Victoria Division of Family Practice
An FPSC initiative

MONTHLY PROJECT REPORTS TO THE VICTORIA DIVISION BOARD OF DIRECTORS

Ending
May 31, 2023

Mission
Happy Doctors, Healthy Communities
Vision
Family medicine in Victoria is fulfilling, sustainable, and attractive to all family medicine-trained physicians in their various roles.
Approach
• Affirming the value of all physicians trained in family medicine by amplifying their voice and experience. • Committing to being respectful, equitable, and inclusive. • Ensuring our work is member-driven in response to local concerns. • Engaging with stakeholders to effect needed change at a community *and* systems level. • Executing innovative solutions grounded in practice – *and* research-based evidence.

Project managers for the Victoria Division of Family Practice (VDFP) submit detailed monthly reports to the Executive Director. The detailed reports are summarized and provided to the Board of Directors in their monthly agenda package.

To increase transparency and maximize opportunities for collaboration, the Victoria Division circulates a version of the Board report to members and partners. The report provides high-level information on how the VDFP is achieving the strategic goals in our current Strategic Plan. Further information about each project is available upon request.

We welcome your questions and input. Please contact the Executive Director, Catriona Park, at cpark@victoriadivision.ca

Project / Program Status Legend:

Color Coding	**Progress**
	Good - Excellent Progress
	Limited - Moderate Progress
	At Risk/Significant Problems

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Project / Program Name: Physician Engagement, PMH / PCN Development

Summary

***Physician Lead**: Katharine McKeen (PCN SC, Indigenous Advisory)*
***Board Liaison:** Anna Mason (PCN SC)*
***Project Manager:** Helen Welch*
***Project Coordinator**: Alyssa Beurling*

The Victoria Collaborative Services Committee (CSC) is currently implementing Primary Care Networks (PCN) in Victoria through the PCN Steering Committee and its associated structures (operations table, working groups, etc.). VDFP is a key partner in this work and is the employer for the PCN administrative team. Other VDFP staff are implementing the physician engagement strategy as part of overall PMH/PCN development.

Note: The CSC is the table where community based physicians, represented by the VDFP, collaborate with Island Health. The CSC identifies priorities common to both organizations and enables shared (lead/lead) work to make improvements in the local primary care system.

Key Project / Program Areas and Progress in Last 30 Days

Area	Details	Progress
Physician Change management / Engagement	Staff are preparing to begin work on the new initiatives identified by the Board for 2023-24. Over the next several months we will build strategies to launch an MOA Network, create a foundation to support members who are not currently practicing longitudinal family medicine, explore opportunities to engage with the Island Medical Program, and create a new on boarding process for VDFP members.	
PMH -PCN Resource Updates	**Allied Health Professionals (Strategy 2)** **Social Workers (SWs) and MHSU Consultants** • Interviews for MHSU HCs and SWs. **Clinical Pharmacists** • CPs saw increased uptake from new clinics/physicians last month, due to increased engagement from PCN team. **RNs** • Ross Bay Medical Clinic next job posting. • Expression of Interest to fill remaining 3 RNs has gone out via Divisions Newsflash, however, there has been no interest. **Longitudinal Case Management Team (Strategy 3)** • The PCN team continues to engage more PMHs/FPs/NPs to introduce the program and connect to CMs.	

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Area	Details	Progress
Recruitment & Retention	Representatives from the Regional Collaborative attended PriMed in Mississauga in May 2023. This has already proven fruitful with one physician visiting Vancouver Island last week and another who is looking to set up a locum in the ER this summer. We have approximately 60 physicians who asked for more information about practising on Vancouver Island which is very encouraging. The Resident Retreat held in Parksville was a success. We had good feedback from attendees and lots of ideas and topics for next years retreat. Based on that feedback we may look to move this annual event to the fall, more details to follow. The volume of requests for more information about practicing in Victoria is increasing. The new LFP payment model does seem to be positively affecting the decision to move to Vancouver Island to practice. Currently staff are supporting FPs interested in working in LTC, in community practice and in the ER.	

