

2014–15 ANNUAL REVIEW



Our Vision

*Sustainable quality rural health services
aligning local innovation within
regional and provincial contexts.*

Our Values

*Strength of Community
Integrity of Care
Collaboration
Diversity
Innovation
Transparency*

People — patients, families, providers



**Rural and Remote
Division of Family Practice**

A GPSC initiative

Who we are

Message from the Board Chair



Board Chair, Rebecca Lindley

It has been an exciting, engaging and busy year. The impressive scope of work and change within our communities involving our members is highlighted in this Annual Review. Each Chapter is involved in important and inspiring work including projects funded through the provincial A GP for Me initiative and Shared Care Committee and in collaboration with local, regional and provincial partners.

These initiatives cover a wide spectrum from building local capacity and resources and providing enhanced practice and professional supports, to the exploring of new approaches to rural and remote health care. The importance of working in close partnership with others, including First Nations communities, health authorities and community agencies is evidenced by these activities.

It has also been a year of great growth. Today we celebrate 114 members through nine established and two emerging Chapters ranging in size from four to 38 members. This includes our Open Chapter, which provides a home for physicians with a desire to improve rural health and who are working in some of our smallest communities.

We are looking forward to an exciting year with the continued, outstanding physician leadership from across the province at both the Chapter and Division level bringing a strong, collective voice supporting rural health services. ■

A foundational step forward

A significant step forward was our A GP For Me assessment and planning that enabled us to leverage our Division-level and Chapter-specific work in a way that unifies us in our purpose and mission and brings synergy to the work we do across our communities.

This foundational step underscored the importance of our work in supporting and enabling rural health care providers to optimize health care services in our communities. To achieve that, we need to better understand the communities that comprise our Division and foster collaborative partnerships that align our initiatives especially at the local level.

The following shared issues were identified in our A GP For Me assessment and planning process.

Access to Services:

- Varying level of community-services in Chapters (some very limited to a local level)
- Lack of mental health services consistently across communities
- Need for interprofessional



teams to offset demands on rural physicians and support longitudinal care

Physician Isolation:

- Physicians need support, training and mentorship opportunities
- Access to rural and remote specific CME
- Significant issue when workload becomes heavy and acute
- Need for practice support in offices and for MOAs (with rural and remote context)

Transportation:

- Access to services a challenge for patients and providers
- Travel can be costly, time-consuming and risky for patients, families and providers

- Some Chapters have inordinate access issues by boat/ferry and gravel roads
- Telemedicine could help offset some of these challenges

Chronic Disease:

- Time intensive
- Billing codes not maximized
- Need for allied health professionals to support comprehensive services and decrease pressure on physicians

Mental Health:

- Consistently identified as a priority across all Chapters ■

The road ahead

Growth brings challenges, exciting opportunities and new discoveries. A year ago at our Board planning retreat, there was a clear message that we are indeed 'greater than the sum of our parts'. Working together within and across our Chapters to assess and reflect on where we've been and where we are going provided an opportunity to contemplate ways we can make this a progressive, influential organization capable of sustaining and improving rural health services.

We have benefited from remarkable physician leaders from across the Division who are both capable and passionate about rural health issues and have fostered partnerships that will enable rural and remote physicians to be an important voice for change. ■



What we are doing

Introduction

A number of initiatives are Chapter level focusing on new models of care such as interprofessional teamwork, improving access to services, developing practice supports, exploring opportunities for telehealth, enhancing communications relating to patient transfers, and supporting medical office assistants.



Actions and Initiatives By Our Chapters

Initiatives underway at the chapter level are supported through our infrastructure funding, as well as funding through the provincial A GP for Me and Shared Care Committee. These activities involve partnerships with local, regional and provincial agencies and a commitment to collaborative planning, implementation, sustainability and evaluation.

Following are highlights reflecting key activities in some of the Chapters over the past year.

Resource Supports:

- Creating positions such as:
 - A Social Program Officer to support GPs in meeting patients' psychosocial needs.
 - A part-time social worker to augment physicians' office practices and provide services in the community.
 - A navigation coordinator to improve continuity of care, strengthen linkages, and enhance capacity within the primary care team (physician/NP/MOAs) in supporting patients to meet their health care needs.
- Training to enhance home care supports.



- Launching FETCH'For Everything That's Community Health' – an online resource that partners with local community agencies to provide information on local health, social and community resources.
- Assessing costs of rural / remote residents in accessing services.

