

### What's happening with the GI central referral system?

You may recall that with the support of Partners in Care, a Family Physician/GI Working Group was formed in June, 2012 to explore options to improve the referral process and communications between family physicians and GI specialists. The key focus was the development of a virtual central referral system similar to FFAST (First Available Appropriate Specialist), the model now operating at Re-Balance. In October 2012, a small pilot group of volunteer FPs from both the South Island and Victoria Divisions of Family Practice began testing the new referral system. This pilot provided the Working Group with invaluable feedback resulting in improvements to a new collaboratively designed referral form and modifications to the administrative processes supporting the central referral system.

In May 2013, the Victoria GI group decided it was time to expand. To ensure the administrative infrastructure was sufficient to effectively manage the increased demand on this new referral system, the expansion would be done in phases using a transparent registration process. Unfortunately, expansion plans had to be suspended for 3 months due to GI office closures.

Starting in November 2013, using the phased approach, an increasing number of physicians are now using the GI central referral system. This system provides:

- A single point of contact for referrals
- A standard referral form to assist in triaging patients more accurately
- Definitions for Levels of Urgency
- Referral acknowledgement within 2-5 days

The advantages of the central referral system include the ability to distribute workload evenly, avoiding inefficiencies such as duplicate referrals, triaging to the most appropriate specialists and data collection regarding referrals.

***If you are not yet using this new referral system, please contact Reggie Paisley at [girefer@telus.net](mailto:girefer@telus.net) or call 250-915-1184***

While this new referral system has many benefits and is a good start, it alone will not resolve the larger access problem. The Working Group recognizes the great challenges such as insufficient numbers of GI specialists and inadequate access to endoscopy that still remain. We will continue our efforts to explore new solutions to improve access to GI services.

### Standard Referral Form & Levels of Urgency Definitions

The goal of this form was that it be both brief and easy to use while providing the necessary information for proper triage and avoiding pages of irrelevant information. It is a two-sided PDF fillable form with Level of Urgency Definitions on the reverse side.



**COLLABORATION produces RESULTS!**

The GI Working Group is pleased to advise that as of September 2, 2014, the GI Central Referral System is open to all South Island and Greater Victoria family physicians.

### Central Referral System – Fast Facts

- Based on current data, it is estimated approximately 800 referrals are received monthly
- Since the start of the pilot in Oct/12, 2854 referrals have been processed through the central referral system
- 1083 (37%) completed
- In July:
  - 14 % were Urgent
  - 55% were Semi-urgent
  - 31% were Routine
- Estimated wait times
  - Urgent – usually within 2 weeks
  - Semi-urgent - 6-8 months
  - Routine - 8 – 12 months

### New GI specialist in town

The GI group is pleased to announce that **Dr. Robert Barclay** is joining them from Chicago. He will be accepting referrals through the central referral system.

To access the PDF fillable referral form visit the Partners in Care online resources at [www.divisionsbc.ca/south-island](http://www.divisionsbc.ca/south-island).

# Partners in Care

## How you can help your GI colleagues manage their waitlists!

1. If a patient you have referred no longer needs to be seen, please notify the GI Central Referral Coordinator as soon as possible. 250-915-1184.
2. Due to the GI groups' continued lack of sufficient resources and access to adequate endoscopy time to address all referrals, **semi-urgent and routine** referrals are seen as resources allow. Should you be concerned about a change in the urgency status of your patient's condition since initiating the referral, you are encouraged to re-send the referral indicating the new level of urgency along with a brief explanation of the change in condition.
  1. Choosing the appropriate level of urgency is critical to an accurate triaging process. For example, a positive FIT test **alone** is considered semi-urgent and **not** urgent. For guidelines to assist in determining the level of urgency, please refer to the Level of Urgency definitions on the reverse side of the referral form.

## Island Health, BCCA and Partners in Care Collaborate on Colon Cancer Screening Program Educational Session

In response to the numerous questions from local family physicians regarding the new Colon Cancer Screening Program implemented April, 2013, the Working Group collaborated with Island Health and the BCCA to design an educational session specifically to address these questions. The CME event took place on March 31, 2014 facilitated by Dr. Ulana Farmer, the Working Group's Family Physician Lead and while open to 100 family physicians, was attended by 59.

The key note speaker, Dr. Jennifer Telford, a GI and Internal Medicine specialist and the Medical Director of the Provincial Colon Cancer Screening program, opened the session with a detailed explanation of the rationale for the program and its design. Following this very informative presentation, Dr. David Pearson, Victoria GI specialist, discussed testing, diagnostics and consultations for non-screening program patients. Rounding out the presentation, Anna Hill, Island Health Director of Access and Capacity Optimization, explained the local process and Dr. Tom Bailey, Family Physician member of the Working Group, delivered an overview on the GI Central Referral System. Based on the evaluations completed, physicians attending rated the session as very good and informative.

For copies of the presentations visit the Partners in Care online resources at [www.divisionsbc.ca/south-island](http://www.divisionsbc.ca/south-island)

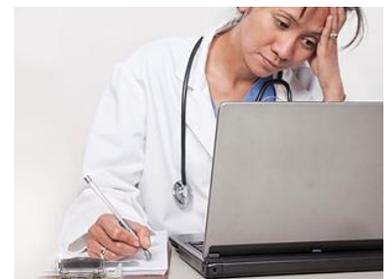
## Concerns with the Colon Cancer Screening Program wait times?

Although guidelines refer to 8 weeks as the time frame recommended from FIT test to colonoscopy, some patients have experienced waits up to 6 months. It is clear that the demand for this service is far exceeding expectations.

The BC Colon Cancer Screening program starts with ordering a FIT test. A copy of the result goes to the ordering physician. If the test is positive, another copy goes to the BCCA Colon Cancer Screening program. ***Provided the correct box for copy to BCCA colon cancer screening program was ticked.***

When a test is positive, a trained Island Health "Nurse Navigator" calls the patient and determines eligibility through a phone interview. If the patient is eligible and agrees, a colonoscopy is scheduled.

The GIs have no control over the process up to the time they meet the patient in the endoscopy suite. Consequently they are unable to address any concerns you may have about wait times for this program. **Enquiries should be directed to the SI Colon Screening Program Direct Physician line – 250-519-3500 ext 32980.**



### FP/GI Working Group Members:

Dr. Ulana Farmer – FP Lead SIDFP  
Dr. Justin Shah – SP Lead

#### SIDFP members

Dr. Tom Bailey  
Dr. Ernie Chang  
Dr. Gilbert Chew  
Dr. Alison Ferg

#### VDFP members

Dr. Karin Campbell  
Dr. Daphne Fontaine  
Dr. Melina Thibodeau

### Have questions?

Contact Kathy Ilott, Partners in Care Program Lead: [kathy.ilott@sidfp.com](mailto:kathy.ilott@sidfp.com)