Prince George
Division of Family Practice

May 2011
Issue 3

From the Desk of the President

Hello Division Members

The Members meeting this past March was very helpful in providing your board with direction and feedback for the upcoming months. We had an interesting time hearing about the Division of Family Practice in Christchurch New Zealand from Dr. Dee Mangin. They have matured their program over 20 years and include CME events and credits for members, a common EMR and timely additions and upgrades of the software as well as communication from about public health issues that face their members. They have some of the things that we are beginning to appreciate in our city as well. We also reviewed the Attachment Initiative phase 2 that will see $1.8 million come through our Division for its activities. $600K will be a direct $7/patient payment that will come to our members based on the current criteria (long story) that the gov't uses. $600K will come directly for multidisciplinary care and the support of the Primary Health Care Clinic that forms part of our strategy. $600K will come to the Division for support of coaching and practice change, capacity building and support. We now work hard on the details of these ideas. Finally, we had a good opportunity to think and discuss issues that you, the members wanted to discuss. I was in a discussion about physician recruitment and retention where we generated important ideas to take forward. We have discussed some of these with the Board Chair of NHA Charles Jago and the CEO Cathy Ulrich. The undergrad program at UNBC is very much concerned about retention and there is interest in development of a more coordinated approach to marketing our community and enticing our graduates to choose our community.

I would like to thank you for your continued support and enthusiasm. Without you we could not dream to do any of these exciting things.

Garry Knoll
Physician Lead

AGM – Nominations for Board

By Zoe Redenbach

The election of members for five Board positions will happen at the AGM May 27th. Anyone with an interest in running (we need at least 2 more names to fill the 5 slots on the ballot!) should contact Zoe Redenbach, Barend Grobbelaar, Garnet Fraser, or Olive Godwin, (the nomination committee). The deadline for receipt of your name, and a short blurb about why you would like to be on the board, must be received by May 13, 2011. If you would like to attend a board meeting to see what we are up to, please contact me! (Zoe Redenbach, Chair of the 2011 Nomination Committee).

The Physician Assessment Survey

By Zoe Redenbach

Well, the survey has now been completed with 20 doctors in town. The survey has so far been limited to these 20 doctors because the Division has been coordinating with PITO in a pilot project assessing meaningful EMR use, which has required some very detailed 1:1 follow-up (MCVP, Maximizing Clinical Value Pilot). The remainder of the surveys will be distributed over the next few weeks. We have recently hired a new coach, Bill Quinn, who will join Mary and Joy as physician coaches. In the first 2 weeks of May, Dr Zoe Redenbach and Bill will be "cold calling" at a few offices to introduce Bill, drop off surveys, and to schedule times to complete the patient population audit portion of the survey. As you know, there is a $405 stipend for filling out the survey and meeting with the coach, and most practices so far have found many "lost billings" in this process, so it will be worth your while to find the time! If you would like to request that you be one of the practices approached, please let Zoe know! (564-8500, zoe.redenbach@gmail.com)

Recruitment Update

By Theresa Shea

In 2010, the Prince George Division of Family Practice (PGDFP) began the creation of its Attachment Plan. One facet of this is addressing the physician shortage in Prince George. We have begun this process by looking closely at the existing Physician recruitment process and working with Northern Health, the UBC Family Medicine Residency Program and the Northern Medical Program to increase the number of physicians who come to (and stay in) Prince George.

Our recruitment plan is centered on close collaboration with NH in order to clarify the number of physicians needed, identify potential recruits, and connect new physicians with work opportunities that meet the need of the community. Over the last six months, we have solidified our working relationship with NH, and are confident that this relationship will enable us to ease the physician shortage in Prince George.

We recognize that, with the Family Practice Residency Program and the Northern Medical Program, we have a large supply of 'home-grown' physicians who are likely to stay in the North if the opportunity is provided. For this reason, our recruitment initiatives and plans, for the most part, are directed at these physicians:

- We plan to establish close ties with the students and the residents, encouraging them to become an active part of the medical community.
- We have already established Division-led talks at the residents' academic half-day
- We are planning monthly Resident Appreciation evenings, to encourage relationships between the residents and the medical staff.
- We have sent personal letters to each of the graduating residents, inviting them to stay here in Prince George and the North
- We have created and disseminated a survey of all the Residents who have come through Prince George, asking their opinion on why they stayed or left Prince George once their training was done
- We have created a list of current opportunities (based on asking physicians in the community if they are looking for locums, partners, replacements, etc)

We believe that the recruitment and retention of family physicians to Prince George needs to be a collaborative and community-wide approach. In conjunction with NH and the NMP, we are in the process of creating the Prince George Community Physician Recruitment Committee, made up of members of NH, the NMP, the Division, the City Council, and members of the business community who have an interest in Physician recruitment. We are aiming to have the initial strategy meeting in early summer 2011.

We believe that it truly is 'all about relationships', and by capitalizing on the existing collegiality among stakeholders, and creating new relationships with our upcoming physician colleagues in the NMP and the residency program, we will have no problem easing the physician shortage.

Coaching and the Maximizing Clinical Value Pilot

By Mary Severson - Augustine

We have been working with Physician Information Technology Office (PITO) on a post electronic medical record (EMR) implementation project called Maximizing Clinical Values Pilot (MCVP). We have engaged 20 physicians. Practices are looking at their data using a "meaningful use" framework and working on developing plans to make improvements in their offices. Some of the areas GP and their MOAs are focusing on are related to optimizing billing, office flow and roles, complex care, chronic disease management, improved EMR utilization and more. We will be looking to expand this coaching service out to the broader community in the coming months.

