

ANNUAL REPORT / April 2018 – March 2019

# Specialist Services Committee



# TABLE OF CONTENTS

Committee Background/History	3
Committee Mission	3
Executive Summary	4
Co-chair's Message	5
List of Committee Members	7
Performance: Year in Review	8
Facility Engagement	8
Physician Quality Improvement	11
SSC Fees and Labour Market Adjustment Fees	13
Leadership Training	14
Quality and Innovation Projects	16
Enhancing Access and Surgical Patient Optimization	18
Major Events	20
Appendix A: Expenditure Report, FY 2018/19 as of March 31, 2019	21
Appendix B: SSC Fees Year End Report 2018/19	22
Appendix B: Labour Market Adjustment Fees Year End Report	23
Appendix C: Key Metrics for 2018/19	24
Appendix D: Quality & Innovation Projects completed in 2018/19	25





## SPECIAL SERVICES COMMITTEE

# BACKGROUND / HISTORY

The Specialist Services Committee (SSC) was formed in 2006 to facilitate collaboration between the Government of BC, Doctors of BC, and health authorities on the delivery of specialist services to British Columbians, and to support the improvement of the specialists care system.

## SPECIAL SERVICES COMMITTEE

# MISSION

The Ministry of Health, Doctors of BC and health authorities have committed to greater engagement of physicians and to collaborate at the provincial, regional and local levels to improve care for patients and families. To support this commitment, the Specialist Services Committee's mission is to collaborate with specialists to improve access for patients to needed, evidence-based, quality services. The SSC's specific mandate is identified in Article 8 of the Physician Master Agreement, and the Specialists Subsidiary Agreement.



## SPECIAL SERVICES COMMITTEE (SSC) EXECUTIVE SUMMARY

### STRATEGY

SSC's goal is to improve patient care by working with specialists, health authorities and other partners to support physician engagement and collaboration in the health care system, enabling health system improvement initiatives, and supporting physicians with appropriate training, incentives and resources.

### KEY INITIATIVES

#### FACILITY ENGAGEMENT

Increasing opportunities for facility-based physicians to have a meaningful voice in health authority decisions

- 72 sites involved across BC, with 64 approved for full funding
- 3,220 physicians initiated more than 632 collaborative activities
- Through these activities, medical staff set priorities and led improvements in their workplace and with patient care
- Collaboration between physicians, site administrators and health authorities is growing, along with physician leadership

#### PQI PHYSICIAN QUALITY IMPROVEMENT An SSC Initiative

Supporting a culture of continuous quality improvement through QI training and resources for physicians

- Six health authorities have partnered with SSC to establish teams to support physicians in QI
- PQI trained 589 physicians in QI
  - PQI supported 186 physician-led QI projects
  - A PQI Summit welcomed over 400 participants to celebrate, connect and get inspired to enrich their QI experiences to improve and continue their quality improvement work

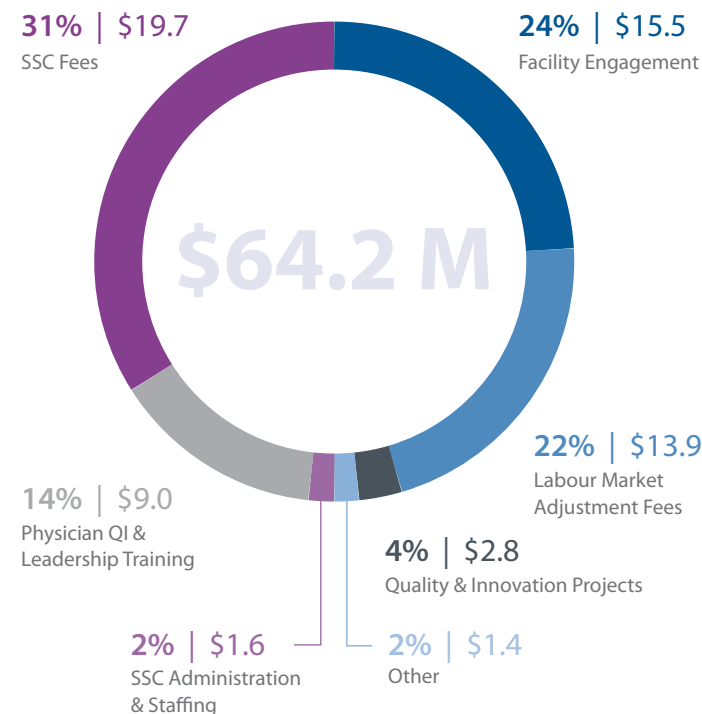
#### QUALITY & INNOVATION PROJECTS

Supporting specialist-led projects to improve patient care

- 11 projects concluded, with 15 still in progress
- Over 60% of SSC Q&I Projects funded have been sustained and/or spread including:
  - the North Coast Maternal Health Clinic's Cardiovascular program;
  - Fraser Health Regional Dementia Strategy
  - Island Health Child & Youth TeleMental Health Project

### EXPENDITURES (\$ millions) as of March 30, 2019

Total SSC expenditures \$64.2 million (includes on-going and one-time funds). Facility Engagement funding is protected and cannot be reallocated for other purposes.



## CO-CHAIRS' MESSAGE

After serving for three years as the SSC Co-Chair, Dr Ron Carere stepped down from the role and Mr Brendan Abbott, an active Ministry of Health representative stepped in as the interim Co-Chair. Among new additions to the committee, two patient representatives were welcomed as guests to keep the committee focused around the ultimate purpose of improving patient care.

The SSC continued to support specialists focusing on three priority areas: engaging physicians, enabling health system improvement, and supporting specialists to deliver quality care. The following is an overview of the progress made in each of the priority areas for the reporting period:

### ENGAGING PHYSICIANS

**Facility Engagement (FE)** continued to grow, with participating MSAs reaching 72 Medical Staff Associations (MSAs) across BC. 3,220 hospital-based physicians were supported to participate in 632 collaborative activities focusing on strengthening relationships with each other, with local hospital administrators and with their regional health authorities. Structures were established for greater collaboration and joint decision making, and the influence of physician leaders representing the voice of medical staff gained prominence in many sites.

**Physician Quality Improvement (PQI)** in collaboration with health authorities, enhanced physician capability by providing 589 physicians with QI training and supported 186 physicians to lead quality improvement projects and initiatives. In fall 2018, a PQI Summit welcomed over 400 attendees who shared their experiences, made new connections, and heard directly from the inspirational keynote speaker Dr Don Berwick, IHI President Emeritus.

### ENABLING HEALTH SYSTEM IMPROVEMENT

**Quality and Innovation Projects** supported the completion of 11 projects, the majority of which are being sustained within the health care system. Of particular note is the completion and sustainment of the Prostate Cancer Supportive Care project, a program implemented at all BC Cancer centres.

Two new provincial initiatives started in the reporting period: **Enhancing Access initiative**, launched in the spring of 2018 and currently supports 10 specialist groups to adopt pooled/centralized referral processes to improve access and track wait times. Work on **Surgical Patient Optimization Collaborative** (SPOC) started later in the reporting period. SPOC is a multi-disciplinary pre-habilitation program that improves patients' health prior to surgery, resulting in faster recovery and improved surgical outcomes. Both initiatives will continue in 2019–20.

