2010 Annual Review

White Rock-South Surrey
Division of Family Practice

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The White Rock-South Surrey (WR-SS) Division of Family Practice works together to promote:

- Full-service family practice
- Family practice perspectives
- Improvement in patient care
- Development of physician and patient health programs.

The Division is governed by a board of directors comprised of local, practising family physicians that represent the ideas and opinions of its members. Several division members participate in committees which report to the board.

As of March 31, 2011, the Division had 80 members, representing approximately 95 per cent of practising family physicians (FPs) in the White Rock-South Surrey area.

Dr. Steve Larigakis,
Lead Physician

Message from the Board of Directors — Dr. Steve Larigakis, Lead Physician

As I write these remarks, I reflect on how far we have come in a short time. Though it`s just over two years since our official establishment, the White Rock-South Surrey Division of Family Practice is one of the longest-standing divisions in the province. Our work is not only building a solid foundation upon which we can further improve primary care for our patients and colleagues in our community, but also having an influence on the re-design of primary care throughout BC.

I feel tremendous pride in what we have accomplished: we've attracted new long-term physicians and locums to the community, opened the new Primary Care Access Clinic (the PCAC), launched a residential care program, continued to help support the provision of hospital care by GPs through our House Doc program, partnered with the Health Authority in beginning to re-organize the way home care is delivered, and made inroads to doing the same with mental health and addictions services. This is thanks to the strong leadership and tireless efforts of our board members, committee members, all our physician members and Division staff who commit their time, ideas and seemingly limitless energy. It is encouraging to see member involvement increasing as people begin to feel supported by our work and optimistic about the outcomes we can achieve together. I am always reminded that we are a membership-driven organization: your input is critical to ensuring that we focus on the things that matter to you, your patients and your practice.

Our work is not without its challenges. As family physicians we are already oversubscribed, and we must be cautious that division work does not contribute to increasing workloads and burnout. I assure you that the board remains committed to developing and securing support and funding for programs – including our current attachment and integration efforts — that will better support you and your patients without requiring you to work longer or harder.

I want to recognize our partners — Fraser Health Authority (FHA), BC Medical Association (BCMA), and the Ministry of Health, as well as the collaboration and support of the Provincial Attachment Working Group (PAWG), the Practice Support Program (PSP), the Physician Information Technology Office (PITO), the Peace Arch Hospital and Community Health Foundation (PAHCHF), the provincial Divisions team, and our patients and their families — with whom we enjoy such positive, collaborative working relationships. The Division is a meaningful opportunity for primary care physicians to have input into local health care redesign because we have open-minded, willing partners who agree to let us try new things, and to learning, adapting and improving as we go.

As you read the highlights in this report I hope you will agree that we are making progress towards achieving the goals we have collaboratively set for our division. We will continue this momentum in the coming year by constantly focusing on our vision, reviewing our priorities, celebrating our successes yet learning from our mistakes, and expanding our relationships and level of engagement in the community.

On behalf of the board, I thank you for being part of the team and encourage you to continue to share your ideas with us.

Year in Review — Highlights

April 27
First Annual General Meeting held. The Division presents a special award to Val Tregillus, Executive Director for Primary Health Care for the Ministry of Health Services, for her outstanding contribution to primary care in our community.

May
Membership stands at 68 local family physicians, representing 91 per cent of those eligible in White Rock-South Surrey.

May 28
Member breakfast meeting held to introduce Attachment Initiative.

June 24
Ministry of Health Services and the BC Medical Association hold a news conference in the community to announce the Attachment and Integration Initiatives.

July 11
Dr. Steve Larigakis and Dr. Brenda Hefford meet with White Rock Mayor Catherine Ferguson to explain the Attachment Initiative.

July 13
Brainstorming session on Attachment: 20 family physicians attended a lunch and afternoon event to brainstorm about ways to approach Attachment in our community.

July 22
Dr. Brenda Hefford presents keynote address at inaugural World Health Networks conference in New Zealand. She was invited to present based on the work being done in the WR-SS Division and province.

August
Jennifer Scrubb hired as Strategic Projects Consultant to co-lead Division Attachment Initiatives.

September
Community of Practice formed with Dr. André Bredenkamp as physician champion, allowing the Division to work with PITO, Intrahealth, and other stakeholders to support participation in the Electronic Medical Record program.

