

ANNUAL REPORT

2013–14



Rural and Remote
Division of Family Practice

A GPSC initiative

OUR MISSION

The Rural and Remote Division of Family Practice supports and enables rural health care providers to optimize health care services in each of their communities.

OUR VISION

Sustainable quality rural health services aligning local innovation within regional and provincial contexts.

OUR VALUES

- Strength of Community
- Integrity of Care
- Collaboration
- Diversity
- Innovation
- Transparency
- People - patients, families and providers

STRATEGIC PRIORITIES

- Rural primary care
- Patient transport/transfer
- Mental health and addictions
- Rural health care models, especially maternity and emergency services

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Strategic and governance planning
workshop, October 2013

MESSAGE FROM THE CHAIR

Greetings rural colleagues, I hope you enjoy the Rural and Remote Division of Family Practice's first annual report.

We are delighted to be growing and connecting with colleagues in different areas of the province. While this annual report should technically cover the fiscal year ending March 31, 2014, we have had such an active past spring and summer, we've chosen to share information on all the chapters that joined the Division through September. We began in December 2012 with two chapters: North Vancouver Island and Pemberton. Since then, we have grown to include Salt Spring Island, Gabriola Island and Long Beach. Clearwater is soon to follow. An Open Chapter has also been established, which

welcomes locum physicians and those serving very small or remote communities.

Our organization is young but growing. The Division's unique structure has created some challenges in communication and governance that we are working through, while continually expanding our reach and activities.

It is great to connect with and learn from other rural divisions in B.C. We appreciate the support from RCCbc (Rural Co-ordination Centre of BC) and other organizations which work with rural communities, such as Critical Care Transport, Rural Education Action Plan (REAP), Rural



Inaugural Meeting of the Island Health Rural and Remote Collaborative Services Committee.

From left to right:

Kelly Smith, Project Coordinator, IPCC, Island Health (staff support):

Avril Ullett, Senior Policy Officer, First Nations Health Authority;

Dr. Francois Bosman, Physician Lead, Gabriola Island;

Alison Cutler, Executive Director, Population and Community Health, Island Health;

Jeff Malmgren, Physician Engagement Lead, Provincial Divisions;

Victoria Power, Director, Primary Health and Rural Health Services, Island Health;

Dr. David Whittaker, Physician Lead, North Vancouver Island;

Dr. Ron Hiebert, Medical Director, Primary Health Care and Rural Health Services, Island Health;

Dr. Manya Sadouski, Physician Lead, Salt Spring Island;

Dr. David Butcher, Co-Chair CSC;

Dr. Rebecca Lindley, Board Chair;

Dr. Robert Burns, Executive Medical Director, Population & Community Health, Island Health, Co-Chair CSC;

Kathy Copeman-Stewart, Executive Director (staff support)

Continuing Professional Development (RCPD) and Health Match BC. Our Division is in a unique position to help address issues on multiple levels — to support local innovation and action at the individual ‘chapter’ (community) level, to harness regional collaboration through rurally focused CSCs (at the Health Authority level) and to bring people together at a provincial level through forums, working groups, etc.

As we have come together over the past year (in-person, on teleconferences and by email), there has been wonderful positivity and support, an overwhelming sense of familiarity and affinity. We are all from small rural communities, some smaller than others. We all have challenges — whether they are geographic, socioeconomic, political or other. Yet, each community is different. We all have

our stories and understand our own little communities best. We know how to innovate and radiate the same sense of pride in what we provide in each of our small settings.

There is a kinship in standing together for what we have, what we do and what we know *really matters* in small community healthcare. It takes many hands to further the Division’s work and I thank all those who have contributed their insights and expertise. On behalf of the board, I’d like to express our particular gratitude to the chapter leads and our executive director, Kathy Copeman-Stewart, for their dedication and tireless work.

It has been an exciting start. Here’s to what lies ahead!

Rebecca Lindley
Chair



Dr. David Whittaker, Physician Lead, North Vancouver Island Chapter, enjoys fly fishing

MESSAGE FROM THE EXECUTIVE DIRECTOR

It's a tremendous privilege to be involved in the Rural and Remote Division and to work with rural physicians who are passionate about sustaining rural health services across B.C. Amidst the challenges of providing services in smaller vulnerable communities, there is also a commitment to collaborative partnerships, innovative models of care and community-driven strategies.

