

Division Updates

Attachment

The Attachment Initiative is really the crux of what the PGDoFP is working towards, and we are slowly but steadily making progress. We have been lucky enough to hire Mary Augustine, a former ICU nurse from Ft. St. John, as our project manager, and with her on the job; we believe we'll be making big strides. Please welcome Mary when you see her around.



We are currently rolling out our **Assessment Survey**, which will give a clear picture of what the doctors in Prince George are currently doing, and will help shape our manpower plan. The lucky doctors in the JGM McKenzie Building are doing a trial run of the survey, which includes 1 1/2 - 2 hours with a 'Practice Coach'. The survey will hopefully be completed by 100% of the family doctors in Prince George by February 29th 2011, so you can expect to receive your survey (and a phone call from one of the Practice Coaches) in the near future.

There is general consensus, that as part of the initiative to have every citizen access to Primary care, we need to expand the UPC and move toward an integrated model of care for the more challenging of the unattached patients. The UPC has been open since May 2009 in the visiting clinic area of UNHBC. There are many ideas around increasing support to doctors' offices to facilitate increased capacity and as these ideas are taken up we would like to see the remainder of the unattached patients being taken into current practices. We are now meeting regularly with NH to develop plans to move forward with the creation of a freestanding multidisciplinary clinic in the community.

Northern Health Pillar

"Northern people will have access to integrated health services built on a foundation of primary health care" by "partnering with others to establish multidisciplinary primary care homes where people will have access to coordinated services." Engagement of NH and staff on integration is going very well. The PGDoFP have been involved in all NH planning sessions to ensure that our work is linked and aligned with the work of the PGDoFP.

The goal is to have areas of priority identified by January 2011 with implementation of integration activities beginning in February of 2011.

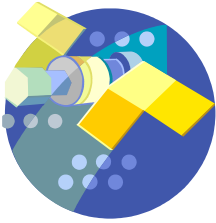
Together we hope to provide effective, sustainable primary care to all citizens in Prince George.

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"Ask Amy" on
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Inpatient Primary Care Doctor's Program—IPCDP

A new contract has been signed. There have been some minor administrative adjustments. We have asked the IPC docs to trial a new discharge summary template to facilitate effective discharge information. We would like to remind you to use them. Some very interesting information is coming from this program that we hope to report in the near future .

If you are interested in joining the IPC team, please contact Trena at tfry@divisionsbc.ca or call (250) 561-0125

Residential Complex Care Physician Program—RCCP

Residential Complex Care Physician Program contract is ready for signing now after 2 years in development. The contract will be shared after it is signed off and we can provide details in the upcoming weeks....a good Christmas present for patients in complex care facilities and also for their doctors. Thank you, Ian Schokking for all your hard work on this.

Third Quarterly Division Meeting

The Division hosted its 3rd quarterly meeting on Nov.3rd, 2010. Attendance was a bit lower than at previous meetings, but there was great discussion and an optimistic mood. The discussions focused on three main issues: the Practice Survey, the Multi-disciplinary Clinic, and Family Practice Supports – Coaching and Mentoring. It seems that most attendees were happy to be able to 'sink their teeth into' one of the issues, and the sentiment expressed at the end of the meeting was that the Board has the blessings of its members to forge ahead with its plans.

HIV Seek and Treat

The Division is proud to partner with Northern Health in the regional implementation of this Provincial Health Services Authority, BC Centre for Disease Control, and BC Centre for Excellence in HIV/AIDS program, designed to seek and treat vulnerable populations who are either undiagnosed or untreated for HIV. This is a new Division project, and we look forward to sharing more information as we have it.

New Board Members

Denise McLeod joined us for her first Board meeting on November 22. She is filling one of the vacancies left by the departure of Drs. Viljoen and Burg. Stephan Ferreira will be stepping down as the Head of the Department of General Practice in January. We welcome him to fill the other vacancy. These two positions last until the May AGM. At that time there will be election of new Board Members and we would like you to consider carefully who you would want to be your representatives.

Prince George Collaborative Services Committee—CSC

The Collaborative Service Committee has been meeting monthly since May 2010. The partners on the committee include the Division, NH, GPSC, MOH and Public representatives. The mandate for this committee is to arrive at consensus for all major initiatives. It is at this committee that differences between the partners as regards priorities or strategies for strengthening Primary Care services are to be resolved. It is recognized that we are not able to move forward with initiatives if all parties have not agreed to the proposals. We are striving for a true collaboration



Provincial Attachment Working Group—PAWG

Dan Horvat and Barend Grobbelaar are Prince George representatives on this Provincial Committee. There are a total of five doctors on this committee from Divisions and there is representation from SGP, GPSC and MOH. The mandate is to assist with defining the nature and measurement of "attachment".

