



Central Okanagan

Division of Family Practice

A GPSC initiative

Annual Report

2014 / 2015

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Message from the Physician Lead – *Dr. Gayle Klammer*



Welcome to the fifth Central Okanagan Division of Family Practice Annual Report. When we incorporated in the summer of 2010 our goal was to give physicians a strong collective voice for change. I think we can confidently say that **we are a strong collective voice for change**. With 205 members, and successful initiatives that span spectrum from pre-cradle to grave we continue to work together and with our partners to improve the health of our community.

Our successful local projects, participation in provincial initiatives, such as GP for Me and Residential Care, and the natural maturation process that takes place within new organizations has led us to a strategic evaluation of our activities and a shift in focus at the Board level. The opportunities to participate in small and large-scale system change are endless, but our capacity to do work that is meaningful to our members and community is limited by the capacity of our busy physicians, dedicated board and amazing staff. We have worked hard to develop strong relationships with our specialist colleagues, healthy authority, non-profits, business community, university, municipal, regional and provincial governments, and we are deeply appreciative of the opportunities to work together on improving the health of our community. We balance these opportunities with our desire to be a grass roots organization that can be responsive to the needs of our members. Our challenge in the coming year will be to remain focused on the good work that we are doing, while remaining nimble enough to wholeheartedly embrace opportunities that may lead to transformational improvement in the health of our community and province.

As I complete my time as physician lead and confidently pass the torch to Jeanne Mace, I look forward to the great things to come from our Division of Family Practice as we all strive towards our vision of “Excellence in care, vibrant communities and strong collaborative family medicine”.

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



Over the last year our board has continued to grow and develop. Recently I have transitioned into the position of Physician Lead after many years on the board in such positions as Chair, Initiative Lead, ISC representative, and link to Medical Executive at KGH.

In the winter of 2014/15 our Board continued to develop a stronger strategic plan and we revisited our key areas of focus. This was a result of a system analysis that included future models of care, current issues facing family medicine, and strategic partnerships. Our strategic plan encompasses 8 key priorities:

- Recruitment and Retention
- In Hospital Care/FP Obstetrics
- Health Promotion
- A GP for Me
- Member Engagement
- Residential Care
- Mental Health and Substance Use
- Collaboration with Health System and Community

As a family physician and member of the Central Okanagan Division of Family Practice, I am confident that our work over the past year has not only benefited us as physicians but also our patients. We find ourselves on a continuing path of influencing system change with Interior Health, our Community Partners, and the Ministry of Health. Even though results cannot be measured as easily as with our earlier initiatives, it is our belief that we have a vital role in the process. We are here to advocate for family physicians and the invaluable role we play in the health of our patients and our communities. That said, I firmly believe that Divisions remains a grassroots organization that must continue to respond to the needs and the interests of our members.

Message from the Executive Director – *Tristan Smith*



The year 2014-15 has marked our fifth year as a not for profit society. We continue to grow as an organization supporting large-scale initiatives like A GPforME as well as local family physician lead initiatives such as FP OBs, Health Promotions, Recruitment/Retention, and Residential Care.

I'd like to acknowledge our staff that continue to provide support for all of our initiatives including: Monica McLean, Leslie Godwin, Tracy Head, Mel Clifford, Nancy Ingram, Tracy Wright, Bill Eager, Rachel Laird, Karin Redmond, and Anita Desjardins. Thank you all for your efforts and dedication!

This year we continued to build our organizational strength through ongoing strategic planning at the board level. This has resulted in our attention to key areas of focus, which are: Recruitment/Retention, Collaboration with the Health System, In Hospital/FP OBs, Health Promotions, A GPforME, Member Engagement, Residential Care, and Mental Health. These key areas of focus will enable us to positively change the health system through the voice and experience of family physicians in areas that range from disease prevention through to acute care.

Clearly our ability to improve the health system is directly aligned to the work and dedication of our members. Family medicine is an integral component of the health system. As we continue our work we will ensure our strong linkage to all family physicians in our community. In addition, we have found success with collaborative partnerships such as Interior Health, Municipalities, Non Government Organizations, and Educational Facilities. We have learned that system change involves everyone and that negotiation tactics are less effective than strong collaborative partnerships.

Over the next year we anticipate our organization will continue to grow and strengthen. As an example, future initiatives such as GPSC Residential Care will add further Divisional resources to dedicate towards this important work.

The past five years have been very fruitful for primary care in our community and we hope to position ourselves for success with the years ahead.

