



From the Desk of the President

It is time to become intentional about CME. We need to get the biggest bang for our buck when it comes to CME.

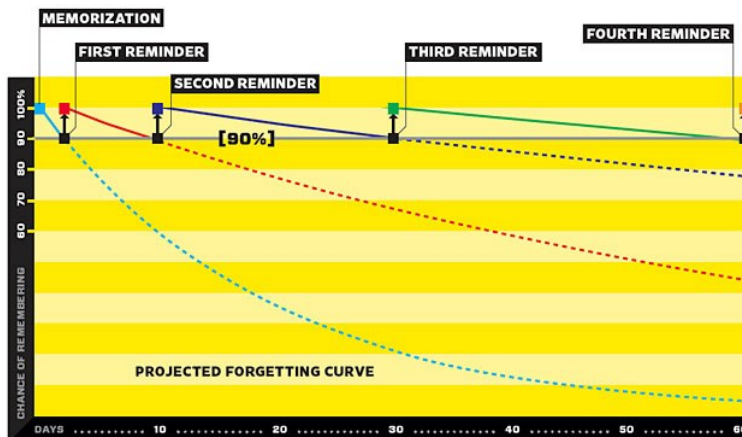
Since coming to Prince George I have been involved in a Practice Based Small Group where they meet to discuss relevant primary care medical topics. It has been the source of relevant information, critical thought, and practice change. As I get older I learn less listening to a lecture or reading a book; I learn more in discussion with colleagues. However, I learn the most through discussion about issues I currently face in my specific context. Retention after the usual CME events is dismal, approaching useless.

Prince George Division Updates

The Division office is a constant hub of activity! All of our space is in use, in many instances two desks to a room. The open concept Coaching Office is the heart of the organization where the three Coaches (Tammy, Heather and Karen, often accompanied by Charlotte Wenninger) come in and out between visiting with practices, putting on learning sessions, or working with our partners like AIHS. Ryan Kineshanko, the Project Manager, has added a dynamic to the team that has contributed to the creation of a work environment where ideas are easily shared, successes are celebrated and challenges are tackled.

The new Board members have taken on Physician Lead roles and are working closely with staff to achieve our strategic goals for the year (see Division website <https://www.divisionsbc.ca/prince-george/home>)

I have found this diagram very informative:



http://www.wired.com/medtech/health/magazine/16-05/ff_wozniak?currentPage=all

Continued on page 3

By Garry Knoll

October 2013
Issue 8

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By Olive Godwin

and our PGDoFP Strategic Plan)

Phil Asquith, the new Physician Lead for Attachment (formerly Barend Grobbelaar), chairs the Committee Supporting Primary Care Homes. Phil is enthusiastic about his new role and he, along with four of his fellow Board members, are meeting regularly with Coaching staff and others to provide direction for developing and supporting Primary Care Homes.

Sheila Curran follows Zoe Redenbach, who stepped down from the Board at this year's AGM, in the role of Newsletter Physician Lead. We greatly appreciate Sheila taking over this responsibility, and look forward to her fresh perspective.

Division Administration Changes

The Division Administration department has undergone some changes recently. We have created the new,

full-time role of Operations Lead; welcome to Meaghan Pfliger, who is helping us define this role. Our other full-time position is the Executive Assistant role, which continues to be filled by Gail Brawn, who is providing support from the front desk.

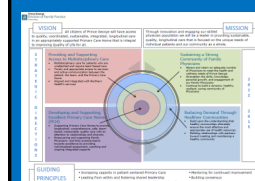
Cheryl Marsolais has been our long-time Administrative Assistant. Cheryl is moving closer to actual retirement and is now working in a contract role from home. She will continue to work for the Division supporting our two physician service programs contracted with the Ministry of Health: the Inpatient Doctor-of-the-Day Program (and the Websked scheduling feature) and the Residential Complex Care Physician Program. We will miss her day-to-day presence, but are grateful for her ongoing contributions!

