



Central Okanagan
Division of Family Practice
A GPSC initiative

Annual Report

2016 / 2017

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Message from the Physician Lead – *Dr. Jeanne Mace*



This year we continued to do our best supporting grassroots initiatives while navigating provincial opportunities presented to us from the Ministry of Health and GPSC. These initiatives included FP Obstetrics, Pathways, GPforME, FETCH, Mental Health and Substance Use, Seniors Care, Residential Care, Nurse in Practice, and the Primary Care Medical Home.

We have worked closely with our members, physician leaders, and partners to initiate some exciting new services and supports for Seniors plus new services for Mental Health and Substance Use. I would like to thank our physician leaders for Seniors, Dr. Gayle Klammer and Dr. Michele Thomasse, plus our physician leaders for Mental Health including Dr. Marianne Morgan, Dr. Heather McDonald, Dr. James Allison, and Dr. Diana Imre. Over the year, we also continued our commitment to improve primary care with continued success in our recruitment/retention, Pathways, and residential care initiatives while moving forward with provincial initiatives such as Nurse in Practice and Patient Medical Home.

Our board has renewed our strategic plan which encompasses these 8 priorities:

Recruitment / Retention / Retirement

FP Obstetrics

Future of Family Medicine – Nurse in Practice and Patient Medical Home

A GP for Me

Member Engagement

Residential Care

Mental Health and Substance Use

Collaboration with Health System and Community

As physician lead, I believe your Divisions of Family Practice has worked hard to support you and your patients. We endeavor to prioritize both local and provincial initiatives, while striving to reach our goals of improved care, patient/provider satisfaction, and larger system benefits.

Message from the Executive Director – *Tristan Smith*



The Central Okanagan Division of Family Practice annual report for 2016-17 has marked our seventh year as a not for profit society. This year we continued to balance our members-orientated initiatives such as Recruitment/Retention and FP OBs, with primary care innovation such as Nurse in Practice.

I would like to acknowledge our staff and consultants that continue to provide support for all of our initiatives including: Monica McLean, Lorraine Bromley, Leslie Godwin, Jennifer Bitz, Melissa Faraguna, Mel Clifford, Nancy Ingram, Melissa Feddersen, Tracy Wright, Karin Redmond, Barbara Newman, and Anita Desjardins. Your efforts and commitment are highly valued!

Over the last year, we have worked to better our relationship with the Ministry of Health, Doctors of BC, Interior Health, and other community partners such as the Canadian Mental Health Association. We also prioritized increased communication with our members, such as at events and in offices. Our hope is that we can improve our health system through the voice and experience of family physicians. As an example, we have learned valuable lessons from our A GPfor ME program that informed partners about the strength and challenges related to the current capacity of the primary care system. We also made progress with exciting new services for Seniors and Mental Health/Substance Use.

This year we saw real-time progress with our recruitment efforts, some of the best results in the province for communities our size. We also expanded our influence to include the recruitment of IMGs, return of service IMGs, and improved communication with family medicine residents. Our residential care initiative, focusing on the 5 best practice areas, has also seen progress, thanks to our physician leaders Dr. Willie Mackle, Dr. Rob Williams, Dr. Bernie Lewke, and Dr Tara Sebulsky, along with our staff support Jennifer Bitz.

As usual, the health system remains complex and forever changing. We will continue to find ways for family physicians to be supported, provide learning or leadership opportunities, and advocate for a system that values family medicine. We have set the stage for continued success with Mental Health and Substance Use, Seniors Care, FP Obstetrics, as well as primary care system sustainability and transformation for the coming year.

Thank you, family physicians, for what you do for our health system!

Divisions Activities and Highlights

Community Engagement

Interior Health
City of Kelowna
District of Lake Country
Regional District of Central Okanagan
University of British Columbia-Okanagan
Ministry of Children and Family Development
School District 23
Canadian Mental Health Association
Other Provincial Divisions of Family Practice
Practice Support Program (PSP)
Local Aboriginal organizations
United Way

Continuing Medical Education

April 21, 2016	Geriatric Psychiatry
June 8, 2016	Meet the Specialist – Round table
July 19, 2016	Learn about MAiD
October 17, 2016	Palliative Approach in Residential Care
October 26, 2016	Pathways / FETCH
November 17, 2016	Meet the Specialist – Round Table
December 8, 2016	Opioid Addiction
February 16, 2017	Meet the Specialist – Round table
March 9, 2017	Prescribing in the Elderly

Division Newsletter

The Division newsletter continues to provide meaningful information to support clinical decision-making and share information about news and events.

