

Support Our Health Care (SOHC)

Dedicated to the development of Princeton as a model of excellence and innovation in rural health care.



Newsletter



December, 2016

South Okanagan Similkameen Rural Corridor Community Coalition

This coalition has been formed to develop a more cooperative and collaborative relationship between the healthcare communities in Princeton, Keremeos, Oliver and Osoyoos.

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Highlights of 2016

An overview of some of the activities that SOHC has been involved in over the past year. A more complete review can be found by visiting our website at www.sohc.ca

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Lyme Disease Presentation

To provide Princeton and Area residents with information on healthcare topics, SOHC has launched a series of workshops, beginning with a presentation on Lyme disease, held on November 22.

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Love a Locum

This very successful program continues to welcome locums to our community.

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SOHC AGM

AGM 2017 will be held on January 22, 2017 at 7:00 pm at Riverside Community Centre.

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Health Care Links

A selection of links to the websites of various healthcare organizations where you can find articles covering a range of healthcare topics.

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Cambie Clinic Court Case

After many delays, the legal challenge to public health care brought on by Dr. Brian Day and his associates began proceedings in BC Supreme Court in September.

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Appreciation

I consider myself to be very fortunate. I received what I consider to be a good public school education, graduated from university, and was fully employed throughout my life in a job that I loved, all of which provided me with a comfortable life and now, a comfortable retirement.

I've also been fortunate enough to pursue many of my passions, including travel.

Traveling to other countries and experiencing other cultures has taught me many life lessons, perhaps the most important being an appreciation of what I have.

Travel has also taught me that by the accident of birth, I live in one of the greatest countries on this planet. Compared to many others, Canada enjoys a stable government, stable economy, a robust charter of rights and freedoms, an excellent climate (at least here in Princeton), and public institutions such as education and healthcare services that are the envy of others around the world.

I was brought up in a Christian family where I learned that I should always "be mindful of the needs of others." Over the past five years, SOHC has provided me with a way to assist those in need by doing what I can to improve healthcare services in our community. My work in SOHC has been very rewarding and given me a greater appreciation of this

wonderful community in which I live.

As we approach this holiday season, let's remember to appreciate our many blessings and share our good fortune with others.

On behalf of SOHC, I'd like to wish you a very Merry Christmas and a Happy and Healthy New Year.

Edward Staples, President



www.sohc.ca



Princeton's Dr. Tim Van Der Heide (front row, left) joins other doctors in the first meeting of the SOS Physicians Collective.

News from the South Okanagan Similkameen Rural Corridor Committee

In October, 2015, at the invitation of the South Okanagan Similkameen (SOS) Division of Family Practice, SOHC attended a meeting of physicians and community leaders from Princeton, Keremeos, Oliver, Osoyoos, and First Nations to discuss ways that we could cooperate and collaborate on the delivery of healthcare in our communities. From this initial meeting evolved the *Developing Sustainable Rural Practice Communities* (DSRPC) project with the goal of combining existing strengths and resources to establish sustainable and patient focused healthcare in the SOS Rural Corridor.

Over the past year, the group met regularly to map out strategies, resulting in agreement on three main components for the project:

- formation of the SOS Rural Corridor Practitioner Collective,
- formation of the SOS Rural Corridor Community Coalition
- development of community and practice protocols

SOS Rural Corridor Practitioner Collective

The first meeting of the Practitioner Collective was held on October 1,

2016 at the Walnut Grove Beach Resort.

The physicians, representing multiple clinics in the four SOS communities, reviewed the main components of the project and had the chance to ask each other questions and hear how other clinics deal with similar challenges.

“Most of us don’t have time to sit together and chat about each other’s work,” says Oliver physician, Dr. Madia Smallwood. “It was great to have the opportunity to listen, and see how we might be able to work together as a team.”

Discussion also included other rural practice issues and potential solutions such as:

- integration and access to Electronic Medical Records
- recruitment and retention of physicians
- community ownership of its healthcare resources and how community planning impacts those resources
- consistency of care throughout the SOS Rural Corridor
- models of remuneration

SOS Rural Corridor Community Coalition

The aim of the Community Coalition is to bring together a diverse group of community representatives to guide the project and work together

to address healthcare issues in the SOS Rural Corridor.

