



DISTRICT DEPARTMENT OF FAMILY PRACTICE NEWS

December 2010

NOTE FROM THE CHIEF

Dr. Rick Gibson, Chief

Continuity of care is important. Evidence shows that when patients have better continuity of care, they live longer, feel better, have fewer emergency department visits & hospitalizations, and encounter fewer complications of medical care. Health care systems with a strong primary health care component are more cost effective than those more dependent on specialists.

Practically speaking, continuity of care translates to every patient having a Family Physician that is accessible for both urgent & chronic care to serve as the point of coordination for patient care. Consider this scenario ... a patient suffers from an adverse reaction to a drug she should not be taking. The physician treated the patient for an episodic problem and was not aware of her chronic renal impairment (or other significant but invisible medical condition). The event could have been prevented if the patient was treated by her family physician.

Poor continuity of care is evident in the indecipherable & incomprehensible reports from walk-in clinics and emergency departments we pore over to determine what was done and what follow up is required. We juggle conflicting specialist recommendations. Patients are sometimes “cross-referred” by one specialist to a colleague, without knowing that the patient had already seen a specialist or had the appropriate test.

As Family Physicians, we are obligated to ensure our patients have continuity of care. Ask yourself... can your patient get an urgent appointment with you or your colleague? What about evenings, weekends or holidays? Are your patients referred elsewhere? Are you receiving satisfactory & timely information on the “elsewhere” encounter? Would you rather spend time treating your sick patient or spend uncompensated time reading the report from someone else, sorting out the complications later on? When you refer patients, are you providing enough information to the specialist, and have you done the tests you ought to do before making the referral? As a patient, what would you expect of your Family Physician?

It is because continuity of care is so important that we have embarked on a number of initiatives (many highlighted

throughout the newsletter), with others to follow. Our objective is to ensure that all patients have a well-informed and well-supported Family Physician, with the ability to access care for their urgent & chronic problems in a timely fashion. Given the financial challenges we face in Nova Scotia, this may be the only way we will afford health care in the future. Do we have a choice?

Rick

EDITORIAL

Strategic planning... it may not be the phrase that moves you to the edge of your seat but it was a pivotal exercise recently undertaken by the DDFP team. The Team idealized what we, as a Department, wanted to be – today, in 2 years, in 5 years... What emerged was not a futuristic, unattainable-in-our-lifetime vision, but instead, a true grassroots plan based on past conversations with members and meeting discussions. We hope to change the world one day, but for now will focus on what you need us to be. A consistent message we hear is the challenge of community Family Physicians to access information that is accurate, succinct, of practice value & effortless to obtain. We want to be the “hub” for you to access the information you need in daily practice (today) & the information and supports you need to enhance your practice (future). The information naturally falls within the headings of Patient Care, Member Services, Innovation, and Relationships, and will shape our roadmap for moving from talk to action... “meeting member needs today.. with an eye on the future”.

One area in which we are making purposeful change is in our newsletter.. such as a note from the editor! We have heard your positive feedback (thank you!) and your suggestions to beef up the helpful information. The format will be divided into **NEWS UPDATE** (what DDFP is doing), **CONSIDER THIS** (suggestions for enhanced practice & patient care), **DO YOU KNOW** (announcements & opportunities) and **BEYOND DDFP** (from other departments & programs).

We continue to welcome your feedback and suggestions and we look forward to your participation in our member planning session (2011). Look for your invitation with details early in the New Year. HAPPY NEW YEAR!

Kim



NEWS UPDATE

At the **DDFP MEETING ON NOVEMBER 17TH**, we celebrated colleagues receiving **LONG SERVICE AWARDS** for over 20 years of patient care in Capital Health. Long-serving credentialed Family Physicians were also honored by Capital Health at the World Trade Centre on October 27th.

