

# 2012 Annual Report



**Surrey-North Delta**  
**Division of Family Practice**  
A GPSC initiative



# Table of Contents

|   |    |
|---|----|
| Message from the Chair                          | 4  |
| Highlights of the Year                          | 6  |
| Strategic Aims                                  | 7  |
| Division Initiatives and Projects               | 8  |
| South Asian Health Centre (SAHC)                | 8  |
| The Diabetes Collaborative Prototype Initiative | 9  |
| Recruitment                                     | 10 |
| Current Nurse Practitioner Projects             | 11 |
| Attachment Initiative                           | 12 |
| Shared Care                                     | 12 |
| Financials                                      | 13 |
| Statement of Operations                         | 13 |
| Statement of Financial Position                 | 14 |
| Statement of Cash Flows                         | 15 |



Dr. Mark Blinkhorn

## Message from the Chair

As we look back on 2012/2013 in the future, I think we will characterize it as the period the Division got traction. Previous years were focused on developing capacity as an organization, learning to be an effective partner and finding direction and focus to build on the sense of promise that formation engendered.

Today, we have 225 Division members plus 13 residents and our board has expanded to the full complement of nine directors. EMR uptake has increased from 33 per cent to 68 per cent since May 2012 and we now have 11 programs and projects underway, which you will find more information on later in this report. Our partnerships are strong, mutually respectful and beneficial relationships through which we can begin to address our members' priorities: physician wellness; improved care to vulnerable populations; better connection between family practitioners and specialists, acute care and diagnostic services, and ensuring there are enough GPs in the area to meet demand and that they have the tools and support necessary to manage the complexities of today's practice.

As an example, we are working with our Fraser Health Authority (FHA) partners to explore a new service delivery model we think will bring new recruits to the area, improve professional satisfaction, enhance the health of existing physicians and their patients, and begin to reverse the decline of community-based in-hospital care. This model includes wrap-around multi-disciplinary services,

as well as opportunities for education and training for practice members, medical students and residents. Cross-coverage and locum support are also elements of this model.

Innovation is the hallmark of the upcoming South Asian Health Centre, being developed jointly by the Division, a strong group of community GPs and the Fraser Health Authority. This new centre may be the long-sought solution to reducing the burden of chronic disease in that population. The South Asian community makes up 38.3 per cent of this region's population. As it stands, regardless of whether the community is in Mumbai, London or Surrey, rates of diabetes and cardiac disease in South Asian communities are up to three times higher than other populations. The clinic will use a multi-disciplinary approach, coupled with culturally tailored practices that research tells us may be most effective in improving health outcomes. As this has not been done anywhere else in the world that we know of, we will rely on research partnerships to help evaluate outcomes. Also partnering with us is the Canada India Network Society, which has established links to India through which we can learn from each other.

Both these projects are candidates for inclusion in the strategic plan being developed for Surrey-North Delta under the recently announced GP4Me initiative. Funded by the Ministry of Health, and administered by the General Practices Services Committee, GP4Me will support strengthening of patient attachment and overall capacity building for continuous care through an incentive program for interested GPs. GP4Me also offers support for the Divisions' role in facilitating locally designed approaches to attachment.

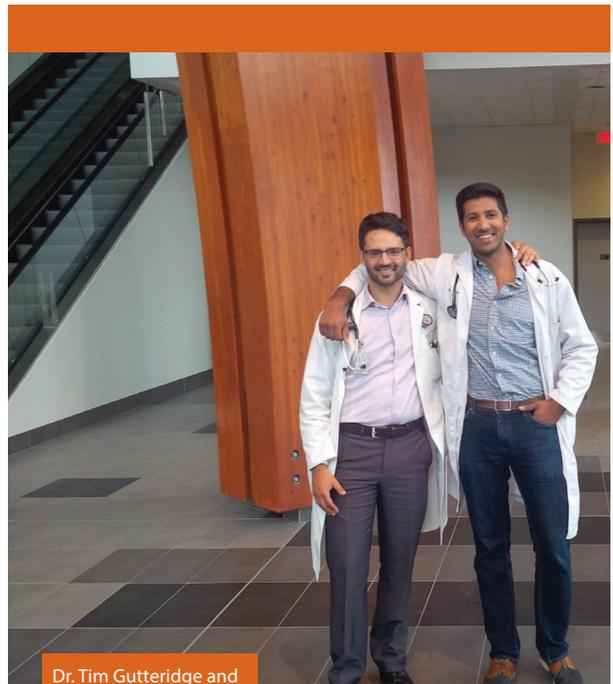
Like most regions, we have a shortage of physicians. FHA estimates a shortfall of approximately 200 physicians for Surrey-North Delta, and presumably this takes population projections and our aging physician community into consideration. We believe it will take more than recruitment and incentives to address the significant gaps we face in ensuring everyone who needs a doctor can get one – and that we don't burn each other out in achieving that. We will need to work together to rethink how care is delivered, and how we can build on what we are already doing to extend reach and keep ahead of demand while ensuring sustainability. We can't do that if we just keep doing things the way we have always done.

