

## Specialist Services Committee



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## SPECIALIST SERVICES COMMITTEE

# HISTORY

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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.

## SPECIALIST SERVICES COMMITTEE

# MISSION

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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, SSC's mission is to collaborate with specialists to improve access for patients to needed, evidence-based, quality services. SSC's specific mandate is identified in Article 5 of the Physician Master Agreement and in the Specialists Subsidiary Agreement.



## SPECIALIST SERVICES COMMITTEE (SSC)

# EXECUTIVE SUMMARY

### STRATEGY

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

#### FE FACILITY ENGAGEMENT

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

- 72 out of 75 sites involved across BC, with 71 approved for full funding
- 4,339 physicians initiated more than 1,200 collaborative activities
- The initiative continued to evolve in response to medical staff association (MSA) needs, including strengthening relationships with colleagues, local administrators, and regional health authorities
- The influence of physician leaders representing the voice of medical staff gained prominence at many sites

#### PQI PHYSICIAN QUALITY IMPROVEMENT An SSC Initiative

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

- Six health authorities have partnered with SSC to establish teams to support physicians in QI
- 435 physicians were trained in QI and over 200 physician-led QI projects were supported
- Physician QI had a strong presence at the IHI National Forum, including being a partner organizer of the reception for Canadian participants (shared funding by SSC and Shared Care) and hosting a half-day workshop, "Quality Improvement from the Ground Up"

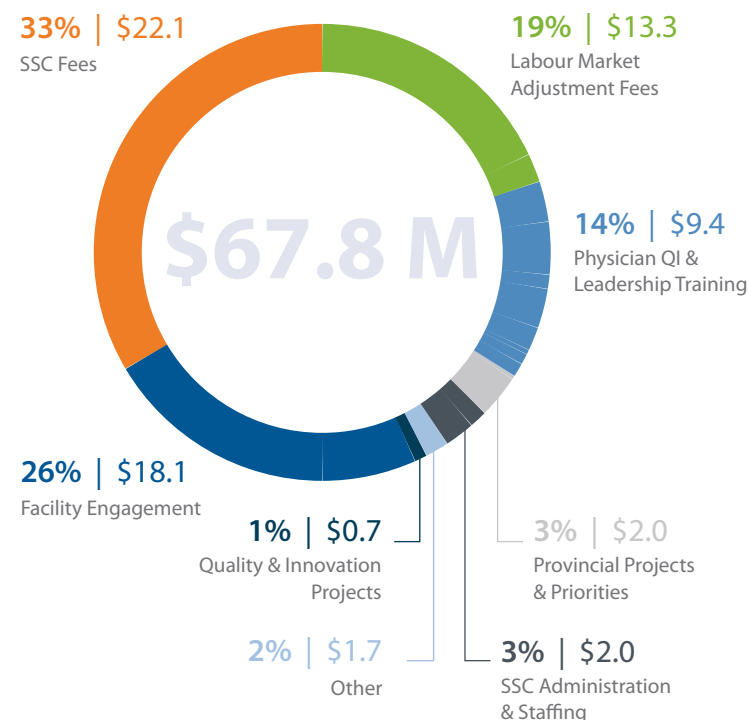
#### QUALITY & INNOVATION PROJECTS

Supporting specialist-led projects to improve patient care

- 10 projects concluded, with 6 still in progress
- Over 60% of SSC quality and improvement projects funded have been sustained and/or spread including:
  - The Provincial Hip Fracture Redesign Initiative
  - The HEARTSMAP project, a psychosocial assessment and management tool designed for emergency department clinicians to guide child and youth mental health concerns.

### EXPENDITURES (\$ millions) as of March 31, 2020

Total SSC expenditures for the year were \$67.8 million (including ongoing and one-time funds). Facility Engagement funding is protected and cannot be reallocated for other purposes.



## MESSAGE FROM THE CO-CHAIRS

**Note:** After more than a year as the interim Co-chair representing the Ministry of Health (MoH) and five years of service on the Committee, Mr Brendan Abbott was succeeded by Mr Ryan Murray, an active member of SSC as MoH representative.

The Committee welcomed a number of new Ministry of Health, health authority, and staff members in 2019/20. Please see the list of new committee members on the following page.

This past year was an eventful one for the Specialist Services Committee (SSC). Having undergone an extensive feedback collection process from stakeholders in the last reporting period, the committee approved a new three-year strategic plan this year. The new plan is clearer to communicate, more in line with the triple aim of the Institute for Healthcare Improvement (IHI), and reflective of the work of the SSC. Three initiatives were created as part of the new strategic plan:

- **COLLABORATIVE COUNCILS** brings together health authorities, medical staff associations (MSAs), and regional staff to align the regions and facilities across BC.
- **IMPROVING SPECIALIST JOB SATISFACTION** addresses physician burnout to improve provider experience of care delivery.
- **SUPPORTING COMMUNITY-BASED SPECIALISTS** explores how community specialists can better integrate with the work of SSC.

Please see page 7 and 8 for the full strategic plan.

The new Physician Master Agreement (PMA) provides funding for SSC and its initiatives for the next three years (2020–22). The changes in the PMA for the SSC were minimal and included a budget increase of \$5 million as well as the transfer of SSC and labour market adjustment (LMA) fees to the Medical Services Plan. (See details about the fee transfer on page 21.)

We deem it important to acknowledge that with the COVID-19 pandemic hitting BC towards the end of this fiscal year, you have and continue to experience challenges and uncertainty. We'd like to thank you as care providers, leaders, and medical staff for your dedication, and commitment to patient care during this health crisis. However, we are mostly encouraged by the resilience shown by the medical community at large, and efforts being taken to work through this challenge together.

We hope you will enjoy the contents of this report and the work undertaken by the SSC during the last fiscal year. Feel free to drop us a line with your questions, concerns, or feedback.



Dr Matthew Chow (Co-Chair)  
*Child and Adolescent Psychiatrist*



Introducing  
Ryan Murray –  
New SSC Co-chair

Mr Ryan Murray (Co-Chair)  
*Director, Physician  
Workforce Development  
Ministry of Health*



Watch a video on Specialist Services Committee



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



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# 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 Ryan Murray, (Co-Chair) Ministry of Health\*  
Ms Kristy Anderson, Ministry of Health\*  
Ms Liana Silver, Ministry of Health (alternate)  
Ms Darlene Therrien, Ministry of Health\*

## Health Authorities

Dr Dietrich Furstenburg, Northern 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)  
Dr Adele Harrison, Island Health (alternate)

## Patient Representative

Ms Teresa Whitehouse

## Staff

Ms Marisa Adair, Executive Director, Communications and Public Affairs  
Ms Anusha Ahmadi, Communications Officer, SSC  
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 Jessica Hehir, Senior Analyst, SSC  
Mr Aman Hundal, Liaison, SSC  
Ms Linda Lemke, Vice President, Engagement and Quality Improvement  
Mr Adrian Leung, Director, SSC  
Ms Andrea McMaster, Project Coordinator, SSC  
Ms Donna Murphy-Burke, Liaison, SSC  
Ms Cindy Myles, Director, Facility Physician Engagement, SSC  
Mr Geoff Schierbeck, Liaison, SSC  
Ms Christine Tam, Senior Communications Manager, Communications and Public Affairs  
Ms Alyson Thomas, Project Coordinator, SSC  
Mr Garth Vatin, Liaison, SSC  
Ms Sarah White, Administrative Assistant, SSC  
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

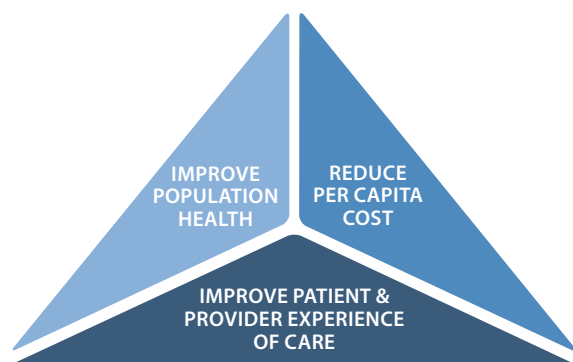


## OUR VISION

A health care system in BC where specialist physicians can provide the highest standards of care to their patients and their families.

## OUR GUIDING PRINCIPLES

We follow the Institute for Healthcare Improvement's triple aim as guiding principles for our work.



## OUR STRATEGY

We engage and collaborate with both facility and community based specialists, GPs and health partners to build capability, plan and implement improvements in BC's health care system.

## OUR VALUES

- Patient & Family Centered Care
- Collaborative Approach
- Continuous Quality Improvement

Specialist Services Committee is a partnership of Doctors of BC and the BC Government.

## OUR STRATEGIC PRIORITIES

### 1. Develop Physician Capability



Help specialist physicians develop leadership and quality improvement skills to effectively lead and champion change.

We do this through our following initiatives:

- **PHYSICIAN QUALITY IMPROVEMENT** provides quality improvement training to physicians and supports their Learning Action Projects.
- **PHYSICIAN LEADERSHIP SCHOLARSHIP** empowers physicians by providing them with leadership training of their choosing as approved by the SSC.
- **UBC SAUDER PHYSICIAN LEADERSHIP PROGRAM** empowers physicians by providing them with accredited leadership training by the University of British Columbia.

### 2. Engage Physicians & Partners



Strengthen relationships between physicians, health authorities and partners, so that collaboratively we can address health system challenges and support quality patient care.