During the 2016/2017 year, we had Newsletter editions for: April, May, July, August, November 2016, and January and March 2017.

Webpages for Division Members

Webpages are offered to members as an opportunity to share information and resources such as office hours, staff information, phone numbers, FAQ's from patients, links to clinical information and common patient handout materials.

Date initiated: November 2013

Project End Dates: March 31, 2017

Physician Leads: Dr. Gayle Klammer, Dr. Jan McIntosh, Dr. Shari Claremont, Dr. Rosalie Swart, and Dr. Milt Stevenson

Major Issues Identified:

1. Approximately 20% of people in the Central Okanagan do not have a family doctor.
2. Approximately 38% of local family physicians will retired within nine years (2014 data).
3. Need to build office capacity in the system for complex care patients.
4. Addressing sustainability of the Mobile Assessment Unit.

A GP FOR ME Goals:

1. Confirming and strengthening the GP-Patient continuous relationship
2. Better supporting the needs of vulnerable and underserved patients in our community
3. Increasing the capacity of the local primary health care system
4. Enabling patients who want a family physician to find one as capacity in the system increases

Accomplishments: Over 1700 seniors were attached to family physicians during the implementation of the Mobile Assessment Unit prior to it closing in March 2017.

Provincial evaluation shows that seniors who have a family physician result in less cost to the health system than those who do not (Final Evaluation of GPforME provincial report published Oct 2016, pp 47-49).

Next Steps:

1. Close the Mobile Assessment Unit and attach 100% of patients on the MAU waitlist.
2. Seek funding to support attachment mechanisms based on our MAU learnings.

Recruitment and Retention

Date initiated: June 2014

Physician Leads: Dr. Milt Stevenson

R & R Administrators: Monica McLean, Tristan Smith

Major Issues Identified:

1. Lack of physicians being recruited into the area
2. Pending retirement of many Central Okanagan GPs
3. Lack of locums for physician coverage
4. Lack of integration for new GPs into the community

Progress:

1. Communication & information stream from Interior Health and Health Match BC directly to the Division Administrator.
2. Central Okanagan Division website redesigned with a full recruitment page.
3. Division Administrator directly communicated with physicians looking to come to the community for a recruitment visit.
4. “Red Carpet” program created to assist visiting physicians.
5. Confirmed Chamber of Commerce support for recruitment efforts.
6. Continued surveying local physicians to understand recruitment needs.
7. Engaged with Family Medicine Residents.
8. 14 physicians recruited to the community from April 2016 to March 2017.
9. Facilitated 22 visits from April 2015 to March 2016.

Next Steps:

1. Continue to advertise recruitment opportunities.
2. Build on relationships with Interior Health Recruitment.
3. Continue the “Red Carpet” program to recruit physicians.
4. Network with other Divisions for new strategies on recruitment.
5. Work with family physicians on retirement strategies, starting at 2 years from retirement.

Pathways

Date initiated: November 2015

Physician Lead: Dr. Milt Stevenson

Pathways Administrator: Melissa Faraguna

Project Scope:

1. Maintain current Pathways data and add to the database with new specialist and clinics / services in the Central Okanagan Region.
2. Provide physicians with useful information regarding the referral process in an effort to streamline and optimize patient care.
3. Collaborating with Specialists and Specialty clinics, endorsing Pathways as a communication vessel to inform GP's about practice information and referral requirements.
4. Using the homepage to inform users of Division news, MHO updates, new referral forms and clinics or specialists.

Challenges:

1. Collecting new specialist and clinic information in a timely manner so it is available when a new physician begins or a clinic opens.
2. Attaining information from programs in the Health Authority.

