Central Interior Rural
Division of Family Practice
A GPSC initiative

12
FAMILY PRACTICE CLINICS

5+
STAFF

ANNUAL REVIEW 2019–2020

43
MEMBERS

Central Interior Rural
Division of Family Practice
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MISSION

The Central Interior Rural Division of Family Practice drives improvement in health outcomes in our communities and supports our care giving members in their well-being and practice.

VISION

Everyone in the communities within our region will be able to access quality healthcare when they need it. Relevant information about their health will be easily available to them, and to their care providers. No matter who they receive care from, they will be confident that the care is the best available and that their primary care provider has all of the information about their care that they require.

CIRD members will deliver the scope of care and services that best fit the community needs, their own professional aspirations, and their preferred business model. Administrative tasks they undertake will support their practice and leadership within the health community and will reflect their interest and expertise. Working effectively with other care providers in and /or outside their clinics, they will be able to ensure that their patients receive timely care, and that receiving that care dos not always rely on their patients seeing them.

Through this distribution of care and administrative support across teams and networks, physicians will gain more time to spend with their patients, and more time for life outside of their practice.

VALUES

- Patient-centred care
- Integrity
- Respect
- Collaboration
- Evidence based decision making
- Innovation
- Adaptability

CONTENTS

MESSAGE FROM THE CHAIR

The past year has been one of change, milestones and adaptation. With COVID-19 and ongoing physician supply issues in the region, the division had to quickly shift priorities to meet the needs of the membership. Something that stood out this year, which may have been brought on by crisis, was the volume of physicians who reached out looking for support from the Division. In the case of pandemic response, the Division reprioritized and focussed on being responsive to your needs by opening up communication platforms to sharing information, rolling out customized learning opportunities, and securing funding for GP participation in the COVID-19 response. In doing all of this, I believe we all felt a little more supported in a very uncertain time.

Moving forward, the Division and its members are adjusting to the many changes that are amongst us. We are seeing new practice models, new payment models, new resources, new ways of rolling out primary care… it is a lot for many of us who have been practicing in a certain way for decades. However, there comes a time when change is necessary to move forward to secure the sustainability of a system of care. And that time appears to be now. My biggest hope is that through this change, we do not lose sight of the longitudinal full-service approach to care that the local population has grown accustomed to. But instead find a way to balance that model with the newer options being rolled out.

Things will look different in the future with more virtual care, NPs working in clinics, a new First Nations led primary care centre, a Foundry, and different compensation models for physicians. Through all of this, I hope you continue to be involved in healthcare reform and continue to support each other as everyone tries to find what the new normal for their practice will be.

A wholehearted thank you to our Board of Directors, members, and staff. It has been a phenomenal year and I look forward to seeing how this all plays out over the next few years.

Dr. Doug Neufeld, Chair Central Interior Rural Division of Family Practice

Dr. Doug Neufeld

MESSAGE FROM THE EXECUTIVE DIRECTOR

As I sit down to write this, I reflect back on my report from last year and note my closing line "… nothing stays the same for long in this industry, and therefore, I remain curious every day to see what the future will bring". That statement remains true for this year and operating in a place of curiosity and being responsive to change has been a key theme over the past year. This responsiveness has led to major changes in the way we operate due to COVID and a reduction in care providers in the region. In saying that, this year we will finally see the fruits of our labour in several ways with the implementation of the Primary Care network, the establishment of a centralized wait list as an attachment mechanism, and the opening of a virtual clinic for unattached patients. This is all on top of setting up and managing a new way of providing care due to COVID. All of this could only happen with an exceptional amount of effort from the physicians and the dedicated staff in the organisation.

From a strategic standpoint, we continue to find ourselves in a landscape of trying to balance local priorities and nuances with the broad-spectrum approach of the province in this current healthcare reform. Through primary care network planning, this struggle is ongoing as the original initiative lacked the rural context. Even with the local design, the allocated resources to the region to increase attachment, need to be rolled out with care to balance the rural need. While our most pressing need remains to be finding new and keeping existing GPs, the funding options through PCN were not sufficient, so instead the region will see an increase in NPs and allied health. This does not mean we have given up on recruitment and retention of physicians. It is quite the opposite and both the division and PCN will put significant efforts into finding innovative new ways to support the recruitment and retention of physicians.

