NEW PRESIDENT’S PASSION FOR PRIMARY HEALTH CARE REFORM
SMA News Digest is the official member magazine of the Saskatchewan Medical Association. It is published four times per year and is distributed to nearly 90 per cent of practising physicians in Saskatchewan.

Upcoming issues
The next issue of SMA News Digest will be distributed in September 2011; the following issue will be distributed in December 2011.

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 autumn issue is Monday, August 22, 2011. 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 mission of the Saskatchewan Medical Association is to advance the educational, professional, and economic welfare of Saskatchewan physicians; to advance the honour and integrity of the profession; and to promote quality health care practices, quality health services, and to advocate for a quality health care system for Saskatchewan.

Canadian Press
SMA News Digest follows Canadian Press style. For more information, visit www.thecanadianpress.com
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Be the voice of Saskatchewan physicians. That lofty goal is one of the SMA’s four strategic priorities. However, to confidently speak and work on your behalf, the SMA needs to be sure all channels of communication are wide open. We need to make sure our individual members are heard.

To be a true member-driven organization, we need your opinions, your input, and your involvement. There are many ways to let us know what you're thinking, and they don’t all involve long-term time commitments. (Some do, but I’ll get to that in a moment.) Consider these:

• Send me an email via SMA News Digest to smanewsdigest@sma.sk.ca. Let us know what we should cover, what you think of a story, or what you think of any current health-care issue.

• Connect with your regional medical association (RMA) and Representative Assembly (RA) delegates. Share your opinions and thoughts, and ask that they be passed on to the SMA board of directors or staff. You can read about the latest RA meeting on pages 5-8.

• Get involved with your RMA. Attend one of the monthly meetings, or help plan an event that will bring your colleagues together. Find RMA contact information in the members section of the SMA website: www.sma.sk.ca/member/home.aspx

The SMA also wants to help our members become leaders both in our organization and in Saskatchewan’s health care system. Read about our talent pool initiative on pg 21. We’re looking for forward-thinking, passionate physicians who want to make positive change in our province — in how our physicians and physicians-in-training are treated, in how health care is delivered, and in how Saskatchewan residents strive to stay healthy.

This is your association. Whatever your strengths and interests, the SMA wants to hear from you.

President’s note

SMA President Dr. Phillip Fourie, pictured in his yard at York Lake near Yorkton, can be contacted via email: smanewsdigest@sma.sk.ca

A note about capitalization

Leaders in writing style standards are advocating a shift toward less capitalization and punctuation. The Canadian Press refers to it as “a modified down style” that follows this basic rule: Capitalize all proper names, trade names, government departments and agencies of government, names of associations, companies, clubs, religions, languages, nations, races, places and addresses. Otherwise, lowercase is favoured where a reasonable option exists.

The Canadian Press style guide recommends a lower case style for several reasons supported by various sources consulted in its preparation:

• Lower case style does not diminish the stature or credibility of a person’s or department’s position or reputation.

• Judicious use of capitalization combined with white space and typeface can improve the effectiveness of print materials.

SMA News Digest follows Canadian Press style.
Letters

To SMA News Digest,

My family and I would like to take this opportunity to thank Dr. Peter Gorman. On December 8, 2010, Dr. Gorman was very professional in caring for me while I was in a life-threatening and serious condition with a diagnosis of a recurrent right inguinal hernia strangulated. At the time, Dr. Gorman was aware that this was my tenth attempt at repair of my medical condition, being that I am susceptible to herniation. Once he examined me, Dr. Gorman explained my condition and acted very quickly.

Thank you Dr. Gorman for saving my life.

I must also mention Dr. Gorman’s secretary, who gave me such support after my operation on my visits to the office.

We in Saskatchewan should be proud that we have professional surgeons such as Dr. Gorman who step forth in emergency situations. He uses his professionalism to the highest degree.

Sincerely, Ronald Lawson

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Dr. Murray Fraser wrote to Dr. Anne Doig, past-president of the CMA, with his comments for the CMA town hall about health care transformation that was held in Saskatoon on May 7 during the spring meeting of the Representative Assembly. A recap of highlights from the town hall can be found on page 15.

Dear Anne,

I am sorry I was unable to stay till the completion of the discussion on May 7. You conducted the discussion in an admirable manner, but I would not expect that you could reach a firm conclusion.

The same arguments have been going on ever since some of us heard Mr. Lloyd tell us “All we want to do is pay the bill.” Such a promise, in the profession’s eyes, was impossible to keep even if the province (and now the country) were to go bankrupt trying to do so.

As you might remember, my thoughts on the introduction of medicare were that the idea was not introduced by Douglas but by the people of Saskatchewan from the time it became a province. Douglas, therefore, was not the father of medicare but the impatient obstetrician who instigated premature labour and then, for political reasons, left the subsequent difficult delivery to someone else. The co-insurance principle, which we had developed with the cooperation of government, was progressing slowly but steadily and the inclusion percentage I am sure would have risen from its 68 per cent in 1960 to 100 per cent by 1970 if things had been left to themselves. In the meantime, the patients would not have lost the attribute of maintaining some personal responsibility for their health care.

Politicians forget that all living things have three basic instincts. The first is to prevent starvation, the second is self protection, and the third is procreation. All universal plans are aimed to take away the instinct of self protection so it is no wonder that people seek help in other ways when that help is not available from the expected sources. Therefore if our present system is to be improved, we must take this into account so that the patient must again feel part of the process by taking some responsibility for his or her own care. In whatever solution you suggest do not lose sight of the patient. Politicians may change the rules but rules cannot change human nature. Good luck!

Dr. Murray M. Fraser
What is your favourite place in Saskatchewan to explore in the summertime?

“The greatest place in all of Saskatchewan - the most startling and surprising place in the entire province - has got to be the Great Sand Hills. It’s like landing in the Sahara Desert, or dropping onto another planet. It is so different from any other place I’ve ever been to. We take our kids there in the summertime, and we run up and down the sand dunes. We just play. It’s like a great big sand box.”

Dr. David Kopriva, Regina

“What is your favourite place in Saskatchewan to explore in the summertime?

“Pasqua Lake in the Qu’Appelle Valley. We go water skiing, we go hiking. We spend a lot of family time together there.”

Dr. Paula Schwann, Saskatoon

“Saskatoon, because of the river. It’s absolutely beautiful in the summertime. When the weather is good, it’s a beautiful city.”

Dr. Kevin Govender, Lloydminster

“Narrow Hills Provincial Park for the fly fishing. They have multiple stocked trout lakes, and beautiful sand dunes.”

Dr. Michael Stoll, Melfort

“Beaver Creek. We take our two young boys there and walk around. Our oldest one likes to feed the chipmunks and feed the little birds. It’s a fun time. We like going there.”

Dr. Mark Wahba, Saskatoon

“My favourite place is just south of Moose Jaw. The whole Wakamow Valley. I have the luxury of knowing it well, because I grew up in the area. I go walk in the park, walk through the area with my dogs and my nieces and nephews, and I visit my mother.”

Dr. Shauna Hudson, Regina

QA is a new feature in SMA News Digest. Each issue will have a new question, and the SMA wants to print your answers. Submissions will be edited for clarity and length. Please email Doré Collett (dcolellt@sma.sk.ca) to submit your response to the next question:

If you ever wrote a book, what would it be about?

“Answer of the month

“The greatest place in all of Saskatchewan - the most startling and surprising place in the entire province - has got to be the Great Sand Hills. It’s like landing in the Sahara Desert, or dropping onto another planet. It is so different from any other place I’ve ever been to. We take our kids there in the summertime, and we run up and down the sand dunes. We just play. It’s like a great big sand box.”

Dr. David Kopriva, Regina
The Spring meeting of the Representative Assembly was held May 6-7, 2011 in Saskatoon. These are the resolutions that were carried during the meeting.

**Physician leadership**

That the following members be appointed as delegates to the Representative Assembly: Dr. Reid McGonigle, Keewatin Yattne; Dr. Joanne Sivertson, Prince Albert Parkland; Dr. Vijayalakshmi Udayasankar, Prince Albert Parkland; Dr. Phillip Fourie, Sunrise; Dr. Adriaan Louw, Sunrise.

That the SMA urgently seek a seat as a voting member on the selection committee for the Dean of the Faculty of Medicine at the University of Saskatchewan. Woo/Pfeifer.

**Reports and financial**

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

That the Representative Assembly approve the SMA financial statements for the year ending December 31, 2010.

That the accounting firm of KPMG be appointed as auditors for the SMA for the year 2011.

**Education**

That the SMA explore the development of a model of rural CME using simulation that can be available to rural physicians in their own communities. Wei ler/Pfeifer.

That the SMA endeavor to improve its relationship with the College of Medicine, and our involvement in the for- mulation of its Integrated Plan. Woo/Pfeifer.

That the SMA actively pursue a seat on any council or committee of the College of Medicine on which the College of Physicians and Surgeons has a seat. Woo/Pfeifer.

**Privacy**

That the SMA pursue options for physicians to store and destroy charts according to Health Information Protection Act (HIPA) guidelines. Ibrahim/Sandomirsky.

**Health care**

That the SMA urge the Ministry of Health to devise and implement means of doing inter-facility transfer of patients to be provided as a publically funded part of the care system. Carson/Stewart.

