

Annual Report

2021/2022

For the period ending March 31, 2022



Photo By: Hazelton Physicians Group



Rural and Remote
Division of Family Practice

A GPSC initiative

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Photo By: Scott Smith

2021/2022 Highlights



Photo By: Sarah Sandusky
Dr. Sandra; Shelly Sim Chapter Coordinator,
Clearwater at the 2022 Rural Health Conference

163 MEMBERS

163 members from 13 Chapters. Our Division works with 4 geographic health authorities and the First Nations Health Authority. Our members practice in 90+ communities across the province, including the territories of 50+ First Nations communities. Our members serve 145,000 patients over an area of approximately 110,000 square kilometers.

PHYSICIAN ENGAGEMENT

126 members were engaged through attending local Chapter meetings, participating in local projects or building relationships in our communities.

PHYSICIAN LEADERSHIP

59 members were involved in a leadership capacity including leading local projects; working to strengthen local, regional, or provincial relationships; leading Chapters or serving as members of our Board of Directors. This is a 5% increase from our previous fiscal year.

22 PROJECTS

Members of our Division led 22 projects ranging in scope from the community to provincial level. Examples include long term care initiatives, maternity care initiatives, Shared Care Committee projects, patient medical home projects, etc. This is a 10% increase from last fiscal year.

RELATIONSHIPS

Members of our Division lead 9 Collaborative Service Committees and 5 Local Health Service Planning Tables in collaboration with Health Authority and Indigenous partners. These CSCs have submitted 7 expressions of interest (EOIs) for Primary Care Networks.

Co-Chairs Message



Dear Members,

It has been an eventful year for me as your Board-Co Chair and Physician Lead. My interactions with members across the province have helped me understand the unique challenges faced by my fellow rural physician colleagues and have made me feel much less alone in this time of turmoil in primary care. The greatest strength of our Division is our shared passion for improving the health of the communities where we practice and live our lives.

The movement of the ocean has always been part of my life, first growing up in rural Nova Scotia and now living in the traditional, unceded territory of the Snunéymuxw First Nation in the Salish Sea. Like many of you, I take full advantage of the rural beauty and bounty around me. My family lives on an island where we swim, kayak and eat fish and prawns caught from our boat. It was reflection on the ebb and flow of the sea that led us to name the Division's second strategic plan, *A Rising Tide Lifts all Boats*. It is clear that in our Division a success in one community can be shared by all of our Chapters as we learn and grow together. It was a pleasure to work with my colleagues on the Board, our membership and the staff team to create this vision for our work. We are proud of our new strategic plan, and feel we were able to capture the essence of the Rural and Remote Division through our focus on advocacy, cultural safety and humility, member support and primary care services. Huge appreciation to Leanne Morgan, our wonderful Executive Director, for leading us through this process and toward a purposeful future.

As a full-service rural physician, I know I am not unique in that I often find it impossible to make time for all aspects of my work - the Gabriola clinic and community, Division leadership, regional and provincial collaborations and in my most important role as a parent and partner. It is only through the support of our colleagues and families that rural doctors can commit themselves to working under our unique and currently challenging circumstances. Teamwork makes the dream work and I'm grateful to my fellow Board members for their leadership and support.

I would especially like to acknowledge Dr. Kate McCarroll who is completing her term on the Board this year. Kate and I go way back, growing up in adjacent towns and going to medical school together - and now we find ourselves in small BC communities, working on shared goals.

Kate has been steadfast in her support and leadership not only as the Chapter Lead in Revelstoke, but also on our Policy Committee and ED Development Committee. It has been a joy to watch the success of her chapter under her leadership, and to have her thoughtful contributions to the Division.

I would also like to thank my partner in crime, Laurie Walters, who has served as co-chair for the last two years. Laurie has taken on the lion's share of governance responsibilities including overseeing financials, signing off on documentation and the vital task of administration oversight. Laurie came to us with a deep commitment to the success of rural communities. She has shown us how valuable it is to listen to perspectives from outside the clinic and proven that ensuring the health of rural people is not a job for medical professionals alone. You will be missed Laurie - all the best with your next adventure.

I also want to acknowledge and thank my fellow physician leaders, especially Dr. John Soles, Dr. Amber Bacenas and Dr. Marius Mostert, our regional physician leads. We have the most amazing conversations during our Chapter Support meetings. It is a pleasure to connect, share and mull over the system's problems one hour at a time!

The primary care crisis across the province and country has deepened over the last year. As rural communities we have always lived with precarity, but the climate in the last year has been very destabilizing in many of our communities. It is a hard time to work as family doctor and at times we all feel isolated and worried. It is our deepest hope that the work and support of the Division has been a helping and guiding hand and that your work in community is made easier by our work in the background. I am so inspired by your commitment to your communities and have enjoyed getting to know you better. Lastly, I would like to thank our staff team across the province for their partnership and support in executing our vision and mission and keeping us organized and informed.

I look forward to again serving as your Captain this year.

Dr. Tracey Thorne
Division Physician Lead

Co-Chairs Message



Dear Members,

It's been an eventful year for me as your Board-Co Chair! It's bittersweet to end my second term on the Board. I joined the Board in 2018 and was among the first non-physicians to join the team. While I've had the pleasure of working with rural physicians and living rurally in the traditional territories Secwepemc (Shuswap) Nation in what is now called Williams Lake for 40 years, it's been a fantastic experience working with rural physicians from across the province and getting excited all over again about our Division's innovations and our sense of community.

As I reflect back on my time, I'm astonished by the progress we have made producing two strategic plans, successfully diversifying our board to reflect the communities we serve and to ensure we are connected to our physician membership. We have made significant gains in our operations and governance functions that have allowed us to dedicate greater focus to our communities and the work that is most important.

I especially would like to recognize my Co-Chair, Dr. Tracey Thorne, for her collaboration and shared vision for how we move the organization forward. The Board is in good hands under her leadership. I would also like to acknowledge Dr. Kate McCarroll, who is completing her term this year. Kate expertly navigated her role on our governance board and was key to the non-physician members understanding the day-to-day realities of a rural physician. Through her leadership at a Chapter level becoming our first to submit an expression of interest in the primary care network (PCN), she has paved the way for our Division to learn and grow and be a trail blazer in the rural PCN sphere. Wishing you the best with your next adventure!

I would like to take the opportunity to acknowledge and thank the staff team for their operational leadership and administrative support, keeping us on track with our governance and doing the leg work behind our many accomplishments these past four years. I will miss each and every one of you greatly.

