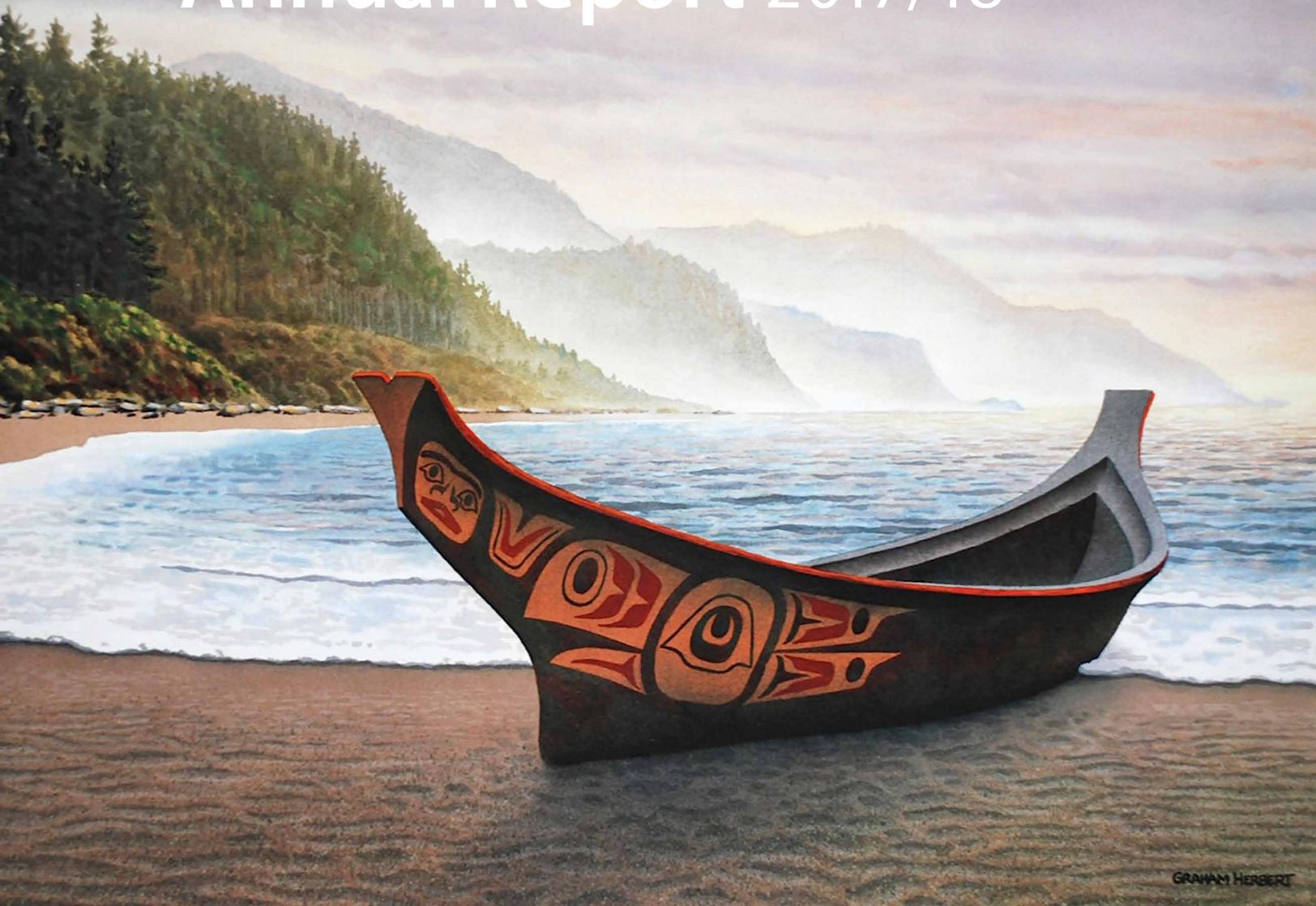


# Annual Report 2017/18



## THE SPIRIT HEALER – By Graham Herbert

The symbolism expressed on the bow of the cedar canoe represents the Shaman – “The Healer” and the Raven – “The Transformer”; a fitting metaphor for the past and next century of medical practice – “healing, leadership and change”. The original acrylic painting was commissioned to honour the Centenary of the British Columbia Medical Association.