### SUPPORTING SPECIALISTS TO DELIVER QUALITY CARE

**SSC Fees** were used by over 3,500 specialists to support communication between physicians and care coordination for patients. **Physician Leadership Scholarship** enabled over 290 specialists to participate in leadership and/or quality improvement courses and conferences.

### SETTING THE COURSE FOR THE FUTURE

To inform SSC's new three-year strategic plan (2020-22), the committee sought input from specialists, section representatives, medical staff associations, and health authority leaders through different avenues. In January 2019 the committee also co-hosted a Specialist Symposium with Specialists of BC to seek input on the future of specialty care in BC. Read more about the Symposium on Page 20.



Dr Mathew Chow  
SSC Co-Chair



Brendan Abbott  
SSC Co-Chair



Watch video on Specialist Services Committee: [www.youtube.com/watch?v=njad1iToXo&t=2s](https://www.youtube.com/watch?v=njad1iToXo&t=2s)



Website: [sscbc.ca](https://sscbc.ca)



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I'm motivated to be part of SSC just to be a patient voice... I'm there to say I have that problem, and that's how it affects me and that's why I think you should make this a priority.

— Patient representative, Teresa Whitehouse

# COMMITTEE MEMBERS

## Doctors of BC Representatives

Dr Matthew Chow (Co-Chair) \*

Dr Frank Ervin \*

Dr Peter Gajecki (alternate)

Dr Faisal Khosa (alternate)

Dr Kathy Lee \*

Dr Paula Lott (alternate)

Dr Curt Smecher \*

## Government

Mr Brendan Abbott (Co-Chair), Ministry of Health \*

Ms Marilyn Copes, Ministry of Health \*

Mr Ryan Murray, Ministry of Health \* (alternate)

## Health Authorities

Dr Dietrich Furstenburg, Northern Health (alternate)

Dr Christine Hall, Island Health (alternate)

Dr Devin Harris, Interior Health (alternate)

Ms Georgene Miller, Provincial Health Services (alternate)

Dr Dayan Muthayan, Fraser Health \*

Dr Brenda Wagner, Vancouver Coastal Health (alternate)

Dr Nel Wieman, First Nations Health (alternate)

## Patient Representatives

Ms Airlie Pinkerton

Ms Teresa Whitehouse

## Staff

Ms Marisa Adair, Executive Director, Communications and Public Affairs

Ms Anusha Ahmadi, Communications Officer, SSC

Mr Jim Aikman, Executive Director, Economics and Policy Analysis

Ms Laura Anderson, Liaison, SSC

Mx Daniel Angrignon, Administrative Assistant, SSC

Ms Elizabeth Babcock, Project Coordinator, SSC

Dr Sam Bugis, Executive Director of Physician and External Affairs

Ms Annalise Einarson, Senior Administrative Assistant, SSC

Ms Jessica Hehir, Senior Analyst, SSC

Mr Aman Hundal, Liaison, SSC

Mr Adrian Leung, Director, SSC

Ms Cindy Myles, Director, Facility Physician Engagement, SSC

Mr Geoff Schierbeck, Liaison, SSC

Ms Rhiannon Steele, Administrative Assistant, SSC

Ms Katrina Stein, Project Coordinator, SSC

Ms Sarah White, Administrative Assistant, SSC

Ms Christine Tam, Sr Communications Manager, Communications and Public Affairs

Mr Jackson Yu, Project Officer, SSC

## Guests

Ms Margaret English, Director, Shared Care Committee

Dr Ken Hughes, Specialist Representative to Shared Care Committee

Dr Tommy Gerschman, President, Specialists of BC

\* Denotes Voting Member



## PROGRAM: FACILITY ENGAGEMENT

Photo: Brian Smith, Providence Health Care



The Facility Engagement Initiative aims to increase opportunities for physicians working in acute care facilities to be meaningfully involved in health authority decision-making. Funding provided by the SSC to local MSAs supports physicians to prioritize issues, strengthen communication and collaboration with their health authorities, site leaders, and medical staff colleagues, and lead activities to improve their work environment and patient care.

### SUMMARY OF ACTIVITIES

Facility Engagement (FE) continued to grow in 2018/19. A total of 72 out of 75 potential MSAs were involved with 64 fully funded and 8 starting up: 16 from Northern Health, 22 from Interior Health, 11 from Fraser Health, 8 from Vancouver Coastal Health, 4 from Provincial Health Services Authority, and 11 from Island Health.

Approximately 3,220 physicians participated in 632 collaborative activities, which ranged from meeting with health authorities, to strengthening communication across

disciplines and with front line staff, to addressing physician wellness, to initiating specific projects to improve patient care.

The initiative continued to evolve in response to MSA experiences and needs. Increasingly, physicians focused on strengthening relationships with colleagues, local hospital administrators and regional health authorities by establishing regular opportunities to meet for greater sharing and collaboration. The influence of physician leaders representing the voice of medical staff gained prominence at many sites.

Budget spent:

**\$15,461,671**

Facility Engagement created a culture where we could meet to discuss solutions to the problem and subsequently meet with administration to put those ideas into action.

— Dr. Albert Houlgrave, Emergency Room Physician, Comox

Watch a video on Facility Engagement:  
[www.youtube.com/watch?v=\\_vutkh1Ot2A](https://www.youtube.com/watch?v=_vutkh1Ot2A)

Website: [www.facilityengagement.ca](http://www.facilityengagement.ca)

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## Program: Facility Engagement *continued*

### RESULTS/ACCOMPLISHMENTS

#### Support for learning and knowledge sharing strengthened

**Regional Networking and Knowledge Sharing:** In 2018/19, MSA physician leaders, project teams, health authority leaders, administrators, and staff met **at a number of Facility Engagement regional conferences** to network, share knowledge, explore FE progress and experiences and/or specific area of focus, and consider opportunities to improve collaboration and communication.

- Interior Health Regional Collaborative Tables – May 24, May 25, June 11, June 12: 90 attendees
- Fraser Health and Vancouver Coastal Health Governance Workshop – July 6: 26 attendees
- Northern Health Region Facility Engagement Conference – November 24: 50 attendees
- Island Health Regional Facility Engagement Event – February 2: 33 attendees

Additionally, a regional engagement fund was created to support cross-MSA and health authority engagement on regional issues and initiatives.

**Site Engagement Activity Tracker (SEAT):** As of March 31, 2019, MSAs had added 1,600 projects/activities to FE's searchable database, SEAT. More than 1000 of those activities were initiated with input from, or in collaboration with or a health authority. Further, entries that were related to improving care quality for patients were shared on the searchable, SSC Exchange database.

#### Provincial supports strengthened

**Facility Engagement Management System (FEMS)** is a web-based information system that provides overall, standardized business management support for MSAs, and reporting and evaluation at the program level. In 2018/19, FEMS underwent several enhancements to improve its usability, including improved training for MSAs, improved speed and search results functionality, and a notification centre.

#### FEMS 2018/19 data:

**57** Sites Active | **3,273** Physicians  
**1,055** Engagement Activities

**FE Services Company (FESC):** was rolled out in summer 2018 to 44 MSAs. It serves as a separate legal entity and administrative structure for the transfer of FE funds from SSC to unincorporated MSAs. It also facilitates management of service and staffing contracts on behalf of MSAs, and limits liability risk to MSA physician executives. In 2018, FESC was also operationalized in FEMS.

