Prince George
Division of Family Practice
A GPSC initiative

Division Newsletter

A newsletter for Division members: Family Physicians & Family Practice Residents. Please feel free to share with your Health Care partners

From the Desk of the President: Team Based Care – Playing on the Team

By Garry Knoll

I am trying to figure out my relationship with my Primary Care Team; in random order, here's what I have learned so far:

- I can be the micromanager. Many of us cannot leave people to do their jobs. I realized very quickly I did not have time for this. For the patients' best outcome though, I do need to be intimately involved in what happens after delegation.
- I am sometimes like Ted Knight on the Mary Tyler Moore show, who was incompetent and blundering but Mary et al preserved his dignity and made him look good. For those situations I am eternally grateful to the team.
- I have been tempted to be a "dumper." I know that I need help for a patient but I don't know exactly what the question is. So I ask a vague question and "dump" it all on my allied health colleagues, absolve myself of responsibility, and ask them to report back to me when they have sorted it out. This is marked by a referral with a mountain of unfiltered information including the serum K+ of 4.8 from October 2015.
- I can be the saboteur. When I am not right, no one else can be either. I subtly make everything more difficult for everyone on the team.
- I can be passively aggressive. For example, I can require a request for every small piece of information, never volunteer or do more than is asked. In that way, maybe this whole idea will go away and I can go back to the way I used to do things.

My hope is to be like Wayne Gretzky, arguably one of the best hockey players in the History of the Hockey Universe. I've heard it said that he had an uncanny ability to know where to be on the ice to make his team unstoppable. I hope to be like that on my Primary Care Team, knowing where to contribute the most..... AND I want to get it just right.

To get this just right, I am going to commit to these things (which have been summarized by Ronald Riggio of Cutting-Edge Leadership):

1. Be honest and straightforward 2. Share the load
3. Be reliable 4. Be fair 5. Complement others' skills
6. Work on good communication skills
7. Have a positive attitude

Let's all make the playoffs every year!

Southcentral Foundation (SCF): Perspectives on Team-Based Care

By Susie Butow

Want to be inspired about Team Based Care? Look no further than the Southcentral Foundation in Alaska. Internationally recognized as one of the world's leading examples of healthcare redesign, the organization has developed the integrated and interprofessional "Nuka System of Care" in order to provide medical, dental, behavioral, traditional and health care support services to more than 65,000 Alaskan Native people. The SCF accomplishes this with interprofessional teams.

Over the past decade, The PG Division of Family Practice, along with representatives from Northern Health, have connected with the SCF on site in both Anchorage and here in Prince George to help build our own local system transformation to integrate interprofessional teams.

We are lucky to be featuring a live video presentation from the SCF at the upcoming Division member meeting on Nov. 22nd. Check out this link for more information about the SCF's Nuka System of Care: https://scfnuka.com/our-story/ and https://www.youtube.com/watch?v=tLnZ3_AccoU

Southcentral Foundation

Member Meeting: Showcasing the Work of the Division

By Bonnie Bailey

As part of sharing our learning under Strategic Direction 4, in addition to the NH interprofessional team members who will be attending the Nov. 22nd member meeting to participate in the conversations, a selected group of people (local and provincial) have been invited to attend in an observer-only role. This will provide an important opportunity to showcase the work being done on team-based care in PG, while still preserving the integrity of our member meetings.

4 Sharing our learning to inform and positively influence the system

November 2017
Issue 16

Fall Member Meeting: Wed. Nov. 22nd 1730—2100

Theme: *Checkup: Where Are We At With Team-Based Care in Health Care Redesign?*

*** Up to 3.0 Mainpro+ credits available ***

*** Each Physician who attends may bring 1 MOA * (honoraria available)**

Details:

- **UHNBC LDC Room 0501**
- **All Family & ER Physicians & Family Practice Residents welcome**
- **Dinner, sessional payment, Resident honoraria provided**

Accredited by UBC CPD
UBC CONTINUING PROFESSIONAL DEVELOPMENT FACULTY OF MEDICINE

Welcome/Congrats!

New Member Drs & Grads
Dr. Tim Bowen-Roberts (NIRD)
Dr. Taya O'Neill-Haugland
Dr. Omesh Syal
Dr. Robert Tower
Dr. Ryan Wilson
Dr. Reena Yu

New PG Practice
Drs Asquith, St. Rose & Tower have joined to create Concordia Family Medicine, located at #212—1669 Victoria St. The main practice phone number is 250-563-9311. Congratulations!

