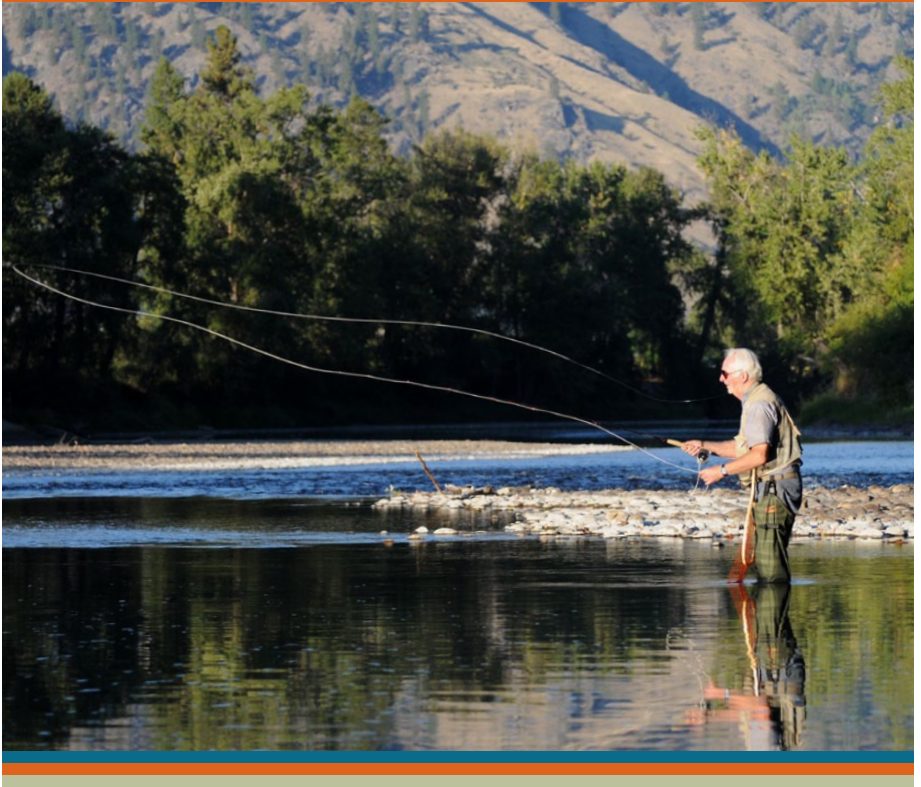


Annual Report 2012



Kootenay Boundary
Division of Family Practice
A GPSC initiative





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Message from the Chair

2012/2013, the second full year of operation for the Kootenay Boundary Division of Family Practice, was one of evolution as the board continued to develop the Division's strategic directions based on member input. The first half of the year, the board focused attention on recruiting a strong executive director to carry forward Morag Reids' tremendous initial efforts to coordinate the Division. We were extraordinarily lucky to find not just Andrew Earnshaw to be our executive director, but also Julius Halaschek-Wiener to be our clinical lead.

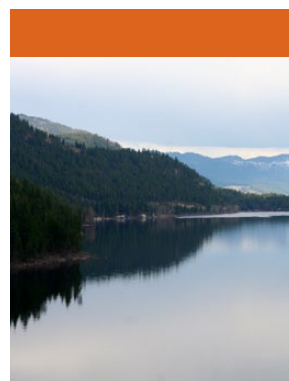
To depict the KB Division work, the board has chosen the symbol of a tree, which is shown on the opposite page. The board has grown the Division's work from the ground principles of collaboration, consensus, integration, patient-centred care, community focus, multidisciplinary teamwork and social determinants of health. The board has focused on building a Division with an engaged board and membership, robust governance and efficient administration, and consistent performance quality improvement as roots for strong primary health care in KB.

Also in the roots of Division work are the **Collaborative Service Committee (CSC)** with Division, Health Authority and GPSC /Ministry representation, and the Division's representation on the **IH Interdivisional Strategic Council (ISC)** for the seven IH Divisions. With support from Sue Davis, KB's provincial engagement lead, Brian Evoy, Division executive lead, and Val Tregillus, IH ISC lead, the board has worked hard to co-develop the CSC with our partners, IH co-chair Linda Baseran, IH KB

community integration lead Cheryl Whittleton, and our KB CSC GPSC representative from the Ministry of Health, Silvia Robinson.

Regional Continuing Medical Education (CME) sits at the base of the Division tree. It was our first initiative and was lead by Dr. Janet Fisher and Dr. Tandi Wilkinson, thanks to their passion for evolving CME opportunities in the region and provincially. Quality grassroots CME is developing as a foundation for best practice medical care in the region, and is fostering opportunities for stronger relationship development between GPs, specialists and multidisciplinary teams.

Recruitment and retention of physicians is within the main trunk of the Division tree and closely linked with the KB Division's core work, **patient-centred family practice**. The board has linked support for patient-centred longitudinal family medicine to the KB Integrated Practice Support Initiative (IPSI), the GP for Me provincial Attachment work, in-patient care, and emergency care. Associated with the EMR

