

SMA DIGEST

WINTER 2015

NEW YEAR NEW BEGINNINGS

NEW CEO POISED TO TAKE SMA TO NEW HEIGHTS

The SMA speaks with incoming
CEO Bonnie Brossart

HOW MINDFULNESS HELPS

Dr. Chakravarti explains how it can
benefit you and your patients

+ OUR NEW HOME

Take a visual tour of our
new offices

Winter 2015 | VOLUME 55 ISSUE 1

SMA Digest is the official member magazine of the Saskatchewan Medical Association. It is published twice per year and is distributed to nearly 90 per cent of practising physicians in Saskatchewan.

Upcoming issues

The next issue of *SMA Digest* will be distributed in summer 2015.

Bylines

Where bylines are not given, articles were written or solicited by SMA communications staff.

Advertising

The deadline for booking and submitting advertising for the summer issue is Monday, April 27, 2015. Rates for display advertising are available upon request. Classified ad placement is free for members promoting physician, locum and practice opportunities; ads should be submitted via email and must not exceed 150 words.

Feedback

Member feedback is valuable and encouraged. Please direct comments, letters, ideas and advertising inquiries to:

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SMA mission

The SMA is a member based organization that promotes the honour and integrity of the profession.

We:

- Provide a common voice for physicians
- Support the educational, professional, economic and personal well-being of physicians
- Advocate for a high quality, patient centred health care system

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new year new beginnings



Greetings to my colleagues and happy new year!

The SMA is heading into 2015 with a sense of renewal. Over the past year, we have made some substantial changes in the organization to serve the physicians of Saskatchewan better.

The most important change we have made is bringing in Bonnie Brossart to lead the organization as our CEO. Bonnie brings excellent qualifications to the SMA, having served as the CEO of Saskatchewan's Health Quality Council since 2007. She has been a leader in Saskatchewan's health care sector for several years and will enable us to serve our members better while having a greater voice in shaping the health care system.

We have also moved to a new building at 2174 Airport Drive in Saskatoon. This building will give our Board and committees the space and technology they need to meet and conduct the business of the organization, while giving the staff the room to work, as the organization had outgrown the former office downtown.

The SMA will be taking the second floor of the building while the Col-

lege of Physicians and Surgeons of Saskatchewan will occupy the first floor. We will share the board room, which will be large enough to be used for PMI courses. The College will be moving to their new offices near the end of March.

Another major element of renewal is our strategic plan, which will guide the organization over the next three years. The Board of Directors spent considerable time reviewing our previous strategic plan and connecting with members to see what you would like to see reflected as the priorities of the SMA.

We believe we have crafted an excellent plan that will allow the SMA to serve our members optimally and ensure physicians are heard and remain an integral part of the health care system. A copy of the plan is available in this edition of the SMA Digest.

I also want to point out another change, which is the new SMA website. This website has been under development for the last two years and is designed to make the information you need easy to access. The website is designed responsively, meaning it is designed to resize and work as well on phones and tablets as it does on

Engaging physicians is crucial for a high-functioning health care system that will meet the current and emerging needs of the people of Saskatchewan.

computers. We are still working on bringing many of our printable forms online, which will make it easier for you to access SMA programs.

All of these changes will ensure that physicians have the foundation to voice their opinions and shape the health care system to benefit their patients. Engaging physicians is crucial for a high-functioning health care system that will meet the current and emerging needs of the people of Saskatchewan.

The physician engagement survey conducted last year showed that the current picture is not good. Only 36 per cent of physicians feel engaged in their regions. The survey also indicated that only 28 per cent of physicians feel their region or agency is considered one of the best places to practise medicine for someone with their skills and experience. Additionally, only 23 per cent of physicians believe their health and well-being is strongly supported by their region or agency.

These numbers clearly show there is a problem in involving and listening to physicians, both at a regional level and provincially. At the Board of Directors table, we often talk about what it takes to achieve au-

thentic engagement. Authentic engagement, in the case of physicians, means building relationships with individual physicians and continually seeking our opinions and learning from our experiences. Authentic engagement means putting a similar amount of time and resources into communicating with physicians after they start working in a health region as was devoted to recruiting them to the region.

Engaging physicians will soon become a matter of retention. Physicians will not stay in a place where they are dictated to and are not able to deliver optimal care to their patients. Physicians will not stay if they are not part of a true team of health care professionals, one where they are involved in all aspects of patient care.

The SMA has reached out to the Ministry of Health to offer our support in engaging physicians. We know more needs to be done to involve physicians in important initiatives and decisions and we will continue to voice that message to the Ministry and health authorities.

Over the next year, the SMA will be working hard on behalf of our members to make sure you have what you

need for a fulfilling practice and to improve the outcomes of your patients. Please let us know how we are doing and what issues you are facing in your practice that we can assist you with. Contact me directly at president@sma.sk.ca.

Sincerely,

Dr. Dalibor Slavik

SMA President

president@sma.sk.ca

RESOLUTIONS

Fall 2014 RA | Regina

The fall meeting of the SMA Representative Assembly was held November 7 and 8, 2014 in Regina. These are the resolutions that were carried or referred to the board during the meeting.

Resolution 1

That the following member has been nominated as a delegate to the Representative Assembly:

Dr. Robin Colwell, Saskatoon

Pfeifer/Pillay - Carried

Resolution 2

That the minutes of the May 2014 meeting of the Representative Assembly be approved.

Pfeifer/Malhotra - Decision

Resolution 3

That the Representative Assembly approve the actions of the Board of Directors as reported.

Doig/Shannon - Carried

Resolution 4

That the SMA Honoraria rate move from the existing step-rated grid to a flat day rate of \$800 per day effective January 1, 2015.

Pillay/Slavik - Carried

Resolution 5

That the honoraria travel rate be increased from \$53 to \$60 per hour effective January 1, 2015.

Pillay/Slavik - Carried

Resolution 6

That the in-province overnight allowance rate be increased from \$225 to \$250 per night effective January 1, 2015.

Pillay/Slavik - Carried

Resolution 7

That the 2015 SMA annual dues remain unchanged resulting in the following dues structure:

	CMA	SMA	Cojoint
Ordinary	\$495.00	\$1970.00	\$2465.00
Part-time	\$248.00	\$1180.00	\$1428.00
Retired/ Inactive	\$173.00	\$30.00	\$203.00
Resident	\$50.00	\$7.00	\$57.00
Student	\$12.00	\$5.00	\$17.00
Out-of-province		\$30.00	\$30.00

Pillay/Brown - Carried

Resolution 8

That the attached 2015 SMA budget (Appendix A) be approved.

Pillay/Abdulla - Carried

Resolution 9

SMA explores reimbursement options for having nurse practitioners in fee-for-service physician offices with clearly defined roles, scopes of practice, and accountability.

Prasad/McCarville - Carried

Resolution 10

That the SMA work with the Family Practice Section Executive to arrange a meeting with all RHA CEOs and SMOs to develop

relationships and discuss working collaboratively.

Strydom/Oleksinski - Carried

Resolution 11

That the SMA Board, in collaboration with the FP Section, convene a half-day seminar that would involve family physicians and specialist physicians to promote intra-professional relationships and collegiality with the goal of improving patient care.

Achyuthan/Sanderson - Carried

Resolution 12

That the SMA President's Tour comprise visits to all regional medical associations including Keewatin Yatthe/Athabasca.

Flegel/Slavik - Carried

Resolution 13

The SMA explores integrating other allied health professionals into a fee-for-service model of health care.

Brunet/Achyuthan - Carried

Resolution 14

SMA request the Ministry of Health/Public Health provide all supplies (needles, syringes, etc.) for the administration of publicly covered vaccines.

Oleksinski/Konstantynowicz - Carried

Resolution 15

The SMA request the Ministry of Health expedite the provision of the flu vaccine to physicians offices for free administration to our regular patients.

Kassett/Kozroski - Carried

Resolution 16

The SMA promote the creation and distribution of a Choosing Wisely information/education package designed for physicians, and a public education campaign for our patients.

Kassett/Kozroski - Carried

Resolution 17

The SMA seek funding to support members attending Choosing Wisely education sessions.

Kassett/Kozroski - Carried

Resolution 18

The SMA Board will urge eHealth and Regional Health Authority information technology departments to explore ways to access Regional Health Authority electronic resources like Sunrise Clinical Manager from their private offices.

Prasad/Fourie - Carried

Resolution 19

SMA negotiates fee-for-service for remote patient care via mechanisms other than formal Telehealth.

Prasad/Doig - Carried

Resolution 20

Expand the definition of the remote consultation code to include any form of formal advice provided by consultants to referring physicians.

Prasad/Doig - Carried



Representative Assembly highlights

The SMA's Fall 2014 Representative Assembly convened on November 7 in Regina, bringing together physician leaders from around the province to focus on their unique value in the health care team, and the role of physician health and well-being in providing optimal care to their patients and value to the health care system.

President's Address

In his opening remarks, SMA President Dalibor Slavik, family physician from Saskatoon, explained that the SMA will have a new strategic plan to guide it forward in the coming years. In collaboration with Saskatchewan physicians, the SMA Board crafted a plan that will help the SMA continue to meet the needs of its members and ensure physicians are heard and remain an integral part of the health care system.

"Our knowledge and abilities are unique and we bring a perspective on patient care that no other care providers can," said Dr. Slavik.

"Although people receive care from a number of care providers, no other group of care providers has the training and level of involvement with patients as physicians."

With this role comes a responsibility to ensure that patients receive optimal and appropriate care. Unnecessary tests, treatments and procedures may expose patients to needless risk and it is up to physicians to have conversations with their patients around appropriate care. This is the message of Choosing Wisely Canada and the president encouraged physicians to familiarize themselves with the campaign and implement its tenets.

Minister of Health's address

Health Minister Dustin Duncan opened his address with a thank you to the physicians of Saskatchewan for their involvement and leadership – leadership that has contributed to successes like the Saskatchewan Surgical Initiative which has already accomplished an 80 per cent decrease in wait times of over three months.

He highlighted mental health and addictions, and strengthening primary care as areas of focus going forward, and indicated that in the coming months a mental health and

addictions plan for the province would be released. He emphasized that physician leadership is crucial to the success of these initiatives.

Preventing the spread of influenza is another area in which he encouraged physicians to lead by example and get their influenza immunizations. For patient safety, all health care providers will now be required to wear a mask while working with patients if they have not received their flu shot.

Keynote address: Unique value proposition of the physician in ensuring and supporting quality care

Dr Susan Shaw

According to Dr. Susan Shaw, Chair of Saskatchewan's Health Quality Council, the concept of physician value must be understood through the eyes of the patient. Physicians are unique in their impact, authority, autonomy and accountability – in fact 60-70 per cent of all costs and decisions are driven by doctors.

Physicians are trained in scientific knowledge and practice and this informs every action they take. Physicians are comfortable with new knowledge and will adopt and adapt to it. They are continuously looked to by patients and other members of the health care team to lead. As a result, they are uniquely positioned to initiate change and have the potential to drive quality care into excellence.

Petrina McGrath, Ph.D.

Petrina McGrath, Vice-President of People, Practice and Quality at the Saskatoon Health Region, also approached the concept of value through the eyes of patients and families. Every day patients and families expect physicians to be leaders in their practices, in the system and in teams. A large part of physicians' value comes from how they work in a health care team and the leadership they bring to that team.

When working as part of a team, there may be an inadvertent power distance that exists between physicians and other team members by virtue of where physicians sit in the health care system. It is important to make efforts to reduce that power distance because a large power distance can create an unsafe environment. Research has shown that when power distance is high, other team members are less likely to speak up if they see an error occurring. However, physicians have the unique ability to leverage their position in the system to shift the conversation, decrease power distance and provide safety nets that help reduce medical errors and improve patient care.