Up Coming Meetings – Save the Date

The **Division Annual General Meeting** is set for May 27th, 2011 form 12:00 pm to 1:30 pm at the 4th Floor Conference Room at UHNBC.

Summary of Evaluations from the March 2nd Members meeting

By Olive Godwin

We had 32 members attend our 4rd Members meeting and 26 of the participants completed an evaluation survey.

Some of the things members found most useful that we will be sure to continue are a format that encourages: a spirit of cooperation, a variety of topics, lots of room for idea generation, open ended discussion, opportunities for brainstorming and passionate discussion and updating on progress and developments.

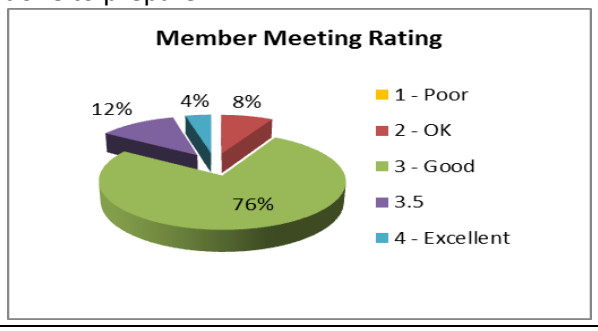
Education/Information needs:
24 people asked for some forms of MOIS training, update, advanced use, MOIS billing and meaningful use of MOIS. 13 participants asked for Dragon Naturally Speaking information.

Others requested Education/information on:
Complex Care, Chronic Disease Management, making prescribing/diagnostics more cost effective, Guideline Management, User Friendly way of accessing PSP modules e.g. COPD, Mental Health.

Some of the things members found least useful were: videos (impeded discussion), description of attachment overview- too complex, another review of attachment, and presentation of attachment model- no opportunity for interactive discussion.

Samples of suggestion for improvement: less noisy room, difficult to see slides, give more time over dinner to catch up with colleagues, more how to's, more structured dialogue about specific topics UPC, e.g. Long term care, etc. Provide more info in advance.

Other comments: Were all positive and appreciative of the work done to prepare.



New Division Staff

By Olive Godwin

I would like to take this opportunity to introduce you to two new staff members, Cheryl Marsolais and Charity Kingsley, who are job sharing the Administrative Assistant position at the Division office. Cheryl comes to us from 35 years working in Government, 14 in MCFD and the last 21 in Forestry. She retired on March 31, 2011 and started with us a month before her retirement. I had the privilege of working with Cheryl 25 years ago and I am very glad to be back working with her and Cheryl is much enjoying the autonomy of a small office.

Charity is just starting out in her career and has spent the last two years working half-time for the UBC Family Practice Residency Program. She is a great fit for our office and she is happy to take the opportunities offered for development and learning. Many of you will know Charity from the 5th floor of UHNBC.

They are dividing up the work according to their skills, availability of time, development needs and our requirements. We will let you know later who settles into the different pieces of work and who the 'go to' person ends up becoming for the different task. Charity is the person you will see around here for most late day meetings; she is taking care of all of the scheduling of meetings, logistics, agendas and minutes.

Also we would like to welcome Bill Quinn, (Zoe mentioned Bill in her article on the Practice Assessment), Bill is the newest addition to our Coaching Staff (Mary, Joy and now Bill). Bill is a certified Life Coach and has an extensive background in Forestry where he was seen as a change manager.

During his term at BC Ministry of Forests, Bill was involved in three significant initiatives: Continuous Improvement, The Learning Organization, and Introduction to a Culture of Coaching.

Attachment Update

By Barend Grobbelaar

Our plan for the Attachment Initiative for Prince George was accepted by the GPSC on March 16th ,2011 and we are now in phase two. We have a lot of details to work out over the next year but we now have a budget and the beginnings of a strategy to move forward toward implementation.

What may be confusing is the term Attachment and its meanings; in its narrowest sense this term relates to the longitudinal relationship between patient and most responsible physician (MRP). A mechanism (conversation) and trigger (probably an MSP code) is currently being decided on by a provincial working group that includes doctors, Ministry of Health and patient representatives. The physician directed funds, (1/3 of the budget), will be paid directly to physicians via MSP generated mechanisms. For the first year there will be a modified MSOC (majority source of care) formula applied using MSP generated data. This will be for one year only and will not be perfect. It will be less than accurate and there will be no arbitration process. It should capture somewhere between 60 and 80% of your practice as "attached to you". Over the next three months we need to decide provincially on the conversation and the trigger for identifying our patients. Over the following 9 months and ongoing we will need to trigger identified patients in the system and there will be a $7 annual fee paid for each "attached patient".

In its broadest sense "ATTACHMENT" actually embraces the full spectrum of everything involved in Primary Care and includes all discussions around supporting physicians' offices and integration of services around the office and patients. The discussion can therefore be narrow and specific and at other times, broad and expansive.

A form will be coming your way, hopefully very soon, which will describe this process more clearly and will allow you to apply for funding. This process will not be perfect. It will be for one year only and, if you choose to apply, you will have to accept what is allocated to you. There will be arbitration.

We need physicians to contribute to activities in each of the four pillars of our attachment strategy:

1) Community engagement and population heath
2) physician recruitment and retention, physician health and peer orientated CME
3) Supporting physician offices: coaching and peer mentoring in areas of practice management/ PSP delivery/EMR meaningful use and Integration of allied health services
4) The development of a multidisciplinary Primary Health Care Clinic in the community.

You are also invited to support activity in one or more of the pillars by letting your name stand for the upcoming board elections, or simply contact the Division office to indicate your interest in joining the working groups in one or more pillar.

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

WE'RE ON THE WEB!! www.divisionsbc.ca

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