Upcoming Events

See Page 2

The 4 Strategic Directions

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



Division Member Meeting
Wednesday, November 20th, 1730–2100, Civic Centre

All Family Physicians & Family Practice Residents are invited to the Fall meeting of the Prince George Division of Family Practice. Join us for presentations & discussions about current issues affecting your practices. Member session payments and Resident honoraria will be available, and dinner will be served.

Upcoming Events

Division Member Meeting

Wednesday, November 20th, 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., pgdofp.coordinator@gmail.com or phone 250-561-0125

Prince George Division of Family Practice Leadership

Board of Directors

Garry Knoll	Board Chair/Physician Lead
Barend Grobbelaar	Vice Chair
Ian Schokking	Treasurer
Denise McLeod	Secretary
Phil Asquith	Member at Large
Dick Raymond	Member at Large
Khalid Javed	Member at Large
Sheila Curran	Member at Large
Rachel McGhee	Member at Large
Bill Clifford	Ex-Officio (NH IMIT)
Muhammad Shahnawaz	Ex-Officio (FP Dept. Head)

Executive Committee

Garry Knoll	Board Chair
Barend Grobbelaar	Vice Chair
Ian Schokking	Treasurer
Denise McLeod	Secretary
Phil Asquith	Attachment Lead
Bill Clifford	Ex-Officio (NH IMIT)

Committees and Physician Leads for Projects & Initiatives

Division Physician Lead	Garry Knoll	
Attachment Initiative Lead	Phil Asquith	
Committee Supporting Primary Care Homes (CSPCH, formerly SAWG)		
Garry Knoll	Bill Clifford	Barend Grobbelaar
Phil Asquith	Khalid Javed	Olive Godwin
Ryan Kineshanko	Karen Gill	Tammy Rogers
Heather Chafe		
Joint Leadership Committees		
Anne Chisholm, NH & Barend Grobbelaar , Co-Chairs		
- Joint Leadership: NH reps & Division Board		
- Joint Leadership—Expanded (formerly CSC): NH, Division, GPSC, BCMA		
Recruitment & Retention—Co-Leads	Ian Schokking, Ed Marquis	
Physicians Data Collaborative	Zoe Redenbach	
Healthier Communities Representatives	Bill Clifford, Olive Godwin	
Newsletter Physician Lead	Sheila Curran	

Membership Detail

Division Members	114
Full-Service Family Physicians	82
In-Patient Doctor of the Day Members (IDOD) (formerly IPCDP)	37

Division Staff

Olive Godwin	Executive Director
Ryan Kineshanko	Project Manager
Tammy Rogers	Practice Improvement Coach
Heather Chafe	Practice Support Coach—NH
Karen Gill	Practice Improvement Coach
Meaghan Pfliger	Operations Lead
Cheryl Marsolais	Administrative Assistant (offsite)
Gail Brawn	Executive Assistant, newsletter staff

Blue Pine Clinic Staff

Megan Hunter	Clinical Team Lead
Sara Hare	MOA
Kaylee Bachand	MOA
Kyle Merritt	Physician—Sessions
Anita O'Brien (Maternity leave)	Physician—Sessions
Stephanie Crompton	Physician—Sessions
Sara Nimmo	Physician—Sessions
Linda Van Pelt	NH Nurse Practitioner
Heidi Dunbar (Mat leave)/Eunice Finch	NH Nurse Practitioner
Colleen Booth (formerly Isaiah)	NH Nurse Practitioner
Janine Thompson	NH Mental Health & Addictions
Margaux Schilling	Social Worker, Multidisciplinary Care project

Become Involved With Your Division

Interested in taking a role? Helping with a committee? Contact Olive Godwin at 250-561-0125 or pgdofp.coordinator@gmail.com

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 Gail at gbrawn@divisionsbc.ca or 250-561-0125.

Division Members:

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 Gail at gbrawn@divisionsbc.ca or to our Newsletter Physician Lead, Sheila Curran curran.sheila@gmail.com.

In-Patient Doctor of the Day Program (IDOD)

by Cheryl Marsolais

Frequently Asked Questions

How do I join the Inpatient Doctor of the Day (IDOD) Program?

To ensure you receive remuneration for your 24 hour shift and the Unassigned Inpatient Care Fee (GP14088) you must contact the Division of Family Practice to let them know of your interest. The necessary paperwork will then be forwarded to you for signing up for the program.

