

2012 Annual Report



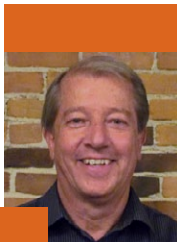
East Kootenay

Division of Family Practice

A GPSC initiative

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Dr. Walter
VanRietschoten



World Café Session 2011 AGM

Message from the Chair

Another remarkable year has passed in my role as board chair for the East Kootenay (EK) Division of Family Practice.

In 2011, the board spent its time setting up a not-for-profit society and putting in place the structures needed to manage financial responsibilities, staffing and bylaws to guide our operations. With the groundwork completed, in our second-year we have been able to operate more as a governing board. The Division hosted board meetings in Fernie, Creston, Kimberley and Cranbrook, which enabled the physicians in those communities to participate in their Division's board deliberations. It has been an honour to hear members' passionate perspectives for improving health care in the communities you serve.

Physicians in Fernie joined the division in July 2012 and are represented on the board by Dr. Todd Loewen. As of the end of our fiscal year, the board was in the process of approaching Invermere physicians to gauge their interest in joining the Division. It is my hope to see them join in the coming year. Currently, the division represents a total of 74 physicians: 16 in Fernie, 9 in Kimberley, 16 in Creston and 31 in Cranbrook.

On your behalf, the board has overseen the following projects this year:

- Shared Care Radiology: This project has been completed. <https://www.divisionsbc.ca/ek/sharedcare>
- Shared Care-Obstetrics: Dr. Karen Persad, Dr. Crystal Campbell, Dr. Lisa Tessler
- Integrated Health Network Transition Project: Dr. Wilhelm Pieterse, Dr. Shaun van Zyl
- Chronic Pain Strategy Steering Committee: Dr. Walter VanRietschoten <https://www.divisionsbc.ca/east-kootenay>
- Information Management Information Technology (IMIT): Dr. Erin Ewing
- Recruitment Steering Committee: Dr. Ross Dawson
- Palliative Care Steering Group: Dr. Eugene Ries, Dr. Caroline Shilhan
- Inter-Divisional Strategic Council: Dr. Walter VanRietschoten
- Collaborative Services Committee: Dr. Greg Andreas

I want to thank all Division members who serve on the board of directors and the working groups. Your enthusiasm, thoughtful deliberation and ideas have served the Division well. On behalf of the board, I also want to express wholehearted appreciation to the contractors, including our provincial physician engagement leads. You are the glue that holds us together.

Finally, I challenge you as members of the East Kootenay Division of Family Practice to remember you have the power to make this, *your* Division, "successful". We invite your input throughout the year. Feel free to contact us with your ideas and suggestions. Through engaged communication and your participation in the working groups you are passionate about, we will improve all our medical communities.

Walter VanRietschoten
Chair, East Kootenay Division of Family Practice



Patti K. Phillips

East Kootenay Division Coordinator's Report

Over the past year, the East Kootenay Division of Family Practice has been on a serious growth and learning path.

GROWTH:

Our membership reached 74, an increase of 27 per cent over last year. Our members are located throughout the East Kootenay region and within the Interior Health Authority area. This includes 12 clinics and three hospitals.

More members have become involved with Division committees and working groups which were established in response to your input, guidance and direction as to the key priorities the Division should address.

When I wrote my last report, I was the Division's only contractor, serving as its coordinator. We now have a bookkeeper, administrative support providing services to both our Division and our Shared Care – Partners in Care project, a Shared Care Coordinator and, most recently, an Integrated Health Network (IHN) transition liaison to assist with transition work in communities where IHN services already exist, and to support the implementation into two new communities.

LEARNING:

We have begun significant collaborative work with our health care partners, specifically Interior Health (IH). At the Collaborative Services Committee (CSC) table, we are co-designing a new version

of an integrated health care network which provides all family physicians in our four member communities with greater access to services for their chronic, co-morbid patients. Through the CSC, we have also engaged with the University of British Columbia on a research project around the successful IHN model in Kimberley.

We developed staff capacity through learning days; Integrated Primary and Community Care IPCC, Divisions provincial roundtable and Shared Care events; and International Association of Public Participation (IAP2) training. The Division also increased board capacity with workshops on policy development, introduction to strategic planning and priority setting. Board and Division members attended various events, CME and topic specific learning days, and at several provincial and regional tables had the opportunity to provide input into the direction of specific healthcare goals, particularly with IH partners. We have initiated new projects, increased our partnerships, and developed new relationships.

