



ANNUAL REPORT 2019-2020

GOAL, VISION, MISSION

Our Goal: The Thompson Region strives to be a community with optimal delivery of family medicine and primary health care in British Columbia.

Our Vision: A community of family physicians and nurse practitioners working collaboratively with community partners focusing on wellness, satisfaction, and sustainability for both the patient and the primary

Our Values: We value quality, collaboration, inspiration, innovation, and resilience.

Our Strategic Enablers: Listening, synthesizing, and learning

Our Mission:

- Support the Thompson Region community of family physicians and nurse practitioners in their pursuit of excellence and innovation in family medicine and patient care;
- Be the place where family physicians and nurse practitioners go to identify their needs, engage in learning and participate in collaborative community-based solutions;
- Provide physician leadership in systems and clinical improvements and participate in collaborative quality improvements in family medicine and primary care;
- Promote physician and nurse practitioner wellness and collegiality; and,

Advocate for the essential role of family physicians and nurse practitioners in the delivery of health care. care providers.

TABLE OF CONTENTS

CONTENTS

Highlights of the Year3
Chair's Report5
Treasurer's Report7
Division Activities and Strategic Areas of Focus9
Emphasize wellness and engagement10
Prioritize recruitment and retention11
Collaboration with partners and decision makers12
Promote interdisciplinary communication18
Team and Contact24

HIGHLIGHTS OF THE YEAR

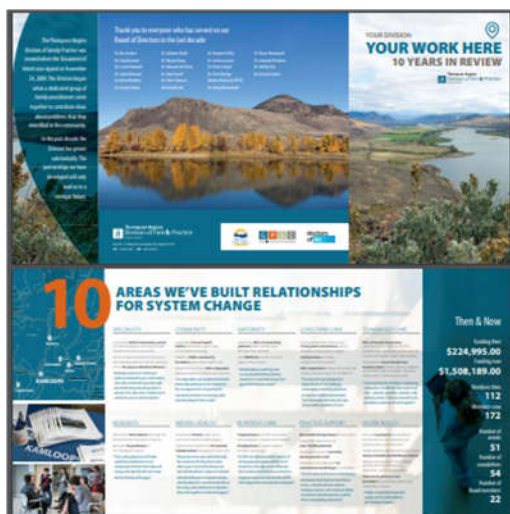
YEAR IN REVIEW

April 2019

- Held first joint Health Leadership Committee and Royal Inland Hillside Physician Association working group meeting.
- Women's Health Clinic working group engaged with community providers who could have an impact on the model of care for gynecological procedures.
- Patient survey launched for Women's Health initiative.

May 2019

- Hosted Spring Engagement – Division team and physician and NP leads met with 81% of membership.
- Launched MOA network.
- Implemented in-practice outreach and supports with Community Health Centres and family practices.
- Interior Physician Recruitment and Retention (IPRR) network launched.
- AMHSU committee established its direction whose work fed into the Rapid Access to Psychiatry Program.
- Published Division Newsletter.
- Hosted billing webinar for new grads.



June 2019

- Prepped for Health Services Planning work – Organized, planned, invited, gathered, and summarized data.
- Deliberative dialogue began for Mental Health – identified the information needed.

July 2019

- Began creation of a Partnership folder within NAS (the Division central storage mechanism).

September 2019

- Thompson Medical Alliance (TMA) presentation at LMAC.
- Hosted 9th AGM and social with 30 members in attendance.
- Deliberative Dialogue sessions to inform Health Service Planning (Topics included: MHSU, palliative, maternity, population health, public health, cancer care, trans care, access, surgical care. Had 19 physician members and 33 invited guests participate in the sessions (June – October).
- Division staff re-organization to align services better for members.
- Held an Information Session on treatment for Alcohol Use Disorder, led by Dr. Jeff Harries.
- Partnership folder in NAS was launched for usage.
- Developed and initiated patient attachment in LTC.

October 2019

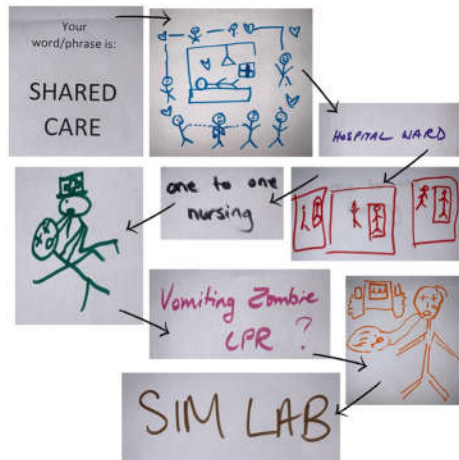
- Published a Division Newsletter.

November 2019

- 10 Year anniversary – produced 10 Year retrospective (photo included).
- RIHPA & Division Engagement event.
- Bladder scanner evaluation with TRU.

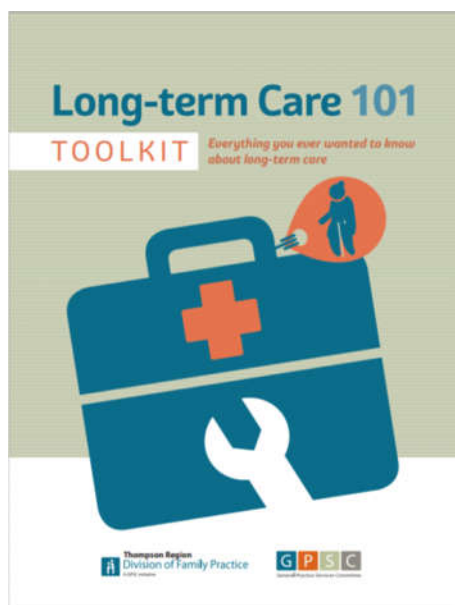
December 2020

- Addition of a meeting room to promote more in-office meetings, connections and relationships.