September 8
Dr. Steve Larigakis and Dr. Brenda Hefford meet with Surrey Mayor Diane Watts to explain Attachment Initiative.

September 18
Lease signed for new PCAC.

September 28
End of Summer Celebration.

October 15
Division co-hosts a reception at the Family Medicine Forum in Vancouver to promote our physician recruitment and retention program, meeting with 40 doctors from across Canada.

November
Helen Torrance hired as administrative assistant, to support programs including Residential Care, PITO Community of Practice and locum program.

November
Chandra Varey hired as dedicated MOA for PCAC.

November 1
Dr. Brenda Hefford presents about provincial divisional work at a primary care innovation conference in Quebec along with Brian Evoy, provincial Executive Lead of Divisions.

November 10
Launch and information breakfast at Uptown Medical Centre for PCAC.

November 15
PCAC opens at Uptown Medical Centre, thanks in part to a $30,000 donation for equipment from the Peace Arch Hospital and Community Health Foundation.

November 24
Dr. Brenda Hefford is invited to present to White Rock Rotary Club about the Division and Attachment.

January 1
First community locum arrives for the start of a six-week commitment, which was quickly extended to a 10-month commitment.

January 18
Attachment Update for MDs and second brainstorming session: 31 members and others attend brainstorming event at Morgan Creek on Integration and Attachment.

February 1
Integration of Mental Health and Addictions service with PCAC under way; part-time psychiatrist and mental health worker (RN) now available to support physicians and nurse practitioners at PCAC.

February 7
Survey on EMRs distributed to MOAs.

February 10/11
Provincial divisional meeting attended by representative divisional board physicians.

March
Dr. Seamus McGlynn, new recruit begins practising at Hilltop Medical.

March 1
Launch of Residential Care initiative.

March 1
Launch of Home Health partnerships.

March 22
Presentation of Strategic plan and funding for Attachment Initiatives approved at meeting with GPSC.

Significant Progress Made on Patient Attachment

The WR-SS Division is one of three divisions in the province that is involved in prototyping the Attachment Initiative, also known as A GP for Me, in their community. This initiative is based on the knowledge that patients who are attached to a family doctor enjoy better health outcomes, are more satisfied with their health care experience and cost the health care system less money. This strong patient-physician relationship also leads to greater professional satisfaction for family physicians especially where there are supports that reduce inconvenience for and increase the capacity of physicians to provide care. The idea behind the Attachment Initiative is to provide the Division of Family Practice with additional resources and partnerships to help support GPs committed to providing full service, ongoing care to their patients. The overall provincial goal of this initiative is that that by 2015 everyone in BC who wants a family doctor will be able to have one. After discussing the possibility of participating in this initiative at a WR-SS board meeting, in May the Division held an attachment information breakfast meeting with physician members. At this meeting the board received the mandate to proceed with the developmental phase of this initiative, meaning the board would apply for resources to explore the scope of the issue in the community and start to develop strategies to improve attachment in WR-SS.

Over the past year, the Division's board and attachment leads have developed a multi-pronged attachment strategy with three main goals:

- to better support FPs to provide full-service, long-term care;
- to find ways to better help vulnerable patients in the community; and
- to increase capacity in our local health care system so that everyone in the community who wants a FP can have one.

Jennifer Scrubb, Strategic Projects Consultant, was hired to help lead this work. A working group was formed which met weekly throughout the fall, and attachment strategies were regularly discussed at the board meetings.

To help inform this work there have been several opportunities for input from the community physicians through half-day brainstorming sessions held in July and January, information meetings, practice level meetings, and informal "Question of the Week" meetings in the Doctors' Lounge at the hospital.

The Division's attachment work is part of the overall re-design of primary care in White Rock-South Surrey. Planning for the attachment work of the Division and the integration work of the Health Authority is supported by the Collaborative Services Committee (CSC), which meets monthly and includes high level representation from FHA and the Ministry of Health (MoH). This committee is co-chaired by Diane Miller - Fraser Health Executive Director of Primary and Aboriginal care, and Dr. Steve Larigakis. Other divisional representatives on the CSC include Drs. Brenda Hefford and Grace Park. Drs Hefford and Park also participate in the Provincial Attachment Working Group, or PAWG. PAWG has been the focus for collaboration with the other two attachment communities, Prince George and Cowichan Valley, and is supported by and reports to the GPSC.

