Central Interior Rural
Division of Family Practice
A GPSC initiative

ANNUAL REPORT 2018–2019

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MISSION

The Central Interior Rural Division of Family Practice (CIRD) drives improvement in health outcomes within our communities and supports our members in maintaining their well-being and practice.

VISION

Everyone in our region will be able to access quality health care when they need it. Relevant information about their health will be easily available to them and to their care providers. Regardless of who they receive care from, they will be confident that it is the best available and that their primary care provider has all of their critical information.

The CIRD members will deliver the scope of care and services that best fit the community needs, their own professional aspirations, and their preferred business model. Administrative tasks will support practices and develop leadership within the health community, and will reflect members' interest and expertise. Working effectively with other health care providers in and/or outside their clinics, they will be able to ensure that their patients receive timely, proactive care.

Through distribution of care and administrative support across teams and networks, physicians will be able to better support patients and maintain a healthy work/life balance.

VALUES

- Values
- Patient-centred care
- Integrity
- Respect
- Collaboration
- Evidence based decision making
- Innovation
- Adaptability

CONTENTS

MESSAGE FROM THE BOARD CHAIR

My term as Chair of the CIRD has been one of exploration as we moved from physician centric patient medical home projects and dove into the collaborative planning process with outside partners to create a primary care network plan. Even in the face of this very resource-intensive work, we continued to keep our strategic priorities top of mind, which include improving access to care, improving quality of care, and improving the work/life balance for primary care providers.

This year, increased effort went into engagement with our members to better understand the primary care needs of our region. This was in light of a member decision for the CIRD to explore the Ministry of Health Primary Care Network to transform the way primary care is delivered. Moving forward with this planning means that we have the opportunity to attempt to design a system that works for us at the local level, rather than having to adapt to a broad-stroke approach.

As we began to explore what a primary care network is, it was clear that the physicians of this region already operate in a network-type model. We also learned that a primary care network in this region would need to look quite different than the original vision of the Ministry, mainly due to the rural nature of our region. That factored in, a plan was created with our health authority and First Nations partners that will bring additional resources to this region to strengthen primary care. This process was both rewarding and challenging for all involved and we will continue to ensure that the physicians in this region are involved and up to date on how this process rolls out.

One of the great successes of this year has been the greater than ever engagement and enhanced communication that we have seen with our members. We have more physician leads and committees than ever before, and this means more members are choosing to be proactive in improving health care in our region. As an organisation, we want to thank all of our members for your dedication and hard work this year. As a Division of Family Practice, the work is driven by our members and without physician leaders, we would not be able to make so many projects a reality.

I wish to thank our hard working and productive staff for their continued efforts in supporting our position of being leaders in the work that we do, especially during this provincial primary care transformation.

Sincerely,

Travis Routtu
CIRD Chairperson

Travis (left) with students.

EXECUTIVE DIRECTOR'S REPORT

The end of 2019 marked the end of my first year as the Executive Director of the CIRD, and what a year it has been! It has been a year of learning and change and I have appreciated every moment of it.

This year we continued to grow and made some significant changes in our staff, our projects, and our organization. Over the course of the year, we took the opportunity to reorganize our departments and team to better align with the work of the division. We created a new operations lead position, optimized the Recruitment and Retention program, brought our bookkeeping in-house, and expanded the number of project leads. We have secured a fantastic group of staff. I am very proud of the work they have done and excited to see what the future holds for this dynamic group.

This year our Board of Directors stayed consistent with six dedicated members, three from 100 Mile House and three from Williams Lake. Together, this board has carried our organisation through several major initiatives this year, including the transition from a society to a cooperative. This is a strategic move which has allowed the board to remain physician-led, a core value of the organisation.

The other major initiative that the CIRD faced this year was the development of a primary care network plan that was submitted to the Ministry of Health for consideration in the summer of 2019. This process involved extensive consultation with our members, and then many hours of planning with our partners at First Nations Health Authority, our three local nations, Interior Health, Nurse Practitioners, and patient partners to prepare a plan that would best capture the needs of primary care for this diverse region. The plan will not be everything to everyone; however, we hope our members will find that it will enhance access to and quality of care for the patients of this region.