Do I have to bill for the Unassigned

Inpatient Care Fee (GP14088) myself?

Yes, this billing is done by the doctor through their office, but the billing will not be accepted until you are signed up on the network through the Division.

How do I get my shift premium?

The \$600 for your 24 hour shift will automatically be paid to you by the Division early the following month from the schedule in WebSked.

How do I sign up for an IDOD shift?

The requests for scheduling yourself

for a shift will be received through WebSked usually three months in advance. Once you receive the request you can sign yourself up for your one preferred shift for the month, and then once the schedule is confirmed you will be able to pick up remaining shifts that are not spoken for.

Contact Cheryl directly to register for the Unassigned In-patient Care program (IDOD), at cdmarsolais@gmail.com

End of Life

End of Life (EoL) issues can be challenging for patients, families and caregivers.

The Division and NH have partnered to deliver an exciting and innovative strategy to deliver quality palliative care for all who need it. Over the past 6 months a group of stakeholders, chaired by Donna Flood, identified care gaps and developed a Northern Health Palliative Care Strategy. A need for a shift in culture and thinking was identified – both in the identification and definition of Palliative Patients and in the provision of acute and community-based care. The intention is to integrate the Care Planning strategy with end of life clinical tools and with community resources and supports.

Improved supports for Family Doctors will be realized through three mechanisms, with a goal of reducing paper work and increasing connectivity amongst the care teams:

- 1) AIHS is working on having the Palliative Care Plan functional and operable within MOIS.
- 2) NH is working on integrating Community Resources and supports using the same care plans as the Physicians' Offices. There is going to be increased focus on supporting home deaths for those who want it, and increased support for respite and end of life care in Rotary Hospice House.
- 3) The Division and NH are working on delivering and supporting the educa-

tional content of the PSP EoL module for all Physicians.

Clinical support to Family Doctors for Palliative Patients will continue to be available via the Palliative Care Team: Dr. Inban Reddy, Dr. Keri Closson, Dr. Siobhan Key, Jennifer Ferguson, RN and Lucy Dann, RN. Dr. Barend Grobbelaar will be taking on the position of Medical Director of the Prince George Rotary Hospice House.

The Prince George Division is working hard to deliver INTEGRATED supports to your offices. This effort is large in scope and has potential to significantly improve palliative services in our community.

by Barend Grobbelaar

Reminder!
CME Credits
available for
completing
PSP modules

The GPSC website provides access to information and resources on PSP modules:
<http://www.gpsc.bc.ca/practice-support-program>

For further information contact your Division Coaches or Denys Smith, NH Practice Support Program Regional Lead
Denys.Smith@northernhealth.ca

President's Message (continued from page 1)

Note that the acquisition of new knowledge is most crucial in the first 10 days. When planning practice change, it is important to schedule not only the first learning session, but also the first, second, third and fourth reminders. The first investment in change, the "memorization" session, is the longest, but the follow-up reminder sessions are only a fraction of that time, usually measured in a few minutes to reinforce the learning. This should be integral to the planning. As I write this I am also preaching to myself to be more disciplined regarding this.

Our group is meeting again this month to discuss "Joint Pain." This module is provided by the Foundation for Medical Practice Education (FMPE) which is supported by the College of Family Physicians of Canada. This monthly continuing medical education activity provides me with about 20 of those difficult to get, coveted, Mainpro "C" credits annually. I meet my

CME credit obligations for the College of Physicians and Surgeons of BC, Northern Health hospital privileges, and our national CFPC. Besides the credits, this is also good for me:

- I learn with my colleagues who are critical thinkers.
- Because I'm connected to my EMR in real time, I examine my own practice patterns by doing ad hoc audits during the meeting.
- We discuss the most difficult management problems as it pertains to our topic.
- I learn how to use MOIS more efficiently.
- I retain more per hour invested.
- I can change the deficiencies in my practice and provide better patient care (aka Quality Improvement).
- It builds community between docs.
- It builds resilience in my life.

