



ANNUAL REPORT 2017  
Specialist Services Committee (SSC)



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# Committee Background/History

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

# Committee Mission

**T**HE 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 Specialist Physicians 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 Specialist Subsidiary Agreement.

# 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 system, enabling health system improvement initiatives, and supporting physicians with appropriate training, incentives and resources.

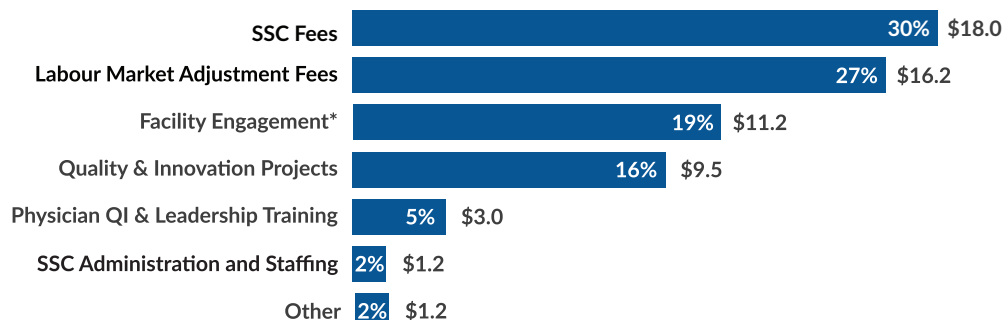
## Key Initiatives:



## QUALITY & INNOVATION PROJECTS

Engaging facility-based physicians through funding and support of Medical Staff Associations (MSA)	Supporting physicians to acquire skills and experience in quality improvement (QI)	Supporting Specialist-led projects to improve patient care
<ul style="list-style-type: none"> <li>58 sites involved across BC, with 20 approved for full funding.</li> <li>Medical staff are being formally asked about their priorities, and have a formal structure in place where they can express their views and more importantly - be heard.</li> <li>Three-year evaluation plan developed to measure initiative's impact on physician engagement and relationship with health authorities.</li> </ul>	<ul style="list-style-type: none"> <li>Six health authorities have partnered with SSC to establish teams to support physicians in QI.</li> <li>20 dedicated technical staff hired to support physicians with QI training and their projects.</li> <li>217 physicians participated in introductory QI training courses.</li> <li>28 physicians participated in advanced training, along with undertaking QI projects.</li> </ul>	<ul style="list-style-type: none"> <li>Six projects concluded, with 34 still in progress.</li> <li>Examples of outcomes from two projects:               <ul style="list-style-type: none"> <li>14.4% reduction in emergency department visits (Project: Addition of Physician Triage to Reduce ED referral from 8-1-1 line).</li> <li>Reduced wait times for university students to see psychiatrist from 43 days to 10 days (Project: University of Victoria Psychiatrist-led Interdisciplinary Team).</li> </ul> </li> </ul>

## Expenditures (\$ millions) as of March 31, 2017



Total SSC expenditures: \$60.3 million (includes on-going and one-time funds) \* Facility Engagement funding is protected, and cannot be reallocated for other purposes.



# Co-chairs' Message

Based on SSC's three-year strategic plan (2016 to 2019), the work plan for 2016/17 focused on advancing support to specialists through three priority areas: Engaging Physicians, Enabling Health System Improvement, and Supporting Specialists to Deliver Quality Care.

## Engaging Physicians:

The primary focus of work in 2016/17 has been to advance SSC's two flagship initiatives, Facility Engagement and Physician Quality Improvement.

- **Facility Engagement:** this has been a very active year for the Facility Engagement initiative with 58 sites currently involved across the province. The overall intent is to support greater engagement of facility-based physicians (both specialists and GPs) through funding of Medical Staff Associations and to support their efforts in prioritizing issues. The initiative is also focused on improving physicians' relationships with health authorities.
- **Physician Quality Improvement (PQI):** this initiative is intended to engage physicians by fostering a culture of continuous quality improvement in the health system. Specifically, physicians are provided with local QI and leadership training, and their ideas for QI are supported by dedicated technical staff positions within the health authorities that are funded by SSC. In 2016/17 all six health authorities now have approved funding proposals and are at different stages with respect to implementation.

