ANNUAL REPORT
2017-2018

Northern Interior Rural
Division of Family Practice
A GPSC initiative

BURNS LAKE
FORT ST. JAMES
FRASER LAKE
INDIGENOUS COMMUNITIES
MACKENZIE
MCBRIDE
QUESNEL
VALEMOUNT
VANDERHOOF

MESSAGE FROM THE CHAIR:

It has been just over 6 years since the physicians of NIRD signed a Document of Intent with the BCMA (now Doctors of BC), the Ministry of Health and Northern Health. The document outlined collective goals to improve patient care, enhance provider satisfaction and realize integration and coordination of care through better communication and collaboration. NIRD has made significant progress through local and Division projects and has enabled physicians to engage in transformative work.

As we await the approval of our submission for the next Provincial project (Primary Care Networks) will continue to focus on multiple levels of network development to enhance integrative care and to inform regional and provincial system changes. As rural providers, we understand better than most the power and necessity of strong collaborative networks and the challenges and barriers involved in creating and sustaining them. This latest initiative is our opportunity to help health policy makers understand the key elements that lay at the heart of comprehensive, holistic and integrative care, while working with the most disadvantaged populations within our region.

This will be a big challenge but it is a great opportunity. The Executive and Board will be travelling in the coming weeks to our member communities to explore opportunities to take advantage of this Primary Care Network (PCN) initiative.

I would encourage all members to join in the discussions and share your perspectives and expertise.

Dr. Sean Ebert

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Purpose

We are a group of rural physicians who value rural patients, rural medicine and rural communities.

Mission

Rural physicians supporting rural physicians helping to build healthier communities – together.

Vision

To create healthy communities connected by a solid, collaborative physician community within a stable network of health care.

