Prince George
Division of Family Practice
A GPSC initiative

Division Newsletter

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

March 2014
Issue 9

From the Desk of the President

By Garry Knoll

On my way home today, I heard the CBC News report that "Canadian Patients Wait Longest To See Family Doctors". Canada ranked last among 11 OECD countries in a new survey of how quickly people can get in to see their regular Family Physicians.

The arrival of the Salveo Medical Clinic has direct impact on all primary care providers. For years, Prince George FP's have collectively provided after-hours community care for their patients at the Nechako Medical Clinic. This was always meant to be complementary to the care provided in the Primary Care Home - where we have full access to the medical record, and a longitudinal relationship that enhances quality of care. Episodic, uncoordinated care is a major driver of unsustainable health care costs. Prince George citizens deserve high-quality, longitudinal, comprehensive, timely, and coordinated care in a Primary Care Home.

The popularity of the Salveo clinic amongst patients highlights their need for rapid and convenient physician access for acute concerns and continuing care. Reflect on your own practice: What is the wait-time to the third next available appointment in your office? How easy is it for patients to reach your MOA on the phone? What time of day are appointments available?

Myths abound about access: "If the patient waits a couple of days the problem usually goes away"; "I cannot afford to leave any empty slots on my daysheet". Now reflect again: Can you afford for all of your patients to take their straightforward concerns to the walk-in? Can the system afford the duplicity of episodic care? Have you educated your patients about the value of the service you provide? What might primary care look like in Prince George in a decade if walk-in clinics expand - for doctors? for patients?

We know that systems work best when they work without a delay. Currently, delays exist in family practices when patients are waiting for an appointment and while waiting at an appointment to see the doctor.

Reducing these delays has benefits of:

- Improved clinical outcomes
- Increased satisfaction (patient, physician, and staff)
- Decreased costs
- Increased revenue
- Improved patient-provider relationship

Would you not want....?

- Shorter delay for appointments
- Improved physician quality of life
- To leave on time (this is the one I would like the most!)
- Efficient appointments
- Fewer patient "laundry lists"
- Improved MOA quality of work life
- Less time on the phone

I believe we need to improve the experience for patients (this is one of the Triple Aim goals). I would like to begin a conversation to help dig out from long wait times. See you at the Members' Meeting.

Prince George Division Updates

By Olive Godwin

First of all I would like to offer a big thank you to all of you who helped with this newsletter. The content for the newsletter naturally arises out of our work together; the emerging issues in the community; and what's happening in your practices and clinics across the city. In this issue 'timely access' has emerged as the central theme. We are in the third year of our 2012 - 2015 Strategic Plan and our work together has had a significant positive impact on the local attachment picture: since shortly after the opening of the Blue Pine Clinic (BPC) in the summer of 2012, we have had at least two practices or clinics in the community taking new patients at all times.

Continued on page 2

Division Member Meeting has been moved to Wednesday, April 9th, 1730—2100, Civic Centre

All Family Physicians & Family Practice Residents are invited to the Spring 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.

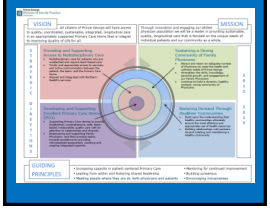
Inside this issue:

Upcoming Events

See Page 2

The 4 Strategic Directions

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



Upcoming Events

Division Member Meeting
Wednesday, April 9th, 1730 - 2100, Civic Centre. Our twice-yearly member meetings cover the latest in MOIS developments along with current practice issues & Division news.