## Enabling Health System Improvement:

The SSC continued to support Specialist-led Quality and Innovation projects to improve patient care. The projects vary from local or regional to provincial in scope; many projects address key health system priorities and key patient populations including: surgical quality and access, seniors and frail-elderly, mental health and substance use, rural and First Nations Health, among others. SSC is continuing to support the implementation of these projects through discussions on project sustainability, leveraging the work of other SSC-funded projects and alignment with health authority priorities.

## Supporting Specialists to Deliver Quality Care:

SSC supports specialists by managing a suite of fees to enable greater communication between providers and to enhance coordination of patient care. In addition, as part of the Physician Master Agreement, in 2011 a \$10M Labour Market Adjustment (LMA) fund was established for the SSC to distribute to nine Specialist Sections who were best shown to have recruitment and retention challenges. As well, the SSC co-manages with Shared Care a Physician Leadership and Training Scholarship.



- **SSC and Labour Market Adjustment Fees:** Utilization of the SSC fees and the Labour Market Adjustment Fees continue to grow at a rate that is not sustainable under SSC's current fixed budget. As such, SSC has consulted with specialty section representatives and other stakeholders for their input into adjusting fees and billing rules to align them with the original intent of the fees and to better contain expenditure growth. An evaluation framework has been designed to assess the impact of the fees, and will be undertaken in the 2017/18 fiscal year.
- **SSC's Leadership and QI Scholarship Fund:** over 60 specialists were supported to attend various leadership and QI training courses. In addition, the SSC and Shared Care conducted a thorough Physician Leadership & QI Training Review. As a result, various improvements have been made to the Scholarship Fund to make the criteria clearer for applicants.

Overall, it has been a very busy and productive year implementing SSC's 2016/17 work plan. The SSC has various initiatives and programs to support physicians, some of which are highlighted in this report.

See [Appendix A](#) for the budget summary of SSC expenditures for fiscal year 2016/17, as of March 31, 2017. These figures are preliminary, prior to audit confirmation.





# List of Committee Members

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## Specialist Services Committee

### Doctors of BC Representatives

**Dr. Sean Virani**, Co-chair \*

**Dr. Andrew Attwell**

**Dr. Matthew Chow** \*

**Dr. Frank Ervin** \*

**Dr. Gordon Hoag**

**Dr. Kathy Lee** \*

**Dr. Ahmer Karimuddin**

**Dr. Ken Hughes**

### Government

**Mr. Brendan Abbott**, Ministry of Health \*

**Ms. Marilyn Copes**, Ministry of Health \*

**Mr. Ryan Murray**, Ministry of Health

### Health Authorities

**Dr. Ron Carere**, Providence Health Care, Co-chair \*

**Dr. Rod McFadyen**, Island Health

**Dr. Drew Digney**, Island Health \*

**Dr. Steve Gray**, Provincial Health Services

**Ms. Candice Manahan**, Northern Health

**Dr. Malcolm Ogborn**, Interior Health

**Mr. Robert Parker**, First Nations Health

**Dr. Dayan Muthayan**, Fraser Health

**Dr. Brenda Wagner**, Vancouver Coastal Health

### Staff:

**Mr. Jim Aikman**, Executive Director,  
Economics & Policy Analysis

**Ms. Laura Anderson**, Liaison, SSC

**Ms. Elizabeth Babcock**, Senior Administrative Assistant, SSC

**Ms. Christina Beck**, Liaison, SSC

**Ms. Katie Hill**, Director, Shared Care &  
Joint Clinical Committees

**Mr. Aman Hundal**, Liaison, SSC

**Mr. Adrian Leung**, Director, SSC

**Ms. Ann MacDonald**, Senior Communications Manager

**Ms. Andrea McMaster**, Senior Administrative Assistant, SSC

**Ms. Cindy Myles**, Director, Facility Physician Engagement, SSC

**Ms. Katrina Stein**, Project Coordinator, SSC

**Ms. Victoria Watson**, Senior Health Economist

*\* Denotes Voting Member*

# Performance: Year in Review

## Initiative: Facility Engagement

### Overview:

During this past year, Facility Engagement has entered into a number of fund transfer agreements with established medical staff association physician societies. We have created and implemented a province-wide business solution to support the activities of the societies. In addition, we have developed an evaluation framework that will collect data to conduct analysis over the next three years.