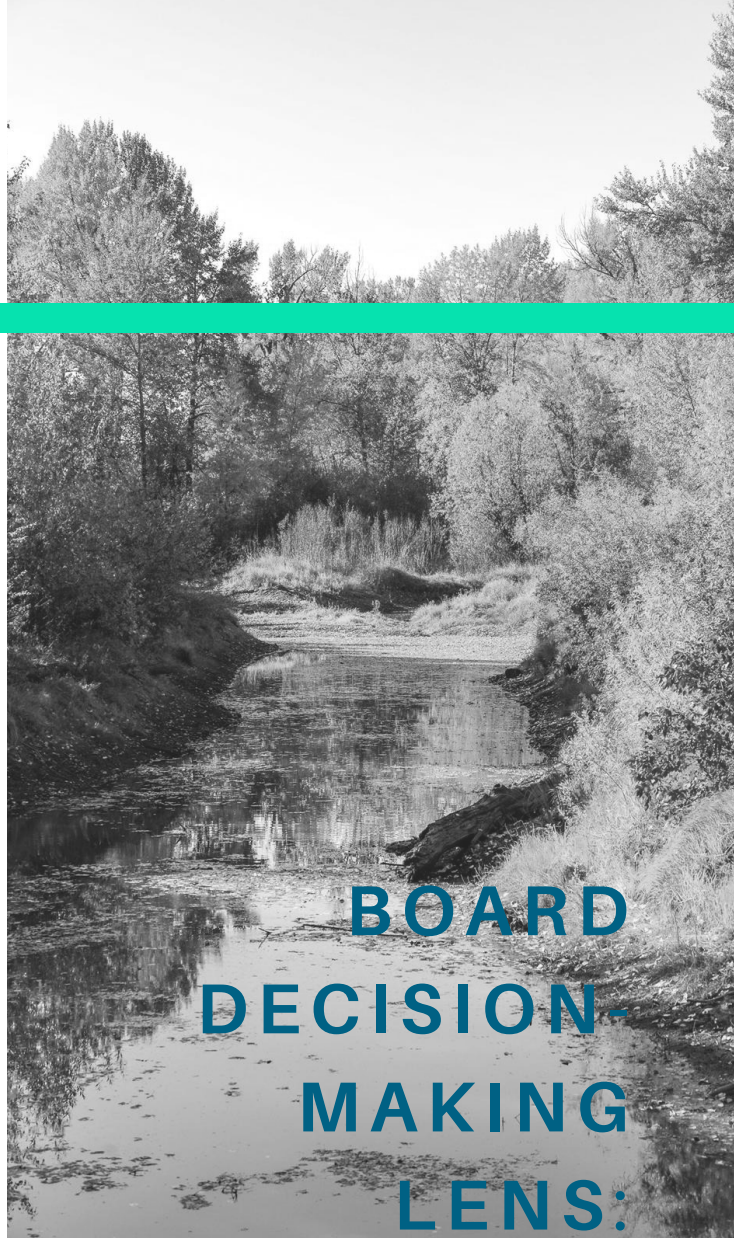
Values

Collaborative - Authentic - Acting with Integrity and Accountability - Respectful – Proactive.

OPERATING PRINCIPLES

HOW NIRD AIMS TO OPERATE:

- Continue to be a harmonious and supportive group of physicians
- Pay attention to physician wellness
- One community, one voice, one vote
- Balance having a united voice, while not diluting the individual community voice
- Maintain a clear direction that aligns with the purpose but leaves room to be organic
- Communicate in conversation
- Strengthen our voice and influence by building connections and relationships
- Commit to Board development through training, coaching, supporting each other as doing the work
- Collective responsibility to communicate with members and participate in local and regional work



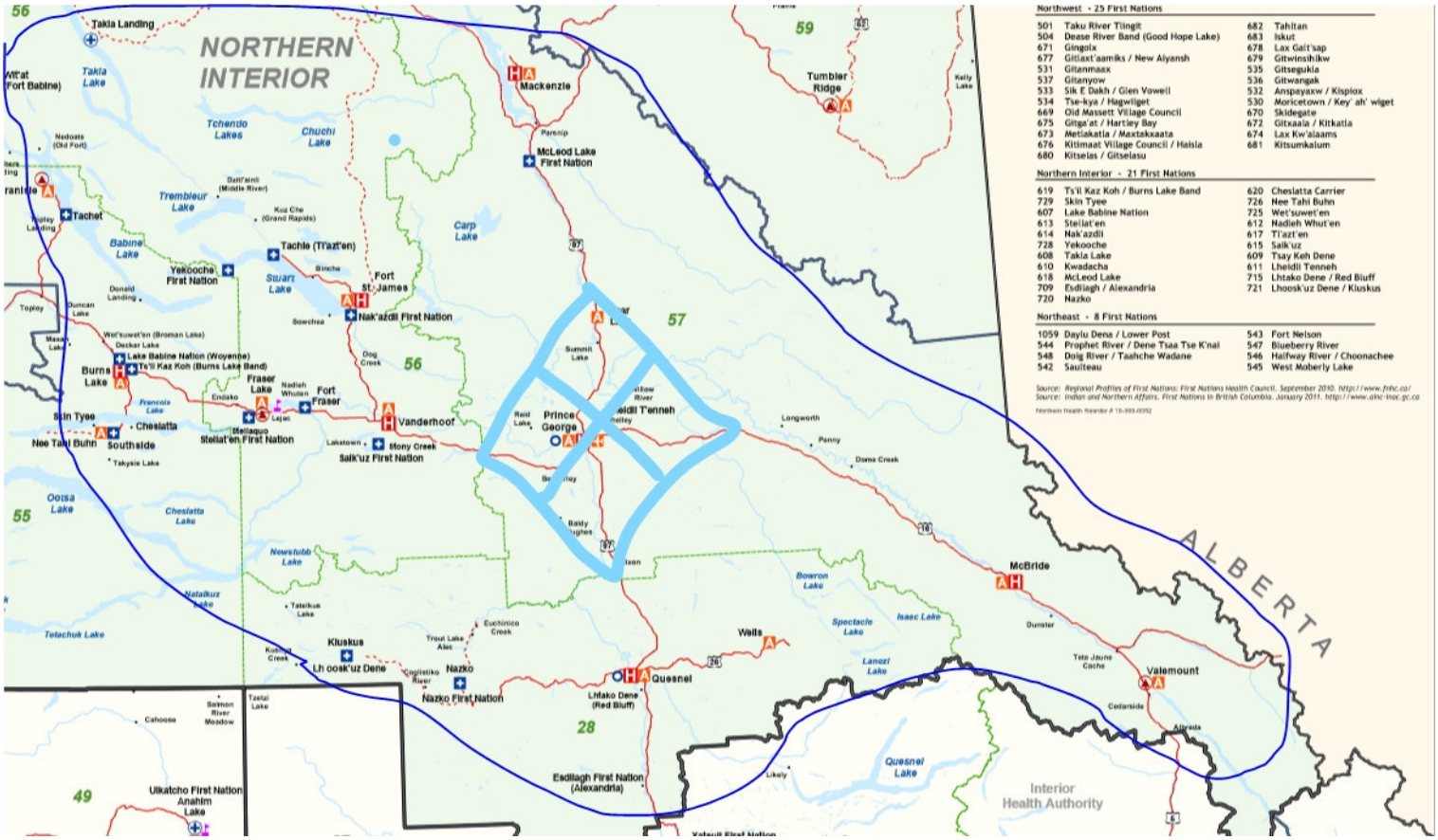
BOARD DECISION-MAKING LENS:

- Does our work engage our physicians? Is it relevant to them?
- Does it have—or will it have—impacts in our communities that can be sustained?
- Does it tap into our energy and/or create synergy with other activities?
- Does it align with our purpose, mission, vision and values?
- Does it help us build the right relationships and leverage the right resources?
- Do we have the capacity or can we build the capacity?

NIRD Membership

The Northern Interior Rural Division grew from 62 members in March 2017 to 81 members in March 2018.

Our division members serve the communities of Burns Lake, Fort St. James, Fraser Lake, Mackenzie, McBride, Quesnel, Valemount, Vanderhoof, and thirteen Indigenous communities.



2017 - 2018
HIGHLIGHTS

Patient Medical Home/ Primary Care Network (PMH/PCN)

Dr. Ray Markham, the physician lead on the PMH Funding submission, oversaw an assessment of physician uptake and patient engagement with virtual medicine as a means of expediting IPT access for patients and improved patient care. The application was successful in securing funds to pursue telehealth expansion for PMH's across the Division and is building on a proven virtual medicine project first trialed in the Robson Valley with Dr. Stefan Du Toit. Telehealth funding stemmed from Innovation funding in 2015.

Partnering with Northern Health, the Division's expansion of virtual care aims to improve patient access to PMH and facilitate team-based care through virtual connections set between physicians and other PMH providers, including other partner physicians, specialists and emergency services, enabling physicians to communicate in real-time. For rural communities separated by distance, the new virtual care technology not only allows physicians to connect with another professionally, but also allow for the development of a virtual community of practice.

CODI and MedEx were identified as the complete tool set to meet our physicians' needs based on the filters of direct physician engagement, adherence to privacy, and software-based focus.

NIRD provided onsite support and training for MedEx, the CODI team conducted site visits to introduce and deploy the CODI solution. The feedback from all sites was that this method of delivery was critical and appreciated.

MedEx is being used successfully by our physicians virtually in various situations:

- Palliative family meetings when family members are not local to the patient.
- Patient visits where hands on is not required.
- Walk-in clinics.
- Pre/Post OP visits.
- Following patients when the physician is away from the community.
- Engaging the patient through home support staff patient visits.
- Specialist engagement for the patient, scheduled or unscheduled.
- Specialist consults pertaining to PACS images, lab results, etc.
- Emergent care situations.
- Peer consults.
- Rounds/handover.
- Appointments for elderly patients or those who have difficulty leaving their home.

MedEx can be used on any computer, tablet or SMART phone. It is also compatible with all traditional hardware based video conferencing infrastructure Health Authorities use.

