Our Impact 2009 - 2015

Prince George Division of Family Practice

A brief timeline of our work and selected accomplishments

Prince George
Division of Family Practice
A GPSC initiative

2006	Care North is created to continue the coordination of initiatives begun with the Primary Health Care Transition Fund (originally announced in 2002 by Federal Govt), as well as new provincial initiatives like Integrated Health Networks (IHNs)
	An intersectoral Unattached Patients Committee is struck to better understand the size and characteristics of the problem of unattachment to primary care for a large number of PG citizens
	The Unattached Patient Committee (chaired by Dr. Barend Grobbelaar and Olive Godwin, Primary Care Coordinator, CINHS) undertakes a number of data gathering exercises to better understand the scope of the problem
	We are capable of regularly collecting aggregate primary care and attachment data from the practices of at least 32 FTE physicians
2008	Upward of 15,000 unattached patients in PG; evidence gathered that approx 1/3 of these have a level of complexity requiring something more than a traditional doctor's office is able to offer at this time
	The Unattached Patient Committee opens a temporary Unattached Patient Clinic in the hospital
	The Unattached Patient Committee lobbied the MoH and the GPSC for support to develop a full multi-disciplinary clinic in Prince George to begin to address the problem of unattached patients
2009	Prince George doctors, Northern Health (NH), and GPSC sign a document of intent and become incorporated as the Prince George Division of Family Practice Society
	The founding board of the PG Division begins to articulate a comprehensive community plan
	The Division begins meeting regularly with NH leaders to work out the partnership required to tackle some big issues; the emergent situation with inpatient coverage and the problem of access to primary care
	The PG Division, in partnership with NH, signs its first service agreement with the MoH for an Inpatient Primary Care Physician Program (this replaced our failing Doctor of the Day Program)
	The Hollander Report on primary care is released and validates much of what we already knew in our community
2010	Northern Health had been building momentum toward primary care since 2003; its new strategic plan released in 2010 has primary care clearly at the center
	The GPSC begins talking about prototyping the Attachment Initiative. We already had the broad strokes of a comprehensive community plan and identify ourselves as a community that is ready to move such an initiative forward
	A GP for Me is announced and three prototype communities are identified: White Rock South Surrey, Cowichan, and Prince George

Coaching starts in Prince George with our first Attachment employee

Estimated return on investment for coaching in preventative care = 40%[1]

Savings associated with the reduction of inappropriate preventive care

Manoeuvre	Baseline	Low	High
Chest X-Ray	$42,827.36	($42,065.12)	$127,719.83
Mammography 40-49	$16,107.12	($16,131.58)	$48,345.82
PSA Testing	$16,125.11	($158,156.15)	$190,406.37
Blood Glucose	$59,990.54	$29,672.59	$90,308.49
Urine Protein	$13,518.31	$10,782.33	$16,254.29
TOTAL	**$148,568.44**	**($175,897.93)**	**$473,034.80**

Savings from the provision of appropriate preventive care

Condition	Baseline	Low	High
Breast Cancer	$12,075.20	$4,026.97	$20,123.44
Influenza	$254,633.54	$145,976.01	$363,291.07
Neural Tube Defects	$174,999.39	$99,997.21	$250,001.56
Cervical Cancer	$2,154.49	$548.05	$3,760.92
Lung Cancer	$122.27	($518.51)	$763.06
Heart Disease	($808.13)	($4,116.12)	$2,499.86
STD Treatment	$12,862.75	($5,044.91)	$30,770.42
Stroke	($575.90)	($2,933.28)	$1,781.48
TOTAL	**$455,463.61**	**$237,935.42**	**$672,991.81**

[1] **Cost savings associated with improving appropriate and reducing inappropriate preventive care: cost-consequences analysis.** Hogg et al, BMC Online, 2005

