



ANNUAL REPORT 2018

Specialist Services Committee (SSC)

Table of Contents

Committee Background/History	3
Committee Mission	4
Executive Summary	5
Co-chairs' Message	6
List of Committee Members.....	9
Performance: Year in Review	10
Facility Engagement	10
Physician Quality Improvement (PQI)	14
Quality & Innovation Projects	17
Physician Leadership Scholarship Fund	19
Service Delivery (Fees)	22
Appendix A: Expenditure Report, FY 2016/17 as of March 31, 2018	
Appendix B: Specialist Services Fees	
Appendix C: Key Metrics for 2017/18	
Appendix D: Quality & Innovation projects completed in 2017/18	
Appendix E: Alignment with Ministry of Health priorities	

Committee background/history



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

Committee mission/vision/mandate

The Ministry of Health, Doctors of BC and health authorities have committed to greater engagement of physicians and to collaborate at the provincial, regional and local levels to improve care for patients and families.

To support this commitment, the Specialist Services Committee's mission is to collaborate with specialists to improve access for patients to needed, evidenced-based, quality services. The SSC's specific mandate is identified in Article 8 of the Physician Master Agreement, and the Specialists Subsidiary Agreement.

Executive summary

STRATEGY:

SSC's goal is to improve patient care by working with specialists, health authorities and other partners by supporting 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

Increasing opportunities for facility-based physicians to have a meaningful voice in health authority decisions	Supporting a culture of continuous quality improvement through QI training and resources for physicians	Supporting specialist-led projects to improve patient care
<ul style="list-style-type: none"> 75 sites involved across BC, with 57 approved for full funding 69 physician groups initiated more than 500 FE activities Through these activities, medical staff set priorities and led improvements in their workplace and with patient care Collaboration between physicians, site administrators and health authorities is growing, along with physician leadership 	<ul style="list-style-type: none"> Six health authorities have partnered with SSC to establish teams to support physicians in QI PQI trained 509 physicians in QI PQI supported 144 physician-led QI projects A visit to the Mayo Clinic provided the opportunity for physicians and steering committee members to learn from a high-performing health care system 	<ul style="list-style-type: none"> Five projects concluded, with 31 still in progress Over 60% of SSC Q&I Projects funded have been sustained and/or spread including: <ul style="list-style-type: none"> average wait time to consultation reduced by 48% at Kelowna's Bone and Joint Clinic adoption of pilot project by Island Health that increased access to MS care for 400+ patients from remote and rural areas

EXPENDITURES (\$ millions) as of March 31, 2018

SSC Fees	29%	\$18.8
Facility Engagement*	29%	\$18.6
Labour Market Adjustment Fees	21%	\$13.8
Physician QI & Leadership Training	11%	\$7.0
Quality & Innovation Projects	6%	\$3.6
SSC Administration and Staffing	3%	\$1.6
Other	1%	\$0.8

Total SSC expenditures: \$64.3 million (includes on-going and one-time funds) * Facility Engagement funding is protected, and cannot be reallocated for other purposes.

Message from the Co-chairs

After more than five years as the Doctors of BC SSC Co-chair, Dr Sean Virani has moved on to other challenges, and Dr Matt Chow, an active member of the SSC Committee, officially stepped into the role January 2018. Learn more about [Dr. Chow here](#).

Based on the SSC's 2016–19 three-year strategic plan, the work plan for 2017–18 continued to focus on supporting specialists through three priority areas: engaging physicians, enabling health system improvement, and supporting specialists to deliver quality care.

Engaging physicians:

- **Facility Engagement** involves improving relationships, communication, and collaboration between facility-based physicians and their health authorities, and increasing physician involvement in decision-making. Sixty-nine physician groups from 75 hospital sites across BC are now involved. A sound structure and strong funding enable physicians to set priorities and lead improvements in their work environment and patient care, and to build stronger collaborative relationships with colleagues, site leadership, and health authorities. Medical Staff Associations have been revitalized, and physicians have initiated more than 500 activities across the province. Momentum continues to grow.
- **Physician Quality Improvement (PQI)** strives to build a culture of continuous quality improvement through programs collaboratively developed and managed by a steering committee of local specialists and their health authority leaders. The programs support physicians with quality improvement training as well as dedicated technical staff resources. In 2017–18, the PQI program was active in all health authorities.

Enabling health system improvement:

The SSC continues to support the specialist-led **Quality and Innovation** projects launched in 2012 and 2015. These projects vary in scope from local to regional to provincial. Many address key health system priorities and patient populations, including surgical quality, access, seniors and frail-elderly, mental health and substance use, and rural and First Nations Health. In addition to funding these projects, SSC works with health authorities and other key stakeholders to integrate successful innovations within the health system.

In January, the SSC hosted the BC Summit on Surgical Improvement, which brought together over 200 physicians, allied health, and staff involved in surgical care to learn about local projects, discuss sustainment and growth of Enhanced Recovery After Surgery and provide input into the next steps required for surgical optimization work. This event was a successful partnership with the Shared Care Committee, the General Practice Services Committee, and the BC Patient Safety and Quality Council.

See what some participants had to say by viewing a [short video](#) or take a look at some presentations to [learn more](#) about the event.



Supporting specialists to deliver quality care:

SSC continued to support physician leadership and quality improvement training as well as its fee incentives throughout 2017–18.