Divisions Activities and Highlights

Community Engagement

Interior Health
City of Kelowna
City of West Kelowna
District of Peachland
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

Continuing Medical Education

April 24 th , 2014	Care of the Elderly	Dr. Trevor Janz
June 3 rd , 2014	Personality Disorders	Dr. Chris Wilson
August 20 th , 2014	Chronic Pain	Dr. Paul Etheridge
October 23 rd , 2014	Reducing Medications	Dr. Trevor Janz
October 29 th , 2014	Maternity/Child Event	Dr. Katherine Smart
November 18 th , 2014	CYMH	Various Speakers
December 2 nd , 2014	A GP for Me	Various Speakers
January 20 th , 2015	Health Promotions	Dr. Robert Petrella
February 18 th , 2015	Billing Incentives	Dr. Cathy Clelland

Division Newsletter

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

This year we had newsletter editions for:
April, June, August, November 2014 and March 2015.

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.

A GP FOR Me

Date initiated: November 2013

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

Major Issues Identified:

1. Approximately 25% of people in the Central Okanagan do not have a family doctor. There are numerous reasons for the lack of attachment to a family practice. It is not known how many of the unattached would like a family doctor.
2. Primary care capacity building in the Okanagan will focus on recruitment, retention, team building for complex care patients and decreasing hassles (improving efficiency) in offices.
3. Managing implementation activities alongside evaluation and potential wind-down by March 31, 2015
4. Addressing sustainability of the Mobile Assessment Unit following March 2016.

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

Next Steps:

1. Provincial A GP for Me Physician Survey to be launched Summer 2015 and Spring 2016
2. Public Campaign regarding the value of the family physician
3. Continued improvement of the Mobile Assessment Unit Attachment processes
4. Implement Office Capacity strategies – (MOA / GP events, working with PSP regarding opportunities to optimize the EMR

Shared Care Mental Health – Family Doctors and Psychiatrists

Date initiated: January 2012

Physician Leads: Dr Jeanne Mace, Dr Marianne Morgan, Dr Jan McIntosh, Dr James Chin

Major issues identified: lack of timely access to psychiatry for assessments, uncertainty regarding who is accepting patients, inconsistent communication between psychiatrists and family physicians causing challenges in triaging and ongoing management of care, uncertainty regarding services offered in the Central Okanagan.

Results:

1. One time psychiatric assessment services starting in Oct 2012 for patients attached to a family doctor for assessment and follow up with linkages to community resources to support family doctor managing patients with mild to moderate mental illness.
2. 1PAC available to all FPs now.
3. There are currently 2 psychiatrists working 2 – 3 days per week on 1PAC referrals. Wait times are 4 – 6 weeks. The Mental Health Administrator is the key contact for the program.

Shared Care Gastroenterology – Family Doctors and Gastroenterologists

Date initiated: January 2012

Physician Leads: Dr Milt Stevenson, Dr Carla Nash, Dr Gayle Klammer, Dr Peter Butterworth, Dr Bruce Borthistle

Major issues identified:

1. Wait list screened with more than 9000 patients and an average wait time of 105.9 weeks for screening endoscopy and non-emergent investigation.
2. Inconsistent communication from GP office to Gastroenterology to assist with screening and triage
3. Lack of coordinated management of wait listed patients

Results:

1. Initial waitlist reduced to 1480 patients actively waiting for an endoscopic procedure with an improved average wait time of 25.3 weeks.
2. Waitlist data as at the end of March 2015 shows 3655 patients waiting with an average time of 17.3 weeks, with an average wait of 13.7 weeks for FIT positive patients. The increase in patient numbers over the past 18 months has been significantly impacted by the introduction of the BCCA Colon Screening Program.

The steering committee was invited to present information about this project to the Shared Care Committee in Victoria in February 2015, and at the IHI Conference in Texas in March 2015. Both presentations were very well received.

Shared Care Geriatric Mental Health – Family Doctors and Geriatric Psychiatrists

Date initiated: December 2013

Physician Leads: Dr. Toye Oyelese, Dr. Bill Carlyle, Dr. Anna Wisniewska

Major issues:

Building on the success of the first phase of our Adult Mental Health Initiative, this initiative aims to develop tools to better support family physicians and Geriatric Psychiatric specialists in their identification of and work with elderly patients dealing with mental health issues.