January 2020

- Launched LTC Toolkit.
- Moved physicians to an EFT model for sessional pay-out.
- Strategic planning with PSP.
- First collaborative care trial (Coordinating Complex Care for Older Adults).



February 2020

- Hosted second annual Sun Peaks CME in partnership with RIHPA. Had 65 Family Physicians, NP and Specialists join us with their families.
- Set Your Passion on Fire event to connect those looking for different practice options with one another.
- Hosted media training for Division and RIHPA leadership.
- Updated Member Welcome Package.
- Four presentations at BC Patient Safety & Quality Forum presentations: Community Visioning, Collaborative Care Trial, Creating an Integrated Health Service Plan for the Thompson Region, A Snapshot into Primary Care and Building a Sustainable Primary Maternity Care Model – Together.



March 2020

- COVID Member Networks were created and outreach began.
- An audit was performed for the first time entirely remote, with Division staff sending documents electronically for review.

CHAIR'S REPORT

We can not talk about the past year without the mention of the COVID-19 pandemic and how it impacted both our community and our work at the Division. As this report is for the fiscal Year 2019 – 20, COVID played only a small (albeit significant) part at the end of the fiscal year but it did spur the Division into immediate action, relying on our understanding of members, relationships with our partners and the building of strong networks – things that continue today.

In preparing this report, I had to remind myself, however, I was focusing on a report that was pre-COVID-19. The world where COVID-19 was either unheard of or only a distant threat at the time. So, there will be no mention of bubbles, cohorts, hand sanitizer supplies, masks, daily Dr. Henry numbers, or toilet paper shortages found in this report. In other words, join me in remembering when our world was different - but a time when we still accomplished a lot.

In reflecting back on 2019 to create the Annual Report highlighted for me and our Division Team, the growth that our Division has experienced over that year - in our Division team, in our membership, in our partnerships, as well as in our impact over the 2019-20 fiscal year. In November 2019, we celebrated a decade together as the Thompson Region Division of Family Practice.



So rather than COVID, I would like to focus on how our Division continues to strengthen our relationships with our members, with our communities and with our partners. I feel like I can say with confidence that we continue to work inline with our mission statement of 'working collaboratively with community partners'. Our relationship reach has extended, trust has grown, and therefore our ability to generate results and the speed with which they are achieved has increased. I really feel we are seeing results from this work over the past fiscal year, focusing on 'wellness, satisfaction, and sustainability for both the patient and the primary care providers.'

Our Membership

Last year, we encouraged our members to get involved with the Division by asking what they needed, how they were connected, and which direction they wanted the Division work to evolve.

We recognize that member engagement and support will look different for each of our members. One example of this work was when we engaged with the 'new to practice' cohort around a needs analysis series in the fall of 2019. From that were able to identify gaps in current practice models, needs around mentorship, building connections, and highlight an interest in community development. This led to the Division hosting a unique event which facilitated collaboration between like-minded physicians interested in new practice models to find common ground and match people to their needs.

Our Partnerships

One thing that has allowed the Division to extend our impact is our continued focus on our relationships with partners. Notably, our co-location with RIHPA at the office has allowed for more collaboration and sharing of information,

making possible better engagement as a larger medical community. We were able to co-host a series of annual events including the Winter CME at Sun Peaks which brought together a record number of physicians and their families for lots of learning and laughs. The two organizations have also been able to work more closely together on a number of different initiatives including aligning in wellness and recruitment strategies where it makes sense to do so.

Another way the Division engaged with the community was to create a MOA network which allowed the space and the platform for MOAs to come to the table and be part of the conversation and planning. They are a key member of the practice team for any physicians and nurse practitioners with invaluable contributions into understanding and developing our health system.

To highlight some of our partnership engagement work we had the opportunity to present at the BC Patient Safety and Quality Forum in Vancouver in February. Including presentations on: Integrated Health Service Planning, Building a Sustainable Primary Maternity Care Model, Bladder Scanner Evaluation, and a Collaborative Care Trial.



Our Networks

We have also seen an evolution in our networks across the medical community here in Thompson Region, with community partners, and with our other Divisions in the Interior. Examples of these include the Thompson Medical Alliance: Synchronizing resources for the medical community and our newly formed Interior Physician Recruitment and Retention Network.

Growing from our community visioning work the Division continues to work across the region with Local Health Tables that support healthcare transformation with a focus on social determinants of health across the region. These Local Health Tables have representatives from local, governments, business, academia, mental health, BC ambulance, Interior Health, and community organizations.

Our Planning

This year, a large part of the Divisions efforts was focused on health services planning with our Interior Health, First Nations Health Authority and Ministry of Health partners. We even reorganized our Division team to be able to move in the direction aligning with health service planning, Primary Care Networks (PCN) evolution and the integration with the speciality networks in the system.

As a precursor to a PCN application, the Division and Interior Health partnered to engage in discussion with the healthcare community around what has been successful, what gaps exist and what is still needed in healthcare services for our community. The group engaged in a series of Deliberative Dialogues to bring different lenses to some important conversations within healthcare in areas such as, Cancer Care, Transcare and Surgical Care, among others.

Our Focus on Data

One of the exciting areas we focused on this year is investing in interactive mapping software.

Mapping our members, relationships, partnerships, networks and planning work has started. It allows us to better understand the medical landscape and where our services are located. We can better understand referral pathways and geographical distances for patient access.

Our Look Forward

As I mentioned in my introduction, we can not talk about the past year without the mention of the COVID-19 pandemic and how it impacted both our community and our work at the Division. While it only played a small part at the end of the fiscal year, it spurred the Division into immediate action, relying on our understanding of members, relationships with partners and building of strong networks.

