

The Pulse!

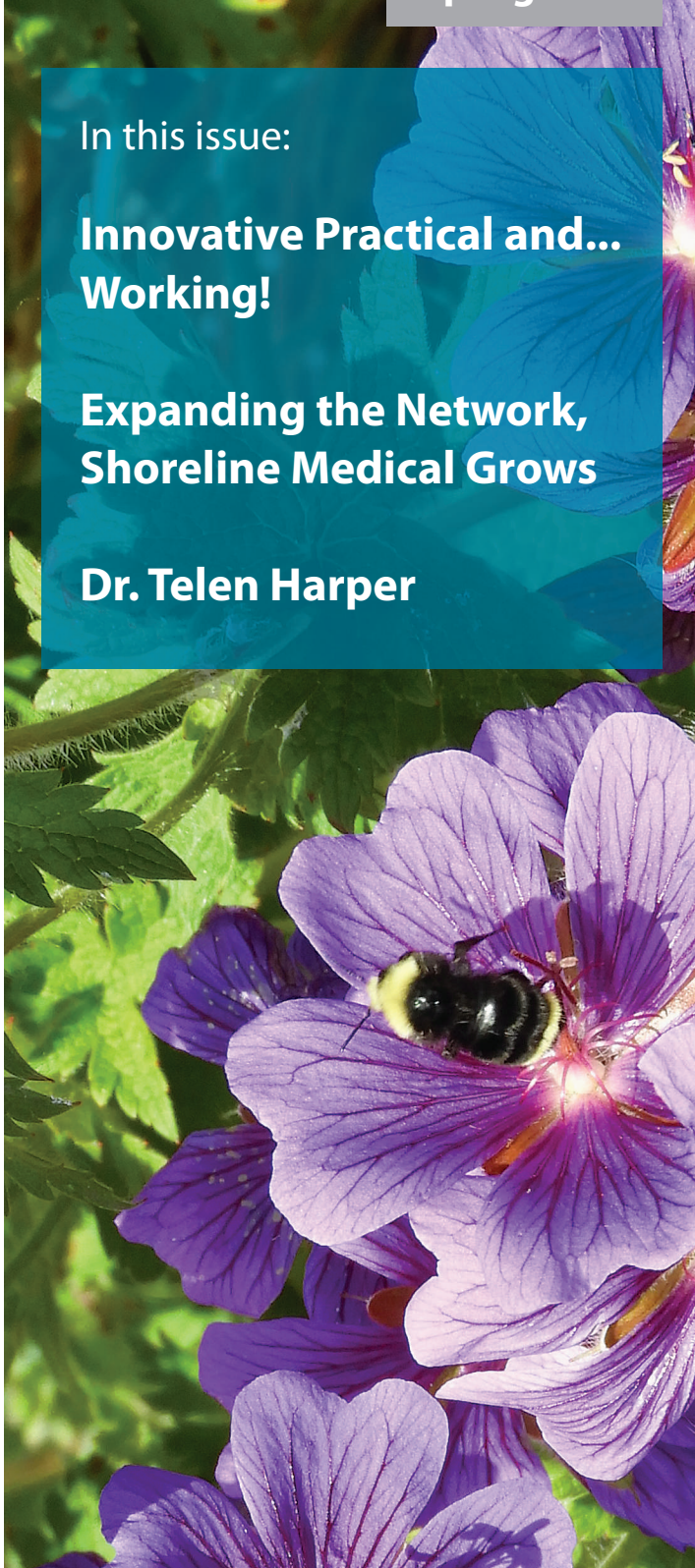
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Innovative Practical and... Working!

Dr. Spencer Cleave wanted to practice medicine on the South Island differently. He wanted to think about patients and his practice based on the complexity of their needs, rather than focusing on their most chronic and acute condition. "This isn't a new idea," he says. "It just hasn't been done in our area before."

And so began a many-year effort for him to change the type of care his patients receive. It's actually something that is successful in other jurisdictions. In Cuba, for example, the medical system achieves the same outcomes as Canada, with a fifth of the cost.

