

# **2016-17 ANNUAL REPORT**

**Divisions of Family Practice** An initiative of the General Practice Services Committee www.divisionsbc.ca



# **OVERVIEW**

The Sunshine Coast Division of Family Practice represents physicians who support the communities along the lower Sunshine Coast, including Earl's Cove, Langdale, Madeira Park, Pender Harbour, Sechelt, Robert's Creek, and Gibsons.

Together, the members work to improve local primary care, increase local physicians' influence on health care delivery and policy, and provide professional support for physicians. Membership is open to all physicians practising or recently retired on the Lower Sunshine Coast, including specialists and locums.

Incorporated in November, 2011, the Division currently has 66 members, including 38 family physicians who practice in one of six medical clinics.

# VISION

All citizens of the Sunshine Coast community will have access to quality, timely, sustainable local healthcare.

## MISSION

As skilled physicians, we will deliver quality, sustainable, full spectrum local health care that is responsive to and reflective of our community, and supportive of our care providers.

## VALUES

**Patient Centered** as we seek ways to identify, and develop initiatives to improve the system of care and to meet the health needs of the Sunshine Coast.

**Supportive Relationships** with members, patients, the community and the health authority fostered through respect and collaboration.

**Quality, Innovation and Efficiency** through continued education and by encouraging sustainable ways of carrying out our work in our clinics, in the hospital and in the community.

**Influential** voice as physician leaders in shaping how sustainable, coordinated, health services are designed and delivered on the Sunshine Coast.



# 2016-2019 STRATEGIC DIRECTIONS

## **PHYSICIAN HEALTH**

- Support for each other and the larger healthcare community
- Retention and recruitment of physicians and locums

## **PATIENT FLOW CHALLENGES**

- Strengthen acute and community care services
- Support for an increase in surgical, long term care and palliative care capacity

#### **OFFICE OPTIMIZATION**

- Seamless electronic integration between all medical information systems
- EMR optimization
- Support for physicians and clinic MOAs

## **FP/SPECIALIST COLLABORATION**

- Child/Youth and Adult Mental Health capacity and coordination
- Support for surgical services program expansion

# **2016-17 TARGETED OBJECTIVES**

## PHYSICIAN HEALTH

• Engage members in division activities that support them in their practice and the larger healthcare community.

## **PATIENT FLOW CHALLENGES**

- Advocate for increased residential care capacity
- Support for in-patient care through new Medical Staff Association
- Surgical services visioning and expansion
- Explore opportunities to pilot PMH/PCH model
  - Explore options for team-based care incl. sustainability of Pat Nav role

## OFFICE OPTIMIZATION

• Explore feasibility of a single coast-wide EMR for all family physicians

## **FP/SPECIALIST COLLABORATION**

• Planning and implementation of Sunshine Coast Pathways website



# **OUTCOMES OF 2016-17 TARGETED OBJECTIVES**

Initiative	Targeted Objectives	Outcome
Physician	Activities that support members in practice	ACHIEVED
Health		-fund E-referral capabilities
		-Planning for Motional Interviewing
		workshop
		-FETCH website enhancements
Patient Flow	Advocate for increased Res Care Capacity	ON-GOING
		Dedicated group leading work
		-letter submitted to MoH
		-engagement with VCH re.
		alternatives for Shorncliff / Totem
	Form new MSA in support of inpatient care	ACHIEVED
		Funding approval Mar/17
	Surgical Services visioning and expansion	ON-GOING
		Working group reconstituted
		-data gathered; soliciting feedback
		from local providers
		-setting foundation with VCH
		leadership for future discuss.
	Explore Opportunities to pilot PMH model	ON-GOING
		-PHHC working group formed
		-improved women's health
		services implemented at PHHC
		-exploring options for after hours
		call
	- Explore options for Team Based Care	ON-GOING
		-Pat Nav: supporting data
		gathered
		-impact document submitted;
		discussions with VCH on-going
		-exploring options for other allied
		health providers
Office	Explore feasibility of single EMR database	ACHIEVED
Optimization		-2 membership surveys
		conducted; disc. With Telus
FD/Cnorislist	Design and implement your Dath your	-decision not to proceed now
FP/Specialist	Design and implement new Pathways	ACHIEVED
Collaboration	website	-website designed/developed -
		membership rollout in June



# 2016-17 A YEAR IN REVIEW

## A GP for ME

• The Division wrapped up their successful A GP for Me initiative in June, 2016. The final evaluation summary is attached.