The G8 delivery model and South Asian Health Centre are examples of how we might move the needle on some

of these challenges. They also demonstrate how we have come full circle to the earliest vision for the Division, as a vehicle for facilitating family physician leadership in transforming community-based primary care.

We ask that all Division members, and our partners, join with us in building a plan for the future that will ensure a made-in-Surrey-North-Delta approach leads us where we hope to go.

Dr. Mark Blinkhorn, Chair



Dr. Tim Gutteridge and  
Dr. Rahim Manji



## Highlights of the Year

# 2012–2013

- Activation of all three phases of the diabetes collaborative initiative.
- Acquiring space and renovation of the future South Asian Health Centre.
- Success in obtaining shared care funding for projects focused on radiology, rapid access to consultative expertise (RACE) and nephrology.
- Execution of physician wellness events ranging from CMEs to physician dances.

- Commencement of the GP4Me Attachment Initiative.
- Achieved a 50 per cent response rate for the physician practice survey.
- Successfully obtained funding for four nurse practitioner positions focused on the Aboriginal community, South Asian chronic disease management, and substance use.



Dr. Dale Taylor, Dr. Saroj Kumar, Dr. Rahim Manji and Dr. Caroline Ferris



## Strategic Aims

### VISION

The Surrey-North Delta Division of Family Practice's vision is to improve quality of life for patients, physicians and the community at large.

### MISSION

The Division's mission is to:

- Advocate for patient and physician health in the community;
- Facilitate member engagement in evaluating and shaping the health care system, and
- Identify challenges and develop innovative approaches to providing efficient, quality healthcare.

### VALUES

- 100 per cent engagement of family practitioners: having them involved, active, valued;
- Integrating community paramedical staff into family practices;
- Having the Division be fully representative of its community, and
- Ensuring physician wellness is integrated into all Division activities.

### OUTCOMES

Division activities aim to achieve the following:

- A vibrant health care system in which the voice of the physician is heard;
- Integrating all models that ensure continuity of patient care and physician well-being, and
- Effectively representing all segments of primary care and providing services of value.

## Division Initiatives & Projects

### South Asian Health Centre (SAHC)

Innovation is the hallmark of the South Asian Health Centre, which was developed in partnership with physicians from the Division and Fraser Health to address the burden of chronic disease in the South Asian community. Given that South Asians make up 38.3% of the local population, have rates of diabetes and cardiac disease that are up to three times higher than other populations, we believe that a successful intervention requires a targeted and primary-care based approach.

Based on current research evidence and expertise of physicians from the Division, the clinic will incorporate multi-disciplinary teams and culturally tailored practices to positively impact health outcomes. A key core principle of this clinic will be in the provision of support to local physicians for *their* chronic disease clients. This will be accomplished using a targeted community approach that is grounded in a practical understanding of the South Asian community, and one that is culturally sensitive, flexible and accessible and which fosters good relationships with the physician community.

This centre will provide multi-disciplinary services that are culturally tailored for the South Asian population:

- A place where patients feel understood
- More than a translation service
- A place that honors the role of extended family in health care
- At maturity, the centre will offer GPs a one stop referral point for:
  - Diabetes education and support including a diabetes nurse and dietician
  - Capacity building for chronic disease management
  - Multi-disciplinary clinic
  - Support for high needs homebound patients
  - Home for South Asian patients who can't find a primary care provider
  - Real time/ hands on health promotion experiences:
  - Teaching kitchen
  - Exercise classes
  - Education and training opportunities
  - Health literacy training
  - Hub for community based health-focused programs such as:
    - Early Childhood Development
    - Community Kitchen
    - Peer led nutritional support

How will the health centre function?

