

# 2015–2016 ANNUAL REPORT



## Report from the Chair

Greetings Colleagues:

As I sit in front of this computer attempting to put together a message to convey our accomplishments of the past year, there are so many to try to piece together. First, it is necessary to thank Geri, Judith, Diane, and Debbie involved in the administration and project leads for all the work they have done on our behalf, and their part in the successes we have enjoyed over the past year. Secondly, thanks to the physicians of South Delta who have managed with their busy schedules to find the time to participate in the various projects, meetings, and groups that help define and carry on the work that is the Division of Family Practice. I would also like to take a moment to thank my fellow board members; they have made the job of Division Chair just that much easier.

We also need to take a moment and welcome the physicians, both family practice and specialist services, who chose to make South Delta their place to set up shop; we look forward to your contributions to the care of the patient population of our Division. We have managed over the last while to recruit

seven family doctors and an orthopedic surgeon; some are already practicing, some are set to begin shortly. Welcome to South Delta.

I could spend most of this time reflecting on our past successes, but I think that we need to turn towards the future. Although I do not practice community-based family medicine, I see the family doctor not just as the corner-stone but the entire structure of health care. It is only through the longitudinal care of patients that real health care can be effectively delivered. Specialist services, home care, social work, and so on, become arms of the family doctor/patient dyad. It is through the very special relationship that forms between the family doctor and their patient that I see effective care being delivered. The provincial government and Doctors of BC have recognized this and now we have before us the initiative of the Primary Care Home/Patient Medical Home. As physicians, we have a unique opportunity to shape what the Primary Care Home/Medical Home looks like for South Delta. I would encourage

all of us to take part in this endeavor that at its heart recognizes the central relationship between the doctor and patient, yet provides the opportunity to form solid relationships with other care providers that impact on the overall care of the patients we serve. In many ways, it can be seen as the future of family practice and I would encourage us all to take a very long look at what it has to offer all of us.

Regards,  
Randall McCuaig  
September 7, 2016

## Report from the Executive Director

It is my honour to work on our members' behalf as your executive director.

Our community has seen many changes during the last year. With the retirement of five of our members and one moving overseas, the Division has been challenged with recruiting and replacing primary care physicians. We have been very successful in this endeavour and anticipate that all of the patients on our wait list will be attached to a new family doctor by this fall.

The Division has worked with many of you this year. Dr. Randy McCuaig and I visited each of your clinics to meet one on one to learn what initiatives are important to you as Division members. We took this information to our board and crafted our new strategic plan identifying four areas of focus:

### Mental Health

We collaborated with our community partners to build and provide wrap-around team-based care for patients dealing with mental health issues. This work is ongoing.

### Elder Care

Our physicians identified needed supports for our growing elder population. We developed and rolled out our work within the provincial Residential Care Initiative (RCI).

### Recruitment and Retention

As our physician community ages, we continue to plan for retirements as well as a growing population that requires more physicians.

### CME/Education

Education was identified as an important part of our membership's goals. We will continue to offer educational opportunities for our physician community that continue to "strengthen the arm of our GPs".

With our informed strategic plan in place, we are ready and able to support our members as we move into the next chapter in South Delta primary care.

I would like to thank our A GP for Me steering committee for their dedication, hard work, and leadership. We have celebrated many

successes this year, including the recruitment of eight new doctors and 22 locums.

