

Support Our Health Care (SOHC)

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

Newsletter

Summer, 2014

Doctor Retention and Recruitment

Formed as a sub-committee of the Princeton Health Care Steering Committee, this group has been meeting weekly to address our present shortage of medical practitioners.

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Dr. Eva Farewell

After four years of service to our community, Dr. Eva has left Princeton. On July 23rd, Princeton and Area residents gathered at Riverside to bid him a fond farewell.

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PHCSC Report Card

The Princeton Health Care Steering Committee is coming to the end of its first year of operation. Here's their year end report card.

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Legal Challenge to Medicare - BCHC

On September 7th, BC Supreme Court will begin its trial of the challenge to public health care brought about by Dr. Brian Day. The BC Health Coalition is one of the interveners in this case.

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Shared Care Project

Long time resident, Frances La Brash, is one of many who have benefited from the Princeton Access to Specialist Care Project funded by the Shared Care Committee.

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Grant Application updates

Dr. Barbara Pesut and Dr. Carole Robinson of UBC Okanagan made grant applications to fund research projects in Princeton. There's good news and bad news. First, the bad news . . .

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News from the Health Care Front

Two months ago, the Princeton Health Care Steering Committee (PHCSC) began a review of its Action Plan to develop a new roadmap to guide its second year of operation. As a member of the committee, SOHC took part in the review with a sense of optimism, taking pride in the many accomplishments to date. They included four family physicians and one nurse practitioner working together at Cascade Clinic and Princeton General Hospital; ER open 24/7; specialist clinics at our hospital providing service to local residents; and the list went on.

Unfortunately, with Dr. Eva leaving our community at the end of July and the sudden departure of our replacement nurse practitioner, we once again find ourselves in the difficult position where there are not enough medical practitioners to meet our community's needs. To meet this challenge, the PHCSC formed a Retention and Recruitment Sub-Committee. Working in partnership with Interior Health, this committee has met with our three remaining doctors to discuss recruitment strategies that

will attract two new General Practitioners and a replacement Nurse Practitioner.

To date, the committee has met with little success. In early July, Dr. Khurum Saif and his family visited our province to look at various communities where he might set up a practice. During his visit to Princeton, Dr. Saif met with our health care providers and was warmly received by the community. We have since learned that he has chosen to go to Prince George.

Recruiting new medical practitioners and retaining those that we have will be difficult. The reality is that there are too many General Practitioner vacancies in the province and too few available doctors. Based on advertisements found at HealthMatch BC, a free online health professional recruitment service funded by the Government of British Columbia, there are 102 communities in B.C. looking for at least one GP. In Interior Health alone, there are 35 communities looking for 85 GP's.

There may be some relief on the horizon. According to an article in the March 13, 2013 issue of the Vancouver Sun, 107 soon-to-graduate UBC medical students have been placed in family medicine residency programs.

This a record number and according to UBC associate dean, Dr. David Snadden, this is good news for B.C. residents searching for a family physician. But it will take a couple of years before these new doctors will begin looking for permanent positions in the province.

In the meantime, SOHC will continue to explore all options to address this and other health care challenges that face our community. We should be proud of our accomplishments, but clearly it's going to take a lot of work and a great deal of luck to meet our present challenges.

Thank you for your continued support,

Ed Staples, President



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Retention and Recruitment

At their June meeting, the Princeton Health Care Steering Committee formed a Retention and Recruitment Sub-committee (R&R) to address the present shortage of medical practitioners for Princeton and Area. Members of the working group are Brad Hope (Area H Regional Director), Douglas Pateman (Princeton Town Counsellor), John Akerley (Area H representative), and Ed Staples (SOHC President). Nienke Klaver was appointed recording secretary and Lori Thomas was asked to join the group to provide assistance and advice in promoting our community.

The group has been working closely with Interior Health and recently met with Jane Larocque, Leader of Physician Marketing and Recruitment. She provided information on advertising strategies and recommended that we use a blended approach that includes ads in medical journals, online websites, and community promotional material that can be distributed at events like doctor conferences.