I am so very proud to work with a strong board who continually aim to bring the vision of the CIRD members to fruition, and to have the honour of working alongside such a dynamic and talented staff. I learned very quickly in this role that nothing stays the same for long in this industry, and therefore, I remain curious every day to see what the future will bring.

Jill Zirnhelt
CIRD, Executive Director

Jill Zirnhelt

TIMELINE: HIGHLIGHTS 2018–19

- GPSC Spring Summit
- PMH Advisory Committee first meeting

- Interdivisional Strategic Council meeting
- PMH Advisory Group meeting
- Division member consultations

APR MAY JUN JUL AUG SEP

2018

- Borland Medi-Clinic opened
- PSP Sessions — Dementia
- PSP Sessions — Child and Youth Mental Health
- Walk with your Doc event— 100 Mile House
- Microblogging MD training and implementation

- CIRD visits First Nations health centres
- PSP — Team Based Care 100 Mile House

- Welcomed Dr. Elsawi Omer and Dr. Abdurrazig Shamsedeen
- Welcomed Leah Young, Nurse Practitioner
- New physician welcome event 100 Mile House
- Patient Reference Group created for PMH
- Interdivisional Strategic Council meeting
- Network of Rural Divisions meeting
- PCN Expression of Interest submitted to MoH

- PMH Advisory Committee meeting
- Annual General Meeting and RCME presentation
- PSP — Team Based Care 100 Mile House
- PSP — Adult Mental Health Williams Lake
- Residential Care Refresher
- Launched Physician in Transition website

- Welcomed Katie Blaxland, Project Lead
- Restructured Retention and Recruitment Program

- Group Medical Visit with dietitian in Williams Lake and 100 Mile House
- PCN Planning Committee commence work on PCN Service Plan
- Welcomed Jinny Fournier, in-house bookkeeping
- Hosted first EMR User Group meeting in Williams Lake
- New Sick Notes protocol launched in 100 Mile House
- Attended Quality Forum 2019
- Rural Coordination Centre meeting

OCT NOV DEC JAN FEB MAR

2019

- Pathways training and implementation
- MOA Conference held at Spruce Hills Resort
- New Sick Notes protocol launched in Williams Lake
- PSP —Pain Module 100 Mile House
- Review of Recruitment and Retention Program underway
- GPSC Leadership Management Development Program — two Board members attended

- Facility Engagement initiatives launched
- Division member consultations
- New CME calendar and learning events
- PSP — Pain Module 100 Mile House

- Final PMH Advisory Committee meeting
- GPSC Provincial Summit
- Transition from a Society to a Co-op complete
- PSP — Pain Module 100 Mile House

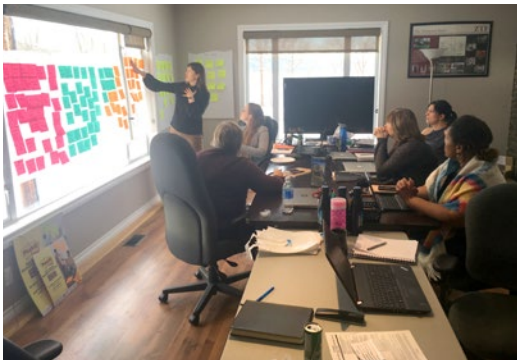
CIRD PROJECTS ANNUAL REVIEW

PATIENT MEDICAL HOME (PMH) PROJECTS

Based on consultation and data collected during the planning and assessment phase of the PMH initiative, projects were developed to address needs and gaps. The areas of focus included:

- gatekeeper paperwork — to reduce the burden of paperwork
- maternity services — enhance communication between care providers in Williams Lake and 100 Mile House
- specialist linkage — increase access to specialists
- mental health — increase knowledge of services and capacity for GPs
- nutrition services — increase knowledge of services and capacity for GPs
- First Nations relations — continue to strengthen relationships

The first step in this work was to set up an Advisory Committee to inform the projects as work progressed. Members of the Advisory Committee included GPs, specialists, First Nations health representatives, Interior Health staff, nurse practitioners, and a patient reference group.



To address physicians' roles as 'gatekeepers' for paperwork, the project team conducted research and facilitated a group consensus discussion that resulted in a new protocol for members to manage non-medically necessary sick note requests from employers. The protocol is based on a model developed in Pemberton which allows physicians' offices to shift the cost of sick notes to the employers. Initial findings suggest that offices have seen a reduction in requests and the burden of paperwork on physicians has decreased.