COVID-19 played a big role in shaping the work of the division this year and the operations of the members. The way care was delivered changed greatly and the amount of effort put forth by family physicians to assist with setting up our communities was overwhelmingly positive. It was a long road but the division was able to secure funding to support some of the work that you all did through three sources.

Many, many thanks to our capable and dedicated staff and our ever-insightful board of directors for a very different year, and the start of something new.

Jill Zirnhelt,
CIRD Executive Director

Jill Zirnhelt

TIMELINE: HIGHLIGHTS 2019–2020

2019

APR

- Welcomed Dr. Emma Tucker
- Interior Physician Recruitment and Retention group meeting
- Shared Care — Complex Care for Older Adults network meeting

MAY

- Physician Engagement Sessions in Williams Lake: PCN Planning
- Physician Engagement Sessions in 100 Mile House: PCN Planning
- NP Engagement Session: PCN Planning
- Welcomed Sarah Austin, Administrative Assistant
- Said Goodbye to Shilo Labelle, Administrative Assistant
- Interdivisional Strategic Council Meeting

JUN

- Interdivisional Strategic Council Meeting
- Peer Support Group — 100 Mile House
- Antenatal Refresher Course
- UNBC Cultural Safety Workshop

JUL

- Submitted PCN Service plan to Ministry of Health
- Submitted Shared Care Maternity EOI proposal
- Met with Dr. Shelly Ross, GPSC and Dr. Brenda Hefford, Doctor of BC re: local issues

AUG

- Welcomed Dr. Bhavin Patel, Dr. Mohammed Ali and Dr. John Xu

SEP

- FN Site Visits — Dakelh Dene Nation
- FN Site Visits — Secwempemc Nation
- FN Site Visits — Tshilqotin Nation

2020

OCT

- Pathways User Survey and Evaluation
- Interdivisional Strategic Council Meeting
- UNBC Site Visit and Presentation to Students and Residents
- GPSC Summit — presented on FN Partnerships through PCN
- Network of Rural Divisions meeting

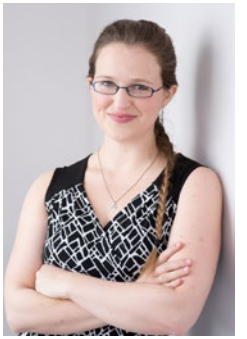
NOV

- MOA Network Event — CMH Facility Overview and Tour
- Submitted funding proposal for First Nations Cultural Safety project for Innovation funding
- 2019 CIRD Annual General Meeting and Doc to Doc Talks
- FNHA Presentation on First Nations Led Primary Care Centre in Williams Lake

