

Annual Report 2017–2018



Improving Health Care, Changing Lives



Kootenay Boundary

Division of Family Practice

A GPSC initiative

Kootenay Boundary Division Leadership Report

Now in our eighth year, Kootenay Boundary Division of Family Practice continues to advance member-led clinical practice improvements, as well as favourably position our region within broader systems-level change. We are grateful to the physician/NP leads, and our staff and contractors, who dedicated countless hours over 2017–18 in the service of a better system of care for patients in Kootenay Boundary.

New initiatives this year included work in Palliative Care, Emergency Medicine, Social Determinants of Health (SDoH) Screening, GP/SP Consults and Physician Wellness. Multidisciplinary palliative care rounds to develop care plans for critically ill patients have already commenced in both Trail and Nelson. The KB emergency medicine leadership table is developing protocols for diagnostic image transfers and working with BCEHS to pilot the non-urgent transport dedicated car between sites for diagnostic imaging. Target clinics have been identified for SDoH screening, and a successful event was held for GPs and specialists to advance desired future states for the relationship between GPs and specialists.

At the same time, ongoing work continues to show strong results, with KB remaining a provincial leader on Residential Care indicators, the establishment of direct to patient videoconferencing options with Skype, slow but steady uptake of MBMD secure messaging, the successful recruitment of eleven new GPs, and the piloting of an EMR-integrated analytics tool in Nakusp. The Boundary Proof of Concept PMH also continues to yield positive outcomes and demonstrate the impacts of team-based care, with almost a 16% reduction in CTAS 4 and 5 visits to Boundary District Hospital (BDH), and a 30% reduction in scheduled visits to the BDH ED.

Our efforts to position KB to benefit from Ministry of Health system reform (Patient Medical Home (PMH) / Primary Care Network (PCN)) continued this year.

In the spring, the successes of ourselves and our IHA partners in the Boundary PMH Proof of Concept were rewarded when KB was chosen as one of 10 BC regions to first design a PCN. Over the summer we developed a comprehensive Service Plan seeking over 50 F.T.E. of new team-based care positions.

The service plan proposes to provide attachment for the estimated 8000 residents of KB that are seeking a practitioner, while also setting the stage for a re-designed system of primary care that improves practitioner experience and patient clinical outcomes. We seek a mix of new staff to work directly in clinics, including GPs, NPs, social workers, primary care nurses, and physical therapists. In addition, we seek some regional support staff, including a clinical pharmacist, virtual care coordinator, indigenous health coordinator and change management supports. The Plan was submitted on October 1st, 2018. Negotiations are anticipated to be completed by the end of November 2018, with the goal of implementation in January 2019.

Sitting in a Board chair and governing all this work is no small feat. As in any complex environment, competing interests, priorities and opportunities are constantly debated. We've recently articulated a number of "opposing truths" about governance of Division work, such as whether to meet the needs of many members, or focus our work on a few priorities, and whether to take risk for bigger change, or be

KB DIVISION 2017–18 EXECUTIVE

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Dr. Lee MacKay, Physician Lead