## PHYSICIAN HEALTH

- Support for each other and the larger healthcare community
- Retention and recruitment of current/future physicians and locums
- Medical Society bursaries were provided to three local high school students planning to pursue post-secondary education in the medical field.
- Justin Smith became the Vice Chair of the Division of Family Practice.
- At the June, 2016 AGM Dr. Peter Edmonds, co-Chief Medical Officer and Regional Palliative Care director at VCH, lead a discussion with 29 physicians related to medical assistance in dying.
- The Division wrapped up their successful A GP for Me initiative in June, having focused their efforts on physician recruitment,
- Feedback was gathered from the membership regarding priorities and focus for the coming year.
- Membership events were well attended by Residents and medical students doing placements on the Sunshine Coast.
- Meetings were held with the co-Chief Medical Officer for VCH related to improving processes and access to the group CME funds, as well as providing feedback related to the 2015/16 Coastal IMG-ROS process.
- The Retention and Recruitment working group continued to focus its efforts on division R&R priorities, including:
- A new on-line orientation guide was developed for new and prospective physicians and their families, highlighting information about working and living on the Sunshine Coast (available on division website).
- The Division welcomed seven new physicians to the Coast! Nancy Yao, Jenn Baxter, Charlotte Philippson, Chimnay Dalal, Ben Bauer, Carmen Goojha and Kelly Anderson.
- An advertisement was placed in the Coast Reporter in mid July announcing that 8 FPs were currently accepting new patients. A first!! This information, along with current listings of FPs accepting new Maternity patients is posted on the division's FETCH website and Face Book.
- The FETCH website, a community resource available to division members and MOAs, continued to add relevant information and materials.
- On-going collaboration and advocacy in moving division priorities forward continued with our partners at Vancouver Coastal Health and various community organizations including the Pender Harbour Health Centre, the Seniors Planning Table, the Community Resource Centre, the Sechelt Indian Band, School District 46, the RCMP, the Ministry of Child and Family Development and other members of the Child and Youth Mental Health Substance Use Local Action Team.
- Eddie Berinstein retired from the Gibsons Medical Clinic after a very successful practice on the Sunshine Coast, including serving as the Medical Director on two separate occasions as well as



being one of the founding leaders of the Sunshine Coast Division of Family Practice, where he served on the board for five years.

- Dr. Alan Cairns retired at the end of September from the Trail Bay clinic to begin his welldeserved next phase of life.
- A membership meeting was held in October to review and approve new division bylaws under BC Registries.
- There was a great turnout for the annual family holiday party at the Sunshine Coast Golf course in mid December. The 20+ children in attendance were especially thrilled to meet Santa Bruce!
- The Dr. Alan Swan Memorial award, recognizing a local physician who has made an outstanding contribution to the Sunshine Coast medical community, was awarded to a most deserving Eddie Berinstein.
- The Division assumed financial responsibility for the physicians' library wifi at Sechelt hospital, thereby ensuring sustainable services for all medical staff remain available.

## **PATIENT FLOW CHALLENGES**

- Strengthen acute and community care services
- Support for an increase in surgical, long term care and palliative care capacity
- The Residential Care Advocacy working group, lead by Jim Petzold, advocated for more residential care beds and improved flow opportunities at the Sechelt Hospital. A letter, signed by all practicing physicians on the Sunshine Coast, was sent to the Minister of Health in November highlighting the shortage of LTC beds, which began an on-going public advocacy role in the Community.
- A membership meeting held in October, began discussions about the Patient Medical Home model and what it might look like on the Sunshine Coast.
- A subsequent membership meeting was held in February with senior VCH leaders to discuss the impact of residential care beds shortages and recent announcements re. surgical services. PMH discussions continued, focusing on options for a single EMR database.
- Patient Navigator Cayce Laviolette, continued in his role until January, 2017 as a result of the division securing additional funding to support high impact initiatives that began through A GP for Me. In June, the division solicited feedback from the membership of how best to improve the role and its support to family physicians. In December when Cayce stepped down, the Division received 14 letters of support from local community organizations, patients, families and division members, highlighting the value of the role.
- The ER physicians continued to meet regularly to discuss issues impacting the ER and improving flow. Courtnay finalized an orientation guide and agreed to take on a mentorship role for physicians new to the ER or those wanting extra support.
- In summer, 2016, discussions began with the Pender Harbour Health Centre representatives re future directions for primary care and the Patient Medical Home model of care. Additional funding enabled a small working group of physicians to dialogue options and ideas of how the PMH model might be implemented on the Sunshine Coast.
- Rob Lehman lead the PSP MSK module (October; December and February sessions); well attended by GPs and their clinic staff.



