Thompson Region
Division of Family Practice
A GPSC initiative

Integrating the Medical Landscape:

A Thompson Region Division of Family Practice White Paper Series

The Thompson Region is named for the watershed that sustains it. To the East, the people of Scotch Creek are connected via the beautiful waters of the Shuswap to the people of Chase, where the lake feeds the Thompson River. The rich waters of Logan Lake and sparkling powder of Sun Peaks are connected to the watershed as well. Up the North Thompson, the people of Barriere look downstream to Kamloops, where North and South meet. In Tk'emlúps[1], close to the river's conflux, sits the central office of the Thompson Region Division of Family Practice (TRDFP).

The river provides a useful metaphor for informing the future development of primary health care in the Thompson region. The Thompson is agile and adaptive at integrating a complex array of seemingly unrelated events into a healthy, unified and productive ecosystem. All of our region's wildlife, culture, economy, recreation and health connect to a system of waterways integrated by the river. Similarly, the TRDFP works to integrate family medicine and primary healthcare with the broader regional health care system. The landscape is increasingly complex, and finding creative ways forward involves a wide array of stakeholders. The TRDFP seeks to be agile, adaptive and inclusive in working with a network of physician and medical partners towards building an integrated community with optimal delivery of family medicine and primary health care.

This White Paper series examines a number of TRDFP initiatives that exemplify its efforts to support an integrated, adaptive, networked system of primary care in the Thompson Region. The methods are occasionally novel and creative, but they rest upon a solid foundation. The vision is clear: A community of family physicians and nurse practitioners working collaboratively with community partners focusing on wellness, satisfaction, and sustainability for patients and primary care providers alike. From this vision emerge four strategic areas of focus:

- Collaborating with partners and decision makers
- Emphasizing wellness and engagement
- Promoting interdisciplinary communication
- Prioritizing Recruitment and Retention

Each of the initiatives discussed in the series is inspired by the vision. Some initiatives address specific identified needs, such as bridging regional transportation gaps in accessing care. Others involve broader processes, such as linking urgent care into primary care networks, building foundational partnerships, and navigating the Health Service Planning process at large. However, all speak clearly to the strategic areas of focus in both spirit and effect.

[1]This is the Secwepemc name for Kamloops. "The Tk'emlúpsemc, 'the people of the confluence', now known as the Tk'emlúps te Secwépemc are members of the Interior-Salish Secwepemc (Shuswap) speaking peoples of British Columbia. " : https://tkemlups.ca

Thompson Region
Division of Family Practice
A GPSC initiative

INTEGRATING THE MEDICAL LANDSCAPE:
A Thompson Region Division of Family Practice White Paper Series

01.

From Towers to Tributaries: The Thompson Medical Alliance

The Thompson Region hosts a growing network of supports for medical professionals interested in engagement, quality, and change. The local landscape provides access to two tertiary medical centers, Royal Inland Hospital (RIH) and Hillside Tertiary Mental Health, as well as access to Thompson Rivers University (TRU), University of British Columbia (UBC) Faculty of Medicine Training Site, and an energetic civil society that is active in building healthy communities. At the center of this network is a core of dedicated medical support organizations that have established local roots over the past decade. Each of these supports emerged from unique funding and/or policy streams to provide targeted services:

- *Thompson Region Division of Family Practice* (TRDFP or "the Division") – General Practice Service Committee (GPSC) – Provides supports to family physicians and nurse practitioners to work collaboratively with community partners focusing on wellness, satisfaction, and sustainability for both the patients and the primary care providers.
- *Practice Support Program* (PSP) – GPSC – Works with family physicians and teams to build capacity in practices by providing coaching and mentoring, clinical and practice management education, and data tools and supports.
- *Royal Inland Hospital Physician Association* (RIHPA) – Specialist Services Committee (SSC) – Supports engagement between physicians working in a facility and who are members of the medical staff and the Health Authority (HA). The aim is to improve the working environment and ultimately patient care.
- *Interior Health Quality Improvement* (IH QI) – Works with local, regional and provincial teams to facilitate and drive system level improvement, to reduce potential risk to patients by continually improving the safety and quality of care.
- *Physician Quality Improvement* (PQI) – IH & SSC – Provides education, coaching, and data analysis to increase physician engagement in Quality Improvement.
- *IH Research Department* (IH RD) – Provides leadership and facilitation support for health research in methodology, data procurement, patient engagement, clinical research and knowledge translation. The aim is to build capacity, increase the quality of care, and improve the health of the population.

