

From the Desk of the President

Dear Members,

After a brief time away for holidays the work has resumed. Here are highlights of what is happening.....

- Like you we are watching the Physician Master Agreement negotiations with some anxiety although there are some signs of reassurance.
- Planning for the **Primary Health Care Clinic** (previously referred to as the multidisciplinary clinic in our discussions) is ramping up.
 - Leslie Webb has been engaged as the **Project Manager**.
 - **Site selection** is almost complete and we begin lease negotiations.
 - **sessional funding** has been secured for docs and NP's.
 - Northern health has been very supportive.
- The partially completed **physician assessment survey** chugs along. Our coaching staff will be contacting those who have not completed this yet
- We have submitted the documentation for many of you for the **physician compensation money for longitudinal care** reflecting your long term association with your panel of patients. A number of physicians have decided to set these funds aside for specific projects inside their practices to build efficiency and capacity. We expect payments soon for those of you whose documentation has been sent.
- Provincial programs such as PSP and PITO continue to watch our development of "**coaches for physicians**". They are considering following this model. We continue to negotiate with them to directly support out coaching work as well as use the model for other communities.
- The **IPC Doctor Program** continues to have excellent participation. The committed docs have intentionally made effort to document precisely and clearly their activities in the first month WITH **AMAZING RESULTS! EXCELLENT WORK COMRADES!**

- There has been a **major shuffle in the leadership** in primary care in the Ministry of Health. Val Tregillis, who many of you have met at some of our meetings, and Darcy Eyres, who few of you have met, have decided to resign. We will miss them greatly. We now look to Nicola Manning as she steps in to the role previously filled by Val. Nicola Manning has been involved in this work for some time and is well aware of our priorities and the needs of patients in primary care.

Garry Knoll
Physician Lead/Board Chair

Can GPs and Specialists Find Ways to Work Together Better?

By: Dan Horvat

The provincial shared care committee (SCC), a joint specialist/GP/Ministry committee, has funding to support improving the way that GPs and specialists work together to improve patient care. Some discussions initiated at the Northern Medical Program resulted in contact with the SCC. You should have received a note in your box regarding this from Dr. Paul Winwood and I.

Themes identified so far include improving referral and consultation communication, electronic communication and patient tracking and improved patient and GP support - especially across distances. I am sure that there will be other areas identified as well. We already have a sizable number of GPs and specialists, from Prince George and other parts of the North, who have expressed interest in this work. We are gearing up for a meeting of interested physicians and others in October. If you might be interested in contributing/participating, and have not yet done so, please let Candice Manahan know. She can be reached at 250-960-5122 or manac000@unbc.ca.

Are you up to date with best practice for Antenatal Care?

In the last few years there have been some important changes in recommendations for antenatal care such as:

New prenatal genetic screening recommendations, early testing, services available in BC:

- Dating ultrasound at 9 -10 weeks
- New Gestational Diabetes screening
- Vitamin recommendations: type and dose
- Who to screen for Thalassemia
- Alcohol and Depression screening tools

Here is an opportunity to get an update in an efficient, collegial, and fun environment:

The 23rd Obstetrics Update for Family Physicians is being held on October 27 and 28, 2011 in Vancouver hosted by The Department of Family Practice at BC Women's Hospital and UBC. This conference has received outstanding reviews in the past and 2011 will be better than ever!

The course is designed to have day 1 for antenatal topics and day 2 for intrapartum and newborn care. Speakers include family doctors, midwives, and obstetricians from around the country both urban and rural, and some internationally renowned speakers. **You can register for only one day if you like.** In addition social, networking, and entertainment events have been added to make the conference experience outstanding. We hope to see you there!

You can register on line by going to <http://www.ubccpd.ca/Home.htm> . A brochure has also been sent out by the UBC CPD with registration information.

UPC PUSHES THE BUTTON...

By: Denise McLeod

..... and in seconds fifty patients are attached to a new primary care home! " Yyyeaaaah..." Dr Chris Kozlovski says in his Australian drawl, "...this technology is fantastic!"

When the Unattached Patient Clinic approached Chris about accepting fifty new patients, Chris and his MOA, Shantel Ogden, worried about the huge influx of information to process.

UPC Pushes The Button, cont.

While in the care of the UPC, however, all patient information gathered is populated into MOIS to develop a full, complete chart. Patient management plans, medications, family history etc are all entered. Part of the goal of this is to facilitate eventual transfer of care to a primary care home. So at the first appointment with each new patient, instead an interrogation about medical history, there is instead an opportunity to explore the new doctor-patient relationship.

For the trial run, ten charts were transferred into from the UPC to Chris' computer, with MOA, IT, and UPC hovering over, anxious about what would go wrong... With a push of a button they were added! Since then, Shantel just plugs in the memory stick and pushes the button. Charts in place, the new patients are slowly trickling in the meet their new doctor. Both patients and doctor are doing fine!

