



Improving  
Healthcare,  
Changing  
Lives

**2020 | ANNUAL REVIEW**

OCTOBER 2019 – SEPTEMBER 2020

# OUR VISION & MISSION

Kootenay Boundary Division of Family Practice represents all family physicians and nurse practitioners in the region. Together, we envision the development and sustainability of healthy communities and health care providers within a healthy region.

- Improve patient care and community health
- Increase the voice and influence of KB Division members in health care delivery and policy
- Improve professional satisfaction of primary health care providers
- Strengthen the sustainability of health services




167  
Members



11  
New Members  
This Year

19+  
Active Projects



26  
Family  
Practice  
Clinics



# Leadership Report

## 2019-20 KB DIVISION EXECUTIVE:

Dr. Trevor Aiken, Chair

Dr. Dharma McBride, Vice Chair

Dr. Chelsea Anchikoski, Treasurer

Dr. Shelina Musaji, Physician Lead

Andrew Earnshaw, ED

As Family Doctors and Nurse Practitioners in Kootenay Boundary, our goal is to provide the best possible care for our patients. The role of KB Division is to help us achieve this goal by improving the health system, over the short, medium and long term. We do this by tackling pain points in patient care, implementing member-driven clinical practice supports, collaborating with healthcare partners, and anticipating, planning for and reacting to emergent issues, including Interior Health Authority and Ministry of Health decisions and direction.

This, our 10th year of Division operations, began with “business as usual”. The first wave of Primary Care Network implementation saw clinics engaged, new providers hired and over 2,000 patients finding a family practitioner. New projects moving forward included regional oncology sustainability, support for complex medically frail patients and an improved, region-wide, collaborative approach to both specialist and family physician recruitment.

Then came the pandemic. Our Division reacted quickly to support members as radical practice change unfolded: Virtual health supports were mobilized, PPE supply chains established, Respiratory Assessment Clinics set up and frequent practitioner update meetings organized to keep members informed of the rapidly changing COVID-19 landscape. The focused and impactful response of our members and staff to address this challenge was exemplary, and taxing.

The COVID-19 ‘emergency’ further highlighted sustainability challenges with the private fee for service model of care that we were exploring before the pandemic. Burnout, financial stability, physician recruitment, and providing longitudinal family medicine to everyone in KB are consequential challenges. The approximately 12,500 patients in our region who want, but do not have access to a longitudinal care provider, are just the beginning. The aging population will produce double the number of complex patients we have now, by 2035. We need to prepare ourselves, and our system, for these challenges.

External to KB, recent actions by the Ministry of Health indicate a preference for in-clinic primary care delivered by salaried staff, Doctors and NPs, working within IHA management structures. We also see large corporate interests leaning into this primary care. In Richmond BC, a third of clinics are owned and operated by corporations with no physician or community governance, funded by private investors or chain pharmacies. Telus, owner of Babylon and Medisys, is another well known example.

Above, we referenced Primary Care Network implementation as a first step in addressing these challenges. Co-located, team-based care has increased attachment and quality of care in other jurisdictions. We are anticipating it can do the same here, and are already seeing encouraging results. In addition, we launched “The Future of Clinics”, a series of engagements with members and community leaders exploring the need for a new form of primary care practice within KB. This work sparked discussions in Rossland, Trail and Castlegar about creating larger clinics and moving to a networked Community Health Centre model, which the Division is supporting.

And as all this work progresses, COVID remains with us, placing an ongoing tax on our professional and personal lives. Increased regulatory expectations, changing practice patterns, uncertainty regarding the future and decreased social contact for ourselves and our families, can decrease available energy for system improvement work. And patient care, as always, remains paramount. As we move into your Division’s second decade, balance and pace of change will continue to be key foci for your Board.

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A heartfelt thank you to our fellow Division members, for all you do. For embracing practice and system improvement. For caring for your patients. For your professional leadership in the wellness of your family, friends, and citizens of Kootenay Boundary.

