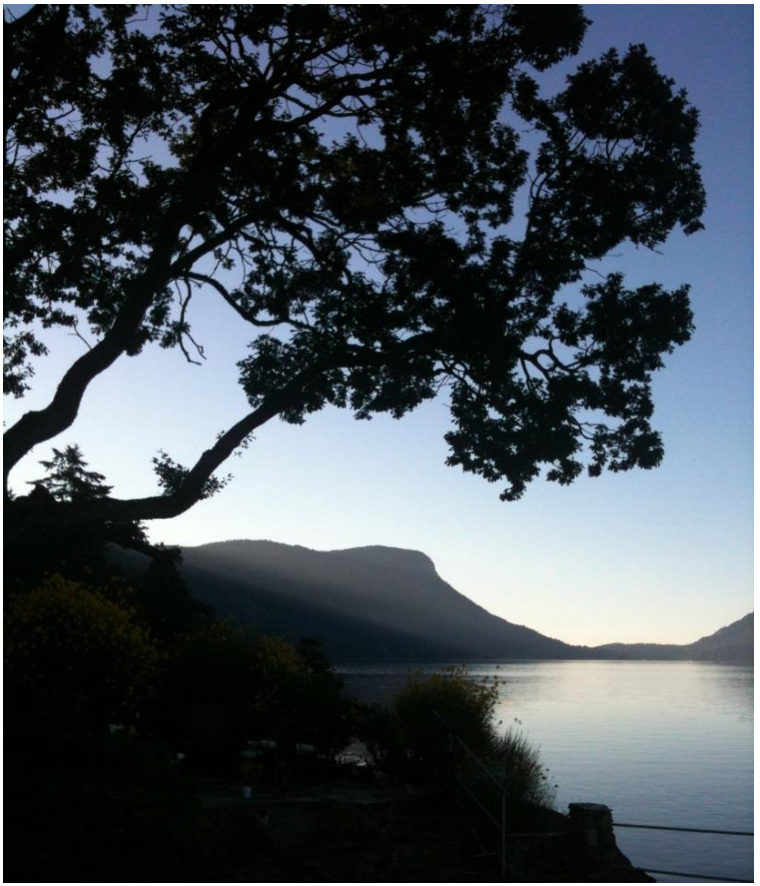

2012-13
ANNUAL REPORT

Cowichan Valley
Division of Family Practice
A GPSC initiative

2012-13
ANNUAL REPORT

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CHAIR'S REPORT

Dr. Tom Rimmer

The past year has brought significant changes at the Cowichan Division of Family Practice. The board saw the departure of Drs. Watt, Brockley and Griffin and the addition of Drs. Broere, Seymour and Woudstra.

The board thanks Dr. Griffin for his super human effort in getting the Division up and running in the early years. We thank Dr. Brockley for his thoughtful input and for representing the Ladysmith community during his time on the board.

Dr. Watt left the board this spring for a well-deserved sabbatical in France. As one of the founding members, Dr. Watt has been instrumental in every aspect of the Division's work. The energy, enthusiasm and drive she brought saw the creation of the Cowichan Maternity Clinic and helped insure the success of many other Division initiatives. Our newest members have brought fresh ideas and enthusiasm to the table.

Our Executive Lead and admin team continue to provide outstanding leadership and support. They are the means that allow our ideas to be carried forward and are the backbone of the Division. We recently said so long to Administrative Assistant Tracey Powell, and welcomed her replacement, Geraldine Blair-Speirs.

2013 ANNUAL GENERAL MEETING

Join us for the Division's fourth AGM.

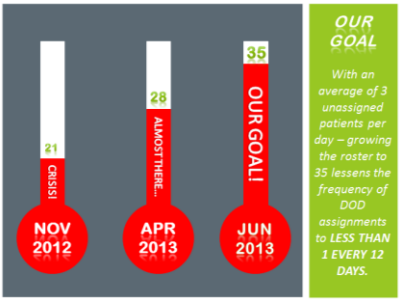
Wednesday, September 25th

- Dinner and social time
- Board elections
- Year-end audit report
- Trailer for the new local documentary, *Stolen Hearts*.
- Presentations and more…..

We have faced significant financial challenges this year. As a prototype community for the attachment initiative, we were well funded to carry out the foundational work needed to determine the attachment needs of our community and to come up with a solution unique to our situation.