- Through the SSC's **Leadership and QI Scholarship Fund**, about 200 specialists were supported to attend various leadership and QI training courses. The SSC partnered with the Physician Leadership Institute to host a course at the Doctors of BC office with over 60 attendees.
- Adjustments were made to both the **SSC fees** in July 2017 and the **Labour Market Adjustment Fees** throughout 2017–18 as a result of higher-than-anticipated utilization growth within SSC's fixed budget. The changes were implemented after extensive consultation with specialty sections throughout 2016–17 and efforts to better align the fee guidelines with their intended purpose. Evaluations are underway for both the SSC and Labour Market Adjustment fees.

In addition, SSC began work on identifying priority areas for future years. Key themes included:

- SSC's role in supporting physician involvement in Ministry of Health provincial priorities
- Spread of successful work sponsored by SSC
- Regional Governance – opportunities for physicians and health authorities to engage at a regional level

Further work will occur in these areas in 2018–19. Overall it has been a very busy and productive year.

See [Appendix A](#) for the budget summary of SSC expenditures for fiscal year 2017–18, as of March 31, 2018. These figures are preliminary, prior to audit confirmation.

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“The SSC is helping physicians engage in multidisciplinary quality improvement initiatives and bringing their perspectives to the administrative table to talk about the right things.”

—Dr Samuel Kohen

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List of committee members

Doctors of BC Representatives

Dr Matthew Chow (Co-Chair) ♦

Dr Frank Ervin ♦

Dr Peter Gajecki

Dr Gordon Hoag

Dr Ahmer Karimuddin

Dr Kathy Lee ♦

Dr Sean Virani (Former Co-Chair) ♦

Government

Dr Ron Carere (Co-chair) ♦

Mr Brendan Abbott, Ministry of Health ♦

Ms Marilyn Copes, Ministry of Health ♦

Mr Ryan Murray, Ministry of Health ♦

Health Authorities

Dr Dietrich Furstenburg, Northern Health

Dr Rod McFadyen, Island Health

Ms Georgene Miller, Provincial Health Services

Dr Dayan Muthayan, Fraser Health

Dr Brenda Wagner, Vancouver Coastal Health

Dr Nel Wieman, First Nations Health

Staff

Ms Marisa Adair, Executive Director,
Communications and Public Affairs

Mr Jim Aikman, Executive Director,
Economics and Policy Analysis

Dr Sam Bugis, Executive Director of Physician
and External Affairs

Mr Adrian Leung, Director, SSC

Ms Cindy Myles, Director, Facility Physician
Engagement, SSC

Guests

Dr John Falconer, President, Specialists of BC

Ms Katie Hill, Director, Shared Care Committee

Dr Ken Hughes, Specialist Representative to
Shared Care Committee

Ms Sarah Taylor, Manager, Strategic Initiatives—Physician
Services, Health Employers Association of BC