Recruitment

Thanks to Northern Health's ongoing recruitment efforts, we should welcome Heather Smith, Kathleen O'Malley, Brian Hillhouse, Shona Imlah, and James Card. Theresa Shea is heading up the recruitment aspect of the Division's Grand Plan, and is looking forward to working closely with the NMS and with Northern Health to ensure we have a full complement of GPs in PG.

New Prevention Fee Codes

GP's can now bill for prevention. In response to recommendations made in the "A Lifetime of Prevention", "Implementing a Lifetime Prevention Plan" and the "Investing in Prevention Improving Health & Creating Sustainability" reports, GPSC has created some new incentives. These new incentives will replace the cardiovascular risk assessments. The new Personal Health Risk Assessment Incentive will be available to patient populations with any of the following risk factors: smoking, unhealthy eating, physical inactivity, medical obesity. GP's can bill 100 patients at \$50.00 using, **G14066 Personal Health Risk Assessment**. For more information come to the lunchtime Billing Information Session January 14, 2011, Friday rounds, at UHNBC. Doctor Paul Murray and Doctor Stephan Ferreira will present on this topic.

Headlines from other Divisions

- Abbotsford Division manages physician participation requests
 - Physicians' Priorities Identified in Central Okanagan
 - Primary Care Access Clinic in White Rock-South Surrey
 - Cowichan Valley Division works to improve care for pregnant residents
 - Abbotsford Youth Health Centre
 - Seven family physicians relocate to Abbotsford in 18 months
 - We Love It Here: White Rock-South Surrey creates recruitment strategy
 - Cowichan Valley Division has created a locum program
 - White Rock-South Surrey negotiates bulk pricing on medical, office supplies
- For more information on these headlines and other information, visit www.divisionsbc.ca or contact our division office**

- *FP's in PG receive professional support and they have the ability to influence patient care in the region*
- *Patients in PG receive enhanced quality of care*
- *Improved sustainability of the health care system*

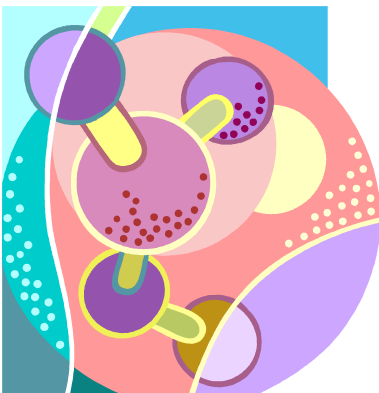


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***Join the Division and be
part of an up and coming
team.***

WE'RE ON THE WEB!!

WWW.DIVISIONSBC.CA



Ask Amy

Overworked and Underpaid: A Residents Perspective

Hello! Let me introduce myself, I am Amy Johnson, one of your friendly Family Practice residents. I have recently joined the Division of Family Practice to provide you with a resident perspective. Part of my work will be to communicate to you through our fabulous monthly newsletter that keeps the Docs in Prince George in touch with our side of things.

At a recent meeting we discussed recruitment/retention of residents to practices in PG. A common concern from local GP's is how to lure a locum for that much needed vacation, or seduce a new grad to partner in your overburdened practice or perhaps you might just like to retire before age 75 and need capable hands to take over.

My goal over the next few newsletters is to provide a residents point of view on how local Docs can recruit new grads to their practices.

You may think you have to wine and dine us or offer large sums of cash, but (although greatly appreciated) not necessary.

Firstly, to lure a resident you must understand their psyche and use it to your advantage. Our confidence is labile. We are insecure beings who seek approval. We look up to you. We have irrational thoughts about doctors who don't smile at us or ask our name. We begin to think that you don't like us or that we did something to upset you, and we become increasingly afraid of you.

So, please introduce yourself with a friendly smile when you see us wide-eyed and alone in the hospital at the beginning of our residency. Your friendly smile not only makes us residents feel like a million bucks, but builds our self esteem and gives us confidence to approach you in the future.

You may think that this point is obvious, but the doctors that make the first move and continue to nurture the relationship throughout the years not only become our treasured mentors, but also exponentially increase their chances of landing one of us as a locum post graduation. You would be surprised how often we are sitting next to you on the ward during rounds with not a word said between us, often looking after the same patient. So make the first move...say hi, ask how we are doing, how residency is going, or even discuss our patients. I promise that your expertise and guidance will be greatly valued and may possibly turn into a lasting relationship that will pay back 100 fold.

PS...you don't even need to remember our name. One resident still gets called the wrong name every time he sees a certain physician, but he doesn't care...he is getting that much needed attention.

Meet the PG Division Staff

Olive Godwin—Executive Director

Mary Augustine—Attachment Project Manager

Joy Schwartzentruber—Coach

Trena Fry—Administrative Assistant

Up and Coming Meetings—Save the Date

Quarterly Meeting of the Division Members set for **March 2nd 2011** from 6:00 pm—9:00 pm.

The **Division Annual General Meeting** is tentatively booked for **May 27th 2011** from 12:00 pm—1:30 pm. Further updates and invites to follow.