

# DELTA DIVISION OF FAMILY PRACTICE ANNUAL REPORT



2018/2019

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## REPORT FROM THE CHAIR AND THE EXECUTIVE DIRECTOR

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**DR. SANDY CHUANG**  
CHAIR

The past year has been productive for the Division and we want to take this opportunity to thank our members for their valuable participation; we cannot do this work without you.

Last April we hosted an event to update members with the results of the physician Patient Medical Home (PMH) survey and Delta's current health and health care trends. Participants discussed topics including:

- how to improve support for mental health patients
- how to increase collaborative care in Delta
- how the Division can support practices with their workflow (e.g. EMR)
- how to strengthen family physician networks.



**GERI MCGRATH**  
EXECUTIVE DIRECTOR

You identified issues such as communication between family and ER physicians, challenges in communications with Delta Mental Health and Delta Hospital Imaging, and FP communication and referral patterns. Based on your feedback, we formed three working groups lead by a family physician and attended by our partners from ER, Radiology and DMH. To ensure that your issues are being addressed, we facilitated several member breakfasts to update you on our working groups. Please refer to the reports found in this document.

Elder care has been a topic of concern for many of you and through our RCI (now Long Term Care) program, new FPs are encouraged to join the initiative. The RCI agreement offers additional revenue to FPs who follow their patients and/or attach to unattached residents.

Our assisted living project (Health Hub) has been well received at Augustine House and has recently expanded to The Waterford, an independent living residence. Hub hours will rotate between these two sites on alternate Thursdays. In addition to one of our goals of reducing unnecessary ER transfers, effort has been made to lessen physicians' burden of home health referrals. When directed by the FP, the Hub manages these referrals for your patients. We look forward to supporting more seniors and their doctors in managing home care and other allied supports.

Education continues to be an important part of our membership's goals and we will continue to plan relevant educational opportunities.

As some physicians plan for retirement, recruitment continues and we are pleased that 5 new physicians and 1 new locum have joined our community. Our patient waitlist is growing as development expands and more people move into the area. As in most BC communities, recruiting family physicians continues to be a challenge.

We have carried over funding to engage with our members and will do our best to respond and support you as we explore the development of how the Primary Care Network (PCN) will look in South Delta. Once we have worked together to clarify issues and determine what tangible change would look like, we can develop tools to design and gather information on outcomes of our PCN, with your needs at the center. We formed the Work Smarter Not Harder committee with physician representation from most of our clinics. This committee set the foundation to create a steering committee to begin collaboration with Fraser Health and other community partners. This work will be built on your feedback and we

look forward to meeting with all of you to ensure your voice is heard and that you have a hand in the development of the Primary Care Network.

We look forward to the exciting work ahead in 2019/20.