Urban Locum Pilot (ULP)	**Highlights**
	• The recent compensation increase is resulting in additional locum interest among new grads (seven contracts outstanding), however, due to delays in this news, many are already committed for jobs elsewhere for the new 2-3 months and will only be able to pick up ULP shifts after that.
	• The Oversight Committee approved launching Phase 2, including:
	  ○ Expanding eligibility to any FP currently working 0.5 FTE or more (i.e., open to contracted FPs and those with APPs).
	  ▪ This has resulted in increased interest from host FPs (now at a total of 99)
	  ○ Rolling over any unused days from year one to year two (i.e., each FP has up to 20 days to use before pilot end).
	• Program coverage continues to hover around ~30% of total requests.
	
	Mentorship
	• The May virtual meeting included a presentation from the RACE team and program updates on recent compensation and eligibility changes.	

Next Steps

Continued recruitment to ULP.

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Project / Program Name: Vic-SI Long Term Care Initiative

Summary

LTCI Co-Chair: *Dr. Margaret Manville (Island Health)* ***LTCI Co-Chair:*** *Dr. Mike Miles (VDFP)*
Board Liaison: *Dr. Dave Harrison*
LTCI Steering Committee members: *Dr. Ian Bekker, Dr. David Brook, Dr. Nikki Del Bel, Dr. Dave Harrison, Dr. Ben How, Dr. Margaret Manville, Dr. Katharine McKeen, Dr. Mike Miles, Dr. Peter Neweduk, Catriona Park, Catherine Ryan (NP), Dr. Robin Saunders*
Program Manager: *Jessica Swinburnson*

The Vic-SI LTCI launched in 2015, with an emphasis on improving medical care for all residents in care homes, through ***engaging and supporting physicians*** to meet the provincial LTCI Best Practice Expectations (BPEs), and ***facilitating collaborative system change*** with physicians, long-term care site teams, and Island Health. Our mission is to consistently meet the LTCI BPEs and make impacts in the system-level outcomes by 2020 through three key focus areas (see in Key Program Areas).

As of May 2023, the Vic-SI LTCI is active at all 37 local long-term care sites, with **71 LTCI physicians** acting as MRP for 98% of all 3,441 local residents. These 71 physicians represent approximately 70% of all MRPs practicing in LTC. 100% of residents are covered by LTCI after-hours call groups in Victoria, Sooke, and the Saanich Peninsula.

Key Project / Program Areas and Progress in Last 30 Days

Area	Details	Progress
Practice Support	Learning Series: -May, Introduction to Cultural Safety - Marissa McIntyre from Len Pierre Consulting -Sessions are recorded and are viewable on the website here After-Hours Call Groups: -LTCI after-hours call groups in Sooke, Saanich Peninsula, and Victoria provide coverage for ALL long-term care residents in Victoria-South Island -LTCI team have written and recorded 20 resource videos, 14 of which are directly related to after-hours call QI. These videos aim to support facility staff in appropriate call group use -The call group continues to support and cover the Bridgeview Unit (ALC beds) at Gorge Road Hospital -The Victoria group has agreed to operate as back-up for the Saanich Peninsula Group on a trial basis Resources and supports: -QI Resource Pathway Tool on LTCI website, here -LTCI resource search function available here Mentoring Program -The Advanced Long-term Care Training Program, developed and trialed with physician leads, is available for physicians interested in expanding their long-term care knowledge	

Area	Details	Progress
	-LTCI physicians have been undertaking sessionally remunerated shadowing sessions to facilitate resident handover in the event of retirement or panel size reduction -A significant number of shadowing sessions with physicians new to LTC are planned over the Spring & Summer to support the retirement of a FP with a significant panel size - the availability of remunerated shadow sessions and LTC locums has made it much easier to recruit newer to practice physicians to LTC	
Practice Model Innovation	Summary: -LTCI team have undertaken a comprehensive practice model scan focusing less on the practice model title and more on the structure and functioning of the homes. Our recalculation has indicated 34 of 37 sites have a structure and organization in line with a practice model. This coming fiscal year will see the LTCI team renew practice model QI efforts at the home level. Organized sites help improve an MRPs experience at a home, thereby positively impacting recruitment and retention efforts -LTCI team will be focusing more on the components of practice models, less on the titles. Focus will be on strengthening the components with the aim to promote LTC physician sustainability. New LTC physicians also practice in other areas increasing the need for site level organization and practice model components such as regular scheduled visits and cross coverage -LTCI team works with sites to support regular quality meetings where the interdisciplinary team reviews the best practice expectations -View the BPE commitments here	
Excellent Care and Quality Improvement	-The LTCI has a Community of Practice Working group led by Dr. Ian Bekker. LTC physicians meet every six weeks to discuss common LTC clinical concerns and aim to reach a common approach. -The goal of the group is to create a community of practice and centre of excellence -Topics have included Supportive Care Visits, Dementia Behaviours (BPSD), Goals of Care, Polypharmacy, and Skin -LTCI team working on finalizing draft guidelines that are a result of these collaborative meetings - In-person events are in works for September and November -Published documents are available here, further documents will be available soon	
Program Admin	Evaluation: -Vic-SI LTCI SC is participating in the provincial FPSC quarterly evaluation/satisfaction survey -FPSC has suspended the data component of these evaluation reports due to data inconsistencies, Vic-SI LTCI has opted in to help FPSC check data accuracy. -Initial Vic-SI LTCI Power Chart queries, and physical chart reviews at a facility could not duplicate the values (proactive visits, care conference attendance etc.) presented in the FPSC reports	

