

ANNUAL REPORT

2013-14



Thompson Region
Division of Family Practice
A GPSC initiative

Listening
Learning
Collaborating
Inspiring
Innovating



CHAIRMAN'S REPORT

It is my pleasure to welcome you to the 4th Annual Report for the Thompson Region Division of Family Practice in my new role as Chair of the Board. We have come a long way in four years. Governing a growing organization with an ambitious mandate takes a significant amount of leadership and time. The Board of Directors, recognizing the need to spread the workload, made the courageous decision to modify our governing structure, sharing the roles between the Chair of the Board and the President of the organization. We are confident this distributed leadership model will strengthen our ability to strike a healthy balance between governance and operational goals. So what has the Board accomplished this year?



Dr. Chip Bantock
Board Chair

- In late March 2013 we approved and submitted our A GP for Me Assessment Phase Letter of Intent.
- We responded quickly in early April to inform members of the new GPSC Attachment and In Patient Incentives, providing services to administer the Assigned In-Patient Network.
- The Attachment task group developed an interim solution that helped 621 high-needs patients find a family doctor.
- In May 2013 we thanked Dr. Peter Gorman and Dr. Wayne Dong for their three years of service to the Board of Directors and welcomed Dr. Lennard Pretorius for his first two-year term. Dr. Pretorius also took on the Treasurer portfolio.
- In August, we approved and submitted the A GP for Me Assessment Phase full proposal.
- Directors confirmed short-term strategic priorities at their September retreat.
- During the fall, the Board revisited and strengthened the governance model to clarify and distinguish the roles of the Chair of the Board and the President. The Board augments monthly meetings with weekly Executive Meetings to be more responsive to issues requiring executive attention.
- We hosted our third Annual Christmas social. Next year we will do our best to have a "dinner".
- We continued to ensure your perspectives are part of many health care system changes affecting our community, including A GP for Me, Integration, Primary Care Clinics Redesign, Integrated Practice Support, Information Management and Technology, Recruitment, Chronic Pain, Mental Health and Substance Use, Residential Care, and Associate and Community On-Call.

I am proud of our accomplishments and offer my sincere appreciation to our Directors, committee, and working group chairs, members, and staff. A special thank you to Dr. Shirley Sze, whose passion, energy, and commitment continues to shepherd our progress. I believe that after a few years spent finding our way and navigating the complexities of the health care system, we have established a solid foundation to support our members in providing their voice to influence positive health systems improvements. We're one year closer to achieving our goal of the Thompson Region becoming a model community for the delivery of family medicine and primary health care in British Columbia.

Dr. Chip Bantock
Board Chair

PRESIDENT'S REPORT

BUILDING, SHARING, AND EXTENDING OUR REACH

From inauspicious beginnings as a group of family physicians getting together through a leap of faith to look at what ails our community, to full steam ahead tackling the in-hospital issues that resulted in new provincial incentives, to standing united to have our voices and influence heard, I see this past year as one of building and solidifying important relationships within our organization and extending our reach into other organizations that have a stake in our health care system.

I must again give credit to our fantastic Board of Directors who provide judicious guidance in all matters. Their thoughtful deliberation and diversity of opinions and expertise combined with our incredible support staff have operationalized the important areas of focus that you, our members, identify for us. We do survey you often about what is working well and what is not. We try our absolute best to course correct things that are within our control and try to influence the ones that are not. I am extremely grateful to all of our members who have stepped up to be Chairs of Committees and Working Groups and share the immense load of work that needs to be done. All of you have demanding clinical work in addition to the need for R&R and time with your families. I have to acknowledge the tremendous contribution of volunteering your time for what you feel is important for our profession in service to our patients.

I want to touch on some of the initiatives that are important to our members and what we have done.

Recruitment and Retention of family doctors continues to be our most outstanding concern. Without more capacity, the pressure on you, our members, to take on more patients is unrelenting and exhausting. We cannot begin to attach patients who desperately need a family physician until we have enough doctors to handle the demand. Without more doctors, Emergency Room visits will continue to increase and our Hospitalist system will continue to face immense workload challenges.