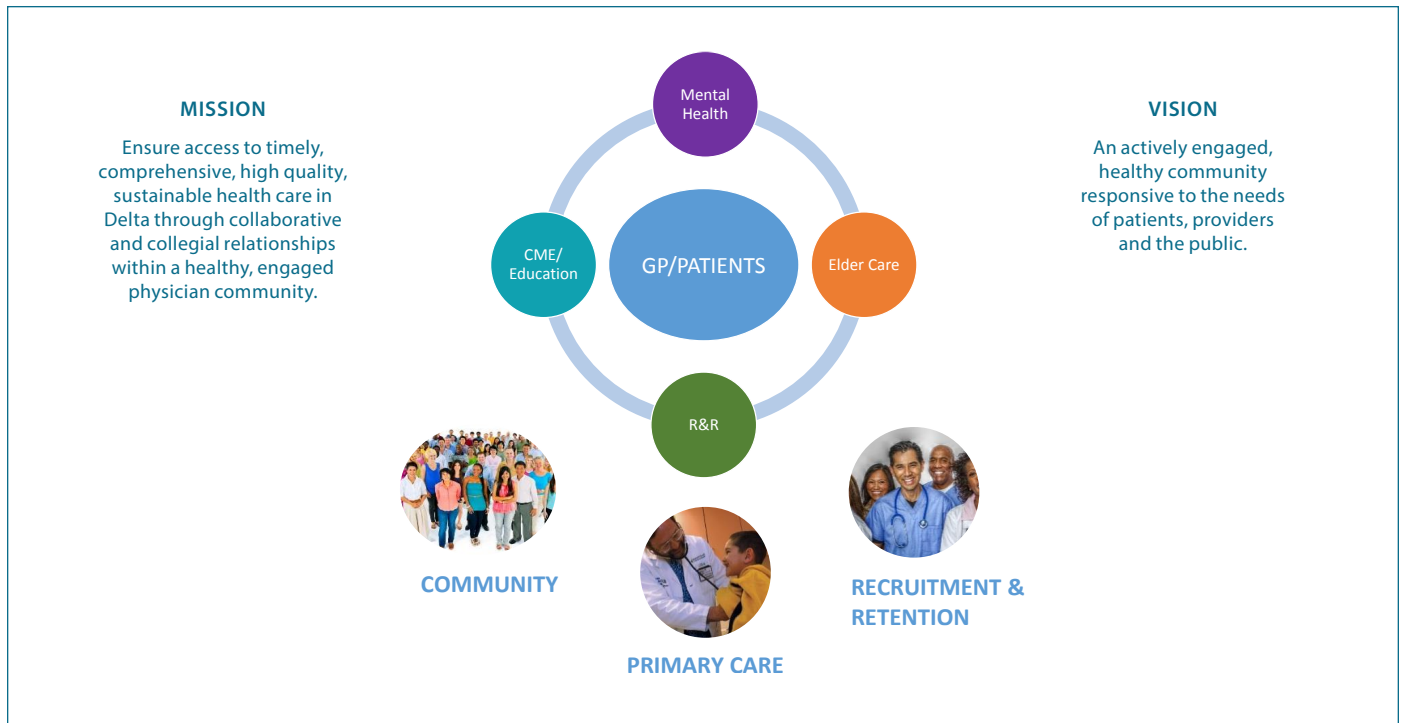
Thank you to our board of directors for your leadership.

Thank you Judith, Debbie, and Diane for your tireless work and commitment.

And last but not least, thank you to our members. I look forward to breaking new ground with all of you this next year with the development of the PCH and PMH initiative roll outs.

With gratitude,  
Geri McGarth

# Delta Division Strategic Plan 2016–2017



## A GP FOR ME Report from Lead Physician

The last year has been a busy one for the four elements imbedded in our work within the provincial A GP for Me initiative.

The recruitment, retention, and locum support element has been successful beyond our projections with two new physicians in active practice and three new physicians expected over the next few months. Another physician is slated to be in place by 2017. Numerous locum physicians have also been contacted and are already in place, providing locum support to numerous local offices.

Our Patient Attachment System has developed a standardized process to attach patients to family physicians using FETCH. To date, approximately 500 patients have been attached and another 1500 or so remain on the FETCH registry.

The Team-Based Care committees held a number of collaborative planning sessions with over 25 community partners and allied health care providers in attendance. In addition, Division staff and community partners have reached out to over 24 GPs and 23 MOAs (medical office assistants) through clinic visits. Much of this outreach has led to increased GP and MOA awareness around mental health and substance use resources available locally.

