

Good Tidings We Bring!

GPSC Introduces New Payment Supporting Longitudinal Care

Community-based family physicians who work under fee-for-service and who care for a panel of patients will soon receive a new annual payment to recognize their important role in providing longitudinal care that evidence shows results in better health outcomes for patients.

In introducing the Community Longitudinal Family Physician (CLFP) Payment, the GPSC is taking an important step that acknowledges the foundational importance of longitudinal care. It also recognizes the additional, non-clinical responsibilities required to provide ongoing, coordinated care for which fee-for-service physicians are not compensated. The first payment will be made in January 2020. Family physicians who are eligible for the payment, as shown through billing data, will receive a CLFP Payment ranging from \$3,000 to \$12,000. The majority will receive between \$4,000 and \$8,000.

Who is eligible?

Fee-for-service, community-based family physicians are eligible if they:

- Have billed the GPSC Portal Code (G14070) in the previous calendar year (2018) and the current calendar year (2019), prior to June 19, 2019.
- Are shown through billing data to be providing longitudinal care to a group of patients through the MSP database.

The exact payment amount per individual physician is based on the number and complexity of Majority Source of Care (MSOC) patients associated with the physician in the MSP database. For more information on MSOC and eligibility. For more information on MSOC and eligibility, contact the Division.

How it works:

The CLFP Payment will be remitted automatically by MSP Teleplan to eligible physicians. This means they do not have to navigate complicated billing rules or meet additional documentation requirements to receive the payment.

The CLFP Payment may be subject to business arrangements pertaining to how MSP payments paid to particular payee numbers are split between physicians and clinic owners. In these cases, physicians and clinic owners are encouraged to come to a mutual agreement on how existing business arrangements apply to the CLFP Payment.

Comprehensive care outside the community practice office setting

The GPSC acknowledges the importance of the comprehensive primary care provided by family physicians outside the community practice office setting, including maternity, in-hospital, and long-term care.

In the past decade, the GPSC has continued to fund enhanced supports to maternity, in-hospital and long-term care. The GPSC has been providing annual funding of \$7 million for maternity care, \$12 million for long-term care and \$25 million for in-hospital care. This amounts to an additional \$6,000 to \$11,000 on average per physician per year for physicians practicing in those areas.

To further support in-hospital and maternity care in 2019 and beyond, the GPSC approved an additional 30% lift to select in-hospital and obstetrical fee items this year. Eligible physicians will receive those fee increases along with retroactive payments in early 2020.

Going forward, the GPSC will continue to consider ways to further support physicians working to provide this comprehensive scope of primary care.

More detailed information can be found in the FAQ document. Please contact the Division for a copy

For questions, contact
gpssc.billing@doctorsofbc.ca

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What's in the UPCC for you?



After Hours Care

Brachytherapy at BC Cancer



At BC Cancer Abbotsford, they offer Brachytherapy. Brachytherapy is a form of radiotherapy where a sealed radiation source is placed inside or next to the area requiring treatment. Brachytherapy is commonly used as an effective treatment for cervical, prostate, breast, esophageal and skin cancer and can also be used to treat tumors in many other body sites. The implantation of radioactive seeds into body tissue, such as the prostate or the temporary insertion of applicators into a body cavity or tissue such as the cervix is performed under sedation or anesthesia

in a procedure or operating room. The vast majority of Brachytherapy use is of a curative intent whether alone or as adjuvant treatment along with surgery, chemotherapy, external beam radiotherapy, or a combination of all three. Brachytherapy has a major advantage over external beam radiotherapy due to the very rapid drop in dose around the source; this allows a much higher dose to the tumor relative to the surrounding normal tissues and organs.

Best wishes for a wonderful holiday season and a happy new year!

FH LTC Pneumonia Protocol

The Fraser Health Long-Term Care (LTC) Pneumonia Shared Work Team has developed a Pneumonia Clinical Protocol Pre-Printed Order, SBAR and Prevention and Management of Pneumonia Algorithm.

