

General Practice Solutions

A Quarterly Newsletter from the GPSC

GPs speak out about the future of primary care practice

Primary care in BC is on the verge of change and family doctors have a key role to play in how it will evolve. The GPSC's Visioning Steering Committee (VSC) undertook a province-wide consultation to hear from family doctors first-hand about how they want to practice and care for their patients in the future.

Between July and September 2015, GPs shared their thoughts and ideas. The visioning engagement process included online and face-to-face options to ensure GPs could participate in the way(s) that suited them best. The response surpassed expectations – one-third of all BC family doctors participated.

Doctors shared deep insights about the realities they face in practice today, including what works well, the parts that do not, and the changes they would like to see. During the first stage of the consultation, over 1,100 GPs shared more than 5,000 thoughts in response to four online questions about primary care practice. In the second stage of engagement, nearly 500 GPs participated in online discussions about specific topics including fee and practice models, team-based care, walk-in clinics, the role of GPs in providing in-hospital care, and more. There was also significant interest in face-to-face events. More than 740 GPs spoke up at 26 visioning meetings that were co-hosted by local divisions of family practice and the VSC in communities across BC.

What's next for visioning? The VSC will compile and review the thousands of comments and ideas put forward and deliver a report to the GPSC. The report will contribute to a renewed GP vision for the future of primary care in BC. It will also help the GPSC identify priorities to support GPs in practice, influence policy, and allocate its \$208 million budget.

In the interim, all BC GPs are invited to visit the visioning website at gpscvisioning.ca, where they can review the *Thoughtexchange report* from the first step of the online engagement process. They can also *login or register* to explore the in-depth conversations about hot topics in primary care.

Doctors who participated in visioning can rest assured they have been heard. The results of the visioning engagement process will provide an essential foundation for the GPSC to meet its mandate to strengthen full-service family practice and patient care in BC.

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Access UpToDate through DoFP

Members of divisions of family practice, as well as students and residents, can access clinical practice resource UpToDate at no cost to the individual physician through funding from the GPSC.

Division members who register for UpToDate through their local division of family practice website are able to use all of the resource's clinical tools and articles on their home and office computer, as well as via the UpToDate mobile app, UpToDate Anywhere. Physicians can also give members of their practice team access to UTD, including MOAs and multidisciplinary care team members.

All physicians registered with UpToDate can earn CME Mainpro credits by researching clinical questions through the resource. The system tracks and logs search activity and time spent reading articles, and stores the information for up to two years.

Submitting your credit log to receive your certificate is easy. To submit UpToDate online credits:

- Access your CME/CE/CPD credit log.
- For CME credits: If you have not already done so, you must complete the learning cycle for each month for which you want to submit credits. (For CE contact hours and time-based tracking, proceed to the next step.)

Continued on page 3

MEET THE GPSC



Dr Khati Hendry

A family physician with a busy practice in Summerland, BC, Dr Khati Hendry is also head of the Department of Family Practice at Penticton Regional Hospital and a Clinical Instructor at the University of British Columbia. She is an active member of the South Okanagan Similkameen Division of Family Practice and has served on the board of directors in various roles, including chair, since 2011.

After completing her medical training at the University of California (UC) in San Francisco and in Seattle, Khati worked extensively with immigrant populations in community health centres in the US. She served as Medical Director of La Clinica de la Raza and the Community Health Center Network in San Francisco, and completed the California Health Care Fellowship leader development program.

Khati has worked with quality improvement programs for chronic disease in both the US and Canada, was an Associate Clinical Professor of family and community medicine at UC San Francisco.

Khati enjoys travel, spotting wildlife, and writing song parodies. An occasional pianist and painter, she also refers to herself as an amateur astronomy nerd.

Provincial efforts to recruit and retain GPs in BC

Recruiting physicians and keeping doctors in communities where they currently practice are top priorities for most divisions of family practice in BC, particularly with older physicians retiring. Three and a half years ago, leaders from across many divisions established a physician recruitment and retention committee to address and consider local GP recruitment, retention and locum coverage challenges across the province.

