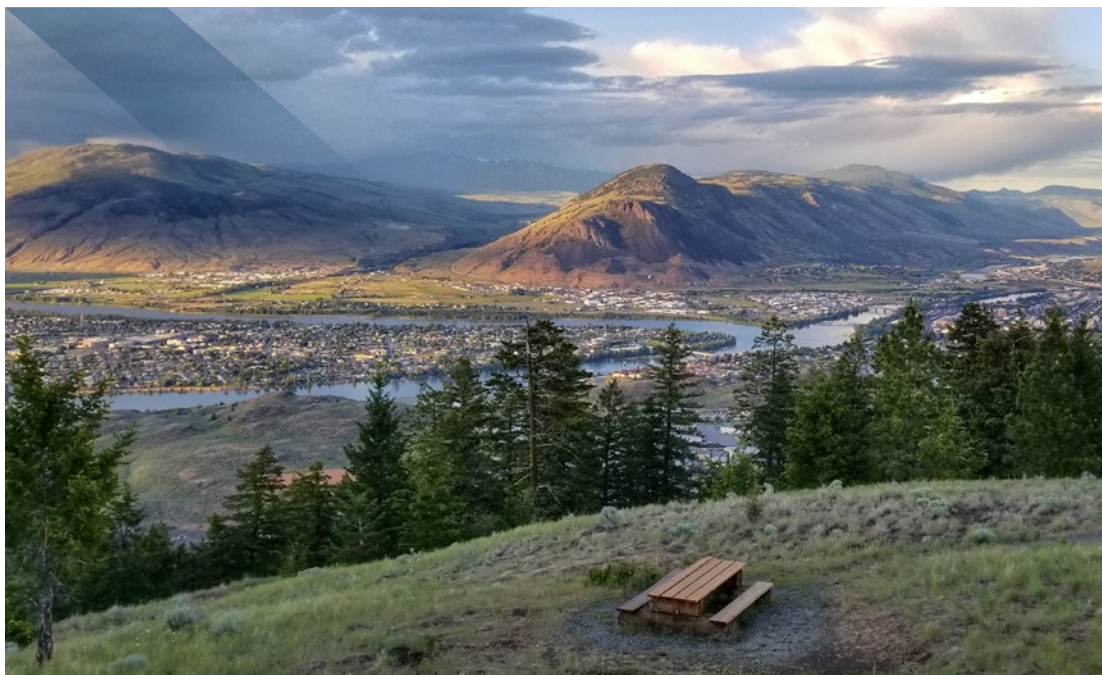




Thompson Region
Division of Family Practice
A GPSC initiative



ANNUAL REPORT 2018–2019

OUR GOAL

The Thompson Region strives to be a community with optimal delivery of family medicine and primary health care in British Columbia.

OUR VISION

A community of family physicians and nurse practitioners working collaboratively with community partners focusing on wellness, satisfaction, and sustainability for both the patient and the primary care providers.

OUR MISSION

- Support the Thompson Region community of family physicians and nurse practitioners in their pursuit of excellence and innovation in family medicine and patient care;
- Be the place where family physicians and nurse practitioners go to identify their needs, engage in learning and participate in collaborative community-based solutions;
- Provide physician leadership in systems and clinical improvements and participate in collaborative quality improvements in family medicine and primary care;
- Promote physician and nurse practitioner wellness and collegiality; and,
- Advocate for the essential role of family physicians and nurse practitioners in the delivery of health care.

OUR VALUES

We value quality, collaboration, inspiration, innovation, and resilience.

OUR STRATEGIC ENABLERS

Listening, synthesizing, and learning.

CONTENTS

Highlights of the Year 4

Chair’s Report 6

Treasurer’s Report 8

Division Activities and Strategic Areas of Focus 10

 Emphasize wellness and engagement 11

 Prioritize recruitment and retention 12

 Collaboration with partners and decision makers 14

 Promote interdisciplinary communication 22

Team and Contact 24



HIGHLIGHTS OF THE YEAR

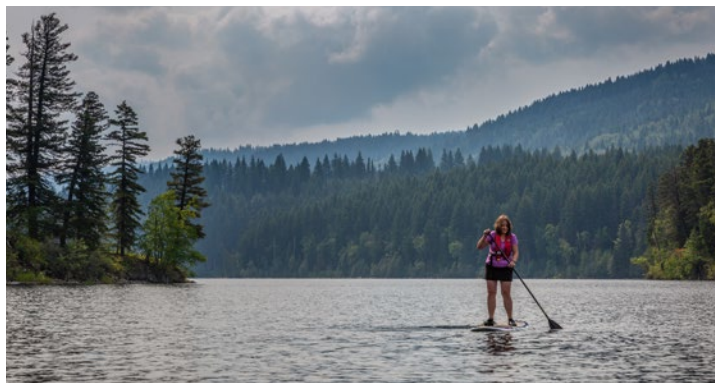
YEAR IN REVIEW

APRIL 2018

- Evaluated the integration of bladder scanners in long term care homes led by nursing professors at Thompson Rivers University
- Held the “Beer with Internal Medicine” event with 24 attendees
- Provided feedback in the Interior Health CEO search
- Attended the GPSC Summit

MAY 2018

- Hosted “4Ps for Practice Survival: Pathways, Practice Supports, Partnerships, and Physician (and NP) Communication” event with 32 general members, 6 associate members, and 24 MOAs
- Participated in the IH Emergency Preparedness working group
- Launched the 2018 Practice Capacity Analysis Survey for Recruitment and Retention