The Prince George Community of Practice

By: Denise McLeod

A Prince George Division of Family Practice/Physician Information Technology Office (PITO) Partnership

The Prince George Community of Practice (COP) continues to evolve in its commitment to support all forms of primary care practices – be they solo, groups or clinics such as the Unattached Patients Clinic and Central Interior Native Health. Although supported by PITO to focus on EMR related issues, our COP's philosophy is that, given the opportunity to gather and share information, we can learn from each other to improve primary care homes (family practices) that optimize use of our resources while allowing personal and professional satisfaction. COP supports gatherings such as the one held by AIHS on July 20, when MOAs, doctors and the AIHS team sat around the table over dinner and shared their successes and challenges. By working together we remain the drivers of our health care destiny!

The Four Legs/PILLARS

By Barend Grobbelaar

The Attachment Initiative

We are taking a whole system approach to improving population Health by focusing on increasing primary health care capacity, effectiveness and quality in our community. The foundation for success is based in relationships. Relationship based care for the patient and Relationship based organizational structure for the delivery of Primary Care.

To achieve this goal we have identified four foundational Pillars.

Pillar #1: Supporting Physician’s offices to positively impact efficiency, quality and capacity

Our current coaching team consists of Mary Severson and Joy Schwartzentruber.

The core concept going forward is the expansion of our coaching team to support practice activities on a daily basis. There is a proposal in evolution which would subsidize the salary of an in-house or external MOA whose role will be to advance the quality improvement goals set out by the Practice and by the Division. The Division will structure it in such a way as to be a “value add” to the practice.

Pillar #2: Development of a Primary Health Care Clinic

Leslie Webb is our Project Manager for this clinic. We have gone through a rigorous process to assess potential available sites and have evaluated in detail seven potential site locations. Site TBA.

This clinic is going to serve as the HUB and the GLUE connecting many pieces of our Attachment Strategy. Functions will include delivering Primary Care to three to four thousand patients and their families, weighted for those who would most benefit from a team approach. The development of additional team outreach capacity that can support family doctor’s offices and their patients. The Development of a comprehensive addictions strategy for Prince George. And we anticipate it will also serve as a prototype for INTEGRATION of NH services into Primary Care. Planned date to open is February 2012.

Pillar #3: Recruitment and Retention

Ian Schokking and Ed Marquis are taking the lead for this pillar. The Divisions Recruitment and Retention Strategy identifies a community Physician Recruitment Group scheduled to meet in the fall. This group will include representation from Division/NH/UNBC/NMP/CNC/Residency Program and City. Also community reps for Banking/Real Estate/Service Clubs/Child Care/Educational/Sporting Leisure and others.

The Goal of this group is to support recruitment of new doctors, support Retention of doctors and their families and support a Locum program. There is also a Recruitment and Retention Working Group that has been meeting regularly with representation from Division/NH/NMP/Residency Program. The Working Group Members are Charlene Thomas – Northern Health; Amy Johnson – UBC Residency Program; Geoff Payne, NMP; Olive Godwin, Division; and new members Ian Schokking and Ed Marquis.

Additional aspects in this leg/Pillar include Physician Health and Peer Led CME.

Pillar #4: Reducing Demand through Healthier Communities

We currently have collaboration between the Division, the City of Prince George, Northern Health and the community. The goal is to improve Population Health by integrating efforts of the various parties. Currently NH has a major effort ongoing regarding smoking cessation and the City has an initiative on childhood obesity. The Division can contribute both within our offices and support the work with realtime aggregated anonymized data which will be available through uploads to AMCARE. This data will only be shared as per data Stewardship agreements.

If there are any Division members who would like to commit time and energy to assist in the development of any of these Pillars, please contact the Division Office at 250-561-0125 or email at ogodwin@divisionsbc.ca.



THE COACHES' CORNER

Practice Assessment Survey

By: Joy Schwartzentruber

The **Practice Assessment Survey** will give a clear picture of the number of activities the doctors in Prince George are currently involved in, and in turn will help to shape the Physician Staffing plan. Thirty-seven surveys have been completed to date, with another fourteen in progress! You may see Joy Schwartzentruber or Mary Augustine (coaches) come to your practice to drop off a survey and to book a follow up appointment. We hope that you all will be willing to complete the assessment which involves a written survey and a session spent with a Coach.

Besides the fact that you are paid to complete this survey, there are other benefits as well! Many of the physicians who have already completed the survey learned more about using their EMR, some have improved work practices, some have had further learning sessions, some were just eager to see whether their data matched what they thought about their practice. Perhaps you are wondering just how many patients you have seen in the last year, how you can better manage your patients with chronic diseases or how some of the functions in your EMR work – basic or advanced, the Practice Assessment Survey is a great starting point to see where you are at and how the Division can help you (and your MOAs)!

The Coaches Corner Testimonials:

"We thought our practice was doing well with our chronic disease and complex care billing. Well, when Joy came to visit and discovered a significant amount of potential billable items we had overlooked, we were very happy.

Now my next holiday will not be in a tent in the backyard !!!"

Paul

Office Efficiencies

By: Mary Augustine & Joy Schwartzentruber



Read all about it!

HOY Clinic Practice Improvement!

