The Pulse

Celebrating 10 Years: 2009–2019

New Name!

Prince George Division of Family Practice
A GPSC initiative

A newsletter for Division members: Family Physicians & Family Practice Residents. Please feel free to share with your Health Care partners

November 2019
Issue 20

FROM THE DESK OF THE PRESIDENT

By Dr. Garry Knoll

4 Influencing and informing the system for positive change

We often think about the future of family medicine. What do you feel when musing about the direction? Pleasure? Satisfaction? Happiness? Apprehension? Doubt? Heartache? Irritation? Betrayal?

Most of us started this journey with some kind of idea of what life would be like as a family doctor that likely is not related to our reality. As a medical student, we are amazed at the physiology and scope of disease, illness and patients' lives in response to that. As residents in practice, we begin to understand our role in the patient-physician relationship and begin to see that 'how I am' in the relationship does matter to the illness experience of the patient in front of me. During early practice, while beginning families and developing ourselves outside of medicine, we can be burdened by the complexity of work-life balance, never feeling that there is enough time, and hoping to "tame" the medical beast in our lives. We just wish for some peace from new information, guidelines, policies and others telling us what we are to do. As different aged cohorts of family docs age in their careers, our individual choices create different practice features of our cohort. Each cohort experiences society and the medical milieu differently, and each cohort is mildly "estranged" by this from other cohorts. We think we understand, but how can we truly see and know?

So, understanding these limits, we must seek first to inquire and listen and wait to hear as much as we can. Then we must seek a measure of grace as we work out our common vision, listening for the "we" and "us" in the community we live in. Then we can forge a future in family medicine which can meet the needs of patients, families and practitioners.

THE CHANGING FACE OF FAMILY MEDICINE—An Editorial

By Dr. Cathy Textor

2 Sustaining a strong community of family physicians

Family practice as a profession is changing. I was surprised to learn recently that only 37% of family doctors in BC provide care to their patients that extends outside of the office. The other 63% have office-only practices or work in niche practice areas (WICS, hospitalists, maternity only care, GP oncology). Family doctors are becoming a more heterogeneous group of practitioners. Provincial data on remuneration of BC physicians reports that, on average, physicians in office-only practices, niche practice (i.e. hospitalists) and episodic office practice (ie. WIC) earn $146/h, $152/h and $208/hr respectively. Compare this to a family physician providing longitudinal (full service) primary care in a community office working in numerous venues (hospital, nursing home…) at $90/hr. Statistics like these devalue the role of the full-service family doctor. No wonder it is becoming more difficult to recruit and retain family physicians to longitudinal community family practice.

The statistics in Prince George are much different. Approximately 25% of Prince George Family Physicians work in office-only or niche practice areas. The majority provide longitudinal, continuous care across their patients' lifespan. Of the 17 large hospitals in BC, UHNBC is the only one where FPs admit patients.

What does the future hold for family practice in Prince George? Is there a desire to maintain this commitment to longitudinal family practice? If so, how do we remunerate and support the hard work of longitudinal, continuous care and the relentless responsibility that this brings?

Over time, will our community align with the provincial trends? How does the new generation of family physicians, the physicians who are the future of family practice, want to practice? Can we provide longitudinal primary care as a community of family doctors rather than as individuals and if so, how do we ensure that patients can get care when they need it and benefit from a longitudinal relationship with a provider or group of providers they trust? How do we keep our services coordinated and ensure each of our contributions fits into part of something bigger?

We want to hear your thoughts on these issues so that leaders at the Prince George Division of Family Practice understand your point of view and can represent you. Please attend the Members Meeting on November 28th, where we will be discussing these issues.

Dr. Cathy Textor
College of Family Physicians of Canada Reg L. Perkin Award 2019 and BC College of Family Physicians Family Physician of the Year 2019

Fall Members Meeting: Thursday Nov. 28th 5-9pm

The Future of Family Practice

Location: LDC 0501

- **PG Division of Family Practice Members welcome.**
- **Dinner, session payment for members, Resident honoraria provided**

SUSTAINABLE INPATIENT CARE

By Dr. Catherine Textor

1 Striving for excellence in all aspects of the primary care home

The Inpatient Doctor of the Week (IDOW) program, the Primary Care Medical Unit (PCMU) at UHNBC, the Attachment Rota, and networking for inpatient coverage are all programs/initiatives under the umbrella of "Sustainable Inpatient Primary Care" in Prince George.