A handwritten signature in black ink that reads "Laurie Walters".

Laurie Walters
Chair



Photo By: Robert Shaer

Strategic Planning Retreat 2019

Executive Director Message



Dear members,

2020/21 was yet another eventful year. While we are all yearning to return to someprecedented times, we again can reflect on the achievements we have made despite the ongoing challenges of the COVID-19 pandemic, the public health emergency related to toxic supply and overdose deaths and the health human resource challenges plaguing our communities.

In my second year as your Executive Director, I didn't get my wish to connect in person given our public health guidelines but that's not to say we didn't find a way to connect and collaborate. I was incredibly proud of our Division for hosting a Rural PCN Forum in collaboration with the Rural Coordination Centre of BC (RCCbc) for members of our Division and beyond. We collaborated on an evaluation to determine the success factors to stabilize the rural patient medical home and created a discussion paper on the ideal attributes of a rural group service contract. As a Division with a nearly provincial scope, we are uniquely positioned to share information with our counterparts, funders and stakeholders. Our strength is in the uniqueness of our communities that affords us such a perspective.

It has been my great pleasure to work with a fantastic Board of Directors, two of whom will be completing their terms this year. First, I would like to acknowledge Laurie Walters. Laurie joined our Division back in 2018 when we first diversified our Board of Directors to include non-physicians. Laurie has worked very hard to lend us her governance experience gleaned from her time on City Council in Williams Lake and her work with the local physician leadership. Laurie was a caring and compassionate Board Co-Chair and former Treasurer. She brought her whole self to the work, encouraging self-care and connection among the group. Secondly, I would like to acknowledge Dr. Kate McCarroll of Revelstoke. As one of our physician members, Kate brought a grounded perspective to all our governance conversations. A strong contributor to the Policy Committee and Executive Director Development Committee, she could always be relied upon to speak from her direct experience while also maintaining that 30,000-foot view required by a governance Board. We wish her the very best with her sabbatical!

This year we have been on a journey to launch our Division's second strategic plan – A Rising Tide Lifts All

Boats. After 10 years, we are coming into our own to strengthen our Division and build on the tremendous work completed by our predecessors along the way. Special thanks are due to our Strategic Planning Committee including JP Baker, Vantage Point Facilitator; Jennifer Brunelle, Chapter Coordinator Revelstoke; Dr. Jamie McKeen, Physician Hazelton; Dr. Tracey Thorne, Division Physician Lead, Gabriola Island; Laurie Walters, Board Chair, Williams Lake; Brooke Wood, Chapter Coordinator Long Beach and Dr. Liz Whynot, Board Member, Galiano Island. We were able to craft a new plan that is simple, elegant and based on numerous consultative efforts with our members. It also has a nautical theme which affords many punny opportunities in our communications which I look forward to diving into.

As we celebrate our anniversary, I'm so proud to be part of such a strong team of staff and physicians. I love coming to work every day and am grateful for the opportunity.

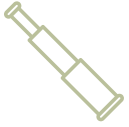
A handwritten signature in black ink that reads "Smagen".

Warmly,

Leanne

Executive Director

RRDFP Strategic Plan



VISION

- Health and well-being for our members and the communities they serve.



MISSION

- Supporting our members as they advocate for equitable rural health services, sustain a workforce, collaborate with partners and design locally relevant programs to support the health of their communities.



VALUES

- We are rooted in the communities we serve.
- We are transparent and accountable to our members and partners.
- We put people first, fostering trust, respect, equity and inclusion.
- We are committed to cultural safety and humility.
- We are innovative in our search for rural solutions.



Community celebration for Dr. Chibuikem Ofoegbu and Dr. Sandra Okezue.

Front row, L to R: Past Mayor John Harwood, Councillor Shelley Sim, Dr. Sandra Okezue, MP Frank Caputo, Yellowhead Community Services Vice Chair Shirley Frost, Councillor Barry Banford, Councillor Lucy Taylor, Med Student Anmol Mattu, Dr. Kayode Bamigboje

Back row, L to R: CAO John Thomas, Obi Okezue, Area Director Carol Schaffer, Mayor Merlin Blackwell, Councillor Bill Haring

Photo By: Kalen Jones

RRDFP Strategic Plan

PRIORITIES



Advocacy

Support advocacy on a local, regional and provincial level.

- Identify common, emerging issues among Chapters to escalate to the appropriate regional or provincial tables.
- Utilize our unique structure to analyze, document and communicate challenges and opportunities in rural communities to elevate the case for systems change.
- When invited, support Indigenous partners to advocate for equity in primary care transformation.
- Partner with other divisions to advocate for systems change and adapt provincial initiatives for the rural context.
- Action local advocacy priorities for each Chapter.
- Solidify relationships with provincial rural voices to ensure we are working together and not duplicating or diluting advocacy efforts.
- Participate actively in the ongoing dialogue to support longitudinal care delivered by family doctors in rural communities.



Primary Care Services

Each community is engaged in Primary Care Transformation in alignment with local priorities.

- Continue to seek local opportunities to enhance primary care through quality improvement initiatives, guided by experiences and leadership of local physicians.
- Support continuity of primary care in crisis situations through member support and coordination.
- Act as an effective partner at collaborative tables.



Members Support

Improved recruitment and retention in our communities.

- Orient Division members to understand our structure, what we do, how we can help and support and what internal resources are available.
- Provide concierge member support to navigate the myriad of external support programs, funding and other opportunities.
- Improve connections between members and across communities with a focus on priority topics.
- Work collaboratively with regional and local partners to identify recruitment opportunities and improve retention.
- Work with members to strengthen their patient medical homes to minimize provider burnout.



Cultural Safety and Humility & Diversity Equity and Inclusion

Increase cultural safety and humility among our members and within our organization.

- Implement the relevant recommendations of the In Plain Sight Report and FNHA's Cultural Safety and Humility Key Drivers and Ideas for Change.
- Embed cultural safety and humility in everything we do.
- Provide educational opportunities related to culturally safe care in collaboration with Indigenous partners.
- Support members from equity-deserving groups to fully participate in clinical and leadership opportunities.

Award Winners

22 BC Rural Health Conference Celebrates Excellence of Rural Doctors & Communities

Congratulations to the recipients of RCCbc's BC Rural Health Awards, which were presented at the conference. Dr. Lauri-Ann Shearer, a widely respected physician, leader, friend and ally who has been dedicated to improving health care in Bella Bella for almost 19 years, received the Award of Excellence in Rural Medicine: Lifetime Achievement. Dr. Francois Bosman (Gabriola Island) and Dr. John Soles (Clearwater) were recognized for going 'Above and Beyond' in caring for their rural patients and communities.