**A March 2019 MSA Leadership Training needs survey** captured feedback from 230 MSA executives and physician members, MSA support staff, and health authority administrators. Results will identify core MSA leadership needs, and facilitators and barriers for acquiring training and other skills to enhance participation and engagement with colleagues and health authorities.



#### Shifting from 'us and them' to 'we'

Many meetings and much collaboration between Vancouver Coastal Health leaders and members of the Vancouver Physician Staff Association (VPSA) culminated in the adoption of an engagement framework in the spring. [Read more >](#)



#### Saving the Elk Valley Hospital Operating Room

Little did they know that the retirement of their only general surgeon at Elk Valley Hospital (EVH) in Fernie would bring about a significant opportunity for collaboration with both the physicians in the neighboring community and their Interior Health partner. [Read more >](#)

## Program: Facility Engagement *continued*

### Best practices / accountability and measurement processes strengthened

**Site Reporting and Review Process (SRRP):** Through early 2019, MSAs in consultation with health authority partners from 58 fully-funded sites prepared 2019/20 strategic priorities with supporting activities and metrics, which were presented to the SSC FE Working Group in mid-2019. The site reporting and review process provides key insights to guide overall strategy, planning and management of the FE initiative. MSAs also documented learnings that can be incorporated into their plans and/or shared upstream regionally and provincially. Support and guidance was provided by Facility Engagement Liaisons (FELs).

**Evaluation:** A provincial interim evaluation report conducted by UBC and circulated in June of 2018 presented key findings from the FE initiative start-up phase, assessing the infrastructure development and organizational readiness of MSAs to receive full funding. A second, final report to be circulated in mid-2019 evaluates priorities and strategies established by MSAs to achieve an increased physician voice and participation in collaborative decision-making with health authorities. Additionally, a local Evaluation Resource Guide was created in September 2018, providing MSA members with a framework and practical tools to evaluate the success of their local FE activities and projects.



## PHYSICIAN QUALITY IMPROVEMENT (PQI)



### SUMMARY OF ACTIVITIES

Physician Quality Improvement strives to build a culture of continuous quality improvement through programs collaboratively developed and managed by a steering committee of local physicians and their health authority leaders. The programs support physicians with quality improvement training and dedicated technical staff positions. With the addition of Interior Health launching their program in the fall, there is now local quality improvement training available for physicians in six health authorities.

### Provincial Evaluation

A provincial PQI Evaluation was completed in September 2018. This process evaluation focused on the collective PQI work across BC over the past three years to identify success factors and areas for improvement. High level findings include:

- A key achievement of PQI has been the ongoing development of physician capabilities in QI.
- PQI has developed a robust QI support infrastructure centrally and within each HA that facilitates data access, data analytics support, navigating the health authority, and where applicable, providing QI methodological support.

Budget spent:

**\$8,080,135**

“We now have hundreds of physicians who have participated in PQI and are hungry to work in health care system that values quality improvement as a core approach for improving care.”

— Dr Chris Bozek, *Chair, PQI Steering Committee, Fraser Health*

Watch a video on PQI: [www.youtube.com/watch?v=RvY\\_mPMoZy0&t=5s](https://www.youtube.com/watch?v=RvY_mPMoZy0&t=5s)

Website: [sscbc.ca/physician-engagement/regional-quality-improvement-initiative](https://sscbc.ca/physician-engagement/regional-quality-improvement-initiative)

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## Physician Quality Improvement (PQI) *continued*

- PQI has resulted in increased involvement of physicians with their respective health authorities.
- There is emerging evidence of PQI impact on the IHI Quadruple Aim.
- PQI stakeholders should work to improve the effectiveness of patient representation on HA Steering Committees.
- Where applicable, PQI work with health authorities and regional departments to facilitate spread of successful QI projects.

### PQI Summit

The first PQI Summit was held in November, 2018 in Vancouver. It was attended by over 400 attendees, including PQI physician alumni, key partners from BC health authorities and the BC Ministry of Health. The summit celebrated the progress made individually and collectively with the PQI initiative, created ideas, activated movement, and inspired action. It was a great example of how the momentum is growing provincially as more physicians are building their quality improvement capacity to lead system improvements. Read more about the PQI Summit on Page 20.

### RESULTS/ACCOMPLISHMENTS

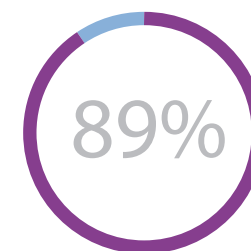
Physician QI training: In 2018–19, 589 physicians were trained in quality improvement through the PQI programs and introductory quality improvement training events. In addition, 186 physician-led quality improvement projects were supported. Evaluation of the work at the health authority and provincial level provides the opportunity for continuous learning and improvement. Below is an outline of the status of the program in each health authority:

- **FHA:** supported their fourth cohort of **28** physicians.
- **VIHA:** supported their third cohort of **10** physicians.
- **PHSA:** supported their second cohort of **20** physicians.
- **VCH/PHC:** supported their second cohort of **22** physicians.
- **NHA:** entered their second year of quality improvement programs and supported **25** Tier two and Tier three physicians.
- **IHA:** supported their first cohort of **16** physicians.

### PQI TEAM

**40**  
PQI STAFF

The PQI work is supported regionally by 40 technical staff hired within the health authorities and eight Physician QI Advisors.



Eighty nine percent of physicians who completed a post training survey also indicated that the program was a worthwhile use of their time.

**39%↑**

Physicians who participated in the PQI program indicated a 39% increase in competence and confidence in leading QI projects and activities based on a pre and post training survey.

## SSC FEES & LABOUR MARKET ADJUSTMENT FEES



### SUMMARY OF ACTIVITIES

The SSC fees were created to provide incentives for specialists to improve their practice, particularly for indirect patient care. In 2011, the Labour Market Adjustment fees were allocated to Sections best shown to have recruitment and retention challenges. Fee expenditures for the SSC fees and Labour Market Adjustment (LMA) fees account for over half of the total SSC budget.

### RESULTS/ACCOMPLISHMENTS

The SSC Fees are utilized by the majority of specialty sections, with the highest billing to G10001, SSC's Urgent Specialist Advice code, which compensates specialists for providing urgent advice (within 2 hours) to an initiating physician or

health care practitioner. Over 2,700 specialists billed this code, providing over 130,000 services which may have allowed patients to avoid a referral.

Some LMA Sections who conducted evaluations on their fees completed their work during 2018/19. The Section of Neurology surveyed its membership and concluded that the LMA Fee Codes "positively impacted neurologist recruitment and retention, with 45% of respondents indicating the LMA Fee Codes had influenced their decision to stay in or come to BC to practice."

Several sections were successful in moving fees from the LMA to other funding sources, especially for fee codes which are now standard of practice.

Budget spent on SSC Fees:

**\$19,720,840\***

\*Estimated based on claims paid to April 29, 2019.  
Final expenditures available October 2019.

The SSC Fee Guide was updated on January 1, 2019 to increase usability and consistency throughout the guide.