That the SMA explore funding options for physicians to work with communities on disease prevention strategies, including public speaking, presentations, and working at grass-roots levels with community groups. Brown/Fourie.

**Compensation**

That the SMA make our inadequately compensated professional work more visible by allocating new ($0 for now) fee item codes for clinical teaching, lecture, committee work, administrative and leadership work time. Arsiradam/Carson.

That the SMA urges the Ministry of Health to implement equitable compensation for physicians participating in administrative, committee, and quality work expeditiously. Sridhar/Ibrahim.

**Appreciation**

That the RA membership thanks the staff of the SMA for their hard work over the past year. Kozroski/Robinson.
Discussed and debated

RA delegates consider the role of physician collegiality in Saskatchewan’s health care system

By Kerilyn Voigt

In the last issue of SMA News Digest, we asked you about the state of physician collegiality in Saskatchewan. Does it exist? Does it even matter?

We took the issue one step further at the last Representative Assembly meeting. Delegates heard from four speakers on different aspects of professional collegiality: Dr. Chris Vuksic, Dr. Peter Barrett, Dr. Joseph Buwembo, and Kelly Stevenson, an economist from the CMA.

Following the presentations, delegates broke into small groups to consider some questions posed by the speakers. The hour-long conversation was lively and could have continued far longer than the time allotted.

Here is just a snapshot of the discussion, as recorded by participants at each table. What would you add to the conversation? If you would like to weigh in, send an email to smanewsdigest@sma.sk.ca.

Discuss common excuses for a lack of collegiality. “I would be collegial but...”

• No time
• I don’t know what it feels like to be on the receiving end.
• I don’t respect your opinion.
• I don’t know you – a lack of collegiality lives in anonymity
• Lack of understanding of each other’s roles
• We have a culture clash.
• My ego is bigger than yours.
• I’m tired. I’m busy. I’m hungry. I haven’t had a break.
• Systemic barriers
• Some people don’t learn from their mistakes, and I must educate them.
• I’m too powerful, more than you.
• The specialist is being a jerk to me.
• Person on other end is busy, grumpy.
• Why should I?

What can be done to make communication between family physicians and other specialists easy again?

• Work together as a team
• Use IT more effectively, including EMR
• Avoid stereotyping
• Teach better communication in residency, be a good role model
• Reverse role playing (scenario work) at all levels
• Seek out training – eg. crucial conversations
• Improve inter and intra-professional communications
• Use the phone to talk to physicians and staff directly
• Encourage social functions, ie. golfing and CMEs from specialists to GP in a relaxing venue
• Mixed office spaces / holding consults, etc.
• Beer and barbeques
• Physicians actually need to pick up the phone and call each other
• The fee-for-service system must recognize the value of shared care.
How does collegiality or a lack of collegiality affect your practice, organization, or system?

- Causes conflict and service disruption – patient suffers
- EMR good for consistency and info transfer, but not real communication
- Helps let me know what others are doing, feel valued
- Makes me feel appreciated/or not
- Break down of communication results in increased chance for errors
- Creates challenges around engagement and occupies the time of physician leaders when energy better directed elsewhere
- Lack of collegiality creates adversarial situations that take a lot of time to diffuse.
- I feel I get faster service through a consultant that I know and am comfortable with.
- System working well = smooth advanced access for patients
- System not working well = patients wait long; anger leads to impaired judgment which means patient suffers
- We don’t have good feedback loops for referrals from us (GPs or specialists) regarding waiting time for tests, appointments, etc.

What is the role of the physician leader in creating an environment of collegiality?

- Opening dialogue, not dictating
- Look at root causes
- Emphasize the positive
- Good communication with colleagues = good patient care
- Create forums where issues may be aired/discussed safely
- Reminding us of the importance and usefulness of being collegial
- Offer guidelines, not policies
- Creates a positive environment for improvement of system.
- Lead by example, and inspire colleagues to become the torchbearers of solutions.
- Dealing with problematic doctors, nurses, admin directly
- Be positive, and accepting of change
- Modelling is a great teacher, but conditions need to be conducive. Leaders can bring that about.
May 6, 2011, Saskatoon - Dr. Daniel Kirchgesner was honoured as Physician of the Year at the SMA Annual Dinner held at the Sheraton Cavalier Hotel in Saskatoon. He was surrounded by friends, family, and colleagues as he accepted the award with a funny and touching acceptance speech. Originally from Reward, Saskatchewan, Dr. Kirchgesner obtained his medical degree from the University of Saskatchewan in 1969 and completed his internship at St. Paul’s Hospital in Saskatoon. He entered general practice in Estevan in 1970 and practised there for eight years. In 1978, he relocated to Humboldt, where he continues to maintain a full-service family medicine practice. He also provides advanced services in anesthesiology, obstetrics, and surgery. In addition to meeting the demands of clinical medical practice, Dr. Kirchgesner has made significant contributions to the medical profession and the citizens of this province through his service with both the SMA and the College. He served on the SMA Board of Directors from 1994-2000, and as president for the 1998-99 term. In 2007, he was awarded Senior Life Membership with the Canadian Medical Association.

Above, Dr. Kirchgesner receives accolades from co-workers after his speech.
Physicians reminded of their responsibility for patient records

In April, the Ministry of Health sent a registered letter to each physician in Saskatchewan outlining a physician’s legal obligation to properly store and secure patient records, and the potential consequences if the requirements of the legislation are not met.

The letter was a recent discussion topic with Health Minister Don McMorris at the SMA Representative Assembly on May 6 in Saskatoon. RA delegates questioned the intent of the letter and voiced frustration at still not having a made-in-Saskatchewan solution for the storage of medical records. The minister assured delegates that punitive measures taken against physicians who do not comply with the legislation are not the preferred actions to ensure compliance among the physician community. However, Minister McMorris did express his own frustration that despite the government’s best efforts to inform physicians, breaches still continue to occur on an ongoing basis. “The records are the responsibility of physicians — they’re their records,” says McMorris.

Both the Ministry and the SMA agree that a Saskatchewan solution for the storage of medical records needs to be found, and the SMA is committed to working with government and all of the other parties involved to come up with that solution.

McMorris said he wonders if doctors understand the law and reiterated the ministry’s intent to educate doctors and enforce the law in cases when investigators can find out who dumped the documents.

“Before that ever happens, we’d like to see some safe way that records can be stored and retained,” Dr. Pfeifer told reporters. One option would be a jointly funded warehouse — along with the government and Saskatchewan College of Physicians and Surgeons — to store health records doctors aren’t using any more, but can’t yet shred.

In a recent SMA President’s Letter, Dr. Phillip Fourie urged colleagues to be aware of their obligations as physicians under the Health Information Protection Act (HIPA) legislation to properly store and secure patient records. Physicians are encouraged to retain medical records for the full extent of all eventualities covered by the Limitations Act, this being for 15 years from the date of last entry or, in the case of minors, 15 years from when the age of majority is reached.

Physicians who intend to move or retire should make appropriate arrangements to ensure that they retain their records securely and accessibly, or that they transfer the custody of their records to another trustee (as defined in HIPA). When records are transferred, the trustee who accepts custody must undertake the obligations of retention and access on behalf of the physician who has moved or retired.

These obligations should be agreed to in writing. Physicians who intend to move or retire should ensure that patients are notified of the custodial arrangements for their medical records. This notice may be by personal communication, by letter, by posted notice in the office or clinic, by advertisement in print media, or by any other appropriate mechanism.

Physicians should also consider advising the College of Physicians and Surgeons and their Regional Health Authority of the arrangements that have been made.

The SMA website offers a number of resources and links regarding the storage and security of patient records.

If you have further questions, please contact the SMA privacy and security officer, Robert Hunt, at (306) 657-4581 or rhunt@sma.sk.ca.
EMR info sessions attract 100+ attendees throughout SK

By Doré Collett

“The Electronic Medical Record (EMR) is a single source of information regarding the detailed events and information of a subject of care in computer processable form,” explained Roy Robb, director of the Saskatchewan EMR Program, at each of the five EMR information sessions held in Saskatchewan centres.

“Its primary purpose is to support a specific health provider in maintaining the details and actions of care,” he says. “In essence, an EMR is the electronic version of the paper chart.”

The introduction to the event began with the basics, but the presentations and workshops held throughout the day-long session turned to more specific topics. The session covered eHealth, privacy and security, and the EMR program, with workshops on responding to privacy incidents and developing masking* procedures.

The Peer-to-Peer Network was represented at each event. In Saskatoon and Yorkton, Dr. Ryan Sander talked about the importance of appointing a privacy officer in medical clinics. He also touched on privacy breaches and accountability, the importance of communication with staff, and balancing functionality with adequate privacy measures to ensure personal health information is kept safe.

Dr. Sander’s Peer-to-Peer Network colleagues, Dr. Angela Pool, an obstetrician/gynecologist from Regina, and Robin Wesson, the office manager at City Centre Family Physicians in Saskatoon, presented on the same topics at the other information sessions.

Twenty-two clinic managers, office staff, and physicians attended the Saskatoon EMR information session in Saskatoon, hosted by the Saskatchewan EMR Program and the SMA. Sessions were held in Prince Albert, Yorkton, Swift Current, Saskatoon, and Regina in May and June. In total, more than 100 attended one of the informational events.

