

ANNUAL REPORT 2016
Specialist Services Committee (SSC)

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Committee Background/History



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 specialists care system.

Committee Mission/Vision/Mandate

THE SSC CONTINUES TO collaborate with specialist-physicians to improve access to needed, evidence-based, quality services that meet patients' medical needs to deliver optimum health outcomes. The approach is built on understanding population health needs linked to optimizing the mix of service delivery, technology and health human resource options. The SSC's specific mandate is identified in **Article 8** of the Physician Master Agreement, and the Specialists Subsidiary Agreement.

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...the collaboration activities
...strong ties
...supports - Physician Engagement Lead
...and MA staff support
...priorities - increasing staff support
...supporting activities across the system
...resistance along w
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Co-chair's Message

In 2015–16, the Specialist Services Committee (SSC) continued to support specialists by collaborating with the Doctors of BC, Ministry of Health, and health authorities. The 2015–16 work plan focused on three priority areas of “physician engagement”, “enhancing specialist services” and “advancing quality improvement.”

Physician Engagement:

- Launched in 2015, this initiative is the first of its kind in Canada, with the SSC supporting physicians who work in hospitals and acute care facilities across BC to establish a meaningful voice to address issues that affect them.

Enhancing Specialist Services:

- We implemented improvements to existing SSC fees and created new fees aimed to support specialist capacity and improve coordination of care and patient access to specialist expertise.
- We also initiated a review with the Joint Clinical Committees (JCCs) of the physician leadership training offered and funded by JCCs in order to better address the leadership and quality improvement training needs of physicians.

Advancing Quality Improvement:

- We approved 29 new projects in a second round of specialist-led Quality and Innovation projects. See [Appendix A](#) for a summary of projects from both 2012 and 2015.
- We successfully implemented a provincial Enhanced Recovery After Surgery Collaborative to improve care for patients undergoing colorectal surgery.
- In addition, the SSC began partnering with health authorities to invest in a regional quality improvement infrastructure for physicians to learn and implement approaches to improve the quality of patient care.

Finally, we took part in the first-ever JCC Showcase. We partnered with the BC Patient Safety & Quality Council annual Forum to stage a pre-forum JCC event that helped raise awareness of the JCC's work and create networks and partnerships to help broaden and expand this work.

Overall it has been a very busy and productive year implementing SSC's 2015–16 work plan, as well as developing a three-year plan and evaluation framework to guide our work as we continue to support specialist physicians to deliver quality patient care. See [Appendix B](#), for the budget summary of SSC expenditures for fiscal year 2015/16, as of March 31, 2016. These figures are preliminary, prior to audit confirmation.

List of Committee Members

Specialist Services Committee

Doctors of BC Representatives

Dr. Sean Virani, Co-chair *

Dr. Matthew Chow *

Dr. Kathy Lee *

Dr. Chester Morris *

Dr. Andrew Attwell

Dr. Ahmer Karimuddin

Dr. Gordon Hoag

Dr. Ken Hughes

Government

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

Mr. Brendan Abbott, Ministry of Health *

Ms. Marilyn Copes, Ministry of Health *

Mr. Ryan Murray, Ministry of Health

Health Authorities

Dr. Drew Digney, Island Health *

Dr. Steve Gray, Provincial Health Services

Ms. Candice Manahan, Northern Health

Dr. Dayan Muthayan, Fraser Health Authority

Dr. Malcolm Ogborn, Interior Health

Dr. Robert Parker, First Nations Health Authority

Dr. Brenda Wagner, Vancouver Coastal Health Authority

Staff:

Mr. Jim Aikman, Executive Director, Economics & Policy Analysis, Doctors of BC

Ms. Laura Anderson, Initiative Lead, SSC

Ms. Liz Babcock, Assistant, SSC

Ms. Christina Beck, Initiative Lead, SSC

Ms. Angie Chan, Project Manager, Surgical Improvement, SSC

Ms. Adrienne Denham, Executive Lead, Facility Engagement

Ms. Alana Godin, Executive Lead, Practice Support & Joint Clinical Committees

Mr. Aman Hundal, Initiative Lead, SSC

Mr. Adrian Leung, Executive Lead, SSC

Ms. Ann MacDonald, Senior Communications Manager, Doctors of BC

Ms. Andrea McMaster, Administrative Assistant, SSC

Ms. Joanna Wills, Project Manager, SSC

Mr. Jackson Yu, Project Officer, SSC

** Denotes Voting Member*

Performance: Year in Review

Facility-based Physician Engagement

Overview:

Launched in 2015, this initiative is the first of its kind in Canada and supports physicians who work in hospitals and acute care facilities across BC to establish a meaningful voice to address issues that affect them. Each Health Authority CEO has committed through a Memorandum of Understanding to support greater engagement and collaboration with doctors.

Funds are distributed through SSC to facility-based physicians through local Physician Societies (created from Medical Staff Associations) to improve physician involvement in addressing matters affecting patient care and their work environment.

Areas of focus include 1) creating physician societies, 2) supporting health authorities in their partnership with physician societies, 3) continual communication with partners for system improvement, and 4) improving the initiative's infrastructure. There are 76 facilities eligible to participate.