Successes:

1. 222 active users
2. Central Okanagan is averaging 1000 page views per week
3. 151 Family Practitioners surveyed and entered
4. 62 clinics / services entered
5. 184 specialist profiles

FETCH

Date initiated: November 2016

Physician Lead: Dr. Milt Stevenson

FETCH Administrator: Lorraine Bromley

Project Scope:

1. Maintain current FETCH data and add to the database with new programs / services in the Central Okanagan Region.

Challenges:

1. Raising community awareness of the FETCH resources
2. Ensuring programs / services are current and appropriate

Successes:

1. 431 programs / services
2. Averaging 600 users per month
3. Averaging 1,600 page views per month

Date Initiated: September 2015 (transitioned from the RC Steering Committee which was initiated in Nov 2012)

Physician Leads: Dr. Rob Williams, Dr. Bernie Lewke, Dr. Willie Mackle, Dr. Tara Sebulsky
Staff Support: Jennifer Bitz, Tristan Smith

Major issues identified:

1. System challenges when aiming for 24/7 availability and attendance at a care home when required.
2. MRPs are often unable to attend care conferences given scheduling challenges with the care homes.
3. MRPs are often not included in medication reviews, rather they tend to be faxed a list to approve based on a meeting between the pharmacist and care home.
4. Challenge for many GPs to provide regular on-site visits to residents spread across the geographic range of facilities in Central Okanagan.
5. There is inconsistent use of the transition package (including the MOST form) used to relay information about a patient when they are transferring from acute or community to residential care or between care homes. This results in duplication of effort and wasted time.

Progress:

1. The added role to the RCSG mandate to provide back up for urgent calls to all RC doctors if their regular after hours call structure fails, has progressed well. There continue to be a few gaps where care home staff did not know about it, or SWB did not offer it. Communications continue and will be ongoing due in large part to staff turnover in care homes. These incidences are to be reported to the RCI project manager in a concerted effort to ensure that in the future the correct doctor can be reached in a timely fashion, and to reduce the number of avoidable transfers into Emergency.
2. Contact information was collected on how care homes can access doctors, i.e. through a call group, independent listing at the KGH switchboard, calling their office voice mail etc.. This list is referred to as a resource for planning when issues come up regarding 24/7 availability.
3. Since the RCI launch in autumn 2015, data has been collected from care home representatives and MRPs on what works and what doesn't. From this, two knowledge exchange documents were drafted and circulated to all care homes and MRPs:
 - a. Care conference scheduling and formatting, and
 - b. Submission and response to the Fax to MRP form.This process has provided an opportunity to share information in an effort to improve practice. The documents are dynamic and have been updated as needed. They are used in training sessions with care homes, and re-circulated when related issues arise.
4. Headway was made planning a pilot for linking an MRP to attend a care conference virtually via video. A consent form was prepared if a secure network was not available.

The form has not been tested, opting for trying to use a secure network first. Options for using a secure network have been articulated and in March 2017, the pilot project was launched at two homes that have the necessary hardware.

5. A pilot for meaningful medication reviews (Person/Family Centered Medication Review) has been planned and was launched late in March 2017 at two care homes: Brookhaven Care Centre and Sun Pointe Village.
6. An information sheet for exchanging logistical information regarding the care homes and MRP preferences and contact information was drafted and is being piloted as part of the PFaMed Review Pilot.
7. A modified House Physician Model was launched in early spring 2017. At the time, 13 of the 17 care homes had a least one house physician. The House Physician (HP) Model is designed to increase access to family doctors, increase continuity of care for patients at care homes, and improve physician-care home relationships by arranging for physicians to be more aligned with certain care homes. Ultimately this may not impact the total number of residential patients that a physician has, but will ideally reduce the number of care homes to visit.
8. In response to the inconsistent use of the transfer package used when a patient moves from acute or community into residential care, discussion began to map the current process. An early draft of a flow diagram was created following individual interviews. This diagram is being used as background to creating a flow chart that works for all the relevant stakeholder groups (physicians, transition nurses, case managers and care home staff).
9. Four successful CMEs:
 - a. April 21, 2016 *Managing personality disorder, aggression and inappropriate sexual behaviours in residential care* (Eugene Okorie)
 - b. October 17, 2016 *Towards a More Palliative Approach In Residential Care* (Trevor Janz)
 - c. November 25, 2017 *Train-the-Mentor Session for Mentored Medication Reviews* (Shared Care Team)
 - d. March 9, 2017 *Prescribing in the Elderly: An evidence-based approach in an evidence-free zone* (James McCormack)
10. Quarterly incentive payments continue to be administered to RC doctors. From the start of the RCI in September 2015, there has been a steady increase in participating doctors (68% to 82%) who agree to work toward the 5 best practices outlined in the RCI. The rate of increase slowed between April 2016 and March 2017 (81% to 82%).
11. Through the initiative, the project manager has progressively acted as a broker of information between the homes and the doctors via email, phone, and attendance at care home leadership meetings. Anecdotal information from care home representatives indicates that this extra level of communication is appreciated. Additional communication links have been maintained with KGH switchboard leadership and the Access Office.

