



From the Desk of the President

I hope that you have all had a good summer and made those personal connections that rejuvenate and sustain.

Transitions in care continue to be highlighted as opportunities for improved standard of patient care and safety. As part of integration work, Northern Health is focusing on different ways to help doctors become more efficient, and to make better transitions for patients. I was struck this last weekend about the complexity of patient care when I was doing rounds for our group. Communication around discharge is so important and difficult to do when not the usual primary care provider. Anything to facilitate transitions would be helpful. Perhaps most important is a timely, relevant discharge summary. As I see patients in follow-up from hospitalization, I realize how important it is for discharge summaries to be done at the time of discharge. The Inpatient Primary Care Doctor Program uses a standard template that helps to organize the discharge summary in a more usable format than the usual long narrative that is hard to digest (especially if this has been a long admission). Feel free to use the template for non-IPC patients; it is posted

in each of the dictation kiosks in the hospital. Transcription services knows the template, just state you are using it, and for any sections irrelevant to the admission, please just state "none" or "not applicable," or else the dictation gets an "incomplete" status in transcription statistics. Transitioning into acute care, whether via the ER or via a direct admission, can also be assisted by taking a chart summary to the hospital from our offices, especially when the MRP is a specialist who does not know the patient. I usually take one along and stick it in the chart in the front of the progress notes. It helps to complete the clinical picture. This also helps with discharge dictation. Today I learned that discharge summaries can be faxed to me on the day that the summary is transcribed. I can avoid having them go to the mail-room and languishing there for a couple of days before they appear in my office. I realize that I will then have to pay for that paper.....but having my receptionist look for a summary for fifteen minutes once costs me more than the discharge summary paper costs for my whole career! Bindy Bains in Health Records will

help make this available for all. Stay tuned.

The Integration work in Northern Health is focusing on improving all sorts of transitions for our patients. In and out of hospital, into residential care, into home care, getting services tailored to patient need, when it's needed. Marcia Leiva sent an invitation for those interested in forging on in this work recently.....are you ready for this? Please see the NH article on Integration on Page 4.

And, last but not least, the BLUE PINE CLINIC is finally OPEN! What a great thing...See the article on page 5.

Sincerely, Garry Knoll
Physician Lead/Board Chair

P.S. A couple of newsletters ago I shared with you Car2Go in Vancouver. I've used it a few times. It is an excellent service, and is extremely easy to use. The only advice I would give is if you want to use this during the busy early evening hours, just phone for a reservation while walking to the vehicle, so that the car you are hoping to use is available and has not just been driven off by somebody else.

By Garry Knoll

By Gail Brawn

of primary care improvement. All of our "A GP for Me" and Integration partners were invited, and Steve's warmth and openness facilitated dynamic discussions and collaborative, creative thinking about solutions for our community's health care challenges.

Member Meeting March 27th

The 26 attendees had an animated discussion with the NH/NI Director of Community and Residential Care, Anne Chisholm, on the model for Seniors Care Redesign. The Division facilitated quality improvement discussion and demonstrations on how to run reports and audits in the EMR, and how to plan a QI calendar/schedule for your practice. Please contact our office if you're interested in exploring the use of QI calendars.

Prince George Division Updates

The New Clinic is Open!

The Division, along with our Northern Health partner, are happy to announce that we have begun the first phase of patient intake and care. The newly-named Blue Pine Primary Health Care Clinic began by taking over care of the patients of the Un-attached Patient Clinic on July 3rd. Four physicians have now committed to our clinic (filling 1 FTE), we have 3 nurse practitioners (filling 1.6 FTE), and a mental health clinician was hired in August. Along with the clinical team lead and the MOA, the Blue Pine team is actively creating a dynamic, caring environment for up to 5000 of PG's unattached patients (see pg 5).

Division AGM June 20th

We had a great turnout at the AGM hosted in the Division building, where members were given a tour of the Blue Pine clinic. Our Board of Directors held a follow-up meeting to discuss how the PG Division will move the work forward this year. Executive offices were filled and roles and commitments were articulated. A great discussion ensued, and guided by our budget the Board determined the functional needs of the Division and charted their roles for the 2012 – 13 fiscal year.