UHNBC is the largest hospital in the province where GPs provide inpatient care to their patients as part of longitudinal, continuous primary care. **This is something that our community should be very proud of** and certainly, the province is interested in how we have managed to sustain this. The dedication and commitment that family doctors in Prince George have made to caring for their patients at all times, in all care environments has made this possible. The family physician's role in our patients' care has always been valued at UHNBC.

These programs are supported by the GPSC, offering financial incentives to physicians to continue to provide longitudinal care to their patients and to unattached patients in our community.

INPATIENT DOCTOR OF THE WEEK

By Dr. Theresa Shea

2 Sustaining a strong community of family physicians

The IDOW program has been running for five months now. We have one IDOW on from Friday to Friday. They are on call 24/7 and manage out-of-town patients as well as patients from PG who either do not have a GP or are managed by Blue Pine. Twelve IDOWs have responded to the exit survey, with all but one of them either 'very satisfied' or 'satisfied'. The average is three new patient assessments per day, and the average patient visits per day is six. If you commit only to working IDOW that week (no other office or commitments), it's typically a fun, busy, manageable week. If you're interested, pay is $1,000/day plus all MSP billings.

IDOW PATIENTS
May 22—Oct. 11 2019

55% Out of town

18% Unattached

14% Consults i.e. Psych., IV therapy

13% Blue Pine

0.5% GPs in town without privileges & not currently networked

INPATIENT ATTACHMENT ROTA

By Dr. Theresa Shea

We currently have 36 physicians signed up for a total of 27 spots. CINHS and Blue Pine also take patients from the rota. With these numbers, **the average has been that each doc has taken 1 patient every 1-2 months.** The majority of these have been for inpatient care only. If we could have every family doctor in Prince George signed up, we would expect that each would receive a patient every 4 months. Remuneration for the Rota is $150/patient, invoiced to the Division upon the patient's first office visit. An additional $150 MSP may be billed by the discharging physician.

The attachment rota and IDOW programs are local solutions developed by family doctors for the care of unattached patients and for improving attachment in our community. Please consider contributing to the program by joining the attachment rota. If we all do our share, the burden will be very low!

"Interprofessional Patient Side Rounds are the best thing since sliced bread!"
- Dr. Khurum Saif

"IDOW is a great opportunity to get to know the rest of the team taking care of our patients. Patient Side Rounds provided insight into the expertise of various allied health professionals in action and the chance to learn all they offer. "
- Dr. Robert Tower

"A week of excitement and rejuvenation. Five star experience for the patients. A couple of patients from IM and FMU requested to be transferred to PCMU. " - Dr. Ash Ahmed

To join the IDOW or Attachment Rota please contact Karen Flores: kflores@divisionsbc.ca or (250) 561-0125

MEMBER SURVEY 2019 RESULTS

By Olive Godwin

2 Sustaining a strong community of family physicians

In a survey in the summer, we asked you about your impression of how your Division is achieving its goals and following its vision, and 41 members participated. We used a 5-point Likert scale, ranging from strongly disagree to strongly agree; 3 or the center point of the scale was identified as neutral.

Results: 82% to 97% of the respondents answered Strongly Agree, Agree or Neutral across all questions. By anyone's standards those are very positive results! Out of that group, 11.8% to 57.6% of respondents selected 3 or neutral on the Likert scale across the questions. This leaves us to wonder what did people mean when they chose Neutral? Did they mean 'I don't know,' or 'I don't know what the Division offers in relation to this question,' 'undecided,' or 'slightly disagree?' We noticed the higher # of Neutral responses in the areas of physician health and patient and family engagement, which makes sense to us because we have had less activity or success in those particular strategic areas.