[Read more >](#)

**130,000**

urgent advice calls were  
responded for fees in 2018/19\*

\*data is paid from April 1, 2018 to March 29, 2019.



Website: [sscbc.ca](http://sscbc.ca)



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## LEADERSHIP TRAINING



### SUMMARY OF ACTIVITIES

**Overview:** Maintaining a strong commitment to building the physician leader of tomorrow, the SSC partners with the Shared Care Committee (SCC) to invest in physician leadership training.

The Leadership Scholarship Fund is for physicians to undertake leadership and quality improvement training, including the highly acclaimed UBC Sauder Physician Leadership Program, which delivers leadership knowledge, behaviours, and skills that senior physicians need to effectively engage in the planning, delivery, and transformation of our health care system. Within the UBC Sauder Physician Leadership program each, health authority has the opportunity to identify and send up-and-coming physician leaders.

### RESULTS/ACCOMPLISHMENTS

**Physician interest:** Physician interest in the Leadership Scholarship continues to grow, with over 237 specialist scholarship applications approved in 2018–19 (compared to 188 in 2017–18). Popular courses attended include those run by the Physician Leadership Institute (PLI) and the Institute for Healthcare Improvement.

**UBC Sauder Program:** 67 specialists and 17 GPs were supported to complete Cohort 10 and 11 of the UBC Sauder Physician Leadership Program (PLP). In partnership with Vancouver Coastal Health and other health authorities, the SSC created an advisory board of this program to further improve on and meet the leadership training needs of physicians.

Budget spent:

**\$908,904**

“ I initially went in to improve my skills. But it really sparked my interest in leadership. I realized I really like this. ”

— Anonymous Sauder program evaluation interviewee



Website: [sscbc.ca](https://sscbc.ca)



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## Leadership Training *continued*

**Improvements:** The UBC Sauder Physician Leadership Program (PLP) Joint Advisory Board commissioned a formal evaluation to assess the impact of the program. Penny Cooper & Associates was selected as an external consultant to conduct the evaluations which included feedback from program participants and other key stakeholders.

**Institute for Healthcare Improvement Conference:** The Leadership Scholarship fund supported 25 specialists and 28 GPs to participate in the Institute for Healthcare Improvement (IHI) Forum on Quality Improvement in Orlando, Florida in December 2018.

**Canadian Conference on Physician Leadership:** 59 Specialists attended the conference held in April 2018, funded by the scholarship.



“It is the **best received program** ... [and]... it is a nice reward for people who are taking on the roles. From that perspective alone, it has value.

— Anonymous Sauder program evaluation interviewee

## QUALITY & INNOVATION PROJECTS



### SUMMARY OF ACTIVITIES

Launched in 2012 and 2015, the Quality & Innovation Initiative supports physician-driven innovations at the local, regional, and provincial levels. The SSC provides both funding and supports to align and sustainably integrate the projects within the health system, and in so doing is able to share what it has learned through best practices. This year, SSC launched, The Exchange, an online database of all SSC-supported quality improvement initiatives.

During 2018-19, 11 projects were completed. See Appendix D for details. SSC continues to support 15 projects.

### RESULTS/ACCOMPLISHMENTS

There were a number of project success stories to highlight from this past year. Of particular note was the completion of the Prostate Cancer Survivorship Project, under the leadership of Urologist Dr. Larry Goldenberg. This multi-year initiative saw the creation and implementation of the Prostate Cancer Supportive Care (PCSC) Program within the urology department at Vancouver General Hospital by a multi-disciplinary team at the Vancouver Prostate Centre (VPC). In its second phase supported implementation of the program in two new cancer centres, BC Cancer – Victoria and BC Cancer – Kelowna. The future of the PCSC Program beyond the current SSC-funded project is promising as it has received BC Ministry of Health funding and support from the BC Cancer Provincial Executive Leadership to be fully implemented within its regional centres.

Budget spent:

**\$2,780,050**

### Physicians create new tools to help youth and families

It is challenging for many adults to speak out about mental health issues. That is even more true for youth who may not understand their own conditions or how to put their symptoms into words. This is a challenge not just for family members, but also for doctors who are trying to diagnose young patients who present with physical symptoms linked to anxiety or depression. [Read more >](#)



Website: [sscbc.ca](https://sscbc.ca)



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## Quality & Innovative Projects *continued*

Drs Peter O'Connor and Leena Jain, Geriatricians working within Fraser Health completed ***The Regional Dementia Strategy – Enhancing Early Diagnosis and Culturally Sensitive Support and Care*** project endeavoured to support the advancement of Priority 1 “Increase Public Awareness and Early Recognition of Dementia” of the Ministry of Health’s BC Dementia Action Plan, 2014 – 2017.

The goal of this initiative was to enhance the role of specialists in supporting primary care practitioners to increase their knowledge and confidence in early diagnosis and culturally sensitive treatment and management of people with dementia and their families. This overarching goal was achieved through the development and implementation of activities in three key streams:

1. An integrated interprofessional collaborative practice guideline/pathway;
2. A competency based dementia mentorship program focused on early diagnosis and referral to community supports; and
3. A public awareness and education campaign targeted for the South Asian population living in FH.





## ENHANCING ACCESS & SURGICAL PATIENT OPTIMIZATION



### SUMMARY OF ACTIVITIES

The Strategic Priorities addressed by SSC this year were responses to issues and projects which had previously seen significant success and momentum. This increased emphasis on spread and allowed the SSC to invest in two key initiatives: Enhancing Access and Surgical Patient Optimization.

Building on previous, successful pilots of centralized referral, the *Enhancing Access initiative* was launched in March 2018 as a partnership between the Specialist Services Committee and the Shared Care Committees in response to long patient waitlists and challenges of efficiency in receiving care from specialist physicians.

Using the structure of the Institute for Healthcare Improvement's Learning Collaborative, the *Surgical Patient Optimization Collaborative* will:

- Support care providers to implement change processes to improve patient's readiness for surgery
- Utilize the patient's pre-operative surgical wait time to create multi-disciplinary, structured, personalized programs to support improved outcomes after surgery
- Improve patient outcomes for elective surgeries across the province
- Share tools and resources within collaborative teams to expedite the optimization process.

Budget spent:

**\$1,049,300**

**50% ↓**

Specialists who have completed implementation of the 'pooled referral' model have reported up to 50% decrease in patient wait times.