There have also been informal meetings between the three attachment communities, helping all three to learn from the approaches of the other participating communities.

Dr. Hefford, in addition to being the local physician lead for this work is co-chair of PAWG along with Kyle Pearce, provincial Executive Lead for the Attachment Initiative. In this capacity she attends the monthly two-day GPSC meetings. "I strongly believe that by taking such a comprehensive approach to this initiative, we will achieve our overall vision: enabling all citizens of White Rock and South Surrey to have access to and enjoy the benefits of primary care, while at the same time better streamlining primary care in our community."

Following are major accomplishments in support of each of the Division's goals:

Opening of the Primary Care Access Clinic

This clinic, which opened in November at the new Uptown Medical Centre, is helping provide care for some of the most vulnerable patients in the community who don't have a family doctor. There is a full overview of the PCAC further in this report. The Uptown Medical Centre also offers office space for new recruits to our community.

Physician and Locum Recruitment

To help to increase the capacity in our community, the Division has recruited two new family physicians. It has undertaken aggressive recruitment efforts for both Uptown Medical Centre and regular community practice, leading to meetings with eight additional prospective recruits.

Two new locums have been recruited through the community locum program.

The WR-SS Division has been awarded up to $10,000 per year for a rolling period of three years (to be renewed annually) from the Peace Arch Hospital and Community Health Foundation's Magnet Hospital Designated Fund to support the family physician recruitment and retention partnership, including the locum program.

Approval of Funding for the Next Stage of the Attachment Initiative

On March 22 Brenda Hefford and Jennifer Scrubb attended GPSC to present the attachment strategies for WR-SS and received approval for implementation funding to proceed with the next phase of this initiative. The other two prototypes were also successful in their application for this funding.

Next Steps

The leads for the attachment work will continue to consult and engage with both physicians and their office assistants (MOAs) on attachment planning, prioritization and implementation. The leads are working in partnership with PITO and PSP to assess individual practice needs and capacity through introduction of a detailed practice survey. This will provide valuable feedback to the practices and the division to help with further planning, including offering streamlined practice coaching and support as desired by the practices.

The Division will plan for and hire or contract multidisciplinary providers which may include a pharmacist, social worker, counselor, and dietician in response to the needs expressed through the physician member brainstorming sessions. These providers will help doctors in their practices with such things as assessment of complex medication needs, helping with group visits or counseling, and assisting physicians to access more obscure community resources.

The Division's leads for attachment plan to begin public engagement through community forums and other strategies. The goal for this work is to increase public and patient understanding and determine the best mechanism for attaching unattached patients in the community to family physicians.

This work has opened doors for planning and system change through collaboration and partnerships that were not previously possible, and the Division board is excited and optimistic about the opportunities to improve the system for both physicians and patients.

Residential Care Program Already Proving Effective

On March 1, 2011, the White Rock-South Surrey Division launched its residential care program in partnership with the Ministry of Health and the Fraser Health Authority. Two years in the making, the program was developed collaboratively with these partners by the physicians of WR-SS, Abbotsford and Chilliwack. Its aim is to help provide comprehensive, coordinated, and timely care for patients in residential care, with each community customizing the program to fit with its local needs, optimize its existing manpower, and attract resources to the program as needed.

In WR-SS, nine local family physicians have agreed to take on the Enhanced Physician role in local residential care facilities. They receive funding to coordinate the care of patients in these facilities, provide education to staff, and collaboratively work to implement best practices of care. A part of this role includes after-hours and weekend calls for the nine Fraser Health owned and operated residential facilities, representing over 860 complex care patients. Goals of the program include reducing transfers to the emergency room, reducing and optimizing medication lists, and enhancing end of life care at each facility.

Family physicians who have residents in residential facilities may continue to coordinate the residents' care but may also pass the care over to the attending site director. Each care facility benefits from having a single point of contact to provide medical guidance to patients and staff. Access to a physician lead is available 24 hours a day, seven days per week using a web-based scheduling system and a centralized phone number. FPs work proactively with staff to implement best practices and deal with problems early. They also maintain close contact with the divisional medical coordinator and program medical director.