Practice Changes
Dr. Bartell for Dr. McGlynn
Dr. Wooldridge for Dr. Burg (Jan. 2018)

New Grads, R1s & R2s
All the best to everyone!

Your voice matters!

We always welcome comments, concerns, success stories, & challenges.
Contact Olive Godwin at 561-0125 or ogodwin@divisionsbc.ca

Join the work of the Division! If you are a Physician interested in participating as a Board or Committee member, please contact the office or a Board member:

Phil Asquith
Susie Butow
Bill Clifford
Keri Closson
Barend Grobbelaar
Garry Knoll
Rachel McGhee
Ian Schokking
Theresa Shea
Cathy Textor
Jessica Zimbler

Provincial & Northern Perspectives on Team-Based Care

By Cathy Textor

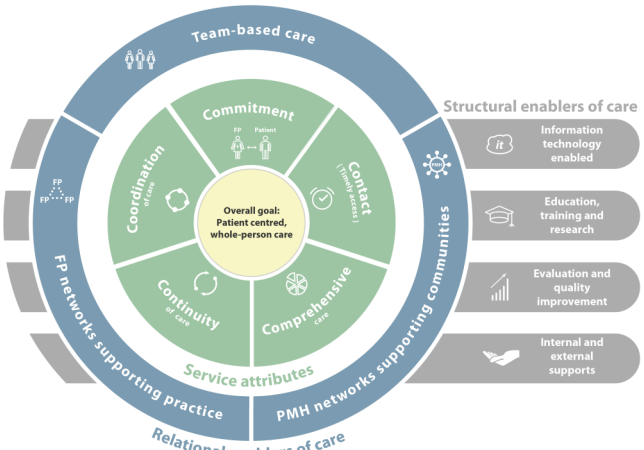
1 Striving for excellence in all aspects of the primary care home

In 2009, the College of Family Physicians of Canada (CFPC) discussed a model for family practice that would better meet the needs of patients and by 2011 published the position paper: A Vision for Canada: Family Practice - The Patient's Medical Home (PMH). The PMH was defined as a family practice "described by its patients as the place they feel most comfortable, most at home, to present and discuss their personal and family health and medical concerns." The 10 pillars of Primary Care - which among other things includes timely access, patient-centered, comprehensive, longitudinal care, continuity and use of an EMR - are not new to us. The GPSC's current model for the PMH (see figure below) has a few additions. All of our practices have elements of the PMH. The Min. of Health, GPSC and the Divisions of Family Practice are working hard on supporting the implementation of all elements toward this vision. In the North, our Health Authority (HA) is a partner in this work.

Team-Based Care (TBC) is one component of the PMH which has been shown to decrease use of emergency medical services and its associated costs. In addition, better health outcomes are achieved at lower cost to the system. Access to TBC across the Province and in the North is highly variable; here, integration of Primary and Community Care is occurring within a system-wide transformation that will bring us closer to the PMH Model. Northern Health (NH)-employed allied health professionals are being redeployed from programs which previously sat in silos into Inter-Professional Teams (IPT). Each is assigned to a PCH and thus care for a cohort of patients. Here in PG, team members are co-located with the exception of the Family Physician; space in our offices currently limits our ability to do this. Therefore, we are not always recognized as a team member, but with time and relationship development the hope is that we will learn to work as a team and our patients will feel supported by professionals, each offering their area of expertise.

In certain Northern communities, co-location at NH facilities (ie. Clinics) is possible and is happening. Elsewhere in the Province, the HA's role in this process is less clear. Some individual practices are hiring allied health professionals, some Divisions are facilitating TBC projects. Promising results with short-term trials exist but there are many questions around the sustainability and funding of such models.

This transformation occurring within NH is an enormous task. It will require redefining roles, learning a new way of working together, and time to become perfected. I believe that the model of the PMH fits well with the philosophy of how Primary Care is - and always has been - delivered in our community.



Action Research Project

By Michelle Lawrence, NH Executive Lead, MH & Substance Use

I am currently the Executive Lead for Mental Health and Substance Use, most recently I was the Manager for community services for interprofessional teams. I am currently completing my Masters of Arts in Leadership with Royal Roads University. As part of this program, I am undertaking a project supported by the PG Division of Family Practice and the Northern Health Authority. The project title is "Improving Communication Among Physicians and Interprofessional Teams," and the overarching question is "How can communication among health authority staff and physicians be improved to enhance patient care in a primary community care setting?"

