



2012-2013 Annual Report

Thompson Region Division of Family Practice



Thompson Region
Division of Family Practice
A GPSC Initiative

**Listening
Learning,
Collaborating,
Inspiring,
Innovating**

2012 Perspective from the Thompson Region Division of Family Practice



President's Report - United we Stand

I am continually humbled by the dedication and commitment of our members and especially the Board of Directors and our staff in the work that we are doing together. The grassroots energy and enthusiasm for what we, in family practice, believe are the right things to do for our patients and our community is overwhelmingly positive. From inconspicuous beginnings, the Vision/Mission Statement that was adopted at last year's AGM is now guiding development of short term and long term strategic goals. We have moved from a fledgling organization to a force to be reckoned with alongside our partners in Interior Health and the Ministry of Health. We hope that at this upcoming Annual General Meeting, we will get a sense from all of you as to whether our organization is heading in the right direction or if we need to do some course corrections. It is the successful incorporation of the diversity of your ideas and experiential wisdom in a unified response that our Division's influence over the system can be accomplished in a manner that robustly supports your practice of primary care.

On reflection this past year, we have had a number of massive changes from the healthcare system that has impacted Divisions of Family Practice. I have learned that running a non-profit is very different from running my own practice where changes can be implemented almost immediately. In the Division, I have learned that sometimes slower is better. Our Board has to check in with our member's priorities via surveys or conversations, check in with our partners in the Health Authority, Ministry of Health and other stakeholders and last but not least, reflect as a Board to ensure that we are complying with the constitution and governing structures of our organization. As a result, change does take longer to implement and can be frustrating at times for all of us. However, we are learning

to operate in a more engaging, consultative, and collaborative manner to ensure what we are doing will not cause avoidable unintended consequences for any of the parties involved in these changes. Case in point is the IHA Integration Strategy and the GP for Me (Attachment) Strategy – both of which were generated by our partners. We have to respond with your input and direction which takes time to gather in order to provide a balanced response. As a result, I hope that the ultimate product would be one that we all not only can live with but can actually thrive in.

Please join me in expressing my sincerest appreciation to two invaluable members of the Division Board who are stepping down. They have both been with us from the start and have done the heavy lifting. Dr. Peter Gorman, our Vice-President, who has tirelessly guided us through the policy and data maze as well as being a very effective advocate at MAC and CSC. His sharp delineation for all things inconsequential is unmatched and we will miss him dearly. Similarly, Dr. Wayne Dong, the quiet and thoughtful strength behind our Board deliberations, has brought his unique tech savvy in the development of our Division Recruitment website and has agreed kindly to stay on as Lead of the Recruitment Committee. Thank you both!

My deepest gratitude goes also to the members of the Board of Directors who are staying on that have contributed countless hours and energy to issues that face our membership and community. Dr. Chip Bantock, our Treasurer and Executive member, who continues to guide our finances and delicate matters with superb skill; Drs. Krista Bradley and Graham Dodd who faithfully attends Board meetings regardless of where they are in the world; and Drs. Bruce Newmarch and Miranda du Preez who despite their very busy lives assist in whatever way they can. They all provide us with diversity of viewpoints and opinions to make the difficult decisions. Please join me to acknowledge their contribution. We make a great team.

This year, we are evolving with the roles of our staff in hiring Vivian Van Dorne as our office administrator and bidding a fond farewell to Jewel Calibaba. We are fortunate to have Lisa Fuller, a very dynamic project lead for our Transitions in Care projects, join the team. Lisa also doubles as our HR consultant. We continue to have the support of our most dedicated and skilled bookkeeper, Sandy Taylor, and last, but not least, Chris Hollstedt, our Executive Director, has been worth her weight in gold, in guiding us through the dense forest of organizational structures, governance issues, effective advocacy and leadership against all that challenges the general practice world. We are taking big strides in how we unite our members, partners, patients and community for positive change.

