

From the Desk of the President

Dear Division Members,

What a difference 5 years has made since the PG Division was established in 2009! Congratulations on a STRONG start-up. There are only bigger and better things yet to come for you and your patients.

In this issue you will notice we are welcoming a new Newsletter Editor, Cathy Textor, & displaying a new visual identity.

The topic for this issue is the arrival of Team-Based Care and better access to the care your patients need. Some practices have been working hard to iron out the inevitable glitches, and I am very grateful to those who carry this Vision. It all hinges on having the Right information in the Right place at the Right time. In other words, a Care Plan. You've likely all been staring at the MOIS Care Plan header in the upper left pane for some time. You've also been thinking "Looks important....I should be putting something in there." I have been exploring this area and am reminded of my first root canal...every few

days I would get this searing pain in my jaw. Finally, I went to the dentist; it wasn't a quick fix, of course, but with her help there was a solution over the course of a few weeks. The pain relief was tremendous and I am pain-free today. I haven't once wished that I hadn't done it, even when she billed me!

A Care Plan is a powerful tool that, once created, will improve communication between the family practice home and the Emergency Department—providing a seamless entry into the acute care setting for our patients. Care Plans and Team-Based Care are what the world of Primary Care Medicine has been crying for in the past 10 years. No one has been able to crack this nut....until now. In the true spirit of Northern Innovation we are once again going to be on the "bleeding edge," experiencing advancement in patient care that the rest of BC only dreams about.

Stay tuned....coach on board...wheels up.

By Garry Knoll

November 2014
Issue 10

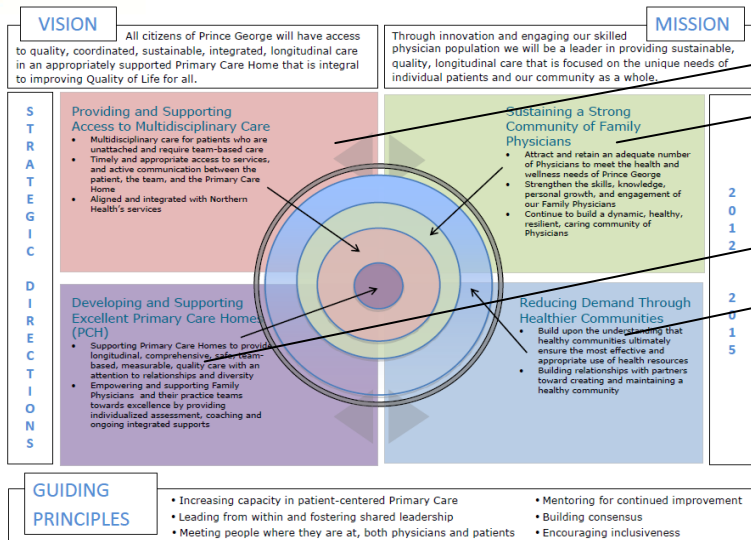
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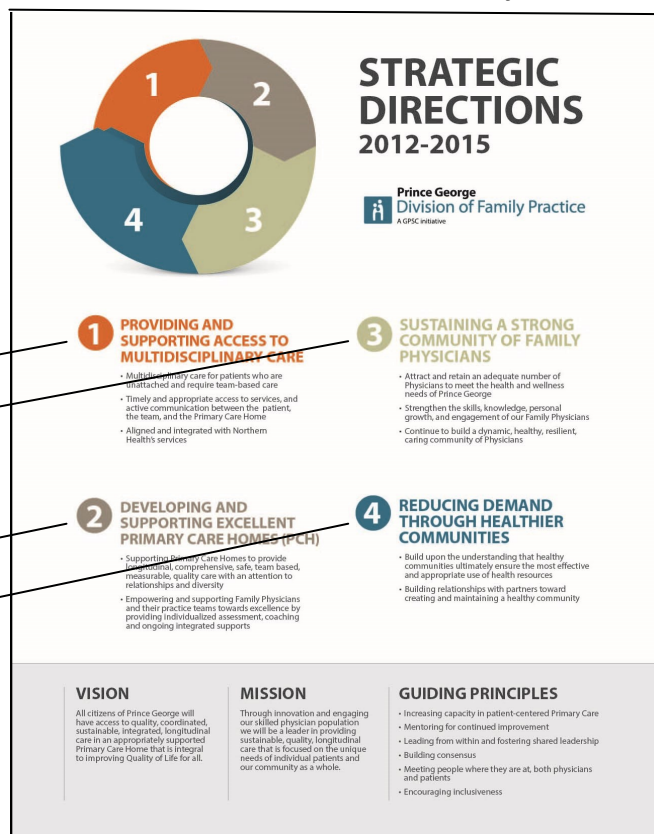
The Prince George Division is 5 Years Strong!