By utilizing the survey, which is anticipated to take 15 minutes to complete, I hope to collect unbiased feedback from participants regarding current communication issues and methods of improvement, as well as supporting further communication among interprofessional teams and physicians.

The information gathered will be used to build strategies to develop rapport and relationship-building. The change that stakeholders may see as a result of improved communication is that staff and physicians/specialists are mutually engaged as participants in the overall transformation of integrated primary and community care.

The survey will be open from Nov. 1 until 4:00 Nov. 14. Link to Survey: https://eSurv.org?u=Improving_Communication

Thank you for your participation and support.

"If You Want to Go Fast, Go Alone. If You Want to Go Far, Go Together" – The Experience of Integrating Northern Health Community Services with Primary Care in PG

By Suzanne Campbell, NH Director, Community Services - PG

1 Striving for excellence in all aspects of the primary care home

System Transformation. We often use these words to describe the work that the PG Division of Family Practice and Northern Health have undertaken together. When I imagine a future where NH staff and GPs seamlessly collaborate on client care - with ease, trust and coordination - I do think of that as truly transformative for the patients we serve.

At times, being partnered in "system transformation" feels limitless, hopeful, and like the opportunity of a lifetime to make an impact on our healthcare system. At other times, it feels heavy, daunting and slow. In truth, when I look back on where we were and where we are now, I am buoyed to hear about stronger relationships between staff and physicians, more and easier collaboration amongst professionals from different disciplines, and more creative problem-solving for some of our patients with really complex needs. I also hear about very large caseloads and waitlists, team composition not always matching practice panel needs, and a lack of clarity amongst us all about roles and functions and "where should our focus be?"

Throughout all of this, like a North Star moving me forward, is the voice of our staff who care for the people we serve. They tell me that this work is difficult and overwhelming, but also worthwhile and the most satisfying work they have ever done. They tell me that this is the right way for our system to go forward. And so we press on.

What is next for our Integration work? Through our collaborative forums like the Committee Supporting Primary Care Homes, we will continue to work with the Division of Family Practice to find real and meaningful solutions to the aspects of this transformation that still challenge us: How to build closeness & meaningful relationships in the absence of colocation? How can quality EMR data from the Primary Care Homes help inform Northern Health about team composition in relation to practice needs? Where should we focus & measure our impacts to show that our work together IS making the difference we want it to?

Yes, this journey is a long one, because it has to be. Because we go there together, and we are going the long distance to really achieve meaningful changes.

Foundry: One-Stop Primary Care Drop-In Centre for Youth

By Megan Hunter

3 Partnering with patients and communities for improved health

Over the last year, the PG Division and Northern Health have been working with the YMCA and other stakeholders to develop a youth clinic called Foundry Prince George. This is part of a Ministry of Health initiative to open 5 youth clinics in the province for those aged 12-24. Foundry centres provide a one-stop-shop for young people to access mental health care, substance use services, primary care, social services and youth and family peer supports.

Foundry PG - located at 1148-7th Ave. across from City Hall - is a provincial program, but is run locally by the YMCA in partnership with NH, MCFD, Intersect and the Native Friendship Centre. The Division of Family Practice has been closely involved in the development of this clinic to ensure that it is structured in a way that fits with how Primary Care is delivered in Prince George. Three of our Division members, along with a Nurse Practitioner, have stepped forward to offer Primary Care services for youth in the drop-in centre.

Foundry will operate as a Primary Care Home for those youth who are not connected with Primary Care elsewhere in the community. For youth who are otherwise connected, Foundry will try to work in close collaboration with that Primary Care Home to ensure clear communication and to support ongoing connection to the original Primary Care Home. For information: https://foundrybc.ca/ or call 236-423-1571.

Pathways: A 'Made in BC' Specialist Referral Resource

By Bonnie Bailey

2 Sustaining a strong community of family physicians

Designed by GPs for GPs, Pathways is being implemented in all Divisions of Family Practice in the north.

Pathways is a user-friendly online resource that allows GPs and their MOAs to quickly access current and accurate referral information, including wait times and areas of expertise for specialists and specialty clinics. It also includes hundreds of patient and physician resources that are categorized and searchable.

Users can easily search for a specialist by practice location, languages spoken, or even gender. Once a referral is made, information about pre-consultation requirements (ie blood-work, imaging), how a patient will be contacted, and directions and parking instructions for patients is given.