Division Board Meetings
The Division of Family Practice Board meetings are usually held on the first 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

Openings on Division Board

Increase your say in local primary health care delivery and policy: The Prince George Division of Family Practice will be seeking new Board Members this June at our Annual General meeting. We seek to include the voices of a variety of community physicians with diverse backgrounds and practice settings, and across all career stages. Sessional remuneration for meetings. Contact any Board Member or Olive Godwin, Executive Director, or Zoe Redenbach, Nominations Cmtee Chair for more information

Prince George Division of Family Practice Leadership

Board of Directors	
Garry Knoll	Board Chair/Physician Lead
Barend Grobbelaar	Vice Chair
Ian Schokking	Treasurer
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)

Division Staff	
Olive Godwin	Executive Director
Karen Gill	Practice Improvement Coach
Bonnie Bailey	Operations Lead
Gail Brawn	Executive Assistant
Megan Hunter	CPL and BPC Lead
Kaylee Bachand	BPC MOA, Part-time MOA Coach
Sara Hare	BPC MOA

Membership Detail	
Division Members	112
Full-Service Family Physicians	83
In-Patient Doctor of the Day Members (IDOD)	38

Prince George Division Updates (continued from page 1)

By Olive Godwin

Now that we are closer to achieving attachment it is becoming more important for us to review timely access for patients. Can your patients get care when they need it? If not, what are their options; what impact does that have on patient care and your practice? Is it possible to move from where you are now, to being caught up and always doing just today's work today?

The goal for the Division is to anticipate and be ready with resources to address these emerging needs. Many of you will have already received an invitation to a moderated discussion on "What is the Impact of Walk in Clinics on Primary Care in Prince George?" scheduled for Friday, March 21st at noon. The agenda for the next Members' meeting, April 9th, 2014, will address specifics of how to improve access.

Unfortunately we are down two practice coaches at this very busy time. Heather Chafe is on an extended sick leave and Tammy Rogers resigned her Coach position in January. That leaves us with just one Coach - the fabulous Karen Gill! While she is only one person and can't do it all she has done a tremendous job of managing the coaching demand and working with the Committee Supporting Primary Care Homes to prioritize the work and to assist us with some support initiatives. We have developed a more robust Peer Mentoring program to augment the current Coaching program.

In the Division Leadership area we have been understaffed for some time and have re-organized the work load between two new Lead positions and the Executive Director. We are very happy to announce that **Megan Hunter** has agreed to take on the **Clinical Programs Lead** position which will include oversight of the BPC, Team-Based Care, Coaching, Peer Mentoring, etc. We also added a new **Operations Lead** position and successfully filled it at the beginning of Feb. **Bonnie Bailey** comes to us from NH and has already added tremendous value to the team by taking on projects like Website update, policy development, membership maintenance, acquisition of Charitable Status and is now assisting with the budget process. These new positions will ensure a solid foundation for the Division and contribute greatly to our succession plan.

Prince George Division of Family Practice
A GPSC initiative

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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

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.

Websked Update

By: Ian Schokking

Websked has been up and running since June 1st and is gradually becoming our default mode of communication to switchboard and our physician/nursing colleagues about on-call responsibility. Once we have it consistently accurate and complete, we will have nurses and ERPs check Websked directly rather than calling switchboard first.

The advantages of Websked over the old paper schedule with the dots are:

- Real-time accuracy for trades (switchboard is currently marking the old paper sheets based on an 23:00 email from Websked; you can make changes up 'til 23:00).
- The ability to directly make changes yourself. Unlike the ER and Nechako pages, on the Inpatient calendar you are able to "Certify" a change or trade which means it can be authorized without the other person's OK - good when someone is away or if you have a MOA doing scheduling for multiple docs. The system records who made the change, and sends an email notifying both parties of a trade.
- Email notification of all of your shifts (including Inpatient, Nechako Clinic, and/or ER) for up to 10 days in advance. This helps you catch the times you are not aware you are on the schedule with adequate time to fix it even if you are on holidays.
- Optional text notification for each shift either at the time of, or a set time interval before each shift. For full day shifts most of us just put it at the start time.
- Instant Text and email requests ("Proposals") sent to the group to give away or trade shifts, saving phone calls and frustration.
- Ability to split shifts if you are going to be out of hospital or cell range for part of your shift.
- Inclusion of Doctor of the Day, GP-OB and Utilization Physician schedules, plus all group practices with regular sign-out. We can edit these groups, so remember to let me know when you shuffle or add/remove physicians from your group.
- Moving forward, we are hoping to convince our specialist colleagues to use Websked so all on-call information can be streamlined and easily accessed.