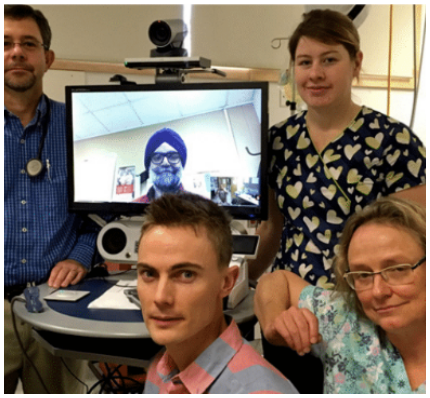
Integrated system change across the Division is supported by developing primary care networks, team-based primary and specialized care programs and community services. NIRD plans to build on and further develop the provincial vision and goals for access by enabling virtual access throughout the Division.

The PCN is slated to carry this work forward and the Expression of Interest (EOI) is currently before the review committee.

2017- 2018
HIGHLIGHTS

Joint partnership established to bring Quality Improvement and training to physicians

In January 2017, the Northern Interior Rural Division of Family Practice entered a joint partnership with the Rural Coordination Centre of British Columbia (RCCbc), the Northern Quality Improvement Council (NQIC), and UBC Continuing Professional Development (UBC CPD) The primary objective of this joint partnership is to foster a culture of quality improvement in primary care practice by drawing on data (via the Health Data Coalition initiative), establishing a network of physician peer mentors, and supporting small group learning for rural physicians. This informed the CPD Concierge Project. Northern Health has a parallel project (NHQIC) trialed in Fraser Lake and Chetwynd.



CPD Concierge Project

The Continuing Professional Development (CPD) Project focused on providing rural physicians in the NIRD region with enhanced administrative support for their professional development goals through collaboration with Division representatives, making it easier for physicians to access continuing education in rural areas.

The CPD Concierge Project has enabled Division representatives to visit the communities of Burns Lake, Fraser Lake, Vanderhoof, Mackenzie, Fort St. James, and McBride to work collaboratively with physicians to develop continuing education plans and support implementation of the plans. To date, 25 learning plans have been developed with physicians. Looking ahead, this project will continue to work to identify project
Champions, refine the learning plan template, and modify the structure of the visits.

In May 2018, NIRD established an Education Committee to oversee and coordinate the various education initiatives of the Division.

Burns Lake Rural Community Sustainability Project

This project was initiated in spring 2017 to respond to a community crisis in Burns Lake, which was experiencing a severe shortage of family physicians. So far, the project has been successful in recruiting two new physicians to Burns Lake and another two Return of Service physicians are expected to begin practicing in the region in the fall. As part of this project, a number of specialist physicians (e.g., Internists, Psychiatrists, a Gynecologist, and a Dermatologist) visited Burns Lake over the summer and fall of 2017 to provide education and support. Work is also ongoing in the areas of physician recruitment, upgrading technology, specialist recruitment, enhancing continuing medical education, and engaging the community.

Instrumental in attracting new physicians has been the successful business model of Fee-for-service and APP operating alongside one another.

Dermatology Project

The highly successful Rural Dermatology Pilot Project was initiated in spring of 2017 by Dr. Neil Kitson and Dr. John Pawlovich. It follows a portion of the Highway 16 corridor in northern BC and includes several First Nation communities. The project was intended to test the effectiveness of a collaborative care model for dermatology in rural and remote British Columbia. The essential features of the service are in-person community visits for education and development of professional relationships, and virtual care by means of cell phone voice, text, and image transfer.

An important goal is continuous improvement of local dermatology knowledge and skills, acknowledging that most rural primary care doctors have broad practical experience but little opportunity for dermatology education.

CYMHSU Project

Since 2015, 6 Local Action Teams (LATs) in the Northern Interior region—including Burns Lake, Fraser Lake, Fort St. James, Quesnel, Valemount, and Vanderhoof—have been participating in the Child Youth Mental Health and Substance Use (CYMHSU) Collaborative, which is a provincial initiative comprised of 64 LATs across British Columbia. The LATs in the Northern Interior region include many physicians, specialists, allied health, and other health care professionals and community organizations who have been actively collaborating to improve the coordination of care for children and youth struggling with mental health and substance use issues in their communities.