*Under the Health Information Protection Act (HIPA), patients have the right to revoke consent for the collection, use, and disclosure of their personal health information. Trustees are required to safeguard (or mask) any collected information. EMR software has a built-in capability to mask information.

At the Saskatoon session, Dr. Dalibor Slavik asked about trustees: “Who is the trustee in a large clinic with several physicians? Is it each physician who is responsible for their patient records, or is the whole clinic the trustee?”

Robert Hunt, privacy and security officer for the SMA, explained that you need a written agreement to make the business - or the clinic - the trustee as opposed to each physician: “If there is no agreement, it is not implied that the clinic is the trustee.” The EMR Program can provide privacy advice specific to your situation; they also have trustee agreement forms for clinic use.

As trustees under HIPA, physicians must: collect, use, and disclose the minimal amount of personal health information (PHI); protect PHI from unauthorized access, use, disclosure, and disposal; ensure compliance with HIPA by their employees; inform patients of their legal rights under HIPA.

For more information about the Saskatchewan EMR Program, visit the SMA website or contact the SMA office at (306) 244-2196, and your call will be directed appropriately.
March 11, 2011, Saskatoon - Discussion at PMI - Management Dynamics turned to the difficulties with keeping searchable notes. As Dr. Shauna Hudson shared with session leader Dr. Jim Cross and participants, there are numerous computer applications and programs that use hand-writing recognition software to create searchable notes. Dr. Hudson suggests Evernote, which is free for download (upgrades cost $45/year) and available in Mac or PC formats.

Above, Dr. Hudson discusses the technology with Dr. Chokani, Dr. Fritz, and Dr. Hennink, demonstrating it on her iPad.
Have you logged onto the SMA member website lately? You may have noticed a few changes to your home page.

The website now features a ‘Latest News’ section. Here you’ll find updates and documents available to members only. It’s an online home for information not meant for the general public but of interest and importance to you.

The ‘Latest News’ section has replaced the forum on the member site home page, which has been moved to the ‘Member News & Resources’ tab.

Remember: You can change your member site username and password by clicking on the links in the orange ‘My Profile’ box on the left-hand side of the home page.

Do you have any questions about the website or suggestions for improvement? If so, contact Kerilyn Voigt at kerilyn@sma.sk.ca or (306) 244-2196.

www.sma.sk.ca
How are you today?

*Recognizing stress is a first step to managing it*

By Kerilyn Voigt

Physicians and physicians’ spouses often find themselves under a tremendous amount of stress, maybe without even knowing it. The SMA has compiled a number of self-reflection tools that can help physicians consider how they are coping and managing stress and other issues.

“The intent is to increase awareness amongst our members of the different areas in which physicians and their spouses can struggle,” says Brenda Senger, director of the SMA’s Physician Health Program.

“The key is self-reflection, not self-assessment. These tools can help you take a private look at how you are coping, and help you decide if you need other resources,” she says.

The reflection tools cover a range of concerns:

- Checking yourself for burnout
- How to recognize work addiction
- PTSD screening tool
- CAGE-AID (Adapted to Include Drugs)
- TWEAK
- Six ‘Flag’ Questions - problem gambling
- Differences between stress and burnout
- Coping patterns and pitfalls
- Life foundation assessment
- The Schedule of Recent Experience

Find them online in the member section of www.sma.sk.ca – log in from the main homepage. In the image of the member section homepage on the opposite page, you can see the blue quick link for ‘self-reflection tools.’ Find all of the tools there.

The Physician Health Program helps physicians and their families struggling with physical, mental, personal, relational, or financial stress.

Contact Brenda Senger at brenda@sma.sk.ca or (306) 244-2196 or 1-800-667-3781.

“The intent is to increase awareness... of the different areas in which physicians and their spouses can struggle.”

- Brenda Senger
Share your knowledge: Become a mentor

By Kerilyn Voigt

The Four Directions Community Health Centre in Regina is always a busy place, but Saturday mornings have a different energy about them. That’s when Student Energy in Action for Regina Community Health (SEARCH) springs into action.

This student-run wellness clinic brings students and professionals from various health disciplines together to serve people in Regina’s north-central neighbourhoods. The clinic, open from 10-2 every Saturday, serves as a walk-in medical clinic as well as a source of community health and nutrition information and support.

SMA member Dr. Kieran Conway got involved with SEARCH when his University of Saskatchewan medical training brought him to Regina. In Saskatoon, he had worked with a similar initiative – Student Wellness Initiative Toward Community Health (SWITCH).

“I wanted to volunteer because it’s a chance to see real patients with real problems, both physical and social. Because of this experience, I learned early in my training to think about the whole person,” says Dr. Conway.

SEARCH is run with the help of mentors, health professionals who offer support and guidance to the students and provide care to patients. “We are always looking for more family and emergency physicians to be mentors,” says Dr. Conway. “Being involved is a great opportunity for physicians to share their knowledge, while learning from professionals in other health disciplines. It’s a new professional challenge that’s not necessarily available to all family physicians.”

Dr. Conway begins his residency in rural family medicine in Prince Albert this summer. He looks forward to taking what he’s learned to this new stage of his training. “There is a great team atmosphere at SEARCH, and we’re all learning a team approach to practice,” he says. “I’ve already seen that the best care is given by teams.”

In Regina, SEARCH mentors are asked to commit to one orientation shift before beginning to work as a mentor. There is no minimum commitment, and mentors sign up for shifts that work around their schedule. An honorarium of $400 per shift is offered. Contact Alanna Bens at (306) 526-6255 or bens200a@uregina.ca.

In Saskatoon, learn more about SWITCH at www.switchclinic.ca.

“Because of this experience, I learned early in my training to think about the whole person.”

- Dr. Kieran Conway
Physicians should lead health care transformation, RA delegates say

By Kerilyn Voigt

Saskatchewan physicians were given the chance to have their say on health care transformation at the spring meeting of the Representative Assembly (RA).

The CMA has been hosting member town halls across the country this year to collect opinions, suggestions, criticisms, and ideas about how Canada’s health care system should be changed and improved. Dr. Anne Doig, past-president of the CMA and a family physician in Saskatoon, moderated the town hall, and SMA members were eager to contribute to the discussion.

Three key themes emerged from the discussion that followed:

**Increased focus on disease prevention and patient education** - “We need to include healthy Canadians in our information gathering, as opposed to just unhealthy Canadians,” says Dr. Mohammad Khan, the Public Health section representative from Regina. He suggests that any system changes need to recognize the value of a healthy population. Many other delegates echoed his thoughts, arguing that patients should be better educated in terms of staying healthy and of the costs associated with using the health care system. Still others pointed out that to make the system more patient-oriented, the patient may need to play a larger role.

**Systemic issues waste money; medical best practices should dictate care** - Participants explained that the health care system itself can be a barrier to providing appropriate care. For example, some services could be provided on an out-patient basis, but then wouldn’t be insured by the Ministry of Health. With ambulance services uninsured, patients often aren’t moved to a bed where the most appropriate (and cost-effective) care is available. Medical best practices aren’t always followed by physicians, because of financial disincentives or a lack of systemic support.

**Physicians need to change and lead change** - “I believe that if we want the health care system to change, we physicians have to change first,” said Dr. Kishore Visvanathan. Participants generally agreed that how physicians act within the health care system has a great impact on the efficiency of the system and the outcomes for patients.

Karl Phillips is a Student Medical Society (SMS) delegate to the RA. “If you are in a position of preceptorship or teaching, keep in mind that this is when we, as students, are most malleable,” he said. “I appreciate that change isn’t easy, but we learn from you and we copy you. Too often we’re told tests are being ordered because ‘that’s what we do.’ Change your actions while in that mentorship role, and teach the next generation of physicians what’s right.”

Learn more about the CMA’s health care transformation initiative online at: www.cma.ca/health-care-transformation. Share your impression of the town hall or your ideas on the role of physicians in health care transformation. Email smanewsdigest@sma.sk.ca.
Liability issues when collaborating with prescribing pharmacists

The SMA has received a number of inquiries from physicians regarding liability issues when working in collaborative relationships with pharmacists. The SMA sought advice from the Canadian Medical Protective Association (CMPA). CMPA states that the successful implementation of any collaborative care model must include two key components:

1. Adequate and timely communication between participating health care professionals.
2. The mandatory requirement that all members of the collaborative health care team have adequate liability protection.

Steps should be taken to mitigate risks and prevent adverse outcomes. Physicians should consider the following:

- Establish clearly delineated roles, responsibilities, and processes with pharmacists with whom you collaborate in the care of a patient.
- Consider establishing and documenting a formal method of communication with prescribing pharmacists.
- When contacted by a pharmacist regarding a patient’s care following a pharmacist’s prescription, ask the pharmacist his/her plans for the future and explain your expectations regarding roles and responsibilities.
- Establish measures to review, in a timely manner, communications received from pharmacists regarding patients.
- Document exchanges with pharmacists regarding prescribing and follow up.

Additional advice from the CMPA for physicians working with pharmacists can be found on their website at www.cmpa-acpm.ca by searching ‘liability issues when collaborating with prescribing pharmacists.’

Dr. Brian Geller talks to Qreview about Seattle’s Group Health Cooperative

Since he started his new position with the SMA in January, Dr. Brian Geller has been a busy bee. Continuing his practice part-time in Meadow Lake, Dr. Geller spends three quarters of his time on SMA business, but he is not always in the office. He has been doing some traveling to learn from other examples by visiting comparable health care networks.