Area	Details	Progress
	-These reports were collated from MSP billing data and LTCI remains hopeful that they will be a valuable resource for the program once inconsistencies can be addressed -FPSC has announced the formation of a provincial group to help guide the refining and re-launching of the provincial LTCI QI process. Jessica Swinburnson, Dr. Ian Bekker, and Dr. Rod McFadyen have joined the group -The first FPSC QI meeting was very disorganized and ran off topic, a big focus was resource inequality between LTCI communities which further highlights the need for a centralized approach to evaluation and QI -the draft QI approach shared by FPSC included only a facility survey to gauge the opinion of how the BPEs were being met. This survey was proposed to be completed by the DOC and answers were representative of all MRPs at the site. Vic-SI LTCI indicated a survey was not the most useful information as we have very close working relationships with sites already. What would be useful are values obtained from MSP, or through the forthcoming LTC LFP -Waiting for the next meeting to ascertain next steps	
	Governance: -FPSC released updated BPE matrices and released them for feedback. The LTCI SC reviewed and provided written feedback, view feedback here -The intent is for the FPSC to include the updated BPE guide in amended TOR and FTA, possibly for 2024 -In April the FPSC announced the Task Group was on hold until further notice -FPSC have updated the LTCI funds transfer agreement (FTA) and memorandum of understanding (MOU) for fiscal 2023 -Vic-SI LTCI is also working with the Vancouver LTCI to provide FPSC data regarding serious recruitment issues in LTC. The intent is to highlight that the next iteration of FP contracts must proactively consider LTC. The impacts on the rest of the healthcare system will be huge if there are empty LTC beds due to inability to find MRPs. Other LTCIs are having a very difficult time recruiting for LTC due to the uncertainty surrounding contracts. Vancouver LTCI specifically have been unable to recruit **any** new physicians to LTC since September of 2022	
	Project Management: -HR: -Team huddles every week -Team is also supported by Gillian (coordinator 28 hrs/week), Sunita (admin 19 hrs/week), Fiona (consultant 10 hrs/week) -Communications: -LTCI Newsletters available here -LTCI website with resources and learning series recordings here: https://vicsi-ltci.ca/	
	LTCI &PCN -LTCI team has been meeting with the PCN team & Island Health about Luther Court CHC providing medical care to the LTC residents where they are co-located. Read the SBAR here -The goal of meeting is to better understand barriers to Luther court CHC	

Area	Details	Progress
	providers being MRPs, and then how to remove these barriers -These meetings were successful, MOH has indicated there are no contractual barriers to CHC providers assuming care of LTC residents. The process is now underway to assume care of one panel starting in June, with the aim for all care to be provided by the co-located CHC -LTCI is working with FPSC to better understand how the stipend ($225/resident/year) interacts with physicians providing medical coverage on a contract instead of fee for service -LTCI has also asked FPSC to consider how LTCIs will incentivize the call group or meeting the BPEs if stipend payments are not available to those on contract	
System Coordination and Sustainability	-The LTCI Physician Workforce and Practice Planning Committee aims to focus on recruitment, retention, and retirement. Read their publication here -The LTCI team has been working to find coverage for 410 residents (12% of system) in LTC. In February we held a recruitment event. At this event we had members of our physician workforce and practice planning committee speak to their own individual experiences working in LTC. We aimed to have representation across a variety of practice styles and stages of career. As a result of this event, we're tracking to have at least 10 new providers enter our LTC system in the next several months. These new providers combined with well-organized MRP groups at most care homes has resulted in coverage plans for 22 panels, roughly 350 residents so far - Ongoing LTCI Team actions to support recruitment: • LTCI invited to speak at May resident retreat in Parksville • facilitating a resident day in September at the Summit LTC home for R1s and R2s (50ish attendees) • facilitating work on a new LTC resident elective • outreach to physicians who don't care for many LTC residents – How is it going, how can we help, do you have capacity to take on more? • adding contingency planning to practice model meeting agendas • distributing a re-branded LTCI brochure addressing how LTC has changed & how barriers to practice have been addressed. An online version available here. • Liaising wit the PCN team to drop brochures for the LTCI team at office visits • explore Health Point as an opportunity to collaborate and coordinate medical care Saanich Peninsula -SPWG met in January to reconfirm purpose and mission of the group -Group is planning clinic lunches in the Spring to gauge interest in LTC -Group will be reconvened this Spring to discuss SP AHCG results, specifically looking at opportunities for QI around common reasons for call in the community	