Watch videos for Dr. Shearer, and the Above and Beyond Recipients, and read more about them [here](#).

BC Achievement Award – Dr. Tracey Thorne!

Our very own Board Co-Chair, Dr. Tracey Thorne was awarded the BC Achievement Community Award. Kudos to Tracey! Read more about the award and her accomplishments [here](#).

Dr. Danielle Pichie of New Hazelton, BC, is the recipient of the Rural Community Impact Award this year.

Dr. Danielle Pichie was the recipient of the Rural Community Impact Award at the Society of Rural Physicians of Canada Conference (SRPC) at the end of April. The Rural Community Impact Award recognizes a physician who has had a significant impact on their community through clinical services, teaching, research, volunteer work or other community involvement. Congratulations to Dr. Pichie for her hard work and dedication, and for being recognized among her peers.

A colleague nominated Dr. Pichie last fall. Here is an excerpt from the nomination letter.

"Dr. Dani Pichie is a family physician and Chief of Staff of Wrinch Memorial Hospital in Hazelton, BC. In this role, she has reformed primary care and acute care environments and dramatically improved the care of people living in Hazelton and the surrounding Gitxsan communities. Dr. Pichie is a fervent supporter of resident and medical student teaching in Hazelton - providing these learners with a unique experience of full scope rural medicine. Dr. Pichie ensures every decision made in delivery of patient care reflects the needs of Indigenous patients and is delivered in a culturally safer way. "



Advocacy

Based on feedback from physicians across the Division, the Chapter Support Team prepared and circulated a briefing note highlighting some of the successes and opportunities for improvement identified in phase one of the vaccination campaign. This was shared with physician leadership at RCCbc, General Practice Services Committee (GPSC), the Network of Rural Divisions and the Ministry of Health. The Regional Physician Leads and Executive Director met with Dr. Mathew Chow, President of Doctors of BC, to elevate our concerns. [Click here](#) to view the briefing note.

The Division advocated to the College and Physicians and Surgeons to modify a proposed amendment to the non-sexual boundary violation standard that would have been prohibitive to rural physicians. Perhaps in part due to our submission, the draft standard was amended to include more specific language that was less restrictive to rural physicians living, working, playing and socializing in their communities. [Click here](#) to view the submission.

In response to staffing challenges in some of our most remote communities, a briefing note was developed and presented to the Network of Rural Divisions by Dr. Amber Bacenas, Regional Physician Lead for Vancouver Coastal. This message was further submitted to the Board of Doctors of BC and the Joint Standing Committee on Rural Issues (JSC).

Rural Group Service Discussion Paper

Dr. Tracey Thorne, Division Co-Chair and Regional Lead for Vancouver Island; Dr. John Soles, Regional Lead for the Interior and Leanne Morgan, Executive Director, attended the Network of Rural Divisions in June. They engaged in rich discussions around health human resources, governance and longitudinal primary care in a rural context and one of the outcomes was the re-examination of the [Rural Group Discussion Paper](#) created by our Division last year. The Division invited members of the Network and our Chapter Physician Leads to review this paper to validate that it was still current. At the time of publication, we are still working this through channels to get our ideas heard.



Photo By: Jill Zirnhelt

Left to Right: Dr. Tracey Thorne, Dr. John Soles, Leanne Morgan

Fort Nelson Chapter Joins the Division

This marks our Division's first expansion in three years. Led by Dr. Marius Mostert, this group of five physicians has been operating within Doctors of BC's growth and sustainability portfolio. Fort Nelson is part of the Northern Rockies Regional Municipality and includes Toad River, Prophet River and Fort Nelson First Nations. In addition to these communities, a large portion of patient care is provided to travelers and workers in the region. The physicians, medical clinic, Fort Nelson General Hospital, public health unit and emergency services are all located in Fort Nelson, which is located at Mile 300 of the Alaska Highway at the confluence of the Sikanni, Muskwa and Prophet Rivers in northeastern BC. The Fort Nelson and Prophet River First Nations have community health centers. A regional Health Care Steering Committee includes the Chief of Staff, Northern Health COO and HSA, local First Nation health representatives, emergency service and public health representatives, and municipality councillors. A community health plan was developed by the steering committee with inputs from more than 500 community members.

To learn more about the Fort Nelson Chapter, [watch this presentation](#) from Physician Lead Dr. Mostert and Chapter Coordinator Diana Penney from our August 24th Board meeting.