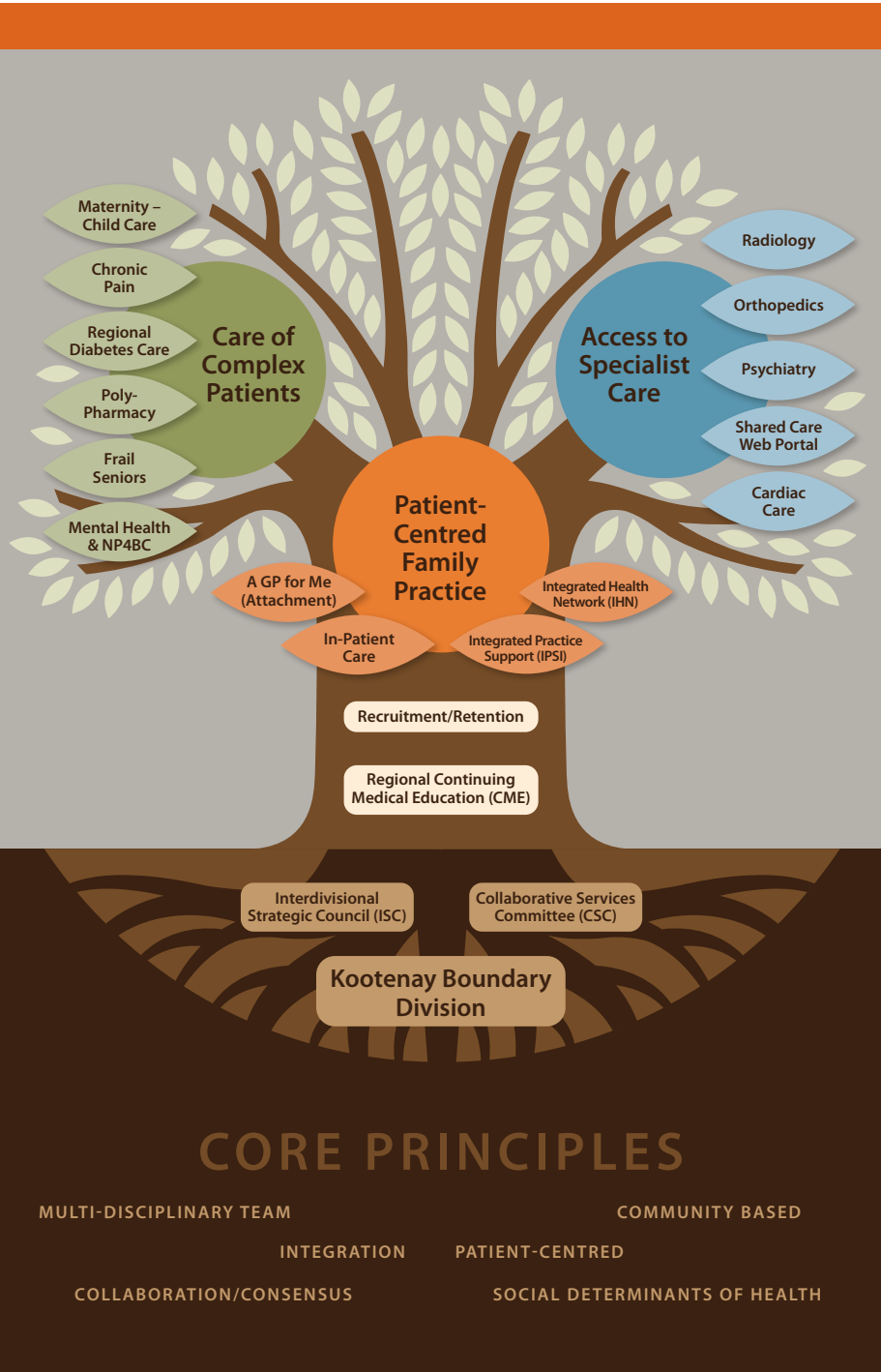


part of the IPSI project, we have been particularly lucky to have had board representation from Dr. Jeanette Boyd who is also on our local KB COP, on the IHA IMIT committee, and on the physician led provincial Data Collaborative Project.

The two main tree branches that support patient-centred family practice are **access to specialists**, and **care of complex patients**. The board has developed many projects in these areas through KB Shared Care's Partners in Care and Transitions in Care, the KB CSC, and GPSC Infrastructure resources. The Board particularly acknowledges the contribution of regional specialists and Ingrid Hampf (IHA KB Acute Lead) in all the KB Shared Care work.

The board hopes that the KB Division members will continue to direct and to actively participate in KB Division projects to shape the future of primary care in our region.

Martha Wilson
Chair





Message from the Executive Director

Since joining the Kootenay Boundary Division in November, one thing has become very clear: KB GPs are passionate about primary care and committed to positive region-wide change. This is a great time for our Division. With governance and operational foundations solidifying, we are moving into optimization and achievement mode.

As the Division's first executive director, my role is to oversee and enhance operations while supporting the governance responsibilities of the board, so we are best positioned to take action on member priorities. Fine tuning our financial management systems has been an important initial focus, as has the evolution of governance models aimed at helping the Division run as efficiently and effectively as possible. We are developing strong human resource systems that support employees and contractors, so they can focus on helping project committees get work done. With my colleague Julius Halaschek-Wiener also in place, who as clinical lead stewards the Division in many emerging

initiatives, the Division has sufficient internal resources to enable the board to increasingly focus on the big picture rather than daily administration.

In the coming year, many projects that began identifying needs in 2012 will move into taking action. New committees and working groups are being formed, and I encourage all members to consider joining one of these and become more involved with the Division's work in the areas of greatest interest to you. Staff and contractors are here to support the Division's mandate to improve primary care in Kootenay Boundary, but this is your Division: your priorities, your vision, your voice. We

welcome, and need, your active involvement to make our goals a reality. From everything I've seen around our board table to date, I'm certain you will find the engagement personally and professionally rewarding.

I thank the board for providing me the opportunity to become your executive director. I also wish to thank our core contractors Jaime Frederick, Megan Long, Mona Mattei, Michelle Sylvest, Julius Halaschek-Wiener and Erin Perkins for their dedicated work this year. And of course, I extend my greatest thanks to all our members for supporting our mandate and the many family physicians who have offered their time to achieve it.

Here's to an eventful and productive 2013.

Andrew Earnshaw
Executive Director



Mission

The Kootenay Boundary Division of Family Practice works in partnership with the General Practices Services Committee (GPSC), Interior Health, Ministry of Health and local community partners to:

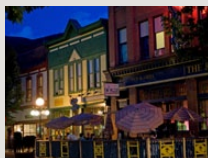
- Improve patient care and community health
- Increase the voice and influence of KB Division members in health care delivery and policy
- Improve professional satisfaction of primary health care providers
- Strengthen the sustainability of health services.

Vision

The Kootenay Boundary Division of Family Practice envisions the development and sustainability of healthy communities and health care providers within a healthy region.