Facility-based Physician Engagement

Results/Accomplishments:

- 1. Establishing Physician Societies:** Facilities receive start-up funding to establish the momentum and build the initiative locally. As of March 31, 2016, there are 43 facilities involved in various stages, with three sites incorporated, 21 sites preparing for incorporation and 19 sites expressing interest. To build physician leadership, the Initiative supported 48 physicians from 33 active sites to attend the PMI course on Physician Engagement. Over 100 templates and tools were developed to help Physician Societies establish their governance and decision-making structures.
- 2. Supporting Health Authority partnerships:** A relationship with the Provincial Medical Services Executive Council (PMSEC) Working Group on Physician Engagement has been established to foster opportunities for partnerships. Opportunities this year have included building an education program for Health Authority leaders, supporting face-to-face interactions between Physician Societies and Health Authority leaders, and supporting communication at the Health Authority level about the initiative.
- 3. Continual Communications:** The strategic communications plan was approved and includes tactics and channels for communications locally, regionally and provincially. The primary audiences are physicians with privileges at facilities, health authority leaders and the SSC. The early goal is to raise awareness and understanding about the Initiative, and to support the readiness of both Physician Societies and the Health Authorities.
- 4. Improving the Infrastructure:** A fund management software has been built to support and will be launched in the fall 2016. Highlights include an app for physician sessional claims (with electronic fund transfer capabilities), a project and fund management capability, standardized reporting and a rich data collection opportunity linked to the evaluation plan. In addition, an evaluation framework has been approved to measure process, structural improvements and overall impact of Facility Engagement Initiative. The three-year evaluation project is guided by an Advisory Panel including physicians, administrators, policy-makers and researchers.

Budget spent: \$1,005,807

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. Embracing a quality improvement lens, the SSC reviewed general fees, consulted with specialty sections and made changes to better achieve the intent of the fees.

Results/Accomplishments:

In response to the 2014 Evaluation of SSC fees, consultation with specialty sections was undertaken to identify what could be improved. In November 2015, the SSC implemented improvements to existing SSC fees and created three new fees aimed to support specialist capacity and improve coordination of care and patient access to specialist expertise:

- **Multidisciplinary Complex Patient Conferencing** - to better support coordination of care for complex care patients between multiple specialists and providers
- **Specialist Email Advice for Patient Management** – to increase access to specialist advice by other providers (specialists, GPs and allied health care providers) and, when appropriate, to replace the need for the specialist to see the patient in person
- **Specialist Email Follow-up** – to increase patient access to specialists for follow-up care when the patient's medical needs can be met via email communication

The SSC continues to monitor its fees within its fixed budget, in particular the new fees, to ensure the utilization growth is reasonable and to ensure the intent of the fees are being met.

Budget spent:
SSC Fees: \$13,428,930
LMA Fees: \$17,935,142

Quality & Innovation Projects

Overview:

The SSC Quality and Innovation projects are framed by the Institute for Healthcare Improvement's Triple Aim and support time-limited specialist-led quality improvement projects at the local, regional and provincial level to enable physicians to take a lead role in supporting quality improvements that improve the delivery of quality care to patients and their families

As part of a comprehensive engagement and proposal assessment process, the SSC coordinated with health authorities, the Ministry of Health and other stakeholders to select the physician-identified and health authority-endorsed projects for the 2015 funding envelope.

Results/Accomplishments:

In fall 2015, SSC approved 29 new specialist-led quality and innovation projects for funding – all focused on improving patient care. The projects vary in scope (local, regional, provincial), and many address the Ministry of Health's key health system priorities and patient populations, including surgical quality and access, seniors and frail-elderly, mental health and substance use, rural and First Nations Health, among others. SSC will be supporting the implementation of these projects over the next few years.



In addition, SSC continues to support the 18 Quality and Innovation projects initiated in 2012. **Appendix B** lists all the Q&I projects from 2012 and 2015.

Example of Patient Impact From QI Project:

Dr Helen Campbell is a psychiatrist in Island Health and her Adult Telemental Health Project delivered over 200 consults to clients living in remote and rural areas on Vancouver Island, reducing wait times for psychiatric care by as much as 700% (one year down to six weeks). The success of the project generated additional interest for expanded use of TeleHealth as a service option for mental health within the Island Health Authority.

Budget spent: \$4,458,103

“Recently I was struggling with my mental well-being and had sporadically spent three months trying to get myself into see a psychiatrist on Vancouver Island. Everywhere I turned I was told it would be at least a year, I became extremely frustrated and overwhelmed because I didn’t have a year to wait. I knew I needed help immediately or I would simply become another statistic. Eventually I was informed of TeleHealth, I went through the referral process and in less than a month I was introduced to Dr. Helen Campbell who provided me with the best medical experience I have ever had. TeleHealth on its own is simply a resource, however the doctors and experience one has with those doctors are what makes TeleHealth a life-saving resource.”

Quote from an anonymous patient

Regional Quality Improvement

Overview:

The SSC Regional Quality Improvement (RQI) Initiative provides up to \$1.3m annually to each health authority. The initiative is designed to strengthen the focus on physician-led quality improvement by engaging with specialists, providing them with QI education and resources then supporting opportunities to carry out focused QI projects within health authority programs and structures. Activities may include funding physician champions to learn about QI tools and techniques, participate in regional quality improvement committees or networks, and supporting their time to lead specific quality improvement projects. The aim is for projects to be aligned with each health authority's overall quality strategy, which is separate from its Quality Assurance responsibility and mandate.