This all adds up to better care for patients. Dr. Steve Larigakis provides the example of an elderly patient, already becoming increasingly frail and demented, having trouble recognizing family and swallowing. When the patient fell and broke her humerus, nursing staff believed she needed to be sent to hospital, based on a Degree of Intervention signed a year previously. "Her family wanted to keep their grandma comfortable, and worried if she went to hospital she stood a good chance of being admitted," says Dr. Larigakis. "Thanks to our new program, a physician was able to attend the care facility on both Saturday and Sunday and address the needs of patient, staff and family in-house."

Larigakis says numerous other examples have been cited at the monthly meetings where a hospital transfer was averted by the prompt on-site attendance of a physician.

Division members who are interested in playing a role in the program are encouraged to contact Steve Larigakis or Helen Torrance.

House Doc Program Continues to Support Physicians

The enhanced hospital care, or "House Doc" program at Peace Arch Hospital was the first initiative implemented by the WR-SS Division of Family Practice, and continues to be a success nearly two years later. This program provides support to community FPs doing hospital work by having one of their FP colleagues available on-site at the hospital during regular office hours.

At Peace Arch Hospital, family physicians provide care to their own hospitalized patients as well as to unattached patients who are admitted to hospital. The latter often present time-consuming challenges as their medical history is unknown, the doctor does not have a relationship with them or their family, English may not be their first language, they may not have seen a family doctor for years, and even if they do have a family doctor, he or she may be difficult to contact. They are often very complex patients.

When the Division was established in March 2009 there were 52 family physicians with active admitting privileges at Peace Arch Hospital. These doctors provide care for their own patients when they are admitted to hospital. Patients presenting to the hospital who are not attached to a local doctor providing hospital care are assigned to one of the doctors on the "unattached patient" rota. This assigned doctor provides ongoing care for these patients during their hospital stay. At the time of starting the House Doc program, 45 of these FPs participated on this roster.

When asked, these 45 family physicians indicated the stress of caring for unattached hospitalized patients while juggling a community family practice was causing a significant number to consider taking themselves off the unattached patient rota. Some were considering giving up hospital privileges altogether.

Recognizing these serious implications the WR-SS Division made the hospital care program its first priority. The goal was to ensure the availability of a family physician — or House Doc — at the hospital during daytime hours to provide acute care support for patients of other family physicians in the community, as well as to help care for unattached patients.

Now, nearly two years later, nearly 95 per cent of shifts are covered — 8:00 a.m. to 6:00 p.m. on weekdays and noon to 5 p.m. on weekends. The participating doctors are compensated for their time on site by a service agreement between the Division of Family Practice and the Ministry of Health.

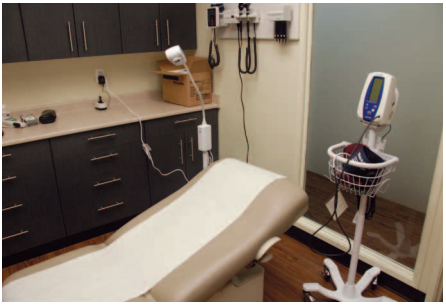
Dr. Val Raffle, head of the committee responsible for the House Doc program, explains how it's making a difference to both doctors and patients. "The House Docs are a tremendous support to other family physicians. They attend acutely ill patients in hospital. They follow up on lab and radiology results and communicate with the patients and families about diagnosis and required treatment. They can liaise with specialists and community family doctors if the patient has a doctor who does not attend the hospital. They can discuss degree of intervention with the patient and family. Through these efforts they expedite discharge of appropriate patients. Today, I was treating an unattached, elderly patient who was ready for discharge but did not speak English. Her son was unavailable until later in the day when I would be back working in my community office. Rather than delaying her discharge until I could be present to meet with her family, I was able to communicate with the House Doc on duty and have him meet with the son."

Recent statistics support Dr. Raffle`s experience, demonstrating that the program is having a positive impact on the length of patients' hospital stays, expediting discharge from hospital. From May 2010 to March 2011, the House Docs were involved in facilitating the discharge of 195 patients — or an average of 18 each month — who would otherwise have had to remain in hospital for another day.

Dr. Wendy Chin concurs with Dr. Raffle. "When I'm in my practice, I can focus on the patients in the office. I don't have to worry about getting to the hospital in the middle of a busy office day. I no longer have to take calls from hospital staff, review test results, and deal with crises while falling further behind in my practice schedule. It means a lot that patients — either in the hospital or in the office — don't have to wait while I juggle the competing pressures."