Review of the Initiatives that are Important to Our Members:

GP for Me (Attachment)

The provincial roll-out of this initiative has hit us like a tsunami. We listened to all of you and understand that our community is willing to take this on provided we have supports (which GPSC is providing). This will allow us to have a comprehensive look at our primary care capacity now and into the near future and plan for what our Division and our community will require to cope with the changing reality. This work is just beginning and your involvement is critical.

In Hospital Care

Our MOU made a significant impact in translating what we did locally into a Provincial in Hospital Network fee that benefits all GP/FPs who support their own patients in hospital. We are hoping to turn the tide on GP/FPs leaving hospital work. We will continue to collaborate on the in hospital system issues when IHA leadership has the capacity to commit to this work.

Transitions in Care and Polypharmacy for Elderly Patients

With dedicated project management, Lisa Fuller, has identified the key reasons for the disparate state in transitions of (elderly) patients in and out of acute care as the first step of this difficult process. We can start to address, along with our IHA key partners, those huge gaps in care. We have also managed to secure further funding to address polypharmacy use in this vulnerable population. This can only serve to improve patient care and provider satisfaction and contain cost of care if we are able to reduce re-admissions, duplicity of care and eliminate unnecessary pharmaceutical use.

The King Street Project

This continues to expand and catch the enthusiasm of all that hear about it. IHA is supportive of expanding this model to 8 other communities within our regional Health Authority through the Acceleration Funding from Ministry of Health. Other communities across the province want to come and visit King Street and learn from the development and implementation of this integrated primary health care – psychiatric care – allied support services model.

Support for Recruitment and Retention

We continue to work locally with a very active Recruitment Committee and have developed better connections with development of the WorkHere website, partnerships with Health Match BC and ISC/IHA Recruitment Strategy to bring us referrals of physicians who may wish to come to our community. The best part is that the Family Medicine Residency Program is definitely starting here in 2014 and our Division continues to support Dr. Selena Lawrie through project assistance and funding to ensure its success.

Integration

In accordance with the Ministry's mandate, we are working with IHA to evolve from IHN structure into a broader integration of community services around all primary health care (GP/FP) practices. The IHA Director of Community Services, Andrew Neuner, has committed to open the budget for his entire Community Services portfolio to input by local Divisions of Family Practice to collaborate on the design of the delivery of those services. This type of commitment is unique amongst his peers. Your initial input is embedded in the Phase 1 and 2 rollout of this 3 phased project.

Child and Youth Mental Health

Through the Practice Support Program and our Division, we have managed not only to identify, articulate and document the multitude of gaps in care in Child and Youth mental health services that we, as family physicians, are intuitively aware of; we also managed to obtain commitment from Stephen Brown, the Deputy Minister of the Ministry of Children and Families (MCFD), to create a Provincial Structured Collaborative and find funding to support local action teams to address those gaps. This will be a large body of work going forward involving Specialists, GP/FPs, IHA Mental Health, MCFD and many others.

Chronic Pain Strategy

We have one of the strongest collective of FP/GPs, Specialists and allied Healthcare Providers within our community that have come together to address this huge problem within our community. Our combined advocacy with the other IHA Divisions has resulted in IHA formulating their Chronic Pain Strategy. We are ready to proceed with a Secondary and Tertiary integrated care delivery model when IHA is able to get the appropriate funding to support this very necessary service.

IPSI (Integrated Practice Support Initiative)

This is our first tentative steps to combine the support staff from PSP and PITO to deliver an integrated support service model to GP/FP's offices. There are 10 Divisions that have umbrella PSP and PITO under Divisions. This can be something we can aspire to in the future to provide a one stop support structure for our members. We are unique again in combining our project with another Division, the South Okanagan Similkameen, to work together.

Associate Community Call Groups

There is effective and successful implementation of this concept from Dr. Rod McLaren's brilliant idea to full adoption by a community of physicians with back-up call support. Started April 1st, so far, this back-up service is working very well.

Residential Care Working Group

This group has been successful in creating an effective alliance to cover residential patients plus submit two successful NP applications for Frail Seniors and Residential Care Attachment.