THE RESULTS:

- Improve relationships with specialists colleagues through Shared Care initiatives
- Improved communications to members
- Support for Creston ER scheduling

- A recruitment and retention membership survey to determine workforce direction and needs
- A community health care partners survey to determine where members need more information regarding community health care partners' supports
- Members involved in shaping the directions of specific health care outcomes at a provincial level
- Learning opportunities
- Increased staff and board capacity

AND NEXT:

Our focus in the coming year will be to continue to strengthen the society and work on priorities identified by members through a variety of ongoing input mechanisms.

Some of this work will include: strategic planning and priority identification

- priority-focussed committee development
- policy revision and review
- identifying new sustainability mechanisms, such as moving to employment models for some contractors
- building new and collaborative relationships with our health care and community care partners
- strengthening existing foundations and relationships

FINALLY:

To paraphrase the words of John F. Kennedy at his inaugural speech in January 1961: "Ask not what your Division can do for you – ask what you can do for your Division."

Patti K. Phillips, *Coordinator EK Division of Family Practice*



Year in Review: 2012–2013

2012

Throughout the past year, the East Kootenay Division supported Shared Care Radiology project, February 2012 to March 2013.

Members attended and/or participated in the:

- provincial Information Management Information Technology steering committee each month
- regional inter-divisional strategic council, quarterly
- provincial/regional recruitment and retention steering committee, quarterly
- regional chronic pain steering committee throughout 2012
- Provincial Divisions Roundtables in June and November

MARCH 2012

- Developed governance policies and reviewed and updated them throughout the year as required
- Developed a budget and maintained and reported on it each month
- Developed bookkeeping systems

APRIL 2012

- Contracted a Shared Care coordinator
- Secured Directors and officers liability insurance

MAY 2012

- Held first AGM and elected first board of directors
- Contracted an administrative assistant

JUNE 2012

- Began strategic planning and priority setting processes
- Initial contact meeting with Practice Support Program (PSP) staff, and Canadian cancer agency
- Coordinator attended Integrated Primary and Community Care Learning day
- Provided two member surveys to determine baseline workforce data and areas of interest for community health care partners event (second survey in September)

JULY 2012

- Fernie physician community joined EK Division
- Developed draft expense re-imbursement policy, communication strategy and member engagement framework
- Initiated community healthcare partners survey
- Attended NP4BC seminar
- Met Dr. Halpenny, CEO Interior Health
- Met with auditors to ensure systems reflected auditor requirements



to 2013

AUGUST 2012

- Discussed EK Division participation in diabetes Quality Improvement strategy at CSC table
- Revised workplan draft
- Completed recruitment and retention survey

OCTOBER 2012

- Participated in the Shared Care showcase
- Produced a fall newsletter
- Coordinator attended International Association for Public Participation training
- Began collaborative process around Integrated Health Network at the Collaborative Service Committee (CSC) table

NOVEMBER 2012

- Assisted Creston in a pilot project with Amion on-call schedule
- Contracted an IHN transition liaison
- Participated in the Provincial Divisions of Family Practice Round Table in Vancouver
- Applied for innovation funds to support the IHN transition, and contracted liaison

DECEMBER 2012

- Staff and contractors performance reviews completed
- Committee reporting template developed

JANUARY 2013

- Launched Palliative Care Group
- Coordinated relationship development with the Physician Information Technology Office (PITO), EK Division, Shared Care and the Practice Support Program (PSP)

FEBRUARY 2013

- Two members attended the Quality and Collaboration in Residential Care workshop
- Initiated Shared Care maternity group.
- Began discussion with Invermere community physicians

MARCH 2013

- Processed funding renewals for EK Division 2013-2014 fiscal and Shared Care funding extension
- Draft budget presented to BoD
- Attachment and In-Patient Care presentation made to BoD
- Nominations to fill 2 board vacancies opened



Chronic Pain Strategy Steering Committee

The East Kootenay Division of Family Practice participated in a chronic pain strategy advisory committee. This group was comprised of division physician leads from the Interior Health region, Interior Health Authority programming directors as well as representatives from mental health and substance abuse, perioperative services, tertiary rehabilitation and anesthesiology.