In this first year of the Rural and Remote Division's operations, a strong foundation was set — with articulated strategic priorities, clear values that underpin how we work together, and physician leaders championing the work at local chapter and provincial Division levels. As part of that broader sphere of influence, we are pleased to be a founding partner of the new Island Health Rural and Remote Collaborative Services Committee.

While the geographic scope of our Division is vast, local focus on capacity building, partnerships and action will be central to our success. With many chapter coordinators and administrators now in place, work is beginning to enhance mental health services, electronic health records, practice support, continuing professional development and improving access to specialist services.

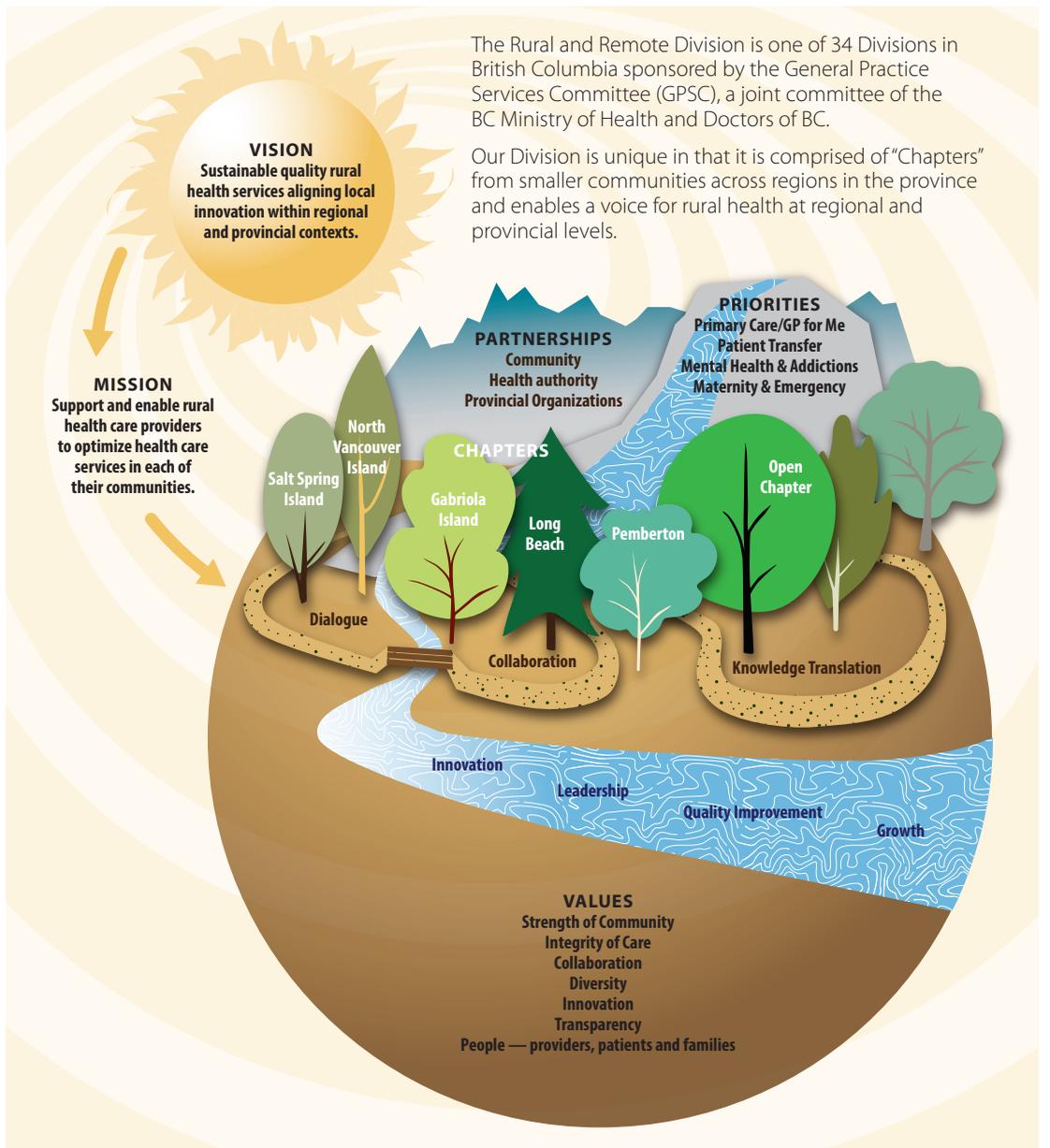
In February 2014, we hosted "Health Care Through the Rural Lens," a provincial forum which brought together more than 60 participants to identify the Division's strategic priorities for enhancing the delivery of health care in rural B.C.