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We end with a heartfelt thank you to our fellow Division members, for all you do. For embracing practice and system improvement. For caring for your patients. For your professional leadership in the wellness of your family, friends, and citizens of Kootenay Boundary. Please don’t hesitate to contact any of us if you wish to discuss anything, or to get more involved in any of the initiatives you read about in this year’s report.

## KOOTENAY BOUNDARY DIVISION OF FAMILY PRACTICE INITIATIVES:



Explore a snapshot of all projects currently underway across our region at: [bit.ly/KB-Projects](http://bit.ly/KB-Projects)

# SUPPORTING OUR MEMBERS IN PRACTICE

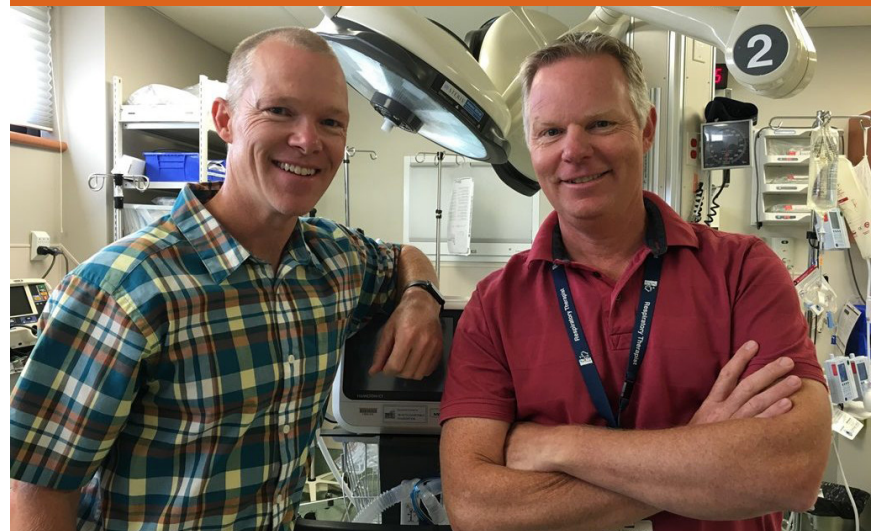
- Recruited and welcomed 11 new members to family practice in our region:
  - » Nine family physicians: Drs. Wachtel, Halstead, Czubernat, Roshdibenam, Ghaffari, Charman, Love, Galbraith, and Little.
  - » Two nurse practitioners: Jayme Ingram and Niki Hogan.
- Launched the kbdoctors.ca website and digital media strategy to further expand recruitment efforts for our region - supported recruitment of six new Specialists so far this year.
- Assisted our new-to-practice members, their spouses and families with practice set-up, community connections and spousal employment.
- Generated over 16 matches between clinics and Family Physician Locums via KB Division's Locum Matching Initiative. Most matches came from Locums new to KB and some are now considering KB for long-term opportunities.
- Implemented virtual wellness initiatives to support practitioners during the initial phase of COVID-19, including "The Antidote" daily check-in and meditation, and "Team Psychologist" initiative.
- Supported COVID-19 response since March 2020 with the Respiratory Assessment Clinic, virtual health, personal protective equipment supplies, worksafe BC support, in-clinic communications materials, consolidated COVID FAQ, and frequent practitioner zoom presentations/discussions.
- Provided support to help address EMR issues in family practice clinics via the mobile Digital Health Unit (DHU). The service was well-received and the DHU was fully booked this year.



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My best moment was doing the 20 minute 'Antidote' (meditation call) at 8 pm and then being able to come out and enjoy my family, then had the most amazing sleep. - KB family physician on the impact of practitioner support and wellness initiatives during the initial phase of the pandemic.