With support from the GPSC, the Divisions of Family Practice Recruitment and Retention Steering Committee has made some important strides over the past year.

“This is still a divisions-led committee,” says committee co-chair Dr Shelley Ross. “Now the GPSC and other health care partners have come alongside to support the great work divisions started.”

The Steering Committee creates an environment for divisions to work with participating partners to inform system-wide and/or practice-focused solutions for current and future physician placement and practice and patient coverage needs.

Recognizing there are multiple factors – and organizations – which influence the ways in which family doctors are trained, recruited and credentialed, the committee was a key player in the development and planning of a March 2015 summit that brought multiple stakeholders together to discuss concerted efforts to address physician recruitment, retention and practice coverage challenges in BC. This summit was the first time that key organizations in BC that focus on recruitment and retention came together to identify common issues and gaps, and plot a coordinated way forward.

“It became evident to us shortly after forming the committee in 2012 just how complex an issue this is. It requires multi-pronged approaches that involve everyone from local municipalities to regulators, academic institutions, health authorities, the business community and more. Given BC’s widely varying demographics and geography it is also not a ‘one-size fits all’ situation,” says Dr Aaron Childs, co-chair and one of the founding members of the committee.

The committee’s key responsibilities are:

- To take action on key recommendations from the Stakeholder Summit.
- Build on the work of, and learnings from, divisions’ A GP for Me recruitment and retention strategies.
- Maintain its role as an integrator of divisions’ learnings and approaches to physician recruitment and retention and practice coverage, and thereby support collective sharing of approaches at the local level.

To support divisions and other stakeholders, the committee recently launched an online recruitment and retention toolkit on divisionsbc.ca. Intended to serve as a guide and central resource, the toolkit features a comprehensive collection of documents, templates, videos and sample materials that can be used to support recruitment and retention efforts. The toolkit includes sections on being prepared for local and regional recruitment activities, assessing physician candidates for the best fit with recruiting practices and communities, and supporting new and existing physicians and their families to thrive

and remain in their chosen community for the long term. Practice profile templates, recruitment marketing samples, a full listing (with links) of organizations to support community recruitment efforts, and practice transition tools (for retiring physicians) are just some of the kinds of documents and resources included. Content is based on best and promising practices from divisions and other organizations and jurisdictions. The toolkit will be updated regularly with new materials and approaches.

In addition to the summit and toolkit, the committee began work on September 1, 2015 on a 90-day action plan focused on leveraging existing resources to meet local and regional needs. It is also looking to the future by building key elements of its 365-day plan. Proposed 365-day activities include:

- Developing a physician journey map—a single interactive resource where physicians from anywhere in the world can go and learn from other physicians about their first-hand experiences working in BC.
- Optimizing practice coverage efforts.
- Creating an ethical recruitment framework for practices, communities, and divisions.
- Collecting information regarding projected retirements to inform tailored strategies and provincial health human resources planning and policies.
- Identifying ways to include international medical graduates and Canadians studying abroad in recruitment and retention strategies.

Committee members now also include representatives from the GPSC, Joint Standing Committee on Rural Issues, health authorities, and Health Match BC. Participating partners include representatives from the College of Physicians and Surgeons of BC, the UBC Faculty of Medicine (undergrad and postgrad), First Nations Health Authority, and the Union of BC Municipalities. With GPSC funding and a broader membership that includes both division and senior-level health care representatives, the committee is well-positioned to put into action a number of strategies to support local, regional, and provincial efforts to recruit and retain GPs in BC.

For more information on the committee and its work, visit www.divisionsbc.ca. The toolkit can be found under the “Resources” tab in the “Learning Hubs” section of the website.

Access UpToDate through DoFP – *Continued from cover*

- Click the box in the Submit column for each month that you want to submit.
- Click Continue. UpToDate then prompts you to complete and submit a CME/CE/CPD evaluation.
- After you submit the evaluation, review your submission request and click Submit. UpToDate displays a confirmation page. If you want to view your certificate immediately in PDF format, click the View/Print Certificate link on the confirmation page.