Family Practice Obstetrics Working Group

This working group oversaw the development of the Kamloops Maternity care website. This site is a valuable resource for local pregnancy care services which includes a list of Kamloops physicians providing maternity care with their contact information; helpful links on a variety of pregnancy related topics i.e. diet and exercise; information on prenatal genetic screening; and answers to some of the most frequently asked questions about having a baby; as well as downloadable forms for physicians. We welcome you to visit the site at <http://www.kamloopsmaternitycare.ca>.

Diabetes Collaborative

Two of our members, Drs. Miranda du Preez and Dr. Graham Dodd are working with local teams and patients in an IHA driven initiative to make a difference in the care delivery to patients with Diabetes. There is also an Endocrinology telehealth proposal in the works to support GP/FPs that care for complex Diabetic patients in our region.

We also continue to be invited to provide input into a number of areas that are initiated by IHA that impact our members including IMIT Regional Development, Kamloops IHA Community Clinic Re-design, Adult Mental Health, etc. and mindful of member interests i.e. Locum Support and Recruitment, Access to Services, Timely Access to Reports, Continuing Professional Development and Physician Wellness.

So, in conclusion, it is only with your input and commitment that enables all of these initiatives to come to fruition. Nothing we do about you can be done without you. Our Division stands for the unique value of Primary Care as the Foundation of the Healthcare System. There were many successes this past year and we will face many more challenges this coming year. United, we will continue to be successful as a Division and as a profession. Thank you all for your time, energy, commitment and enthusiasm in contributing to fulfill our collective Mission and Vision.





3rd Annual
Walk with
Your Doc





Treasurer Report

This is my 3rd year as Treasurer. In this role, I lead the development and oversee implementation of sound fiscal policies and systems to ensure our Division is accountable for the funds we manage on behalf of our members and funding organizations. I monitor spending and advise the Board on our financial position and our ability to undertake new projects.

The following Statement of Financial Position and Statement of Operations represent fairly, in all material aspects, the financial position of the

Thompson Region Division of Family Practice Society as of March 31, 2013.

Statement of Financial Position

Assets	2013	2012	2011
Cash	\$235,105	\$158,951	\$82,256
Accounts Receivable	-	\$17,908	\$1,753
Harmonized sales tax recoverable	\$19,280	\$9,992	\$1,116
Prepaid Expenses	\$2,674	\$2,588	\$2,588
Total Income	\$257,059	\$189,439	\$87,713

Liabilities			
Account Payable	\$ 32,672	\$38,104	-
Deferred Revenue	\$102, 546	\$102,546	\$87,713
Total Liabilities	\$135,318	\$140,650	\$87,713

Net Assets			
Operating Fund	\$ 49,239	\$48,788	-
Internally restricted	\$72,502	-	-
	\$121,741	\$48,788	
	\$257,059	\$189,439	\$87,713

Statement of Operations

Income	2013	2012	2011
Infrastructure	\$437,566	\$318,223	\$192,208
In Hospital Care MOU	\$ 500,000	\$420,924	-
Other Revenue	\$450	\$19,700	\$3080
Transitions in Care	\$69,778	-	-
Total Assets	\$1,007,794	\$758,847	\$195,288

Expenses	2013	2012	2011
Governance	\$190,313	\$196,088	\$153,078
Program Delivery	\$ 744,529	\$513,970	\$42,210
Total Expenses	\$934,842	\$710,058	\$195,288

Excess Revenue over Expenses \$ 72,952

*audited statements available upon request

With an annual budget of just over \$1 Million, we've ramped up our game. This year, we managed a diversity of funds included infrastructure, carry forward, In Hospital agreement with the Ministry of Health, and Transitions in Care funds from the Shared Care Committee. We've introduced an annual plan and budgeting procedure that allow for transparent and responsible preparation, monitoring and reporting against priorities (Figures 1 and 2). This includes monthly and quarterly Board-level reviews of our financial position, topped off by an annual audit. As a result, the Division ended the year in a positive financial position and the ability to continue delivering services over the transition period before our next funding arrives. Looking ahead, I can say with confidence that we have the controls and team in place to take on new initiatives that will benefit our members.