South Central Foundation Conference May 15-17th

Dr. Steve Tierney shared his insights on the ground-breaking, internationally-recognized success of the South Central Foundation (SCF) in the area

October 2012
Issue 6

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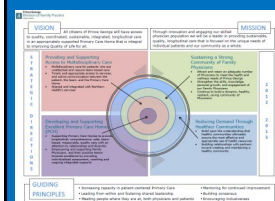
Upcoming Events

Division Member Meeting
Wednesday, November 21, 1730 - 2100, Civic Centre

Division Board Meetings
The Division of Family Practice Board meetings are usually held on the 3rd Monday of every month, 1700—1900, at the Division office. If you have something for the agenda or wish to attend, please contact Olive Godwin, E.D., at pgdofp.coordinator@gmail.com or 250-561-0125

The 4 Strategic Directions of Attachment

Articles pertaining to the Directions will be highlighted by this symbol:



Prince George Division of Family Practice Leadership

Board of Directors

Garry Knoll	Board Chair/Physician Lead
Barend Grobbelaar	Vice Chair
Ian Schokking	Treasurer
Zoe Redenbach	Secretary
Phil Asquith	Member at Large
Patty Belda	Member at Large
Khalid Javed	Member at Large
Denise McLeod	Member at Large
Dick Raymond	Member at Large
Bill Clifford	Ex-Officio (NH IMIT)
Dan Horvat	Ex-Officio (NMP)
Bert Kelly	Ex-Officio (NMS)
Muhammad Shahnawaz	Ex-Officio (FP Dept. Head)

Executive Committee

Garry Knoll	Board Chair/Physician Lead
Barend Grobbelaar	Vice Chair
Ian Schokking	Treasurer
Zoe Redenbach	Secretary
Bill Clifford	Ex-Officio (NH IMIT)
Denise McLeod	Member at Large

Membership Detail

Division Members	105
Full-Service Family Physicians	78
In-Patient Primary Care Doctor Program Members	29

MOA Locum List

If your office is needing MOA coverage, you can access the list that the Division maintains of contact information, skills, experience, and availability. If you'd like info, or if you have names to add, contact Cheryl at cmarsolais@divisionsbc.ca or 250-561-0125.

Committees and Physician Leads for Projects & Initiatives

Attachment Initiative Lead	Barend Grobbelaar
Small Attachment Working Group	Olive Godwin
	Barend Grobbelaar
	Garry Knoll
	Zoe Redenbach
	Ian Schokking
Collaborative Services Committee	Olive Godwin
	Barend Grobbelaar
	Garry Knoll
	Bill Clifford
	Northern Health Representatives
	Aboriginal Health Representative
	Patient Representatives
	City Representatives
Recruitment & Retention—Co-Leads	Ian Schokking, Ed Marquis
Physicians Data Collaborative	Zoe Redenbach
Healthier Communities Representatives	Bill Clifford, Olive Godwin
Newsletter Physician Lead	Zoe Redenbach

Division Staff

Olive Godwin	Executive Director
Tammy Rogers	Practice Improvement Coach
Cheryl Marsolais /Amanda Priseman	Administrative Assistant
Gail Brawn	Executive Assistant
Joy Schwartzentruber (part-time)	Practice Improvement Coach

Blue Pine Clinic Staff

Megan Hunter	Clinical Team Lead
Sara Hare	MOA
Kyle Merritt	Physician—Sessions
Nazia Ashraf	Physician—Sessions
Anita O'Brien	Physician—Sessions
Erin Carlson	Physician—Sessions
Linda Van Pelt	NH Nurse Practitioner
Heidi Dunbar	NH Nurse Practitioner
Colleen Isaiah	NH Nurse Practitioner
Janine Thompson	Primary Care Team Member, NH Mental Health & Addictions

Interested in taking a role? Helping with a committee?

Contact Olive Godwin at 250-561-0125 or

pgdofp.coordinator@gmail.com

Attention Division Membership!

As the Division continues to evolve, we are enriching our communication strategy and would appreciate your assistance. We've begun taking photographs at Division events and below is a sample of one we really like and hope to utilize in future publications. If any member is opposed to having their image used by the Division, could you please contact us directly to let us know? E-mail Gail at gbrawn@divisionsbc.ca or contact Olive Godwin, E.D. Thank you!



The Coaches' Corner

By Tammy Rogers
& Heather Chafe



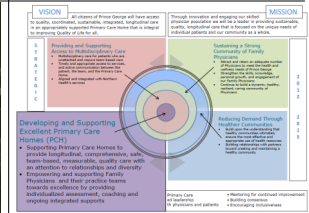
Tammy (left) & Heather

Hello Everyone from your Coaching Team!!