DEC

- Interdivisional Strategic Council

JAN



- Welcomed back Sarah Fletcher, Project Lead, Shared Care Maternity Project

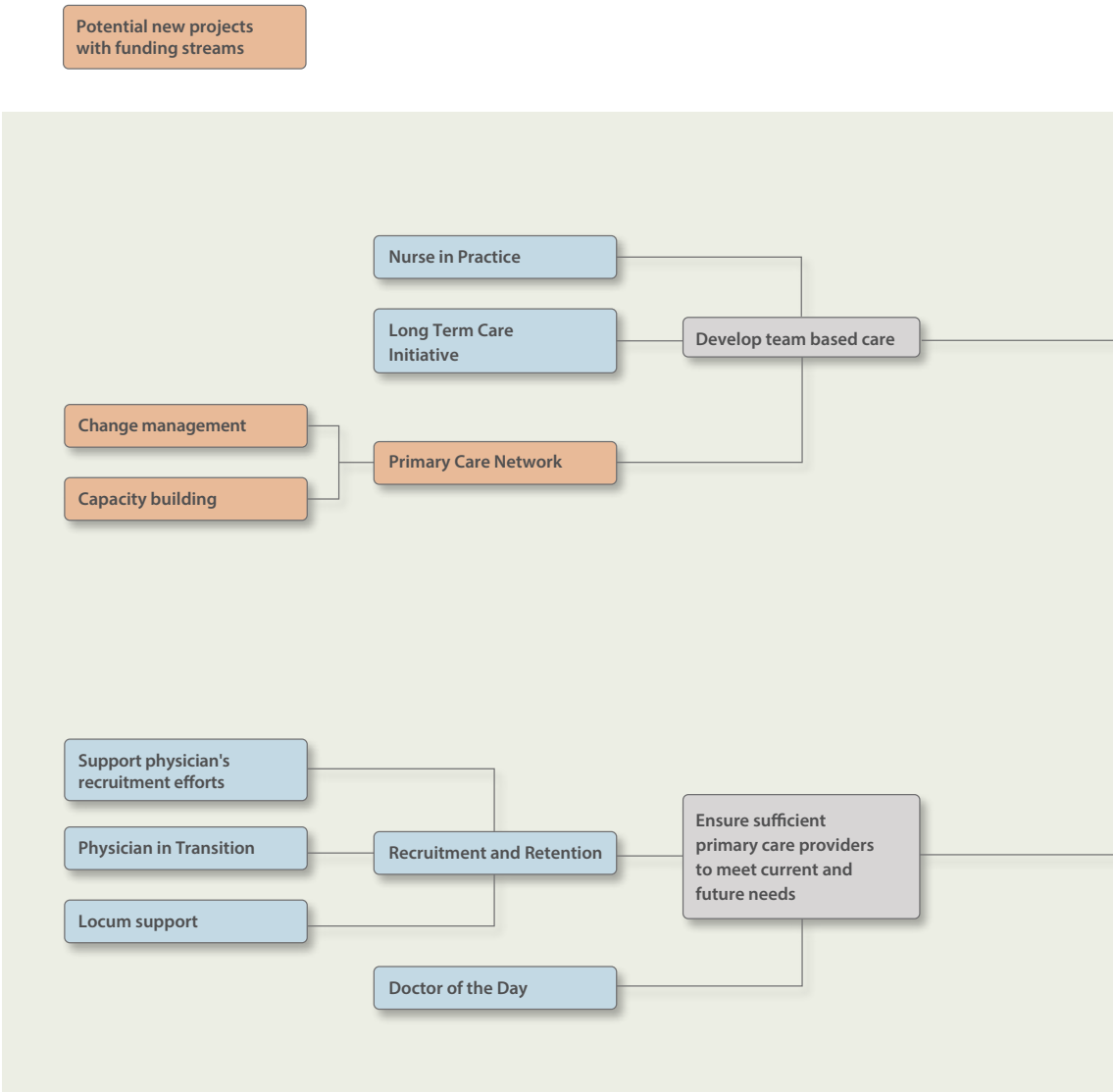
FEB

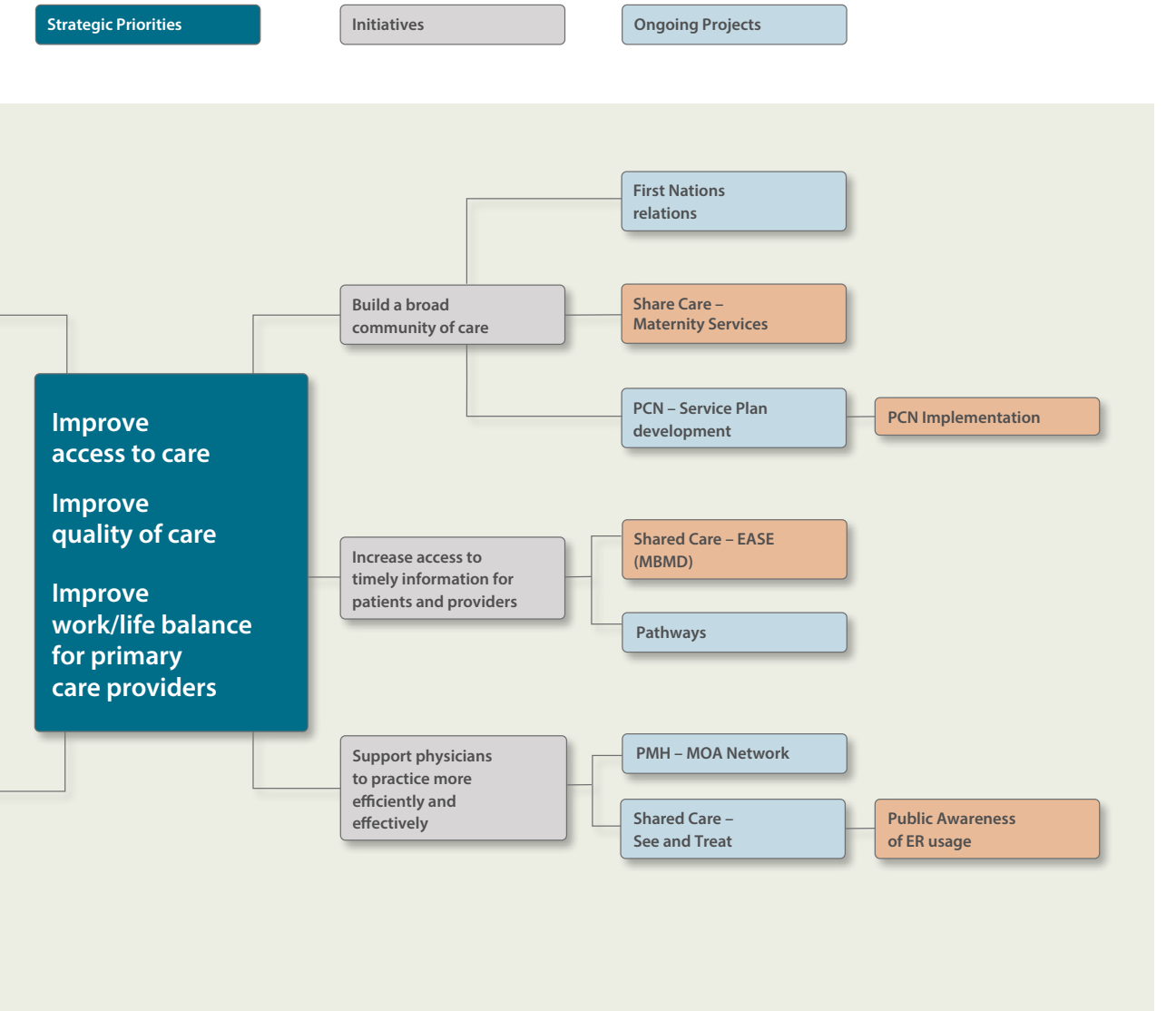
- Quality Forum 2020 — Presented on Enhancing Relationships between Primary Care Provider and Indigenous Communities
- PCN Funding Approval meeting
- Rural Coordination Centre Meeting
- Peer Support Group Meeting 100 Mile House

MAR

- Recruitment and Retention Committee meeting
- Welcomed Allie Grey, Project Lead
- Welcomed Caitlin Foote, Executive Assistant
- Launched Shared Care Maternity Project
- Attended PCN Wave 2 Launch Meeting
- Signed PCN Letter of Intent
- Hosted Long Term Care session with Physicians and Facilities

STRATEGIC PLAN 2019–2020




Strategic Priorities
Initiatives
Ongoing Projects
Improve access to care
Improve quality of care
Improve work/life balance for primary care providers
Build a broad community of care
First Nations relations
Share Care – Maternity Services
PCN – Service Plan development
PCN Implementation
Increase access to timely information for patients and providers
Shared Care – EASE (MBMD)
Pathways
Support physicians to practice more efficiently and effectively
PMH – MOA Network
Shared Care – See and Treat
Public Awareness of ER usage

CIRD project staff team: Joanne Meyrick, Operations Lead, Tanya Kielpinski, Project Lead and Sheena Brink, R&R Lead

During the past year, the CIRD project staff have continued to work on member-driven initiatives aimed at supporting the primary care landscape in the region. While the development and planning for Primary Care Networks was heavy on staff time, many other initiatives were kicked off through the development of and funding of proposals for projects in maternity, coordinating complex care for older adults and enhancing cultural awareness for primary care providers. On top of COVID-19 funding requests for interim primary care solutions and the support and transition to virtual care for physicians in the region.

