

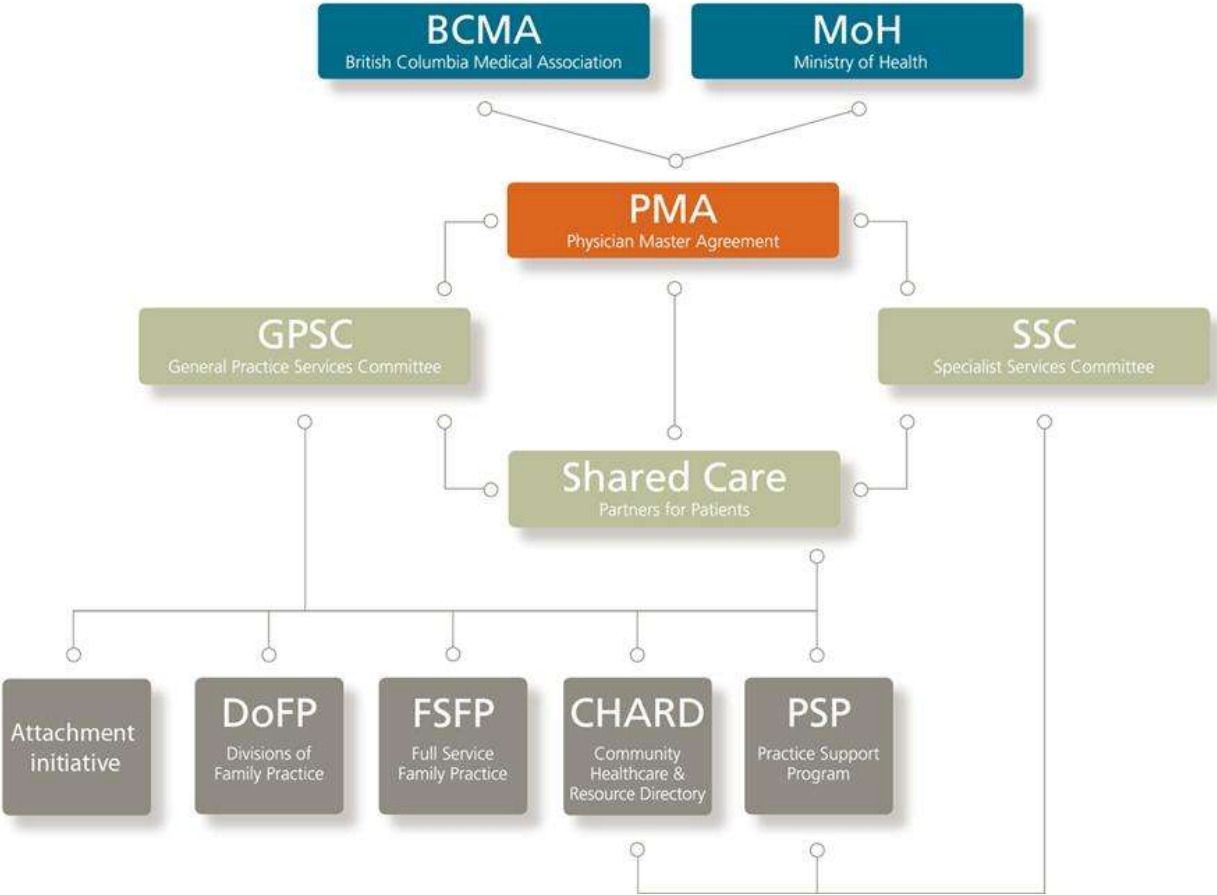
2012-2013 Annual Report



Partner Structure

The Divisions of Family Practice 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 is 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 2012-13 year membership in the Chilliwack Division increased to 100 physician members from 93 the previous year. Members include 3 physicians working specifically with First Nations. 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 nine members during 2012.

Dr. Ralph Jones	Lead Physician
Dr. Paul Graham	Deputy Lead
Dr. Julia Bright	Secretary
Dr. Melanie Madill	Treasurer
Dr. Scott Markey	Director
Dr. Phillip Weatherston	Director
Dr. Gord Enns	Director
Dr. Alison Henry	Director
Dr. Theresa Szezepaniak	Director

Lead Physician – Dr. Ralph Jones



Our division of family practice was founded in 2009. Once again we had a very busy year. Most of the year being absorbed in hospital care issues culminating in the April agreement, which saw a significant increase in hospital fees, whilst we hope keeping a balance between increased payment and decreased hassle factor.

Speaking of payments, the division is now responsible for utilizing or redistributing funds to the tune of almost \$1.2 million a year. This responsibility requires a professional businesslike approach to management. We are ably led by our Executive Director Ken Becotte, assisted by Coordinator Elly Meyerink and supervised by your hard-working Board of Directors.