Ms. Larocque also worked closely with the R&R group in organizing a two-day visit for Dr. Khurum Saif who was looking at several B.C. communities where he might set up his practice. From all reports, he was very impressed with the reception he received in Princeton. Unfortunately, Dr. Saif has chosen to begin his practice in Prince George.

The R&R group has also been working on attracting locums to provide temporary relief for present doctors. Even with attractive incentives in place, such as a free apartment made available by Interior Health, there are presently no locums available.

The group continues to explore a variety of options and is working closely with our doctors and IH to address this issue.

Farewell Dr. Eva

On July 23rd, Princeton and Area residents assembled at Riverside Community Centre to say goodbye to Dr. Evaristus Idanwekhai.



Dr. Eva cutting the cake with his wife Queen and three of their five children

Dr. Eva, as he is known to his patients, has served the community of Princeton for four years. He announced in May that he would be leaving Princeton and setting up a practice in the lower mainland.

Over 100 people attend Dr. Eva's farewell reception, wishing him all the best in his future practice.

PHCSC Report Card

In September, 2013, the Princeton Health Care Steering Committee (PHCSC) was given a one year mandate to provide the mechanism for Interior Health, the Town of Princeton, RDOS, and the Cascade Clinic to work together to support stable, sustainable and accessible health care in Princeton and Area and to implement the Action Plan entitled "To Sustain an Effective Health Care Model for Princeton and Surrounding Areas".

After one year of operation, the PHCSC has been successful in some areas and not so successful in others. What follows is a "report card" of the committee's efforts to date.

Site Enhancement

Although there have been some improvements and renovations made, the doctors would like to see more done to upgrade and expand the facilities at Cascade Medical Clinic. Through a generous donation of artwork by Sandy and Bill Spring, the Clinic has seen some aesthetic improvements. The planned showing of local artists' work by the Princeton Arts Council has yet to be realized.

Grade: C+

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Report Card

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Delivery of Service

With the completion of the transfer of patient medical records to a new electronic system and as doctors get to know their patients better, the volume of patients seen at the clinic is on the increase. However, access to a family physician remains a problem for many local residents as a result of a shortage of practitioners. The establishment of a Rapid Access Clinic for short and uncomplicated issues is proving to be successful in reducing the case load but many patients are still experiencing long wait times for regular appointments.

ER service remains open 24/7 although the high number of patients who are using the service for non-emergency visits is putting an added strain on practitioners, nurses, and support staff.

On the positive side, patients now have easier access to specialists through the installation of a telehealth station at the hospital and the implementation of a project that brings specialists to our community on a scheduled basis. (see article on page 4.)

Grade: B-

Customer Service

With the installation of a new phone system, the hiring of additional support staff at the clinic, and extended lab hours, patients are now experiencing improved customer service at Cascade Medical Centre and the hospital. The Medical Office Assistants at the clinic are doing their best to provide a consistent and

efficient "front line" service to the community.

Grade: A-

Transportation

Transportation to and from medical appointments remains an issue for many Princeton and Area residents. In an effort to inform the public of the various options available, the PHCSC surveyed the community and then distributed a pamphlet describing the various forms of public transportation that are available. The reality is that access to appointments is a problem for many residents, many of whom rely on family members and volunteers.

The HandiDart bus provides service within Princeton and to Penticton on a scheduled basis. Efforts to extend this service to include Kelowna have not met with success.

Grade: C+

Recruitment and Retention

Back in November, our community had four family physicians and a nurse practitioner working at the clinic and hospital. Although there were some vacancies in the nursing and support staff, the PHCSC felt confident that its staffing concerns were under control. And if there was a grade assigned for that time it would have been a solid "A".

However, that was not to last. With our nurse practitioner taking maternity leave and the resignation of one of the family physicians, the Steering Committee now finds itself back to where it was almost two years ago.

Although no-one is to blame, the reality is that we now have a shortage of medical practitioners and the system is struggling to meet the community's health care needs.