CENTRAL INTERIOR RURAL PRIMARY CARE NETWORK

The relationships built through ongoing work and partnership during the Patient Medical Home initiatives built a strong foundation for moving ahead with our Health Authority and First Nations partners to develop a service plan for the region. With an extremely short timeline, the team was able to conduct several member engagements to establish the direction the members wanted to take. After consideration of primary care in the

PCN Summary:

Strategy
Supporting Attachment — NP and RN
Focus is on supporting the attachment gap for the general population in Williams Lake.
Supporting Attachment, Chronic Disease Management, Vulnerable Po
Focus on mild to moderate mental health and substance use support, chronic disease management, low income, and vulnerable patients.
Resource requests from the Tsilhqot'in Nation
The provision of culturally safe and appropriate in community care for First Nations.
Resource requests from the Secwepemc Nation
The provision of culturally safe and appropriate in community care for First Nations.
Resource requests from the Dakelh Dene Nation (Ulkatcho)
The provision of culturally safe and appropriate in community care for First Nations.
Additional Support for Aboriginal Health in Central Interior Rural
Provide culturally safe and appropriate care.
Virtual Care Support — Telehealth Patient Ambassadors
To improve access to care for rural/remote and Aboriginal communities.
PCN Management
PCN Management
Total

Source: Reproduced from a presentation given by Ministry of Health

area and what the Ministry was proposing, the requests in the service plan centred on recruiting new nurse practitioners and allied health resources to support physicians to work to their full scope. Plans for change management included working with clinics directly to implement new workflows and referral processes and a focus on continuing to recruit for fee for service physicians.

In February, the Ministry shared with the CIRD and our partners, what they had approved and how the PCN would roll out in our region. A steering committee was reconvened and plans for implementation for the first year are well underway. Services approved are included in the table below.

Implementation will take place over the next three years. The Steering Committee has prioritized resources to be rolled out and includes NPs, a social worker position and a respiratory therapist for the first year.

	Requested Resources	Notionally Approved	Attachment
	NP (1), RN (5)	NP (1), RN (5)	2,800
pulations and Team Based Care			
	AHP (5); Swaps: MHSU (2), Dietician (2), SW (2); Pharmacist (1)	6 AHP to support team-based care; Swaps: 5 AHP to support team-based care and attachment to primary care providers; Pharmacist (1)	1,800
	GP (1), NP (1.2)	GP (1), NP (0.5)	950
	NP (3), RN (1), Dietician (1), CYMH Clinician (2)	NP (1.75), RN (1), AHP (3)	1050
	NP (1), SW (1), CYMH Clinician (1), patient liaison (1), traditional wellness coordinator (1), transportation coordinator (1)	NP (.5), AHP (1.5), traditional wellness coordinator or patient liaison (1)	300
	Aboriginal patient navigator (2)	Aboriginal patient navigator (2)	None
	Virtual Care Coordinator (2)	—	None
	PCN Manager (1), PCN admin (1)	PCN Manager (1), PCN admin (1)	None
	38.2	**32.25**	**6900**