The Prince George Division is celebrating its fifth anniversary this year, and we will be renewing our Vision and 4 Strategic Directions as we move forward. Our new visual identity will be rolling out, which you will begin to see in this issue of the newsletter. The symbol for our Strategic Directions has changed, so the relevant Direction for each article (where applicable) will be represented accordingly:

Prince George
Division of Family Practice
A GPSC initiative



By Olive Godwin



Save the Date:**Northern Doctors' Day**

Fri., Nov. 7th, Coast Inn of the North. Topics include Acute Care Medicine & an End-of-Life talk by Stephen Garrett

Did You Know?**Society of General Practitioners of BC (SGP)**

This site is a resource for current & accessible billing information:

www.sgp.bc.ca

Access the site by adding the SGP to your account when renewing your Doctors of BC dues, or click the Join Now button if you are currently a member.

Your voice matters!

We would love to hear from you; we always welcome comments, concerns, success stories, & challenges. Contact Olive Godwin at 250-561-0125 or pgdofp.coordinator@gmail.com

Need an MOA Locum?

Contact the Division for the list, gbrown@divisionsbc.ca or 250-561-0125

Acknowledgements

We are grateful for contributions from:

- Doctors of BC
- GPSC
- Ministry of Health
- Northern Health
- PSP-Technology Group
- Spirit of the North Healthcare Foundation

Prince George Division of Family Practice Leadership**Board of Directors**

Garry Knoll	Board Chair/Physician Lead
Barend Grobbelaar	Vice Chair
Dick Raymond	Secretary/Treasurer
Phil Asquith	Attachment Lead
Rachel McGhee	Member at Large
Cathy Textor	Member at Large
Susie Butow	Member at Large
Trish Goodman	Member at Large
Auton St. Rose	Member at Large
Bill Clifford	Ex-Officio (NH CMIO)
Muhammad Shahnawaz	Ex-Officio (FP Dept. Head)

Division Staff

Olive Godwin	Executive Director
Megan Hunter	Clinical Programs & BPC Lead
Bonnie Bailey	Operations Lead
Gail Brawn	Executive Assistant
Heather Chafe	Practice Improvement Coach (NH)
Karen Gill	Practice Improvement Coach (NH)
Tammy Bristowe	Practice Improvement Coach
Kaylee Bachand	BPC MOA, Part-time Coach
Sara Hare	BPC MOA
Channan Weatherly	BPC MOA
	(BPC = Blue Pine Clinic)

Membership Detail

Newsletter Physician Lead: Cathy Textor

Division Members	126
Full-Service Family Physicians	77
In-Patient Doctor of the Day Members (IDOD)	34

Fall Member Meeting: Wed., Nov. 26th

Team-Based Care: Learn how to welcome a team into your practice

1730—2100 Civic Centre Rm 208. All Family Physicians & Family Practice Residents welcome!
Dinner, sessional payments, Resident honoraria provided

Division Leadership News — Dr. Bill Clifford Receives the Order of B.C.

May 28, 2014

VICTORIA—Twenty-five British Columbians who have contributed to the province in extraordinary ways will be appointed to the Order of British Columbia, Lieutenant-Governor Judith Guichon, Chancellor of the Order, announced today.