The main goals are to:

- Facilitate structured and timely communication of relevant information among the care team when pneumonia is suspected
- Provide evidence-based practice tools for prevention (via Interventional Patient Hygiene model), identification, and management of pneumonia
- Optimize a palliative approach to care that aligns with the resident's wishes and preferences for pneumonia treatment and management

ICBC Changes: Impacts and Updates for Physicians

New ICBC regulations that changed support for patients injured in motor vehicle accidents came into effect on April 1, 2019. For physicians, these changes also included eliminating the CL19 and introducing new forms and payments.

Now that those changes have been in effect for six months, Doctors of BC (DoBC) is providing members an update as well as answers for two frequently asked questions.

New Report Utilization

Since April 1, 2019 the following number of reports have been completed by physicians:

- Standard Reports (CL489 - \$120): 10,907
- Extended Reports (CL489A - \$325): 6,929
- Reassessment Reports (CL489B - \$210): 6,895
- Total: 24,731

It is important to remember that family physicians are **only expected to complete one Standard or Extended report per ICBC claim**, except in more complex recovery cases that may require a Reassessment Report. More information on reports can be found at <https://ubccpd.ca/icbc-education/background>

DoBC is also aware that there is a billing issue regarding rejections of the 13075 fee. They have escalated this problem to both the MSP and ICBC, and they are working on an interim and long-term solution to be communicated to members immediately upon receipt.

FAQ: Do ICBC Reports include an office visit fee? The initial report includes the office visit fee. You should not bill a separate office visit. For appointments needing a Reassessment Report, the report serves as the invoice and includes the office visit fee. You should not bill a separate office visit. Ask the injured person if the claim is still open for all appointments related to crash injuries. Once the claim is closed, billing reverts to regular MSP.

For more information on the Registered Care Advisor (RCA) referral process and a link to the RCA Information Guide please visit:

<https://www.doctorsofbc.ca/news/icbc-changes-impacts-and-updates-physicians>.

Urgent & Primary Care Centre: 2 Months In

Nine hours of physician collaboration have achieved: re-design of exam rooms so that they meet physician practice, agreement to a phased approach, agreement to use community data not only Fraser Health data to inform projected utilization and the development of two separate streams (Primary & Urgent). With our Fraser Health partners, we are presently building out what the phases would encompass. Since October the Ministry of Health has set a new policy on what is required in UPCCs.

The Division Board reviewed the deliverables and were happy to note that many of them align with what members had relayed as primary needs to be met. The policy is being used to assist the work in framing out the two phases as well as the quality improvement approach that will be needed. Additionally, Dr. Sanja Vukičević and Dr. Caroline Cook will be meeting with the Ministry of Health to gain clarity on how the UPCC will be funded for sustainability through the two phases which will be reported out next month.

YOUR VOICE MATTERS.

The Monday night dialogues are well attended by residents and those new to practice. Through our conversations they have developed the following aspects of the UPCC:

- Primary Care stream will be open from 9:00h-17:00h
- Will be able to manage an ongoing panel of 2000 patients
- It will serve patients that self-identify as unattached
- 1st visit will include intake with a nurse who will review Pharmanet as well to ensure the need for attachment. Like all Primary care, attachment will not happen on the first visit
- Principles will include that open access to AHP by the community of physicians will deter patients seeking services they believe unavailable
- Urgent care stream, ER, Home Health and Specialists will be able to refer unattached patients
- A robust community education campaign will be included to ensure awareness
- Shifts will include a GP and an NP. Urgent care will have a prioritization nurse (Triage) and run from 17:00h-21:00h. It will serve all patients by CTAS priority. It is being designed as the "After-hours care for YOUR patients, EVERY DAY of the year".
- Reports within 24 hours will be sent to MRP
- Standing agreement between the community of physicians that the MRP will provide follow-up care based on report as recommended by UPCC physician. Best practices and principles to be defined in the agreement.
- Interest in development of an after-hours network that could support Urgent shifts
- Follow-ups to be covered in the primary care clinic as well as the review of unattached patient labs & diagnostics
- Urgent reporting template to follow SOAP format with checkboxes on follow-up needed.
- MBMD (secure messaging app) can be used as an enabler

UPCC Dialogue – Dec 16 – COMPENSATION

On December 16 the UPCC Dialogue will focus on compensation for working at the UPCC. You have told us that this is a critical piece in deciding if you will work at the site or not.

The question of the night will be:

- What is the physician compensation for each stream (primary vs urgent)?
- Should there be unsociable hours incentives?