Dr. Joshua Tepper

Dr. Joshua Tepper, President and CEO of Health Quality Ontario, also began his discussion of physician value with patients. He explained that as a physician, it is important to start every day thinking about your patients and about their experience with your care. Physicians determine care – which patients are hospitalized, what tests and procedures are administered using what technologies, and what medications are prescribed. In addition, physicians are the bridge at so many decision points; they are at the epicentre of complicated decisions. Because of the unique position that physicians occupy, they determine quality and are uniquely equipped to improve it and therein lies their unique value.

“If you can’t measure it, you can’t report it,” explained Dr. Tepper. “Data turns to information, information becomes knowledge and knowledge enables change.”

In addition to data, physicians must develop and refine their skills of evidence based medicine and also be strong leaders.

“Success in improving quality in a health care organization requires the understanding that quality improvement should not exist as an isolated silo or add-on,” concluded Dr. Tepper, quoting G. S. Kaplan, “but must be the foundation for all management activities, including day to day operations’ – because our patients expect nothing less.”

Physician health promotion: Mindfulness and medical practice

Dr. Anita Chakravarti of [M]POWER: Mindful Professional Practice spoke to the assembly about the importance of making their physical and mental well-being a priority, not only for their own sake but for the sake of their patients. She discussed the practice of mindfulness to facilitate this. To read more about her presentation and work with mindfulness, please see her article on page 22.



Physicians lead by example at the semiannual Walk the Doc



SMA President Dalibor Slavik



NEW CEO

Bonnie Brossart
poised to take SMA to

NEW HEIGHTS

By Dallas Carpenter

Bonnie Brossart started her new position at the SMA on January 5, 2015. She spoke with SMA Communications Manager Dallas Carpenter to discuss what brought her to the SMA and what her priorities will be in her first few weeks with the organization.

Carpenter: What attracted you to this position?

Brossart: I was attracted to this position because I have had the wonderful experience of getting to know, learn from and be inspired by a number of physicians here in Saskatchewan who want to make care better and safer for Saskatchewan citizens. One of my most enjoyable work experiences prior to becoming CEO of the Health Quality Council (HQC) was leading the Chronic Disease Management Collaborative and working with close to 30 per cent of Saskatchewan's family physicians.

I am hopeful that with my experience and breadth of relationships throughout the health system that I can - with the help of the staff, Executive, Board and members of the SMA - create a future where physicians across the province are meaningfully involved, integrally designing and leading health system strategy and improvements.

In my previous role at the HQC, I had the privilege of studying and learning from several high performing health sys-

tems across the globe. In each of these systems it is clearly evident that physician leadership is a fundamental characteristic.

We are doing great things in this province. Our colleagues across the country and internationally are taking notice when it comes to the improvements we are making. I earnestly believe that if we don't become more intentional with involving and enabling physicians to embrace leadership opportunities we will be limited in what we can accomplish.

Carpenter: What do you anticipate will be your priorities in the first few weeks and months on the job?

Brossart: "Look. Listen. Learn." is my mantra for the first few months. I have much to learn when it comes to the governance, strategy and operations of the SMA. I want to be sure

“I am hopeful that with my system that I can - with the a future where physicians and leading health system

to hear and understand what the Executive and Board believes needs to be accomplished to meet the ambitions of the organization's new strategic plan. I have such respect for the dedicated staff at the SMA, so it will be key for me to hear their thoughts on what makes the SMA such a great organization as well as their ideas on opportunities for improvement.

I am also wanting to "go and see" and spend some time alongside physicians in their everyday work environments. How can I lead an organization that advocates on behalf of physicians if I don't begin to build and nourish relationships with them and an understanding of who they are and the work they do? I know that every autumn there is a President's Tour and that is foundational to learning and sharing with the membership but I would also like to explore how I can connect with and learn from SMA members – both what's working well and what needs improvement – in an ongoing way.

Once I have 'collected the data' I intend to report back to the staff and Board on what I have heard them say and share with them my ideas about what needs to happen next.

Carpenter: You have been involved in the Saskatchewan health care system for several years. How will your experience and connections benefit the SMA?

Brossart: I think my tenure in the Saskatchewan health care system is one of the greatest assets I bring to the position. Any advancement or improvement we seek on any issue or level requires as a foundation solid, respectful relationships. Having spent my entire, almost 25 year career working in the Saskatchewan health care system – as a researcher, leader and quality improvement champion – certainly affords me with a deep knowledge and understanding of our health system and the people and agencies. I believe I have excellent relationships with leaders from across the RHAs,

eHealth, the Ministry, saskdocs, the College of Physicians and Surgeons and of course HQC. As the SMA team begins to sketch out the work we need to undertake to achieve the ambitions in the 2014-17 strategic plan, I anticipate exploring partnerships with other agencies will be a key tactic.

I think my experience leading an organization of a similar size, and one that has grown in a similar fashion to that of the SMA will also be helpful in understanding and capitalizing on the opportunities facing the organization.

Carpenter: Coming from HQC, you are closely tied to quality improvement initiatives like Lean and CPR. As quality improvement will continue to be a focus of the system, how do you feel physicians can best participate in shaping quality improvement initiatives and what do you anticipate the SMA's role will be in the future of quality improvement in the province?

Brossart: Again, every high performing health system I have learned from is very intentional about building and nurturing quality improvement capability among its entire workforce including physicians. To my earlier comments about leadership, research evidence suggests there is a link between the engagement of doctors in leadership and quality improvement. What we can and must do a better job in is creating and facilitating opportunities for physicians to learn and develop these skills. Quality improvement programs that fail to engage doctors and are not sensitive to the nature of medical work will have limited impact. Accordingly, I anticipate the SMA's role will be in advocating for the proper supports to be in place for physicians to readily and effectively take on these rewarding opportunities and ensuring alignment with health system priorities. Quite simply, if we don't have a thriving physician community we will not provide the quality health care Saskatchewan residents deserve.

experience and breadth of relationships throughout the health help of the staff, Executive, Board and members of the SMA - create across the province are meaningfully involved, integrally designing strategy and improvements.



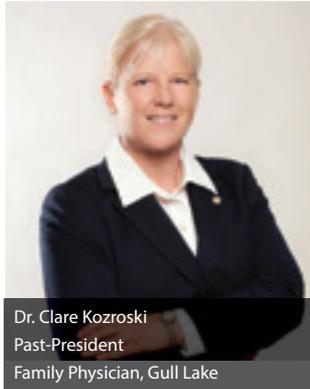
2014-15

SMA BOARD OF DIRECTORS

To contact your SMA Board of Directors, log in to the member's area at www.sma.sk.ca



Dr. Dalibor Slavik
President
Family Physician, Saskatoon



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Past-President
Family Physician, Gull Lake



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Family Physician, Moose Jaw



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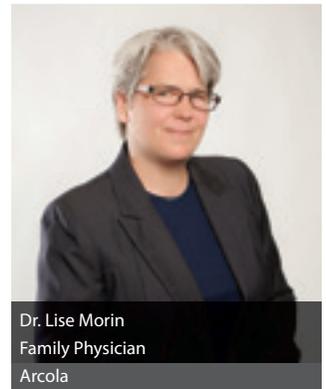
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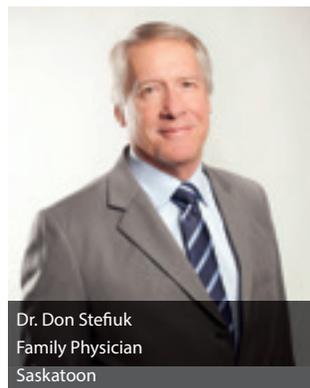
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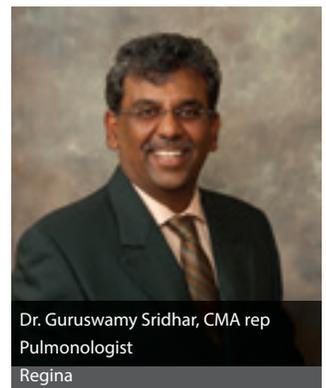
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Dr. Guruswamy Sridhar, CMA rep
Pulmonologist
Regina



Our Mission

The SMA is a member based organization that promotes the honour and integrity of the profession.

We:

- Provide a common voice for physicians
- Support the educational, professional, economic and personal wellbeing of physicians
- Advocate for a high quality, patient centred health care system

Our Values

We believe in providing *leadership* and promoting *excellence* in health care.

We are *accountable*, *professional* and *compassionate*.

Our Strategic Vision for the SMA

The SMA is a trusted voice for all Saskatchewan physicians. Our members' needs are understood and met, as evidenced by our success in physician wellness, respect for the profession and economic welfare. We influence health care system design through collaborative leadership.

Our organization is supported by strong governance and informed, well-functioning regional and sectional representation as well as a highly competent staff and stable management.

Strategic Priorities

Continue to build a strong member-based organization

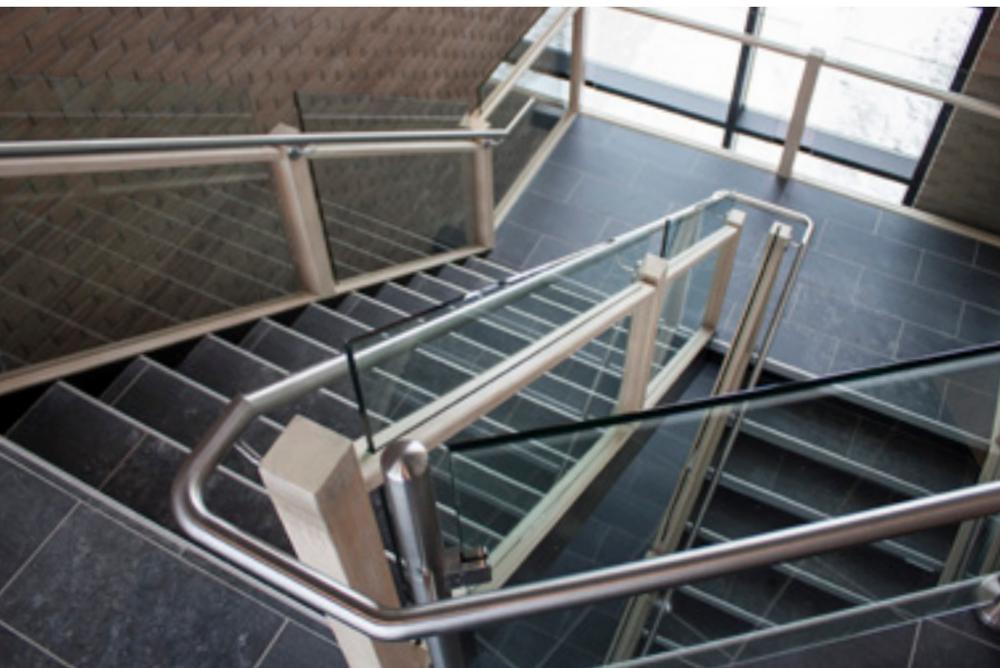
Enhance physician wellbeing

Enhance the physician role in the health care team model

Improve physician participation and leadership in health care design

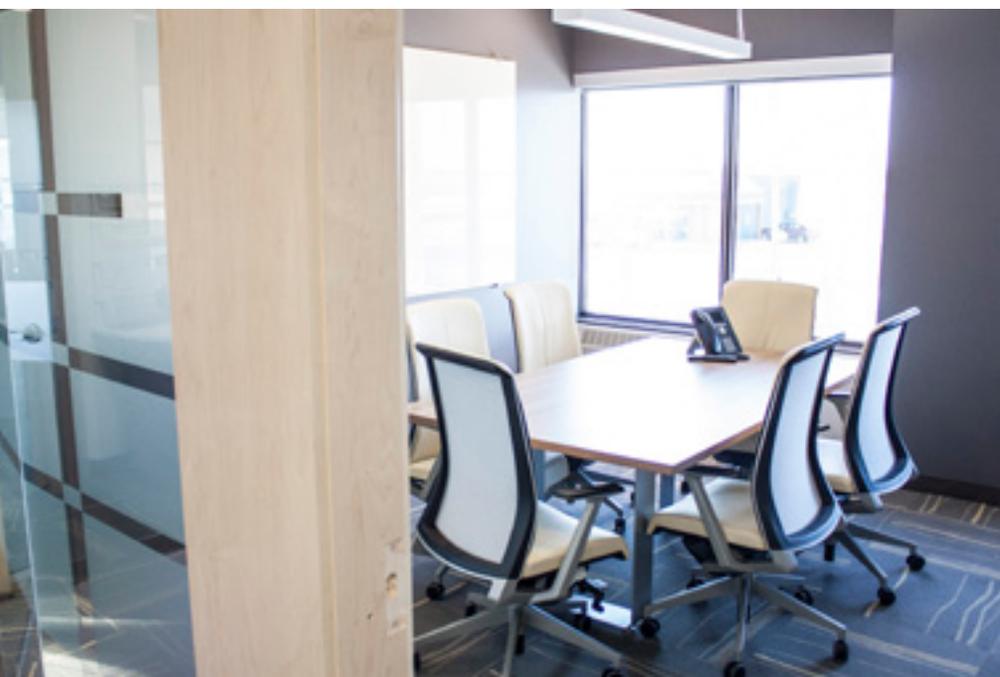
Our Vision for Health Care in Saskatchewan

All Saskatchewan people have appropriate access to a high quality, physician coordinated health care team in an integrated, patient-centred system that is supported by effective technology.