- The Patient Navigator role was highlighted as a provincial story of significance during the A GP for Me initiative and featured in an October Doctors of BC paper supporting Family Caregivers.
- Meetings were held with VCH partners to discuss how best to sustain the Opiate Replacement Clinic (ORC) on the coast over the longer term. Simon and Alex took training over the summer, supporting Jim, Joerg and Ron and contributing to a sustainable GP service in the fall. The ORC clinic expanded their hours to accommodate increased need, flow issues were identified and community pharmacy partners were consulted.
- In March, a small group met with senior leadership of VCH, with an aim to develop a strong foundational relationship from which to build on in achieving the division's priority healthcare needs over the longer term.

## OFFICE OPTIMIZATION

- Seamless electronic integration between all medical information systems
- EMR optimization i.e. e-referral
- Support for physicians and MOAs
- A full day billing workshop was held in April, attended by the majority of GPs practicing on the coast and clinic billing MOAs. Billing experts from the GPSC and the SGP also facilitated information sessions and discussion groups.
- In order to optimize electronic patient referrals, the division funded annual Med-Access ereferral capabilities coast-wide.
- A survey was conducted in June to gather membership feedback re moving towards a single EMR database coast-wide. A follow-up survey was conducted in February. Due to a number of factors, this work will not move forward at the present time.
- A MedAccess e-referral quality improvement/optimization process was rolled out in the spring, 2016, within each clinic, identifying opportunities for improvement re. the e-referral capabilities. Follow-up support and training was held on a clinic by clinic basis in September, 2016.
- A stream-lined process was set up with Telus MedAccess relating to e-referral changes (July, 2016).
- The division provided on-going support to clinic MOAs with issues related to the unassigned inpatient care network.
- Chimmy took the lead in exploring physician interest in purchasing electronic speech recognition software for physicians in their clinics. Demonstrations were organized at each clinic. While there was interest amongst some of the members; the board decided not to move forward in financially supporting this initiative at the present time.

## **FP/SPECIALIST COLLABORATION**

- Child/Youth and Adult Mental Health capacity and coordination
- Surgical services program expansion
- As part of the division's CYMHSU collaborative, a special session was held on May 6<sup>th</sup> involving youth representatives who outlined results from the recent provincial Mcreary Report representatives, and impacts to the Sunshine Coast. GP and specialist member representatives were in attendance.
- An in-service was held in June, 2016 for members and their clinic staff regarding improved referral processes related to Orthopedic services at Lions Gate hospital.



- The Child Youth Mental Health Substance Use Local Action Team (CYMHSU) entered its second year (supported by separate provincial funding secured by the division). The LAT, made up of Family Physicians, Psychiatrists, plus a cross section of community partners, focused its efforts on educating grade 7 students and their parents about the effects of Cannabis use on the growing brain.
- A special Child Youth Mental Health day was held in early May offering coastal youth and their parents an opportunity to obtain previously developed resource materials of local services for students and their parents.
- The adult mental health shared care initiative continued to focus its work with the adult mental health stream with a focus on dementia and in supporting the Opioid Replacement Clinic.
- Gerrit Clemens, a health lawyer who is an expert on the provincial Mental Health Act, held a special session with division members (very well attended) and answered questions related to working with the provisions under mental health act. The following day, Gerrit presented similar information to 58 community health professionals.
- A working group was formed in the spring, 2016 to begin discussions regarding a longer term vision for surgical services on the Sunshine Coast. Due to some staffing changes the group was reformed and began their work in earnest in November.
- A new Facility Engagement Initiative offered through the Specialist Services Committee, aimed at providing financial support for specialist and FPs providing inpatient care, received funding approval in March to support areas of priority for the physicians as they form a new Medical Staff Association. The division will work with the new MSA in seeking ways to link activities and streamline resources.
- Pathways, a new on-line specialist referral system was built for the Sunshine Coast family physicians, with the Pathways working group lead by Charlotte and Nancy, two physicians new to the coast.

Work continues in many priority areas and we look forward to an exciting year ahead!