JUNE 2018

- Attended the Interdivisional Strategic Council meeting in Kelowna
- Participated in the Royal Inland Hospital (RIH) visioning day to set strategic direction
- Awarded a Family Practice Development Fund grant to Sun Peaks Community Health Centre

JULY 2018

- Involved in wildfire response
- Established the In Practice Framework as a guide to enhancing division services

AUGUST 2018

- Renovated the division office

SEPTEMBER 2018

- Held the Annual General Meeting and family social event with 28 general members, 9 associate members, and 25 guests including families and partners
- Attended the Interdivisional Strategic Council
- Approved the In Practice Support Framework
- Co-located with the Royal Inland Hospital Physician Association (RIHPA) in the Division office





📍 OCTOBER 2018

- Launched the community visioning initiative with the public
- Hosted community engagement events throughout the Thompson Region
- Attended the GPSC RCI Research Round Table
- Hosted the first Health Leadership Committee meeting

📍 NOVEMBER 2018

- Co-hosted “Improv Your Engagement” with 27 members, 17 RIHPA members, and 26 guests
- Published the Medical Staff Yearbook with RIHPA
- Held an obstetrics engagement event
- Attended two family practice recruitment fairs
- Attended the first Interior Western Rural Collaborative Services Committee meeting
- Awarded a Family Practice Development Fund grant to Aberdeen Ultrasound & X-Ray

📍 DECEMBER 2018

- Hosted the MOA billing seminar with 21 members and 38 MOAs
- Attended the Interdivisional Strategic Council

📍 JANUARY 2019

- Hosted MicroBloggingMD engagement and training sessions
- Launched In Practice Support Framework to membership. Supported business coaching, change management, MOA support, education and training, and more

📍 FEBRUARY 2019

- Co-hosted the Sun Peaks CME event with 37 members, 18 RIHPA members, guests and partners for 106 total attendees

- Presented on community engagement and visioning at the BC Quality Forum Pre-Day
- Approved division wellness strategy
- Presented four storyboards at the Quality Forum Pre-Day “The Power of Togetherness”
- Hosted “Brews, Burgers, and Brainstorming” for new to practice physicians and residents
- Hosted a Medical Office Assistant engagement event
- Launched MOA network with 25 MOAs in attendance
- Updated the Strategic Plan

📍 MARCH 2019

- Hosted “Brainstorming for Those New to Practice” Part 2
- Submitted a proposal for the Shared Care initiative Coordinating Complex Care for Older Adults



CHAIR'S REPORT

// Great collaboration with the
Thompson medical community. //

This quote is from one of our members who attended the Sun Peaks Continuing Medical Education event and its sentiment sums up my feelings about the past year. It is amazing how much happens and changes in a year and the partnerships we have developed will only lead us to a stronger future. In the spring the Physician Master Agreement was ratified and finalized, which is a positive step to solidifying the value of divisions across the province. Some of the growth that I want to draw your attention to includes:

1. OUR GOVERNANCE STRUCTURE

Over the past year we underwent significant changes to our governance structure and adjusted our Board to comply with the New Societies Act. The changes were embedded in our bylaws and approved at the 2018 Annual General Meeting. The Board of Directors became smaller and more strategic, to focus on the responsibilities and legal obligations of our society. To ensure we had strong physician and nurse practitioner leadership, we also created a new Health Leadership Committee (HLC) which now oversees the project work, partnerships, and any externally funded activities. This committee is made up of our physician and nurse practitioner leads. Linking these together is a shared Executive Committee which integrates the Board and HLC.

2. OUR OFFICE SPACE

During the 2018–19 year the division office had a facelift. We built a large boardroom to accommodate bigger meetings and events. We also added additional office spaces for our growing team to ensure we can bring your project ideas, innovation, and partnerships to light. We had the grand reveal of our newly renovated space at the 2018 AGM. These changes enabled co-location with Royal Inland Hospital Physician Association team. Looking back at the old boardroom, it is hard to believe how much we have grown.

3. OUR DATA DRIVEN SOLUTIONS

The governance shift has enabled us to focus on our preparations for primary care changes. We know primary care networks are coming and we have been learning from the communities who have gone ahead with their applications. Throughout the next year we are focusing many of our efforts on health service planning. This body of work is comprised of activities required to ensure the division undertakes or partners on research, community engagement, and data analysis to build integrated primary care services and develop innovative care models. We are working with our partners on much of this work. This will help articulate our community needs in our primary care network (PCN) application when we ultimately move ahead.

4. OUR COMMUNITY PARTNERSHIPS

A strong theme throughout this past year was community. We engaged in community visioning with the residents living in Kamloops, Barriere, Logan Lake, Scotch Creek, Chase, and Sun Peaks over the fall and created a community vision for our region. The relationships we made will be strengthened through future work as we re-engage with the public and our various local health tables.

Our partnership with other community organizations is stronger than ever. Most notably is our close relationship with the Royal Inland Hospital Physician Association. RIHPA partnered with us on a number of events this year, including the Sun Peaks CME and “Improv Your Engagement” night in November. These events had a higher turnout than any we have hosted before and we received positive feedback. On June 7 we co-hosted an event highlighting family practice resident-, physician-, and community-driven medical research and quality improvement projects. The medical community is close-knit and we are working to continue to strengthen those bonds. The unique relationship we have with our facility engagement colleagues was highlighted with a storyboard at the Joint Collaborative Committee’s Pre-Quality Forum Day called “The Power of Togetherness”.