The success of the Thompson Medical Alliance: Synchronizing Resources for Physicians and Medical Partners rests upon a set of principles and practices that emphasize collaboration over competition.

Over the past three years, these support streams have spread across the local medical landscape, increasingly spilling over into one another as they connect via shared networks. The tremendous potential to drive change through these new channels was recognized and the Thompson Medical Alliance (TMA) was born, emerging organically out of this confluence of streams, minimizing the potential for turbulence while harnessing the group's potential. Today, the success of the TMA rests upon a set of principles and practices that emphasize collaboration over competition.

Formation

MANY CONNECTIONS

The Thompson Region is large enough to encompass a broad array of initiatives and stakeholders in the process of health systems planning. However, it is also small enough that the medical community and associated supports can work collaboratively and provide consistent joint leadership across initiatives. Before the formalization of the Thompson Medical Alliance, work had already begun to align in useful ways. For example, the Division and PSP developed a MOU involving shared work and in-practice outreach towards achieving the attributes of the Patient Medical Home (PMH). The IH West PQI consultant was integrated with IH QI, providing an ongoing linkage for potential crossover with physician projects. IH QI and the Division worked together on a Kamloops Maternity Care and Action Planning event, IH RD worked with both the Division and RIHPA on research-related activities and with the local QI community towards establishing a continuum of knowledge translation and patient engagement. Finally, the Division and RIHPA were co-located and continue to work together to align the physician community. This includes a well-established Shared Care Steering Committee that brings Specialist Physicians and Family Practice Physicians together to work on areas of interest that span the spectrum of care.

SHARED NETWORKS

Beyond collaboration by design, the various TMA members frequently came together unexpectedly via shared networks. Sometimes these encounters were a pleasant surprise. For example, when IH RD began building a research network with community partners like TRU and the United Way, it was discovered that these partners were already engaged in a similar process with the Division.

At times, these discoveries could be a source of frustration for our physician members. With an overlapping pool of physicians attending numerous educational sessions, PSP and PQI noted occasional confusion among physicians regarding which events they should be attending. Similarly, there were times when physicians involved in a change project attempted to access the same resource pool multiple times via different support streams.

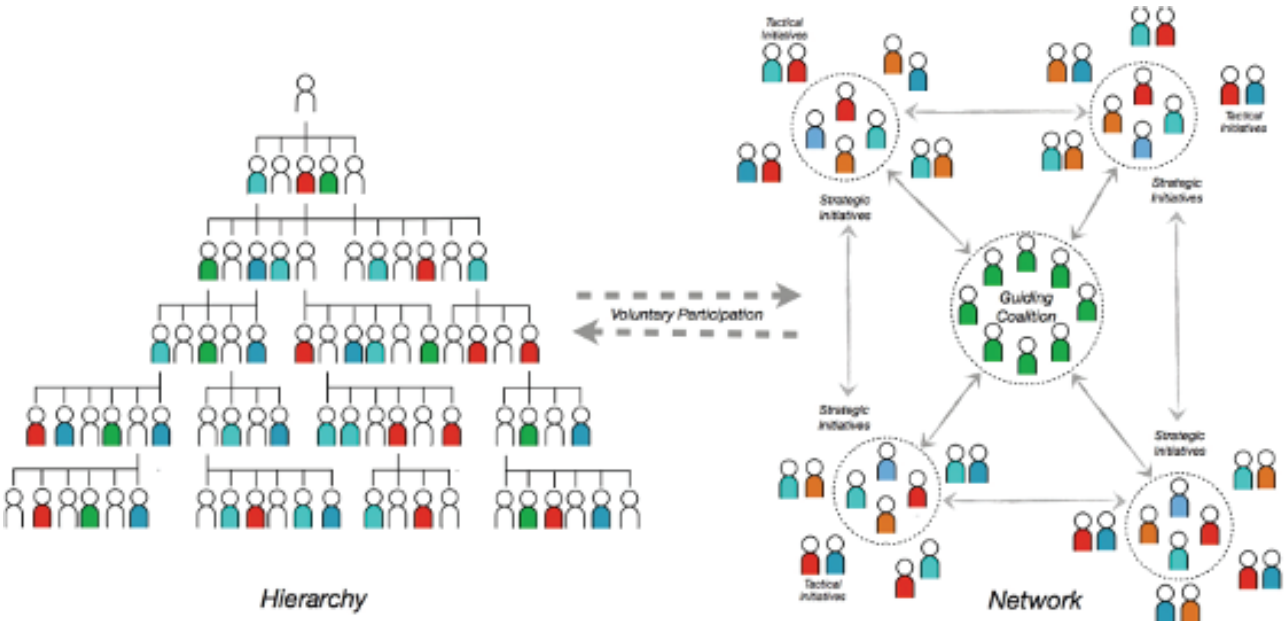
Together, the group was able to form a "one-stop-shop" for physician and medical partners engaged in change initiatives. Rather than navigating an overlapping system of supports in isolation, projects had access to a shared network of resources by connecting with any associated support groups.