The committee identified chronic pain as a large and growing problem resulting in large numbers of emergency room department visits annually. It is prominent in residential care facilities and contributes to Interior Health staff absenteeism. Chronic pain has a profound effect on individuals, their families and our communities. Quality of life and daily function is affected, as well as ability to participate in the work force. The social cost can be high and occasionally lives are lost to prescription opioid misuse or abuse. Currently, chronic pain treatment is an orphan in the constellation of chronic disease management.

The chronic pain advisory group surveyed resources currently

available throughout Interior Health communities. Resources were found to be limited, poorly coordinated and often inaccessible. To improve this situation a “stepped model” of care was proposed and adopted. In broad outline:

- Primary care management of chronic pain will be augmented through a PSP chronic pain management module.
- Secondary levels of chronic pain management will be established in communities such as Salmon Arm, Castlegar, Cranbrook.
- Tertiary chronic pain centers will be established in Kelowna and Kamloops.

A summary of the deliberations of the chronic pain strategy

advisory committee was published in an *Interior Health Chronic Pain Strategy* presented to the Interior Health Authority senior executive team in November 2012. This document and its recommendations have been accepted. The document is available on the East Kootenay Division of Family Practice website: <https://www.divisionsbc.ca/east-kootenay>.

A budget has been developed and placed into the Interior Health budget cycle for 2013/14. It is anticipated the recommendations of the chronic pain strategy advisory committee will be implemented over the next two years.

Walter VanRietschoten
Chronic Pain Strategy Advisory Committee

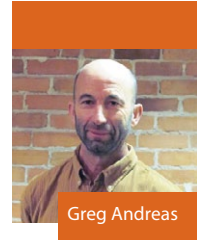
Collaborative Services Committee Report

A General Practice Services Committee (GPSC) article described the purpose of a Collaborative Services Committee:

“As members of a division turn their attention to improving primary care in their community, there likely will be a complex issue that requires the involvement of local health care partners.

A complex issue can't be solved by the physician community alone; the division needs support and, in some cases funding, from other partners. At that point, the division and its partners establish a Collaborative Services Committee (CSC).

A CSC is comprised of representatives from a division's partners in health care: the health authority, the division physicians, the GPSC which represents both the Ministry of Health and the BC Medical Association, and potentially community groups as needed.”



The local CSC meets once a month. At the table from the EK Division are physicians Wilhelm Pieterse, Greg Andreas and Shaun van Zyl, along with Patti Phillips, coordinator, and Laura Vanlerberg providing the administrative component.

The IHN transition necessitated most of the committee's time over the past year. Jo Ann Lamb has been present on contract with our division to coordinate the IHN transition in Kimberley and Cranbrook, as well as the introduction of a more collaborative model of patient care in Creston and Fernie. At the time of writing this report, budgetary restrictions looked as if they might limit achieving the vision originally communicated by the membership. The lack of current funding may well delay initiation of components of collaborative care in Fernie and Creston.

The challenge of balancing human resources in terms of physician time, IH personnel time and funding has persisted over the past year and seems likely to remain a prominent theme into 2013.

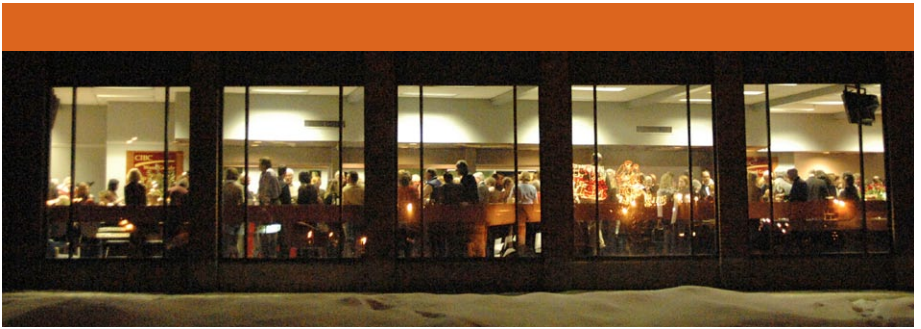
Under another funding source, specific and targeted programs have resulted in greater respiratory community support, with a view to wider availability to community-based patients. In mental health, work is also underway to establish care and support where present services are not adequately or consistently reaching patients.