On April 1st we received a large cut in our attachment budget as the "GP for me" program was rolled out provincially. As a result, we have had to drastically alter our attachment work to conform with the new fiscal reality. Accordingly we have narrowed the focus of the work and consolidated our efforts to enhance projects already up and running, and to ensuring future efforts are sustainable.

The maternity clinic continues to provide seamless obstetrical service to expectant mothers and newborns. We are working with our partners to sustain current staffing levels and have recently secured funding for the RN position from VIHA.



The FPHSP program (formerly DOD) was in imminent danger of folding as physicians left the service or gave up hospital work. Participant numbers dropped to an unsustainable level of twenty doctors. A considerable effort by the Division, working with the General Practice Services Committee, ministry of health and the health authority has resulted in substantial fee increases for inpatient care and stable funding for the FPHSP/DOD service. Our efforts in Cowichan are now reflected in a province wide funding model. We continue to meet with hospital administration and VIHA to streamline work flow and to decrease hassle factors associated with the work. We now have thirty GP's on the DOD roster and are looking at ways to attract more...

In an effort to streamline and enhance EMR uptake, the Division has been working with PITO, the Practice Support Program (PSP) and the community of practice (COP) to hire a practice automation coach

with special training in Med Access. She will be working closely with our PSP coordinator and physicians to ensure division members receive the help they need to get the most out of their EMR.

The Division has been active in efforts to recruit new physicians to the valley. The Locum program continues and we are playing an active role in finding solutions to the manpower situation in Lake Cowichan, as part of the Choose Lake Cowichan working group.

Several "Shared Care" ideas have been proposed, focusing around GP-Specialist collaborations, and we have received approval to proceed with a palliative care initiative.

It has been rewarding to see division events and meetings so well attended and I am encouraged by the enthusiasm and interest shown by the membership. We hope to deepen this engagement in the coming year and welcome the ideas and input of all members. Watch for periodic email updates and check the website for more details on all Division activities.

Divisions of Family Practice have provided us with a vehicle to promote positive change in the juggernaut that is health care. It has given us a voice at the decision making table and allowed us to create more collaborative and less confrontational relationships with the health authority, the ministry of health and with allied health professionals.

As one of the first Divisions formed, Cowichan continues to be a leader provincially and it has been a privilege for me to be a part the process.

EXECUTIVE LEAD REPORT

Valerie Nicol

Since joining the Cowichan Division in August 2010, the one constant in our evolution has been change. We have been challenged by what transpired before the Division came into being, we have encountered pre-conceived notions of our agenda and in some cases we have experienced a general aversion to change. In the beginning, we were compelled to say "Yes!" to most opportunities that came our way.

In mid-February 2013 we learned that our Attachment Initiative funding was to be cut by 73% as of April 1st. Since then, out of necessity, our focus has been on sustainability. Navigating our way through this massive reduction in funding has resulted in many unanticipated changes for our organization.

We have a more concise, focused strategic plan than ever before. We have created greater efficiencies in our work plans and leveraged partnerships to find additional resources. No matter what the situation, we have worked our way through with an unwavering commitment to improve, and by continuously returning the focus of discussions to "What can we do TODAY?"

After more than three years of working to determine what a Division of Family Practice is, and what it does, we can say with certainty that we are inclusive. The Cowichan Division of Family Practice is a group of collaborative leaders who regularly demonstrate the value we place on partnerships - both in our community and in the Province of British Columbia. We have created an innovative body of work that continually demonstrates our commitment to integrity as we support our members and our patients in the communities we serve.

As we diligently work our way through the fiscal challenges we face this year, we have many accomplishments to be proud of, and even more to look forward to in the future.

CVDFP KEY MILESTONES

2012/2013

September 2012

- CVDFP holds its third, and most well attended AGM, including an interactive and productive "appreciative inquiry" session.
- CVDFP joins discussions around the potential use of the Island Savings Centre for a primary health care clinic.

October 2012

- New dietician service commences at the Cowichan Maternity Clinic.

November 2012

- An Extraordinary General Meeting is held to increase the size of the board and elect new members.
- CVDFP conducts a member survey on inpatient care and the current Hospital Support Program.
- A focused and productive discussion session on inpatient care is held for Division members with participation by key members of the Ministry of Health, GPSC, and VIHA.
- CVDFP decides to merge its fledgling End of Life Care working group with the CDH palliative committee.

