Annual Report 2011-2012

Surrey-North Delta
Division of Family Practice
A GPSC initiative

Message from the Chair

Dr. Mark Blinkhorn
Chair

In our 2011 summer survey, Division members laid out their priorities for improving their practices and how the Division can support those efforts. These priorities have shaped the Division's work for the past year and continue to inform our long range plans. We are collaborating with partners, such as the Fraser Health Authority, PITO and Divisions BC, on a number of fronts to strengthen capacity for chronic disease management, develop locum services that meet local demand, increase EMR uptake and optimize its usage, and provide more learning and networking opportunities for our members. One pilot project is helping to make some inroads into improving access to specialist and diagnostic services, and we are working to expand this so in time all GPs will have better access.

You may not have experienced concrete evidence of some of these efforts yet, as many are in the development stage, such as the diabetes/chronic disease project and the PITO CoP program. However, we have held events where members could learn and network, such as the CME series, and give input to infrastructure for locum and EMR support programs. Our ability to connect directly is growing. We are in the final stages of establishing a meeting space where we can work together more closely with members and other partners; regular electronic updates are now going out to members and other stakeholders, and we are also working to make our website more interactive.

Some of the Division's accomplishments this year are less visible, yet still have huge importance. The partnership with the Fraser Health Authority has deepened as a result of the work we shared on the diabetes project and we are encouraged to try new ventures together. The same can be said about our work with PITO. Combining our efforts for EMR uptake increased our exposure to the GP community, and as a result, our membership has grown significantly. On another front, as a result of leadership training made available by Divisions BC, we have more tools for navigating the complex environment in which the Division functions, such as using a transparent, strategic approach to develop quality initiatives through sustainable partnerships and collaboration.

As to the future, I still have the dream I spoke of in last year's report. I would like to see every family practitioner supported by a number of paramedical services that can also connect them to specialist services. These might include a psychiatric nurse to help with patients with severe mental health issues, a home health case manager as well as a palliative care nurse to support fragile senior patients in the home, and a

chronic disease specialist nurse to support the practice etc. I would also like to see a real or virtual 'doctor's lounge' where all GPs in Surrey-North Delta can connect with and learn from each other, and perhaps even have a few good times together!

ABOVE - *The Surrey-North Delta Division office.*

LEFT - *Surrey-North Delta Division members (left to right) Todd Arnold, Sanjay and Nitti Khandelwal at the Division's holiday celebration on January 5, 2012.*

BELOW LEFT - *A CSC meeting between (clockwise from top left) Georgia Bekiou, Louise Hara, Mark Blinkhorn, Mark Green, Jim Mactier, and Dianne Miller.*

BELOW RIGHT - *Priority setting at the Division board retreat.*

Understanding the complex and evolving nature of family practice in Surrey-North Delta

Surrey-North Delta Division of Family Practice, like most Divisions in BC, faces an eminent reduction in the number of family practitioners servicing this area due to an aging population. A summer 2011 survey of Division members suggested up to 60 per cent of current members may retire between 2012 and 2016. The sample was small (24 respondents), so the numbers may not be accurate but the sense of urgency these responses implied was not lost on the Division. The same survey identified locum coverage as one of the top three priorities for Division members, after improved access to specialist and diagnostic services, and help with chronic disease management. In addition, according to the FHA, our community requires another 200 physicians to adequately meet the needs of the current population.

To best meet these gaps (recruiting new physicians to the area, and establishing a locum program) the Division must gain a better grasp of the unique nature of family practice in Surrey-North Delta, including evolving member and patient needs. Through fall 2012, the Division will engage with members to determine where they sit in the care continuum, and how they see themselves contributing to the Division's mandate to increase capacity for longitudinal care in this region. The outcome of that dialogue will help determine more specifically what the immediate and ongoing human resources needs may be for Surrey-North-Delta. The process will also help determine who is already providing locum services as well as identify soon-to-retire physicians and those working in short-term care who may be interested in participating in a cross-coverage program.

To date, the focus for most divisions has been to recruit exclusively outside their area, focusing on other provinces and outside the country, with the assistance of matching services like Health Match BC. While many new recruits have found homes in B.C. divisions this way, these gains may be lost if the existing pool of GPs is eroded due to retirement or lack of local opportunities for younger physicians. The Division hopes to maximize the continued contribution of retiring physicians while supporting new recruits to assume/establish a practice, as well as recruiting externally to fill gaps.