OUR | NEW

On November 14, 2014 the SMA office moved to its new extensively renovated and boasts clean modern lines, the boardroom and seven meeting rooms) all equipped lounge space for staff and guests. Project manager will continue to guide the final stages of construction





W | HOME

home at 201-2174 Airport Drive. The building has been bright offices, ample meeting space (which includes with state of the art technology, as well as kitchen and Laurie Dumba has expertly overseen the project and to completion over the next several months.





Doctors D helping Doctors

By Maria Ryhorski

Last January, the altruism of Saskatchewan's residents and physicians made headlines when, together with the Medical Benevolent Society (MBS), they rallied to provide the necessary \$150,000 needed to get one of their own, a gravely ill physician practising in Meadow Lake, back home to South Africa where she could spend the last days of her life surrounded by family and loved ones.

This concern for the well-being of others is not new to Saskatchewan's medical community. In fact, for the past 52 years the MBS has provided financial aid to Saskatchewan's doctors, medical learners and their spouses and dependents in times of urgent need. This charitable organization is a shared initiative of the SMA and the College of Physicians and Surgeons of Saskatchewan and is funded by donations from the physicians of this province. It is the only provincial fund of its kind in Canada.

Since its inception in 1962, as a way to provide support to the surviving family of Drs. Knox and Nixon who died in a tragic accident on their way home from a meeting during the Medicare crisis, the MBS has grown exponentially. Thanks to annual donations that have grown from \$2,200 up to \$58,000 per year, the Society has come to the aid of over 40 people with needs ranging from funding for treatment to an air ambulance flight across the Atlantic so a well-loved physician could die at home.

The variety of requests that come in to the MBS is great, making establishing concrete criteria for requests extremely difficult. According to Brenda Senger, Director of Physician Support Programs at the SMA, the fund is there for "any student, resident, physician or their family members who are in need."

Beyond that, the criteria are largely open aside from a few exclusions – for example, the Society will not pay legal fees. All other requests are adjudicated on a case by case basis by MBS committee members who donate their time to ensure that funds are only disbursed in deserving cases of genuine need. In addition, all requests and contact with MBS are kept strictly confidential.

Senger explains that the MBS has given a hand up to members of the medical community who have found themselves in a wide variety of difficult circumstances – students whose loans have run out and are at risk of losing their housing, surviving spouses and children of a physician left in severe financial distress, and sometimes even those in dire circumstances as a result of poor life choices.

"We are a benevolent society," stresses Senger, and explains that MBS is not there to judge.

While there is sometimes the fear that funds from the Society will be misused, Senger has rarely found this to be the case.

“Financial ability should never be a barrier for people to get the help that they need to be happy and healthy.”

“What I find is that it is so difficult and often embarrassing for people to ask for help, to access MBS. It’s very unlikely that we’ll have people coming forward trying to scam the system,” says Senger.

At the same time she emphasizes that the MBS does its due diligence with requests.

“It’s a hand up, not a handout,” she explains. Often MBS will work with partners such as MD Financial Management to address the underlying issue in addition to the financial component of a case. If the financial crisis is a result of poor decision making, often a condition of receiving assistance from MBS will be that the individual work with MD Financial Management to ensure the situation does not repeat itself.

The MBS is one of the SMA’s three Physician Support Programs which work together to seamlessly ensure that doctors receive the help that they need. It is not uncommon for a physician who has approached the Physician Health Program regarding a physical or mental health issue to receive treatment paid for by the MBS if it is not covered by Medicare and they are unable to pay for it themselves.

“If they need service and they cannot afford medical intervention or the service that they need, Medical Benevolent will always pay for it,” says Senger. “Financial ability should never be a barrier for people to get the help that they need to be happy and healthy.”

Senger recognizes that asking for help can be difficult, but hopes that physicians, students, residents and their families who are truly in need will not hesitate to contact the MBS.

“I understand that it is difficult for physicians to ask for help at the best of times,” she says, “that asking for financial assistance is very demoralizing for people who are seen to be in a well-paying profession.”

“But people also need to know that their information is confidential, that you can always phone and ask. That’s why the

fund is there,” she continues, “because that’s how the doctors in Saskatchewan take care of each other.”

For more information or to request assistance from the Medical Benevolent Society, please contact Brenda Senger, Director of Physician Support Programs at brenda@sma.sk.ca or 306-244-2196.

Physician Support Programs

Brenda Senger, Director - brenda@sma.sk.ca
www.sma.sk.ca

Physician Health Program

The Physician Health Program provides assistance to colleagues, students, residents and their families who may be struggling with a variety of issues including mental health, substance abuse, physical health or marital and family concerns.

Member Advisory Component

The Member Advisory Component assists SMA members who request help in responding to investigations or inquiries such as patient complaints to the CPSS, CPSS interviews/disciplinary proceedings, billing investigations, or proceedings initiated by the regional health authority.

Medical Benevolent Society

The Medical Benevolent Society provides financial assistance to physicians, medical students, their surviving spouses and dependent children in need.

update

from the section of family practice

By Dallas Carpenter

The largest section of the SMA, the Family Practice (FP) Section, held its regular meeting prior to the Fall 2014 SMA Representative Assembly (RA) in Regina.

The meeting was well attended, with several physicians joining the meeting over the phone and Internet for the first time.

The SMA led into the FP Section meeting and RA with the President's and Vice-President's Fall Tour, which allowed the SMA to learn about many of the issues facing physicians in their regions.

One of the main issues facing family physicians is the expansion of the scope of practice of allied health care providers such as pharmacists and nurse practitioners. With these professions now taking on duties once exclusively in the realm of family practitioners and with new programs and initiatives changing what is expected of physicians, family physicians are feeling the weight of transforming their practices and redefining their role in the health care system.

"Family physicians feel they are pressured from outside allied health professions, including nurse practitioners, pharmacists, chiropractors, podiatrists, and physiotherapists," said Dr. Rizqi Ibrahim, who chaired his final section meeting in November. "Family physicians also feel pressure from our own colleagues in terms of ability to access diagnostics, access to specialists, pathways and pooled referrals."

On the heels of the physician engagement surveys conducted in each health region, which revealed only 36 per cent of Saskatchewan physicians feel engaged in their region, the FP Section discussed the issue of engagement thoroughly.

The engagement of family physicians is necessary to maintain a patient-centred system with a high standard of care, and as Dr. Ibrahim explains, the FP Section will push to have physician voices heard.

"The section of Family Practice will continue to press all parties and engage family physicians in matters related to primary care and patient centered care. We will press the SMA Executive and Board as well as regional and provincial authorities to involve and engage family physicians in issues related to primary care." The newly elected chair of the FP Section is Prince Albert physician, Dr. Stan Oleksinski.

The FP Section took action on improving both physician engagement and collegiality. A motion was passed that led to an RA resolution directing the SMA to arrange meetings with the Family Practice Section Executive and RHA CEOs and SMOs to develop relationships between family physicians and RHAs.

Another motion was adopted that will address collegiality and intra-professional relationships through a seminar that will bring together family physicians and specialist physicians. Dr. Ibrahim believes that increasing collegiality is one of the top concerns the medical profession must address.

"I think collegiality is front and centre as far as the Section of Family Practice is concerned," he said. "It is imperative that we, physicians as a profession, get back to our collegial relationships that we had enjoyed in the past, family physicians and specialists alike."

Dr. Ibrahim is concluding his time as the Chair of the FP Section after 22 years. He includes recognizing full-service family physicians through the Comprehensive Care Program, significantly improving fees, and establishing age-related

codes and codes for chronic disease management among the highlights of his tenure.

"I have enjoyed chairmanship of the section of Family Practice over the last 22 years," he said. "I tried to carry out my duties to the best of my abilities. I was supported by a strong executive board as well as the membership."

As he transitions to his role as past-Chair of the Section, Dr. Ibrahim, who has been actively involved in the SMA for several decades including serving as SMA President, has advice for young physicians. "My advice to new practising family physicians is to remain or become involved in local and provincial matters as it will determine your professional life. It is rewarding to be involved. Upgrade your skills and maintain your competency."



Dr. Rizqi Ibrahim with SMA Past-President Dr. Clare Kozroski



Upcoming PMI courses



March 20-22, 2015

ENGAGING OTHERS

REGINA

June 5-6, 2015

PHYSICIAN AS COACH

SASKATOON

September 18-19, 2015

LEADERSHIP FOR MEDICAL WOMEN

REGINA

October 16-17

LEADERSHIP STRATEGIES FOR PHYSICIAN
ENGAGEMENT

SASKATOON

Register

or for more information



LEADERSHIP DEVELOPMENT FOR PHYSICIANS

Delilah Dueck
delilah@sma.sk.ca
www.sma.sk.ca

To better serve the needs of our members we've launched the new SMA website. This site contains all the same information and resources you've come to expect from the SMA but with more intuitive navigation and search capabilities. Through responsive design technology www.sma.sk.ca will now display in an easy-to-use format whether you're browsing on your desktop, laptop, iPad, tablet or smartphone.

MAIN NAVIGATION

The black navigation bar is your access point for information on our programs, resources, membership information, compensation/bargaining information and physician opportunities.



HOME BOXES

These three boxes: **Physician Resources**, **Clinical Resources** and **SMA Membership Benefits** will help you find the information that you need. Click on each to explore resources for your office such as the fee guide, EMR and privacy information; clinical resources on a variety of topics including chronic disease management and collaborative relationships; and find out what the SMA can do for you under **SMA Membership Benefits**.

QUESTIONS?

If you have any questions regarding our new website please don't hesitate to get in touch.
E. sma@sma.sk.ca
P. 1-800-667-3781 or 306-244-2196

SK.CA

s a NEW LOOK

SEARCH, NEWS, EVENTS & MORE

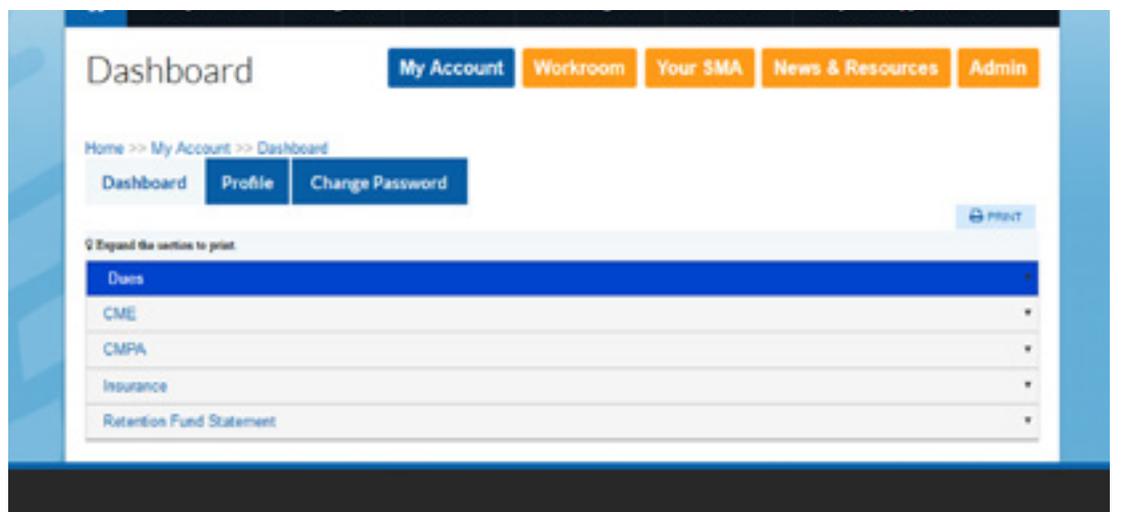
Here you'll find links to learn more about the SMA, our news, events and internal career opportunities, as well as how to contact us and search the website. You can also click here to connect with us on social media.

