ANNUAL REPORT 2016–2017

KOOTENAY BOUNDARY DIVISION LEADERSHIP REPORT

This year your Division continued to strike a balance between daily clinical practice improvement projects and system level advocacy/advancement. Our practitioner-led, in-practice efforts included: diabetes education centre support, wraparound CYMHSU care, automated EMR Forms, dementia tools and resources, MBMD mobile messaging, recruitment of seven new doctors, a robust CPD program, and perinatal events, tools and resources — to name just a few.

At the systemic change level, we have continued to be leaders in on-the-ground design of the patient medical home (PMH)/ primary care network (PCN) model of care. At last year's AGM, IHA CEO, Chris Mazurkewich, announced an annual $500,000 investment to develop a patient medical home / primary care network proof of concept in the Boundary. Much has been accomplished since the announcement. A Boundary-based Change Design Group (CDG), comprised of all practitioners in the Boundary, plus Division and IHA reps, formed to determine the overarching terms and structure of the model. Five core outcomes that are the focal point for all project decisions and quality improvement processes were agreed upon:

- Reduction in Boundary resident CTAS 4/5 at Boundary District Hospital (BDH) by 50% over three years (yr 1: 10%, yr 2: 25%, yr 3: 15%).
- 90% of scheduled visits diverted from BDH Emergency Department (ED) to BDH Community Ambulatory Treatment Clinic in year one, and total number of scheduled visits at BDH reduced by 50% in three years.
- 160 mild/moderate mental health patients receiving appropriate support in PMHs from a PMH mental health clinician or counsellor.

- Reduced total hospital days for all cause hospitalizations (unplanned), by 8% by year three.
- Reduction of Age Standardized Total Cost of Care for target populations of frail seniors and MHSU & chronic disease patients of 5% over three years.

Phase one of implementation is almost completed with the interviewing and hiring of new GP clinic staff including three primary care nurses (two hired to date) and one social program officer. They began seeing patients at the end of August. Simultaneously, IHA led an extensive process improvement journey for Boundary Hospital Emergency Dept. and the substantial enhancements to the Boundary Home Health Ambulatory Care Clinic. Phase two recently began, and will integrate/realign other existing IHA services (e.g., home, mental, and public health programs) to clinics based on accomplishing the outcomes above.

As evidenced in the stories above, weaving together ambitious outcomes, evaluation, and quality improvement has become a feature of all our work. Our decision to engage a quality improvement coordinator two years ago is paying dividends with a wide array of measurement outputs. While none of us really want to complete "another survey", the high level of participation we've received from members in a wide array of data gathering exercises over the past year is deeply appreciated. It enables project leads and the board to better meet the needs of our membership and determine what you would like us to do in the future.

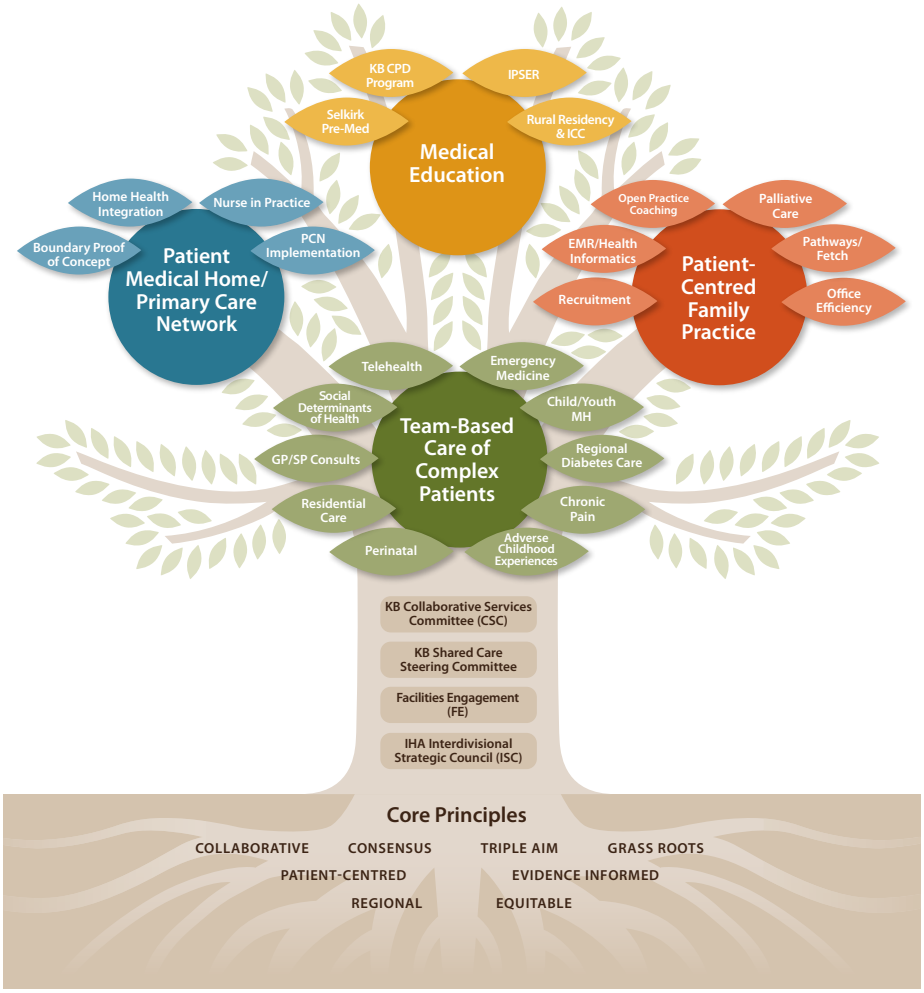
We look forward to continuing to bring the intelligence, voice, and needs of the KB's GP and NP community to improvement of health care in the coming year. Please don't hesitate to contact any of us if you wish to discuss anything.