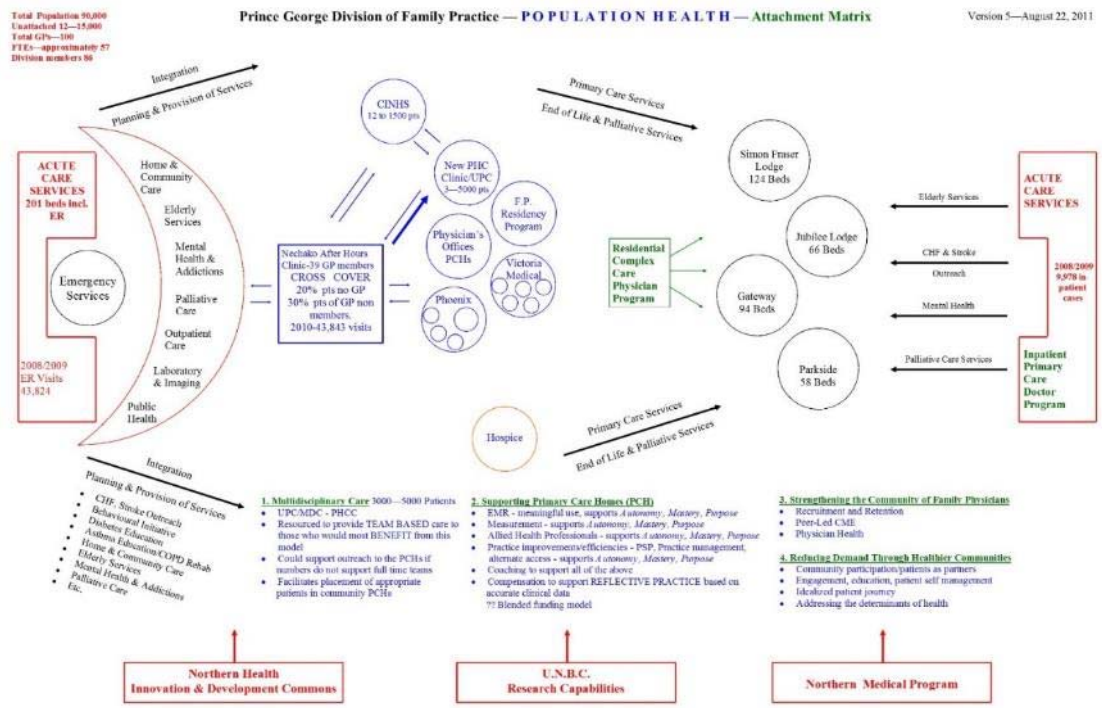
2011

Using AMCARE we are able to start collecting aggregate data from practices – building up to 126,000 patients from across the North represented in the data by Sept 2013

Practice Assessment Survey; 128 questions (incorporating the PSP Practice Self- Assessment questions) developed in Prince George; 100% uptake among PG full service family doctors

2012

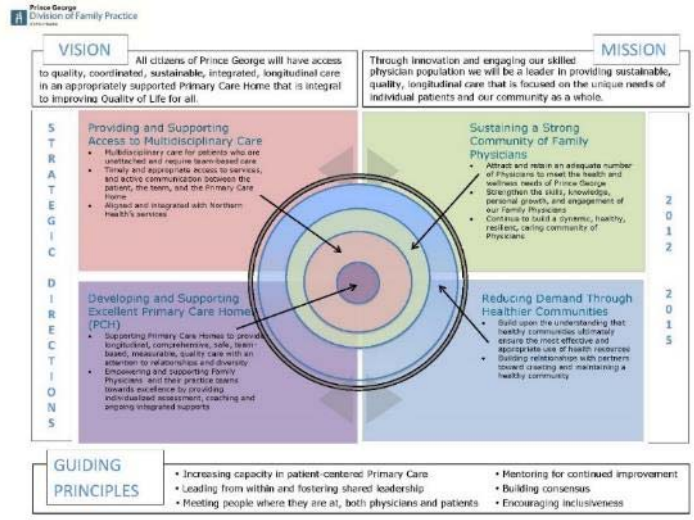
The PG Division of Family Practice develops a one-pager to illustrate its Comprehensive Community Plan, the beginning work toward a strategic plan