The cost of Websked is $500 per year per line so with the current 13 Inpatient groups it costs $6,500/yr, plus the server maintenance & administrative support time required to support it (create the schedules, populate it and to chase those who don't do your own populating). In the past, we each paid $100 per year for Glenda ** to update call coverage for weekends-only, and there was no way to communicate weekday coverage to the hospital.

To recoup part of the cost for Websked, The PG Division of Family Practice has asked for a $75/year fee for each physician who is scheduled on Websked. You are expected to have all shifts populated by the 15th of each month for the following month. An additional $50/year fee will be charged to those physicians who wish to have their inpatient group shifts entered into Websked on their behalf. Cheryl Marsolais has agreed to take on this role and can be reached by e-mail at cdmarsolais@gmail.com or by cell at 250-617-0730. The deadline for getting your schedule to Cheryl is the 13th of the month so it can be entered by the 15th.

The Division Board has agreed a $25 fine will be levied each time this deadline is missed. If you miss entering your shifts by the 15th of the month you will receive a reminder call and you and will be given a further 2 days to enter the shifts or supply the information to Cheryl to enter. An additional $25 fine will be imposed if this date is missed. There will be a grace period of 2 reminders before the first fine is levied.

Please call either Cheryl or Ian Schokking (250)-562-1231 if you have questions about Websked or if you or your staff need Websked orientation and training.

AGM

Division Annual General Meeting Tuesday, June 17th, 1200—1330 UHNBC Room 410

Division members are invited to attend the June 17th AGM in Room 410 of UHNBC. Come out to hear about the Division's activities over the past year and to participate in Society business. Lunch will be served.

NORTHERN PARTNERS IN CARE

Northern Race—How can it help your care?

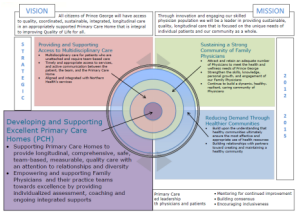
A joint initiative of the BCMA, MOH and the Health Authorities, the Rapid Access to Consultative Expertise (or RACE) program was established to link GP's to specialist advice by telephone in a timely way for non-emergent clinical questions. The Northern Partners in Care program base at UNBC has adapted the program for the North. In addition to improving patient care, there are applicable billing codes and CME credits available for use of the service.
More information can be found at northernrace.ca
The service can be reached M-F 9-4pm for advice regarding Cardiology, Nephrology, Infectious Diseases, Oncology, Chronic Pain, Gastroenterology, and Psychiatry, at 885-605-7223.

The Northern Biobank Initiative

A biobank is a repository of preserved tissue of body fluid samples that can be used to biomedical research. Current biobanks exist in the South, but local surgeon Dr.Nadine Caron is hoping to bring a biobank to the North to enable research that reflects the unique determinants of health and genomic characteristics of Northerners. It would also help build UNBC's capacity as a research institution, with community wide benefits such as increased job and funding influx. Dr.Caron hopes that Family Physicians will encourage patients who have been approached to participate in the project. FP input into the project development is needed too—please contact Dr.Caron if you'd like to get involved: nadinecaron@yahoo.com

Primary Health Care Forum = Community Awareness

By: Marcia Leiva



Northern Health teamed up with the Prince George Division of Family Practice to hold a primary health care forum for the community on Monday, November 4, 2013. The aim of the forum was to:

- Build community awareness of the work that the PG Division of Family Practice and Northern Health are doing to establish multidisciplinary Primary Care Homes where people will access coordinated health services; and
- Identify opportunities to link community members with organizations to build a strong primary health care system in Prince George that supports psychosocial needs and provides mental health services.

Northern Health and the PG Division formalized a Joint Leadership committee in September 2013. This committee is one component of a structure that replaces the previous Collaborative Services Committee. The committee recognizes the need to include patients, families and communities in our work together, which we are doing by cohosting primary health care forums twice yearly (fall and spring) to engage community groups in population-focused discussions.