Also at the meeting, **DR. DAVE BARNES, CHIEF OF RADIOLOGY**, provided a number of tips for ordering Diagnostic Imaging tests including:

- If you are unsure of which imaging procedure to order, call the Capital Health switchboard (473-2700) & ask to speak to a Radiologist. Alternatively, rather than specifying a test on the requisition, you can write “consult request” on the requisition and outline what you want to know and the radiologist will recommend the most appropriate exam.
- Along with the CAR Guidelines, Family Physicians may also reference the more “user friendly” American College of Radiology (www.acr.org) guidelines.
- Rib views are not recommended for minor chest trauma as they are not 100% sensitive, and do not alter the management.
- Imaging for chronic headaches should only be ordered in specific circumstances.
- There is no benefit to intracranial aneurysm screening unless the patient has two or more first degree relatives with intracranial aneurysms.
- Acute sinusitis can be diagnosed & treated clinically without an x-ray.
- U/S is the 1st choice test for pelvic masses with MRI (not CT) being the 2nd ..we know! FPs cannot order MRIs, and we continue to lobby on your behalf .
- Your DI reports have a new look as a result of the new Radiology Information System that went live on Nov 20th.

In her November Report to DMAC, our **CEO CHRIS POWER** cited the **COMMUNITY HEALTH UNIT (CHU)** as “evidence of our drive toward care that is more centered on the patient’s needs and wants, and less on those of the providers”. The CHU participates in a team model to address the person as a whole & provides opportunity for patient and families to meet with all staff members to discuss their care. Contact: Dr. Stephanie Connidis stephanie.connidis@cdha.nshealth.ca

Community leadership shone in October when Sheet Harbour FP **DR. DON MACDONALD** rented a school bus to take 35 children to a Youth Running Series cross country race in Dartmouth. Dr. MacDonald encouraged, coached & supported the children, some of whom were participating in their first cross country run.

DR. MICHAEL FLEMING was featured in the Nov 2010 DoctorsNS Journal. Dr. Fleming discussed CPSNS plans to initiate revalidation, a process which will require physicians to submit evidence of their ongoing continuing professional development.

Recruitment is underway for a **SITE CHIEF OF FAMILY PRACTICE, DGH**. The Site Chief is responsible for DGH family practice clinical services & provides onsite medical leadership to community-based & hospitalist FPs providing care to 130 inpatients. Contact: Dr. Stavros Savvopoulos at stavros.savvopoulos@cdha.nshealth.ca

BEYOND DDFP

The **ROTAVIRUS VACCINE EVALUATION PROJECT** provides rotavirus vaccine free of charge to infants born after October 1, 2010. The revised vaccine order form includes this vaccine & the reciprocal report form is also the billing form. <http://www.cdha.nshealth.ca/default.aspx?page=SubPage&category.Categories.1=922¢erContent.Id.0=65174>.

Partners for Care (Capital Health) launched a fee-for-service Obesity Management Program, **PARTNERS FOR HEALTHIER WEIGHT**. This is the first medically & psychologically supervised weight management program in Atlantic Canada, with a multidisciplinary team. Contact: 473-1189.

The CFPC reported that the Globe & Mail polled online readers asking if they felt family doctors should be **“REQUIRED” TO MAKE HOUSE CALLS**. By November 12th responses were: 43% YES, 57% NO. According to 2007 National Physician Survey data 48.3% of FPs offer house calls. 22.7% mention that others in their practice offer house calls.

CONGRATULATIONS TO

Capital Health Family Physicians honored on Dec 3rd at the **NSCFP AGM**. **DR. DAVID MACNEIL** was named **Family Physician of the Year 2010**. Receiving **Awards of Excellence 2010** for exemplifying the Four Principle of Family Medicine with Extraordinary Service and Leadership were **DR. CATHERINE CERVIN** and **DR. RICK GIBSON**.

DR. SAI RAGHAVAN for being elected to the DoctorsNS Section of General Practice Council.

DR. S. SAVVOPOULOS for his appointment as Medical Director, Hospital Care in the DDFP.

DR. FRED BURGE for his appointment as Interim Medical Director, Quality and Evaluation in the DDFP.

MVMH and **DALHOUSIE FAMILY MEDICINE** for moving to an open access scheduling model. Dalhousie Family Medicine conducted a comprehensive evaluation featured in **Canadian Family Physician** (Sept 2010).