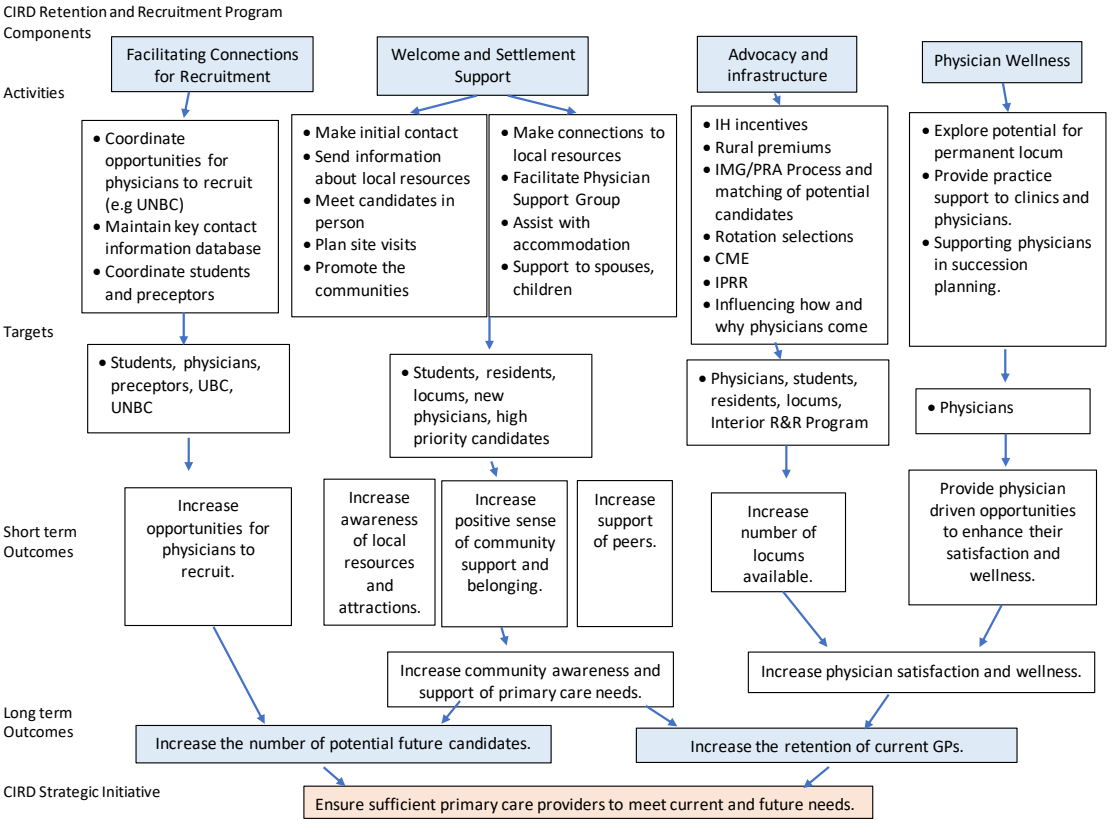
RECRUITMENT AND RETENTION

Since its inception, recruitment and retention has been a key priority of the Division. This year the team has streamlined the program and prioritized work in 4 key areas;

- facilitating connections for recruitment,
- welcome and settlement support,
- advocacy and infrastructure,
- physician wellness and practice support.

Division staff have built key relationships within the Health Authority, the physician community, the UBC Medical Program and the Interior Physician Recruitment and Retention Network. Working with these key partners enables the program to develop connections with a wide variety of potential student, residents, graduates and IMG/PRAs.

Recruitment and Retention Program Logic Model:



Overall, R&R will remain a strong focus for the CIRD, especially as we move forward with a primary care network.

2019 R&R Data Overview:

Students

Assisted 17 students doing rotations in the Cariboo

Residents

Helped 12 Residents completing rotations and 12 more are anticipated this year

Locums

7 Locums accessed incentives

University Visits

2 Physicians travelled for Recruitment activities & presented to 30 students & residents

Physicians

3 Physicians expected in 2020/2021

PATHWAYS AND EASE

In order to enhance specialist linkages, the project team rolled out Pathways and MBMD to physicians across the CIRD and has taken on the ongoing administration of Pathways for the region. This includes training of new physicians on both applications, maintaining resources information and adding and ensuring information is current.

Part of the roll-out for Pathways included a user survey, to ensure the membership found that it was a worthwhile investment for the Division. Key impacts have shown that:

64% of GPs **strongly agree** or **agree** that their patients have more timely access to specialist services as a result of pathways.