♦ Denotes Voting Member

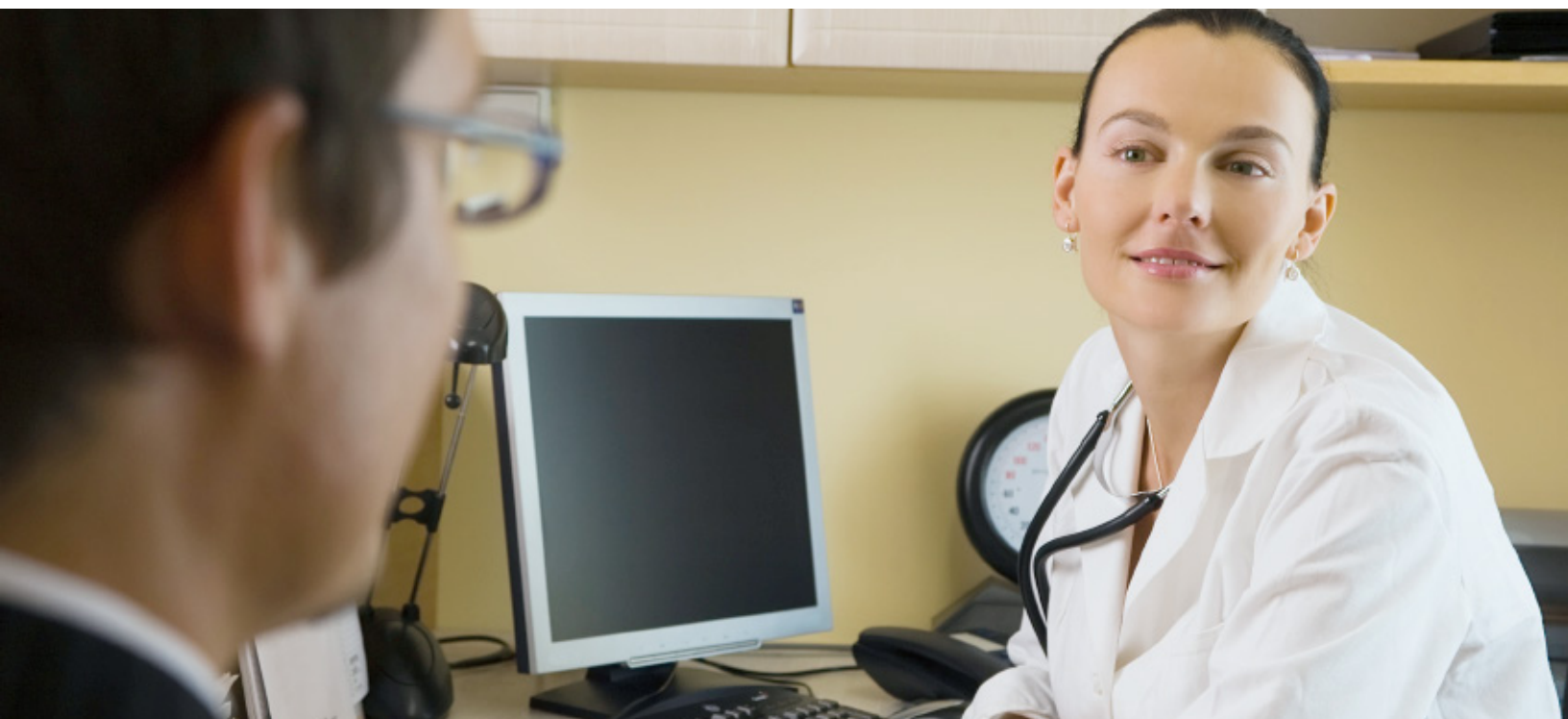
Performance: year in review

Initiative: Facility Engagement

OVERVIEW

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

During 2017/18, 69 physician groups from across BC initiated more than 500 Facility Engagement activities. The Facility Engagement provincial team provides supports for physicians and health authority leaders to participate in leadership and engagement activities.



ACCOMPLISHMENTS

Physician and site participation grew

At the end of 2017/18, 69 physician groups (of 75 hospitals across the province) were involved in Facility Engagement. Fifty-seven were approved for full funding, and 12 were in the start-up phase. Larger sites have created physician societies to manage funds and contracts related to their activities.

Learning and knowledge sharing strengthened

Regional gatherings that bring together physicians, site and health authority leaders and project teams have been well-received as a way to share and discuss challenges, experiences and ideas. 2017/18 events were held in Island Health, Fraser Health, Interior Health and Lower Mainland (PHSA & VCH).

A Site Engagement Activity Tracker (SEAT) was launched as a knowledge-sharing tool for MSAs, health authorities, the provincial office and funding partners. Activities entered by MSAs will be integrated with the SSC's searchable provincial database.

A mid-initiative site reporting and review took place in March 2018, at which sites and the SSC Facility Engagement Working Group met to share experiences and funding needs. The process identified needs and issues to be addressed by regional and/or provincial strategies.

A provincial evaluation interim report was conducted by a UBC evaluation-research team. Its findings and recommendations provide a valuable learning resource to further improve and strengthen the initiative [moving forward](#).

Provincial infrastructure and supports strengthened

Facility Engagement Service Company (FESC): A new legal entity to be implemented in 2018 was identified for unincorporated MSAs (smaller sites) to manage funds and contracts, and limit liability risk for MSA executives.

Facility Engagement Management System (FEMS): The custom, web-based information system that provides overall, standardized business management support for sites, and reporting and evaluation at the program level continues to be enhanced. FEMS had 27 sites and 1900 users in 2017/18. Approx. \$3 million in claims were processed, and 500 engagement activities entered.

Facility Engagement website: A provincial website (www.facilityengagement.ca) was launched with 138 resources and tools uploaded to assist facilities with growth, and showcase stories of success. In 2017, 47% of 1252 site visitors downloaded resources.

See [video](#): Why Facility Engagement?

EXPERIENCES

Island Health

At Victoria General Hospital, a group of gastroenterologists identified a priority to schedule endoscopic (ERCP) procedures in a more efficient and effective way. In the past, there would have been significant roadblocks to this kind of change to adjust staffing practices, hospital room allocation and more. As a result of having the impacted physicians involved in discussions and planning, the administration became aware of the complex issues and were motivated to support the changes recommended.

Vancouver Coastal Health

Dr Kristian Hecht, an Emergency Department (ED) physician at Lions Gate Hospital (LGH), proposed a better way to leverage the floorplan and manpower available to the ED. Physicians and a range of health authority stakeholders collaborated to transform the space. The change improved patient flow through the ED, reduced patient wait times, improved communication between MDs and RNs, decreased non-physician tasks, and improved patient safety and satisfaction.

Interior Health

Kootenay Lake Hospital organized a multi-stakeholder team-building event that brought together physicians, site and floor managers, professional practice leads and front-line staff that work on the medical floor to explore how care team functioning can be improved. The successful session improved relationships between individuals, changed the perception of colleagues and their roles and collectively created a list of action items to practically move forward. “The discussion reminded me why I was drawn to my role, and the change I want to see,” said one participant. This is planned to be an ongoing process, which will include front-line nursing and allied health care team members in addition to physicians.

Fraser Health

Dr. Dayan Muthayan, Executive Medical Director for Fraser Health: “Physicians are coming to the table more enthusiastically. The fact they feel they are being heard will be what helps drive this to higher levels... I think we can be very proud of where we have come in a short period of time. Just two years ago, Facility Engagement was just an idea. The success of the number of projects and different levels that have been attained at our sites is a testament to the energy and engagement of the physicians, and the staff as well. Local site administration has been very active engaging with physicians. They are really excited to do this.”

Providence Health Care

Significant improvement has been made in building relationships and collaborating with Providence Health Care and site administration. The MSA president is working closely with Medical Advisory Committee (MAC) Chair and regularly meets with the CEO and the board. Site administration and medical affairs attend regular Facility Engagement Working Group meetings. More collaborative opportunities and systematic approaches are emerging for physician leads for their participation and ongoing contribution.

Provincial Health Services Authority (PHSA)

In the fall of 2017, over 100 medical staff attended the first BC Cancer Medical Staff Engagement Society AGM and dinner. It was the first time in many years that so many physicians had been together for the sole purpose of engagement. Many remarked that although they had talked to each other on the phone, they had never met in person. The simple act of meeting one another helped to forge relationships and break down barriers, and medical staff came away recharged.