An especially exciting opportunity for the Rural and Remote Division is the establishment of the Open Chapter, which welcomes rural physicians from a variety of perspectives, such as locums and those from communities too small to have their own chapter to network and engage in our strategic priorities. These physicians bring a wealth of experience and interest in advancing innovative models of rural health services.

The coming year will bring continued momentum — welcoming new chapters, undertaking assessment and planning for A GP for Me within and across our communities, hosting a second provincial forum in February 2015, supporting chapter projects, and furthering our work towards achieving sustainable rural health services. I look forward to working with you!

Kathy Copeman-Stewart
Executive Director

UNDERSTANDING THE RURAL AND REMOTE DIVISION OF FAMILY PRACTICE



The Rural and Remote Division is one of 34 Divisions in British Columbia sponsored by the General Practice Services Committee (GPSC), a joint committee of the BC Ministry of Health and Doctors of BC.

Our Division is unique in that it is comprised of “Chapters” from smaller communities across regions in the province and enables a voice for rural health at regional and provincial levels.

VISION
Sustainable quality rural health services aligning local innovation within regional and provincial contexts.

MISSION
Support and enable rural health care providers to optimize health care services in each of their communities.

PARTNERSHIPS
Community
Health authority
Provincial Organizations

PRIORITIES
Primary Care/GP for Me
Patient Transfer
Mental Health & Addictions
Maternity & Emergency

CHAPTERS

Salt Spring Island

North Vancouver Island

Gabriola Island

Long Beach

Pemberton

Open Chapter

Dialogue

Collaboration

Knowledge Translation

Innovation

Leadership

Quality Improvement

Growth

VALUES

- Strength of Community
- Integrity of Care
- Collaboration
- Diversity
- Innovation
- Transparency

People — providers, patients and families

MILESTONES

2012

DECEMBER

- Rural and Remote Division of Family Practice incorporated with two chapters, North Vancouver Island and Pemberton.



OCTOBER

- Hosted first strategic and governance planning session with physicians representing eight rural communities across four health authorities.



2014

FEBRUARY

- Held Rural Health Services Forum, "Health Care Through the Rural Lens," to explore strategic priorities.



2013

MAY

- Salt Spring Island Chapter became our third chapter.
- Kathy Copeman-Stewart hired as executive director.
- Rebecca Lindley became interim board chair.



JUNE

- Division participated in its first provincial roundtable.



JULY

- Jenny Chiu joined as the Division's administrator.

APRIL

- Open Chapter approved by the board.

MAY

- Hosted a booth and co-sponsored a networking event at the Rural Emergency Continuum of Care Conference in Penticton BC.



JUNE

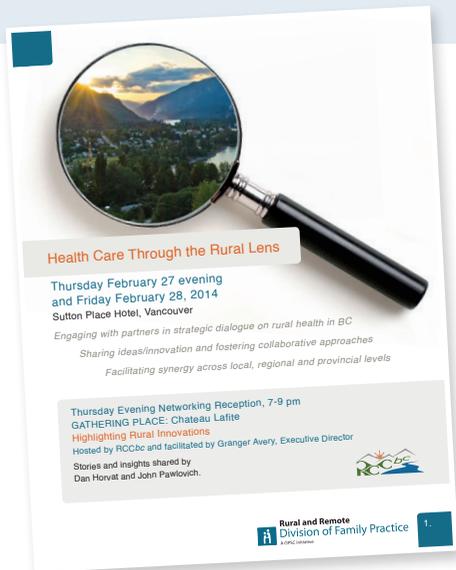
- First meeting of the Island Health Rural and Remote Collaborative Services Committee included First Nations Health Authority as a partner
- Gabriola Island Chapter formed.
- A GP for Me assessment and planning proposal submitted.

SEPTEMBER

- Long Beach Chapter approved by the board.



DIVISION-LEVEL ACTIVITIES



HEALTH CARE THROUGH THE RURAL LENS FORUM

On February 27 and 28, 2014 in Vancouver, the Division hosted a provincial forum, “Health Care Through the Rural Lens,” to explore our strategic priorities relating to rural health care models — primary health care, patient transport, maternity services and emergency services. This forum brought together more than 60 participants: rural physicians and representatives from health authorities, other divisions, allied health professionals and provincial organizations.