94% of GPs **strongly agreed** or **agreed** that Pathways is a valuable resource that the Division should continue to support annually.

Between 2018 and 2019, average satisfaction with the **wait times for specialist referrals** increased by **76% and timeliness of communication increased by 65%.**

69% of respondents (or 11 of 16) were **very satisfied** or **satisfied** with Pathways overall (n=16).

MOA NETWORK

The MOA Network was developed by the CIRD to support, train and share knowledge with MOAs working within our region. The CIRD and the Practice Support Program work closely together on this project and this year hosted an event at Cariboo Memorial Hospital to give MOAs an inside look into facility-based services like the lab, physiotherapy, homecare and telehealth services.

As clinics responded to the COVID-19 pandemic with new protocols and new ways of delivering service, the CIRD provided a weekly meeting of the MOA network to share information and support clinics with their arising needs. These meetings continue on a monthly basis and feedback from MOAs has demonstrated their value.

FIRST NATIONS COMMUNITY VISITS

Part of the Patient Medical Home initiative was building on relationships with our partners in First Nations communities. First Nations health representatives played a key role on our Advisory Committee, and these relationships have continued through our work with the Primary Care Network service planning. Interest from physicians at the Advisory Committee led to a pilot project to travel to some of the First Nations communities. Division staff worked with communities in each of the nations in our region and took four physicians to visit the community, tour the health centre and meet with health staff, elders and community members. This work served as a pilot project and additional funding was secured from the Innovation Fund, to expand this work into 2020, including additional site visits, a clinic handbook and strategies to connect care providers in First Nations communities with primary care providers in Williams Lake and 100 Mile House.

COVID-19 RESPONSE

During the COVID-19 pandemic, staff of the Division worked to support primary care clinics and physicians by facilitating communication, providing tools for new ways of providing care and gathering and sharing new information as it became available.

COMMUNICATIONS WITH PARTNERS

Representing physicians, Division staff participated in various tables involved in planning and responding to the COVID-19 situation. These included: Incident Command (Cariboo), Rural Network of Divisions, Interior Divisions Network, Weekly Physician Meeting with First Nations Health Leads, Practice Support Program/Facility Engagement/Division network and the Interior Physician Recruitment and Retention group.

VIRTUAL CARE

As clinics moved to providing care virtually, Division staff explored the many platforms available to physicians. Working with our Practice Support Program partner, tools, training and one on one support for two of the most preferred options, Zoom and Doxy.me were offered to both clinic staff and physicians.

CUSTOMIZED TRAINING

Building on the success of our initial training in virtual care, Division staff and physician members explored other topics that local physicians required more information on. The team delivered sessions on business supports for family practices, virtual support for rural physicians and options for patient communication.

SUPPORT TO MEDICAL OFFICE ASSISTANTS (MOA)/CLINICS

Staff were in regular contact with MOAs to gather information on their clinic needs and provided updates on services they are still providing and offer support that clinics require. Staff hosted a weekly meeting with MOAs to share information and provide a forum for clinics to share best practices with one another.

LIAISING WITH COMMUNITY PHARMACIES

To support the move of many of the clinics to virtual care, prescriptions and their authorization were provided virtually. Division staff collected and shared information with clinics as to which pharmacies were accepting faxed prescriptions, e-signatures and also delivery to patients.

COMPENSATION FOR PHYSICIANS

In preparing for the crisis response, many physicians have put in long hours and engaged in work that is out of the ordinary for them and for which as fee-for-service providers, they were not compensated. The Division worked with our partners to ensure fair compensation for this work as well as shared information about new billing codes for virtual care and COVID-19 related coverage. Funding was received from three different sources.

SUPPORT TO PHYSICIANS WORKING IN LONG TERM CARE, FIRST NATIONS/PHYSICIAN CONNECTION; MATERNITY WORKING GROUP

These three working groups were struck as part of the community's COVID response as changes were needed for planning and care delivery in each area. Physicians working in these groups were compensated and project staff were available to assist their work. Some of the outcomes were regular communication, planning for care delivery and virtual care roll out across the care spectrum.

