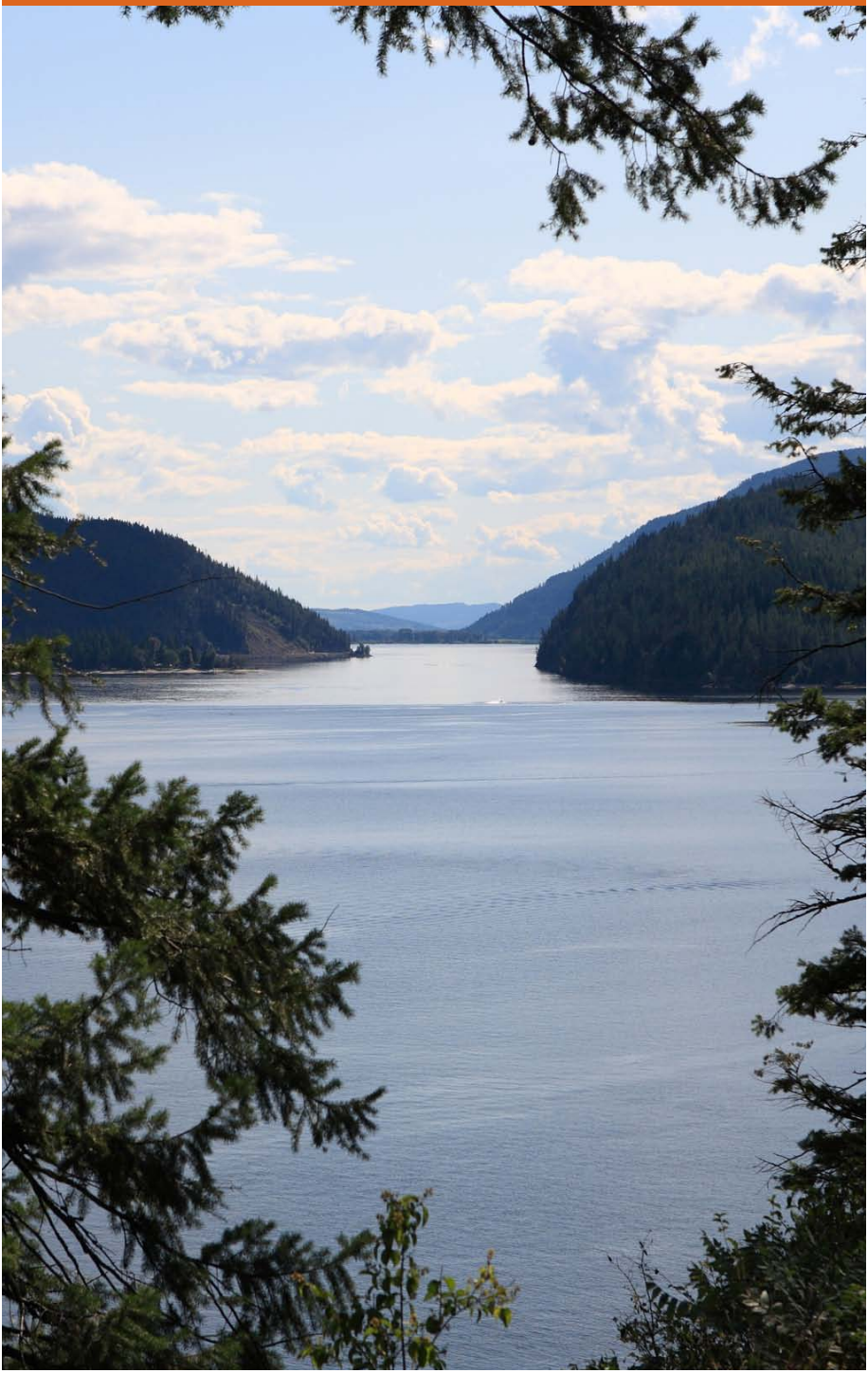
Annual Report 2012

Shuswap North Okanagan
Division of Family Practice
A GPSC initiative



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Dr. Ken Perrier

Message from Physician Lead

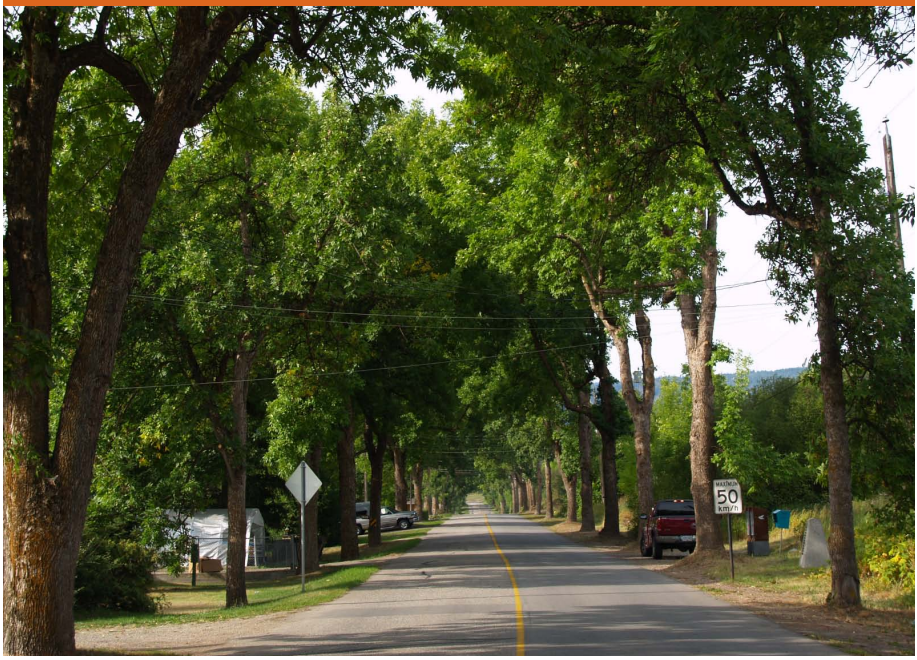
This past year has been a busy one for the Shuswap North Okanagan (SNO) Division of Family Practice. In July 2012, the provincial government introduced changes to how Integrated Health Networks (IHN) would be funded. This led to the Division working with the Interior Health Authority (IHA) to realign the services according to new budgetary restraints. As a result of this collaborative effort, funding has been arranged for a palliative care coordinator to work in the Salmon Arm area, allowing us to implement one of the recommendations of our palliative care working group.

"Through our last survey, members informed the board of their priorities for 2013–2014. From this information, the board has decided to emphasize improving local continuing medical education, as well as initiating a working group to look at residential care issues."

In Vernon, the IHN program needed significant re-working as its budget was reduced by approximately 50 per cent. Through the hard work of the Collaborative Services Committee (CSC) and the Integrated Health Networks transitions working group, solutions were sought and the new IHN program for Vernon rolls out June 1. The new program supports IHN nursing services for 35 family doctors in Vernon.

The palliative care working group in Salmon Arm produced an excellent report that was accepted and endorsed by the CSC in spring 2013. The next steps are implementing report recommendations to improve the palliative care services for the residents of the Salmon Arm area. I wish to extend great thanks to Dr. Joan Bratty for her excellent work on this project.

SNO was greatly involved with the General Practices Services Committee and, in particular, Mr. Darcy Eyres, regarding the In-patient Care incentive programs that have been rolled out across the province. The prototype Doctor-of-the-Day program that has been running at the Vernon Jubilee Hospital for the last 21 months was the model adopted by the Ministry of Health for funding the Doctor-of-the-Day/Orphan Patient programs across B.C. This program rejuvenated the Doctor-of-the-Day program at Vernon Jubilee Hospital, allowing 12 new members to be recruited to the service. The hard work also allowed SNO to change how Doctor-of-the-Day



service is funded at Shuswap Lake General Hospital.