Practice and Professional Supports:

- Recruiting new GPs through the Practice Ready Assessment and the International Medical Graduate Programs.
- Undertaking patient panel 'clean-ups' and review process to help with office efficiency practices.
- Providing MOA training and fostering collaboration and communication.
- Exploring options within allied health professional training programs to establish spaces for students from remote and First Nations communities.
- Hosting CME (continuing medical education) including polypharmacy risk reduction and practice support modules.
- Implementing a care provider survey to better understand perspective on client needs and education opportunities.

Exploring New Approaches:

- Piloting adult day programming to identify best practice models for caring for vulnerable residents living at home, supporting caregivers and providers and increasing primary care capacity.
- Developing collaborative practice models and planning sustainable models for a Primary Care Home.

- Exploring enhanced access to specialist services.
- Identifying quality improvement opportunities.

Building Partnerships / Collaboration:

- Delivering Interprofessional rural practice and pregnancy outreach programs.
- Participating in adult and mental health care to improve more integrated care.
- Participating in the Child and Youth Mental Health and Substance Use Collaborative
 - Developing Local Action Teams
 - Partnering with school districts and other community stakeholders including a pilot presentation on the Neuro-sequential Model in Education (NME) as a test measure of school readiness
- Co-applying for a community-based nurse practitioner under the NP4BC (Nurse Practitioners for British Columbia) initiative
- Collaborating with health authorities to improve access for patients with mental health and substance use issues

- Working on the GPSC (General Practice Services Committee) Residential Care Initiative including coordinating and implementing local community-based solutions.
- Engaging with First Nations communities and the First Nations Health Authority, including holding a Primary Care engagement table at the 2015 Coming Together Forum and participating in the FNHA's West Coast Primary Care Forum.
- Initiating community health surveys to better understand community needs and service gaps.
- Working with health authorities to advance integrated primary and community care.
- Strengthening connections across social and community services as well as increasing the reach of health promotion activities.

Future communications will focus on the work of specific Chapters including new features as part of a website re-design that will be in place this fall along with the launch of an e-newsletter. ■



Annual Forum 2015 — Rural Health Care through the Locum Lens

This year's forum partnered with UBC's Continuing Professional Development (CPD) program, the Rural Coordination Centre of BC (RCCbc) and the Rural Education Action Plan (REAP) and brought together about 70 people representing rural locums, other rural physicians and organizations supporting



rural locums. The Forum hosted pre-courses including The CARE Course (Comprehensive Approaches to Rural Emergencies), Advanced Cardiac Life Support (ACLS) and Basic Life Support (BLS) as well as a day of CME and engagement.

The outcomes from the event included planning of a mentor/mentee project as well as group deployment to rural communities, and a greater understanding of the important role that rural locums play in supporting rural health services. ■

Where we are going



Over the next year we are committed to strengthening our capacity by supporting our great team of Chapter Coordinators who play a vital role in our work, and in maintaining and nurturing important relationships and communications with our members. Working closely with our Chapter Coordinators we will provide concise, timely and relevant information to enable and support meaningful, sustainable change at the Division, Chapter and

community levels that leverages our collaborative strengths.

The road ahead provides exciting opportunities to continue the adventure we have started together and strengthen partnerships and influencing positive change. Over the coming year there will be a renewed emphasis on supporting vulnerable communities, those who have the greatest struggles in attracting and retaining physicians and providing the vital health services to meet local needs.

We are excited about funding support from the Joint Standing Committee on Rural Issues, which will enable important and transformative changes such as telehealth. We will continue moving forward in the areas of identifying and developing rural

practice supports and enabling more effective use of EMR (electronic medical records).

Interprofessional teamwork is a foundational aspect of health services in many of our communities. We will continue to support and build capacity at the community level and enable us to share important successes and learn from each other.

Our work within the provincial A GP For Me initiative will

continue to be a focus of the Division and participating Chapters over the coming year. As well, several of our communities will be involved with innovative projects relating to JSC sustainable rural communities, telehealth as an integral part of longitudinal care to rural communities, Shared Care initiatives improving access to and communication which specialists, and residential care incentives. ■



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James Wiens, Hazelton
Nancy Humber, Lillooet and area
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With special thanks to physician members, our partners and the many who have contributed to moving us forward.

The Divisions of Family Practice Initiative is sponsored by the General Practice Services Committee, a joint committee of the BC Ministry of Health and Doctors of BC.

www.divisionsbc.ca/rural-remote

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