Results/Accomplishments:

Introduced in 2014, this relatively new initiative has been focusing efforts on engagement through a joint working group made up of SSC members, health authority representatives, physician champions and patients, and having open and collaborative discussions to identify QI gaps and opportunities. The purpose of the working group is to collaboratively develop a proposal, which is then presented to the health authority senior executive for sign off before being presented to the SSC.



The following captures the key activity by health authority up to March 31, 2016.

- **Northern Health**

A Kick Off Meeting with senior leaders was held June 29th, 2015 and then a signed Letter of Intent was completed. An initial working group meeting was then held March 30th, 2015 and subsequent meetings have followed. The working group has targeted to bring forth a proposal to SSC in the summer/fall of 2016.

- **Interior Health**

A Kick Off Meeting with senior leaders was held June 18, 2015 and then a signed letter of intent was completed. A working group meeting was held March 16, 2016 with planned future meetings. The working group has targeted to bring forth a proposal to SSC in the summer/fall 2016.

- **Island Health**

A Kick Off Meeting with senior leaders was held May 12, 2015 and then a signed Letter of Intent was completed. On January 28, 2016 the SSC approved the submitted proposal and a joint steering committee was formed. The steering committee is currently in the process of hiring staff for a launch in the fall of 2016.

- **Provincial Health Services**

A Kick Off Meeting with senior leaders was held May 15, 2015 and a follow-up meeting with leaders and physicians was held January 28, 2016.

- **Vancouver Coastal / Providence Health**

A Kick Off Meeting with senior leaders was held October 2, 2015 and then a signed Letter of Intent was completed. A working group meeting was held on March 21, 2016 with future meetings planned. The working group has targeted to bring forth a proposal to SSC in the summer 2016.

- **Fraser Health**

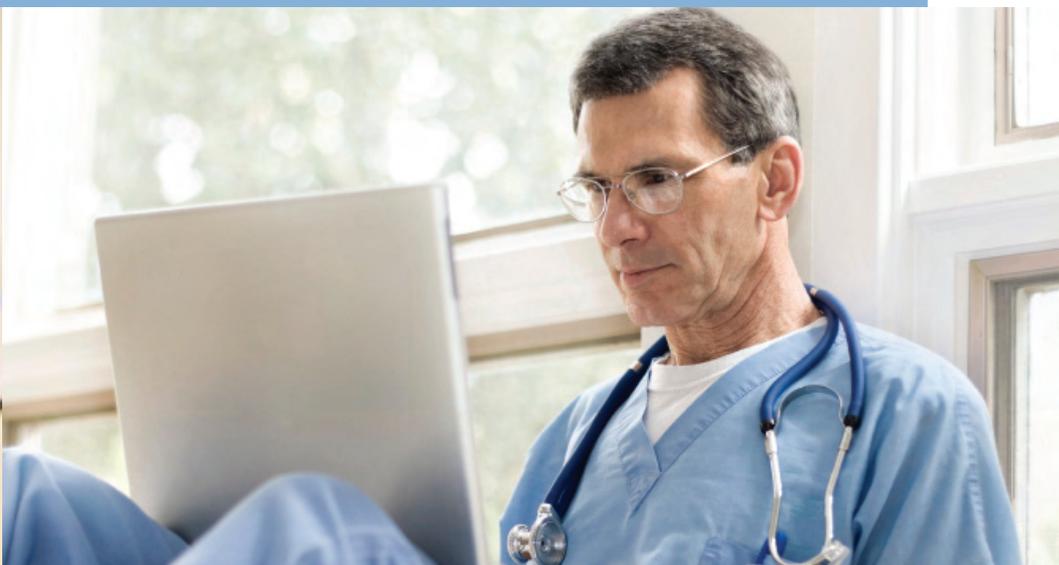
Fraser Health (FHA) rolled out the Physician Quality Regional Safety Team (PQRST) in April of 2015. In June 2015, a funding agreement was created with FHA. SSC staff, along with Fraser Health collaboratively developed a two-year proposal, approved by the SSC on Feb 18, 2016. Since then, key activities have been the hiring of a QI consultant, Coordinator and administrative assistant. Cohort 1 completed training and PQRST is now set to select physicians for Cohort 2, which will commence in Sept 2016.

An example of an outcome from a PQRST project:

Dr. Carolyn Shiau, a pathologist working out of Royal Columbian Hospital joined the Physician Quality and Regional Safety Team (PQRST). She was in the first cohort to complete the training. Armed with her new skills, Dr. Shiau set out to improve the quality of histology slides in the lab and improve the percentage of routine cases completed based on regional benchmark turn-around time.

Budget spent: \$544,103

In August 2015, with Carolyn's guidance, the lab revised their priority sequencing of cases through a shift in schedules. Now instead of completing 20-25% of routine case within 72 hours – the lab is completing 75-85% - maintaining this result with no increase in staff and no delay with complex cases. For the clinicians, this helps improve patient flow and it takes less follow-up visits to review results.