Northern Health

A collaborative partnership of physicians working closely with health authority administrators and other stakeholders has been established at the University Hospital of Northern British Columbia. Together, they have embarked on a proactive, three-point plan to build and sustain capacity, and ensure that medically-complex patients continue to receive high quality inpatient and outpatient care. They are aiming to improve the quality of care in both inpatient and outpatient settings. They expect their fruitful partnership will be a key success factor in achieving their goals.

Budget spent: \$18,567,428 (to March 31, 2018)

Initiative: Physician Quality Improvement (PQI)

OVERVIEW

Physician Quality Improvement strives to build a culture of continuous quality improvement through programs collaboratively developed and managed by a steering committee of local physicians and their health authority leaders. The programs support physicians with quality improvement training and dedicated technical staff positions.

This year marked the addition of the sixth Physician Quality Improvement program in BC. The momentum is growing provincially as more physicians are building their quality improvement capacity to lead system improvements. Through an SSC supported visit to the Mayo Clinic in Phoenix, Arizona, a number of Physician Quality Improvement staff and steering committee members learned more about patient-centred care and a strong culture of quality improvement within this high-performing health system.



“You don’t have quality at all if you don’t have quality improvement, and to have improvement, you need change”

—Dr Richard Zimmerman
Mayo Clinic



ACCOMPLISHMENTS

- **Physician QI training:** In 2017–18, 509 physicians were trained in quality improvement through the Physician Quality Improvement programs and through introductory quality improvement training events. In addition, 144 physician-led quality improvement projects were supported. Evaluation of the work at the health authority and provincial level provides the opportunity for continuous learning and improvement. Below is an outline of the status of the program in each health authority:
 - » **FHA:** supported its third cohort of physicians.
 - » **VIHA:** supported its second cohort of physicians.
 - » **PHSA/VCH:** supported their first cohort of physicians.
 - » **NHA:** began its first year of quality improvement support programs.
 - » **IHA:** initiated program planning and introductory quality improvement training.
- **Learning from high-performing systems:**
 - » Tour of Mayo Clinic – [full report here](#).
 - » Institute for Healthcare Improvement Conference in December 2017.
- **PQI team:** The PQI work is supported regionally by 36 technical staff hired within the health authorities and nine Physician QI Advisors.



EXPERIENCES

- 1) Resources made available through the Northern Health SSC/PQI group have enabled a project group, including a sports physician, orthopaedic surgeons, radiologists, and physical therapists, to make a fast-track shoulder clinic a reality. A fast-track shoulder clinic has been considered for many years with the goal of reducing patient wait-times to see an orthopaedic surgeon, triage appropriate cases for shoulder ultrasound and MRI, and get patients seen sooner and into physical therapy earlier with improved outcomes.
- 2) Dr Valorie Masuda and her team saw the opportunity to undertake a Physician Quality Improvement project to increase the rate of MOST charts to 100% at Cairnsmore Place, in Vancouver Island. One of the most effective tools for care teams to use when a patient is palliative is the medical orders for scope of treatment (MOST). Dr Masuda and her team conducted two surveys; one of residents and one of staff, to determine if residents were discussing their goals of care and if staff were providing treatment that reflected patient's goals. The team also audited patient charts every three months and encouraged and supported proactive physician visits. After the third quarter of the PQI project, proactive physician visits increased from 30 percent to 82 percent and 97 percent of residents had completed MOST forms.

Budget spent: \$5,836,704

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“I would not have been able to assume or manage my role as Acting VP Quality for BC Cancer for two years without the PQI course; it gave me knowledge and the confidence in that knowledge regarding the process and organizational structure needed for QI, as well as QI methodology. ”

—Dr Lee Ann Martin
Fraser Health

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Initiative: Quality & Innovation

OVERVIEW

Launched in 2012 and 2015, the Quality & Innovation Initiative supports physician-driven innovations at the local, regional, and provincial levels. The SSC provides both funding and supports to align and sustainably integrate the projects within the health system, and in so doing is able to share what it has learned through best practices.

During 2017 – 18, five projects were completed and two projects moved onto to Phase II expansions of their work. SSC continues to support 31 projects.



ACCOMPLISHMENTS

Telemental Health Project



Avoided **68,000 kms** travel and **850 hours** of travel time = **SAVING \$12,000** IN GAS COSTS

Pooled Referrals

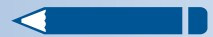
Average wait-time to consultation at Kelowna Bone & Joint Clinic

REDUCED BY

48%



HEARTSMAP Training



27 sites in Interior Health completed training

TeleMS Project

Avoided **150,000 kms** travel and **2,000 hours** of travel time = **SAVING <\$30,000** in gas costs

PATIENT-CENTRED



The RebalanceMD project incorporated patient reported outcome and experience measures into clinic workflows. Combined with wait-time analytics and data points, these measures enable physicians to make better-informed decisions. The clinic now has robust utilization reports available and these tools are a part of the Rebalance MD quality analysis program.

The Redesigning Geriatric Care project addressed issues of awareness, access, and communication of geriatric specialty services through focused engagement with patients and other community stakeholders.



The Improving Risk Assessment and Management of Violence (IRAMV) project developed an evidence-based, clinically practical Toolkit (IRAMV) to enhance currently available violence prevention training to increase provider confidence and effectiveness. The live digital version of IRAMV is now available province-wide and free of charge to all providers on the University of British Columbia Continuing Professional Development (UBC CPD) site.

Budget spent: \$3,633,746

NOTE: This amount includes the portfolio of Quality & Innovation, including QI 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). It also included pooled referrals, which builds on the pooled referral implementation work of both SSC and Shared Care and will continue with the development of a Pooled Referral Tool Kit and support process.