It is timely to discuss "Joint Pain" because:

- MOIS is being upgraded to accommodate that funny little man diagram with the expand-

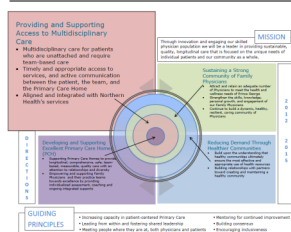
ed joints.

- PSP is developing a new module on musculoskeletal disorders.
- People with chronic musculoskeletal disorders need to have excellent care plans, with which the newest version of MOIS is going to help.

Ask others in PBSG groups about their experiences. Tammy Attia, Cate Hagen, Auton St. Rose and myself are facilitators. We would be happy to describe this experience.

We have a great opportunity to participate in CME that is relevant and enables improvement that sticks. CME doesn't just happen; it takes planning. I hope we can all have better outcomes as a result.

Now I wonder what this would be like if a practice change coach were a part of my group..... hmmm. Any thoughts? Let me know.



Team-Based Care

Four Prince George prototype sites on track to deliver integrated health care services

The momentum is building as Northern Health's new approach to health care service delivery – team-based care – takes shape in Prince George. Four primary care practices have volunteered to be prototype sites and are working to develop primary care homes that are wrapped around the patient. These primary care homes, the main point of entry into the health care system

for individuals, will work in conjunction with a team of community health care professionals to provide coordinated and accessible health care services to northerners.

Marcia Leiva, Primary Health Care Lead for the Prince George prototype sites, said each of the practice sites will focus on an identified cohort of patients who require coordinated care, such as people with chronic disease, the frail elderly, or those with mental health and addictions issues.

by Northern Health Communication

"Our new approach will see the primary care home follow up with each patient and work with a multidisciplinary team to provide coordinated care," said Leiva. "Local health care providers are fully on board with us as they're also anxious to streamline the patient journey from physician to specialist."

For more information, contact Marcia Leiva, PG Primary Health Care Lead, marcia.leiva@northernhealth.ca or call 250-565-2124.

UpToDate

If you are not already accessing this service via Divisions, please contact Gail at gbrawn@divisionsbc.ca or 250-561-0125

Physicians Data Collaborative Update

The PDC had its first-ever AGM on June 12, 2013. Representatives from 18 of its 23 member Divisions were present, including several representatives from Prince George. The PDC became a Legal Society in February 2012, while plans to form the PDC began in 2010 with the mission of creating and operating a trusted physician-driven and physician-owned network that would enable doctors to collaboratively use data for improving primary care through local health care initiatives, continuous learning and clinical research. It was noted at the AGM that the PDC is the only inter-divisional group, funded by and representing Divisions of Family Practice across the province.

In August, the original Board Chair, Tracy Monk, handed over the Board's leadership to Bruce Hobson from the Powell River Division. Kudos to Tracy for her hard work! Continuing also as the co-chair of the PDC Informatics Committee, Bruce is a real "informatics guy" and will be ideal as PDC Board Chair now that - *drum roll please* - the PDC is actively developing the programming that will turn the PDC from a concept to a reality!

In the last year, partnerships with AMCARE and the UBC Dept. of Family Practice have been formalized, grant moneys obtained from PITO, a Project Manager hired, and programming work on the Distributed Data Network (DDN) has begun. The DDN will be a way for interested doctors around the province, working on many different EMRs, to compare their aggregated practice data with

that of their peers. It will also enable Divisions and doctors to assess their own patient data - for example, to find out whether Division initiatives have made any difference in patient care locally. Initial programming for the DDN is being focused on three EMRs: OSCAR (open-source EMR), OSLER (vendor-owned EMR), and our very own MOIS (vendor-owned and very enthusiastic!).

Part of this programming work is implementing the E2E (EMR-to-EMR) standard (which PITO has been wanting to achieve for its approved EMR vendors). Having E2E capacity for all of the main EMRs in use in BC is the eventual goal, allowing any EMR-based physician to "translate" data into a standardized format that the DDN can use. *Side note:* It can be hard living in a world of acronyms...I had been on the PG Division board for 3 years before I realized "E2E" stands for "EMR to EMR," and suddenly past discussions made much more sense!