Since the LATs were established, the 6 Northern Interior region LATs have worked hard to train more than 50 community members in the Applied Suicide Intervention Skills Training (ASIST) program. NIRD provided administrative support and coordinated regional meetings culminating in the 2016 Pills of Knowledge. The CYMHSU initiative wound down at the end of 2017. The Division continues to support child and youth mental health through other means such as micro-projects and physician education.

NSCPC

The Division began with a child and youth mental health focus which shifted to better align with the work of Shared Care. The NSCPC work changed to focus on the older adult population and to align with other initiatives taking place across the region, including:

- reducing Alternate Level of Care (ALC) days (Inter-divisional team)
- a housing pilot in Vanderhoof to bridge the gap between assisted living and long term care facilities
- improving Advanced Care Planning (ACP) within communities
- improving comprehensive seniors care through the elderly care collaborative in Valemount

The Division conducted an environmental scan and needs assessment with physicians in relation to seniors' mental health care to identify priority areas for seniors' mental health.
Several physicians who indicated they provide outreach services to First Nations communities report that a large proportion of the patients they see are seniors. Accessing care is a challenge for many Indigenous seniors living on reserve. Logistical challenges are compounded by patients' negative experiences navigating the system due to experiences of systematic racism.

Three priority areas have been identified for improving Indigenous seniors' access to more culturally safe and appropriate mental health care.

- Increase Indigenous patients access to outreach psychiatry services
- Improve community mental health by involving Elders in primary care
- Improve healthcare providers access to education about cultural safety

Focusing on Indigenous seniors' mental health aligns with other priority initiatives that the Division is implementing, including the Patient Medical Home initiative, which aims to provide virtual support to improve care in First Nations communities where access is limited. It also aligns with work being done to strengthen the Primary Care Network, which includes identifying and addressing specific service needs for greatest need patient populations (i.e. psychiatric/mental health care for Indigenous seniors). Together, this work supports the Division's broader vision of working towards a more integrated and comprehensive network of services available across all Northern Interior communities. The Division is working collaboratively with the inter-divisional table and Northern Health through their Business Owners Working Group (BOWG) to carry this project forward.

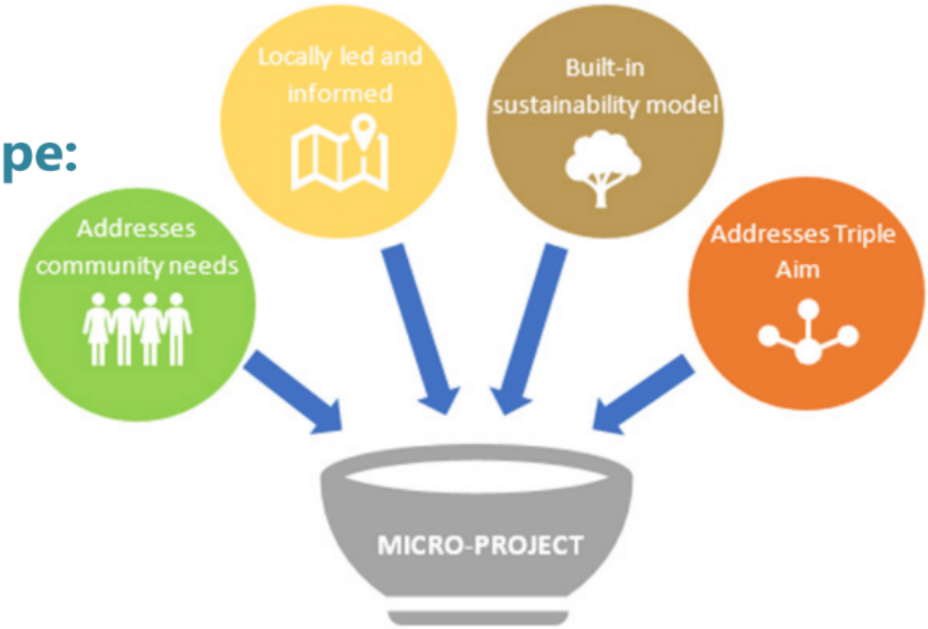
Micro-Projects

NIRD continues to focus on physician-driven engagement with its grassroots projects. Understanding that each community in the Northern Interior region has unique needs, the Division offers financial support (up to $10,000) for small practice-based projects that are led by physicians who are keen to address gaps in their local community.

