



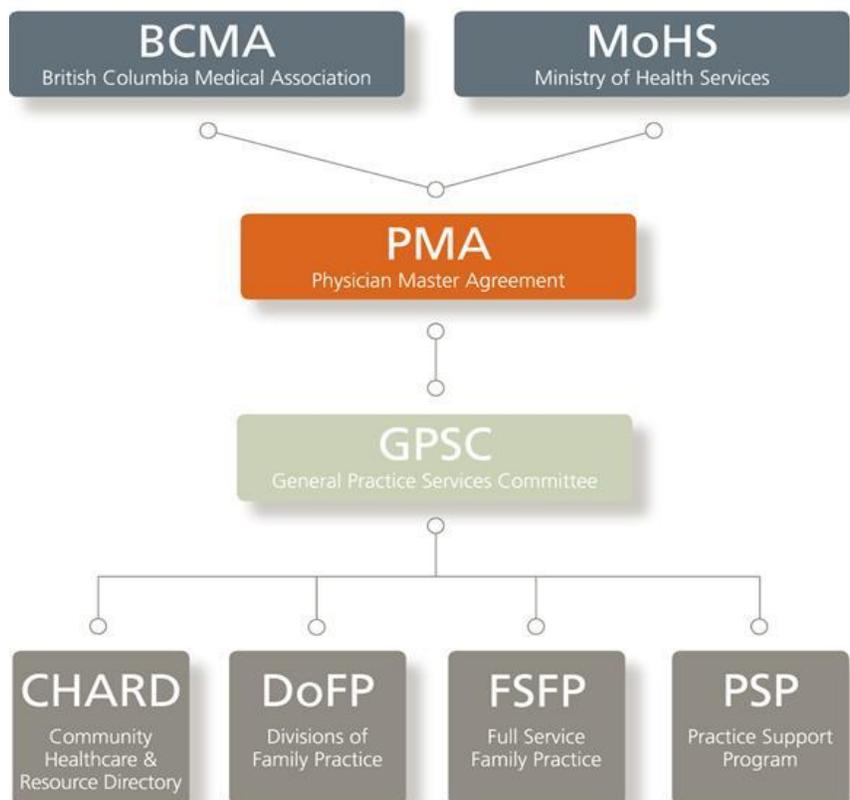
2011-2012 Annual Report



A New Initiative

The Divisions of Family Practice initiative is the first of its kind in Canada. The initiative is sponsored by the General Practice Services Committee, a joint committee of the BC Ministry of Health and the BC Medical Association. The Divisions of Family Practice initiative was designed to improve patient care, increase family physicians' influence on health care delivery and policy, and provide professional satisfaction for physicians.

General Practice Services Committee Structure



Chilliwack Division of Family Practice

Vision Statement

To optimize the provision of health care services to Chilliwack area residents through the promotion of a cohesive, cooperative and engaged community of family physicians.

Membership

During the 2011-12 year membership in the Chilliwack Division increased to 93 physician members from 87 the previous year. This is out of a potential 97 community physicians. The communities of Hope and Agassiz-Harrison are also included in the Chilliwack Division.

Board of Directors

The Chilliwack Division board of directors expanded to seven members during 2011. The Chilliwack Division has also included a number of members on program working groups including the Residential Care Program and Hospital Care Program.

Dr. Scott Markey **Lead Physician**

Dr. Paul Graham **Deputy Lead**

Dr. Julia Bright **Secretary**

Dr. Melanie Madill **Treasurer**

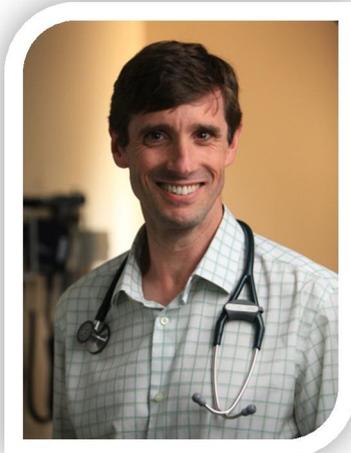
Dr. Ralph Jones **Director**

Dr. Phillip Weatherston **Director**

Dr. Gord Enns **Director**



Lead Physician – Dr. Scott Markey



We have been very busy on a number of fronts this past year and I hope you will take time to review this Annual Report and reflect on the value the Chilliwack Division of Family Practice brings to your work as a family physician and to the community as a whole.