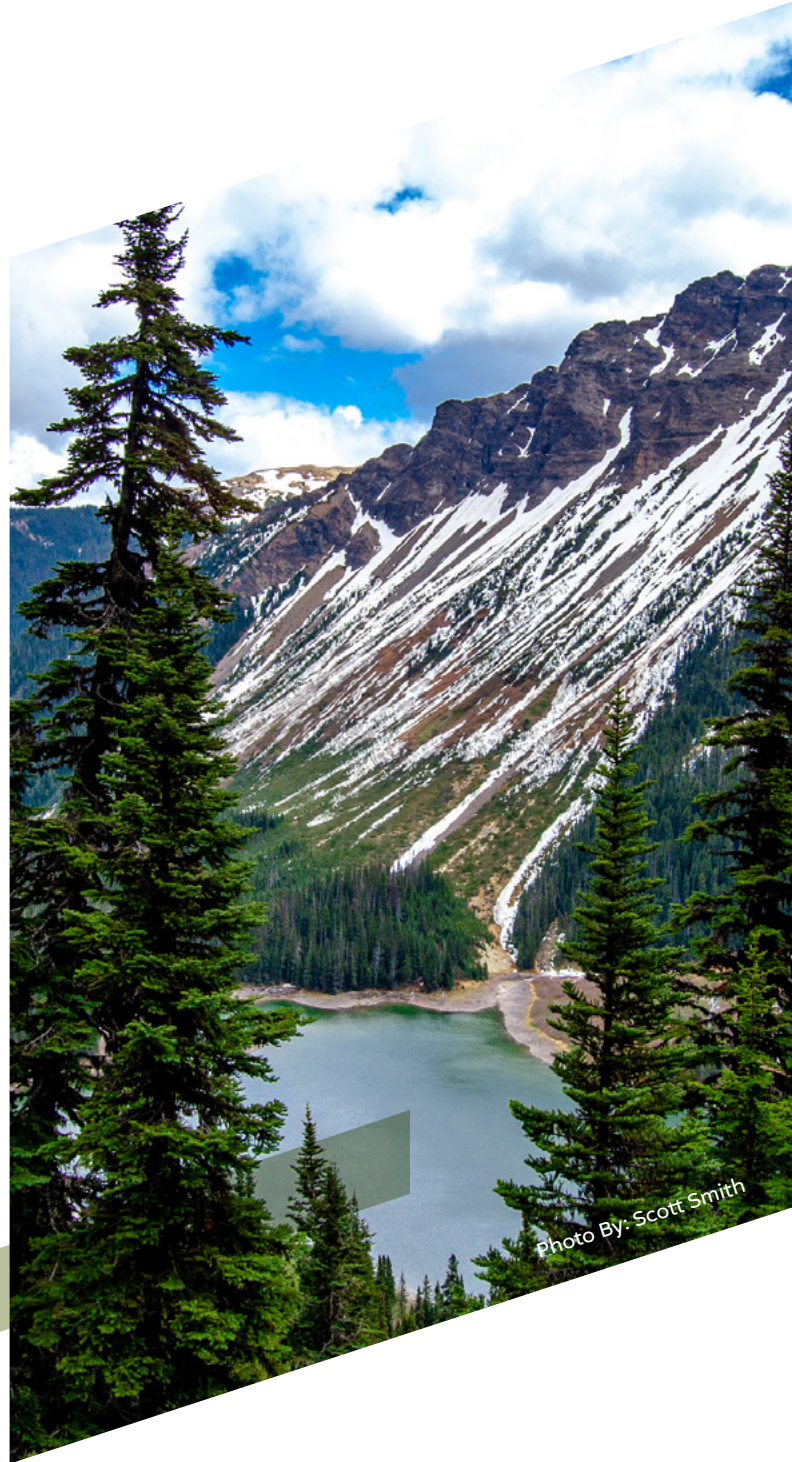


photo By: Scott Smith

Patient Medical Home

Patient Safety and Quality Forum

The Patient Safety and Quality Forum has accepted the abstract for a storyboard presentation for the PMH Diabetes Education project! The Joint Collaborative Committee Pre-Forum Day has accepted the abstract for a rapid-fire presentation on the report on Stabilizing the Patient Medical Home. This report was also discussed at an All-Chapter Physician Leads Meeting. You can read the report [here](#). Key takeaways from the report include:

- 22% of Rural and Remote Division member physicians in 2021 were trained in BC, 42% in Canada and 36% internationally trained.
- Only 15% came to a RRD community via a formal channel like a health authority recruiter or through Health Match BC.
- Among other barriers, housing and licencing were the top reasons keeping physicians from practicing in RRD communities.
- While 64% of our members are satisfied with their jobs, 60% are burned out which indicates cross over between these two groups.

Patient Medical Home Final Report

The Patient Medical Home (PMH) project began in 2017. Each Chapter approached selected aspects of the PMH to improve and a final report including all the Chapter's individual project evaluations is on our website [here](#).



Photo By: Shelley Sim

Dr. Marcene Phillips arrival in Clearwater
L-R: Kieran Jenkins (Husband), Dr. Marcene Phillips, Marlene Phillips (Mum), Dwight Phillips (Dad)

Primary Care Networks

The Division hosted a Rural PCN Forum

On October 19th, 2021, the Rural and Remote Division of Family Practice hosted a Rural PCN Forum for our members, staff, members and staff from other divisions, and other partners, including First Nations, health authorities, GPSC and JSC. More than 132 people from rural communities across the province logged into Zoom to share ideas, successes and challenges and leverage the hive mind of rural physicians and divisions. Session recordings can be viewed [here](#), and [here's](#) the Rural PCN Forum Summary Report.

The attendees rated the forum as excellent or good and felt confident about applying the concepts in their community.

An update on PCN planning within the Division

The Revelstoke Collaborative Services Committee (CSC) has received their data from the Ministry of Health and will begin creating their service plan as soon as possible!

The Bella Bella, Long Beach, Pemberton, Gabriola Island and Southern Gulf Islands Collaborative Services Committees have submitted their expressions of interest (EOI) to the Ministry of Health and now join Interior Rural CSC (Ashcroft, Clearwater, Lillooet, Lytton and Merritt) in queue to receive a response from the Joint Executive Team (JET).

For those of you keeping score at home, this means that six of the Division's nine CSCs have completed EOIs! Chapter Physician Leads supported by the staff team are making excellent gains in collaboration with partners to participate and shape primary care transformation in rural communities across BC.



Photo By: Leanne Morgan

Virtual PCN Forum Panelists: Top Row: Dr. Rob Lehman, Dr. Josh Greggain, Dr. Tracey Thorne Bottom Row: Dr. Bonnie Bagdan, Dr. Karin Kausky, Dr. Greg Selinger

Cultural Safety & Humility

This year Chapters were funded to create locally relevant cultural safety and humility training. An interim evaluation was conducted to gather information about the cultural safety and humility activities implemented by Chapters, as well as recommendations or lessons learned for other Chapters. Click [here](#) to read the report (member site). Activities include:

- The Pemberton Clinic did a Cultural Safety Day and visited the Squamish Lil'wat Cultural Centre. All physicians and most MOAs were able to attend.
- The Hazelton Chapter invested in literature for their Cultural Safety and Humility library and an interactive decolonization game similar to snakes and ladders.
- Inspired by one of the recommendations in the In Plain Sight Report, the Gabriola Island Chapter purchased Indigenous artwork for their clinic to make the space more culturally safe for community members. The Lil'looet physicians and Northern St'at'imc Nation created a series of videos to document the first vaccination clinic in the community. Kudos to Dr. Nancy Humber and all involved in creating this video. Click [here](#) to view.
- A regional approach was taken in the interior and a cultural safety and humility speaker's event was hosted by the Interior Rural CSC for all members of the CSC and Local Health Planning Tables. It featured a presentation from Harley Eagle, Dakota/Ojibway First Nation, and Jennifer Lewis, Okanagan Nation Alliance. The evaluation of this event showed that of 58 attendees:
 - 100% found this event useful
 - 100% will be able to use some of what they learned in supporting their work
 - 100% would like to see more events like this
 - 96% found the length of the event appropriate.

A recording of the event was distributed to all Division members and 51 people viewed the Zoom recording after the event.