Guiding Principles

- Patient-centred
- Regionally focused
- Grassroots participation
- Inclusive of all voices (patients' and all primary health care providers')
- Collaborative
- Consensus decision making
- Equitable
- Promoting broad determinants of health
- Evidence informed
- Sustainable for health care providers, patients and the environment
- Triple Aim Principles: population health, patient and provider experience of care, and sustainability of health services



2012

Milestones in 2012/13

APRIL

- Psychiatric patient journey mapping
- Maternity-child patient journey mapping
- Three-day, regional palliative care conference in Rossland
- Orthopedics Shared Care meeting in Trail

MAY

- Maternity-child round table planning meeting
- KB and Kelowna cardiac services program engagement
- Division Dine and Learn in Castlegar on "Chronic Pain and Addictions Management"
- Annual Division Round Table and AGM in Castlegar with Val Tregillus as guest speaker

JUNE

- KB Division represented at the Provincial Divisions conference
- KB Division represented at a Ministry of Health conference on "Integration" in primary health care
- In-patient care engagement dinner in Trail with Darcy Eyres

JULY – AUGUST

- Radiology Shared Care meeting in Trail

SEPTEMBER

- In-patient care engagement dinner in Nelson with Darcy Eyres
- Division represented at the IHA strategy meeting on "Chronic Pain Services in IHA"
- Maternity-child strategic plan approved by regional perinatal committee
- Cardiac care virtual meeting held to explore options to optimize continuity of care for cardiac patients

OCTOBER

- First regionally accessible CME videoconference, linking to a talk on melanoma in Trail
- KB Division represented at the Provincial Shared Care conference
- Radiology Shared Care meeting in Trail
- Division regional diabetes committee meeting to explore optimizing diabetic care in the region
- Polypharmacy Shared Care meeting on reviewing/reducing medications for long term care residential patients
- Julius Halaschek-Wiener hired as Division clinical lead



to 2013

NOVEMBER

- Andrew Earnshaw hired as Division executive director
- Jaime Fredrick hired as project manager of the Division recruitment project
- Community-Division-Teck partnered CME event in Trail, "The Challenge of Change"
- KB represented at the Provincial Division conference
- KB Regional ER dinner to explore issues /needs of KB ER physicians
- Nelson & Rossland IHN engagement dinners to gain direct family physician input for the next development of Integrated Health Networks in the region (a KB Collaborative Services Committee initiative)

DECEMBER

- Castlegar engagement dinner and Grand Forks IHN morning engagement to gain direct family physician input for the next development of Integrated Health Networks in the region (a KB Collaborative Services Committee initiative)
- Radiology Shared Care meeting in Nelson

JANUARY

- Psychiatry Shared Care meeting in Castlegar
- Five days of CME ultrasound courses at Kootenay Boundary Regional Hospital on: Basic, Advanced and Critical Care
- Severe Behavioral Changes in Residential Care Shared Care meeting
- KB Division offered and provides input to the work developing provincial Attachment and In-patient initiatives

FEBRUARY

- CME "Point-of-Care Ultrasound in the Third Trimester" course
- Division Dine and Learn in Grand Forks with Dr. S. Mountain and Dr. Jeff Hussy on "Preparation and Transport of critically ill Patients for Boundary Hospital to KBRH ICU"
- Division Dine and Learn in Nelson with Dr. P. Malpass, Dr. B. Tuvel and Dr. S. Mountain on "Managing Critically Ill Patients in KLH"
- Funding secured for regional chronic pain conference in April 2013

MARCH

- KB Integrated Practice Support Initiative (IPSI) funding secured and Julius Halaschek-Wiener is hired as the KB IPSI project manager
- NP4BC application submitted for an NP for patients with severe mental illness and substance abuse
- Division Dine and Learn in Castlegar with Dr. Lee MacKay on "Evolving Applications of Guidelines to Diabetes Care"
- Virtual maternity clinic electronic infrastructure purchased through Division funding
- Commitment to form a CSC frail seniors working committee

Continuing Medical Education (CME)

In 2012, the Division supported some 130 CME events throughout the Kootenay Boundary region. This robust and varied program is made possible by Division members and their specialist colleagues agreeing to allocate reverted CME funds to support the contracting of a regional CME coordinator. This coordinator, Jaime Frederick, handles all aspects of putting on CME events, from ensuring eligibility for accreditation and connecting with provincial CME programs and leads, to booking venues, arranging catering, updating the Division calendar and sending members faxes and emails about the events.

A steering committee, made up of Dr. Janet Fisher, Dr. Martha Wilson and Dr. Tandi Wilkinson, has provided strategic direction to the coordinator who then oversaw delivery of a regional, multidisciplinary, accredited, interactive (small-group and case-based learning) CME program that addresses local needs and local systems without the influence of pharmaceutical industry funding. CME opportunities included hospital-based rounds, specific courses (e.g., ultrasound and ACLS) and special Division engagements such as Dine and Learns.

CME is a foundational focus for the Division that meets family physician needs for continuing education while also advancing strategic regional goals for improvements in primary health care. KB Family physicians are committed to learning about and striving for best practices for their patients. That commitment is demonstrated not only by strong participation in all CME offerings but also the continued support for allocating reverted CME funds to hire a CME coordinator. The regional CME steering

committee will be requesting funding for the program's third year of service.

A key CME highlight in 2012/2013 was a three-day, multidisciplinary palliative care course in Rossland developed by Dr. Lilli Kerby and Dr. Marnie Jacobsen, and funded through REAP (Rural Education Action Plan) and reverted RCME (Rural Continuing Medical Education). As part of the conference, CME participants provided input on local challenges to palliative care and explored potential region-wide solutions, which were captured in a planning document used by the board to determine further regional work. The palliative care conference was the Division's first regional and multidisciplinary multi-day CME event and serves as a model for future events, including the April 2013 chronic pain conference.

Division Dine and Learns, outlined in the milestones section, were also an important component of community-defined grassroots CME and contributed to regional relationship-building. Another CME program highlight was the

development of region-wide videoconferencing, with the first being a rounds on melanoma in Trail. Finally, 2012/2013 highlighted the value of economies of scale and the enhanced capacity provided by having a regional coordinator, to organize a sophisticated regional CME like the ultrasound courses. For further information on KB Regional CME please contact Dr. Janet Fisher, Project Physician Lead, or Jaime Fredrick, Regional CME Coordinator.