By now all Family Physicians should have access to Pathways; log in at www.pathwaysbc.ca. For questions contact Bonnie Bailey at 250-561-0125 or bbailey@divisionsbc.ca.

Direct Deposit is here!

The Division is moving to direct deposit for payments to Physicians, particularly for those involved with IDOD &/or Residential Care. Check your email Inbox for instructions about signing up.

Feedback on IPTs

Working in an Interprofessional Team (IPT)? Please let us help you communicate with Northern Health. Let's continue to ensure that Primary Care Providers have a voice in shaping how the IPTs work with the Primary Care Home. Send direct questions, comments, suggestions, complaints, & success stories to Dr. Cathy Textor or Dr. Phil Asquith.

Opportunity: Find a Locum; Get a Locum

The Society of General Practitioners (SGP) has added a *Family Practice Locums in BC* list to their website (http://sgp.bc.ca/locums/). SGP members can post ads at no cost. Locums can customize job searches by filtering for EMR type and job features (OB, ER, etc.) They can also subscribe to receive a newsletter every two weeks.

PG Practice Coverage Information: https://www.divisionsbc.ca/prince-george/locums

Acknowledgements

We are grateful for contributions from:
- Doctors of BC - GPSC
- Ministry of Health
- Northern Health
- City of Prince George
- Spirit of the North Healthcare Foundation
- Shared Care Committee

AIHS: Changes Coming in MOIS 2.22

By Bill Gordon, CEO

1 Striving for excellence in all aspects of the primary care home

AIHS is working hard on MOIS version 2.22 and there are many exciting improvements coming your way.

One of the biggest changes is the addition of support for multiple code sets: in 2.22 you will be able to pick an ICD-9, ICD-10 or SNOMED code when entering a Health Condition (which should give more selection when finding the right "diagnosis"). Other improvements in 2.22 include:

- The Letter Writer has been significantly updated and Goals and Preferences can now be added to a letter.
- The Health Maintenance Review now has three tabs: Ctrl H, Care Plan Summary and Patient Summary to increase the visibility of these important functions.
- Quantitative Goals now show on the Show History Window.
- The Unresulted Orders Report has been updated to accommodate more robust search criteria.
- On exported charts, the author and provider are embedded on the Encounter Note so they are not lost in the transfer of patient records.
- The Patient Status is now available in the Patient Look-Up window.

Questions? Please reach out to support@aihs.ca if you have any questions!

AIHS Applied Informatics for Health Society

The Coaches' Corner: Coaches' Top Tips

By the Coaching Team

1. IPT is no longer using the CRU form for Mental Health referrals. Please continue to use the Service Request (letter template in MOIS) for all inquiries. Contact your Coach or AIHS if you need assistance setting this up.

2. Many attending the PSP End of Life Modules are working on adding frailty scores for patients 65+ as well as thinking of those who may need MOST forms. Coaches can help with these audits, and also have access to the EOL Algorithm that helps to keep the resources and paperwork in one place if you need it installed on your desktop.

3. Have you been uploading care plans and MOST/advance directives to Powerchart? Are you interested in knowing how many have been completed? Ask your Coach for more information.

4. Have you applied for your CME Credits for the PSP Mental Health Learning Sessions? Send an email to psp@doctorsofbc.ca

5. GP-Patient Email/Text/Telephone Medical Advice Relay G14078 Effective October 1, 2017: Create a new GPpatient email/text/ telephone medical advice relay fee (G14078), applicable to all patients and delegable to AHPs, including MOAs. Set the new G14078 to $7 to better align with comparable Fee for Service INR fee G00043 (value of $6.83).

6. Flu Season is here! Don't forget to record in MAR: MAR -> New… -> Record Medication History -> Continue -> Location: Pharmacy Name (ie. Costco) Under Medication: Use the … to search for name of vaccine (ie fluad). Save and close.