The practice efficiency committee, in conjunction with PSP (Practice Support

Program), hosted over six small group learning sessions and has helped provide practice support to local clinics and their MOA support staff. Application for additional funding has

been made in order to continue this work. Thanks to everyone involved for their contribution to the community of Delta!  
Dr. Craig Martin

### A GP for Me to March 2016

GOALS	ACCOMPLISHMENTS
<ul style="list-style-type: none"> <li>Improve patient access to a family doctor by focusing on recruitment and retention</li> </ul>	<ul style="list-style-type: none"> <li>Established an effective recruitment process</li> <li>2 GPs recruited</li> </ul>
<ul style="list-style-type: none"> <li>Help patients who do not have a family doctor to find a GP</li> </ul>	<ul style="list-style-type: none"> <li>Developed a standardized process to attach patients to family physicians using FETCH</li> <li>100 patients attached</li> </ul>
<ul style="list-style-type: none"> <li>Strengthen communications and health care provider connections to provide better support for adult mental health and substance use (MHSU) patients</li> </ul>	<ul style="list-style-type: none"> <li>“Guidelines for Communications” developed to enhance information sharing between GPs and community service providers</li> <li>Increased GPs and MOAs awareness of MHSU resources</li> <li>Increased collaboration and communication between health care providers</li> <li>11 “road show” clinic visits with 10 community partners, 24 GPs, 1 resident, and 23 clinic staff/MOAs</li> <li>Developed FETCH website focused on MHSU community services and resources</li> </ul>
<ul style="list-style-type: none"> <li>Increase practice efficiency so that doctors can focus on quality, timely patient care</li> </ul>	<ul style="list-style-type: none"> <li>In collaboration with PSP, hosted 8 Small Group Learning Sessions and a MOA education event</li> <li>Provided practice support to GPs and MOAs</li> <li>Improved billing efficiencies</li> </ul>

## A GP FOR ME *cont'd* Team-Based Care — Adult Mental Health PSP

The **Guidelines for Communications and Information Sharing Between GPs and Community Partners** were developed through our Adult Mental Health and Substance Use Team-Based Care, based on the experience and recommendation of GPs and allied health care partners. These Guidelines have been shared provincially and adapted for the Child Youth Mental Health Substance Use (CYMHSU) Provincial Collaborative. They were presented at the June Inter-divisional and resulted in our Division being nominated for the “Above and Beyond” award from Fraser Health.

Modules such as End of Life, MSK, Concussion Management, and eight Small Group Learnings with 43 total attendees, including MOAs. Topics included Identifying and Treating Psychosis, Bi-polar and Schizophrenia Disorders, Medical Marijuana, and Telus/WOLF EMR.



## Members' comments highlighting some of our A GP for Me successes

*“We learned that there is a huge array of resources. We have knowledge about what is in the community and things are working a lot more smoothly.”*

— Local GP referring to allied health professionals

*“I used to shy away from connecting to mental health because sometimes it was difficult. But the new connection and now knowing that with a direct phone call, my patient can get in right away and not endure weeks of suffering – it’s really positive.”*

— Local GP referring to specialist (psychiatrist)

*“We’re collaborating. We’re communicating. We’re working as a team. This is better patient care management.”*

— Local GP

*“As a result of the Team Based Care work, there is better collaboration and communication with our community partners. The planning sessions (facilitated by the Division) were a forum where the needs of each partner and GPs came to light — needs (not wants) were clarified and measures were taken to address them.”*

— Local GP

*“...I built relationships with other providers in the community and was able to navigate the system more efficiently to provide continuity of care for my patient.”*