With gratitude

Dr. Sandy Chuang, Chair

Geri McGrath, Executive Director

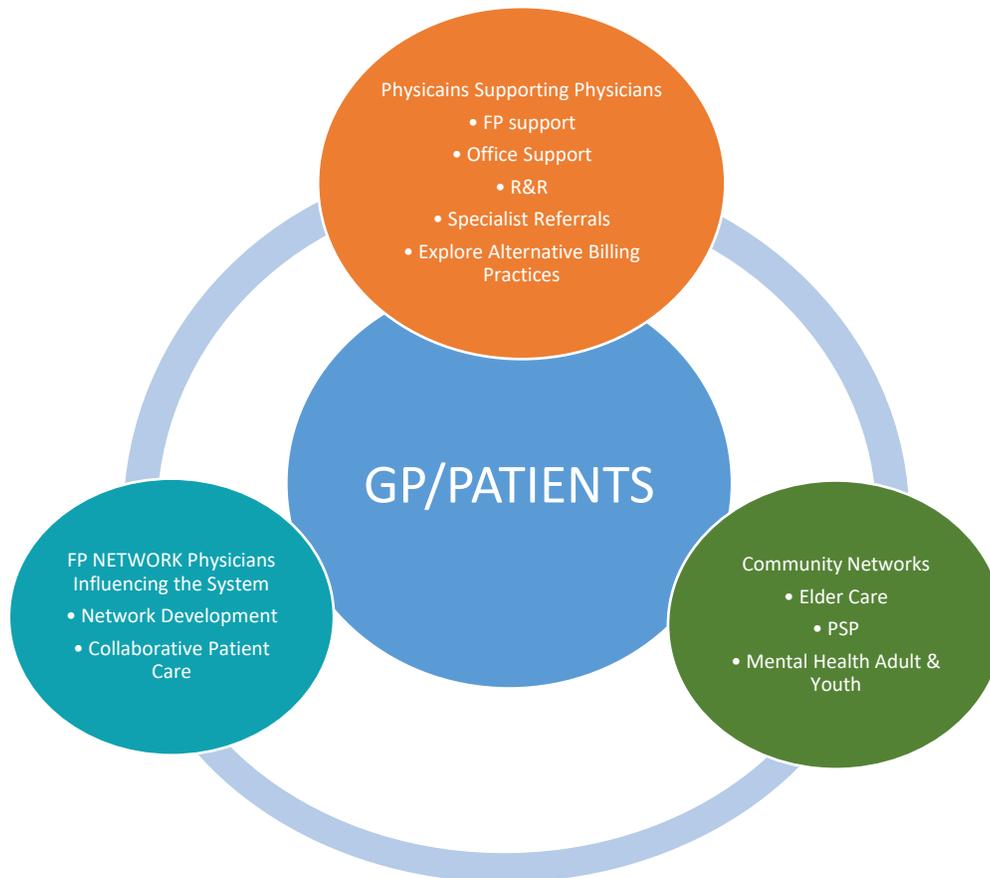
## OUR MISSION

Ensure access to timely, comprehensive, high-quality, sustainable health care in Delta through collaborative and collegial relationships within a healthy, engaged physician community.

## OUR VISION

An actively engaged, healthy community responsive to the needs of patients, providers and the public

# Delta Division Strategic Plan 2019 – 2020



**HEALTHY COMMUNITY NETWORK**



**OPTIMIZE TECHNOLOGY – INFLUENCING THE SYSTEM**



**PHYSICIANS NETWORKING WITH COMMUNITY HEALTH PROVIDERS**

## STRATEGIES/OBJECTIVES – To Address Members’ Concerns

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### PRIMARY MEDICAL HOME (PMH)

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*Dr. Jennifer Rogerson, Lead Physician*

Over the past few years, the Division hosted several events around PMH/PCN discussions. This year, we struck the “Work Smarter Not Harder” committee and invited representatives from all clinics to participate in hopes of strengthening Primary Medical Homes (PMH) in our community.

We hosted several breakfast meetings, engagement and educational events and will continue to develop opportunities to obtain member input in order to design PMH in South Delta in preparation for the work of the Primary Care Network (PCN).

The PCN steering committee will begin meeting in September 2019 and will initially include

- 3 - 4 family physicians
- Fraser Health
- Delta Mental Health
- Tsawwassen First Nations
- FH First Nations
- Patient partner
- GPSC

Ad hoc participants will be invited to participate when discussion is relevant to their roles (Practice Support, public health, community health committee, FH primary care supports).

The information and feedback we receive from you and your practice will inform opportunities to secure target resources such as a nurse in practice or leveraging additional social work supports. This will require quantitated data to support sustainable PCN funding that will enhance our primary medical homes (your daily practice).

Your input and ideas are foundational to PMH and PCN in South Delta., and we will continue to seek your guidance in defining primary medical homes and primary care networks to support you in your daily clinical practice. Thank you for your continued openness and commitment to doing this work.

An additional staff member, Medical Practice Operations Coordinator, was brought on to the team in November 2018, allowing increased opportunity to engage and support family physicians and their staff. Some of the work to date includes:

- exploration of clinic expenses to reduce costs
- resources and tools to support patient centred care
- MOA workflow analysis with PDSA recommendations
- informing development of education opportunities for physicians, office managers and MOAs
- onboarding resources for clinics to ease transition of new to practice physicians and locums
- assisting clinics with UCI and PCN readiness by providing, and enabling clinic documentation in, the Practice Toolkit and Security and Privacy Binder