December 2012

- A Physician Engagement, Recruitment & Retention portfolio is formed, incorporating the current Locum Program.
- CVDFP joins Lake Cowichan and VIHA in conversations around GP shortages in that community.

January 2013

- The board participates in a facilitated strategic planning session.
- A second First Nations community engagement event is held at Cowichan Tribes.
- A Child & Youth Health portfolio is formed.
- Discussions begin around aligning the CVDFP Practice Coaching Advisory Committee with the Cowichan Community of Practice.

February 2013

- CVDFP receives official notification regarding the future of Attachment funding, netting in an overall reduction of 73% for Cowichan.
- Budget adjustments and project modifications are implemented to accommodate reduced funding levels; investigation into alternate project funding is initiated.
- Discussions are initiated around the potential partnership with VIHA for funding of the maternity clinic.
- A collaborative GP-Specialist discussion session is held around potential Shared Care project opportunities.

- A revised practice coaching model receives GPSC approval; funding for same is received in April.

March 2013

- Development of an MOA Locum Pool begins.
- CVDFP membership is expanded to include ER Physicians.
- CVDFP receives CME accreditation for its general meetings and most working group meetings.

April 2013

- A new provincial funding model for inpatient care is finalized.
- Provincially, new GP for Me incentive fees are implemented.
- Reinstatement of the previous GP-psychiatry liaison position is proposed.
- Application is made for one year of Attachment transition funding.
- CVDFP members approve an administrative model for inpatient care fees at a general meeting.

May 2013

- The CVDFP Board holds a follow up strategic planning discussion, in consideration of the reduced funding levels.
- Four projects are submitted to the Shared Care Committee for potential funding and development: Palliative Care, Outpatient Antibiotic Therapy, Child & Youth Health, Psychiatry Liaison.
- The Doctor of the Day program expands to 31 participants.

June 2013

- The Palliative Care project is approved by Shared Care.
- A new strategic plan working document is developed.
- CVDFP establishes administrative processes for inpatient care fees.

ATTACHMENT REPORT

Valerie Nicol

As of April 1, 2013, the Attachment Initiative – also known as "A GP for Me", rolled out to other Divisions of Family Practice around the Province. The Cowichan Division's role as an Attachment Prototype community ended, and resulted in a 70% reduction in our funding for Attachment work. The original budget for our Attachment initiatives was $1.1 million annually; for the 2013-14 and 2014-15 fiscal years, we will receive $300,000.

After working more than two and a half years to research, develop and implement solutions to our local Patient Attachment issues here in Cowichan, we believe everything possible must be done in pursuit of preserving our current initiatives and achieving our goal to provide a GP for every patient who wants one, by 2015.

To that end, a proposal was submitted to the Provincial Divisions office requesting $200,000 of transition funding for the 2013-14 fiscal year. The proposal was approved and we are currently working to find sustainable budget solutions that will enable us to operate on the $300,000 budget we will be faced with in 2014-15.

To date, we have held several meetings with VIHA to determine options for sustaining the Cowichan Maternity Clinic, and for implementing a multidisciplinary Primary Health Care Team in Lake Cowichan.

Both of these initiatives are essential to our mutual goals for Attachment and Integration (a health authority deliverable) here in the Cowichan region.

Fiscal Changes to Date:

1. VIHA has committed to taking over the costs of the RN position at the Cowichan Maternity Clinic ($125,000/year) and to covering the costs of the medical supplies for the clinic ($8,000/year). Discussions regarding the potential to decrease lease costs for the CMC space at CDH are ongoing.
2. The CVDFP has reduced Division staff by 1.0 Full-Time Equivalent position, and reduced the number of Attachment-related meetings over the coming year which results in cost savings for venues, food and payments for physician time.