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Project / Program Name: Transitions in Care

Summary

Physician Leads: *Laura Phillips, Leah MacDonald, and Lisa Veres*
Board Liaison: *Ami Brosseau*
Project Manager: *Kristin Atwood*

The Transitions in Care Committee (TiC) identifies key challenges to patient transitions in order to implement and evaluate solutions aimed at improving care coordination and continuity. We have emphasized communication improvements and defined short-term goals related to effective, efficient information transfer; the creation of many possible methods of communicating to allow flexibility for different physicians' needs; and positive provider relationships through building trust and awareness. TiC operates on a quality improvement, project-based model.

Key Project / Program Areas and Progress in Last 30 Days

Area	Details	Progress
Communication Systems	A secondary provider field, which will enable auto-distribution to additional providers has been developed. LTC facilities were included in the first phase. There are still numerous technical issues to work out before HIM expands beyond this phase. Concerns about results distribution for those working in multiple locations have been referred to TiC through multiple sources (SIDFP ED, individual physicians, TiC Committee members, and HIM). We have coordinated with HIM and Dr. Leah MacDonald to create a strategy for informing these physicians of the only currently viable solution (to use "cc clinic" to ensure results go where the patient is if this is different from the physician's primary location). We investigated whether there were other ways of ensuring results were sent correctly and determined that imaging and labs will only send to places marked "cc" because of accreditation requirements. Quality improvements include: • Changes to the primary location form and to HIM staff procedures in communicating with physicians changing their location, to ensure the implications are explicitly stated and the solution is understood – TiC to review and make suggestions to existing form; HIM to implement • Changes to information provided via Island Health's medical staff website for new physicians who need to choose a primary location – HIM • Messaging to UPCC/Walk in clinic/other settings (e.g., UViC Health Services) where there are many physicians working in multiple locations to ensure clinics understand that they must use "cc clinic" for these physicians – HIM; TiC provided contacts for other Divisions and reference to Medi-map for WIC; Leah MacDonald to provide local contacts for WIC/UPCCs • One-on-one change management: HIM is trialing a one-on-one process with	

	Shoreline and Esquimalt Medical Clinic. – HIM I have asked HIM for an update on the one-on-one with Shoreline and once I receive that, I will send a note out to the group email originating from the JEC to close the loop on that communication and explain that TiC has a strategy in place. Medical Affairs has indicated that, contrary to their previous communication, they are not able to enable collection of back-office or direct lines for FPs to store in Cerner (so that hospital clinicians can call a physician directly instead of calling their main office line). HIM has received a formal communication from Medical Affairs that implied that the data elements do, in fact, exist and that there is a mechanism for consent – contrary to what we have been told for years. However, their investigation demonstrated the data quality is poor, so they are doing additional testing to figure out how to fix the problems.	
Familiar Faces	We are working with Island Health to determine the best way to sustain remuneration for ED physicians involved in care conferences after the project's conclusion. Patient Flow was unable to find a solution and agreed that this should be brought to the CSC. We presented and Leah MacDonald has offered to assist with business case planning for operational funding. We have confirmed that MoH will not provide sessional funding for this work. This has been escalated to the Victoria Emergency Physicians Association to negotiate with Island Health. We will continue to monitor and offer assistance if possible/needed.	
Transitions for Opioid Users ("Suboxone/OAT project")	On May 30, Shared Care approved our proposal to improve transitions for opioid using patients from Emerg. to community follow-up in its entirety: ~$350,000 The project has two components: • Universal quality improvements for all opioid using patients in emerg, like up-triage, better use of addictions SW, better referrals from ED to community services • Assess feasibility for initiating Opioid Agonist Therapy (OAT) in ED and following-up in community	
Tips and Tricks	Last Spring, we placed a description of Tips and Tricks in the UBC FLEX project catalogue and three students have been in contact requesting to work on the project. Alyssa has completed the outstanding work and the Tips have been republished and advertised via Newsflash. An annual review has been incorporated into the TiC workflow (next review January 2024).	

