



2010

Annual Report



South Island
Division of Family Practice

A GPSC initiative



The South Island Division of Family Practice works together to promote:

- Full-service family practice
- Family practice perspectives
- Improvement in patient care
- Development of physician and patient health programs



The South Island Division Board (left to right) Drs. Andrea Lewis (treasurer), Elizabeth Rhoades (co-chair), Jeff Pocock (co-chair), Michele Fretz (secretary), Robin Saunders (member-at-large) and George Wray (member-at-large).

Message from the Board Co-Chairs



Dr. Elizabeth Rhoades
Co-Chair

Welcome to the South Island Division of Family Practice's first Annual Report. In September 2010, this Division was formed to help improve satisfaction in the work we do as family practice doctors and to enhance the ways care and access to care is provided to patients. Working together as a Division presents a unique opportunity for us all to participate in a process that provides a strong, collective voice in how our primary care system works.

Meaningful change takes time. Some changes take longer than we would like, but health care is a big, complex system with many partners, interests and agendas. The willingness of these partners to work together to address the many challenges in our primary health care system is critical to finding and implementing effective, timely solutions.

A recent report from Statistics Canada showed an estimated 4.4 million Canadians, or 15 per cent of the population aged 12 and older, do not have a regular medical doctor. At the same time, we know people attached to a family doctor have better health outcomes and use the system less. So our role as family doctors is important, both in terms of meeting the needs of individuals and for the system as a whole.

Our first physician engagement event, in November 2010, saw over 40 new members join. Since then, our membership has grown to about 100. While we still have a way to go to achieve 100 per cent membership, the progress has been encouraging.

Membership is important for several reasons:

- Each member brings \$3,000 in operational funding to the Division.
- Increased membership helps us share responsibilities on our committees and program working groups.
- A large membership gives us a stronger collective voice and promotes greater professional collegiality.

We have been encouraged by the number of physicians interested in becoming Division members. Together we have undertaken several important initiatives which you can read more about in this Annual Report.

We would like to extend a special thanks to our colleagues on the Board of Directors, the Division members actively participating in important project work, and to our Division Coordinator and Administrative Assistant for their dedication and support.

Our progress is thanks to a collective effort. We welcome all current Division members to get engaged in the interesting work being done, and invite those who have not yet joined the Division to consider doing so in the coming year.

***“Meaningful
change
takes time.”***

Coordinator's Report

"A small group of thoughtful people could change the world. Indeed, it's the only thing that ever has." - Margaret Mead

It has been an exciting and challenging year. I was fortunate to be given the opportunity to join the South Island Division as the Coordinator in October 2010. The first several months of Division activity involved establishing appropriate business practices, recruiting members and identifying key priority areas for future action.

Based on member input, the Division has initiated several major projects that involve active member participation, including:

- Working with a range of key partner agencies including the Vancouver Island Health Authority, the Ministry of Health and UVic School of Medicine in developing a plan for a multi-disciplinary, multi-service maternity care clinic in Greater Victoria, with a focus on the at-risk population.
- Identifying a detailed process to support planning for a multi-disciplinary primary health care centre on the Saanich Peninsula. This would involve partners such as VIHA, Ministry of Health, UVic School of Medicine and the Saanich Peninsula Hospital Foundation.
- Preparing a funding proposal for the development of a program to improve patient referrals and patient information sharing by enhancing links between family practice and specialist physicians.
- Developing a vision and framework for managing and promoting the uptake of electronic medical records.
- Working with local suppliers to identify opportunities for cost reductions on medical and office supplies for Division members.

Other priority areas we have begun to explore or on our 'to do' list include physician recruitment and retention, and development of a locum pool. Division members and staff are actively engaged in all these activities and we look forward to sharing updates on these and future new initiatives with you.

We also initiated a cross-Divisional information meeting between the South Island, Cowichan Valley and Comox Valley Divisions to exchange program and organizational experiences and identify common issues. This knowledge-sharing provides important insights gleaned from experience as well as helps to bring broader, collective thinking to problem solving.