We do this through our following initiatives:

- **FACILITY ENGAGEMENT** funds and supports facility-based Medical Staff Associations (MSAs) to increase engagement among members and with their health authority, to improve care delivery.
- NEW** • **COLLABORATIVE COUNCILS** brings together health authorities, MSAs and regional staff to bring alignment across the regions and facilities in BC.
- NEW** • **IMPROVING SPECIALIST JOB SATISFACTION** works to address physician burnout and improve provider experience of care delivery.
- NEW** • **SUPPORTING COMMUNITY BASED SPECIALISTS** explores how community specialists can be better integrated in the work of SSC.

### 3. Transform Care Delivery



Improve key patient care and health system priorities as delivered by specialist physicians.

We do this through our following initiatives:

- **QUALITY & INNOVATION PROJECTS** enables individual and team projects by specialists across the province to address system and patient health challenges.
- **ENHANCING ACCESS INITIATIVE** improves patient access to consult and care by enabling specialist groups to implement a pooled referral model of service delivery.
- **SURGICAL PATIENT OPTIMIZATION COLLABORATIVE** works to optimize patient health before major surgery for improved surgical outcomes.
- **SSC FEES** compensates specialists to provide coordinated and timely care to patients and to consult other clinicians on complex cases.
- **HEALTH SYSTEM REDESIGN** funds specialists and health authorities to collaborate on system change projects.

## SPECIALIST SERVICES COMMITTEE

# NEW STRATEGIC PLAN 2020-2022





## PERFORMANCE: THE YEAR IN REVIEW

# PROGRAM: FACILITY ENGAGEMENT INITIATIVE



### SUMMARY OF ACTIVITY, WORK PLAN TARGETS, AND OBJECTIVE

Facility Engagement (FE) continued to grow in 2019/20. A total of 72 out of 75 potential MSAs were involved with 71 fully funded and 1 starting up: 16 from Northern Health, 22 from Interior Health, 11 from Fraser Health, 8 from Vancouver Coastal Health, 4 from Provincial Health, and 11 from Island Health.

More than 4,300 physicians participated in 1,200 collaborative activities, which ranged from meeting with health authorities, to strengthening communication across front-line staff, to addressing physician wellness, to initiating specific projects to improve patient care. The Facility Engagement 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.

### RESULTS AND ACCOMPLISHMENTS

- **Regional Networking and Knowledge Sharing:** In 2019/20, MSA physician leaders, project teams, health authority leaders, administrators, and staff met at several of FE regional conferences. Participants were able to network, share knowledge, explore FE progress and

**BCMJ**  
BC Medical Journal

Physician Engagement  
Gains Traction Across BC

## >4,300

physicians are involved in the Facility  
Engagement Initiative

## >1,900

engagement activities and projects are  
underway, **1,200** of which were endorsed  
or a collaborative activity with the health  
authority



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*

experiences, and consider opportunities to improve collaboration and communication. Two examples:

**Interior Health Regional Showcase,**  
**23 October 2019: 40 attendees.**

**Island Health Regional Facility Engagement,**  
**8 February 2020: 53 attendees.**

- **Site Engagement Activity Tracker (SEAT):** At the end of the fiscal year, FE's searchable database, SEAT, had 1,935 projects and activities. More than 1,200 of these were initiated with input from, or in collaboration with, a health authority. Further, entries that were related to quality improvement, totaling 650, were shared on the searchable SSC Exchange database.
- **Site Reporting and Review Process:** Sites and health authority partners completed self-assessment forms to gauge progress in areas such as effectiveness of the MSA executive, engagement among physicians, and engagement between physicians and health authority partners. The process this year was modified to accommodate the effect COVID-19 had on business and

to acknowledge the constraints placed on members' time to participate in reviews. The data we did receive will help provide key insights to guide overall strategy, planning, and management of the FE Initiative. In consultation with health authority partners, MSAs from 66 fully funded sites also prepared 2020/2021 strategic priorities with supporting activities and metrics to prepare for the new fiscal year.

- **Evaluation 2.0:** In March 2020, Facility Engagement Initiative (FEI) contracted Ference & Company to lead its evaluation over the next two-year period. Building on the previous evaluation, this evaluation seeks to learn the extent to which FEI has achieved expected outcomes, and to explore and assess the effective implementation of the program. Provincial staff will work closely with the evaluators to achieve two main objectives: support learning and identify potential opportunities for continuous improvement of FEI, and communicate the impacts of FEI to stakeholders. Interim reports will be produced throughout the engagement with a final report expected in early 2022.



# 418

working group meetings and six regional events/workshops took place in 2019, supporting local and regional engagement between MSAs and health authorities

# 72

medical staff associations, 6 health authorities, and 4,339 physicians are involved with the *Facility Engagement Initiative*



Engaging Physicians to Improve BC Health Care

## PERFORMANCE: THE YEAR IN REVIEW

# INITIATIVE: PHYSICIAN QUALITY IMPROVEMENT (PQI)



### SUMMARY OF ACTIVITY, WORK PLAN TARGETS, AND OBJECTIVE

Physician Quality Improvement (PQI) strives to build a culture of continuous improvement through programs collaboratively developed and managed by a steering committee of local physicians and their health authority leaders. The PQI work is supported regionally by 48 SSC-funded staff hired within six health authorities and 10 physician quality improvement (QI) advisors. The programs support physicians with QI training and dedicated technical staff positions. There is local QI training available for physicians in six health authorities.

### RESULTS AND ACCOMPLISHMENTS

- **2019 IHI National Forum Participation:** PQI had a large presence at the Institute for Healthcare Improvement's National Forum in Orlando Florida in December 2019. SSC and the Shared Care Committee supported 147 attendees from BC (103 physicians and 44 PQI team members). This was an investment in the development of staff who teach the IHI model for improvement and provide QI coaching and other support to physicians.

The *Canucks at IHI Reception* is an annual gathering of Canadians in health care QI who attend the IHI National Forum. The Specialist Services Committee was a partner in organizing the function for the first time in 2019. Over 140 people attended the reception on Monday, 9 December



BC's Physician Quality Improvement Program showcased at IHI Conference



Dr Cole Stanley: helping patients with Opioid Use Disorder



Patient Safety Drives PQI Project



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



Webpage: [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*

2019. The event provided an excellent opportunity to connect with other Canadian physicians and QI staff attending the forum.

PQI also presented a half-day workshop at the pre-conference. The workshop, “Quality Improvement from the Ground Up,” discussed the valuable experiences gained from PQI and was presented by Dr Curt Smecher, Provincial PQI Physician Lead and Aman Hundal, SSC Liaison.

- **Physician QI Training:** In 2019/20, 435 physicians were trained in quality improvement through the PQI programs and introductory QI training events. In addition, over 200 physician-led QI projects were supported. An outline of the status of the program in each health authority is as follows:

**FHA:** supported its fifth cohort of **22** physicians.

**VIHA:** supported its fourth cohort of **14** physicians.

**PHSA:** supported its third cohort of **20** physicians.

**VCH/PHC:** supported its third cohort of **29** physicians.

**NHA:** supported QI programs for the third year for **12** physicians.

**IHA:** supported its second cohort of **12** physicians.

Evaluation of the work at the health authority and provincial level provides the opportunity for continuous learning and improvement. Ninety-five percent of physicians who completed a post-training survey indicated that the program was a worthwhile use of their time.

Physicians who participated in the PQI program indicated a 50% increase in competence and confidence in leading QI projects and activities based on a pre- and post-training survey.



# 97%

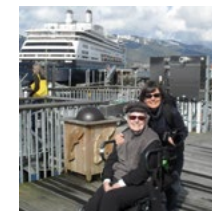
of participants agree that PQI provided them with opportunities to increase their knowledge, confidence, and competency in quality improvement.

# >400

physicians have completed quality improvement training as part of SSC's *Physician Quality Improvement initiative*. Of those, **200** have completed a QI project to improve care in their practice or hospital.



Working together to break down silos



Specialist Services Committee: Patient input crucial to improve quality of care



## PERFORMANCE: THE YEAR IN REVIEW

# INITIATIVE: PHYSICIAN LEADERSHIP SCHOLARSHIP



### SUMMARY OF ACTIVITY, WORK PLAN TARGETS, AND OBJECTIVE

Maintaining a strong commitment to building the physician leaders of tomorrow, the SSC partners with the Shared Care Committee to invest in physician leadership training. Through this initiative, physicians can choose from a variety of leadership and quality improvement programs and conferences approved by SSC and Shared Care.

A total of 441 physicians were approved for scholarship funding in 2019/20, and where able to learn from leadership and QI experts and to learn with peers from other jurisdictions.

**247** specialists  
(funded by SSC)

**194** family physicians  
(funded by Shared Care Committee)

The 10 most popular courses/conferences attended were:

1. *IHI National Forum on Quality Improvement in Health Care*: 115 attendees
2. *Canadian Society for Physician Leaders Conference*: 53 attendees
3. *IHI Finding and Creating Joy in Work*: 38 attendees
4. *PLI Coaching for Excellence*: 24 attendees
5. *Nuka Model of Care*: 17 attendees
6. *IHI Summit on Improving Patient Care*: 10 attendees
7. *BCAS Communicating with Purpose—Motivating Colleagues & Influencing Team Decisions*: 8 attendees



Tackling physician burnout through Joy in Work

The Joint Collaborative Committees supported

# 877

physicians with scholarships to attend over **300** courses through their *Physician Leadership Program*.