This past year, we held three two-day education symposiums – to 120 learners.



## Results/Accomplishments:

**Established Physician Societies:** At the end of 2016/17, 58 sites are currently involved of which 20 have been approved for full funding, 33 are within the startup phase, and five have expressed interest.

**Launched Facility Engagement Management System (FEMS):** FEMS is a web-based information system that provides overall business management support for the sites and reporting and evaluation at the program level; continues to be deployed and enhanced. Currently, there are seven sites that are actively using FEMS and training continues for all sites receiving their full funding allocation.

**Implemented Three-year Evaluation Framework:** A UBC academic team is implementing an evaluation plan for the Facility Engagement Initiative. The evaluation examines the development of physician engagement at the system level consisting of the evolution of relations between the Ministry of Health, health authorities, Doctors of BC and medical staff associations, as well as specific facility-based initiatives developed in the context of the initiative.

Two primary stages to be assessed are: (1) the work being conducted to move interested sites to the stage of full funding; and (2) the implementation and effectiveness of strategies in which funded sites prioritize and implement specific actions to increase engagement.

Progress to date includes the development of data collection tools, pilot testing of survey instruments, interviews with the Facility Engagement Liaisons, development of an adapted short version of an engagement survey, completion of a scoping document on physician engagement, preparation of an evaluation toolkit for non-case studies, and finalization of case-study selection criteria.

**Budget spent: \$11,232,388**

## Initiative: Physician Quality Improvement (PQI)

### Overview:

In 2016/17, SSC continued to support approved initiatives (i.e. the Physician Quality Regional and Safety Team – PQRST in Fraser Health), and implemented newly approved initiatives in other regions. Letters of Intent signed between the SSC and the participating health authority (HA), outlined the agreement to partner, co-develop, and co-implement the initiative in each HA. In addition, proposals developed, via ad hoc working groups (if applicable) for approval by the HA executive and SSC, prior to implementation. Physician quality committees and QI Team resources have been fully implemented in three health regions at the end of 2016/17. Finally, a joint steering committee involving members of the HA, SSC and grassroots physician champions is managing PQI in each health authority.



## Results/Accomplishments:

**Approved Funding Proposals:** All six health authorities have approved SSC funding proposals, based on collaborative efforts between SSC, each health authority and front-line physicians. Approved proposals will now allow SSC to work with each health authority to implement the Physician QI initiative and to offer services and supports to physicians that wish to obtain training and support to implement their QI ideas.

**Formed Joint SSC/HA Steering Committees:** Five out of the six health authorities have formed joint SSC/HA Steering Committees. The role of the steering committee is to provide direction and to make consensus-based decisions on the scope of activities and deployment of the staff resources.

**Hired PQI staff:** A total of 20 dedicated technical staff have been hired, as follows: four in Fraser Health (FHA), six in Vancouver Island Health (VIHA), three in Vancouver Coastal Health (VCH)/Providence Health Care (PHC) and seven in Northern Health (NHA).

**Physician QI Training:** Fraser Health had two cohorts, with a total of 16 physicians completing training and VIHA had one cohort, with a total of 12 physicians completing training. Planning for QI training is underway at VCH/PHC and Provincial Health Services (PHSA). An introduction to QI day was held at VIHA for 163 physicians and at VCH/PHC for 54 physicians with planning underway for QI days at FHA and PHSA. In addition, 30 Steering Committee members were supported to participate in the IHI Annual Conference in December 2016.

**Held events:** On October 2016 and January 2017, respectively provincial PQI planning days were held with all the health authorities to coordinate and foster shared learning across HAs. In March 2017, PQI made a presentation at the Joint Collaborative Committee/Quality Forum 'Simplifying the Journey.'

