Victoria
Division of Family Practice
An FPSC initiative

MONTHLY PROJECT REPORTS TO THE VICTORIA DIVISION BOARD OF DIRECTORS

Ending
June 30, 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

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 starting work on the new initiatives identified by the Board for 2023-24. **MOA Network** • Staff are attending monthly multi-Division meeting for idea sharing. • An initial straw dog has been drafted. • Currently working to confirm who the FP Lead will be, followed by confirming the remaining MOA Network TG members. **Supporting non-LFP Family Physicians** • We are reorganizing staff to determine who will be the lead on this project. **Onboarding new VDFP members** • We will pull a team of staff together to strategize this focused piece of work this summer.	
PMH -PCN Resource Updates	**Allied Health Professionals (Strategy 2)** **Social Workers (SWs) and MHSU Consultants** • Interview / recruitment process for MHSU HCs and SWs is continuing. **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	

Area	Details	Progress
	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.	
Recruitment & Retention	The level of interest from new FP continues to be steady. We are currently working with physicians from Canada, US, UK and are supporting one of our new PRA BC physicians from Libya. We are also seeing an increase in the number of people looking for Clinical Observership. We were made aware of 2 additional FP who will be retiring within the year. Work on the islanddocs.com website continues with Facebook and Instagram ads continuing to push traffic to the site. The REWG is reaching out to the new R1s who will join the working group and the VDFP Board starting in August/September. The annual R2 survey is in circulation and has been completed by 19/21 R2s. We continue to work with Full Circle Medical to see if we can secure some stabilization funding from the MoH for their clinic. We are supporting a group of physicians in Saanich who received property tax increases of 25%. The physicians will send a letter to Mayor and Council asking to work together to find a solution to this destabilizing issue.	
Urban Locum Pilot (ULP)	**Highlights** • Since expanding eligibility to contracted FPs, 18 new host physicians have joined the program • Since the rate increase announcement, 10 new locums have joined the program • Program coverage continues to hover around ~30% of total requests. • 2K of funds have been approved for program marketing to recruit locums **Mentorship** • Three mentors and four locums met for another in-person networking meeting. Topics largely focused on R2s who are about to start practice, including discussions on rights and obligations as locums, contract negotiation and imposter syndrome.	

Next Steps

Continued recruitment to ULP.

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 June 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: -June, Challenging Conversations Vantage Point Session -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 -The annual Saanich Peninsula AHCG occurred in April. See the presentation here. The Victoria group has agreed to operate as back-up for the Saanich Peninsula Group on a trial basis. In the event the dispatch center can't reach the SP on-call, the call will be directed to the Victoria on-call Resources and supports: -QI Resource Pathway Tool on LTCI website, here -LTCI resource search function available here -After-Hours Training Modules available here. These modules provide an overview on how to prepare for a call with the goal of supporting clear communication and informed decision-making Mentoring Program -LTCI physicians have been undertaking sessionally remunerated shadowing sessions to facilitate resident handover. 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	

Area	Details	Progress
	on the practice model title and more on the structure and functioning of the homes. 34 of 37 sites have structure and organization in line with a practice model -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 -Find an example of a communication tool being implemented at sites here -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 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 in LTC -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: -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 have joined the group and attended one meeting -The first FPSC QI meeting ran off topic and a large focus was resource inequality between LTCI communities -The draft QI approach shared by FPSC included 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 particularly useful information. Our community has a very close working relationships with sites and staff already, so this qualitative data is already available -Vic-SI advocated for quantitative evaluation data collated at a provincial level. Potential sources of data could be MSP, or through the forthcoming LTC LFP -Waiting for the second 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. Waiting for the final version to be released -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	

Area	Details	Progress
	-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 -Doctors of BC & Dr. Jaron Easterbrook requested an electronic copy of the new LTCI brochure to use as a template for the brochure in works for the provincial after-hours call group	
	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 -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 July, with the aim for all resident care to eventually 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 a 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 -As of June 31st, all residents have coverage -Vic-SI LTCI has recruited 10 new providers into LTC -Vic-SI expects that recruitment and retention will remain a large focus of our activities going forward - Work will focus on recruiting longitudinal FPs earlier by increasing resident engagement through new LTC electives, resident days at LTC homes to experience LTC, and continued focus on mentoring opportunities -LTCI will also continue to advocate to FPs via clinic lunches and brochure (here) distribution with the message that LTC has changed. Program supports and site	

Area	Details	Progress
	organization have helped address barriers to practice making it easier to incorporate LTC into a full-service family practice -The LTCI team will continue efforts to increase organization and improve structures and communication at LTC homes so practicing in LTC is a sustainable component of a longitudinal family practice Saanich Peninsula -Group is planning clinic lunches in the Fall to gauge interest in LTC -Group will be reconvened this Fall to discuss SP AHCG results, specifically looking at opportunities for QI around common reasons for call in the community	