Through panel presentations, networking and dialogue, a number of themes were highlighted:

- The design of rural health services must reflect the culture and realities of rural communities.
- Rural physicians are generalists and must be competent in a wide range of skills including in both primary and acute care. This has important implications for many aspects of rural health services including continuing professional development (CPD) and recruitment and retention.

- Rural continuing professional development must be designed for and delivered by rural providers. Mentorship is highly desired by new rural providers.
- There is power in connecting and collaborating on rural health service models. Rural providers feel isolated: networking forums validate shared challenges, bring a renewed sense of energy and purpose and facilitate knowledge translation of rural approaches.
- Some rural health services, such as patient transport, require a collaborative approach across communities and organizations at a provincial level. The forum presentations by and dialogue with Critical Care Transport, Patient Services Network of BC and Emergency Physician Emergency Online Support (EPOS) showcased the complexities and opportunities created by connecting across regions and communities.
- Further dialogue is needed with Aboriginal communities and First Nations Health Authority regarding our shared interests in sustainable and culturally sensitive models of health services.
- Interprofessional models of care are emerging in various parts of the province and are integral to sustainable rural health services.

Feedback from the day reinforced the value from the collaborative networking on rural health services, and advocated for coming together again to build on this work.

Physician Leads:
Rebecca Lindley
David Butcher
Jel Coward



CRITICAL CARE TRANSPORT

Enhancing the process for transferring critically ill patients is one of the Division's strategic priorities. Critical Care Transport, Patient Transfer Network and Emergency Physician Online Support were active contributors to the Division's Rural Health Services Forum and plan to further engage with the Division to improve processes across rural communities and the health authorities that support them. Collaboration is underway with the province's Critical Care Transport and Patient Transfer Network to address issues related to rural patient transfers. A draft critical care transport checklist has been jointly created and will be piloted in the coming year. In addition, input was provided and changes made to Critical Care Transport's quality improvement feedback form to support more effective communication and planning.

Physician Leads:
Jel Coward
Rebecca Lindley



A GP FOR ME

The Rural and Remote Division is committed to supporting the province's A GP for Me initiative. Beginning in fall 2014, the Division will be undertaking an assessment and planning process across all chapters. This will include an environmental scan, examination of population health data, a practice assessment and community input. The results will enable the division to identify patient needs and service gaps, as well as the development of strategies and collaborative partnerships to address them.

CHAPTER-LED ACTIVITIES



NORTH VANCOUVER ISLAND CHAPTER

Created as part of the Division’s formation, the North Vancouver Island Chapter covers a large geographical area, constituting over 21,000 square kilometers of the Mount Waddington region. It has a relatively high proportion of First Nations residents – many living remotely – who present with complex health challenges and require unique health care solutions. The chapter has 10 members who are located in the communities of Port Hardy, Port McNeill, Port Alice and Alert Bay. They serve a population of approximately 12,000, making recruitment and retention a key priority. Targeted recruitment and retention strategies, including discussions for compensation under service contracts or alternative payment models, need to be further explored. Integrated primary care initiatives in both Port Hardy and Port McNeill clinic sites are underway, including a collaborative practice with nurse practitioners. Members are also embracing telemedicine as a tool for supporting patients, particularly in communities only accessible by boat or helicopter. As it has proven both popular and effective, chapter members are exploring options to expand its use.

Working collaboratively with Mount Waddington Rural Health Services, the North Vancouver Island Chapter’s priorities include improving critical patient transport and enhancing access to rural maternity care, mental health services and other allied medical practitioners. The chapter will be participating in a Shared Care project with Island Health to improve child youth mental health and substance use services. It is anticipated the assessment and an action plan will be completed in the coming year. The chapter plans to investigate options to provide members with continuing professional development opportunities and eliminating obstacles to CME accessibility. EMR post-implementation support program initial assessments have been completed in two sites and medical billing training sessions have been provided. The ultimate goal of a centralized hospital location for the region has been identified as a solution to improve health service delivery to the communities and to secure future recruitment and retention of physicians and providers on North Vancouver Island.