The sustainability and commitment to improving patient care in our hospital has made our Chilliwack Division a stand-out across the province. We appreciate the support our members have shown for the Hospital Care Program, Residential Care Program, Primary Care Clinic and the Division.

Collaborative Service Committee

Over the last few years there have been new partnerships and a burgeoning trusting collaborative relationship between the independent physicians who perform part of their work in hospitals and the health authority. Fostered by the Collaborative Service Committee, we have seen new programs flourish and develop with collaboration. Through the CSC the Division continues to obtain input from other healthcare professionals such as nursing and specialists, the health authority, patients and families and the community at large.

Coordinator – Elly Meyerink



Elly provides the Division with invaluable service and commitment. Whether it's scheduling shifts for the "house doc" and residential care programs, circulating agendas and minutes, coordinating catering, or keeping the books up-to-date, Elly is always on top of the task. Elly's knowledge of the programs and services provided by both the Division and Fraser Health Authority is unmatched and can always be counted on for insightful contributions.

Executive Director – Ken Becotte



A Document of Intent between the Family Physicians of Chilliwack, General Practices Services Committee, Fraser Health Authority, BC Medical Association and Ministry of Health was signed in May of 2009, just three short years ago. The Chilliwack Division of Family Practice was incorporated as a Society shortly after in June of 2009. Since that initial agreement, the Division has moved forward to strengthen this collaborative and innovative approach to improve access to the benefits of primary health care, physician support and greater confidence in the health care system.

One of the challenges for many new organizations is to be adequately resourced with both members and funds. Divisions are very fortunate in that membership is drawn for the pool of community family physicians and is fully funded through an Infrastructure Agreement with the BC Medical Association. These two very significant benefits allow the Division to quickly put in place the staff and office supports needed to deliver on its goals.

As with any new initiative there is a forming stage that requires many hours of commitment from the board of directors. Your board of directors has been most diligent during the three years and the result of their work is most evident in the programs cited in Dr. Markey's report. None of this would be possible however without the exceptional administrative support provided by your Division Coordinator Elly Meyerink. My role as your Executive Director is to provide professional guidance, facilitation and hands-on implementation support for the achievement of Division goals. I am looking forward to meeting more of our Division members and working with our partners to develop and implement innovative solutions to problems in a complex health system.



Please accept this invitation to drop by the Division office for a brief chat about the work of the Division and how we might help your work as a family physician. We are located adjacent to the Primary Care Clinic just across the hall from the CGH Cafeteria.

Hospital Care Program – Dr. Paul Graham

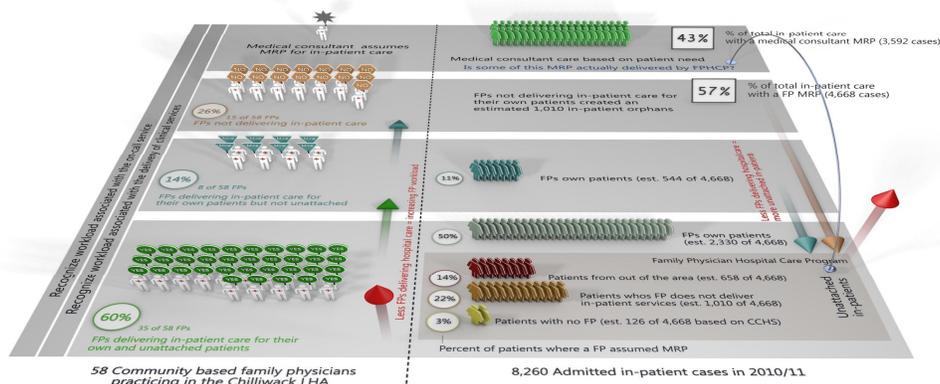


The Hospital Care Program at CGH has been operating since July 2010 and continues to adapt to an ongoing trend of family physicians who are resigning their hospital privileges. This paradigm shift creates an ever-increasing workload for the remaining family physicians who continue to care for their own patients along with these newly unattached patients. As such, even with the current HCP structure and efforts, it is apparent that the remaining family physicians do not have the capacity to care for the volume of orphaned patients that exist.