Not only has this program been beneficial for the doctors and the patients that they treat, but there has been strong support for the program from nursing colleagues at the hospital.

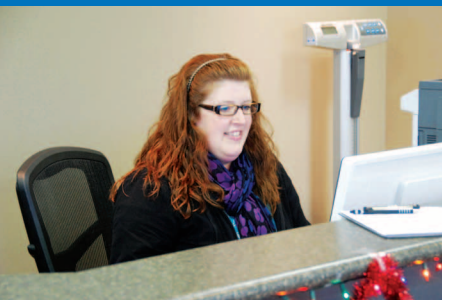
Dr. Raffle and her committee will continue to evaluate the program and determine how it should evolve to meet the needs of family physicians. For the time being, she hopes more physicians will take advantage of the services the House Docs provide. "We want more family doctors to feel comfortable calling the House Docs if they need help caring for their hospitalized patients during the day," says Dr. Raffle. "That's what they are here for."



Not only has the House Doc program been beneficial for the doctors and the patients that they treat, but there has been strong support for the program from nursing colleagues at the hospital.

Thanks to the Primary Care Access Clinlc, the Division is helping reduce recurring emergency room visits and hospital admissions by providing primary care to patients in the community.

(L-R) Sue Peck, *nurse practitioner*, **Jennifer Scrubb,** *Strategic Projects Consultant*, **Steve Larigakis, Kathie Edwards,** *Coordinator*, **and Brenda Hefford outside the Uptown Medical Clinic.**



Chandra Varey at the Primary Care Access Clinic

Primary Care Access Clinic — a New Model of Care for Difficult to Attach Patients

The Division's Primary Care Access Clinic (PCAC) opened at Uptown Medical Centre in the fall of 2010. This clinic is an important element of the Division's Attachment Initiative. It is already having a positive impact on our local primary health system, reducing hospital visits, improving patient health outcomes and supporting physicians.

The PCAC is not a regular doctor's office. Rather, it supports doctors and patients alike by offering a place where unattached patients discharged from Peace Arch Hospital can receive ongoing treatment from a primary care team. Many of these patients have complex needs that would make them difficult to attach or to manage in traditional primary health care settings.

Dr. Mildred Chang, physician at the PCAC, says "As a former emergency physician, I know that many unattached patients are living on the edge health-wise. They eventually get sick enough that they land in the ER for things that attached patients would be able to manage with their family doctor."

The PCAC is staffed by a team of FPs and two nurse practitioners (NPs) who provide regular primary care, working collaboratively with other providers such as chronic disease specialists and a mental health team. The majority of a patient's visits are with a nurse practitioner, who has advanced clinical training and, as a FHA-salaried employee, can spend more time with each patient than would be possible in other settings.

There's a tremendous need for this type of care: the PCAC already has more than 150 patients and regularly takes in one to two new patients each day. Nurse practitioner Sue Peck recalls her very first patient at the PCAC, who was referred to the clinic for follow-up care after surgery and has been supported by the PCAC team for five months so far.

"He was a White Rock resident repatriated back to our community after a long stay in a tertiary hospital. He'd had complicated surgery and was at risk for ending up back in hospital because his surgical wounds weren't healing. We immediately connected him with home care to help manage his repeated abscesses and wound care issues. We helped him with a smoking cessation program, and we assisted him in obtaining disability income which had been previously denied. We also were able to liaise with the on-site psychiatrist who is now treating his depression."

Clearly the PCAC has made a difference for this patient, who says they "went above and beyond" for him. Other times it might be something as short-term yet critical as providing 24 hours of follow-up care for patients seen in ER, such as an infant with dehydration from vomiting, when they do not have a family physician.

Dr. Chang says that she believes the PCAC gives emergency doctors confidence that they can discharge patients they might otherwise feel they need to admit to hospital. "I used to admit patients without FPs more liberally, because I'd be worried about their follow up care and it didn't seem safe to discharge them". Thanks to the PCAC, the Division is helping reduce recurring emergency room visits and hospital admissions by providing primary care to these patients in the community.

The PCAC also helps provide preventative care to unattached patients, alleviating the risk of worsening health conditions and reducing health care costs. Sue points to the case of a young man who came in with a fungal skin rash that wouldn't go away and was diagnosed as diabetic, likely years before he would have been symptomatic.