The first public event, on November 4, 2013, focused on mental health and addictions services. It was well-attended, with excellent representation from community organizations including: Mental Health Advisory Committee, Prince George Implementation Team, physicians, psychiatrists, educators, service providers, and members of the public.

The session opened with presentations about the integrated health services work that Northern Health is prototyping locally, and the vision and strategic directions of the PG Division. There was particular emphasis on the alignment of the visions of the two organizations. After the presentations, we moved to group discussions where participants were asked such questions as: "What does this work mean for the client?" and "What does this work mean for community organizations?"

The conversations that followed stimulated a range of feedback about the positive impact that the prototyping work may have on:

- Better use of resources;
- Early and timely patient intervention;
- Reducing the number of times patients have to tell their stories; and
- Reducing stigma.

Organizers also heard that clear and plain language must be used to describe the prototyping work. Concerns were also expressed over the level of change management that might be required to break old habits around the way health care is currently delivered.
Participants completed an evaluation survey and the excellent feedback provided organizers with useful information to be used when planning future forums. In addition, the feedback will also be used by Northern Health and the PG Division to decide how we can work differently to make a larger and more positive impact on the delivery of health care services for the people of Prince George.

Episodic Care and the Primary Care Home

By Phil Asquith

The issue of balancing episodic or walk-in care with comprehensive, longitudinal care (aka the Primary Care Home) has been around for at least two decades. As Chair of Economics for the SGP, I've seen first-hand the challenge of allocating funding to preserve an appropriate balance.

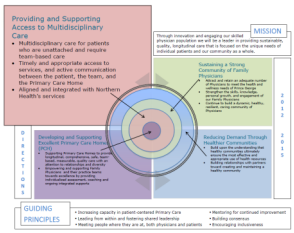
The reasons patients choose to attend a Walk-In Clinic might be any of the following:

- "I have to work all day when the doctor's office is open"
- "I have a question and I'm here buying groceries anyway"
- "My doctor only lets me ask one question"
- "I can't get to see my doc for 2/52"
- "I didn't know my doctor had same-day appointments"
- "It's a minor problem and I didn't want to bother my doc"
- "I only needed a prescription refill"
- "I wanted a second opinion"
- "I'm frustrated with my family doctor; he doesn't listen"
- "My doctor won't prescribe the drugs I need"

In other words: Convenience; Dissatisfaction; Access; Lack of understanding the value of the Primary Care Home. Whatever the reason, we cannot stop patients from exercising free choice. But we do have an opportunity to examine our practices, reassign priorities, and possibly adjust how we supply care for our patients. After all, we are a service industry. With your input, the Division will work to increase both patient and provider satisfaction with Primary Care in Prince George.

Blue Pine Clinic Update

By Megan Hunter



REFERRAL PROCESS

Steady growth is ongoing at the Blue Pine Clinic (BPC) with an average of 50 new intakes a month! We had attached just over 900 patients at the end of January and expect around 1000 by the end of the fiscal year. We continue to accept patients by referral only, but have now expanded referral sources to include most community social service agencies as well as all Northern Health services. We also take referrals from GPs in ER, the After-Hours Clinic and through the Inpatient Doctor-of-the-Day Program.

Though opening our doors to unattached patients without referral has been discussed, we have, for the time being, decided to continue our current approach. This has enabled a continued focus on those patients who most benefit from team-based care, while other unattached patients have been able to access care at one of the many practices in town accepting new patients over the last 18 months.

Referral criteria remain essentially unchanged: We accept patients who do not currently have a Primary Care Provider in Prince George (i.e. no GP and cannot access services at CINHS, UNBC or CNC). Since October, we also provide temporary care for out-of-town patients who have medical issues requiring ongoing follow-up during an extended stay in Prince George.