Community physician leads in CME have been Dr. Morgan Lindsay, Dr. Janet Fisher, Dr. Melissa Ringer, Dr. Lilli Kerby, Dr. Dharma McBride, Dr. Cheryl Hume, Dr. Josee Lesperance, Dr. Robb Sebastian, Dr. Norm Lea, Dr. Mike Magier, Dr. Chuck Burkholder, Dr. Denis Thibodeau, Dr. Linda Johannson.



Recruitment

Recruitment and retention of family physicians and locums continued to be a core priority and foundational work for the Kootenay Boundary Division in 2012. The initial goal is to support Division members in engaging with existing recruitment resources, such as Health Match BC and Interior Health Authority's BetterHere.ca, and to develop resources that will assist them in their recruitment efforts.

Taking projected retirements into account, an assessment of future family physician capacity compared with estimated patient numbers indicates there will be a high need for primary care in Trail. Nakusp also remains a town in high need and the communities of Castlegar, Kaslo, Nelson and others in the region are experiencing changes that may soon see them facing similar challenges.

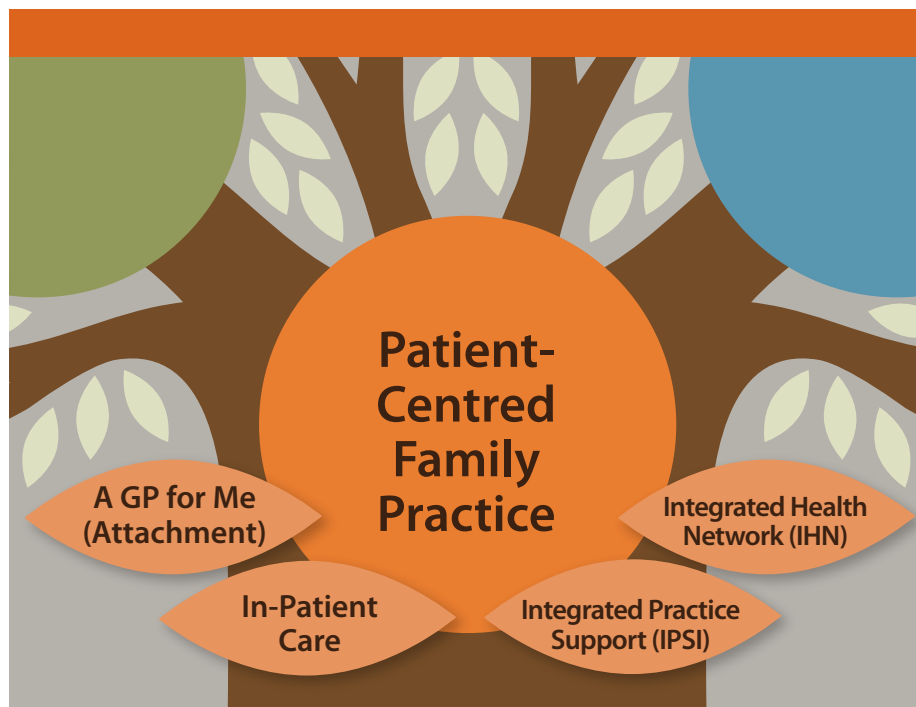
In response to recruitment concerns from this Division and others, the GPSC has explored the issue province-wide, with a view to developing broad solutions that could be adapted locally. Simultaneously, there is a process unfolding with the support of Interior Health Authority and the seven divisions within IHA, including this one, to address recruitment issues collaboratively within the health authority region. These

processes are also still in their early stages but indicate the high priority of recruitment issues locally, regionally and provincially. This bodes well for the exploration and development of new resources and other solutions to the recruitment challenge in the near future.

While still in the early stages of its work in this area, the Division has been able to learn from innovative approaches other divisions are employing and is working towards collaborative solutions that will work within the region's rural context. An extensive inventory of resources for family physicians seeking recruits, and recruits seeking positions, is now available on the Division's website at www.divisionsbc.ca/kb. Those involved in specialist recruitment in the region, a vital support for KB family physicians, will also be

welcome to share any recruitment resources developed through this Division work. A committee will be formed in the coming year to explore and advance recruitment work. To become involved, please contact recruitment project manager Jaime Frederick.

Recruitment efforts in 2012 were spearheaded by Dr. David Merry with the contributions of Dr. Ralph Behrens, Dr. Rob Kobayashi, Dr. Dharma McBride, Dr. Sayed Subzwari, Dr. Mike Magier, Dr. Yasmin Garcia, Dr. Katie McIntyre, Dr. Trevor Aiken, Dr. Fiona Dryden, Dr. Gertrude Toews, Dr. Kynan Bazley, and Terry Miller and Paul Edney (consultants). The project manager is Jaime Fredrick.



Patient-Centred Family Practice

A GP for Me (Attachment)

The KB board has followed the three provincial prototype Attachment communities in the province closely and identified, early on, the foundational role of attachment work to improving primary health care in KB. A GP for Me, also known as the Attachment initiative, has now been introduced province-wide by the General Practice Services Committee. Its goal is to provide every British Columbian access to a family physician. It is a major initiative with a target completion date of 2015. To provide streamlined patient and physician support,

Attachment is being developed to align with existing Interior Health, Ministry of Health and physician committee initiatives and programs such as NP4BC, PSP and PITO.

Effective April 1, 2013, a number of new practice fee codes took effect. More information about A GP for Me and the new fee codes can be found online at www.agpforme.ca or www.gpsc.bc.ca/attachment-initiative.

The KB Division will receive potentially over \$1M to advance community initiatives that achieve Attachment outcomes. As the next step in

this process, the Division will engage members to learn more about local requirements and challenges so initiatives to increase the capacity of primary health care in the region can be launched and the needs of patients with attachment challenges can be addressed. To offer input, or if there are any questions, contact Julius Halaschek-Wiener, project manager.

During the initial planning phase, the Attachment advisory committee included Dr. Lee MacKay (GP), Zak Matieschyn (NP), and Dr. Libby McCoid (GP). The project manager is Julius Halaschek-Wiener.

In-Patient Care

In tandem with exploring local Attachment needs and challenges, the Division engaged members extensively on issues around in-patient compensation at Trail and Nelson hospitals.