Dr. David Merry, Vice Chair

Dr. Chelsea Anchikoski,
Treasurer

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Director

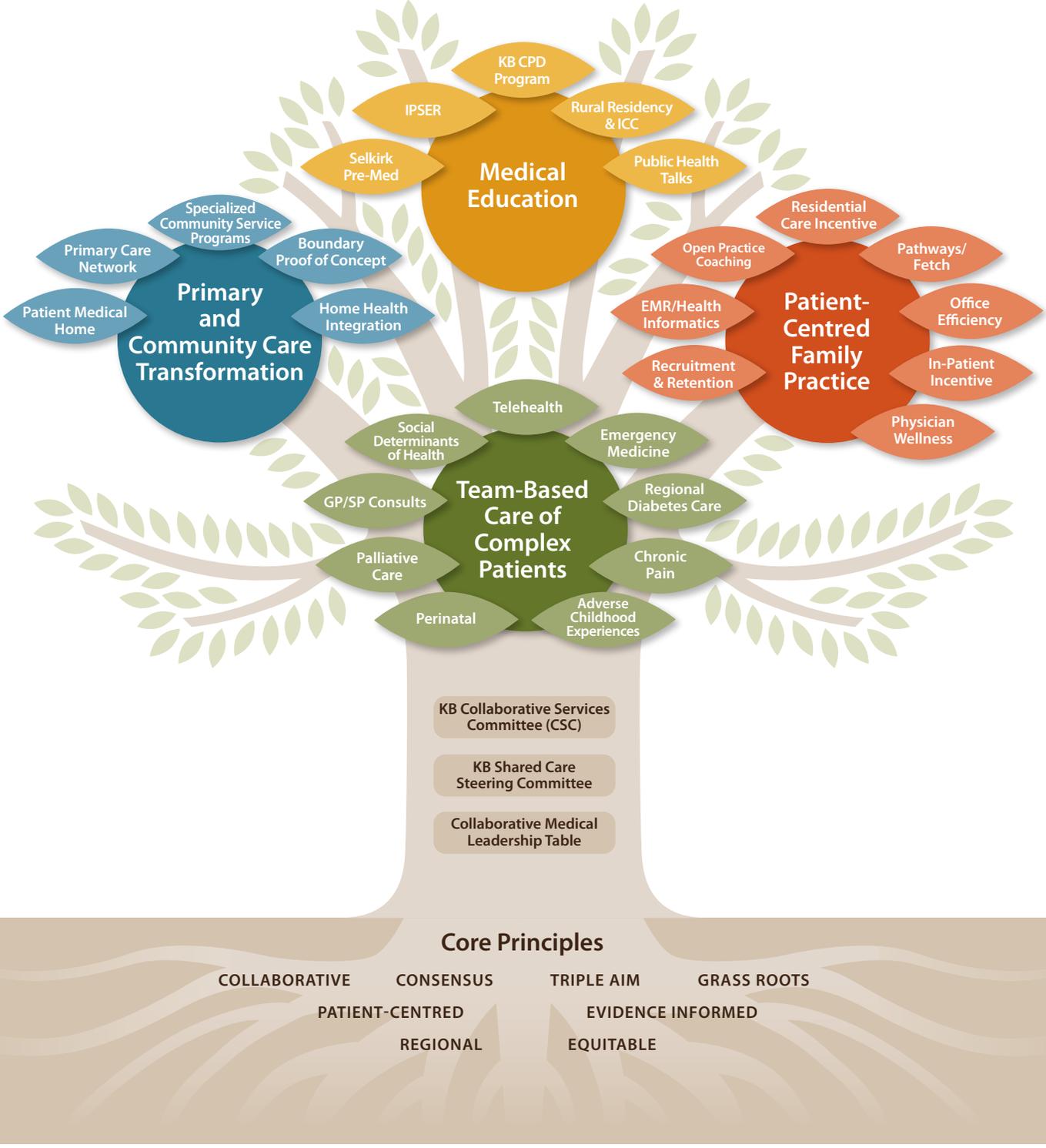
more conservative for certain, but smaller, outcomes. We look forward to exploring some of these themes with you at the AGM. In addition, your Board is currently exploring these tensions in a series of in-clinic lunch sessions, where we are getting an opportunity to meet 1:1 with as many of you as possible to discuss priorities and strategy for Division work in the years ahead.

And these debates will continue in the months and years ahead. Irrespective of how we land on these complex tensions, your Division Executive is very proud of the work KB Division has done through 2017–18. We sincerely thank all Division members who have taken part in the many meetings and community engagements that have been held over the past year. Your participation is foundational to every aspect of KB Division's success.

Please don't hesitate to contact any of us if you wish to discuss anything, or wish to get more involved in any of the initiatives you read about in this report.



OUR IMPACT: Kootenay Boundary Division of Family Practice Initiatives



Patient Medical Home/Primary Care Network Implementation

- Primary Care Network (PCN) Expression of Interest submitted and approved, PCN service plan developed (June–Oct 2018).
- The KB PCN service plan proposes a mix of new resources, including GPs, NPs, social workers, primary care nurses, physiotherapist and occupational therapists. In addition, the plan proposes some regional support staff, including a clinical pharmacist, virtual care & indigenous health coordinator and change management supports (coaches, EMR specialist).
- The creation of Community Health Centres will be explored.
- Early adopter clinics will be selected based on their readiness and new KB PCN “Learning Labs” will be created, where new staff, participating GP clinics and existing IH resources can convene to plan and provide the necessary services to efficiently and effectively deliver care to the region’s residents.
- Agreement regarding new KB PCN resources with the Ministry of Health is anticipated November 2018.
- Implementation of the service plan will commence in January 2019.