While our members continue to manage the day-to-day demands of providing primary care through their practices, I am greatly encouraged by the commitment and optimism shown toward the goals of the Division. In the coming year we hope to find ways for our members to have a more active voice in the work of the Division. If you have not already done so, I encourage you to get involved.



Andrew Hume
Coordinator

"...greatly encouraged by the commitment and optimism shown toward [SIDFP] goals"

Year in Review

September 2010

South Island Division of Family Practice formed

October 2010

Staff hired

November 2010

First physician engagement event (40 members)

December 2010

Operating budget received

January 2011

Participated in provincial planning session

March 2011

Program priorities identified

April 2011

- Priority program planning initiated including: maternity care, primary health care centre, shared care, physician recruitment, and EMR.
- Six-month Family Practice Hospital Support Program (FPHSP) agreement for Saanich Peninsula Hospital (SPH) reached with the Ministry of Health and Vancouver Island Health Authority.

May 2011

Second Physician Engagement Event (85 members and partner agencies)

July 2011

Group purchasing agreement developed

August 2011

Initial planning report for Saanich Peninsula Primary Health Care Centre completed and Project Group formed

September 2011

- Shared Care program proposal completed
- GP physician space needs for maternity clinic at VGH identified
- Task group established for renewal of FPHSP agreement at SPH
- Physician recruitment and retention planning initiated

October 2011

The first in a series of joint sponsored knowledge exchange sessions held with the Ministry of Health on the Community Healthcare and Community Resources Directory (CHARD)

Key 2011 Initiatives

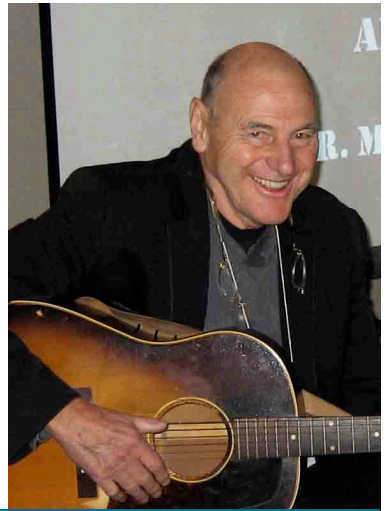
Physician Engagement Events

The Division's first physician engagement event was held in November 2010 and brought over 40 new members into the Division. In addition to important professional networking time, the event enabled members to identify several priority issues for the Division to pursue. These included: physician/locum recruitment and retention; strategies for improving linkages and relationships between family practice and specialist physicians; ways to improve practice settings, and life/work transitions such as retirement and ways to assist physicians in making their practice more attractive to new physicians.

The second event was held in May 2011, a half-day networking session and workshop. The event brought more new members into the Division and provided a great opportunity to partner with a number of community-based agencies that provide valuable support services to family physicians. A special guest speaker (Martin Collis) informed and entertained participants with timely reminders about obesity in North American society and the importance of physicians taking care of their own health and well-being. The event brought together about 85 physicians and community agency representatives.

The Division has also kept members informed through a periodic SIDFP Bulletin and by partnering with other agencies to offer educational events.

Below - the second South Island Division engagement event held in May, where Martin Collis (bottom right) was the special guest speaker.



Partners In Care

In response to a member-identified priority, the Division earmarked special funds to develop a program proposal to improve practice-based linkages and relationships between family practice and specialist physicians. With this funding the Division developed the Partners in Care initiative. Its goals are to:

- Understand the elements of the relationships between GPs and specialist physicians
- Identify solutions aimed at improving the collegiality between service providers
- Improve collaboration to bridge organizational, geographic and access barriers
- Embrace new technologies, service models and payment modalities

This initiative has the potential to significantly improve physician practices and relationships and contribute to better access and health outcomes for patients.

Below - a graphic recorder created meaningful visual imprints of the May physician engagement event.