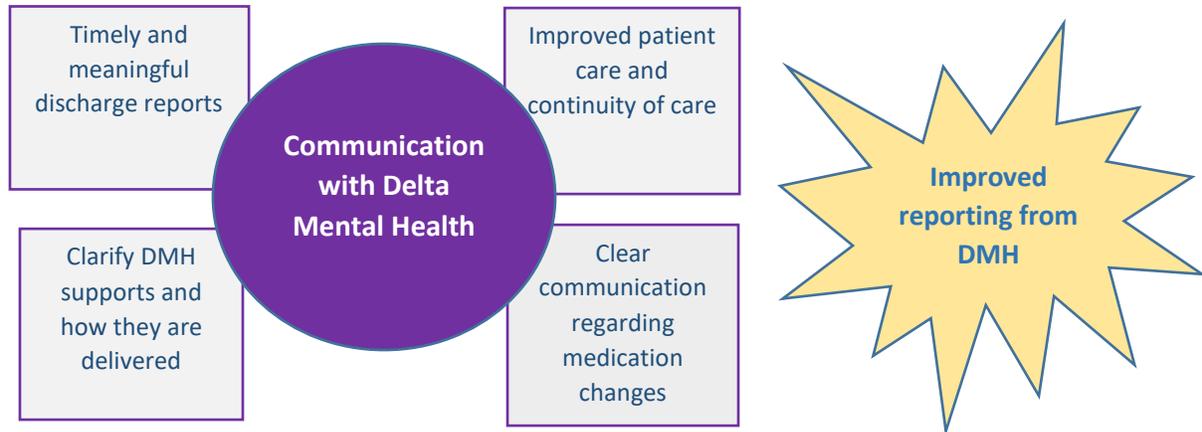
## Working Groups

Based on previous member input identifying key issues, the Division partnered with Fraser Health to form working groups to build strong communication/referral patterns with Delta Mental Health, Delta Hospital Emergency Department and Medical Imaging.

### *Mental Health*

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*Dr. Judy Fletcher, Lead Physician*



We trust that you have experienced a positive change in your communications and are now receiving discharge reports from Delta Mental Health.

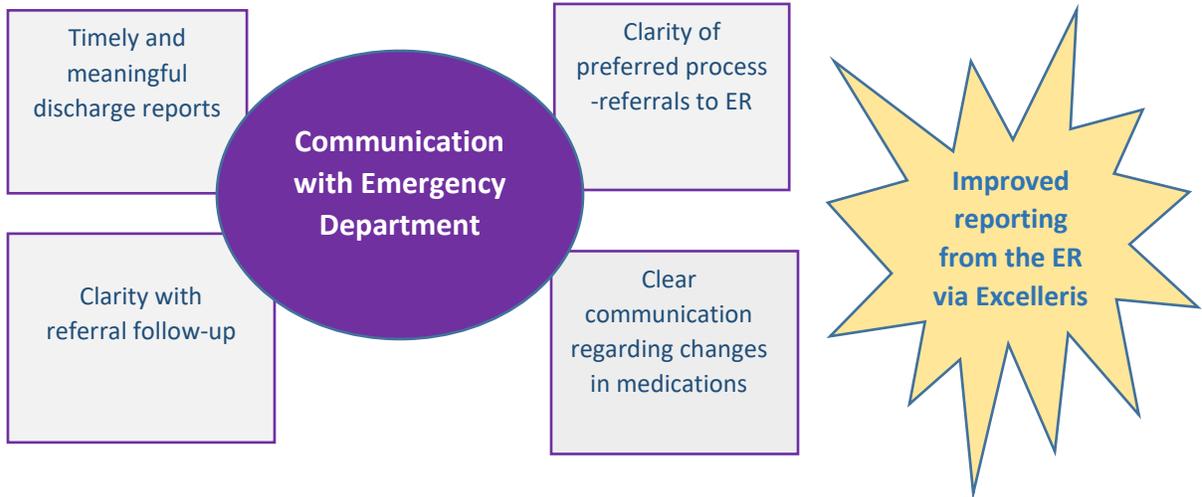
After the working group's initial meeting, an internal review by DMH led to improved administrative processes. The direct result was the beginning of better communication to family physicians. In a joint effort to identify concerns, several physicians provided a patient mapping to DMH who in turn ran a comparative. This work gave us further understanding and identified what areas to focus on. In addition, DMH provided us with a FACT sheet that lists all the mental health services in our community.

Moving forward, DMH will provide the working group with an outline of which services get letters, phone calls, etc.