In early February, a small team from Saskatchewan visited Group Health Cooperative, a consumer-governed, non-profit health care system in Seattle, Washington. Group Health is renowned for its emphasis on primary care and use of data to drive improvement.

In his role as director of professional affairs for the SMA, Dr. Geller joined the Saskatchewan delegation, which included a mix of practising doctors, government, and HQC board members: Max Hendricks, assistant deputy minister responsible for the Ministry’s strategy and performance management division; Leanne Bettin, family doctor at Saskatoon Community Clinic; Steven Lewis, HQC board member and health policy consultant; Yvonne Shevchuk, HQC board member and professor in the U of S College of Pharmacy and Nutrition.

Greg Basky, the Health Quality Council’s director of communications, sat down with Dr. Geller after the Seattle trip to hear his observations about how Group Health is working in teams, involving doctors in the system, measuring for improvement, and encouraging innovation. Following are some of the questions and answers from that discussion.

Qreview: What were your overall impressions from the Seattle visit?

Dr. Geller: It was excellent. There’s certainly a lot of lessons to be learned from what they were doing. Can we take their system, which serves a small geographic area (Puget Sound), and transplant it? Not a chance. But the lessons that we can learn from them - absolutely - we can do those things here in Saskatchewan and improve our system dramatically.
Qreview: What were your key take homes from the trip?
What stood out most for you about Group Health?

Dr. Geller: The high performing systems all over the United States have all done the same things.
• They’ve decided what they wanted.
• They decided how to measure it.
• They’ve put resources in place.
• And then they set about meeting those goals.
You have to do all four of those things. We can do that here in Saskatchewan, but we just need to decide what it is we want from our health care system.

Qreview: What are the main similarities between Group Health and Saskatchewan’s health system?

Dr. Geller: The similarities now? I don’t think there are any. If you’re looking for similarities, you need to compare the Saskatchewan situation to where Group Health was six years ago. The chaos, the overworked provider pools, the dissatisfied patients, the long waits, the overuse of emergency rooms and specialists. The only similarity I can come up with is the desire to change. People in Saskatchewan - and not just the electorate, or the elected officials - but the providers and everybody in the system, is acknowledging that it’s time to change what we’ve got.

Qreview: What can we learn about how Group Health has integrated and involved doctors in their system?

Dr. Geller: We can learn a lot from them, because the physicians there are fully integrated. All of the physicians get a significant amount of leadership training and instruction and guidance. They’ve got a dyad management system, where basically every level of management in Group Health is paired with a similar physician manager. All the way up the organization, all the way to the CEO, there’s a physician paired with that management level.

Qreview: Can Saskatchewan achieve the results they have at Group Health, without changing the way we organize and fund primary health care?

Dr. Geller: Not a chance. It was Einstein who said the definition of insanity is to continue to do the same thing and expect different results. There’s no way that we can continue to organize primary health care the same way and expect that it’ll change. There are many, many different ways to reorganize it. Group Health has chosen one, Southcentral (in Alaska) has chosen another. In Pennsylvania right now, they’re in the midst of a huge chronic disease reorganization in primary health care clinics, both fee-for-service and government-funded HMO driven. There are many models out there, but every single one of them requires us to change our system.

Qreview: What would it be like to be a patient in the Group Health system?

Dr. Geller: I think it would be incredibly reassuring to be a patient in a system like that, where you know that people are actually looking out for you, where people are actually checking to make sure that you’re getting the recommended care. That if you haven’t had your colonoscopy and you’re in your 50s, someone’s going to phone you and say, it’s time. Or if you’re a woman and it’s time for your pap, and someone calls to tell you that a year is up already. A lot of the decisions there are centered around ‘if I were a patient in the system, what would I want?’ And to me that’s what patient centred care is. Do I want to be lying on a stretcher for 48 hours? Do I want to take six months to get a CT scan? Do I want to have very personal examinations done in the hallway because there’s no exam rooms?

Qreview: And what do you think it would be like to be a doctor working in that system?

Dr. Geller: As a physician, I think it would be great to have a team behind me so that I can do it. I don’t know a single doctor who went into medicine to not do a good job. And so I think it would be great to have a team back there behind them, making sure that they’re doing a good job, the job that they want to do, and I think that being measured to make sure that you’re doing that job would be just fine. As long as the measures are transparent and open, so that everybody knows what they are, you know what you’re being measured on constantly.

Through his role with the SMA, Dr. Geller is involved with the Primary Care Working Group. This spring, the group began distribution of a Primary Health Care Framework document (available online at www.sma.sk.ca) to illustrate that with collaboration, the possibilities for building a better health care system in Saskatchewan can be limitless. SMA members are encouraged to provide their feedback about primary health care redesign to Dr. Brian Geller via email: to brian@sma.sk.ca or by phone at (306) 244-2196 or 1-800-667-1631.

To read the complete discussion between Dr. Brian Geller and Greg Basky, visit the HQC website at www.hqc.sk.ca. Under ‘What’s New,’ select ‘Newsletter.’
President’s passion lies in primary health care reform

By Scott Donaldson

The association couldn’t have written a better script if it had tried. As those that have been around the SMA for a while will tell you, each new president comes into office with key passions, and visions for those passions. However, it is not always the case that the president’s interests will so closely align with the provincial government’s focus on health care at any given time. Well, this year we are most fortunate for the stars have aligned.

Dr. Phillip Fourie, the SMA’s new president, is a family physician from Yorkton who lives and breathes primary health care reform. Dr Fourie came to Yorkton, Saskatchewan in 1999 from South Africa where he completed his medical degree at the University of Stellenbosch in 1995. He also holds a diploma in Anesthesia from the College of Medicine of South Africa. He then obtained his Licentiate of the Medical Council of Canada (LMCC) after his arrival. Since that time he has been practising full-scope family medicine including ER shifts, obstetrics, OR assisting, seeing nursing home patients and occasionally teaching students during their electives.

Dr. Fourie is past-president of the Sunrise Health Region Medical Association (2010-2011), and has served as chief of family medicine for the Sunrise Health Region since 2007. He serves on several regional and provincial committees including Primary Care, eHealth, Pharmacy Information Program (PIP), Recruitment, Ethics, and Finance.

While Dr. Fourie will be the first to tell you that as president he is charged and committed to focus on all of the issues important across the spectrum of the membership, if pressed further he will also admit that primary health care reform is a key interest. Dr Fourie first authored and submitted a proposal for a primary health care model in Saskatchewan called ‘Patient Central’. His work was so valued among the membership that in 2009 the SMA Representative Assembly voted his work as the official SMA primary health care model. The Saskatchewan deputy minister of health in a personal letter to Dr. Fourie also acknowledged and praised his work.

That same deputy minister, Mr. Dan Florizone has stated that now is the time to focus our combined energies on primary health care reform. The Saskatchewan Surgical Initiative to reduce wait times was the first recommendation of the Dagnone report to be tackled in the health care system, and it is well on its way to improving patient first care. Now, the provincial government is ready to move forward with primary health care reform, and physicians simply must be involved and heard if reform is to succeed.

For more than 15 years physicians have been unified in saying that the top-down model of primary health care imposed by the government on the provincial system in the 1990s simply does not work. Nor will any other restrictive, one-size-fits-all approach. Government leaders are now ready to listen and have been consulting with family physicians in each region on what a new flexible collaborative model for primary health care should look like.

To help ensure that physician voices are heard, the SMA’s Primary Care Working Group, of which Dr. Fourie is an active member, has recently developed the SMA Primary Health Care Framework document. The SMA Primary Care Working Group is a collection of dedicated member physicians tasked with helping the province establish the best primary health care framework for Saskatchewan. Building on Dr. Fourie’s earlier work, the group has evaluated work already underway in other parts of Canada and throughout the world, as well as drawing on their own unique experiences working in Saskatchewan to come up with a framework for primary health care in Saskatchewan.

“It truly is an exciting year to be a family physician and the SMA president helping lead this long overdue overhaul.”

- Dr. Phillip Fourie
What they have developed is a framework document that is being used to help guide our association’s vision as primary health care reform unfolds in Saskatchewan. The document was made available to physicians participating in the government consultation sessions, and the SMA has received much favourable feedback from the provincial government and other key stakeholders participating in the sessions regarding the framework.

“We’re almost there,” beams an obviously pleased Dr. Fourie. “For the first time, all the key players are at the same tables, at the same time. While we still need to tweak some terminology here, and provide further clarification over there, my sense is that we are going to come out the other side with a mutually agreed upon framework that will make Saskatchewan one of the leaders in primary health care delivery and patient- and family-first care. It truly is an exciting year to be a family physician and the SMA president helping lead this long overdue overhaul.”

For Dr. Fourie, the key to progress is forming the collaborative relationships built on trust and respect, and full scope-of-practice among the professions, and shaping those relationships into harmonious, sustainable, flexible and viable models for primary health care delivery. “We definitely need to nail down the framework – the ‘here is what we need in order to make primary health care work.’ But then we have flexibility – as to the additional health professionals involved and the services provided,” says Dr. Fourie. “At each location, we must consider what can be maintained over time, given the resources available.”

