the funding was used to hire three new palliative care coordinators, like Shelley, and a new clinical nurse specialist. 2019 will see the inclusion of more palliative care social workers and counselors, as well as education for clinicians and care providers to better build their confidence and capacity to provide quality palliative and end of life care.

# Care

## Increasing Specialist Palliative Care to Meet a Growing Need

### NEEDS BASED PALLIATIVE CARE MODEL



For Dr. Leah MacDonald, Island Health's Medical Director for End of Life Medicine, this funding is much needed and already being put to good use. "Our regional vision is to strengthen our specialist palliative care consult teams across the Health Authority. In partnership with local Hospice societies, these teams will help deliver palliative care for those individuals with the most complex needs and support primary care teams to deliver high-quality palliative care for everyone living with a life-limiting illness."

One challenge is educating physicians that this additional support is available to them and how to access services. Shelley recommends GPs contact their local Palliative Care Coordinator who will connect them with the appropriate resources and services.



# 2018

## YEAR IN REVIEW

SOUTH ISLAND DIVISION OF FAMILY PRACTICE

HEALTHY FAMILY PRACTICES SUPPORTING HEALTHY PATIENT OUTCOMES

### KEY SUCCESSES

- 200 Physician Members
- 195 Office Visits by SIDFP staff
- 13 Learning Events held
- 15 Organizational and Planning Committees

### COMPLETED PROJECTS

- Partners in Care (PIC)
- Transitions in Care (TIC)
- Child Youth Mental Health (CYMH)

### 2019 PRIORITIES

- Primary Care Networks
- Patient Medical Homes
- Physician recruitment and retention
- Physician Health and Wellness
- Continued engagement with physician members
- Patient-centered practices

### PENINSULA YOUTH CLINIC

- Wraparound health services including a family physician, psychiatry, an intake counsellor from Child and Youth Mental Health and a peer mentor from Trans Care BC
- Creation of 'The Help Card', available online at [thehelpcard.ca](http://thehelpcard.ca), a card of emergency and non-emergency youth services
- Continued operation with possibility for expansion in the future

### PRIMARY CARE NETWORK

The Ministry of Health has tasked Divisions and Health Authorities to launch Primary Care Networks (or PCNs throughout the province.

The South Island Division is working to create PCNs in the Western Communities and on the Saanich Peninsula. More details will be shared through this newsletter and on our website as the work progresses.

### TOOLS/RESOURCES

The South Island Division website has a "Patient Resources" section, under the "Resources" tab, offering a myriad of links and valuable information/resources.

#### FETCH

Free and easy to use searchable directory of health resources across the South Island. View the South Island Division website, under the "Tools" tab to register.

## Member Profile / Q&A



**Dr. Jane McGregor**

**If you had to live somewhere other than Vancouver Island, where would it be?**

I don't think I could pick. I'm pretty attached to the island, but I would love to travel to a new destination every year. I almost never repeat vacation spots because there is so much more to see!

**Guilty pleasure?**

Ice cream and Chocolate-- basically anything sugar.

**What do you consider your greatest achievement?**

As a kid I grew up watching the Vikes women's basketball team. It was a real privilege to play for them for 5 years during my undergrad and fulfil a childhood dream.

**Which movie or book can you re-watch or re-read without becoming tired of it?**

Love Actually. I watch it every Christmas, without fail.

**What hobby would you most like to take up but you can't (yet) because you don't have enough time?**

I would love to play the Cello again. I gave it up as a teenager and would love to re-learn.

**What is your fondest vacation memory?**

Our honeymoon spent in Costa Rica, the rainforest and beaches there were phenomenal.

**What three events made the biggest impact on who you are today?**

I think what was most impactful for me from a young age was moving every two years-- by the age of 10 I'd lived in 6 cities, 3 countries and 2 continents. It gave me a taste for adventure and travel, forced me to get out of my shell and adapt to new surroundings, and ingrained a curiosity for both people and places.

**What is society doing now that in 20 years will be laughed at and ridiculed?**

Not giving primary care the resources and funding it so desperately needs. Especially with our growing and ageing population on the South Island, preventative health will go a whole lot further in the long run than reducing surgical and ER wait times.

**What one question can you ask someone to find out the most about them?**

I don't think there's a specific question. Giving space for people to tell you about themselves in their own way is really powerful.

**What's one small thing you would tell people to do each day that would greatly improve their life?**

Exercise. I'm happiest when I'm out for a trail run with my pup. And that doesn't even include all the physical health benefits.

## New to South Island (continued from pg. 1)

All three of these new-to-the-area doctors believe there is room for improvement in the system, which they are optimistic they can help create. "Our goal is to just be there for people and take care of people," says Dr. Zabakolas.

Some of the issues which they think need the most attention include:

- Physicians need to be incentivized to practice family medicine rather than being hospitalists
- Patients need continuing care and better continuity of care, particularly for chronic diseases

- People, in general, need to be able to talk to their doctors about preventative care more regularly

Despite not having enough doctors, those who are new to the area hope improvements are coming. Even still, Dr. Farmer believes patients are in good hands. "I've been really happy with the community of doctors here. Everyone is very friendly and approachable, they work very hard and have excellent knowledge and clinical skills."

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

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