Congratulations to Bill Clifford for his investiture into the Order of British Columbia in July. The Prince George Division, supported by NH CEO Cathy Ulrich & Minister Shirley Bond, nominated Bill for his outstanding contributions to the delivery of quality health care in B.C.



Photo credits: Province of British Columbia

Read the full news release at <http://www.newsroom.gov.bc.ca/>

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Fax: (250) 596-8101
M—Th 8:30—4:30 (closed 12—1)
F 8:30—12:00

What is Team-Based Care?

By Suzanne Campbell,
NH Director for Community Services

Team-Based Care (TBC) has been described as *“the provision of health services to individuals, families, and/or their communities by at least two health providers who work collaboratively with patients and their caregivers—to the extent preferred by each patient—to accomplish shared goals within and across settings to achieve coordinated, high-quality care.”*ⁱ It also involves collaboration between the individual’s family doctor, other family doctors with special interests and skills, and other consulting specialists.

In Prince George, we are developing TBC by building interdisciplinary teams with a variety of clinicians, including Nurses, Social Workers, Mental Health Clinicians, Life Skills Workers, Case Managers, Physiotherapists and Occupational Therapists. These teams will become fully able to deliver TBC as they partner with Primary Care Homes in coordinating and managing care for our most complex patients. Not all clients need TBC. The use of teams is most appropriate when client complexity is high and a team-based approach will enable better outcomes.

Principles of Team-Based Health Care

Shared goals: The team—including the patient and, where appropriate, family members or other support persons—works to establish shared goals that reflect patient and family priorities, and can be clearly articulated, understood, and supported by all team members.

Clear roles: There are clear expectations for each team member’s functions, responsibilities, and accountabilities, which optimize the team’s efficiency, thereby accomplishing more than the sum of its parts.

Mutual trust: Team members earn each other’s trust, creating strong norms of reciprocity and greater opportunities for shared achievement.

Effective communication: The team prioritizes and continuously refines its communication skills. It has consistent channels for candid and complete communication, which are accessed and used by all team members across all settings.

Measurable processes and outcomes: The team agrees on and implements reliable and timely feedback on successes and failures in both the functioning of the team and achievement of the team’s goals. These are used to track and improve performance immediately and over time.

For a deeper read, check out the Naylor et al. white paper at this link:
<https://www.nationalahec.org/pdfs/VSRT-Team-Based-Care-Principles-values.pdf>

ⁱ Naylor MD, Coburn KD, Kurtzman ET, et al. *Inter-professional team-based primary care for chronically ill adults: State of the science*. Unpublished white paper presented at the ABIM Foundation meeting to Advance Team-Based Care for the Chronically Ill in Ambulatory Settings. Philadelphia, PA; March 24-25, 2010.

Team-Based Care: Finally Arriving in a Doctor’s Office Near You!

By Olive Godwin

You’ve no doubt been hearing the buzz about Integration or Team-Based Care (TBC) for some time now. The Division and NH originally chose 4 practices to trial TBC: **Murray & Nowlan, Knoll, Crompton & Butow, Prigmore & Ferreira, and the Blue Pine Clinic**. These practices were chosen based on perceived readiness, optimized EMRs, readily engaging in QI activities, and were generally early adopters.

In the spring of this year 7 other practices were added: the **5 additional practices in the Family Practice Bldg., the Aurora Clinic (Grobbelaar, Reddy, Reddy), and the McLeod Medical Clinic (McLeod, Kozlovski, Kibonge)**. These 11 participating practices have each been paired with a specific team, whose goal it is to work together to achieve the definition of a true Primary Care Home (PCH).

Continued on page 4



Peer Mentoring—Docs Helping Docs

Many of our fellow Division members will act as peer mentors.

Who?

Garry Knoll
Barend Grobbelaar
Ian Schokking
Paul Murray
Bill Clifford
Denise McLeod

When?

Whenever works for you,
15—60 mins

Where?

They will come to your office

How?

Contact these mentors directly

What?