The other programming goal is to create a central "Data Manipulator and Query Hub." This hub will allow physicians using other EMRs to perform queries on their own data, similar to the reports we can already run on MOIS. It will also allow them to compare themselves to their aggregated peers, the way AMCARE does for standardized data queries for MOIS users, but allowing more flexible query design. A key feature of this tool is that data will be imported, analyzed, and summaries sent back to the requesting doctor/Division, but

by Zoe Redenbach

that no copy of the original data is kept. This will not be a data repository, but a tool to allow data to be interpreted and compared, storing only the aggregated, anonymous results of the queries.

As you all know from exposure to AMCARE, if docs don't enter their data properly in the EMR to start with, getting useful information out is difficult (i.e. crap in = crap out!). This is a problem across the province, for doctors working on each of the various EMRs. The PDC is in discussions with some other organizations regarding how to disseminate information about the importance of proper data entry, as well as the actual "how-to" of data entry and the use of an EMR for practice self-reflection, to physicians. We have been spoiled here in Prince George by the climate of self-reflection that AMCARE has provided, and the coaching available through the PGDoFP for the last 4 years. To spread the "culture of self-reflection" throughout the province, the PDC intends to collaborate with the Divisions with the most developed coaching strategies (including Prince George), and other key organizations, to provide tools for all local Divisions to teach their own members. We hope also to bring MAIN-PRO credits to activities of self-reflection, data management, and practice improvement.

So, this will be an exciting year for the PDC, and as the Prince George DoFP PDC representative, I will try to keep you all apprised of developments!

Blue Pine Clinic Update

By the time this newsletter reaches you, our open house will have come and gone, and we will have had the opportunity to thank all of those who over the years have put in the work to bring the clinic into existence.

It also marks yet another milestone in our intake expansion, as we are now open to referrals from a number of community agencies including, among others:

- The Seniors Resource Centre
- Community Living BC
- The Canadian Mental Health Association

This is in addition to our previous referral sources which includes all specialists, the Emergency department, UHNBC inpatients, and all Northern Health programs in Prince George. With a number of practices in town also currently accepting new patients, we are now increasing the emphasis on having patients referred

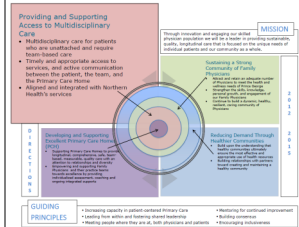
to the Blue Pine only if they seem to be among those unattached patients who would most benefit from team-based care.

There are some new faces around the clinic these days: Dr. Sarah Nimmo has joined the clinic half-time, Eunice Finch, NP, has joined us to cover Heidi's maternity leave, and Dr. Chris Kibonge will join us part-time in November. We are also pleased to announce that the Blue Pine Team is feeling a little more multi-disciplinary with the addition of a Social Worker, Margaux Schilling, to the team. Besides the excellent support Margaux is providing our patients, she is working with us and with the Division office to complete an inventory of alternative services available in the community that may help in the treatment of chronic pain. With this information and the soon-to-be released Chronic Pain PSP module/material the Division is hoping to

by Megan Hunter, Clinical Team Lead

stimulate conversation about the possibility of creating a chronic pain strategy/service for Prince George.

In the months to come, our focus will be on developing more supportive programming around some of the major needs we see for our patients - including some group sessions on sleep hygiene and nutrition - and hopefully beginning some broader programming around chronic pain management. As one of the four Prince George primary care practice prototype sites, we also continue looking forward to the ongoing development of Northern Health's Integration strategy and the more coordinated and effective support this will allow us to bring to our patients. Probably more importantly, we are looking forward to the support this will soon give to ALL Primary Care providers in the north in providing high quality care to their patients with complex needs.



Recruitment & Retention Update:

The PGDoFP has a Recruitment and Retention Committee, dedicated to helping make sure we have adequate family medicine manpower now and in the future. With a number of new physicians joining town in the last year, we're happy to be shifting the focus to include more retention efforts in order to continue the engagement of our new docs.

Welcome New Prince George Family Docs!