The amount of work done in Shared Care, as well as other community based projects, is increasing. The radiology Shared Care initiative was the first completed project. It is expected ongoing information from this and

other projects will be available for the CSC. Requests for help developing new avenues of patient care opportunities can also be presented to the CSC by Division membership.

Please do not hesitate to contact the author, another division CSC representative or our coordinator for further details. CSC minutes are available on request.

Greg Andreas
CSC Co-Chair



Information Management – Information Technology (IMIT) Committee Report

The IMIT committee is collaboration between Interior Health Authority and the divisions within its region, which include East Kootenay. It is tasked with improving information management and technology to further patient safety and foster good communication between family physicians and other healthcare providers.

Initially, the IMIT committee focused on addressing some longstanding, but fairly easily corrected, issues around labs, discharge summaries and other hospital communications. The committee then turned its attention on two major areas: first, the shared care of specific patient groups such as frail elderly, and second, developing a common language for electronic medical record (EMR) providers to use on patient summaries.

CARING FOR SPECIFIC PATIENT GROUPS

The Northern Health Authority has shown how web-based electronic medical records can enable all caregivers to share information about a patient in a specific group. It is a small shell program that interacts with the family physician's EMR and the hospital's EMR

and confidentially allows information sharing. Down the road, it may be possible for a patient with complex medical needs to be signed up to a program where the doctor, associated nurses, healthcare providers and hospital staff could all have the capability to access that patient's visits and referrals, as well as their most recent medical information.

COMMON LANGUAGE FOR MEDICAL SUMMARIES

The second initiative is similar to information sharing but believed to be more urgent. The IMIT committee has been working to establish a common language for all EMR providers to use in medical summaries for every patient in a family physician's EMR. This would enable emergency room physicians, and eventually other physicians working

in hospitals, to quickly access a patient's pertinent information when it is needed emergently or urgently. There are two significant hurdles to overcome. First, absolute patient confidentiality must be ensured, while still maintaining good patient records. As well, the major technological hurdle is to ensure all EMR providers make this information available in a way that is compatible with hospital computer systems. The Interior Health Authority and the Northern Health Authority have now completed an 18-month collaborative project to develop a common language. The next step is to discuss the matter with EMR vendors.

Overall, the IMIT committee is an exciting collaboration between the people in Interior Health who are able to ensure changes get made and representatives of each division that is affected, enabling members of divisions such as East Kootenay to have a say in where the future is headed in this exciting field.

Erin Ewing



Ross Dawson

IHA Recruitment & Retention Steering Committee

The East Kootenay Division of Family Practice is participating in this project with representatives of several IH Divisions, Interior Health, BC Health Match, GPSC/BCMA, and others. At the time of printing, three meetings had been held by teleconference. The goal is to understand the recruitment needs for family medicine across IH – for the present and future – and to come up with a co-ordinated, practical approach to recruitment. A consulting firm has been contracted and will be collecting information from communities and physicians over the next few months with a report expected in June 2013.

Ross Dawson, MD

Palliative Care Group

There appears to be increased awareness of the support offered to enable people to die in their own homes.

The East Kootenay Division of Family Practice has been involved in getting the various stakeholders together to try and improve the delivery of palliative care in the community and care homes in the EK Division area.

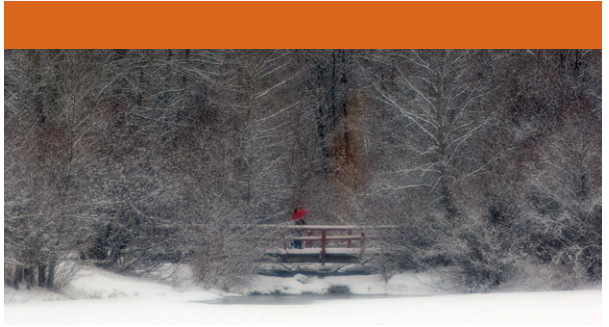
Two meetings to date, led by two family physicians and the EK Division coordinator, have been held with representatives of Interior Health, including the patient care coordinator, acute care manager, community integrated health services manager, home health nursing knowledge coordinator, and the practice support program coordinator; along with the president of the Kimberley and Cranbrook Hospice Society.