EMR Optimization
Workflow strategies
Tips & tools
Sharing best practices

MOA Peer Mentors also available. Interested in becoming a mentor? Contact the Division office for more detail.





BLUE PINE CLINIC PHYSICIAN COVERAGE NEEDED

Have you considered working with patients with complex needs?

The Blue Pine provides an environment that includes longer appointment times & the support of a multi-disciplinary team.

Please contact us if you are interested!

Megan Hunter
Phone: 250-596-8103
mhunter@divisionsbc.ca

Team-Based Care—Continued from page 3

The PCH is best described as a model or philosophy of Primary Care that is patient-centered, comprehensive, team-based, coordinated, accessible, and focused on quality and safety. The teams receive a 'service request' from the PCH and then partner to coordinate services that will best support complex patients i.e. the frail elderly, patients with mental health & addiction diagnoses, and those living with chronic illnesses.

These 11 practices, involving approximately 33 doctors serving 30,000 patients, are currently working on their EMR to be better prepared to share the information required when working in teams. They are updating Problem Lists, Allergies, Medication Lists, & Interventions (PAMI) in MOIS, which when completed will automatically begin to populate Care Plans. Other elements of the Care Plan that

require attention are frailty scores on elderly patients, level of intervention, patient goals and preferences. These 33 physicians are working now to collect this information efficiently in the workday during patient encounters or yearly complex care visits. This is exciting work and will eventually be a timesaver for you and will provide better care for your patients!

Of course, we are keeping our eyes out for doctors to join the growing group of practices accessing TBC. As soon as the processes for requesting and receiving service from the Primary Health Care teams are worked out, to the satisfaction of the Doctors and teams currently involved, the selection for additional practices will begin. Let your Practice Coach, Peer Mentors, Division Board or staff know if you want to be part of the next wave toward a more effective & efficient way to do business.



Reminder to sign up for the 2015 Canada Winter Games February 13th—March 1st in Prince George

The Prince George Division of Family Practice encourages all of its members to get involved and help show the nation what a great community we have. At its AGM in February, Nechako After Hours Clinic members voted in favor of staffing and opening during the day to provide walk-in care to out-of-town spectators and family members. Check in with Dr. Janet Ames, Chief Medical Officer for the Games, to make sure the "Poly Clinic" for athletes, coaches and officials at the Civic Centre is covered off.

Please contact her at 2015ChiefMedicalOfficer@gmail.com as soon as you can to volunteer.

The Coaches' Corner

By the Coaching Team

Hello Everyone from your Coaching Team!!

The coaches are available to assist you with the foundational work that will help to introduce Team-Based Care (TBC) seamlessly into your practice. Focusing on the following three major components will have you on the right track:

1. Meaningful use of MOIS - The idea of "good data in, good data out" supports meaningful use in MOIS. Accurate problem lists, allergies, medications, and interventions form the basis for meaningful use. To begin to evaluate your data quality, you may run the Clinical Value Scorecard (Reports> Clinical - Audits> Scorecard - Clinical Value). This report will help you identify areas for improvement and where a coach may be able to support you.
2. Frailty - Identify your frail elderly. This will identify the complex group of patients that may require support from clinical teams. A frailty assessment of patients over 65 years of age is recommended annually. If you have questions

regarding the CSHA frailty scale (www.bcguidelines.ca/pdf/frailty_csha.pdf), entering scores, possible billing options, or pulling reports to help with this process, contact a coach today!

3. Care Plan - Care Plans allow a physician and clinical team to monitor patient health and goals at a glance. The Care Plan will be essential to the referral process for TBC. It will help the team understand the patient and their health needs. In addition, relevant information in the patient chart can be quickly 'tagged' to the Care Plan for use in referrals to specialists, communication to emergency physicians, or consulting specialists in the hospital.

If you would like to discuss how your office can prepare for the health care changes to come, contact our coaching team today & attend the Nov. 26th Division member meeting!



Megan Hunter

Clinical Programs Lead

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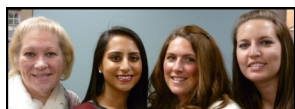
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