This initiative has proved to be extremely successful and has gained substantial traction since beginning in the fall of 2016 with Dr. Nicole Ebert's Advanced Care Planning micro-project. The Division has supported 15 micro-projects and distributed more than $55,000 in funding to support locally-informed and led micro-projects in the region.
The Micro-Project Initiative is designed to allow physicians greater flexibility and creativity in how they approach solving local problems. There are currently a number of micro-projects that are underway. These projects are extremely diverse, ranging from an arts-informed project to practice improvements to the creation of a high school clinic, among many others.

Micro-Project Recipe:

Key factors to consider when creating a micro-project



PRACTICE DEVELOPMENT AND EVALUATION

This project is focused on rural practice process development and relevant metrics to measure patient access, improve EMR utilization, and streamline information sharing between primary care providers, allied professionals, and specialists.

ALC ADMISSIONS REDUCTION

Decrease ALC (alternate levels of care) admission rates and LOS (length of stay) (Inter-divisional team)

Micro-Projects

ENHANCING RURAL CODE BLUE EXPERTISE AMONG PHYSICIANS AND NURSES

This project is focused on enhancing the comfort level and skills of health care providers (physicians and nursing staff) who perform emergency department code blues at Mackenzie and District Hospital, while also improving inter-professional team cohesion.

HEALTHY LIVING

This project aims to motivate and support community members struggling with unhealthy lifestyle changes and provide education and support for the community to engage in healthier lifestyle choices. The objective is to create a preventative program for patients suffering from obesity. Patients will set their own goals and the program will provide ongoing support with the help of a nurse practitioner and life coach. This program will help participants achieve healthy lifestyle changes, resulting in participant weight loss, increased exercise, reduced blood pressure, lowered A1C, and/or dietary changes.

IMPROVING SEXUAL ASSAULT RESPONSE IN RURAL COMMUNITIES

The overarching goal of this project is to improve the rural response to sexual assault. This will be achieved by decreasing barriers to access to sexual assault care and follow-up and standardizing the rural approach to sexual assault. This project aims to decrease re-traumatization of those who have been sexually assaulted and decrease prevalence of depression and PTSD post-assault.

VANDERHOOF HOSPICE SUITE

This project is focused on improving the quality of end of life care for palliative patients and their families.
A dedicated hospice suite is now available in the community's long-term care facility and the project team has created a streamlined process for admission to the hospice suite from community and acute care. They are also working to enhance the coordination of care between physicians, facility staff, the inter-professional team, and hospice volunteers, thereby ensuring patients are well- supported through their end of life journey.

Micro-Projects

WALK WITH YOUR DOC

Event hosted for patients to walk with their doc on May 8th, 2017 and every Monday thereafter for 8 weeks. The event is to jump start a larger weight loss community program

SUPPORTED SECOND STAGE HOUSING

This project aims to provide supported second stage housing for patients living in the Burns Lake community who are returning to the community with opioid dependency. The aim is to provide stable housing to patients who are leaving a recovery centre, detox, or a correctional facility in order to lower the risk of recidivism

VANDERHOOF HIGH SCHOOL CLINIC

Weekly clinics at the Nechako Valley Secondary School. Implementation of mobile app for easy appointment scheduling. Goal is to improve access to primary care for youth in Vanderhoof, and to enhance linkages with local community resources

ADVANCED CARE PLANNING EDUCATION FOR PATIENT BENEFIT

The objective of this project is to support patients to make informed decisions about their health care preferences in the event of any health circumstance where they cannot express these preferences for themselves. The project involves public information sessions, providing information about representation agreements, conversation tools, and providing support with making the agreement. There is also an emphasis on engaging staff at Nak'azdli and Tl'azt'en Health Centers to encourage residents in these communities to participate.