With Dr. Fourie’s respectful, collaborative manner and understated welcoming tone, one cannot help but feel the profession is in very good hands. We have the ideal leader in place to help build the consensus among the professions for primary health care reform to be something for which we can all be very proud.
Are you making the most of your CME?

By Sarah Vogel

More than $1M in Continuing Medical Education reimbursements were paid out by the SMA last year. Have you been using your fund to its full potential?

When asked if he had any trouble using his full entitlement, Dr. Jerry Danielson from Regina says: “Between the technology enhancement portion ($750 annually) and the conference portion (being allowed to carry some forward), I have not had any difficulty using my funds.”

The CME Fund was negotiated with the government by the SMA to help compensate physicians for their time away from practice to further their education and stay up-to-date in their respective fields.

Dr. J.C. Bellingan from Esterhazy has had nothing but positive experiences with the CME Fund. He explains that “the CME fund compensates in some way for the loss of income for being out of the office. It also allows for ‘exotic’ CMEs.” By ‘exotic,’ Dr. Bellingan is referring to being able to travel outside of Canada to attend courses, such as his recently attended course in Hawaii.

The world of continuing medical education has expanded over the years. With advances in technology, physicians no
longer have to travel to gain education credits. Physicians can now acquire their credits through online courses or can use medical software such as Up-to-Date to stay current.

The CME Fund has adapted to accommodate such technological advances. Not only can you claim medical textbooks, but medical software and online journals also qualify for reimbursement. With advancements in technology ranging from iPhones to Blackberry PlayBooks, physicians can now access online tools and electronic medical records quickly and on the go. These tools can be costly to acquire, but are undoubtedly essential to the modern physician. Out of the $1500 to $3000 each physician has access to, up to $750 can be used towards computer hardware, including smart phones, iPads, iPod Touches, etc.

It is easy to apply for CME reimbursement. “By submitting complete applications, including all documents requested,” explains Joelle Kostiuk, membership administrator, “you can ensure there will be no delays in processing your application.” She suggests that submitting claims on a quarterly basis, while the necessary documents are still at hand, will help you achieve prompt reimbursement.

The application form for the CME Fund can be found on the SMA website. For more information, contact Joelle Kostiuk at (306) 244-2196 or 1-800-667-3781 or by email at joelle@sma.sk.ca.

**RURAL AND REGIONAL EMERGENCY CARE CME FUND**

Another important but not widely known fund is the Rural and Regional Emergency Care CME Fund. This fund was put in place by the SMA in 1999 to help rural and regional physicians certify and recertify their emergency care and risk management skills. It has been made available through the SMA Committee on Rural and Region Practice and is available to physicians who have been licensed and practising in a rural and regional community for at least 12 months. The following emergency care courses are covered:

- ATLS – Advanced Trauma Life Support
- ACLS – Advanced Cardiac Life Support
- PALS – Pediatric Advanced Life Support
- ALARM – Advances in Labour and Risk Management
- ALSO – Advanced Life Support in Obstetrics
- STABLE – Sugar and safe care Temperature Airway Blood pressure Lab work Emotional support
- Other emergency courses will be considered

Rural and regional physicians can access both funds. The CME Fund does not need to be used for the emergency care courses listed. This gives rural/regional physicians the opportunity to expand their learning endeavors without incurring personal costs.

For more information, contact Brenda Elliott at (306) 244-2196 or 1-800-667-3781 or by email at belliot@sma.sk.ca.

“Between the technology enhancement portion and the conference portion, I have not had any difficulty using my funds.”

- Dr. Jerry Danielson
PAIRS reaches contract agreement

By Scott Donaldson

The Professional Association of Internes and Residents of Saskatchewan (PAIRS) and the University of Saskatchewan reached a new four-year contract agreement putting to rest more than two years of negotiations. The agreement, which covers the period from January 1, 2009 to December 31, 2012, was ratified May 10th by the PAIRS membership and the University of Saskatchewan Board of Governors.

“We are pleased with this new contract,” PAIRS President Dr. Mary Kinloch said. “Saskatchewan’s medical residents are now placed in a leadership position among our peers throughout Canada with respect to compensation. This reflects a strong commitment to physician retention and keeping medical residents practising in Saskatchewan.”

The settlement includes a base salary increase of 10 per cent over four years, a market adjustment of 2.4 per cent in year three, enhancements to benefits and increased on-call stipends. This agreement will make compensation for Saskatchewan medical residents highly competitive with their counterparts across Canada.

The SMA is encouraged that the university and the provincial government demonstrated through action their verbal commitment to keeping residents in the province.

“The SMA has said all along that in order to help solve the issue of physician shortages in Saskatchewan, we must first retain the physicians we have working in the province. Obviously, this starts with our medical residents,” Dr. Phillip FOURIE, SMA president said. “We must first create the conditions that make physicians want to stay in the province. Once we have done that, recruitment will be that much easier.”

PAIRS members met to discuss and vote on the state of their negotiations.

University of Saskatchewan Dean of the College of Medicine Dr. William Albritton said they were also pleased to have a ratified agreement and offered that they are committed to continuing to work closely with residents and their collective bargaining unit to provide outstanding learning opportunities in the College of Medicine.

Health Minister Don McMorris indicated that medical residents play an important role in delivering quality patient care and this agreement recognizes their value as members of the health care team. He was also optimistic that the agreement will assist in keeping Saskatchewan-trained medical residents working in the province - a key element of the provincial physician recruitment and retention strategy.

PAIRS is the professional association representing more than 340 medical graduates who are completing post-graduate training through the University of Saskatchewan. The vast majority of medical graduates are also SMA members.
A few questions about the SMA leadership talent pool

Who? Any SMA member. Have you ever had any of these thoughts: Why don’t they (the SMA, the health region, your clinic manager) do it this way? I wonder what led to that decision... Who should I talk to about changing this? How can we fix this problem? If so, you’re the kind of physician the SMA wants in its leadership talent pool.

What? The SMA is establishing a pool of talented physicians, residents, and students who are interested in providing leadership within the SMA and the health care arena. There are many opportunities for members to get involved at any stage of their career.

When? All the time. Leadership training opportunities happen throughout the year, and different committees and working groups recruit members on an ‘as needed’ basis. The SMA wants to continually grow its pool of interested leaders and member contributors.

Where? The SMA is proud to represent physicians from across Saskatchewan. That means we need leaders and contributors who practice throughout the province. Wherever you live and whatever your community’s size, we will put your talents, ideas, and enthusiasm to work.

Why? Having a roster of member contributors and leaders will put the SMA in a position to advance physician engagement in the health care sector at a higher level than ever before, influencing the future direction of quality health care delivery in Saskatchewan. The personal benefits of becoming involved include the development of peer and expert networks and increased visibility and recognition. Participating in the talent pool will lead to personal growth, enhanced career development, knowledge sharing, and participation in innovative strategies in your areas of interest or expertise.

How? Please contact Wendy Rink by email at wendy@sma.sk.ca or by phone at (306) 244-2196 and provide your preferred method of contact. An SMA representative will contact you to discuss potential opportunities.
Have you ever wondered about how you are paid as a physician? Well, a great deal of that work starts with the SMA Economics Committee. The committee consists of a chairperson and up to nine members appointed by the board of directors. Members are chosen to represent a balance of economic expertise and perspective, including representation of physicians working under alternate payment plans.

The committee studies ways to adjust the incomes of both fee-for-service and non fee-for-service physicians and makes recommendations to the board. They develop appropriate criteria for evaluating physician payment mechanisms and develop policy regarding physician remuneration and alternate payment plans, and interpret this information for physicians. The Economics Committee is responsible for nominating members to the Tariff Committee and approving amendments to the Payment Schedule proposed by the Tariff Committee. They also consult and offer advice to the Medical Compensation Review Committee (MCRC) and the Workers’ Compensation Negotiating Team regarding fee-for-service negotiations. Economics is also responsible for allocating funds negotiated by the MCRC or the Payment Schedule Review Committee to the Sections.

Economics helps support the frameworks for the negotiation of salaried and contract physician remuneration, and those with the Workers’ Compensation Board. Perhaps most important to physicians, the committee develops and maintains the Relative Value Guide to Physicians’ Fees, which provides equitable remuneration for a comparable amount of work done by practitioners in the various branches of medicine. The Economics Committee meets on an as needed basis approximately 4-6 times each year.

The current Economics Committee is made up of the following members:

- Dr. Keith Hamilton, Chair
- Dr. Ted Alport
- Dr. Ken Bayly
- Dr. Gordon Cuddington
- Dr. Thirza Smith
- Mr. Ed Hobday, Administrative Director (Staff)
- Mr. Allan Florizone, Economics Director (Staff)
- Ms. Elizabeth Pease, Economics Administrator (Staff)

Spotlight on the SMA Economics Committee

Saskatchewan Medical Association members provide direction and guidance to the organization through the Representative Assembly, the Board of Directors, and a number of different committees. In each issue in 2011, SMA News Digest will spotlight a different committee or governing entity, with the aim of keeping members up-to-date and informed about the responsibilities, actions, and results obtained through committee work and physician leadership. In this issue, the focus will be turned to your Economics Committee.
Saskatchewan physician leaders recognized on national stage

By Scott Donaldson

The Canadian Medical Association (CMA) and the Canadian Society of Physician Executives (CSPE) have established the Canadian Certified Physician Executive (CCPE) program as a means of recognizing and advancing physician leadership. So it was a proud day for the SMA on May 13th in Vancouver when Drs. Joy Dobson, Guruswamy Sridhar, and Chris Vuksic, and former CEO Dr. Martin Vogel, were among the first physicians in the country to receive the CCPE designation at the Canadian Conference on Physician Leadership.