Website: [sscbc.ca](https://sscbc.ca)



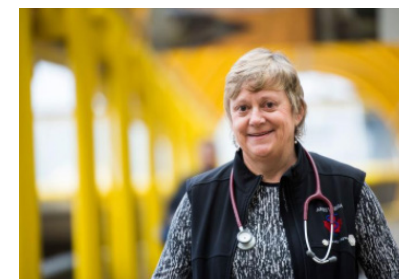
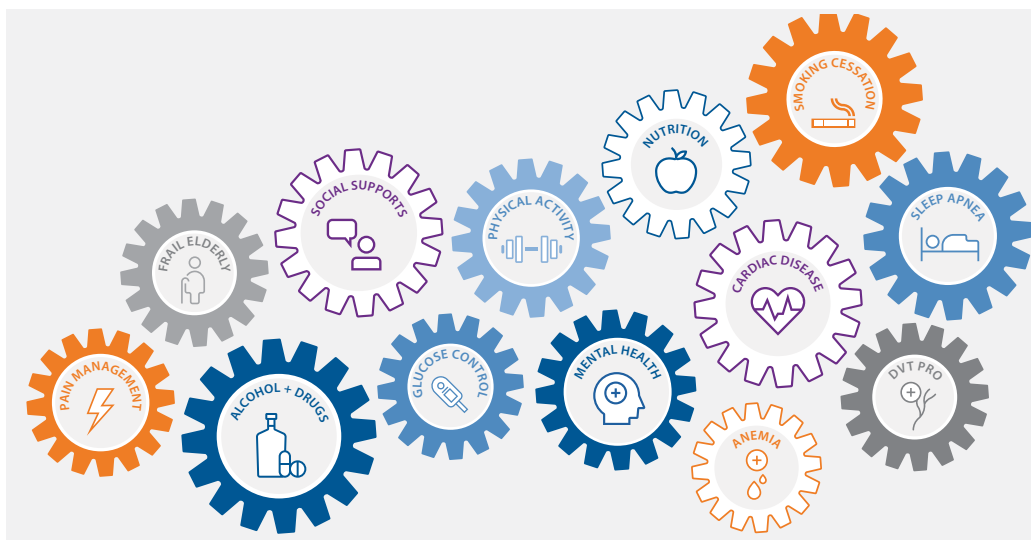
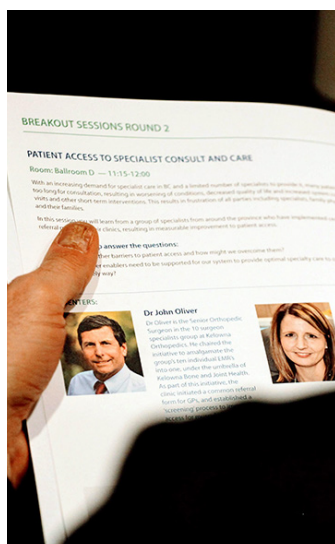
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## Enhancing Access and Surgical Patient Optimization *continued*

### RESULTS/ACCOMPLISHMENTS

**Enhancing Access** is being implemented with ten groups of physicians across BC. Participating specialties include: Internal Medicine, Gastroenterology, Orthopedics, Vascular Surgery and Cardiology. Groups of physicians are working with targeted training and project support to maximize resources, balance workloads and offer the referring provider the option of referring to a particular specialist, or 'first available,' ultimately resulting in better access for patients.

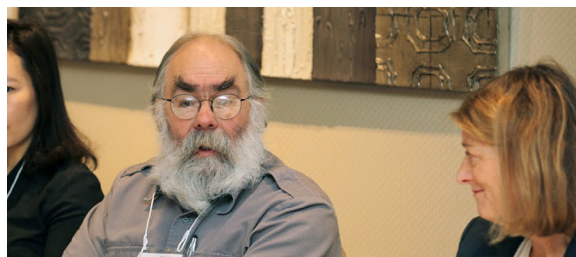
Planning was underway during 2018/19 for the launch of the **Surgical Patient Optimization Collaborative (SPOC)**. Surgical champions already working to optimize patients, along with other key provincial stakeholders, formed a working group and completed an environmental scan of optimization models. The working group identified 13 clinical components (shown below) of a patient's mental and physical health that can be optimized during their wait time and in preparation for surgery. 6 provincial pilot sites were then funded from December 2019 to champion these optimization components before its spread to all SPOC collaborative sites in September 2019.



The whole thrust of patient optimization is to work with the entire patient care team — surgeons, anesthesiologists, GPs, internists — well before the operation to identify and manage any modifiable risk factors for post-operative complications.

— Dr Kelly Mayson, Anesthesiologist & Chair of SPOC Steering Committee.

## MAJOR EVENTS



Two events were of significant importance in the reporting period:

### Physician Quality Improvement Summit

The PQI Summit held on November 19, 2018 in Vancouver was attended by over 400 health care workers interested and accomplished in quality improvement including physicians, health authorities, and the BC Ministry of Health. The key note speaker, Dr Don Berwick - the IHI President Emeritus started the day with the words "We can absolutely succeed." The summit celebrated the progress made individually and collectively in the area of quality improvement, created ideas, activated movement, and inspired action. Read more about the summit [here](#).

### Specialist Symposium: Shaping the Future of Specialist Care in BC

On January 18, 2019, the Specialist Symposium welcomed over 200 participants including a diverse group of health care providers, leaders and patient representatives. The event was co-hosted with the Specialists of BC and focused on receiving feedback from, and understanding the priorities of, the specialist population at large, which will feed into SSC's refreshed three-year strategic plan (2020-22).

The event was a success in bringing together voices of a diverse group of specialists, especially community specialists. [Click here](#) to see the full Symposium report.

Excellent platform  
for discussion

Keep up with this  
good work

Thank you for holding  
today's session!

— Anonymous Symposium  
participant

Excellent opportunity to  
see what is happening  
in the province and  
exchange ideas and  
network.

— Anonymous PQI Summit  
participant

Learn more about the PQI Summit: [sscbc.ca/programs-and-initiatives/engage/physician-quality-improvement-initiative/physician-quality](https://sscbc.ca/programs-and-initiatives/engage/physician-quality-improvement-initiative/physician-quality)

Learn more about the Specialist Symposium: [sscbc.ca/specialist-symposium-shaping-future-specialist-care-bc](https://sscbc.ca/specialist-symposium-shaping-future-specialist-care-bc)