We are thrilled to welcome the following new family physicians to our community! Please do your best to make them feel as welcome and appreciated as they are. We hope they will all join the Division of Family Practice - new, fresh voices are always good to hear!

- Ash Ahmed—new to our community, taking over for Dr. Ashley Davies
- Amina El Gendi - new at the Two Rivers clinic with Drs. Ferreira and Prigmore
- Christian Kibonge joins Chris Koslovski and Denise McLeod at the McLeod Medical Clinic
- Colin MacEoin - Dr. Liam Higgins'

wife's nephew from Ireland, new this year to the HOY clinic And we're lucky to welcome a number of recent Family Medicine Residency Program Grads to full-time practice in Prince George:

- Amy Johnson - has joined the practice of Drs. Textor, Riome-York and Key
- Cam Grose - currently working with Drs. Attia and Redenbach
- Laurie McCoy - now in practice at the HOY clinic
- Sara Nimmo - dividing her time between the Blue Pine Clinic and the Grobbelaar/Reddy practice
- Mohsin Waqar - teams up with Dr. Nadeem for the coming year

Central Interior Native Health lost long-time doc Patty Belda- Pierre Ducharme has taken over her role as Medical Director - but welcomes two new faces:

- Prab Hundal, a recent grad of the PG residency program, and
- Terri Aldred, a recent grad of the UBC Aboriginal Program

Do you know of a new Family Physician in Prince George? Please let us know so we can introduce our new

colleagues in future newsletter editions. We hope this will become a regular feature!

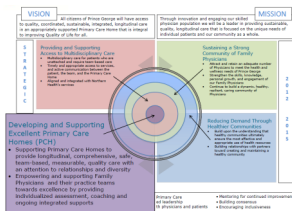
Recruitment & Retention Committees

The Recruitment Working Group is planning a semi-annual social event for new and locum physicians and their families and the Division Board. It's a great opportunity for current Prince George Family Medicine Residents and their partners to connect to our wonderful physician community and to discover more about what life as a GP in Prince George is like. There will be a brief presentation on Northern Health's recruitment and retention funding opportunities. **It's also an opportunity for physicians looking for new office partners or successors to meet potential recruits.** This year, new docs in the community will also be welcomed in order to forge some social connections and supports. Mostly, the goal is to have fun and connect on a personal level - after all, these connections are what sustain and motivate many of us! **If you wish to participate in one of these events, please contact Olive Godwin (561-0125 or pgdofp.coordinator@gmail.com).**

by Sheila Curran

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

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



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**MOIS
Tip**

The Coaches' Corner

Hello Everyone from your Coaching Team!!

Quality Improvement Calendar

The coaching team at the Division of Family Practice has put together a quality improvement calendar (QI calendar) that will identify monthly themes for improvement. We hope to engage and inspire physicians and staff by bringing quality improvement to the forefront of the physician community. This venture will also incorporate Practice Support Program modules and EMR optimization, two current areas of focus in many physician offices.

The month of September was dedicated to improving the demographic data of your patients. Included in this initiative was: clean-up of age/sex registries, updating patient statuses (Active, Transient, Inactive, Deceased, etc.), and

Scorecard reviews.

September's theme allowed us to improve the quality of our aggregate community patient data and, in future years, expand this to include other elements of patient information that will inform us collectively.

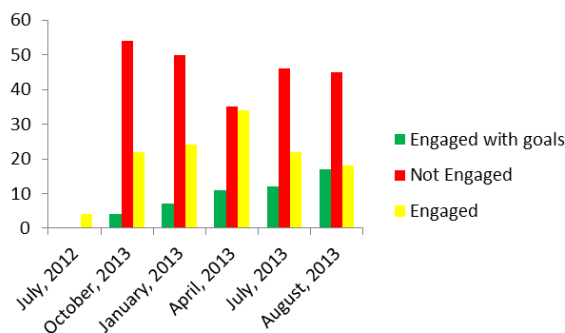
Looking forward, October will focus on EMR optimization and November will look at Scorecards and AMCARE. Keep an eye out for learning session dates and other informative handouts dropped off at your office by the coaching team.