LOGIN

To log in to your SMA member account click on the blue **Member Login** button or on the large blue **My SMA Member's Area** button. You can also register for an account here by using either of these buttons.

SMA MEMBER'S AREA

Once you have logged in to the SMA member's site you will see your account dashboard. From here you can change your password and account information, and view your dues, CMA, CMPA, insurance and Retention Fund information by clicking on the stacked drop down bars below. If you are active on an SMA committee you can access the workroom by clicking on the yellow **Workroom** button.



2014 eHealth Conference

deemed | BIG SUCCESS

By Darlene Osborne

Over 200 attendees gathered at the Queensbury Convention Centre in Regina on Friday, October 3 to experience eHealth Saskatchewan's and the Saskatchewan EMR Program's first conference examining the Evolution of Patient Care through EMRs. Judging by comments shared throughout the day and a half event as well as evaluation feedback, the conference was very well received. (See Evaluation Highlights and a Conference Summary in the EMR section of the SMA website).

Friday morning featured a variety of speakers addressing developments in Saskatchewan's Electronic Health Record as well as the challenges and benefits of maturing one's EMR utilization (see Conference Summary for agenda and presentations). Friday afternoon and Saturday morning were dedicated to hands-on EMR training for both QHR Technologies Accuro and Telus Med Access users. Two different content streams for physicians and support staff were offered with the vendors available on site to address specific questions. Training was delivered by eHealth Saskatchewan Peer Program leaders, who support Saskatchewan physicians and medical office staff free of charge in their efforts to optimize eHealth solutions. Also, a sponsor showcase was set up for attendees to learn more about the services and programs they offered.

This opportunity to have up to eight hours of dedicated EMR training along with face-to-face access for individual questions was a great draw for conference attendees. All participants were keen to advance their EMR utilization to a higher level. Also, the training program was accredited by the College of Family Physicians of Canada and the Saskatchewan chapter for up to eight Mainpro-M21 credits.

In 2015, EMR training workshops will be provided by the approved vendors in Saskatchewan: QHR Technologies and Telus Health. QHR Technologies is offering a day of Accuro EMR education in both Regina (May 5) and Saskatoon (May 6). Go to www.qhrtechnologies.com/landing/ki for more information and to register. Telus also plans to offer Med Access training, with more information available later on this year.

The additional benefits offered by the conference to network and exchange information and best practices to advance EMR utilization are recognized by its organizers, eHealth Saskatchewan and the Saskatchewan EMR Program. The next EMR conference offering is tentatively scheduled for spring 2016.

The conference offered physicians the opportunity to advance their EMR utilization through the training sessions as well as one-on-one assistance from peer physician leaders.



The sponsor showcase was a popular stop for conference attendees who appreciated the opportunity to ask questions and learn more about their various programs and services.





2015 SPRING REPRESENTATIVE ASSEMBLY

COLLEGIALLY: STRENGTHENING PHYSICIAN TO PHYSICIAN RELATIONSHIPS

MAY 8 - 9, 2015

SASKATOON INN (2002 AIRPORT DRIVE) - SASKATOON, SK

With doctors' lounges becoming more rare, it is difficult for physicians to know their colleagues. It is even more difficult to know the issues other physicians are facing and understand what is affecting their practices and decisions.

THIS IS YOUR OPPORTUNITY TO BE A PART OF THE SOLUTION

The Saskatchewan Medical Association is encouraging all of our members to attend the 2015 Spring Representative Assembly where physicians will discuss how to increase collegiality across the medical profession.

CHECK WWW.SMA.SK.CA FOR MORE DETAILS AS THEY BECOME AVAILABLE.



MINDFULNESS in medical practice

By Maria Ryhorski

On a particularly challenging day in the operating room over five years ago, Dr. Anita Chakravarti realized it was time to make a change. For the previous eight years, the chronic pain she struggled with following a riding accident had taken a back seat to her responsibilities as a physician. That day, with a full slate, two medical learners on hand and a severe familiar pain in her neck, she realized it was time to look after herself – she knew that if she didn't focus on her own health and well-being it would affect her work and the quality of her patients' care. It took her another three years to realize how much damage she had incurred in her own health.

The tendency among physicians to overlook their own needs for the sake of their patients is not uncommon.

"There is a culture of stress as a badge of honour," says Dr. Chakravarti, "and no time and energy for self-care."

There is also a culture of silence and a stigma associated with physical and mental health issues, she explains, which often delays treatment and exacerbates the situation.

Research has shown that, when it comes to physician health and well-being, there is cause for concern. One in two physicians experiences burnout and one out of 10 will develop a drug or alcohol dependency at some point in their career. In addition, physician rates of anxiety and depression are significantly higher than those of other professions.

Emerging research indicates that physicians sacrificing their own physical and mental health for the sake of their practices may not be of benefit to anyone, least of all their patients.

A 2008 study by Halbesleben, et. al. shows a link between physician burnout and less satisfactory patient outcomes, and preliminary findings from other studies show that the depersonalization and decreased empathy aspects of physician burnout have a detrimental effect on patient outcomes.

Since that day in the OR, Dr. Chakravarti has learned to practise mindfulness meditation – something that has made a huge difference in her life, practice and the management of her chronic pain. So much so that she has become an advocate for physician health and wellness and works with the SMA Physician Health Program in health promotion, including sharing the benefits of mindfulness meditation with her colleagues.

According to mindfulness advocate and founder of Mindfulness Based Stress Reduction (MBSR), Jon Kabat-Zinn, mindfulness is, "the awareness that emerges through paying attention, on purpose, in the present moment, and nonjudgmentally to the unfolding of experience moment by moment." This awareness of what we are doing, thinking, feeling, sensing, and perceiving can help us choose our response to a situation rather than reacting automatically.

In her presentation at the SMA Fall 2014 Representative Assembly, Dr. Chakravarti used the example of three individuals' attitudes toward a roller coaster ride: one reacts with excitement and is the first to get on the ride, another could be talked into it if their significant other really wanted to go, and the third reacts with anxiety and wouldn't be caught dead on it. It is the same roller coaster yet their individual perceptions affect their reaction and response, whether positive or negative.

“Mindfulness is very much about empowering people to support their own health and well-being in the context of community.”

“It is when we start acknowledging our own perception, the lens through which we see things, that the shift can potentially occur,” says Dr. Chakravarti. “It’s being aware of what’s happening for us, not only in our cognitions but in our emotions and our sensations. Paying attention cultivates the possibility, as we become aware, to not react to that stimulus whether it’s internal or it’s external, but to choose a response.”

Practising mindfulness in medicine has been gaining momentum in the research world over the last several years and preliminary results show a link between the practice of mindfulness and decreased burnout, increased compassion and empathy (Krasner & Epstein, JAMA 2009). Medical student participants have also reported significant improvement in mood states and lower psychological distress compared with controls (Rosenzweig et al., Teach Learn Med. 2003).

With such promising indications for improving both physician health and patient care, Dr. Chakravarti is working with various partners including the SMA Physician Health Program, the Saskatoon Health Region, and the University of Saskatchewan, to bring mindfulness to the medical community in Saskatchewan. She is the founder and CEO of [M] Power: Mindful Professional Practice, which offers introductory mindfulness workshops for professionals in Health and Human Services.

The gold standard in mindfulness training is Mindfulness Based Stress Reduction (MBSR), an eight week course that teaches formal and informal mindfulness meditation practices and includes three hours class time per week, daily one hour “homework” and a one day silent retreat. While intensive, MBSR is the most comprehensive course and yields the most benefit to participants. Mindfulness courses are already being offered in medical schools and health care centres around the world including Harvard, Duke, McGill, Dalhousie, and the Universities of Saskatchewan, British Columbia and Toronto.

While an eight week course in mindfulness can seem daunting, Dr. Chakravarti encourages interested parties to sign up for one of the Introduction to Mindfulness seminars and

half day workshops that are offered through the Saskatoon Health Region and the University of Saskatchewan. In it they will learn strategies and techniques that they can begin implementing in their daily lives immediately and if they find it helpful, they can move on to the MBSR, which is now also being offered in Saskatoon.

“It is not a magic bullet or miracle quick cure,” says Dr. Chakravarti of mindfulness. “Daily practice is key.”

It is well worth the effort given its benefits to physician health and well-being, impact on patient care and support for the healthcare team. She also believes that it is important for the physician community to support each other in working toward a whole and healthy life and promoting changes in medical culture to support wellness initiatives.

“Mindfulness is very much about empowering people to support their own health and well-being in the context of community,” says Dr. Chakravarti. “There is a ‘we’ in wellness and we need to collaborate to co-create a culture of well-being and connection.”

Interested in learning more?

- Try brief mindfulness exercises for yourself on the Ontario Medical Association’s Mindfulness page: <http://php.oma.org/Mindfulness.html>
- Contact Dr. Anita Chakravarti for more information on mindfulness and how to start integrating it into your life and practice. anita.chakravarti@saskatoonhealthregion.ca

Improving health care one step at a time



By Shannon Boklaschuk, Health Quality Council

Dr. Susan Shaw is no stranger to the intensive care unit. As a physician working in critical care and anesthesiology in the Saskatoon Health Region, she has spent countless hours there.

Yet Shaw's perspective on the ICU changed recently. As part of Saskatchewan's first Change Day, Shaw pledged to spend an hour in the noisiest ICU bed, paying attention to what it might feel like to be a patient.

Her experience resulted in some interesting observations.

"The first thing I noticed was that even though it wasn't very loud, the noise was continuous. I could hear beeps, alarms, voices, foot traffic and conversations about the care being planned or provided. My mind went to thinking about how much I don't like noise when I'm stressed or feeling unwell, and that this must be amplified for patients or families in our ICUs," she said.

"I also noticed how much collaboration and support the doctors, nurses, pharmacists, dietitians, housekeepers and special care aides provided to our families, patients and each other on a continuous basis. That made me proud."

The experience in the ICU reminded Shaw that medical care settings can feel "unnatural" and "odd." This reminder has impacted the way she interacts with patients and family members, who may be feeling frightened or overwhelmed.

"I've noticed that I'm now spending more time sitting with families at the patient's bedside to try to better explain what is happening to their loved one. I thought I was doing a pretty good job of this before my Change Day pledge, but

now I think I can do better based on what I noticed and felt in the ICU bed," she said.

As part of Saskatchewan Change Day, which was held on Nov. 6, 2014, people were encouraged to pledge to do one small thing to help improve the health care system, the care they provide, their workplaces or themselves. The campaign, which was organized by the province's Health Quality Council (HQC), was modelled after the highly successful National Health Service (NHS) Change Day in the United Kingdom. Since the NHS held its first Change Day on March 13, 2013, Change Day events have been held in several other countries, including Australia and Sweden.

Shaw, who is HQC's board chair, played a key role in bringing the Change Day concept to Saskatchewan.

"I had watched the energy and excitement that the first NHS Change Day was able to build in England. I thought that Saskatchewan would also embrace such a positive and fun idea," she said.