Boundary Proof of Concept

- PoC press announcement November 2018.
- Initial data indicates positive outcomes for three of the five core QI goals:
 - CTAS 4 and 5 visits by Boundary residents to Boundary District Hospital was down 13.7% over baseline in year 1 and 16% over baseline in the first five periods of year 2.
 - The number of mental health patients supported in clinic by the social worker over a four month period was 92, and was on track to exceed the goal of 160 patients supported in year 1.
 - The number of scheduled visits to the BDH ED had been reduced by 30% in year 1.
- Right Care, Right Place campaign launched summer 2018 to drive change in patient behaviour.

Recruitment & Retention

- Eleven new GPs recruited to KB, including in-person welcome for most. Developed a further 29 new contacts with GPs interested in practising in KB.
- Employment support for 9 GP spouses.
- Developed and launched Locum Matching Initiative.
- Welcomed all R1s and assisted R2s with various requests and hosting second annual R&R family day with KB Residents.

EMR/Health Informatics

- Working to advance the clinical utility of your EMR through with innovative tools and technologies to support self-reflection, practice improvement, and program evaluation.
- EMR-integrated analytical tools pilot being launched in Nakusp.
- Working with the Health Data Coalition to implement HDC panel analysis and comparison for quality improvement.

Open Practice Coaching

- Open Practice Coaching supported 12 GP’s in 2017/18 year — 7 focussed on professional/personal sustainability and practice improvement, 1 new to practice, 1 retirement planning and 1 clinic team in group transition planning.

Palliative Care

- During the first phase of this project, a series of engagement meetings (October and November 2017) were facilitated in the communities of Nelson, Trail and Castlegar.
- Key stakeholders at these engagement meetings identified three problem areas to adopting an interdisciplinary palliative care approach in Kootenay Boundary:
 - The lack of integration of palliative care services provided by GPs, SPs, IHA and community Hospice organizations.
 - Limited physician palliative care leadership to provide clinical support, professional education, and palliative care advocacy to care communities.
 - Limited upstream palliative care approach for chronic disease management for patients with life-limiting diseases.
- Improvement areas for phase two of this project include:
 - build a culture of team-based community Palliative Care;
 - support the establishment of a Palliative Care Medical Lead, a local GP with extra training who will be a champion for advancing a Palliative Care approach in KB;
 - host weekly community-based multidisciplinary Palliative Rounds;
 - introduce/deliver a Palliative Approach component to Chronic Disease Mgt;



- support the work of community hospice organizations to advance the concept of compassionate communities in KB.

Pathways/Fetch

- Pathways is establishing itself as the go-to tool for specialist referrals (especially outside of KB).
- Averaging 1,900 page views/month.
- Fetch homepage revamped to include KB map, enhancing focused area search for patient resources.

Practice Efficiency

- Tackling a broad spectrum of challenges associated with inefficiency, and barriers experienced in private physician practices.
- Supports are provided using a “coaching approach”, supporting physicians to identify priorities for change, albeit influenced by “the menu” of available change resources.
- Resources available:
 - EMR support.
 - Business analyst.
 - Open practice coach.
 - PSP resources.
 - QI support.
 - Transition planning for retiring GPs.

In-Patient Incentive

- Administration of doctor of the day funding for Docs providing unattached inpatient care in Arrow Lakes, Boundary and Kootenay Lake Hospitals.

Physician Wellness

- Thriving in Medicine event ran successfully at Red Resort in April 2018, next event scheduled for Nov 17 & 18 in Nelson.
- Planning for further wellness events and activities with an evidence-informed foci of Practitioner: Practitioner support underway.