In response to this overriding need, we have formally engaged in the A GP for Me (Attachment) Initiative headed by Dr. Peter Loland and our Program Lead, Gerrienne Clare. We are focusing on the gap between primary care demands and our existing capacity and what we can do as a community of Kamloops, not just the physicians, to improve the situation. A physician reference group composed of many of you is steering the process and we have engaged the wider community and the public in the analysis phase. We will use this information to create an implementation proposal to present to the General Practice Services Committee (GPSC) in July. Expect information on prototype solutions by the fall.

Our Recruitment and Retention Committee, led by Dr. Wayne Dong, has dedicated resources and funding for a Project Lead, Christine Matuschewski, who has been very successful in engaging a number of family physicians interested in coming to our community in summer/fall 2014. She is also encouraging a better alliance between our Division, Venture Kamloops, and our Health Authority. Stay tuned to welcome new colleagues to our community.

Physicians often stay in the communities where they completed their residency and our Division continues to support and fund the founding of the Family Medicine Residency program, led by Site Director Dr. Selena Lawrie. The program has attracted a dedicated faculty and Family Practice preceptors who have stepped up to this opportunity. An outstanding reality, we welcome six new Residents July 1st.



Dr. Shirley Sze
President

PRESIDENT'S REPORT CONT'D

Adult mental health and access to psychiatry is a major concern for all of us. We have responded to the Interior Health Authority (IHA) Mental Health needs by creating King Street for mental health patients who do not have a family physician. We are now in the process of formalizing a Mental Health Working Group with IHA to work on the issue around access to psychiatry and improve communications between psychiatry, mental health, and family physicians. We have made some inroads and more will be done.

The lack of child psychiatry beds and the number of children and youth with acute mental health issues having to wait in the Emergency Room for assessment prompted me to ask some questions. The roll-out of the Practice Support Program (PSP) Child and Youth Mental Health (CYMH) module and building relationships with all agencies that are connected with CYMH provided the opportunity for a joint project between Divisions, the PSP, and our physicians to create a Patient Journey Map. This documents what we, as family physicians, experience when we have young patients with mental health issues. I was told by one family physician that we are often left “holding the bag” with no idea where to seek additional help and support. In November of 2012, there was an opportunity to present this information to Stephen Brown, then Deputy Minister of Children and Family Development (MCFD). The result was the creation of the Provincial Collaborative with Interior Health piloting Local Action Teams in eight communities to look at sustainable changes for improvement for this vulnerable group. Substantial funding came from Shared Care and Specialist Services Committees. We have managed to engage three ministries: the Ministry of Health, Ministry of Child and Family Development, and Ministry of Education, the First Nations Health Authority, and Doctors of BC in supporting this work. We will have a Sustainability and Spread Congress in Kelowna at the end of September. I wish to express my thanks to all the family physicians who have

contributed their time and expertise in directing the necessary changes for our area.

Our Division recognizes the huge need for **Chronic Pain** service. Our Chronic Pain Committee — led by Dr. Rob Baker with a number of passionate family physicians, specialists and allied health providers — has been a tremendous advocate for our local need. We convinced IHA of the importance of implementing a regional strategy with Kamloops and Kelowna both as Secondary Centers. While we were told that currently there is no funding, IHA has flagged it as a major priority. We were not deterred and our Division has hired an external consultant to examine the feasibility of creating a private–public business case for implementation of such a program in our community. We will continue to work hard, despite barriers and challenges, to ensure that this much-needed program is implemented in our community. Your support and engagement of the wider community and other stakeholders is essential in making this a reality. We are pushing a massive rock uphill and have any and all hands on deck.