Fortunately, much of the groundwork laid the past year actually positioned us to be able to support our members in unique ways that might not have been possible should the pandemic have presented itself only a year or two earlier.

We thank you all for your involvement in this Division's work. Your investment of time, input, and leadership of our direction is key to our shared success. It has really positioned our Division as leaders in primary care response to emergencies.

A stylized, handwritten signature in dark ink, appearing to read 'G. Dodd'.

Dr. Graham Dodd, Chair

TREASURER'S STATEMENT

SUMMARY STATEMENT OF FINANCIAL POSITION AND SUMMARY STATEMENT OF OPERATIONS

As Treasurer, I lead the Finance and Audit Committee as one of my functions of the Division Executive. The Committee is responsible for developing, overseeing, and implementing sound fiscal policies and systems to ensure our Division is accountable for the funds we manage on behalf of our members and funders. The Committee, through the Chief Financial Officer and Executive Director, monitors spending and advises the Board on our financial position and our ability to undertake new projects and plan.

I can confidently say that we have the team in place to manage our current initiatives and who can take on new initiatives which benefit our members and communities. One of our important fiscal strategies is our short-term investment strategy. The goal of the investment strategy is to build our restricted retained earnings and to reduce our risk exposure in future years.

I am pleased to present, in summary form, the Statement of Financial Position and Statement of Operations. Both statements have been extracted from our audited financial statements, please note the disclaimer with the statements. We have again received an unqualified clean audit opinion, and the statements present fairly, in all material respects, the financial position of the Thompson Region Division of Family Practice Society as of March 31, 2020.

Thank you,

Dr. Lennard Pretorius
Treasurer, Thompson Region Division of Family
Practice Society



Thompson Region Division of Family Practice Society Summary Statement of Financial Position		
March 31	2020	2019
Assets		
Current		
Cash	\$ 1,053,835	\$ 1,004,273
Accounts receivable	34,573	17,466
Prepaid expenses	7,730	7,473
	<u>1,096,138</u>	<u>1,029,212</u>
Capital assets	54,526	48,586
	<u>\$ 1,150,664</u>	<u>\$ 1,077,798</u>
Liabilities and Net Assets		
Current		
Accounts payable and accrued liabilities	\$ 113,267	\$ 87,622
Deferred revenue	753,573	803,088
	<u>866,840</u>	<u>890,710</u>
Net Assets		
Invested in Capital Assets	54,525	48,586
Internally Restricted	229,299	138,502
	<u>283,824</u>	<u>187,088</u>
	<u>\$ 1,150,664</u>	<u>\$ 1,077,798</u>

* The following summarized financial statements do not contain the accompanying notes which are an integral part of these financial statements, as required by Canadian generally accepted accounting principles for not-for-profit enterprises. Readers are cautioned that these summarized statements may not be appropriate for their purposes. For more information on the entity's financial position, results of operations and cash flows, reference should be made to the related complete audited financial statements which are available from the Society upon request.

Thompson Region Division of Family Practice Society Summary Statement of Operations*		
For the year ended March 31	2020	2019
Revenues		
Infrastructure	\$ 568,700	\$ 614,567
Access and Continuity of Care for Older Adults	146,468	54,485
Long Term Care Initiative	489,142	314,888
Chronic Pain	11,957	1,627
Collaborative Networks	157,952	119,048
Community Engagement	20,000	80,000
Electronic Access to Specialist Expertise	37,400	25,997
Emergency Preparedness	48,086	2,493
Family Practice Development Fund	144	12,700
Maternity	56,309	37,054
Patient Medical Home	44,057	110,393
Polypharmacy Risk Reduction	-	27,010
RIH Foundation – Physician Recruitment	-	18,026
Shared Care Steering Committee	24,910	20,556
Specialty Care – Integrated Care	-	10,725
Women's Health Clinic	38,552	28,657
TRDOFP	42,969	29,963
Adult & Mental Health	11,782	-
Coordinating Care for Older Adults	101,517	-
GPSC Interior Physician Recruitment & Retention	39,907	-
GPSC Physician Engagement Change Management	13,671	-
	<u>\$ 1,853,523</u>	<u>\$ 1,508,189</u>
Expenses		
<i>Program Services:</i>		
Communications	18,651	16,492
Meetings and events	93,567	105,078
Physician	426,424	321,011
Professional Support	1,064,975	822,243
Travel expenses	46,493	42,865
	<u>1,650,110</u>	<u>1,307,689</u>
<i>Administration:</i>		
Professional fees	10,314	10,371
Insurance	1,808	1,665
Memberships and licences	436	1,172
Office expenses	7,862	20,396
Rental	61,976	54,478
Amortization	10,663	3,975
Small equipment purchases	13,618	20,578
	<u>106,677</u>	<u>112,578</u>
	<u>1,756,787</u>	<u>1,420,324</u>

DIVISION ACTIVITIES

Governance

The Board of Directors, Shared Executive/Finance Committee and Health Leadership Committee provide strategic leadership and oversight for all activities the Division undertakes. These activities are required to ensure the Division achieves the desired constitutional and strategic objectives while meeting all fiduciary and legal requirements.

KEY ACCOMPLISHMENTS

- Successful division of work between Board and HLC established and understood by members.
- Reviewed and updated Division policies.
- Applied for and received six new fund transfer agreements.
- Developed five portfolios of Division work to increase effectiveness and aligned resources: Division, Membership, Practice Development, Networks, and Integration.
- Put forward an approved annual plan for an operating budget of \$2,187,687 for 2020-2021.