Some of the current gaps or issues include:

- Limited Geriatrician consultative services available in the Central Okanagan and extended wait times for Geriatric Psychiatry due to demands within the system.
- Coordination of resources currently available in the Central Okanagan.
- An identified knowledge gap with respect to providing optimum care for Geriatric Mental Health patients in the community

Goals of this initiative are to:

- Provide Family Physicians with the tools and resources to help them provide more effective case management plans while working with geriatric patients with mental health issues
- Provide primary caregivers and family members with the tools and resources to help them care for geriatric mental health patients as appropriate, with the primary goal of reducing stress on both the caregivers and their patients.
- Strengthen relationships between family physicians and specialists in order to provide the best care possible for geriatric mental health patients.

Key Accomplishments for the first phase of the project include:

- A “*Seniors Mental Health Access Points*” tool was developed and distributed to physicians in the community. The document is designed to help physicians identify and access appropriate resources.
- A list of supports and resources available in the Central Okanagan has been compiled.
- A survey of physicians has been conducted. An analysis of the results has been prepared and will be reviewed by the steering committee.

Shared Care Residential Care

Date Initiated: Nov 2012

Physician Leads: Dr Rob Williams, Dr Bernie Lewke, Dr Willie Mackle, Dr Tara Sebulsky

Major issues identified:

1. Acute care and community patients require an MRP before they can be transferred to residential care.
2. Lack of quality clinical assessments of patients in residential care.
3. Poor communication between physicians and residential care staff during office hours.
4. Care conferences scheduled during physician clinic time.
5. Inadequate remuneration for residential care.
6. Geographic spread of facilities in Central Okanagan.
7. Polypharmacy concerns with patients in residential care.

Progress:

1. Residential Care Support Group (RCSG) was formed to facilitate the timely transition of patients from acute to residential care. Coverage started effective February 3, 2014. 18 physicians formed the initial group. Over the last year, the RCSG has worked with the KGH Transition team to accept approximately 92 transitions into residential care. The group also provides weekend coverage to care sites (for residents attached to members of the group) in a concerted effort to reduce the number of avoidable transfers into Emergency.
2. The first phase of the Poly-Pharmacy pilot took place from October 31 to December 31, 2014. A report of the results from the first quarter has been prepared. Next steps include spreading this process to all residential care sites in the Central Okanagan.
3. A working group with representation from IH, a private site, and the Central Okanagan Division of Family Practice has started work on a standardized transition package. A standardized physical/medical history has been drafted. IH is working on standardized pre-printed orders which will form part of this package. A draft is anticipated in April 2015.

With the new Residential Care funding model proposed by GPSC, future work on this project will be undertaken by the Division.

Shared Care Dermatology – Family Doctors and Dermatologist

Date initiated: December 2012

Physician Leads: Dr. Milt Stevenson, Dr Carmel Anderson

Major issues identified:

1. Timely access to dermatology consults.
2. Regional travel to dermatology for short assessments.
3. Dermatology service highly utilized and respected, yet some cases could be dealt with through more efficient means.

Results:

1. ConsultDerm services are available to physicians in the Central Okanagan.
2. CME with Dr. Carmel Anderson to introduce Consult Dermatology.
3. Access to Online Dermatology reduced to 1 week.
4. Preliminary results show wait time for patients being assessed by Dermatology have decreased from 6 months to same week (occasionally same day).

Child and Youth Mental Health – Family Doctors, Pediatricians and Psychiatrists

Date Initiated: April 2013

Physician Leads: Dr Marianne Morgan, Dr Jeanne Mace, Dr Jim Ketch, Dr Mike Ocana, Dr Stan Szombathy,

Partners: MCFD, SD 23, FORCE, CMHA, IH, RCMP, Bridge, KCR, CO Division of FP

Major issues identified:

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

Progress:

1. MCFD / local system navigation analysis and proposed solutions/supports aimed at helping patients and families navigate all service offered in the Central Okanagan.
2. Kelowna Community Resources is developing a robust resource list of services for children who require support for mental health issues. One resource list focused on the needs of providers and one list focused on the needs of clients.
3. CYMH PSP program available to members
4. Community information sharing regarding resources
5. Complex case management
6. Transitions from Youth to Adult continue to be a focus with working groups

Transitions In Care

Date initiated: November 2012

Physician Lead: Dr Mark Hickman

Steering Committee and Working Group Physicians: Dr Gayle Klammer, Dr Jeanne Mace, Dr Rob Williams, Dr Mike Penney, Dr Mike Ertel, Dr Cara Wall, Dr Sandy Nash

Major issues identified: lack of coordinated communication between physicians transferring patients in and out of KGH, including KGH ED.