Enhanced Recovery

Overview:

From November 2014 to January 2016, eleven BC surgical sites worked together as the BC Enhanced Recovery Collaborative ('the Collaborative'). The Collaborative aimed to improve outcomes for elective colorectal surgery patients by collectively implementing the evidence-based Enhanced Recovery protocol. The Collaborative applied the Institute for Healthcare Improvement Breakthrough Series model to integrate evidence into practice by promoting cross-site learning and teaching, efficient sharing of resources and tools, and developing a multi-disciplinary network of Enhanced Recovery clinicians and champions.

Results/Accomplishments:

The group had reached or exceeded the target level of adherence in 10 processes of care (from three at baseline). Significant increases of at least 25% were achieved for eight processes. For some of those elements, where the target was not reached, significant improvements in adherence were still achieved. The incidence rate of complications decreased by 31% and median hospital length of stay fell from 7 days to 5 days. These outcomes were achieved without any change to readmission rates. Through the sharing of resources across participating sites and the development of new Enhanced Recovery resources, the Collaborative has compiled the foundations of an Enhanced Recovery program to support spread and sustainability; all resources can be accessed at www.enhancedrecoverybc.ca. Many lessons have been learned from the participants' experiences of site-level Enhanced Recovery implementation and provincial change initiatives. For more details, please review the [comprehensive final report](#) or the [highlights report](#).

Budget spent: \$399,344

www.sscbc.ca



APPENDIX A

SSC Quality and Innovation Projects - Round 1 - 2012

All projects are Patient and Family-Centred. Additional Strategic Priorities are noted.
Some projects span multiple Health Authorities (HA), but are listed under the HA affiliated with the Physician Lead.

INTERIOR HEALTH AUTHORITY (IHA)				
Name	Specialty of Physician Lead	Project Title	Description	Strategic Priorities
Dr. Ron Collins	Anaesthesia	Enhanced Recovery After Surgery	Work with surgeons and anesthesiologists to identify and implement best practices that will improve operating room/ surgical care efficiency and quality. Expand Enhanced Recovery After Colorectal Surgery (ERACS) to three additional facilities in the Interior	Surgical Care
Dr. Michael Ertel	Emergency Medicine	Enhanced skills acquisition for Emergency Dept Physicians	Funding for physician training in Emergency Department Ultrasound, airway management and procedural sedation, and simulation training for Emergency Medicine.	
Dr. Jennifer Grace	Internal Medicine	Williams Lake Internists	Funding to support General Internal Medicine Specialists to travel to William's Lake to provide a rotating consult service.	Rural and First Nations Health

PROVINCIAL HEALTH SERVICES AUTHORITY (PHSA)

Name	Specialty of Physician Lead	Project Title	Description	Strategic Priorities
Dr. Laura Arbour/Dr. Andrew Krahn	Medical Genetics & Cardiology	Provincial Inherited Arrhythmia Program	Establish multidisciplinary cardio-genetics clinics to provide province-wide referral network and management of patients with inherited arrhythmias.	
Dr. Sandra Whitehouse	Pediatrics	Transitional care for young adults with chronic conditions	Improve coordinated youth to adult transition, for patients with chronic health conditions and disabilities.	

VANCOUVER COASTAL HEALTH AUTHORITY (VCH/PHC)

Name	Specialty of Physician Lead	Project Title	Description	Strategic Priorities
Dr. Larry Goldenberg	Urology	Survivorship Program for Prostate Cancer Patients	Establish a comprehensive prostate cancer survivorship program and clinic for patients; expand to create a provincial network to distribute services to sites in BC beyond Vancouver.	
Dr. Pierre Guy/Dr. Ken Huges	Orthopedics	BC Redesign of Hip Fracture Care	<p>Develop a set of provincial hip fracture performance benchmarks and indicators, and conduct a hip fracture fixation redesign pilot in several health authorities.</p> <p>Expansion included development of a Project Data Registry to track key aspects of care delivery in acute care and to inform changes required to close gaps in care/address emerging issues. In addition, the project piloted best practices using PDSA cycles in 8 pilot sites with intention to SPREAD the tools/processes developed in this phase of work to the additional 20 sites around the province</p>	Surgical Care

VANCOUVER COASTAL HEALTH AUTHORITY (VCH/PHC)

Name	Specialty of Physician Lead	Project Title	Description	Strategic Priorities
Dr. Patrick O'Connor	Anaesthesia	Cardiology / Plastic Burn Tele-health	Telehealth services for cardiology, plastics and spinal cord services in rural areas in VCH	Rural and First Nations Health
Dr. Don Ricci	Cardiology	Bilateral Access to EMR	Voluntary participation to review data integrity and quality of laboratory results transmitted between BC Biomedical Labs and various physician office EMRs.	
Dr. Kevin Wing	Orthopedics	Wait One Orthopedics	Prototype the electronic tracking and reporting of wait times (Wait One) for patients from time of referral to time of surgical consultation, and help identify strategies to reduce wait times.	