Despite several working proposals and meetings with the Department of Family Practice, there is no clear direction moving forward. It seems that

the structure of practice for family physicians in Chilliwack requires a fundamental change in order to meet the demands of hospital work for orphan patients. This would require significant funding and strategic planning that at present do not exist as evidenced from recent conversations with the Fraser Health Authority and Ministry of Health.

The Division is hopeful that other players, such as the General Practice Services Committee and Society of General Practitioners, will lobby to make hospital work more attractive for all physicians. In the meantime, we hope to continue to care for a portion of orphaned patients including those without family physicians and those patients from out-of-town. Efforts are currently underway to finalize these directions whilst making every opportunity to advocate for patients at the centre of this crisis.



Community of Practice – Dr. Julia Bright

The Community of Practice continues to enhance GP's practices by optimizing EMR use. A Core Advisory Team (CAT) guides the COP and works collaboratively with PITO and the medical community of Chilliwack. NP Angie Fast and Neil Hilliard have been elected to the Core Advisory Team that oversees the Community of Practice. CAT is made up of Dr. Cam Ross, Dr. David Page, Dr. Lachlan McIntosh, Dr. John Robertson, Dr. John Robertson, Dr. Martin Dodds, Dr. Julia Bright and Dr. Ian Kishi.

The e-form library project has resulted in approximately 150 e-forms being produced and synchronized among offices using OSCAR. MOA's have their own user group meetings and peer mentors are available for OSCAR physician users to assist with increasing effective use of the EMR. Tips and Tricks events have also helped to achieve this.

At the most recent event in March, users were introduced to the chronic kidney disease and COPD tools created by David Page as well as a tool to assist with enhanced Residential Care admissions. David presented the e-form he developed on End of Life, which includes links to the relevant forms required in caring for palliative patients.

David Chan, the founder of OSCAR, came to Chilliwack in May following the BC OSCAR user group meeting in Vancouver. Future projects include using the EMR for therapeutic drug monitoring; bringing MyOSCAR to Chilliwack so patients have access to their own medical information; integrating, with Fraser Health, information from the hospital directly into the EMR electronically; and developing a direct electronic transfer of records from OSCAR office to office, streamlining the referral process.



Residential Care Program – Dr. Ralph Jones



The Chilliwack Residential Care Program was launched on January 16, 2012 under the direction of Dr. Ralph Jones, the Divisional Medical Coordinator for the program.

Literature describing the leading practices in the care of the frail elderly, specifically in the long term care sector, highlights the important role physicians play as part of a multidisciplinary team of health care providers. More importantly, the family physician has a pivotal role in defining, supporting and leading quality of care for this complex population with multiple co-morbidities, including those health challenges which impact cognition and behavior, as well as chronic, long term disease impacts.

Research indicates that individuals living in long term care facilities have more complex health conditions and a higher need for regular monitoring and proactive care in order to avoid transfers to the emergency department, issues of polypharmacy, and challenging behavior related to cognitive changes. Further, this population is likely to need end of life care and symptoms management, requiring skilled and focused support from physicians. Literature indicates that this population is at greater risk for medical complications and has a poorer health-related quality of life. These challenges highlight the importance of developing a robust framework (model) of physician support to the complex patients in the long term care sector.

Medication Reviews

Polypharmacy particularly affects Quality of Life and Patient Safety in the LTC population. Although mandatory six month medication reviews already occur in LTC facilities by Medical Directors, there are roadblocks to translating these reviews into an effective and consensual medication review process.

With the goal being appropriate reduction in medications, the enhanced medication reviews envisaged in the prototype would not replace the mandatory reviews, but rather enhance them with leading clinical practice; augment them on occasions relevant to changes in patients' health and Level of Intervention; and advance consensus on their recommendations with the patient, their families, and other health care providers.