Attachment Data

- **Data collected from all Attachment Initiatives shows *more than 1500 patients* have been attached in Cowichan to date.**
- **A new Attachment tracking spreadsheet has been implemented in clinics throughout the Division to capture all instances of patient attachment.**

Major Deliverables:

1. Realignment of CVDFP Attachment Initiative budget from $1.1 million per year to $300,000 per year.
2. A new operating model for the Cowichan Maternity Clinic that shifts from CVDFP to VIHA as employer.
3. A sustainable funding model for Cowichan Maternity Clinic.
4. Partner with VIHA to implement a Multidisciplinary PHC team in Lake Cowichan.
5. Reallocation of three Attachment Initiative projects (Aboriginal Health, Chronic Pain and Palliative Care) to alternative funding sources.
6. Continue to work across a number of ongoing initiatives to attach the unattached patient population to GPs and to improve the relationship between poorly attached patients and their GPs.

PHYSICIAN RECRUITMENT & RETENTION

Dr. Jim Broere

This past year saw the formation of the Physician Recruitment and Retention working group, an extension of the previous Locum Coordinator group. Locum program lead Dr. Roy Gilbert and Locum Coordinator Krystal Poirier have continued on in their positions, joined by Drs. Jim Broere, Tanis Morris and Deon Human. The recently formed Physician Engagement portfolio, headed by Dr. Patricia Seymour, is also part of the larger recruitment and retention portfolio. The group is endeavouring to develop resources and connections that will allow for improved physician manpower management in the Cowichan Valley.

The formation of the working group partially arose out of the impending physician service crisis in Lake Cowichan. As of September 2013, this community will no longer have a practicing physician in their area. The CVDFP helped to introduce the idea of a community recruitment group, and the Choose Cowichan Lake committee is now up and running. This group is doing some excellent work and is looking at many different primary care options for their community. Currently, the focus is on developing a multi-disciplinary primary health care clinic that will hopefully include physician services.

The Division will act as one of the contact points for interested parties to come and look at opportunities in not only Cowichan Lake but the Valley as a whole.

A provincial level Physician Recruitment and Retention working group has also been struck, with the aim of developing a province-wide strategy to attract new Doctors to the province. CVDFP is

monitoring their work and will be applying strategies that are developed, as appropriate to our community's needs.

Locally we are working to develop resources to help local physicians recruit to their practices. This information is then posted to the Division website for our members. Work is also underway to improve our web presence and to increase functionality.

In February, a meeting was held with the Family Practice residents in Victoria to expose them to job opportunities in the Valley. This was followed in May by a recruitment fair in Nanaimo which was coupled with a practice management conference. This will be an annual event and funds have been budgeted to contribute to the event next year.

The upcoming year will focus on further development of the recruitment portion of the CVDFP website and development of physician resources to help in recruitment efforts. The Division will continue to be involved in helping Cowichan Lake develop sustainable primary care services in their community.

COWICHAN MATERNITY CLINIC

This year has been a year of transition for the Cowichan Maternity Clinic. Once again, the clinic found itself dealing with a vacancy in the second RN position, a challenging scenario for a very busy clinic. Nurse Lead Kathryn Coopsie is recognized for her considerable efforts to fill the gaps as staffing levels remained in flux for most of the year.

The clinic is also looking at some physician turnover, with Drs. Deana Robertson and Ann Thompson leaving the clinic at the end of the year. There will likely be some new faces to introduce next year. Maternity Clinic lead Dr. Maggie Watt has also taken a well-deserved 6-month sabbatical, but will be re-joining the group in the new year.

Most significantly for the Maternity Clinic this year has been the issue of ongoing sustainability. With a 70% reduction in attachment dollars, from which the clinic has been funded to date, there has been an urgent need to develop a new funding model. Fortunately, the General Practices Services Committee provided the Division with one year of transition funding, which has allowed the clinic to continue operating during the 2013/14 year, while the new model is developed.

To date, the Division has been successful in partnering with VIHA, who has agreed to fund the costs of the RN position starting next fiscal year, along with covering the costs of clinic supplies; discussion around further supports, such as lease costs for the clinic space, are progressing positively. The Division will remain responsible for funding the MOA position, although the source of such funding remains under investigation.

Throughout all of this uncertainty, the clinic has continued to provide excellent, comprehensive care to moms and babies. Over the past year the clinic has:

- Seen an average of 163 active patients each month.
- Seen an average of 26 new patients each month.
- Had an average of 2 unattached patients arrive at the clinic each month.
- Attached 110 patients (moms, babies & families), for a 2-year total of 259.
- Averaged 45% of all deliveries at CDH.
- Seen an 11% increase in numbers of aboriginal patients, who now comprise 34% of active patients; 10% of those patients are from Penelakut Island.