Tammy Rogers, Karen Gill, Heather Chafe

We look forward to physician and staff participation and input in our monthly themes and hope that the QI calendar will prove useful. The coaches will be available to meet or answer any questions you may have. Their services are open to both physicians and their team members.

Over the past year, community physicians have found value in our coaching team. The number of physicians engaged with our team is continuously growing! With the addition of new physicians in our community, we suspect our team will be busier than ever.



Your Coaches' MOIS Tip:

- ◇ You can use Ctrl+F (F for filter!) under Measurements to filter a selected lab code. This way, you can view a measurement of interest at a glance. You can also use Ctrl+G to graph measurements to view trends and share them with patients.

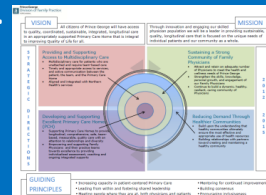
Evaluating Access to Primary Care

How are you doing with timely access in your practice? What would your patients say about this? Do you need help? Is it time to re-visit the PSP Advanced Access module/content? Bring your thoughts and opinions to the Nov. 20th member meeting for a fuller discussion.

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.



Fitbit Challenge - How Did We Do?

June 24th, 2013 saw the beginning of the PGDoFP's Fitbit challenge. The challenge to members as a group was to walk, run or cycle an average of more than 10,000 steps per day during a 3-month period ending September 24th 2013. If the members met that challenge, they would keep their Fitbit wireless pedometers (\$100 value), provided by the PGDoFP. The rationale for the challenge was:

- To promote physician fitness - physicians have the same personal need for good health and good health behaviors as our patients!
- Physically active physicians are more likely to encourage and motivate patients to do the same.
- Patients have greater confidence in general health advice provided by physicians who themselves model healthy behaviors.
- The PGDoFP is committed to improving health in our community.

Uptake of the challenge was im-

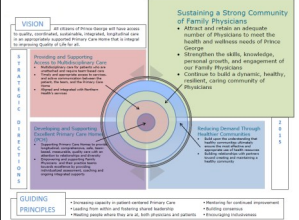
mediate. Over 40 physicians signed up, and some of the stepping was impressive. The 10,000-steps-per-day goal was based on considerable international evidence validating that target as beneficial and achievable by the general population. Some of our members were exceeding 17,000 per day and, for a while, the average activity rate exceeded our target. Unfortunately, midway into the challenge we started to experience attrition: Physicians as a group seem to have a hard time keeping the device on their person! Device loss was substantial, and summer hit with associated water sports, bicycling and other non-stepping activity. We even experienced walking-related injury and several births! As a result, there was a substantial decline in steps. Nevertheless, as of 2 weeks prior to the end of the challenge, we were averaging just under 10,000 steps per day by the remaining participants. As of the eve of the end of the challenge, these 23 step-

pers are close. It's a nail biter!

In response to the PGDoFP Fitbit challenge, the NH Medical Affairs department launched a challenge of their own. We decided not to compete head-to-head but rather celebrated our collective results with a potluck supper on Friday, September 27th at the Parkhill Plaza. Stories were shared, prizes awarded, relationships forged for further work, and more.

Drumroll, please! We are proud to announce we met our goal – an average of 10,000 steps/day! But the greater successes have been raising awareness of physical activity in our medical community as well as demonstrating healthy targets, how activity can be measured, and the usefulness of the patient-controlled electronic record. We thank all the participants and hope that we have met the goal of improving health through physical activity in our profession and in our patients!

By Bill Clifford



- ★ ★ ★ ★ ★ ★ ★ ★ ★ ★
- ★ Special thanks to the ★
★ following local busi- ★
★ nesses for their contri- ★
★ butions of prizes: ★
- ★ Bank of Montreal ★
★ Body Elements Spa & ★
★ Wellness Center ★
★ Northern Sport Center ★
★ Pita Pit ★
★ Red Robin ★
★ Staples ★
★ Starbucks ★
★ The Keg Steakhouse ★
★ & Bar ★
- ★ Join us at the Nov. ★
★ 20th member meeting ★
★ for awarding of the ★
★ prizes! ★
- ★ ★ ★ ★ ★ ★ ★ ★ ★ ★

It's Not Too Late to Start Group Medical Visits! (GMVs)

by Mary Jackson, Contractor/GMV Facilitator

Family Practice Physicians, do you...

