Kootenay Boundary
Division of Family Practice

Feedback from the Regional Round Table for the Kootenay Boundary Division of Family Practice, May 12th 2011

Thank you to everyone who attended the Regional Round Table in Castlegar on May 12th. This report provides you – and those who could not attend – with information from the discussions and an outline of next steps.

The two main purposes of the Round Table were:

1. To provide the opportunity of GPs and nurse practitioners (NPs) to get to know and work with each other, and hence build the GP/NP community across the Kootenay Boundary region, and
2. To explore issues facing us, our patients and communities, and generate ideas for addressing these, thus deepening our understanding and creating possibilities that, separately, we might not have entertained.

Eight inter-connected priority areas had been identified prior to the Round Table, from discussions with and surveys from GPs and NPs. The following pages identify aspects of each priority, with additional detail and ideas generated during discussions.

Next steps

The Division's board is meeting on June 7th to consider these ideas and ways in which they can be taken forward. There are various options for us to design the best and most sustainable approaches:

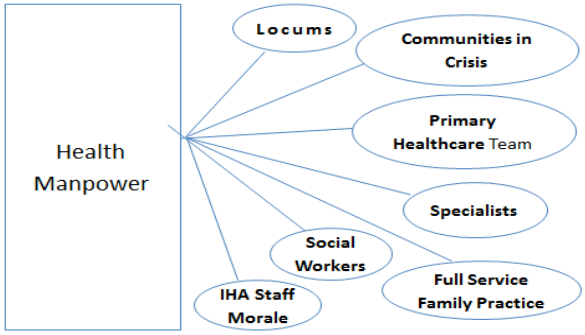
1. The Division can work on issues internally. This might include synthesizing and sharing information, putting on workshops, or developing CME events
2. The Division can work with partners – for example with the Community of Practice (COP) on EMR support, with the Practice Support Program (PSP) on office efficiency, or with IHA on strengthening the Integrated Health Network (IHN)
3. As a member of the Collaborative Services Committee (CSC) the Division is able to raise and work through higher level strategic issues with its partners on the committee - the Ministry of Health, BCMA and IHA. Solutions created by the CSC may require the reallocation of resources.

From the Round Table evaluation it was clear that Division members valued the opportunity to get to know each other and learn together. In the future we will build on this by holding an annual spring Round Table, dinners in the communities for updates, CME events and possibly other events. We will also provide updates through medical staff meetings and Medical Advisory Committees.

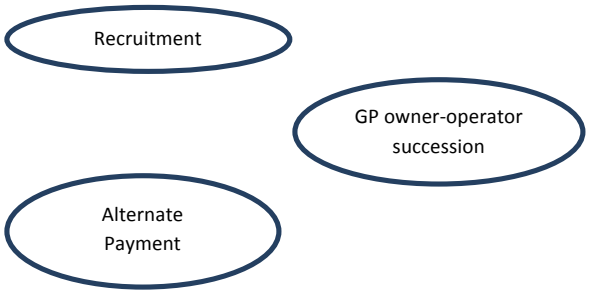
As the work unfolds, we will keep you informed on progress and seek your involvement in helping to take particular issues forward. Morag Reid, Coordinator of the Division, will keep in touch with you and make visits as needed. Please contact her (mreid@divisionsbc.ca) at any time if you have any questions or suggestions.

HEALTH MANPOWER

Identifying the Issues



Additional elements identified at Round Table



Ideas for addressing the issues

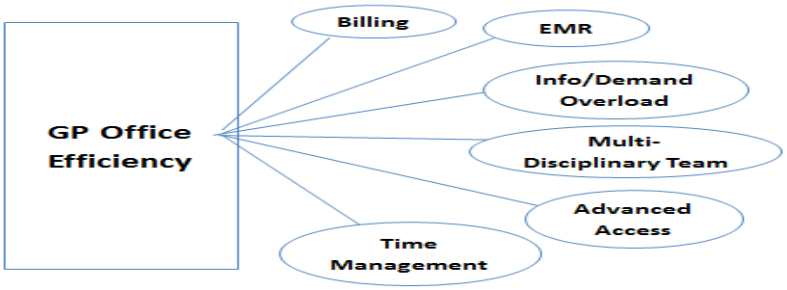
Issue	Ideas

Sustainability of full service family practice	- Investigate:
	  o Projected numbers of full service family practitioners, given future retirement, and the impact this will have on patient care
	  o Disincentives to owning practice – financial and workload – and how these could be mitigated
	  o What new GPs / locums want, including payment options
	- Develop a manpower plan
	- Support GPs with business aspects of practice
	- Lobby for incentives for full service GPs
	- Lobby for change in the rural locum program to make coming to region more attractive
	- Lobby colleges to train full spectrum responsibilities, e.g. practice management
	- Explore funding options – e.g. pilot multidisciplinary clinic, salaried GPs, with overheads paid