Although changes are clearly in the clinic's future, the success of the model has been recognized, and a collective effort between the Division and its partners is underway to ensure this unique approach to maternity care is sustainable and replicable.

The clinic looks forward to continued success, and growth in new directions over the year to come.

Thank you to the Cowichan Maternity Clinic GP members: Drs. Susan Barr, Graham Blackburn, Maki Ikemura, Karen McIntyre, Nicolette Pearce, Tom Rimmer, Deana Robertson, Ann Thompson, and Maggie Watt.

PRACTICE COACHING

This past year has seen the Practice Coaching initiative evolve from an early concept of engaging a single practice coach to an updated model that pairs a Practice Support Program Coordinator and Practice Automation Coach; together, these coaches will provide GP clinics with supports around EMR use and general office efficiencies.

The Practice Coaching initiative, overseen by the multi-organizational practice coaching advisory committee (IPCAC), is funded separately through the GPSC and is not adversely affected by the reduced Attachment funding. At the time of writing, the plans for rolling out the practice coaching supports to all CVDFP members were just being finalized.

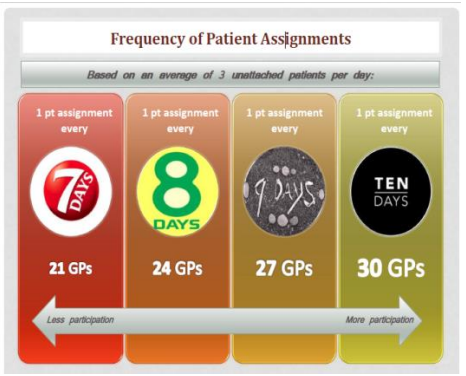
The IPCAC has also entered discussions with the Cowichan Community of Practice, currently funded through the Physician Information Technology Office, regarding potential alignment of the COP with the Division's IPCAC committee; with many goals in common, these two groups could work collaboratively to streamline delivery of services and maximize administrative efficiencies.

Although unforeseen events have delayed implementation of this initiative, members should expect to see delivery of these practice supports in the coming months – stay tuned!

FAMILY PRACTICE HOSPITAL SUPPORT PROGRAM

At this time last year, the FPHSP program, an initiative designed to support GPs providing inpatient care to unattached patients, was in a tenuous state. Low compensation and a number of "hassle factors" were having a negative impact on FPHSP members, resulting in declining participant numbers, and creating concerns that more GPs would give up their hospital privileges.

Late in 2012, a focused and well-attended discussion session was held for CVDFP members, with a goal to develop tangible solutions and to draw GPs back to hospital care. The meeting incorporated several key members from partner organizations – the Ministry of Health, General Practices Services Committee and VIHA. Several areas of focus were identified and have been thoughtfully pursued since that time.



Using data collected from across the province, a considerable portion of which was provided by Cowichan, the General Practices Services Committee approved a number of new inpatient care incentives, which became effective on April 1st of this year:

- A quarterly Assigned In-Patient Care Network Incentive
- A 25% increase on two basic hospital fees (13008 & 00127)
- An Unassigned In-patient Care Network Incentive
- A per-patient Unassigned In-patient Care Fee

Locally, the Division has been working closely with VIHA over the past several months to implement various supports and program improvements, which thus far include:

- Improved dictation services for the ER, with a less than 6-hour turn-around for uploading notes to Power Chart.
- Improved patient assignment processes, particularly around outpatient procedures and elective surgical admits.

Such improvements, along with the new inpatient care incentives, and implementation of a three-month trial period helped boost participant numbers in the FPHSP/DOD program from 21 to 31 by May of this year.

The Division continues to work closely with VIHA and Cowichan District Hospital administration, looking to further enhance inpatient care supports, with an ultimate goal to have all GPs with privileges be part of the FPHSP program.

PHYSICIANS DATA COLLABORATIVE

The Physicians Data Collaborative (PDC) is a not-for-profit organization working to enable the collaborative use of clinical data to improve patient care. The PDC is working to create a frontline physician-driven, divisionally owned and controlled data network with the potential to achieve the following:

- Provide data to drive and evaluate divisional initiatives, and support divisional funding applications.
- Enable clinical quality improvement activities and CME reflective practice.
- Answer clinical and research questions of interest to frontline practicing physicians.
- Answer population health questions to assist with health system management and improve patient care.