**Budget spent: \$1,941,024**

## Physician Perspective on PQI:

Dr. John Galbraith at the Royal Jubilee Hospital recently completed the PQI training and is currently working on a QI project. He says *'The prescription for physicians suffering with disillusionment, frustration and burnout is to participate in Quality Improvement. PQI is an antidote to cynicism.'*

Dr. Vinay Dhingra, chair, Physician-led QI Steering Committee at Vancouver Coastal Health notes, *'The program provides the tools and support to help physicians develop valuable skills in quality improvement, change management, and looking at data through a quality lens.'* **View VCH PQI video**

# Initiative: Quality & Innovation

### Overview:

The SSC's target for 2016/17 was to continue to fund and support specialist-led quality improvement projects at the local, regional and provincial levels. In addition, focus was on supporting alignment and linkage of projects with health authorities (where these significantly impact, depend on, or require HA structures and resources) to ensure opportunities for sustainability and spread learnings and best practices.

### Results/Accomplishments:

**Project Status:** During 2016/17, six projects concluded, four of which moved onto to Phase II expansions of their work. SSC continues to support 34 projects still in progress. Details of completed projects is as follows:



PHYSICIAN NAME	PROJECT NAME	OUTCOME OVERVIEW
Dahl, Dr. Marshall	Provincially integrated endocrinology care for British Columbia	Phase I completion (moved to Phase II) To improve the health of the diabetes population by exploring a collaborative Provincial Diabetes (Endocrinology) Strategy that is sensitive to local, cultural and ethnic needs, with multi-disciplinary stakeholders from all 7 BC health authorities (HA). The project intends to identify gaps and barriers in care of adult diabetes outpatients (geographical disparities or variance from CDA guidelines).
Evans, Dr. David	Streamlined Specialized Care Strategies for Complex Major Trauma in BC	Phase I completion (moved to Phase II) To improve the delivery to trauma care services through the creation of six Specialist Advisory Groups, whose primary activity is the identification of key injury groups to assess. "Key Injury Group" is the term the team has used to define specific injuries that will benefit from specialist input and assessment, and where it is felt that injury management can be optimized and improved.
Grafstein, Dr. Eric	Addition of Physician Triage to Reduce ED Referral from 8-1-1	The HLBC Physician Triage Project aimed to supplement the nursing triage function at the HLBC Nurse Services (8-1-1) in an effort to provide an improved service to callers as well as reducing the number of these callers that ended up going for further care at an Emergency Department (ED). There was a 14.4% reduction in ED visits from physician triaged calls compared to the historical control group of nurse-only triaged patients during a similar period in 2015. This is both statistically and clinically significant.
Hanks, Dr. David	(PR) Centralized Referral & Surgical Access Pilot - Royal Inland Hospital	Phase I completion (moved to Phase II) To implement a new single entry, standardized central referral system, triage process, waitlist process for a group of General Surgeons in Kamloops.
Povah, Dr. William Bruce	(PR) Waitlist Management Quality and Improvement of the Otolaryngology Office Experience	Phase I completion (moved to Phase II) To implement a new single entry, standardized central referral system, triage process, waitlist and Patient Reported Outcome process for a group of Otolaryngologists in Kelowna and Penticton.
Whitehouse, Dr. Sandra	Transitional care for young adults with chronic conditions	Development and evaluation of condition-specific Transition Care Management Plans to support adult providers in medical management of young adults with CHC/Ds (18-25 years old) through a collaborative Shared Care framework. Broad based knowledge translation of strategies and skill building for adult providers to better understand the developmental aspects of young people with CHC/Ds to improve adherence and attachment for unique patient population.





## Initiative: Quality & Innovation

**Pooled Referrals:** Based on the work of successful Pooled Referral implementations of both SSC and Shared Care, work is proceeding on the development of a Pooled Referral Toolkit and support process. This initiative will guide and support groups of specialists that wish to more formally share and triage their patient referrals between their practices, so that patients can be seen more quickly by the first available specialist.