5. OUR IN PRACTICE SUPPORTS TO OUR MEMBERS

Over the last year we have focused on better support for our members. We have developed an innovative In Practice Support Framework which complements the work of the Practice Support Program. We continue to partner with PSP and have a close working relationship with them that is unique in the province. This partnership was actually a provincial case study on developing PMH networks. We are also focusing on primary care provider wellness and engagement which is essential to the resiliency of this community. In May we met with 78% of our membership and I had the opportunity to be part of many of these conversations. We strive to have all of our initiatives build on what is important for our members.

6. OUR WAY FORWARD

Looking to the future, I am enthusiastic about our upcoming work. We have a large amount of funding to support the coordination of complex care, networking of patient medical homes and community health centres, and have another proposal submitted to focus on chronic pain. I have been advocating for emergency preparedness and I am most excited to get this work underway. We have partnered with Thompson Rivers University to conduct a literature review of emergency preparedness best practices with an emphasis on primary care providers. This research will help us take steps for the summer and build resilience for the future.

Thank you for all your active participation and support. I encourage all members to get involved and share their opinions when they can. We are making a difference for our members and for our community. I always look forward to seeing what the next year will bring and I know we are heading in the right direction.

Sincerely,



Dr. Graham Dodd

Chair,
Thompson Region Division of Family Practice



TREASURER'S REPORT

SUMMARY STATEMENT OF FINANCIAL POSITION AND SUMMARY STATEMENT OF OPERATIONS

MARCH 31, 2019

As Treasurer, I lead the Finance and Audit Committee, which is one of the functions of the Executive. The Committee is responsible for overseeing the implementation of sound fiscal policies to ensure our division is accountable for the funds we manage on behalf of our members and funding organizations. The Committee monitors spending and advises the Board on our financial position and ability to undertake new projects.

I can say with confidence that we have the team in place to manage current initiatives and take on new ones that will benefit our members. One of our newest fiscal plans is our short-term investment strategy in which we make short-term investments with GICs for staggered periods of 30, 60, 90, 120, and 180 days. All GICs mature by the end of our fiscal year. The goal of the investment strategy is to build our retained earnings and to reduce our risk exposure in future years.

I am pleased to present, in summary form, the Statement of Financial Position and Statement of Operations which have been extracted from the fully audited financial statements. We received a clean audit opinion, and the statements present fairly, in all material respects, the financial position of the Thompson Region Division of Family Practice Society as of March 31, 2019.

Dr. Ben Anders

Treasurer/Secretary,
Thompson Region Division of Family Practice



SUMMARY STATEMENT OF FINANCIAL POSITION

March 31, 2019

ASSETS

CURRENT

Cash	\$	1,004,273
Accounts receivable		17,466
Prepaid expenses		7,473
		1,029,212

CAPITAL ASSETS

48,586

\$ 1,077,798

LIABILITIES AND NET ASSETS

CURRENT

Accounts payable	\$	87,622
Deferred revenue		803,088
	\$	890,710

NET ASSETS

Invested in Capital Assets	\$	48,586
Internally Restricted	\$	138,502
Unrestricted		–

187,088

\$ 1,077,798

** The following summarized financial statements do not contain the accompanying notes. These are an integral part of the financial statements, as required by Canadian generally accepted accounting principles for not-for-profit enterprises. Readers are cautioned that these summarized statements may not be appropriate for their purposes. For more information of the entity's financial position or results of operations and cash flows, reference should be made to the complete audited financial statements which are available from the Society upon request.*

SUMMARY STATEMENT OF OPERATIONS*

March 31, 2019

REVENUES

Infrastructure	\$	614,567
Access and Continuity of Care for Older Adults		54,485
Residential Care		314,888
Breast Health		–
Chronic Pain		1,627
Collaborative Networks		119,048
Community Engagement		80,000
Electronic Access to Specialist Expertise		25,997
Emergency Preparedness		2,493
Family Practice Development Fund		12,700
Impact Fund		–
Maternity		37,054
Patient Medical Home		110,393
Polypharmacy Risk Reduction		27,010
RIH Foundation – Physician Recruitment		18,026
Shared Care Steering Committee		20,556
Specialty Care – Integrated Care		10,725
Women's Health Clinic		28,657
TRDOFP		29,963
	\$	1,508,189

EXPENSES

Program Services:

Communications		16,492
Meetings and Events		105,078
Physician		321,011
Professional Support		822,243
Residential Care – equipment		–
Travel expenses		42,865
		1,307,689

Administration:

Professional fees		10,371
Insurance		1,665
Memberships and licences		1,172
Office expenses		20,396
Rental		54,478
Amortization		3,975
Small equipment purchases		20,578
		112,578

1,420,324

Excess of revenue over expenses \$ 87,865

DIVISION ACTIVITIES

Board of Directors



DR. CORNEL BARNARD



DR. KRISTA BRADLEY



CHRIS HOLLSTEDT

Responsibilities

- Mission, vision, values
- Strategic Plan
- Risk management
- Annual audit
- Policy compliance
- Policy development
- Executive Director
- Ad hoc committees