Responding to members' priorities

Over the last year, Division members have been very vocal about what they want it to achieve. Below is a summary of how the Division has responded to members' priorities:

1. Priorities for the Division:

- Access to service (specialist & diagnostic): The Division is integrating the concept of increased collaboration with specialist/diagnostic services in new projects, incl. Diabetes partnership, CoP.
- Chronic Disease Management: Increasing capacity for best practice CDM for all members is the cornerstone for the diabetes partnership.
- Locum: Priorities and recommendations were identified at a February 2012 member engagement event. In the coming year, the Division hopes to design a combination cross coverage/locum program as an element of an overall recruitment plan.
- Connection with other GPs: The Division held a total of four structured events: AGM, CME, Locum program input and CoP development. Many more are planned for the coming year.
- Representation: At the CSC level, the Division has direct input to the FHA on how to shape the system to better respond to GP needs and fill gaps. At the provincial round table, all Divisions can speak to province wide issues – Ministry, BCMA and GPSC reps are listening.

2. Priorities for members to improve their practices:

- Access to services (specialist & diagnostic): See above. Engaging members in quality improvement projects like the diabetes partnership ensures they are directly shaping the system & engaging with specialists. The Division plans to access Shared Care for broader impact/results.
- Reduce workload: The Division is working with FHA to place Allied Health workers in the practice (diabetes partnership), or linked directly to physicians (care collaborators). The Divisional Data Strategy will result in more efficient practice/reduced demands on time. The Division has also been a leader in bringing UpToDate to members for easy reference on complex issues.
- CME support: The Division delivered two CMEs and plans a full schedule for the coming year. Topics are based on member input.
- Allied Health workers: See above. Part of the Diabetes, CDM pilot framework is to increase access to allied health workers. In the coming year, the Division hopes to increase that access through collaboration with Integrated Health Networks in home health, mental health and older patient care.
- EMR support: The Division is partnering with PITO to develop a CoP. It will include user groups (i.e. common users of any given EMR system that share tips and problem solve together), CMEs, and locally designed advanced IT solutions etc. The proposed activities had unanimous endorsement from members attending an introductory event.

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The Surrey-North Delta Division is run by members who believe in doctors supporting doctors to create change for the better. It is a huge job. More member involvement is needed: by providing input and ideas, joining working groups or committees, taking the lead on innovative projects or becoming a director on the board. There are staff and other resources to support the Division's work, including sessional fees for those contributing to planning and running the Division and its initiative. All that is missing is greater member involvement.

ABOVE LEFT - *Strategic planning at the Division board retreat.*

ABOVE RIGHT - *Surrey-North Delta Division members (left to right) Mark and Victoria Blinkhorn and Susan Kreis at the Division's holiday celebration on January 5, 2012.*

RIGHT - *The Pharmacovigilance and Universal Precautions in Prescribing event hosted by the Division.*

BELOW - *The Division held a discussion on locums.*

Strategic plan

Vision

The Surrey-North Delta Division of Family Practice's vision is to improve quality of life for patients, physicians and the community at large.

Mission

The Division's mission is to:

- Advocate for patient and physician health in the community;
- Facilitate member engagement in evaluating and shaping the health care system, and
- Identify challenges and develop innovative approaches to providing efficient, quality healthcare.

Values

The Division's values centre on:

- 100% engagement of family practitioners: having them involved, active, valued;
- Integration of community paramedical staff into family practices;
- Having the Division be fully representative of its community, and
- Ensuring physician wellness is integrated into all Division activities.

Outcomes

Division activities aim to achieve the following:

- A vibrant health care system in which the voice of the physician is heard;
- Integration of all models of care that ensure continuity of patient care as well as physician well-being, and
- The Division effectively represents all segments of primary care and is perceived to provide services of value.

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RIGHT - *The Surrey Memorial Hospital addition under construction.*

Strategic directions

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1. Strategic initiatives

1. Partner with FHA & MHS to identify and pilot innovative approaches that address current gaps i.e. Chronic Disease Management Project.
2. Recruitment
   a. Bring new physicians to the area
   b. Expand local practices
   c. Establish new clinics
   d. 100% Division membership.
3. Collaborate with other GPSC initiatives to support the integration of innovative approaches and tools at the community practice level, including:
   a. Practice Support Program
   b. Integrated Health Network
   c. Home Care
   d. Shared Care.

2. Physician wellness

1. Practice based supports:
   a. EMR uptake & support
   b. PITO CoP
   c. Preferred pricing for medical & office supplies
   d. UpToDate licensing
   e. Locum/physician on call system.
2. Targeted benefits for segments of GP population:
   a. South Asian physicians
   b. GP in Walk in Clinic
   c. Emergency Medicine Physicians
3. Networking & professional development:
   a. CMEs
   b. Division working groups
   c. Social events.

