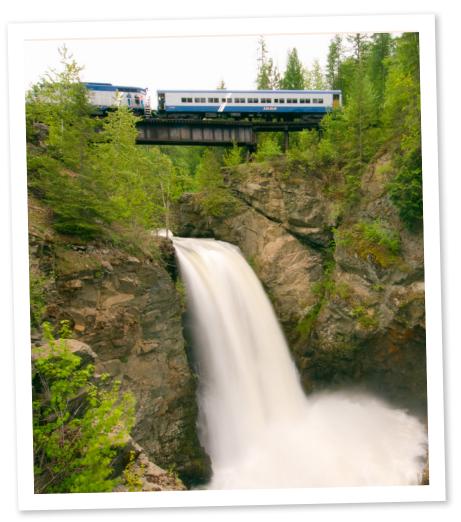
# ANNUAL REPORT 2015–16







## **Kootenay Boundary Division Leadershi**

By Dr. David Merry, Dr. Lee MacKay, Dr. Trevor Aiken, Executive Director Andrew I

Kootenay Boundary Division of Family Practice is in the midst of its 6th full year of operations. Thanks to strong support from our GP and NP members, the scope and breadth of impact the Division is delivering reflects a truly dynamic organization. A few highlights from 2015–16 include launching the Pathways specialist referral website, piloting wraparound care for Child and Youth Mental Health patients, launching new resources to support chronic pain patients, successfully piloting an in-clinic social worker, integrating a GP specialist into the Trail diabetes clinic and collaborative care rounds successfully reducing antipsychotic use in Residential Care.

he dominant system change that will impact GPs on the ground continues to be primary care reform. Health Care is a complex system and no one is under any illusions regarding the pace of change or the complexity of interests at the table. However, implementation of the Patient Medical Home (PMH), robust team based care, and new GP-created funding models, are visible on the horizon. We remain optimistic that these changes will result in a more sustainable system, better patient outcomes, and richer more satisfying careers for physicians and NPs. Furthermore, your Division will be central to these conversations, representing your and your patient's interests as change unfolds.

This year, the Division brought extensive KB Physician Leadership to primary care reform. Through the vehicle of the Collaborative Services Committee, we engaged with our members, IH staff, and community leaders, articulating the need for change and discussing new models of care that will work for Division members, members of the



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Primary Care Team, and KB patients. As this transformation evolves, it is clear there are complex and competing forces within the Ministry of Health, IHA, GPSC and Doctors of BC. The Division has worked to establish relationships with multiple leaders in these organizations, informing and influencing them regarding the direction and timing of change, keeping KB's interests and the interests of all rural practitioners at the fore.

With this past year's work as our foundation, the implementation journey begins. The KB Collaborative Services Committee has struck a working group that is approaching all KB clinics with an opportunity to initiate EMR-based Quality Improvement and Panel Assessment, a key first step in PMH implementation. Simultaneously the Group is analysing extensive demographic data regarding illness burden in each of our core sub-regions, and this data will be shared with our members. In addition, work is underway to develop systems for region-wide PMH Quality Improvement, and development of highly functioning Teams.

Notwithstanding the "bright shiny object" of the PMH, this year your Division continues to direct substantial resources to projects and programs that directly and immediately improve practice and patient care for every GP and NP in KB. CPD is offered at a high standard. Telehealth is expanding access to video consults to multiple specialities, and delivering secure texting (including enhanced RACE and hospital admittance/discharge notification). We anticipate bringing fully automated forms to every Intrahealth EMR in the region, and we are exploring doing the same for other EMR platforms. Open Practice Coaching remains available to all practitioners. We will maintain our commitment to robust support of physician recruitment, a fundamental foundation of sustainability of the profession in KB.

In this poster, you'll find a summary of your Division's work over the past year. A full write-up on all initaitives can be found at www.kbdivision.org/report2016. In particular, we draw your attention to the remarkable list of the GPs, NPs and partners, whose dedication to improving patient care in KB is evidenced by the countless hours they have dedicated to Division work. We thank you all, and look forward to a similarly productive 2016–17.