BLOOD PRESSURE MACHINE

On January 30th, 2017, a new blood pressure kiosk was installed at a Home Hardware store in McBride. It has already generated much interest in the community and is being used frequently. The Northern Interior Rural Division of Family Practice partially funded the kiosk. According to local physicians, the kiosk is working well and will be a helpful assessment tool that is easy to access.

Micro-Projects

DOCTORS IN SCHOOLS

This project has initiated a weekly clinic in two high schools in Quesnel. The goal is to improve timely access to care for youth, support health promotion, and connect unattached youth with a family doctor. The project team intends to continue refining this model for high school primary care clinics so that it can eventually be implemented in other schools.

NURSE ROLE IN PMH FOR COMPLEX CARE, FAILTY, AD

This project is investigating the feasibility of having a Nurse Practitioner integrated into the patient medical home to support GPs with their frail and complex care patient population in order to improve the comprehensiveness of care. The NP will support the primary care practice by conducting comprehensive complex care assessments and care plans, working with frail seniors, optimizing EMR use, and supporting seniors to complete advanced care plans.

OPIOD MANAGEMENT

This project is focused on developing a sustainable support system for those returning to the community with opioid dependence. This pilot project aims to demonstrate how a small community can support comprehensive treatment and prevention of opioid addiction, and will work to develop treatment processes that are unique to rural locations.

ENVISIONING HEALTH

Envisioning Health with Nadleh Whut'En is an exploratory arts-informed project that aims to explore and document community-based, strengths-focused perspectives about optimal health in Nadleh Whut'En, a northern BC First Nation. Dr. Aldred and Dr. de Leeuw, a researcher at UNBC, are working with community partners to document and gain a better understanding of the community's vision for improved health and wellness. The findings from this project will provide insight for professionals and policy makers about health care delivery in Nadleh Whut'En.

Report of the independent auditor on the summary Financial Statements

This is a draft version only and should not be relied upon by the reader until approved by the board of directors.

To the Directors of Northern Interior Rural Division of Family Practice

The accompanying summary financial statements of Northern Interior Rural Division of Family Practice, which comprise the summary statement of financial position as at March 31, 2018 and the summary statements of operations and changes in net assets for the year then ended, are derived from the audited financial statements, prepared in accordance with Canadian accounting standards for not-for-profit organizations, of Northern Interior Rural Division of Family Practice as at and for the year ended March 31, 2018.

We expressed an unqualified audit opinion on those financial statements in our auditors' report dated October 5, 2018 (see below).

The summary financial statements do not contain all the requirements of Canadian accounting standards for not-for-profit organizations applied in the preparation of the audited financial statements of the Northern Interior Rural Division of Family Practice. Reading the summary financial statements, therefore, is not a substitute for reading the audited financial statements of the Northern Interior Rural Division of Family Practice.

Management's Responsibility for the Summary Financial Statements

Management is responsible for the preparation of the summary financial statements in accordance with Canadian accounting standards for not-for-profit organizations.

Auditors' Responsibility

Our responsibility is to express an opinion on the summary financial statements based on our procedures, which were conducted in accordance with Canadian Auditing Standard (CAS) 810, "Engagements to Report on Summary Financial Statements."

