

 **Langley**
Division of Family Practice


WELCOMES you!

Please seat yourself in one of the topic areas where you

have the most **PASSION** 
OR the most **QUESTIONS** 

PRIORITY POPULATIONS

- MOMS & BABES** 
- MENTAL HEALTH** 
- Frail and elderly** 
- MULTI MORBIDITY** 


 **Langley**
DIVISION OF FAMILY PRACTICE

ATTACHING LANGLEY

● **OBJECTIVES**

- ★ **ENGAGE OUR MEMBERS IN A SHARED VISION OF ATTACHMENT IN Langley**
- ★ **CAPTURE OUR IDEAS ON HOW WE WILL APPROACH AND PRIORITIZE OUR EFFORTS**

● **AGENDA ~ APRIL 30, 2013**


- 6:20 ● **WELCOME and OVERVIEW**
- 6:30 ● **EXPLORING the VISION** *in BREAKOUTS*
in priority populations
- 7:15 ● **dinner** 
- 7:45 ● **EXPLORING IDEAS** *in PLENARY*
Begins with a report back
- 8:30 ● **Q&A PANEL**
- 8:45 ● **SUMMARY and CLOSING**

● **ROLES**

- the BOARD and COMMITTEES are PARTICIPATING FULLY as GPs
- LEAD FACILITATOR: ELLEN PETERSON** KEEPS THE PROCESS ON TRACK
- TABLE FACILITATORS** LEAD BREAKOUT PROCESS and CLARIFY and CAPTURE IDEAS
- JASON** Moms + Babes
- SANDY** Frail Elderly
- ELLEN** Multi-Morbidity
- SUE** Mental Health and Substance Use
- GRAPHIC RECORDER- LISA** SUMMARIZE OUR THOUGHTS VISUALLY

● **RULES of ENGAGEMENT**

- **SEE YOURSELF as PART of the SOLUTION**
*Roll up your sleeves and CONTRIBUTE thought and activity!
- **LISTEN GENEROUSLY and CURIOUSLY**
*Understand the **WHY** behind priorities
*Tell priorities like you see it
*Stay open to understanding differences
- **BE POSITIVE and NON-JUDGEMENTAL**
*Respect each others' thinking and value their opinions
- **BE BRIEF and MEANINGFUL when VOICING YOUR OPINION**
- **BE PRESENT and HAVE FUN!**



Moms and BABES

a bit about LANGLEY

- by 2020 Langley's population is expected to increase by **29%**
- by 2032 our population could increase as much as **56%**
- projections average at 36%
- That's over **15,000** NEW RESIDENTS!
- We have **105 GPs**
- That's an **82.4** rate of GPs per 100,000 RESIDENTS

FACTS ON OUR MOMS AND BABES

In 2010 there were **1375** live births

by 2020 there will be **2536** live births - that's a **28%** increase from 2009

There were **31** TEEN BIRTHS in 2009

We have a **3%** INFANT MORTALITY RATE

LIFE EXPECTANCY at birth is **81.6** years

600 BABIES PER YEAR IN LANGLEY WITH NO GP

Greater healthy lifetime outcomes come from **EARLY PRIMARY CARE** especially the first 18 months

29% of LANGLEY KINDERGARTEN KIDS WERE IDENTIFIED AS VULNERABLE in at least one area of the EDI

65% of 2 YEAR OLD IMMUNIZATIONS ARE UP TO DATE

INFECTIOUS DISEASE is the LEADING CAUSE OF HOSPITALIZATION!

We have the **SMALLEST** PROPORTION OF KIDS UNDER AGE 6 LIVING IN LOW INCOME FAMILIES!

FRASER HAS OVER **25,000** YOUTH - at 40% that's the LARGEST percent of YOUTH UNDER 10

UNDER CONSTRUCTION

THE MATERNITY CLINIC is EXPANDING

MENTAL HEALTH and SUBSTANCE USE

a bit about LANGLEY

- by 2020 LANGLEY'S POPULATION is EXPECTED to INCREASE by **29%**
- by 2032 our POPULATION COULD INCREASE as much as **56%**
- projections average at 36%
- That's over **15,000** NEW RESIDENTS!
- We have **105 GPs**
- That's an **82.4** rate of GPs per 100,000 RESIDENTS

It's the LEADING CAUSE OF HOSPITALIZATION in

- Female youth
- Male youth
- Young adults
- Male adults

LOFP PRIORITIES in mental health and substance use

IDENTIFIED BY LDPP MEMBERS as a **HIGH PRIORITY**

IT'S A CHALLENGING POPULATION TO WORK WITH!