## Emergency Department

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Dr. Craig Martin, Lead Physician



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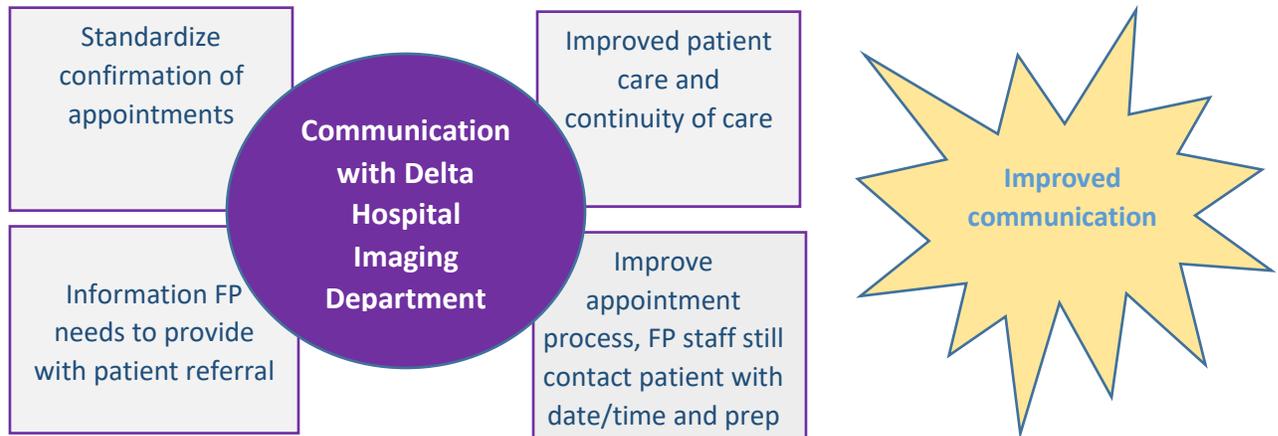
We trust that you are now receiving discharge reporting from the Emergency Department via Excelleris. These reports are being forwarded within days of discharge and list any medication changes and referral follow up. We understand that illegible handwriting is an issue; this is a work in progress.

Please contact us if you have any questions and/or recommendations.

## Imaging Department

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Dr. Jennifer Rogerson, Lead Physician



Referrals to Imaging are easier now that you are not required to send previous imaging films with the referral. The Imaging Department can access all images taken in Fraser Health facilities.

Imaging will call patients for urgent appointments booked within 3 days; all other appointments will be made by FP MOAs. If you have not received confirmation of patient appointment after two weeks, your office should call the Imaging Department.

When rebooking a patient who has cancelled, Imaging keeps their information for three months and then returns to the family physician.

The next step will be to work together to improve

- referral workloads on the FP MOAs
- clarity of protocol for CT with contrast, when are labs needed.

## Assisted/Independent Living - The Hub - Augustine/The Waterford Pilot Project

*Dr. Colleen Lee, Physician Lead, Dr. Katalin Balogh, Geriatrician*

The Health Hub is slated to continue its current Shared Care funding until October 2019. We have expanded to the Waterford and rotate between sites on Thursdays. We will continue to work with the Hub's project team and monitor the outcomes of the project. We trust that the Hub has eased the burden of home health referrals for physicians and that the Situation / Background / Assessment / Recommendations (SBARs) have been a valuable tool for you.



MEMBERS OF THE AL/IL STEERING COMMITTEE, ALONG WITH A RESIDENT FROM AUGUSTINE HOUSE, PRESENTED THE PILOT PROJECT TO GPSC IN NOVEMBER

Feedback from residents and their families has been positive.

*I would like to say that the people I met representing the Health Hub have been professional in their task. Treated me very cordially and professionally and capably.*

**- Patient Interviewee on their interaction with Health Hub Staff**



MEMBERS OF THE DIVISION'S AL/IL TEAM DISPLAY THE JOINT COLLABORATIVE COMMITTEE'S CO-CHAIRS AWARD FOR BEST POSTER AT THE BC PATIENT SAFETY QUALITY COUNCIL'S 2019 QUALITY FORUM

# DELTA'S HEALTH HUB

## Enhanced Connections to Health Services for AL/IL Seniors

Delta Division of Family Practice, Fraser Health, Augustine House and its Residents