As the group increasingly worked together on shared initiatives, it was recognized that there was potential to bring collective resources together in creative and productive ways.

COLLABORATIVE INTENT

Ultimately, while there was success in providing individual supports unilaterally, a need to work together was identified. Previously, the various groups operated in a system which created a replication of services that had been for physicians and medical partners to navigate. This system which was characterized by the silos within it – sacred towers in which services are held - was identified as the root of the problem. Respective budgets and skillsets were largely isolated within the traditional networks the teams were used to working within. As the group increasingly worked together on shared initiatives, it was recognized that there was potential to bring collective resources together in creative and productive ways. The key was to promote the integration of networks in an environment characterized by hierarchy (e.g. figure 1.) . It was also recognized that if this was a local priority, it was the group's collective responsibility to find integrative solutions. As such, the group decided to meet regularly to initiate dialogue around change. This collective effort formed the basis for what would eventually become the TMA.

FIGURE 1



[1] Figure 1 is borrowed from: https://adriancamm.com/2015/03/23/dual-operating-systems/. It comes originally from: Kotter, John P. (2014) *Accelerate: Building Strategic Agility for a Faster-Moving World*. Harvard Business Review Press.

Principles and Practices

EQUALITY FIRST

The group initially came together as the "PQI-RIHPA-TRDFP-PSP-QI-Research Collaboration". Not very catchy, but it did capture the intentionality of the informal, egalitarian nature of the undertaking. With so many groups involved – each with their own strengths in terms of budgets, technical expertise and networks – it was recognized early on that maintaining an environment of equality, flexibility and respect would be paramount. Therefore, rather than spending time on developing rigorous Terms of Reference, the group developed an evolving list of principles to guide collaboration..

This list of principles includes:

- Assume positive intent
- Assume abundance
- Assume equal responsibility in ensuring that projects find the support they need to succeed
- Align towards maximum leveraging of resources to support physician and medical partners
- Maximize transparency and economy of resources
- Support each other to learn and become stronger
- Make a commitment to regular, open and honest collaboration

PROCESS MAPPING

The next step involved loosely mapping out individual processes, from intake through to project completion, noting points of potential overlap and opportunities for collaboration. This allowed for development of a better understanding of where the group might support one another, and how a project might integrate into a broader system of support.

MEETING AND EATING

Deciding when and where to meet is something that has evolved with the group over time. In the beginning, the members agreed to meet bi-monthly over a meal. As the work grew, they increased to monthly meetings. Lunchtime meetings continue to be the most productive as tossing around ideas with a mouth full of taco salad seems to have a levelling effect on any potential disagreements between entities. The Division boardroom provides a central, open and comfortable place to do this. Even with a formal agenda and minutes during meetings, there is flexibility to allow interesting opportunities to dictate the flow of conversation. Where appropriate, members offer access to resources and networks that might be useful in solving individual or group problems. After meetings, group members take back what is learned to their respective organizations. In between formal meeting times, smaller meetings occur involving individual members of the alliance. These are equally important as they supported a great deal of the planning that contributes to the work being done on the ground.

