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Shared Care initiative doubles access to specialists in rural BC

Vancouver — Patients in Princeton and the surrounding area are benefiting from a new partnership that increases access to specialty care for rural patients.

A Shared Care Project team including family physicians, specialists, Interior Health staff, and others, have been working together to expand specialty outreach clinics in the small town of Princeton. For Princeton patients, accessing specialist care has required at least three hours of travel through mountainous terrain to Penticton and other larger centres. As a result of the project, access to specialists has almost doubled over a one-year period and now spans 11 specialty areas.

“One of the cornerstones of the work to strengthen our health care model is to provide more patient-centred care for British Columbians,” says Health Minister Terry Lake. “These specialist outreach clinics are an innovative example of how we are better meeting patients’ care needs closer to home, and supporting long-term health, especially for those with chronic illness.”

Located in the Southern Interior, Princeton has a small local hospital serving a surrounding area of approximately 5400 people. As is the case for many rural communities, specialist care can be difficult to access – a challenge which also impacts the recruitment and retention of family physicians in the region.

In 2013, the working group, supported by Shared Care/South Okanagan Similkameen Division of Family Practice project (a partnership of Doctors of BC and the BC government), came together to brainstorm solutions to increase access to specialists in Princeton and the surrounding area. Their solution was to make it easier for specialists to visit Princeton by creating a structure for specialty outreach clinics, and to support access to funding for physician travel through the Northern Isolation Travel Assistance Outreach Program (NITAOP). Many specialists came on board and the clinics made an immediate impact. In the first year, 46 outreach clinics were held with 450 patients receiving specialty care.

“I couldn’t travel because I was paralyzed. I had to rely on everyone else, my friends and my son, but they have jobs,” says patient Don Burnstad. “These outreach clinics have made it so much easier for me to access the care I need.”

Respirologist Dr. Shannon Walker says “I’ve had a couple of patients where the GP had indicated this person was unable to drive to Penticton to come and see me. For me to be able to travel to them, and reach a few of these lives – maybe we make a difference.”

Local doctors are enthusiastic about the opportunity to build relationships and learn from their specialist colleagues through Continuing Medical Education events organized through the project. They feel well supported and connected.

“Having specialist outreach clinics has improved my ability to provide patient care tremendously,” says Dr. Colleen Black, a family doctor in Princeton. “The clinics are really valuable and I am very grateful for their existence.”

“We recognized the challenge for patients to travel to Penticton for appointments, and also the concern of isolation from colleagues for family physicians practicing in rural communities. The specialty outreach clinics address both issues. It’s been a great success,” says Susan Brown, Community Integrated Health Services administrator for the South Okanagan in Interior Health.

After just one year, the range of specialties grew from four to 11, providing specialist expertise on respiratory, orthopedics, rheumatology, general surgery, and urology, among others. A recent one-year evaluation that surveyed 184 patients indicated that up to 31 per cent of patients received specialist care who would not have otherwise received it. Also, significantly, 53 per cent were over 70 years of age, and 10 per cent were more than 90 years old.

“These specialist outreach clinics have had a very positive impact for both patients and the physicians who practice rural medicine,” says Jackie Tegart, Fraser-Nicola MLA. “Having the specialists come to Princeton, allows patients to stay in their home communities to receive care and offers family physicians the opportunity to connect with their colleagues.”

Burnstad, one of the patients seen in the first year, says “When you have people like Dr. Walker coming to town, it makes it 10 times easier to say ‘yes, I’ll go’. It takes one big part right out of the equation.”

Next steps will focus on continuing to test and improve the model to ensure that by April 2016, the clinics will be an integral part of specialist services available to residents and care providers in the region.

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About the Shared Care Committee

Funding and support for this initiative is provided by the [Shared Care Committee](#), a joint committee of Doctors of BC and government of BC. The Committee’s support enables family and specialist physicians to work together in collaboration with stakeholders and community partners to improve patient care.

About the Divisions of Family Practice

Throughout BC there are 35 divisions of family practice encompassing over 230 communities that work collaboratively with partners, such as the Shared Care Committee, to enhance local patient care and improve professional satisfaction for physicians. The [Divisions of Family Practice](#) are funded by the [General Practices Services Committee](#), another joint committee of Doctors of BC and BC government.

Contact

For more information, or an interview with a patient, family practitioner or specialist, please contact:

Lisa Despins, Communications Officer

Doctors of BC

ldespins@doctorsofbc.ca

T. 604 638 7902

C. 778 828 9164