Some of the notable milestones achieved by the PDC in the past year include:

- Mohawk eHealth Development and Innovation Centre (MEDIC) was engaged as an informatics consultant to research divisional data needs and provide recommendations for the design of the data network.
- UBC Department of Family Practice and PDC signed a document of intent to collaborate.
- A PDC website was launched *(www.divisionsbc.ca/datacollaborative)*
- MEDIC completed their contract and submitted nine reports to the PDC.
- Low-tech projects were completed in partnership with UBC and two divisions, including Cowichan, to ensure that queries run in the data network will return useful data.
- A business analyst and a project manager were hired.
- AMCARE (Aggregated Metrics for Clinical Analysis Research & Evaluation) signed a document of intent to collaborate.

- PITO approved PDC's Innovation Diffusion Project application.
- PDC initiated a low tech project related to drug use optimization.
- PDC held its first Annual General Meeting.

Learn more about the PDC's mission, vision and values at: www.divisionsbc.ca/datacollaborative/strategicplan.

TREASURER'S REPORT

Dr. Mark Sanders

On behalf of the Board, I am pleased to present the Cowichan Valley Division of Family Practice Society's audited financial statements for the fiscal year ending March 31, 2013.

KPMG LLP Chartered Accountants have examined the financial statements, comprised of the statement of financial position, statement of operations, changes in fund balances and cash flows. In their opinion, the financial statements present fairly, in all material respects, the financial position of the Division as at March 31, 2013, in accordance with Canadian generally accepted accounting principles.

The Division recognized $132,345 in revenue related to Attachment Multidisciplinary nursing costs for the Maternity Clinic, and $419,289 in revenue was recognized for Attachment operations and discretionary costs. The balance of deferred revenue in Attachment totaling $500,000 represents the amount of Attachment funding available for the 2013/2014 fiscal year.

The Division also recognized $272,972 in revenue related to Infrastructure costs. The balance remaining in deferred revenue for Infrastructure, totaled $11,028. The GPSC has approved the carry-over of the deferred funds for the purpose of improving the Division's information technology infrastructure.

Total expenses for the fiscal year were $876,347. This was an increase of $4,620 over the previous fiscal year. Major expenses included support staff wages and benefits at $325,934, followed by physician meeting expenses of $203,692, and Maternity Clinic operating expenses of $234,953.

The Division ended the fiscal year with a surplus of $6,495. The surplus was a result of interest received on held funds.

I would like to take this opportunity to thank the Division board, and staff for their continued hard work, and commitment to the financial management of the Division's resources.

Statement of Financial Position

Year ending March 31, 2013

	Infra-structure	Service Contract	Attachment	Mar 31, 2013 Total	Mar 31, 2012 Total	Apr 1, 2011 Total
Assets						
Current Assets						
Cash	$ 144,935	39,125	656,729	840,789	738,197	183,814
Term deposit	-	-	5,065	5,065	5,000	-
Receivables						
HST rebate	3,969	-	6,829	10,798	24,684	6,901
Due from SCC	-	-	1,325	1,325	198	-
Due from FPHSP	12,728	-	-	12,728	-	-
Prepaid expense	1,840	-	780	2,620	2,578	-
Interfund receivable	(123,781)	-	123,781	-	-	-
	39,691	39,125	794,509	873,325	770,657	190,715
Property, plant and equipment	2,040	-	4,705	6,745	10,957	-
	41,731	39,125	799,214	880,070	781,614	190,715
Liabilities						
Current liabilities						
Accts payable	25,112	39,095	9,240	73,447	69,484	44,183
Accrued liabilities	17,765	-	23,835	41,600	47,648	-
Due to BCMA	-	-	221,560	221,560	-	-
Deferred revenue	11,028	-	531,833	542,861	665,669	159,669
Unamortized deferred capital revenue	-	-	4,705	4,705	9,411	-
	53,905	39,095	791,173	884,173	792,212	203,852
Net Assets (Deficiency)						
Unrestricted	(12,174)	-	-	(12,174)	(12,352)	(12,499)
Externally restricted	-	30	8,041	8,071	1,754	(638)
	(12,174)	30	8,041	(4,103)	(10,598)	(13,137)
Commitments						
	41,731	39,125	799,214	880,070	781,614	190,715