Reviewing our activity over the last year I'm astonished how much we have been involved in. We prototyped COPD /heart failure and poly-pharmacy in residential care modules, are involved in in the healthy kids (SCOPE) programme, set up the Primary Care Seniors Clinic, improved our space in the primary care clinic, hired a second nurse practitioner, participated in the physician data collaborative, the community of practice for EMR, sponsored a cognitive screening workshop, improved liaison in the integrated health care network and continued the residential care physician programme.

All of these endeavors involve partnerships with external stakeholders. Yet the concept of partnership is embedded in what we as a division do for each other, our patients and the healthcare system. We all benefit individually when we cooperate collectively.

Future challenges include the seemingly herculean task of developing the community attachment programme (A GP for Me). This will require a more active partnership with the non-hospital community GP's and we look forward to developing and enhancing this relationship. Transitions in care, nursing home care are just two of the ways that all division members can contribute to the overall health of this community. There are exciting local initiatives that we can collaborate on together.

Executive Director – Ken Becotte



I am continually impressed by the commitment and level of dedication demonstrated by members of the Chilliwack Division of Family Practice. In addition to the many hours physicians attend to their patients, they also contribute significant time to projects and programs improving patient and physician care.

Divisions of Family Practice are taking on increasingly more initiatives and Chilliwack is no exception. These all come with their own set of challenges which have been met with a “we can do it” approach. The fact that the Division is financially stable and sustainable allows us to focus on delivering the program.

I would like to acknowledge and thank Dr. Julia Bright and Dr. Theresa Szespaniak for their time serving on the board of directors. Your voices have been a welcome contribution to our many discussions.

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.

In April of this year, Elly re-located her office to the Division of Family Practice space at the Primary Care Clinic.

Hospital Care Program – Dr. Paul Graham



Our Hospital Care Program (HCP) encompasses the House Doctor and Orphan Patient (F-call) support services. This program continues to evolve most notably with the introduction of new General Practice Services Committee (GPSC) developments this year. At present, there are weekday House Doctor shifts that maintain supportive care for our orphaned Surgical, Psychiatric, and select non-acute MRP inpatients. These shifts provide flexibility to physicians who have daytime availability to perform inpatient work without call responsibilities. There are also recent provisions for on call weekend coverage of the House Doctor patients.

We have continued with the orphaned patient “rota” that is administered by Elly Meyerink and run through the emergency department. The major change in 2012/13 was the introduction of physicians signing up for between one and three patient slots for orphaned patients. This measure provides a mechanism for increased workload predictability by limiting the number of orphaned patients according to physician capacity.

As of April 1, the GPSC has bolstered our HCP program with the introduction of new billing incentives to help support family physicians in community hospitals. These incentives include admission bonuses, streamlined conferencing fees, increased daily visit remuneration amongst other attachment fees. These developments are a welcome and overdue measure to help compensate the often complex and time-consuming work of caring for vulnerable hospitalized patients.

The Chilliwack Division anticipates ongoing improvements to the inpatient landscape to one that is more rewarding, collegial, and provides sustainable opportunities to practice medicine. We feel that Chilliwack community and hospital is well-suited to this dynamic type of family practice.

Primary Care Seniors Clinic – Chilliwack



The Chilliwack Primary Car Seniors Clinic has been operating for one year providing assessment, diagnosis and management of patients who have dementia concerns or multiple chronic conditions and complex health issues.

The CPCSC, 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.

Dr. Scott Markey is the clinic GP along with Dr. Katie Wilson. The clinic has been well received by family physicians in the community and referrals have remained steady. The CPCSC saw several changes in

staff during the past year. Dr. Ritesh Parekh took over from Dr. David Gaeton as the clinic Geriatrician and Lisa Hendry is the new RN taking over from NuNu Jaganath. NP Navneet Bhogal has also joined the clinic thanks to the NP4BC.

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.

Lisa Hendry, RN

Navneet Bhogal, NP



Primary Care Clinic – Chilliwack



The Chilliwack Primary Care Health Clinic serves recently discharged patients from Chilliwack General Hospital who do not have a family physician in the Chilliwack area. The CPCHC is becoming the hub for providing consistent longitudinal care for unattached patients and transfer to community practice.

The Clinic operates with two Nurse Practitioners, Angie Fast and Navneet Bhogal as well as Family Physician Dr.

Chantal Chris and MOA Candylee Ross. The program is a partnership with Fraser Health Authority who provides the staffing and administration.



Community of Practice – Dr. David Page

The Community of Practice continues to enhance GP's practices by optimizing EMR use. The focus for the COP for 2013 will be on user groups and peer mentoring.