Program: Physician Leadership Scholarship Fund

OVERVIEW

Maintaining a strong commitment to building the physician leader of tomorrow, the SCC partners with the Shared Care Committee to invest in physician leadership training.

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



Physician interest: Physician interest in the Leadership Scholarship continues to grow, with 178 specialist applications for the scholarship received in 2017–18 (compared to 124 in 2016–17). Of those who applied, 160 specialists were approved for scholarship funding. Popular courses attended include those run by the Physician Leadership Institute (PLI) and the Institute for Healthcare Improvement.

UBC Sauder Program: Twenty-six specialists and 11 GPs were supported to complete Cohort 9 of the UBC Sauder Physician Leadership Program. In partnership with Vancouver Coastal Health and other health authorities, the SSC created an advisory board of this program to further improve on and meet the leadership training needs of physicians.

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.

Institute for Healthcare Improvement Conference: SSC supported 52 physicians to participate in the Institute for Healthcare Improvement (IHI) Forum on Quality Improvement in Orlando, Florida. This trip was jointly funded by the PQI Initiative and the Physician Leadership Scholarship Fund.

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“...the IHI Forum gave me an opportunity to network, but it was also inspiring to see the amount of work occurring worldwide. It created a context that we usually don't experience in our clinical work.”

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Physician Leadership: Personal Perspectives

Dr Dietrich Furstenburg, NH – Northern Interior Rural Medical Director

"As physicians we are trained to be excellent clinicians, we are not trained in the art of medical administration. In fact most of us have very little knowledge and training as to health policy, economics and management. Sauder's Physician Leadership Program (PLP) has opened my eyes as to the vast array of tools and resources that are available to health care providers who wish to influence and evoke systemic health care change. Sauder's world class faculty manage to skillfully deliver both excellent and relevant information to both the experienced and novice medical leader. I highly recommend this program."

Dr James Brown, Anesthesiologist in PHSA

"The Sauder PLP provides a framework of leadership principles and creates the time to put the course knowledge and skills into practice through experiential learning.

The PLP encourages you to shift focus, to consider the wider healthcare perspective, helping you to understand the context of your individual area of practice. The program allows you to zoom out, shifting your mind-set from that of a physician clinician to a physician leader, and it gives you a deeper appreciation of the complexity of the system we work in."

Budget spent: \$1,138,884



Program: Service Delivery (Fees)

OVERVIEW

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

In response to requests from specialty section heads, the SSC now shares utilization reports of the SSC and Labour Market Adjustment fees every quarter.

ACCOMPLISHMENTS

SSC Fees: Changes were made to the SSC fees in July 2017 to better align utilization with the original intent of the fees, and to respond to utilization trends that exceeded SSC's fixed budget. As a result of these changes, expenditures for 2017-18 will be within budget maximums.

Also during 2017-18, the SSC fees were evaluated with results expected early in 2018-19.

Labour Market Adjustment Fees: In collaboration with the specialty sections, changes were also made to these fees to adjust utilization within the fixed budget amounts. While most changes were made in 2016-17, a few delays resulted in some changes occurring in 2017-18. For 2017-18, overall LMA expenditures will be within budget maximums; however, some sections remain over budget and others, under. SSC will work to explore solutions to these differences.

SSC provided funding to specialty sections interested in evaluating their respective Labour Market Adjustment fees.

Budget spent:

SSC Fees: \$ 18,832,116*

Labour Market Adjustment Fees: \$ 13,870,896*

**Estimates based on claims paid to 31 May 2018. Final expenditures available October 2018.*

See [Appendix B](#) for 2017-18 SSC and Labour Market Adjustment Fee Utilization reports.

APPENDIX A:

SPECIALIST SERVICES COMMITTEE | BUDGET REPORT, FY 2017/18 | As of March 31, 2018

WORK PLAN#	SSC KEY ACTIVITY & SUB ACTIVITY	BUDGET PMA FUNDS	BUDGET RESERVED FUNDS	2017/18 TOTAL BUDGET	TOTAL PROJECTED	VARIANCE (OVER)/UNDER
1.0	Engaging Physicians	(a)	(b)	(c) = (a+b)	(g)=(d+f)	(h)=(c-g)
1.1	Facility-Based Physician Engagement	\$18,000,000	\$17,697,449	\$35,697,449	\$18,567,428	\$17,130,021
1.2	Physician Quality Improvement & SSC Leaders	\$7,786,470	\$835,000	\$8,621,470	\$5,836,704	\$2,784,766
1.3	SP Participation/Consultation (Misc.)		\$20,000	\$20,000	\$3,312	\$16,688
1.4	SP Engagement with Divisions of Family Practice		\$50,000	\$50,000	\$58,893	\$(8,893)
2.0	Enabling System Improvement					
2.1	Health System Redesign Fund	\$800,000		\$800,000	\$348,527	\$451,473
2.2	Quality & Innovation Projects		\$5,700,000	\$5,700,000	\$3,633,746	\$2,066,254
2.3	SSC Provincial Projects and Spread		\$4,935,069	\$4,935,069	\$188,193	\$4,746,876
3.0	Supporting Physicians					
3.1	Leadership and QI Training		\$900,000	\$900,000	\$1,138,884	\$(238,884)
3.2a	Service Delivery (SSC Fees)	\$20,000,000		\$20,000,000	\$18,832,116	\$1,167,884
	SSC Fee Contingency	\$2,040,628		\$2,040,628		\$2,040,628
3.2b	SSC Labour Market Adjustment Fees	\$13,802,445		\$13,802,445	\$13,870,896	\$(68,451)
	LMA Contingency	\$3,097,555		\$3,097,555		\$3,097,555
3.3	JCC (staff, co-chairs meetings, communications – transfer to SCC)	\$38,530		\$38,530	\$22,803	\$15,727
3.4	BCMQUI Privileging Dictionary Review & Refresh		\$132,721	\$132,721	\$46,262	\$86,459
3.5	IMG Integration Program		\$27,500	\$27,500	\$27,500	
3.6	Quality Forum JCC Showcase (transfer to SCC)		\$112,500	\$112,500	\$132,500	\$(20,000)
4.0	SSC Staffing and Administration					
4.1	SSC Central Staffing	\$975,000		\$975,000	\$1,004,102	\$(29,102)
4.2	SSC Administration and Communications	\$200,000		\$200,000	\$302,252	\$(102,252)
4.3	SSC Evaluation		\$300,000	\$300,000	\$216,159	\$83,841
4.4	Doctors of BC Administrative Fee	\$90,000		\$90,000	\$90,000	
TOTAL WORK PLAN BUDGET ALLOCATION		\$66,830,628	\$30,710,239	\$97,540,867	\$64,320,277	\$33,220,590