**Budget spent: \$5,158,496.**

*Note: includes the portfolio of Quality & Innovation (including Q & I projects from 2012 and 2015, as well as provincial expansion projects such as the Hip Fracture Initiative, Prostate Cancer Survivorship Program and Enhanced Recovery after Surgery (ERAS).*

### Feature story on Quality and Innovative Project:

Watching a TED Talk by an American surgeon inspired a Victoria psychiatrist to pursue a more effective approach to treating mental-health patients at the University of Victoria. Psychiatrist Dr. Marilyn Thorpe is leader of UVic's PIT project – Psychiatric Interdisciplinary Team. The project is an approach at UVic Health Services in which family doctors and psychiatrists work collaboratively to deliver mental-health treatment. Thorpe said that since it began in 2013, the team approach has dropped wait times for UVic students to see a psychiatrist from an average of 43 days to 10 days. It has also dramatically reduced costs.

[Learn More](#)

## Program: Physician Leadership Scholarship Fund

### Overview:

SSC and Shared Care fund and administer the Leadership Scholarship Fund, and implement recommendations from the Physician Leadership and QI Training Review Report to enhance the program. As well, SSC participates in the UBC-Sauder Physician Leadership Program Advisory Committee to ensure the program funded by SSC meets the needs of physicians, Health Authorities and the Joint Collaborative Committees. SSC staff review scholarship data on a quarterly basis to monitor attended courses and scholarship usage.

### Results/Accomplishments:

**Physician Interest:** Physician interest in the Leadership Scholarship continues to grow, with approximately 60 specialists applying for scholarship funding in 2016/17. Some of the courses attended by specialists include those run by the Physician Leadership Institute (PLI), Institute for Health Care Improvement, and various other learning institutions and organizations that train physicians as leaders.

**UBC Sauder Program:** Funded by SSC and the Shared Care Committee, 22 specialists and 14 GPs were supported to complete Cohort 7 of the UBC Sauder Physician Leadership Program. In addition, the SSC created, in partnership with Vancouver Coastal Health and other health authorities, an Advisory Board of the UBC Sauder School's Physician Leadership Program to further improve on and meet the leadership training needs of physicians.

**Improvements:** Based on the recommendations from the Physician Leadership and QI Training Review Report, various improvements have been made to the Physician Leadership Scholarship, including clearer funding criteria for applicants.

**Budget spent: \$1,009,513**

## Initiative/Program: Service Delivery (Fees)

### Overview:

Under the SSC's second strategic priority to Enhance Specialist Services, the SSC fees aim to ensure patients and families receive timely access, follow-ups and coordinated care. The SSC periodically reviews its fees, engages specialty sections and makes changes to better manage utilization within SSC's fixed budget and achieve the intent of the fees.

### Results/Accomplishments:

SSC has monitored the changes it made to its fees in November 2015. As popularity of the SSC fees grew, a review of utilization and an engagement with specialty section heads led the SSC to approve minor changes to better align utilization with the original intent of the fees. The SSC also worked with specialty sections receiving Labour Market Adjustment fee funding to review and adjust utilization within the fixed budget amounts. An evaluation framework has been designed to assess the impact of the fees, and will be undertaken in the 2017/18 fiscal year.