The areas of supporting members to improve care for patients in residential care, or supporting your practice objectives in the Primary Care Home received a high Neutral response, but both of these are areas where we have made significant investments: the Residential Care Initiative includes incentives and a Physician Lead, and the Coaching program is very popular and supports all doctors/practices to achieve their objectives. The last question that had a high number of people choosing Neutral was whether the Division actually improved the number of family physicians to an optimal number. Of course, we could probably have a debate over what is actually optimal, but you may not know that your Division works diligently with other stakeholders in a Recruitment and Retention Committee, recruiting family doctors to PG. We currently have 20 more family doctors working in community practices than we had two years ago.

Some outstanding questions for us are: have we done enough to market our initiatives to our members? Do members know what is available? I also wonder what the scores would have been if the 3 on the scale had been labeled, 'I don't know', or 'undecided' instead of Neutral.

What I do know for certain is, we need to stay engaged and open to hearing your ideas and opinions. I look forward to hearing you at the Fall Members Meeting on Thursday, November 28th, 5 – 9 pm.

ARE YOU ON PATHWAYS?

Improve your patient referral process to **specialists** and **clinics** with up-to-date information. **Physician resources** and **shareable content for your patients,** and many more options!
For more info contact **Tricia Dawson** at northernregion@pathwaysbc.ca.

Welcome to new Members:

Dr. Dietrich Furstenburg
Dr. Navreen Gill

and welcome to new Family Practice Resident members:

Dr. Erum Qalbani
Dr. William Bryndel-Fell
Dr. Kardy Fedorowich
Dr. Emily Stuart
Dr. Marie Jones
Dr. Emma Crowley
Dr. Jessica Burian
Dr. Huria Zafar
Dr. Maheen Mujtaba
Dr. Bron Finkelstein
Dr. Matthew Siray
Dr. Brodie Lipon
Dr. Gabor Lodi

Division Staff Updates

Bonnie Mercedes
Practice Coach
Tricia Dawson
PCN Coordinator

STRONGER TOGETHER: GPs and NPs Improving Access and Continuity

By Erin Wilson, PhD, NP(F)

2 Sustaining a strong community of family physicians

As team-based care evolves in Prince George, the collegial relationships between family physicians and nurse practitioners have also been developing and are strengthened by over a decade of working together. Whether it's co-location in practice, attending CME together, or teaching students, GPs and NPs have common goals and important contributions to make in primary care.

NPs and GPs working alongside one another means there is always someone to provide "fresh eyes" for patients who are complex with medical and social comorbidities, or to take over care of a patient for a short time. When patients know more than one provider in a practice, it means patients get to see someone who knows them even if their regular provider is away.

Current work in primary care requires GPs and NPs to be involved in policy, education, and research activities. All of this work can take providers away from the office and seeing patients. When NPs and GPs share responsibility for caring for a population of patients, providers can be involved in initiatives and innovations that rejuvenate their energy for practice without prolonging patient wait times for appointments because they are not in the office.

NPs value the partnerships they have with GPs, and they recognize that collegiality means taking the time and responsibility to discover one another's strengths. In this way, NPs and GPs can continue to build relationships and find the synergies in practice that can afford patients the connected, coordinated care they deserve.

Your voice matters!

We always welcome comments, concerns, success stories, & challenges. Contact Olive Godwin at 561-0125 or email ogodwin@divisionsbc.ca.
Interprofessional Teams: suggestions, challenges, success stories, contact Drs. Cathy Textor or Phil Asquith.

If you need a direct deposit application form, or no longer wish to receive Division newsletters, please email Heather at hstillwell@divisionsbc.ca.

PRIMARY CARE NETWORK UPDATE

By Dr. Susie Butow and Megan Hunter

1 Striving for excellence in all aspects of the primary care home

Watching Steve Tierney from Southcentral Foundation speak at the November 2017 Members Meeting, it was hard not to feel that we were still far away from an ideal system of team-based primary care. We heard a description of small teams who have a clear understanding of each other's roles, working closely together. We heard about seamless transitions, with 'warm' handovers and physicians working in a system of compensation that supported working collaboratively with a team. PG may not be there yet, but developments over the past year and plans for the years to come will help us continue to work to move our system towards that ideal.