Shared Executive



DR. GRAHAM DODD
CHAIR



DR. PETER LOLAND
VICE CHAIR



DR. BEN ANDERS
TREASURER/
SECRETARY



DR. CHIP BANTOCK
PAST CHAIR

Responsibilities

- Communications
- Direct support for ED
- Integrating ongoing ties between Board and Committee work
- Agenda setting for Board and HLC
- Finance and audit
- **Partnership committees:**
 1. CSC - Collaborative Services Committee
 2. ISC - Interdivisional Strategic Council
 3. CHAC - Community Health Action Committee
 4. SCSC - Shared Care Steering Committee

Health Leadership Committee



DR. JOSLYN CONLEY

DR. LENNARD PRETORIUS

DR. ALINA CRIBB

DR. HISHAM SHEHATA

DR. RAMNEEK DHANOA

DR. PHIL SIGALET

DR. HARPREET KELLY

DR. SERVAAS SWART

NATALIE MANHARD, NP(F)

DR. ANDREW WYNNE

MARY PICKERING, NP(F)

Responsibilities

- Project work
- Recruitment and retention
- Strategic leadership
- Evaluation
- Externally funded activities
- Communications and engagement
- Partnerships

GOVERNANCE

The Board of Directors, Finance and Audit Committee, Executive Committee, and Health Leadership Committee provide strategic leadership and oversight for all activities the division undertakes. These activities are required to ensure the division achieves the desired constitutional and strategic objectives while meeting all fiduciary and legal requirements.

KEY ACCOMPLISHMENTS

- Approved new bylaws at 2018 AGM
- Created a successful Health Leadership Committee with 14 division members to ensure both physician and nurse practitioner input is at the forefront of our initiatives
- Developed a Board of five members to ensure fiduciary and strategic oversight
- Applied for and received seven new fund transfer agreements
- Put forward an approved annual plan for an operating budget of \$1,797,086 for 2019–2020

Board of Directors: Dr. Graham Dodd, Dr. Peter Loland, Dr. Ben Anders, Dr. Cornel Barnard, Dr. Krista Bradley, Chris Hollstedt, and Executive Director Monique Walsh

Health Leadership Committee: Dr. Graham Dodd, Dr. Peter Loland, Dr. Chip Bantock, Dr. Joslyn Conley, Dr. Alina Cribb, Dr. Ramneek Dhanoa, Dr. Harpreet Kelly, Natalie Manhard NP(F), Mary Pickering NP(F), Dr. Lennard Pretorius, Dr. Hisham Shehata, Dr. Phil Sigalet, Dr. Servaas Swart, and Dr. Andrew Wynne

EMPHASIZE WELLNESS AND ENGAGEMENT

MEMBERSHIP AND ENGAGEMENT

Input and leadership from members are fundamental to the division's success and shapes the strategic direction. The division consults with, listens to, advocates for, and supports project work of members about matters that impact their practice.

KEY ACCOMPLISHMENTS

- Hosted 324 attendees over 5 engagement events for the full membership
- Hosted a series of new to practice and resident meetings
- Partnered with RIHPA to strengthen relationships between members and specialists
- Tracked over 18,000 page views on the division's website

Physician Lead: Dr. Servaas Swart

Project Lead: Rachann Pedersen



PRIORITIZE RECRUITMENT AND RETENTION

FAMILY PRACTICE DEVELOPMENT FUND

The fund provides one-time practice enhancement or start-up funding on a cost recovery basis as a strategy to develop practice capacity to attract and hold family physicians in Kamloops.

KEY ACCOMPLISHMENTS

- Awarded \$10,000 to Sun Peaks Family Practice
- Awarded \$2,700 to Aberdeen Ultrasound & X-Ray
- Grew the fund by \$20,000

Physician Lead: Dr. Lennard Pretorius

Project Lead: Chris Phillips

RETENTION

Retaining primary care providers in the Thompson Region is a top priority for the division.

KEY ACCOMPLISHMENTS

- Welcomed and supported integration of three new physicians into the community
- Developed and provided practice support to members as needed
- Hosted engagement events with social opportunities for members and their families

Physician Lead: Dr. Servaas Swart

Project Lead: Chelsea Brookes

RECRUITMENT SERVICES

Recruitment and optimizing primary care capacity in the Thompson Region continue to be priorities identified by the division. Recruitment services include marketing, advertising, site service support and delivery, knowledge sharing, advocacy, and leveraging/optimizing partnerships.

KEY ACCOMPLISHMENTS

- Hosted and supported 13 site visits
- Exhibited at two conferences
- Welcomed three new physicians to the area
- Transitioned three locums to local practice
- Onboarded four 2018 International Medical Graduate Return of Service physicians
- Interviewed eight International Medical Graduate Return of Service applicants for two 2019 positions allotted by Interior Health (Kamloops, Barriere), and successfully landed the top two candidates (as identified by a physician panel)
- Hosted Health Match BC recruitment team for an on-site meeting and area tour
- Completed 2018–19 Practice Capacity Analysis Survey for Recruitment and Retention
- Initiated Interior Region Physician Recruitment Network, now supported by GPSC
- Hosted physician opportunities on our website and cross-posted on partner website
- Partnered with communities to enable successful physician recruitment in our area

Physician Lead: Dr. Servaas Swart

Project Lead: Shelley Breen



IN PRACTICE SUPPORTS

In practice supports are designed to assist members in their practices from a business perspective. The project team works with individual or group practices to ensure supports are relevant, timely, and effective. Benefits can include:

- Increased revenue
- Improved networks and connections
- Improvements and efficiencies with practice systems
- Team engagement
- Wellness and balance