### Project Aim

To simplify, enable and enhance access to primary care services, provide education to support chronic disease self-management, and improve the continuum of care more generally for seniors living in Assisted Living / Independent Living (AI/IL) facilities

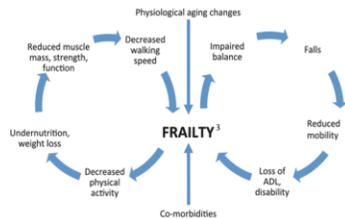
- Detect targeted medical problems early
- Provide fast and easy access to Primary Care services in one location
- Facilitate streamlined transition between available services
- Reduce the need for emergency room visits and hospital admissions
- Enable residents to remain independent longer by fostering healthy aging

### Context

Delta's population is aging – It is expected that the percentage of seniors will rise from 15-20% of the population to 41% by 2024. This increase is significant given that seniors have a higher prevalence of chronic conditions than the rest of the rest of the population. In 2014, a survey of Delta's seniors found that:

- 47% reported having high blood pressure
- 28% were living with heart disease
- 22% were living with diabetes
- 27% reported living with multiple conditions<sup>1</sup>

Within AI/IL residences, there is an increasing number of seniors who have multiple conditions and who may be classified as being frail—a state of increased vulnerability associated with decrease in physical and mental capacities.<sup>2</sup>

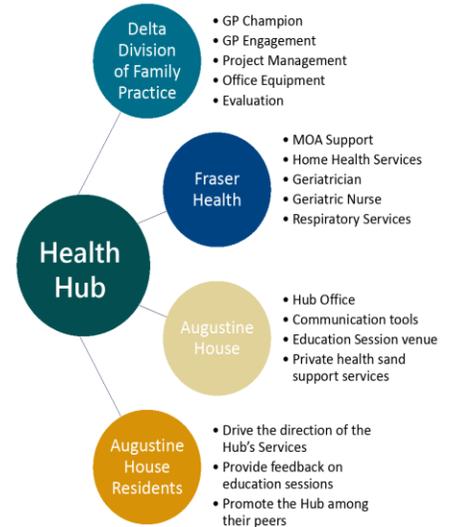


Emergency visits from this population are documented to be high and, as data from Fraser Health confirms, steadily increasing over time.<sup>4</sup> In order for seniors, in particular those living in these AI/IL residences, to be discharged back to their homes, there needs to be consistent ease of access to primary care services and allied health supports outside of hospitals to support their continued care.

### The Health Hub Model

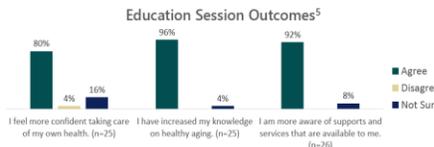
Based out of Augustine House in Delta, BC, the Health Hub is a service that connects residents to their family physicians and manages their referrals to geriatricians, pharmacists, and Fraser Health's Home and Community Services. The Hub is supported by three partner organizations—the Delta Division of Family Practice, Fraser Health, and Augustine House—and is driven by input from Augustine House's residents.

In addition, the Health Hub organizes and hosts bi-monthly education sessions that empower Hub members, their families, and the wider Augustine House assisted living community on how to self-manage their health and wellness. Topics that have been hosted include falls prevention, successful aging, and how to make healthy food choices. As part of these sessions, the Hub hosted presentations by community partners including Breathe Well and Fraser Health's Home and Community Services.



### Early Outcomes

- 37 Members
- 33 Physicians engaged through SBARs forms
- 18 Medication reviews with pharmacists scheduled
- 5 Appointments made with a Fraser Health geriatrician
- 2 Referrals to Home Health services



"Having the [education] sessions is useful. We don't know everything. There's so much to learn. And we can learn as a community. We have the opportunity to learn as much as possible so we can help ourselves."  
- Health Hub Participant

### Sustainability

One of key pillars of this project is engaging residents at Augustine House to become active participants in their own health care. Through the education sessions, residents are now better equipped to self-manage their health and wellness.

Moving forward, the project partners are exploring opportunities to not only vertically expand the services available at Augustine House's Health Hub, but also horizontally to other AI/IL facilities within the region and beyond.

### Collective Impact: The Importance of Partnership



One key factor that has enabled the successful implementation of the Health Hub is the strength of the partnership between Delta Division of Family Practice, Fraser Health and Augustine House. From interviews with representatives of each organization, project partners have felt valued and that their work is contributing meaningfully to the collaborative project.