She was right.

Saskatchewan Change Day was supported by patients and health care professionals throughout the province, including members of the Saskatchewan Medical Association (SMA) board. For example, SMA Vice-President Dr. Mark Brown pledged to double the number of house calls he makes to those who are unwell and who find it difficult to visit his office. SMA board member Dr. Shayne Burwell pledged to arrange his office on Change Day so that no patient would have to wait to see him. He also pledged to greet each patient as they arrived.

Other Saskatchewan physicians also participated in Change Day. For example, Dr. Werner Oberholzer pledged to have breakfast with long-term care home residents on his designated round days, while Dr. Kishore Visvanathan pledged to take two deep breaths when he is about to interrupt a patient.

The Professional Association of Internes and Residents of Saskatchewan (PAIRS) voted to formally support Change Day. PAIRS president Dr. Lei Xia pledged “to stop and ask an-

“...the small actions we take and the things we say every day also matter. Combined, those small actions can make a big difference.”

other physician, health care worker, patient, family member or resident how their day is going.” Meanwhile, the Student Medical Society of Saskatchewan (SMSS) made an organizational pledge “to enhance student wellness and aid in building a happy and healthy College of Medicine.” As well, Dr. Preston Smith, dean of the College of Medicine at the Uni-

versity of Saskatchewan, pledged to “connect with one new student and one new faculty member each day.”

Shaw is pleased with the participation in the first Saskatchewan Change Day, which resulted in 1,397 pledges that were posted on the Change Day website at www.skchangeday.com.

“While health system transformation requires large improvement initiatives, the small actions we take and the things we say every day also matter. Combined, those small actions can make a big difference,” she said.

(Shannon Boklaschuk is a communications consultant at the Health Quality Council. HQC is an independent agency that measures and reports on the quality of care in Saskatchewan, promotes improvement and engages its partners in building a better, safer health system for patients.)



Dr. Shayne Burwell shows his support at Change Day

Our New Zealand COUNTERPARTS

Last February, Dr. Hein Stander, President of the Association of Salaried Medical Specialists of New Zealand (ASMS) visited the SMA as a guest of his old friend and colleague SMA President Dalibor Slavik.

Impressed upon learning that the SMA has a chain of office for the president, he returned home joking to his colleagues at the ASMS that the SMA knows how to treat its presidents.

Shortly thereafter his good natured colleagues surprised him with his own honorary chain of office featuring photos of their past-presidents. In an email back to Dalibor, Hein said, “Our two associations have thus moved just that little bit closer.”





SHIFTING TOWARDS AN INTEGRATED PALLIATIVE APPROACH TO CARE

Submitted by the Canadian Hospice Palliative Care Association

According to Statistics Canada, projections show Canada will have an exponentially increasing elderly population in the near future. In 2009, there were roughly 1.3 million people age 80 or over. It is projected to increase to 3.3 million by 2036.

That's a whole lot of potentially underprepared Canadians facing the challenges of aging and the subsequent health decisions that go along with increasing age. Many elderly Canadians have life-limiting diseases, or co-morbidities that have a significant impact on quality of life, but have not had important conversations about their goals of care and future health care wishes.

At the Canadian Hospice Palliative Care Association (CHPCA), a number of resources and initiatives have been developed that emphasize the importance of including an integrated palliative approach to care for these patients, combining treatment with access to palliative resources, and enabling important discussions between patients, families and the health care system.

According to the Canadian Hospice Palliative Care Association, currently only 16 to 30 per cent of Canadians currently have access to or receive tertiary or specialist hospice palliative and end-of-life care services, despite the fact that a vast majority of Canadians support an integrated palliative approach to care.

But what exactly constitutes an integrated palliative approach to care and how is it implemented?

"An integrated palliative approach to care focuses on meeting a person's and family's full range of needs – physical, psychosocial and spiritual – at all stages of a life-limiting illness, not just at the end of life – this includes physical, psychosocial and spiritual care along with usual medical care," said Leanne Clarke, Project Manager on The Way Forward, an initiative funded by the Government of Canada that has developed a national framework with action steps for providers across settings of care.

The integrated palliative approach to care provides key aspects of palliative care at appropriate times during the person's illness, focusing on open and sensitive communication about the person's prognosis and illness, advance care planning, psychosocial and spiritual support and pain / symptom management. Most of this care can be provided in the community, however patients with complex medical needs may require referrals to more specialized palliative care services.

An integrated palliative approach to care is a shift away from thinking about palliative care for the end of life and when a prognosis of death is within weeks or months of life. Many people with chronic and life-limiting illnesses can be cared for in the setting of their choice by their care providers with the support of specialized palliative care experts as needs arise.

A vital component of integrated palliative care is Advance Care Planning (ACP), the process of reflecting and communicating about future health care wishes, and naming a substitute decision maker who can speak for someone if they cannot speak for themselves.

To address this, CHPCA has launched the Speak Up Campaign. Louise Hanvey, the Campaign's Director, says that physicians play a key role in facilitating these conversations. "We need to provide our aging population with equitable access to quality, medically appropriate care, congruent with each patient's wishes and values, in a way that enables Canadians to live well until they die," said Hanvey. The evidence has demonstrated that when patients engage in advance care planning they are more likely to have their wishes for care at end of life known and followed, and their loved ones have less stress and anxiety.

According to a recent survey conducted by Harris Decima, the vast majority of Canadians say that they want to get information to discuss end-of-life wishes with family members from their health care providers. Patients are expecting their physicians to start advance care planning conversations while physicians are looking for resources to begin these discussions.

The Speak Up Campaign has developed a number of free tools to help professionals and patients engage in advance care planning – all found at www.advancecareplanning.ca.

"The tools are evidence-based, cost-effective and deliver measurable and achievable goals. They are designed to support a patient-centre approach to care, and living well until dying."

In other words, they are effective.

"The Speak Up campaign offers advance care planning information and resources to professionals. It includes workbooks, toolkits and other resources to help physicians engage their patients."

The Speak Up campaign kit helps with building a sense of comfort for both patients and physicians when it comes to discussing advance care plans. The tools range from small "Just Ask" cards, with suggested questions to start the conversation with patients, to interactive advance care planning workbooks that patients and families can use to explore values and wishes, and infographics with quick facts that can be left in waiting rooms.

"The ACP workbooks provide the general public with the basic steps so that they can get started with advance care planning. It takes them through six basic steps of the process"

Other resources include wallet cards that can be printed out and handed out to patients. These cards provide information about the patient's Substitute Decision Maker and their contact information.

ACP posters are also available, which can be used to promote advance care planning in medical centres alongside the infographics.

Hanvey says that awareness is key. "While the information is currently available, we need to increase awareness and acceptance about these conversations among Canadians," she said. "The topic of developing an ACP needs to be normalized in the minds of Canadian citizens through physicians utilizing these tools."

For more information on *The Way Forward National Framework*: <http://www.hpcintegration.ca/resources/the-national-framework.aspx>

For more information on *Advance Care Planning including resources*: <http://www.advancecareplanning.ca/community-organizations/download-the-speak-up-campaign-kit.aspx>

ADVANCE CARE PLANNING THE SPEAK UP CAMPAIGN

The Speak Up campaign has a number of free resources for physicians and other health professionals who want to engage patients in Advance Care Planning (ACP), including:

- Just Ask – a pocket card with guiding questions for health professionals to get conversations started
- Primary Care Toolkit – workbooks, posters, videos, patient handouts and more
- Workbooks – fillable PDFs, quick guides and workbooks with word lists
- Patient materials – workbooks, wallet cards, bookmarks and videos
- Educational Resources – inter-professional curriculum, provincial resources, access to webinars and community of practice

To access these tools and learn more, visit
www.advancecareplanning.ca

CDM-QIP CHANGING FOR THE BETTER

Submitted by eHealth Saskatchewan

Improving quality, improving care

Launched in summer 2013, the Chronic Disease Management - Quality Improvement Program (CDM-QIP) is an initiative focused on the continuous improvement of chronic disease management in Saskatchewan. CDM-QIP currently supports diabetes (DM) and coronary artery disease (CAD) and will be expanding to include congestive heart failure (HF) and chronic obstructive pulmonary disease (COPD).

“An innovative way to approach CDM and improve patient charting at a glance.”

– Dr. L. Bhagaloo

CDM-QIP features:

- Standardized, evidence-based care flow sheets and electronic clinic support tools including: clinical practice guidelines, resources for patients, and clinical decision support tools in the EMR, all of which are regularly updated to reflect current best practice. For paper-based physicians, these clinical support tools and patient resources are now available at www.sma.sk.ca
- Standardized reporting through the eHealth Viewer to support quality improvement with the ability to generate clinical and administrative reports about your chronic disease care.

Over 530 physicians are currently enrolled in the program. Many have successfully integrated CDM-QIP into their practice and have noted that care for their patients with chronic disease is better.

The SK CDM flow sheets were created to enhance the care of all patients with chronic conditions such as diabetes and heart disease. While their utilization may initially require an extra five to 10 minutes, all physicians have reported improved efficiency and quality of CDM care with continued use.

The Saskatchewan DM and CAD CDM flow sheets are the only ones recognized for use with the 64B CDM fee codes, and physicians can use them without enrolling in the CDM-QIP program. They are available in your EMR and on the SMA website.

“I like the idea of having information on my chronic disease patients so readily available to other treating health care professionals.”

– Dr. I. Cowan

What the doctor ordered: Changes to the flow sheets

In late 2014, physicians from more than 80 clinics enrolled in the CDM-QIP provided feedback on the program. Physicians suggested changes to the flow sheet layout, and asked for more auto population options and other features focused on creating more user-friendly flow sheets. As a result, the EMR flow sheets are being redesigned to address both length and ease-of-use concerns while ensuring they continue to meet current best practice guidelines. It is anticipated that the new and improved DM & CAD flow sheets will be released in March 2015. As a result of these revisions, the EMR flow sheets for COPD & HF are now expected in the fall of 2015, although paper versions of both flow sheets have been approved and are now available on the SMA website.

“I believe the content of the SK-QIP flow sheet as incorporated in the EMR is quite comprehensive and superior surpassing those in use in other provinces. I have had several conversations from interested people in Canada.”

– Dr. I. Dattani

Incentives for you

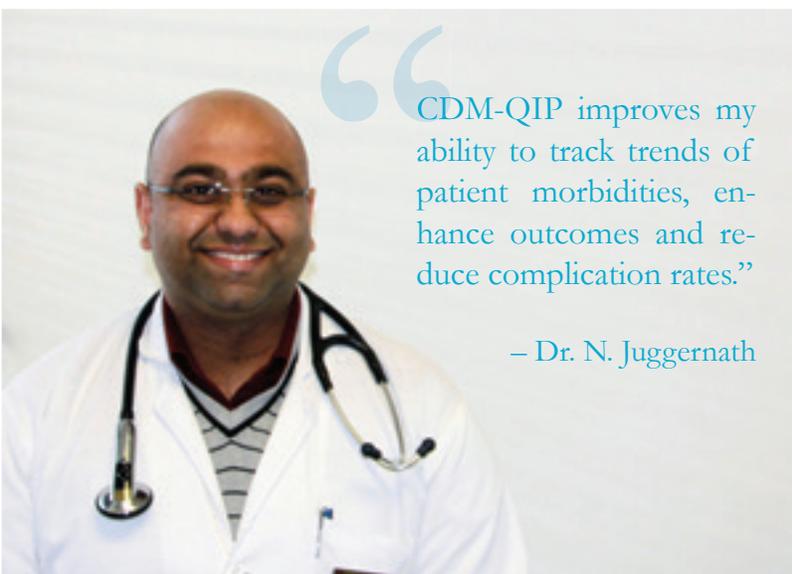
CDM-QIP offers compensation for physician participation including an early adopter payment and on-going qual-

ity improvement payment. The early adopter payment is available for the first two years of the program. The quality improvement payment is an annual payment of \$75 per patient per chronic condition (in addition to payments made under the 64B base code) based on the submission of relevant chronic disease indicator data over a 12 month period. Recently added to the program is a one-time incentive payment of \$1000 for active users of the CDM-QIP.