7. When you receive your influenza vaccine stock you can create a snippet for the lot number to prevent from having to retype number each entry. To create a snippet: Administration -> Prompt/ Selection List MGT -> Snippet -> New Record -> Code = (example Fluad17) -> Value = Lot number. When entering vaccine -> Lot Number: `fluad17 (this will enter lot number)

8. Karen Gill (practice coach) & Rob Pammett (primary care pharmacist) have met with 2 local pharmacies, Costco & Rexall, about trialing communication of flu vaccines back to family doctors. Our long-term goal is to apply any successes from this trial to other immunizations & share with other community pharmacies & NH. You will receive a fax that informs you when your patients attend 1 of the 2 pharmacies for a flu shot, & you can record this in MOIS if you wish. We ask that you do not call the pharmacies during this trial to stop the faxes. Public health flu clinics will hand out yellow immunization cards & encourage patients to show them to their family doctor. One side of the card is for the flu shot & the other for the pneumococcal vaccine.

9. Your hepatitis C patients may be eligible for treatment coverage under new Pharmacare guidelines. Remember to add stop dates for patients that have cleared their hepC.

In memoriam - Heather Chafe
(former Practice Coach)
Jan. 26, 1966 to Sep. 16, 2017

Coaching Team

Megan Hunter
Clinical Programs Lead

Practice Coaches:
Office: 250-561-0125
pgpracticecoach@gmail.com

Karen Gill
karen.gill@northernhealth.ca

Tammy Bristowe
tammy.bristowe@gmail.com

Laura Parmar
laura.parmar@northernhealth.ca

Division Office
#201, 1302 - 7th Ave.
Prince George, BC V2L 3P1
Phone: (250) 561-0125
Fax: (250) 561-0124
princegeorge@divisionsbc.ca
M-F 8:30-4:30

Blue Pine Primary Health Care Clinic
#102, 1302 - 7th Ave.
Prince George, BC V2L 3P1
Phone: (250) 596-8100
Fax: (250) 596-8101
M-Th 8:30-4:30 (closed 12-12:45)
F 8:30-12:00 (open 1-4 alternate wks)

Primary Care Interprofessional Team Services & Functions

Northern Health, in partnership with the Prince George Division of Family Practice, has implemented Interprofessional Teams (IPTs) that wrap services around the patient to support the primary care home. A team of different healthcare professionals and the family physician work together to coordinate care for adults 19 and over with frailty, chronic disease or mental health & addictions problems.

Patients who have access to ICBC, WCB, EFAP and Extended Health Benefits should explore those options first prior to accessing IPT Services.

What services do IPT offer?

Clients with Mental Health & Addictions Presentation:

Assessments

- Comprehensive Mental Health Assessments and Identify Level of Care Needs

Interventions

- Short-term counselling and brief therapeutic interventions (6-8 sessions)

Clients with Psychosocial Needs:

Assessments

Comprehensive Psychosocial Assessment

Interventions

- Assistance with financial benefits
- Accessing information and applications for housing options
- Advocacy
- Grief, loss & adjustment counseling

Palliative Clients:

- Please complete Community Nursing Referral Form
- Community Nursing will coordinate community services and resources (including equipment) for Palliative Clients
- *NOTE: Please also call 250-565-7317 for urgent support

Clients with Frailty/ Functional Challenges/ Chronic Diseases:

Assessments

- Comprehensive Nursing Assessment
- Long Term Care Assessment
- Comprehensive Occupational Therapist and/or Physiotherapist Functional Assessment
  - Wheelchairs, seating & positioning
  - Power mobility
  - Positional pressure relief
  - Mobility and falls
  - Home Safety
  - Dysphagia screen

Interventions

- Facilitate activities of daily living and instrumental activities of daily living
- Procurement of specialized equipment, teaching & follow-up
- Medication monitoring and teaching
- Monitoring and teaching disease management
- Coordinate and manage long-term care needs of patients either at home or Assisted Living Facilities
- Support access to Assisted Living Facilities and Complex Care Facilities

Services are provided through a variety of approaches including:

- Supporting self-management
- Prevention and health teaching
- Follow up, monitoring & planned recalls
- Harm reduction strategies
- Connecting with community re-sources
- Supporting coordi-nation of referrals to specialized health services
- Providing crisis intervention
- Coordinating & managing transi-tions in care
- Facilitating care-giver & family support

Interprofessional Team members

Nurses, Mental Health & Addictions Clinicians, Social Workers, Occupational Therapists and Physiotherapists.

Hours of Team Operation

08:00-16:00 Monday-Friday, excluding statutory holidays

Team Contact Numbers

Phone: 250-565-2612 Fax: 250-565-7410

Adult Mental Health Community Resources in Prince George

GENERAL RESOURCES

Employee Family Assistance Programs
Covered by extended health benefits. Services vary depending on the benefit provider. Contact employer.