Board & program reporting period November 2017 to October 2018

Fiscal year reporting period April 2017 to March 2018



**Vancouver**

**Division of Family Practice**

A GPSC initiative



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## ACRONYMS

- |   |  |
|---|--|
| <p>Cognitive Behavioural Therapy (CBT)<br/>         Collaborative Services Committee (CSC)<br/>         College of Physicians and Surgeons of<br/>         British Columbia (CPSBC)<br/>         Electronic Medical Record (EMR)<br/>         Expression of Interest (EOI)<br/>         General Practice Services Committee (GPSC)<br/>         Medical Assistance in Dying (MAiD)<br/>         Mental Health &amp; Substance Use (MHSU)<br/>         Nurse Practitioner (NP)</p> | <p>Patient Medical Home (PMH)<br/>         Primary Care Network (PCN)<br/>         Residential Care Initiative (RCI)<br/>         Situation, Background, Assessment<br/>         and Recommendation (SBAR) form<br/>         Vancouver Coastal Health (VCH)<br/>         Vancouver Division of Family Practice<br/>         (Vancouver Division)<br/>         Vancouver Residential Care Initiative<br/>         – After-hours Care Program (VRCI-ACP)</p> |
|---|--|

We acknowledge that we live and work on the traditional unceded homelands of the x<sup>w</sup>məθkwəy̓əm (Musqueam), Skwxwú7mesh (Squamish), and Səl̓ílwətaʔ/Selilwitulh (Tsleil-Waututh) Nations.



# OUR ORGANIZATION

Since our beginning in 2010, the Vancouver Division has grown to become a leader and facilitator of primary care, working to create a collaborative healthcare system and an engaged physician community within Vancouver. As a not-for-profit society funded by the Government of British Columbia and Doctors of BC, we work closely with our healthcare partners including Vancouver Coastal Health, BC Ministry of Health, Providence Health Care and community organizations to ensure a strong, integrated healthcare community.

## OUR GOALS

**To Family Doctors...** We aim to build a community of engaged family doctors and support them in improving ways in which they practice medicine in Vancouver.

**To Patients...** We seek ways to address gaps in care and needs that are not being met by the current primary care system.

**To our Community...** We aim to improve patient care, increase family doctors' influence on healthcare delivery and policy, and provide professional satisfaction for our members.

**1,142**  
MEMBERS

As the **largest provincial Division**, our membership of more than **1,000 FAMILY PHYSICIANS** represents **92% of the practicing family physicians** in the **City of Vancouver** and **20% in the province**.

# Message from our Executive Director



“The **Vancouver Division** is a place where people matter. Our **members** matter here. **Patients and partners** and their **unique perspectives** matter here. Most importantly, the **concerns our community** and **those we serve** matter here.”

The Vancouver Division is many things to many people...

It's a place where family doctors and community stakeholders work together to improve the primary care delivery system in Vancouver; where patients and community members are actively involved in the work and planning of Vancouver's primary care system; where innovation, education and research make a difference in primary care redesign; and where staff and members are encouraged and supported.

The Vancouver Division is a place where people matter. Our members matter here. Patients and partners, and their unique perspectives matter here. Most importantly, the concerns of our community and those we serve matter here.

This philosophy is at the heart of our 2018 strategic direction. It is also our compass for achieving our vision of facilitating primary care system transformation in Vancouver.

This past year was exciting as we had the privilege of engaging physicians, patients, caregivers, researchers, allied health professionals, partners and key stakeholders – in preparing the groundwork towards establishing Patient Medical Homes and Primary Care Networks throughout Vancouver.