For more information about the program or payment requirements, please go to www.sma.sk.ca.

“It’s a wonderful tool that will help you provide good quality care. The way it’s set up it will reduce errors and omissions. It makes your life easier.”

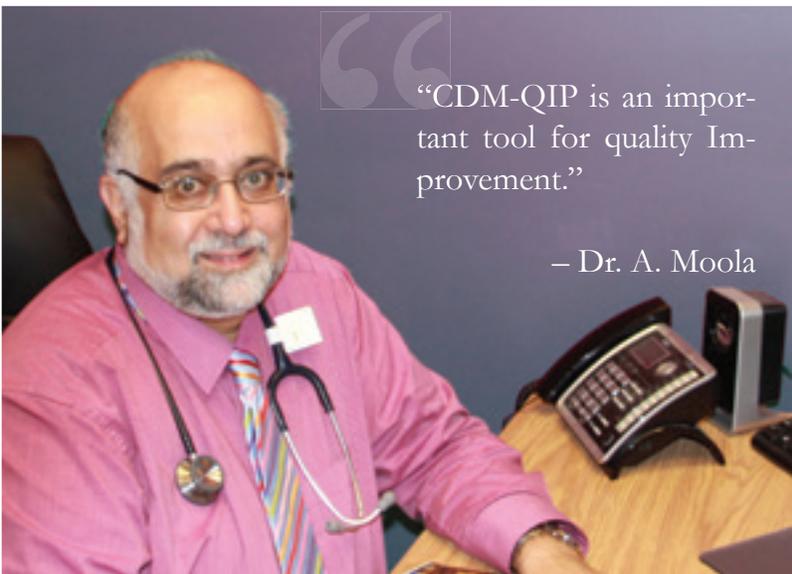
– Dr. O. Ige



“

CDM-QIP improves my ability to track trends of patient morbidities, enhance outcomes and reduce complication rates.”

– Dr. N. Juggernath



“

CDM-QIP is an important tool for quality Improvement.”

– Dr. A. Moola



PIP to EMR integration underway

PIP (Pharmaceutical Information Program) to EMR integration is part of eHealth Saskatchewan’s overall strategy to enhance patient safety and create an electronic health record. This enhancement will be available in QHR Technologies’ Accuro EMR software in the next couple of months. PIP integration to the Telus Med Access EMR system is planned for a later date once read and write functionality is available.

The integration of PIP to Accuro will enrich existing clinical workflow and improve patient safety by offering a number of benefits:

- Access to patient’s complete PIP profile (i.e. medications, allergies) within Accuro
- Single login to view PIP data (i.e. no need to log in to PIP GUI or eHR Viewer)
- Ability to track whether or not a dispense has been picked up, put on hold or revoked
- Ability to view dispensed transactions in near real-time

Registration is now underway for Accuro providers. The process to sign up for PIP to Accuro is as follows:

1. Obtain PIP access (if you already have access, skip to step #2)
2. View the PIP to EMR training video: <http://www.qhrtechnologies.com/electronic-medical-records/training/pip/default.aspx>
3. Complete the “PIP to EMR User Request Form” located online: www.ehealthsask.ca/forms.

Meanwhile the Saskatchewan EMR Program’s change management advisors are contacting fee-for-service physicians to offer their assistance with the registration process, if required. If you have any questions about PIP to EMR, please contact your change management advisor or email them at emr@sma.sk.ca.

Prior to the introduction of PIP, there was no centralized, complete source of prescription records for health care providers to use when making decisions about a patient’s drug therapy. PIP will ensure that individuals and their health care providers have the information needed to make the best decisions about their health care.



EXERCISE IS MEDICINE

another exercise campaign – are we getting close to getting it right?

By Patrick Ling, MD, MPH

Exercise is Medicine (EIM) is a global initiative to promote physical activity for prevention and treatment of chronic disease. Based on the evidence that physical activity and exercise can treat and prevent chronic diseases as well as improve overall health, EIM was launched in 2012 and has since been endorsed by the College of Family Physicians of Canada (CFPC), The Canadian Academy of Sport and Exercise Medicine, (CASEM), Canadian Society of Exercise Physiologists (CSEP), Canadian Physiotherapy Association and Dietitians of Canada. EIM was originally launched by the American Medical Association and the American College of Sports Medicine in 2007.

Physical activity and exercise have numerous proven benefits for the prevention and treatment of chronic disease. Exercise is demonstrated to improve insulin sensitivity and glycemic control, to decrease blood pressure and lower LDL and triglyceride level while increasing HDLs. Evidence supports the fact that physical activity can decrease the risk of acquiring breast, colon and endometrial cancer. Exercise is also proven to alleviate symptoms of many chronic conditions such as osteoarthritis, fibromyalgia, COPD, depression, anxiety and irritable bowel disease, and to help patients manage these conditions. It also reduces the burden of cardiovascular disease by treating obesity, hypertension, hyperlipidemia and diabetes. Improved control of these cardiovascular risk factors translates into improved overall mortality.

Barriers to physical activity counselling

Some might argue that physicians do not need another exercise promotion campaign; physical activity promotion seems to have reached a saturation point. Despite knowing the overall health benefits of physical activity and exercise, patients have reported that most physicians still do not offer advice or promote physical activity. In fact only one-third of patients report that their physician advised them to be physically active. The challenge facing physicians is to translate knowledge into clinical practice.

The barriers to incorporating exercise and physical activity counselling with the physician encounter are well known.

Physicians state that there is:

- inadequate time to provide counselling service
- lack of training in physical activity counselling
- lack of prior success with patient behaviour change
- lack of financial incentive or reimbursement
- lack of resources

How is EIM Canada different?

EIM delivers the same message physicians have heard before however it differs from previous campaigns in a number of ways:

- Use of referral system i.e. exercise prescription and referral tool, rather than focusing on physician based activity counseling
- Encourages collaboration of exercise professionals with healthcare professionals
- Incorporation of an Exercise Vital Sign (EVS) into your EMR
- Not directed specifically at physicians but all healthcare providers
- Provides educational resources to patients regarding the benefits of exercise

How can EIM Canada be applied in Saskatchewan?

1. Incorporating an Exercise Vital Sign into your EMR
Exercise can easily be measured in your EMR by including an 'Exercise Vital Sign' (EVS). The addition of this measurement to your EMR can be done quickly through your EMR vendor.

The EVS takes less than one minute to administer and consists of tracking patient responses to the following two questions:

Question 1: On average, how many days per week do you engage in moderate to strenuous exercise (like a brisk walk)?

“What if there was one prescription that could prevent and treat dozens of diseases, such as diabetes, hypertension and obesity? Would you prescribe it to your patients? **Certainly.**

- Dr. Bob Sallis, FACS, founding task force chair of the EIM initiative”

Question 2: On average, how many minutes do you engage in exercise at this level?

An EVS has been implemented in the EMRs at the University of Saskatchewan's Student Health Services (SHS), 'SOAP Health Clinic' note and has also been successfully implemented among 1.7 million patients at the Kaiser Permanente health care system in southern California. With the support of clinical and administrative staff in your clinic, physical activity can be incorporated into the routine clinical assessment of at-risk patients.

2. Utilizing exercise prescription and referral tool

An exercise prescription and referral tool is based on the notion that exercise is an intervention that can be prescribed to appropriate patients for the treatment of chronic conditions. It is intuitive and easy to use and follows the usual FITT exercise template (frequency, intensity, type and time).

Examples of the exercise prescription and referral tool can be found on www.exerciseismedicine.ca.

Exercise prescriptions and referrals are made to qualified exercise professionals. The most qualified fitness professionals for exercise prescriptions are those with the CSEP-CPT (EIMC Level I), CSEP-CEP (EIMC Level II).

Local exercise professionals can be found by contacting the Canadian Society for Exercise Physiology (www.csep.ca) and the Saskatchewan chapter of Canadian Society of Exercise Physiology (www.skessa.ca). Specific information on the EIMC level certification can be found on the CSEP website.

At the University of Saskatchewan Student Health Services a partnership has been developed with the Department of Kinesiology. Referrals are made to the kinesiologist who meets with the patient to take a history, perform a PAR-Q (physical activity readiness questionnaire), and develop client-centred goals and a customized exercise program.

3. Utilizing existing Saskatchewan based programs and billing codes to promote exercise

Chronic Disease Management Quality Improvement Program (CDM-QIP) was introduced in Saskatchewan in 2013. The program was designed to incorporate the best evidence for the management of chronic disease into a usable clinical tool which tracks important clinical markers in a flow sheet.

The program currently focuses on two important chronic diseases: coronary artery disease and diabetes. Lifestyle monitoring is one of the first components within the CDM flow sheet. Within the lifestyle section of both flow sheets is a section to measure the amount of physical activity.

Depending on the patient's stage of readiness, an exercise prescription and referral may be provided if they do not meet the recommended 150 minutes of moderate to strenuous physical activity per week.

By enrolling suitable patients into CDM-QIP and completing the CDM worksheets, physicians can bill the new CDM codes and be reimbursed for monitoring lifestyle factors and physical activity.

More information can be found on the SMA (www.sma.sk.ca) and Saskatchewan eHealth (www.ehealthsask.ca) websites including payment structure, billing codes and flow sheets.

To learn more about Exercise is Medicine Canada please visit www.exerciseismedicine.ca.

(Patrick Ling, MD, MPH, CCFP(EM), FCFP, Dip Sport Med, RMSK Dr. Ling is a family physician with special competence in emergency medicine, sports and exercise medicine and musculoskeletal sonography. He is a senior physician at the University of Saskatchewan Student Health Services. He also has a sport and exercise medicine practice and continues to practice emergency medicine in Saskatoon.)



Canadian Cancer Society

SMOKERS' HELPLINE (SHL) FAX REFERRAL PROGRAM (FRP)

CONNECT TO QUIT
smokershelpline.ca
1 877 513-5333

As a healthcare provider you are likely to encounter patients at “teachable moments”; when they are more inspired than usual to make a healthy behaviour change. A minimal contact intervention can motivate your patient to make a quit smoking attempt known to lead to future success.

Smokers' Helpline (SHL) referrals are a positive adjunct to your current cessation interventions. Whether you only have time for brief cessation counselling or if your practice offers a fulsome cessation intervention, connecting your patients with Smokers' Helpline can significantly increase their chances of quitting successfully. Research shows that 60 per cent of SHL clients contacted said that they would not have connected with SHL had they not been called.

The SHL Fax Referral Program (FRP) provides a seamless integration between the effective cessation services of SHL and healthcare providers who identify and refer clients who

smoke or want to remain smoke-free. Evaluation data suggests that callers who are referred are more likely to agree to proactive service. They are also more likely to be in an earlier stage of quitting than those who self-refer. The FRP eliminates the need for clients to call the SHL. Instead, a Quit Coach will contact the tobacco user to provide services.

Simply fill out the form and fax to the SHL. Consenting clients' information is entered into the SHL's confidential database and a call is scheduled for a preferred time of day that the client has identified. Multiple attempts will be made to contact the client. The Quit Coach provides information about the SHL service. Once the client agrees to participate, Quit Coaches assess a client's readiness to quit, and assist by offering counseling based on each individual's stage of change. Quit Coaches make referrals to additional community based services when appropriate.

MY WINNING QUOTE 2015 CONTEST

\$30,000

TOWARDS THE TRIP OF YOUR DREAMS!

We care about our clients, and we also care about our environment. With a **\$30,000** travel voucher at your disposal, you'll be able to **experience the trip of your dreams** while minimizing environmental impact and supporting local communities and conservations.

SMA Saskatchewan Medical Association

thePersonal
Home and Auto Group Insurer

The right fit.

Get a home insurance quote for your chance to win!
1-888-476-8737
thepersonal.com/mywinningquote

Already insured with The Personal?
As a client, you've already been entered into the draw. It's our way of saying thanks!