“If we are going to continue to make progress at improving the well-being of physicians, it becomes very important that we have sound physician leaders able to demonstrate and communicate the value of physicians to the system,” said Dr. Sridhar, who along with Dr. Vogel attended the event. “It is both humbling and gratifying to be among the first physicians in the country to receive this designation, and I want to acknowledge and congratulate my colleagues, Chris and Joy, who went through the process with us, but were unable to be here tonight.”

The CCPE credential is based on a rigorous peer assessment of measurable accomplishments and skills, as reflected in the CMA’s leadership competency framework for physicians in executive roles. Effecting change through influence, not authority, is an important skill for physician leaders as they work with colleagues and other health care professionals to achieve behavioural and system change.

For Dr. Vuksic the designation signifies respectability. “In my role as Senior Medical Officer, creating leaders is job one. While our MD signifies competency to care for our individual patients, the CCPE gives us credibility as leaders for all patients,” says Dr. Vuksic. “We now have a powerful voice at the table.”

Dr. Dobson concurs. “I’ve often said that in medical school, you learn how to be a clinical expert to make patients better,” says Dr. Dobson. “But PMI courses enable physicians to become agents of change to make the health system better. I am proud to be part of a strong Saskatchewan physician leadership movement.”

The SMA is committed to the development of leadership skills for physicians and then getting them involved at all levels of administration to show value to the system. Members continue to recognize and embrace physician leadership in the province by taking advantage of Physician Management Institute (PMI) courses offered both within and outside the province.

At the base level, 216 Saskatchewan physicians have now taken at least one PMI course. Later this fall, 12 more Saskatchewan physicians will become eligible to receive the CCPE designation in 2012. This is where we need to be as Saskatchewan physicians continue to lead the nation in recognizing the relationship between physician leadership and creating a sustainable quality health system.
There was little time to slow down during the last month of his SMA presidency, as Dr. Guruswamy Sridhar still had commitments he wanted to live up to before relinquishing the reins on May 6th. “When I began my tenure I had three main goals,” says Dr. Sridhar. “First, I wanted to update the governance structure of the SMA. Second, I wanted to ensure that we had a new strategic plan with the mechanisms for board oversight in place to help ensure priorities are achieved. Finally, I wanted to meet and engage the membership especially those who otherwise might not attend the president’s tour or the representative assembly.”

The length of the negotiations process, and Dr. Sridhar’s tireless work in making himself available to the membership, government and the media during that time, delayed his third goal somewhat. By April however, the agreement was far enough along that Dr. Sridhar found the time to make a number of visits to physician clinics and hospitals in Humboldt, Moosomin, Prince Albert, Regina, Saskatoon, and Swift Current.

“I really think it’s important that we make the effort to visit our members in their working environments – in their clinics, and in their hospitals,” says Dr. Sridhar. “I don’t believe that the SMA should be a faceless organization in Saskatoon. I wanted to give our members the opportunity to discuss their views and offer their input face-to-face.”

There were some early mornings and some late evenings, and the feedback Dr. Sridhar and the accompanying SMA staff received wasn’t always favourable, but it was enlightening and it will assist the association to address member issues moving forward. The following represents a culmination of what Dr. Sridhar heard.

**Relationships**

Most members thought the SMA was doing very well in building a credible and respectful relationship with the provincial government. While some members questioned if the relationship was too close, other physicians countered that it is necessary to build the trust and influence. Today, the government asks for the SMA’s position on issues and for its advice. The mutual trust and cooperation the SMA enjoys with the provincial government puts the SMA far ahead of the other provincial associations in this regard.
Others thought the SMA should be more involved in helping to define and strengthen the roles of the RMAs, and that we should be more involved with the university, residents/students, and the College.

**Technology**
There exists an opportunity for the SMA to act as a funnel for all eHealth initiatives. Right now, many physicians feel there are too many initiatives coming from too many directions. The SMA needs to work with government to ensure eHealth is coordinated better.

The majority of physicians like the new SMA website and are happy with the EMR service they are receiving through the SMA. However, there are still a minority of physicians who expressed no desire to adopt EMR.

**Continuing Medical Education**
Some members believe there should be a fairer distribution of funding available for all physicians. Some wanted to see a fund created to pay for locums to cover for specialists so they can attend CME courses. Others would like to see a robust change management fund to support physicians taking CPR and CDM training. Others inquired whether the SMA could look at distant learning modules such as the GEMS program in Alberta.

**Contract**
Obviously much attention also focused on the new contract. Many were pleased that the contract recognized the contributions of rural GPs, while others noted that metro GPs working on-call were not recognized adequately. Others thought consideration for future contracts could include recognition of the time demands of palliative medicine and hospital medicine and consideration of addictions and pain management at a GP specialist level. A system to recognize and regulate the emailing of patients is also desired.

**Services**
Members felt that there are many good services available from the SMA, but the challenge remains to make sure members are aware of them. Members responded favourably to the new member services guide as it allowed them to put a voice and a name to a face. Others praised the insurance programs and physician support programs. Some members felt the SMA could offer more information and advice on incorporation and income tax, and expressed a desire for the SMA to look at pensions for physicians.

**Retention and Recruitment**
Keep working on both was the message relayed loud and clear. Others praised the retention fund, and expressed the need for Saskatchewan to have a sound and responsive health human resources plan.

**Primary Health Care**
Physicians felt strongly that the SMA should shape primary health care reform, especially since reform is inevitable. Primary care should be team-based care; the more we promote group practice, the better. Physicians are questioning where the money to fund the dietician, nurse practitioner, etc. necessary for primary care reform is going to come from. Others felt that primary care reform needs to offer more than financial incentives - there needs to be reduced time for referrals to other health care professionals on the virtual team in rural areas.

**Local Issues**
Some specialists expressed an opinion that the SMA is run by general practitioners and it may be beneficial for specialists to have their own specialist group similar to what is in place in B.C. Some thought the SMA should become more involved in local issues related to working conditions such as on-call rotations for older physicians, maintaining operating hours, and the right for specialists to have consultations with GPs without going through the pooled referrals process. Some physicians felt the SMA should focus more on representing the interests of physicians and not focus efforts on trying to run the system.

**Collegiality**
Finally, physicians felt that there is a great need for better communication between clinical physicians and hospital specialists. The SMA has devoted attention to this very issue, which is reported on elsewhere in this issue.

Overwhelmingly however, physicians were just pleasantly surprised and pleased to see their SMA president in their own backyards. It is an approach Dr. Sridhar hopes board members can take advantage of more often in the future.
Familiar face chosen as new CEO

By Scott Donaldson

If his name sounds familiar, that’s probably because it is. On June 1, Past-president Dr. Vino Padayachee began his tenure as only the fourth CEO in the history of the SMA.

President in 2006/07, Dr. Padayachee has been actively involved in the Saskatchewan Medical Association as a member of the Representative Assembly, the board of directors and on the executive.

Dr. Padayachee has a keen interest in quality improvement. In response to the increasing prevalence of asthma in southern Saskatchewan, he helped establish an asthma clinic in 2003 and is also involved with the Heart to Heart Coronary Heart Disease Secondary Prevention Program in Estevan. In 2005, Dr. Padayachee was clinical chair of the Saskatchewan Chronic Disease Management Collaborative. He has been an active advocate for both change and collaboration as evidenced by his past participation in primary health care and building relationships with other health care professionals such as nurse practitioners and pharmacists.

For Dr. Padayachee, change and innovation are directly linked to enhancing the health care system, and has said, “I cannot guarantee that all change will produce improvement, but I do know that in order to improve, we need to have change.”

“Obviously, we wanted a CEO that was open to trying new things, to enhance patient care and improve the overall system,” says SMA President Dr. Phillip Fourie. “It was very reassuring to the selection committee when Dr. Padayachee’s views aligned so closely with our strategic direction.”

Dr. Padayachee began his medical career in South Africa, where he obtained his medical degree from the University of Natal. He stayed on in South Africa after graduating, working in teaching hospitals attached to the university. He developed a broad range of expertise there – including pediatrics, surgery and trauma, obstetrics and he received special training in cardiology. He managed a Coronary Care Unit and obtained a diploma in Anesthesiology.

In 1992, Dr. Padayachee moved to Canada – along with his wife, Dr. Diane Naidu – to settle in Estevan, where he has practiced as a GP Anesthetist until recently accepting the job as head of the helm at the SMA.

Despite such an active professional life, Dr. Padayachee finds time for the occasional game of volleyball or golf and has earned a pilot’s license. He and his wife have two daughters.