KB CPD Program

- Accreditation and on-site support of Rounds + streaming to rural sites.
- Accreditation of a Physician Wellness workshop (a first in BC).
- 9 educational events including Phabulous Phemale Physicians, Medicinal Use of Cannabis, CBT-Tools, and Kootenay Conference.
- 18 courses and events planned for 2018–19.
- CPD Monthly Calendar — never miss a CPD event — <http://bit.ly/KB-CPD>.

Rural Residency & ICC

- Funding to Residency & ICC Programs to support preceptorship and costs of delivering a distributed rural program.
- Four ICC students and eight residents supported.

Selkirk Pre-Med Scholarship

- Over \$10,000 raised by KB Division members to support Selkirk Pre-Med program, including \$2,000 from the Castlegar & District Hospital Auxiliary.
- Four students awarded scholarships in 2018.

Public Health Talks

- KB Division is piloting patient self-management educational talks.
- First public event — “Let’s Talk Chronic Pain” launched September 2018 in Trail and Nelson, over 100 KB residents attended the events.
- Next public health talk in development for early 2019.

Perinatal

- Now in its third year, this project in Kootenay Boundary addresses the pillars of care for perinatal mental health.
- **Pillar #1:** Education and Prevention For Patients: Plain Mama English handout for moms and families • Checklist for moms to help identify needs to providers • Newborn supports directory • Postcards for moms and dads about postpartum challenges • Familiar



faces program: health care provider visits to moms groups • Community awareness events — Step into the Light. For Providers • Build network of service providers for warm handovers • CME for physicians / midwives and NPs with psychiatrist and MHSU practice lead.

- **Pillar #2:** Screening and Diagnosis: Training for service providers with psychiatrist and patient voices representative on symptoms and options for care • EPDS 3 clinic pilot: screening tool for use at every patient visit • Education for providers on use of EPDS and mood disorders screening tools • Access to KB psychiatrist for clinical support through virtual care (MBMD and phone).
- **Pillar #3:** Treatment and Self-Management: Community specific perinatal mental health referral pathways, • Motherwise facilitated peer group sessions • Access to MHSU clinicians with specialized training and psychiatrist: revised intake processes for faster response to perinatal clients • Virtual care access to psychiatrist with specialized training.
- **Pillar #4:** Coping and Support Networks: Motherwise facilitated peer group sessions • Step Into the Light events.
- **Pillar #5:** Quality Access: Virtual care options for rural communities supporting local primary care teams and patients to connect with delivery care providers (GP and midwives), OB/GYN specialists, and psychiatry.



Child and Youth Mental Health

- The Shared Care Child & Youth Mental Health and Substance Use – West Kootenay Local Action Team concluded a four year project in December 2017.
- To help families and physicians access local and provincial mental health and substance use services and supports for children and youth, a CYMHSU Pathways to Care brochure and a Referral Matrix hand-out was developed and distributed to families, physicians, schools, hospitals and community agencies.
- System improvement work was also a priority, multiple meetings were held in Victoria with the Office of the Child and Youth Representative, representatives from the Ministry of Children and Family Development, Ministry of Health and the new Ministry of Mental Health and Addictions to share the West Kootenay Local Action Team's Wraparound evaluation results and recommendations for increased CYMHSU services in Kootenay Boundary.

Emergency Medicine

- Leadership table includes representatives from all emergency departments both physician and nurse teams.
- Supporting patient transport office with dedicated HART car for improved deployment of the team to rural sites — fall 2018.
- Working with BCEHS to pilot the non-urgent transport dedicated car between sites for diagnostic imaging — fall 2018.
- Review of protocols for diagnostic imaging transfers to reduce gaps in patient care underway and proposed transfer form in draft for PDSA.
- Simulations for emergent use of video conferencing with ICU and ED in Trail from rural sites under development.
- Evidence shows strong ED team networks improve care. Goal to develop an emergency medicine regional network. Analysis of existing network underway.

Adverse Childhood Experiences

- Discussions with potential pilot clinics underway with 5 confirmed.
- Scripts for implementing ACEs under development.
- Initial discussions regarding inputting SDH data into EMR underway.