In order to make this happen, Dr. Cleave had to reduce his clinical time to 75% and volunteer the rest of his time to make a clinical and fiscal case to the Health Authority and Province for the High-Complexity Care Team (HCCT): a multi-disciplinary Primary Care Home for High-Cost or High Needs Patients (HCHNs) in Greater Victoria.

The proposal outlined that the High-Complexity Care Team would include family physicians, a nurse practitioner (NP), a mental health professional (or social worker (SW)) and a pharmacist. This team would be supplemented with networked community professionals such as Occupational Therapists (OTs)/Physical Therapists (PTs)/SWs and Registered Nurses (RNs) within existing community health teams. The team's efforts will be mobile throughout the community, data-driven, efficient and evidence-based in every way possible.

Perhaps, most importantly, the soft launch needed to provide evidence of scalability and the model be able to be replicated in other areas. Despite the pragmatism and the evidence Dr. Cleave presented, he doubted at times he'd be able to make his vision a reality. "I'd been working on this so long, and there had been so many bumps in the road. Worried it might not actually succeed despite best efforts," he says.

Nearly two years after the original proposal, the project was given the green light to move forward on a three month soft launch, with funding guaranteed for three years after that.

Navigating patient intake and the administration of the team at the Eagle Creek Medical Clinic is the office manager, Jeanette McCart. "I thought this was a great idea from the very beginning-- it makes so much sense for the patients who need some extra time."

The View Royal clinic had the equipment and the committed staff to make it happen. Jeanette says they're working to take in as many as

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Expanding the Network

Shoreline Medical Grows

The innovative idea behind Shoreline Medical began more than 10 years ago with the ambitious goal of changing the way healthcare is delivered on the Saanich Peninsula. Even the approach was different—several years after the vision was identified, the group formed a non-profit society including a board of directors made up of community members and physicians who could all bring a different perspective to the process. They settled on a vision to create a network of primary care providers in the area and to increase access to healthcare for all patients.

Shoreline Medical: A long term plan

Shoreline Medical Society knew they already had an ambitious goal for patients, but they also wanted to provide an environment that attracted doctors who wanted to work in a team-based model that encourages collaboration between physicians, nurses, pharmacists, and social workers.

The first office location in Sidney opened its doors in July 2016. The 3,000 square foot primary care centre with 12 patient rooms includes a walk-in clinic as well as family practices. Because of their unique model, they were able to attract four new physicians to join three existing ones. That growth was crucial as the area saw the retirement of four physicians shortly after.

Vince Bennalack is a new patient to Shoreline Medical, but is already impressed with what he sees. He'd been with his previous physician for years, and had to find new care when that doctor retired. "I was used to a two to three week wait for an appointment. Now, because of the way Shoreline is set up, even if my primary physician isn't available, someone else can see me quickly" he says.

Building Brentwood

Two years later, the clinic model was proving itself to be successful and expansion made sense. The original vision was to open a network with offices in Sidney, Brentwood, and Saanichton. Brentwood became the natural next location.

Prior to 2019, Brentwood was home to three separate and smaller clinics. Because communities age and evolve, it became clear that Brentwood Bay was about to undergo a transformation. Additionally, given different practice styles, many younger doctors were looking to adapt their current environments. All the stars aligned to make it easier for this single, larger clinic to take shape.

Physical space is key to creating a larger clinic. By connecting and redesigning vacant leased space with an existing physician office, a single, unified medical home could be created. Construction of the Shoreline Brentwood clinic began in October 2018 and was completed in early February 2019.

When the facility was ready, the practice was able to ramp up quickly. On day one, the clinic opened its doors with three physicians. The following week, five more joined. By the third month, the office had eight full-time physicians, one specialist and a registered nurse.

"We have doctors knocking on our door now," says Shawna Walker, Executive Director of Shoreline Medical. "We believe it's because of the strength of the vision and planning established by our board over the past decade. It was executed well and we're now seeing the positive results as we expand across the Peninsula."

"The way they're set up allows physicians to see more patients, rather than doing paperwork. The doctors aren't run off their feet. It's good for the doctors and good for the patients."

