

Divisions of Family Practice address community needs, improve care at local level

The Divisions of Family Practice initiative is clearly meeting the needs of family physicians across the province. Since its launch almost 2 years ago, the initiative has seen the creation of 18 divisions, representing the interests of physicians in 68 communities. By year-end another two divisions are expected to be added to the total.

Although many of the issues being addressed through the Divisions of Family Practice—such as expanding capacity for primary care and enabling access to a family physician for all British Columbians—are similar across the province, the divisions also focus on identifying and addressing specific local community needs.

“Our Division gives us an opportunity to make positive changes in our community,” says Dr Steve Larigakis, physician lead for the White Rock–South Surrey Division. “In the past there wasn’t a mechanism for improving things. Now we can identify local problems and through our Collaborative Services Committee we can work together toward solutions.”

One of the current priorities for the White Rock–South Surrey Division is the Attachment initiative, also called “A GP for Me,” which is funded by the General Practice Services Committee (GPSC). The provincial goal for this program is to ensure by 2015 that every British Columbian who wants access to a family physician has it.

“The solution to attachment is multi-faceted,” says Dr Brenda Hef-

ford, lead physician for the Division’s A GP for Me initiative. “It involves helping family physicians in the work they do, while also increasing community capacity.”

“We discovered that in the past there were doctors making inquiries about working here, but since recruitment was handled by the health authority and not locally, there wouldn’t be any follow-up.”

To expand capacity, the White Rock–South Surrey Division is developing a recruitment strategy for attracting new general practitioners to the community, and hopes to recruit up to four new family physicians within the next 2 years.

The Division is also working with Fraser Health to develop a multidisciplinary primary care access clinic, slated for opening in early November, to provide a “primary care transitional home” for local patients discharged from hospital or emergency who do not have a family physician. The Division is providing operational support for the clinic, which will be staf-

fed by a community physician and by nurse practitioners provided by Fraser Health.

Recruitment of new physicians has also been a priority for the Abbotsford Division of Family Practice, which in the past year has succeeded in attracting seven new family physicians to the community.

“We discovered that in the past there were doctors making inquiries about working here, but since recruitment was handled by the health authority and not locally, there wouldn’t be any follow-up,” says Dr Holden Chow, physician lead for the Division. By hiring a coordinator and partnering with Fraser Health and administrators at Abbotsford Regional Hospital, the Division was able to ensure that every physician expressing interest in moving to the region was contacted and encouraged to choose Abbotsford. The Division has a goal of securing three additional GPs and is currently in discussions with four potential recruits.

Many of Abbotsford’s newly recruited physicians have requested hospital privileges and are participating in the Division’s Hospital Care Physician Program.

“On any given day up to 15 admissions to the hospital are unattached patients who would be uncared for if we didn’t have this program,” says Dr Chow. The new physicians have revitalized the hospital care program and helped reduce the stress for other family physicians with hospital privileges, says Dr Chow.

In Prince George, an in-patient primary care program has been developed to support family physicians and patients in hospital who don’t have their own doctor, says Dr Garry Knoll,

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 Divisions of Family Practice
An initiative of the General Practice Services Committee

physician lead for the Prince George Division. There is also an unattached patient clinic to follow up with these patients once they are discharged from hospital.

Dr Knoll says the Division has discussed partnering with Northern Health to provide a home for up to 5000 unattached patients in the community, many of whom have special needs. By providing primary care along with a multi-disciplinary range of services in areas such as social work, physiotherapy, and mental health and addictions counseling, Dr Knoll says the needs of up to 30% of Prince George's unattached patients could be met.

This summer the Chilliwack Division of Family Practice launched a hospital care program. According to physician lead, Dr Scott Markey, the program is working out better than anticipated.

“We have had some success in bringing back physicians who had stopped working at the hospital, and with some locum physicians in the community who have chosen to keep up their hospital skills by working in the program,” says Dr Markey.

Overall, among the divisions there is a strong feeling of optimism about the chance to make local changes toward improving primary care.

“It’s pretty exciting times for family practice right now,” says Dr Hefford. “The things going on in the divisions have opened doors and opportunities that didn’t exist before.”

“There’s a recognition now that family practice is where things can be done to make a difference,” says Dr Chow. “We’ve heard that from all levels and now we’re starting to see it.”

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