VANCOUVER ISLAND HEALTH AUTHORITY (VIHA)

Name	Specialty of Physician Lead	Project Title	Description	Strategic Priorities
Dr. Helen Campbell	Psychiatry	VI Integrated TeleMental Health Program	Telehealth service for Mental Health services across Vancouver Island.	Mental Health and Substance Use
Dr. Jonathan Down, Dr. Gudrun Aubertin	Medical Genetics, Paediatrics	Multidisciplinary Fragile X Clinic	Initiate a multi-disciplinary Fragile X (most common form of inherited intellectual disability) clinic to better assess and treat patients and family.	
Dr. Steve Holland	Gastroenterology	IHealth Community EMR	Implementation of an office based EMR for specialists that will be compatible with VIHA EMR system.	
Dr. Olinka Hrebicek	Neurology	Multiple Sclerosis	Telehealth service	
Dr. Sonya Mathes	Orthopaedic Surgery	Rebalance Interdisciplinary Musculoskeletal Clinic	Support the Victoria-based, integrated, multidisciplinary musculoskeletal clinic to optimize efficiency and effectiveness in musculoskeletal care.	

VANCOUVER ISLAND HEALTH AUTHORITY (VIHA)

Name	Specialty of Physician Lead	Project Title	Description	Strategic Priorities
Meakes, Dr. Alan/Fyfe, Dr. Mary Lyn/Dr. Willie Pewarchuk	Internal Medicine/ General Practice	Computerized Provider Order Entry (CPOE) / Clinical Decision Support (CDS)	Engage physicians to implement Computerized Order Entry (CPOE) and clinical decision support (CSD) protocols in VIHA's electronic health record.	
Dr. Danny Myers	Internal Medicine	Bedside Echo/US Course	Establishment and delivery of a bed-side ultrasound-echocardiogram program.	
Dr. Nathan Schneidereit	General Surgery	Surgical eBooking Pilot Project	Pilot to develop electronic surgical booking solution for surgeons' offices in Nanaimo and Fraser Region, for potential provincially expansion.	Surgical Care

SSC Quality and Innovation Projects - Round 2 - 2016

FRASER HEALTH AUTHORITY (FHA)				
Name	Specialty of Physician Lead	Project Title	Description	Strategic Priorities
Dr. Peter Michael O'Connor Dr. Leena Jain	Geriatric Medicine, Internal Medicine	Improving Quality Care for People with Dementia: Regional Dementia Strategy	To enhance the role of specialists in supporting primary care practitioners to increase their knowledge and confidence in early diagnosis and culturally sensitive treatment and management of people with dementia and their families.	Seniors and Frail Elderly; Primary and Community Care
Dr. Hem Phaterpekar	Psychiatry	Video of suicide prevention for adults with active suicide behaviour	To address the issue of suicide re-attempts by exploring the use of a video-based prevention program for working-age adults who have attempted suicide or are identified as experiencing suicide ideation.	Mental Health and Substance Use
Dr. Aven Poynter	Pediatrics	Transitioning Patients from Community Pediatricians into Adult Care	To build an infrastructure for transition of Tier 2 and 3 patients (patients with conditions like autism, ADHD, developmental disabilities, Down's and other chromosomal syndromes, cerebral palsy, mental illness, and FASD) and to test and evaluate that infrastructure on a focused scale by piloting pairs (community pediatrician and family physician [FP]) and triads (community pediatrician, FP, and adult specialists - with allied health providers if appropriate) to create generic transition planning.	

INTERIOR HEALTH AUTHORITY (IHA)

Name	Specialty of Physician Lead	Project Title	Description	Strategic Priorities
Dr. David Hanks	General Surgery	Centralized Referral and Surgical Access Pilot - Royal Inland Hospital	Pooled Resource Group: to conduct a Needs Assessment to explore a new single entry, standardized central referral system, triage process and waitlist for a group of general surgeons in Kamloops.	Surgical Care
Dr. Shiraz Moola	Obstetrics and Gynecology	MOBILE Maternity (MOM) Pilot Project: Using Telehealth to Integrate Care	To provide real-time obstetric consultations for elective and emergency conditions through the use of secure televideo conferences.	Rural and First Nations Health
Dr. Curtis Myden	Orthopedic Surgery	Optimizing musculoskeletal care for patients in Kelowna and Interior Health	Pooled Resource Group: to conduct a Needs Assessment to explore a new single entry, standardized central referral system, triage process and waitlist for a group of Orthopedic Surgeons in Kelowna.	
Dr. William Povah	Otolaryngology	Waitlist Management Quality and Improvement of the Otolaryngology Office Experience	Pooled Resource Group: to conduct a Needs Assessment to explore a new single entry, standardized central referral system, triage process and waitlist for a group of Otolaryngologists in Kelowna.	
Dr. Carol Ward	Geriatric Psychiatry	Enhancing timely psychogeriatric specialist services in residential care.	To develop and implement inter-professional service delivery models to support Most Responsible Physicians, Nurse Practitioners and Residential staff in providing collaborative service to older adults with complex physical, Mental Health and Substance Use problems and illness residing in residential care facilities.	Primary and Community Care; Seniors and Frail Elderly; Mental Health and Substance Use

NORTHERN HEALTH AUTHORITY (NHA)