Communities in crisis	- Share physician resources across region, e.g. message board for opportunities - Support recruitment process - Provide access to IHN and EMR in remote communities - RN as first on call for ER in smaller communities
Multi-disciplinary teams	- All practices / communities to have access to integrated health network - Work as a team – both salaried and fee for service - Use all practitioners to full scope - Support co-workers and build team - Explore community health centre model
Locum	- Identify 'permanent locums' to support Division members - Provide lodging for locums

GP OFFICE EFFICIENCY

Identifying the Issues

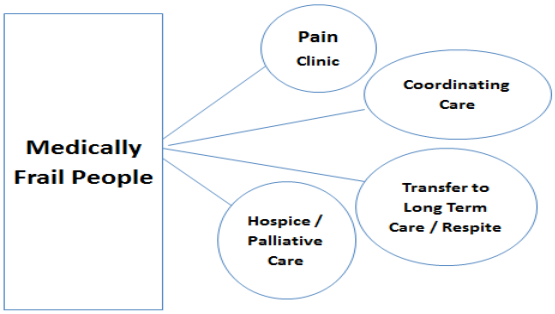


Ideas for addressing the issues

Issue	Ideas
Office management support	- Regional roving office efficiency / quality improvement expert as a resource e.g. in personnel, billing, information sharing - Support an office management group / community of practice - Train MOAs in aspects of office management
Optimize billing	- Identify billing expert(s) - Provide billing workshops – help to incorporate into everyday practice - Lobby for more user friendly billing codes - Use EMR to identify unclaimed billings
EMR	- Develop strategy for ongoing support / visits / training / mentorship – with COP (not Saturday workshops) - Provide clinically based training in EMR - Provide technical and financial support - Ease conversion of paper to EMR – PITO funds? - Develop a forum for exchanging ideas and good practice - Identify benefits of EMR – locums prefer EMR, workflow efficiency - Provide support for single handed clinics to convert to EMR - Re-evaluate the current system, and use the same EMR - Division and COP to work together
Advance access	- Patient education on accessing GPs responsibly - Division facilitates additional PSP support to GPs
Multi-Disciplinary teams	- *See also Health Manpower, page 2* - More integrated health care – NPs, health teams to visit clinics, IHN in more offices
Quality	- Identify and use the patient experience – comments / survey box / questionnaire in the clinic
Physician health	- Support GPs to find balance and quality of life

MEDICALLY FRAIL PEOPLE

Identifying the Issues



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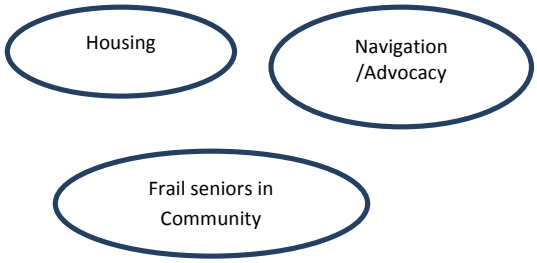
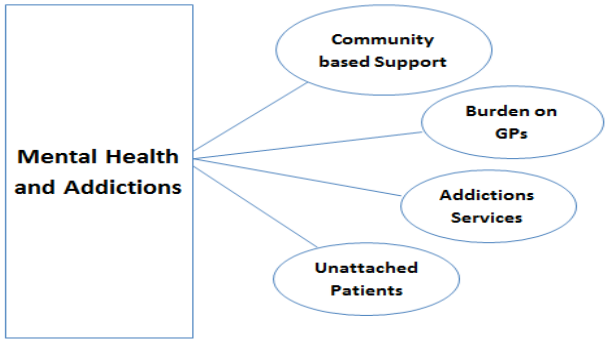