This report provides a high-level overview of many of the successes we have had over the past year. I am confident these successes speak for themselves in regards to both our journey and value.

Thank you to our staff and Directors for all that you do. Thank you to our community – members, patients, key stakeholders and community partners – for your continued and steadfast support.

To all, thank you for your active participation and engagement. We look forward to working with you as we continue to develop a comprehensive vision for a more effective and efficient primary care system in Vancouver.

Sincerely,

A handwritten signature in black ink, appearing to be 'Dave Baspaly'. The signature is stylized and fluid, with a large loop at the end.

**Dr. Dave Baspaly**

Executive Director

# Message from our Board Chair



“You are what gives our Division strength and I cannot thank each and every one of you enough for your contribution and support.”

As I reflect on this past year, I am struck by how much work is happening in your Division; how many of you want to be a part of the change afoot in primary care; and how devoted your Board and staff are to bringing out the best in the Division, for both providers and patients.

It is impossible to capture the accomplishments of the Division over the year; however, I think both Board members and staff would agree that our biggest undertaking and one of our strongest successes was the referendum. We asked you to weigh in on whether or not family physicians should be the driving force behind designing the future of primary care in Vancouver, and weigh in you did: hundreds of you voted and over 95% of you said yes. We received a lot of feedback on the supporting documentation and website we created to support the conversation and we appreciated the opportunity to engage with you on the change that is underway.

As you can see throughout this Annual Report, many of you participated in the work and opportunities offered through the Division. You are what gives our Division strength and I cannot thank each and every one of you enough for your contribution and support.

For your Board, this past year has seen your Directors work to optimise governance and membership representation. They have explored their new roles as Committee Liaisons and worked hard to ensure our direction remains clear. They show up with a consistently strong desire to work hard for the Division and you, the members.

And finally, that brings me to our staff. Any of you who have encountered our staff know that they are exceptional. From those who support our committees, programs and day to day operations; to those who work tirelessly to help retiring, relocating and new doctors; to those who take personal accountability to ensure patients in need are matched to practices; not to forget those who ensure strong relationships with our partners – your staff is quite simply extraordinary. It is clear that our staff believes in the importance of our work and they are passionate about success. My deepest thanks to them for everything they do.

I am excited about the changes underway in primary care. While change is rarely easy, I believe this work will ultimately lead to a system that better supports us to provide the comprehensive, high quality care we want to deliver to our patients; and to do so in a way that allows us the balance and sense of value we need to maintain rewarding, sustainable careers.

After six years on the Board and two years as your Board Chair, I am confidently passing the torch of governance and leadership to the next cohort of committed family physicians. I am excited to see what the future holds for primary healthcare in Vancouver. Thank you for allowing me to represent you on the Board for the past six years. It has been an honour.

Sincerely,

A handwritten signature in black ink, appearing to read 'Fiona Duncan'. The signature is fluid and cursive, with a long horizontal stroke at the end.

**Dr. Fiona Duncan**

Board Chair



# OUR MEMBERSHIP



***“This is very much appreciated, thank you so much for all your help! I’m very excited to be part of the Vancouver Division. It is really a wonderful opportunity with many valuable resources.” – Vancouver Family Physician***



## Board of Directors



**Dr. Fiona Duncan**  
Board Chair



**Dr. Lauren Daley**  
Vice-Chair



**Dr. Jay Slater**  
Treasurer & Secretary



**Dr. Bobby Gu**  
Resident Board Member



**Dr. Kelly Little**  
Board Member



**Dr. Ashnoor Nagji**  
Board Member



**Dr. Nitasha Puri**  
Board Member



**Dr. Robin Patyal**  
Board Member



## OUR WORK

As a member-driven organization, our work is centred on supporting family physicians to provide primary care in our community.

Based on member direction, we develop programming to support physicians throughout their practice lifecycle, providing resources and opportunities to build a fulfilling and successful career.