KEY ACCOMPLISHMENTS

- Ratified a comprehensive list of in practice supports and promoted them to the membership
- Established the Medical Office Assistant Network
- Facilitated multiple billing training sessions for the membership
- Engaged in a financial analysis project designed to identify financial best practices for clinics
- Collaborated with Sun Peaks Community Health Centre to promote services and access funding

Physician Lead: Dr. Lennard Pretorius

Project Lead: Faith Bateman



Your In Practice Supports

Business Coaching and Change Management

- One-on-one or with network and/or clinic
- Organizational structure, culture, team engagement, strategic planning, workflow management

Marketing & Communications

- Website development, pamphlets, patient surveys

Financial Literacy

- One-on-one or with network and/or clinic
- Development and usage of tools

Clinic Policies and Procedures Development

Business Feasibility and Business Case Development

Clinic Start Ups and Closures

MOA Support

- MOA Network
- Billing Support

Shared Services Development

- Group rates and purchasing for clinics and/or networks

Education and Training

- Pathways, MBMD, billing, information security, succession planning

Access to Professional Expertise

Recruitment and Retention

Collaboration with Practice Support Program (PSP)

- Panel management, quality improvement, clinical workflow efficiencies, and peer mentorship

ThompsonRegion@divisionsbc.ca

(include **In Practice Support** in the subject line)

250-372-1621

COLLABORATION WITH PARTNERS AND DECISION MAKERS

PRACTICE SUPPORT PROGRAM

The Practice Support Program (PSP) offers a range of practice support and educational services to division members. Designed to improve both patient care and the doctor experience, PSP services are delivered at no cost to physicians in the Thompson Region via Regional Support Teams, and include:

- In practice support, to help implement new processes or changes at local practices (i.e. optimizing workflow, office efficiency and EMR use)
- Learning modules, offering physicians access to CME-accredited courses to improve patient care
- Small group learning sessions, offering tailored learning opportunities on subjects of interest
- Peer mentorship, a group of champions who support physicians and their staff with electronic medical record optimization, clinical best practices and development and delivery of clinical modules

KEY ACCOMPLISHMENTS

- Engaged with 71% of physicians in the Thompson Region
- Completed 171 in practice support engagements
- Panel Development Incentive:
 - 5 have completed Phase 3
 - 14 have completed Phase 1 and 2
 - 22 have committed to completing panel management within the next year
- 16 physicians completed the GPSC PMH Practice Assessment
- Completed the Adult Mental Health Module
- Completed two Small Group Learning Sessions on Dementia

PSP Coordinators: Ron Gorospe and Jo Styles (IHA)



Practice Support Program

PARTNERSHIPS

The division maintains and continues to grow many strong strategic partnerships across the local, regional, and provincial spectrum. This includes partnerships with our multiple local health tables across the region, the newly forming Community Health Centres, our Collaborative Services Committee (CSC), the Thompson Medical Alliance, our regional Interdivisional Strategic Council (ISC), and provincial General Practice Services Committee (GPSC).

Partnership work includes work done in collaboration with HealthMatchBC, First Nations Health Authority, Royal Inland Hospital Physician Association (RIHPA), Thompson Rivers University (TRU), University of British Columbia (UBC), and Patient Voices Network.

KEY ACCOMPLISHMENTS

- Created a partnership with Research and Graduate Studies at Thompson Rivers University to collaborate on community-driven research projects. Current projects to date include a literature review of best practices with regards to physician emergency preparedness programs and a research project on the use of bladder scanners in long term care
- Identified and built relationships with local health tables across the region
- Presented our provincial case study on the Thompson Region Divisions' relationship with PSP and the role that plays in the networking of patient medical homes
- Built a framework through CSC to move through health service planning as a special task force
- RIHPA co-locating with the division and aligning resources and events where appropriate

EMERGENCY PREPAREDNESS FOR PHYSICIANS

The division obtained funds through Shared Care to create a proposal for an emergency preparedness program for physicians.

KEY ACCOMPLISHMENTS

- Partnered with Research and Graduate Studies, Thompson Rivers University
- Conducted a literature review of best practices with regards to emergency preparedness programs with an emphasis on primary care providers

Physician Lead: Dr. Graham Dodd

Project Lead: Rhonda Eden

PATHWAYS

Pathways is a web-based resource for division members and their MOAs to facilitate patient referrals by optimizing the specialist and clinic referral process.

KEY ACCOMPLISHMENTS

- Increased registered users to 160 in the Thompson Region
- Provided in practice outreach/support to increase Pathways usage
- Presented Pathways at May 2018 engagement event with provincial physician lead Dr. Tracy Monk as a guest

Physician Lead: Dr. Harpreet Kelly

Pathways Co-Administrators: Melanie Todd, Jennifer Baldes



Pathways

COMMUNITY VISIONING

The division engaged with communities and partners to create a vision for the future of primary health care in the Thompson Region. Each community participating in the engagement process has a physician lead, which is unique to this project.