Board of Directors: Dr. Graham Dodd, Dr. Peter Loland (to September 2019) Dr. Ben Anders, Dr. Cornel Barnard, Dr. Krista Bradley, Dr. Paul Mackey, Dr. Lennard Pretorius (from September 2019), Chris Hollstedt, and Executive Director Monique Walsh

Health Leadership Committee: Dr. Chip Bantock, Dr. Graham Dodd, Dr. Harpreet Kelly, Dr. Joslyn Conley, Dr. Peter Loland, Dr. Servaas Swart, Dr. Leonard Pretorius, Natalie Manhard NP(F), Dr. Phil Sigalet, Dr. Ramneek Dhanoa, Dr. Hisham Shehata, Mary Pickering NP(F), Dr. Alina Cribb, and Dr. Andrew Wynne.

Division Lead: Monique Walsh



Human Resources

To maintain a healthy, effective, and efficient team. To promote a culture that values growth, excellence, balance, relationships, and grace. Team members are well supported and able to develop their maximum potential both personally and professionally.

KEY ACCOMPLISHMENTS

- Changed the Division organizational structure in the latter half of the year to encompass a pod structure and take on more of a distributed leadership model within the Division team.
- Hired an Executive Assistant to support the Executive Director and the team.
- Implemented weekly team meetings.
- Completed Quarterly On-Targets (performance management) for each team member.
- Updated the Human Resource and Policy & Procedures Manual.
- Developed a framework for onboarding, training, and internal processes.

- Provided professional development opportunities for staff.
- Created opportunities for staff to share information and ideas through a Knowledge Exchange pathway within NAS.
- Developed the collection and sharing of projects and initiatives using MS Project.

Physician Lead: Dr. Graham Dodd

Division Lead: Rachann Pedersen

EMPHASIZE WELLNESS AND ENGAGEMENT

Member Engagement

To inform and interact with members about the on-going work of the Division and gather input on strategic direction. Ensuring members are aware of the services the Division provides and support available. New members are welcomed to the community and provided information respecting the Division.

KEY ACCOMPLISHMENTS

- The Division welcomed 10 general members and 14 associate members.
- Developed a member engagement strategy, including welcome process for new members.
- Developed a Content management structure to support the tracking of regular communications and event/meeting attendance for membership.
- Engaged members to understand, map and build on natural networks that exist in community.
- Published two Division newsletters.
- Updated and reprinted the member welcome package.
- Developed a 10-year retrospective of the Division and shared at the November Social.
- Promoted a Boogie the Bridge team between RIHPA and the Division.

Members: Health Leadership Committee

Division Lead: Rachann Pedersen

Engagement Events

To host events that engage, inform, and create conversation with the Division's membership around matters of community, regional, and provincial relevance. To create a social environment for attendees to get to know their colleagues, families, specialized service providers, and community members. To enhance and increase relationships for physicians for better support of each other, their practice and community.

KEY ACCOMPLISHMENTS

- Hosted member engagement events throughout the year, which included:
 - AGM and social
 - 51 attendees – 24 general members, 6 associate members, 8 guests and 13 team members
 - Spring Engagement – Division team and physician leads met in person with members – one on one & in small groups – to discuss current and potential networks and opportunities for Division support.
 - Met with 118 members (81%) – Division goal was 75%
 - New to Practice (three-part series) The purpose of this series was to engage physicians who have been practicing for five years or less. Four key area with 13 initiatives were identified.
 - Set your Passion on Fire - An opportunity for physicians to meet and connect in a fun, social environment.
 - Over 20 physicians attended this event with Divisions staff and PSP.
- Co-hosted events with Royal Inland Hospital Physician Association members (RIHPA), which included:
 - November night out at TRU

- 61 were in attendance: 20 Division members (14 FP, 4 residents, 2 NP), 15 specialists, 20 guests, 3 RIHPA staff and 3 Division staff.
- February CME at Sun Peaks
 - 34 FPs, 1 NP, 42 FP guests (including children), 19 specialists and 16 specialist guests (including children) attended the event.

Members: Health Leadership Committee

Division Lead: Rachann Pedersen

PRIORITIZE RECRUITMENT AND RETENTION

Physician Candidate Management

As potential physician candidates are identified throughout the year, this program supports these individuals by hosting site visits, making connections and offering support to those physicians looking to relocate to the Thompson Region.

KEY ACCOMPLISHMENTS

- 2019 – 2020 Physician Candidate Interactions:
 - Welcomed four new physicians to practice in Kamloops in 2019 – 2020.
 - Lined up three physicians to begin practice in 2020.
 - Hosted seven site visits.
 - Five placement conversations continue into 2020 - 2021.
 - Interviewed twelve International Medical Graduates for Return-of-Service placements.
- Conducted International Medical Graduate and Practice Ready Assessment Physician survey to identify areas of improvement and success for candidate retention.
- Collaborated with PSP, Interior Health and City of Logan Lake to ensure smooth transition to region for Practice Ready Assessment arrival in March 2020.

Members: Dr. Servaas Swart

Division Lead: Shelley Breen

Physician Recruitment - Awareness

To increase the awareness of physician practice opportunities in the Thompson Region through marketing and social media practices.

KEY ACCOMPLISHMENTS

- Developed Facebook and Instagram social media accounts for recruitment which went live in June 2019.
- Collaborated with the Central Interior Rural Division of Family Practice Recruitment Lead on a presentation to the UBC residents for March of 2020. Due to the COVID Pandemic, the joint presentation was cancelled.
- Hosted the successful speed-networking event in March 12, 2020 to foster relationships between physicians who were looking to make changes to their current practice model (ie. Transitioning from full-time to part-time hours or those desiring to move into community practice).

Physician Lead: Dr. Servaas Swart

Division Lead: Shelley Breen

Physician Recruitment – Advocacy

To advocate on behalf of the physician community in partnerships to ensure equal consideration at decision-making tables and proactive health human resource planning.