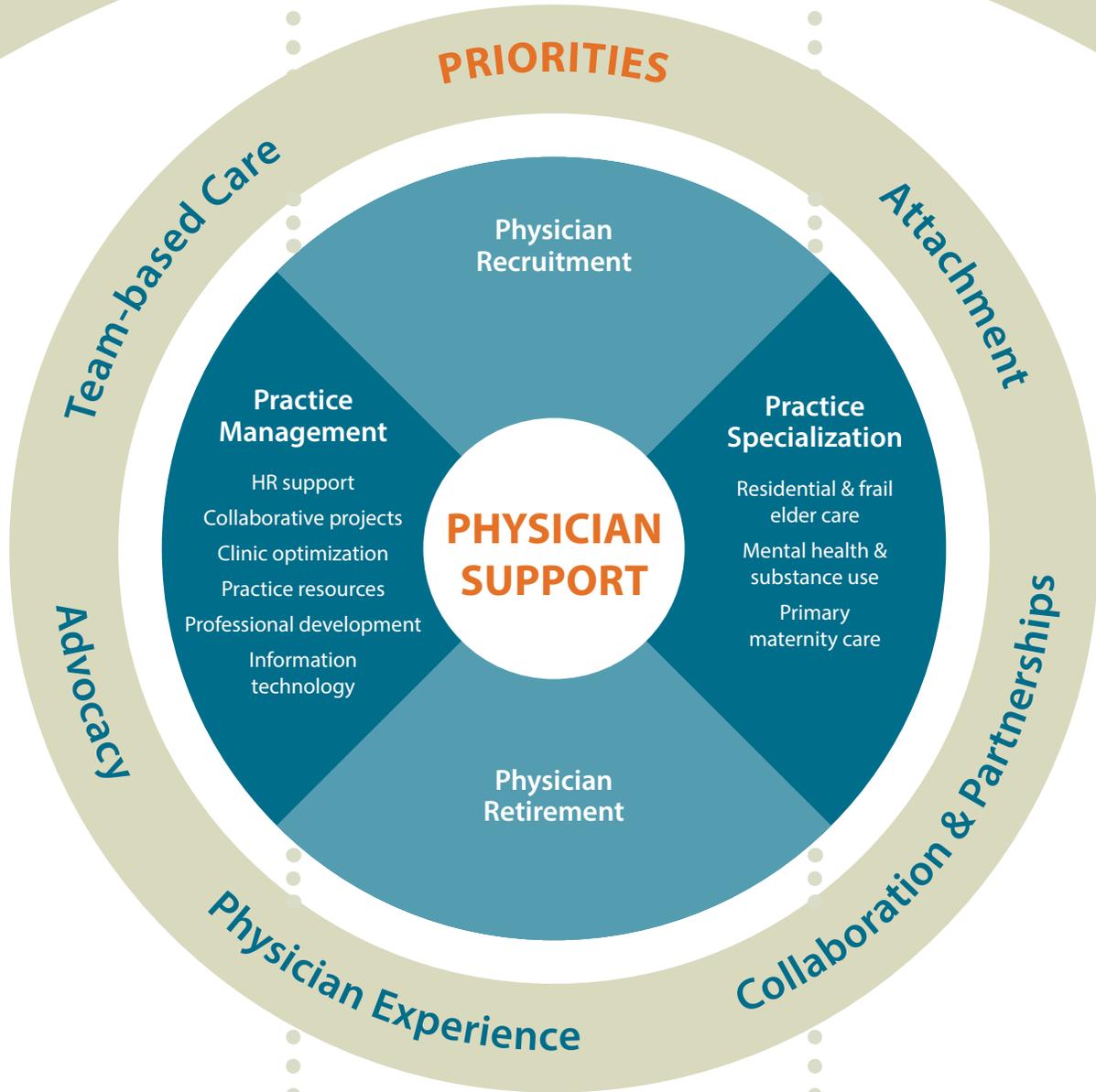
Representing family physicians and their work within the primary care system as leaders and collaborators we also develop programming based on the direction of the Ministry.