Grade: D

Communication

With the cooperation of both local newspapers, the public has been given regular updates on the work being done by the Steering Committee. In addition, it has provided the public with a way to share concerns, suggestions, or comments with the Steering Committee through an email site comments@princetonhealth.ca or by regular mail (Box 257, Princeton).

Grade: A

Healthy Community

Through representation from the Town of Princeton, the PHCSC has been involved in efforts by the Okanagan Similkameen Healthy Living Coalition to promote healthy life styles in Princeton residents. To date, there has been little activity on this initiative.

Grade: C

Summary

This report card gives a brief summary of the efforts of the past year; its purpose is to inform and provide direction for future improvement. With a lot of hard work and a little bit of luck, it's hoped that the Princeton Health Care Steering Committee will have a very successful second year serving the health care needs of Princeton and Area.





Medicare Challenge Goes to Court September 7

The following information is provided by the BC Health Coalition:

We risk losing Canada's public health care system in 2014.

Right now, there's a dangerous legal attack before the courts that could turn Canada's Medicare system into a US-style system – without the public having a say.

The attack is driven by Dr. Brian Day, owner of a Vancouver for-profit clinic known for unlawfully billing for necessary care. Dr. Day is on a calculated campaign to replace Canada's Medicare with a US-style system, and he's using the courts to do it.

The case is being called the most significant constitutional challenge in Canadian history. And it's going to trial in BC Supreme Court this September.

What does this mean for me and my family?

If Dr. Day wins this case, we'll lose the public health system that our families rely on. The two-tier system that will replace it will pose a significant threat to the health and wellbeing of Canadian families:

Doctors will be able to set any price that they want. Because of deregulated medical pricing, the average health care spending per person in the US was \$8,508 in 2011. In Canada, it was \$4,522.

Expensive private insurance will become the new norm like in the United States

where the cost of insurance for an average family of four is \$23,215 a year.

Two-tiered health care will mean more income insecurity for Canadian families. 3 of every 5 bankruptcies in the US are due to medical bills – and 69% of Americans who experienced medically related bankruptcy were insured at the time of their filing.

Public wait times will become longer, as doctors and nurses are siphoned from the public system to the for-profit system.

Why is this a national issue?

Even though the case is in BC, it threatens health care for all of us. If Dr. Day wins the case the laws that protect our public health care system will crumble across the country. We have to make sure Dr. Day is defeated. Canadians take pride in a system that looks after all of us when we need it – we don't want US-style health care.

There are real solutions to the challenges we face that won't compromise the values of fairness and access to good health care for all.

Who's defending our public health care system?

The BC Health Coalition and Canadian Doctors for Medicare are interveners in this case. This means that we are participating directly in the case, and we'll be standing up for Medicare in court.

But this fight will not only be won in court. We need you to make sure that Dr. Day is defeated by sending a clear message: we want a system that cares for

everyone, and taking away our health care system is wrong.

We need to make sure our voices are loud and clear in government, media and our friends and family – we want a Medicare system that works for all people in Canada.

What can I do?

We need your support to help save Canada's Medicare system. Help raise awareness about this case in your community, and help ensure that we are speaking out together about the importance of protecting public health care in court.

Take action:

- 1) Sign up at www.savemedicare.ca and keep up to date on the case.*
- 2) Spread the word in your community: organize a local event, get coverage in your organization's newsletter, make a presentation to local community groups in your area.*
- 3) Write to your local newspaper, and let them know about this important case.*
- 4) Find us on facebook and help us by spreading the word to your social network.*

Shared Care Project Up and Running

Merv La Brash and his wife Frances couldn't be happier with Princeton's health care services, especially with the increased specialist care that's now available.



Frances La Brash in Dr. Monroe's office

For the past few years, Frances has been seeing a specialist that came to Princeton once or twice a year. Now, through a project designed to improve access to specialist care in Princeton, she can arrange to see her specialist more often without leaving Princeton.

In 1975, Merv and Frances made the decision to get away from their busy, crowded life in Langley and move to a small town. They chose Princeton area somewhat by chance. On their way to Penticton they stopped along the highway near the Sterling Creek Bridge to help a rancher put out a fire in his garage. After the fire was contained, the rancher told them about a piece of property that was for sale on Old Hedley Road which they ended up buying. Merv and Frances recently celebrated their 60th wedding anniversary and are now living in Vermilion Court.