To address some of the challenges for patients requiring maternity services in 100 Mile House, the project team facilitated discussions between providers in Williams Lake and 100 Mile House. The group explored options for prenatal care, including protocols and checklists to support care providers, when patients from 100 Mile House transition to care providers in Williams Lake for delivery. Work is continuing with these providers to improve communication and streamline the path of care for patients.

In order to enhance specialist linkages, the project team rolled out Pathways to physicians across the CIRD and will assume the ongoing administration for the region.

In the areas of mental health and nutrition, the goal of the work was to strengthen primary care capacity by identifying community resources, increasing awareness of available resources, supporting continuing education opportunities and increasing patient access to mental health and nutrition resources. Project staff played a role in coordinating several mental health initiatives underway in the region including project ECHO and the Adult Mental Health PSP modules.

In the area of nutrition, the project team was able to pilot a group visit approach in both 100 Mile House and Williams Lake. Results from these pilots indicate that these were viable models and that data will inform the PCN.

The final project in the PMH initiative was to build and enhance relationships with partners in First Nations communities. First Nations health representatives played a key role on our Advisory Committee, and these relationships have continued through our work with primary care network service planning. Discussions at the Advisory Committee led to the exploration of issues of shared patient care with providers between urban and remote communities, which has led to ongoing work in the 2019/20 year.

As these PMH projects wrapped up, key findings were shared with the PCN planning team and are reflected in the PCN Service Plan.

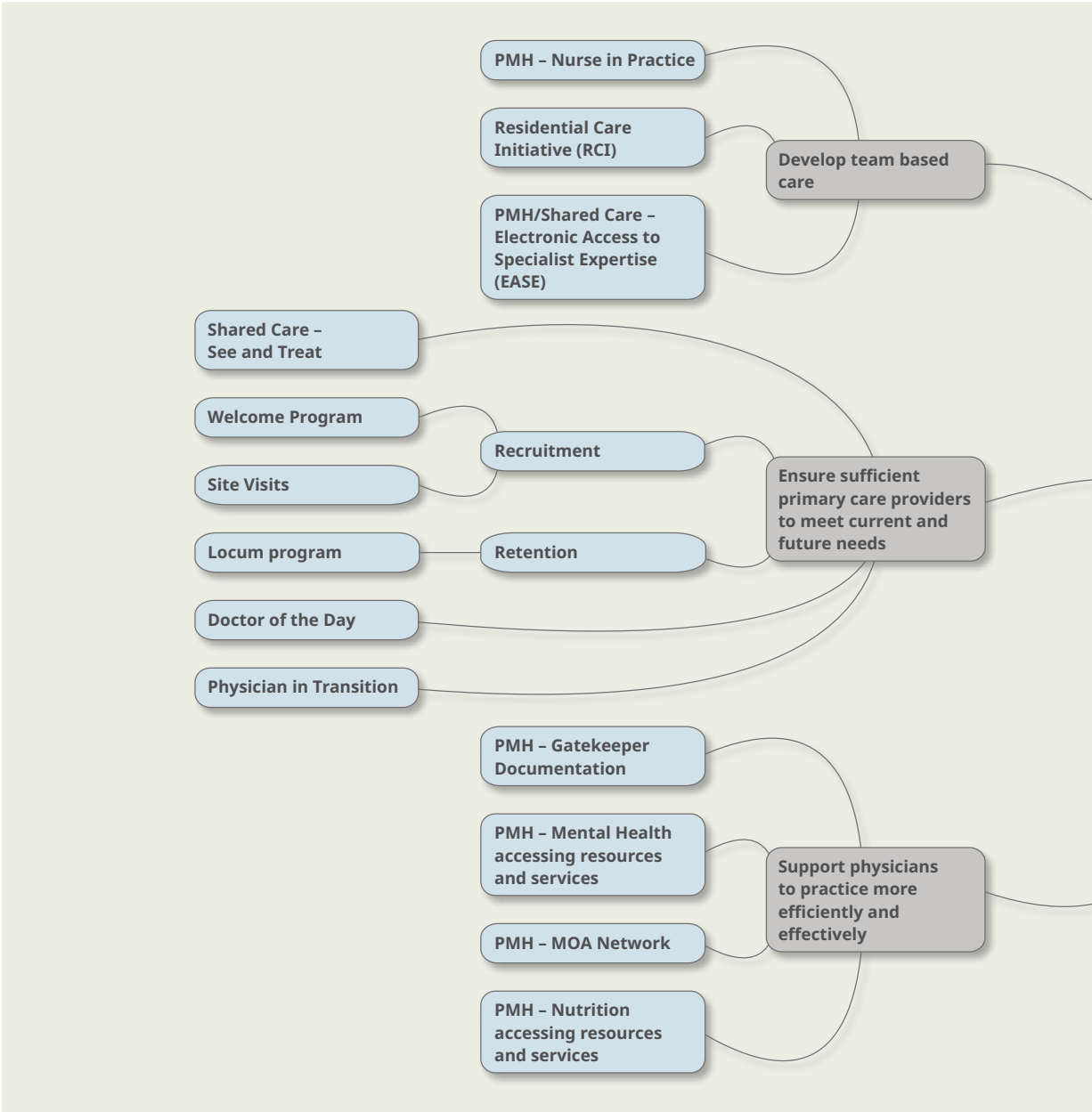
THE MEDICAL OFFICE ASSISTANT NETWORK (MOA NETWORK)