In terms of its future plans, the clinic is still in its growth stage. The PCAC will move later this year to a new location at the Centre for Active Living. Discussions regarding ways to involve the nurse practitioners more in the community are ongoing, and physician input in this area is welcomed.

The Division is working very hard to recruit new doctors to the community — another piece of the Attachment plan. The work that's being done now at the PCAC to sort through some of the complexities with these unattached patients — recording their medical histories and getting their chronic diseases under control — will make it easier to transition them to a new family physician who can provide them with regular, long term care in the future.

WR-SS Division a Critical Player in the Integration of Community Resources

Integration is a Ministry of Health and Fraser Health Authority initiative that aims to provide a stronger continuum of care for patients while at the same time achieving fiscal goals of sustained or reduced health care costs.

The initiative couldn't be effectively implemented without Divisions of Family Practice. Not only does the Division represent a collective of family physicians in the communities, but through the Collaborative Services Committee (CSC), it has an effective structure for all three partners to work effectively together to re-design primary care.

White Rock-South Surrey (WR-SS) is the second Fraser Health community to begin working on integration, following Chilliwack. In both cases, the effort has begun with Home Health, and Mental Health and Addictions services are now starting to be realigned as well. These initiatives are also playing a role in helping the WR-SS Division achieve its attachment objectives, by improving care for vulnerable patients and at the same time, helping free up capacity in family physicians' (FP) practices.

"Integration is improved patient care through collaboration between the health authority and the Division. It is about multi-disciplinary care professionals working together — FPs, nurse practitioners, psychiatrists, home care nurses, case managers and others. The Division and its partners are aligning these resources with family physicians' practices. Among other benefits, easier access to other health care providers means the family doctor now has more capacity within their practice to help more patients," says Dr. Grace Park, a member of the WR-SS Division board of directors. As the lead physician for the integration initiative, Dr. Park has been meeting with community physicians and inviting them to participate.

Dr. Park explains that what's taking place is a fundamental re-design of the Home Health case management system. "Long-term care clients are being re-aligned for the benefit of everyone involved: patients and their families, FPs and home health case workers. "It used to be that a case manager would have to manage referrals from all the GPs in the community. Family physicians previously had difficulty accessing Home Health care services for their frail elderly patients and other adults with multiple chronic conditions who needed help at home. Now, each case manager works with only five or six FPs and a FP only has one case manager to call. They meet in person or over the phone on a regular basis, so they can communicate frequently about their mutual patients."

Integration will be evaluated against the Institute for Healthcare Improvement's (IHI) Triple Aim goals: improved population health, enhanced provider and patient satisfaction, and reduced per capita cost of care. While it'll take a year or more to gather any quantitative results, Dr. Park says WR-SS family physicians have been very receptive. There's an appreciation for the increased information they are able to receive about their patients through the case managers' in-home assessment and what services — such as respite care — that would be beneficial.

For patients, integration means care is more proactive and timely and coordinated through their family physician. Dr. Park shares the example of a patient whose condition was declining due to congestive heart failure. Medication was changed by the patient's family physician, who was able to communicate directly with the home care case manager about the patient's situation. The case manager visited with the patient in her home, made sure she knew how to take her medication, monitored her until she stabilized and kept in contact with the doctor. As a result, the patient was able to remain in her home rather than being admitted to hospital.

For Mental Health and Addictions services (MH&A), the integration model is different. In this case, MH&A program and the Division are working together to enable rapid access to psychiatric consultation so that family physicians are able to refer patients, get a diagnosis, and have a formal process for communication about patient management and what other services are required.

A psychiatrist is working out of the Division's PCAC once a week, and an MH&A worker is there twice a week. These integrated health care providers are available to assist the PCAC team with unattached patients, and are also a dedicated contact for other family physicians in the community for information and access to MH&A resources for their patients.

Going forward, the Division will be working to understand what MH&A services doctors require in order to most effectively help their patients. It is also arranging CME sessions for Division members, to help better inform all family physicians in the community about the resources available to them and to their patients.

Making the Transition to EMRs as a PITO Community of Practice

PITO is the Physician Information Technology Office of British Columbia, established to support the implementation of Electronic Medical Records (EMRs) in physician offices across the province.

Specifically, PITO's role is to assist with planning, implementation, and disbursement of IT funds to physicians as defined in the 2006 Agreement.