Some recommendations or lessons learned for other chapters seeking to improve cultural safety and humility included:

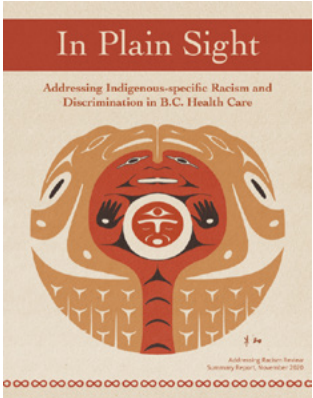
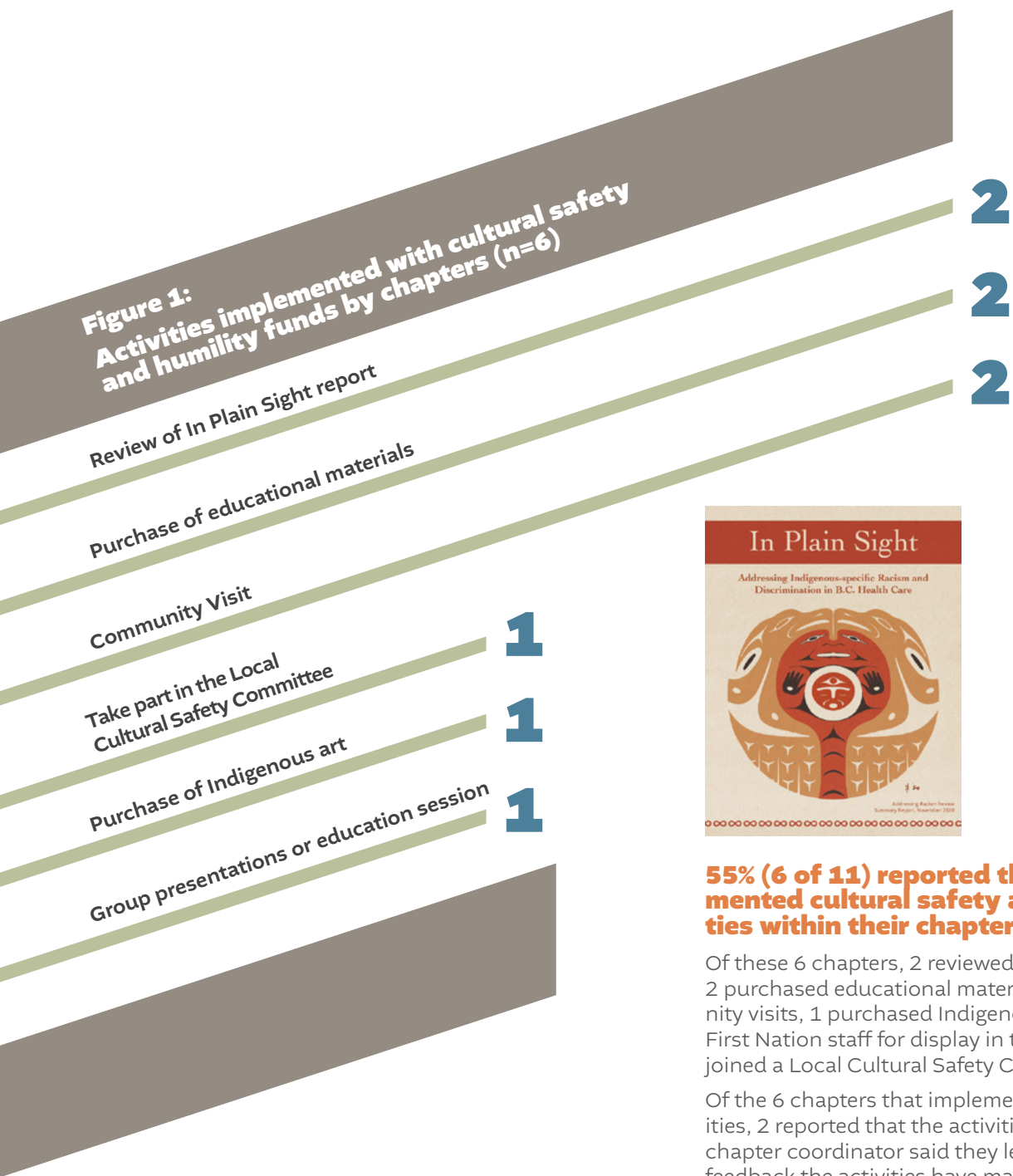
- Increased cultural safety in the community, not just for family physicians, would be valuable.
- Each community is unique and may have a different relationship with their local First Nations.
- Methods to improve cultural safety/humility should be specific to individual needs.
- Continue to show up with an open mind and follow through on action items.
- Keep working on personal and professional development and be aware of the seven calls to action specific to health care.
- Create safe spaces for open dialogue.
- Being open to direction from Indigenous partners is critical. There is a need for balance involving Indigenous partners in cultural safety work and recognizing the capacity challenges of partners.
- Self-reflection is key, especially for non-Indigenous providers caring for Indigenous patients.



Photo By: Don Butt

K'san historical village in Gitanmaax, BC.