- Initially, it will be staffed by two full-time Nurse Practitioners, a diabetes nurse and dietician
- Physicians will offer group medical visits for those of their patients using the diabetes services
- In the second phase, rotating multi-disciplinary clinics and complimentary community based health services will be added
- In addition, there are multiple opportunities for GPs to work in the clinic space in collaboration with the health care providers at the centre.



## The Diabetes Collaborative Prototype Initiative

Through a sustainable partnership and commitment to collaboration, Fraser Health and the Surrey/North Delta Division of Family Practice are working to improve health outcomes and the care experience for patients with chronic disease in Surrey and North Delta. As well, the team is working to expand community-based primary care providers' (including family physicians, GPs and nurse practitioners) capacity for complex chronic disease management, with diabetes as the initial focus.

This project involves three key prototype components:

1. Practice Diabetes Nurse (PDN): A specialty diabetes nurse has been made available to the three participating prototype family physician practices for the long-term management of diabetes patients at risk of co-morbidity (i.e. patients with two or more serious diseases).
2. Outreach services: Through the Jim Pattison Outpatient Care & Surgery Centre (JPOCSC) Diabetes Clinic, patients with diabetes are connected to the three family physician prototype practices. Diabetes self-management group education is provided in the community setting, delivered by certified diabetes educators (CDEs). Most classes will be delivered in conjunction with a group medical visit.
3. Care Collaborator (CC): Access to JPOCSC care collaborators will be made available to the three prototype GP practices for patients with complex chronic diseases.



## Recruitment

Surrey-North Delta Division is collaborating with Delta and Langley Divisions to develop and implement a prototype regional recruitment & retention strategy.

The intended objectives of these collective efforts are to:

- Develop & implement a regional recruitment & retention strategy to meet Division & community needs
- Support strategy implementation through monitoring, tracking, & evaluation
- Share processes, outcomes, & learning to facilitate recruitment efforts in other areas of BC
- Recruit & retain sufficient GPs consistent with vacancies, projected GP departures, population growth
- Enable patient access to a GP in their community
- Optimize cross coverage & recruit locum physicians to respond to GP leaves of absence
- Optimize resources & reduce duplication of work
- Mitigated the projected reduction in current number of practitioners
- Optimized health
- Increased professional satisfaction
- Increased professional confidence & satisfaction
- Increased # of permanent and locum GPs recruited to the community
- Increase awareness of opportunities in the region & individual communities

The intended impact of this project is to achieve the following:

- Increased opportunity to take leave while sustaining continuity of patient care
- Extended ability to continue practicing in their respective communities, if desired

## Current Nurse Practitioner Projects

### **SUBSTANCE USE**

Problematic substance use is an issue affecting many Surrey residents regardless of age, gender or socioeconomic status. A significant portion of the population struggle with chronic medical conditions/mental illness, unstable housing and difficulty accessing primary care services. A nurse practitioner has been hired to provide primary care services at Quibble Creek Primary Care Services and through outreach at selected support recovery homes in Surrey.

### **ABORIGINAL COMMUNITY**

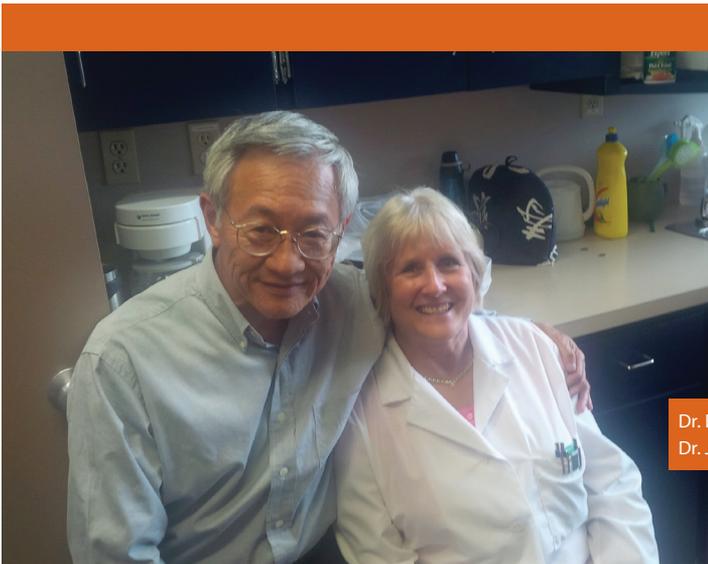
A dedicated nurse practitioner plays a key role in realizing the vision of the Fraser Health Aboriginal Health Plan, "Healthy Self, Healthy Families, Healthy Communities and Healthy Nation," by assisting with the achievement of the following priority goals:

1. Increase access to primary care services.
2. Increase the number of Aboriginal Health Care providers.

This position also has a 0.5 FTE outreach component at the Semiahmoo, Katzie, Tsawwassen and Barnston Island reserves to provide services directly to those communities.