There are many more committees doing excellent work such as **Shared Care** working with **Transitions in Care** to develop a discharge algorithm for the frail elderly, the **Polypharmacy** and **Residential Care** work headed by Dr. Phil Sigalet, the Endocrinology Telehealth project to address a community need, the ongoing work with the **Systems** working group headed by Dr. Steve Rollheiser, the **Integrated Practice Support Initiative** project piloting some new tools for chronic obstructive pulmonary disease (COPD) management, setting up the **Residential Call** groups headed by Dr. Rod McLaren, the input into the **Integration** project from Interior Health Authority, and regionally informing IHA **Recruitment, IMIT, Palliative** and **Child and Youth Mental Health and Substance Use (CYMHUSU)**.

I wish to acknowledge the steadfast members of our Board who continue to slog away at this immense body of work: Board Chair Dr. Chip Bantock, Secretary Dr. Graham Dodd, Treasurer Dr. Len Pretorius; and Drs. Krista Bradley, Miranda du Preez, and Bruce Newmarch. We continue to be a unified team that is able to respond quickly to pressing issues and take time to ponder and deliberate over difficult decisions. We are supported in great measure by Executive Director Chris Hollstedt, Office Administrator Vivian Van Dorne, Book Keeper Sandy Taylor, A GP for Me Project Manager Gerianne Clare, and Recruitment Lead Chris Matuschewski. We say a fond farewell to our Transitions in Care Leads Lisa Fuller and Tara Mochizuki as they move on to other exciting opportunities.

We offer a special thanks to Dr. Bruce Newmarch for his insightful guidance on many areas of concern. He completes his term on the Board and will continue to work with us in the System Working Group and I am sure he will provide us wise counsel on what will work well for our health care system. We look forward to welcoming new nominees to the Board.

As physicians, we continually and consistently aim to make a difference to the patients we encounter every day. In engaging with the work of the Divisions and connecting with other parties that have similar goals of improving the health care system, we have an opportunity to influence the system on a larger scale and positively impact more lives; especially for the most vulnerable who cannot advocate for themselves.

In closing, I quote from the indomitable Nelson Mandela:

“What counts in life is not the mere fact that we have lived. It is what difference we have made to the lives of others that will determine the significance of the life we lead.”

As a Division, we have a lot to celebrate. We are, however, still a very young organization testing our wings. Having a united voice and building synergies with other partners will assist us in making an even bigger difference. Our keynote speaker who has tremendous experience of Family Physician influence over the health care system will talk about building from the Bottom Up!

Please join our Division, as a grassroots organization, in connecting with our larger community to create the sustainable energy and moral imperative for positive changes.



“A journey that once required ships to travel nearly eight miles was reduced to just over the length of a football field when the Magdeburg Water Bridge opened in 2003 over the Elbe River in Germany, making it possible to bypass the delays ships had endured for years at the nearby Rothensee and Niegripp locks. Thanks to its 24,000 tons of steel and more than 74,000 yards of reinforced concrete, even large ships can pass through. The bridge’s construction cost more than \$640 million, but the return on investment has no doubt been recouped in the time and energy saved here along the longest navigable aqueduct in the world.”

Source: www.free-wall-paper.com

TREASURER'S REPORT

This is my first 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.



Dr. Lennard Pretorius
Treasurer

This year we continued to manage a diversity of funds, including infrastructure, carry forward funding focused on Recruitment, and Transitions in Care from the Shared Care Committee. We expanded our program with the addition of the Assigned In-Patient Care Network, Partners in Care funding to prototype endocrinology telehealth, and funds for our Child and Youth Mental Health local action team. The A GP for Me initiative represented the largest new initiative with Assessment phase funding. I continue to review and provide

management oversight on all financial matters and present the quarterly financial statements to the Board for their approval. 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.

The following Statement of Financial Position and Statement of Operations, extracted from the audited financial statements*, represent fairly, in all material aspects, the financial position of the Thompson Region Division of Family Practice Society as of March 31, 2014.

Carry Forward funding helps Recruitment Committee market the benefits to our community at the Family Medicine Forum.



*The following summarized financial statements do not contain all the disclosures 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, results of operations and cash flows, reference should be made to the related complete audited financial statements which are available from the Society upon request.