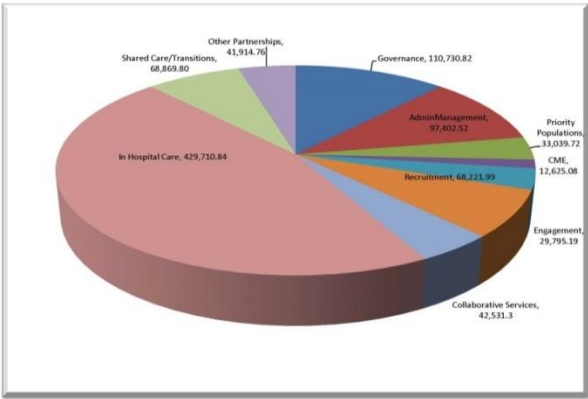


Figure 1 Distribution of funds by area of focus

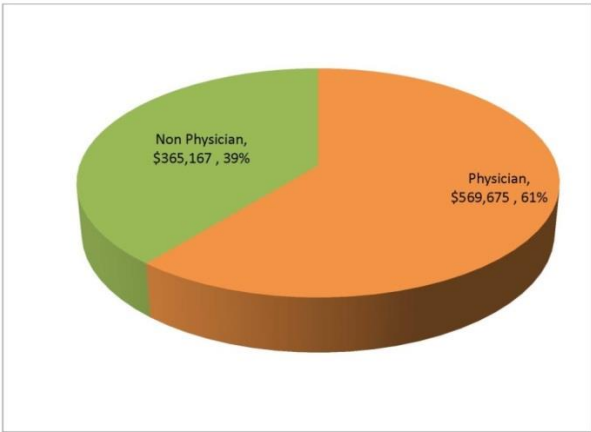


Figure 2 Distribution of funds-physician/non physician

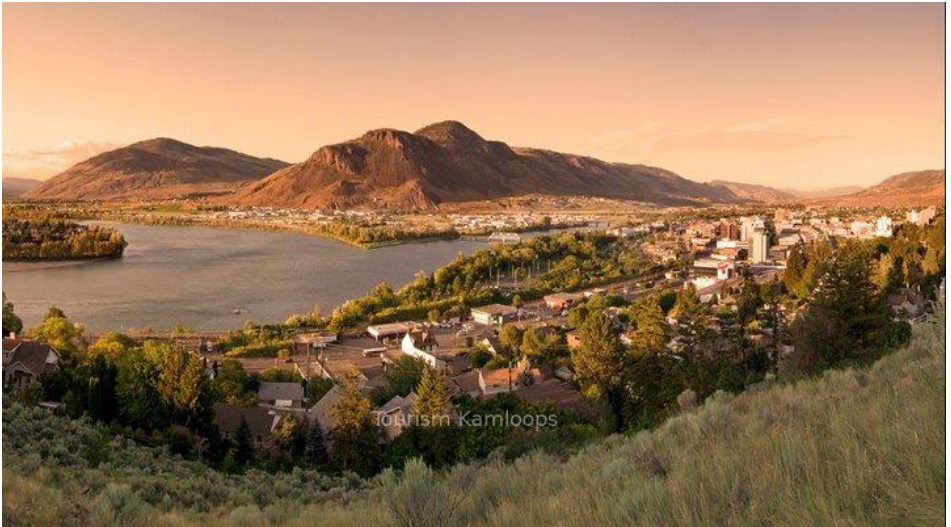
Thompson Region Division of Family Practice

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2012 Board of Directors

Dr. Shirley Sze, *President*
Dr. Peter Gorman, *Vice-President*
Dr. Chip Bantock, *Treasurer*
Dr. Graham Dodd, *Secretary*
Dr. Krista Bradley, *Director*
Dr. Wayne Dong, *Director*
Dr. Miranda Du Preez, *Director*
Dr. Bruce Newmarch, *Director*

Photos of the Kamloops area courtesy of Tourism Kamloops:
Back Cover



The Divisions of Family Practice initiative is sponsored by the General Practice Services Committee, a joint committee of the BC Ministry of Health and the BC Medical Association.

www.divisionsbc.ca