Successes and Future Work

The TMA has been meeting formally for approximately one year and the potential ongoing benefits of collaboration have become clear. Several successes have already taken place including event planning and project development that would not have been possible had the TMA not been formed. Future work is imminent, as projects build off each other and multiply. Here are some examples of the work to date:

Success # 1: Building the Medical Landscape – A QI and Research Presentation Day for University of British Columbia Okanagan (UBCO) Family Practice Residents.

BUILDING THE MEDICAL LANDSCAPE:

A Celebration of Community Driven Medical Research and Quality Improvement

The UBC Family Practice Residency Program, in collaboration with **Interior Health (IH)**, the **Royal Inland Hospital Physician Association (RIHPA)** and the **Thompson Region Division of Family Practice(TRDFP)**, will be hosting a day to highlight family practice residents, physician and community driven medical research and quality improvement projects.

June 7, 2019
At the
Ken Lepin Lecture Theatre, Royal Inland Hospital
8:30 – 4:00 *(lunch and snacks provided)*

THE UNIVERSITY OF BRITISH COLUMBIA
Accredited by UBC CPD
CONTINUING PROFESSIONAL DEVELOPMENT FACULTY OF MEDICINE
Royal Inland Hospital Physician Association RIHPA
Thompson Region Division of Family Practice AGPSC Initiative
Interior Health

KEYNOTE SPEAKERS
Dr. Deanne Taylor – Interior Academy Health Sciences Centre: *A Regional Foundation For Local Research*
Dr. Devin Harris – *A New Era for Quality Improvement*

UBC FAMILY PRACTICE RESIDENTS RESEARCH AND QUALITY IMPROVEMENT PROJECT PRESENTATIONS
Some topics of interest include:
- Addressing literacy in promoting health literacy
- Prevalence of depression and burnout in UBC family medicine residents
- Screening alcohol use and providing alcohol interventions

PANEL DISCUSSION
Community Medical Research and Quality Improvement Supports
Panel will include representatives from Research and Graduate Studies – Thompson Rivers University, RIHPA, TRDFP, IH, UBC Medical Residency Program.

FOR MORE INFORMATION CONTACT
Rhonda Eden, reden@divisionsbc.ca

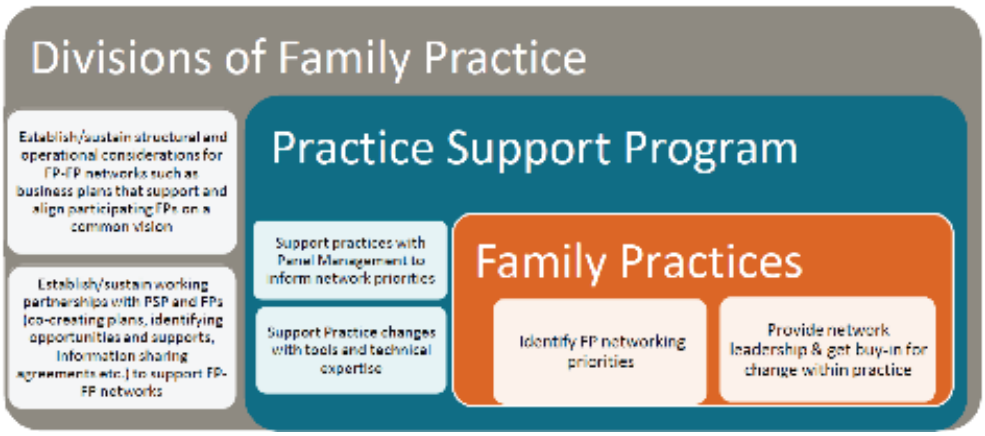
TO REGISTER, VISIT
https://events.eply.com/bml2019

While initially brought forward by IH RD, the entire TMA was able to be involved. The site scholar for UBCO Family Practice Residents had requested assistance in planning a presentation day from the Kamloops Practice Lead for research. UBCO encouraged the Division's involvement as the site lead was interested in CME accreditation to encourage physician attendance. The Division came on board as a sponsor and partnered in the planning process while RIHPA took on the challenge of navigating the CME process. IH RD worked with IH QI and PQI to attract some excellent co-presenters and keynote speakers. Finally, the whole group worked together on developing a panel presentation around local supports for residents and medical professionals. The event was well attended with over 80 individuals representing UBCO, TRU, family practice, specialty services, rural medicine, Interior Health professionals and the Ministry of Health director for innovation and research. The event precipitated the creation of a more formal branding for the group – Thompson Medical Alliance: Synchronizing Resources for Physician and Medical Partners.