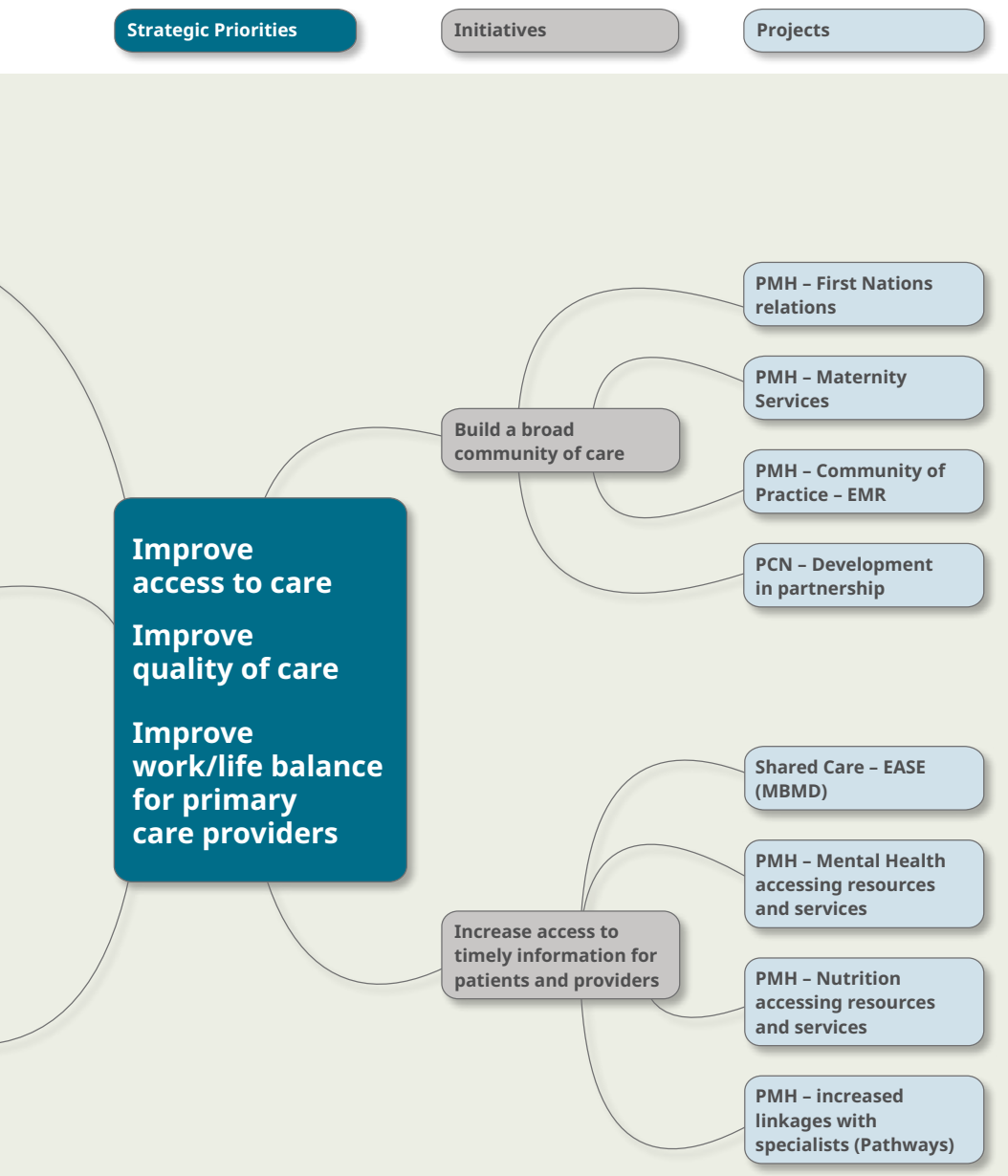
The MOA Network was developed in 2015 by the CIRD to support, train, and share knowledge with MOAs in our region. The CIRD and PSP work closely together in this program. This year we hosted a two-day MOA Conference. Sessions were related to privacy and security in clinics, Indigenous cultural safety, Pathways, EMR tips and tricks, the role of public health and the services they provide and putting the heart back in their clinic.