KEY ACCOMPLISHMENTS

- Aligned with the Royal Inland Hospital Physician Association to further best practices for recruitment efforts and working together to present a united and accurate picture of family physician and RIH specialist recruitment and capacity in the Thompson Region.
- Collaborated with Interior Health for cross-posting opportunities.
- Participated in the Interior Physician Recruitment and Retention network which included discussions on locum programs and advocated for change to the International Medical Graduate and Practice Ready Assessment programs hosted by Interior Health.
- Successfully advocated for a third International Medical Graduate position

Physician Lead: Dr. Servaas Swart

Division Lead: Shelley Breen

Practice Development

This portfolio is comprised of activities required to support the membership to further develop business and/or practice capacity. It involves collaborating with the Division membership to support and enhance the business operations of their practice with a focus on developing tools, best practices, and the sharing of resources.

KEY ACCOMPLISHMENTS

- Established the Medical Office Assistant Network and MOA Community Committee.
- Facilitated multiple training sessions for the membership related to billing, investment, ICBC, and insurance.

- Supported a Kootenay Boundary financial analysis project designed to identify financial best practices for clinics
- Provided a networking incentive to support members moving towards a networked environment.
- Supported organizational culture workshops.
- Optimized workflow to support financial forecasting.
- Hosted an event to bring together physicians to discuss innovative practice models and link similar interests for practice.
- Hosted a series of meetings with residents and new to practice physicians.

Members: Health Leadership Committee

Division Lead: Chelsea Brookes

Networks/Working Groups

Creating and enabling networks or working groups - formal or informal - enabling effective communication between physicians, specialists, allied health providers, and other members of the medical community to enable better patient care and encourage physician wellness. Through networking, the patient medical home structure is strengthened.

KEY ACCOMPLISHMENTS

- The Spring Engagement network outreach was split into 30 targeted categories, which included dissemination by geographical location, rural practices, NPs, hospitalists, urgent care providers, solo practices, and sub-specialties.

COLLABORATE WITH PARTNERS AND DECISION MAKERS

Practice Support Program

The Practice Support Program (PSP) offers a range of practice support and educational services to Division members. Designed to improve both patient care and the doctor experience, PSP services are delivered at no cost to physicians in the Thompson Region via Regional Support Teams, and includes:

- In practice support, to help implement new processes or changes at local practices (i.e. optimizing workflow, office efficiency, panel management and EMR use).
- Peer mentorship, a group of champions who support physicians and their staff with EMR optimization, clinical best practices and development and delivery of flexible learning content.
- Flexible Learning content (formerly modules and small group sessions) offering physicians access to CME-accredited courses to improve patient care. This new delivery model allows for more tailored learning pathways based on regional priorities and preferences.



Practice Support Program

KEY ACCOMPLISHMENTS

- Engaged with 81% of physicians in the Thompson Region.
- Completed 170 (April 1, 2019 – March 31, 2020) in-practice support engagements including:
 - From March 1 – June 30, 2020
 - 16 visits and 8 action plans related to virtual care implementation
 - 13 visits and 9 action plans related to supporting development of COVID Safety Plan
- Panel Development Incentive:
 - 26 have completed Phase 3
 - 34 have completed Phase 1 and 2
 - 37 have committed to completing panel management
- 34 completed the GPSC PMH Practice Assessment
- 34 completed the GPSC PMH Practice Assessment
- Resuming Panel Management support in IH Primary Care clinics
- Ongoing engagement of local MOA network including:
 - 2 MOA Small Group Sessions regarding EMR customization
 - distributing information via social media and other avenues to increase learnings, scope, and attendance to events.
 - Supporting clinics to utilize EMR data to inform and advocate for clinic resources

PSP Coordinators: Jo Styles, Chelsey McKinney and Ron Gorospe (IHA)

Collaborative Services Committee

To work with Interior Health, Ministry of Health, GPSC, First Nations Health Authority and other partners specifically to develop an integrated health service plan for the region.

KEY ACCOMPLISHMENTS

- Held 10 Deliberative Dialogue sessions with multi-stakeholders on topics including: urgent/walk-in care and access; mental health and substance use; palliative; cancer; older adults; population health; public health; trans care; surgical; and maternity.
- Themed the results from the sessions and identified gaps to look at models of care to address these in the planning for future services.
- Presented Integrated Health Service Planning process at the BC Patient Quality and Safety Council.

Members: Drs. Graham Dodd, Chip Bantock, Peter Loland, and Phil Sigalet
Division Lead: Monique Walsh

Interdivisional Strategic Council

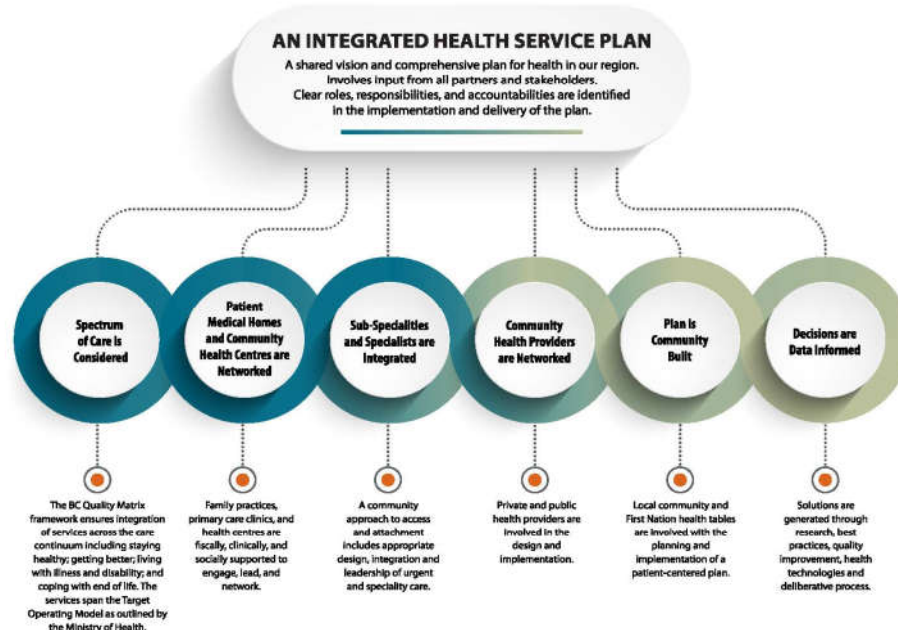
To actively contribute to the regional engagement and system level initiatives with other Divisions and the Health Authority. Divisions have a collective regional voice when interacting with the Health Authority.