We know that Fraser has sessional models and salaried models. Dr. Barnsdale & Savik from Physician contracts will be in attendance to answer questions. We **encourage** you to attend to lend your voice on your preference for compensation which will lead to how shifts and scheduling would work.

If you cannot attend but have ideas or questions you want brought into the discussion please email or call Dr. Sanja Vukičević the UPCC Physician Lead

(sanjavukicevic@gmail.com) or Michelle Favero.



Enhance Your Cross-Cultural Skills

The Division is hosting an interactive workshop on Diversity and Cross-Cultural Training in the new year.

The workshop will be held on January 21 and February 4 (dinner 5:30-6pm; education 6-8pm) so pick the date that works best for you. The workshop is open to all Members and MOAs.

Diversity training is a requirement for providers who plan to work in the UPCC.

Learn practical tools and techniques to:

- Enhance your cross-cultural communication with patients and team members.
- Increase culturally sensitive care in your practice.
- Support more effective patient encounters.

Sessional compensation for physicians and MOAs.

To register for either date, please follow the Eventbrite link:

<https://adofpdiversity.eventbrite.ca>



Motivational Interviewing is Coming to the Division!

Four Key Principles of MI



Do you have patients struggling with anxiety, depression, healthy eating, substance use, or other health issues? Do you want tools to support your patients in reaching their health goals and to optimize your patient encounters? Then sign-up for the Division's Motivational Interviewing (MI) 2 Day Workshop (**Friday June 5 & Saturday June 6**) with nationally renowned MI facilitator, Cristine Urquhart, MSW.

Cristine has trained thousands of providers across Canada in MI, and has published on the topic. This interactive workshop will provide you with practical tools and techniques to use in your busy practice.

Test and try the techniques with peers. Hear from local physicians about how MI tools have supported their patients and practice style.

Sessional compensation and lunch will be provided for the 2 days.

~7 spaces remaining. Please let Danielle know by January 30 if you want to attend: dedwards@divisionsbc.ca / 604.996.7797.

If you want to speak to a local Family Physician about the benefits of MI in practice, please contact Dr. Aman Haji, Physician Lead for the MI Training: aman.haji@gmail.com

Doc Talks: A Doctors of BC Podcast – Ep. 1 The Future of Primary Care

<https://podcasts.apple.com/us/podcast/doctalks-a-doctors-of-bc-podcast/id1488397009?ign-mpt=uo%3D4>

Division Lift Grants & PSP Supporting Positive Change

GPs: Do you want to make a positive change with your practice, patients, or team? Are you passionate about a topic related to team-based care? Then call Heidi Brown (Practice Support Program) or Danielle (Division) to discuss your project idea. No idea is too small.

Supports provided:

- Up to 15hrs. compensation per team member (physician, MOA, non-FH funded AHP) per improvement project
- Up to 45 certified Mainpro+ credits
- Coaching & Mentoring
- Division Lift Grants of up to \$5k/clinic for resources needed for your project (e.g. recreation center passes, food, facilitators, etc.). Technological equipment to be considered on a case-by-case basis; please connect with Danielle to discuss.

Lift Grant funding will be allocated on a first-come, first-serve basis, based on when the applications are submitted and approved by the Division Executive

What Would You Do with More Capacity in Your Practice?

GPs: Do you want to...

- ❖ Reduce your administrative workload?
- ❖ Increase capacity in your practice?
- ❖ Optimize your patient medical home?
- ❖ Look at different ways to invest in and retain staff?

Then consider encouraging your clinic MOAs to apply for the ~6-month UFV Advanced MOA Certificate program to enhance your staff's skills and clinic capacity. With classes held on weekends and evenings to accommodate clinic schedules and with topics ranging from Mental Health First Aid to Advanced Billing, this accredited program will add value to your team and patients.

A limited number of bursaries are available to MOAs working for Division GP members. Additional funding is available to students who achieve at least a B grade. Taken together, this funding would cover the tuition cost. **Enrollment requires a letter of recommendation from GPs.**

Past graduates have implemented valuable initiatives in clinics, from telemedicine to enhanced waiting room workflows, that have improved both practice efficiency and effectiveness.

Dr. Presley Moodley explains the value of the program: "It's all about how we optimize a practice so we can take care of more patients a day, with less stress and more free time."