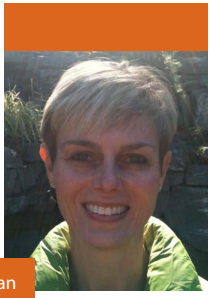
The board worked hard to influence the General Practice Services Committee (GPSC) regarding other in-patient incentives as it is important to have this vital work in the hospitals remunerated adequately. As a result of the board's efforts, the GPSC made changes in spring 2013 to increase payment by 25 per cent for the two most common in-hospital billing fees, as well as instigating a quarterly incentive for maintaining active hospital privileges.

Through our last survey, members informed the board of their priorities for 2013–2014. From this information, the board has decided to emphasize improving local continuing medical education, as well as initiating a working group to look at residential care issues. A big task for 2013–2014 is to improve the working conditions within our hospitals. Currently, we have a working group at Vernon Jubilee Hospital addressing the challenges that discourage family physicians from maintaining hospital privileges. While the board realizes, from the lessons learned at other Interior hospitals, this project will require significant effort, we believe our local health authority representatives are sincere in their wish to improve the situation and we look forward to making progress on these issues in the coming year.

I wish to thank the board for its tireless work, our staff for their dedication and patience, and the members of SNO who participated in the working groups that assisted us in working towards our goals over the last year. We are fortunate to have IHA partners like Darlene Arsenault to work with. I believe she has been instrumental in supporting our successes to date.

Finally, I wish to thank the members of the Shuswap North Okanagan Division of Family Practice for their participation in our scheduled events, the interest they have expressed to the board about finding solutions that address members' priorities and the enthusiasm they show in working towards achieving improvements to the delivery of primary care in our region that will support physicians and patients alike.

Dr. Ken Perrier
Physician Lead



Tracey Kirkman

Message from Executive Director

As I write my message for this year's annual report, I realize annual reports are very much like Christmas letters — you have the opportunity to reflect on the past year and brag about all your achievements — usually those of your children. Not that I am implying that I now have 127 children!! But we do have some bragging to do.

"In the world of health care, with its abundance of challenges, it is easy to lose sight of the gains we have made — especially if they are initially only small ones. I hope this report helps you to reflect and to gain a positive perspective and outlook for the year ahead."

2012 was a very busy year for the Division.

In Salmon Arm, the palliative care working group, under the guidance of Dr. Joan Bratty, worked tirelessly to produce a community survey, audited patient files to obtain relevant data, and a very successful community forum where over 250 attendees echoed the need for improved palliative care services in the Shuswap area.

The final report and recommendations have been accepted and endorsed by the CSC. This is a very important priority for the Shuswap region and the Division will continue to support Dr. Bratty and the implementation working group as it moves forward with its work. The Division continued to administer and monitor the In-patient Care Service Agreement for Vernon Jubilee Hospital. The provincial in-patient care working group, led by Darcy Eyers and Dr. Brian Winsby, heard the voices of our physicians as they made recommendations to the provincial in-patient care strategy. The result was the announcement of the new GPSC incentives which not only remunerate physicians looking after orphaned patients, but also gives credit and acknowledges the work of physicians looking after their own patients. This was a huge win for *all* of our physicians in Salmon Arm.

Now the remuneration piece for in-patient care has been taken care of, we need to address the system factors which contribute to physician dissatisfaction in

our hospitals. The urgent need to address systemic issues on a local level within the hospital has been embedded in the provincial working group's recommendations to the Ministry of Health. I am cautiously optimistic we will begin to make inroads on these priorities in the near future.