**APPENDIX A:**

# EXPENDITURE REPORT – FY 2018/19 AS OF MARCH 30, 2019

WORK PLAN #	SSC KEY ACTIVITY & SUB ACTIVITY	BUDGET PMA FUNDS	BUDGET RESERVED FUNDS	POST WORK PLAN ADJUSTMENTS	2018/19 TOTAL BUDGET	YTD EXPENDITURES	FUNDS REMAINING	PLANNED TO YEAR END	TOTAL PROJECTED	VARIANCE (OVER) UNDER
1.0	Engaging Physicians(a)	(b)		(c) = (a+b)	(d)	(e) = (c-d)	(f)	(g)=(d+f)	(h)=(c-g)	
1.1	Facility-Based Physician Engagement	\$ 18,000,000	\$ 5,925,000		\$ 23,925,000	\$ 15,461,671	\$ 8,463,329		\$ 15,461,671	\$ 8,463,329
1.2	Physician Quality Improvement	\$ 7,100,000	\$ 1,200,000		\$ 8,300,000	\$ 8,080,135	\$ 219,865		\$ 8,080,135	\$ 219,865
1.3	SP Engagement with Divisions of Family Practice		\$ 50,000		\$ 50,000	\$ 46,986	\$ 3,014		\$ 46,986	\$ 3,014
2.0	Enabling System Improvement									
2.1	*Health System Redesign Fund	\$ 800,000			\$ 800,000	\$ 99,245	\$ 700,755		\$ 99,245	\$ 700,755
2.2	Quality & Innovation Projects		\$ 3,000,000		\$ 3,000,000	\$ 2,780,850	\$ 219,150		\$ 2,780,850	\$ 219,150
2.3	SSC Provincial Projects and Priorities		\$ 4,000,000	\$ (67,265)	\$ 3,932,735	\$ 1,049,300	\$ 2,883,435		\$ 1,049,300	\$ 2,883,435
3.0	Supporting Physicians									
3.1	Leadership and QI Training	\$ 1,000,000	\$ 400,000		\$ 1,400,000	\$ 908,904	\$ 491,096		\$ 908,904	\$ 491,096
3.2a	Service Delivery (SSC Fees)	\$ 20,000,000			\$ 20,000,000	\$ 19,720,840	\$ 279,160	\$ 250,060	\$ 19,970,901	\$ 29,099
	SSC Fee Contingency	\$ 1,000,000			\$ 1,000,000	\$ -			\$ -	\$ 1,000,000
3.2b	SSC Labour Market Adjustment Fees	\$ 13,900,000			\$ 13,900,000	\$ 13,900,000	\$ -		\$ 13,900,000	\$ -
	LMA Contingency	\$ 1,000,000			\$ 1,000,000	\$ 397,738			\$ 397,738	\$ 602,262
3.3	JCC Shared Expenses (staff, meetings, communications)	\$ 48,400			\$ 48,400	\$ 48,400	\$ -		\$ 48,400	\$ -
3.4	BCMQL Privileging Dictionary Review & Refresh		\$ 15,147		\$ 15,147	\$ 2,941	\$ 12,206		\$ 2,941	\$ 12,206
3.5	IMG Integration Program		\$ 27,500		\$ 27,500	\$ 27,500	\$ -		\$ 27,500	\$ -
3.6	Quality Forum JCC Showcase		\$ 112,500		\$ 112,500	\$ 112,500	\$ -		\$ 112,500	\$ -
4.0	SSC Staffing and Administration									
4.1	SSC Central Staffing	\$ 1,300,000		\$ (56,750)	\$ 1,243,250	\$ 1,194,822	\$ 48,428		\$ 1,194,822	\$ 48,428
4.2	SSC Administration and Communications	\$ 145,200		\$ 67,265	\$ 212,465	\$ 197,562	\$ 14,903		\$ 197,562	\$ 14,903
4.3	SSC Evaluation		\$ 240,800		\$ 240,800	\$ 177,414	\$ 63,386		\$ 177,414	\$ 63,386
4.4	Doctors of BC Administrative Fee & GST Expenses	\$ 94,500		\$ 56,750	\$ 151,250	\$ 26,406	\$ 124,844		\$ 26,406	\$ 124,844
<b>TOTAL WORK PLAN BUDGET ALLOCATION</b>		<b>\$ 64,388,100</b>	<b>\$ 14,970,947</b>	<b>\$ -</b>	<b>\$ 79,359,047</b>	<b>\$ 64,233,214</b>	<b>\$ 13,523,571</b>	<b>\$ 250,060</b>	<b>\$ 64,483,275</b>	<b>\$ 14,875,772</b>
<b>BY PROGRAM ADMINISTRATOR</b>										
Ministry of Health Administered Programs		\$ 33,900,000			\$ 35,900,000	\$ 34,018,578	\$ 279,160	\$ 250,060	\$ 34,268,639	\$ 1,631,361
Doctors of BC Administered Programs (on behalf of SSC)		\$ 30,488,100	\$ 14,970,947		\$ 43,459,047	\$ 30,214,636	\$ 13,244,411	\$ -	\$ 30,214,636	\$ 13,244,411
<b>DISTRIBUTION OF PMA FUNDS</b>										
Total Available Funds (from PMA and 2017/18 Unspent)		\$ 68,640,628	\$ 41,835,817		\$ 110,476,445					
Allocated to 2017/18 Work Plan		\$ 64,388,100	\$ 14,970,947		\$ 79,359,047					
2018/19 Unallocated Funds		\$ 4,252,528	\$ 26,864,870		\$ 31,117,398					

Ministry of Health Administered Initiatives (SSC 3.2a to 3.2b). SOURCE: BC Ministry of Health reported as of March 30, 2019.

Doctors of BC Administered Initiatives (all other SSC initiatives other than those listed above).

SOURCE: Doctors of BC Specialist Services Programs Unaudited Financial Statements and SSC Operating Budget Statements, as of March 30, 2019.

\* YTD expenditures were low due to surplus funds transferred in previous years.

## APPENDIX B:

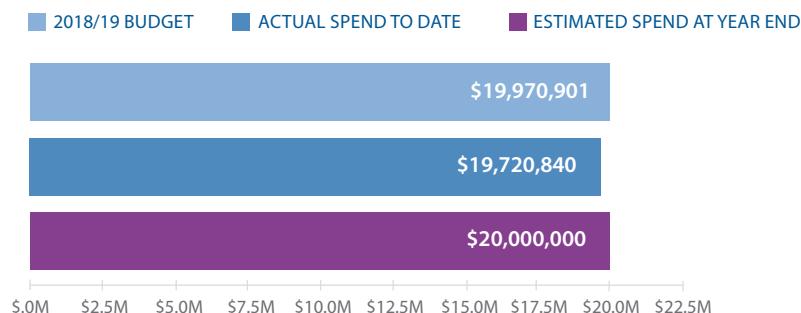
# SSC FEES YEAR END REPORT 2018/19

### BUDGET STATUS

CURRENT BALANCE REMAINING	\$ 279,160
ESTIMATED VARIANCE (OVER)/UNDER	\$ 29,099

### SUMMARY TOTALS

2018/19 Budget	\$ 13,900,000
Actual Spend to Date	\$ 10,468,847
Estimated Spend at Year End	\$ 13,485,705



### EXPENDITURES BY FEE CODE – % CHANGE FROM PREVIOUS FISCAL

SSC FEE DESCRIPTION	APRIL – MAR (ACTUAL \$ PAID)			TOTAL FOR FISCAL YEAR		
	2017/18	2018/19	% CHANGE	2017/18	2018/19 (EST.)	% CHANGE
10001 Specialist telephone advice - Initiated by a Specialist or General Practitioner, response within 2 hours	\$ 7,755,834	\$ 8,349,937	7.7%	\$ 7,870,952	\$ 8,473,873	8%
10002 Specialist telephone patient management - response in one week - per 15 minutes or portion thereof	\$ 1,128,545	\$ 979,220	-13%	\$ 1,143,224	\$ 991,957	-13%
10003 Specialist telephone patient management / follow-up - per 15 minutes or portion thereof	\$ 3,845,699	\$ 4,370,143	14%	\$ 3,875,106	\$ 4,403,561	14%
10004 Multidisciplinary Conferencing for Complex Patients	\$ 2,197,300	\$ 2,094,607	-5%	\$ 2,230,633	\$ 2,126,383	-5%
10005 Specialist Email Advice for Patient Management - Initiated by a Specialist, General Practitioner, Allied Health Provider or coordinators of the patient's care. Response in one week	\$ 117,073	\$ 141,357	21%	\$ 134,043	\$ 161,846	21%
10006 Specialist Email Patient Management / Follow-Up	\$ 119,016	\$ 179,525	51%	\$ 119,339	\$ 180,013	51%
78717 Specialist Discharge Care Plan for Complex Patients - extra	\$ 1,538,638	\$ 1,641,208	7%	\$ 1,555,418	\$ 1,659,106	7%
78720 Specialist Advance Care Planning Discussion -extra	\$ 628,948	\$ 851,421	35%	\$ 633,836	\$ 858,037	35%
GMVs Specialists Group Medical Visits	\$ 1,236,016	\$ 1,113,423	-10%	\$ 1,251,538	\$ 1,127,405	-10%
<b>TOTAL – All Specialist Incentive Fees</b>	<b>\$ 18,567,069</b>	<b>\$ 19,720,840</b>	<b>6%</b>	<b>\$ 18,814,088</b>	<b>\$ 19,982,180</b>	<b>6%</b>