Success #2: Collaboration to Foster Family Practice Networks

Long term Health Services Planning for the Thompson Region[2] will involve the development of a Primary Care Network (PCN), with Patient Medical Homes (PMH)[3] providing hubs of activity for the individual communities they serve. The PMH provides clients with comprehensive, coordinated and continuing care via family physicians working with health care teams. Key to the success of the PMH is the effective networking of Family Practices with one another and the broader clinical community. The Division and PSP have been key drivers of capacity development for FP networks in the Thompson Region. Early in the process of capacity development, it was recognized that intentional collaboration between the PSP and the Division was necessary to build the foundational trust and relationships required for effective FP networking.

FIGURE 2



The relationship between the Division, PSP and FPs allows each party to maximize its comparative advantage in building network capacity (see Figure 2). The Division provides support in developing broader structural capacity, such as guidance with business plans that align FPs along a common vision. The PSP provides tools and technical expertise around the more nuanced details of networked care, such as empanelment and identification of specific patient populations within a practice. This allows the FP to provide leadership in building a local primary care culture and identifying network priorities, without being overwhelmed by technical processes.

Integration of collective service provision has allowed the Division and PSP to develop a fluid exchange of information and expertise between one another and the FPs they support. Further, presenting to FPs as a unified team encourages consistent messaging around building a shared vision for long term network development[4].

[2] A TRDFP initiative around Health Systems Planning and PCNs is the topic of the second installment in this White Paper series.

[3] For more on PMHs see: http://www.gpscbc.ca/what-we-do/system-change/patient-medical-homes

[4] A detailed discussion of TRDFP and PSP work together on Family Practice Networks is provided in: Thompson Region Division of Family Practice (2018). Early Findings on Collaboration to Foster Family Practice (FP) Networks Available upon request from: thompsonregion@divisionsbc.ca

Success #3: Integrated Physician Engagement Initiatives

The Division and RIHPA have a shared commitment to supporting ongoing engagement between the community and acute physicians in the Thompson Region. This commitment has materialized via a series of joint initiatives designed to bring specialist and family practitioners together in interesting and meaningful ways. Regular interactions are designed to focus collective attention on key themes, expand networking opportunities, and facilitate the trusting relationships required to support integrated health services planning going forward.

Thompson Region Divison of Family Practice & Royal Inland Hospital Physician Association present:

Sun Peaks CME

February 22 - 24th, 2019

Date	Time	Event	Venue
Friday, February 22	6:00 – 8:00 pm	Registration & Welcome Cocktail Reception	Grand Ballroom
Saturday, February 23	7:00 – 8:00 am	CME Registration & Breakfast	Grand Ballroom

	8:00 – 12:00 am	CME – Focus on Chronic Pain
		• **Dr. Mandy Manak:**
		  ◦ Improving Safety and Efficacy of Opioid Prescribing for Pain
		• **Dr. Ian Mitchell:**
		  ◦ Demystifying Medical Cannabis
		• **Ayla Salyn, Fulton & Co.:**
		  ◦ Ethical Legal Issues of Cannabis Prescribing
			Grand Ballroom

	1:00 – 3:00 pm	Family Activity – Tubing & Hot Chocolate	Tube Park
	6:00 – 8:00 pm	Banquet Family Dinner Featuring Live Jazz Music by Swingspiration & Fun Activity for all	Grand Ballroom
Sunday, February 24	7:00 – 8:00 am	CME Registration & Breakfast	Grand Ballroom
	8:00 – 12:00 am	CME – Focus on Wellness • **Dr. Marie-Helene Pelletier:** ◦ Protect Your Resilience: How to reduce anxiety and burnout in the workplace	Grand Ballroom

Speaker Bios

Dr. Ian Mitchell

Dr. Mandy Manak

Ayla Salyn, Partner Fulton & Co.