KEY ACCOMPLISHMENTS

- Established a regional Interdivisional physician recruitment and retention network.
- Formalized an Inter-Division Network that meets outside of the ISC with Health Authority partners.

Agreed upon work plan for 2020-2021 year with Interior Division Network and Interdivisional Strategic Council.

The Thompson Region Collaborative Services Committee is committed to working with partners and stakeholders to develop an integrated health service plan over 2019-20 for the region. Below highlights six key attributes that are foundational building blocks to be considered in the development of this plan.



Royal Inland & Hillside Physician Association (RIHPA)

To work with RIHPA partnership in developing an integrated system of providers in our community where strategic planning, advocacy, networking, and relationship building occurs in the medical community across the acute and community portfolios.

KEY ACCOMPLISHMENTS

- RIHPA team and Division team co-located together.
- Organization leadership attends each other's HLC and WG meetings.
- Developed workplan to support recruitment collaboratively. Ex. Hosted HealthMatch BC jointly.
- Held jointly planned events and supported bringing the medical community together: Building the Medical Landscape, Winter Social, Sun Peaks CME.
- Developed workshop series focusing on wellness and business supports and offer those jointly between organizations.
- Presented Thompson Medical Alliance partnership at LMAC.



Mental Health and Substance Use

Through collaboration, communication and community, the goal of this project is to develop the building blocks for a framework, which will provide sustainable, supportive, accessible, and comprehensive mental health care in the Thompson Region.

KEY ACCOMPLISHMENTS

- Performed Deliberative Dialogue exercise with the Collaborative Services Committee to highlight areas of need in the Thompson Region.
- Established clear areas of focus for project direction: Education and Resources, Communication, Program Evaluation and Access.
- Submitted proposal for project funding and approved by Shared Care.
- Supported the Alcohol Use Disorder presentation by Dr. Jeff Harries.
- Began work with the Mental Health and Substance Use team (including psychiatry) to develop a rapid access to psychiatry program. This work continues in 2020.

Physician Leads: Drs. Nataliya Grishin and Cynthia Lau

Division Lead: Shelley Breen

Shared Care Steering Committee

To provide strategic leadership for Shared Care funded projects. To bring the Specialist and Family Physician communities together on matters of shared interest. Community able to leverage and align shared care projects with other strategic initiatives.

KEY ACCOMPLISHMENTS

- Held two joint meetings where RIHPA working group and Division Health Leadership Committee met together to align initiatives between acute and community.
- Held jointly planned SCSC events and supported bringing the medical community together: Building the Medical Landscape, Winter Social, Sun Peaks CME.
- Updated the Medical Staff yearbook.

Women's Health

To provide timely access, information, support and continuity of care in Gynecological health across the Thompson Region by managing opportunities for improvement in the patient journey and providing wrap-around specialized patient care through family physician involvement.

KEY ACCOMPLISHMENTS

- Dr. Angel Shan presented on Medical termination of Pregnancy including administration of Mifegymismo and its guidelines.
- Created a Decision Brief to be presented to the Senior Executive Team to advocate for space for a Women's Health Clinic at RIH. The Brief presentation was placed on hold due to the COVID-19 pandemic.
- Supported the evaluation and research on the Breast Health Clinic.

Physician Leads: Drs. Paula Lott and Selena Lawrie

Division Lead: Shelley Breen

Pathways

Pathways is a web-based resource for Division members and their staff to facilitate patient referrals by optimizing the specialist and clinic referral process.

KEY ACCOMPLISHMENTS

- Maintain 183 registered users
- In practice outreach/support
- Advocacy for NP full access

Members: Dr. Harpreet Kelly

Division Lead: Melanie Todd

GPSC Long Term Care Initiative

This initiative is designed to enable physicians to achieve the five best practices and develop local solutions to improve care of patients in long-term care homes.

The five best practices are:

- 1) 24/7 coverage and on-site attendance
- 2) Proactive visits
- 3) Meaningful medication reviews
- 4) Key patient documentation
- 5) Annual case conferences.

KEY ACCOMPLISHMENTS

- Launched the LTC Patient Attachment Incentive
- Finalized the LTC toolkit for providers
- Completed an evaluation of the integration of bladder scanners in long-term care homes in collaboration with Thompson Rivers University
- Presented bladder scanner evaluation results at the 2020 Quality Forum

Physician Lead: Dr. Andrew Wynne

Clinical Network Lead: Melanie Todd

Network Lead: Sue Lissel

Community Visioning for Primary Healthcare

Building off the engagement activities in 2018/2019 to create a vision for the future of primary health care in the Thompson Region, the division continued to use the outcomes to create relationships and partnerships throughout the region.