KB Division Executive: Dr. David Merry, Chair Dr. Lee MacKay, Physician Lead Dr Trevor Aiken, Vice Chair Andrew Earnshaw, Executive Director

#### A few KB Division Highlights

24 new primary care providers recruited

4,000+ page views of Division recruitment website

> 100+ events delivered

539 patient calls to A GP For Me Hotline

## Statement of Operations and Changes in Net Assets

For the Year Ended March 31	2016		2015
Revenue			
BCMA – Infrastructure	\$ 410,108	\$	434,004
BCMA – A GP for Me	375,228		255,876
BCMA – Shared Care	314,957		275,179
BCMA – Residential Care Initiative	202,396		
BCMA – In-patient Care	193,980		193,450
IHA – Project Funding	85,721		143,622
BCMA – Partners in Care	41,388		182,219
Continuing Professional Development	33,376		16,547
	1,657,154	1	,500,897
Expenses			
Administration	41,038		45,213
Board members	180,846		224,060
Facilities and supplies	17,286		8,612
Management	615,894		635,984
Members and physicians	538,706		353,589
Project costs	262,461		234,475
	1,656,231	1	,501,933
Excess of revenue over expenses for the year	923		(1,036)
Unrestricted net assets, beginning of year	 4,149		5,185
Unrestricted net assets, end of year	5,072		4,149

#### Acknowledgement

The Kootenay Boundary Division of Family Practice gratefully acknowledges the funding of the General Practice Services Committee, Shared Care Committee and Innovation Fund as well as the support of the Division of Family Practice provincial office and Shared Care central office. We extend our gratitude for the contributions of our many community partners and community representatives.

#### **Kootenay Boundary Division of Family Practice**

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Photos: Picture BC

The Divisions of Family Practice Initiative is sponsored by the General Practice Services Committee, a joint committee of the BC Ministry of Health and Doctors of BC.