CONSIDER THIS

Primary Health Care (PHC) and DDFP developed a **COMMUNITY MASTER PLAN** which includes multiple initiatives aimed at improving the quality of primary health care, including access. The DDFP is 450 Family Physicians strong so imagine the impact on patient access if we each make a few small changes in our practice.

CONSIDER ... 97% of Capital Health citizens have a FP yet the percentage of the population that presents to the Emergency Departments without a FP is over 6%.

A new initiative called PHC Connections will begin in Jan. 2011, aiming to connect patients without a FP to those accepting new patients. The first target patient group will be identified via the Emergency Departments and through community advertising.

FAMILY PHYSICIANS can accept a minimum of five new patients in their practice and collaborate with the PHC Connections coordinator to streamline the patient transfer to your practice. Contact Kelly Thompson at 473-1779 or complete the attached form.

CONSIDER ... patients often present to the Emergency Department or a Walk In Clinic because they are unable to make a timely appointment with their FP.

FPs who offer increased same day access report happier patients, happier staff and more control over their work day. Patients prefer to see their own FP, continuity of care is well documented as the preferred approach, and FPs can generally schedule more urgent care visits per hour than complex care appointments, so their earnings increase.

FAMILY PHYSICIANS can offer at least 1 hour/day of same day/urgent appointments in your schedule.

CONSIDER ... patients often present to Emergency Department or a Walk In Clinic with non urgent concerns.

Patients may not be aware of alternatives such as HealthLink 811, a telephone service staffed by Registered Nurses, offering information and advice to patients.

FAMILY PHYSICIANS can promote HealthLink 811 as an alternative to the Emergency Department, using visual media (i.e. posters/ cards in your office), advice to patients during their visit, and through their after hours phone message.

CONSIDER ... patients often present to an Emergency Department or a Walk In Clinic with the assumption that their FP does not have after hours appointments.

DDFP-PHC is piloting a multi-practice Urgent Care Centre in East Dartmouth beginning in Jan. 2011. Planning is underway for other communities throughout Capital Health.

FAMILY PHYSICIANS can adjust their schedule to offer limited evening or weekend options to better accommodate the needs of the patient (i.e. outside of 9-5).

CONSIDER ... patients do not go to their FP, even during scheduled hours, because they either do not want to “bother” their FP or they think they need a specialized testing for their concern.

DDFP is creating a media campaign to encourage patients to “come back to their FP”, emphasizing the benefits of continuity of care; i.e. “we can treat your rash and we DO want to be bothered!”. The Campaign also links with the PHC Connections (above) to provide a contact for patients who do not have a FP.

FAMILY PHYSICIANS can support the campaign by hanging posters in the practice, echoing the message to patients, and making it easier for patients to return for followup.

The **DDFP COMMUNITY COUNCIL** held a retreat in Sept 2010 to refocus. A Working Group has since developed Council priorities & a member communication plan. Counselors are keen to connect directly with their constituents and will be contacting members early in 2011. The focus will be on providing personal two way communication between DDFP & members. A fan out list has been developed identifying each constituent with a Counselor. This list will also be used in our **DEPARTMENTAL EMERGENCY RESPONSE** planning for community emergencies or disasters in which we may be asked to provide medical care.

The revised **BREAST HEALTH CLINIC REFERRAL GUIDELINES** can be found on the DDFP website.

IT'S THE LAW poster is a useful office reference for reporting notifiable diseases to Public Health. http://www.gov.ns.ca/hpp/publications/06026_ItsTheLawPoster_En.pdf.

Do you have patients who may be interested in helping Dalhousie University First Year Medical Students learn to communicate with, and examine patients? The **DALHOUSIE LEARNING RESOURCE CENTRE** is seeking volunteers on Tuesdays 1:30-3:30 pm and Thursdays 9:30-11:30 am. Recruitment posters for your waiting room are available. Contact: Angela Vermeir at 494-7746 or vpinfo@dal.ca; http://lrc.medicine.dal.ca/becoming_a_volunteer_patient.htm.