KEY ACCOMPLISHMENTS

- Engaged with over 700 people throughout the region
- Created a vision for primary health care based on both in-person and survey feedback
- Presented the findings and vision to division leadership and key partners (CSC, IH)
- Identified and created partnerships with local health tables in our rural communities
- Presented the Community Vision project and outcomes at the Joint Collaborative Committee Pre-forum day at the 2019 Quality Forum conference

Physician Leads: Dr. Shane Barclay (Sun Peaks),
Dr. Chip Bantock (Kamloops),
Dr. Cornel Barnard (Chase),
Dr. Ilke Marais (Barriere),
Dr. Amina Wahbi (Logan Lake)
Project Lead: Rhonda Eden



ACCESS AND CONTINUITY OF CARE FOR OLDER ADULTS

This project aims to enhance the access and continuity of care for older adults with chronic co-morbidities by improving methods of team-based communication and knowledge exchange between family and specialist physicians and other health care providers.

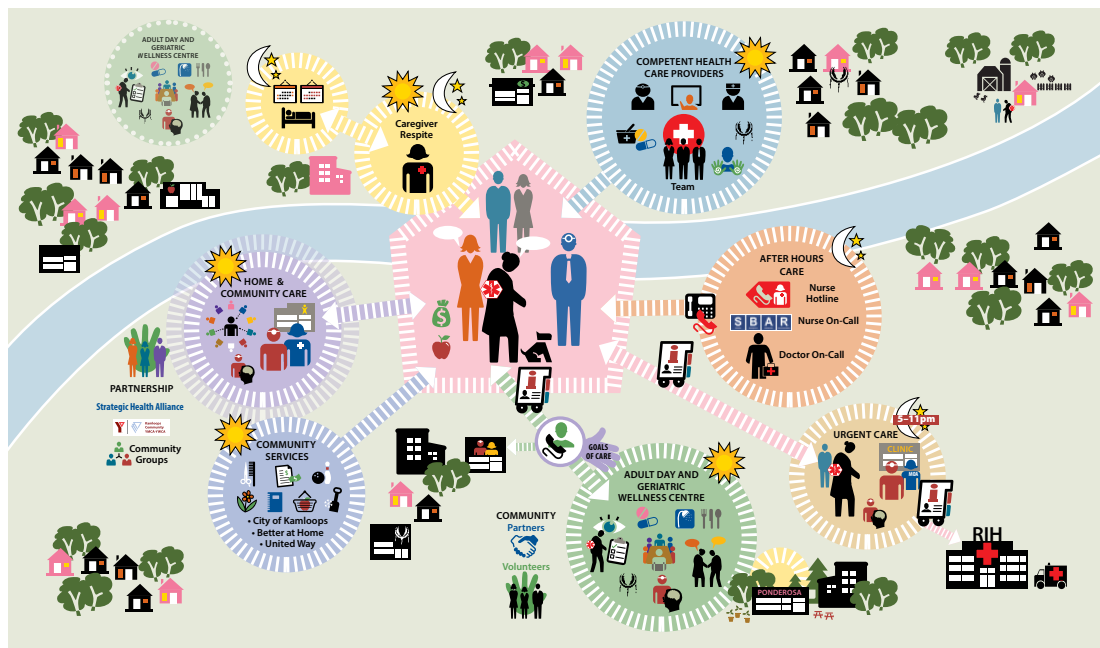
KEY ACCOMPLISHMENTS

- Engaged with new physician leads
- Updated project goals and deliverables
- Submitted an addendum to Shared Care to reflect current community state of care for older adults and intended project focus in the future

Physician Leads: Dr. Alina Cribb

and Dr. Smita Varma

Project Lead: Sue Lissel





CHRONIC PAIN

This project seeks to enhance the spectrum of chronic pain services by engaging and supporting communication and knowledge exchange between family physicians, specialists, and allied health providers.

KEY ACCOMPLISHMENTS

- Re-engaged with physician leads and nurse practitioners around chronic pain work
- Submitted an expression of interest to Shared Care Chronic Pain Spread Network

Leads: Dr. Rob Baker, Dr. Richard Brownlee, and Claire Wilson, NP(F)

Project Lead: Sue Lissel

GPSC RESIDENTIAL CARE

This initiative is designed to enable physicians to achieve the five best practices and develop local solutions to improve care of patients in long term care homes. The five best practices are:

- 24/7 coverage and on-site attendance
- Proactive visits
- Meaningful medication reviews
- Key patient documentation
- Annual case conferences

KEY ACCOMPLISHMENTS

- Completed a data evaluation of long term care emergency department transfers
- Hosted a Research Roundtable event on use of bladder scanners in long term care homes
- Evaluated the integration of bladder scanners in long term care homes led by nursing professors at Thompson Rivers University
- Developed a new patient attachment incentive to launch in spring 2019
- Increased the proactive visit incentive

Physician Leads: Dr. Phillip Sigalet, Dr. Andrew Wynne, Dr. Doug Hamilton, Dr. Janet Bates, Dr. Selena Lawrie

Project Lead: Melanie Todd and Sue Lissel

INTEGRATED TEAM PRACTICES

This project involves working with family physicians to support team-based care within their practices. This may also include the expansion of their team to include residents, international medical graduates, nurses, nurse practitioners, pharmacists, physiotherapists, and social workers.

KEY ACCOMPLISHMENTS

- Completed evaluation of the three supported integrated teams
- Completed the project summary report
- Supported the establishment of new patient medical homes

Physician Leads: differ for each integrated team

Project Lead: Chris Phillips



SHARED CARE STEERING COMMITTEE

The Thompson Shared Care Steering Committee's primary responsibility is to facilitate and oversee the development and progression of the Thompson Region's Shared Care projects.