With the addition of 25 IPT members through Primary Care Network funding, we have been able to increase the number of teams by splitting teams 2 and 5, and have increased capacity on the remaining teams. We are also exploring new ways of working, with some teams experimenting with having individual nurses more closely paired with each practice.

Though the majority of primary care providers in town are not yet co-located with their teams, the recent GPSC funding announcement to support clinics who are interested in undertaking renovations to make space for other IPT members in their clinics, will help interested clinics move in this direction. Longer-term, the Division and Northern Health are in discussion to plan for how we can move towards co-locating physicians and the rest of their teams for those practices who are interested. In the meantime we are working to harness the capacity of IT solutions that can help to ease the communication challenges that come from not being co-located. For instance, teams 5 and 7 are about to start trialing E2E messaging through CDX, which will allow direct communication between the Primary Care Home MOIS and the Northern Health Community MOIS.

The current fee-for-service compensation model poses some challenges to working effectively in teams. We have permission from the Ministry to expand the Fort St. John compensation model to any interested practices in town. Though there have been some significant delays from the Ministry side on the implementation of this model in Prince George, we do expect to be able to move ahead with this in the later part of 2020.

Finally, working in a team-based system requires everyone involved to work in a new way. From understanding the roles of professionals who are working more closely together now than in the past, to the dynamics of working with new colleagues and the challenges of bringing patients more completely on board as members of their own team. From Relationship-Centred Care and team mapping sessions, to an increasing focus on patient activation, we are working to support our members through the changes to practice as we work towards a new system.

Members Meeting April 2019

A Big Thank You to Dr. Bill Clifford

Bill has announced his retirement and is moving to the Island. We have had many conversations about how to thank Bill for his years of commitment to healthcare in Prince George and the North. And even more conversations about what we are going to do when we don't have him as a visionary, mentor, encyclopedia, problem-solver, music curator, information synthesizer (maybe not so succinct!), researcher, and just a fun guy to have around.

We have come to realize that it is really impossible to give a proportionately big enough thank you for all he has done and for everything he means to us. So, from the Prince George Division of Family Practice, on behalf of the Board, members and staff, THANK YOU! Saying goodbye is even harder, so how about a SEE YA LATER BILL!

Contest: R.O.A - Read On Arrival **As with the last issue, each newsletter will have a question based on the topics covered in the articles; enter for a chance to win a prize! Send your answer - with the word 'quiz' in the Subject line - to princegeorge@divisionsbc.ca.**

This issue's question: What is the average number of patients that each doctor has taken on from the Attachment Rota?

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THE PRINCE GEORGE COACHING MENU

APPETIZERS
(Just a taste)

Our Rolodex:

We know people, emails, phone numbers and people with bigger Rolodexes than ours. We can help connect you to who or what you need to know.

Division Initiatives:

Practice Coverage, IDOW, Pathways, RCI, Up-to-Date, Members Meetings, PCN etc., we can field any question.

Scorecard:
What better place to start making your goals than to know where you are now. Don't worry, we won't judge.

BEVERAGES
(Small or big gulp)

CME:

Quench your thirst for your annual 25 credits with a variety of educational offerings. We offer Members Meetings, modules, and other CME accredited events throughout the year.

MAINS
(Bring your roomy scrubs)

House Special: Ask us anything! If we don't know we will ask someone who does. The Prince George Practice Coaches are available to all GP's, their MOAs and Residents.

1-1 Coaching: You tell us how you want it cooked. MOIS help, audits, office processes, holding you accountable to your goals, this can be rare, medium or well done.

QI Meetings: Monthly, weekly, however you want this served up—we are game. We can talk about everything from QI projects to complex care forecasts to office scheduling.

PSP Modules: An evening out with your colleagues, dinner, tip money, and learning. We have completed Chronic Pain, Adult Mental Health, End of Life, Child & Youth Mental Health, and COPD. Ask us for these resources if you missed them and stay tuned for the next offering. Any requests?

Panel Development Incentive Workbooks: GPSC offers $6000.00 for this intensive quality improvement initiative. We will help get you through that book with ease.