Ideas for addressing the issues

Coordinating care	- Develop central coordinator / case manager role - Have resources (home care nursing, long term care assessor, Chronic Disease Management, mental health) come to the GP office - Realign IHA resources to the GP office, not geographically located in the IHA facility - Support GPs' understanding of and participation in the assessment process - Develop a multidisciplinary home visit team, office based - Strengthen social work role in assessing / navigating / informing for frail seniors - Facilitate communication between team members – primary care physician, home care, long term care, ER physician - Provide education re: current fee structure that supports community based coordinated care - Provide physiatrist for Kootenay Boundary for help with pain management and mobility issues - *See also multi-disciplinary team ideas, pages 2 and 3*
Supporting frail people in the community	- Develop a rapid response team to help with acute issues in community - Develop supports for ER physicians to communicate with primary care providers / long term care assessor to avoid admission - Provide more, appropriate, affordable and timely housing options
Navigation / advocacy	- Provide a voice for patients accessing long term care and moving through the system - Provide assistance to, and education of MDs on, available community resources (e.g. social work, community supports) - Provide a voice for patients accessing long term care and moving through the system
Palliative care	- Improve local community palliative care resources - Develop a palliative support team - ?regionally
Strengthen system	- Undertake a cost benefit analysis or audit of current vs. an alternative system

MENTAL HEALTH AND ADDICTIONS
Identifying the Issues



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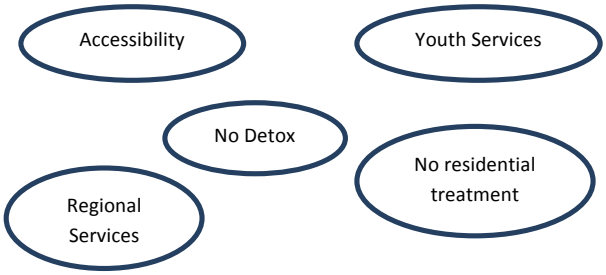
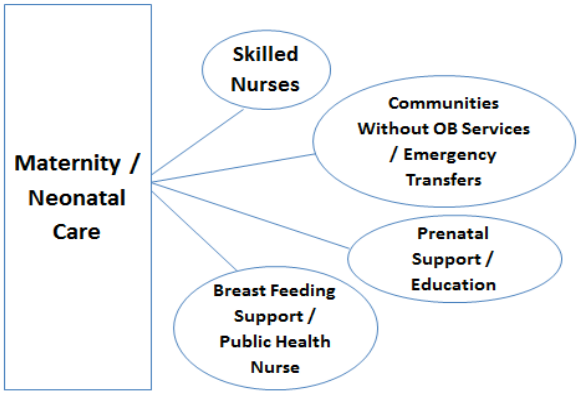


Ideas for addressing the issues

Issues	Ideas
Accessibility of services	- Provide equally accessible psychiatric services across the region - Develop mental health urgent response in the community and hospital - Reintroduce 'day hospital' at the Daly - Support mental health patients to keep appointments
Unattached patients	- Identify GPs /NPs willing to accept unattached patients with mental health / addictions issues - Provide sessional funding for this population
Service provision	- Listen to mental health population's views on their experience and needs - Develop regional mental health and addictions services - Set up a chronic pain clinic – mobile and multidisciplinary - Use Practice Support Program tools and mental health counseling - Lobby for better billing for mental health counseling - Strengthen youth services: Recruit a child psychiatrist, and strengthen the Ministry of Children and Family Developments support for youth mental health services - Develop coordinated electronic care plans - Role of nurse practitioners in mental health and addictions, and of advance practice nurses (APNs) in clinics.
Addictions services	- Primary health care outreach in the community (Downtown East Side model) - Develop region-wide multi-disciplinary methadone strategy – with mobile methadone clinics, central clinic, outreach and counseling - Provide home detox support, with some outreach staff
Sharing best practice	- Identify and share what is working in other communities e.g. the Vernon street clinic. - Chronic pain CME / conference