Physician Leads: Dr. Marianne Morgan, Dr. Fernando Diaz, Dr. Jeanne Mace, Dr. Jim Ketch, Dr. Tom Warshawski, Dr. Mike Ocana, Dr. Stan Szombathy.

Staff Support: Melissa Feddersen, Anita Desjardins

Partners: MCFD, SD 23, FORCE, CMHA, IH, RCMP, Bridge, KCR, ARC Resources for Youth, Moms Stop the Harm, CO Division of FP, Public Health, WFN, United Way, UBC Okanagan, Boys and Girls Club, and many more.

Major issues identified:

1. Lack of coordinated services for CYMH in the Central Okanagan
2. Lack of addictions services for youth in area
3. Lack of knowledge regarding current services available

Progress:

1. Foundry Kelowna opening this fall providing a common access point for all mental health and substance use services for youth age 12-24.
2. Continued advocacy in the hospital for youth in emergency and in patient.
3. Community conversation regarding problematic substance use continues. New addictions services in the region including youth detox beds, Ashnola treatment facility and Foundry Kelowna will be highlighted as well as the continued challenges will be discussed.
4. Digital documents circulated through entire school district for substance abuse prevention. Potential impact of 20 000 young people.
5. Trauma Informed community education events ongoing leading up to the ACE Summit in Vancouver in the fall. Large events were organized, including Dr. Gabor Mate.
6. Community Wide Suicide Prevention Project launched.
7. Connections at the collaborative table continue to transform access to care for the better.

Future of Family Medicine

Date initiated: April 2015

Physician Leads: Dr. Jeanne Mace, Dr. Gayle Klammer, Dr. Jan McIntosh, Dr. Janet Evans

Major Issues Identified:

1. Practice styles for family medicine are changing
2. Recruitment efforts alone cannot fill the gaps in primary care

Future of Family Medicine Goals:

1. Begin to explore future models of practice with members and stakeholders
2. Work with provincial groups to identify possibilities of investment into future models
3. Strategize how the Medical Home concepts apply to our communities
4. Utilize new funding to support future of family medicine projects

Progress:

- In partnership with the Ministry of Health and the GPSC, we were the first successful community to move forward with the Provincial Nurse in Practice initiative. This resulted in the allocation of 8 nurses to our area who will be located in primary care clinics and employed by physicians.
- At the end of March 2017, we were able to secure funding from GPSC intended to support practices that advance Patient Medical Home initiatives.

Next Steps:

1. Work with our members to identify Patient Medical Home initiatives
2. Support the 8 practices who were awarded nurses
3. Continue to work with our members, GPSC and the Ministry of Health on future of family medicine related innovations

Low Risk FP Obstetrics Service

Date initiated: June 2016

Previous Physician Lead: Dr. Cara Wall and Dr. Lynne Tereposky

Current Physician Lead: Dr. Julie Parker

Previous Project Manager: Mel Clifford

Administrator: Lorraine Bromley

Project Scope:

1. Consider the development of a low risk Obstetrics Clinic in efforts to support recruitment
2. Recruitment and retention of FP OB's physicians
3. Improved public knowledge of FP Obstetrics services in our community

Challenges:

- Changes in existing clinic groups which support a lower number of expected births
- Low risk Obstetrics Clinic not linked to existing call structures or services
- Lack of public awareness regarding FP Obstetrics services

The following learnings came to the surface for the establishment of a new Clinic:

- Change in existing GP community and the restructuring of call groups - indicates that the improved call groups will have increased capacity to cater to the current foreseeable demand (qualitative feedback)
- The increase in Community Midwives' deliveries (ref KGH data 2015)
- The clinic would be a fresh start up clinic with no GP team members with existing clinics transferring patients, thus affecting the financial modelling for the first year.