KEY ACCOMPLISHMENTS

- Supported the joint publication of the Medical Staff Yearbook with RIHPA
- Supported the Internal Medicine event
- Completed a SWOT (Strengths Weakness Opportunities Threats) analysis of the SCSC model. The number one recommendation was to host a joint RIHPA Working Group and division HLC meeting a few times a year as the new model. First meeting was held April 1, 2019

Committee Members: Dr. Joslyn Conley and Dr. Rob Baker (co-chairs), Dr. Kobus Steyn, Dr. Graham Dodd, Dr. Janet Bates, Dr. Bruce Newmarch, Dr. Alina Cribb, Dr. Richard Brownlee, and Dr. Rob Colistro



WOMEN'S HEALTH

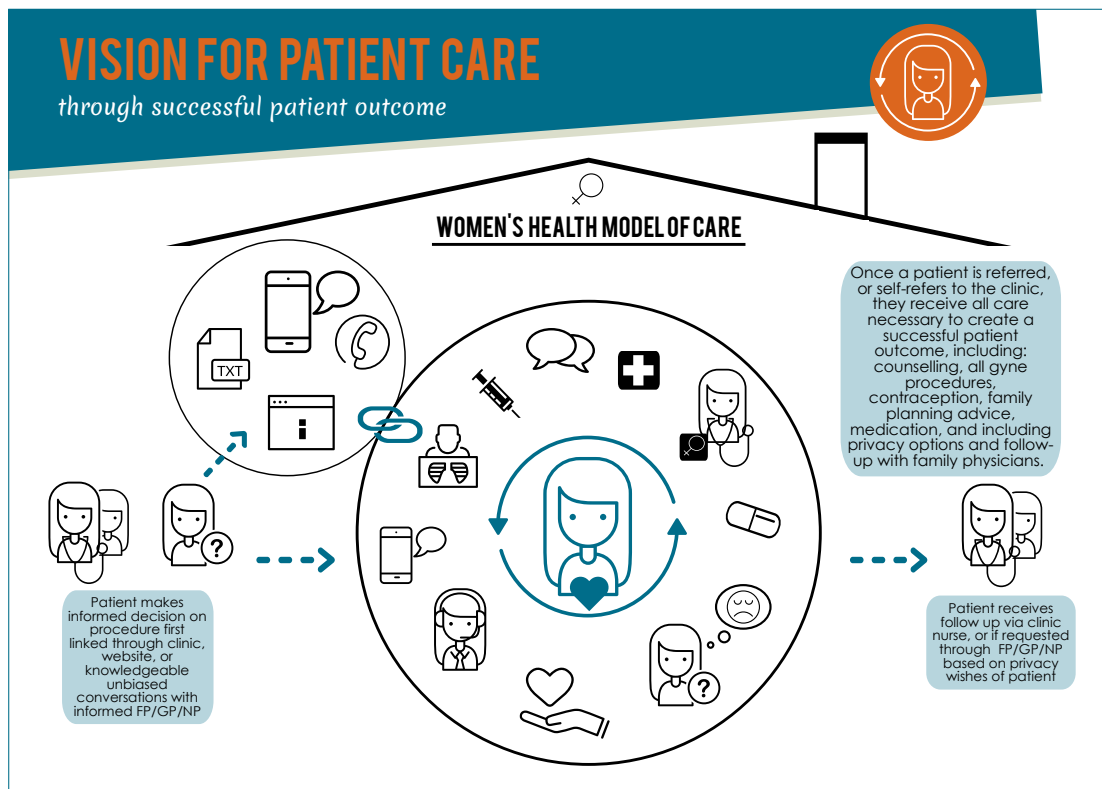
Aims to enhance timely access, information, support, and continuity of care in gynecological health across the Thompson Region by managing opportunities for improvement in the patient journey and providing wrap-around specialized patient care through family physician involvement.

KEY ACCOMPLISHMENTS

- Conducted patient journey mapping session and developed a vision for patient care
- Hosted focus groups with women's health care providers
- Gathered feedback through a patient survey on out-of-office gynecological procedures
- Developed best practices

Physician Leads: Dr. Paula Lott and Dr. Selena Lawrie

Project Lead: Shelley Breen



NETWORKS

Creating and enabling networks or working groups – formal or informal – should enable effective communication between physicians, specialists, allied health providers, and other members of the medical community to enable better patient care and encourage physician wellness. Through networking, the patient medical home structure is strengthened.


KEY ACCOMPLISHMENTS

- Created Medical Office Assistant Network to enhance communication, training, and best practices
- Created the Locum Network to share employment opportunities and locum availability
- Created the New to Practice/ Resident Network to share views and identify gaps as seen through a new graduate lens
- Identified future network opportunities
- Presented a networking case study storyboard at the JCC Pre-Quality Forum
- Continued collaborative work through CSC

Physician Lead: Health Leadership Committee

Project Lead: Shelley Breen

The Prescription to Prescriptions or... More than an RX



How this will benefit you and your patients

- Reduce the likelihood of a fax or call back questions
- Maximize patient adherence
- Improve patient outcomes
- Reduce medication errors

Helpful tips to include:

- Indicators such as:
 - Initiating
 - Discontinuing
 - Replacing
 - ▲▼ (indicating dose change)
- Diagnosis
- If it is a special authority drug – application already submitted – Y/N
- Request for pharmacist to provide a demo (e.g. inhalers)
- GFR /other pertinent labs (e.g. for renal patients, older adults, etc.)
- If the rx is going to be stopped after a certain amount of time

A more informed prescription means a more informed pharmacist, who can better care for your patient.