MATERNITY/NEONATAL CARE

Identifying the Issues



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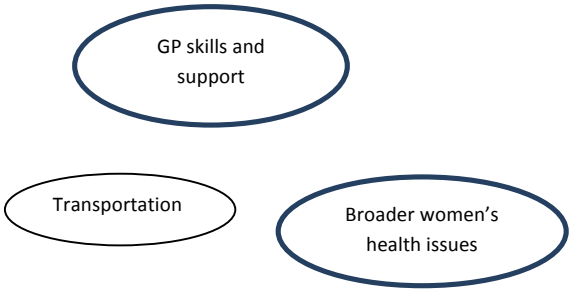
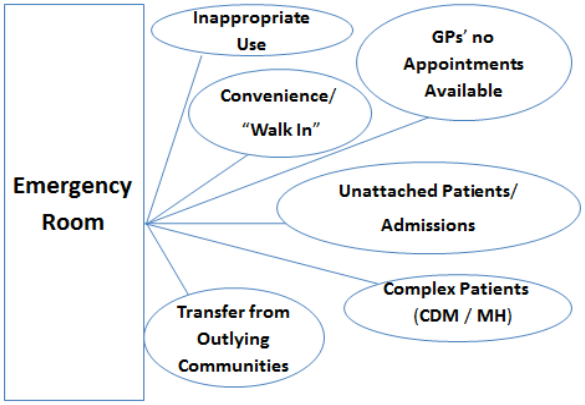


Ideas for addressing the issues

Providing support to communities without obstetric services	- Rural outreach – education and clinics - Provide ultrasound / tele ultrasound / tele consults in local communities - Provide resources for women who have to leave the community for ongoing high risk care - Accessing MFM services outside local community Accessing Maternal Fetal Medicine services outside local community
GP skills and support	- GP enhanced skills – eg genetic counseling, ultrasound, lactation support, biophysical profile - Support / fund practitioners wanting to train in C Section - Additional GPs trained to do methotrexate terminations/better communication and/or guidelines re: accessing same within region
Breast feeling support	- Develop wide spread support for breastfeeding - GP education re breast feeding, so can be referral source / support
Service provision	- Develop regional approach to obstetric care / team - Shadowing / cross coverage between communities - Increase social work input to maternity care team, including at Kootenay Lake Hospital
Financial issues	- Fund coordination of care related travel expenses - Tap into hospital foundations - Lobby for improved funding strategy to allow for collaborative care between midwives, GPs and other members of the care team - Lobby for less constrained restrictions on midwife home births - Maternity on call payment for GPs
Information	- Provide education to 'lay midwife' community and remote care providers on resources available locally - Compile information on services available e.g. peripartum

EMERGENCY ROOM

Identifying the Issues



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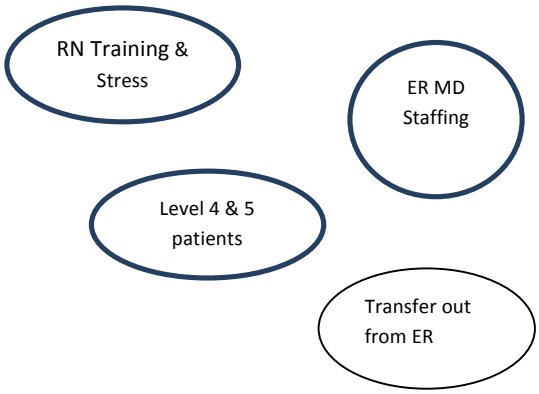
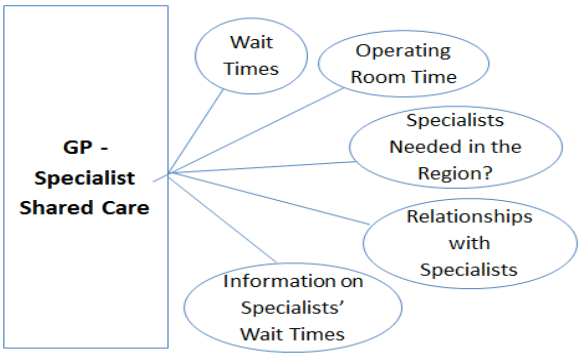


Ideas for addressing the issues

Issue	Ideas
Inappropriate use of ER	- Patient education on options for care, cost to system - Get stats on level 4 and 5 patient visits and impact on system - Have 'walk in' MD to support levels 4 and 5 patients - Support GPs with advance access so fewer level 4 and 5 patients go to ER
Staffing: - Nelson ER MDs – mostly full time, so can get into crisis if someone can't work - Nurses burning out / being transferred around different hospitals / insufficient training	- Support regional group of ER MDs, with administrative support and meetings of ER department heads - Regional ER locum for ER MDs - Explore payment to recruit and/or salary for ER MDs in Nelson? - Discuss views with RNs, including training they would like - Explore CME funding for RNs with IHA
Transferring patients	- Access a regional Transfer Centre - Education on which transfer modality to access - 1 call for non-critical transfers – like the critical transfer line (life limb threatened organ) - staffed by paramedics not MDs - Bedline provide transcript service of pre-transfer conversations (the sending and receiving MDs, and transporting agency) to improve accountability during transfers - Faxed summary of BC Bedline events / decisions
Shortage of combined lab/xray (CLXR) technicians, no training in BC	- Advocate for CLXT training in BC, including IHA partnering with Selkirk College (?) to provide this - Lobby for rural trainees to work in rural community after their training