ALTERNATE HOUSING OPTIONS

As part of our role in Recruitment and Retention, the Division maintains a list of local accommodation resources. During this crisis, staff collected additional information on alternate housing options for health care providers who wished to self-isolate while providing care in the hospital setting.

LOOKING AHEAD TO 2020–2021

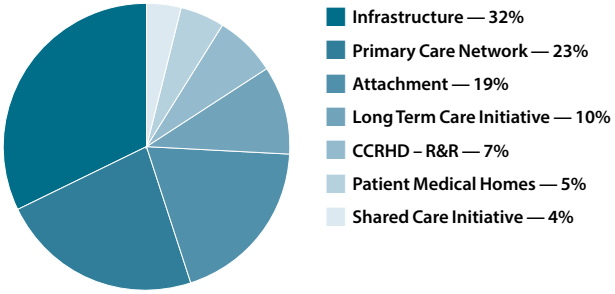
As we turn our attention to the year ahead, we are faced with new challenges and opportunities. The changing situation in family physician supply and new funding for initiatives that arose out of earlier work will continue to guide our priorities. Look forward to more member engagement in 2020–2021 to ensure that the organisation is moving in the direction that supports you and your practice.

FINANCIAL HIGHLIGHTS 2019–2020

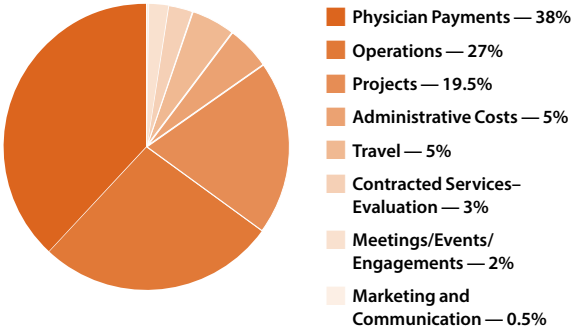
The Central Interior Rural Division has maintained revenues at about the same amount as last year. Work has shifted largely into planning through the MOH's goal of system transformation to primary care networks. This has meant a large portion of our revenue is dedicated to collaborative planning for the PCN.

The volume of incentives and payments going directly to physicians has increased slightly and this year saw a number of larger engagements with physician members. The human resource needs of the organisation have increased as we shift into different member-driven initiatives and need to adjust the scale of staffing and project teams to accommodate for the system change work that we are participating in. Next year will see a large increase in total revenue with the PCN implementation rolling out starting April 1, 2020.

REVENUE 2019–20



EXPENSES 2019–20



CIRD BOARD OF DIRECTORS AND STAFF 2019–2020

CIRD BOARD OF DIRECTORS

Dr. Doug Neufeld — Chair
Dr. Emma Tucker — Vice-Chair
Dr. Andrew Juren — Treasurer
Dr. Glenn Fedor — Director
Dr. Travis Routtu — Director
Dr. Neetha Vithalal — Director

CURRENT CIRD STAFF

Jill Zirnhelt — Executive Director
Caitlin Foote — Executive Assistant
Joanne Meyrick — Operations Lead
Silvia Seibert-Dubray — Program Manager
Debbie Grimes — PCN Manager
Tanya Kielpinski — Project Lead
Sarah Fletcher — Project Lead
Allie Grey — Project Lead
Susan Riseborough — Patient Services Coordinator
Jinny Fournier — Bookkeeper

CIRD Board of Directors and Staff. From left to right back row; Jill Zirnhelt, Dr. Doug Neufeld, Dr. Emma Tucker, Dr. Neetha Vithalal, Dr. Travis Routtu, Dr. Glenn Fedor, Jinny Fournier, front row; Tanya Kielpinski, Joanne Meyrick, Sarah Austin, Sheena Brink.

CONTACT INFORMATION

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All other photos courtesy of the CIRD

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.

www.divisionsbc.ca/cird

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BRITISH COLUMBIA

GPSC General Practice Services Committee

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