The transitioning of the Integrated Health Networks was a significant project, as it was the first project where the Division could influence how Interior Health spent its money. Through a collaborative process, the IHN working group identified target populations, allocated budgets, considered community contracts and developed a service delivery model which will now afford 37 physicians (in Vernon) the support of an IHN. In Salmon Arm the IHN budget was used to hire a palliative care co-ordinator as part of the recommendations from the palliative care working group.

Aside from these three big initiatives, the board continues to try to address new priorities raised by our members. To this effect, we supported Dr. Jack Beech and facilitated discussions at our CSC to ensure lab services became operational in Sicamous in March 2013.

We continue to provide quality CME events such as "Therapeutics Initiative" and the "Advanced Cardiac Life Support", as well as billing tutorials and medical office assistant networking breakfasts.

The "Flyer Spyer" was launched in March 2013 to keep members informed of upcoming events, medical information and news.

Just like Christmas letters, annual reports help us to focus on the positives. In the world of health care, with its abundance of challenges, it is easy to lose sight of the gains we have made — especially if they are initially only small ones. I hope this report helps you to reflect and to gain a positive perspective and outlook for the year ahead.

I would not be so encouraged and optimistic if it were not for the dedicated board of directors and supportive Division members that I have the privilege to work for.

Thank you.

Tracey Kirkman
Executive Director




Year in Review

APRIL 2012
- Palliative Care Services: community survey for the Shuswap area
- In-patient Care strategy discussions held in Salmon Arm and Vernon with Darcy Eyers

MAY 2012
- Provincial Round Table in Vancouver
- Second Annual General Meeting
- Four new board members elected:
- Dr. E. Bonthuys
- Dr. A. Heunis
- Dr. A. Rankin
- Dr. R. Sherwin

JUNE 2012
- SIMARD CME
- Vernon MOA breakfast session

JULY 2012
- Vernon Jubilee Hospital In-patient Care program renewed
- Systems working group formed

SEPTEMBER 2012
- SNO membership survey

OCTOBER 2012
- Therapeutics Initiative CME

NOVEMBER 2012
- Palliative Care Community Forum
- Provincial Round Table Vancouver

DECEMBER 2012
- MOA billing session: chronic disease management

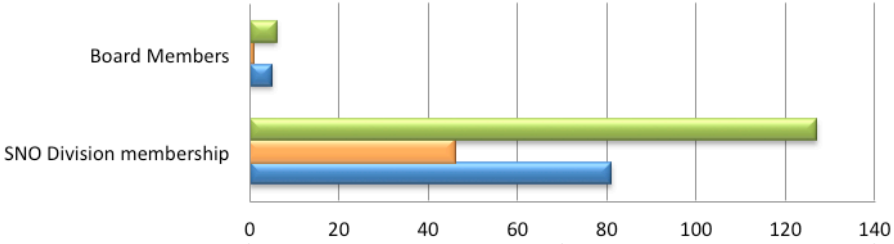
JANUARY 2013
- Bulk shredding rates for Division members negotiated with Interior Mobile Shredding
- Early discussions on the GPSC In-patient Care working group presented to members by Darcy Eyres and Dr. Brian Winsby

FEBRUARY 2013
- Advanced Cardiac Life Support CME
- Palliative care report accepted and endorsed by CSC

MARCH 2013
- CYMH Collaborative Improvement Charter approved
- GPSC In-patient Care incentives announced - "Flyer Spyer" debut
- Division reaches 127 members

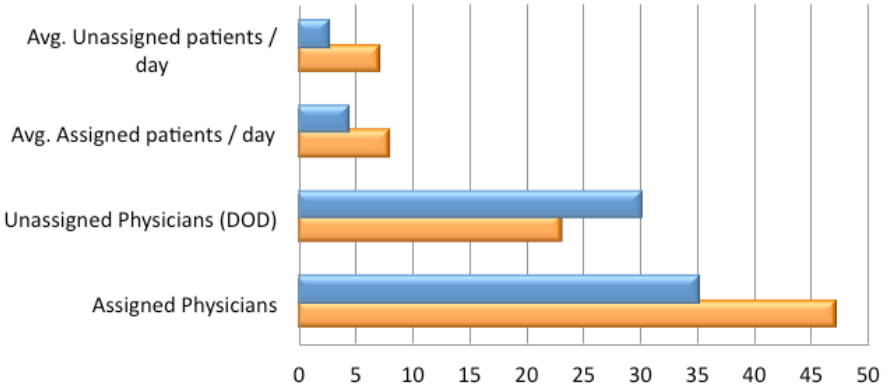
SNO Division profile:
What does the organization look like?