Webpage: <http://sscbc.ca/physician-engagement/leadership-training-scholarship>



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## Physician Leadership Scholarship *continued*

8. *BCPSQC Clinician Quality Academy: 8 applicants*
9. *Harvard Medical School—Career Advancement and Leadership Skills for Women in Healthcare: 7 applicants*
10. *Women's Leadership in Surgery: 7 applicants*

### RESULTS AND ACCOMPLISHMENTS

Physician interest in the Leadership Scholarship continues to grow, with 247 specialist scholarship applications approved in 2019/20 (compared to 237 in 2018/19). Of the 434 unique courses, most popular were those on quality improvement, leadership, wellness, and coaching, as shown in the list of course offerings:

**Quality improvement courses: 173 attendees**

**Leadership: 168 applicants**

**Physician wellness: 38 applicants**

**Coaching: 36 applicants**

**Masters: 19 applicants**

**Not specified: 9 applicants**

- **IHI National Forum on Quality Improvement in Health Care:**  
The Physician Leadership Scholarship supported 115 physicians (55 specialists and 60 family physicians) to participate in the forum in Orlando, Florida, in December 2019.
- **Canadian Society for Physician Leaders Conference:**  
53 physicians (29 specialists and 24 family physicians) attended the conference held in April 2019, funded by the scholarship.



## PERFORMANCE: THE YEAR IN REVIEW

# INITIATIVE: UBC SAUDER PHYSICIAN LEADERSHIP PROGRAM



### SUMMARY OF ACTIVITY, WORK PLAN TARGETS, AND OBJECTIVE

The SSC and Shared Care jointly fund specialists and family physicians to develop their leadership skills through the University of British Columbia's Sauder School of Business. This intermediate to advanced leadership program trains physicians on topics such as leading in complex environments, implementing quality operations, and change initiatives specific to health care.

### RESULTS AND ACCOMPLISHMENTS

57 physicians (42 specialists and 15 family physicians) were supported to complete cohorts 12 and 13 of this program. In partnership with Vancouver Coastal Health and other health

authorities, SSC co-chaired an advisory board of the program to further improve on and meet the leadership training needs of physicians.

SSC further assessed the impact of this provincial program through an external evaluation in 2019. Over 90 per cent of physicians who participated in this program mentioned that they are currently in leadership roles with over two-thirds attaining more responsibility since completing the program. Over 80 per cent of the participants indicated that PLP had a significant impact on their interest in formal leadership roles - 52 per cent pursued further formal training to enhance their leadership skills. One participant noted, "it opened many doors for me and started me on a journey that I had not expected, but find challenging and rewarding."



Working to change gender disparity in radiology  
*Dr Charlotte Yong-Hing*



UBC Sauder Physician Leadership Program (PLP) Evaluation



*Spotlight on a Specialist*  
– Dr Andrew Gray



SSC funding develops and grows physician leadership



Webpage: <http://sscbc.ca/programs-and-initiatives/develop-physician-capability/ubc-sauder-physician-leadership-program>



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## PERFORMANCE: THE YEAR IN REVIEW

# INITIATIVE: QUALITY & INNOVATION PROJECTS



### SUMMARY OF ACTIVITY, WORK PLAN TARGETS, AND OBJECTIVE

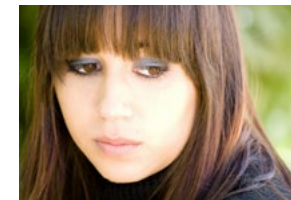
Launched in two stages in 2012 and 2015, the Quality and Innovation Projects initiative supports physician-driven innovations at the local, regional, and provincial levels. SSC provides both funding and supports to align and sustainably integrate the projects within the health system, and in so doing is able to share what it has learned through best practices. The Exchange, an online database of all SSC-supported quality improvement initiatives which launched in 2018, has expanded its listing to include projects funded by the Shared Care Committee. **The Exchange** currently contains listings for over 1300 projects.

During 2019/20, 10 projects were completed (see Appendix D for details). SSC continues to support six projects.

### RESULTS AND ACCOMPLISHMENTS

Several large-scale projects were completed during 2019/20, including the following:

- **Provincial Hip Fracture Redesign:** This initiative, led by Drs Pierre Guy and Ken Hughes, began in 2012 and engaged over 680 people in its pursuit of the goal of 90% of hip fracture surgeries taking place within 48 hours of injury. One key result was reducing the mean acute hospital length of stay by four days and the median by three days, which in turn reduced the mean cost of an episode of care to \$21,679 from \$27,265.



Physicians create new tools to help youth and families



Specialist project helps GPs and patients with better dementia diagnosis and management

*Spotlight on a Specialist*  
– Dr Leena Jain



Webpage: <http://sscbc.ca/system-improvement/quality-and-innovation-initiative>



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## Quality & Innovative Projects *continued*

- **HEARTSMAP:** Dr Quynh Doan, emergency physician at BC Children's Hospital, led the implementation of this standardized psychosocial assessment and management tool designed for emergency department clinicians to guide their care of children and youth with mental health concerns. The provincial dissemination of HEARTSMAP reached 52 emergency departments in BC and was well received, with 96% of participants considering the training effective. Although not all sites are currently actively using the tool, over 600 clinicians across BC have been trained. Additionally, over 100 providers have registered to use the tool outside of BC.

**Implementation of HEARTSMAP at BC Children's Hospital resulted in a 41-minute decrease in the median length of stay for ED mental health related visits, and a 48% reduction in return visits within 30 days. When compared against a similar 'control' site that did not implement HEARTSMAP, it is clear that this positive impact on ED flow was unique to the site that implemented the tool.**

Significant efforts for sustainability ensured that the impact of this project is long-lasting, and that clinicians continue to use the HEARTSMAP tool in their assessment and management of children and youth with mental health challenges.



## PERFORMANCE: THE YEAR IN REVIEW

# INITIATIVE: SURGICAL PATIENT OPTIMIZATION COLLABORATIVE



### SUMMARY OF ACTIVITY, WORK PLAN TARGETS, AND OBJECTIVE

Launched in May 2019, the Surgical Patient Optimization Collaborative (SPOC) united 15 surgical teams across the province in an effort to begin optimizing elective surgical patients, based on community-specific surgical populations and priorities. The aim was to provide surgical optimization for 75% of all patients screened by SPOC teams.

### RESULTS AND ACCOMPLISHMENTS

In September 2019, the *SPOC Change Package* was launched to support teams in the optimization of patients, providing suggested tools and ideas from evidence-based best practice literature. The Change Package has been well received by clinical practitioners, with both specialists and family physicians

referring to it for optimization tools. SSC has hosted three full-day in-person learning sessions for SPOC teams to connect, learn, and share. Learning session topics have included workflow mapping, clinical best practice tools, data interpretation, change management processes, patient experiences, and expert Q&As. Monthly data is submitted by each of the teams, providing a snapshot of the scope of optimization work done at each site, along with patient reported experience measures (PREMS) and patient reported outcome measures (PROMS) feedback. Teams are provided with regular check-ins and QI coaching, an online hub to connect and share resources, and monthly webinars. A midterm evaluation is also underway with initial results showing strong engagement from team members. Since January 2019, over 3700 patients in the province have now been optimized for surgery.



Doctors of Innovation:  
"Preparing for surgery is  
like preparing for a race"  
*Spotlight on a Specialist*  
– Dr Kelly Mayson



Medical student Imayan  
Subramaniam and his  
summer at Doctors of BC

# >3,700

patients in BC have been optimized before surgery as part of the *Surgical Patient Optimization Collaborative*.



Webpage: <http://sscbc.ca/programs-and-initiatives/transform-care-delivery/surgical-patient-optimization-collaborative-spoc-0>



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## PERFORMANCE: THE YEAR IN REVIEW

# INITIATIVE: ENHANCING ACCESS INITIATIVE



### SUMMARY OF ACTIVITY, WORK PLAN TARGETS, AND OBJECTIVE

The Enhancing Access initiative continued to assist specialists improve access to their services through a pooled referral model. The program continues to be an SSC priority to address long patient wait lists and the challenges associated with the referral process.

Teams from the first cohort continued to complete their projects. Lessons learned from these projects helped inform the strategy to expand the initiative to other specialty groups.

### RESULTS AND ACCOMPLISHMENTS

Teams of physicians are working together to simplify the referral process, optimize information, balance workloads, and drive the change required to improve access for patients to specialist consult and care.

Building on the success and lessons learned from the first cohort of five specialist groups, the Enhancing Access initiative expanded to include an additional 10 groups of specialists across BC in 2019/20. As of March 2020, **10 specialist groups are active, 10 more are in the process of being onboarded, and 6 have completed their projects (see Appendix E for details on completed projects).**

Specialties currently participating in the initiative include gastroenterology, orthopedics, dermatology, general surgery,



A rockslide couldn't stop Dr Bell from helping his patients with their surgeries



Victoria plastic surgeon Dr Chris Taylor develops innovative referral service to help patients get faster access to care

Cohort **1** has **10** groups currently active and **5** that have reached completion.

Cohort **2** is about to launch with **10** new specialist groups.



Webpage: <http://sscbc.ca/programs-and-initiatives/improve/enhancing-access-initiative>



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## Enhancing Access *continued*

pediatrics, and ENT, the last three being new specialties added in the second cohort.