### **SOUTH ASIAN CDM**

Housed in the South Asian Health Centre, these two full-time nurse practitioners will take on unattached and physician-referred patients to provide healthcare, education about self-care practices and promote integrated programs that will improve this community's overall health.



Dr. David Luk and  
Dr. Jan Peace

## Attachment Initiative

The division is excited to embark on the GP4Me Attachment Initiative. As one of the largest divisions in BC, Surrey-North Delta represents an extremely diverse and somewhat underserved community in terms of physician attachment. All the Division's work has attachment as a priority. Its projects all aim to attach vulnerable populations to robust and sustainable primary care resources. Fraser Health statistics show that the region is 200 physicians short of meeting the community's primary care needs. In the two years since the Division was founded, it has started to spearhead a number of initiatives its members believe will augment the Attachment Initiative in a seamless fashion. Some of these activities include:

- The creation of a new self-replicating group practice model that will provide rotating space for new physician recruits to allow them to build a patient panel with unattached patients, as well as the ability to follow all patients in hospital.
- A regional recruitment strategy that will increase capacity to bring new physicians to the area, which will ultimately create additional opportunities to attach orphan patients.
- The creation of a South Asian Health Centre that will embed nurse practitioners in the community to take on complex, unattached South Asian patients. Includes opportunity for FHA wrap-around services and other allied health professionals. In terms of financial reporting, the Division has implemented reporting model that separates all revenues and expenditures by project. This will allow the Division to ensure clear reporting occurs for Attachment versus other initiatives and will enable timely reports to be generated for this work.

The Division is undertaking activities that will ensure Attachment is embedded into the Division's overall strategic plan. The first is a needs assessment that will work towards creating a physician recruitment strategy and overall strategic direction for the Division and membership to carry forward over the next five years. As community engagement is a key component of all division projects and approaches, it has already commenced the membership engagement plan with members to garner their support for Attachment.

## Shared Care



The Division recently started work under the provincial Shared Care initiative. Funded jointly by the Ministry of Health and the BCMA through the physician master agreement, Shared Care provides a platform for local general practitioners and specialists to collaborate on improving health outcomes. In addition to physician stakeholders, the SND-DoFP is a key partner in execution of these projects, along with the Fraser Health Authority, other health-focused non-profit organizations, patients and the Surrey/North Delta community at large.

There are three Shared Care projects currently underway in Surrey-North Delta which focus on:

- Improving the referral pathways between radiologists and family physicians.
- Developing a system to provide family physicians with rapid access to specialist advice.
- Improving service delivery for chronic kidney disease patients through the collaborative efforts of family physicians, nephrologists and hospitalists.

All three initiatives are led by a dedicated Shared Care project manager attached to the Division.

# Statement of Operations

For the years ended March 31, 2013 and 2012

|   | 2013 (in \$)   | 2012 (in \$)   |
|---|----------------|----------------|
| <b>REVENUES</b>                             |                |                |
| Infrastructure                              | 542,515        | 381,268        |
| Regional recruitment strategy               | 28,941         | —              |
| GST/HST rebate                              | 13,519         | 6,800          |
| Interest                                    | 2,962          | 4,466          |
| Other revenue                               | 889            | —              |
|   | <b>588,826</b> | <b>392,534</b> |
| <b>EXPENDITURES</b>                         |                |                |
| Advertising                                 | 1,555          | 4,544          |
| Amortization                                | 9,909          | 2,344          |
| GST/HST rebate deducted from expenses       | 13,519         | 6,800          |
| Human resources                             | 252,033        | 103,645        |
| Insurance                                   | 1,525          | 1,365          |
| Meeting and event costs                     | 41,564         | 20,504         |
| Office                                      | 15,897         | 16,171         |
| Physicians costs                            | 151,643        | 103,002        |
| Physicians Data Collaborative Association   | 24,000         | 48,000         |
| Professional development                    | 468            | 1,283          |
| Professional fees                           | 15,412         | 15,778         |
| Rent  | 29,890         | —              |
| Travel                                      | 3,026          | 3,945          |
|   | <b>560,441</b> | <b>327,381</b> |
| <b>EXCESS OF REVENUES OVER EXPENDITURES</b> | <b>28,385</b>  | <b>65,153</b>  |