Cultural Safety & Humility

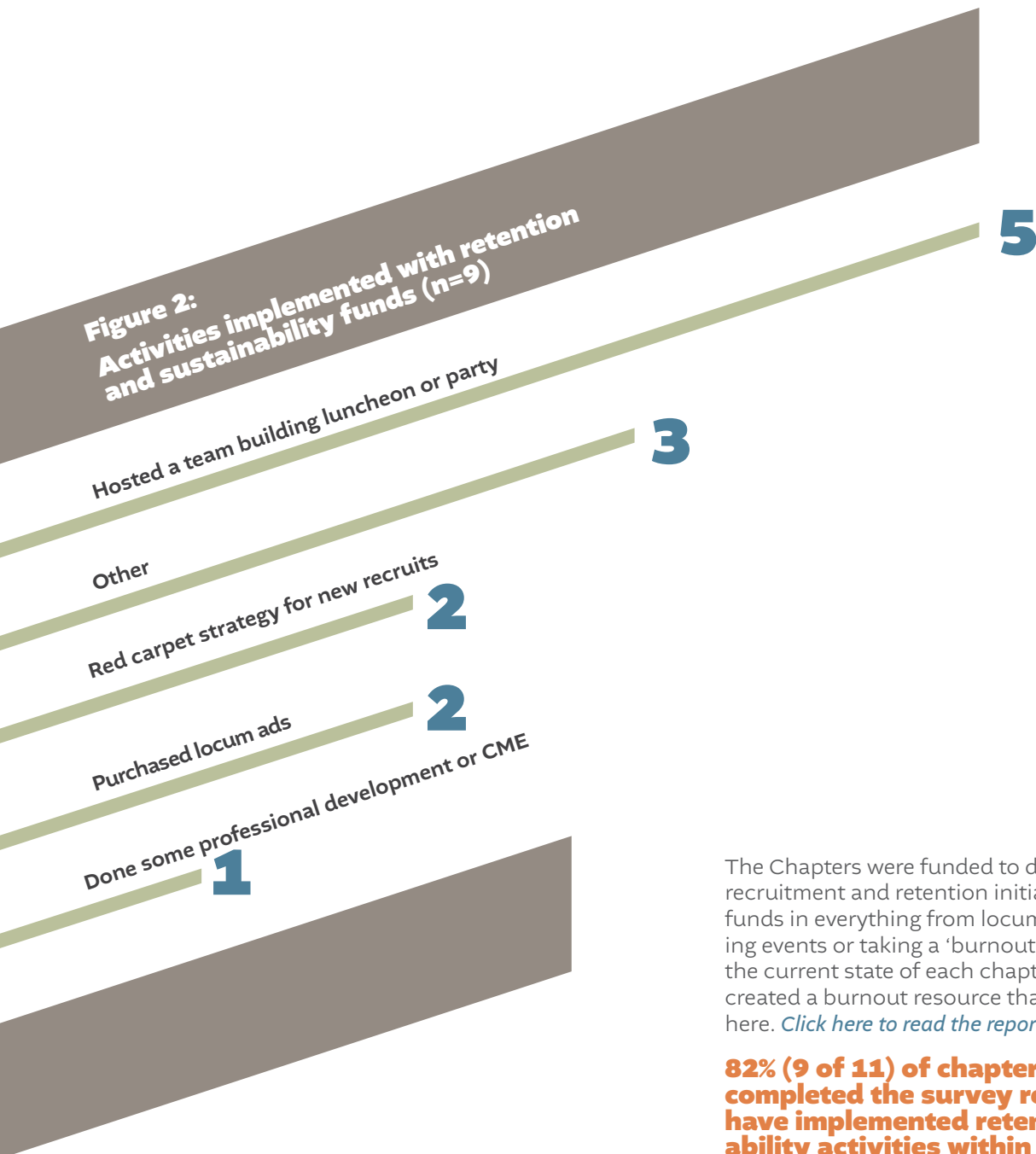


55% (6 of 11) reported they have implemented cultural safety and humility activities within their chapter.

Of these 6 chapters, 2 reviewed the In Plain Sight report, 2 purchased educational materials, 2 conducted community visits, 1 purchased Indigenous art chosen by local First Nation staff for display in the medical clinic and 1 joined a Local Cultural Safety Committee (Figure 1).

Of the 6 chapters that implemented cultural safety activities, 2 reported that the activities made a difference. One chapter coordinator said they learned from anecdotal feedback the activities have made a difference to have space to talk about challenges and learn together about what cultural safety might look like. Another chapter coordinator stated that the activity increased the group’s awareness of First Nations heritage and history.

Recruitment & Retention



The Chapters were funded to develop an innovative local recruitment and retention initiatives. Chapters invested funds in everything from locum advertising, team building events or taking a 'burnout inventory' to help measure the current state of each chapter. The Revelstoke Chapter created a burnout resource that now lives on our website here. [Click here to read the report.](#)

82% (9 of 11) of chapters coordinators who completed the survey reported that they have implemented retention and sustainability activities within their chapters.

Of the 9 chapters that implemented retention and sustainability activities, 5 hosted a team building luncheon or party (Figure 2).

Health Emergency Management Systems

On June 30th, the town of Lytton burned in a forest fire destroying all health care infrastructure including the hospital, pharmacy, ambulance bay and primary care clinic. Tragically, paper medical records were destroyed and thousands of patients were left with limited medical records.

During the following weeks, Division physician and staff leadership engaged with Health Emergency Management BC (HEMBC), and members of the local health planning table including Lytton First Nation and Interior Health. With support from the Thompson Region Division of Family Practice, efforts were made to deliver continuity of care to people evacuated seeking primary and acute care and to support long-term care patients across the region.

Physicians from Lillooet, Merritt and Ashcroft were affected by the fires and were supported by physicians from elsewhere within our Division and the neighbouring Thompson Region Division.

To ensure that lessons learned were shared, the Division hosted a webinar for our members called Inferno – Primary Care During Natural Disasters, which was moderated by Dr. John Soles, Regional Physician Lead, Interior. The session included Dr. Duncan Ross, Chapter Physician Lead from Merritt, and physicians from other Divisions. [Click here to view the recordings on demand](#). Tragically, this session was delayed due to the flooding in Merritt on November 15th. The irony of cancelling an emergency management webinar due to another emergency was not lost on anyone. Thankfully, physicians and staff leadership navigated the crisis with strength and compassion.

While the two communities that were most impacted are still recovering, there is light. Rebuilding is occurring in Lytton and includes a temporary Interior Health-operated Primary Care Clinic in the Lytton First Nation building. There are three physicians providing primary care in the community and slowly rebuilding services.



Photo By: Unknown

Dr. Morgan Lyttle with the Nlaka'pamux Health team:
Left to Right: Cheryl Billy, Tina Sterling, Shella Broman,
Dr. Morgan Lyttle

Shared Care

Long Beach – Mental Health Substance Use (MHSU) Alcohol Use Disorder (AUD) project

This initiative began in January 2021 and will enable broad community engagement and partnership to focus on community-based support for patients with AUD. Additionally, it will facilitate access to supportive and culturally safe care in the community, relieving pressure from the acute care system and providers. It will support and align closely with the six-to-seven sobering and assessment beds that have recently been approved by Island Health. The partners are aiming to increase access, capacity, and collaboration between physicians and with service providers in the Long Beach region to provide quality, seamless, comprehensive, culturally safe and accessible team-based care to clients struggling with AUD.