Specialist groups participating in the initiative have seen improvement in their wait times as patients are more evenly distributed amongst a group of specialists working together to provide care. By amalgamating their electronic health records, specialists are able to use data to monitor and manage their wait times to ensure optimal service delivery that meets the needs of the patients and communities they serve.

Another significant benefit of the program is relationship building among specialists. One milestone in achieving a change in the referral process is the redesign of the referral form which requires participating specialists to work together. These specialists seek input from their referring partner(s), ensure their support and assist each other in communicating the new processes leading to enhanced information sharing and strengthened relationships.





## INITIATIVE: SSC FEES AND LABOUR MARKET ADJUSTMENT FEES



Webpage: <http://sscbc.ca/fees>



@DoctorsOfBC #SpecialistServices

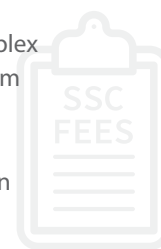
### SUMMARY OF ACTIVITY, WORK PLAN TARGETS, AND OBJECTIVE

SSC fees were initially launched in 2010 to support physicians to improve patient care through indirect services such as providing advice to other health care providers. The labour market adjustment (LMA) fees, initiated in 2011, provided for nine specialty sections to implement fees that supported their efforts to recruit and retain additional specialists to the province.

In order to allow for natural growth of these fees, which have now become an integral part of the Medical Services Plan (MSP) fee schedule, the 2019 Physician Master Agreement stipulated the mechanism for the transfer of both the SSC and LMA fees, with work to be completed by 31 March 2020.

### RESULTS AND ACCOMPLISHMENTS

As the SSC Fee Guide had been revised and streamlined in 2019, the transfer of the SSC fees was easily completed and approved for implementation as of 1 April 2020. In consultation with each of the speciality sections with LMA fees, these too were transferred in time for the transfer deadline. The process was, however, somewhat more complex as some fee items needed to be revised based on input from MSP. As of 1 April, the fees now reside within the fee guide as provisional for a period of two years during which time consideration will be given by MSP for permanent inclusion into the fee guide.



## INITIATIVE: HEALTH SYSTEM REDESIGN



# 81%

of physicians felt their involvement in Health System Redesign projects made a difference to the success of the project.



Webpage: <http://sscbc.ca/system-improvement/health-system-redesign>



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### SUMMARY OF ACTIVITY, WORK PLAN TARGETS, AND OBJECTIVE

The Health System Redesign initiative was established in 2010 to facilitate physician engagement and collaboration in the redesign and improvement of health services provided by the health authorities.

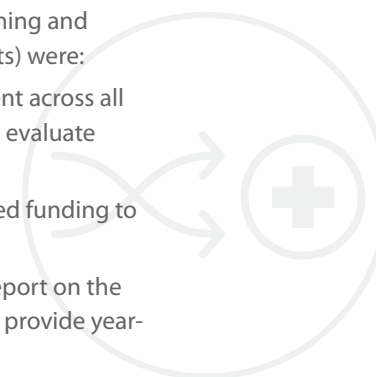
The goal of Health System Redesign funding is to ensure that physicians are supported to engage and participate in planning, decision making, and implementation of new or revised health services.

To ensure optimal performance of the initiative and to provide the flexibility and stability needed by the Health Authorities, a three-year funding agreement was established for 2019/20 to 2021/22 with a gated funding structure, updated Joint

Collaborative Committee (JCC) approved guidelines, and a new online reporting tool.

The work plan objectives for this fiscal year (in addition to supporting specialists to participate in the planning and implementation of system improvement projects) were:

- To explore the level of physician engagement across all health authorities by developing metrics to evaluate physicians' level of engagement.
- To improve the process for transferring gated funding to each health authority.
- For each health authority to manage and report on the use of JCC funding on a quarterly basis and provide year-end reports on the application of funds.



## Health System Redesign *continued*

### RESULTS AND ACCOMPLISHMENTS

The gated funding process that was initiated this fiscal year allows health authorities to access funding under their multi-year agreement to advance strategic priorities and roll over ongoing projects over the next three years.

An online reporting tool was established and applied in the first quarter. 2019/20 fiscal results indicate that 1003 specialists engaged in various health system redesign projects. In the fourth quarter, an online physician evaluation form and final report were also implemented; Based on the 99 evaluations completed so far, 82% of physicians expressed their involvement in the Health System Redesign Initiative made a difference in the success of their project.

Online final report submissions will be based on capacity of project teams during the COVID-19 crisis.



## INITIATIVE: SUPPORTING COMMUNITY-BASED SPECIALISTS



Webpage: <http://sscbc.ca/programs-and-initiatives/engage-physicians-health-partners/supporting-community-based-specialists>



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### SUMMARY OF ACTIVITY, WORK PLAN TARGETS, AND OBJECTIVE

The rationale for focusing on the needs of the community-based specialists comes from the awareness that while SSC has achieved significant and successful engagement among many physician groups, the unique concerns of community-based specialists were not explored significantly.

This initiative started taking shape towards the end of this reporting period to identify and explore the number of community-based specialists, where they practice, what are the general challenges they face, and how can they access SSC services and programs and possibly those of other Joint Collaborative Committees and Doctors of BC. In order to meet the objectives as set

out in the Strategic Framework, SSC plans to undertake the following steps in 2020.

**Background research:** Gather information from existing data sources to identify and connect with community-based specialists.

**Targeted Consultation:** Conduct focus group sessions with select section heads and representatives from Specialists of BC.

**Survey:** Conduct a survey of specialists if needed

**Analysis:** Review and analyze the findings to inform the development of options and recommendations.

**Report:** Deliver a report with findings, options and recommendations to SSC.

### RESULTS AND ACCOMPLISHMENTS

The SSC established a community-based specialists working group to guide the work, which includes verifying the number of community based specialists, and their contact information, stratification by specialty type and by health authority. Preliminary discussions with key section heads and the working group has occurred to ensure a dynamic and effective strategy regarding development and ability of strong connections with community-based specialists. The working group has been very active in March as the COVID-19 pandemic required increased engagement with specialists with community-based practices.



## PERFORMANCE: THE YEAR IN REVIEW

# INITIATIVE: IMPROVING SPECIALIST JOB SATISFACTION



Webpage: <http://sscbc.ca/programs-and-initiatives/engage-physicians-health-partners/improving-specialist-job-satisfaction>



@DoctorsOfBC #SpecialistServices

### SUMMARY OF ACTIVITY, WORK PLAN TARGETS, AND OBJECTIVE

Through the Physician Leadership Scholarship, a cohort of BC physicians were funded to participate in the Institute for Healthcare Improvement's "Joy in Work" online course, where physicians learned about approaches, techniques, and key success factors to addressing burnout and improving physician morale. SSC hosted a follow-up webinar with BC physicians to discuss their learnings and to spread and adoption of practices that enhance job satisfaction.

The Physician Wellness initiative hosted a networking event on 25 February, which was attended by 100 family physicians and specialists. A brief survey conducted during the networking event indicated that 73% of the physicians had experienced

symptoms of burnout in the past 12 months, and that 92% are interested in participating in a provincial forum with the purpose of promoting dialogue on the direction and future of physician wellness in BC.

### RESULTS AND ACCOMPLISHMENTS

Discussions have been initiated with the Physician Health Program to ensure provincial planning, continuity of existing programs, and future planning align efforts across the Joint Collaborative Committees and Doctors of BC around a coordinated physician wellness strategy.



## PERFORMANCE: THE YEAR IN REVIEW

# INITIATIVE: COLLABORATIVE COUNCILS



Webpage: <http://sscbc.ca/programs-and-initiatives/engage-physicians-health-partners/collaborative-councils>



@DoctorsOfBC #SpecialistServices

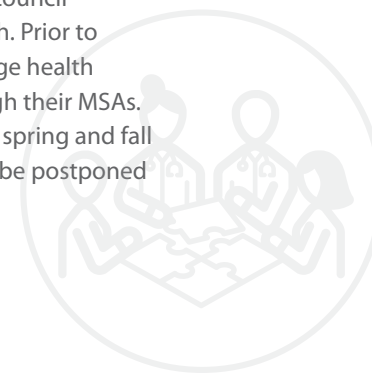
### SUMMARY OF ACTIVITY, WORK PLAN TARGETS, AND OBJECTIVE

In 2019, SSC agreed to engage key stakeholders in the co-creation of collaborative councils, composed of representatives of grassroots community and facility-based physicians, the regional health authority, and the SSC. SSC conceived each council to be a venue that would respond to the collective regional priorities of physicians (MSAs) and the specific health authority using SSC funds to improve quality of care.

The target for 2019/20 was to implement collaborative councils three health authority regions.

### RESULTS AND ACCOMPLISHMENTS

While the target was not met, significant progress has been made toward its achievement, and it is expected that at least two health authorities will implement the council during 2020/21: Interior Health and Fraser Health. Prior to implementation, SSC has been working to engage health authority leadership as well as physicians through their MSAs. Some engagement events were held during the spring and fall of 2019, but plans for spring 2020 event had to be postponed due to the COVID-19 pandemic.