Dr. Marie-Helene Pelletier

Some engagement events are large, bringing many regional physician and medical partners together as a collective energy and to focus on priorities such as the Annual Continuing Medical Education (CME) event at Sun Peaks, providing an opportunity for a wide variety of regional physicians and nurse practitioners to come together with their families as one community of professionals. The February 2019 event brought together approximately 120 individuals around the theme of chronic pain education. Close coordination between the Division and RIHPA made it possible to develop a social and professional networking opportunity involving Family Physicians, Nurse Practitioners, and Specialists.

Smaller events are equally important as they provide an opportunity for different disciplines to connect around specific shared priorities. One example of this was the *Beer with Internal Medicine* event which facilitated dialogue between Family Physicians, Nurse Practitioners and a variety of IM specialists around the development of a Rapid Access Medicine Assessment Clinic (RAMAC). The *Improv Your Engagement* event involved a Theatre Sports Improv team to creatively engage family practice and specialist physicians in dialogue around working together. Finally, shared initiatives like the *Medical Staff Yearbook* facilitate ongoing networking and linkage opportunities for physician and medical partners.

Success #4: CHAMP Trial

The Collaborative Heart Attack Management Program (CHAMP) trial is currently being conducted in Kamloops to inform the use of pre-hospital fibrinolytic therapy by Advanced Care Paramedics. The trial will provide information on how to safely coordinate a complex series of processes towards achieving returned blood flow to affected heart tissue prior to arrival at an emergency department. Ultimately, the goal is to reduce complications associated with a heart attack and shorten associated hospital stays. Development of the trial has involved a wide array of stakeholders, including RIH Cardiology and Emergency services, BC Ambulance services, RIH Foundation and the regional IH Simulation Lab.

Collaboration between IH PQI and RIHPA has been instrumental in providing support to the trial. The lead cardiologist initially developed the trial as a PQI project and has received ongoing support and mentorship from the local PQI team. RIHPA has provided support to facilitate specialist engagement around planning and process development. The CHAMP trial is an excellent example of how a network of local healthcare professionals can work together to drive change. The intersection of PQI and RIHPA resources supporting the process is an excellent example of the kind of linkage the TMA seeks to explore going forward.

Success #5: Maternity Care Video Tour

Recognizing the need to have more patient information available on RIH maternity services, two lead physicians partnered with IH QI and RIHPA to develop a video library. The video library consists of 10 segments, including a welcome to RIH, a tour of all the maternity areas within the hospital, and an introduction to many members of the maternity healthcare team. The goal of the video library has always been to enhance patient experience by helping families feel more comfortable before arriving to RIH for the delivery of their baby. In addition to enhancing patient experience, the outcomes of this project have included engagement of physicians and staff, promotion of safe and healthy births and the development of a valuable educational resource for the public and community care providers.

The video library is available on the IH website to all patients and members of the healthcare community: https://www.youtube.com/playlist?list=PLws0NwJdLuYTegMQwdc9XmDH3Pb0atv2k

Building Bridges: Future Work and Opportunity

Moving forward, the TMA seeks to consolidate processes, expand the collective network, and explore every opportunity to collaborate in support of physician and medical partners to drive regional change.

Our successes to date suggest an expansive set of opportunities. Sun Peaks 2020 CME was a terrific success. With a focus on multidisciplinary educational topics, wellness and engagement activities, the event included sessions hosted by IH RD and IH QI. The Building the Medical Landscape event exposed several useful channels for collaboration.

The planning for the next UBCO family practice resident research event is underway. Feedback from event participants has informed development of collaborative educational sessions to be provided by IH RD, IH QI and PSP as part of the general UBCO resident curriculum. In addition, a pool of ongoing research and QI projects for residents to attach to is being co-developed by the teams and will provide the regional health research and QI communities with consistency of knowledge creation and translation. The TMA is keen to support this development within the Thompson Region.

As the interrelated processes of health services planning and integrated physician engagement draw all members of the alliance into shared work, the Division and PSP continue their work together with family physicians to build networks around PMHs; and many opportunities exist for QI and research to inform and be informed by the innovative potential within our Region. The Division and RIHPA also continue their efforts to find innovative ways to bring family practitioners and specialists together around shared initiatives.

The next paper in this series will provide an excellent example of how the confluence of research and process can inform productive collaboration between physician and medical partners, examining the incorporation of deliberative dialogue to build consensus and knowledge around the regional Health Services Planning process