Certain conditions apply. The Personal refers to The Personal General Insurance Inc. in Quebec and The Personal Insurance Company in all other provinces and territories of Canada. No purchase necessary. The contest ends on December 31, 2015. The draw will take place on January 15, 2016. Total of one (1) prize to choose between a travel voucher worth \$30,000 (CAN) exchangeable for an eco-friendly trip from a travel agency chosen by The Personal, or a cheque for \$30,000 (CAN). Contest rules and details available at thepersonal.com/mywinningquote. Auto Insurance is not available in Manitoba, Saskatchewan and British Columbia due to government-run plans.

Ministry of Health approved billing system saves SK physicians thousands.



Perspect Medical Billing (PMB) is a Ministry of Health approved billing system ideal for physicians who do not require the full suite of features that traditional EMR products offer. It is this opportunity that led to the development of the PMB System.

After approximately two years of operation, it is estimated that 1% - 2% or approximately \$3,000 to \$5,000/year per physician could be saved thanks to the billing efficiencies of the PMB System. PMB is a user-friendly program designed by fee-for-service physicians with a specific focus on eliminating lost revenues due to billing errors.

Its main focus is billing of fee for service activities. The software was developed for those who require a simple, comprehensive, affordable, and reliable billing system, which they can access from virtually any device, and any location at anytime. PMB was developed by physicians, for physicians, taking into account many of the unique needs of the profession. Specialties that it is highly applicable to include radiology, anesthesiology, GP Assists, critical care associates and locums to name a few. Basically any physician-providing fee for service that does not require an EMR would benefit from the power of PMB features and convenience.

Designed specifically to focus on loss prevention, the PMB system incorporates many features that flag the specific situations where revenues are typically lost. Situations such as: rejected claims (which may not be resubmitted); expired claims (which often go unnoticed); and WCB claims (which are often submitted incorrectly or not at all). The PMB system is designed to flag all of these scenarios and more. Being aware of claims that are sitting with MSB or have gotten lost in the system helps physicians keep on top of their billings and allows them to resolve such problems in a timely fashion.

PMB ensures physicians are being paid fully and promptly for services provided.

While the main goal of developing the PMB system was to maximize ROI, other important factors were taken into consideration. In addition to being accessible from any device in any location, the PMB system also makes claims submission simple. **In fact, physicians insisted submissions would be as easy as one click for both MSB and WCB claims. That's what PMB does.** On the reconciliation side, PMB automatically collects and analyzes both paid and returned claims on behalf of physicians – eliminating the worry of missing unpaid claims.

PERSPECT MEDICAL BILLING BENEFITS AT A GLANCE

- Highlights current revenues in real time
- Identifies revenues flagged as lost (due to late submission) allowing for resubmission
- Identifies claims being held-up with MSB
- Detailed error proofing for new claims
- Drop-down menu for referrals
- Direct claims submissions to MSB and WCB (no down/uploading or invoicing required)
- Real-time record of rejected claims, along with reason for rejection (allowing for immediate resubmission)
- Automatic pick-up of all MSB reports, eliminating risk of missed "pick-up"

	Total Amount	# of Records
Unsubmitted Claims	\$0,232.00	83
Submitted Claims	\$5,345.00	125
Paid Claims	\$343,404.00	876
Rejected Claims	\$4,348.00	93
Claims Expiring in 60 days or less	\$1,256.00	2
Claims lost due to late submission	\$0,763.00	54

"Executive Dashboard gives physicians a real-time snapshot of all claims and their current status."

For more information, visit www.perspect.ca/billing, phone 306.543.2231, or email info@perspect.ca.



SWITCH

HELPING SHAPE THE DOCTORS OF TOMORROW

By Maria Ryhorski | Photo credit to University of Saskatchewan

For Reed Gillanders, first year medical student at the University of Saskatchewan and five year veteran volunteer at SWITCH (Student Wellness Initiative Toward Community Health), working at SWITCH has helped him grow “from a naïve 18 year old into a future health professional with a great deal of potential.” He credits working at this volunteer-driven, inner city clinic with teaching him to be a better communicator and advocate for patients, as well as giving him insight into the social determinants of health.

Currently the clinic is host to about 400 student volunteers from a variety of disciplines including medicine, nursing, pharmacy and social work, each supervised and mentored by professionals in their field. Previously it operated three shifts per week, however, due to a lack of funding, the clinic, which provides interdisciplinary, non-emergent, after-hours care for Saskatoon’s Riversdale community, has already had to cut one of its three weekly shifts to maintain a balanced budget. If SWITCH does not receive more stable funding, this opportunity to learn in a hands-on setting and make a difference in the community will be lost to many students, to say nothing of the negative impact on the community.

As it is there are more volunteers who want to get involved than opportunities for them to work says Reed, who joined the SWITCH board three years ago to help create sustainability for the project. And it’s not hard to see why opportunities to volunteer are in such high demand. SWITCH offers a unique opportunity for students to put the knowledge they learn in class to practical use, and to collaborate with other health professionals to help address multiple aspects of patient health under one roof, often during a single visit.

In a recent testimonial, representatives from the Student Medical Society of Saskatchewan stated that relative to phy-

sician shadowing “the interdisciplinary team that medical students participate in offers a much broader approach to patient management as medical students learn from social workers, physiotherapists, nurses and many other health-care professionals.”

Second year medical student at the University of Saskatchewan Erika Wall has been volunteering at SWITCH for over a year and is impressed by SWITCH’s model.

“I found that the clinic operates in a more interdisciplinary and holistic manner than many clinics I have visited in the past,” she says. “This [...] approach is attractive to me because I want to practise in this way in the future.”

Another thing that excites Erika about SWITCH is that it is much more than a health clinic. It addresses the community’s social and educational needs as well as physical ones by providing various programming and education, homework help, childcare, and even a healthy meal to all clients on every shift, an aspect that particularly appeals to her. Erika describes providing a meal to clients as a “simple yet profound action that aims to meet both physical and social needs of members of the community.”

“Sharing meals together is a way of creating ‘family’ within the context of SWITCH. It’s a welcoming action that lets people know that they are safe here and are free to be themselves here.”

By providing whole-person care, a healthy meal, and a sense of belonging, the volunteers at SWITCH are making a profound difference by rising to meet the physical and social needs of their community. It is a cause that those involved

with SWITCH believe in deeply. Tireless efforts are currently being made to find more sustainable sources of funding for the clinic

“SWITCH provides vital outreach services to members of Saskatoon’s core communities that are valued highly by the people who access our services,” stresses Reed, “and simultaneously it enriches the education of future health professionals while providing quality, truly inter-professional health care to populations with complex health needs.”

“This cutback on hours has significantly impacted our student volunteers and our clients,” he adds.

If the passion from student leaders like Reed and Erika is any indication, SWITCH will likely enjoy a promising future despite its existing challenges. Currently, in addition to funding, SWITCH is searching for family physicians to mentor the clinical team. Shifts run from 5:30 p.m. - 9:00 p.m. on Mondays and Wednesdays but mentors are free to commit as much or as little time as they can.

If you’re interested in becoming a physician mentor at SWITCH or for more information, please contact Reed Gillanders at reg758@mail.usask.ca or visit SWITCH’s website www.switch-clinic.ca.



North 49 Physical Therapy and the North 49 Balance & Dizziness Centre offer a diversity of rehabilitation services for:

- Motor Vehicle Injuries.
- Work Injuries.
- Sports Injuries.
- Hand Injuries.
- Concussion Management.
- Temporomandibular Disorders.
- Post mastectomy
- Dizziness & Balance Problems.
- Fall Risk Assessment.
- Pre & Post Surgical.

Physical Therapy and Vestibular Therapy Services Provided by:

KREGG OCHITWA BScPT, CWCE, CredMDT

AMANDA PETRIE MPT, BScPHSI

RASCHELLE STEPPAN BScPT, CAFCI

PETER MCLEOD BScPT

Kinesiology (Exercise Therapy) Services Provided by:

TAMARA KOWAL BScKin, CPT, CEP

Acupuncture and dry needling services also available.

Locally owned and operated.

Clinic Location:

Grosvenor Park Centre
#19 - 2105 8th St. East
Saskatoon, SK

Clinic Hours:

Monday to Friday
9am to 6pm

Contact Us:

Phone: 343-7776

Fax: 343-7780

Email:

contactus@north49therapy.ca

ROADMAP GOES TO ILE-A-LA-CROSSE



By Maria Ryhorski

In an event being lauded by students as one of the best Roadmap rural tours to date, 39 medical learners flew up to Ile-a-la-Crosse for a culturally rich and educational experience of northern life and practice courtesy of Drs. Darcie and Reid McGonigle, their colleagues and the residents of Ile-a-la-Crosse.

Health care provision in Ile-a-la-Crosse is built on a model of interdisciplinary collaboration – physicians, nurses, therapists and other professionals work together within a modern facility to provide comprehensive, whole-person care to a community with diverse needs. Upon arrival, students were given a tour of the facility which provides addictions, mental health and holistic health services in addition to medical care, and also houses a day care, high school, and community centre.

Students were intrigued by this unique model and impressed by the integrated approach to care. Local physicians, Reid and Darcie McGonigle, Mel Flegel and Stephen Britton discussed the provision of care in a remote community and the welcome they feel from those they serve. A performance by the premier fiddle player in the region followed and his wife demonstrated a traditional aboriginal dance. The lively music soon had students jigging between the tables and immersed in local culture.

Ile-a-la-Crosse is a lakefront community of about 1,300 people, six hours by road from Saskatoon. A common concern of students and residents considering rural practice is

the potential isolation of living in a remote community. This tour addressed some of these concerns.

“My one worry about rural health care is being isolated,” commented one student, “but in Ile-a-la-Crosse, it seemed like the community really supported the physicians and the physicians supported each other.”

These were impressions echoed by most participants, many commenting on how welcoming and tight-knit the community was and expressing interest in doing their rural rotation or JURSI there.

The remainder of the day was filled with educational and recreational activities facilitated by physicians and community members, all with a local slant. In addition to starting IVs, casting, and running through SIM scenarios, students learned the most effective way to remove a fishhook from a patient, shoot a bow and arrow, make bannock, clean a fish and cook it over a bonfire. A meal of local moose meat and fresh pickerel capped off the day, and two lucky students were gifted pairs of beaver mitts from the community before being sent off. In addition to full stomachs, attendees took home an enhanced understanding and appreciation of the life of a doctor in Ile-a-la-Crosse.

“[I] was astonished at how it only took eight hours for me to feel the strong sense of community, friendship and welcoming within Ile-a-la-Crosse,” recounts one student.

“I will remember this experience throughout the rest of medical school and beyond.”



"[I] was astonished at how it only took eight hours for me to feel the strong sense of community, friendship and welcoming within Ile-a-la-Crosse."





1

ROADMAP

photo co

Every year, the Roadmap Program holds a residents asking them to showcase rural and dozens of entries. In no particular order...

[here](#)

1. Danika Kindrachuk, Class of 2015
2. Chantal Dufour, Class of 2016
3. Karla Florencio, Class of 2016
4. Jessica Harris, Class of 2017



8



7





Contest winners

photo contest for medical students and regional Saskatchewan. This year we received

are the winners!

- 5. Diphile Iradukunda, FMR
- 6. Alanna Surkan, FMR
- 7. Matt Butz, Class of 2017
- 8. Aaron Slusar, Class of 2017





NEW SMA PROGRAM TARGETS SPECIALIST RESIDENTS

By Maria Ryhorski | Photo credit to Aaron Slusar, Class of 2017

Building on the success of the Roadmap Program for Students and Residents, an initiative of the Committee on Rural and Regional Practice (CORRP) designed to give medical students and family medicine residents positive experiences in rural practice settings, the Specialist Recruitment & Retention Committee (SR&R) has launched the Roadmap Program for Specialist Residents. This program will introduce specialist residents to the opportunities for them in rural and regional Saskatchewan through a variety of events and contests.