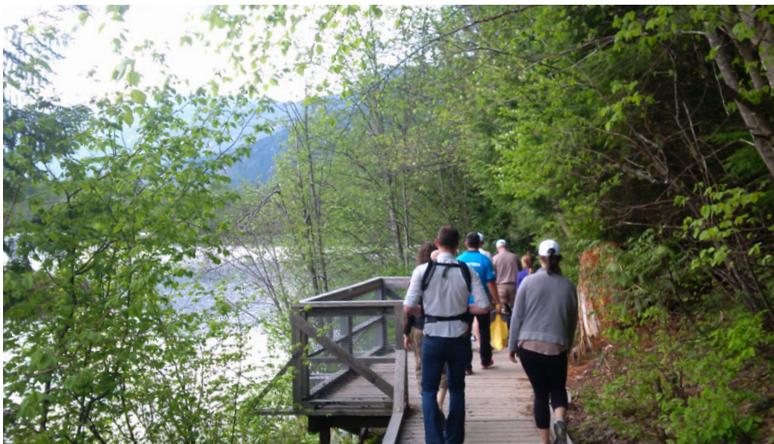
David Whittaker,
Physician Lead
Patti Murphy,
Coordinator



PEMBERTON CHAPTER

One of the Division's inaugural chapters, Pemberton has five members who serve a community of 6,000 – 8,000 people. Like many rural areas, physician recruitment and retention has been a challenge. The physicians who provide care in the community practices are the same ones who cover the emergency department. All members collaborate on a primary care model to accommodate non-emergency patients in their practices as a means of reducing emergency room traffic and associated care costs. Members also work with a primary care nurse practitioner and chronic disease management (CDM) nurse to provide comprehensive primary care. They work together in a shared practice model that has been successful for many years and minimizes the challenges of intermittent physician shortage; however, this approach does affect the tracking of attachment. Alternative options now being explored on a province-wide level as part of the A GP for Me initiative.

Pemberton has a strong Integrated Primary Care Committee (IPCC) that has been instrumental in working with chapter members to address local challenges.



Rebecca Lindley,
Physician Lead



CHAPTER-LED ACTIVITIES CONT'D

SALT SPRING ISLAND CHAPTER

Since forming in May 2013, the Salt Spring Island Chapter has been actively working towards multiple local priorities. Salt Spring Island has a diverse population with a thriving summer tourist season and is home to a high concentration of seniors who have chosen to make the island their retirement home. The Salt Spring Island Chapter has 14 physician members who serve a community of approximately 12,000 residents, as well as providing emergency and inpatient services to the Lady Minto Hospital.

Enhancing mental health and substance use services is a key priority for the chapter. In collaboration with Island Health, it is evaluating opportunities to improve service to the island's population. As part of that work, beginning in fall 2014, the chapter will take part in the provincial Shared Care Child & Youth Mental Health Collaborative which seeks to engage children, youth and their families, physicians, clinicians, provincial ministries, health authorities, schools and communities. Another

area of focus for Salt Spring Island is creating new models of practice, focusing on providing patients with a primary care home rather than a system built solely on single physician relationships. This approach not only assists in addressing attachment issues but is also expected to increase sustainability as new physicians have expressed reluctance to join the community if they would need to open solo practices. Currently, the chapter has two multi-physician practices and is working towards facilitating creation of another. As part of a broader strategy to make Salt Spring a community of choice for physicians, the chapter has created a recruitment package, organizes welcome tours for physicians who are considering relocation and has instituted a mentoring program that matches new physicians with those already established in the community to support a smooth transition process.

Salt Spring Island has received approval for its first Shared Care project, which will focus on enhancing effective access to specialist services both on and off the island. After an initial





evaluation phase, several opportunities for improvement will be selected and prototype solutions will be tested. The project begins in fall 2014 and is expected to take 18 months. The chapter is also working on the creation of a Salt Spring instance of the FETCH Community Health web portal created by the Nanaimo Division of Family Practice. The FETCH project is a community partnership with a local not-for-profit responsible for providing a variety of social programs to island residents.

In addition to seeking ways to attract new physicians and improve access to specialist care, the chapter is working to enhance current physician capacity by optimizing the use of EMRs and piloting a billing support group with quarterly webinars to introduce best practices and improve billing code accuracy. In the coming year, the chapter hopes to initiate work on an EMR project that would facilitate integration, data sharing and enable patient-centered care system capacity.