SNO Division Membership and Board Representation



	SNO Division membership	Board Members
Total	127	6
Female Physicians	46	1
Male Physicians	81	5

In-patient Care within SNO Division



	Assigned Physicians	Unassigned Physicians (DOD)	Avg. Assigned patients / day	Avg. Unassigned patients / day
Shuswap Lake General Hospital: 40 beds	35	30	4.4	2.6
Vernon Jubilee Hospital: 148 beds	47	23	7.9	7.1

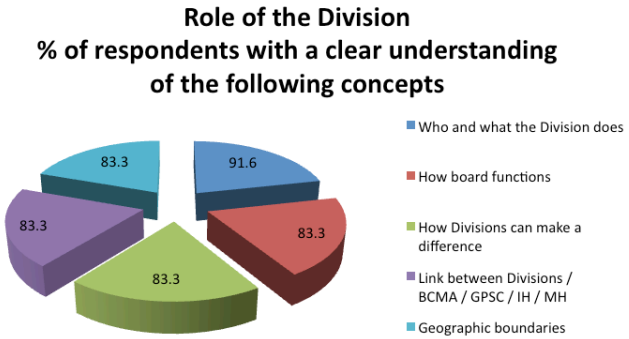
Membership survey results

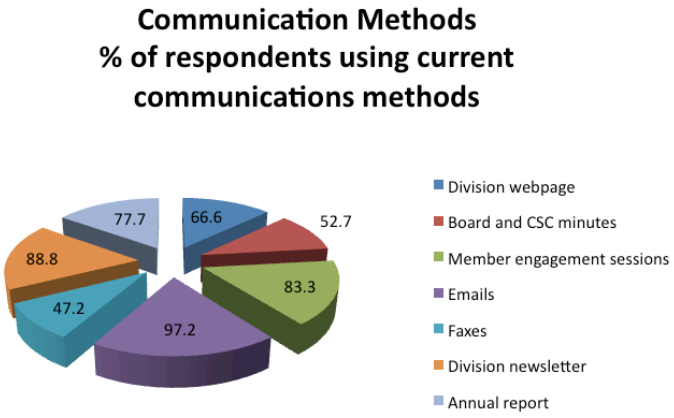
During the year the Division conducted three surveys:
- General membership survey
- Residential care survey
- Strategic direction survey.

GENERAL MEMBERSHIP SURVEY

In September 2012, a membership survey was conducted to:
- Confirm members understood the role of the Division
- Determine awareness Division initiatives
- Assess the effectiveness of the Division's communication methods
- Gauge members' level of involvement
- Seek member input on areas for improvement.

The Division received 36 responses to this survey. Results are depicted in the graphs which follow.





The survey showed respondents were aware of the initiatives the Division was working on and had participated in many of the initiatives to date.

Areas of interest include:

- More CME
- Complementary and alternative medicine
- Emergency medicine
- Residential care
- Locum support
- RN assistance in offices
- Palliative care
- Full service with hospital inpatients
- Billing workshops
- Obstetrics

RESIDENTIAL CARE SURVEY

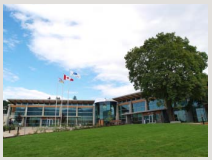
In December 2012, the residential care working group, led by Dr. Rick Sherwin and Dr. James Levins, conducted a survey looking for ideas on how to improve the care experience for both family physicians and patients in residential care facilities.