If you'd like to refer a patient who has needs that can't be met by a typical fee-for-service General Practice, have the After-Hours Clinic MOA or ER Unit Clerk fax the encounter note to the BPC, and provide the patient with a card (available in ER and at the After Hours Clinic) with the BPC's contact info; the patient should call for an intake appointment. For follow-up of patients hospitalized under the Inpatient Doctor of the Day program, you can involve hospital SW in the referral process, and cc the Discharge Summary to the BPC. As with all discharges to other community providers, a timely phone call conveying relevant information for follow-up needs is always appreciated!

JOIN THE BPC TEAM!

The Blue Pine team has undergone some changes since the last update: our Mental Health Nurse Janine Thompson left to join the NH Community Response Unit (CRU) and will be based mostly in the ER. Her replacement, Dave Routley, joined the team in January. Sadly, we will also be saying goodbye to our Medical Director, Dr Kyle Merritt, as he and his family move to Nelson this month. We wish them all the best of luck!

We are actively recruiting for GPs to fill the gap left by Kyle and the upcoming maternity leave of Dr Stephanie Crompton. If you're interested in a rewarding experience working with a team to provide care to patients facing challenging and complex health issues, please contact Megan Hunter, Clinical Team Lead, at teamlead@bluepineclinic.ca or 596-8103. Any of our current physicians, who also include Sara Nimmo, Stephanie Crompton and Chris Kibonge, would be happy to talk to you about the role too. Remuneration is by sessional contract.

COMMUNITY KITCHEN INITIATIVE

This December we were pleased to receive a Northern Health Imagine Grant to help get a Community Kitchen up and running at the Blue Pine. We plan to use the Community Kitchen both as social contact for some of our more isolated patients, as well as a nutrition teaching opportunity where we will focus on nutritious eating on a limited budget and on disease-specific nutrition teaching. Our kitchen space will also be used by Northern Health Mental Health and Addictions programs and Central Interior Native Health for similar programs.

Practice-Based Small Group Facilitator workshops in Spring and Fall 2014!

If you are thinking about starting a study group contact
Heather Haywood - haywood@mcmaster.ca

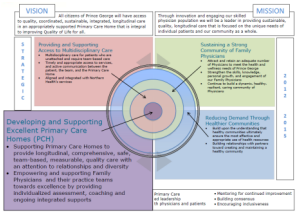
Workshops offered in Calgary, Halifax, Hamilton, Montreal, Ottawa and Vancouver

PRINCE GEORGE —JEUX DU— CANADA —GAMES— 2015

2015 Canada Winter Games

The 2015 Winter Games are less than a year away! It may feel like a long time, but the organizing committee needs to be able to demonstrate adequate local volunteer resources well in advance. The Division of Family Practice encourages all of its members to get involved and help show the nation what a great community we have.

At its AGM in February, Nechako After Hours Clinic members voted in favor of staffing and opening during the day to provide walk-in care to out-of-town spectators and family members. In addition, Dr. Janet Ames, Chief Medical Officer for the Games, is seeking about 15 more docs to help volunteer at the "Poly Clinic" for athletes, coaches and officials. The Clinic will be housed upstairs in the Civic Centre, and Dr. Ames stresses that no specialized sports medicine skill or training is required—just general practice experience. Please contact her at 2015ChiefMedicalOfficer@gmail.com ASAP to volunteer



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The Coaches' Corner

By Karen Gill

Hello Everyone from your Coaching Team!!

As most of you know we have been working on CVM (Clinical Value Measures) assessments and most recently the new Clinical Value Scorecard Report in MOIS. Both of these tools are meant to measure how docs are using their EMR from a "Meaningful Use" perspective. The new scorecard fulfills PITO's requirement that the EMR have a Clinical Value "Objective Data Dashboard" (ODD). As a MOIS user, you can equate "ODD" with "Clinical Value Scorecard".

PITO, through its Post Implementation Program, is now offering physicians $3000 if they can demonstrate meaningful EMR use to the thresholds outlined in the ODD report tool in MOIS. The thresholds were established by the PITO Steering Committee with input from Docs from across the province and most recently from 30 MOIS users in a beta test 'pilot' project.