71% have GP

45% have contact with my GP

36% GP sent reports

MHSU ACCESS CLIENTS

- 15% depression
- 16% bi-polar
- 7% anxiety
- 8% personality disorder
- 13% substance related disorder
- 60% psychiatric disorder

THAT'S OVER 31,000 PEOPLE WITH ANXIETY/DEPRESSION

61 SUICIDE MORTALITY

1500 OLDER ADULTS WITH DEMENTIA

17% with TOBACCO USE LEADING CAUSE OF DEATH

2 NEW RAPID ACCESS TO PSYCHIATRY CLINICS LAUNCHED in 2012

LANGLEY HAS SEEN A 472% INCREASE in HOMELESSNESS in the PAST 10 YEARS

This is **MUCH HIGHER** than ANY OTHER FHA COMMUNITY!!!

NP PROPOSAL on MHSU, IN PARTICULAR HOMELESS has been SUBMITTED

Frail and Elderly

a bit about LANGLEY

- by 2020 LANGLEY'S POPULATION is EXPECTED to INCREASE by **29%**
- by 2032 our POPULATION COULD INCREASE as much as **56%**
- projections average at 36%
- That's over **15,000** NEW RESIDENTS!
- We have **105 GPs**
- That's an **82.4** rate of GPs per 100,000 RESIDENTS

FACTS ON OUR FRAIL AND ELDERLY

AT 34% FRASER HAS THE LARGEST PERCENTAGE OF SENIORS

FRAIL ELDERLY REPRESENT **18%** OF LANGLEY - Approximately **25,000** People

The largest population increase is expected in this age group

OVER 10,000 with OSTEOARTHRITIS

OVER 1500 with DEMENTIA

7% are LOW INCOME

It's Challenging FOR FRAIL ELDERLY TO FIND A GP

seniors have the **HIGHEST** hospitalization rates

CARDIOVASCULAR DISEASE is the leading cause of hospitalization

RESPIRATORY is a high cause too

LIFE EXPECTANCY at birth is **81.6** years

Successful NP Protocol for PATH LIMIT and INTEGRATION with COMMUNITY

CHRONIC DISEASES contribute to **9/10** DEATHS in LANGLEY

MULTI-MORBIDITY

a bit about LANGLEY

- by 2020 LANGLEY'S POPULATION is EXPECTED to INCREASE by **29%**
- by 2032 our POPULATION COULD INCREASE as much as **56%**
- projections average at 36%
- That's over **15,000** NEW RESIDENTS!
- We have **105 GPs**
- That's an **82.4** rate of GPs per 100,000 RESIDENTS

MULTI MORBIDITIES and PRIMARY CARE

CHRONIC DISEASES CONTRIBUTE TO 9 OUT OF 10 DEATHS IN LANGLEY

53% are ACTIVE!

45% are OVERWEIGHT/OBES

HIGH TOBACCO USE

the LEADING CAUSE OF DEATH

There's a **HIGH PREVALENCE** OF LUNG CANCER in MEN and WOMEN

There's a **HIGHER THAN PROVINCIAL AVERAGE** in COLORECTAL CANCER in MEN and WOMEN

HIGHEST BREAST CANCER RATE in FHA (51% SCREENING RATE)

2nd HIGHEST PROSTATE CANCER INCIDENCE in FHA

23,000+ with HYPERTENSION

10,000+ with DIABETES

10,000+ with OSTEOPOROSIS

OVER 12,000 with ASTHMA

OVER 6,000 with CARDIOVASCULAR DISEASE

OVER 31,000 with ANXIETY/DEPRESSION

OVER 3,000 with COPD

LEADING CAUSE OF HOSPITALIZATION: HEART DISEASE, RESPIRATORY

59% of CHRONIC HEART FAILURE PATIENTS are PRESCRIBED ACE/ARB INHIBITORS

NAIPE CAUSE OF ILLNESS

HOW DO WE SOLVE ATTACHMENT IN LANGLEY?

SHOW ME HOW

I'M MAXED OUT!

• PAY ME TO TRAIN

Then I can TAKE ON MORE

I don't want to be left holding the BALL. I need SUPPORT!

...d QUARTER BACK

GP'S

I don't WANT TO WORK MORE



■ SHARING CARE at a CLINIC

How many of us would truly be INTERESTED?

CONTRACT

■ CAN WE CONTRACT SOME ASPECTS OF CARE for PATIENTS with MENTAL HEALTH ISSUES OUT?

■ BUILD CAPACITY and KEEP it SUSTAINABLE

■ GET SPACE!

WE NEED BRICKS and MORTAR!!!

...but this doesn't work for PEOPLE WHO CAN'T GET THERE

WHAT'S WORKING?

HOW CAN WE LEVERAGE IT?



WHO ELSE SHOULD BE THERE?



Remember... IT'S ABOUT the TRIPLE AIM

Better Health Care

Better Outcomes

Lower Cost

PRIMARY CARE at the CENTER of HEALTH CARE REFORM

WE MUST DO THINGS DIFFERENTLY!