Maternity Care

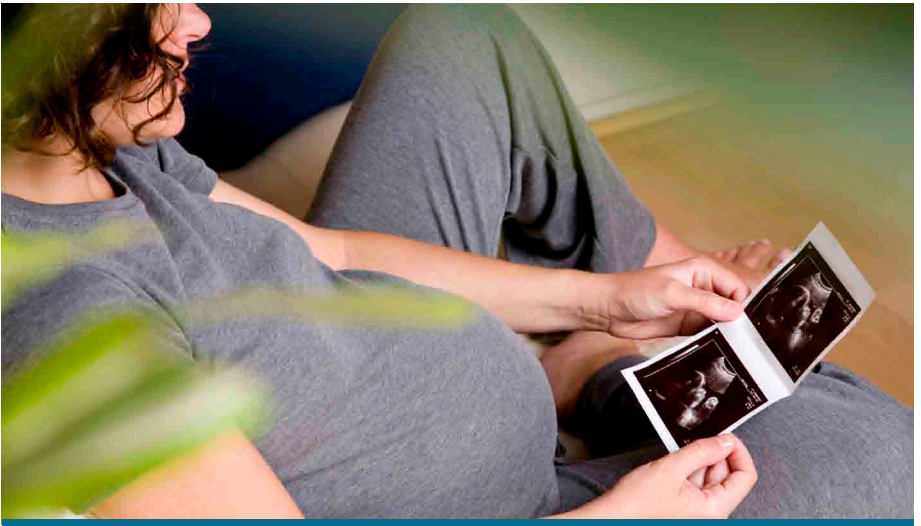
The Division began working to support a group of dedicated family practice physicians who identified serious issues around emerging gaps in maternity services. These gaps are the result of a critical shortage of family physicians providing maternity care, not enough new physicians willing to go into this area of practice, declining locum services and projected GP retirements.

Physicians identified the importance of finding new ways of providing these vital services. This resulted in the development of a concept for a multi-disciplinary, full-service maternity clinic where physicians can work together with other care providers and improve accessibility to support and specialty services. The project goals include:

- Improved access to maternity care and services
- Improved professional satisfaction for GPs in providing maternity care
- Improved partnerships between multi-disciplinary care providers, services and agencies in the provision of maternity care
- Comprehensive, continuous care for pregnant women and families

Through project support funding provided by the Division and a collaborative partnership involving VIHA, the Ministry of Health and the UVic School of Medicine, work is continuing on the design and location of a comprehensive maternity care clinic to meet the needs of expectant women in Greater Victoria with an emphasis on the at-risk population.

“Work is continuing on...a comprehensive maternity care clinic.”



Physician/Locum Recruitment and Retention

“Members regularly comment on the frustrations and challenges in finding a locum.”

National, provincial and regional statistics speak for themselves on the importance of recruiting and retaining an adequate supply of family practice physicians to meet society’s needs.

Division members regularly comment on the frustrations and challenges in finding a locum when they want to take a break from their practice and the impact this shortage has on their personal and family lives.

To address this, the Division will continue working to recruit and retain physicians. The goals are to:

- Address the needs of patients who cannot find a family doctor by attracting physicians to practice in the South Island catchment area
- More easily match the needs of family doctors with available locums

Work to date has included partnering with HealthMatchBC, VIHA and the Ministry of Health to identify and coordinate recruitment initiatives. One idea in development is the creation of a locum pool that could help bring full-practice and locum physicians together to match and meet practice needs. An incentive for locums interested in committing to longer-term availability is also being explored.



Primary Health Care Centre

A number of physicians working on the Saanich Peninsula have indicated a strong desire for the development of a comprehensive, multi-disciplinary primary health care centre where physicians can work in a large group practice environment alongside other care providers.

To support this, the Division developed a detailed process work plan to clearly identify those partners that need to be involved in the long-range planning process and the time and resources required to take this from concept to reality. Having the right planning framework is critical to the success of major infrastructure and practice initiatives such as this.