We (AIHS and the Division) just completed our portion of the pilot with collection of ODD reports from 30 local MOIS users. The pilot is scheduled to be completed by March 15th, 2014. PITO is also assessing data from other areas of the province and we are waiting for the analysis of the feedback. PITO will then make whatever changes it sees necessary and give us the go-ahead to have all of our members who are ready run the ODD report and submit it to PITO for payment by the end of March!

We are very aware of how eager you are to collect your first-ever funding from PITO for your EMR use, and we want you to be ready as soon as we are given the green light! Using the MOIS Reports feature, all users can now generate an ODD report (Clinical Value Scorecard in MOIS). Most offices will have data clean-up to do before submitting their reports for funding. Based on the challenges and successes of the pilot physicians to date, we expect some physicians will be very close to meeting the thresholds, while others will have a lot to do. For this reason, we are advising physician offices to use the time before March 15 to run the current version of the report themselves and identify areas for improvement.

In order to support you, AIHS has developed a How-To Guide to the Clinical Value Scorecard. You can also access help within MOIS: Help > User Manual > MOIS Screens: Reports > Report List > Clinical-Audits > Scorecard Clinical Value

The Division and NH also have resource people available: Karen Gill (Division Practice Coach), Kaylee Bachand (our new MOA coach), Charlotte Wenninger (NH), and several Peer Mentors. Good luck with your preparation and stay tuned for the go ahead and instructions for submission!

Recruitment and Retention Update

By: Jody Stuart

Recruitment and retention remains a priority for the Division as outlined in our strategic plan. In September of 2013 the Division received funding from the Divisions-Central Innovation Fund to explore the idea of engaging the whole community in our recruitment activities. I was hired to coordinate that work. We have created links with local agencies such as Initiatives Prince George and the Immigrant and Multicultural Services Society in order to align our activities with their city-wide strategies. Other key partners include individual community members invested in a community-based, collaborative approach. Partnerships have been strengthened with the NMP, the Family Practice Residency Program, Northern Health, and services like Central Interior Native Health. We remain committed to information gathering from our members, and hosting recruitment events and site tours for potential recruits.

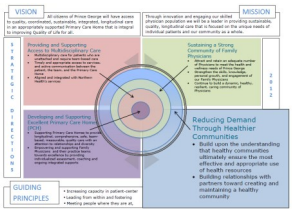
As we move into the last phase of this initiative, focus is shifting to our retention strategy and sustainability. We will continue to include Division members in these conversations so watch for our emails, queries and invitations. We look forward to capturing your input, expertise and passion regarding the issues we are currently exploring.

Retention tip: Research and member dialogue tells us that one of the best tools for retention is a strong sense of connection to both colleagues and the broader community. If you or someone you know is new to Prince George, or if you are just looking to see what our community has to offer, check out the liveprincegeorge.ca and workprincegeorge.ca web-sites. They are great resources and provide a wide range of infor-mation. If you want any additional information, have questions or ideas, please contact Jody Stuart 960-9684 or stuartj@cnc.bc.ca, or Olive God-win at 561-0125 or pgdofp.coordinator@gmail.com.

Peer Mentoring—Docs Helping Docs

The Division has identified a number of physicians willing to act as peer mentors. Our mentors, including Drs. Garry Knoll, Barend Grobbelaar, Ian Schokking, Paul Murray, Bill Clifford and Denise McLeod are available to share best practices, tips and tools, workflow strategies and EMR optimi-zation strategizes, while meeting the unique needs of your practice. The time required for Peer Mentoring varies according to your needs—be it a 15-minute check-in or repeated scheduled sessions of up to an hour each. We also have an increasing roster of MOA peer mentors! Please contact the Division office to learn more or become a mentor, or contact any of the physicians above to request Peer Mentoring.

Palliative Care Update



By Barend Grobbelaar,
Medical Director, Hospice House

This is going to be a great year for Palliative Care in the North. We have a great clinical team including Drs Inban Reddy, NH Clinical Lead; Keri Closson; Cam Grose; Kathleen Cunniffe; and Siobhan Key; plus RNs Stacy Joyce, Lucy Dann, and Jennifer Ferguson.