Applications are due Jan. 31. Classes start Feb. 8. Limited seats. Contact Meghann, Division Project Coordinator, as soon as possible at mcoughlan@divisionsbc.ca or 778.779.4549.

GPSC and Health Data Coalition Partnership

In 2016, GPSC entered into a partnership with the Health Data Coalition (HDC). HDC's goal is to support a network of physicians in the collaborative use of clinical data in order to facilitate practice improvement and improved patient outcomes.

HDC is now the largest primary care data-sharing network in BC, and is offered at no cost to physicians.

Data analysis and sharing is being enabled through HDC DISCOVER, a web based application that provides means for physicians to engage in individual reflective practice and quality improvement as well as collaboratively with trusted colleagues. Divisions of Family Practice can use HDC DISCOVER to understand important issues within their community informed by aggregate views of attachment, prevalence of chronic diseases, and care gaps where allied health or additional physicians could be deployed.

For more information, or to join HDC go to: <https://hdcbc.ca/>

Hidden Brain Podcast: In the Heat of the Moment

<https://podcasts.apple.com/ca/podcast/hidden-brain/id1028908750?i=1000458498449>

DTO Privacy and Security Training Now Required To Access Fraser Health UCI eHealth Viewer

The Doctors Technology Office (DTO) offers a variety of health technology training materials and resources, one which has recently become a standard requirement at the Fraser Health Authority.

Security in Low Doses: Safeguarding Patient Information in Private Practice, an online course offered by the DTO and UBC Continuing Professional Development, is now required training for clinics who want to access health authority patient data via Fraser Health's Unifying Clinical Information (UCI) eHealth viewer. Offered at no charge, the online course covers common best practices to safeguard patient data privacy in clinical settings and offers practical guides, checklists, and templates that clinics can implement. For more information about the UCI eHealth viewer, contact UCI@fraserhealth.ca.

Note: Physicians and clinic staff can also fulfill this requirement by attending DTO's in-person security workshops. For access to DTO's past learning sessions with transcribed Q&A from the session visit: <https://www.doctorsofbc.ca/technical-centre#tab-0-1>.

The DTO's Physician Office IT Security Guide, an accompanying resource that provides practical steps and best practices to enhance IT privacy and security at the clinic level, has also been listed in the recommended CareConnect Reference Materials by the Vancouver Coastal Health Authority.

For more information about Doctors Technology Office and their resources, visit the website or email dtinfo@doctorsofbc.ca.



Team Based Care: Registered Clinical Counsellor Meet & Greet


On November 26th, the Division hosted a Meet & Greet with local Registered Clinical Counsellors.

Credentials, areas of practice and payment options were presented by Dr. Paula Jacobs. Members were then able to learn more about subspecialties and modalities through small group conversations with the counsellors who practice in those areas. Each physician was able to visit 3 tables during the evening.

The event ended with great discussion on how we can improve understanding of the supports available and communication between providers. If you missed the event, stay tuned - we will be hosting coffee conversations in the new year on a variety of clinical counselling areas of practice.

Inserted in the newsletter, you will find a Registered Clinical Counsellor contact sheet. If you would like this electronically please contact Denise at dthandi@divisionsbc.ca.

Conversations, Courses and an Open House!



coffee conversation

WITH DR. DERRICK CHAN,
GERIATRIC MEDICINE, ARH
SPECIALIZED SENIORS CLINIC

Join us for informal dialogue. Ask questions. Connect.

January 17, 2020 8:00 - 8:45 am
Abbotsford Division: #202 2600 Gladys Ave.
Contact Meghan to register: mcoughlan@divisionsbc.ca or
778-779-4549
Sessional compensation and refreshments.

Coffee Conversation on Jan 17 (8-8:45am) with Dr. Derrick Chan, Geriatric Medicine, Specialized Seniors Clinic. Join us for informal dialogue, ask questions, and connect with peers.

Sessional compensation and refreshments.