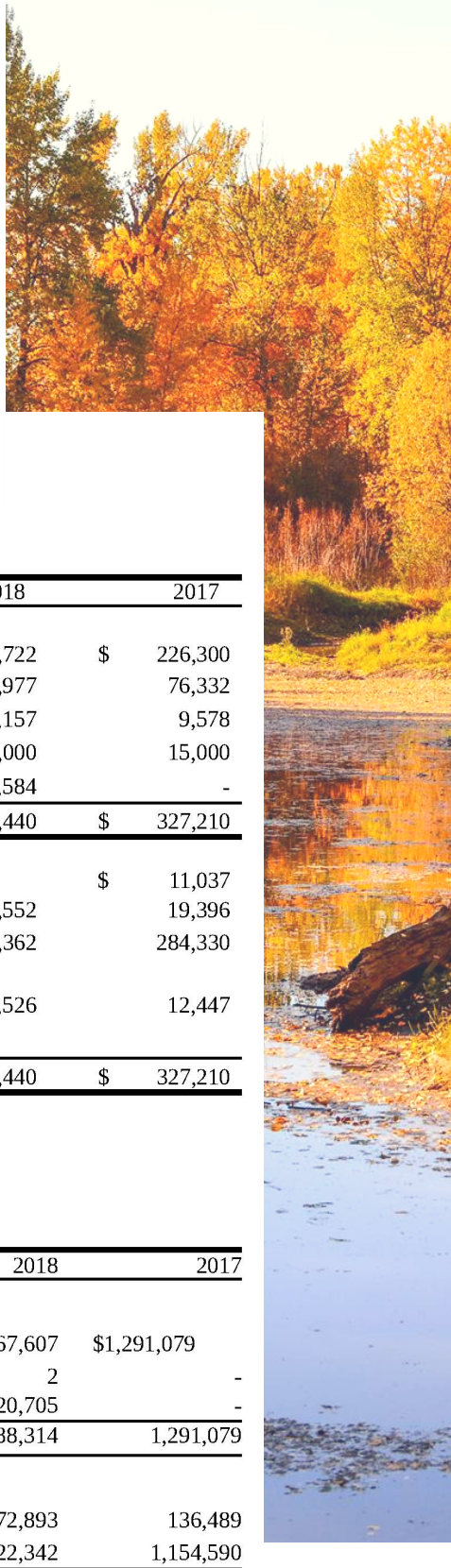
Opinion

In our opinion, the summary financial statements derived from the audited financial statements of Northern Interior Rural Division of Family Practice as at and for the year ended March 31, 2018 are a fair summary of those financial statements, in accordance with Canadian accounting standards for not-for-profit organizations.

KPMG LLP

Chartered Professional Accountants
October 5, 2018
Kamloops, Canada

Summarized Statement of Financial Position March 31, 2018, with comparative information for 2017



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	2018	2017
Cash and restricted cash	$ 56,722	$ 226,300
Accounts receivable	69,977	76,332
Prepaid expenses	2,157	9,578
Investments	15,000	15,000
Property and equipment	2,584	-
	$ 146,440	$ 327,210
Cheques written in excess of funds on hand	$ -	$ 11,037
Accounts payable and accrued liabilities	33,552	19,396
Deferred revenue	107,362	284,330
Net assets	5,526	12,447
	$ 146,440	$ 327,210

Summarized Statement of Operations and Changes in Net Assets

Year ended March 31, 2018, with comparative information for 2017

	2018	2017
Revenue:		
Programs	$ 1,267,607	$1,291,079
Interest income	2	-
Rental income	20,705	-
	1,288,314	1,291,079
Expenses:		
Administration	372,893	136,489
Program services	922,342	1,154,590
	1,295,235	1,291,079
Deficiency of revenue over expenses	(6,921)	-
Net assets, beginning of year	12,447	12,447
Net assets, end of year	$ 5,526	$ 12,447

Meet Our Team

Board of Directors

Burns Lake, **Dr. Loren Ciara**
Fort St James, **Dr. Fritz Steyn**
Indigenous Communities Representative, **Dr. Terri Aldred**
Mackenzie, **Dr. Ian Dobson**
McBride, **Dr. Ray Markham**
Fraser Lake, **Dr. Shannon Douglas**
Quesnel, **Dr. Pieter Slabbert**
Valemount, **Dr. James Card**
Vanderhoof, **Dr. Sean Ebert, Chair**

Staff

Errol Winter, Executive Director
Denys Smith, Operations Manager
Carolyn Smith, Executive Secretary to the Board
Candice Smit, Project Administrator
Dave Harris, Technical Lead
Anneli Rosteski, Project Administrator
Stephanie McNeney, Project Manager
Amber Metz, Bookkeeper

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