Name	Specialty of Physician Lead	Project Title	Description	Strategic Priorities
Dr. Marius Pienaar	Obstetrics and Gynecology	North Coast Postpartum Clinic	To establish a North Coast Postpartum service that will provide follow-up to women identified during their pregnancy as having at-risk factors for the development of cardiovascular disease.	Rural and First Nations Health
Dr. Anurag Singh	Internal Medicine	Tele-Kidney Care for remote communities in Northern BC	To provide telehealth to deliver team based care for patients with chronic kidney disease in Northern BC.	Rural and First Nations Health

PROVINCIAL HEALTH SERVICES AUTHORITY (PHSA)

Name	Specialty of Physician Lead	Project Title	Description	Strategic Priorities
Dr. Jamil Bashir	Cardiac Surgery	Provincial Pre/Peri/Post-Operative Pacemaker Project - Assessment and Standardization of Care	To assess and standardize care pathways for patients receiving pacemaker implantation in BC.	
Dr. Quynh Doan	Pediatric Emergency Medicine	Meeting pediatric Mental Health and Substance Use needs in the Emergency Department.	To implement a standardized clinical tool to assess pediatrics patients with Mental Health and Substance Use complaints. The tool will be locally adapted to the resources available locally.	Mental Health and Substance Use
Dr. David Evans	General Surgery	Streamlined Specialized Care Strategies for Complex Major Trauma in BC	To establish a network of multi-disciplinary and province-wide Specialty Advisory Groups (SAGs) to address the needs of major trauma patients. Each SAG will be responsible for designing processes, protocols and tools to optimize the timely, safe, effective, appropriate, equitable and cost-efficient delivery of specialist services across the continuum of care for selected groups of major complex trauma.	

VANCOUVER COASTAL HEALTH AUTHORITY (VCH/PHC)

Name	Specialty of Physician Lead	Project Title	Description	Strategic Priorities
Dr. Matthew Chow	Psychiatry	Mental Health and Substance Use Emergency Teleconsultation Quality Improvement Project	To provide a “Mental Health and Substance Use Emergency Teleconsultation Services” to police and patients in the field.	Mental Health and Substance Use
Dr. Marshall Dahl	Endocrinology and Metabolism	Provincially integrated endocrinology care for British Columbia.	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 proposal begins with a 3-phase Needs Assessment (environmental scan) at 2 pilot sites (VGH urban and UHNBC rural), then expands BC-wide to identify gaps and barriers in care of adult diabetes outpatients (geographical disparities or variance from CDA guidelines).	Primary and Community Care; Rural and First Nations Health
Dr. Eric Grafstein	Emergency Medicine	Addition of Physician Triage to Reduce ED Referral from 8-1-1	To address ER congestion, applicant proposes the addition of a physician to create a new HealthLink BC 8-1-1 telephone triage algorithm. For those patients where the current algorithm advises the caller go to seek immediate physician care, the 8-1-1 physician would perform a telephone interview with the patient to confirm the need for ED referral.	

VANCOUVER COASTAL HEALTH AUTHORITY (VCH/PHC)

Name	Specialty of Physician Lead	Project Title	Description	Strategic Priorities
Dr. John Reid	General Surgery Vascular Surgery	PHC Perioperative Improvement	To identify perioperative QI projects and implement them.	Surgical Care
Dr. Ramesh Sahjpaul	Neurosurgery	The Productive Operating Theatre	To fund physician involvement in Productive Operating Theatre (TPOT), a comprehensive, modular and Lean-based program designed to assist pre- and perioperative teams to work more effectively together to improve the quality of patient experience, team performance and leadership, the safety and outcomes of surgical services, and the effective and valuable use of operating room time.	Surgical Care
Dr. Jennifer Telford	Gastroenterology	Rapid access to urgent and semi-urgent gastroenterology care	Pooled Resource Group: to conduct a Needs Assessment to explore a new single entry, standardized central referral system, triage process and waitlist for a group of Gastro-enterologists in YVR.	Surgical Care
Dr. Brian Toyota	Neurosurgery	Elder Care in the Neurosurgical Population of British Columbia	To clarify the impact of the elder population (>65 yrs.) related to the most common neuro-surgical admission diagnoses for this age category: Malignant glioma, normal pressure hydrocephalus and chronic subdural hematomas. To document prevalence, current standards of practice, and cost in order to plan for improvements and develop best practices guidelines.	

VANCOUVER COASTAL HEALTH AUTHORITY (VCH/PHC)

Name	Specialty of Physician Lead	Project Title	Description	Strategic Priorities
Dr. Pierce Wilcox	Respirology	Cystic Fibrosis in BC: Optimizing Care Across the Age Continuum	To develop Provincial CF Clinic Standards of Care for newborns, pediatrics and adults; to identify and develop partnerships with key individuals outside of current CF clinics to develop co-management strategies; to develop CF care pathways addressing key aspects of acute and chronic care.	