OTHER CIRD PROJECTS

Other core programs of the Division include Long Term Care, Assigned/Unassigned Patients Program, FETCH, Pathways and Electronic Access to Specialist Expertise (EASE).

STRATEGIC PLAN 2018–19




Strategic Priorities
Initiatives
Projects
Improve access to care
Improve quality of care
Improve work/life balance for primary care providers
Build a broad community of care
Increase access to timely information for patients and providers
PMH – First Nations relations
PMH – Maternity Services
PMH – Community of Practice – EMR
PCN – Development in partnership
Shared Care – EASE (MBMD)
PMH – Mental Health accessing resources and services
PMH – Nutrition accessing resources and services
PMH – increased linkages with specialists (Pathways)

RECRUITMENT AND RETENTION REPORT

Recruitment and Retention Peer Support Group

This year, many changes have been made in the division's Recruitment and Retention (R&R) program. The year began with a full review of the program including an in-depth look at project deliverables, goals, and successes. The efficiency of the program from both an internal and external perspective was explored and based on the results of this review, the department shifted from three part time staff to one full time staff. Additionally, an R&R committee of physicians was created. Further, the projects undertaken by the division have narrowed to focus on *supporting* our partners in recruitment and an expanded focus on the retention of our existing physician supply.

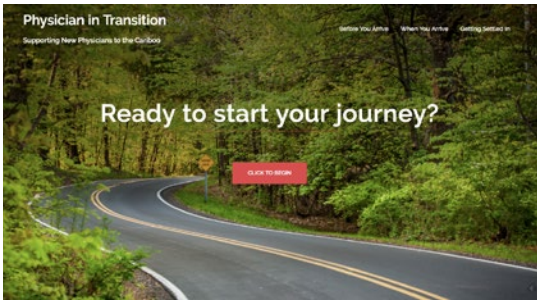
Additionally, the division has joined and become a leader on a regional committee where the people involved with recruitment and retention in each Interior Health division collaborate to share information and partner on initiatives.

Throughout the year, the team coordinated a total of six site visits in Williams Lake and 100 Mile House. The physicians were able to tour clinics, meet colleagues, and gain an understanding of the lifestyle available in the Cariboo.

The Locum Coverage Program continues to grow. Eleven locums were welcomed into the CIRD communities and were assisted in finding accommodations, planning activities, and providing financial incentives.

Coming out of the work with the Physician in Transition project, two Peer Support Groups were developed—one in Williams Lake and one in 100 Mile House—to provide support to new physicians in the community. The Peer Support Group has met twice to welcome new physicians to the region.

Overall, R&R will remain a strong focus for the CIRD, especially as PCN work continues to move forward.