**TOTAL – INCLUDING ESTIMATE FOR LATE CLAIMS AND FEE CHANGES DURING THE YEAR**

**\$19,970,901**

1. SOURCE: Medical Services Plan Claims file (claims paid to April 30, 2019).
2. The data are compiled on a date-of-service basis and include claims paid up to June 30th for the fiscal year ending March 31st.
3. Payments include Rural Retention Premiums and exclude out-of-province, reciprocal, ICBC, WorkSafeBC, midwife referred claims, interest payments, and form fees.

## APPENDIX B:

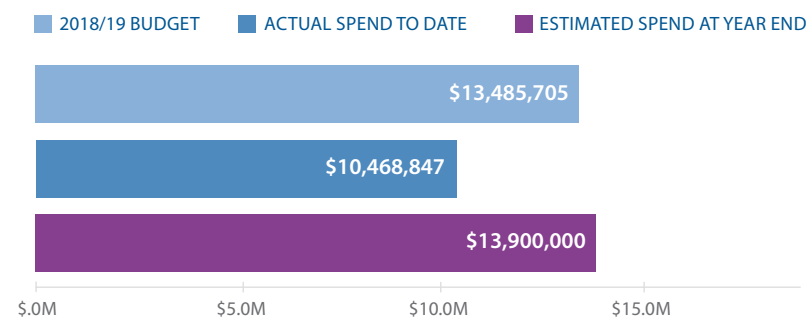
# LABOUR MARKET ADJUSTMENT FEES YEAR END REPORT

### BUDGET STATUS

Current Balance Remaining	\$ 3,431,153
Estimated (Over/Under)	\$ 414,295

### SUMMARY TOTALS

2018/19 Budget	\$ 13,900,000
Actual Spend to Date	\$ 10,468,847
Estimated Spend at Year End	\$ 13,485,705



## EXPENDITURES BY SECTION AND AS A % OF THE BUDGET, FY 2017/18 AND 2018/19

SECTION	EXPENDITURES	FISCAL YEAR 2017/18		FISCAL YEAR 2018/19 (Q3)		
		BUDGET	% OF BUDGET	EXPENDITURES	BUDGET	% OF BUDGET
02 Neurology	\$1,658,448	\$1,383,387	120%	\$1,502,856	\$1,392,506	108%
05 Obstetrics & Gyn.	\$1,540,131	\$1,405,521	110%	\$1,277,572	\$1,414,787	90%
15 Internal Medicine	\$3,986,427	\$3,596,806	111%	\$3,053,564	\$3,620,517	84%
18 Anesthesiology	\$1,735,186	\$1,936,742	90%	\$1,366,851	\$1,949,509	70%
24 Geriatric Medicine	\$262,499	\$415,016	63%	\$142,172	\$417,752	34%
44 Rheumatology	\$1,755,972	\$2,351,757	75%	\$1,396,771	\$2,367,261	59%
49 Respiriology	\$514,713	\$691,693	74%	\$402,183	\$696,253	58%
51 Endocrinology	\$1,146,535	\$1,286,549	89%	\$729,299	\$1,295,031	56%
67 Infectious Diseases	\$860,198	\$741,495	116%	\$597,580	\$746,383	80%
<b>TOTAL – All Fees</b>	<b>\$ 13,460,110</b>	<b>\$ 13,808,965</b>	<b>97%</b>	<b>\$ 10,468,847</b>	<b>\$ 13,900,000</b>	<b>75%</b>

1. SOURCE: Medical Services Plan Claims file.

2. The data are compiled on a date-of-service basis and include claims paid up to March 31st

3. Payments exclude Rural Retention Premiums and out-of-province, reciprocal, ICBC, WorkSafeBC, midwife referred claims, interest payments, and form fees.



## APPENDIX C:

# KEY METRICS FOR 2018/19

	TARGETS FOR APRIL 2018	INTENDED OUTCOMES OF INITIATIVES	STATUS OF TARGETS <i>(as of April 2019)</i>
<b>Facility Engagement Initiative</b>	<ul style="list-style-type: none"> <li>Target to have 69 sites receive full-funding</li> <li>Number of HA-endorsed MSA initiatives launched, and number of physicians involved.</li> <li>Interim report in April 2018 and Final report in Summer 2019.</li> </ul>	<ul style="list-style-type: none"> <li>MSAs established internal structures and processes to identify key priorities, including those linked with HAs</li> <li>Initial steps towards improving relationships between MSAs and HAs (e.g., establish contact between 30-50% of sites)</li> </ul>	<ul style="list-style-type: none"> <li>✓ 64 sites have received full-funding.</li> <li>✓ 946 HA-endorsed MSA initiatives launched; 3,220 physician involved in the initiative.</li> <li>✓ The interim FE evaluation was received in April, 2018; the final report is expected by August, 2019.</li> </ul>
<b>Physician Quality Improvement Initiative</b>	<ul style="list-style-type: none"> <li>500 physicians receive QI training opportunities and 100 physician-led QI projects are supported.</li> <li>Implement recommendations from Provincial PQI Evaluation and Mayo Clinic report.</li> </ul>	<ul style="list-style-type: none"> <li>Increase physician QI knowledge &amp; confidence by 20%</li> <li>Attain 75% rating from physicians who indicate this is a good use of their time.</li> </ul>	<ul style="list-style-type: none"> <li>✓ Increased physician QI knowledge by 34% and confidence in leading QI projects and activities by 39%</li> <li>✓ 89% of physicians indicated the initiative was a good use of their time</li> <li>✓ 589 physicians received QI training opportunities and 186 physician-led QI projects were supported.</li> <li>✓ Implementation of recommendations from the provincial evaluation are underway. The work is being undertaken through working groups and PQI Steering Committees.</li> </ul>
<b>Quality &amp; Innovation Projects</b>	<ul style="list-style-type: none"> <li>Completion of all Q &amp; I Projects, except when moving to sustainability and/or spread (number of projects sustained)</li> <li>Information on completed projects is distributed through the health system (as applicable)</li> </ul>	<ul style="list-style-type: none"> <li>Increase in knowledge among projects of sustainability best practices</li> <li>Increase in knowledge generation and integration of care through information sharing</li> </ul>	<ul style="list-style-type: none"> <li>✓ Nine projects were completed in 2018/19; of these, eight have seen sustained improvements.</li> <li>✓ Information on completed projects is available through "The Exchange", SSC's on-line projects directory</li> </ul>