Darcy Eyres, primary health care project director with the Ministry of Health, consulted with members on challenges associated with providing in-hospital care, including both compensation and non compensation issues. Dinners were held in Trail in June and Nelson in September, each with more than 20 participants. This local feedback helped guide provincial work to develop the overall in-patient care provisions announced together with A GP for Me by the Health Minister Margaret MacDiarmid on February 24th.

Compensation models have been established for in-patient care of both physicians' own (assigned) and unassigned patients in Kootenay Boundary, Kootenay Lake and Arrow Lakes hospitals. Service fee codes (effective April 1, 2013) and program descriptions can be found on the GPSC website at www.gpsc.bc.ca/inpatient-care-program.

The Division will work with the individual hospitals to ensure physicians are supported in accessing these new billing codes, and will begin to identify and address the non-compensation in-patient issue in the coming year.

During the initial planning phase, the in-patient care

advisory committee included Dr. Lee MacKay (GP), Zak Matieschyn (NP), and Dr. Libby McCoid (GP). The project manager is Julius Halaschek-Wiener.

Integrated Practice Support (IPS)

The KB Integrated Practice Support Initiative (IPSI) is one of eight IPSI prototype projects in the province. Last April the KB CSC wrote a proposal to be an IPSI community, recognizing that IPSI's goal of maximizing integrated support to family physicians in their offices was a core piece of Attachment work in Primary Health Care. The KB IPSI project intends to streamline the way family physicians are approached about optimizing their practices. To avoid representatives from the Practice Support Program (PSP), IH and the Physician Information Technology Office (PITO), COP and the Division each contacting physicians, IPSI will hire of a coach to coordinate the services offered by all other partners and act as a single point of contact for physicians. This is a collaborative project between the Division, PSP/IHA and PITO. Julius Halaschek-Wiener was hired as part-time project manager. A working group will be formed in spring 2013, with the project set to be completed by March 2014.

Tripartite KB CSC IPSI steering committee includes Rachael Davidson, (PSP), Cheryl Whittleton (IHA CI), Julie Davenport (PITO), Dr. Martha Wilson (GP / KB CSC co chair), Dr. Ellen Smart (GP), Dr. Jeanette Boyd (GP / COP lead), with

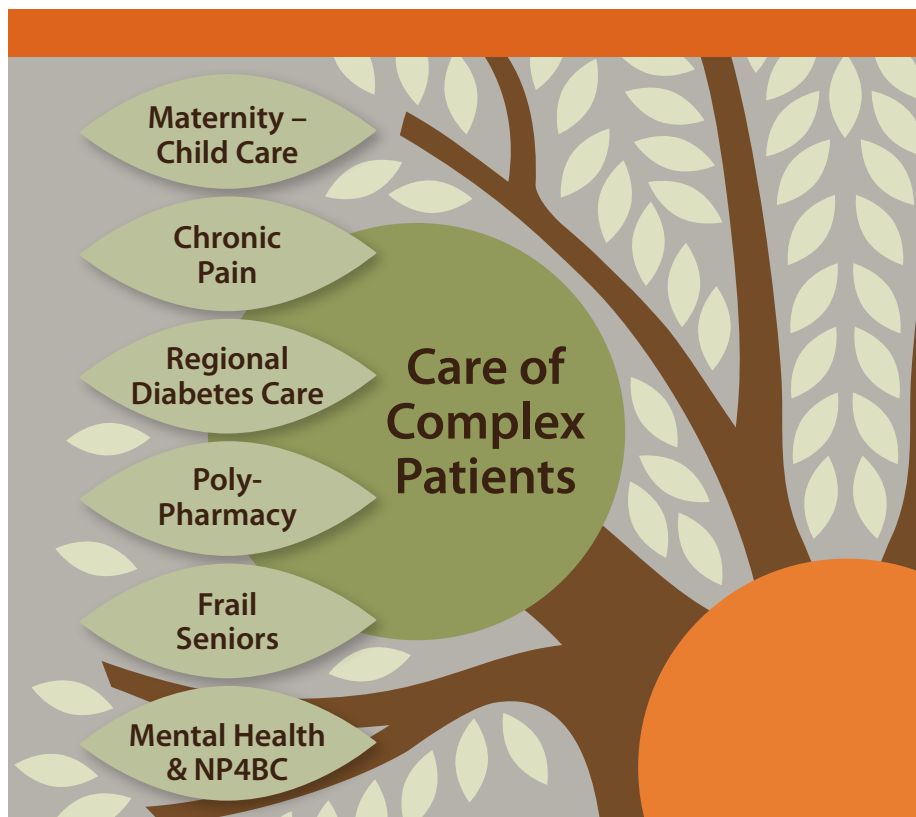
support from Julius Halaschek-Wiener (project manager), Sarah Whitely (Provincial Division IPSI project lead).

Integrated Health Network (IHN)

In November, as part of the work undertaken by the KB Collaborative Services Committee (CSC), the Division embarked on one of its first collaborative projects with its Interior Health community integration partners, the Integrated Health Network transition. As part of this process, the Division held dinner meetings in Nelson, Trail and Castlegar, as well as engaged members in Grand Forks and Nakusp/New Denver to obtain input on the target population family physicians believed to have the greatest need for integrated support.

Members selected chronic, co-morbid and/or complex medical care needs patients as the focus of the new IHN. The Division and IH worked together to develop both a budget and a plan which includes the provision of supports for patients of all KB Family Physicians to access chronic disease nurses, registered dietitians, a social program officer (SPO) and community-based exercise options. The IHN will begin rolling out in May 2013, with the contract financing it in place until 2015.

The KB CSC IHN working group included Julius Halaschek-Wiener and Dawn Tomlin (Interior Health) with support from Dr. Lee Mackay.



Care of Complex Patients

Maternity – Child Care

In January 2012, the Division was instrumental in the revitalization of the regional perinatal committee, a multidisciplinary group that included family physicians, specialists, and both acute and community-level Interior Health representatives. The committee is led by Dr. Jeanette Boyd.

In April, more than 20 participants, including patients, collaborated on a patient

journey mapping session to highlight key areas for improvement. At a mat-child roundtable in May, more input on needs and opportunities was sought from the 25 multi-disciplinary participants in attendance. These preliminary findings formed the basis of in-person consultations Dr. Boyd held in the Kootenay Boundary Division communities that were not involved in the original discussions. The result was a maternity-child care strategic plan that was approved by the committee in September.