The partnership fulfills the criteria set forth by the Collective Impact Framework (see diagram left). Each partner organization is committed to the Health Hub's vision and have collectively worked together to solve challenges as they have arisen.

"The biggest accomplishment was that we all have one clear vision. We are able to see the vision. Everything has come in place very nicely. There's cohesion and a unity of vision."  
- Health Hub Project Team Member

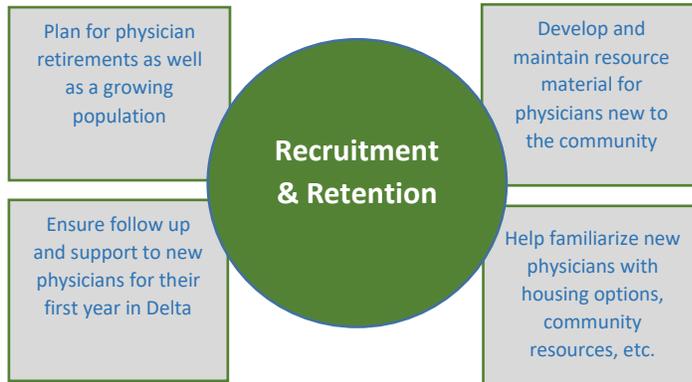


#### References

1. Fraser Health (2017). Delta Senior Community Profile
2. CHH (2017). Seniors in Transition: Exploring Pathways Across the Care Continuum
3. Binder, E. (2015) Frailty in Older Adults In Sultan GM, Pomidor AK (eds.) Exercise for Aging Adults (pp 123-129). Cham, Switzerland: Springer
4. Fraser Health (2017). ED Visits and Admissions by Augustine House Clients
5. Delta Health Hub (2018-2019). Education Session Survey Data

## Recruitment & Retention

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Delta Division's Recruitment & Retention Coordinator attended the 2018 UBC Practice Skills Conference, Scholarship Day and Residents Day in order to build connections with BC's newest physicians and to introduce our communities to them.



DR. RAYMOND NG AND DEBBY MCKENZIE,  
UBC PRACTICE SKILLS CONFERENCE 2019



## COMMITTEES

### Collaborative Services Committee (CSC)

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*Dr. Sandy Chuang, Co-chair*

CSC is a collaborative working relationship between the Division, Fraser Health, Doctors of BC, General Practice Services Committee (GPSC), Ministry of Health, and a patient representative. Additional partners are invited to participate as necessary. Partners present clinical issues of concern for patient care outcomes, co-determine priorities and co-design solutions, calling on additional voices from physicians, patients and the community and sharing responsibility for the health of our community. It is at this table that we have a provincial voice, raising issues unique to our Division that are identified by our members. The CSC will provide information to GPSC on our PMH and PCN initiatives. Moving forward, the CSC table will jointly oversee our Primary Care Network.

## Residential Care Initiative (RCI) \*

*Dr. Richard James, Physician Lead*

The RCI Initiative supports GP MRP enhanced services for all local residential care facilities and patients. The committee continues to work with Delta Hospital's Emergency Department to improve communication with facilities regarding hospital transfers. Delta View hosted a family education event in October highlighting patient and family expectations when moving into long term care. Physicians participating in RCI are compensated for enhanced care and on call. This is an excellent opportunity for a doctor who has an interest in seniors' care, may be considering semi-retirement and/or is looking to incorporate diversity in practice.

To date, South Delta has shown improvements (see below) in all categories and we are trending above the provincial standard.

	2014/15	2018-19	Net Change	% change
<b>Proactive Visits</b>				
Average non-urgent per resident	8.5	11.0	 2.4	 28%
% of residents with 1+ proactive visits	87%	91%	 4%	 5%
<b>Case Conferences</b>				
% of residents who had a case conference	27%	66%	 39%	 144%
<b>Meaningful Medication Reviews</b>				
Avg. number of ordered drugs per resident	6.7	5.0	 1.7	 25%
% of residents prescribed 9+ medications	28%	14%	 14%	 50%
	Q3 17/18	Q4 18/19	Net Change	% Change

### Reduce unnecessary or inappropriate emergency room transfers

No. of unscheduled emergency department transfers per 100 residents	9.1	8.5	 0.6	 7%
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If you are interested in signing up for this enhanced care funding initiative, please contact the Division office.