# Statement of Financial Position

March, 31, 2012

**2013 (in \$)**                      **2012 (in \$)**

## ASSETS

### Current

|                        |                |                |
|------------------------|----------------|----------------|
| Cash                   | 25,815         | 1,906          |
| Term deposits          | 232,153        | 205,360        |
| Receivables            | 23,418         | 50,501         |
| Prepaid expenses       | 9,603          | 41,185         |
|                        | <b>290,989</b> | <b>298,952</b> |
| Property and equipment | 52,144         | 12,702         |
|                        | <b>343,133</b> | <b>311,654</b> |

## LIABILITIES

### Current

|                       |                |                |
|-----------------------|----------------|----------------|
| Payables and accruals | 62,736         | 18,275         |
| Deferred revenue      | 184,865        | 226,232        |
|                       | <b>247,601</b> | <b>244,507</b> |

## NET ASSETS

|                       |                |                |
|-----------------------|----------------|----------------|
| Internally restricted | 28,000         | —              |
| Unrestricted          | 67,532         | 67,147         |
|                       | <b>95,532</b>  | <b>67,147</b>  |
|                       | <b>343,133</b> | <b>311,654</b> |

# Statement of Cash Flows

March, 31, 2012

**2013 (in \$)**                      **2012 (in \$)**

## CASH FLOWS RELATED TO OPERATING ACTIVITIES

|   |                |                 |
|---|----------------|-----------------|
| Excess of revenues over expenditures      | 28,385         | 65,153          |
| Adjustments for items not affecting cash: |                |                 |
| Amortization                              | 9,909          | 2,344           |
|   | <b>38,294</b>  | <b>67,497</b>   |
| Changes in non-cash working capital:      |                |                 |
| Receivables                               | 27,083         | (48,999)        |
| Prepaid expenses                          | 31,582         | (41,185)        |
| Payables and accruals                     | 44,461         | (5,686)         |
| Deferred revenue                          | (41,367)       | (31,396)        |
|   | <b>100,053</b> | <b>(59,769)</b> |

## CASH FLOWS RELATED TO INVESTING ACTIVITIES

|  |                 |               |
|--|-----------------|---------------|
| Purchase (redemption) of term deposits | (26,793)        | 45,131        |
| Purchase of property and equipment     | (49,351)        | (15,046)      |
|  | <b>(76,144)</b> | <b>30,085</b> |

## NET INCREASE (DECREASE) IN CASH

|                     |               |                 |
|---------------------|---------------|-----------------|
|                     | <b>23,909</b> | <b>(29,684)</b> |
| Cash, beginning     | 1,906         | 31,590          |
| <b>CASH, ENDING</b> | <b>25,815</b> | <b>1,906</b>    |

# Surrey-North Delta Board of Directors

Mark Blinkhorn, M.D. — Chair  
Jan Peace, M.D. — Vice Chair  
Rahim Manji, M.D. — Treasurer and Secretary  
Mark Green, M.D. — Member at Large  
Sanjay Khandelwal, M.D. — Member at Large  
Dale Taylor, M.D. — Member at Large  
Saroj Kumar, M.D. — Member at Large  
Caroline Ferris, M.D. — Member at Large  
David Luk, M.D. — Member at Large

## HUMAN RESOURCES

Louise Hara — Executive Director  
Susan Kreis — Executive Assistant  
Natasha Raey — Director of Operations, Communication & Evaluation  
Edoye Porbeni — Project Manager, Shared Care

## CONTACT

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The Divisions of Family Practice initiative is sponsored by the General Practice Services Committee, a joint committee of the BC Ministry of Health and Services and the BC Medical Association.

[www.divisionsbc.ca/snd](http://www.divisionsbc.ca/snd)



**Surrey-North Delta**  
**Division of Family Practice**

A GPSC Initiative