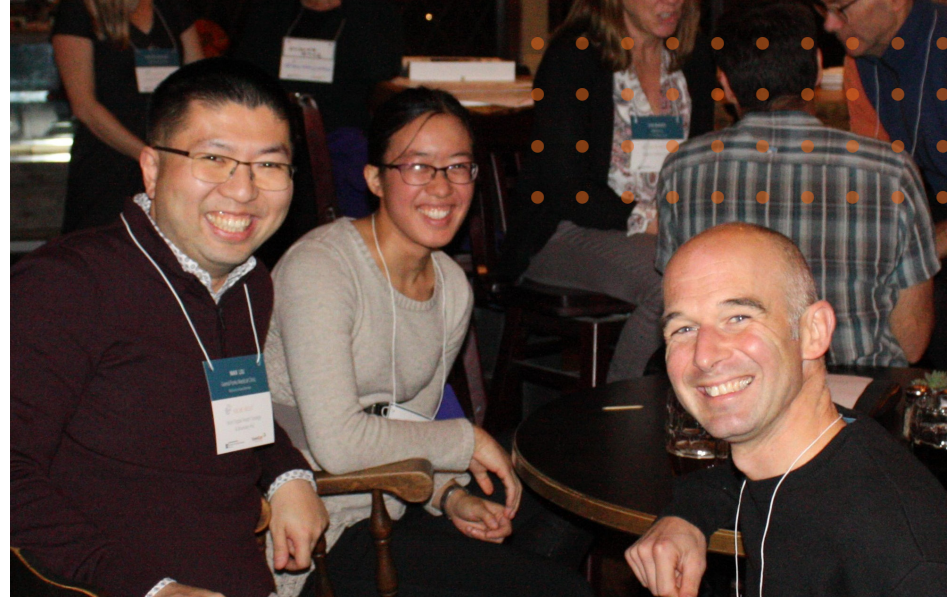
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# DELIVERING ROBUST MEDICAL EDUCATION

- Hosted responsive and well-rated events on multiple medical education topics via the Continuing Professional Development Program (CPD), including Dine & Learns and the 36th Kootenay Conference.
- Pivoted to deliver CPD events virtually as a result of COVID-19, which also enhanced access for all remote physicians to attend.
- Amalgamated weekly hospital rounds to create the new Regional CPD Weekly Education Rounds, accessible to all physicians and allied health in the region.
- Created an online library of CPD recordings to provide continued and accredited learning opportunities for our members.
- Provided financial support to aspiring rural physicians in the Selkirk Pre-Med program through the KB Division Scholarship fund. Rebecca MacLeod, 2018 recipient, is the latest alumni to gain acceptance into medical school and is off to UBC to complete her journey to becoming a physician. Congratulations Rebecca!



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Best conference in last several years; the talks were very relevant; the approach to topics ‘graspable’. These events create connections with colleagues and ideas for growth. - KB physician on the impact of regional CPD education and events.

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# TRANSFORMING PRIMARY & COMMUNITY CARE

- Collaborated in dedicated partnership with the Ministry of Health, Interior Health, Kootenay Boundary Aboriginal Services Collaborative, community and patient partners to continue to implement the Kootenay Boundary Primary Care Network (PCN) for our region.
- Hired 24 new PCN staff, with clinic staff now in place in 12 out of 13 PCN clinics, including:
  - » Four registered nurses, eight social workers, one occupational therapist, four physiotherapists, four nurse practitioners.
  - » One respiratory therapist, one registered dietician, 1.5 Aboriginal health coordinators as regional staff supporting all PCN clinics.
- Increased net attachment of 2568 patients - 17% towards goal of 15,250 patients over the next three years.
- Engaged patient input on primary care via the region-wide Patient Experience Survey. 1589 patients participated. Key findings were shared with community via the summary report. Data will be utilized as a baseline measure for PCN implementation going forward.
- Facilitated 14 PCN Learning Lab sessions since March 2020.
- Initiated exploration on the potential for a network of Community Health Centre (CHC) clinics for our region via the Future of Clinics Engagement Process including:
  - » Practitioner dinners and community information sessions held in Trail, Castlegar and Nelson in Spring 2020.
  - » Research and interviews with CHC key informants in other jurisdictions.
  - » Three informational webinars held in July 2020 (Transitioning to a CHC, Community Centred Care, Business and Governance Models).



