Dear CSRD Board of Directors,

Thank you for taking the following responses into consideration. I have provided the correct information to address the concerns raised in numbers 4 through 7 in the provided document regarding Bylaw 5848.

4.
I can confirm the NSHC was not aware that I would be relocating to Kelowna when the AAP submission was put through. This was a recent unanticipated development.

5.
The concerns raised make assumptions and are underinformed.

a. 2080 hours assumes 40 hours per week working 52 weeks per year. This also assumes the 8-hour workdays involves direct patient contact booked in consecutive 15-minute blocks.

I schedule 6.5 patient contact hours per day 4 days per week, 48 weeks per year.
4 weeks per year vacation time, not including statutory holiday closures.
The remaining 14 hours per week is dedicated to unpaid administration (paperwork) required to ensure proper patient care.
This calculates to an average of 15 minutes per patient seen. Many patients require 30-minute appointments due to the burden of chronic disease in our patient population. Some patients require less than 15 minutes, though all patients are booked a minimum of 15 minutes per appointment, excluding appointments solely for prescription refills.

b. The 4600 yearly visits equates to individuals making one visit to the medical clinic per year.

The NSHC is not a designated walk-in clinic, nor is it a physician owned or privately owned clinic. It is also not owned or run by the Interior Health Service.

It is a community health clinic which functions to provide longitudinal primary care to a community. My position as the full-time primary care physician is to provide primary care to individuals registered as patients of the clinic. Appropriate longitudinal primary care necessitates more than one clinic visit per year per patient. Our patient population includes a significant number of elderly and chronic disease patients, and more visits are required for these individuals to provide an appropriate level of care.

c. Residents were 'not allowed' to access the clinic.

Residents who are a registered patient of the clinic can book primary care visits with me. A registered patient of the clinic means the clinic physician (currently me) is the most responsible

physician for that patient's care. This also means that the patient is not registered under the care of another family physician. There are significant care implications that occur when an individual is seeking longitudinal primary care from two family physicians and as such this is discouraged by the College of Physicians and Surgeons BC.

Again, the NSHC is not designated as a walk-in clinic.

In many cases residents who were seeking to book an appointment with me were registered as a patient with another family physician and as such it is inappropriate to offer an appointment unless in an emergency and within the scope of what I can safely provide with the resources at the clinic.

Residents who do not have a family doctor and have new medical conditions requiring timely primary care, or are significantly elderly, or with significant medical conditions restricting their ability to travel are given special consideration and are/have been taken on as patients of the clinic.

Residents who are not registered patients of the clinic are able to access other services provided by the center including lab services, public health, footcare, mental health care, and massage. Again, residents do not have to be registered with the clinic to access these services.

6.
Residents are not asked if they are members of the clinic. They are asked if they are registered patients of the clinic. The reason for this question is:

a. To review if a chart is already created in our medical software for the individual
b. If they are not registered patients, do they have a family physician already

I suspect the individual has misinterpreted the requirement of a patient being registered with only one primary care physician, coupled with the misunderstanding that the NSHC is not a designated walk-in clinic has led to the perception of a 'members only club'.

Again, all residents can access other services provided by the center regardless of their registration status. I also provide emergent clinic care to non-registered residents when they present to the clinic within the scope of what I can safely provide.

7.
The majority of patients are current residents of the North Shuswap.
Some patients who I currently care for have relocated from the North Shuswap to other areas of the Interior and the Shuswap. They are long term patients of the clinic and have remained as such given the difficulty in securing a family physician in BC. No patients have followed any doctor from Chase and Sorrento to the clinic as claimed as I am the first permanent primary care physician at the clinic since it became a community health center and I have never worked in any other primary care clinic in Canada.

The recommended patient panel for a full-time family physician is 1500-1800 patients. I currently have 3000 patients for whom I am the most responsible physician. I mention this to highlight that in order to appropriately serve 3200+ permanent residents of the North Shuswap, 1 full-time and at least 1 part-time physician is required. To be able to provide service to the summer population at least 2 full time family physicians is required. Secure funding for the clinic to operate is an essential component to achieving the recommended patient to physician ratio. Secure funding of a Rural Community Health Care Center will also assist in recruitment of physicians to a stable environment.

Thank you again for allowing me the opportunity to address the concerns raised.

Sincerely,

Dr Domino Bucarelli