Vince Bennalack

(New Patient in Sidney)

And the growth continues

The next step: expanding the space in Sidney. Now that the Brentwood facility is complete, more work has started back at the original Sidney location with the facility doubling in size to take up a full ground floor.

Additionally Katie Thompson, Office Manager at Shoreline Brentwood, wants the centre's growing reputation to continue. "Shoreline Medical will continue to work on and improve solutions for how to support our Peninsula patients, whether they have a family doctor or not. We feel very hopeful about the future of Shoreline Medical and are committed to our mandate throughout our growth and beyond."

Vince Bennalack is convinced the model he sees could be the future for all practices. "The way they're set up allows physicians to see more patients, rather than doing paperwork. The doctors aren't run off their feet. It's good for the doctors and good for the patients."

To learn more about Shoreline Medical and their locations, please visit:

<https://shorelinemedical.ca>

Sidney



Brentwood



Member Profile / Q&A



Dr. Telen Harper

Dr. Telen Harper is a Family Physician and member of the Pacific Maternity Group on the South Island. Born in Hong Kong, she immigrated to Canada when she was 12 years old. She has a special interest in integrating acupuncture and traditional Chinese medicine into patient care and strongly believes that an integrated approach to health care is the best one. She is the proud grandmother to four children.

1. **If you had to live somewhere other than Vancouver Island, where would it be?** Somewhere in the Tuscany region of Italy. I love the "La dolce vita" attitude and the beauty of the landscape.
2. **Guilty pleasure?** Indulge in pasta, noodle dishes with abandonment.

3. **What is the one thing you wish your patients knew?** Their life stories fascinate me and enrich my perspectives of the world.
4. **Which movie or book can you rewatch or reread without becoming tired of it?** Movies: When Harry met Sally, Sleepless in Seattle. Books: The Prophet by Kahlil Gibran, The Private Life of Chairman Mao by Dr. Li Zhisui.
5. **What hobby would you most like to take up but you can't (yet) because you don't have enough time?** Learning to take better photos; improve my ballroom dancing.
6. **What is your fondest vacation memory?** Riding a camel into the Sahara desert in Morocco for overnight camping and rising early to watch the sunrise.
7. **What is something that can't be taught and can only be learned with age?** Encountering life's difficulties which bring out one's strengths and weaknesses, and in the process, better know "thymself".
8. **What three events made the biggest impact on who you are today?** Immigrating from Hong Kong to Canada at age 12. Divorce and then finding love again. Becoming a physician.
9. **What philanthropic or social cause is important to you? Why?** Our Place Society and The United Way are important to me because I believe relieving poverty is one of the biggest social determinants for health.
10. **What's one small thing you would tell people to do each day that would greatly improve their life?** Practice gratitude and kindness to yourself and to others.

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700 patients. The challenge for everyone is selecting which patients will benefit most from the care team and how each patient can contribute to telling the story of the trial. Because this model has worked in other areas, they started looking at literature for clinics that had done similar things.

"Even with all the planning beforehand, I'm still shocked at the depth of need for a lot of these patients," says Dr. Cleave. "They have complex care planning needs, but they've also not had access to primary care for 5 years, so typical preventative care has not been done."

Within weeks of rolling out the HCCT, the evidence of its success was already measureable. Hospital visits were prevented, and patients received one on one care they wouldn't have otherwise.

Jeanette adds, "It's fabulous. Dr. Cleave and the team are reaching clients who were basically lost and costing the healthcare system millions of dollars in hospital visits."

The statistics and dollars are just some of the satisfaction for the team. The emotional response has been incredible as well. "We've had people in tears learning that someone has agreed to take them on and care for them. One patient was able to transition to palliative care and pass on their own terms, not fighting for a different type of care."

With the soft launch undoubtedly a success, more progress is inevitable over the next three years. "I hope that through this process that everyone recognizes that there's a problem with primary care access and they're open to new ideas to improve things," says Dr. Cleave.

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

Website: www.divisionsbc.ca/south-island Email: info@sidfp.com
Phone: 250.658.3303 Fax: 250.658.3304

Visit us: Suite 203, 4489 Viewmont Ave.

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