Chronic Pain Advisor Pilot

- Chronic Pain Advisor pilot with Riverside Clinic in Trail — 5–9 hours support from OT advisor to help patients better self-manage their pain. Evaluation revealed the following outcomes:
 - Statistically significant improvements in pain severity ratings.
 - Statistically significant improvements in self-efficacy.
 - Overall improvement for over 70% of patients regarding “confidence in doing activities, degree to which they are discouraged and frustrated, and the degree to which they are taking responsibility for their own health.
 - Self reported improvements in mood, physical activity levels and ability to self-manage pain.
- Regional and Provincial bodies engaged, including Pain BC, MoH, IH to explore funding models to continue/expand this service.

Chronic Pain Interdisciplinary Model

- In May 2018, Kootenay Boundary Shared Care initiated an engagement project to develop a model of sustainable, accessible and holistic chronic pain care.
- The KB Interdisciplinary Chronic Pain model proposes a mix of GP Specialists and Allied Health providers working together, in a team-based model through combining FFS Revenues, MoH/IHA funding and some Private Pay.
- Meetings with Ministry of Health, Interior Health and other stakeholders took place during March–August 2018 to explore partnership and funding opportunities.
- The project team developed of a business case that models cost-saving or cost-neutral investment in interdisciplinary chronic pain teams based on anticipated health-care utilization reductions.
- Phase 2 of project on-hold until further information regarding funding for Allied Health providers is agreed at the Provincial level.

Telehealth

- Video conferencing access for patients available for six specialty areas: Internal medicine, paediatrics, urology, anesthesia, general surgery, maternity.
- Emergency access to video consultations available in all emergency departments of rural hospitals and community health centers to connect with ICU in Trail.
- Over 130 consults by video over project term saving patients on average \$178 cost / trip / patient or \$23,270.
- 10 specialty areas using secure messaging system for communications in KB.
- 39% of GPs and 46% SP have used secure messaging in the last year in KB.
- Recently launched KB super user survey (n=11) on secure messaging results indicate:
 - 75% say it usually or sometimes informs their treatment plan.
 - 60% say it is improving their ability to care for patients.
 - 70% say it is improving communication between GPs and specialists.
- Virtual Care Patient survey (n=111) results show:
 - 63% of patients who have used virtual care are very satisfied with their experience.
- Primary benefits identified by patients are:
 - Saving time and money.
 - Received needed support regarding health care.
 - Avoided having to see a specialist in person.

Social Determinants of Health (SDH)

- Development of web based toolkit www.embedsdh.ca for clinics advancing Patient Medical Home via practice coaching and behavioral health.
- Province-wide initiative in partnership with BC College of Family Physicians.

GP/SP Consults

- The first phase of the GP/SP Consults project included interviews with 24 GPs in eight clinics across Kootenay Boundary, and 17 SPs in five specialty areas: psychiatry, internal medicine, pediatrics, orthopedics and general surgery to learn about consultations that caused them concern and consultations that inspired confidence.
- The impact of the medical hierarchy on the relationship between GPs and SPs, the effect of communication styles on GP/SP morale, and the importance of clear understanding of roles and responsibilities regarding shared complex patient management were key themes.
- Physicians interviewed in phase one are now leading phase two, a fully funded Shared Care project. Improvement areas include identifying cultural enablers to the development of excellent relationships between family physicians and specialists, and the key elements of good referral — consultation.

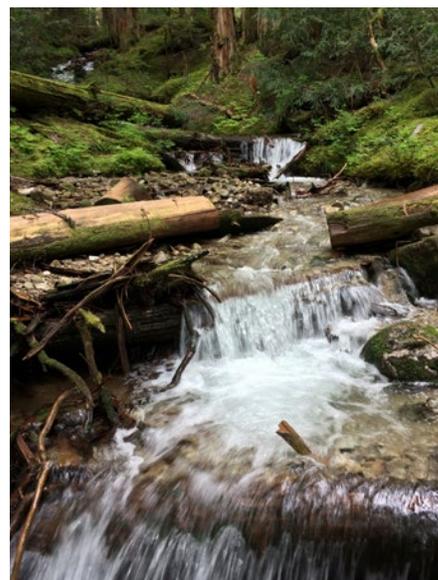
Residential Care

- Over the 3 years since this project commenced, significant improvement has been made in Kootenay Boundary in indicators relating to the five best practices set out by the GPSC and MoH. We have seen significantly reduced ED transfers and admissions, use of antipsychotics and polypharmacy. As well, there has been improvement in perceived meeting of the five best practices by the physicians engaged in residential care resulting in improved provider experience.
- Ongoing local and regional meetings facilitated by Dr. Trevor Janz engage inter-disciplinary participants to remedy issues, concerns, and strive towards best practice in residential care. The regional meeting also provides an opportunity to advance practice by all disciplines through education on broad issues faced in residential care.
- MoH data relating to the five best practices was received and reported at the meetings to further consider practices and barriers to best