— Local GP




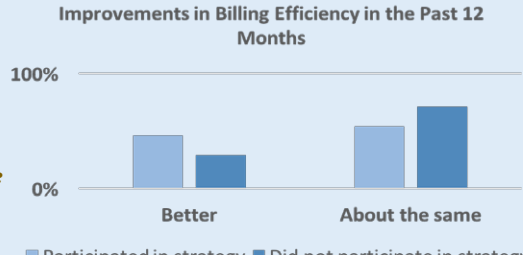
*“...I am a busy family physician working with two colleagues in a practice in South Delta. After a colleague recently left our clinic, we had space to take on another physician, but we didn’t have the time or the knowledge to recruit a new doctor.”*

— Local GP

*“I am extremely satisfied and relieved knowing our practice is increasing capacity to improve patient access to care and we now have more flexibility for cross-coverage and time for personal commitments. Without the expertise of the recruitment coordinator, I am certain we would still be looking for a new physician to join our practice...”*

— Local GP

# Key Accomplishments 2015–2016

<p style="writing-mode: vertical-rl; transform: rotate(180deg);"><b>RECRUITMENT, RETENTION &amp; LOCUM SUPPORT</b></p>	<p><b>Key Accomplishments (to Jul 12 '16)</b></p> <ul style="list-style-type: none"> <li>Established an effective recruitment process</li> <li>Developed a marketing plan to showcase Delta</li> <li>Recruitment Coordinator attended family medicine physician conferences</li> <li>Supported new GPs in their transition to South Delta</li> <li>Identified locum needs of Delta physician</li> <li>Connected with locums</li> </ul>	<p><b>Impact of the Strategy (to Jul 12 '16)</b></p> <ul style="list-style-type: none"> <li>Recruited new physicians to South Delta             <ul style="list-style-type: none"> <li>4 GPs have begun practicing</li> </ul> </li> <li>2 GPs are expected to begin practicing between July–November 2016</li> <li>2 GPs are expected to begin practicing in 2017</li> <li>Increased capacity in physician offices</li> </ul>  <p><i>“Without A GP for Me, we’d still be looking for a new doctor. I don’t think we would’ve had the capacity to find a physician on our own. The recruitment coordinator was able to do the legwork that physicians don’t have the time or skills to do.” – GP Receiving Recruitment Support</i></p>
<p style="writing-mode: vertical-rl; transform: rotate(180deg);"><b>PATIENT ATTACHMENT SYSTEM</b></p>	<p><b>Key Accomplishments (to Mar 31 '16)</b></p> <ul style="list-style-type: none"> <li>Developed a standardized process to attach patients to family physicians using FETCH</li> <li>Promoted FETCH patient registry among providers and the public (i.e., via public education event)</li> <li>Better understanding of the number of unattached patients and of GP capacity needs</li> </ul>	<p><b>Impact of the Strategy (to Jul 12 '16)</b></p> <ul style="list-style-type: none"> <li>Attached patients to family physicians             <ul style="list-style-type: none"> <li>600 patients attached</li> </ul> </li> <li>Enabled patients to find a family physician</li> <li>Supported MOAs, and community service providers with attachment mechanism             <ul style="list-style-type: none"> <li>1800 patients registered their need for attachment</li> </ul> </li> </ul> <p>FETCH Site Visits (to May 31 '16)</p> 
<p style="writing-mode: vertical-rl; transform: rotate(180deg);"><b>TEAM BASED CARE &amp; PROVIDER CONNECTIVITY</b></p>	<p><b>Key Accomplishments (to Mar 31 '16)</b></p> <p><b>Developed:</b></p> <ul style="list-style-type: none"> <li>FETCH website focused on MHSU community services and resources</li> <li>“Guidelines for Communications” to enhance information sharing between GPs and community service providers</li> </ul> <p><b>Organized and hosted:</b></p> <ul style="list-style-type: none"> <li>5 collaborative planning sessions: 29 community partners / allied health care providers, 4 GPs, &amp; 2 psychiatrists</li> <li>16 “road show” clinic / hospital visits: 11 community partners, 24 GPs, 1 resident, 23 clinic staff/MOAs, &amp; 5 hospital staff</li> <li>Public education session attended by community members and service providers (~30 attendees)</li> </ul> 	<p><b>Impact of the Strategy (to Jul 12 '16)</b></p> <ul style="list-style-type: none"> <li>Increased GP and MOA awareness of MHSU resources</li> <li>Streamlined access to MHSU services and resources</li> <li>Increased collaboration and communication between health care providers</li> <li>Streamlined access to care for MHSU patients</li> </ul> <p><i>“We learned that there is a huge array of resources. We have knowledge about what is in the community and things are working a lot more smoothly.” – Local GP</i></p>
<p style="writing-mode: vertical-rl; transform: rotate(180deg);"><b>PRACTICE EFFICIENCY</b></p>	<p><b>Key Accomplishments (to Mar 31 '16)</b></p> <ul style="list-style-type: none"> <li>Hosted, in collaboration with PSP, 8 Small Group Learning Sessions and an MOA education event</li> <li>Provided practice support to GPs and MOAs</li> <li>Established a discussion board on the Division website</li> <li>Supported EMR access for GPs from within the hospital</li> </ul> <p><i>“The SGLS and activities sponsored by the Division have created more collegial relationships – physicians meet together and talk to each other. In absence of meeting in the hospital, the Division has provided that.” – Strategy Committee member</i></p>	<p><b>Impact of the Strategy (to Mar 31 '16)</b></p> <ul style="list-style-type: none"> <li>Improved GP collegiality</li> <li>Increased office efficiencies</li> </ul> <p>Improvements in Billing Efficiency in the Past 12 Months</p> 