For the past several months, the newly formed HOY Clinic (Drs. Higgins, O'Malley and Young) has been working on improving the way they practice. Physicians and MOAs (Shauna Beliveau, Kaylee Bachand, Dayna Nygaard, Nikki Martens, Sara Hare, Erin Robb and Tamara McMorrow) in this practice are meeting regularly as a team to identify priorities that they feel could most benefit patients. Some of the improvements they have made or are working on are around streamlining office functions and staff, improving data quality in their Electronic Medical Record (EMR) (e.g. problem list, measurement entries, etc.), better management of their chronic disease and complex patients, improved use of reports, and more focus on prevention. If that is not enough, they are doing a chart "blitz" to identify which patients actually belong to their practice and then updating their EMR.

Enhanced use of their EMR, specifically reporting, has assisted them with identifying areas for improvement, monitoring the progress of these improvements, and planning future work. The MOAs have a good understanding of the reporting which allows

them to think critically in other areas of their work. Whether it be booking a patient and recognizing if they could "benefit" from prevention counselling or planning extra time with the physician for patients with complex health issues (i.e. physicians developing care plans with patients), the practice uses the EMR for true patient management and not just chart storage.

The staff say, it has not always been easy...but they are seeing improvement in their data, improvement in their communication, and are motivated to do more!

Want cheap efficient vehicle transportation in and around Vancouver?

By: Garry Knoll

I was walking in Vancouver through a Sunday Street Market and there was a Smart Car brightly painted. Young people were signing people up for their Car2Go service. Get this....sign up for minimal amount one time, they register you, you get access to their real time website that has constant monitoring where their 235 Car2Go Smart cars are parked in Vancouver, you book one on your smartphone, walk to it (usually within 5 blocks or less), swipe your card in the meter, punch in your access code to release the key, drive, park, swipe out. Done. Rental appears on your credit card statement. There are some limitations about where you can park but not many. They are working on Airport and UBC access still. Also plans for expansion for drop off. <http://www.car2go.com/vancouver/en/>



PRINCE GEORGE DIVISION OF FAMILY PRACTICE LEADERSHIP

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PGDoFP Leadership, cont.

EXECUTIVE COMMITTEE

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Ian Schokking	Treasurer
Zoe Redenbach	Secretary
Denise McLeod	Member at large
Dan Horvat	Ex Officio (NMP)
Bill Clifford	Ex Officio (IMIT)

COMMITTEES AND PHYSICIAN LEADS FOR PROJECTS AND INITIATIVES

Attachment Initiative – Co –Leads:	Barend Grobbelaar Dan Horvat
Attachment Small Working Group:	Barend Grobbelaar Dan Horvat Bill Clifford Garry Knoll Zoe Redenbach Ian Schokking Mary Severson Olive Godwin
Community Engagement Working Group:	Dan Horvat Barend Grobbelaar Garry Knoll City Representatives NH representatives Olive Godwin Mary Severson Barend Grobbelaar Ian Schokking Ed Marquis <i>Not yet filled</i>
Primary Health Care Clinic – Lead	<i>Not yet filled</i>
Recruitment & Retention – Co-Leads	Zoe Redenbach
Support in Physicians Office – Lead	
Reducing Demand Through Healthier Communities – Lead	
Newsletter Editor	

STAFF

Olive Godwin	Executive Director
Mary Augustine	Project Manager Attachment/Coach
Joy Schwartzentruber	Practice Improvement Coach
Cheryl Marsolais	Admin Assistant (1/2 time)
Gail Brawn	Executive Assistant

Interested in taking a role? Helping with a committee?
Contact Olive Godwin at the Division Office 250-561-0125, or by e-mail at ogodwin@divisionsbc.ca

MOA Locum List (Give This To Your MOAs!)

MOA locum list, cont.

The PGDoFP has decided to put together and help maintain a list of MOAs in Prince George who are interested in having more work. If you or one of your colleagues is interested in being approached about MOA locum opportunities or part time MOA work in other offices, please send us your information.

We recognize that it can be as difficult to find a MOA locum as it is to find a Physician locum. By making this list, we hope to make that task a little bit less difficult! In addition, we are looking to the future, where the Division is planning financial support for existing MOAs to do quality improvement work in their home practice. Depending on practice structure, this might create a need to hire part-time outside MOA support to do regular duties that MOAs might no longer have time for! This program is in the planning stages, so keep tuned for more information, but it is likely that monies will be distributed to practices based on patient panel size, to help support MOA time for Quality Improvement, and create practice contact people for our Division Coaches.

So: if you are interested in being on our MOA Locum list, please fill out the following information, and fax it to the Division Office at 250-561-0124

Name:

Phone Number(s):

E-mail address:

MOIS skills (check all that apply): Limited ()
 Booking () Billing () Data entry () Scanning ()
 Advanced, such as recall lists, data management ()

Experience: FP Office () Specialist Office ()

Any availability restrictions (for example, not available mornings, or Thursdays, etc):

*Do you have any topics that you would like to see discussed in a future newsletter?
 Any questions? Would you like to submit an article in our next edition?*

Send an e-mail to: cmarsolais@divisionsbc.ca

Join the Division and be part of an up and coming team.
WE'RE ON THE WEB!! www.divisionsbc.ca



Prince George
Division of Family Practice
 A GPSC initiative

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