**APPENDIX A:**

# SSC BUDGET REPORT – FY 2019/20 AS OF MARCH 31, 2020

WORK PLAN #	SSC KEY ACTIVITY & SUB ACTIVITY	BUDGET PMA FUNDS	BUDGET RESERVED FUNDS*	2019/20 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	\$ 18,375,000	\$ 2,400,000	\$ 20,775,000	\$ 18,108,420	\$ 2,666,580		\$ 18,108,420	\$ 2,666,580
1.2	Physician Quality Improvement	\$ 10,075,000	\$ 625,000	\$ 10,700,000	\$ 8,191,086	\$ 2,508,914		\$ 8,191,086	\$ 2,508,914
1.3	Collaborative Councils		\$ 2,400,000	\$ 2,400,000	\$ -	\$ 2,400,000		\$ -	\$ 2,400,000
1.4	SP Engagement with Divisions of Family Practice		\$ 55,000	\$ 55,000	\$ 62,283	\$ (7,283)		\$ 62,283	\$ (7,283)
2.0	Enabling System Improvement								
2.1	Quality & Innovation Projects & Spread		\$ 2,343,044	\$ 2,343,044	\$ 676,028	\$ 1,667,016		\$ 676,028	\$ 1,667,016
2.2	SSC Provincial Projects and Priorities								
	a. Enhanced Access		\$ 2,200,000	\$ 2,200,000	\$ 1,040,169	\$ 1,159,831		\$ 1,040,169	\$ 1,159,831
	b. Strategic Priorities		\$ 1,180,000	\$ 1,180,000	\$ 835	\$ 1,179,165		\$ 835	\$ 1,179,165
	c. Surgical Improvement		\$ 1,300,000	\$ 1,300,000	\$ 910,307	\$ 389,693		\$ 910,307	\$ 389,693
	d. SSC Events		\$ 300,000	\$ 300,000	\$ 4,085	\$ 295,915		\$ 4,085	\$ 295,915
3.0	Supporting Physicians								
3.1	Leadership and QI Training	\$ 1,200,000	\$ 300,000	\$ 1,500,000	\$ 1,210,825	\$ 289,175		\$ 1,210,825	\$ 289,175
3.2	JCC Transfers								
	a. Health System Redesign	\$ 800,000		\$ 800,000	\$ 800,000	\$ -		\$ 800,000	\$ -
	b. BC Physician Integration Program		\$ 124,103	\$ 124,103	\$ 124,103	\$ -		\$ 124,103	\$ -
	c. Privileging Dictionary		\$ 5,000	\$ 5,000	\$ 874	\$ 4,126		\$ 874	\$ 4,126
	d. JCC Events		\$ 112,500	\$ 112,500	\$ 112,500	\$ -		\$ 112,500	\$ -
	e. JCC Shared Expenses (staff, comms., meetings)	\$ 62,067		\$ 62,067	\$ 62,067	\$ -		\$ 62,067	\$ -
3.3a	Service Delivery (SSC Fees)	\$ 21,500,000		\$ 21,500,000	\$ 21,847,484	\$ (347,484)	\$ 343,199	\$ 22,052,761	\$ (552,761)
3.3b	SSC Labour Market Adjustment Fees	\$ 15,497,788		\$ 15,497,788	\$ 12,974,261	\$ 2,523,527	\$ 335,974	\$ 13,251,937	\$ 2,245,851
3.4	SSC Leaders	\$ 700,000		\$ 700,000	\$ 522,753	\$ 177,247		\$ 522,753	\$ 177,247
4.0	SSC Staffing and Administration								
4.1	SSC Central Staffing	\$ 1,500,000		\$ 1,500,000	\$ 1,512,622	\$ (12,622)		\$ 1,512,622	\$ (12,622)
4.2	SSC Administration and Communications	\$ 130,500		\$ 130,500	\$ 175,235	\$ (44,735)		\$ 175,235	\$ (44,735)
4.3	SSC Evaluation		\$ 110,000	\$ 110,000	\$ 72,864	\$ 37,136		\$ 72,864	\$ 37,136
4.4	Doctors of BC Administrative Fee	\$ 110,000		\$ 110,000	\$ 192,465	\$ (82,465)		\$ 192,465	\$ (82,465)
<b>TOTAL WORK PLAN BUDGET ALLOCATION BY PROGRAM ADMINISTRATOR</b>		<b>\$ 69,950,355</b>	<b>\$ 13,454,647</b>	<b>\$ 83,405,002</b>	<b>\$ 68,601,265</b>	<b>\$ 14,803,737</b>	<b>\$ 679,173</b>	<b>\$ 69,084,219</b>	<b>\$ 14,320,783</b>
	Ministry of Health Administered Programs	\$ 36,997,788		\$ 36,997,788	\$ 34,821,744	\$ 2,176,044	\$ 679,173	\$ 35,500,917	\$ 1,496,871
	Doctors of BC Administered Programs (on behalf of SSC)	\$ 32,952,567	\$ 13,454,647	\$ 46,407,214	\$ 33,779,521	\$ 12,627,693	\$ -	\$ 33,583,302	\$ 12,823,912
<b>DISTRIBUTION OF PMA FUNDS</b>									
	Total Available Funds (from PMA and 2018/19 Unspent)	\$ 70,290,628	\$ 20,638,472	\$ 90,929,100					
	Allocated to 2019/20 Work Plan	\$ 69,950,355	\$ 13,454,647	\$ 83,405,002					
	2019/20 Unallocated Funds	\$ 340,273	\$ 7,183,825	\$ 7,524,098					

Ministry of Health Administered Initiatives (SSC 3.2a to 3.2b). SOURCE: BC Ministry of Health reported as of March 31, 2020.  
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 31, 2020.  
\* Budget reserved funds refers to one-time funding

## APPENDIX B:

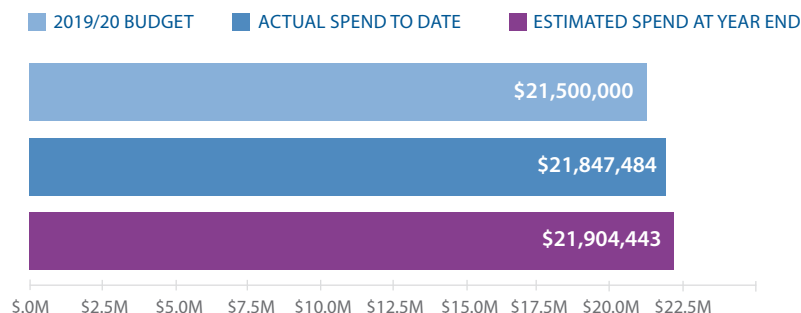
# SSC FEES YEAR-END REPORT 2019/20

### BUDGET STATUS

CURRENT BALANCE REMAINING	\$ 347,484
ESTIMATED VARIANCE (OVER)/UNDER	\$ (404,443)

### SUMMARY TOTALS

2019/20 Budget	\$ 21,500,000
Actual Spend to Date	\$ 21,847,484
Estimated Spend at Year End	\$ 21,904,443



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

SSC FEE DESCRIPTION	APRIL – MAR (ACTUAL \$ PAID)			TOTAL FOR FISCAL YEAR		
	2018/19	2019/20	% CHANGE	2018/19	2019/20F	% CHANGE
10001 Specialist telephone advice - Initiated by a Specialist or General Practitioner, response within 2 hours	\$ 8,436,535	\$ 9,313,191	10%	\$ 8,463,281	\$ 9,342,716	10%
10002 Specialist telephone patient management - response in one week - per 15 minutes or portion thereof	\$ 990,654	\$ 1,106,743	12%	\$ 1,007,893	\$ 1,126,002	12%
10003 Specialist telephone patient management / follow-up - per 15 minutes or portion thereof	\$ 4,400,680	\$ 4,919,220	12%	\$ 4,407,709	\$ 4,927,077	12%
10004 Multidisciplinary Conferencing for Complex Patients	\$ 2,125,749	\$ 2,316,600	9%	\$ 2,132,597	\$ 2,324,062	9%
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	\$ 143,521	\$ 167,496	17%	\$ 149,418	\$ 174,379	17%
10006 Specialist Email Patient Management / Follow-Up	\$ 179,989	\$ 215,474	20%	\$ 180,504	\$ 216,091	20%
78717 Specialist Discharge Care Plan for Complex Patients - extra	\$ 1,660,831	\$ 1,665,522	0%	\$ 1,647,857	\$ 1,652,512	0%
78720 Specialist Advance Care Planning Discussion - extra	\$ 856,802	\$ 939,057	10%	\$ 854,911	\$ 936,984	10%
GMVs Specialists Group Medical Visits	\$ 1,133,873	\$ 1,204,181	6%	\$ 1,134,285	\$ 1,204,619	6%
<b>TOTAL - All Specialist Incentive Fees</b>	<b>\$ 19,928,633</b>	<b>\$ 21,847,484</b>	<b>10%</b>	<b>\$ 19,978,455</b>	<b>\$ 21,904,443</b>	<b>10%</b>

1. SOURCE: Medical Services Plan Claims file (claims paid to May 30, 2020)

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 (1):

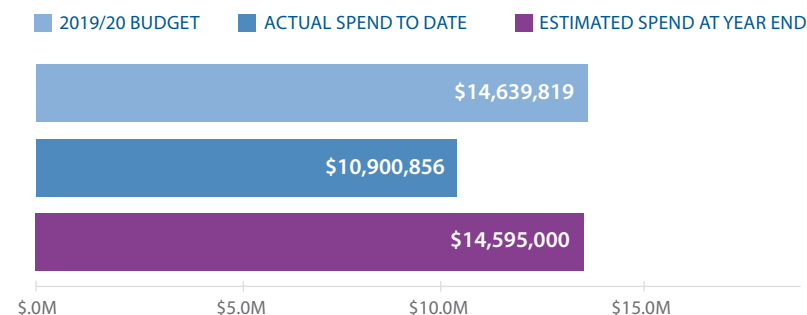
# LABOUR MARKET ADJUSTMENT FEES YEAR-END REPORT 2019/20