Goals:

1. Improve communication, knowledge transfer and relationship between Hospitalists, ED physicians and Family Physicians.
2. Improve the communication and knowledge transfer between physician and patient.
3. Improve Hospitalist and Specialist Physician connections through Shared Care Practices that support and provide the continuity and quality of patient care.
4. Include patient voice in project and system redesign.

Results:

11 Clinics (55 physicians) in the Central Okanagan Division of Family Practice volunteered to participate in the pilot phase. The Chair of the Steering Committee and Physician Lead, Hospitalist Dr. Mark Hickman, introduced the Form to each of the participating community clinics during the week of May of 27th. Hospitalists and Emergency Physicians were educated during the same time period.

The main success of the Transition in Care project is that it demonstrated how community Physicians and KGH Physicians can collaborate to achieve a shared goal, improved continuity of care when patients transition into and out of KGH; and it was accomplished through increased communication between community Physicians and KGH Physicians.

Palliative Care

Date initiated: January 2011

Physician Leads: Dr Gayle Klammer, Dr Jeanne Mace, Dr Gillian Fyles, Dr Mike Banwell

Major issues identified:

1. Lack of reliable local nursing support during night time for palliative patients.
2. Lack consultation service available for complex patients in hospice.
3. Lack of pain and symptoms management in community for non-malignant palliative patients.

Overarching goals for palliative care is to provide the right services in the right location to minimize the contact of this vulnerable population with the emergency department and acute care.

Progress:

1. Night call structure for IH improving through partnership between Community Care Nurses and Hospice House Staff. New nighttime coverage to commence in April 2013.
2. Audit of palliative care sessional payments in the Central Okanagan with progress for identifying clinical sessional time and a service contract for consultation at Hospice.

Low Risk FP Obstetrics Service

Date Initiated: April 2011

Physician Leads: Dr Jeanne Mace, Dr Cara Wall, Dr Marianne Morgan

Major Issues Identified:

1. Challenge in combining regular family practice with obstetrics.
2. Difficulty finding locum coverage.
3. Concern for future of FP OBs and concern regarding the care of low risk obstetrical patients without a coordinated and supportive approach.
4. Sustainability of requiring active privileges with OBs privileges.

Progress:

1. Divisions sponsored meeting to further identify priority areas of focus.

Next Steps:

1. KGH discussion regarding separating active privileges from FP OBs privileges.
2. Consideration for supportive oncall system or low risk OBs clinic
3. Identify recruitment and retention activities that would support the FP OBs community of practice.

Shared Care Diagnostic Imaging – Family Doctors and Radiologists

Date Initiated: April 2011

Date Completed: December 2011

Physician Leads: Dr Gayle Klammer, Dr Wendy Wickstrom, Dr Milt Stevenson, Dr Cathy Staples

Major issues identified: Inadequate physician to physician communication for emergent DI, Waitlist for DI procedures did not allow for patients to be prioritized (most were selected as urgent).

Results:

1. Physician to physician phone line established, reducing patients being redirected to KGH ED for emergent DI.
2. New DI referral form that allows for better triage by family doctors and radiologists reducing waitlist from 4 weeks to 48 hrs if necessary.
3. Improved physician confidence in KGH DI to see patients when required.
4. Radiology department in the Kootenays are interested in our project results. Sharing as requested.
5. Radiology waitlist updates continue to be shared in our newsletter.
6. The Department Head of Radiology is preparing updates on procedural changes for the newsletter as they arise.

This initiative was presented at the 2014 Institute for Health Care Improvements 15th Annual Conference.

Health Promotions

Date initiated: October 2012

Physician Leads: Dr Roger Crittenden, Dr Mike Koss, Dr Angela Andruchow

Major issues: Incidence of chronic disease and other illnesses related to lifestyle.

Community Partners: Louise Roberts-Taylor (City of Kelowna), Adriane Long (YMCA/H2O) Norm Hanson (IH-Allied Health) Kim Froom (Phoenix Medical Fitness, Danielle Noble-Brand (City of Kelowna) Julie Steffler (IH)

Aims

1. To continue long-term health planning for our community in efforts to decrease incidence of disease related to poor activity and diet such as chronic disease.
2. Improve the health of our community including children, adults and older adults through conversation and initiatives focused on healthy activity and referring to the Exercise is Medicine and Exercise Prescription initiative.
3. Improve the long-term health outcomes of individuals in our community through lifestyle coaching related to activity and diet?
4. To establish Family Doctors as a key influencer in health promotion related behaviors in our community.