Last year, White Rock-South Surrey became a PITO Community of Practice (CoP) and the Division board has committed to enhanced support for all community health care providers in the introduction and optimal use of EMRs. The CoP includes members of the Division as well as all other health care providers and medical office assistants interested in or already using the technology.

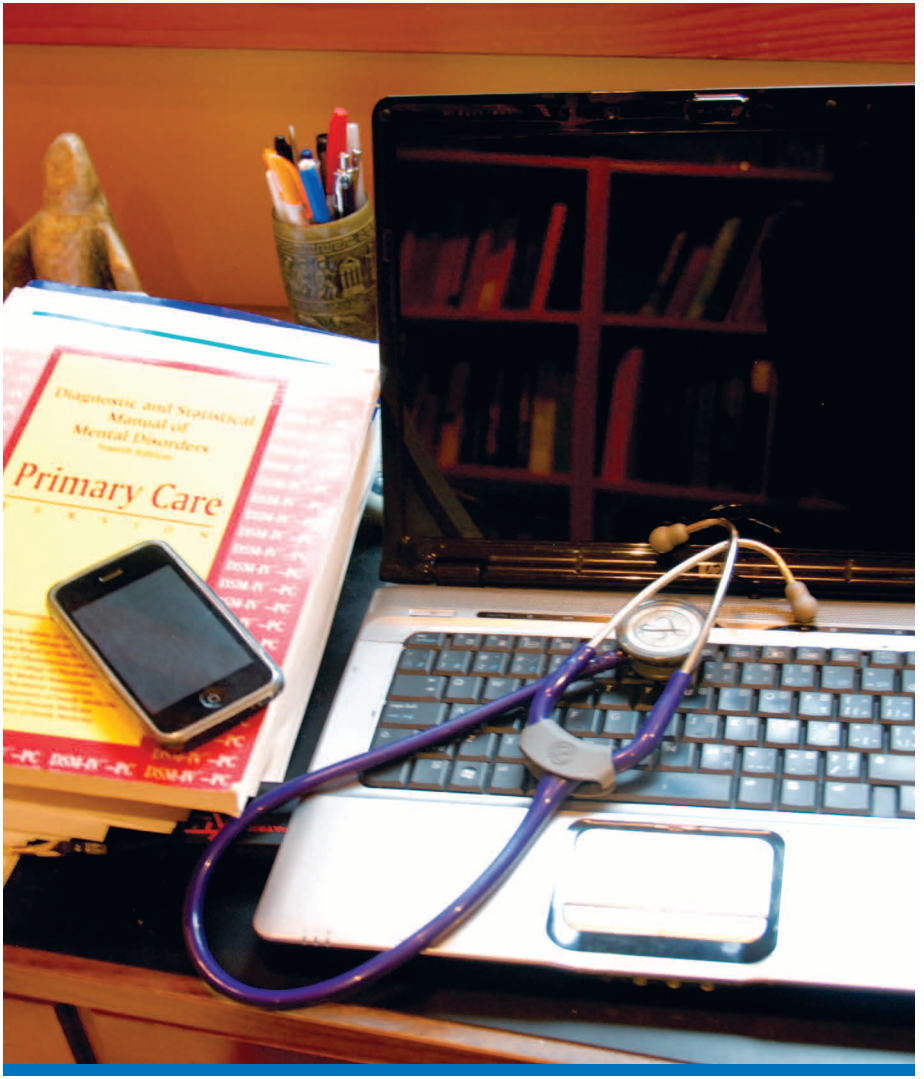
Dr. André Bredenkamp is acting as peer mentor for the Division's work. He says "implementing an EMR can be an expensive and stressful undertaking, even with PITO's support. My goal is to support our peers — all interested health care providers in our Division communities. We'll do this by improving communication, helping reduce the costs of implementation, and providing ongoing assistance like dedicated IT support."

The Division board believes that EMRs can contribute to the re-design of primary care in the communities by increasing communication and collaboration between GPs, specialists and primary health care clinics, ultimately helping make local practices more efficient and improving the primary care experience for physicians and patients alike.

The Division is in the process of securing technical support funded by the Division for all CoP participants. Financial and time efficiencies can be created by having a single knowledgeable person that looks after all the IT needs for the community.

All interested health care providers are encouraged to join this CoP in order to benefit from this and future supports. In the coming year the Division will work to identify additional cost reductions for EMR implementation. It is also moving towards standardization of templates and forms, making it easier for locums working in different clinics in the community.