VANCOUVER ISLAND HEALTH AUTHORITY (VIHA)

Name	Specialty of Physician Lead	Project Title	Description	Strategic Priorities
Dr. Marilyn Bater	Geriatric Medicine	Redesigning Community Geriatric Care--An integrative, Collaborative, Interprofessional Model	To engage stakeholders, including patients and providers, in a localized approach to improve geriatric community care.	Primary and Community Care; Rural and First Nations Health; Seniors and Frail Elderly; Mental Health and Substance Use
Dr. Helen Campbell	Psychiatry	Island Health Child and Youth TeleMental Health and Substance Use Collaborative Care Project	To provide Telehealth services on Vancouver Island to connect children/youth to psychiatrists to provide access to Mental Health and Substance Use screening, assessment, diagnosis and intervention.	Mental Health and Substance Use
Dr. Laura Chapman	Psychiatry	Improving Violence Risk Assessment and Management in Mental Health and Substance Use Services	To develop a Toolkit (Violence Risk Assessment and Management Toolkit - VRAMT) to augment and enhance currently available violence prevention training to increase provider confidence and effectiveness in this important domain.	Mental Health and Substance Use
Dr. Samuel Kohen	Internal Medicine	Can a video improve advanced care planning in hospital?	To create a video to improve the current application of Advance Care Planning (ACP) and MOST (medical orders of scope of treatment) for high-risk patients admitted to St Joe's Hospital in Comox.	Seniors and Frail Elderly

VANCOUVER ISLAND HEALTH AUTHORITY (VIHA)

Name	Specialty of Physician Lead	Project Title	Description	Strategic Priorities
Dr. Colin Landells	Orthopedic Surgery	Rebalance PROMs	To develop a data collection tool that will merge patient reported outcomes data and EMR data on surgical and non-surgical, degenerative hip and knee patients, and patients with painful shoulder conditions.	
Dr. Leah McDonald	Palliative Medicine	Improving End-of-life Outcomes in Residential Care Facilities	To improve palliative care in residential care facilities on Vancouver Island by improving the dying experience for individuals living in residence and their families; supporting residents dying in place; addressing the unique palliative needs to dying resident with dementia.	Seniors and Frail Elderly; Primary and Community Care
Dr. Chris Taylor	Plastic Surgery	Centralized Surgical Skin Lesion Referral Line	Pooled Resource Group: to implement a centralized referral system for patients with skin lesions to a group of plastic surgeons in Victoria.	Surgical Care
Dr. Marilyn Thorpe	Psychiatry	Developing a Psychiatric Care "Pit Crew" at University of Victoria	To provide a "Pit-Crew" service for University of Victoria students who are at high-risk of harm because of suicidality, self-harm, depression and/or anxiety, psychosis, borderline, substance use, aloneness or because they are unable to self-manage to use existing resources.	Mental Health and Substance Use