\* As of July 2019, the BC government is revising the Home and Community Care Policy Manual to move away from the term "residential care". The term to be used now when referring to such facilities is "long-term care".

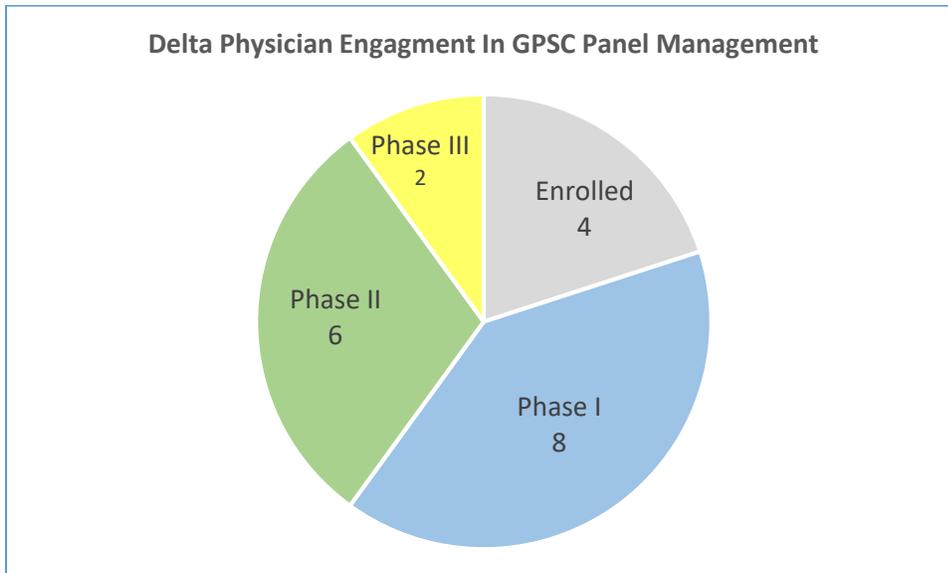
## Practice Support Program (PSP)

Byron Salahor, PSP

### PSP Activities within Delta

#### GPSC Panel Management Incentive supported by PSP.

Twenty physicians in Delta are participating in the GPSC Panel Management Incentive. This province-wide initiative encourages EMR use to support proactive, patient-centred care. The following chart shows the progress of physicians through the three-part workbook.



#### Small Group Learning Sessions

PSP hosted two Small Group Learning Sessions this year.

The first session, held on May 22<sup>nd</sup>, was on Tips and Tricks in the Telus Wolf EMR. Presented by Dr. Sandy Chuang and MOA Robyn Manning, this session covered topics on EMR efficiency and workflow optimization. Twelve physicians and ten MOAs attended this session.

The second SGLS was on July 3<sup>rd</sup>. This session, titled Advanced Topics with the Telus Wolf EMR, included a presentation by Dr. Sandy Chuang on creating SMART forms, and using queries and searches to support CDM billing. Five physicians and six MOAs attended.