GP-SPECIALIST SHARED CARE
Identifying the Issues



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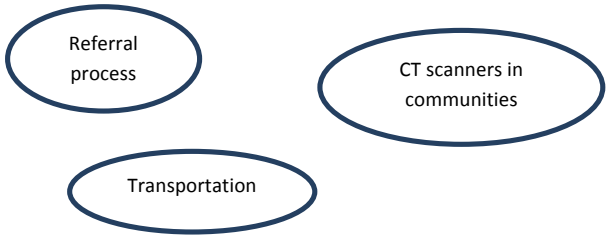
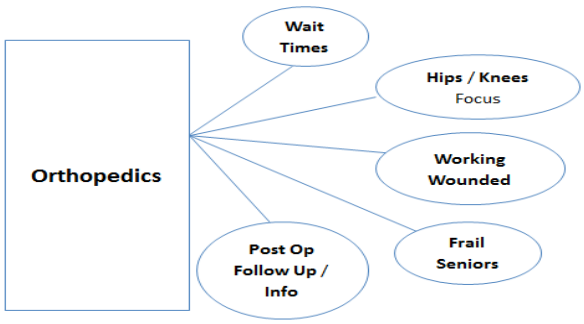


Ideas for addressing the issues

Issue	Ideas
Regionalization	- Maximize human resources and infrastructure across the region - Explore regional, not necessarily centralized, specialist care – including internal medicine – services - Work on solutions as a region, to make regionalization work for the centre and periphery - Ensure regional services (eg ICU) are available 24/7 365 days - Arrange cover when specialists (especially singleton consultants) are absent - Provide urology in Kootenay Boundary
Address long wait times by expanding GP role	- Undertake survey of GPs on services available and needed - Identify interest / special skill sets / training needs among GPs - Coordinate GPs with special skills - Explore GP expanded role in surgery, plastics, urology, orthopedics - Enhance GP skills: collaborate / train with specialists, support GPs seeking training and making transition, provide GP mentors - Provide funding for GP specialists and clinics, which can address travel issues both for visiting specialists and/or patients having to travel for treatment - Explore Grand Forks oncology network model
GP-Specialist relationships	- Develop local directory of GPs with specialty, and specialists, with sub-specialty interests - Improve communication with and from specialists on referral process, triage, waitlists - Strengthen relationship between specialists and GPs so roles are understood and valued. Explore Grand Forks oncology network model, which requires good cooperation between GPs and specialist oncologists. - Advocate for GPs on billing - Clarify follow up care responsibilities - Improve coordination of referrals outside the region
Transportation / CT scanners in communities	- Undertake cost benefit analysis of CT scanners in communities vs. transfers to regional centres - Explore use of technology to decrease patients' need for transportation - Lobby municipal / regional leaders on transport planning and health

ORTHOPEDICS

Identifying the Issues



Additional elements identified at Round Table

Ideas for addressing the issues

Issue	Ideas
Strengthen referral process	- Clarify triage process - Improve communication and information sharing between specialists and GP – e.g. confirmation referral received, wait times, special interests of orthopedic surgeons, wait times - Stratify referrals – e.g. chronic vs. urgent - Improve communication between orthopedic specialists and GPs - Enable GPs to order MRI (can be done at VGH Richmond) - Increase office staff for specialists
Long wait times	- Develop fast track / rapid referral clinic, under supervision of orthopedic specialist - Provide enhanced training to GPs, who as subspecialists could provide basic orthopedic assessment, sports medicine, carpel tunnel - Set up chronic pain clinic - Recruit an additional orthopedic surgeon, and pay incentive? - Ensure there is coverage when orthopedic surgeons are on leave - Develop specialized physiotherapy and physiotherapy clinic, as part of triage
Improve post op follow up	- Develop mobile cast clinic, with 2/3 cast technicians, in Trail, Castlegar and Nelson - Clarify post op care responsibilities
Falls / injury prevention	- Support for frail seniors in the community *(see also medically frail people page 4)* - Support weight loss programs - Hip injections

See also GP-specialist shared care – page 8