## Shared Care Committee

### Orthopedic Clinic

In collaboration with Fraser Health, renovations were made at Delta Hospital to accommodate an orthopedic clinic and a position for an orthopedic surgeon was posted.

### Residential Care Initiative — Dr. Randall McCuaig, Lead Physician

The General Practice Services Committee (GPSC) introduced the Residential Care Initiative (RCI) to improve care for seniors. The GPSC is supporting local groups of physicians through the initiative to build local, scalable, and sustainable solutions.

The Initiative was introduced to Division members in October and we received input into structuring our work within the initiative. In addition to Delta's RCI committee, a working group was formed with member GPs as well as the medical directors and care directors of each facility participating.

### Child Youth Mental Health Substance Use (CYMHSU) Collaborative LAT (Local Action Team)

On September 30, 2015, the Division invited mental health community partners to a technical briefing to explain the CYMHSU Collaborative and the purpose of a Local Action Team. The group explored ways that they, by collaboration, could improve child and youth mental health in the communities of Ladner and Tsawwassen. This initial group formed the Delta LAT and other community mental health service providers, parents, and youth have come together to improve knowledge and access to mental health care for children, youth, and families in South Delta.



## Collaborative Services Committee (CSC)

### DR. RANDY MCCUAIG – CO-CHAIR RHONDA VELDHOEN – CO-CHAIR

The Delta CSC is an innovative approach to co-generating solutions to the complex, serious, and interconnected issues facing the health care system, the delivery of care, and the experience of care.

The CSC is one of our Division's opportunities to have a voice with the Fraser Health Authority, GPSC, and Ministry of Health. We meet every second month to present our successes and outcomes, ask questions, and discuss the opportunities and challenges faced by our membership.

Over the past year the CSC has been instrumental in:

- Creating an orthopedic clinic within Delta Hospital and hiring an orthopedic surgeon, Dr. Matt Lewington.
- Addressing recruitment challenges.
- Sharing South Delta's successes and learnings provincially.
- Defining new initiatives such as Primary Care Home and Primary Medical Home.



# Story Board presented by our Division at the Joint Collaborative Committees Showcase to Highlight Our Successes



**Delta**  
**Division of Family Practice**  
A GPSC initiative

**Our mission** is to ensure access to timely, comprehensive, high quality, sustainable health care in Delta through collaborative and collegial relationships within a healthy, engaged physician community.