The Community Coalition will focus on building a strong community collaborative that includes membership from the SOS Rural Corridor practitioners, municipal government, First Nations, Interior Health, allied health, and additional community organizations. The Community Coalition will function as an advisory for the DSRPC project during its implementation phase. However, it is understood that the Community Coalition will continue beyond the DSRPC project to ensure sustainability and collaboration of the communities past the close of the project.

The Community Coalition is presently working to develop an action plan that will outline their scope of work.

SOS Rural Corridor Protocols

Strong foundations created through the Practitioner Collective and the Community Coalition will allow for the collaborative development of community and practice protocols such as:

- recruitment and retention
- chronic pain management
- community resource access
- after hours care

Highlights of 2016

Dr. Mahrous Mousa Joins Cascade Medical Group

In April, SOHC sent Dr. Mahrous Mousa a letter welcoming him to our community. Dr. Mousa joined the Cascade Medical Group on February 15 and has been adding patients to his practice over the past several months.



Dr. Mousa was recruited through the International Medical Graduate Program and completed his Practice Ready Assessment in Castlegar, B.C. He trained and practiced medicine in Egypt for many years and brings an abundance of clinical experience with him.

Healthcare Traveling Roadshow Visits Princeton

On May 18, students at Princeton Secondary School were given the opportunity to discover first hand what it might be like to have a career in one of the health care professions. The Health Care Traveling Roadshow was in town giving hands-on workshops to high school students as part of their visit to the southern interior communities of Merritt, Princeton, and Keremeos.



The Traveling Roadshow is a program started in 2009 by Dr. Sean Maurice from the University of Northern British Columbia that addresses the fact that students from rural and remote regions of BC have traditionally been under-represented in the health care professions. The Roadshow group consisted of eleven university students representing a wide range of health care areas, including family practice, nursing, speech pathology, lab technology, midwifery, massage therapy, and occupational therapy.

Presentation of this program in Princeton was the result of several months of work by Nienke Klaver, SOHC Secretary.

Art for Health



Local artist Susan Delatour (on right) and Marjorie Holland, President of the Princeton and District Arts Council, stand in front of a print by British artist David Hockney that was installed at PGH on June 9th as part of the Art for Health project. This is one of five art installations at the hospital and clinic that aim to provide a more welcoming and healing space for patients in our community's health care buildings. All installations are made possible through financial assistance from the Arts Council.

Princeton Healthcare Steering Committee

Keith Olsen joined the Steering Committee as SOHC's representative, filling the position held by Edward Staples, who resigned from the Committee

in May. The Steering Committee continues to work collaboratively with SOHC to improve healthcare services for the residents of Princeton and Area.

Community Consultation

On February 16, Support Our Health Care (SOHC) held its second Princeton Healthcare Community Consultation at Riverside Community Centre. Over 40 community representatives attended the event, providing their perceptions on the present state of health care in our community. The goal of the Consultation was to collect data to direct future improvements to Princeton's model of health care.

A Summary Report of the Consultation has been made public and can be accessed on the SOHC website at www.sohc.ca

Cascade Medical and PGH receive 2016 Award of Excellence

The health care practitioners and professional staff at Cascade Medical Clinic and Princeton General Hospital have received the 2016 Award of Excellence from the Rural Coordination Centre of BC for their dedication and service to the residents of Princeton and Area. Dr. Ella Monro, GP at Cascade Medical, and Cherie Whittaker, PGH administrator, attended the Awards Dinner held on June 9 and received the award on behalf of the entire Princeton Healthcare Team. The nomination for this award was made by the SOHC Executive.

Community Paramedicine

In April, following the completion of Princeton's involvement in the provincial prototype program, the Minister of Health announced the implementation of the Community Paramedicine program in 73 communities across BC. Princeton has hired two paramedics who will be delivering this program in our community.



SOHC Launches Workshop Series with Presentation on Lyme Disease

On Tuesday, November 22, SOHC presented a workshop on Lyme disease. The event was organized by SOHC Executive member, Keith Olsen. The award-winning documentary film Under Our Skin was shown, followed by a short discussion where people had the opportunity to ask questions and share their experiences with the disease.

The workshop is the first in a series that will present information to the public on a variety of healthcare topics. This series has been organized in response to the Community Consultation held in February, where participants indicated a need for information on healthcare topics and services available in our community.

The second workshop on Pain Management is planned for February, 2017. SOHC is working cooperatively with our local practitioners to identify topics that will be most beneficial to Princeton and Area residents.