Manya Sadouski,
Physician Lead

Janine Gowans,
Coordinator



CHAPTER-LED ACTIVITIES CONT'D



GABRIOLA ISLAND CHAPTER

The Gabriola Island Chapter was formed in June 2014 with a membership of three full-time physicians and two locums. One of the unique challenges faced by Gabriola is its vastly fluctuating population with 4,500 year-round residents which doubles during the summer months.

Gabriola has a tightly knit core community, which came together to form the Gabriola Health Care Foundation and with the help of 150 volunteers, built the Gabriola Community Health Centre on land donated for the facility. Prior to the opening of the new community health care centre, recruitment and retention of physicians had been a continuing problem. However, the successful recruitment of a full time physician is enabling more islanders to access primary health care services in their own community rather than having to travel off-island.

Chapter members are actively involved in conversations on the best way to meet primary and urgent care needs of Gabriola's population by addressing equity, access, quality and efficiency. It is a priority to work within the context of an inter-professional team to meet the needs of Gabriolans. Collaborative planning with Island Health and community partners has resulted in enhanced local access to both public health and mental health services.

Chapter members look forward to participating in initiatives such as A GP for Me and Shared Care to address gaps in services and enhance access locally. Members would also like to access more local CPD. Training has been scheduled to optimize the use of electronic medical records and to maximize participation of its locum members.

Francois Bosman,
Physician Lead
Nancy Rowan,
Coordinator





LONG BEACH CHAPTER

The Long Beach Chapter, founded in early September 2014, encompasses the main communities of Tofino, Ucluelet and Ahousaht while also serving the smaller communities of Opitsaht, Hot Springs Cove and Hesquiaht, Ty Hystanis, Esowista and Macoah. All eligible physicians (four full-time and two part-time) have become members.

Among the chapter's priorities is enhancing service to a fluctuating population of full-time residents (approximately 6,000), seasonal workers, and tourists (up to 25,000 in the summer and during holidays.) Long Beach is also concerned with meeting the needs of vulnerable and aging populations in the more remote areas. This includes better and increased access to specialists and a focus on patient transportation needs. The chapter is particularly looking forward to collaborative work with other health agencies in developing a truly integrated primary care model.

The physicians of Long Beach have expressed a need for increased access to CPD, post-EMR implementation support, and a strategic recruitment plan to ensure that the ongoing needs of the communities are fulfilled.

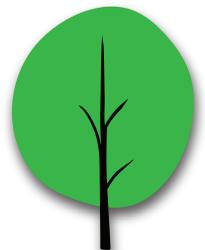
Carrie Marshall,
Physician Lead
Abbie MacPherson,
Coordinator



OPEN CHAPTER

The Open Chapter was created to engage rural physicians who don't fit well in the geographically-based structure. To date, membership represents three areas of interest. First, there are physicians in communities too small to form a separate chapter. Second is the large pool of locum rural physicians who want to be involved in a division and contribute their expertise on issues relating to rural health services. The third group comprises physicians involved in broad rural initiatives, including telemedicine, recruitment and retention strategies, and new approaches to sustainable rural health service models. These themes will be important priorities for the Open Chapter. A CPD and networking event planned for February 2015 will bring together rural physicians and generate activities to move forward the agenda of improving rural health in B.C.

Stefan Grzybowski,
Physician Lead



LOOKING AHEAD

In the coming year, the Rural and Remote Division plans to advance its strategic priorities at every level of our unique structure. These include:

CHAPTER LEVEL:

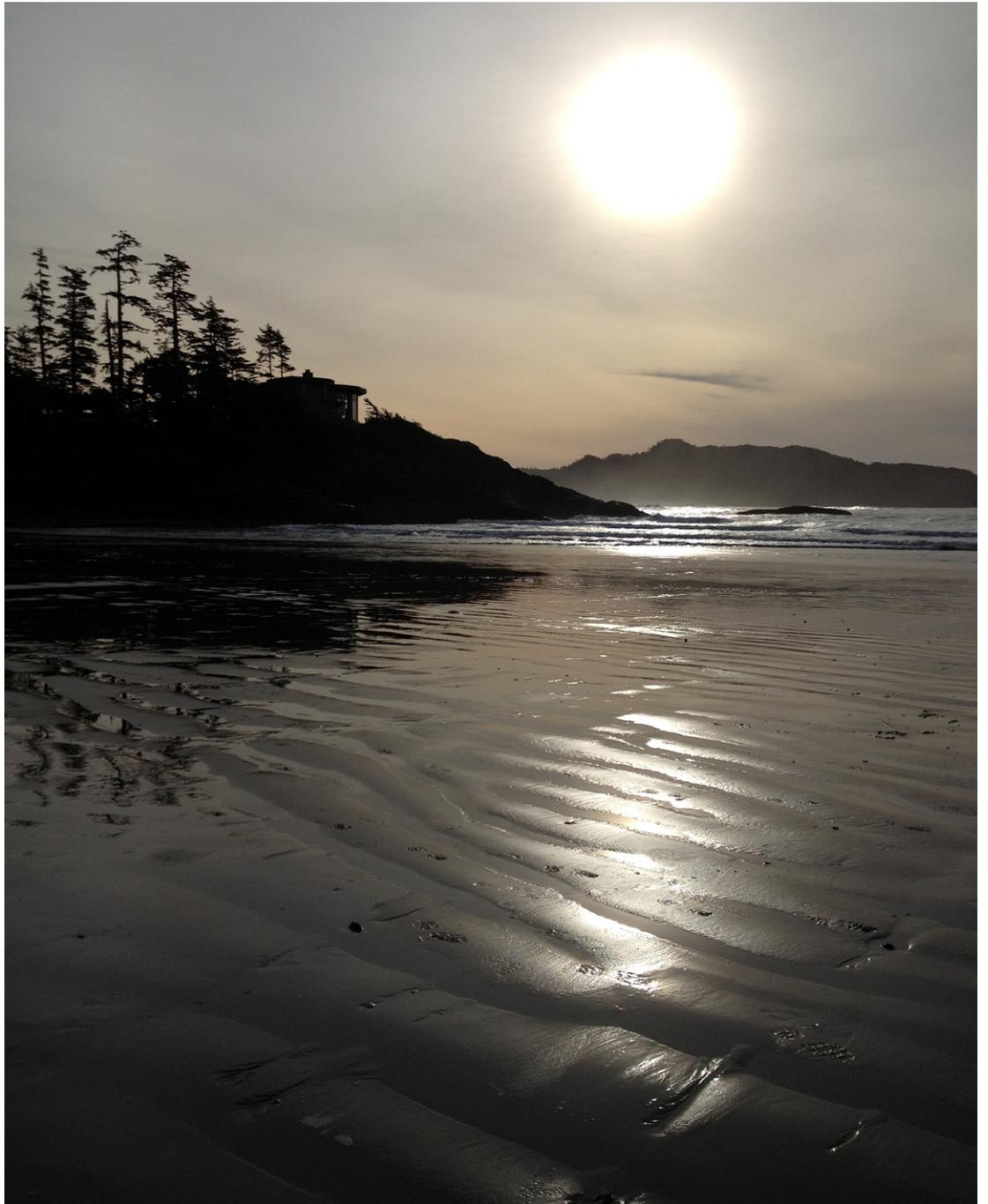
- Garner momentum relating to local priorities, including integrated primary care, electronic medical records (EMR), CPD, recruitment and retention, access to specialists and rural care models.
- Identify care gaps, needs and strategies through the A GP for Me initiative.
- Build collaborative partnerships with health authorities and communities.

REGIONAL LEVEL:

- Foster a shared vision and effective strategies through the Island Health Rural and Remote Collaborative Services Committee (CSC).
- As appropriate, establish additional rural CSCs in other health authorities as new chapters join.
- Continue involvement in interdivisional activities such as recruitment and retention and A GP for Me.

DIVISIONAL/PROVINCIAL LEVEL:

- Use A GP for Me assessment and planning to develop a solid understanding of the gaps and opportunities within and across our rural communities.
- Connect with other rural physicians across the province to explore interest in joining Rural and Remote Division of Family Practice.
- Grow the Open Chapter and align activities with Divisional strategic priorities.
- Host February 2015 rural CPD and networking event especially for rural locums and smaller communities.
- Foster collaborative provincial partnerships and rural strategies e.g. with Rural Coordination Centre of BC, other rural divisions, Joint Standing Committee on Rural Issues, Perinatal Services of BC and Health Match BC.



FINANCIAL STATEMENTS

Unaudited statements. Funds were managed through Doctors of BC.