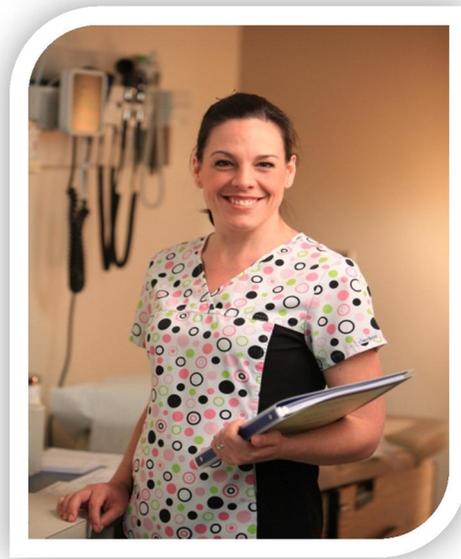
Primary Care Clinic – Angie Fast, NP

The Chilliwack Primary Health Clinic officially opened its' doors in January 2012. The Clinic serves recently discharged patients from Chilliwack General Hospital who do not have a family physician in the Chilliwack area.

Nurse Practitioner Angie Fast works with the House Doctor to provide care to unattached patients following discharge from the hospital. The program is staffed by Fraser Health Authority and includes MOA Candylee Ross and NP Angie Fast. There are currently 220 patients registered with the Clinic.



Angie Fast – NP



Candylee Ross – MOA



Primary Care Seniors Clinic – Chilliwack

Chilliwack and area seniors with complex health issues will receive comprehensive primary care in their community with the opening of a new Primary Care Seniors Clinic at Chilliwack General Hospital.

The new clinic, which serves residents of Chilliwack, Agassiz, Harrison and Hope, is a collaboration of the Chilliwack Division of Family Practice and Fraser Health's Primary Health Care, Older Adult, Home Health, and Mental Health and Substance Use programs.

The Chilliwack Primary Care Seniors Clinic will improve patient care by assisting GPs and nurse practitioners with the assessment, diagnosis and management of patients who have dementia concerns or multiple chronic conditions and complex health issues.

The clinic will make it easier for seniors to get focused care by providing access to a team of health care professionals, including primary care doctors, a nurse specializing in seniors care, a geriatrician and geriatric psychiatrist. Working together, the team partners with patients, their family members and family doctors to ensure seniors are well prepared and supported in their ongoing health needs. Services include:

- Comprehensive primary care geriatric assessments
- Collaboration of inter-professional health care providers to plan care
- Access to specialists as required
- Collaboration between the patient's family GP and clinic staff
- Individual Health Improvement plans created in partnership with patients and family to meet their medical, mental health and social needs
- Recommendations for other services and community resources as needed

The Primary Care Seniors Clinic, located on the main floor of Chilliwack General Hospital, is open Thursdays from 8:30 a.m. to 4:30 p.m. Visits are by appointment only, with a referral from a family physician.

Integrated Primary and Community Care

The new Primary Care Seniors Clinic is an expansion of the Integrated Health Network already underway in Chilliwack, which is in turn contributing to the development of an integrated primary and community care system across BC. In an Integrated Health Network, care providers and services work together as a team to support family doctors and their patients in the management of complex health conditions.



Member Services

Membership in the Chilliwack Division of Family Practice is open to family physicians in Chilliwack who are duly licensed by the BC College of Physicians and Surgeons. Physician members are not required to have hospital privileges. Over 90% of eligible physicians are members of the Chilliwack Division of Family Practice.

Benefits

Being a member of a Division offers a number of potential benefits, including:

- Enhanced provision of full spectrum primary care as a collective responsibility
- Greater impact on the organization of local and regional health services in our community
- Improved access to health authority and specialist services
- Increased ability to advocate for the needs of patients and for practising physicians
- Ongoing support from peer networks as well as physician health and wellness programs
- Shared efforts for recruitment, retention and locums
- More support from colleagues in caring for complex or unattached patients
- Reliable assistance with duties historically falling to call groups, e.g. scheduling and meeting organization
- Strong financial and practice support for information technology programs and pilot projects