practice. For example, in one area, physicians and two residential sites are exploring changes in protocols to increase physician participation in inter-disciplinary team conferences.

Quality Improvement

- The quality improvement (QI) team supports all project managers in understanding the outcomes of their projects with formal evaluations completed for the child and youth mental health project, perinatal mental health project, social worker in clinic, and chronic pain advisor projects in the last year.
- Evaluations are ongoing for the telehealth, palliative care, GP/SP consult optimization, emergency medicine network and social determinants of health projects and the Boundary Proof of Concept Patient Medical Home.
- These evaluations provide formative data to support project implementation and summative understandings of what the project achieved.
- The QI team also conducts ongoing data analysis and quality improvement work to support KBDoFP operations, including a biannual report on outcomes to the board that summarizes the outcomes, and represents the KBDoFP on provincial level evaluation and data analysis committees.



Statement of Operations and Changes in Net Assets

For the Year Ended March 31	2018	2017
Revenue		
BCMA — Infrastructure	\$ 514,680	\$ 565,729
BCMA — Incentive	428,650	428,650
BCMA — Shared Care	411,710	545,353
BCMA — Patient Medical Home — Primary Care Network	184,406	33,000
BCMA — Projects	103,705	42,852
IHA — Continuing Professional Development	88,353	92,203
IHA — Boundary Health Care Cooperative	76,985	–
BCMA — A GP for Me	11,880	190,516
BCMA — Partners in Care	–	716
Miscellaneous	74,687	39,174
Interest	4,969	3,970
	1,900,025	1,942,163
Expenses		
Administration	44,544	41,974
Board members	189,702	196,982
Facilities and supplies	15,845	16,778
Management	643,618	619,970
Members and physicians	647,490	666,439
Project costs	353,857	400,030
	1,895,056	1,942,173
Excess of expenses over revenue for the year	4,969	(10)
Unrestricted net assets, beginning of year	5,062	5,072
Unrestricted net assets, end of year	\$ 10,031	\$ 5,062

Acknowledgement

The Kootenay Boundary Division of Family Practice gratefully acknowledges the funding of the General Practice Services Committee, Shared Care Committee and Innovation Fund as well as the support of the Division of Family Practice provincial office and Shared Care central office. We extend our gratitude for the contributions of our many community partners and community representatives.