Progress is being made in creating specific Palliative Care tools in MOIS, and once done, the Division and NH will develop and deliver the PSP EOL module in flexible, Prince George-specific formats. Stay tuned!

There has been a significant increase in bed utilization at Rotary Hospice House since September 2013 (Fig 1). Requests come from a variety of acute and community care sources (Fig 2). The need has arisen for a strategy to prioritizing the waiting list, as each referral source does not understand the imperatives of the others. A whole-system view is the only way to make sense of the choices made.

The only obvious variable to account for the increase in utilization since September is the increased profile of Palliative Care since the creation of a working group struck to operationalize Northern Health's Palliative Care framework. We might also expect an additional demand on hospice beds with delivery of the new Practice Support Program End of Life module in the coming year.

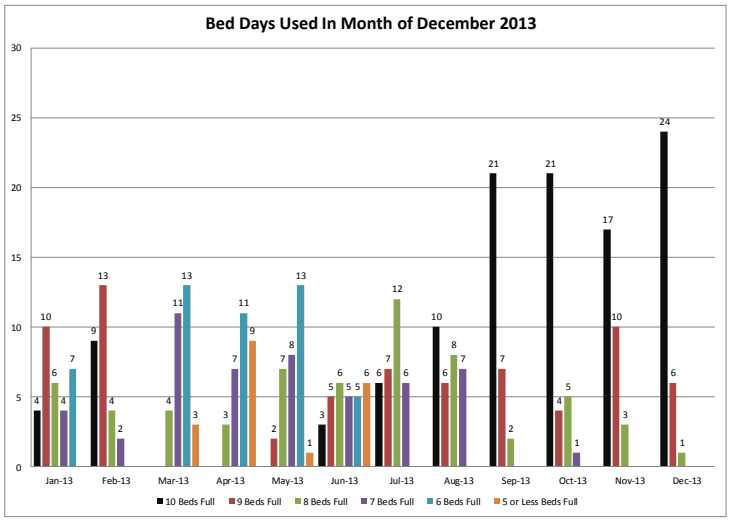
Discussions are underway with Northern Health to address these issues. Many variables impact long term planning. For example, one admission of 5-6 month duration replaces 10 to 20 admissions of 1-2 week duration. To what extent do we support and resource quality home deaths? Are there adequate resources and training available to staff in Residential Care Homes for quality palliation? Have we optimized collaboration with the Cancer Centre for quality care transitions? Transitions from acute care have improved - have they been optimized?

PRINCE GEORGE
Hospice Society
Dignity and Life in your last days

Admission Referrals

January 2013 – December 2013

Home	59
UHNBC	85
Emerg	5
IMU	6
Kamloops Hospital	1
Buckley Lodge Smithers	1
Simon Fraser	1
Maple Ridge Hosp	1
Respite	5
Unknown	14
Total	178

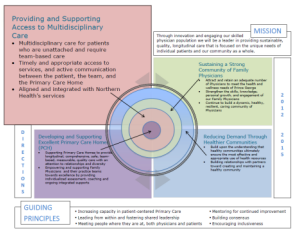


Earn CME credits using UptoDate for free

UptoDate is available free to all Division Members; instructions to get a free personal account can be found at https://www.divisionsbc.ca/provincial/uptodateaccess. Once you've authenticated your membership by logging in through the DivIT portal, direct access from any computer or mobile device (with the app) is possible for 90 days (previously 30), after which you'll need to login through DivIT once more.

If you have value in this service, please continue to use it: The Divisions Central license for the province runs out in 2015, at which time the program will be reassessed prior to ongoing funding. In other words, use it or lose it!

When you're at the hospital or Nechako clinic (where group subscription enables full UptoDate access without login), you should still use your UptoDate username and password. When you're logged in, UptoDate keeps a record of all your searches, which you can use later to earn CME credits: login to UptoDate and go to 'CME' on the green bar on the upper left. You'll need to do a very brief self-assessment for each search, and enter the appropriate number of credits for time spent on the search (1 credit=1hour). You can then print of a CME certificate. The CFPC allows you to earn a maximum of 15 annual M1 credits for UptoDate and other web-based learning.



