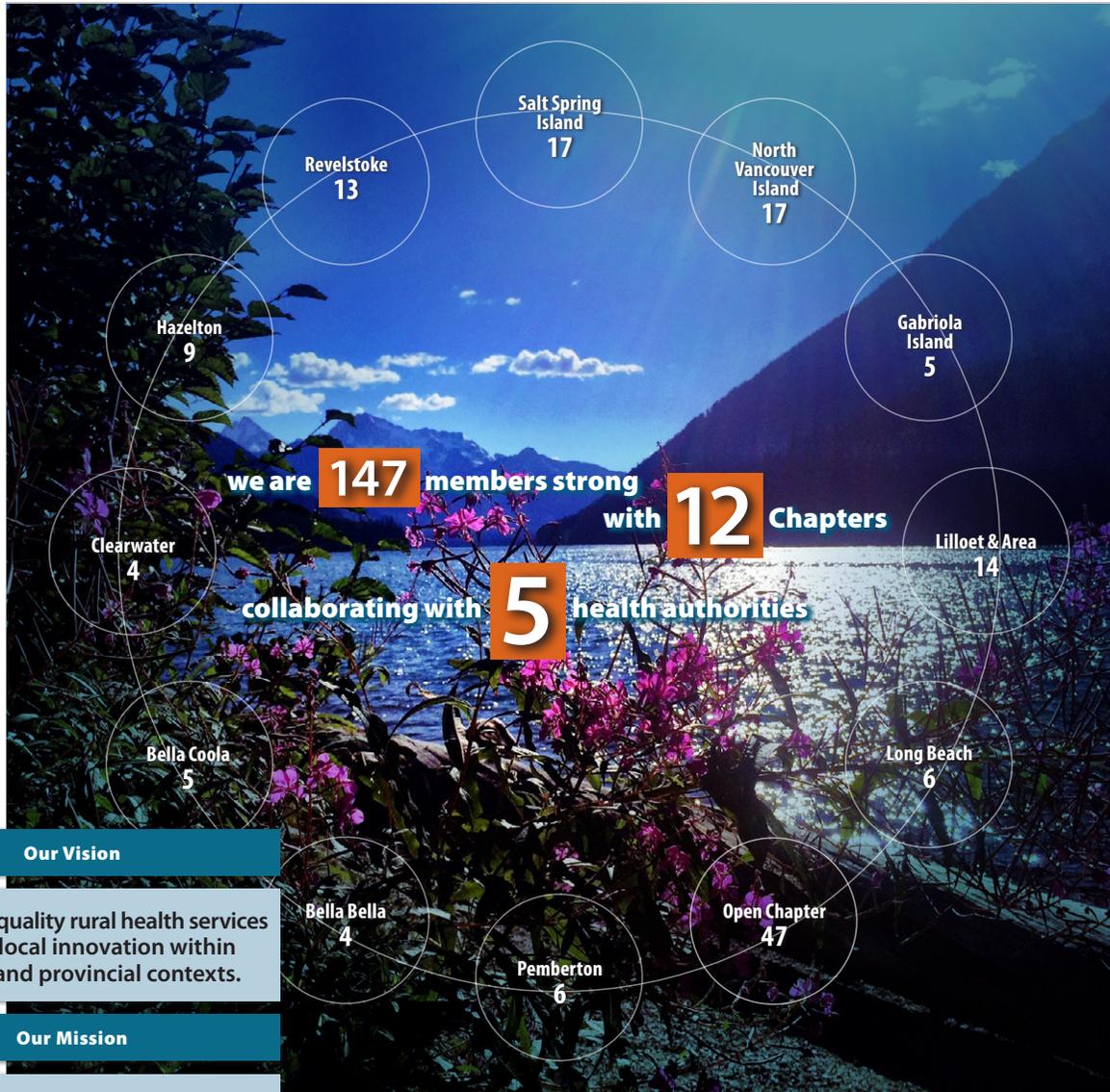


2015–2016 ANNUAL REPORT



Duffy Lake between Pemberton and Lilloet

Our Vision

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

Our Mission

Our division supports and enables rural physicians to optimize health care services in their rural communities.

Our Values

Strength of Community
Integrity of Care
Collaboration
Diversity
Innovation
Transparency

People — patients, families, providers



Rural and Remote
Division of Family Practice

A GPSC initiative

From the Board Chair: Rebecca Lindley



Rebecca Lindley

Welcome to the 2016 Annual Report of the Rural & Remote Division of Family Practice (or “R&R” as we often call it. :)

We are at an exciting time in the evolution of primary healthcare in BC, and in our evolution as an organization.

The Ministry of Health has been proactive and thoughtful in their recent policies on Rural Health and Primary Care. We are working to be active partners and advocates in that process.

Our Division should be proud of the great success we have had in the past few years. We have continued to grow: we now have twelve geographical ‘chapters’ representing rural communities in different areas of the province. We extend a warm welcome to Revelstoke, the most recent community to join. We also have ‘open chapter’ members who do not necessarily live in rural communities, but who do locum work, education, and other activities that clearly support quality rural healthcare provision in BC.

Our work as a division starts at the grassroots, community

level, and builds momentum and collaboration through local, regional, and provincial relationships to navigate and strengthen the rural voice in improving rural health services. We have been granted funding for a number of exciting projects. We have had successful GP for Me projects in our communities and now have Child & Youth Mental Health projects happening in most chapters. We host several large events and now are recognized at a provincial level as a leading rural voice. We have strong and growing relationships with many rural divisions and committees, and are being approached for input from a rural BC perspective. (Telehealth and ‘Facilities Engagement’ are recent examples.)