Legal requirements for a prescription:


- Patient's name
- Practitioner's name and signature
- Name, strength, and quantity of drug or ingredients
- Complete directions for use, including the frequency, interval, or maximum daily dose
- Number of refills and interval between refills if applicable
- Date prescription written
- Original/wet signature (not a stamp)

How your pharmacist can help you:

- Save time with meaningful medication reviews
- Pharmacist can address polypharmacy
- Pharmacist can make notes for patient to bring up to the physician



SIGNED _____



SIGNED _____

POLYPHARMACY RISK REDUCTION

This project supports co-developed polypharmacy risk reduction strategies by improving communication and processes around medication reviews and management across the acute, residential, and community care environments.

KEY ACCOMPLISHMENTS

- Completed community patient journey mapping
- Wrapped up the acute portion of project

- Wrapped up the community portion of project
- Developed the prescription resource
- Trained three hospitalists, six nurse practitioners, and nine family physicians in conducting meaningful medication reviews

Physician Leads: Dr. Janet Bates and Dr. Joslyn Conley

Project Lead: Chelsea Brookes

ANNUAL REPORT 2018–19 THOMPSON REGION DIVISION OF FAMILY PRACTICE 21

PROMOTE INTERDISCIPLINARY COMMUNICATION

ELECTRONIC ACCESS TO SPECIALIST EXPERTISE (EASE)

EASE is a suite of electronic services that provides primary care teams with access to specialists for timely assistance with patient management. It incorporates telephone, video, and secure texting connectivity with future e-Consult capabilities all within a secure technology environment. The goal of EASE is to bring different communications tools together to provide services that enable communication between patients, specialists, and primary care teams. The messaging application MicroBloggingMD (MBMD) is endorsed by Interior Health and will provide a secure platform for message exchange.

KEY ACCOMPLISHMENTS

- Promoted MBMD at two engagement events
- Hosted an MBMD engagement day for 35 division members, RIHPA members, and IH staff
- Totaled 409 users by March 31, 2019

Physician Lead: Dr. Wayne Dong

Project Lead: Chelsea Brookes





MATERNITY CARE

Maternity care in the Thompson Region uses a collaborative approach between family physicians, specialists, registered midwives, and other health care providers and partners to enhance the quality of and access to care for patients.

KEY ACCOMPLISHMENTS

- Finalized the maternity section on the division website and created promotional material
- Hosted a maternity care engagement event with 44 attendees in November 2018
- Completed a maternity care needs assessment, prioritized opportunities for improvements, and presented findings at Grand Rounds
- Engaged in ongoing discussions with maternity care providers and stakeholders with regards to ensuring short-term stability and long-term sustainability of maternity care services in Kamloops
- Successfully applied for an additional \$50,000 to fund the next phase of maternity networking in our region for 2019–20

Leads: Dr. Erin Adams, Natalie Avery (RMW), Dr. Brenda Laupland

Project Lead: Melanie Todd

SPECIALIZED SERVICES

As part of patient medical home funding, this project aims to better understand specialized services and connect them to PMHs and networks. Specialized services aim to provide a coordinated system of care among community allied health providers, specialists, and family physicians with a specific area of expertise.

KEY ACCOMPLISHMENTS

- Met with psychologists, clinical counsellors, and other mental health providers in a series of focus group discussions
- Conducted a series of focus group discussions with community allied health providers from pharmacy, midwifery, physiotherapy, chiropractic, massage therapy, occupational therapy, clinical counselling, and psychology
- Developed a graphic to capture the key learnings from the various stakeholder groups
- Presented a storyboard at the JCC's pre-Quality Forum Day "The Power of Togetherness"

Physician Lead: Dr. Peter Loland

Project Lead: Chelsea Brookes

TEAM

BOARD

Dr. Graham Dodd – Chair
Dr. Peter Loland – Vice Chair
Dr. Ben Anders – Secretary and Treasurer
Dr. Cornel Barnard – Director
Dr. Krista Bradley – Director
Chris Hollstedt – Director

HEALTH LEADERSHIP COMMITTEE

Dr. Graham Dodd
Dr. Peter Loland
Dr. Chip Bantock
Dr. Joslyn Conley
Dr. Alina Cribb
Dr. Ramneek Dhanoa
Dr. Harpreet Kelly
Natalie Manhard, NP(F)
Mary Pickering, NP(F)
Dr. Lennard Pretorius
Dr. Hisham Shehata
Dr. Phil Sigalet
Dr. Servaas Swart
Dr. Andrew Wynne

STAFF

Monique Walsh – Executive Director
Jennifer Baldes – Accounts/Administrator
Faith Bateman – Project Lead
Shelley Breen – Project Lead
Chelsea Brookes – Project Lead
Rhonda Eden – Project Lead
Sue Lissel – Project Lead
Rachann Pedersen – Projects and Logistics Coordinator
Christopher Phillips – Business and Finance Officer
Melanie Todd – Project Lead
Ron Gorospe – Practice Support Program Coordinator (IH)
Jo Styles – Practice Support Program Coordinator (IH)

CONTACT US

Thompson Region Division of Family Practice

209–310 Nicola St.
Kamloops, BC V2C 2P5

Phone: 250-372-1621
Email: Thompsonregion@divisionsbc.ca

Photo credits: Bonnie Pryce | Pryceless Photography
and Thompson Region Division of Family Practice

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/thompson-region