The next step is the establishment of a core working group and advisory committee to support ongoing planning needs.

Family Practice Hospital Support Program

The Division has continued to provide support to a group of 17 physicians providing services through the Saanich Peninsula Hospital as part of a Family Practice Hospital Support (Doctor-of-the-Day) Program. This initiative is designed to ensure hospital patients who do not have their own family doctor, are out of the catchment area, or whose GP does not have hospital privileges at SPH, are seen by a GP.

In 2010/11, patient data was collected from the Ministry of Health that shows on average, two patients a day come into SPH who require the assignment of a DOD program physician. These daily patient numbers vary which adds to the challenges and stresses for physicians participating in the DOD program. Another issue is the insufficient number of physicians on the DOD schedule. Having more DOD physicians would broaden the workload demands. Recruiting physicians to participate in the DOD program is a significant challenge.

The Division continues to work with its members, VIHA and the General Practice Service Committee (MoH/BCMA) in identifying potential solutions to critical workload demand issues and will be pursuing a physician recruitment strategy in the near future.

“Recruiting physicians to participate in the DOD program is a significant challenge.”

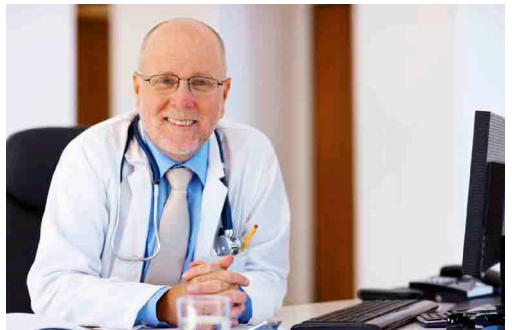
Electronic Medical Records (EMR)

At present, the Victoria area has the lowest uptake of EMR in the province. Various factors are contributing to this, the most significant being the numerous single physician offices in our area. In Greater Victoria, an estimated 15 percent of physician offices are on EMRs through eight different vendors.

A Division committee has undertaken work to promote the use of EMRs with the capability to produce aggregated data that protect physician and patient anonymity and assist the Division with long-term planning of all its activities.

An EMR committee is needed to represent all of the South Island. This committee would comprise members from any Division in the area with the emphasis on experience in the field of EMRs and facilitation. Regardless of how the Divisional boundaries structure develops, this committee could give feedback and implement initiatives as needed.

In addition to working with local physicians, the Division has also appointed a member to a provincial EMR advisory and planning group. The Division will continue support for its members as work progresses in this important area.



Enhanced Contributions

Division members, in addition to participating with various committees and working groups, also contribute through their participation at Division-sponsored engagement and educational events, bringing their ideas and experience to share with colleagues and community partners.

Members also contribute through thought leadership around key issues and concerns. Initiatives include the development of articles and proposals in areas such as the challenges in residential long-term care, strategies to address maternity care, shared care, physician recruitment and retention, and the uptake of EMR.

Secretary's Report

The South Island Division of Family Practice was formally constituted in September 2010 under the Societies' Act of British Columbia.

The Division Board held regular monthly business meetings over the past year. In addition, Board and other Division members have been actively involved in committee work and special physician engagement events in addition to receiving and reviewing reports on various projects.

The Board comprises six positions and one ex-officio position including two co-chairs, treasurer, secretary, two members-at-large, and a (ex-officio) medical resident. The medical resident position was included to recognize the importance of ensuring that physicians who will be assuming future leadership roles have a voice in current discussions about changes and improvements in the primary health care system. The resident also serves as a liaison with the medical residency program.

In addition, Division members have been involved in the Division's special programs, initiatives and priorities as identified elsewhere in this report.