As always, with any healthy growth and development, new challenges arrive. We look

Our Strategic Themes

Healthy and engaged rural physicians

Comprehensive rural health services

Strong collective rural physician voice and influence

forward to facing those challenges together and collaborating towards a brighter, stronger future for rural healthcare. Read on and connect further with us!

Actions and Initiatives Across the Division

Our initiatives are supported through a variety of funding sources including from the General Practice Services Committee (infrastructure and A GP for Me), Shared Care Committee, and the Joint Standing Committee on Rural Issues. The activities we undertake are enabled through our partnerships with five health authorities and through working with local communities, other Divisions of Family Practice, and provincial organizations like the Rural Coordination Centre of BC.

The following key accomplishments over the past year demonstrate the power of the Rural and Remote Division through supporting local innovation while linking at a provincial level to collaborate and influence change.

A GP for Me

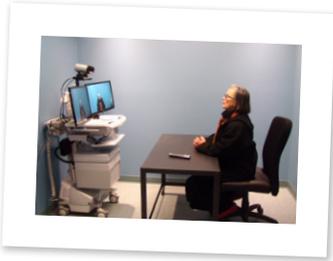
Together with health authorities and community partners, five of our chapters prototyped innovative approaches to improving access and quality of care through the A GP for Me initiative. Strategies included increasing capacity to care for vulnerable and complex care patients by supporting new interprofessional team members (i.e. social workers, navigators, and adult day program coordinators) and development of new primary care models. These projects supported physicians in delivering patient-centred care and increased collaboration among health providers and community partners. The results of this work will continue to have a positive impact on health care transformation in these communities. The work of



Paula Ryan with Cesca Zamboni, Saltspring's social program officer

A GP for Me was described by stakeholders as “foundational” to the changes needed to improve rural health care, and

support interprofessional patient-centred models of primary care.



Gabriola Telehealth

Telehealth

Through funding provided by the Joint Standing Committee on Rural Issues (JSC), we are working with health authority partners to expand telehealth capacity in rural communities. Gabriola Island has installed telehealth equipment in its Health Centre, and patients are accessing geriatric psychiatry services on the Island. In addition, planning is underway with Lillooet and Area, Pemberton, and North Vancouver Island communities.

A Division-wide Telehealth Working Group meets monthly to provide input on telehealth in our rural and remote communities. The working group has identified principles for enabling telehealth and is exploring technology integration, user (clinician and patient) support, privacy, confidentiality, and ongoing quality improvement. We are continually endeavouring to share our rural perspectives with other organizations working on telehealth.

Small Communities

Supporting smaller communities is a growing priority for our Division. Currently we are working with the Northern Gulf Islands to support rural mental health services through videoconferencing. Dialogue and planning are underway with local physicians, community stakeholders, Island Health, neighbouring divisions of family practice, and Shared Care.



Rural Locum Forum Panel with Rebecca Lindley, Kimchi Nguyen, Sandra Lee and Doug McTaggart

Rural Locums

Our second annual Rural Locum Forum, "Choices and Transformations," was hosted in February 2016 in partnership with the Rural Coordination Centre of BC and UBC CPD. About 140 people attended, including physicians locuming in rural and remote communities, transitioning physicians, and medical residents exploring opportunities for rural/remote practice. A number of rural divisions of family practice, communities, and health authorities sponsored booths to profile their communities and practice needs. There was significant interest in rural clinical CME, specifically emergency care. Building on this positive energy and interest, planning is underway for the next Rural Locum Forum on February 25, 2017, in Nanaimo.

Special thank you to Julia Low Ah Kee, Bella Coola physician who did an amazing job sharing stories and photos on rural life and practice to set the stage at the Evening Networking Dinner!



Quadra Island



Revelstoke



Gabriola Island

Patient Transport

Recognizing the vital role of patient transport for rural communities, we commissioned a systematic review of rural transport in partnership with Interior Health through the Applied Policy Research Unit at UBC. This review is near completion and next steps are being identified. Stay tuned for updates!

Child and Youth Mental Health Collaborative

Rural and Remote Division supports 12 of the 64 Local Action Teams across BC. A number of physicians and coordinators are working with a diverse cross-section of local service providers and stakeholders to improve access and coordination of mental health services for children, youth, and their families.



Adult Day Program, Port Hardy

Our Areas of Focus in the coming year:

'Primary Care Home' is being explored in all of our communities. Some chapters are involved in new projects piloting new models of care, while others are continuing to shape what they (in rural communities) have always done well; that is, delivering longitudinal health care services to patients along the continuum from prevention to palliative care.

Rural Health Services Networks planning is underway in several communities (Lillooet and Area, Revelstoke) with health authorities and organizations such as the RCCbc to enable more effective partnerships across rural communities. These networks focus on areas including physician recruitment and retention, access to care, rural surgical services, and maternity services.

Co-deployment of rural locums, in particular, partnering a seasoned rural physician with a physician new to rural practice, is getting underway. An important focus is on creating a sustainable program that builds clinical confidence and supports practice coverage needs of communities.

Fostering a Collective Rural Voice and Influence – we will be strengthening opportunities for member engagement and leadership across our Division, focusing on priority areas such as primary health care, telehealth, small communities, patient transport, and rural locums. In addition, we will continue to foster partnerships 'through a rural lens' with rural divisions, health authorities, and other organizations.



Bringing telehealth to Hornby Island

Our Team

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Erika Cheng, Bella Coola
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Stuart Iglesias, Bella Bella
Victoria Vogt Haines, Revelstoke

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Hayley Schwarz/Katherine Brine,
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Jenny Chiu, Administrator

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Laura Soles, Clearwater
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Rae McDonald, Pemberton/
Bella Bella/Bella Coola



AGM 2015

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

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A GPSC initiative



BRITISH COLUMBIA



General Practice Services Committee



Photo Credits: Thanks to all those who submitted photos for this Annual Review.