Contact Danielle to sign up:

dedwards@divisionsbc.ca

UBC Care of the Elderly Intensive Review Course 2020

Feb 6–8 (Thu–Sat) at UBC Robson Square in Vancouver. Up to 18.0 Mainpro+/MOC Section 1. Info & registration at:

<https://events.epl.com/geriatrics2020>

Save the Date! Abbotsford Hospice is hosting an Open House Tuesday Dec 17, from 3 – 6 pm at Abbotsford Hospice Holmberg House. Please join Hospice in celebrating The Link at Holmberg House, which will begin hosting participants January 2020. The Open House invitation goes out to all physicians, NPs, and other healthcare providers, individuals living in the community with life-limiting illness, friends, & family members as well as all caregivers in the community. For more info and to RSVP to the Link Open House: 604.852.2456 Ext.425 <https://thelink@abbotsfordhospice.org>



Referrals to the Day Hospice Program – **Connections & Caregivers Café** are being accepted now.

Connections is for individuals living at home with serious life-altering/life-limiting illness and will run Thursdays from 10 am–2 pm. **Caregivers Café** designed for caregivers will be held the 3rd Tuesday of the month from 9:30–11:30am. Find out more at the Open House Dec 17 or <https://www.abbotsfordhospice.org/thelink>.

Cannabis Use During Pregnancy and Lactation

Perinatal Services BC has released a new practice resource to guide health care providers in discussing cannabis use during pregnancy and lactation with pregnant patients. The purpose of this practice resource is to help health care providers facilitate conversations on cannabis use during pregnancy and lactation using a harm reduction approach that is women and person-centered, trauma informed, and culturally safe.

This practice resource was developed in collaboration with a variety of different stakeholders, including midwives, family physicians, nurses, lactation consultants, and substance use experts.

To access the guide:

<https://tinyurl.com/Cannabis-In-Pregnancy-Guide>

For more information:

<http://www.perinatalservicesbc.ca>

MAiD Contact Information

Information from the Fraser Health MAiD Care Coordination Centre:

Patients may ask healthcare providers about Medical Assistance in Dying (MAiD). As per the Fraser Health MAiD Care Coordination Centre (MCCC), the MCCC can support patients in the Fraser region with information and navigation. MCCC can be contacted by phone, fax, or email and are available Monday-Friday, 0800 to 1600. Patients, family members, and healthcare providers can connect with the MCCC for information and guidance. Ph: 604-587-7878 / Fax: 604-523-8855 / mccc@fraserhealth.ca

This FH website contains information about MAiD: <https://www.fraserhealth.ca/health-topics-a-to-z/end-of-life-care/medical-assistance-in-dying#.XdLhOPIKiUk>

For information about the role of an assessor with MAiD, providers can access a PHSA module: <https://learninghub.phsa.ca/Courses/8111/medical-assistance-in-dying-maid-for-assessors-and-prescribers>

MCCC supports patients to navigate the required legislated steps to determine eligibility for MAiD. For all patients who request MAiD, the first required step is for a patient to complete a Patient Request Record, followed by two medical assessments. All forms can be accessed from the Ministry of Health MAiD website:

<https://www2.gov.bc.ca/gov/content/health/accessing-health-care/home-community-care/care-options-and-cost/end-of-life-care/medical-assistance-in-dying>

It can be distressing for patients and families when one is considering all options for end of life care. While some may strongly support and others strongly object to MAiD, it is important that patients be directed to the right information.

Concussion Awareness Training Tool (CATT) for Medical Professionals

The Concussion Awareness Training Tool (CATT) for Medical Professionals is an online educational resource designed to assist medical professionals with providing evidence-based care for patients who have sustained a concussion.

CATT for Medical Professionals is a free online program and was developed to help physicians:

- Effectively assess and diagnose a patient's concussion situation within the initial hours post-injury.
- Optimally manage concussion care during the first two-to-four weeks post-injury in order to decrease persistent post-concussion symptoms, including management of symptoms, return to school, work and play activities, etc.
- Identify when referral to specialty care is required.

This activity is an Accredited Self-Assessment Program (Section 3) as defined by the Maintenance of Certification Program (MOC) of the Royal College of Physicians and Surgeons of Canada, and approved by UBC CPD.

To access the information and to learn more: <https://cattonline.com/>

Change to Admission Process for Adults into Care Facilities

On November 4, 2019, Part 3 of the Health Care (Consent) and Care Facility (Admission) Act will become law, making it a requirement that consent must be obtained for an adult's admission into a care facility.