KB Division Executive:

Dr. David Merry – Chair
Dr. Lee MacKay – Physician Lead
Dr. Trevor Aiken – Vice Chair
Dr. Keith Merritt – Treasurer
Andrew Earnshaw – Executive Director

Kootenay Boundary
Division of Family Practice
A GPSC initiative

OUR IMPACT: KOOTENAY BOUNDARY



Patient Medical Home/ Primary Care Network

- Interior Health funds the Boundary PMH/PCN proof of concept model with $500,000 annually
- Funds used to hire three RNs and one social program officer (SPO) to enhance clinic capacity and improve patient care through team-based care
- Integration of PMH and Interior Health Mental, Public, and Home Health services will start in late 2017/early 2018
- A comprehensive quality improvement framework guides this work towards successful outcome achievement

EMR/Health Informatics

- EMR systems integration project continued in 2017 to advance information management and technology infrastructure in PMH/ PCN with goal of integrating current EMR systems within the Boundary region; creating a single electronic medical record for each patient, accessible by all clinics and EDs
- Over 60 auto-populating EMR forms developed for clinics using Profile
- Tutorial videos produced, webinars and one-on-one learning sessions for all clinics
- Pathways team are integrating KB Division EMR form work into Pathways province-wide

Open Practice Coaching

- Eight GPs supported, focusing on GPs new to practice, PMH/PCN and team building as well as retirement planning

Pathways/FETCH

- Pathways continues to be an important specialist referral resource for KB doctors
- Over 48% of KB doctors using Pathways regularly (provincial average is 42%)
- Thanks to partnership with Trail Fair and KB Fetch, the community health resource site continues to grow – over 10,000 unique visitors since fall 2016 official launch

Recruitment

- Seven new GPs recruited to KB, most of whom received in-person welcome and support
- Four recruits' spouses received assistance with employment / connections
- Six clinics assisted with recruitment needs
- Referred over 12 locums to KB clinics

Practice Efficiency

- Support provided for EMR optimization or integration, adapting the PMH model, PSP small group learning series, and creating individual improvement plans through one-on-one coaching

Continuing Professional Development

- Raised $17,000 for CPD events and physician engagement through KB Division and REAP
- Organized 19 single educational events in KB, including CASTED, Therapeutics Initiative, Methadone 101, and Kootenay Conference
- Distributed approximately 2,500 Mainpro credits locally within KB

Rural Residency & ICC

- Funding to Residency & ICC Programs to support preceptorship and costs of delivering a distributed rural program
- Four ICC students and eight residents supported

DIVISION OF FAMILY PRACTICE PROJECTS

Selkirk Pre-Med Scholarship

- Over $8,000 raised by KB Division members to support the Selkirk Rural Pre-Med program
- Seven students awarded scholarships in 2017

Perinatal

- Resources created for physicians, families, and community organizations now available on the Pathways database and the KB Division website
- Motherwise pilot group sessions held in four communities with excellent results and a group is actively working on securing funding for the programs to continue
- Step Into the Light events hosted in four communities to build awareness with families and community
- Familiar Faces program connected MHSU clinicians, family physicians, and specialists to attend moms groups in community

Residential Care

- 10 meetings (eight local and two regional) in 2017 took a team-based, data-driven approach to discuss and develop solutions for improving care for KB seniors in residential care facilities

Significant results achieved from this work include:

- 34% decrease in ED transfers
- 18% decrease in # of patients on nine or more meds
- 12% decrease in patients on antipsychotics with no psychosis diagnosis
- GPSC facility ratings highest within IHA
- Publication of 2 now widely distributed guides on Dementia Trajectory

Social Determinants of Health (SDH)

- Hosted breakout session at fall 2016 provincial divisions meeting
- Organize plenary session at spring meeting. The focus was to improve economic sustainability of the health system by better addressing SDH
- Working with a consortium to build a tool-kit to provide step-by-step directions for physicians to embed SDH in practice
- Launching a Shared Care Committee initiative to explore history-taking tools relating to adverse childhood events and poverty

Telehealth

- Eight specialty departments providing video conferencing services for KB patients
- First region in the province to offer emergency department connections to ICU physicians for emergent conditions
- 74% of KB physicians logged in to MBMD secure messaging
- 13,476 interactions on the MBMD system in the KB since January 2017