**Budget spent:**

**SSC Fees: \$ 18,023,487**

*(Actuals up to Mar 31, 2017, Final Expenditures available Oct 2017)*

**Labour Market Adjustment Fees: \$ 16,197,914**

*(Actuals up to March 31, 2017, Final Expenditures available October 2017)*

# Appendix: A

## SPECIALIST SERVICES COMMITTEE | BUDGET REPORT, FY 2016/17 | As of March 31, 2017

WORK PLAN REF. #&#x2013;	SSC KEY ACTIVITY & SUB ACTIVITY	BUDGET PMA FUNDS	BUDGET RESERVED FUNDS	TOTAL					
					FISCAL YEAR TO DATE APR-MAR.	FUNDS REMAINING	PLANNED TO END OF YEAR	TOTAL PROJECTED SPEND	PROJECTED VARIANCE (OVER)/UNDER
<b>1.0</b>	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	\$18,000,000	\$11,232,388	\$6,767,612		\$11,232,388	\$6,767,612
1.2	Regional Quality Improvement	\$3,530,000		\$3,530,000	\$1,941,024	\$1,588,976		\$1,941,024	\$1,588,976
1.3	SP Participation/Consultation (Misc.)		\$49,400	\$49,400	\$73,726	\$(24,326)		\$73,726	\$(24,326)
1.4	SP Engagement with Divisions of Family Practice		\$100,000	\$100,000	\$60,391	\$39,609		\$60,391	\$39,609
<b>2.0</b>	Enabling System Improvement								
2.1	Health System Redesign Fund	\$700,000		\$700,000	\$700,000	\$-		\$700,000	\$-
2.2	Quality & Innovation Projects		\$6,000,000	\$6,000,000	\$5,158,496	\$841,504		\$5,158,496	\$841,504
2.3	SSC Provincial Projects and Spread		\$700,000	\$700,000	\$103,922	\$596,078		\$103,922	\$596,078
2.4	Child and Youth Mental Health and Substance Use		\$3,500,000	\$3,500,000	\$3,500,000	\$-		\$3,500,000	\$-
<b>3.0</b>	Supporting Physicians								
3.1	Leadership and QI Training	\$250,000	\$780,000	\$1,030,000	\$1,009,513	\$20,487		\$1,009,513	\$20,487
3.2a	Service Delivery (SSC Fees)	\$15,975,000		\$15,975,000	\$18,023,487	\$(2,048,487)	\$925,000	\$18,948,487	\$(2,973,487)
3.2b	SSC Labour Market Adjustment Fees	\$18,100,000		\$18,100,000	\$16,197,914	\$1,902,086	\$3,075,544	\$19,273,458	\$(1,173,458)
3.3	Staffing Support (HA Leaders, JCC Shared, MOH)	\$900,000		\$900,000	\$391,610	\$508,390		\$391,610	\$508,390
3.4	Doctors Technology Office		\$880,000	\$880,000	\$705,000	\$175,000		\$705,000	\$175,000
<b>4.0</b>	SSC Staffing and Administration								
4.1	SSC Central Staffing	\$1,000,000		\$1,000,000	\$893,370	\$106,630		\$893,370	\$106,630
4.2	SSC Administration and Communications	\$350,000		\$350,000	\$166,907	\$183,093		\$166,907	\$183,093
4.3	SSC Evaluation		\$300,000	\$300,000	\$61,786	\$238,214		\$61,786	\$238,214
4.4	Doctors of BC Administrative Fee	\$90,000		\$90,000	\$90,000	\$-		\$90,000	\$-
<b>5.0</b>	Previous SSC Work Plan Initiatives Commitments								
5.1	Collaborating on System Improvement			\$-	\$527	\$(527)	\$-	\$527	\$(527)
5.2	SSC-JCC Showcase (February 2016)			\$-	\$3,542	\$(3,542)	\$-	\$3,542	\$(3,542)
	Privileging Dictionary*		\$50,600	\$50,600	\$9,335	\$41,265	\$-	\$9,335	\$41,265
<b>TOTAL WORK PLAN BUDGET</b>		<b>\$40,895,000</b>	<b>\$30,360,000</b>	<b>\$71,255,000</b>	<b>\$60,322,938</b>	<b>\$10,932,062</b>	<b>\$4,000,544</b>	<b>\$64,323,482</b>	<b>\$6,931,518</b>
<b>2016/17 UNALLOCATED FUNDS</b>		<b>\$6,345,628</b>	<b>\$24,504,327</b>	<b>\$30,849,955</b>		<b>\$30,849,955</b>			

Ministry of Health Administered Initiatives (SSC 3.2a to 3.2b). SOURCE: BC Ministry of Health reported as of March 31 2017.

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, 2017.

NOTE: Projections for SSC initiatives 3.2 a & b have been updated using a different methodology which takes into account seasonality effects.

\* Funds were reallocated from SSC Initiative 1.3 Specialist Participation/Consult (Misc.) to fund 2016/17 Privileging Dictionary not in the 2016/17 Work Plan Budget. Total amount reallocated = \$50,600.



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