#### One-on-one Peer Learning / Support Sessions.

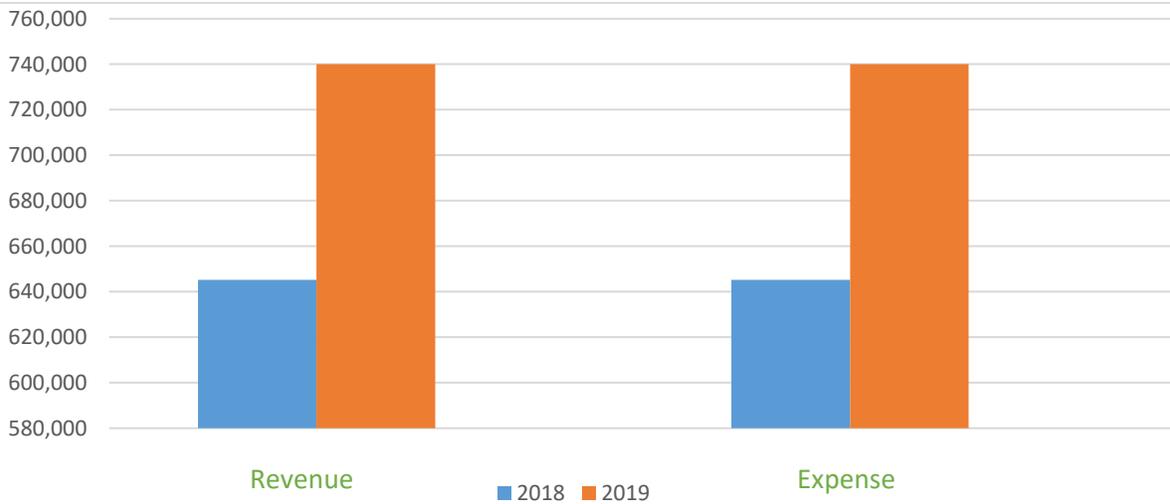
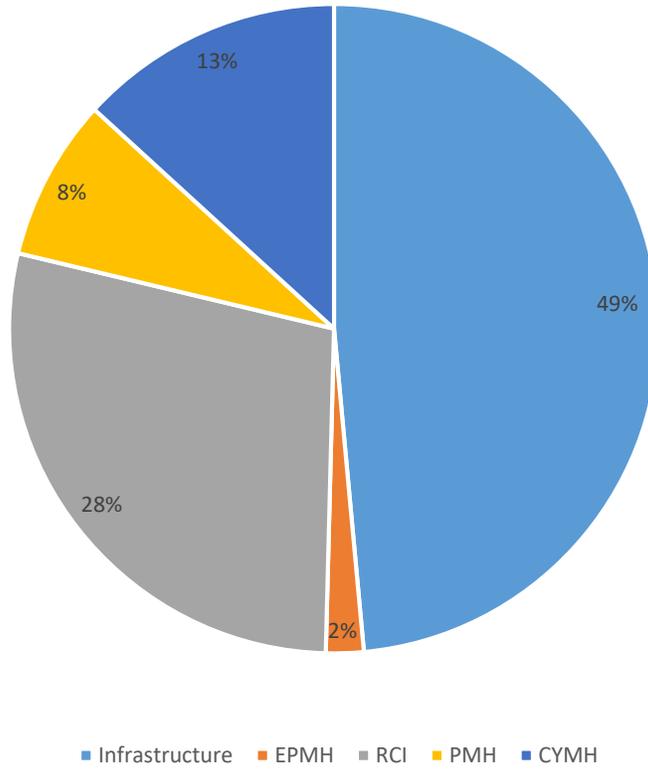
Physicians who are interested in individual support can request a one-on-one peer mentor session with a fellow physician through PSP. This year, PSP organized five peer supports sessions on topics including EMR use, billing and clinical office efficiency.

#### In practice support from PSP

PSP is available to assist physician offices with a variety of clinical or practice improvement activities. This year, PSP provided 28 hours of support to physician offices on issues involving the EMR, desktop applications, technology, billing, and clinical office procedures.

# FINANCIALS

Revenue 2019



## Uninsured Billings Session

The Division hosted Dr. Steve Goodchild, Victoria family physician, to present on the importance of proper handling of uninsured services as well as the who, what, why and how to bill for those services. 48 physicians and MOAs from Delta and Surrey-North Delta Divisions attended.



## Christmas Party

Members, Division staff and guests gathered at the Coast Tsawwassen to enjoy a fantastic dinner, dance to the music of Wailin Dalen, and team up to play Wheel of Fortune.



# NOTES

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## Board of Directors

**Dr. Sandy Chuang** - Chair  
**Dr. Jennifer Rogerson** - Vice-chair  
**Dr. Barbara McFarland** - Treasurer  
**Dr. Melissa Tan**  
**Dr. Colleen Lee**  
**Dr. Shelly Jetzer**  
**Dr. Rui Li**

## Strategic Advisory Committee

**Dr. Richard James**  
**Dr. Sandy Chuang**  
**Dr. Jennifer Rogerson**  
**Dr. Colleen Lee**  
**Dr. Melissa Tan**

## Team

**Geri McGrath** - Executive Director  
**Judith McLeod** - Executive Assistant  
**Debby McKenzie** - Recruitment & Retention Coordinator  
**Kari Kessler** - Medical Practice Operations Coordinator  
**Youla Thomas** - Events Coordinator  
**Byron Salahor** - PSP

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

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