Love a Locum

At the suggestion of Dr. Ella Monro, the Love a Locum program was organized by SOHC in 2015 as a way to welcome new locum doctors to our community. The success of the program is due in large part to the volunteer work done by Lori Thomas at the Princeton Visitors Centre. In 2016, the Town of Princeton agreed to have Lori continue in her role as coordinator of the program.

The goal of the initiative is to show our appreciation by presenting welcome gifts to locums when they arrive for the first time in our community. Over the past year we have received generous donations from many individuals, businesses, and organizations.

You can support this worthwhile project by dropping off your donation at the Princeton Visitor Centre on Bridge Street. For more information on Love a Locum, please call SOHC at 250-295-0822.

ANNUAL GENERAL MEETING

SOHC Annual General Meeting

The Annual General Meeting of the Support Our Health Care (SOHC) Society of Princeton will be held on Thursday, January 19, 2017 beginning at 7:00 pm at Riverside Community Centre. The agenda will include a report on activities in 2016, a financial report, presentation of priorities for the coming year, and election of officers and directors.

Please plan to attend. Your support is important to the success of our society.



Health Care Links

Canadian Doctors for Medicare
www.canadiandoctorsformedicare.ca

Canadian Health Coalition
www.healthcoalition.ca

BC Health Coalition
www.bchealthcoalition.ca

Support Our Health Care (SOHC) Society of Princeton
<http://sohc.ca>

Cambie Clinic Legal Challenge Begins in BC Supreme Court

On September 6th, BC Supreme Court began hearing arguments in the legal challenge to Canada's public healthcare, brought on by Brian Day and his associates at the Cambie Surgery Centre in Vancouver. The following excerpts are from an interview with Adam Lynes-Ford (BC Health Coalition) that appeared in the September 1 issue of *Ricochet* online news:

Briefly, can you outline the implications of the court case for health care?

Fundamentally the potential implications of the lawsuit are that many people in Canada won't be able to afford health care and many people will end up waiting longer for treatment. This lawsuit strikes at the bedrock of Canadian public health care, which is the agreement that we will all be able to access care when we need it, based on our need and not our ability to pay for it.

Let's start getting into the case. Who is Dr. Brian Day?

He is the co-owner of the Cambie Surgery Centre. That is a private for-profit clinic in Vancouver. He has been a vocal proponent of for-profit care for quite a long time.

His clinics were the subject of a bunch of complaints by patients who were trying to access care there. As a result of their complaints, he got notice that his clinics were going to be audited. Instead of opening his doors and allowing the audit to take place and then reimbursing patients that he may have illegally billed, he joined with a

bunch of other for-profit clinics and launched this constitutional challenge.

There's a second audit underway looking at specific physicians working in Dr. Day's clinic, because what was also found was evidence of double billing, which is essentially double dipping.

The case gives insight into the kind of practice that Dr. Day runs and would like to expand in Canada, and it also gives us a sense of the really problematic things that can go on in private health care facilities when profit is the motive.

What is Dr. Day's argument?

His plaintiff's argument is that certain sections of BC's health care legislation are not constitutional. There are a couple of specific rules that they are challenging as unconstitutional.

The first rule is against extra billing. That means that right now doctors are not allowed to charge above and beyond a certain amount for medically necessary care. That's how we make sure that care is based on need and not ability to pay. That's a tenet that is implemented across the whole country.

The second rule they're challenging is that right now private insurance companies are not able to sell insurance for medically necessary services. In B.C. we have a whole bundle of necessary services that are covered by MSP and everybody has access to them. There's a ban that says private insurance companies can't sell and deny those services.

The reason we say the case has implications across the country is that

those rules are based on the Canada Health Act, a federal act, and every piece of health care law across the country has those same rules. If they were found to be unconstitutional here in B.C., it would be a domino effect across Canada.



Adam Lynes-Ford, BC Health Coalition, and Dr. Rupinder Brar, Canadian Doctors for Medicare.

The BC Health Coalition is an intervenor in the case. What is your organization's stance?

We're in an intervenor group with Canadian Doctors for Medicare, two doctors, and two patients. The doctors in the group want to be able to provide care to their patients based on need and not be in a position to have to turn away people who don't have the right kind of private coverage or can't pay. The two patients in the group have complex health conditions, rely on an accessible public health care system, and are really concerned about what a privatized U.S.-style health system would mean for them.

Our stance is that we must maintain access to health care based on our needs and not our ability to pay. We see from systems across the world the terrible health outcomes and financial outcomes when people are turned away for medically necessary care because they can't afford it.