#### www.kbdivision.org



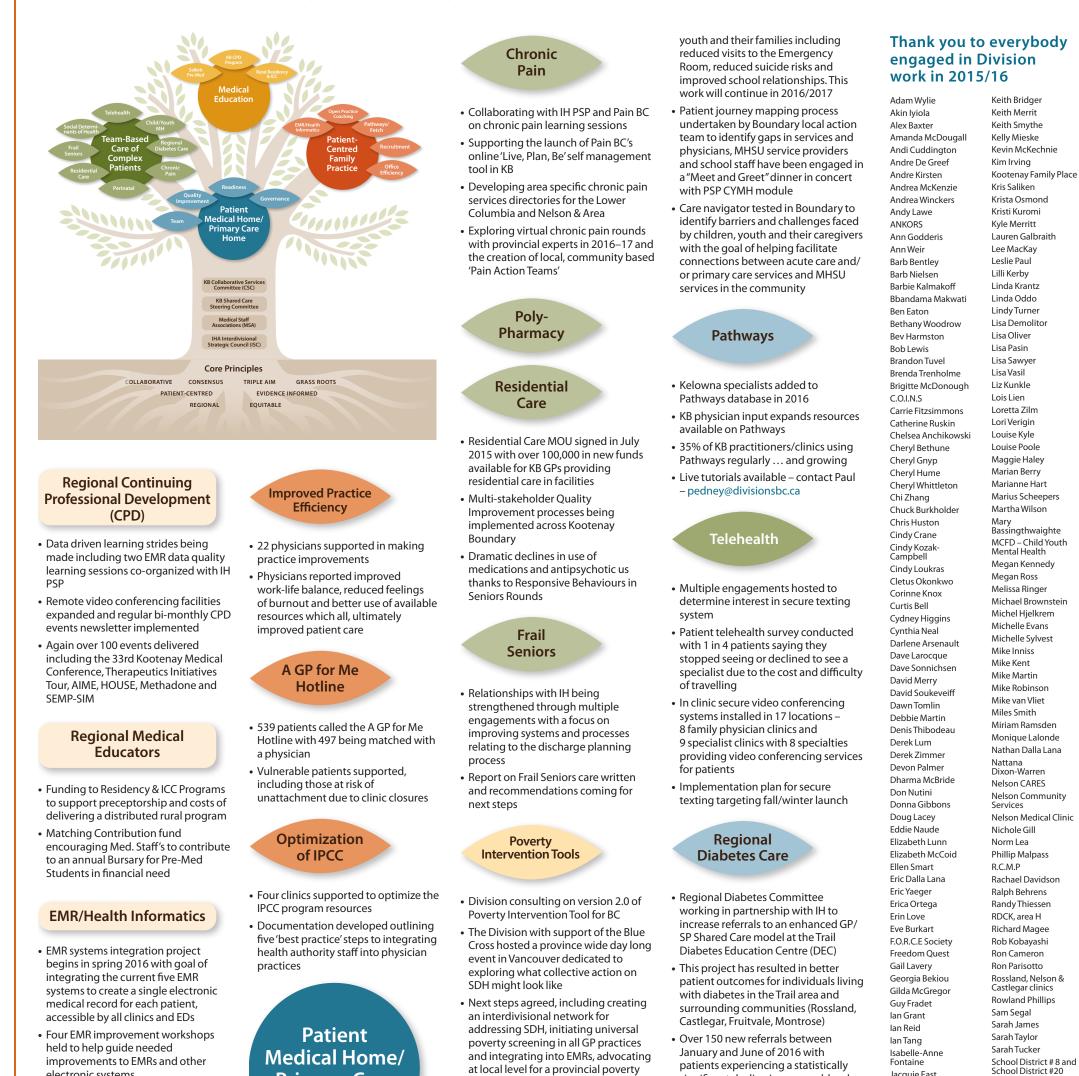






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## **Our Impact: Kootenay Boundary Division of Family Practice Projects**



### **Recruitment/Retention**

electronic systems

- 24 new primary care providers recruited since launching the program
- Supported 6 physicians to develop retirement/transition plans
- Attended three recruitment events and built an email list of over 100 residents and physicians interested in our region
- Almost 4,000 page views of Division recruitment website since launch

### **Team-Based** Care

- Medical social worker hired to provide patient care at Nelson Medical Clinic Apr 2015 - Apr 2016
- 248 unique patients supported with 269 counselling sessions and 20 full assessments provided
- Completed 91 medical/disability forms with improved outcomes reported by GPs and patients themselves

## **Primary Care** Home

- Division taking strong leadership role at local, regional and provincial level in the strategic development and implementation plan for the Patient Medical Home/Primary Care Home initiative
- Division and IH partners toured communities throughout the region with Prince George/Northern Health Authority leadership to present their experience of implementing the Patient Medical Home in the north
- Division and IH partners hosted over a dozen engagement events to explain pressures motivating the change, how to bring local control to the process and to present an outline of potential new resources being introduced

reduction strategy and creating a toolkit for integrating SDH into Primary Care Home practice

### Adult **Psychiatry**

- Team skills enhanced for 270 participants through Responsive Behaviours in Seniors rounds through late 2014 to date. Sessions continue through 2015/16 and model being adopted across IH
- Monthly collaborative care sessions between psychiatrists and family physicians now take place in Kaslo, Nelson, Salmo and the Boundary
- Specialized child and youth collaborative care session piloted

### **Child/Youth MH**

 West Kootenay local action team piloted wraparound care service in the region resulting in improved care for

sugar levels (HbA1cs), 87% of patient respondents to the survey rated their experience at 9 (19%) or 10 \*68%) out of 10

significant decline in average blood

### Maternity -Child

- Working groups in two KB communities met to identify gaps and localize solutions. Groups agree to pilot new 'Motherwise' perinatal support groups in four communities
- MHSU revises intake processes to improve response times for new moms
- Referral pathways tool for perinatal mental health developed
- Cross professional 'Familiar Faces' program initiated in Boundary region to work with new and expecting moms to normalize services and increase accessibility - expanding to other regions through 2016/17
- MHSU and community organizations group support sessions being piloted in four communities

Jacquie East Scot Mountair Jaisel Vadgama Jan Summersides Jane Cusden Janet Fisher Javier Gonzalez Jeanette Bovd Jen Cochran Jen Dressler Jennifer Arnosti Jim Fisher Jim Noiles Jo-Ann Tisserand Joel Kailia John Peachell Tara Gill Jonas Sandstrom Josee Lesperance Karen Bloemink Karen Miller Karina Poznikoff Karly Olsen Kate Foreman Katherine Shearer Kathrine Coatta Kathrvn Hale Kathy Apostolic KB emergency departments & mental health/ substance use KB participating cinics KB Residential Care facilities, Leadership and staff

Karl Hart

services

Selena Davis Sharman Naicker Sharon Campese Sheena Albrecht Shiloh Perkins Shiraz Moola Stefanie Houde Stephen Reichert Sue Babensee Sue Benzer Suzanne Lee Tammy Castellano Tanya Momtazian **Teresa Winter** Terry Van Horn Thalia Vesterback Tina Coletti Todd Kettner Tracy Clemans-Gibbon Trevor Aiken Trevor Janz Trish Hallstrom Trish Thomson Trudi Toews Tyler Exner UBC RCPD Staff Village of Slocan Vince Salvo Wendy Rayner Win Mott Zak Matieschyn

**Kootenay Boundary Division of Family Practice** 



## View the full report at www.kbdivision.org/report2016