- feel overwhelmed at times with your office workload?
- find yourself dreaming about having more personal time "to do your own thing?"
- feel tired or weary of the repetition and it's only mid-day?
- have long wait lists and wait times for patients needing an appointment?
- limit patients to one or two topics per appointment?

Solution = GMVs!

Several Prince George Family Practices are now using Group Medical Visits and others are exploring the idea... HOW ABOUT JOINING THEM?

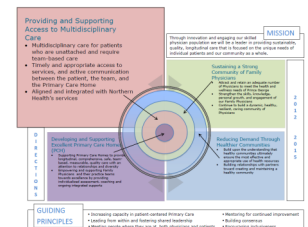
What can we do for you?

- give you and your MOA(s) the education (your time paid for by PSP) to increase your knowledge and comfort with trying Group Medical Visits
- provide you with a Facilitator to facilitate the GMV
- support you and your team (e.g. you, MOA and Facilitator)

as you try out this method of providing patient 1:1 visits in a group setting

If you are interested in learning more about your Division's GMV project and/or want to participate, you can do one of the following:

- Email Mary Jackson, E.D., at jacksonmk@shaw.ca
- Phone Mary at 250-964-8558



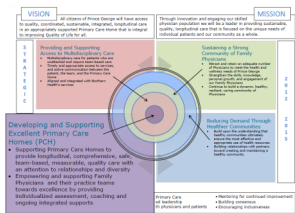
Prince George
Division of Family Practice
A GPSC initiative

Division Office
#201, 1302—7th Ave.
Prince George, BC V2L 3P1
Phone: (250) 561-0125
Fax: (250) 561-0124
www.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—1)
F 8:30—12:00

With acknowledgement of the Division's funders:

- ⇒ **General Practice Services Committee** ⇒ **Ministry of Health** ⇒ **Northern Health Authority**
⇒ **Physician Information Technology Office (PITO)** ⇒ **BC Medical Association** ⇒ **Spirit of the North Healthcare Foundation**



Primary Care Homes Quiz!

Submit your answers by fax to 250-561-0124 to be eligible to win a great Division prize!

1. According to the CFPC, a Primary Care Home includes (select all true answers):

- Patient-Centered, Multidisciplinary Care Teams working together to Coordinate Care across different services and facilities
- 24-7 availability for your personal family practice patients to ensure continuity of care
- An opportunity to save costs by giving doctors more work for less pay
- Something worth copying from the Americans

HINT: Google search "cfpc.ca Patient-Centered Primary Care in Canada: Bring it on Home"

2. Which articles in this newsletter reference Primary Care Homes?

3. In what year did the first reference to a medical "home" for patients first occur?

- ☐ 1991
- ☐ 1842
- ☐ 1967
- ☐ 2004

HINT: look closer at that position paper from question 1!

4. Which of the following are benefits of Primary Care Homes?

- ☐ Better population health outcomes
- ☐ Lower hospitalization rates for conditions that are preventable or well managed in the primary care home
- ☐ Lower costs, especially where frequent users of the system are concerned
- ☐ All of the above

HINT: <https://www.northernhealth.ca/YourHealth/PrimaryHealthCare/Primarycarehome.aspx>

5. Which of the following organizations has something to say about Primary Care Homes?

- ☐ American Academy of Family Practitioners
- ☐ Society of General Practitioners of BC
- ☐ Northern Health
- ☐ The Prince George Division of Family Practice

6. True or False:

- There is good evidence for the cost-effectiveness of an Integrated Primary Care Home model T ☐ F ☐
- Primary Care Homes increase patient and physician access to the services of other community health care providers T ☐ F ☐
- Fundamental to the concept is use of information technology to support Care Plan sharing and Quality Improvement T ☐ F ☐
- Many of the features of a Primary Care Home are already part of the Primary Care Culture right here in PG!! T ☐ F ☐

Thank you for participating!