PLENARY DISCUSSION

Langley DIVISION of FAMILY PRACTICE

- ★ COMMON THEMES
- ★ COLLABORATION
- ★ COMMUNICATION
- ★ INTEGRATION
- ★ COORDINATION
- ★ EASE and EFFICIENCY for GPs
 - in general
 - with specialists

VISION

ONE ON ONE RELATIONSHIPS are vital!
to ATTACHMENT

• Increased SKILL and COMFORT

• RELATIONSHIP NOT STIGMA

• GPs are MANAGING THEIR OWN PATIENTS

• TIMELY ACCESS to RESOURCES and SUPPORTS (psych)

• CARE PROVIDERS INTER-COMMUNICATE

• BUILD MATERNITY INFRASTRUCTURE

• CENTRAL INTAKE

• A SINGLE FILE

• BETTER COMMUNICATION

• Collaboration

• EVERY FINANCIAL

• If ALL COMES BACK to

• Mother and unborn child has access to appropriate medical care

• from CONCEPTION on

• We have an ADEQUATE # of OBGYNs and GPs to hand BABIES off to for PRIMARY CARE

• NURSE FOLLOW UP CARE

we DESIGN AROUND the PATIENT and COMPLEXITY

PATIENTS are healthier!

• fewer emergency visits

• timely services

• MENTAL HEALTH Substance Use

• MOMS and BABES

• MULTI-MORBIDITY

• FRAIL ELDERLY

• PRIORITY POPULATIONS NEED DEEPER ATTACHMENT

we KEEP ELDERLY out of the HOSPITAL!

we TRANSITION them BACK to HOME LIFE

• YOUR INPUT ABOUT WHAT to DO WITH ATTACHMENT is welcome!

SHIFT to PREVENTION

Target SHARED RISK FACTORS

• IMPROVE INTER-PROFESSIONAL COMMUNICATION

- SECTORS
- PROGRAMS

• FOCUS ON PREVENTION

• TRIAGING TOOL RESOURCES

- MOBILE RESPONSE
- QUICK RESPONSE UNITS

• COMMUNICATE AVAILABLE SERVICES to ELDERLY

• TRAIN MOAs ON SERVICES

• CREATE MOBILE OPPORTUNITIES

- INCLUSIVE OF ALL NEEDS
- INTEGRATE FAMILY SUPPORT
- HOME NURSING CARE

• MULTI-MORBIDITY

• ESTABLISH a CARE TEAM

• EMR INFO SHARING

• EASIER ACCESS to RESOURCES

• MAKE IT EASIER for GPs to CALL SPECIALISTS

• ANCHOR INTO OUR BEHAVIORS

- HEALTHIER MOVE to PREVENTION

• TARGET NO SHOWS

• PUBLIC PROMOTION of EARLY INTERVENTION!

- EARLY EDUCATION for PATIENTS
- WAITING ROOM CAMPAIGN (fitness)
- GPs INFORMING PATIENTS and COMMUNITIES BETTER

MENTAL HEALTH / SUBSTANCE USE

- MAKE ACCESSING RESOURCES EASIER
 - SIMPLIFY the OPTIONS
 - MORE INFO/EDUCATION
 - on what's available
 - who to call
- CREATE MORE TIMELY ACCESS to SERVICES
- FOCUS ON the PATIENT NEEDS

MOMS and BABES

- MORE GPs FOR PATIENTS
 - TRAIN LOCAL DOCTORS
- CREATE EFFECTIVE COLLABORATIVE PRACTICE
- PROVIDE ACCESS for PEOPLE WHO CAN'T AFFORD SERVICES
 - WAIVE FEES:
 - LAB
 - ULTRASOUND

FRAIL ELDERLY

- IMPROVE INTER-PROFESSIONAL COMMUNICATION
- FOCUS ON PREVENTION
- TRIAGING TOOL RESOURCES
- COMMUNICATE AVAILABLE SERVICES to ELDERLY
- TRAIN MOAs ON SERVICES
- CREATE MOBILE OPPORTUNITIES

MULTI-MORBIDITY

- ESTABLISH a CARE TEAM
- EMR INFO SHARING
- EASIER ACCESS to RESOURCES
- MAKE IT EASIER for GPs to CALL SPECIALISTS

ANCHOR INTO OUR BEHAVIORS

- HEALTHIER MOVE to PREVENTION
- TARGET NO SHOWS
- PUBLIC PROMOTION of EARLY INTERVENTION!
- EARLY EDUCATION for PATIENTS
- WAITING ROOM CAMPAIGN (fitness)
- GPs INFORMING PATIENTS and COMMUNITIES BETTER

PRIORITIES

IT'S EASIER FOR GPs TO HELP

• We have MORE SPACE and RESOURCES

• a CARE TEAM in my OFFICE

• We have a DISCHARGE/COMPLEX CARE CLINIC