Board members comprise three of the seven seats on the Collaborative Services Committee (CSC). The CSC includes participation from the South Island Division (three members), VIHA (three members) and the Ministry of Health/General Practice Services Committee (one member). Staff members from the South Island Division and Provincial Divisions of Family Practice attend CSC meetings that occur every two months. The purpose of the CSC is stated as follows:

The South Island CSC embodies the collaborative working relationship among the Partners. Here the Partners will present clinical issues of concern for patient care outcomes, co-determine priorities and co-design solutions, calling on additional voices from patients and the community. This collaborative process is not intended to mirror traditional negotiations.

Minutes from each Board and CSC meeting can be made available to any Division member on request.

As part of their ongoing commitment, Board and committee members also participated in provincial workshops and training sessions throughout the year. As noted in the Treasurer's Report which follows, Division members are remunerated for their work and participation involving Division sponsored initiatives and events in accordance with BCMA Master Agreement compensation guidelines.



Dr. Michele Fretz
Secretary

Treasurer's Report



Dr. Andrea Lewis
Treasurer

I am pleased to present the 2010-11 year-end financial report to March 31, 2011 for the South Island Division of Family Practice.

As the Division did not operate on a full fiscal year funding cycle in 2010-11, the Division contracted the Chartered Accounting firm of Wolridge Mahon to conduct a Notice To Reader financial review. An audit of Division accounts was not conducted due to the partial funding received by the Division. The Wolridge Mahon report covers the period September 22, 2010 to March 31, 2011.

The South Island Division had \$86,907 cash on hand as of March 31, 2011. In accordance with the funding agreement with the General Practice Service Committee, the Division submitted proposals for the 2011-12 fiscal year to use these carry-over funds for three priority projects. Project proposals approved include:

- Maternity Care Clinic Project \$50,000
- Shared Care Project \$15,000
- Physician/Locum Recruitment and Retention Project \$20,000

The Division retained two part-time contracted staff during the year including a Division Coordinator and an Administrative Assistant.



Financial Statement

The Statement of Operations and Net Assets are based on an unaudited statement for the period of September 22, 2010 to March 31, 2011.

Statement of Operations and Net Assets

Revenue	2011
Infrastructure	\$ 70,613.00
Service agreement	\$ 44,074.00
Other	\$ 2,728.00
Total	\$ 117,415.00

Expenditures	
Computers	\$ 1,747.00
Contracted fees	\$ 36,498.00
Courier and postage	\$ 399.00
Interest and bank charges	\$ 74.00
Meetings and events	\$ 9,407.00
Office supplies	\$ 3,423.00
Physician costs - Board and committees	\$ 11,220.00
- Education	\$ 4,927.00
- Service agreement	\$ 44,074.00
Printing	\$ 1,909.00
Professional fees	\$ 917.00
Travel	\$ 92.00
Total	\$ 114,687.00

Excess of revenue over expenditures	\$	2,728.00
Net assets, beginning	\$	-
Net assets, ending	\$	2,728.00

Assets

Current	- Cash	\$	86,907.00
	- Receivables	\$	20,388.00
		\$	107,295.00

Liabilities

Current	- Payables and accruals	\$	23,206.00
	- Deferred revenue	\$	81,361.00
		\$	104,567.00

Net assets

Unrestricted	\$	2,728.00
	\$	107,295.00

Board of Directors

Dr. Elizabeth Rhoades - *Co-Chair*

Dr. Jeff Pocock - *Co-Chair*

Dr. Andrea Lewis - *Treasurer*

Dr. Michele Fretz - *Secretary*

Dr. George Wray - *Member-at-Large*

Dr. Robin Saunders - *Member-at-Large*

Division Staff

Andrew Hume – *Coordinator*

Jay Boulet – *Administrative Assistant*

South Island Division of Family Practice

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Photographs of the South Island area courtesy of:

Andrew Hume -

Page 1 - Physician engagement event

Page 2 - The South Island Division Board

Page 6 - Physician engagement event

Jay Boulet -

Page 2 - Martin Collis

Graphic recordings drawn by:

Lisa Arora of Get The Picture

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

www.divisionsbc.ca/south-island



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