Thanks for allowing me to introduce myself, **Tammy Rogers**, your new Divisions Practice Improvement Coach. I am excited to be working with you all. I was born in PG and have lived here my whole life. My husband and I are raising our three children here, along with my sisters and all of our nieces and nephews. I graduated from CNC with my LPN in

2003 and recently obtained my Nursing Degree at UNBC. My nursing passions include Elder Care, Maternity and LDR and Palliative Care in particular. I have been working hard to learn all of the aspects of Practice Coaching and am very happy to be working in Primary Care in my home community that means so much to me and my family.

In the spirit of Integration, I am pleased to also introduce my fabulous coaching partner Heather Chafe, from Northern Health:



Hi Everyone, my name is **Heather Chafe** and I am also born and raised in Prince George. I have lived in Prince George my entire life with the exception of 2 yrs in the late 80's when I took leave of my senses and went to be with my now husband in Toronto. I also have 3 children who my husband and I are raising in Prince George, and have much invested in this community we call "home." I have worked with Northern Health for 23 years in many capacities, the most recent being the Developer for Primary Health Care Community Integration in Prince George. The area I'm passionate about and have experience in is Quality Improvement. My focus to date has been on gaining the in-depth understanding of how Northern Health delivers its services and how we as an organization can partner with our Prince George Division Partners in supporting our physicians in their practices. I am the contact for the Practice Support Program that is an initiative of the General Practice Services Committee. This program is designed to support physicians in their practices by providing various tools and information that will increase patient and provider satisfaction. I am so looking forward to working with you, your teams, and my awesome partner Tammy in supporting the already fantastic work that is done by all of you in our community.

Heather and I would like to emphasize that we are here for all of your clinic team members. We are currently trying to create a database of email contacts for all of the staff in your offices. This will assist us in reaching the right people regarding the appropriate things as we undertake the various coaching activities we have been working at. One of the big tasks that we are currently undertaking is to assist all interested individuals, doctors and staff, in increasing their current EMR

usage. If you are a physician that is currently using your EMR for booking and billing but desire support to begin using your EMR as a tool to increasing office efficiency and patient care, please email or call us as we are currently planning some activities that your input would help to design. Finally, if you or one of your staff are interested in being available as an EMR Peer Mentor to support others in developing EMR skills we would love to hear from you as well. You

do not need to be an expert, you just need to know more than the person you are helping! ☺

Our contact info:

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trogers@divisionsbc.ca

Heather Chafe
Office: 250-565-2223
Cell: 250-612-7798 E-Mail:
Heather.Chafe@northernhealth.ca

**MOIS
Tip**

Your Coaches' MOIS Tip:

The MOIS on-line user manual is now complete, and it is available for use! It is accessed under the MOIS "help" tab by selecting "User manual." If that does not give you your answer, give your friendly neighbourhood coaches a call!

Practice Improvement Coach Update

By Gail Brawn

As some of you know, Mary Severson-Augustine left Prince George in April to dedicate herself to the role of Executive Director of the North Peace Division. We wish her the best and are grateful her expertise and energy are still part of Divisions.

Joy Schwartzentruber is still a valuable resource for the P.G. Division, but has had to scale back due to school and other commitments since June. We're looking forward to the opportunities she will have to participate in Division programs.

We hired Tammy Rogers July 3rd (see above) and are still looking to fill another Practice Improvement Coach position, facilitated via funding from the NH-PSP (and hopefully PITO) Integrated Practice Support prototype initiative.

The New Approach to Health Care Delivery: Integrated Health Services

by NH Communication

Editor's Note: We have asked our partners in health care delivery, Northern Health, to submit an article for the Division newsletter. They are making changes in how they deliver services in Prince George and across the North, and we wanted to give them an opportunity to keep the Division Members aware, in their own words, about what is going on!



Northern Health and its partners are developing a new way to deliver coordinated health care services. The new model, with the patient at the center, is designed to increase the quality of care and ultimately result in better health outcomes.

The new approach is in line with one of Northern Health's strategic directions, namely, that integrated health services will be built on a foundation of primary health care.

Northern Health has been working closely with the PGDoFP to collaborate and align their visions of building a strong primary health care system that will deliver services to patients along the entire continuum from prevention to palliative care. Northern Health welcomes the opportunity to continue strengthening its relationship with the PGDoFP by working together to identify gaps and create health care solutions in

the Prince George community. Their combined strategies include:

- partnering with three to four physician practices to establish multidisciplinary primary care homes where people will access coordinated health services;
- developing and implementing strategies that improve service provider collaboration;
- improving access to health services, including mental health and addictions, home and community care, and public health services;
- focusing on high-needs populations, reducing duplication and redundancies in our system, and improving transitions in care and work flow.