The strategic plan outlined three key initiatives to pursue going forward:

- **Telehealth:** The option of a virtual clinic software service that would enable expectant women to meet with family physicians and specialists in appointments without traveling is being explored. Their family physicians would also take part and perform any examinations required during these collaborative appointments. Telehealth could offer significant benefit to women in smaller communities, who can



currently be required to travel up to three hours in sometimes dangerous winter conditions, for specialist appointments. The telehealth model should be adaptable to other aspects of health care in the region.

- CME development: The committee is working towards the creation of CME courses for family physicians on topics such as first trimester screening, which is not routinely undertaken in some smaller communities. In addition to supporting family physicians with information on how to conduct screening, the committee is pursuing the standardization of reporting between the sites that provide ultrasound examinations to improve communications.
- Postpartum care needs assessment: The committee plans to evaluate postpartum care needs and supports, to determine where gaps in

care may exist and develop strategies to fill those.

In addition to developing its strategic plan, the regional perinatal committee created a concise resource listing of community-based resources that may benefit expectant and new mothers. It is also evaluating demographics and nursing capacity to ensure sufficient resources will be in place for the long term. Members interested in becoming involved are asked to contact Dr. Jeanette Boyd or Mona Mattei, project manager.

The regional perinatal advisory committee was comprised of Dr. Jeanette Boyd (chair and board liaison) (GP), Dr. Trudi Toews (GP), Dr. Miles Smith (GP), Dr. Meghan Jansen (GP), Dr. Megan Taylor (GP), Dr. Katherine Hale (OB/GYN), Dr. Raz Moola (OB/GYN), Dr. Carrie Fitzsimmons (pediatrician), Jenifer Arnosti (midwife), Catherine Rushkin (midwife), Catherine Williams

(patient voices network), Trisha Thomson, (nurse manager IH), Ruth Sutherland (nurse manager IH), Dawn Tomlin (community integrated health services IH) and Andrea McKenzie (nurse educator IH), Mona Mattei (project manager).

Chronic Pain

Supporting patients with chronic pain was a key KB Division member priority in 2011–2012. Morag Reid prepared a preliminary strategic document through a needs assessment process in the spring of 2012.

Coming out of this process, four priority activities were identified:

1. Development of continuing medical education opportunities for family physicians and other members of multidisciplinary care teams.

2. Creation of a comprehensive list of local resources, to be available in print and online.
3. Formation of a patient-centred learning self-management group.
4. Exploration of the development of a chronic pain multidisciplinary clinic in the region.

The Division elected to focus on the first three needs and secured funding for a two-day multidisciplinary chronic pain conference in April 2013. Interior Health's senior executive team is exploring the fourth priority of a chronic pain clinic. It is anticipated that following the April conference, the Division will be better able to take steps towards improving chronic pain patient management. Members interested in becoming involved are asked to contact Dr. Ellen Smart or Andrew Earnshaw.

Chronic pain activities were spearheaded by Dr. Janet Fisher, Dr. Ellen Smart, Dr. Joel Kailla, Dr. Chris Cochrane (GP), Dr. Geoff Coleshill (GP), Dr. Marnie Jacobsen (GP), Dr. David Larocque (GP), Dr. Andre Piver (GP), Barbara Bentley (physiotherapist), Zak Matieschyn (NP), Lori Verigin (NP), Laura Reeves (Pain BC), Maria Hudspith (Pain BC), Jo-Ann Tisserand (IHA engagement), Sue Davis (Provincial Division), Maggie Haley (IHA), Chelsea Irwin (KBRH), Morag Reid. Project managers have been Andrew Earnshaw and Jaime Frederick.

Regional Diabetes Care

The need for a collaborative family physician/specialist model of diabetes care in Nelson

was identified as part of the KB Shared: Care Partners in Care initiative in internal medicine in 2011. Dr. Lee MacKay, a family physician with an interest in diabetes, the IH multidisciplinary diabetes team and Dr. Philip Malpass, with the help of KB Shared Care developed a collaborative model. Funding then evolved through work on the KB Collaborative Services Committee and the Nelson clinic opened in May 2012. Many referrals from family physicians are now sent to this collaborative clinic. It has resulted in a more efficient and effective use of time in caring for diabetic patients for family physicians, the multidisciplinary chronic disease team, and specialists.

In tandem with this effort, several conversations occurred regarding service across the region, and in Trail in particular. IHA has begun working to re-establish a diabetic clinic in Trail and the Division anticipates exploring a regional diabetes strategy. This regional strategy will include an assessment phase, where the needs and successes in each Kootenay Boundary community will be examined to inform region-wide best practices. Members interested in being involved are asked to contact Dr. Lee MacKay or Andrew Earnshaw.

Poly-Pharmacy

In fall 2012, Dr. Trevor Janz led Division members in beginning a regional discussion to advance polypharmacy goals at KB's four residential care facilities. A committee was formed, comprised of representation from medical directors,

facilities managers, nursing staff and pharmacists. Through raising awareness of various polypharmacy issues, discussing challenges, sharing best practices and lessons learned, and leveraging medical directors' roles as primary care providers within some facilities, committee members were able to reduce overall medication counts per resident, as well as reduce the prevalence of antipsychotic use in the facilities.

In the coming year, the project will be expanded to involve community family physicians with patients in residential care and those still living in their homes. A baseline evaluation and report will be undertaken to capture and communicate successes of the work done in 2012. This information will be shared with the broader family physician community, along with an invitation for family physicians to engage in development of medication review protocols. This development process will incorporate hands-on learning in polypharmacy strategies, resulting in immediate improvements for patients, and directly transferable skills for family physicians.

Dr. Libby Mc Coid, Dr. Keith Merrit and Dr. Trevor Janz are the physicians who have participated in this work to date. For more information, please contact Dr. Trevor Janz or Andrew Earnshaw.

Frail Seniors

Since the inception of the KB Division, members have clearly identified frail seniors as a

patient population requiring attention. A KB Collaborative Services Committee (CSC) frail seniors working committee was struck in March 2013 to engage in foundational project planning, building on Morag Reid's preliminary strategic work in 2011. This will inform the development of a region-wide strategy to better support frail seniors. It is anticipated there may be some crossover between the frail seniors and polypharmacy initiatives. Members interested in engaging in this initiative are asked to contact Dr. Keith Merritt or Mona Mattei (project manager).