Statement of Operations

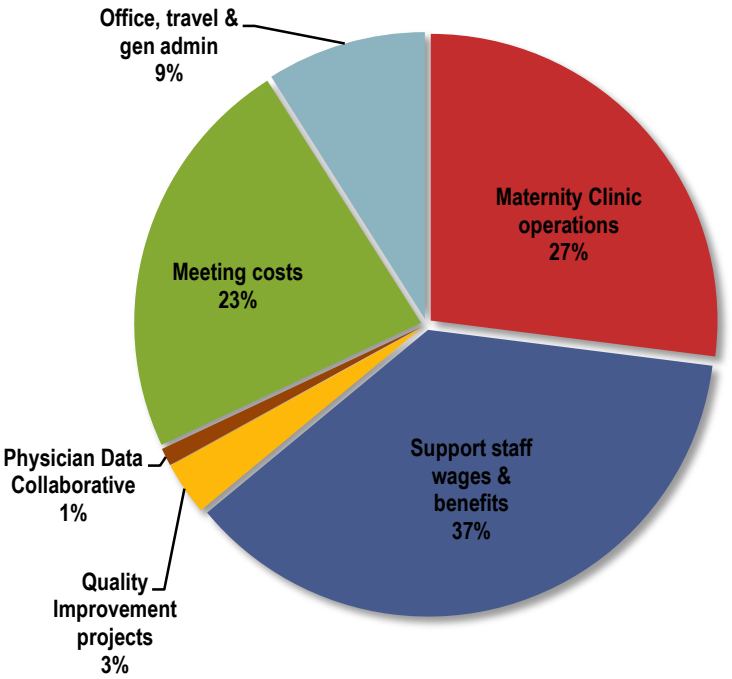
Year ending March 31, 2013

	Restricted Funds				
	Infra-structure	Service Contract	Attachment	2013 Total	2012 Total
Revenue					
BCMA	$ 272,972	$ -	$ 551,635	$ 824,607	$ 819,274
CDH Foundation	-	-	4,706	4,706	4,705
Coast Salish Emp.	-	-	5,710	5,710	3,117
QI contribution	-	-	21,299	21,299	25,203
PITO - EMR	-	-	5,109	5,109	19,428
Interest	178	10	6,307	6,495	2,539
SCC- Chronic Pain	-	-	14,916	14,916	-
Total Revenue	273,150	10	609,682	882,842	874,266
Expenses					
Mat Clinic operations					
General & admin	-	-	17,056	17,056	14,817
Amortization	-	-	4,705	4,705	4,705
Wages & Benefits	-	-	198,419	198,419	164,186
Rent	-	-	6,814	6,814	6,814
EMR	-	-	7,959	7,959	25,833
Total Maternity Clinic	-	-	234,953	234,953	216,355
Total Meeting Costs	77,339	-	126,353	203,692	220,132
General & Administrative					
Accounting & Legal	7,189	-	-	7,189	13,527
Social Planning	-	-	-	-	7,500
Support staff wages	140,334	-	185,600	325,934	307,050
Impact BC	-	-	21,299	21,299	25,203
IT projects	9,240	-	-	9,240	8,715
Research projects	-	-	-	-	20,000
Office, travel & gen.	37,463	-	35,170	72,633	52,472
Amortization	1,407	-	-	1,407	773
Total general & admin	195,633	-	242,069	437,702	435,240
Total expenses	272,972	-	603,375	876,347	871,727

Excess revenue over expense	178	10	6,307	6,495	2,539
Fund balances, beginning of year	(12,352)	20	1,734	(10,598)	(13,137)
Fund balances, end of year	(12,174)	30	8,041	(4,103)	(10,598)

Expense Allocation

Total Expenses: $876,347



CVDFP STRATEGIC DIRECTION

Core Values: Collaboration; Innovation; Respect; Support; Integrity; Leadership

What are we working on, what are we working toward, and what does this mean to you? With overarching goals to attach patients and to support GPs, the following initiatives comprise the strategic direction of the Cowichan Division.