The following needs were identified and serve to provide direction for the working group:

- A palliative care package, including flow charts, to help make the delivery of palliative care seamless.
- Education around *My Voice* to increase its use.
- Nursing care or care aid support to those wishing to remain at home to die.
- New and consistent pre-printed orders which we are attempting to develop locally. These orders would need to be initiated by home care nursing or the family practitioner.
- Improve communications.
- Improve palliative care visits so that the patient and FP experiences are improved.

The palliative care group will continue to meet through spring 2013.

Eugene Ries
Palliative Care Group Physician Lead



continuity of care

Shared Care – Partners in Care

Shared Care is an initiative that brings together family physicians, specialists and other medical professionals to improve the continuity of care and health outcomes for patients with complex conditions. Its goals are to:

General practitioners with a specialty discipline, with administrative support and whoever else are necessary, and often including patients, explore their respective worlds in order to:

- Promote long-term functional and effective working relationships between GPs and their specialist colleagues
- Create an opportunity for dialogue with specialists within a collaborative, solutions-driven, outcome-oriented process and
- Improve patient outcomes by:

IMPROVING	DECREASING	INCREASING
Referral systems, communications and relationships between GPs and specialist colleagues	Physician time wastage	Appropriate, efficient and effective sharing, and communication of patient-related information.
Prioritizing investigation and treatment of patients	Patient stress of patient journey	Positive patient and physician experiences

ADVISORY COMMITTEES AND WORKING GROUPS

The East Kootenay Division has been involved in the following Shared Care advisory committees and working groups:

- Radiology (see Shared Care – Radiology report). Work is underway.
- Maternity was identified as a priority, particularly for members offering this care in Creston and Fernie. Work is underway.
- Further specialties will be addressed in the coming months.

STEERING COMMITTEE

The Division board has been functioning as the steering committee for the above areas of Shared Care activities. It is hoped this will evolve to a group comprising general

practice, specialist and as appropriate, IH representatives, possibly with Patient Voices input. In other divisions, separation and development of a distinct committee to guide Shared Care has been found to be more effective in decision making and resource allocation.

For more information contact Jill Bain, Shared Care project lead, Patti Phillips, division coordinator or ask to be part of a Shared Care working group or the steering committee development.

Greg Andreas
EK Division Physician Lead

Shared Care – Radiology

The East Kootenay Division of Family Practice embarked on its first Shared Care initiative in April 2012. The goals were to provide:

- A collaborative, supportive and respectful setting to consider issues facing family physicians and radiologists
- An opportunity for information sharing
- Collectively developed, solutions-driven approaches to improve working conditions, family physicians' experience and patient service and care.

HIGHLIGHTS

Considering the work environment of the FP and Diagnostic Imaging (DI) groups and the challenges faced by both, four key areas for change were identified:

- Administrative demands
- Wait times
- Communications systems
- Patient journey.

Much discussion centered around the use of technology and how current electronic medical records programs and the adoption and/or development of new technologies could impact change in these areas. An internal pilot project was conducted to determine how the different EMR systems in clinics throughout the EK Division would manage specific suggestions for changes (e.g., electronic faxing). Through this project, it was determined that not all EMR systems are equivalent in their functionality, nor did all offices have hardware capable of implementing such changes.

With this knowledge, the group was able to integrate ideas and support from other stakeholders into the working group, including members from other Shared Care initiatives, PITO groups, and Interior Health.

SUCCESSSES

Over the course of the last year, there have been several small but important improvements in the communication between radiology and family physicians. East Kootenay physicians now have a new direct access telephone number to Diagnostic Imaging (DI)/radiologist on call. The development of a *Radiology 101* document highlighted several useful tips of improving communication. This was released to EK physicians and it was well-received.

In terms of administrative demands, requisitions are no longer required to have an FP signature, thereby enabling e-fax capability to reduce paper waste in family physicians' offices.

LOOKING FORWARD

Unfortunately, the system for triaging and scheduling DI investigations remains antiquated. The group envisions a new EMR type/paperless system and are currently seeking possible funding modalities.