Respectfully submitted, Karen E. Forgie, Chair March 31, 2017



# A GP for Me – Sunshine Coast Division of Family Practice

	Final Evalua	ation Summary	July 2016
Intro	duction	Sunshine Coast by the Nur	mbers
assesser project Division During learned Sunshin a funct sugges region. vulnera GPs no electro To add followin 1.	vision conducted an extensive community nent to identify priority areas for the A GP for M . Findings were used to inform planning for the n's A GP for Me initiative. the assessment and planning phase, the Divisio there were an estimated 3,482 people on the ne Coast without a family doctor. In part, this wa ion of physician availability as estimates ted a shortfall of 7 family physicians in the The community assessment identified priority ble populations and also learned that 40% of ted they would like support in optimizing nic medical records (EMR) usage. ress these issues, the Division prioritized the ng three core strategies: Recruitment and Retention Team-Based Care and Mechanisms for	n 25 27 1768 members partners patients involved attached	
	Recruitment & Retention Mecha	nisms for Attachment	iciency Strate
	<ul> <li>the A GP for Me team:</li> <li>supported the recruitment of 7 new physicians (including one physician to provide part-time ER coverage)</li> <li>✓ facilitated the development of a comprehensive R&amp; R human resources/strategic plan that will be relevant for several years</li> </ul>	y physicians via the AAC Patient Navigator received unique referrals, and ucted an estimated 910 nt visits throughout munities of CBIS workshop cipants are more likely to re about culture and workshop 44% of the a better un to maximiz Completed process for that is used the Coast Launched F	29 attendees ha derstanding of h te their billing an eReferral QI r the EMR system d by all practices FETCH website, 40 community
ENABLERS	<ul> <li>in R&amp; R activities</li> <li>High level of support from Division Executive Director</li> <li>Involvement of community partners in supporting Division's efforts to recruit</li> <li>Representation</li> </ul>	Instructionpartnerslator rolepartnersive engagement ofStrong charnine Coast physiciansapproach uership with Sechelt FirstteamnEffective pro	e Division and its nge managemen sed by project omotion and of FETCH service



## To what extent have the goals of A GP for Me been achieved in your Division?

# Enable patients who want a family physician to find one

The Sunshine Coast A GP for Me team established an Attachment Assessment Clinic that was staffed by two Triage Nurses who conducted intake assessments for unattached patients and worked to attach them to community GPs.

The Patient Navigator also facilitated attachments for high needs/complex patients

- ✓ The AAC attached 355 unique patients to a family physician (234 were complex/high needs)
- ✓ 100% of all patients who were assessed through the Attachment Assessment Clinic were successfully matched with a family physician
- ✓ The Patient Navigator helped attach 54 patients to a family physician
- ✓ 460 patients were attached using billing code #14074

#### Confirm and strengthen the continuous doctorpatient relationship, including better support for the needs of vulnerable patients

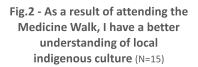
- ✓ Patient Navigator provided support to 400 unique patients and conducted more than 900 patient visits
- ✓ The Patient Navigator was able to successfully provide support to 76% of the 400 referrals received
- ✓ 91% of GPs agreed that collaborating with the Patient Navigator improved their experience of providing primary care to vulnerable patients

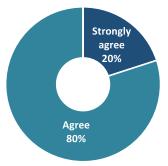
Fig.1 - Reason for Referral to Patient Navigator

# Accessing financial support... 32% Looking for a GP 23% Connecting with health care... 18% Connecting with social support 10% Mental health/emotional... 6% Housing/Homelessness 6% Strengthening attachment 2% Other 2%

# Increase the capacity of the primary health care system

- Established an Attachment Assessment Clinic to help unattached patients find new family physicians
- ✓ Established a mobile Patient Navigator position to provide support to a range of community members, including vulnerable, high needs, and unattached patients
- ✓ Recruited 7 new GPs to the Coast during the A GP for Me project
  - This prevented an estimated 950 patients from become unattached and increased the capacity for attachment
  - 1 newly recruited GP provides part-time ER coverage
- Developed an indigenous cultural competency training program that included a Cognitive Behavioural Interpersonal Skills (CBIS) workshop, a sweat lodge, a cultural tools workshop, and a medicine walk
  - In total there were more than 125 participants at the cultural competency training sessions





"We're feeling much more connected to our community. I am just overwhelmed at how well they have worked my wife and I into the system. It is really neat to have someone advocate for you."

- Patient attached via the AAC