### BUDGET STATUS

Current Balance Remaining	\$ 3,694,144
Estimated (Over/Under)	\$ (44,819)

### SUMMARY TOTALS

2019/20 BUDGET	\$ 14,595,000
ACTUAL SPEND TO DATE	\$ 10,900,856
ESTIMATED SPEND AT YEAR END	\$ 14,639,819



## EXPENDITURES BY SECTION AND AS A % OF THE BUDGET, 2018/19 AND 2019/20

SECTION	EXPENDITURES	FISCAL YEAR 2018/19	%	FISCAL YEAR 2019/20 (Q3)
		BUDGET	OF BUDGET	EXPENDITURES
02-Neurology	\$ 1,919,460	\$ 1,392,506	138%	\$ 1,296,708
05-Obstetrics & Gyn.	\$ 1,558,646	\$ 1,414,787	110%	\$ 785,491
15-Internal Medicine	\$ 3,974,234	\$ 3,620,517	110%	\$ 2,755,476
18-Anesthesiology	\$ 1,575,446	\$ 1,949,509	81%	\$ 1,142,545
24-Geriatric Medicine	\$ 193,272	\$ 417,752	46%	\$ 177,442
44-Rheumatology	\$ 3,353,952	\$ 2,367,261	142%	\$ 2,843,462
49-Respirology	\$ 547,010	\$ 696,253	79%	\$ 455,668
51-Endocrinology	\$ 976,633	\$ 1,295,031	75%	\$ 761,562
67-Infectious Diseases	\$ 797,061	\$ 746,383	107%	\$ 682,503
<b>TOTAL - All Fees</b>	<b>\$ 14,895,714</b>	<b>\$ 13,900,000</b>	<b>107%</b>	<b>\$ 10,900,856</b>

1. SOURCE: Medical Services Plan Claims file.

2. The data are compiled on a date-of-service basis and include claims paid 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 2019/20

Target achieved or exceeded

Target partially achieved

Target not achieved

INITIATIVE	TARGETS FOR APRIL 2019	STATUS OF TARGETS (AS OF APRIL 2020)
Facility Engagement	<b>Improve MSA fund management practices</b>	
	Enhance the SSC FE funding guidelines based on feedback from MSAs, health authorities, and FELs.	<ul style="list-style-type: none"> <li>Continuous updating of Funding Guidelines for clarification as required.</li> </ul>
	Provide fund management training and support to MSAs that align with SSC's funding policies (e.g., budgeting, forecasting, financial reviews).	<ul style="list-style-type: none"> <li>Introduced Financial Management Workbook, webinars, and tools for site use resulting in improved financial acumen and planning at the site level.</li> <li>Improved financial reporting for sites with introduction of monthly financial statements for FESC sites.</li> <li>Created Financial Statement learning tool to assist sites in interpreting financial data.</li> <li>Created recommendations for improved requirements for book keeping and accounting practices by MSAs.</li> </ul>
	Improve Facility Engagement Management System (FEMS) design as required.	<ul style="list-style-type: none"> <li>Bug fixes in FEMS.</li> <li>Migrated budget function from FEMS to accounting software. Received feedback from MSAs and created business requirements document for software update.</li> </ul>
	<b>Foster MSA and health authority collaboration at local and regional levels</b>	
	Apply an operational engagement definition based on International Association for Public Participation (IAP2)'s engagement framework and pilot supporting strategies at a few sites.	<ul style="list-style-type: none"> <li>Adopted the IAP2 Engagement Framework to define "engagement" in order to clarify the meaning of "physician engagement".</li> </ul>

APPENDIX C:

Key Metrics for 2019/20 *continued*

Target achieved or exceeded

Target partially achieved

Target not achieved

INITIATIVE	TARGETS FOR APRIL 2019	STATUS OF TARGETS (AS OF APRIL 2020)
Facility Engagement (con't)	Support regional meetings between MSAs and health authorities.	<ul style="list-style-type: none"> <li>Participated in the Fraser Health Collaborative Council.</li> <li>Supported 2019/20 SRRP activities which included facilitated MSA-HA discussions and analyzed assessments results.</li> <li>Allocated funding resources to regional engagement for 2020/21.</li> </ul>
	Identify key facilitators and barriers from 2019/20 site review process.	<ul style="list-style-type: none"> <li>Implemented a knowledge sharing strategy and communications plan.</li> <li>Streamlined SRRP for improved feedback and efficiency.</li> </ul>
	Review UBC's final evaluation report and incorporate learnings where appropriate.	<ul style="list-style-type: none"> <li>Communicated to MSAs to utilize the institutional work model when assessing their engagement activities. Data confirmed improved engagement among physicians and between physicians and health authorities.</li> </ul>
	<b>Enhance FE infrastructure</b>	
	Complete the training needs assessment for MSA executives and develop options for leveraging and customizing current resources with SSC.	<ul style="list-style-type: none"> <li>Completed the 2019 MSA Executive Leadership Development Needs Report.</li> <li>Action plan to be completed in 2020.</li> </ul>
	Improve FEMS and SEAT design and process as required.	<ul style="list-style-type: none"> <li>SEAT process was updated in 2019 to reduce site reporting frequency to a more manageable level. Data fields were refined and improved.</li> </ul>
	Develop an evaluation plan 2.0 for Facility Engagement Working Group discussion and decision.	<ul style="list-style-type: none"> <li>Evaluation 2.0 in underway with Ference &amp; Company (consultants); to be completed early 2022.</li> </ul>
Physician Quality Improvement	Provide the following QI training to physicians: <ul style="list-style-type: none"> <li>Online QI training (L1) = 750</li> <li>QI intro training (L2) = 250</li> <li>Multiday training (L3) = 100</li> </ul>	Physicians receiving QI training opportunities: <ul style="list-style-type: none"> <li>L1 = 116</li> <li>L2 = 219</li> <li>L3 = 100</li> </ul>

APPENDIX C:

Key Metrics for 2019/20 continued

Target achieved or exceeded

Target partially achieved

Target not achieved

INITIATIVE	TARGETS FOR APRIL 2019	STATUS OF TARGETS (AS OF APRIL 2020)
Physician Quality Improvement (con't)	Strengthen partnerships with Mayo Clinic and IHI.	<ul style="list-style-type: none"> <li>Presented at the 2019 IHI National Forum.</li> <li>Working to create a strategic integrated partnership with IHI and Mayo Clinic.</li> </ul>
	Increase physician QI knowledge and confidence by 20%.	Increased physician QI knowledge by 54% and confidence in leading QI projects and activities by 50%.
	Attain 75% rating from physicians who indicate this is a good use of their time.	95% of physicians indicated the initiative was a worthwhile use of their time.
	Attain a 60% rating from physicians who graduate to continue to participate in new QI projects/activity.	93% of physicians indicated they would likely participate in new QI projects and initiatives.
Surgical Patient Optimization Collaborative	<b>Optimize 1000 patients</b>	
	Support 15 multidisciplinary teams to change processes to improve patient's readiness for surgery.	15 multidisciplinary teams supported to optimize patients.
	Utilize the patient's preoperative surgical wait time to create multidisciplinary, structured, personalized programs to support improved outcomes after surgery.	<ul style="list-style-type: none"> <li>Over 3700 patients in BC have been optimized for surgery.</li> <li>Over 5000 total patients have been screened for optimization.</li> <li>86% of patients in need of optimization were optimized for surgery.</li> </ul>
	Share tools and resources within collaborative teams to expedite the optimization process.	<ul style="list-style-type: none"> <li>Created a change package to provide resources to teams to optimize patients.</li> <li>Held two learning sessions with teams to share resources and learn from each other to optimize patients.</li> </ul>



APPENDIX C:

Key Metrics for 2019/20 continued

Target achieved or exceeded

Target partially achieved

Target not achieved

INITIATIVE	TARGETS FOR APRIL 2019	STATUS OF TARGETS (AS OF APRIL 2020)
Health System Redesign	Support increased specialist participation in the planning and implementation of various health system redesign initiatives led by health authorities.	1,003 specialists engaged in the planning and implementation of health system redesign projects this fiscal.
	Explore level of physician engagement across all health authorities and develop metrics to evaluate physician engagement.	Online physician evaluation forms implemented in fourth quarter; 89 submissions received to date. According to the evaluation 81% of physicians said their involvement in the project made a difference in the success of the project.
	Improve processes for transferring funding to each health authority in order to assist health authorities to advance their strategic priorities.	Health Authorities able to roll over ongoing projects into next fiscal and continue advancing strategic priorities.
	Each health authority to provide quantitative and qualitative data on application of funds via quarterly and final reports.	Online reporting tool established and applied in the first quarter.
Quality & Innovation Projects	Complete all projects due to conclude within the fiscal year.	11 projects completed in 2019/20, with 6 remaining for 2020/21. <i>Note: Some implementation efforts have had to slow down due to COVID-19</i>
	Capture project learnings and communicate these through SSC's project database, The Exchange, to foster spread.	Project summaries are posted on SSC's project directory, The Exchange.
	Develop a spread strategy to support successful projects and activities funded by SSC.	
Fees	SSC and LMA fees are transitioned to MSP by 1 April 2020.	All SSC and LMA fees were successfully transferred to MSP by 1 April 2020.
	All specialty sections are aware of MSP/SSC budget agreement, which begins 1 April 2020.	Communication was provided to all specialty sections on MSP/SSC budget agreement.