To register for access to UpToDate or to learn more about becoming a member of your local division and accessing this resource, visit www.divisionsbc.ca. Residents and students can access UpToDate by completing the user profile form found on the Divisions of Family Practice Student/Resident site: www.divisionsbc.ca/studentresident.

MEET THE GPSC



Shana Ooms

Shana Ooms is the Director, Primary Health Care Strategic Initiatives with the Ministry of Health. A Ministry representative to the GPSC since 2013, Shana has spent 11 years with the Ministry in a variety of research, policy development, and leadership positions. Each of these roles has supported the advancement of primary health care through areas such as chronic disease management, clinical practice guideline development, service frameworks, Integrated Health Networks, and Integrated Primary and Community Care service transformation.

Shana completed her post-secondary training at the University of Victoria, where she earned a master of science in exercise physiology and a bachelor of science honours with distinction in kinesiology. She is a past recipient of the Governor General’s Academic Medal and the Premier’s Excellence Award for the Cariboo Region.

Shana and her husband are proud parents to three school-age children, Lily, Graydon, and Lauren.

Doctors team up with social workers to support patient health

As part of the provincial A GP for Me initiative, local divisions of family practice are working on a variety of team-based approaches to deepen attachment and improve care for vulnerable patients.

For several divisions, this includes the addition of a social worker to the practice team who can provide professional services, and act as a conduit of information between the patient, family doctor and appropriate agencies outside of the doctor's office.

In the East Kootenay Division of Family Practice, family physicians practicing in the communities of Cranbrook, Creston and the Elk Valley – Fernie, Sparwood and Elkford – are working hand-in-hand with social workers to improve care for their frail elderly patients and others with multiple conditions; those whose health may be affected by social, financial and other stresses.

With the help of a social worker, patients can more easily get connected to community services that provide support for disabilities, financial support for medications, and assistance with housing, transportation, employment and life skills.

The Division feels energized by the successes we are seeing," says Dr. Suzanne Hopkins, a Creston physician. "The pace of referrals is increasing as the relationship and trust builds and as doctors see the value of working with social workers to assist with health-related needs of patients."

In the past, physicians referring patients to other services outside of their practice rarely had access to a social worker. Now, it is easy for a GP to request a consultation in short order directly from a social worker, who then contacts the patient and sets up a visit to assess the patient's needs. The social worker works with both the patient and doctor to discuss and prioritize those needs, provide counseling if appropriate, coordinate referrals to other agencies, and to pull together multi-disciplinary meetings or confer with the patient's family.

Physicians rely on feedback they receive from the social worker about how patients have benefitted from community services, and how they are faring at home. Sometimes the social worker will refer a patient back to the GP to treat other issues. To make life easy for physicians, the social worker can send the follow-up information directly to the patient's electronic medical record.

Social workers in East Kootenay have become valued members of the team for many practices for their contributions to improving the lives of patients, while helping GPs focus on their patients' medical treatment. Physicians are seeing the difference it is making in day-to-day patient care.

Three social workers work with family doctors in the East Kootenay communities, with two of them working directly with GPs in their offices and the third based in a centralized office. A Life Skills Worker in Cranbrook also provides crucial help for patients to get social supports, and learn skills to live capably at home such as how to manage money and cook meals.

GPs in the East Kootenay Division have referred more than 1,300 patients to social workers, who in turn have made 370-plus referrals to other community agencies. The Division estimates that, with the expanded support for patients, an average of 7.7 emergency visits per month have been prevented since October, 2014.

A GP for Me is a joint provincial initiative of the Government of BC and Doctors of BC. For information visit www.agpforme.ca.

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General Practice Solutions is produced by the General Practice Services Committee (GPSC), a committee of the Ministry of Health and Doctors of BC.

The GPSC strengthens full-service family practice and comprehensive patient care in BC with its unprecedented programs and initiatives.

For more information, visit www.gpscabc.ca.