



PRESIDENT'S LETTER

JUNE 2010

SOCIETY OF
GENERAL
PRACTITIONERS OF
BRITISH COLUMBIA

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Dear Colleagues,

This is my first letter as your president. I am privileged to represent you. The past year as your President Elect was busy and I witnessed fundamental changes & proposed changes to many aspects of Family Practice in BC. This year promises to be no less "interesting". The SGP Board and Executive will be vigilant on your & our patient's behalf, as we strive to have your voice heard. We welcome your input at any time. This truly is a vital time to pay attention to medical politics and legislative changes.

Speaking of privilege it has been an honor and an education to work with my fellow Board & Executive members over the last 4 years. The caliber of the discussions & work produced, the collective & individual wisdom employed, is first class. You are well served and represented at all levels. I look forward to their advice & support during my year as your president.

First, a bit of background on myself. I'm a GP in Chilliwack with active hospital privileges. I worked in our ER until 2002 and practiced obstetrics till 2004. I qualified in the UK in 1976 at the tender age of 22 and I worked for a while in the UK before emigrating in 1982. My first jobs were in very isolated areas of Saskatchewan and Alberta. I also work in mental health and residential care under APP (alternative payments) contracts as well as teach UBC family practice residents. I keep in touch with the UK and am forewarned of some of the lunatic measures fostered on doctors and patients by the government there.

What's on the radar? Occupying our immediate attention (even over the summer) are the following issues:

- 1. Pharmacists proposed medication management program.** 350 community pharmacists will trial a computer program developed in the USA. They propose to interview "clients" and suggest changes to medication or additional medication based on the computer profile. They will be paid for this activity. A printout will be provided to the patients and the doctor. Helpful suggestions about following guidelines and trial results will be made. Screening tools such as the PHQ 9 will be employed. Excited about this? So we were we. Livid would be a better word. There was no consultation with either the SGP or the BCMA in the development of this project. The SGP plans to work with the BCMA, the SSPS (Society of Specialist Physicians and Surgeons), pharmacist representative groups and the health ministry over the summer to bring some sense and front line reality to this dangerous proposal. There is merit in closer links and cooperation with community pharmacists. A best practice model. But this isn't it.
- 2. The Office of the superintendent of motor vehicles. (OSMV) Changes to medical reporting of patients who are not fit to drive.** Actually this is now law. The SGP was not consulted in advance of this change in legislation in April 2010. A representative from the OSMV came to the SGP Executive in May to present the changes to the legislation and listened to our concerns regarding the translation of this law into day to day operation. The fundamental difference is that you will no longer be required to report a patient who continues to drive after you have told them not to. You will be required to report any of a long list of conditions that may impact driving. It will then be up to the OSMV to determine what will happen next for the individual patient. Who reports? The ER doc, the GP, the specialist, the allied health

professional? The answer is the first practitioner who becomes aware of a reportable condition will be required to report; you are not expected to be clairvoyant. The SGP is concerned on how this will then be communicated to the Family Physician responsible for the longitudinal care of the patient. The OSMV representative agreed that the SGP needs to be involved in the finalization of the implementation process, including discussions around payment for reporting and dissemination of the information to the patients and practitioners in BC. Again the SGP wants to work with the BCMA and SSPS over the summer to explore these concerns. The OSMV seems willing to listen.

3. **PMA negotiations. The Physician Master Agreement** has to be renegotiated by April 1, 2012. This agreement between the BCMA & the BC government covers every aspect of your payments, terms of service & relationship with the governments. It determines what new targeted & global funds will be available for our services and what changes may occur to our benefits. It covers my fee for service & my APP payments. We need your input. The SGP Economics Committee will be meeting in early September to begin to develop our proposals to the Negotiations Forum in preparation for negotiations that will begin in 2011. The nature of these proposals can be very broad. As an example, divisions were not conceived of when the last PMA was signed. There are no bad suggestions. All will be gratefully received & thoughtfully considered. Please send your thoughts to me (sgp.president@bcma.bc.ca) by September 10 for inclusion in our discussions.

Not on our immediate radar but equally important are our concerns about Privacy. The stampede towards an electronic health record (EHR) has raised many concerns. These concerns include the EHR's effect on what I consider the foundation of family practice, our relationship with our patients. I urge you to read the, thoughtful, in house, recent & scholarly documents on your SGP web site (www.sgp.bc.ca) [Patients as Partners: IT Implications for BC Family Physicians](#) & [GAPS-PC - Questions to consider when developing new information sharing projects](#). These are located in the news section of the public side of the website. A joint position statement on privacy & data sharing produced by the BC College of Family Physicians & the SGP was released earlier in the spring, and a joint press release supporting the BC Privacy Commissioners concerns on proposed changes to the Freedom of Information and Protection of Privacy Act (FIPPA) is found in our "Important Issues" section.

The SGP Future of GP committee has also produced a discussion document "The Primary Care Home In BC" paralleling national & federal interest is also in the News section.

We plan to issue further critical issue bulletins on patient's privacy, FIPPA & the Personal Information Protection Act (PIPA), data sharing & stewardship. These really are critical to the way we will practice in the future. As I stated I keep in touch with the English situation, where their IT and data project is frankly an expensive and embarrassing mess. We must do better.

Sincerely,

Ralph Jones
President, SGP