André Bredenkamp



Physicians Advocating Wellness (PAW)

The Physicians Advocating Wellness committee, led by Connie Ruffo, has provided multiple opportunities this past year to assist in maintaining physician health and wellness. A joint venture with the Division included the annual End of Summer Celebration Dinner and Talent night in September attended by 100 physicians and their guests. Personal education seminars were held throughout the year with topics including: "How to Burn Out — or Not!" with Dr. Ray Baker, "Reflection, The Role in Self-care", with Dr. Karen Hossack, "Effective Conversations Workshop" provided by the PHP of BC, and "Apps with Appies" with Dr. André Bredenkamp. Physicians also enjoyed a night at the new curling rink, where they were instructed in some of the finer points of curling.

Other important roles that PAW is involved with include facilitation of difficult conversations with troubled and disruptive physicians, negotiating collegiality and professionalism between physicians and other medical staff personnel, and liaising with PHP for appropriate services and programs that benefit the relationships of physicians.

Introducing the Division Staff Team

Jennifer Scrubb, *Strategic Projects Consultant*
Jennifer is responsible for strategic priorities including the Attachment Initiative, launch of the primary care access clinic, recruitment of new physicians, locum coverage, and community engagement. She joined the Division in August 2010, having worked in health care since 1995 for not-for-profit organizations including The Arthritis Society (Health Promotion and Education Director) and Muscular Dystrophy Canada (Executive Director). Her experience covers a wide spectrum: stakeholder engagement, health education and promotion, fundraising, public speaking and project management.

Jennifer's education is in sciences; she has a Bachelor of Science degree in Biology and a Master's degree in Human Kinetics with a minor in health promotion. This education has influenced her hobbies as well as her career. She describes her interests "as all things movement-related" and over the past 25 years she's been a fitness trainer and consultant, and taught and studied dance forms including jazz and Afro-Brazilian. With her daughter now studying at McGill, Jennifer hopes she'll continue to find time for these interests, as well as running, hiking, travel and piano. She can be reached at 604-729-5670 or **jenniferscrubb@novuscom.net**.

Kathie Edwards, *Coordinator*
Kathie is a Registered Nurse who joined the Division in October 2008. She's been a nurse for 28 years, 18 of those in a community setting and 10 in a hospital. Her other role of managing the Peace Arch Medical Clinic helped her to become adept at all aspects of administration and financial management in a multi-physician family practice.

Kathie describes herself as a "great helper" by nature who was attracted to her division role by the opportunity to work closely with a group of physicians she has known and worked with for 20 years. She is a mom of three who loves to quilt in her spare time, acknowledging the hobby allows her a chance to be artistic and creative while still following a pattern and instructions. Kathie can be reached at 604-723-4129 or **kathieedwards@shaw.ca**.

Helen Torrance, *Administrative Assistant*
Helen is a skilled administrator with many years' experience in the not-for-profit sector. Prior to joining the Division in November 2010, she worked for both the SPCA and Fraser Health. She also operated her own business, providing administrative assistance, report production, business case development and data base management to a variety of clients, many in the health care sector.

Helen is helping to support programs including residential care, PITO Community of Practice and the locum program. In this capacity, she will draw on her past work with boards, volunteers, public sector and government agencies. Outside of work Helen is an active community volunteer and music enthusiast — both as a listener and a singer. She can be reached at **helen@torrances.com**.

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Dr. Steve Larigakis
Pages: 4, 5, 8, 12, 16, 17, 23 and 24.

PictureBC.com -
Front cover - White Rock boardwalk with Mount Baker in the background.
Inside front cover - White Rock coastline.
Page 27 - White Rock waterfront promenade.

Committee Members:
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Elizabeth Varughese *(PAW)*

Committees:

Attachment
supported by Jennifer Scrubb and Kathie Edwards

Community of Practice (CoP)
supported by Helen Torrance

Hospital Care
supported by Kathie Edwards and Chandra Varey

Physicians Advocating Wellness (PAW)
supported by Kathie Edwards

Primary Care Access Clinic (PCAC)
supported by Kathie Edwards and Chandra Varey

Recruitment
supported by Jennifer Scrubb, Kathie Edwards, and Helen Torrance

Residential Care
supported by Helen Torrance

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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