APPENDIX C:

Key Metrics for 2019/20 *continued*

Target achieved or exceeded

Target partially achieved

Target not achieved

INITIATIVE	TARGETS FOR APRIL 2019	STATUS OF TARGETS (AS OF APRIL 2020)
Enhancing Access Initiative	Support ten groups of interested specialists to implement a pooled referral service model to help expedite patient access to specialist consult and care.	Six of the 10 specialty groups have successfully improved patient access by implementing a pooled referral model. The remaining 4 specialty teams are in the process of implementing their pooled referral models.
Physician Leadership Scholarship	To increase or maintain the number of specialists trained by this initiative in the last year. • 222 specialists trained in 2018/19	247 specialists trained in 2019/20.
	To assess the percent of participants who think their capability improved as a result of training.	N/A – not yet surveyed.
UBC Sauder Physician Leadership Program	To increase or maintain the number of specialists trained in the last year. • 65 specialists trained in 2018/19	49 specialists trained in 2019/20.
	To assess the percent of participants who think their capability improved as a result of training.	N/A – not yet surveyed.
Collaborative Councils	To complete fund transfer agreements for with three health authorities.	Two health authorities are close to implementing the collaborative council as of 31 March 2020.
Supporting Community-Based Specialists	Increase understanding of the needs and subsequent engagement of the community-based specialists so their ability to provide specialized care in a community setting is maximized.	Verified the number of community based specialists, accuracy of contact information, stratification by type of specialty and by health authority.
Improving Specialist Job Satisfaction	Work with the Physician Health Program while aligning efforts across the Joint Collaborative Committees and Doctors of BC around a coordinated physician wellness strategy.	<ul style="list-style-type: none"> <li>Hosted a networking event attended by 100 specialists and family physicians.</li> <li>Funded a cohort of physicians to attend IHI “Joy in the Work”.</li> </ul>

## APPENDIX D:

# QUALITY & INNOVATION PROJECTS COMPLETED IN 2019/20

PHYSICIAN NAME	PROJECT NAME	OUTCOME REVIEW	SPREAD & SUSTAINABILITY
Dr David Hanks	Centralized Referral & Surgical Access Pilot—Royal Inland Hospital (Pooled Referral Project) Phase 2	The intent of the project was to implement a centralized referral portal for the general surgeons in the Kamloops area. The system was to be a single-entry standardized referral service with triaging and accurate measure of wait 1. The system was designed to give primary care providers in the Kamloops area the access to a single fax/phone/e-referral for general surgery referrals. It quickly evolved into a system measuring wait 1A, wait 1B, wait 2, to allow for waitlist balancing.	Launched as a result of the project's work, Central Referral Solutions continues to operate in Kamloops and is looking to expand. In April 2020, the company is launching Clinnect, a free portal for care providers to send patient referrals to specialists.  Due to the untimely death of Dr Hanks, this work is carrying on under other leadership.
Dr Marilyn Thorpe	Investigating the Feasibility of Spreading the Psychiatric Interdisciplinary Team (PIT) Assessments in BC	The goal of this project was to engage with a variety of groups who might be able and willing to adopt the PIT model of psychiatric assessment.  BC Children's Hospital is the first early adopter. They have been able to do PIT appointments with children and adolescents, but these appointments tend to be longer than the standard 30-minute PIT.  Dr Thorpe continues to champion this approach with stakeholders across BC.	Due to Dr Thorpe's continued commitment to this model, there are numerous groups engaged in how the PIT model can be used within their own context. The PIT approach could be particularly useful in rural/remote parts of BC when there are very few psychiatry practices.
Dr Colin Landells	Rebalance—Patient Reported Outcome Measures (PROMS)	The project was to start to integrate PROMS/PREMS into the clinic workflow. The intent was to try to target hip/degenerative knee and shoulder streams patients in our workflow.	PROMS and PREMS are now a part of the ongoing workflow at Rebalance. They are being used by physicians as an adjunct in decision making as well. The clinic has robust reports flowing both weekly and monthly utilization, and these tools are becoming another part of the quality analysis programs internally.

APPENDIX D:

Quality & Innovation Projects completed in 2019/20 *continued*

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Dr Jennifer Telford	Gastroenterology Pooled Referral and Triage Phase 2 (Pooled Referral Project)	<p>Pacific Gastroenterology Associates undertook a quality improvement project to lower the wait time to consultation to the most appropriate physician for patients with gastrointestinal (GI) concerns. This was accomplished by implementing a centralized intake and triage process via a consolidated electronic medical record (EMR). To achieve further wait time reductions, referring physicians can now indicate "next available" GI specialist if the patient has no preference, and favours expedited service.</p> <p>These efforts appear to have reduced wait times for patients with more urgent indications (confirmation pending implementation of the EMR analytics module) but have resulted in other improvements, including providing a unified message to referring physicians and the potential to generate accurate wait times to inform resource needs.</p>	Once the project proper had been completed and the new work processes had been implemented, additional full-time equivalents (FTEs) in support of the new screening and triage work became evident from monthly time card data. The role of triage coordination was on average 0.4 FTE per month. This additional overhead is not significant when divided by nine physicians.
Dr Chris Taylor	Centralized Surgical Skin Lesion Referral Line (Pooled Referral Project)	<p>The goal of the project was to develop a centralized referral line for skin lesions referred to the plastic surgeons in Victoria. The intent was to even out wait times and overall reduce wait times. Secondary aims were to reduce referral management by surgeons and increase satisfaction of patients and referring physicians.</p> <p>The group receives an average of 12 referrals per day, every day of the year, which is an increase from 2016 when the project started; at that time, it was 9 per day. The wait times for melanoma and squamous cell carcinoma are quite consistent between the groups—around 12 days for melanoma and about 35 for squamous cell carcinoma. The range for benign lesions and basal cell carcinoma is becoming more consistent, and decreasing the group average was well over 100 days and now is around 75 days.</p>	<p>The Central Surgical Skin Lesion Referral Line is still being used for all referrals and is funded by the division members.</p> <p>In future, a report will be run every month on the wait times per surgeon. Reporting is a key element of the project that will be sustained.</p> <p>Dr Taylor is also sharing his learnings through the SSC's Enhanced Access Initiative.</p>



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Quality & Innovation Projects completed in 2019/20 *continued*

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Dr Pierre Guy and Dr Ken Hughes	BC Redesign of Hip Fracture Care	<p>The health care and outcomes of our vulnerable seniors with hip fractures have been improved; hospital length of stay has been shortened and costs of care reduced.</p> <p>Key results of the initiative include the following:</p> <ul style="list-style-type: none"> <li>• 90% of patients with hip fracture had surgery within the targeted 48-hour benchmark</li> <li>• 88% were mobilized during the first day post-surgery</li> <li>• Using BCHFR best practices, the mean length of stay was reduced by four days</li> </ul>	<p>In terms of focus on hip fracture patients, the following continue as legacies of the work:</p> <ul style="list-style-type: none"> <li>• Maintain awareness</li> <li>• Highlight the positive impact of combined policy and funding</li> <li>• Encourage continued benchmarks of care: <ul style="list-style-type: none"> <li>– Surgery &lt;48 hours, early mobilization, care standardization, multidisciplinary care, data</li> </ul> </li> <li>• Encourage continued measurement</li> <li>• Encourage new initiatives: rehab services, home services, primary care link</li> <li>• Develop useful clinical decision tools</li> </ul>
Dr Hem Phaterpekar	Video of suicide prevention for adults with active suicide behaviour	<p>This project examined whether the use of a suicide education video designed by the initiative's research team, in conjunction with standard treatment-as-usual protocols (e.g., medications and cognitive therapy) could effectively reduce suicide ideation among patients who were admitted to hospital for high suicide ideation or suicide attempt.</p> <p>Using standard research methodologies, the project did not identify a statistically significant improvement in reduction in suicidal ideation scores. However, psychiatrist respondents thought that the video would be a useful tool as part of their treatment.</p>	<p>Discussions are underway on the availability of the suicide prevention video for use by other care teams beyond Royal Columbian Hospital.</p>

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Quality & Innovation Projects completed in 2019/20 *continued*