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It's definitely a patient-centred approach to care. We are forming wrap-around teams for patients, and we are readily accessible as part of the clinic team. It is more efficient. There is more information sharing possible between all clinical disciplines - physicians, allied health, and nursing. - KB PCN Staff

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# CHAMPIONING TEAM-BASED PATIENT CARE

Advanced eight KB Division, Shared Care projects aimed at collaborative, coordinated, team-based care and continually improving patient care in our region. Projects are delivered in collaboration with partners including Interior Health (IH), specialists, and community agencies.

- **Social Determinants of Health (SDH) and Adverse Childhood Experiences (ACEs):** Supported poverty and trauma-informed practice with implementation of in-practice ACEs screening via 10 practitioner trainings / engagements and a newly launched ACEs toolkit for specialists.
- **Emergency Medicine Network:** Formed the KB Emergency Medicine Network to strengthen relationships, processes and protocols between sites including transport. This included bringing together 32 region-wide emergency medicine practitioners and partners for the first ever regional retreat in November 2019.
- **Virtual Health:** Continued to support the expansion in-clinic and facility-based telehealth systems for shared consultations across all members of the patient's care team. COVID-19 resulted in a dramatic increase in virtual health for primary care delivery. Surveys of patients and providers in May 2020 captured experiences associated with utilization, and key findings will help inform planning going forward.
- **Telepsychiatry:** Initiated exploration of needs in mental health and psychiatric care in the region. Engagement held in March 2020 attended by 20 GPs and SPs to discuss GP MHSU lines, Opioid Agonist Therapy delivery in the region, and geriatric assessment in Trail and Castlegar. Began project work to enable urgent virtual psychiatric consults for patients who present with psychiatric symptoms at emergency departments or during their admission to medical floors at hospitals.
- **Palliative Care:** Worked to build a culture of team-based palliative care, support the work of community hospice organizations, and introduce a palliative approach to chronic disease management. Evaluation demonstrated that palliative care networks in Trail, Nelson and Castlegar were strengthened through the project. Patient Resource Guides for Trail and Nelson were developed and launched.
- **Oncology:** Commenced project work to support the development of a regional team-based care Oncology approach, with a particular focus on improved communication processes and coordination between cancer care providers.
- **Complex Medical Frail:** Commenced project work to support the development of team-based care for older adults with complex medical conditions and/or frailty and develop prototypes to assist IH with Specialized Care Services Programs (SCSP) implementation, with a focus on identifying and testing approaches to improving communication between the SCSP and family physicians and nurse practitioners.
- **Maternity:** Continued to support regional meetings of the Kootenay Boundary Maternal / Child Committee in collaboration with Facilities Engagement. Supported access to additional GPSC Maternity funding for two delivery sites in Nelson and Trail for quality improvement initiatives. Completed a Shared Care EOI exploring obesity challenges in the KB.

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Virtual care has absolutely enhanced my practice and improved access to care for my patients. - KB physician on Virtual Health impacts

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# Thank You

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The Kootenay Boundary Division of Family Practice gratefully acknowledges the funding of the General Practice Services Committee, Shared Care Committee and Innovation Fund as well as the support of the Division of Family Practice provincial office and Shared Care central office.

We extend our sincere gratitude to our many healthcare and community partners for your collaboration and shared dedication.

To our passionate physician leads, dedicated committees, patient partners, and skilled contractors - thank you for your contributions and leadership.





## Kootenay Boundary Division of Family Practice

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## Learn More About Our Work :

Including reports & resources referenced  
within this year's Annual Review

[www.kbdivision.org](http://www.kbdivision.org)

## Stay Connected:

 [@kbdivision](https://www.facebook.com/kbdivision)

## Get in Touch:

Questions?

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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.