Implementation of the integrated health services approach will begin in a planned process this fall in three

prototype communities: Prince George, Fort St. John and Fraser Lake. The overall aim of integrated health services is to help keep waiting lists down, reduce pressure on emergency rooms, and make health care more sustainable in the long term.

There is huge potential to increase the quality of care if different health care services work together to create a system that patients can navigate easily.

Northern Health looks forward to continue working with the PGDoFP to create new health care strategies and improve long-term patient outcomes for the citizens of PG.

For further information contact Marcia Leiva, Primary Health Care Lead - PG (250) 565-2124 or email marcia.leiva@northernhealth.ca

Physicians Data Collaborative Update

by Zoe Redenbach

Reminder:

The Divisional Data Strategy will now be known as the Physicians' Data Collaborative. Please contact Zoe Redenbach at zoe.redenbach@gmail.com if you have any questions.

As introduced in a past newsletter, the Physicians Data Collaborative (PDC) is a divisional initiative, which the Prince George Division has supported since planning for the PDC, non-profit organization, began in 2010. It arose out of the same goals and ideals that started AMCARE: the idea that physicians' EMRs serve as a valuable source of information. This information/data can be used to assess population health; to evaluate

the outcomes of division, health authority, and even provincial programs; or, perhaps most importantly, for physicians' self-reflective learning and CME.

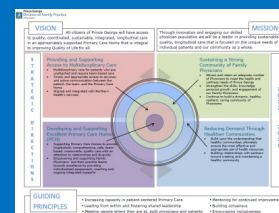
A consultant (MEDIC) is working on the design of the technical infrastructure, and the PDC hopes to have a functioning proof of concept by early 2013. The end goal is a system that will allow physicians from across B.C., whether using

MOIS or several other major EMRs, to submit queries about their data, and compare their own results to aggregated data. A PDC Update was sent out to the member Divisions Sept 19, 2012. If you would like a copy, or would like any further information, please contact Claire Doherty, the PDC Coordinator, at physiciansdatacollaborative@yahoo.ca

The 4 Strategic Directions of Attachment

The Directions document was developed in early 2012 for the PG Division by Sue Davis, in collaboration with Olive Godwin. As the Physician Engagement Lead for BCMA, Sue is dedicated to providing support to provincial Divisions and her work is instrumental in facilitating Divisions in BC to achieve success.

If you would like copies of the document please contact our office.



Update: Blue Pine Clinic

On July 3, 2012, the Blue Pine Primary Health Care Clinic opened its doors in the Commonwealth Health Building in downtown Prince George. The clinic is a collaborative project between the Prince George Division of Family Practice and Northern Health. It opened with approximately 450 patients from the former Unattached Patients' Clinic, along with an interim team lead and medical office assistant. Over the summer, it had one part-time nurse practitioner, one permanent mental health clinician, and five sessional physicians transferred from the UPC (who were working less than 0.5 FTE between them). Since then, one full time nurse practitioner (NP) and a permanent clinical team lead have joined the team, and four physicians (Dr. Kyle Merritt, Dr. Nazia Ashraf, Dr. Erin Carlson, and Dr. Anita O'Brien) who together have committed to fill at least one FTE. Our goal is to eventually have three FTEs for physicians and two FTEs for NPs filled. The eventual goal of the clinic is to provide community-connected, patient-centered, and longitudinal primary health care for up to 5,000 patients, which will include many "non-complex" patients who simply require a family doctor. The Blue Pine Clinic will remain the primary care home for those patients who

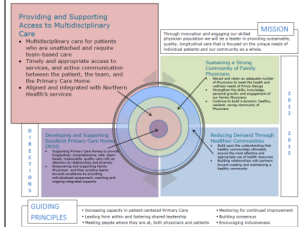
will benefit from the team-based care offered at the clinic, but will also continue to act as a "clearing house," attempting to place patients with the most appropriate primary care home for them. In October, we will begin to open our doors to patients referred from the ER, the renal and diabetes clinics, Detox, specialist clinics, and Public Health. The only criteria these patients must meet, besides having a referral from these sources, is that they must be Prince George residents who are unattached to a primary care physician. Eventually, depending on capacity, we will open up to referrals from Mental Health and Addictions, community organizations, the After Hours Clinic, and the community at large.