Access to specialist care can be a concern for people like Merv and Frances who live in rural BC communities. Seniors who no longer drive are strongly affected because they often rely on family or friends for rides or spend a full day getting to and from Penticton on the HandiDart bus. Travel can be even more challenging if their appointment is in Kelowna.

The Princeton Health Care Steering Committee, which includes physicians, community and Interior Health representatives, was formed in September 2013 with the goal of supporting improved care in the region. The committee has been working with the South Okanagan Similkameen Division of Family Practice on a Princeton Access to Specialist Care project funded by the Shared Care Committee, a joint collaborative committee of the Doctors of BC and the Ministry of Health.

The goal of the project, which began last November, is to improve and sustain access to specialist care and to support Princeton physicians in providing optimal care. With appointments made by their family doctor, the first phase is providing local access to specialties in higher demand through outreach clinics where specialists see their patients at Princeton General Hospital. Specialty areas presently being covered include nephrology, respirology, rheumatology, cardiology, pediatrics, and psychiatry, with more specialty areas being explored.

Since January, there have been 14 specialist outreach clinics and 135 appointments in association with the project. Everyone surveyed has rated their overall satisfaction with the visit as excellent or good. For patients who have missed specialist appointments in the past because of transportation difficulties, the clinics provide much improved access. Numerous patients have stated their great appreciation for the clinics being held in Princeton.

Instrumental to the success of the program is the commitment of staff, in particular, the Princeton General Hospital Registration Clerk, Darla Biagioni. Darla's organization of the clinics and support of the patients ensure the clinics run smoothly and patients feel comfortable. Because of her position, Biagioni has heard many positive comments about the program, including one person who told her that she was thinking of moving from Princeton to be closer to specialist services, but will now remain because of this program.

Dr. Brian Forzley, a Nephrologist who sits on the Project Advisory Committee,

states: "It's been refreshing to do these outreach clinics, to get to know the Princeton physicians better, and to try and help people that have a hard time getting to Penticton for appointments. It's easy as a doctor to forget what people go through for a 'routine' visit when they are coming from out of town. I hope there's more yet that we can accomplish with our existing resources to make our care even better for people living in Princeton."

Dr. Ella Monroe, Merv and Frances' family physician, also serves on the committee overseeing the project. Dr. Monroe says it's a privilege to be involved in the project and finds the association with the visiting specialists to be professionally stimulating. In addition to taking care of patients, specialists provide professional development opportunities for local health care providers through lunch and learn sessions.



Dr. Ella Monroe with Fran and Merv La Brash

Merv La Brash sums it up for all involved, "This is a real blessing to have the specialists coming to Princeton and I hope the program will continue well into the future."

Artists for Life

In June, SOHC received word from the BC Healthy Communities Society that the grant application in support of the Artists for Life initiative was unsuccessful. Although this news represents a setback, the merits of this program remain. This project will be “put on the back burner” until alternate sources of funding can be found.

For those interested in learning more about this initiative, please view the National Film Board documentary entitled “A Year at Sherbrooke”. Go to https://www.nfb.ca/film/year_at_sherbrooke

You can also visit Jeff Nachtigal's website at <http://kscopearts.com>



Research Team Building Grant

Under the leadership of UBC Okanagan professor, Dr. Barbara Pesut, the Research Team funded by the Rural Health Services Research Network of BC submitted two grant applications in support of research projects in Princeton and Area.



The first project was entitled Communities Impacting Seniors and involved research into the impact of volunteers on the health needs of the elderly. Dr. Pesut prepared a letter of intent that was sent to the Peter Wall Foundation. She received word in July that her proposal would not be supported.

The second project is being led by Carole Robinson, Associate Professor at UBCO. She is working with June Hope and the Princeton and District Hospice Society on a pilot project that will provide support for family care givers of individuals with advanced life-limiting illness. More information on this project will be available after grants are announced in October.