CIRD BOARD OF DIRECTORS 2018/19

Dr. Travis Routtu — Chair/Treasurer

Dr. Doug Neufeld — Vice-Chair

Dr. Glenn Fedor — Director

Dr. Andrew Juren — Director

Dr. Bruce Nicolson — Director

Dr. Neetha Vithalal — Director

CIRD STAFF 2018/19

Jill Zirnhelt — Executive Director

Joanne Meyrick — Executive Assistant

Shilo Labelle — Administrative Assistant

Tanya Kielpinski — Project Lead

Sarah Fletcher — Project Lead

Katie Blaxland — Project Lead

Laurie Walters — Program Lead

Tshidi Machete — Program Assistant

Sheena Brink — Program Assistant

Jinny Fournier — Bookkeeper

The CIRD Board of Directors and Executive Director.
From left to right: Doug Neufeld, Jill Zirnhelt, Travis Routtu,
Neetha Vithalal, Bruce Nicolson, Glenn Fedor, Andrew Juren.

MANAGEMENT'S RESPONSIBILITY FOR FINANCIAL REPORTING

The financial statements of Central Interior Rural Division of Family Practice Society have been prepared in accordance with Canadian generally accepted accounting principles. When alternative accounting methods exist, management has chosen those it deems most appropriate in the circumstances. These statements include certain amounts based on management's estimates and judgments. Management has determined such amounts based on a reasonable basis in order to ensure that the financial statements are presented fairly in all material respects.

The integrity and reliability of Central Interior Rural Division of Family Practice Society's reporting systems are achieved through the use of formal policies and procedures, the careful selection of employees and an appropriate division of responsibilities. These systems are designed to provide reasonable assurance that the financial information is reliable and accurate.

The Board of Directors is responsible for ensuring that management fulfills its responsibility for financial reporting and is ultimately responsible for reviewing and approving the financial statements. The Board meets periodically with management and the society's auditors to review significant accounting, reporting and internal control matters. Following its review of the financial statements and discussions with the auditors, the Board of Directors reports to the membership prior to its approval of the financial statements. The Board also considers, for review and approval by the Board, the engagement or reappointment of the external auditors.

The financial statements have been audited on behalf of the Board of Directors by PMT Chartered Professional Accountants LLP, in accordance with Canadian generally accepted auditing standards.

Dr. Travis Routtu,
Board Chair

Mrs. Jill Zirnhelt,
Executive Director

STATEMENT OF FINANCIAL POSITION

March 31, 2019		2019		2018
ASSETS				
Current				
Cash	$	379,249	$	118,207
Accounts receivable		27,183		371,436
Goods and services tax recoverable		12,527		4,016
Prepaid expenses		9,219		2,957
Due from related party		20,000		–
	$	448,178	$	496,616
LIABILITIES				
Current				
Accounts payable and accrued liabilities	$	113,076	$	96,970
Wages payable		10,485		20,385
Employee deductions payable		16,886		5,165
Deferred income		245,803		377,326
		386,250		499,846
NET ASSETS				
General fund		61,928		(3,230)
	$	448,178	$	496,616

STATEMENT OF REVENUES AND EXPENDITURES

Year Ended March 31, 2019	2019	2018
REVENUE		
Doctors of BC	$ 827,485	$ 586,724
Ministry of Health	193,450	193,450
Cariboo Chilcotin Regional Hospital District	62,500	60,000
Miscellaneous	10,511	2,125
Sponsorship	–	8,880
	1,093,946	851,179
EXPENSES		
Direct costs		
Contracted staff	516,360	390,002
Meetings, events and training	48,726	41,446
Physician fees	358,557	377,215
Travel and accommodation	58,240	38,634
Total direct costs	981,883	847,297
General and administrative expenses		
Bank charges	868	420
Insurance	1,496	1,348
Licences, dues and fees	225	75
Office	3,888	4,399
Professional fees	16,517	14,856
Rent	9,840	9,840
Supplies and equipment	9,452	10,008
Telephone and utilities	4,619	3,800
Total general and administrative expenses	46,905	44,746
	1,028,788	892,043
Excess (deficiency) of revenue over expenses	$ 65,158	$ (40,864)

STATEMENT OF CHANGES IN NET ASSETS

Year Ended March 31, 2019	2019	2018
Net assets (liability) — beginning of year	$ (3,230)	$ 37,634
Excess (deficiency) of revenue over expenses	65,158	(40,864)
Net assets (liability) — end of year	$ 61,928	$ (3,230)

CONTACT US

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Nature photos courtesy of Ivan Hardwick
All other photos courtesy of the CIRD

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/cird

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BRITISH COLUMBIA

GPSC General Practice Services Committee

doctors of bc