“There is a shortage of specialist physicians in Saskatchewan and we’re seeing the effects particularly in rural and regional centres,” says Dr. Brian Geller, Director of Professional Affairs at the SMA and one of the minds behind the Roadmap Program. “Evidence shows that physicians who have exposure to rural and regional practice early in their training are more likely to practise in rural and regional centres down the road. The Roadmap Program for Specialist Residents aims to improve retention of Saskatchewan grads using this model.”

It is expected that by exposing specialist residents to the practice opportunities available to them in rural and regional Saskatchewan and facilitating introductions and relationship-building with local physicians, an increased number of specialist residents will set up practice in Saskatchewan.

“We’ve seen promising results from the Roadmap Program for Students and Residents,” says Dr. Geller of the original program which is now in its third year.

“With every event we see student and resident involvement going up, to the point that we’ve had to book additional

transportation on a number of occasions,” he continues, “and the feedback we’re getting, overwhelmingly, is that significant numbers of students are now considering the possibility of rural practice, and many attribute that to the eye-opening experiences they’ve had on our Roadmap tours to rural practice centres. We hope to give similar opportunities to our specialist residents.”

The key events so far in the original Roadmap Program for Students and Residents, have involved tours to rural practice centres such as Ile-a-la-Crosse and Carlyle, where medical learners have the opportunity to explore the local health centre, community and talk with local doctors. Similar events are envisioned for the specialist resident program but will be tailored specifically to the needs and interests of specialist residents.

For more information on the Roadmap Program for Specialist Residents please contact Delilah Dueck, Administrative Assistant, Professional Affairs at delilah@sma.sk.ca.

Many rural and regional areas in the province have difficulty recruiting and retaining physicians. In response, the SMA, the Committee on Rural and Regional Practice and the Specialist Recruitment and Retention Committee launched the Roadmap Program, an initiative aimed at encouraging retention of new Saskatchewan physicians. By engaging with medical learners through fun events and contests we hope to raise awareness of the opportunities and associated lifestyle perks available to new physicians in their home province. Learn more at www.sma.sk.ca.



UPCOMING COURSES AND CONFERENCES

MARCH

Drug Therapy Decision Making Conference

March 13-14, 2015

Regina, SK

For more information visit www.usask.ca/cme.

STABLE: Assessment & Stabilization Care of Sick Newborns Course

March 9-10, 2015

Prince Albert, SK

For more information visit www.usask.ca/cme.

PMI: Engaging others

March 20-22, 2015

Regina, SK

For more information visit www.sma.sk.ca.

STABLE: Assessment & Stabilization Care of Sick Newborns Course

March 23-24, 2015

Lloydminster, SK

For more information visit www.usask.ca/cme.

MCCQE Part II Preparation

March 28, 2015

Saskatoon, SK

For more information visit www.usask.ca/cme.

APRIL

Neonatal Resuscitation Program (NRP) Instructor Course

April 9-10, 2015

Regina, SK

For more information visit www.usask.ca/cme.

Neonatal Resuscitation Program (NRP) Provider Course

April 11, 2015

Regina, SK

For more information visit www.usask.ca/cme.

Oncology Conference

April 24-25, 2015

Saskatoon, SK

For more information visit www.usask.ca/cme.

Saskatchewan Psychiatric Association Conference

April 25, 2015

Moose Jaw, SK

For more information visit www.usask.ca/cme.

MAY

SMA Spring 2015 Representative Assembly

May 8-9, 2015

Saskatoon, SK

For more information visit www.sma.sk.ca.

JUNE

PMI: Physician as Coach

June 5-6, 2015

Saskatoon, SK

For more information visit www.sma.sk.ca.

CLASSIFIEDS

ANNOUNCEMENTS

New SMA staff

The SMA is pleased to welcome new staff members Bonnie Brossart, Chief Executive Officer, Mark Ceaser, Director of Economics, Bev Petryshyn, Accounting Administrator, and Erin Kulcsar, Change Management Advisor. Welcome to the team!

Dr. J. Changela retires

Dr. Jayantil Changela, MBBS DCH DOBST RCP DFH DFM FCGP CCFPC FSGOC, retired and closed his practice at Fairlight Medical Clinic as of February 1, 2015. Congratulations to Dr. Changela on his retirement.

Dr. Ogaick joins Surgical Associates

Drs. J. Pfeifer, B. Ulmer, B. Du Val, M. Harington, J. Spelay, G. Groot, P. Meiers, K. Kvinlaug, and R. Drobald of Surgical Associates are pleased to announce that as of November 1, 2014, Dr. Maurice Ogaick, M.D., F.R.C.S.C., specializing in general surgery with a fellowship in hepatobiliary surgery, has joined their office at 222-750 Spadina Crescent E., Saskatoon, SK.

PHYSICIAN OPPORTUNITIES

Family physician - Lakewood Common Medical Clinic Saskatoon

Lakewood Common Medical Clinic (411 C Herold Court) in the Briarwood, Lakewood and Rosewood area is looking for a full-time physician to join a fast growing fully EMR clinic. One family physician and one cardiologist currently work at the clinic.

- 70 - 30 split
- possibility of partnering if interested
- option for evening walk-in

Please contact Dr. Heinre Strydom to find out more about this excellent opportunity at hstrydoms@hotmail.com.

Family physician or specialist - Windsor East Medical Regina

New east end clinic, Windsor East Medical (3275 Quance St.) is seeking either a fellow GP or specialist to join their family and esthetic practice. The clinic offers flexible arrangements, with either percentage overhead contribution or rental agreement.

To apply please contact:

Windsor East Medical 306-502-1666



Kenderdine

MEDICAL CLINIC

Saskatoon, SK - **Fantastic Opportunity! Beautiful Clinic! Great Location!** This bustling East side family practice is looking for energetic family physicians for short and long-term locums. Partnership possibilities also available. Kenderdine Medical Clinic has moved into a brand new facility with experienced professional staff. One of the trailblazers in Saskatchewan's EMR program, there is also an X-Ray, physiotherapy and pharmacy all on site. There is a significant, large and stable patient population and high volume walk-in traffic. Offering a competitive split of 70/30.

Contact Business Manager Daniel McNeil @ 306-934-6606 ext. 105 or dmcneil.kmc@sasktel.

Family physicians - Quance East Medical Clinic Regina

Family physicians are invited to join busy Quance East Medical Clinic, located in east Regina, adjacent to Shoppers Drug Mart. We are close to major shopping centres and first class housing. Full-time, part-time or locum basis positions are available. Regular and walk-in patients are accepted. Each office and exam room is equipped with a computer workstation and a printer networked with our EMR (Accuro) system. Remote access to the system via internet is available. ECG and lab facilities are also available on site. Our staff is pleasant and efficient; split arrangement is competitive.

Please contact clinic manager at 306-522-2278 or email us at quanceclinic@yahoo.ca for more information.

Family physician - Battlefords Medical Centre North Battleford

Battlefords Medical Centre requires a full-time physician to start immediately. Battlefords Medical Centre has been in operation for 35 years and is located in the heart of North Battleford, with access to an on-site pharmacy. It is also near laboratory and hospital services. We have a busy family practice which includes routine obstetrical, pediatric care and chronic disease management. Partnership arrangements are acceptable.

The Battleford's has a population of 18,000 with numerous surrounding villages and resort villages. North Battleford offers a regional college, several technical colleges, nine elementary schools (grades K-8) and several high schools (grades 8-12). In addition it offers a brand new family entertainment facility, a rich vibrant arts culture as well as numerous clubs, associations and over 40 sports organizations.

Qualified applicant must be eligible for licensure with the College of Physicians and Surgeons of Saskatchewan and Canadian Medical Protective Association.

Interested applicants may apply in one of the following ways:

Battlefords Medical Centre
1121—103 St., North Battleford, SK, S9A 1K5
Fax: 306-445-9450
Phone: 306-445-9459
Email: battlefordsmedicalcentre@gmail.com

Medical operatories for rent

Three individual medical operatories are for rent. They are fully equipped with new diagnostics and other equipment. There is a fully developed and equipped podiatry room. Location is 200 meters from Pasqua Hospital in a very busy area.

For more information please call 306-540-5514.



OPPORTUNITIES IN SWIFT CURRENT

OPPORTUNITIES AVAILABLE FOR 1-2 FAMILY PHYSICIANS IN SWIFT CURRENT, SK.

Our aim is to provide an environment where physicians can establish a balanced lifestyle.

Our management style focuses on a physician's autonomy where their practice can be tailored to accommodate their personal needs.

If interested or for further information please contact:

Dr. Nicolaas van der Berg
Email: nvdberg@sasktel.net

IN MEMORIAM

Dr. Mustapha Kemal R. Joomun

1938-2014

Beloved husband of the late Pauline Joomun of Whitewood, passed away at the Regina General Hospital surrounded by his loving family on Thursday, September 11, 2014. He was 76 years of age. Rashid is survived by his four children and 11 grandchildren.

Dr. Walter Frank Kost

1925 - 2014

Dr. Walter Frank Kost passed away peacefully in his Saskatoon home where his wife Erna and their children cared for him in his final months. He is survived by his wife, five children and nine grandchildren.

Walter was born in Winnipeg, served his country during WWII then enrolled in the University of Manitoba, graduating from medicine in 1951. He moved to Saskatchewan in 1953 practising medicine until his unofficial retirement in 1992. However, he continued to look after his patients long after his retirement from family practice.

He was a gentle and quiet man with a profound insight into life and the people around him. He was highly respected for his professional abilities. Walter said that the happiest and greatest thing that ever happened to him was marrying Erna and together raising their six children. The family expresses their gratitude to Dr. Ronald Kozakavich and to Dr. Ed Nykiforuk for their care of Walter.

Dr. Peter Ronald Lane

1925 - 2014

Dr. Garrett Gerard McGarry

1927-2014

It is with sadness that Gerry's family announces his sudden passing on Oct. 16, 2014. He will be fondly remembered and deeply missed by his family and friends.

Gerry was born in Castlebar, County Mayo, Ireland on Oct. 3, 1927. He received his medical degree from UCD in Dublin in 1950. He practised many locums in western Ireland. He met his beloved wife Betsy (Bridget McNicholas) at the local dance hall and they were married in Dublin in 1956.

They emigrated to Stettler, Alberta in 1960 with their young family. From there, Gerry practised in Melville, Nokomis,

Calgary, Wadena, moving to Saskatoon in 1973 and working into his eighties, retiring in 2010.

Gerry loved his work as a physician and his patients, and they loved him. It was not uncommon for his patients to knock on his door for advice or just to say hi. He was the old breed of doctor who made house calls because his patients were his friends.

Gerry was first and foremost a family man. He was a great conversationalist and fun company to be in. We loved hearing his stories over and over and listening to his funny Irish sayings. Gerry loved reading and enjoyed history. Gerry and Betsy made a priority of bringing their family back to Ireland on many family trips of which we have great memories. He kept in touch with his roots and leaves behind in-laws, nieces and nephews in Ireland and England.

Gerry was a great listener and advisor. He was kind, thoughtful, patient and generous. He truly was the "salt of the earth" gentleman. Anyone who met or knew Gerry was endeared to him. He touched the lives of so many and was good-natured to the end.

Dr. Arumugam Sivaganesanathan

1948-2014

A beloved husband, father, brother, and uncle, Rosa passed away peacefully on December 10, 2014. Rosa was a dedicated physician and maintained his practice as a Consultant Anesthesiologist until the last month of his life. His career took him from his roots in Jaffna, Sri Lanka, to London (UK), Oman, St. John's (NFLD), Halifax (NS), Charlottetown (PEI), Regina and Saskatoon (SK), Edmonton (AB), and finally, to Toronto (ON).

He enjoyed life to the fullest, carting his wife and children off to many destinations around the globe, and hosting key social events in the Tamil community, in both Edmonton and Toronto. Upon moving to Toronto, his love of hosting continued, and his home in Brampton became the centre for weddings, birthdays and many other joyous celebrations.

Rosa will be dearly missed by his wife, children, extended family, friends and colleagues.



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