Southern Gulf Island – Mental Health Substance Use (MHSU) Intersections of Care (IOC) project

The purpose of the Intersections of Care project was to provide residents on Salt Spring Island—and, potentially, the outer gulf islands—with the opportunity to detox from alcohol use at home, under the integrated care of a team. Comprised of a family doctor, a community paramedic, a social worker and an outreach worker, the team is guided by a family doctor from outside the community with a substance use-focused practice. Due to varying staffing levels and challenges related to COVID, the project was unable to find eligible pilot participants. However, the resources gathered and referral process developed will be used through the Chapter Primary Care Network planning process, and the Chapter hopes to be able to incorporate these services once additional primary and mental health care resources can be obtained.

Revelstoke Maternity Project

Despite delays due to the pandemic, this project wrapped up and had two primary successful outcomes. Firstly, a midwife has been integrated into the obstetrical teams in Revelstoke. The obstetrical teams have made a significant effort to develop a collaborative care model that allows for all providers within the groups to work to full scope while focusing on billing optimization and provider satisfaction. The collaborative model was implemented in June 2021 and the group has run multiple PDSA (Plan-Do-Study-Act) cycles since that time to modify the care model to address inefficiencies or inequities as they have arisen. It is anticipated that the collaborative approach and planning work will allow this model of care to be sustainable long term.

Secondly, the project team created a group prenatal program for Revelstoke women. This program consists of four evening sessions led by FPs and community maternity care specialists. The physician lead for these sessions is in the process of completing the fourth cycle of sessions. These sessions are billed through MSP and the sessions themselves are sustainable from a funding perspective; however, the prep and coordination time is currently being managed by the physician without remuneration and the group continues to discuss ways in which to mitigate this burden to ensure sustainability long term. There may be an opportunity to connect this work with the Revelstoke Primary Care Network administrative supports.



Shared Care

Revelstoke Mental Health Substance Use Project

This project was initiated when Revelstoke had six deaths due to overdoses in the first six months of 2018. The project team also identified that MHSU was a priority population based on a data review and physician survey conducted in 2018. The data indicated longer wait times for Revelstoke MHSU patients and providers felt that there could be more formalized collaboration within the community and regionally.

This year's milestones included a community forum event held for Revelstoke providers who offer mental health and/or substance use services within the CHSA. Attendees included family physicians, local nurse practitioners, Interior Health nursing and administrative staff, social service providers, local psychologists and therapists, and emergency responders. The event was a networking opportunity for AMHSU providers and a forum for discussing access enhancement opportunities for patients. Work is also underway with a local web developer on the creation of a provider communication platform integrated into Revelstokelife.ca (a community-specific online health directory), which is anticipated to be a source of data collection and a tool for enhancing access for patients by improving communication between physicians and

community-based providers. The project continues to support family physicians in the development of a local AMHSU community of practice through the development of collaborative care community pathways and systems of support for patients. The working group is already in the process of planning a follow up community forum for fall/winter 2022.

Revelstoke Chronic Pain Clinic

In order to provide fair, equitable access to local chronic pain services, the Revelstoke Shared Care Chronic Pain project team planned, organized and launched the Revelstoke Chronic Pain Clinic at Queen Victoria Hospital. The clinic's grand opening was held on May 6th and it celebrated the tremendous collaborative effort of local physicians, nurses, Interior Health partners, regional specialist physicians, clinic staff, the Division and the dedication and generosity of a number of community groups. The clinic was founded on a sustainable funding model that works within the rural model of health care provision and will save patients a minimum of 200km of travel per treatment. The project team is now focusing on the development of patient tools and resources to continue to improve local support for patients living with chronic pain.



Back row, L to R: Sarah Forster, Dr. Rosemary Kelsall, Kelly Thomas, Dr. Chris MacDonald, Dr. Cam MacLeod, Dominik Dlouhy, Stephen Hui, Mark Slubowski, Dr. Paul Etheridge
Front row, L to R: Michaela Swan, Julie Lowes, Gina Klevatorick, Jenn Brunelle, Lisa Lamoth, Dr. Kurt Deschner, Kara Grist, Diane Popplewell, Cheryl Fry, Joanne Anderson, Bev Weige, Megan Cox, Jennifer Schott
On iPad: Dr. Greg Siren

Photo By: Lindsay Donovan Photography

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Dr. Marius Mostert, Fort Nelson – Chapter Physician Lead and Regional Physician Lead

Dr. Duncan Ross – Merritt

Dr. Lauri-Ann Shearer – Bella Bella

Dr. John Soles – Clearwater (Regional Physician Lead)

Dr. Tracey Thorne – Gabriola Island (Regional Physician Lead and Division Physician Lead)

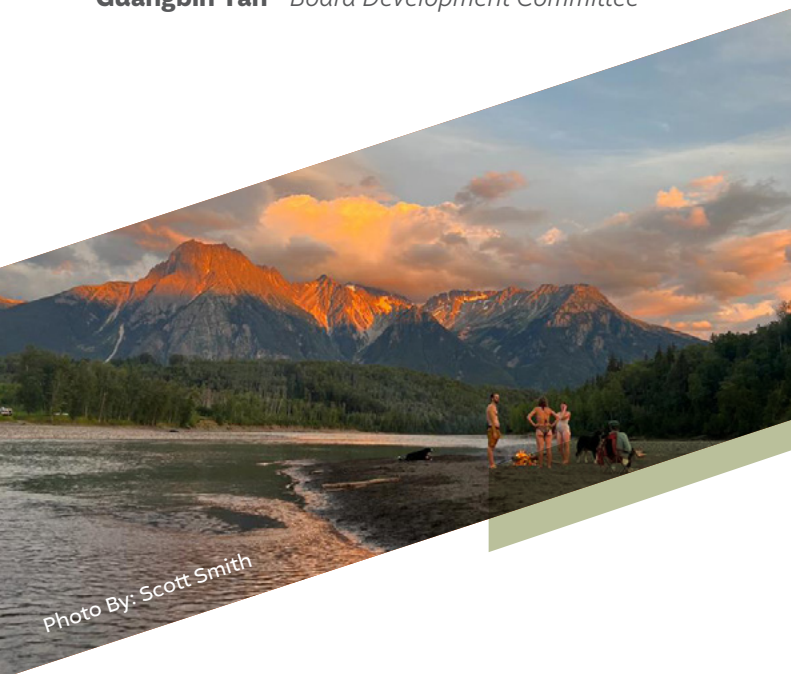


Photo By: Scott Smith

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Staff Team

Linda Andersson – Documentation Coordinator serving all Chapters

Katherine Brown – Interim Regional Manager, Interior

Jennifer Brunelle – Chapter Coordinator & PCN Planning Manager, Revelstoke

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Brooke Wood – Chapter Coordinator, Long Beach

Jane Worton – Chapter Coordinator, Southern Gulf Islands

Special Thanks

JP Baker – Vantage Point

Meghan Burrows – Engagement Partner

Katherine Coatta – Reichert & Associates

Rural Coordination Centre of BC (RCCbc)

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Angela Thachuck – Primary Care Transformation Partner

Stacey Tyers – Primary Care Transformation Partner

Robin Watts – Primary Care Transformation Partner

Josh Wells – Primary Care Transformation Partner



Photo By: Elisabeth White

Left to Right: Dr. Julia Low Ah Ke, Dr. Jeff Peimer, Fran Hopkins, Dr. Phil McGuire, Dr. Josh Greggain, Dr. Amber Bacenas, Helen Truran

Land Acknowledgments

The community of Ashcroft is situated on the traditional and unceded territory of the Nlaka'pamux and Secwépemc Nations.