The frail seniors steering committee includes Dr. Keith Merritt, Dr. Libby McCoid, Dr. Lilly Kerby, Dr. Trevor Janz, Cheryl Whittleton (IHA CI), Sandra Morrow (IHA CI) Cydney Higgins (IHA CI), Linda Basran (IHA KB CSC co chair), Linda Kranz (IHA CI), Mona Mattei (project manager), and Sue Davis (KB CSC process guide).

Mental Health & NP4BC

Through the KB CSC, the KB Division participated in co-designing the initial model for the Castlegar Methadone clinic, now run by IHA. In December, the Division began working closely with IH community integration partners again to prepare an application to the Ministry of Health's NP4BC (Nurse Practitioner for BC) initiative. The application sought funding to hire a nurse practitioner to support severe mental health and substance use patients in Nelson and Trail. Submitted in March, the awarding of successful



applications should be by the end of April. This new position would provide primary health care to unattached severe mental health and substance use patients in Nelson and Trail. The start date for this position would be anticipated to be in June 2013.

The Ministry is opening another round of applications in fall 2013. Members are invited to

contact Julius Halaschek-Wiener with input on which Kootenay Boundary communities and/or chronic disease target populations could most benefit from a nurse practitioner.

The NP4BC working group included Dr. Lee MacKay (GP), Zak Matieschyn (NP), Lori Verigin (NPI), Julius Halaschek-Wiener and Cheryl Whittleton (Interior Health Community Intergration).



Access to Specialist Care

Radiology

This year, there were three Shared Care: Partners in Care meetings focused on radiology, which were held in Trail and Nelson. Participants included family physicians, radiologists, IHA radiology administrative staff and provincial Shared Care leads. Both radiologists and family physicians identified their main concern as the lack of local MRI services. One recommendation was to consider sending mobile patients to Penticton, where there are shorter wait times. Other issues identified included

improvements to family physician/radiologist referrals, family physician CME needs, updating and disseminating lists of specialized interventions that radiologists can perform, discussions of standardization across the region, visible wait times and improvements to booking processes. These issues will be advanced in the coming year. Family physicians also requested the formation of a regional obstetrical ultrasound working group that will be supported through the maternity-child care committee. To get involved in advancing radiology issues please contact Dr. Lee MacKay MacKay or Andrew Earnshaw.

The radiology Shared Care meetings included Dr. Martha Wilson (GP), Dr. Ellen Smart (GP), Dr. Lee MacKay (GP), Dr. David Merry (GP), Dr. Kelly Silverthorne (Nelson radiologist), Dr. Sue Babensee (Trail radiologist), Dr. Elsabe Steenkamp (Trail radiologist), Dr. Gonzalo Ansele (Trail radiologist), Dr. Ralph Behrens (GP), Dr. Chuck Burkholder (GP), Zak Matieschyn (NP), Dr. Janet Fisher (GP), Dr. Andre Piver (GP), Dr. Brian Moulson (GP), Dr. Chris Cochrane (GP), Dr. David Sonnichsen (GP), Dr. Jeanette Boyd (GP), Dr. Jim Noiles (GP), Dr. Kate McIntyre (GP), Dr. Margaret MacIntyre (GP), Dr. Marisa van der Vyver (GP), Dr. Annemarie de Koker (GP),

Dr. Rahul Khosla (GP), Dr. Sharon Lee (GP), Dr. Carrie Fitzsimmons, Dr. Marian Berry, Thalia Vesterbeck (IHA), Deb Creaser (IHA), Esther Storvold (patient voices network), Megan Long (project manager) and Clay Barber (PIC provincial lead).

Orthopedics

The Shared Care: Partners in Care focus on orthopedics included family physicians, orthopedic surgeons and IHA administration locally and health authority-wide. They met three times in the first half of 2012 to identify and explore issues impacting patient care with a particular focus on the different components of wait times, including referral wait times, radiology wait times, visible OR wait times, and OR booking and scheduling issues

With particular attention to the referral process as a realistic area

for change, an acute referral form to the outpatient cast clinic was developed. As well, a referral acknowledgement form was created with support given to MOAs to be able to provide approximate wait times to see specialists for family physicians. There is also continued work to finalize a transfer form for transfer of care between hospitals and work to explore the possibility of a family physician champion working in collaboration with the orthopedic surgeons to support referrals triaging. For more information regarding orthopedics please contact Dr. Martha Wilson or Andrew Earnshaw.

The orthopedics Shared Care meetings included Dr. Mike Hjelkrem (ortho surgeon), Dr. Lee-Anne Laverty (ortho surgeon), Dr. Seth Bitting (ortho surgeon), Dr. David Merry (GP), Dr. Ralph Behrens (GP), Dr. Chuck Burkholder (GP), Dr. Eileen Purssell

(GP), Dr. Brenda Trenholme (GP), Lori Verigin NP, Dr. Ian Sibbald (GP), Dr. Lee McKay (GP), Dr. Trudi Toews (GP), Dr. Martha Wilson (GP), Dr. Ellen Smart (GP), Dr. Linda Johannson (GP), Kari Grant, IHA Surgical Patient Registry Coordinator, Ingrid Hampf (IHA acute director), Megan Long (project manager), Alison Cutts (project manager) and Clay Barbour (PIC provincial lead).

Psychiatry

An initial *Shared Care: Transitions in Care* psychiatry patient journey mapping session was held in spring 2012. Following this, one-on-one meetings were conducted with psychiatrists and acute care managers to share the mapping results and seek input on key issues and opportunities to enhance mental health care. Significant research, relationship building





and preparation then evolved through the summer and fall to develop the ground work to create a successful psychiatry *Shared Care: Partners in Care* meeting in January. This preparatory work facilitated the diverse involvement of Division members, Shared Care representatives, IH mental health care managers, IH acute care managers, ER physicians and psychiatrists. At the meeting in January the focus was identifying or verifying key issues and beginning to set priorities.