BY PROGRAM ADMINISTRATOR

Ministry of Health Administered Programs	\$33,802,445		\$33,802,445	\$32,703,012	\$1,099,433
Doctors of BC Administered Programs (on behalf of SSC)	\$33,028,183	\$30,710,239	\$63,738,422	\$31,617,265	\$32,121,157

DISTRIBUTION OF PMA FUNDS

Total Available Funds (from PMA and 2016/17 Unspent)	\$66,840,628	\$39,257,829	\$106,098,457		
Allocated to 2017/18 Work Plan	\$66,830,628	\$30,710,239	\$97,540,867		
2017/18 Unallocated Funds	\$10,000	\$8,547,590	\$8,557,590		

Ministry of Health Administered Initiatives (SSC 3.2a to 3.2b). SOURCE: BC Ministry of Health reported as of May 31, 2018.

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, 2018.

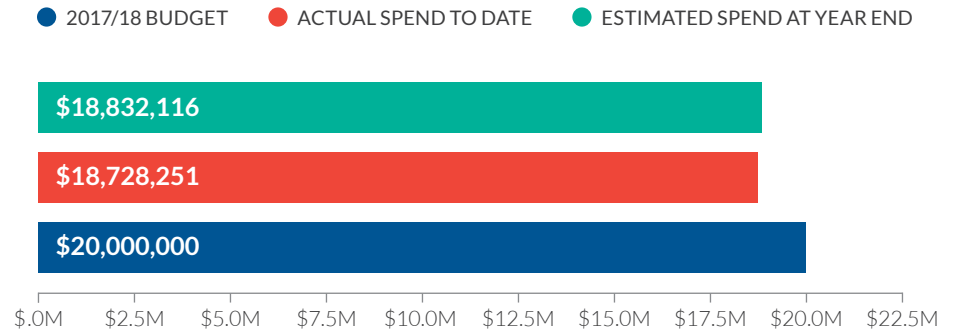
APPENDIX B:

Specialist Services Committee Fee Incentives

2017/18 QUARTERLY REPORT #4

BUDGET STATUS	
CURRENT BALANCE REMAINING	\$1,271,749
ESTIMATED (OVER/UNDER)	\$1,167,884

SUMMARY TOTALS	
2017/18 BUDGET	\$20,000,000
ACTUAL SPEND TO DATE	\$18,728,251
ESTIMATED SPEND AT YEAR END	\$18,832,116



Expenditures by Fee Code – % Change from Previous Fiscal

SSC Fee Description	April – Dec. (Actual \$ Paid)		% Change	Total for Fiscal Year		% Change
	2016 – 17	2017 – 18		2016 – 17	2017 – 18(est.)	
10001 Specialist telephone advice – Initiated by a Specialist or General Practitioner, response within 2 hours	\$8,554,135	\$7,825,909	-9%	\$8,595,696	\$7,863,932	-9%
10002 Specialist telephone patient management – response in one week – per 15 minutes or portion thereof	\$1,352,939	\$1,139,113	-16%	\$1,351,966	\$1,139,113	-16%
10003 Specialist telephone patient management / follow-up – per 15 minutes or portion thereof	\$3,580,787	\$3,865,850	8%	\$3,592,652	\$3,878,660	8%
10004 Multidisciplinary Conferencing for Complex Patients	\$2,499,542	\$2,222,175	-11%	\$2,529,163	\$2,222,175	-12%
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	\$50,302	\$127,740	154%	\$50,697	\$128,744	154%
10006 Specialist Email Patient Management / Follow-Up	\$106,404	\$119,279	12%	\$106,596	\$119,494	12%
78717 Specialist Discharge Care Plan for Complex Patients – extra	\$1,531,777	\$1,550,112	1%	\$1,531,911	\$1,550,248	1%
78720 Specialist Advance Care Planning Discussion – extra	\$516,320	\$632,696	23%	\$517,375	\$633,989	23%
GMVs Specialists Group Medical Visits	\$1,181,418	\$1,245,377	5%	\$1,196,012	\$1,260,762	5%
TOTAL – All Specialist Incentive Fees	\$19,373,624	\$18,728,251	-3%	\$19,472,069	\$18,797,116	-3.5%
<i>Estimated additional late claims submitted after March 31st (paid to September 2018)</i>					\$35,000	
TOTAL INCLUDING ESTIMATE FOR LATE CLAIMS					\$18,832,116	

1. SOURCE: Medical Services Plan Claims file (Claims paid to May 31, 2018).
2. The data are compiled on a date-of-service basis and include claims paid up to June 30th for the fiscal year ending March 31st.
3. Payments include Rural Retention Premiums and exclude out-of-province, reciprocal, ICBC, WorkSafeBC, midwife referred claims, interest payments, and form fees.