Facilitation Cycle: New PSP language where you can get paid up to 15 hours per goal to work on quality improvement in your clinic.

HDC: Look at your progress with your Coach using The Health Data Coalition app. Don't have your username? Don't worry, we've got you covered.

MOIS: We can help with audits, workflow, and care plans to name a few things. If we don't know it, we have a direct line to AIHS! On that note, how are you doing with uploading care plans to PowerChart?

DESSERTS
(All the fun)

Physician Social:

Sometimes family, sometimes adults only. Join us for fun social events offered twice per year and enjoy a chance to eat, laugh and mingle with other docs and community members.

Data Parties:

Get your geek on with your Coaches & Colleagues and dive deep into your data.

Walk With Your Doc:

Challenge our 2019 winner Dr. Satish Mann by inviting the most patients to join you at this annual walk at Masich Place Stadium.

Facebook Page:

Join us at *Prince George Division of Family Practice—Doctors Forum* to get all the latest information.

Who takes your order:

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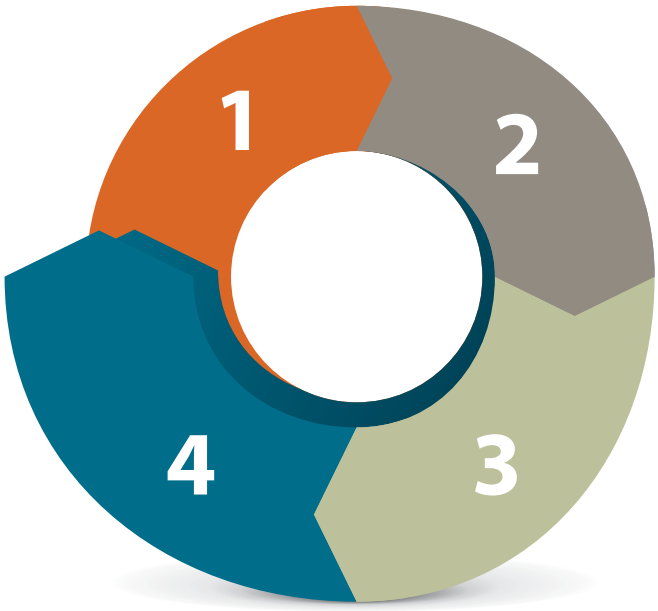

STRATEGIC DIRECTIONS
2019-2021

Prince George
Division of Family Practice
A GPSC initiative

1 Striving for excellence in all aspects of the primary care home

- Align multi-disciplinary care services to primary care practices
- Maximize effective attachment and access to primary care homes
- Provide comprehensive practice support to primary care homes
- Improve primary care in residential care
- Provide effective, sustainable inpatient care
- Improve transitions in care
- Improve the care of marginalized populations

2 Sustaining a strong community of family physicians

- Maximize physician health and resilience
- Recruit and retain an optimal number of family physicians
- Ensure the full spectrum of primary care services are provided by the community of providers

3 Partnering with patients and communities for improved health

- Increase physician leadership in population health
- Build and maintain relationships with community partners
- Engage patients and their families as partners in their health
- Promote the value proposition of primary care and primary carehomes

4 Influencing and informing the system for positive change

- Engage physicians in primary care transformation
- Co-lead the strategic implementation and maintenance of the vision for primary care in the North
- Influence healthcare policy in British Columbia

VISION

"Where we're going"

Healthy citizens served by healthy providers delivering integrated, longitudinal, full-service primary health care in a networked and sustainable system.

MISSION

"How we do it"

Through innovation and by engaging all primary care providers and partners, we will lead and enable a culture of quality that addresses the unique health needs of individual patients and our community as a whole.

GUIDING PRINCIPLES

"How we show up"

- Leading from within and fostering shared leadership
- Working with patients, community and providers in a way that is effective for them
- Fostering cultural humility
- Recognizing the value of interdependent partnerships
- Using data and self-reflection as the foundation for a culture of quality
- Providing stewardship for a sustainable healthcare system

January 2019