3. Infrastructure

1. Effective communications with all stakeholders, including members, physician non-members, CSC partners (FHA, GPSC, MHS) and other levels of government, other divisions, Divisions BC and the community at large
2. A local office as operational base for the Division
3. Remuneration to members engaged in the work of the Division
4. Staff support & other resources to Division initiatives

4. Evaluation

The effectiveness of the Division's activities will be assessed using the following criteria:

1. Division – participate in Divisions BC evaluation on the impact of Division work on the health system to date;
2. Process and structure - including the board of directors, staff, working groups etc.;
3. Outcomes - how they can be tracked and interpreted, and
4. Divisional Data Strategy - participate in Divisions provincial initiative to track and analyze trends at the provincial and local level.

Financial statement

Statement of operations and changes in net assets

For the year ended March 31, 2012, with comparatives for the period from September 21, 2010 to March 31, 2011.

	2012 (12 months)	Unaudited 2011 (6 months)
Revenue		
Infrastructure	$ 381,268	$ 48,403
GST / HST Rebate	$ 6,800	$ 1,502
Interest	$ 4,466	$ 492
	$ 392,534	**$ 50,397**
Expenses		
Advertising	$ 4,544	-
Amortization	$ 2,344	-
GST / HST rebate deducted from expenses	$ 6,800	-
Human resources	$ 103,645	$ 24,502
Insurance	$ 1,365	-
Meeting and event costs	$ 20,504	$ 21,855
Office	$ 16,171	$ 552
Physician costs (Note 6)	$ 103,002	-
Physicians Data Collaborative Association	$ 48,000	-
Professional development	$ 1,283	-
Professional fees	$ 15,778	$ 1,100
Travel	$ 3,945	$ 394
	$ 27,381	**$ 48,403**
Excess of revenues over expenditures	$ 65,153	$ 1,994
Net assets, beginning	$ 1,994	-
Net assets, ending	$ 67,147	$ 1,994

Statement of financial position

March 31, 2012

	2012	Unaudited 2011
Assets		
Current		
Cash	$ 1,906	$ 31,590
Term deposit	$ 205,360	$ 250,491
Receivables	$ 50,501	$ 1,502
Prepaid expenses	$ 41,185	-
	$ **298,952**	$ **283,583**
Property and equipment, Schedule 1	$ 12,702	-
	$ **311,654**	$ **283,583**
Liabilities		
Current		
Payables and accruals	$ 18,275	$ 23,961
Deferred revenue (Note 5)	$ 226,232	$ 257,628
	$ **244,507**	$ **281,589**
Net assets		
Unrestricted	$ **67,147**	$ **1,994**
	$ **311,654**	$ **283,583**

Statement of cash flows

For the year ended March 31, 2012, with comparatives for the period from September 21, 2010 to March 31, 2011.

	2012 (12 months)	Unaudited 2011 (6 months)
Cash flows related to operating activities		
Excess of revenues over expenditures	$ 65,153	$ 1,994
Adjustments for items not affecting cash:		
Amortization	$ 2,344	-
	$ 67,497	**$ 1,994**
Changes in non-cash working capital:		
Receivables	$ (48,999)	$ (1,502)
Prepaid expenses	$ (41,185)	-
Payables and accruals	$ (5,686)	$ 23,961
Deferred revenue	$ (31,396)	$ 257,628
	$ (59,769)	**$ 282,081**
Cash flows related to investing activities		
Redemption (purchase) of term deposit	$ 45,131	$ (250,491)
Purchase of property and equipment	$ (15,046)	-
	$ 30,085	**$ (250,491)**
Net increase in cash	$ (29,684)	$ 31,590
Cash, beginning	**$ 31,590**	**-**
Cash, ending	**$ 1,906**	**$ 31,590**

Surrey-North Delta Board of Directors

Dr. Mark Blinkhorn - *Chair*
Dr. Jan Peace - *Vice Chair*
Dr. Todd Arnold - *Treasurer and Secretary*
Dr. Mark Green - *Member at Large*
Dr. Sanjay Khandelwal - *Member at Large*
Dr. Dale Taylor - *Member at Large*

Human resources

Louise Hara - *Executive Director*
Susan Kreis - *Executive Assistant*
Natasha Raey - *Project Manager*
Nancy White - *Bookkeeper*

Contact information:

#204 15127 100th Ave, Surrey BC V3R 0N9
surrey.delta.div@gmail.com
www.divisionsbc.ca/snd
T. 604-418-0946
F. 604-621-2942

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/snd