DID YOU KNOW?



charting a new course
to better care:

STRONGER LINKS BETWEEN CONSUMERS,
FAMILIES AND HEALTH CARE PROVIDERS
HALIFAX, NOVA SCOTIA • JUNE 23-25, 2011

12th CANADIAN COLLABORATIVE MENTAL HEALTH CARE CONFERENCE

DDFP is co-sponsoring the **12TH CANADIAN COLLABORATIVE MENTAL HEALTH CARE CONFERENCE**. Call for Abstracts deadline is Jan 24, 2011 www.shared-care.ca.



Capital Health

Sponsored by:

Department of Psychiatry, Dalhousie University
District Department of Family Practice, Capital Health
Mental Health Program, Capital Health



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There is a unique opportunity for FPs to work with the **HALIFAX 2011 CANADA GAMES (FEB. 11-27)** by treating games participants at HRM & Tatamagouche locations. Contact: Shelley Walushka Shelley.walushka@canadagames2011.ca or 490-4942.

DDFP supports the **NOVA SCOTIA CHRONIC PAIN COLLABORATIVE CARE NETWORK**, a mentor-mentee community network of primary health providers interested in improving their management of chronic pain patients. There are twice yearly meetings, an annual workshop and CME credits available. The next workshop is **MARCH 5, 2011** at the Dalhousie University Club. Contact: Dr. Peter MacDougall @ 402-4783.

DR. ROMESH SHUKLA has been named Acting Chief, Department of Anesthesia, Capital Health. Contact: 473-7736.

The new **MILLENIUM LAB INFORMATION SYSTEM** can better manage how & when tests are done, particularly when tests are repeated unnecessarily. Messages will be sent from the lab indicating a test has not been processed & does not need to be repeated. i.e. if a Rubella serology test confirms immunity, the status will never change and so the test never has to be repeated. The Lab is developing test utilization tools.

Doctors Nova Scotia is accepting nominations for the **2011 DOCTORS NS ACHIEVEMENT AWARDS** until January 14, 2011. Contact Melissa Murray melissa.murray@doctorsns.com.

Frustrated with completing follow up tasks after your patient visits a walk in clinic? The **CPSNS STANDARDS OF CARE FOR WALK-IN CLINICS** states "The follow-up of test results and treatment is the responsibility of the ordering or treating physician, unless other physicians involved in the patient's care have been informed and have explicitly agreed to assume this responsibility." Specific examples may be forwarded to the CPSNS.

BEYOND DDFP

INSPIRED supports patients & families living with COPD through a team of professionals providing education & support. Contact: Dr. Graeme Rocker inspired.copd@gmail.com.

The **CARDIOLOGY NURSE PRACTITIONER (ACCESS) CLINIC** is a Capital Health pilot project aimed at decreasing wait times for cardiac assessment. Contact: Debbie Hutchings-Mulcahy @ 473-7404 or deborah.hutchings-mulcahy@cdha.nshealth.ca.

The **COMMUNITY SERVICES LOCATOR** of the Canadian Cancer Society lists more than 4,000 cancer-related services and programs in an online directory (www.cancer.ca). Contact: Kelly Wilson kelly.wilson@ns.cancer.ca.

The **MYNIGHTINGALE EMR SYSTEM** reports that patient records cannot be transferred to a different physical location. Should a physician relocate to another clinic, the patient demographics can be transferred but not test results or clinical encounter notes. Contact: Primary Health Care Information Management (PHIM) phimprogram@gov.ns.ca.

DOH's **MY SURGERY WEBSITE** (<http://mysurgery.nshealth.ca>) provides orthopedic patients & caregivers information on their pre-op consultation, surgery and post-op rehabilitation. Patients may access the site prior to seeing an orthopedic surgeon. Contact: Mary Hill mary.hill@nshealth.ca.

BLOOD COLLECTION CLINIC (VG Site) drop in services are limited to patients who are receiving transplant or cancer care, have a hospital appt. or are using a hospital service on the same day. Contact: Anita Muise 473-6585.