APPENDIX B:

Labour Market Adjustment Fees Annual Utilization Report | SUMMARY

Specialist Services Committee – LMA Fees | 2017/18 QUARTERLY REPORT #4

BUDGET STATUS	
CURRENT BALANCE REMAINING	\$93,522
ESTIMATED (OVER/UNDER)	\$(61,931)

SUMMARY TOTALS	
2017/18 BUDGET	\$13,808,965
ACTUAL SPEND TO DATE	\$13,715,443
ESTIMATED SPEND AT YEAR END	\$13,870,896

● 2017/18 BUDGET ● ACTUAL SPEND TO DATE ● ESTIMATED SPEND AT YEAR END



Expenditures by Section and as a % of the Budget, FY 2016/17 and 2017/18

Section	Fiscal Year 2016/17		%	Fiscal Year 2017/18		%
	Expenditures	Budget		Expenditures	Budget	
02 – Neurology	\$1,755,901	\$1,306,314	134%	\$1,654,570	\$1,383,387	120%
05 – Obstetrics & Gyn.	\$2,130,254	\$1,327,215	161%	\$1,529,589	\$1,405,521	109%
15 – Internal Medicine	\$5,804,095	\$3,396,417	171%	\$3,969,449	\$3,596,806	110%
18 – Anesthesiology	\$1,857,352	\$1,828,840	102%	\$1,729,749	\$1,936,742	89%
24 – Geriatric Medicine	\$251,064	\$391,894	64%	\$262,358	\$415,016	63%
44 – Rheumatology	\$2,057,581	\$2,220,734	93%	\$2,050,222	\$2,351,757	87%
49 – Respiriology	\$729,646	\$653,157	112%	\$514,713	\$691,693	74%
51 – Endocrinology	\$1,567,178	\$1,214,872	129%	\$1,146,342	\$1,286,549	89%
67 – Infectious Diseases	\$1,164,305	\$700,184	166%	\$858,452	\$741,495	116%
TOTAL – All Fees	\$17,317,376	\$13,039,627	133%	\$13,715,443	\$13,808,965	99%

1. SOURCE: Medical Services Plan Claims file.

2. The data are compiled on a date-of-service basis and include claims paid to May 31, 2018

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

4. The Budget for FY 2017/18 Includes a 5% increase + a 0.5% General Fee Increase + a 0.4% ESD Increase

5. Includes expenditures for codes that will be transferred to the available amount in 2018/19

APPENDIX C:

Key Metrics for 2017/18

Intended Outcomes of Initiatives	Targets for March 2018	Status of Targets (as of April 2018)
FACILITY ENGAGEMENT INITIATIVE: <ul style="list-style-type: none"> MSAs establish internal structures and processes to identify key priorities, including those linked with HAs Initial steps toward improving relationships between MSAs and HAs 	<ul style="list-style-type: none"> 45 sites receive full-funding Number of HA-endorsed MSA initiatives launched and number of physicians involved Deliver interim evaluation report January 2018 	<ul style="list-style-type: none"> 57 of 69 sites receiving full-funding. Exceeded target of 45 sites. 750 MSA initiatives launched with HA input, collaboration and/or endorsement, and approximately 1900 physicians involved. Interim Evaluation Report to be delivered April 2018.
PHYSICIAN QUALITY IMPROVEMENT INITIATIVE: <ul style="list-style-type: none"> Increase physician QI knowledge and confidence by 20% Attain 75% rating from physicians who indicate this is a good use of their time 	<ul style="list-style-type: none"> 500 physicians receive QI training opportunities and 100 physician-led QI projects supported Individual projects report out on patient quality metrics and Triple Aim 	<ul style="list-style-type: none"> 509 physicians receiving QI training opportunities and 144 physician-led QI projects are supported. Individual projects report on patient quality metrics and Triple Aim.
QUALITY & INNOVATION PROJECTS: <ul style="list-style-type: none"> Increase in knowledge among projects of sustainability best practices Increase in knowledge generation and integration of care through information-sharing 	<ul style="list-style-type: none"> At least 75% of projects ending in 2017–18 (7) participate in sustainability education At least 25% of projects showcase their work within the health system 	<ul style="list-style-type: none"> 100% (7) of projects completed in 2017–18 participated in sustainability education and support. Of completed projects, two will carry on to expansions of their work. Of the remaining five, 80% have been sustained; 20% will not be sustained due to external barriers. All projects are communicating regularly on project status to key stakeholders and showcasing their work; 20% have presented to medical/research conferences.