The group also seeks to standardize EMR capabilities and to continue to work with PITO and the EMR vendors to enhance the efficiency of the systems (i.e., when repeat/further testing is required). In the first months of the coming operational year, the group hopes to pilot new DI requisition forms.

Dr. Crystal Campbell
Dr. Ron Nash
*Radiology Shared Care
Group members*

Unaudited Financials — Core Income

For Year ending March 31 2013

Income Summary

Core Income	\$ 209,227.00
Total Core Income	\$ 209,227.00

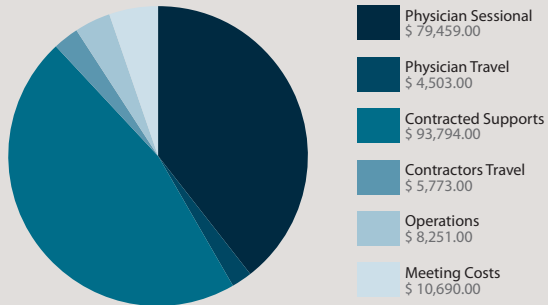
Expenses

Physician sessional	\$ 79,459.00
Physician travel	\$ 4,503.00
Contracted Supports	\$ 93,794.00
Contractors Travel	\$ 5,773.00
Operations	\$ 8,251.00
Meeting Costs	\$ 10,690.00
Total Core Costs	\$ 199,443.00

Balance Forward

Total	\$ 6,757.00
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CORE COSTS



Unaudited Financials — Shared Care Income

For Year ending March 31 2013

Shared Care Income

Shared Care Income	\$ 351,419.10
Total Core Income	\$ 351,419.10

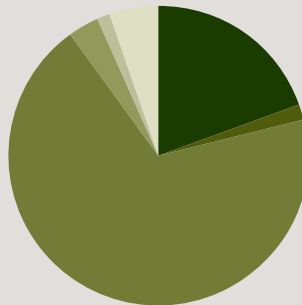
Expenses

Physician sessional	\$ 17,392.26
Physician travel	\$ 1,369.20
Contracted Supports	\$ 61,710.65
Contractors Travel	\$ 2,794.05
Operations	\$ 1,272.39
Meeting Costs	\$ 4,916.86
Total Shared Care Costs	\$ 89,455.41

Balance Forward

Total	\$ 261,963.69
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SHARE CARE COSTS



Physician Sessional	\$ 17,392.26
Physician Travel	\$ 1,369.20
Contracted Supports	\$ 61,710.65
Contractors Travel	\$ 2,794.05
Operations	\$ 1,272.39
Meeting Costs	\$ 4,916.86

East Kootenay Division of Family Practice
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Board of Directors

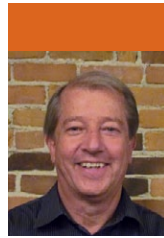
Dr. Walter VanRietschoten – Chair
Dr. Gregory Andreas – Vice-chair and
Physician Lead
Dr. Ron Nash – Treasurer/Secretary
Dr. Atma Persad – Director
Dr. Ross Dawson – Director
Dr. Todd Loewen – Director
Dr. Wilhelm Pieterse – Director

CONTRACTED SUPPORT

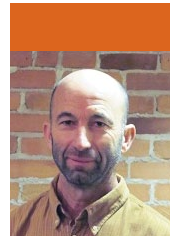
Patti Phillips – Division Coordinator and
Shared Care Partners in Care Project Manager
Laura Vanlerberg – Division and Shared Care
Administrative Assistant
Irene Kenneth – Division and Shared Care
Bookkeeper
Jill Bain – Shared Care Partners in Care
Coordinator
Jo Ann Lamb – Integrated Health Networks
Transition Liaison

Jeff Malmgren – provincial Divisions Physician
Engagement Lead (present)
Lisa Adams – provincial Divisions Physician
Engagement Lead (past)

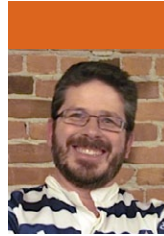
Photographs of the East Kootenay area
courtesy of PictureBC
Pg. 16 EK Division of Family Practice



Walter VanRietschoten
Chair



Gregory Andreas
Vice Chair



Ron Nash
Treasurer/Secretary



Atma Persad
Secretary



Ross Dawson
Director



Todd Loewen
Director



Wilhelm Pieterse
Director

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/east-kootenay