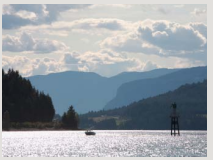
The results of this survey will be used in fall 2013 to help to shape the direction and approach to residential care within the Division.

STRATEGIC DIRECTION SURVEY

In April 2013, a strategic direction survey helped to identify and consolidate the following priorities for the Division in 2013:

- CME
- Residential care
- A GP for Me
- In-patient care
- Systems working group
- Child and youth mental health



Palliative Care Report

The work of the palliative care working group is summarized below. The detailed report can be found on the Division's webpage at www.divisionsbc.ca/sno/workinggroups.

SHUSWAP NORTH OKANAGAN (SNO)
Team Membership:
Dr. Joan Bratty
Dr. Adele Preto
Renee Roberge
Claire Scott
Tracey Kirkman
Sharon Whitby
Joan Halpenny

PALLIATIVE WORKING GROUP
The Triple Aim approach is to be applied:

- Improved health outcomes
- Enhanced patient and care provider experience
- Decreased per capita healthcare cost

AIM STATEMENT
The aim of this working group is to review palliative care services within the Shuswap region and provide recommendations to improve/enhance care.

ACTIVITY	DATE/OUTCOME(S)
Establish working group and terms of Reference	• January 31, 2012
Complete a palliative care survey	• Surveys distributed widely April 1– Aug 31, 2012 • Survey results analyzed and collated
Complete a palliative care community forum	• November 14, 2012 / 250+ participants • Survey results reported • Input obtained regarding physical and emotional care needs as well as improvements to Transitions in Care • Community input informed the objectives stated in this final report and recommendations
Obtain data re: the total number and type of services per patient designated as palliative, both inpatient and outpatient, over a six month time period. (March – August 2012)	• Data submitted for analysis to CSC for assessment of type and cost of services per palliative patient. • Submitted to CSC November 2012 • Further analysis and discussion of this data pending
Develop recommendations for future palliative care planning for the Shuswap area	• January 2013

RECOMMENDATIONS

Goal 1

TEAM APPROACH

To establish and maintain key elements of a team approach to provision of palliative care services.

OBJECTIVES

- To ensure all service providers offer patient / family-centred care.
- To enhance communication between service providers.
- To improve coordination of care when multiple service providers are involved.
- To improve continuity of care for patients and families.

Goal 2

EDUCATION/SKILL DEVELOPMENT

To provide education and training to service providers, patients/families and the general public regarding quality palliative/end of life care.

OBJECTIVES

- To ensure all relevant primary care, acute, community and residential service providers receive formal training in palliative care.
- To develop patient/family-friendly palliative care information sources.
- To provide information to the public regarding Advanced Care Planning and palliative services.
- To encourage earlier referral of patients / families to palliative care services, including non-cancer diagnosis patients.

Goal 3

ACCESSIBILITY

To ensure ready access to skilled care and appropriate infrastructure in order to meet palliative care needs.

OBJECTIVES

- To create a dedicated palliative care unit in Salmon Arm.
- To create a collaborative team atmosphere to further quality of care and system sustainability.
- To recognize and sustain the strong community desire to improve palliative care services.

Integrated Health Network transitioning report

In 2012, the Division was asked to partner and collaborate with Interior Health in a process that would see the current Integrated Health Network (IHN) transition and align itself in such a way as to support the deliverables of the 2010 –2015 bi-lateral agreement. These deliverables included:

EQUITY

- Equity of IHN services to all family physicians
- IHN budget reallocated based on population and socio-economic indexing

TARGET POPULATION

- Patients with chronic co-morbid and/or complex care
- Maternity / child
- Patients with moderate to severe mental illnesses and/or problematic substance use
- Frail elderly/end of life

THE TRIPLE AIM

- Improved patient and provider experience
- Improved health outcomes for the target populations
- Reduced per capita costs

This process is a win for Salmon Arm as it means new health care dollars and a new IHN position for the community. Through various member engagement sessions and by actively seeking out input from members, frail elderly/end of life was identified as the target population for Salmon Arm.