ICBC
Counselling for individuals involved in a vehicle accident.
Contact claim adjustor.

WorkSafe BC
Counselling for work related injury or trauma.
1-888-967-5377

UNBC Counselling Services
Counselling provided to students
250-960-6369

CNC Health and Wellness Centre
Counselling provided to students
250-562-2131 ext 5377

Crisis Line
24 hour crisis & information line
250-563-1214

Seniors Information Line
Community services for seniors
250-564-9100
9:00 am – 3:00 pm weekdays

Canadian Mental Health Association
Provides help completing PWD forms
1152 3rd Ave
250-564-8644

FAMILIES
Support groups for families for mental health or addictions.
Heartbeat – support for individuals dealing with a suicide
320-1660 3rd Ave
250-561-8033

CANCER

BC Cancer Centre for the North
Patient and Family Counselling and Indigenous Cancer Care Coordinator
250-645-7330

GRIEF/LOSS

Hospice House
Broken Circle (Adults)
3 months to pass after the death of a loved one $ 25.00 fee
"Tea for the Soul" & Grief and Grub"men
One on One grief support volunteers
Rainbows- Child and youth grief group
250-563-2551

TRAUMA

Brazzoni and Associates
Contracted for trauma counselling for clients with First Nations status living off reserve
301 1705 3rd Ave
250-614-2261

DYSTHYMIA, ANXIETY, RELATIONSHIP CONCERNS, SITUATIONAL DISTRESS

Bounce Back
Mild depression, mild anxiety, highly motivated and good response to anti-depressant.
GP to complete referral form.
1-866-639-0522

Community Counselling Centre
Self-refer
$10.00 for 50 min apt on a sliding scale
1310 3rd Ave
250-960-6457
ccc@northernhealth.ca

ADDICTION

Meet and Greet – Self-referral
Fridays at 2:00 pm
3rd Floor Health Unit
250-565-2666

Addictions Day Treatment Program
No referral required, Thursday, 1:00 pm
3rd Floor Health Unit
250-565-2387

EATING DISORDERS

Eating Disorder Clinic
Anorexia and bulimia only
250-565-7479

Outpatient Dietitian
Binge eating disorder, appetite and diet
Referral through family physician
250-565-2000 ext 2688

ANGER MANAGEMENT

John Howard Society
Groups for both men and women. Call re: waiting period. No criminal record.
154 Quebec St
250-561-7343
Drop In THURSDAY 12:00-1pm

PARTNER ABUSE

Elizabeth Fry Society
Counselling, court support, housing
250-563-1113

Phoenix Transition Society
24 hr shelter, programs and services for women and children in crisis
250-563-7305

SEXUAL ASSAULT

RCMP Victim Services
999 Brunswick St
250-561-3329

Surpassing Our Survival
Counselling and support services
250-564-8302

BRAIN INJURY

Brain Injured Group
1070 4th Ave
250-564-2447

NATIVE FRIENDSHIP CENTRE

1600 3rd Avenue
Not just for First Nations

Counselling
Minimal wait lists and drop in services
Client to call to inquire about drop in times
250-564-3568

Trauma Counselling
Best for clients to call as there may be a waitlist.
250-564-4324

Victim Services
Support to victims of crime regardless of RCMP involvement.
Witness orientation, courtroom etiquette and procedures.
Accompaniment to RCMP, Crown Council, or court.
250-564-4324

Legal Advice
Pro-Bono Clinic Family Law only
250-564-4324

ALZHEIMERS SOCIETY

Resource Centre
202-575 Quebec St
250-564-7533

EMPLOYMENT

Work BC
Help with finding employment and training funding.
150 Brunswick St
250-596-2517

HOUSING

BC Housing
Subsidized housing for low income families and individuals
1539 11th Ave
250-562-9251

PREGNANCY

Prince George Pregnancy Care Centre
#210 - 575 Quebec Street
Cell: 250-981-2444
Office: 250-562-4464
Open Tues 4-8 pm Wed-Fri 12-4pm

INTERPROFESSIONAL TEAMS

Includes Mental health clinicians
Fax service request to your team.
Teams 1-4
Fax: 250-565-7470
Team 5
Fax: 250-564-4959

RCMP non-emergency line
Phone: 250-561-3300
Request Car 60

COMMUNITY RESOURCE DIRECTORY available from Crisis Prevention Intervention and Information Centre
250-564-5736

Updated May 30, 2017