The Bella Bella Chapter is grateful to live and work within the unceded, traditional and ancestral territories of the Heiltsuk and Kitasoo/Xiaoxia's Nations.

The Bella Coola Chapter is situated on the traditional and unceded territory of the Nuxalk Nation.

The Clearwater Chapter is situated on the traditional and unceded territory of the Simpcw people, of the Secwepemc Nation.

The Fort Nelson Chapter is on the traditional territory of the signatories of Treaty 8.

The Gabriola Chapter is in the traditional territory of the Snuneymuxw First Nation.

The Lillooet and Lytton Chapter is situated on the traditional and unceded territory of the Northern St'at'imc and Nlaka'pamux Nations.

The Merritt Chapter is honoured to live, work and recreate on the traditional, unceded territories of the Nlaka'pamux and Syilx Nations.

The North Vancouver Island Chapter is grateful to live and work on the unceded and traditional territory of the Kwakwaka'wakw, Tlat'lasikwala, Kwikwasut'inuxw Haxwa'mis, Kwagu'l, Gwawae'nuxw, Gwa't'sinuxw, Da'nax-da'xw, Dzawada'enuxw, and Namgis peoples.

The Pemberton Chapter is situated on the traditional and unceded territories of the St'at'imx (Lil'wat, N'Quatqua, Samahquam, Skatin and Xa'xtsa (Douglas) First Nation) and Skwxwù7mesh (Squamish) Nations.

The Revelstoke Chapter is situated on the traditional and unceded Sinixt, Ktunaxa, Secwépemc and Syilx Nations.

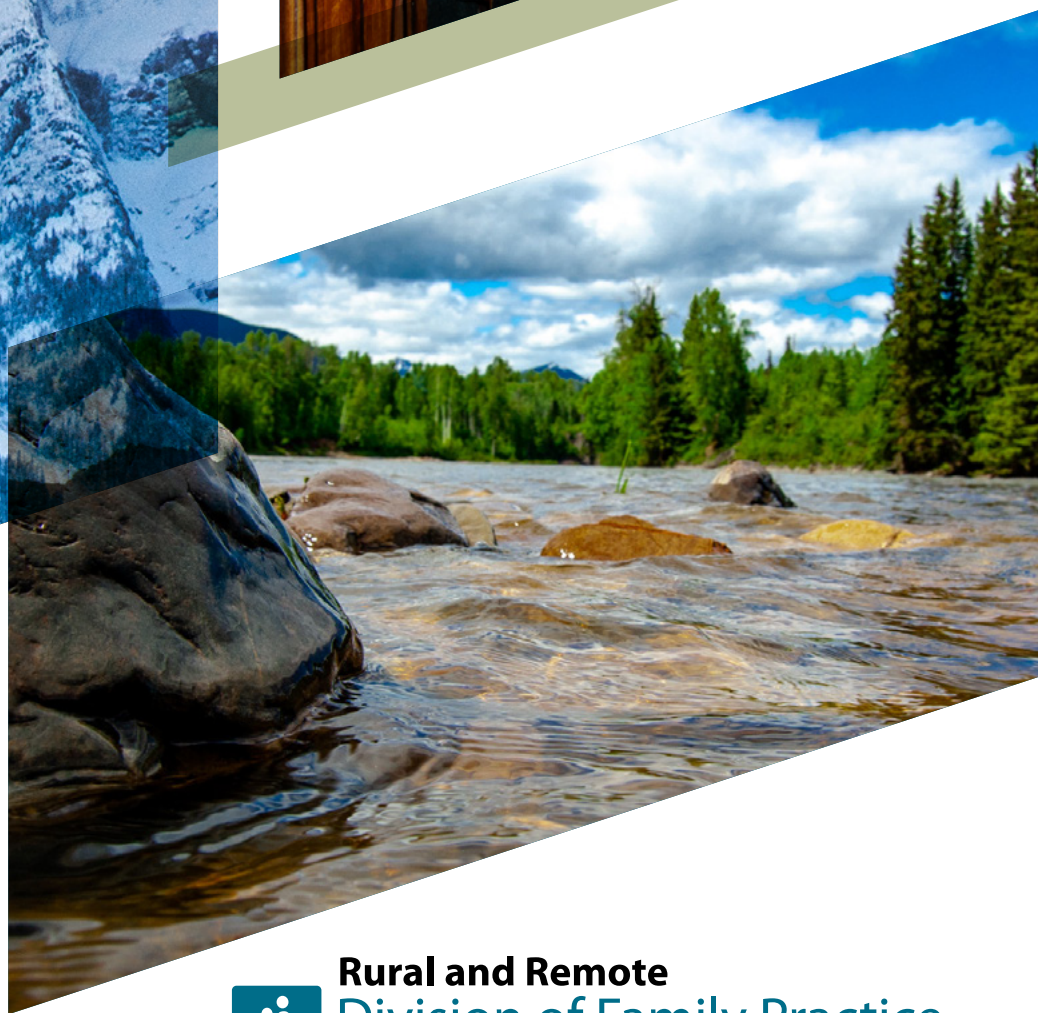
The Southern Gulf Islands Chapter is grateful to live and work on the unceded and traditional territory of the Hul'qumi'num and SENĆOTEN speaking peoples.

Hazelton Chapter members are based at Wrinch Memorial Hospital in Hazelton BC, situated on the unceded traditional territory of the Gitxsan Nation.

The Long Beach Chapter acknowledges the territories of Hesquiaht First Nation, Tla-o-qui-aht First Nations, Toquaht Nation, Ahousaht, and Yuułu?ił?ath in the spirit of truth, healing and reconciliation.



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