Tips for Medical Travel

By Margaux Schilling, BPC SW

Medical transportation can be a challenge for Northern low-income patients. Recipients of Income Assistance or Persons with Disability funding through the Ministry of Social Development must complete a "Non-Local Medical Transportation" form. A medical documentation letter from the physician must include the nature of the treatment; that treatment is medically necessary and covered by MSP; expected duration of treatment; whether escort is required (provide medical reasons and escort's legal name); whether transportation is limited to ai etc; and confirmation that services are not available locally (including by visiting specialist to nearby areas). The condition must be "life threatening" as defined by the physician for people on Income Assistance, or the treatment "necessary" for persons with disability funding.

Patients receiving funding can use private transportation for which they will receive $0.20/km; use the NH Connections bus; or use the Travel Assistance Program (TAP) for air travel. Anyone can take the Northern Health Connections bus - the cost for those not receiving funding is $40 round-trip to Vancouver, and patients must provide confirmation of their medical visit and book and pay in advance. To book call 1-888-647-4997.

GP offices should have the TAP forms, which can be ordered directly by calling 1-800-661-2668. TAP is available to all BC residents who have MSP coverage for air or ferry travel to specialist appointments. After the form is completed, the patient must call the TAP line to get a confirmation number, which they use to book their flights or ferry.

HopeAir is a charity that will pay for flights for medical needs as well. The Province has an agreement for lower accommodation rates for people medical travel; this can be viewed at http://csa.pss.gov.bc.ca/medicaltravel/.

Street Soccer

By Lauren Galbraith and Stefan Widmer

Prince George Street Soccer is a new initiative that provides a free, drop-in soccer program to some of PG's most vulnerable populations. The program targets individuals of low socioeconomic status, including those affected by homelessness, drug and alcohol dependence, mental health issues, aboriginal people, and people marginalized in society in any other way. The aim is to build positive life skills and improved health and social outcomes in participants through the power of sport, with a focus on fun and social inclusion.

Originating in Vancouver's Downtown East Side in partnership with UBC Medicine, the Street Soccer movement has seen positive health and social outcomes in its participants, helping them face challenges in their lives. Knowing that many people in Prince George face similar challenges, we are confident that this program will have similar benefits here in Northern BC.

One of the challenges of working with this population is engaging and mobilizing them towards activities such as this one. We want to make primary care providers in PG aware of Street Soccer so that they can make use of the program to further improve social and physical well being in patients suited to this initiative. Current participation in the program is tailored to adults and we offer healthy snacks, footwear and the opportunity to attend tournaments against other Street Soccer Teams in the province.

Practices are currently taking place at Ron Brent Elementary gym, on Wednesdays from 8-9 PM. We have brochures and posters that we would be happy to distribute to any family physicians' offices upon request.

Lauren Galbraith and Stefan Widmer are second year medical students in the Northern Medical Program. This program is in its first year of operation in Prince George, with the goal of retaining a strong connection to the NMP. You can contact them at princegeorgestreetsoccer@gmail.com for more information.

What is a Primary Care Home?

You've by now noticed that this term is a favorite of ours here at the Division! But we can't take credit for inventing it—it's actually a concept that's been gaining momentum since the 60's and 70's, but has really take off since the College of Family Physicians of Canada published a paper titled "Bring it on Home" in 2009. In addition to each patient having his or her own family doctor, the Primary Care Home model includes access to a Patient-Centered Multidisciplinary Care Team centered around the physician's office—enabling Coordinated, Timely Access to care. Inherent to the model is the use of an Electronic Medical Record and Self-Evaluation for Quality Improvement. The Prince George Division is working towards this model with Northern Health by better integrating services and electronic communications strategies. Stay tuned for updates as we begin piloting these changes this Spring!

With acknowledgement of the Division's funders:

⇒ **General Practice Services Committee** ⇒ **Ministry of Health** ⇒ **Northern Health Authority**

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