Next Steps

July 18 – Choosing wisely LTC – connecting with DoBC

Project / Program Name: Care (Service) Transitions

Summary

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

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. Concerns about results distribution for those working in multiple locations have been referred to CT through multiple sources (SIDFP ED, individual physicians, CT Committee members, and HIM). We have coordinated with HIM 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 different from the physician's primary location). Medical Imaging/Lab will only send results to places marked "cc" because of accreditation requirements. We have since worked with HIM to undertake QI aimed at improving uptake of the "cc clinic" solution. I am awaiting an update from HIM regarding progress and next steps. Back office numbers will be included in the first release of a new provider database. This release is currently in testing and go-live is expected in the fall.	
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 and our EDP leads confirm there is no further role for the Division to play in supporting this.	
Transitions for Opioid Users ("Suboxone/OAT project")	Shared Care approved the proposal for full funding ($350,000 over two years). We are in the process of establishing a working group with a first meeting tentatively booked for July 13. The FTA has been signed on the Division end and is being processed on the Shared Care side.	
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. 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 and has compiled a list of physicians who still send summaries in so that we can ask about remuneration under new payment models.	
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 has been waiting for Island Health to provide screen shots that she can include in her communication. LTC Placement Form: 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 review regarding nursing scope of practice. It is not clear if this will be the final review.	
Coordinating Complex Care – Heart Failure	We continued to receive tracking data from the Heart Failure Unit. The working group met with Graham Payette from Island Health to provide input into a system redesign project for pharmacist-led up-titration of heart failure medications, starting in hospital but extending past discharge. The QI team will keep CT in the loop as this work begins. 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 so that it doesn't fall off the radar, which I have been doing, but they are not responding. We have coordinated with the Supportive Cardiology Project to support their next steps in terms of spread (this was included as a goal of our original project) by engaging with Shared Care's Chronic Disease Community of Practice.	

Specialist Referrals	The working group met to review results from the survey (n=122 FPs and 45 SPs); the MOA and physician consults; and findings from Dr. Mason's study. We also discussed the new "implied re-referrals" process and new directions in the DHS regarding electronic referrals tracking. From this we concluded that an appropriate area of focus for the proposal is on strengthening relationships locally, with an aim toward a shared understanding of how the referrals process will work best for our community. We are monitoring specialty-specific issues as they are referred to us, and the working group will consider the best way to address these. To date: • Inquiry from Dr. Childs regarding lumps and bumps/biopsies for plastics referrals • Inquiry from Dr. Tia Pham regarding high volumes of GI referrals being returned 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 undertaking a lit. review for the full proposal. We continue to support knowledge dissemination for Dr. Mason's study. At the suggestion of DoBC, we are drafting an article for submission to the CMAJ. I attended the Digital Health Strategy webinar and identified their priority around referrals and orders as relevant to this project.	
Committee-Directed Work/ Other	**Committee Development:** Presented the plan to adjust to a broader committee, "Care Transitions", including core funding from VDFP + project funds as needed. This was very much welcomed by the Steering Committee and empowered them to think about expanding the voices at the table. The committee is interested in five new committee positions: • LTC: Dr. Ian Bekker has joined. He also brings a health IT perspective • WIC: Dr. Ben How has joined. He also works in LTC. • Telemedicine: Laura Phillips has been in contact with Telus MyHealth and they are seeking a physician representative for the committee • Family Caregivers of BC: Wendy Johnstone, Director of Programs and Innovation, has joined as a community agency representative. We partnered quite successful with FCBC on the heart failure work • Indigenous representative: we will begin by reaching out to the PCN f(we approached them two years ago but at that time they were not ready to assist). The Committee ToR have been revised and sent to the Exec. Dir. for review. The Committee also discussed new areas of work they could look into that does not fit into a project format. Three areas were identified: 1. CHS – Dr. Leah MacDonald is working on improvements to documentation and reports distribution within Community Health Services. CT co-hosted a meeting between FPs and CHS to discuss FPs needs and the gaps they are currently experiencing. Next steps are internal to Island Health but CT offered support for physician sessionals if further consults are required. 2. Patient summaries – as described above 3. MOST – Completing and getting access to MOST is important to all physician groups and the Steering Committee is keenly interested in exploring quality	

	improvements in this area. Exact activities are TBD. **Acute care volume:** Phil Lawrence requested assistance with a multidisciplinary working group to identify ways to reduce acute care volume. This was referred to CT and I prepared a summary for the CSC, who indicated work should proceed. Two storyboard presentations were delivered at the Quality Forum in Vancouver.	

Next Steps

Opioid Users: Convene working group and discuss work plan; engage project manager support, evaluator *Patient Summaries*: Submit manuscript; re-engage physicians continuing to send patient summaries; re-engage hospitalists about value; prepare messaging to members encouraging re-uptake *Long Term Care Transitions*: Confirm all aspects of database maintenance have been transferred to Island Health/LTCI; continue to push for improvements to LTC placement form. *Coordinating Complex Care*: PDSA monitoring of admission fax and discharge checklist, evaluation and final report, completion of Supportive Cardiology Project proposal to Chronic Disease Community of Practice (work to be completed by Terry O'Brien and invoiced to project) *Specialist Referrals:* Full proposal development; meeting with Digital Health Strategy on July 11 *Committee-Directed Work*: Meeting with Island Health project leads for MOST; acute care volume meeting and associated work (TBD); reach out to PCN re: Indigenous representation; confirm telemedicine representation; complete ToR revisions.