This dovetailed with the work of the palliative care working group and echoed the sentiments of the palliative care community forum, where over 250 attendees voiced the need for improved palliative care services within the Shuswap area.

A palliative care coordinator position has been approved and recruitment is underway. This position was one of the recommendations of the palliative care working group.

In Vernon, the IHN transition process was very positive, collaborative and focused. Despite the IHN budget being reduced, critical IHN services are being maintained and 35 family physicians will now benefit from the IHN program.

The Vernon IHN service delivery model can be summarized as:

TARGET POPULATION/ CRITERIA FOR REFERRAL
Chronic, Co-Morbid and/or Complex Medical Needs
Patients with one or more of the following and considered at high risk for an acute episode:

- Ischemic Heart Disease
- Chronic Kidney Disease
- Congestive Heart Failure
- Asthma
- Diabetes
- Stroke
- Chronic Obstructive Pulmonary Disease

DESIRED OUTCOME
— demonstrated positive impacts for the patient, the provider and the health system
INDICATOR examples —

- Improved patient outcome
- Positive patient and provider experience
- Reduce ED visits (per capita costs)
- Reduce hospital utilization (per capita costs)
- Patient/physician/RN satisfaction (see Bell-Lowther evaluation report)
- Care plans in place with demonstrated understanding by patients
- Enhance patient self-management of chronic conditions
- Smoking cessation
- Referrals made + patient follow through on referral (e.g. HIN services)

CORE SERVICES

- review of concerns and medical issues
- lifestyle coaching/education
- medication review
- encouragement of self-management
- advance care planning
- referral to other resources
- action and care plans
  NIC – smoking cessation

Services are provided in-person and via follow-up phone calls.

CIHS MANAGER
Staffing complement

- 5 FTE RN
- 1.0 FTE physiotherapist - cardiac rehab
- .6 FTE RN
- 0.5 FTE respiratory therapist - pulmonary rehab
- .7 FTE RN

PHYSICIAN INVOLVEMENT
Intake #1
June 2013 – March 2014
35 physicians
Timeline: May 1, 2013

Intake #2
April 2014 – March 2015
physicians
Timeline: January 2014

CONTRACTS
Secure needed complementary services directed to the target population

Priorities identified:

- exercise programs
- smoking cessation
- healthy meal preparation
- consider best options as aligned with budget
- consider in context of flex funding
- contract procurement process

EVALUATION
Working group is in the process of finalizing the evaluation measures.

Systems Working Group Report
(submitted by Dr. R. Hillis)

In May 2012 the Division sponsored a special evening to discuss the downturn in family doctor involvement in hospital-based services. This spawned a focus group to study the situation in more detail.

Since then, five family doctors have identified a list of priorities to work on with the aim of improving patient care, communication between care providers and professional satisfaction.

For a detailed list of these priorities and the challenges they address, the full report can be found on the Division's webpage at www.divisionsbc.ca/sno/workinggroups

PRIORITIES

The focus group's guiding principle in identifying the highest priority items is that family doctor time to provide hospital care is limited and valuable, both onsite and directing patient care from off site.

Consequently, the two main target areas to improve the current VJH system limitation issues are to:

1. Support consistent onsite efficiency/effectiveness of family doctors with real time IT information, streamlined patient care review and expedited discharge planning help.
2. Create a consistent, coordinated and efficient approach to 24/7 offsite family doctor contact.

Optimal IT service would be at the centre of a solution for both these priorities.

SUMMARY

The focus group brought attention to the fact that family doctor leadership and responsibility has become difficult to deliver within the current multi-discipline health care team setting. After categorizing the various types of issues that form this challenge, a series of factors that fall with the scope/control of VJH administration was identified. These are being brought forward for further review/problem-solving efforts.