2012-13

For the Year Ended March 31, 2013

	Rural & Remote Division Infrastructure	Salt Spring Island Infrastructure
INCOME		
Government Funding	\$ 4,891.00	\$ 6,382.00
TOTAL INCOME	4,891.00	6,382.00
EXPENDITURES		
Human Resources		
Physician — Sessional	3,191.00	6,382.00
Consultants	1,272.00	—
Total Human Resources	4,463.00	6,382.00
Administration		
Meals	428.00	—
Accommodation	—	—
Transportation	—	—
Total Administration	428.00	—
TOTAL (DIVISION/CHAPTER)	\$ 4,891.00	\$ 6,382.00

2013-14

For the Year Ended March 31, 2014

	Rural & Remote Division Infrastructure	Salt Spring Island Infrastructure
INCOME		
Government Funding	\$ 242,290.00	\$ 38,856.00
TOTAL INCOME	242,290.00	38,856.00
EXPENDITURES		
Human Resources		
Physician — Sessional	73,290.00	18,300.00
Consultants	131,673.00	19,345.00
Total Human Resources	204,963.00	37,645.00
Administration		
Meals	6,309.00	640.00
Accommodation	5,615.00	144.00
Transportation	9,336.00	187.00
Business Meetings	225.00	100.00
Equipment Rental	1,989.00	—
Total Administration	23,474.00	1,071.00
Office & Communication	13,853.00	140.00
TOTAL (DIVISION/CHAPTER)	\$ 242,290.00	\$ 38,856.00

North Vancouver Island Infrastructure	Pemberton Infrastructure	TOTAL (Account)
\$ 8,630.00	\$ 7,389.00	\$ 27,292.00
8,630.00	7,389.00	27,292.00
6,997.00	5,796.00	22,366.00
1,633.00	1,120.00	4,025.00
8,630.00	6,916.00	26,391.00
-	-	428.00
-	400.00	400.00
-	73.00	73.00
-	473.00	901.00
\$ 8,630.00	\$ 7,389.00	\$ 27,292.00

North Vancouver Island Infrastructure	Pemberton Infrastructure	Gabriola Island Infrastructure	TOTAL (Account)
\$ 18,822.00	\$ 3,012.00	\$ 471.00	\$ 303,451.00
18,822.00	3,012.00	471.00	303,451.00
11,210.00	2,207.00	471.00	105,478.00
7,043.00	660.00	-	158,721.00
18,253.00	2,867.00	471.00	264,199.00
-	145.00	-	7,094.00
144.00	-	-	5,903.00
425.00	-	-	9,948.00
-	-	-	325.00
-	-	-	1,989.00
569.00	145.00	-	25,259.00
-	-	-	13,993.00
\$ 18,822.00	\$ 3,012.00	\$ 471.00	\$ 303,451.00

BOARD OF DIRECTORS

BOARD CHAIR

Dr. Rebecca Lindley, Pemberton Chapter

SECRETARY/TREASURER

Dr. Jie Fang Lin, North Vancouver Island Chapter (to April 2014)

Dr. Susan Booth, North Vancouver Island Chapter (April 2014 to present)

DIRECTORS

Dr. Jel Coward, Pemberton Chapter

Dr. Manya Sadouski, Salt Spring Island Chapter

Dr. Richard Scragg, North Vancouver Island Chapter (to October 2013)

Dr. David Whittaker, North Vancouver Island Chapter (from October 2013)

OTHER PHYSICIAN LEADS

Dr. Francois Bosman, Gabriola Island Chapter

Dr. David Butcher, Salt Spring Island Chapter and Co-Chair,

Island Health Rural and Remote Collaborative Services Committee

Dr. Stefan Grzybowski, Open Chapter

Dr. Carrie Marshall, Long Beach Chapter

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PEMBERTON AND OPEN CHAPTERS

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RURAL AND REMOTE DIVISION OF FAMILY PRACTICE

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Photo credits:

Cover – Brady Clarke

pp. 3, 4, 5 – Rural & Remote Division

p. 8 – two top left images, Heather Nelson-Smith;
all other images, Rural & Remote Division

p. 9, 10 – Rural & Remote Division

p. 11 (left) – Rural & Remote Division

p. 11 (right) – Don Butt

p. 12 (left) – Darrell McIntosh

p. 12 (right) – Rural & Remote Division

p. 13 – Rural & Remote Division

pp. 14, 15 – Jennifer Schmelzle

p. 16 – Don Butt

p. 17 (left) – Rural & Remote Division

p. 17 (right) – Heather Nelson-Smith

p. 19 – Rural & Remote Division

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.divisionsbc.ca/rural-remote