Family physicians' ability to access psychiatrists for consultation and patient assessment was identified as the most pressing need. The benefit of developing community-based solutions to address these challenges of access were identified to avoid unnecessary acute admissions to the Daly. Additional means of access of family physicians' patients to specialists such as telehealth were also discussed and will be explored. A formal working group is expected to form in late spring 2013.

Creative steps for better family physician access to psychiatrists had actually already begun through discussion at the KB CSC in 2011 – 2012, resulting in KB Shared Care supporting the spread of the collaborative care lunch model initiated successfully in Castlegar by Dr. Naiker. This is a model of collective physician dialogue in which psychiatrists and family physicians meet for lunch monthly to review cases for timely management advice, to actively triage patients to be seen by psychiatry sooner as needed, and to engage in practical case review CME. Collaborative Care Lunch meetings are now held in Castlegar, Grand Forks, Salmo and Nelson

To learn more or get involved in KB Shared Care work in Psychiatry please contact Mona Mattei (project manager).

Psychiatry Shared Care meeting included Psychiatrists: Sharman Naicker, Cletus Okonkwo, Mary Bassingthwaighe, Richard McGee, Micheal Brownstein,

Liz Barbour (GP with enhanced skills). Family physicians: Martha Wilson, Kevin McKechnie, Bob Lewis, David Merry, Bulelwa Sithenbu, Marisa van der Vyver, Tracey Clemans-Gibbon, Trevor Aiken, Keith Merritt, Dave Larocque, Megan Taylor, Rahul Khosla, Cynthia Neil, Annemarie de Koker, Ellen Smart, David Sonnichsen, Chuck Burkholder. IH staff: Lynn Miller, Daly Pavilion manager acute care; Maggie Haley, CIHS manager; Cydney Higgins, CIHS manager, Randy Thiessen, Team Lead Mental Health and Substance Use; Suzanne Lee, Team Lead MHSU, Mona Mattei and Megan Long (project managers).

Shared Care Web Portal

In response to member requests for a locally-focused resource supporting access to and effective information about specialists' expertise /interests, the Division has been exploring development of a web portal that will bring this information together in an easily accessible



place. Ideally, the Division will build on models already developed in the province, but some customization may be needed to create a locally relevant solution for members. This initiative will enter the implementation phase in 2013 and an advisory group will be formed. Members interested in participating are asked to contact Andrew Earnshaw.

Cardiac Care

The Division responded to requests from internists and family physicians in the Kootenay Boundary Regional Hospital to explore opportunities to enhance continuity of care for patients

that must seek cardiac care in Kelowna General Hospital, a tertiary care hospital outside the KB. This primarily centred on increasing communication between family physicians, local ICU specialists and Kelowna General cardiologists to enable KB physicians to best care for patients after discharge from cardiac care in Kelowna General Hospital.

In September, a virtual meeting between Kelowna, Trail, Grand Forks and Nelson, brought together family physicians, ICU specialists and cardiologists to discuss existing communications practices related to referrals and the sharing of patient information to support quality care. Following this meeting, patient

journey mapping, transfer and discharge process mapping was undertaken, which will be shared as the basis for future conversations around enhanced communication. For more information please contact Dr. Janet Fisher or Mona Mattei (project manager).

Kootenay Boundary representatives involved in these Shared Care: Transitions in Care cardiac care discussions included Dr. Scot Mountain (ICU), Dr. Brenda Trenholme (hospitalist), Dr. Nathan Dalla Lana (GP), Dr. Brandon Tuvel (Internal medicine) and Dr. Janet Fisher (board liaison) (ER GP), , Mona Mattei (project manager).

Financials for 2012–2013

INTERIM INCOME STATEMENT

from April 1, 2012 to March 31, 2013

REVENUE

Revenue

GPSC Infrastructure - Division	363,171
SC Partners in Care	114,521
GPSC Carry-Over Funds	108,920
SC Transitions in Care	106,192
Small Projects	23,245

TOTAL REVENUE

716,049

EXPENSE

Human Resources

Board Sessionals	77,163
Executive	63,284
Member – Committee	46,160
Member – Engagement	45,463
Travel Time Fee	13,334
Project Management	204,361
Division Management	71,452
Bookkeeper/Admin	54,921

Total Human Resources Cost

576,138

Administration

Travel	32,720
Event Expenses	29,188
Accounting & Legal Fees	22,848
Physician Data Collaborative	12,390
Board/Committee Meeting Costs	3,805
Misc Admin	7,767

Total Administration

108,718

Project Expenses

23,245

Supplies & Equipment

6,788

TOTAL EXPENSE

714,890

NET INCOME

1,159



The Kootenay Boundary Division of Family Practice
PO Box 9, Nelson BC V1L 5P7
Fax: 1-866-272-9070
Website: www.divisionsbc.ca/kb

2012–13 Board of Directors

Dr. Martha Wilson – Chair
Dr. Lee MacKay – Vice-chair
Dr. Keith Merritt – Treasurer
Dr. Elizabeth McCoid – Secretary
Dr. Jeanette Boyd – Director
Dr. Janet Fisher – Director
Zak Matieschyn, NP – Director
Dr. David Merry – Director
Dr. Ellen Smart – Director

DIVISION STAFF

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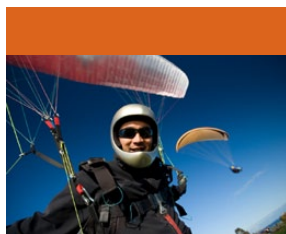
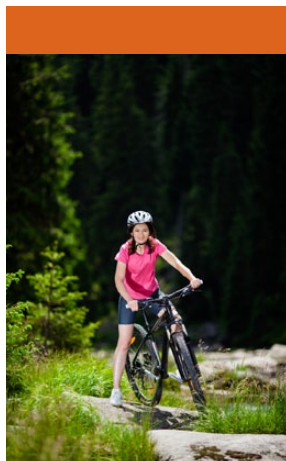
MEMBERSHIP

111 Family Physician members
3 Nurse Practitioner members

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Erin Perkins (Christina Lake, pg. 4), Sigrid Albert
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The Divisions of Family Practice initiative is sponsored by the
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BC Ministry of Health and Services and the BC Medical Association.

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Kootenay Boundary
Division of Family Practice
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