We will try to offer 4-6 user group meetings before March 31- first one is coming up 19 June and will focus on Prescription Writing from OSCAR and Therapeutic Drug Monitoring. Please feel free to offer suggestions as to what you would like to learn in future sessions. PITO is offering their Clinical Assessment Tool to clinics in Chilliwack and we are hoping to leverage off of the results from this to tailor the peer mentoring that we provide to each clinic.

Potentially the COP will be awarded an Innovation Diffusion Project to initiate Patient Health Records. The initial project proposal is to enroll 1000 patients at Crossroads Family Practice and look at creating a streamlined enrollment process, the impact of patient online booking on the clinic workflow as well as the use of secure messaging with selected patients. The results of this project will be available to other clinics that are interested in PHR.



Residential Care Program – Dr. Ralph Jones



The Residential care program was overshadowed by the dire necessity of stabilizing the Hospital Program. The RCP just rolled over in April 2013 without much thought by the MOH or frankly by ourselves as we were otherwise engaged.

The residential program no longer includes an admission bonus, in fact this idea was taken up by the Ministry and an MSP attachment fee now replaces the division bonus. The RCP program is very popular with the Directors of Nursing in the homes and their staff and fared very favorably when these professionals were polled.

When one evaluates any program you would always find positives and negatives, maybes and gosh “I didn’t think of that.” In the case of the RCP program the negatives include the failure of clustering, it was just too much bother for the individual doctors involved and there is always “incoming”. Statistics have been very hard to get from the health authority, however since the program started I was able to get two sets of emergency visit statistics, one showing a considerable decrease in emergency visits from one home, the other an increase.

An unexpected “gosh didn’t think of that” of the RCP program is the interest expressed in care of the elderly by several of the younger doctors. At least one is moving on to a medical director position, as a result of exposure to the fascinating, challenging and interesting work in the care of the frail elderly. The Fraser Health Authority is developing and sponsoring a mentoring program whereby less experienced juniors can spend time with medical directors of care homes.

The Chilliwack RCP program is just one of several prototypes throughout the province. The other prototypes have taken the approach of less doctors taking responsibility for the care of the frail elderly and in at least one prototype they utilize the “care by design” concept.

These prototypes are reporting much better results than we are. It seems to me that this is the direction in which we must move, as soon as we have enough doctors interested in, trained in or trainable in the challenging care of the frail elderly. The group requires compassionate & specific care skills that are well within the skill set of any family doctor who’s interested in this work.

Treasurer Report – Dr. Melanie Madill



As requested at our last AGM we are delighted to present you with the auditor's report for our financial statements as of March 31, 2013.

Our revenue increased this year from 687,000 to 912,000 mostly due to increases in infrastructure funding and the residential care program.

Expenses also increased as we became more effective at utilizing our programs to their full intent. By the end of March we had outstanding invoices for the Community of Practice program due to a lag in PITO funding and for the Hospital Care Program but both these accounts were brought up to date early in April. There are changes

to the funding for both these programs to correct this for 2014. PITO will now be paying the COP physicians directly after invoicing and the Division will be administering a much smaller portion of the COP program with the intent to receive the funding in advance.

The Hospital Care Program will no longer be funded through a system of invoicing Fraser Health but has been replaced by the Attachment Inpatient Care Program. This program was presented at a dedicated Division meeting in March to interested members. Please feel free to ask any of your Board members for details.

By the end of our fiscal year we had cash and receivables (PITO and HCP) amounting to 86,016, which will be rolled over to this year as part of our infrastructure funding. This is down from 147,000 in 2012 reflecting that we are involved in substantially more programs this year than last and utilizing our infrastructure funds as intended.

We were also finally able to finalize our lease agreement with Fraser Health for the Division space as indicated on page 7. This secures our claim on our Board Room and office space from 2014-2017 as outlined on page 7 of the auditors statement to total 97,554 over the four years. This will be reflected in the infrastructure funding starting 2014.

Community Engagement

Earlier this year the Chilliwack Hospital and Health Care Foundation and the Division signed a "Letter of Agreement" to establish a partnership in the implementation of the Healthy Kids Initiative in Chilliwack. One of the objectives of this agreement states, "CHHCF and CDoFP will be equal partners in promoting the Healthy Kids Initiative and the partnership through their communication channels that include websites, Facebook, newsletters, Doctor's offices, clinics, marketing materials, etc. This agreement has proven to meet this objective and much more.

We have worked together on several projects and events that promote both organizations and utilize our combined resources. We have jointly purchased an exhibit system to use at trade shows, conferences and events.



Division Lead Dr. Ralph Jones accepts a donation of \$7,000 from CHHCF Chair John Jansen for the purchase of an exam table and scale for the Chilliwack Primary Care Seniors Clinic.



CHHCF's Donna Dixson, Katrina Bepple and Chloe Popove assisted in promoting and organizing the "Walk With Your Doc" in May.