Residential Complex Care program, PG prototype

A culture of quality improvement is clearly developing

Early work of the comprehensive community plan and the matrix are built upon at a board and staff strategic planning exercise, resulting in the first version of the 2012 – 2015 Strategic Directions document



2013

Recruitment strategic plan is developed and a multi-sectoral recruitment committee is struck: Division, NH, NMP, UBC Residency program, municipal government, community

PG Joint Leadership Committee for Health convened, replacing CSC

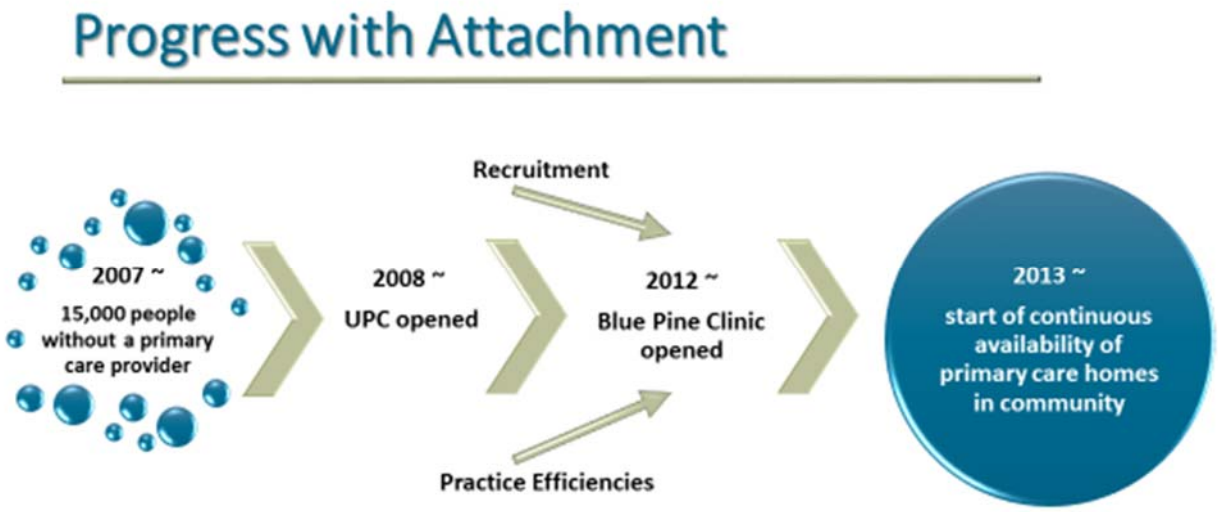
The Blue Pine Primary Health Care Clinic, a partnership between the PG Division and Northern Health, opens its doors in July

PITO signs on as the third partner with NH PSP and the Division to the PG Integrated Practice Support Initiative, and funds a Practice Coach position (for a total of 3) to continue to implement the PG Coaching model

2014

Partnership with Northern Health; Division calls meeting with Board Chair, CEO, VPs and other exec to review and recommit to the partnership

82k patients attached to primary care from PG and local area are accounted for in AMCARE



Co-design team-based care model and development of team-based care curriculum

Primary Health Care forums with community on Aboriginal Health, Mental Health and Addictions, Trauma Informed Practice, End of Life, etc

2015

Team-based care implementation in partnership with NH; 33 doctors working in interprofessional teams

Focusing on physician resiliency and team building

Deepening engagement with division members

Working on aligning all physician education, PSP modular learning, practice-based small group learning, CME including rounds, UBC-CPD, Northern Doctors Day, general PGDoFP meetings, learning systems, point of care learning (integration of evidence into EMR) with QI and practice support with the Division's goals and aspirations

Co-design with NH tools and mechanisms to communicate to staff and citizens the changes to primary care delivery

Focus on care coordination with the development and implementation of an E-Care plan

Development of comprehensive referral form