

SCC Meeting – October, 2016

Summary of Key Items

1. Presentation: North Shore Partners in Care Orthopaedic Project – Drs. Alan Badoo & Ruth Campling

- A Shared Care project that brought GPs and Orthopaedic specialists together on the North Shore, has successfully reduced wait times from 18-24 months to three months.
- Strategies included; enhanced screening, a centralized referral system, a referral acknowledgment process for the GP and patient, an orthopedic phone line for GPs to access specialist advice, and a website with information for patients and providers.
- The model is currently spreading to Fraser Northwest, Victoria, and more recently the Sunshine Coast.
- Sustainability of the model is an issue with a shortfall of approximately \$30,000 a year needed to maintain the coordinated management of referrals. This is despite the large cost savings associated with unnecessary consultations, imaging tests, and ER visits.
- The committee discussed opportunities to work through these business issues, using a whole system view (rather than a siloed approach to funding sustainability). It was agreed that further discussion is merited – so that other communities adopting the model can incorporate sustainability strategies from the outset.

2. EOI: Delta Chronic Disease Management in Assisted/Independent Living – Gary Sveinson, Initiatives Lead

- ER doctors are finding that patients in Assisted Living often don't have the support to be discharged, so they stay in the ER or are admitted, sometimes for long periods of time. Alternatively, they present in the ER for a situation that could have been managed at their facility were clinical supports in place.
- Funding was approved to develop a proposal to leverage Division, ER and Hospital activities to improve chronic disease management and proactive primary care for this population, thereby reducing the number of ER transfers and providing an effective discharge for these frail seniors.

3. EOI: Northern Gulf Islands Tele-Mental Health – Nancy Falconer, Initiatives Lead

- Patients in rural/remote communities are disproportionately impacted in accessing MHSU services for a variety of reasons; including travel challenges (such as ferries), lack of transportation, accommodation options, and associated costs.
- The goal of this initiative is to develop a partnership between communities within the Rural and Remote Division of Family Practice on the Northern Gulf Islands, as well as Island Health, psychiatrists and community agencies, to leverage technology for improved access to psychiatry and related MHSU services. The EOI was approved for further development.

4. Polypharmacy Risk Reduction Initiative (PPhRR) presentation – Drs Keith While, Chris Rauscher, Gina Gaspard, & Cindy Preston

- Dr. Keith White & Dr. Chris Rauscher summarized the PPhRR work taking place with prototyping in acute care and spread in residential care with GPSC's Residential Care Initiative (RCI). Committee members commented on whether a spread strategy for PPhRR in acute care could be developed.
- Twenty-five divisions (out of 35) have been engaged as part of the RCI, and increasing numbers of physicians are attending interactive discussions regarding development of Meaningful Medication

Reviews. Local physicians (GPs & specialists), pharmacists, and Directors of Care are involved as presenters or facilitators of the sessions.

- PPhRR and the First Nations Health Authority are partnering to support First Nations communities. It is common for the elderly in these communities to take 20 medications or more.
- Strategies include; engaging pharmacists and physicians to support effective medication reviews, and a team approach focused on community wellness and inclusivity in building culturally appropriate solutions. To date sessions have been held in Williams Lake, Hartley Bay, Skidegate and Powell River.

5. CYMHSU Collaborative Update – Val Tregillus, Project Director

- A [bi-annual report](#) was shared providing examples of work being carried out province-wide to meet the Collaborative's objectives.
- Val reported LATs appreciated the extra time to utilize their allocated funds. A small number of LATs will finish by March 2017, but most will continue until the extended deadline of December 2017.
- Work is now taking place to build integrated care pathways in communities and to embed these pathways in emerging patient medical home/primary care home models.