SPECIALIST SERVICES COMMITTEE
QUARTER 4 EXPENDITURE REPORT, FY 2015/16
As of March 31, 2016

WORK PLAN REF. #	SSC KEY ACTIVITY & SUB ACTIVITY	REVISED	REVISED	REVISED	FISCAL YEAR	FUNDS	PLANNED	TOTAL	VARIANCE
		ALLOCATION	ALLOCATION	TOTAL	TO DATE	REMAINING	TO	ACTUAL	(OVER)/
		ON-GOING	ONE-TIME	(c) = (a+b)	APR-MAR31st	(e) = (c-d)	END OF YEAR	SPEND	UNDER
		(a)	(b)	(c) = (a+b)	(d)	(e) = (c-d)	(f)	(g)=(d+f)	(h)=(c-g)
1.0	Engagement								
1.1	Facility-Based Physician Engagement		\$ 3,500,000	\$ 3,500,000	\$ 1,005,807	\$ 2,494,193	\$ -	\$ 1,005,807	\$ 2,494,193
2.0	Enhance Specialist Services								
2.1	Physician Communication Fees								
2.1a	Physician-Physician Communication Advice Fees	\$ 6,000,000		\$ 6,000,000	\$ 8,079,491	\$ (2,079,491)	\$ 30,000	\$ 8,109,491	\$ (2,109,491)
2.1b	Patient Follow-up Visit Fee (non-face to face)	\$ 2,500,000		\$ 2,500,000	\$ 2,689,719	\$ (189,719)	\$ 1,345	\$ 2,691,064	\$ (191,064)
2.1c	New Multidisciplinary/Specialist Conferencing Fee	\$ 500,000		\$ 500,000	\$ 591,474	\$ (91,474)	\$ 2,366	\$ 593,840	\$ (93,840)
2.2	Patient Care Planning Fees								
2.2a	Complex Discharge Planning Fee	\$ 1,000,000		\$ 1,000,000	\$ 1,140,703	\$ (140,703)	\$ 4,563	\$ 1,145,266	\$ (145,266)
2.2b	Advance Care Planning Fee	\$ 250,000		\$ 250,000	\$ 344,779	\$ (94,779)	\$ 1,379	\$ 346,158	\$ (96,158)
2.3	Group Medical Visit Fees	\$ 500,000		\$ 500,000	\$ 582,764	\$ (82,764)	\$ 2,331	\$ 585,095	\$ (85,095)
2.4	Labour Market Adjustment (LMA) Fees	\$ 16,356,375		\$ 16,356,375	\$ 17,935,142	\$ (1,578,767)	\$ 200,000	\$ 18,135,142	\$ (1,778,767)
2.5	Training and Skills Development								
2.5a	Leadership Scholarship Fund	\$ 250,000	\$ 450,000	\$ 700,000	\$ 783,500	\$ (83,500)		\$ 783,500	\$ (83,500)
2.5b	SSC Initiated Leadership Development		\$ 40,000	\$ 40,000	\$ 25,387	\$ 14,613	\$ -	\$ 25,387	\$ 14,613
3.0	Advance Quality Improvement in Specialty Care								
3.1	Quality and Innovation Fund								
3.1a	Implement existing 21 Q&I initiatives		\$ 800,000	\$ 800,000	\$ 996,002	\$ (196,002)		\$ 996,002	\$ (196,002)
3.1b	New Q&I projects (\$15M Expression of Interest)		\$ 3,000,000	\$ 3,000,000	\$ 2,269,220	\$ 730,780		\$ 2,269,220	\$ 730,780
3.1c	Sustainability funding for Q&I initiatives (project expansion or extension)	\$ 3,000,000		\$ 3,000,000	\$ 1,192,881	\$ 1,807,119		\$ 1,192,881	\$ 1,807,119
3.1d	Provincial ERAS Collaborative		\$ 573,000	\$ 573,000	\$ 399,344	\$ 173,656		\$ 399,344	\$ 173,656
3.1e	Provincial specialist champions/ leaders		\$ 110,000	\$ 110,000	\$ 98,327	\$ 11,673		\$ 98,327	\$ 11,673
3.2	Specialist Quality Improvement Support								
3.2a	Regional Quality Improvement Teams (\$4.2M annual)	\$ 1,000,000		\$ 1,000,000	\$ -	\$ 1,000,000		\$ -	\$ 1,000,000
3.2b	Central support for QI & initiatives	\$ 190,000		\$ 190,000	\$ 106,167	\$ 83,833	\$ -	\$ 106,167	\$ 83,833
3.2c	Health Authority Staff Lead Positions to Support SSC Initiatives and Projects	\$ 600,000		\$ 600,000	\$ 437,936	\$ 162,064		\$ 437,936	\$ 162,064
3.3	Engaging in Health System Improvement (Sessional Payments)								
3.3a	Health System Redesign	\$ 700,000	\$ 240,000	\$ 940,000	\$ 940,000	\$ -	\$ -	\$ 940,000	\$ -
3.3b	Funding for SP participation in Practice Support Program (PSP) initiatives		\$ -	\$ -					
3.3c	SP participation in ad-hoc activities (e.g external committees)		\$ 15,000	\$ 15,000	\$ 30,544	\$ (15,544)	\$ -	\$ 30,544	\$ (15,544)
3.3d	SP engagement with Divisions of Family Practice		\$ 66,000	\$ 66,000	\$ 53,210	\$ 12,790	\$ -	\$ 53,210	\$ 12,790
3.3e	Regional Physician Quality Committees (e.g. PQRST)		\$ 1,250,000	\$ 1,250,000	\$ 340,883	\$ 909,117		\$ 340,883	\$ 909,117
3.3f	Collaborating on System Improvement		\$ 75,000	\$ 75,000	\$ 79,822	\$ (4,822)	\$ -	\$ 79,822	\$ (4,822)
4.0	Support for Shared Care Committee								
4.1	Funding Contribution to Shared Care		\$ 2,000,000	\$ 2,000,000	\$ 2,000,000	\$ -	\$ -	\$ 2,000,000	\$ -
5.0	SSC Administration & Communications								
5.1	SSC-funded core staff	\$ 1,000,000		\$ 1,000,000	\$ 898,681	\$ 101,319	\$ -	\$ 898,681	\$ 101,319
5.2	SSC Administrative Budget	\$ 350,000		\$ 350,000	\$ 221,304	\$ 128,696	\$ -	\$ 221,304	\$ 128,696
5.3	SSC-JCC Showcase (February 2016)		\$ 200,000	\$ 200,000	\$ 215,932	\$ (15,932)		\$ 215,932	\$ (15,932)
6.0	Other Funding Commitments under PMA								
6.1	Specialist Physician Benefits and CMPA (est.)		\$ 16,000,000	\$ 16,000,000	\$ 17,170,000	\$ (1,170,000)	\$ -	\$ 17,170,000	\$ (1,170,000)
7.0	Previous SSC Work Plan Initiatives Commitments								
7.1	Continuing Professional Development (late payments)		\$ -	\$ -	\$ 11,000	\$ (11,000)	\$ -	\$ 11,000	\$ (11,000)
7.2	Quality Assurance/Privileging Dictionary		\$ 275,000	\$ 275,000	\$ 70,405	\$ 204,595	\$ -	\$ 70,405	\$ 204,595
7.3	Pain BC		\$ 4,272	\$ 4,272	\$ 4,537	\$ (265)	\$ -	\$ 4,537	\$ (265)
TOTAL WORK PLAN BUDGET		\$ 34,196,375	\$ 28,598,272	\$ 62,794,647	\$ 60,714,961	\$ 2,079,686	\$ 241,984	\$ 60,956,945	\$ 1,837,702

Ministry of Health Administered Initiatives (SSC 2.1 to 2.5). SOURCE: BC Ministry of Health reported as of May 30, 2016.

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, 2016.