MISSION: ***Working collaboratively with its partners and representing the collective voice of its members, CVDFP seeks to create economically responsible and sustainable ways to:***

- ***Support its members to improve their clinical practices and professional satisfaction***
- ***Identify gaps that exist in patient care in the Cowichan region***
- ***Develop solutions to meet community's needs and common health care goals, and, in doing so:***
  - ***Improve the patient experience of care***
  - ***Improve the health of the population***
  - ***Reduce the per capita cost of health care***

CVDFP Initiatives

COWICHAN MATERNITY CLINIC

How does this initiative attach patients? Unattached patients and families are connected to available GPs as part of clinic mandate.

How does this initiative support GPs? By offering a specialized service that the majority of GPs no longer practice.

What are the current priorities for this initiative?

1. Finalizing the partnership model with VIHA
2. Sourcing sustainable funds for the MOA position
3. Messaging to members regarding the new model

INPATIENT CARE

How does this initiative attach patients? GPs frequently take on orphaned patients first seen through the FPHSP program.

How does this initiative support GPs? By offering compensation and supports to those GPs providing inpatient care.

What are the current priorities for this initiative?

1. Setting up systems to administer incentive fees
2. Developing a data collection process
3. Messaging to members re new processes
4. Enhancing ground level supports
5. Increase participant numbers

PRACTICE COACHING

How does this initiative attach patients? By improving in-office efficiencies, creating greater capacity within clinics, allowing GPs to take on new patients.

How does this initiative support GPs? By helping GPs to maximize in office efficiencies and improve EMR skill level.

What are the top priorities for this initiative?

1. Gain access for the PAC to vendor-specific EMR (Med Access)
2. Confirm process for roll-out of supports, division wide
3. Messaging to members
4. Align COP with IPCAC

RECRUITMENT

How does this initiative attach patients? Additional GPs creates greater community capacity, allowing more patients to find a GP. Retaining existing GPs helps stabilize overall capacity.

How does this initiative support GPs? Additional GPs create greater community capacity, relieving pressure on existing GPs.

What are the top priorities for this initiative?

1. Continued messaging to residents and new GPs
2. Recruitment supports for retiring GPs
3. Retention strategies for existing GPs

Partnership initiatives

LAKE COWICHAN MULTI-DISCIPLINARY TEAM

How does this initiative attach patients? Service will include a mechanism to connect unattached patients to available GPs.

How does this initiative support GPs? By offering services to both attached and unattached patients, reducing pressures on GP clinics.

Partners: VIHA; Choose Lake Cowichan Committee

Division Role: Contributing to planning process.

PALLIATIVE CARE

How does this initiative attach patients? Service will include a mechanism to connect unattached palliative patients to available GPs.

How does this initiative support GPs? By providing a specialty resource; serving as a collective voice for more palliative beds and services; offering backup coverage when GPs are unavailable.

Partners: Shared Care Committee; CDH Palliative Committee

Division Role: Facilitating communications and development processes; participation.

PHYSICIAN DATA COLLABORATIVE

How does this initiative attach patients? By improving in-office data management processes, creating greater capacity and allowing GPs to take on more patients.

How does this initiative support GPs? By improving data management; creating comprehensive regional data; and offering a mechanism to measure health care outcomes.

Partners: Physician Data Collaborative

Division Role: Participation via paid membership.

PSYCHIATRY REFERRALS

How does this initiative attach patients? No direct attachment mechanism; however, the service will benefit patients by ensuring care is received in a timely manner.

How does this initiative support GPs? By improving the referral process and communications with psychiatry, reducing pressures on GP clinics.

Partners: Shared Care Committee; VIHA Mental Health; local psychiatrists.

Division Role: Facilitating communications and development processes; participation.

CHILD & YOUTH HEALTH

How does this initiative attach patients? No direct attachment mechanism; however, patients will benefit from having local access to child psychiatrist, and other resources.

How does this initiative support GPs? By providing a local service to refer patients to, reducing pressures on individual GP clinics.

Partners: Opportunities under review.

Division Role: Engaging with the new provincial Child & Youth Mental Health committee; investigate alternate partnership opportunities

Note: Although the Chronic Pain and Aboriginal Health initiatives are not included in the budget and strategic priorities for 2013-14, alternatives for funding and organizational oversight of these initiatives continue to be actively considered.

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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.

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Division of Family Practice
A GPSC initiative