As part of our goals, and the overarching focus of the Vancouver Division, we are working with our members, patients and community partners to design and implement strategies to assist family physicians in the development of Patient Medical Homes and the primary care component of Primary Care Networks.

As part of the larger healthcare system in Vancouver, we collaborate with our partners to ensure the overall system outcome:

**RIGHT CARE**  
at the  
**RIGHT PLACE**  
at the  
**RIGHT TIME**

The overarching focus of our work is the Patient Medical Home and Primary Care Networks



✓ Increase attachment

✓ Increase capacity

✓ Improve access to appropriate care

✓ Achieve quality of care for patients

# Our Overarching Work on System Change

The Vancouver Division, as the voice of family physicians, is working in partnership with the Ministry, local Health Authority, community partners, primary care providers and patients to ensure the successful development of Patient Medical Homes and Primary Care Networks.

*“Family Doctors must work together to create the change we want to see in our system. Your Division is your voice. Your Board of Directors is elected by you, the members. The work of the Division is done by you, its members. Join us in this exciting time and let’s make a difference.”*

– Dr. Fiona Duncan, Board Chair, Vancouver Division & Vancouver Family Physician



## 2016-2017

### RESEARCH & ENGAGEMENT

*(Dec 2016 – Summer 2017)*

- Engaged 475+ physicians
- Involved 2,600 patients
- Collected/analyzed data
- Explored PMHs provincially, nationally and internationally



## 2017

### STRATEGIC PLANNING

*(Spring/Summer 2017)*

- Prioritized PMH and PCN outcomes & attributes
- Discussed learnings with community partners

### IDEATION

*(Fall 2017)*

- Called out to physicians for PMH project proposals
- Received 26 proposals
- Engaged over 80 physicians
- Developed score card to evaluate proposals



## 2018

### CALL TO ACTION

*(January 2018)*

- Referendum vote put forth to family physicians
- More than half of eligible members voted, with over 95% voting yes
- Family physicians committed to being the driving force behind primary care change

### COLLABORATION

*(Spring – Fall 2018)*

- CSC partners to develop and design primary care system change in Vancouver
- CSC submitted EOI to GPSC for funding
- Proposal accepted and funding given to CSC to develop a primary care Service Plan to present to GPSC in October

### FACILITATION

*(Spring – Fall 2018)*

- Division hired staff to provide ground-level physician support around PMH readiness and network development
- GP Leads selected to help PMH network development in their communities

### DESIGN & IMPLEMENTATION

*(2018 – 2022)*

- Enabling network formation
- Setting governance structure
- Working with partners to develop a Service Plan



# Patient Medical Homes & Primary Care Networks

## REFERENDUM

As a physician-led organization, Vancouver Division asked our members: "Should family physicians be the driving force behind designing the future of primary care in Vancouver?" More than half of our eligible members voted, and of those, over 95% said YES.

## THE DIVISION IS A LEADING PARTNER OF THE COLLABORATIVE SERVICES COMMITTEE



Working alongside community partners:



## SERVICE PLAN DEVELOPMENT

We are working with our partners to develop the first Service Plan for Vancouver's primary care system with an initial focus on the City Centre, Broadway Corridor, Oakridge and First Nations PCN. The Service Plan will aim to attach patients to PMH networks and address gaps in care in each community. The implementation will be fluid and will inform expansion in future years.

## SHARING SUCCESS

### Ground-level network engagement

Three clinics, with 14 physicians on a common EMR, created a network to support their diabetes patients. Integration of a Diabetic Navigator who provides education and management resources through available fee codes helps facilitate the team-based, coordinated approach to improve quality of care and achieve better health outcomes.

# OUR IMPACT & PROGRAM HIGHLIGHTS

## Matched complex care patients to a family physician

The Vancouver Division's **Patient Attachment Initiative** is a streamlined approach to prioritizing unattached complex care patients and matching them to the most appropriate family physicians with capacity for new patients.