PHYSICIAN NAME	PROJECT NAME	OUTCOME REVIEW	SPREAD & SUSTAINABILITY
Dr Carol Ward	Enhancing timely psychogeriatric specialist services in residential care	<p>The project's findings indicate that the work enhanced communication, coordination, and collaboration between staff, regional knowledge coordinators–complex behaviours (RKC-CBs), most responsible physicians, and existing geriatric psychiatrists reinforce the behavioural support system.</p> <p>Both quantitative and qualitative findings show improved patient outcomes through access, liaison, and knowledge transfer by the RKC-CBs. In addition, the Responsive Behaviour Inter-Professional Education Teleconference Rounds helped bridge the gap between knowledge and practice, and emphasized the importance of person-centred approaches.</p> <p>Knowledge of family physicians was enhanced in the use of P.I.E.C.E.S. (a non-pharmacological assessment tool used by health care professionals to help them determine causes for behavioural and psychological symptoms associated with dementia) in the understanding of BC Behavioral Psychological Symptoms of Dementia (BPSD), in the behavioural psychological symptoms of dementia, and in the use and importance of the framework. Qualitative and anecdotal evidence shows the physician's support of using P.I.E.C.E.S. on residents with complex mental health disorders.</p>	<p>The project's sustainability plan has been fully met. The RKC-CB positions have been enhanced and expanded to support long-term care facilities in addressing complex behaviours. The permanency of these positions will ensure continued knowledge enhancement and capacity building of P.I.E.C.E.S., BC BPSD, and Gentle Persuasive Approach when developing person-centred care plans. In addition, an i-learn module, "Integrating Care Approaches for Complex Behaviours," has been developed for all staff.</p> <p>The Responsive Behaviours Rounds will continue in the same format as during the project but they will be held three times a year instead of monthly to ensure engagement and commitment by residential medical staff.</p> <p>The education sessions delivered through the initiative were very labour-intensive for the facilitators. Because of feedback from physicians at the in-person sessions, modules were converted to online formats. These modules are now hosted through Shared Care.</p> <p>A second sustainability initiative involved the use of Project ECHO. Project ECHO is increasingly being recognized around the world as a low-cost, high-impact method of delivering education for family physicians and primary care providers. It is a multipoint videoconferencing virtual clinic with community providers and the specialist hub. In this project, the specialist hub will be geriatric psychiatrists and a multidisciplinary team including the RKC-CBs, social workers, seniors' mental health team, and others.</p>

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Quality & Innovation Projects completed in 2019/20 *continued*

PHYSICIAN NAME	PROJECT NAME	OUTCOME REVIEW	SPREAD & SUSTAINABILITY
Dr Anurag Singh	Tele-Kidney Care for remote communities in Northern BC	<p>Highlights of this successful project included:</p> <ul style="list-style-type: none"> <li>• Successful integration of telehealth appointments in the physician-interprofessional clinical workflow of kidney care and transplant clinics</li> <li>• A statistically significant improvement in timeliness of referrals to specialist care by primary care providers</li> <li>• Improved access to best practice team-based kidney care clinics for chronic kidney disease (CKD) and transplant clients living in rural and remote communities of Northern BC</li> <li>• Engaging and raising awareness among primary care providers, and streamlining the referral process for nephrology consultations and telephone advice</li> <li>• Expanded availability and choice of clinical care for kidney patients, allowing more northerners to receive care closer to home</li> <li>• Growth in the number of patients accessing chronic kidney care by almost 24%</li> <li>• Extended reach of early intervention and education leading to patient empowerment so patients can participate in self-monitoring and home dialysis if needed</li> <li>• Measurable improvement in the equitable distribution of CKD care across the region.</li> </ul>	<p>The project addresses the root causes of lack of patient access to care for CKD and transplant by offering a service that is well used and appreciated by patients and physicians alike. From a process perspective, integrating and embedding telehealth into clinical work flow has become standard. The project has a clear and proven template for expansion to additional sites. The initiative is well known and has the support of the clinical and patient community, as well as the leadership team at Northern Health. Patients, providers, and communities are all advocates for continuity and expansion.</p>

## APPENDIX D:

Quality & Innovation Projects completed in 2019/20 *continued*

PHYSICIAN NAME	PROJECT NAME	OUTCOME REVIEW	SPREAD & SUSTAINABILITY
Dr Aven Poynter	Pathways to Support Community Pediatricians Transferring Patients with Mental Health Challenges to Adult Care Phase 2	<p>This project set out to develop transition pathways for youth with mental health disorders who were transitioning from pediatric to adult systems of care.</p> <p>Through an iterative set of engagements, the project team developed a set of 17 factsheets and identified additional resources to supplement existing transition resources on the BC Pediatric Society (BCPS) website. These are publicly available and address five broad topics:</p> <ul style="list-style-type: none"> <li>• Professional support for physicians treating youth with mental health or substance use disorders</li> <li>• Locating a family physician or specialist for a transitioning patient</li> <li>• Transition tools and resources for patients with primary or secondary mental health disorders</li> <li>• Tools to find community resources for transitioning youth</li> <li>• Other transition resources</li> </ul>	<p>The resources will be promoted to physicians in newsletters (e.g., BCPS Divisions of Family Practice, individual divisions) and through monthly email reminders. All transition resources are freely available on the BCPS website. In addition, the resources will be made available to:</p> <ul style="list-style-type: none"> <li>• The provincial Pathways program</li> <li>• Child Health BC</li> <li>• The upcoming Practice Support Program on child/youth and adult mental health, expected next year</li> <li>• Child and Youth Mental Health and Substance Use Community of Practice and Emergency Section of the COP (through Dr Shirley Sze)</li> </ul> <p>To the extent possible, the fact sheets list information tools that have regular content updates (e.g., Pathways, Foundry website of community services, Kelty Mental Health) and this should help ensure a longer shelf life to the resources. BCPS will update the resources twice in 2020 and provide physician reminders of the resources monthly throughout 2020.</p>
Dr Quynh Doan	Meeting pediatric mental health needs in the emergency department	<p>The project has shown that the HEARTSMAP tool can be reliably used by clinicians of different backgrounds and specialties; its use is also associated with a high level of resource connectivity and demonstrates a high sensitivity for identifying patients that require psychiatric consultation. The provincial dissemination of HEARTSMAP reached 52 emergency departments in BC and was well received, with 96% of participants considering the training effective. While uptake was variable between individual sites due to substantial staff turnover, over 600 BC clinicians have fully completed the HEARTSMAP training nonetheless, and over 100 more have registered on the Open HEARTSMAP tool.</p>	<p>Many elements of the project will carry on beyond the scope of the SSC funding. The Open HEARTSMAP tool was created to address the interest and demand for HEARTSMAP access outside of BC emergency departments (school counsellors, first responders, and urgent primary care clinic staff). There has also been the publicly funded development of two novel self-assessment tools based on the HEARTSMAP tool:</p> <ul style="list-style-type: none"> <li>• MyHEARTSMAP, a self-administered digital psychosocial assessment and management tool for youth and parents in emergency care</li> <li>• A further adaptation of the tool targeted to university students</li> </ul>



# APPENDIX E:

## ENHANCING ACCESS PROJECTS COMPLETED IN 2019/20

PHYSICIAN NAME	PROJECT NAME	OUTCOME REVIEW	SPREAD & SUSTAINABILITY
Dr Kevin Rioux	Gastroenterology Enterprises Enhancing Access	<p>The purpose of the project was to analyze existing data from a shared EMR to create valid, automated reports for physician leaders and their team to use for planning and resource allocation to improve care delivery of gastroenterology and hepatology services on Vancouver Island.</p> <p>Though the initial project was focused on developing 10 specific reports for critical pathways, 22 were actually produced to be used for internal and external communication.</p>	<p>The group will continue to use reports derived from their EMR data to share with stakeholders.</p> <p>Island Health is now implementing the clinical pathways/ protocols created as a result of this project.</p> <p>Dr Rioux is sharing his learnings with other interested groups across the province through the SSC's Enhancing Access Initiative.</p>
Dr Sean Virani	Vancouver Region Cardiovascular—Enhancing Access Initiative	The project was set to implement a central referral and triage process for all heart failure referrals sent to Vancouver General Hospital and St. Paul's Hospital regional clinics.	The project is now a prototype that can be leveraged for other regional cardiology clinics that have interest in the central intake model, including atrial fibrillation, implant devices, and cardiac rehab.
Dr Cobus Smith	Nanaimo Orthopaedics—Enhancing Access Initiative	The purpose of this project was to implement a pooled referral system to manage all orthopaedic specialist referrals within a centralized intake model.	<p>Tools developed for this project have and continue to be shared with future groups of specialists interested in implementing a pooled referral system.</p> <p>This project considered linkages for how orthopaedic patients will access the new surgical pre-optimization clinic being established in the local area to allow for a seamless patient journey.</p>
Dr Stephen Maloon, and Dr Keith Neufeld	Surrey Comprehensive Orthopaedic—Enhancing Access Initiative	The intent of this project was to implement a pooled referral model with a focus on reducing wait time to consult by standardizing the referral process to increase the care experience for patients, referring providers and specialists.	<p>The group formally launched its pooled referral model and is committed to booking referred patients who select the "first available" option within six weeks.</p> <p>Collaborative efforts have begun with the Fraser Health Authority to begin to look at possible gaps between T1 and T2 times and whether the operating room booking process can be further improved.</p>

APPENDIX E:

Enhancing Access Projects Completed 2019/20 *continued*

PHYSICIAN NAME	PROJECT NAME	OUTCOME REVIEW	SPREAD & SUSTAINABILITY
Dr Nadra Ginting	Vascular Surgery Pooled Referral and Triage— Enhancing Access Initiative	The scope and intent of this project was to initiate a standard process for patients referred to the Victoria Division of Vascular Surgery from family physicians, specialists, and specialty clinics by developing a pooled referral model to triage all patients to first available surgeon. The goal was to decrease wait times to vascular consultation, improve patient outcomes and satisfaction, and decrease the number of incomplete referrals and duplication of diagnostic exams.	<p>Streamlining varicose vein referrals and new varicose vein clinics has proved successful, and streamlining claudication patients in a similar model is scheduled to begin in the future.</p> <p>Currently there are no provincial or federal guidelines available for vascular surgery wait 1 times, and this is being considered as a new project for the future.</p>