KEY ACCOMPLISHMENTS

- Presented the community visioning engagement activities and outcomes, including vision for primary healthcare, to local, regional, and provincial government representatives as well as other healthcare and community partners.
- Completed a draft MOU and engagement plans that will formally establish a partnership between local health tables and the CSC.
- Completed the GPSC Report to formally close the Innovation Funding for this project.
- Began planning for a region wide healthcare symposium to bring local health tables and community representatives together to talk about healthcare transformation and transportation, as it relates to access to healthcare.

Physician Leads: Dr. Shane Barclay (Sun Peaks), Dr. Chip Bantock (Kamloops), Dr. Cornel Barnard (Chase), Dr. Ilke Marais (Barriere), Dr. Amina Wahbi (Logan Lake)

Division Lead: Rhonda Eden

Rural Community Health Tables

As part of the community visioning the Division identified and began collaborating with established committees/groups that support healthcare transformation with a focus on social determinants of health. These groups are comprised of representatives from local, governments, business, academia, mental health, BC ambulance Interior Health and community organizations.

KEY ACCOMPLISHMENTS

- Solidified the Division as a liaison and participant at established rural local health tables in Chase, North Shuswap and Logan Lake and attended committee meetings in all communities.
- Supported the Logan Lake local health table to develop a Terms of Reference for their committee.
- Supported with planning and hosting a board governance workshop for the North Shuswap society, facilitated by United Way.
- Met with local government and community representatives in Barriere to discuss the development of a local health table.

Physician Leads: Dr. Cornel Barnard (Chase), Dr. Ilke Marais (Barriere), Dr. Amina Wahbi (Logan Lake)

Division Lead: Rhonda Eden

YOU Shared, We Listened



More than 85% of people reported they appreciate their primary care provider.



They said wait times and availability of healthcare providers is a barrier.



Many people experience challenges navigating the healthcare system.



We also heard how communities are supporting healthcare in innovative ways.

Kamloops Community Health Action Committee (CHAC)

Similarly, to the rural health tables, this table works to support the healthcare transformation and to integrate a focus on social determinants of health. This committee is comprised of representatives from local, regional, and provincial governments, industry, business, academia, Interior Health and the general public.

KEY ACCOMPLISHMENTS

- Supported with a facilitate session to revise the committee's Terms of Reference, including the development of three sub-committees to support achieving the committee's objectives for the year.
- Led sub-committee work, including supporting the planning of a healthcare symposium, with a focus on healthcare transformation and transportation, as well as public education, as it relates to access to healthcare, and community support for recruitment and retention.

Physician Leads: Drs. Graham Dodd, Chip Bantock, Megan MacDonald
Division Lead: Rhonda Eden

Physician Emergency Preparedness

The division obtained funds through Shared Care to create an emergency preparedness program for physicians including a clinic preparedness/response program for members, a division plan to create networks that enables a coordinated organizational response to a disaster, and to work with Interior Health to address the current gaps and opportunities regarding including community primary care providers in health authority emergency preparedness and response plans/structures.

KEY ACCOMPLISHMENTS

- Conducted a focus group with Division members to help inform the objectives and outcomes for the project
- Met with IH Health Emergency Management BC to discuss the project goals, including how to address the gaps as per the description above.
 - As a result, the Division participated as a Liaison on the local health authority formal emergency response structure, Incident Command, during COVID, to advocate and support the needs of community primary care providers, and identify opportunities to collaborate with IH on COVID healthcare initiatives.
- Developed and implemented a member network, including primary care providers, nurse practitioners, specialty groups (i.e. LTC, maternity, locums etc.) and community specialists, in response to the COVID crisis, to support member needs.

Physician Lead: Dr. Graham Dodd

Division Lead: Rhonda Eden

Health Services Planning Data Initiative

Support the creation of an integrated HSP with IH to prepare for PCN application and implementation.

KEY ACCOMPLISHMENTS

- Engaged Dr. Nelly Oelke from UBCO to support data collection for a health service planning research project with the TRDFP and IH
- Created a data collection template that mirrors the BC Health Quality Matrix
- Facilitated multiple Deliberative Dialogue sessions with Division membership, invited experts and community leadership around

areas of care to identify priorities and key actions.

- Mapped actions over short, medium and long-term timelines to align with IH SCSP and PCN templates

Physician Leads: Drs. Chip Bantock, Phil Sigalet, Krista Bradley

Division Lead: Sue Lissel

Access and Continuity of Care for Older Adults

This project aims to enhance the access and continuity of care for older adults with chronic co-morbidities by improving methods of team-based communication and knowledge exchange between Family and Specialists Physicians and other health care providers.

KEY ACCOMPLISHMENTS

- Re-engaged Working Group to provide opportunities for information and resource sharing, program, and operational networking between IH and community partners (City of Kamloops, United Way, ICS) and the patient voice.
- Facilitated deliberative dialogue session with working group to identify priorities and key actions for health service planning.
- Identified purpose of working group beyond the current project and establish a network for partners who work to support older adults living at home

Members: Drs. Alina Cribb, Smita Varma, Barb Prystawa

Division Lead: Sue Lissel

Community/Member Mapping

The Division leadership approved the recommendation to subscribe to ArcGIS, a geographical information system (GIS): to capture, store, analyze, and display membership and other

data. The mapping tool allows for better decision making through the analysis and spatial organization of data. While it will support the Division in multiple ways, the initial focus was on mapping clinics, the membership, community partner resources, and allied health services. Over time, the software will support networks, relationships, the distribution of resources, and story telling.

KEY ACCOMPLISHMENTS

- Purchased and trained on an annual subscription to ArcGIS.
- Completed a comprehensive member database for use in the mapping software.
- Partnered with Interior Health to develop a mapping strategy that supported the IH and Division relationship to help further integrated service planning in 2020-21.
- Explored the opportunities to integrate mapping into the many facets of Division work.