Child and Youth Mental Health and Substance Use

- Family-centered wraparound prototype implemented for a sample group of children and youth with moderate to complex mental health and/or substance use issues
- 49 people participated on seven wraparound teams including 18 school district staff, 12 parents and family members, 12 service providers, youth, a private therapist, and three physicians
- Parents said wraparound was the most effective intervention they had ever experienced for addressing their needs

Regional Diabetes Care

- GP/SP diabetes service model established at the Trail Diabetes Education Centre (DEC)
- Majority of 49 patient sample experienced improvement in HbA1C (65%), 39% experienced a greater than 1% reduction, with 59% having an HbA1C at or below 8% on discharge
- Trail DEC team positive about their experiences and feel DEC improving care
- Based on a literature review of potential cost savings associated with reductions in HbA1Cs, it was calculated that these reductions in HbA1Cs could contribute to reduced system costs of up to $57,915/year

Chronic Pain

- Developed chronic pain directory of resources for Trail/Castlegar/Nelson
- Supported Rise Above Pain non-profit chronic pain course for patients and practitioners
- Chronic Pain action team developed in Trail including IH mental health, PSP, patient advocate, PT, OT and Pain BC representatives
- 'Chronic Pain Advisor' pilot project launched in Trail to provide support and improve self-management capacity of chronic pain patients

Quality Improvement (QI)

- Three evaluation reports completed for Shared Care Committee projects, over nine mid-term evaluation reports prepared for Shared Care and other projects
- Residential Care Initiative (RCI) QI approach developed and adopted across IH
- Boundary PMH/PCN QI framework created with regional and clinic-level indicators
- Framework with 18 division outcome indicators developed and reported on annually
- QI tools developed and implemented with collaborative services committee (CSC), board, and Division staff

STATEMENT OF OPERATIONS AND CHANGES IN NET ASSETS

FOR THE YEAR ENDED MARCH 31	2017	2016
Revenue		
BCMA – Infrastructure	$ 565,729	$ 410,108
BCMA – Shared Care	545,353	314,957
BCMA – Residential Care Initiative	311,052	202,396
BCMA – In-patient Care	193,450	193,980
BCMA – A GP for Me	190,516	375,228
IHA – Continuing Professional Development	92,203	85,721
BCMA – Partners in Care	716	41,388
Miscellaneous	39,174	33,376
Interest	3,970	–
	1,942,163	1,657,154
Expenses		
Administration	41,974	41,038
Board members	196,982	180,846
Facilities and supplies	16,778	17,286
Management	619,970	615,894
Members and physicians	666,439	538,706
Project costs	400,030	262,461
	1,942,173	1,656,231
Excess of expenses over revenue for the year	(10)	923
Unrestricted net assets, beginning of year	5,072	4,149
Unrestricted net assets, end of year	5,062	5,072

Acknowledgement

The Kootenay Boundary Division of Family Practice gratefully acknowledges the funding of the General Practice Services Committee, Shared Care Committee and Innovation Fund as well as the support of the Division of Family Practice provincial office and Shared Care central office. We extend our gratitude for the contributions of our many community partners and community representatives.

Thanks to all those involved in Division work in 2016/17

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Michael Van Vliet
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Todd Owatz
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Mike Robinson
Marius Scheepers
Sam Segal
Heather Stephanison
Dianna Tochrieb
Karen Trueman
Brandon Tuvel
Chi Zhang
John Falconer
Interior Health
General Practice Services Committee
Shared Care
Child and Youth Mental Health (MCFD)
HealthMatch BC
RCMP
Pain BC
Pathways BC
Specialists Services Committee Facilities Engagement
BC Centre for Disease Control
Provincial Doctors Technology Office
The FORCE Society for Kids' Mental Health
Patient Voices Network
Canadian Foundation for Healthcare Improvement
LMACs in Nelson, Trail, Castlegar, Grand Forks, and New Denver/Nakusp (5)
School District #8
School District #20
School District #51
Ktunaxa Nation
Circle of Indigenous Nations (C.O.I.N.S.
Boundary All Nations Aboriginal Council
Local Midwives (2)
Medical Office Assistants (2)
Local Physiotherapists (1)
UBC (CPD, Family Medicine Residency, Nursing)
Regional Nurse Educators Group
Selkirk College
UBC Okanagan
College of the Rockies
Okanagan College
Nicola Valley Institute of Technology
Family Action Network
Kootenay Kids
Trail FAIR Society
Freedom Quest Youth Services Society
Kootenay Family Place
Boundary Integrated Services
Boundary Family and Individual Services Society
Victim & Witness Services
Safe Kids and Youth Coordinated Response
RISE BC

Kootenay Boundary
Division of Family Practice
A GPSC initiative

The Divisions of Family Practice Initiative is sponsored by the General Practice Services Committee, a joint committee of the BC Ministry of Health and Doctors of BC.

http://www.kbdivision.org

Kootenay Boundary
Division of Family Practice

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