This report will be sent to the Division board of directors, with copies to VJH administrator Nancy Serwo, Department of Family Practice chair Dr. Gavin Smart and North Okanagan chief of staff Dr. Abri De Beer. It is expected that the board will provide comments as well as an endorsement of the plan to proceed to a series of problem solving meetings with Nancy Serwo.

The systems working group will continue to address the area for improvement raised in this initial report.

Financial Report

This financial statement is based on an unaudited statement for the period of April 1, 2012 to March 31, 2013.

ASSET

Current Assets

TD Canada Trust	$	151,719.21
TOTAL CURRENT ASSETS	**$**	**151,719.21**

Capital Assets

Office	$	795.14
Net	$	-795.14
TOTAL CAPITAL ASSETS	**$**	**795.14**
TOTAL ASSET	**$**	**152,514.35**

LIABILITY

Current Liabilities

Accounts	$	19,822.78
Vacation	$	1,731.15
TOTAL CURRENT LIABILITIES	**$**	**21,553.93**
TOTAL LIABILITY	**$**	**21,553.93**

EQUITY

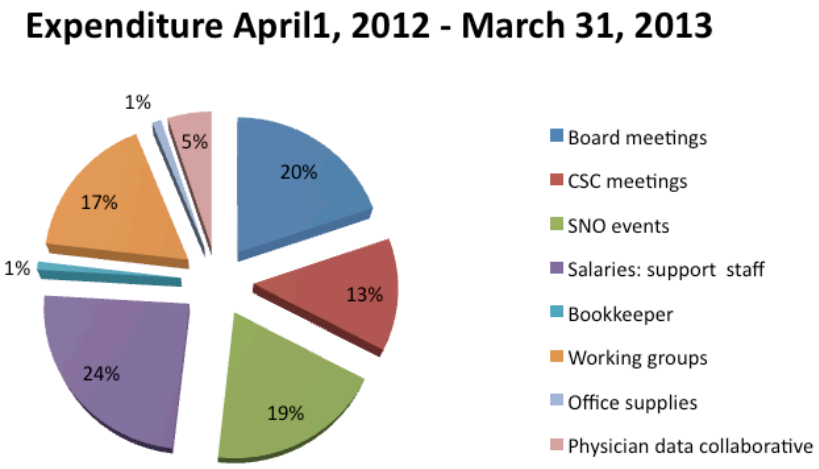
Retained	$	182,341.68
Current	$	-51,381.26
TOTAL EQUITY	**$**	**130,960.42**
LIABILITIES AND EQUITY	**$**	**152,514.35**

EXPENDITURE — April 1, 2012 – March 31, 2013

Board meetings	$	46,747.46
CSC meetings	$	30,633.77
SNO events	$	45,091.83
Salaries: support staff	$	57,109.00
Bookkeeper	$	2,242.80
Working group	$	40,126.03*
Office supplies and printing	$	2,570.09
Physician data collaborative	$	12,000.00
TOTAL EXPENSES	**$**	**236 520.98**

*See graphic on opposite page for details

Financial Analysis



SNO Board of Directors

Kenneth Perrier — Lead
James Levins — Treasurer
Rick Sherwin — Director
Allison Rankin — Director
Attie (Adriaan) Heunis — Director
Eramsus Bonthuys — Director

Staff
Tracey Kirkman — Executive Director
Tammy Benischek — Admin. Assistant

Shuswap North Okanagan Division of Family Practice

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PictureBC.ca: cover, pages 2, 4, 7, 8, 11, 12, 13, 14, 16, 17

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

www.divisionsbc.ca/sno

Shuswap North Okanagan
Division of Family Practice
A GPSC initiative

BRITISH COLUMBIA
GPSC General Practice Services Committee
BCMA BRITISH COLUMBIA MEDICAL ASSOCIATION