Results

1. Collaboration with Partners towards the mutual goal of lasting change on inactivity levels using Exercise as Medicine and the Exercise Prescription. As of March 31, 2015- 100 ExRxs were tested.
2. Collaboration with Interior Health and City of Kelowna placing Physiotherapy Navigators at Parkinson Rec for physician to refer exercise Rx patients to "Move for Your Health" programs and/or re-direct back to KGH for outpatient physiotherapy services. Ideal for patients with chronic or pre existing medical conditions.
3. Collaboration with Phoenix Medical fitness to also provide navigation services for patients using the exercise prescription.
4. COD Health Promotions hosts Dr Rob Petrella for CME event in January 2015 presenting research findings on the Exercise is Medicine initiative and the Healthsteps evidence based-lifestyle prescriptions and offering a year long research opportunity for physicians and their patients.

Shared Care Maternity and Child – Family Doctors, Pediatricians and OBGYN

Date initiated: January 2014

Physician Leads: Dr. Jeanne Mace, Dr. Marianne Morgan, Dr Chris Ng, Dr Shannon Wires, Dr Katherine Smart

Major issues identified:

A survey of care providers and patients was conducted in June 2014. Feedback included several key concerns:

- a need for improved breastfeeding support, particularly in-hospital during the first few days after delivery
- separating moms and babies after unscheduled C Sections (length of delay initiating breastfeeding)
- care provider education
- communication and collaboration between hospital and community services
- increased awareness of support services currently available in our community

Results:

1. Online education has been developed for a breastfeeding learning session. This session is designed to provide key information and foster discussions to promote breastfeeding best practices. Starting April 2015 these sessions will be delivered to all nurses working in maternity.
2. A Maternity and Child Learning Event brought together maternity care providers including family physicians, pediatricians, obstetricians, RNs from KGH and Community Health, midwives, doulas, and representatives from KGH and Community Health maternity program management. Keynote speaker Dr. Katharine Smart's presentation "*Human Milk Feeding – Maximizing Health Outcomes for Newborns*" was recorded and is available for viewing.
3. A document to help physicians and care providers access available supports in the community has been drafted. The document provides the names of key resources and respective contact information.

Identified Needs for Further Work:

1. Dating / detailed ultrasound - A working group has been formed to explore options for improving timely access to dating and detailed ultrasounds. A new triage process has been proposed.
2. Diabetes Support - Engagement with care providers indicates a shared desire to improve support for patients with gestational diabetes. This work will include an interdisciplinary review of services currently available, as well as a needs analysis.

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.

Currently the Central Okanagan CSC is discussing Palliative Care, Mental Health and Substance use and changes to the Integrated Primary and Community Care (IPCC).

Co-chairs: *Dr. Gayle Klammer (CODFP), Bryan Redford (IH)*

Division Members: *Dr. Gayle Klammer (Co-Chair), Dr. Jeanne Mace)*

Division Staff: *Tristan Smith, Monica McLean*

Physician Engagement Lead: *Jeff Malmgren*

GPSC: *Dr. Khati Hendry*

Interior Health: *IH Central, Bryan Redford, COK Administrator, CIHS, CO-Chair of CSC, Dr. Alan Gow, IH Physician Lead, CIHS, Chair of ISC, Karla Warkotsch, Primary Health Care, Practice Lead Sharon Cook, Health Service Administrator, Kelowna General Hospital, Vanda Urban, Residential Health Service Administrator Central Okanagan; Greg Cutforth, IH Allied Health Services*

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.

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

Notes:

Central Okanagan 2014/2015 Board of Directors

Dr. Jeanne Mace (Incoming Physician Lead)
Dr. Tara Sebulsky (Chair)
Dr. Heather McDonald (Secretary)
Dr. Heather Martin (Treasurer)
Dr. Gayle Klammer (Physician Lead)
Dr. Cara Wall
Dr. Michele Thomasse
Dr. Milt Stevenson
Dr. Mike Koss

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Consultants

Tracy Head – Shared Care Initiatives Project Manager
Rachael Laird – Child & Youth Mental Health Project Manager
Mel Clifford – A GP for ME Assessment and Planning phase Project Manager
Bill Eager – Health Promotions Project Manager

The Divisions of Family Practice is an initiative of the General Practice Services Committee, a joint committee of the BC Ministry of Health and The BC Medical Association.