## We're All in This Together – Advocating for Mental Health Patients



### Overview

The Delta Division of Family Practice's "A GP for Me" initiative includes integrating work streams to address patient attachment, GP capacity and primary care needs. We improved information and processes to enable GPs to identify and rapidly refer to targeted MHSU and allied health care resources and to receive timely feedback.



### Collaboration

- Delta Division of Family Practice
- Member GPs
- Medical Office Assistants
- Allied Health Care Professionals
- Community Service Organizations
- Fraser Health
- The Corporation of Delta



### Strengthening the Arm of the GP: A GP's Story

- Learned more about the referral process
- Built relationships with other health care providers in South Delta
- Referral was much smoother and quicker than before
- Patient's life has dramatically changed for the better
- Able to navigate the system more efficiently to provide continuity of care

### Key Guiding Principles

- Patient centeredness
- Leveraging/integrating with existing processes, tools and roles
- Design for sustainability
- Simplicity, practicality



### Issues and Solutions

The following themes were identified in response to the question, "What are the issues or obstacles related to our goal of improving feedback to the GP?"

- a. Communications, relationships / networking
- b. Education
- c. Additional psychiatrist clinical mentorship / MHSU support

Using case studies and a patient journey walkthrough, the Division, in collaboration with allied health care partners and FHA, identified improved communications processes for referrals and feedback to the GP. The Division created "Guidelines for Communications between GPs and Community Partners" to clarify information sharing between GPs and community partners for MHSU adult patients (non-urgent care). Given that the care of MHSU patients typically involves sharing of information, a privacy consultant was engaged to ensure communications processes addressed privacy concerns. This document exists within the context of current legislation, including two privacy laws: the *BC Personal Information Protection Act (PIPA)*, and the *BC Freedom of Information and Protection of Privacy Act (FIPPA)*.

Relationships between GPs and community partners will continue to be strengthened through in-clinic community partner "road shows", networking at GP/provider MHSU education sessions and ongoing collaboration with providers to create more clarity around processes (and/or support improvements).

FHA MHSU has expanded services to GPs to support MHSU patients: a Rapid Access Clinic, in-clinic psychiatrist clinic mentorship and accessibility to a psychiatrist for quick calls.

### Impact/Benefits

- Improved patient care and outcomes
- Timely access
- Seamless, smoother process
- Ease of wrap around care/integration
- Access to wider range of expertise
- Relationship-building among providers
- Increase capacity for providers
- Knowledge of services and roles
- Improved communications between GPs and FHA MHSU and community partners
- "[It's] the way of the future. Efficient way to manage busy practitioners and better patient outcomes."
- Network providers have made changes to their practice including more efficient office processes in terms of where to direct patients for MHSU resources and sharing information with colleagues



### Sustaining the Change

- Provider education includes networking opportunities, and will continue through FHA's Practice Support Program (PSP).
- Guidelines for communications have been prepared and will be shared with all South Delta GPs and MHSU providers.
- Community partners will maintain service information on the FETCH searchable on-line website which is easily accessible to GPs and the public.
- Established connections will sustain mutually beneficial relationships.
- A patient/public education session focusing on MHSU is planned for 2016.

**Patients:** Advocate, navigate and understand

**GPs:** Support in caring for complex mental health patients

**Allied Health Care Partners:**

Building relationships with GPs and being heard

## OUR MISSION

Ensure access to timely, comprehensive, high quality, sustainable health care in Delta through collaborative and collegial relationships within a healthy, engaged physician community.

## OUR VISION

An actively engaged, healthy community responsive to the needs of patients, providers and the public.

## Board of Directors

Randy McCuaig — Chair  
 Sandy Chuang — Treasurer  
 Craig Martin  
 Adrian Wladichuk  
 Melissa Tan  
 Richard James

## Staff

Geri McGrath — Executive Director  
 Judith McLeod — Executive Assistant  
 Debby McKenzie — Recruitment & Retention Coordinator  
 Diane Burton — Project Manager

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.

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