## APPENDIX D:

# QUALITY & INNOVATION PROJECTS COMPLETED IN 2018/19

PHYSICIAN NAME	PROJECT NAME	OUTCOME REVIEW	SPREAD & SUSTAINABILITY
Dr Laura Arbour & Dr Andrew Krahn	BC Provincial Inherited Arrhythmia Program (BCIAP)	The goal of the project was to establish multidisciplinary cardio-genetics clinics to provide a province-wide referral network and management of patients with inherited arrhythmias. The program was launched in partnership with Cardiac Services BC.	BCIAP is working to transition from its support from SSC to a long-term, sustainable provincial program that is integrated into the BC health care system. As a prototypical model, the long-term vision is that the BCIAP program will serve as the foundation for the development of a broader cardiogenetics portfolio.
Dr Laura Chapman	Improving Violence Risk Assessment and Management in Mental Health Services	The goal of this quality improvement, educational project was to develop a Toolkit (entitled "Improving Risk Assessment and Management of Violence", or "IRAMV") to augment and enhance currently available violence prevention training to increase provider confidence and effectiveness in this important domain.	The IRAMV course will continue to be available to physicians, specialists and other health care workers until at least December 31, 2019, when it is hoped that Island health will renew the accreditation.
Dr Marshall Dahl	Provincially integrated endocrinology Care for British Columbia Phase 2	The goal of this two-phase project was to conduct a province-wide environmental scan and develop tools in order to answer the question: "How should diabetes care be organized in BC?" Deliverables included a province-wide data set as well as management tools such as: <ul style="list-style-type: none"> <li>- Risk Stratification Score for Diabetes Mgmt.</li> <li>- BC Directory of Diabetes Clinics and Diabetes Education Centres</li> <li>- Tele-diabetes Directory</li> <li>- Diabetes Referral Form</li> </ul>	Each BC Health Authority will own and use their individual Diabetes Snapshot report to better understand and improve diabetes care management. The BC Ministry of Health is interested in all the Snapshot reports to gain insight into front-line primary diabetes health care utilization and diabetes care management redesign.
Dr Larry Goldenberg	Prostate Cancer Supportive Care (PCSC) Program Phase 2	This project concerned the initial and limited implementation of the Prostate Cancer Supportive Care (PCSC) Program developed at the Vancouver Prostate Centre in two new cancer centres, BC Cancer – Victoria and BC Cancer – Kelowna, completion of a prostate cancer sexual health training program for clinicians, and further development of the program itself.	After funding from the Ministry of Health in 2017, BC Cancer has agreed to implement the complete program in its regional centres in Victoria, Kelowna, and Prince George and part of the program in Surrey.

APPENDIX D:

Quality & Innovation Projects completed in 2018/19 *continued*

PHYSICIAN NAME	PROJECT NAME	OUTCOME REVIEW	SPREAD & SUSTAINABILITY
Dr Samuel Kohen	Can a video improve advanced care planning in hospital?	This project developed an inpatient video decision aid focused around Medical Order for Scope of Treatment (MOST) to determine whether a MOST video could improve patient/family understanding and documentation of ACP, thereby improving their experience and quality of care.	The lessons learned in this provide can provide other acute care facilities with a reproducible model for the successful and sustainable application of this video tool. In the longer term, this project will be broadened to engage high-risk outpatients supporting a concurrent Island Health initiative to improve End of Life care in residential facilities.
Dr Peter O'Connor and Dr Leena Jain	Regional Dementia Strategy	This project focused primarily on the early stages of the dementia journey targeting risk reduction, identification, early diagnosis and referral to post-diagnosis community supports. The specialized needs of the South Asian population with dementia and their families were incorporated throughout all key activities.	Fraser Health is embarking on the development of an internal Regional Dementia Strategy, which will incorporate and build on much of the work undertaken by this project. The new Strategy will look to fill any existing gaps in primary care diagnosis and management of Dementia and apply many of the principles and tools from this project to other care settings within Fraser Health.
Dr Leah MacDonald	Improving End-of-life Outcomes in Residential Care Facilities	During this project, an inter-professional, palliative care specialist and experienced team ("Implementation Team") carried out a quality improvement and knowledge translation project with partners, collaborators and beneficiaries, to develop and pilot a variety of methods and tools to guide and enable care teams' integration of a palliative approach into usual care in residential care home settings on Vancouver Island.	The strong collaborative partnership between Island Health's Residential Services and the Palliative and End of Life Care Program is continuing to support the integration or advancement of a palliative approach to care across their jurisdiction. Additionally, the sharing of the Pilot Project's experience, key findings and the suite of practice support tools with departments and programs in other BC Health Authorities, provincial collaborative(s) and initiatives, is informing similar efforts to embed a palliative approach to care into long-term care home settings.



APPENDIX D:

Quality & Innovation Projects completed in 2018/19 *continued*

PHYSICIAN NAME	PROJECT NAME	OUTCOME REVIEW	SPREAD & SUSTAINABILITY
Dr Marius Pienaar	North Coast Postpartum Clinic	This project worked to establish a North Coast Postpartum service to provide follow-up to women identified during their pregnancy as having at-risk factors for the development of cardiovascular disease (CVD)	The clinic is ongoing with continued support from Northern Health. It is seen as sustainable with minimal cost over the long term. The software developed is being made available free of charge to other sites, but without software support. A Help file has been created. With the growing awareness of the need to screen post-partum patients at risk for CVD, the challenge is to get the word out to other birthing sites with the message: "If we can do it, so can you!"
Dr William Bruce Povah	iWaitLESS – Implementation of Waitlist Lowering ENT (Ear, Nose and Throat) Services Strategy (Pooled Referral Project) Phase 2	This project focused on implementing a new single entry, standardized central referral system, triage process and waitlist for a group of ENT (Ear, Nose and Throat) physicians in Kelowna and surrounding communities. In addition, the project developed both patient reported outcomes measures (PROMS) and patient reported experience measures (PREMS).	Learning from Dr. Povah's project as well as the implementation of other pooled referral implementations has formed the basis of the SSC's Enhanced Access Initiative.
Dr Aven Poynter	Transitioning Patients from Community Pediatricians into Adult Care	The purpose of the quality improvement project was to enhance the capacity of BC Community Pediatricians to transition/transfer youth with chronic/complex health conditions to adult care (i.e. to Family Practitioners, Adult Specialists and/or allied health supports).	The project's work has been sustained through the availability of key resources: <ul style="list-style-type: none"> <li>• BCPS Medical Transfer Summary (MTS)</li> <li>• Transition Guidelines for Youth Experiencing Mental Health Disorders</li> <li>• Locating a Physician or Adult Specialist for a Transferring Patient</li> <li>• Community Resources Supporting Transition</li> </ul>
Dr Pearce Wilcox & Dr Ian Waters	Cystic Fibrosis in BC: Optimizing Care Across the Age Continuum	This three year project aimed to address identified gaps in the landscape of Cystic Fibrosis (CF) care, including inequalities in the quality of care across BC, a system based on an outdated estimate of life expectancy, and a lack of clinical decision-making tools and standards of CF care for various healthcare settings.	Standards of Care and pathways have been disseminated through the province as well as nationally. From a broader governance perspective, the CF tiers of services framework have been used to support provincial service planning and a business case for a provincial CF program.