Please join all of us here at the SMA in welcoming Dr. Padayachee to his new position.
Upcoming courses, conferences, and events

**AUGUST**

**21-24** 144th meeting of the CMA General Council  
St. John's Convention Centre  
St. John's, Newfoundland  
Contact the registration officer: 1-800-663-7336 ext. 2383, gcregistrations@cma.ca  
www.cma.ca/gc2011

**SEPTEMBER**

**22-23** PMI: Dialogue - the language of complex systems  
SMA In-house PMI Program  
Sheraton Cavalier Hotel, Saskatoon  
www.sma.sk.ca  
To register, phone: (306) 244-2196

**OCTOBER**

**22** Refresher course for General Practitioner Anesthetists  
Hyatt Regency, Vancouver, BC  
Fees $325-$425  
To register, contact: Winnie Yung (604) 875-4575, wyung@interchange.ubc.ca  
UBC Department of Anesthesiology, Pharmacology & Therapeutics

**28** Multidisciplinary Cancer Care Conference  
Sheraton Cavalier, Saskatoon  
Hosted by the Canadian Society of Hospital Pharmacists - Sk Branch  
www.cshp-sk.org

**PHYSICIAN MANAGEMENT INSTITUTE**

*The SMA's commitment to physician leadership has never been stronger. Physicians are encouraged to take part in the SMA's in-house PMI program, leadership courses put on through the CMA. There are still seats available in the September and November courses. Register now! For more information on these courses please contact the SMA at (306) 244-2196 or refer to the SMA website.

**NOVEMBER**

**4-5** Fall meeting of the SMA Representative Assembly  
Sheraton Cavalier Hotel, Saskatoon  
www.sma.sk.ca

**10-11** PMI: Negotiation and Conflict Management  
SMA In-house PMI Program  
Sheraton Cavalier Hotel, Saskatoon  
www.sma.sk.ca  
To register, phone: (306) 244-2196

**CONTINUING PROFESSIONAL LEARNING**

For upcoming CME offerings or to register for courses through the Division of Continuing Professional Learning at the University of Saskatchewan College of Medicine, visit their website at www.usask.ca/cme, or contact the CPL office at (306) 966-7787.
classifieds

ANNOUNCEMENTS

Provincial Seasonal Influenza Program 2011-2012. Saskatchewan Ministry of Health will be providing influenza vaccine for all Saskatchewan residents during the 2011-2012 campaign. Beginning on Tuesday October 11, 2011, subject to availability from supplier, influenza vaccine will be made available through Public Health clinics throughout Saskatchewan. Influenza vaccine will continue to be made available through regional public health offices to those physician offices that routinely offer influenza vaccine to their patients. The publicly funded vaccine will be an intramuscular delivered product. There are other vaccine options available (such as intradermal, intranasal) that will not be delivered through Public Health. High risk groups and their contacts are recommended to receive the influenza vaccine early. As in previous years Saskatchewan Ministry of Health will not be reimbursing individuals or businesses for influenza vaccine purchased privately. For further information please contact your local Public Health Department.

Congrats! Dr. Lionel Lavoie has provided 45 years of service to Kelsey Trail Health Region residents. Dr. Lavoie was recognized at a recognition and appreciation banquet in Tisdale in February.

Drug shortages - The Saskatchewan Drug Information Service provides a useful website, which lists drug shortages and suggested replacements. Visit: www.druginfo.usask.ca/healthcare_professional/drug_shortages.php

WCB - Specialists can submit their Word report files to the WCB by attaching them to an email to SpecialistMDReports@wcbsask.com, qualifying as an electronic submission under the SMA/WCB negotiated fee agreement. Include the WCB claim number in the Word file. Submit your DOC invoice in the usual manner to WCB Medical Accounts. Include the following disclaimer on emails: “This email and any files transmitted with it are considered confidential and are solely for the use of the Saskatchewan WCB. If you are not the intended recipient, be advised that you have received this email in error and that any use, dissemination, forwarding, printing, or copying of this email is strictly prohibited. If you have received this email in error, please notify the sender immediately and delete all copies of the original email message. This email and any files transmitted become the property of the WCB upon receipt and will be safe guarded according to all applicable protection of privacy law.”

Drs. J. Pfeifer, B. Ulmer, R. Bigsby, B. Du Val, M. Harington, J. Spelay, G. Groot, and P. Meiers of Surgical Associates are pleased to announce that as of July 18, 2011 Dr. Kylie Kvinlaug, MD, FRCSC., specializing in Vascular and Endovascular Surgery will be joining their office at 222 – 750 Spadina Cres. E., Saskatoon. (306) 653-3366

PHYSICIAN OPPORTUNITIES

Family physician - Saskatoon. Westgate Medical Clinic. Opportunity for family physician in a busy west-side Saskatoon practice with two full-time physicians. Both part-time and full-time opportunities available, with potential for association. For more information, contact Dr. K. Rai at 306-384-7800 (phone), 306-384-7550 (fax), or kulwantrai@shaw.ca.

Established (50 years) Family Practice available for up to three Doctors, prime location in Saskatoon, easily converts to Walk-In clinic. Interested? Contact ahyerh@sasktel.net or (306) 384-1801.
MEDICAL COUNCIL SEEKING EXAMINERS FOR QUALIFYING EXAM

The Medical Council of Canada Qualifying Exam (MCCQE) Part II will be administered on Saturday, October 22, 2011 at the Saskatoon Exam Centre.

Planning has begun for the recruitment of Examiners for this year’s exam. To be an Examiner the following requirements must be met:
* You must be 3 years post LMCC Part II
* You must have at least 3 years experience in independent practice in Canada after completing the LMCC Part II
* You cannot be a resident
* You must be in active practice
* You must hold an unrestricted license

Please note that it is a conflict of interest to examine for the MCCQE Part II in the three years prior to anyone in your immediate family or household taking the examination or to examine during the time they are eligible to take it. For example, if you have anyone in your immediate family or household in their second year of Medical school training anywhere in Canada, you are not eligible to be an examiner.

You should be interested in participating as an Examiner please contact Shelden Switzer at 966-1416 or by e-mail at sheldaswitzer@yahoo.com

Members of the College of Family Physicians of Canada are eligible for 8.5 MAINPRO®-M1 credits, based upon 8.5 hours of testing time with candidates, for their contribution as an Examiner for the MCCQE Part II exam.

Members of the Royal College of Physicians and Surgeons of Canada are eligible for Section 6 credits (to a maximum of 8.5 hours) when the activity adds to their professional development. Alternately, this time may become the basis of a learning project and qualify as Section 4 credits.

For more information on the requirements and duties of an Examiner please contact Dr. Alanna Danilkewich at 655-4218 or Dr. Garth Bruce at 966-8136.

Your presence and participation are essential to the Council’s examination process. On behalf of the Medical Council of Canada, thank you in advance for considering participating as an Examiner.

PHYSICIAN OPPORTUNITIES

Willowgrove Medical Group is looking for an ambitious family physician to join their busy practice. We are a fully computerized clinic with an x-ray lab on site. We offer primary care, occupational medicine and a wide range of specialty services including circumcisions, vasectomies, and dermatologic laser treatment. We are the company physicians for a number of mining companies in Saskatchewan. We have a large and growing patient base with walk-in clientele daily and currently offer extended hours from Monday to Friday evenings. Weekend & weekday call is shared equally with all practising physicians. Private office. Two exam rooms per physician. Each office/exam room is equipped with a networked computer for EMR use. Competitive expense split. Partnership options are available. Please contact our office at (306)242-0353 to set up a time to meet and discuss the opportunities available. All enquiries are confidential.

Family Physician Wanted - Regina (Northwest area). Established busy medical clinic seeks family physicians for both part-time and full time walk-in shifts. Competitive overhead. Please email if interested nmmc@accesscom.ca.

Established practice available in Lloydminster, SK. Well established practice available for take-over later this year - possibly Fall. Planning to retire after 32 years in Lloydminster. Office can accommodate 2 physicians. Ideal for a couple that is already licensed to practise in Saskatchewan. Obstetrics would be a great asset. For further information, contact Dr. Isaac Thomas. Phone: (306) 825-6345. Fax: (306) 825-6340. Email: medi.it@sasktel.net.

A day in the country. The Town of Raymore is welcoming applications for a Family Physician. We are ideally located at the junction of highways #6 and #15, only 112 kilometres north of Regina (apx. 1 hour). The Raymore Health Centre requires a Family Physician one or two days a week, whatever would fit into your schedule; we are open for discussion. Our current practice covers a 30-mile radius, which includes two First Nations communities. The only cost to you is your staffing for the day. For more information, please contact the Town of Raymore by calling (306) 746-2100 or email raymoretown@aski.ca and look us up on the web at www.raymore.ca.

Riverbend Medical Clinic in Regina, SK. New and established physicians welcome. We are looking to add a full-time family physician to our existing solo family practice. Excellent, state-of-the-art premises. Electronic medical records. Potential for partnership. Enjoy excellent lifestyle with an excellent practice on the east side of Regina. Please contact Dr. Maxim Kondrashov at 306-347-2500 ext. 2, or e-mail: svema17@hotmail.com
Our Department of Academic Family Medicine is growing to meet the increasing demands of undergraduate and postgraduate medical education in urban and rural communities. With this growth we are pleased to offer the exciting opportunities listed below. These University of Saskatchewan opportunities allow for a balance of patient care, teaching of undergraduate medical students and family medicine residents. Full-time faculty also contribute to the academic development and administration of the Department. We are looking for physicians interested in teaching and sharing their knowledge and expertise in Family Medicine.