APPENDIX D:

Quality & Innovation projects completed in 2017/18

Physician Name	Project Name	Outcome overview	SPREAD & SUSTAINABILITY
Dr Marilyn Bater & Dr David Leishman	Redesigning Community Geriatric Care – An Integrative, Collaborative, Interprofessional Model Phase 2	The goal of this project was to address issues of communication, awareness, and access of local geriatric specialty services in a person-centred manner, seeking extensive input from patients, families, and community members. These services include both geriatric medicine and geriatric psychiatry on the Saanich Peninsula and Southern Gulf Islands.	<ol style="list-style-type: none"> 1) Access to geriatric care on Mayne Island through TeleHealth has been rolled into overall Island Health TeleHealth strategy 2) Communication material developed through the project will need to be refreshed intermittently by Island Health. 3) Bimonthly outreach service to Pender Island and monthly outreach to Salt Spring Island is dependent on sessional funding and willingness of geriatricians to travel.
Dr Gisele Ferguson & Dr Helen Campbell	Island Health Child and Youth TeleMental Health Collaborative Care Project	This project developed a service that delivers child and youth psychiatric consults to rural or remote patients on Vancouver Island in their home communities through existing telehealth technology within Island Health.	This program is now fully sustained within Island Health and has improved care for patients in rural and underserved communities on Vancouver Island and the surrounding Gulf Islands.
Dr Curtis Myden & Dr John Oliver	Optimizing musculoskeletal care for patients in Kelowna and Interior Health (Pooled Referral Project)	To implement a new single-entry, standardized central referral system, triage process and wait list for a group of orthopaedic surgeons in Kelowna. This project has been very successful in terms of reducing wait-times for physician consults.	Process improvements seen through the project have been sustained. Specifically, reductions in wait-times to first consultation remain at 40% of pre-project levels.
Dr Marilyn Thorpe	Developing a Psychiatric Care Psychiatric Interdisciplinary Team (PIT) at University of Victoria	To provide a “pit crew” service for University of Victoria students who are at high risk of harm due to mental illness.	Elements of the care model continue within University of Victoria Health Services. SSC provides funding to socialize the PIT model to other post-secondary institutions in BC.
Dr John Reid	Providence Health Care Perioperative Improvement	St. Paul’s Hospital initiated a LEAN project to improve efficiency in the surgical daycare and operating rooms. The goals were to improve access, patient flow, patient and provider satisfaction, and communication. A team at St. Paul’s Hospital involving physicians, managers, allied care providers, directors, decision support staff, and a consultant worked to reduce delays and improve the experience of surgical daycare patients.	Improvements made to patient flow, particularly through the Surgical Daycare Unit, have been maintained after the project’s completion. A clinician nurse leader position, originally funded through SSC, is now being funded by the health authority. A number of other improvement ideas generated by this project have been taken up by the health authority.

APPENDIX E:

Alignment with Ministry of Health priorities

1. Surgical Strategy: Efficiency

SSC funded a St. Paul's Hospital-initiated LEAN project to improve efficiency in the surgical daycare and operating rooms. The goals were to improve access, patient flow, patient and provider satisfaction, and communication. A team at St. Paul's Hospital involving surgeons, the anesthesiology department, surgical department head, surgical managers, clinical nurse leaders, surgical directors, decision support staff and a consultant worked to reduce delays and improve the experience of surgical daycare patients. Dr Reid noted, "Our St. Paul's Hospital surgical team has learned from this experience, made positive changes, and gained efficiencies." Since the project's conclusion, efficiencies have been sustained and additional projects undertaken. [Learn More](#)

2. Surgical Strategy: Wait-Times

A particularly successful implementation of pooled referrals occurred within a group of orthopedic surgeons in Kelowna. The scope of the work included developing a standardized approach through a shared EMR with a common method of managing new patient consultations, wait lists, and wait list data collection, but the devil was in the details. Dr Myden, one of the physician leads, noted, "Our work started with the need to create a strong, cohesive culture of 'One Team' that extended beyond members of the Kelowna Bone & Joint Health Clinic to include the broader community of providers." At the end of 2017–18, the clinic's arthroplasty wait list is at half its pre-project amount—now sitting at six weeks.

3. Seniors Strategy

In Fraser Health, SSC is supporting an initiative to improve quality care for people with dementia. The goal of this initiative is 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. More timely diagnosis of dementia with prompt referral to community services and resources has the potential to increase the quality of life and care for people living with dementia and their families.

These overarching goals are being achieved through the implementation of activities in three key streams, all of which are making excellent progress:

1. An integrated, interprofessional collaborative practice guideline/pathway in three designated communities in Fraser Health where specialists and a Division of Family Practice (DoFP) are working in teams.
2. A competency-based dementia education program focused on early diagnosis and referral to community supports has been implemented through Divisions of Family Practice within Fraser Health. Also, the project launched both its Dementia Education Mentoring Program and the Dementia Pathway in September 2017, with the pilot continuing until May 2018.
3. An extensive public awareness and education campaign occurred in fall, 2017, targeted for the South Asia population. A key element of education and support is the launch of the South Asian Support and Education Coordinator in First Link at the Alzheimer Society of BC which also began in fall 2017.

4. Mental Health

With the serious shortage of child and adolescent psychiatrists in BC, and the majority of those on Vancouver Island being located in the Victoria area, access to psychiatric consults for patients living in Central and North Island communities can be difficult, and in many cases, impossible. It is common to experience long wait lists to see a psychiatrist traveling to these communities, or long wait lists and arduous travel to see a psychiatrist outside a patient's home community.

Funded by SSC, Dr Gisele Ferguson's Telemental Health Project developed a service that delivers child and youth psychiatric consults to rural or remote patients in their home communities using existing telehealth technology within Island Health. Over a 2-year period, the project estimates the following savings to families:

- Kilometres of travel avoided: **68,664**
- Hours of travel avoided: **850**
- Cost savings of fuel: **\$12,360**
- Carbon dioxide emissions avoided (in kg): **18,896**

Island Health has committed to funding this model on an ongoing basis to sustain increased access to service and improved care for patients in rural and underserved communities on Vancouver Island and the surrounding Gulf Islands.

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