This consent will be provided by the adult to be admitted unless they have been determined to be incapable of giving or refusing consent. In that case, an assessment must be conducted by a physician or other prescribed health care providers (registered nurse, registered psychiatric nurse, nurse practitioner, psychologist, occupational therapist or social worker).

The requirements for seeking consent, assessing for incapability, and choosing a substitute when an adult has been determined to be incapable of making a care facility decision, are fully explained in support documents and an online eLearning course provided by the Ministry of Health:

- Practice Guidelines for Seeking Consent to Care Facility Admission
<https://tinyurl.com/Consent-to-Care-Facility>
- Consent to Care Facility Admission: A Quick Guide
<https://tinyurl.com/Quick-Guide-Care-Facility>
- Consent to Care Facility Admission in British Columbia: A Course for Managers and Assessors
<https://tinyurl.com/Course-Managers-Assess>

For any questions, please contact Scott Wingrove at Scott.Wingrove@gov.bc.ca



Medical Imaging Survey: We need your input

The Lower Mainland Medical Imaging (LMMI) leadership team is undertaking a process of engagement to assist in developing 5-year strategic directions priorities for LMMI. You are invited to complete this survey. Your input is greatly valued and your survey responses are confidential. Help us shape the Medical Imaging Service as we plan for the health care needs of the Lower Mainland.

Please use the link below to access the survey:

<https://tinyurl.com/LMMI-Survey>

Please Note: It is mandatory to complete all parts of the survey; it will not be submitted if all parts are not answered.

The survey will close on December 31, 2019.

Patient Partners News

Abbotsford Division of Family Practice

202-2600 Gladys Avenue
P: 604-746-3302
F: 604-746-3391
abbotsford@divisionsbc.ca

*Healthy & happy physicians
providing fun & innovative
healthcare*

Find us on the Web
www.divisionsbc.ca/abbotsford



We are excited to let you know that our Patient Partners table has been looped into the development of the Urgent and Primary Care Centre (UPCC).

The Patient Partners had their first meeting to discuss their involvement in the planning and will continue to have monthly meetings on the topic until March 2020. During the first meeting it was identified that the Patient Partners will participate in things like the creation of a communication campaign, review of the expected patient experience when accessing care at the UPCC, and the creation of a patient experience tool. We look forward to involving the Patient voice in this.

Holiday Greetings from Your Board Chairs



To the difference makers out there, the family doctors who provide care for our people from the womb to the tomb it is the season of giving and gratitude and in that spirit we would like to thank you for not only providing excellent care but for walking the extra mile in your patients' lives. Happy holidays!

Upcoming Events

UPCC Dialogues

Dec 16 7:00 – 8:00pm @ Abbotsford Division

Focus of this discussion will be **Contracts & Compensation for the UPCC**

MBMD Roll out

Dec 16 & Jan 13, 6:00 – 7:00pm @ Abbotsford Division

We will be hosting the MBMD team to help those with credentials to get signed up with the new MBMD secure messaging app. **Once you're ready to go, message Caroline to win!** Register to attend at: <https://mbmd-roll-out.eventbrite.ca>.

The Abbotsford Division office will be closed for the holidays!

Dec 21 – 29; re-opening Monday, Dec 30

UPCC Dialogues

Jan 6 7:00 – 8:00pm @ Abbotsford Division

Focus of this discussion will be **Recruitment & Retention**

UPCC Dialogues

Jan 13 7:00 – 8:00pm @ Abbotsford Division

Focus of this discussion will be **Diagnostics**

Coffee Conversation with Dr. Derrick Chan, Geriatric Medicine

Jan 17 8:00 – 8:45am @ Abbotsford Division

Join us for informal dialogue, ask questions, and connect with peers.
Sessional compensation and refreshments. Contact Danielle to register.

UPCC Dialogues

Jan 20 7:00 – 8:00pm @ Abbotsford Division

Focus of this discussion will be **Workflow**

Cross-Cultural & Diversity Training

Jan 21 & Feb 4, 5:30 – 8pm @ Abbotsford Division

Enhance your cross-cultural communication and culturally sensitive care with patients and team members. Open to Members and MOAs. For registration go to:
<https://adofpdiversity.eventbrite.ca>

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