Patient Summaries – Sustainability and Spread	Continuing to meet with the Digital Health Strategy (DHS) and Canada Health Infoway about the best approach to supporting this work in BC. Lisa and Laura's time is being covered by the Digital Health Strategy. We are working on collating the results of our past projects into a manuscript for publication, with co-authors from Reichert and Associates who produced the case study for the GPSC. Tables, figures, and final edits have been completed and the manuscript is being reformatted for submission to the journal.	
Patient Summaries – Collaboration with VIHA	EMR Connect provides a monthly data feed to update on the number of patient summaries being sent, so that we can continue to track long-term sustainability. Alyssa is monitoring monthly.	
Long Term Care Transitions	Island Health has implemented the database and Mel is working on a communication for ED physicians to help them use the information to distinguish LTC patients from assisted living when they present to ED. She is also in contact with LTCI regarding the long-term maintenance of the information.	
Coordinating Complex Care – Heart Failure	We have provided substantial input into the Heart Failure Unit nursing discharge tool. The HFU is trialing the tool with patients and tracking FP names for follow-up. We have distributed patient surveys to the ward and continue to receive tracking data from the ward. We are building toward a collaborative approach to training hospital-based MRPs to ensure that they provide medication rationale information routinely when completing summaries. The CPOE team is not yet ready to create this training. They asked us to keep in touch every few weeks so that it doesn't fall off the radar, which I have been doing, but they are not responding. In April we held our culminating event with 38 family physicians in attendance plus roundtable speakers. Mel attended the Shared Care Chronic Disease Community of Practice meeting on April 28 and will bring pertinent information back to the working group on May 31. We were successful in getting a timeline extension for this work which will allow us to extend into the summer to wrap the project. We are working with Reichert and Associates to develop a final evaluation.	
Specialist Referrals	The working group requested that the project be launched with anonymous opportunities to engage due to the ongoing tensions and concerns about negative consequences for existing FP-specialist relationship. We launched our engagement survey in April and have 122 FP responses and 34 SP responses to date. We are keeping it open for one more week in the hopes of a few more SP responses. We have completed process mapping with MOAs, FPs, and WIC medical leads. I met with the PCN and provided some questions for exploration during their one-on-one visits that will also help provide FP feedback on referrals issues. I received	

	some feedback from the PCN group and from Dr. Melissa Duff who connected me to the Division Head for hematology, who is interested in improving referrals. We also received an inquiry from Dr. Aaron Childs, later repeated by Dr. Duff from a CSC discussion, regarding lumps and bumps/ biopsies for plastics referrals. The Referrals Working Group has discussed this issue and is exploring how to address it as we begin to turn our attention to developing a full proposal to Shared Care. We were successful in an application for a BC Patient Safety and Quality Council summer intern student, Vanessa McLennan. She began her internship on May 15 and is currently examining survey data. We continued to support the FEI project initiated by Anna Mason. The findings were summarized in an animated video which will be released soon. We have a meeting on June 6 to discuss further steps in terms of knowledge dissemination.	
Other	We continue to monitor and push for progress on Island Health's work to revise the LTC placement form. Island Health's solution is to have nursing staff complete the form rather than a FP. They are awaiting a quality council review to be held in early June. It is not clear whether this will be the final review.	

Next Steps

Opioid Users: Plan for initiation of project
Patient Summaries: Submit manuscript; determine provincial next steps
Long Term Care Transitions: Confirm all aspects of database maintenance have been transferred to Island Health/LTCI and close project; continue to push for improvements to LTC placement form.
Coordinating Complex Care: PDSA monitoring of admission fax and discharge checklist, evaluation and final report
Specialist Referrals: Review of survey findings and development of full proposal
Other: Presenting two posters at the Quality Forum June 7/8.