Renewed Goals:

1. Heighten awareness among the COD members about FP Obstetrics clinics
2. Improved public awareness regarding FP Obstetrics

Collaborative Services Committee

Date initiated: April 2011

Physician Leads for 2016/2017: Dr. Jeanne Mace, Dr. Gayle Klammer, Dr. Michele Thomasse, Dr. Heather McDonald, Dr. James Allison, Dr. Diana Imre

Major Issues Identified:

- System of care for Seniors that could benefit from collaborative system changes
- System of care for Mental Health or Substance Use patients that can be fragmented or not accessible

Collaborative Services Committee Project:

- Improved care for identified populations
- Decrease unnecessary system usage such as Emergency or Acute Care
- Improve experience of care for both providers and patients
- Increase access to care for identified populations

Progress:

- The Division has worked closely with Interior Health and the Ministry of Health to co-create a plan that improves care for seniors and frail elderly. This includes: Respite, Education, and access to secondary services that support primary care. As result of our collaborative table, the Seniors Health and Wellness Centre (SHWC) was opened officially in March 2017. The Division was able to identify family doctors with an interest in geriatrics to work in the clinic and Interior Health was able to recruit visiting Geriatricians to work in the clinic five half days per week. In addition to the SHWC, Interior Health increased respite services in West Kelowna.
- Our CSC was generously offered Interior Health funding for service gaps in our community. Based on years of member engagement, we were able to advocate for and support a focus on Mental Health and Substance Use. Utilizing data from all partners (CO Division, IH, MOH) we identified a subpopulation of patients who suffer from moderate destabilizing Mental Health or Substance Use issues.

Next Steps:

- Revitalize Seniors Care initiative that includes education of care providers and patients.
- Support the ongoing success of the Seniors Health and Wellness Centre
- Over the coming year, we will work collaboratively to plan and implement this new service in our community and ensure close alignment with family physicians.
- Continue to work on initiatives with Interior Health, the Ministry of Health, and other partners that help us improve care for patients in our community.

Summary of Committees

Collaborative Services Committee

The Central Okanagan Collaborative Service Committee (CSC) brings together representatives from the Central Okanagan Division of Family Practice, the General Practice Services Committee and Interior Health.

These partners share issues of concern for patient care outcomes, co-determine priorities and co-design solutions to the complex and interconnected issues facing the healthcare system and the delivery of primary care. All partners work together to improve patient care and system efficiencies within their sphere of influence.

This year we worked with our partners to focus on a Seniors Strategy and a Mental Health / Substance Use Strategy.

Co-chairs: *Dr. Jeanne Mace (COD), Deborah Preston (IH)*

Division Members and Staff: *Dr. Gayle Klammer, Tristan Smith, Monica McLean*

GPSC: *Dr. Khati Hendry*

Interior Health: *Deborah Preston, Sharon Cook, Dr. Curtis Bell, Vanda Urban, John Yarschenko, and Greg Cutforth.*

Inter-Divisional Strategic Council

The Inter-Divisional Strategic Council (ISC) is a formal group representing senior executive administrators for Interior Health, all Interior Health Division Leads, the General Practice Services Committee and the Ministry of Health.

Its strength lies in the collaboration of the Divisions within IH and our ability to connect with the highest levels of IH administration as well as GPSC and the Ministry of Health. Together we endorse and sponsor initiatives including improving access to Child and Youth Mental Health services, adult MHSU, Integrated Health Network transition.

This year we focused on the Patient Medical Home along with co-leads from the Ministry of Health, General Practices Services Committee, and Interior Health.

Division Representation on ISC: *Dr. Jeanne Mace, Dr. Jan McIntosh, and Tristan Smith*

Notes:

Central Okanagan 2016/2017 Board of Directors

Dr. Jeanne Mace (Physician Lead)
Dr. Mike Purdon (Chair)
Dr. Michele Thomasse (Secretary)
Dr. Mike Koss (Treasurer)
Dr. Heather McDonald
Dr. Erika Scheffler
Dr. Sohayl Ghadirian
Dr. Mark Sorestad
Dr. Milt Stevenson

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Consultants

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