**2,770** patients matched

**81%** patients matched have complex/urgent care needs

*“The experience of being matched with my new doctor was fantastic! The program workers were so organized, fast and diligent. They found me a doctor within walking distance to my home! I never would have been able to find this doctor without the help of the program. I am so grateful!”* – Patient Attachment Initiative Patient

**81** of the **117** family physicians we have worked with provided feedback:

**80%** agreed their ability to take on complex patients improved

**90%** reported value to their practice, this included:

**EASE** to take on **new patients**

**ABILITY** to build **balanced patient panels** based on areas of expertise

**SUCCESSFUL MATCHES** to align with their **capacity**



## Focused on attachment with support programs for retiring family physicians

Two retirement programs, **patient reallocation** for patients whose physicians are retiring, and **physician recruitment** for new physicians to start or takeover a practice, prove successful in patient attachment.

**15,500** patients attached through permanent family physician placement

**3,300** patients remained attached through practice takeovers

**6,546** Vancouver patients offered a new family physician to avoid unattachment

**4,142** non-Vancouver residents provided resources in their community to avoid unattachment

*“For me, knowing each and every one of my patients had the opportunity to have a new family physician was very comforting. I cared for many of my patients for close to 30 years and I felt grateful to have the Division help me provide continuity of care for my patients. This was extremely important to me.”* – Retiring Family Physician

## Helped 20 family physicians start a practice

The Vancouver Division's hands-on support guides physicians through finding an ideal practice location/clinic setting, growing their panel, and accessing tools to help navigate the early challenges of starting a practice.

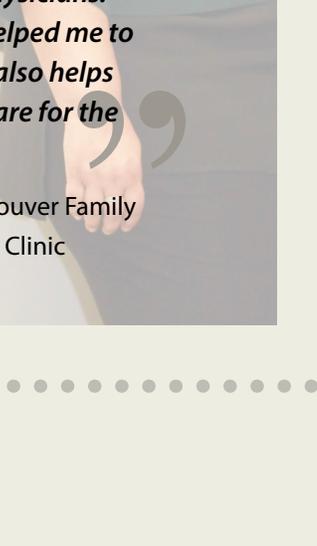
## Matched 80 physicians to work placements

Successful locum and permanent family physician placements benefit both physicians and clinics, they help new physicians find work opportunities and ensure peace of mind for physicians taking time off.



***“In 2017, I decided to move from the UK to Vancouver with my family. I applied to several Vancouver-based clinics through Health Match BC and was connected to the Recruitment & Retention team at the Vancouver Division. The Division worked with me to find a clinic that would best suit my practice preferences. I eventually chose to join Dr. Shamim Jetha’s clinic, Heather Medical, in Fairview and started my practice there in May 2018. The Division continued to provide support by helping to build my patient panel. They referred over 600 patients from nearby retiring family physicians. This program not only helped me to grow my practice, but it also helps to ensure continuity of care for the patients in the area.”***

– Dr. Rajvinder Bains, Vancouver Family Physician, Heather Medical Clinic



***“The Division’s personalized locum matching program has matched several locums to help our practice. They have also helped us find three permanent colleagues and supported each of them by building up their patient panels through the Retiring Physician Patient stream and allowing us to better meet our community’s primary health care needs.”***

– Dr. Eric Cadesky, Vancouver Family Physician, The Doctor’s Office

## Implemented a new approach to provide better care for residents

It is human nature to panic when seeing someone experience a severe health situation. In residential care sudden health changes occur on a regular basis, so healthcare providers and family members of residents need to plan ahead. The **Sudden or Acute Event Orders form** was developed by the Vancouver Division RCI program team and VCH collaboratively to provide a structured approach to support residents experiencing a sudden change in their health condition.