- Family Physician (6 month Locum) – West Winds Primary Health Centre (Saskatoon, SK)
- Family Physician (Faculty) – Four Directions Primary Health Centre (Regina, SK)
- Family Physician (Locum) – Four Directions Primary Health Centre (Regina, SK)

Please view our Careers webpage for opportunity details and the full advertisements: http://www.medicine.usask.ca/family/careers/index.html

Our Department currently has 28 full-time faculty members, 77 Family Medicine and Emergency Medicine residents in six divisions located throughout Saskatchewan. Physicians and residents in all locations participate in the provision of a broad range of patient care.

Interested family physicians are invited to submit a current C.V. and three letters of reference as soon as possible. For further information or to apply please contact:

Dr. Alanna Danilkewich, Department Head  
Department of Academic Family Medicine, 3311 Fairlight Drive, Saskatoon SK, S7M 3Y5  
Phone: (306) 655-4235 E-mail: alanna.danilkewich@usask.ca  
Web-site: www.medicine.usask.ca/family

Certification, or eligibility for certification, with the College of Family Physicians of Canada is required. The successful candidate must be licensed, or eligible for licensure, to practice medicine in the Province of Saskatchewan and be eligible for hospital privileges in the appropriate health region.

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**FULL-TIME/PART-TIME DOCTOR REQUIRED**

- Busy family medical clinic on Broadway and 8th St E in Saskatoon, SK.
- Clinic business hours are Monday through Friday, 9am-5pm
- All computerized EMR system
- Newly renovated
- Convenient location for patients
- Lots of free parking
- Good patient population
- The doctor will have access to two examination rooms, plus your own office
- Attractive 30/70 split
- Can start work immediately

Contact: office phone (306) 974-3939  
Address: Bay 1-601 8th St E, Saskatoon, SK. S7H 0R1
It’s more than a practice... it’s a lifestyle!

Northern Medical Services is seeking family physicians for locum positions available in northern Saskatchewan. Work with a team of physicians and nurse practitioners who provide a full range of medical services in community-based hospitals and clinics.

A balanced lifestyle and appealing medicine await you in some of the most scenic settings in northern Saskatchewan.

We pay a fixed daily rate of $1235-$1600 per day depending upon location. Transportation costs are covered. Accommodation is provided.

Visit our website at www.northerndocs.com

For further information please contact: Kerri Balon, Recruitment Coordinator
Northern Medical Services
#404, 333 - 25th Street East
Saskatoon, SK CANADA S7K 0L4
Tel: (306) 665-2898 or 1-866-667-3627
Fax: (306) 665-6077
Email: balon.nms@sasktel.net
**LOCUM OPPORTUNITIES**

**Locum family physician needed** to work in a family practice situated on the 8th Street East, Saskatoon for the month of August 2011. Full time or part time. Contact doctors@sasktel.net.

**OBITUARIES**

**Dr. T. H. Brian Haig** passed away peacefully at home with family at his side on April 22, 2011. He is survived by his loving wife, Marie, and a large family. Brian was devoted to his wife and family with whom he enjoyed many activities. In particular, he was an avid cross-country skier and hiker and had a keen interest in natural history. He received his MD and PhD from the University of Saskatchewan, and his MSc from McGill University. He retired as Professor Emeritus from the Department of Surgery, University of Saskatchewan in 2000. The growth and development of the College of Medicine was very important to him.

**Dr. Olafur Eggert Laxdal** passed away at Sherbrooke Community Centre in Saskatoon on May 17, 2011. He is survived by his wife of 62 years, Jean Laxdal, and a large family. Dr. Laxdal started school early and entered the University of Saskatchewan at the age of 16. Encouraged by his sister Anna, he decided to pursue a career in medicine. He received his medical degree from University of Toronto and, while working at Sick Kids, met Jean in the halls of Toronto General where she was a nurse. Dr. Laxdal continued to train in Boston and then New York. He took his first job as a pediatrician in Regina in 1951. In 1969, he moved to Saskatoon to develop the Continuing Medical Education Department at the University of Saskatchewan. He is a Past President of Regina and District Medical Association and a fellow of the Royal College of Physicians and Surgeons of Canada. In 1993, he was awarded with the Duncan Graham Award for distinguished service and contribution in the field of medical education. He was also a fellow of the Canadian Pediatric Society and awarded by them Emeritus Fellow 2009. After retiring in 1991, Dr. Laxdal loved to be at Emma Lake with Jean and surrounded by his family. He enjoyed boating and fishing, reading, golfing, farming and raising horses and cattle. A song was always on his lips and his involvement with Saskatoon Chimo Chordsmen was one of his many pleasures. In his retirement, Dr. Laxdal returned to painting and enjoyed writing letters to any and all in regard to issues of health and the environment.
CHANGES TO ANNUAL REGISTRATION AND CORPORATION RENEWAL EFFECTIVE IN 2011

2011 brings a number of changes in registration and corporation renewal

Changes to Registration Renewal:
You will recall that 2010 was the final year that the annual registration cycle ends on December 31. Effective 2011, all licenses with the exception of educational and locum tenens (or temporary licenses) end November 30, 2011. This means that in the fall of 2011, physicians will be required to renew their registration electronically. You will not be provided with a paper registration renewal package.

Instead, physicians will be advised by email and letter that the electronic registration renewal system is open and they may proceed with renewal of their registration. The correspondence you receive from the College will provide the necessary information to permit physicians to log onto the system and renew their registration. Renewal for registration must be completed by submitting the completed registration renewal package and fees to the College by no later than November 1, 2011.

Please diarize this date for 2011 to ensure that you do not miss the registration deadline and that there are no interruptions in your licensure for 2012.

In order to renew on line you will require:
• Access to a computer;
• An email account. If you do not have one you should create an email account now;
• Credit card for payment of fees – we accept Visa or Master Card;
• Your MINC number – this will be provided in the letter that the College provides to you;
• Your personal account password - this will be provided in the letter that the College provides to you.

If you questions or concerns as to how these changes may affect your registration please contact Barb Porter Director, Physician Registration at 1-306-244-7355.

Changes to Corporation Renewal:
Renewal for medical professional corporations must be completed by submitting the completed registration renewal package and fees to the College by no later than November 1, 2011. Please diarize this date for 2011 to ensure that you do not miss the deadline and that there are no interruptions in registration of your medical professional corporation for 2012.

Medical professional corporation renewal will be completed with the usual paper package. The College will endeavor to provide on line renewal for medical professional corporations during the 2012 renewal cycle.

In order to renew your medical corporation in 2011 we will require the following from you:
• Completed Renewal Form A – this is included in the renewal package that you receive in the mail;
• Copy of your Corporate Profile – this is issued by the Corporation Branch of government. This allows you to review any changes you have made in your corporation over the past year;
• Credit card for payment of fees – we accept Visa or Master Card;
• Your current contact information so that we can contact you if necessary to confirm your information.

If you questions or concerns as to how these changes may affect your medical professional corporation please contact Registration Officers Carol Bowkowy or Amanda Lee at 1-306-244-7355.
SASKATCHEWAN PREVENTION INSTITUTE SURVEY

The Saskatchewan Prevention Institute is a non-profit organization that works to raise awareness and educate others on the prevention of disabling conditions in children. The Institute has partnered with the Alberta Centre for Injury Control and Research to create an evidence-based resource to assist Pediatricians and Family Physicians in counseling patients on childhood unintentional injury prevention.

The aim of the partnership’s project is to assist physicians and other health professionals in counseling patients on injury prevention behaviours. Such counseling will decrease the likelihood of a devastating injury.

Injuries are the leading cause of hospitalization and death for Saskatchewan children between 1 and 19 years of age. Physician counseling on injury prevention can be very effective in reducing the likelihood of a child suffering a devastating injury.

Because physicians are a trusted source of health information for families, physician counseling can play a critical role in the efforts to prevent unintentional injuries to infants and young children.

The resource is intended for use in clinical and public health settings and consists of evidence-based injury prevention messages categorized on three age-specific information cards, as well as, a poster. Age-specific information is available for children birth to 1 year of age, 1 to 4 years of age, and 5 to 9 years of age. Injury prevention messages are written in plain language for parents and are accompanied by a scriptographic image that shows the appropriate safety behaviour. The purpose of the poster is to serve as a reminder for physicians to counsel patients on injury prevention. The poster also serves to increase patient interest and awareness on injury prevention behaviour and encourages talking to their health care provider for more information.

In order to make the poster and information cards as effective as possible, Saskatchewan physicians are being invited to review these resources and complete a short survey. The survey is available online at: http://www.surveymonkey.com/s/XYMB7DJ. The information collected will be used to improve the effectiveness of the poster and information cards and to determine if additional resources would be useful. The survey will be available online until July 30, 2011.

Thank you in advance for your participation!

For more information on the project please contact Joelle Schaefer at (306) 655-2518 or jschaefer@preventioninstitute.sk.ca.

SRR PROGRAM REVIEW

The Specialist Recruitment and Retention Committee will perform a program review in September 2011. Saskatchewan specialists are welcome to provide their input regarding the programs currently available:

- Specialist Bursary Program
- Specialist Enhancement Training Program
- Specialist Recruitment Incentive

To learn more about these programs, visit the SMA website: www.sma.sk.ca. Under ‘Programs and Services,’ select ‘Specialist Programs.’ To provide your feedback, contact Dr. Brian Geller by email at brian@sma.sk.ca or by phone at (306) 244-2196 or 1-800-667-3781.
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