Thanks to all those involved in Division work in 2017/18

Adam Wylie	Chi Zhang	Ellen Smart	Judy Ozeroff	Llora McTeer	Nikki Graves Kim Irving	Sherry Lilley
Alexandria Baxter	Chiara Pretto	Eric Dalla Lana	Julie George	Lori Verigin	Shiraz Moola	Stacey Kennedy
Allison Holm	Chris Cochran	Erin Fazzino	Julie Northfold	Mandy Lowery	Norm Lea	Stephanie Cameron
Allison Carroll	Chris Huston	Erin Stavenjord	Julie Woodhouse	Marcela Rodriguez	Patricia Rodriguez	Susan Benzer
Anders Merg	Christopher Lyttle	Florent Smit	Justyn Lutfy	Margaret MacIntyre	Peter Krampf	Susan Duncan
Andre Piver	Cindy Crane	Florent Smit	Karen Heric	Mark Szyrak	Rainer Ankenbauer	Suzanne Lee
Andrew Hughes	Cindy Loukras	Gwen Campbell	Karina Poznekoz	Martha Wilson	Ralph Behrens	Tammy Castellano
Andrew Lawe	Colleen Urbanoski	Heather Stefanison	Kate Forman	Martha Wilson	Randy Theissen Trish Thompson	Tammy McLean
Ann Sears	Corinne Knox	Helen Buchanan	Kathryn Hale	Matthew Hermann	Rebecca Lyttle	Tandi Wilkinson
Anne Dobson	Cortney Shier	Iain Reid	Katie O'Connor	Max Liu	Rhianna Rimmer	Tanya Momtazian
Anne-Marie Baribeau	Cynthia Neil	Jacqueline Malkinson	Katrina Smith	Max Lowther	Richard Milde	Thalia Vesterbeck
Arlene Woods	Danielle Snyder	Jacqui Cameron	Keith Merritt	Megan Kennedy	Rob Kobayashi	Tracey Garvin
Barb Bentley	Danuta Ksiazek	Jacqui Richards	Kevin McKechnie	Megan Taylor	Rob Lewis	Tracey Grayson
Barbie Kalmakoff	David G Williams	James Wiedrick	Krista Chursinoff	Meghan Jensen	Rodica Janz	Tracy Mercer
Bbandama Makwati	David Merry	Janet Cusden	Kristen Edge	Melissa Cosens	Ronald Cameron	Trevor Aiken
Bev Harmsdon	David Sookeveiff	Janet Fisher	Kyle Merritt	Melissa Herr	Samantha Segal	Trevor Janz
Bonnie Edstrom	Dawn Tomlin	Janet McGillvrey	Kynan Bazley	Michael Scully	Sandra Cooke	Trisha Goodman
Brehanna Jones	Deanna Teichrob	Jarmila Hradil	Lee MacKay	Michel Hjelkrem	Sandra Owens	Tunde Sonuga
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Candace Munro	Devon A. Christie	Jeanette Boyd	Leeda Makortoff	Michelle Szabo	Sarah Taylor	Vicki Bekker
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Carrie Fitzsimons	Donna Gibbons	Jennifer Cochran	Lilli Kerby	Miles Smith	Seth Biting	Wendy Hurdle
Cathy Fleming	Donna Wunderlich	Jo-Ann Tisserand	Lina Suazo	Nancy Bowie	Sharon Côté	Zak Matieschyn
Chantal Guillemette	Doreen Nault	Joan Holmes	Linda Oddo	Nancy Moore	Sheena Albrecht	Zohra Morgan
Charles Burkholder	Douglas Kingsford	Joel Kailia	Linda Rimmer	Nando Salviulo	Shelina Musaji	
Chelsea Anchikowski	Eddie Naude	John Falconer	Lisa Delorme	Natasha Lecef	Sheri Grenier	
Cheryl Anderson	Elisabeth Sawyer	John Matechuk	Lisa Vasil	Nathan Dalla Lana		
Cheryl Whittleton	Elizabeth McCoid	Judith Louwerse	Lisa Wiley	Nattana Dixon Warren		

Key Partners:

Association of Registered Nurses of BC	Interior Health	Trail Hospice
BC Ambulance Service	High Acuity Response Team (HART)	Nelson Hospice
BC College of Family Physicians	Regional Medical Advisory Committee	KALIEN Centre
BC Emergency Health Services	Local Medical Advisory Committees around the region	Castlegar Hospice
Doctors of BC	Central Okanagan Division	Boundary All Nations Aboriginal Council
General Practice Services Committee (GPSC)	Central Interior Rural Division	Boundary Community Metis Association
HealthMatch BC	East Kootenay Division	Circle of Indigenous Nations (C.O.I.N.S.)
Joint Collaborative Committee (JCC)	Powell River Division	Ktunaxa Nation
Pain BC	Shuswap North Okanagan Division	Okanagan Nation Alliance
Pathways BC	South Okanagan Similkameen Division	Canadian Foundation for Healthcare Improvement
Patient Voices Network	Thompson Division	City of Castlegar physician recruiter
Provincial Doctors Technology Office	College of the Rockies	Local Midwives (2)
Provincial Health Services Authority	Nicola Valley Institute of Technology	Medical Office Assistants
Rural Coordination Centre of BC	Shared Care	Local Physiotherapists (1)
Shared Care	Specialists Services Committee	Boundary Proof of Concept (PoC) Nurses and Social Worker (5)
Facilities Engagement	Physician Quality Improvement	Nelson Social Worker
Ministry of Health		

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.

<http://www.kbddivision.org>

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