Members: Health Leadership Committee

Chronic Pain

Our project seeks to enhance the spectrum of chronic pain services by engaging and supporting communication and knowledge exchange between family physicians, specialists, and allied health providers.

KEY ACCOMPLISHMENTS

- Explored of current service options, waitlists, and referral patterns in the public and private setting, considering the opportunities and challenges for patients.
- Connected with provincial project leads through the Shared Care Chronic Pain Network.
- Connected with Pain BC, Project ECHO and PSP, to understand educational opportunities and resources available to providers and patients.

Physician Leads: Drs. Rob Baker, Richard Brownlee & NP Claire Wilson

Division Lead: Sue Lissel

PROMOTE INTERDISCIPLINARY COMMUNICATION

Specialized Services

As part of patient medical home funding, this project aims to better understand specialized services and connect them to PMHs and networks. Specialized services aim to provide a coordinated system of care among community allied health providers, specialists, and family physicians with a specific area of expertise.

KEY ACCOMPLISHMENTS

- Engaged in discussions around a pharmacy in practice model for primary care.
- Contracted a pharmacist to develop a proposal for a pharmacist providing medication reviews in family practice offices.
- Engaged with Interior Health Allied Health around physiotherapy and primary care linkages.

Physician Lead: Dr. Peter Loland

Division Lead: Chelsea Brookes

Maternity Care

1. Collaborated with maternity care providers and stakeholders to ensure short-term stability and long-term sustainability of maternity care services in Kamloops. **2.** Trialed the delivery of group prenatal care, combining teams of physicians and midwives, as an effective prenatal care option for low risk maternity patients accessing care through the Thompson Region Family Obstetrics clinic in Kamloops BC.

KEY ACCOMPLISHMENTS

- Helped stabilize primary maternity care provider capacity concerns with providers and partners.
- Presented 'Building a sustainable primary maternity care model – together' at the 2020 Quality Forum
- Successful application for Shared Care funding to support the planning and implementation of a pilot group prenatal care project. Initiative led by three midwifery leads, three physician leads, as well as the TRDFP Clinical Network Lead & two Registered Nurses. Activities to date include: several working group meetings, practice model developed, RN hiring, curriculum development, patient/provider communications, and process/policy development.

Physician and Clinical Leads: Drs. Ruth Brighthouse, Harpreet Kelly, Nagu Atmuri, Rosalynd Curry (RMW), Elaine Barnes (RMW), and Lana Barbir (RMW).

Division Lead: Melanie Todd

Electronic Access to Specialist Expertise (EASE)

EASE is a suite of electronic services that provides primary care teams with access to specialists for timely assistance with patient management. It incorporates telephone, video, and secure texting connectivity with future e-Consult capabilities all within a secure technology environment. The goal of EASE is to bring different communications tools together to provide services that enable communication between patients, specialists, and primary care teams. The messaging application MicroBloggingMD (MBMD) is endorsed by Interior Health and will provide a secure platform for message exchange.

KEY ACCOMPLISHMENTS

- Presented MBMD to psychiatry.
- Supported MBMD training for members and MOAs.

- Promoted MBMD during in practice visits
- Engaged with members and other Interior EASE project leads around the development of an Interior RACE line and the future of the project.
- Met with Interior Health leadership to work on encouraging use of MBMD in long term care homes.

Physician Lead: Dr. Wayne Dong

Division Lead: Chelsea Brookes

- Opened two outpatient clinics including hiring of SP

Physician Leads: Drs. Alina Cribb and Kiley Cindrich

Division Leads: Chelsea Brookes and Shelley Breen

Coordinating Complex Care for Older Adults

This initiative aims to streamline coordination of care for older adults by bringing specialists into strategic planning for health service planning and networking in our community. It seeks to develop an integrated system of care by engaging specialists and primary care providers in needs assessments and design of outpatient services for complex older adults. Specialists are supported to participate in strategic conversations around health service planning and link specialist services into Patient Medical Homes effectively.

KEY ACCOMPLISHMENTS

- Developed and implemented a Collaborative Care Trial to have a specialist collaborate with the primary care provider on the diagnosis, assessment, and treatment of the patient.
- Completed three trials. 100% of family physicians and specialists agreed or strongly agreed that the experience was beneficial. 100% of patients agreed or strongly agreed that they were confident and clear on the next steps regarding their health.
- Dr. Alina Cribb and C. Brookes presented on the Collaborative Care Trial at the JCC Pre-Quality Forum.
- Displayed a storyboard on the Collaborative Care Trial at the Quality Forum.
- Supported planning and integration of a new model of care for internal medicine outpatient clinics

TEAM

BOARD

Dr. Graham Dodd – Chair
Dr. Cornel Barnard – Vice Chair
Dr. Lennard Pretorius – Treasurer
Dr. Ben Anders – Director
Dr. Krista Bradley – Director
Chris Hollstedt - Director

HEALTH LEADERSHIP COMMITTEE

Dr. Chip Bantock
Dr. Joslyn Conley
Dr. Alina Cribb
Dr. Harpreet Kelly
Dr. Graham Dodd
Dr. Peter Loland
Dr. Lennard Pretorius
Natalie Manhard, NP(F)
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Dr. Andrew Wynne
Dr. Annemie Raath

STAFF

Monique Walsh – Executive Director
Rhonda Eden – Network Lead
Sue Lissel – Network Lead
Chelsea Brookes – Practice Development Lead
Faith Bateman – Quality Improvement Lead
Rachann Pedersen – Member Engagement Lead
Melanie Todd – Clinical Network Lead
Shelley Breen – Integration Lead
Christopher Phillips – Chief Financial Officer
Jennifer Baldes – Accounts/Administrator
Carey Jones – Executive Assistant
Neil Rachynski – Communications Lead
Ron Gorospe – PSP Coordinator (IH)
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