STATEMENT OF FINANCIAL POSITION

BALANCE SHEET

as of March 31, 2014

ASSETS

Cash	\$	499,245
Goods and Services Tax Recoverable	\$	12,553
Prepaid Expenses	\$	4,204
TOTAL INCOME	\$	516,002

LIABILITIES

Account Payable	\$	58,544
Deferred Revenue	\$	321,192
TOTAL LIABILITIES	\$	379,736

NET ASSETS

Unrestricted	\$	46,295
Internally restricted	\$	89,971
	\$	136,266
	\$	516,002

STATEMENT OF FINANCIAL POSITION CONT'D

STATEMENT OF OPERATIONS

as of March 31, 2014

INCOME

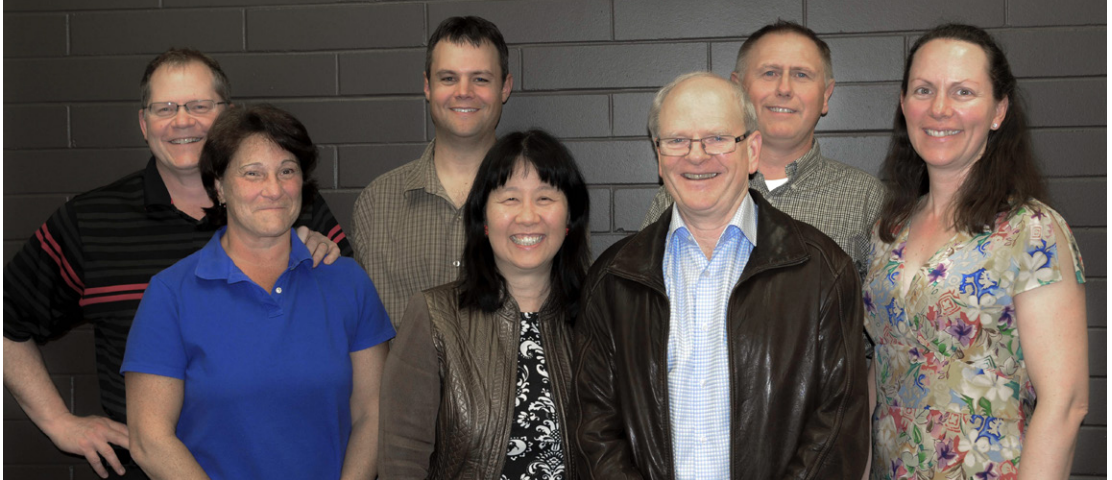
Infrastructure	\$	429,424
Transitions in Care	\$	71,127
A GP for Me	\$	218,005
In-Patient Care Network	\$	228,412
CYMHSU Collaborative	\$	57,709
In Hospital Care MOU	\$	–
Other Revenue	\$	–
TOTAL REVENUE	\$	1,004,677

EXPENSES

Program Services		
Collaborative initiatives	\$	20,173
Communications	\$	5,601
Meetings and Events	\$	56,419
Physician	\$	408,167
Professional Support	\$	439,902
Travel	\$	11,291
Subtotal	\$	941,549
Administration		
Office expenses	\$	10,017
Office facility	\$	30,224
Professional fees	\$	7,078
Insurance	\$	1,284
Subtotal	\$	48,603
TOTAL EXPENSES	\$	990,152

EXCESS REVENUE OVER EXPENSES	\$	14,525
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BOARD OF DIRECTORS 2013-14



From left to right: Dr. Graham Dodd, Dr. Krista Bradley, Dr. Lennard Pretorius, Dr. Shirley Sze, Dr. Bruce Newmarch, Dr. Chip Bantock, Dr. Miranda du Preez

Dr. Shirley Sze – President

Dr. Chip Bantock – Chair

Dr. Graham Dodd – Secretary

Dr. Lennard Pretorius – Treasurer

Dr. Krista Bradley – Director

Dr. Bruce Newmarch – Director

Dr. Miranda du Preez – Director

THOMPSON REGION DIVISION OF FAMILY PRACTICE

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Photos of the Kamloops area (cover and back cover)
courtesy of Tourism Kamloops



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