The Blue Pine Clinic offers full service primary health care using a multidisciplinary team approach, currently focusing on community members with socially and medically complex issues, including chronic pain, addiction, and mental health conditions, which may not fit well into traditional primary care practices. Each member of the care team, from the MOA to the providers, plays an integral role in providing and coordinating care for the clinic's patients. Both the physicians and nurse practitioners function as primary health care providers within

by Linda Van Pelt, NP and Devan Reddy

the clinic, seeing booked and same day patients. Complex patients are provided with extended appointment times to allow the primary health care providers to address complex care needs such as complete detailed intake assessments, chronic pain assessment and management, mental health and addiction assessment, and treatment and referral. Providers can refer within the team, to each other, or to the mental health clinician as required. The mental health clinician provides short-term counseling and connects clients with appropriate services as needed, lending a much-needed navigation and coordination expertise to the team. The team office, with its open design, promotes dynamic collaboration and discussion between all team members, creating a supportive solutions-focused environment. Twice a month the entire team meets to discuss particularly complex cases, plan programs and approaches to panel management, and discuss any administrative issues.

The Blue Pine Clinic is open Monday to Thursday 8:30 am – 4:30 pm (closed 12 – 1), and Friday from 8:30 am – 12:00 pm. The phone number is 250-596-8100, fax is 596-8101



Available Opportunities in Family Practice

Thank you to everyone who contributed to the Division's Available Opportunities in Family Practice list. This has created a great overview of local Family Practice job opportunities and what practices are looking for in Locums or potential partners or replacements. We will keep the list updated and make it available to Division members, and others, via e-mail and the PGDoFP website www.divisionsbc.ca/prince-george

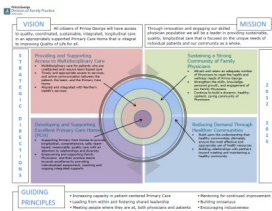
Division Members:

Interested in helping with Recruitment and Retention of Family Physicians to Prince George? Contact Ed Marquis or Ian Schokking, co-leads for the Recruitment and Retention Committee. Or, for more information and recruitment opportunities, contact Sheilagh Wilson, our contact at Northern Health (sheilagh.wilson@northernhealth.ca)

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 for our next Division newsletter? Please send to Zoe at zoe.redenbach@gmail.com

Website of
Interest: *Ted
Talks: Ideas Worth
Spreading*
www.ted.com

'Riveting talks by
remarkable people,
free to the
world.'



Attachment Definition: How do we know that a patient is “Attached”?

By Zoe Redenbach

Last fall, you all received a cheque from the BCMA for attachment. This fall, you will receive something similar. This money has been based on how many patients you had “attached” to you, at \$7 per patient. For lack of a better method, this attachment was calculated by using MSP billings to determine which physician had done the majority of visits for a particular patient. As you might expect, this is a very unrefined method, and does not really demonstrate a real relationship between patient and doctor.

Over the last year, the Provincial Attachment Working Group (PAWG) has been trying to agree on a working definition of attachment that will work across British Columbia. This is no mean feat, with the huge variability of practice styles and patient needs, across a diverse geographic area. It is also hugely important work, because how can we assess our success at finding a doctor for every patient, when we do not know how to define/measure it?

Below, is a refined draft definition of Attachment from the most recent PAWG meeting (October 2012). This definition is to be tested in focus groups around the province, with both doctors and patients. If you are interested in participating in the focus group, or if you have any comments about the Draft Definition, please contact Barend Grobbelaar, the Prince George Division representative on the Working Group, or Olive Godwin, E.D. 250-561-0125 or pgdofp.coordinator@gmail.com

GPSC’s Proposed Definition of Attachment

“A patient and family physician are attached when they mutually acknowledge and act on their ongoing primary care physician-patient relationship.”

An attached primary care relationship in British Columbia occurs when:

A family physician:

- Agrees to take on the ongoing role of caring for a patient. This means maintaining a longitudinal patient record and providing and/or coordinating comprehensive medical care with other health care providers.
- Provides appropriate access to their care in order to address health issues. When the family physician is not available, there will be a plan for access to care.
- Partners with the patient to define and achieve the patient’s health goals.

A patient:

- Confirms their primary care relationship with their family physician and informs other health care providers of that relationship.
- Uses their family doctor as the first point of contact with the health care system whenever possible.

And when both doctor and patient:

- Share a commitment to co-creating an environment in which mutual trust, and open honest communication facilitate an effective relationship.



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M—F 8:30—4:30

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F 8:30—12:00