### Nursing staff learning from the Sudden or Acute Event Orders' education sessions:

*"Make resident more comfortable prior to calling clinician."*

*"The difference between a "real emergency" and a change in condition that can be managed with the clinician."*

*"Sending to hospital is not always the best solution, call clinician first."*

*"That we will be able to use this and lessen unnecessary transfers to acute care."*

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## Created a standardized process for resident after-hours care

The overall goal in expanding the RCI After-hours Care Program is to **improve patient care**, with key objectives of providing **better work-life balance** for clinicians and greater success in **recruitment** of residential care providers.

- ✓ Centralized system coordinating shared clinician after-hours coverage for all RCI facility residents
- ✓ Standardized SBAR communication tool utilized to facilitate interdisciplinary care team communication
- ✓ Improved resident and nursing staff support due to the expertise of the after-hours clinician coverage
- ✓ Implemented measures for ongoing improvements: Data collection for quality assessment and case review for challenging calls

**85%** VRCI-ACP physicians and **82%** nursing staff report the **SBAR form improved communications**

**71%** VRCI-ACP physicians report a **decrease in after-hours calls**

**78%** VRCI-ACP physicians report **improved work-life balance**

**78%** facility leaders report it is **easier for staff to contact clinicians for after-hours care**

**62%** facility leaders report it has greatly improved **timeliness of responses**

## Cultivated peer-to-peer knowledge exchange for mental healthcare

The Division brought **48 family physicians** together with **six mental health and addictions specialists** to discuss important MHSU topics, including alcohol addictions care, ADHD, addictions care within a busy family practice, and formulating better referrals to ensure patients are triaged and seen effectively. The workshop cultivated a sense of community and collaboration in learning how to effectively work together to provide shared mental healthcare to patients.

*“Thank you for excellent talks! Extremely informative.” – Vancouver Family Physician*

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## Developed primary care option for patients with mental health treatment needs

Meeting the demand for mental health support in Vancouver primary care, the Division’s CBT Skills Group pilot received over **400 patient referrals** and established **5 family physicians and 2 psychiatrists** as trained CBT Skills Group facilitators. CBT Skills Groups offer an 8-week psycho-education program for patients with low to moderate severity of anxiety and depression, as well as other lower acuity mental health diagnoses. The program is based on Victoria Division’s CBT Skill Group Initiative.



*“I am finding this group very helpful. It’s the only thing after 2 years of being off work that is actually helping me recognize what’s happening and making changes in the right direction.”*

– CBT Skills Group Pilot Participant

*“I wished this program existed sooner. I found it was more beneficial than all of the counselling I had in the past. I hope this CBT Skills course becomes a permanent program.”*

– CBT Skills Group Pilot Participant

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## Created a support structure for younger patients with mental health concerns

Responding to member feedback on gaps in knowledge of diagnosing and treating younger patients with mental health concerns, the Vancouver Division facilitated a workshop where **20 family physicians** and **20 Vancouver School Board staff** discussed ways to improve the process and communication channels to ensure a more collaborative approach and better mental health support for youth.

## Matched 15 family physicians to 8 healthcare partner projects

Connecting family physicians to project teams improves the likelihood of a project's success and offers leadership experience beyond clinical work to members. As Division Representatives, members have provided a family physician perspective on a variety of successful projects including the **Shared Care Steering Committee** and **Virtual Pre-Surgical Optimization Project**.

*“Family practice is very much one-on-one. But by being a Division Rep, this gives me a broad perspective and allows me to pursue my interest in public health.”*  
– Vancouver Family Physician & Division Representative

## Shared the best clinical tools with physicians across BC

Reviewed **1,500+ resources for patients and physicians** that had been on the Division's Clinical Dropbox Tool, resulting in updating or adding **500+ resources onto Pathways**, increasing the number of tools and resources available to family physicians province-wide.

## Connected family physicians to specialists and clinics through Pathways

Vancouver family physicians connected to Pathways' **online database** and **referral system** on average **5,654 sessions per month, up 31%** from last year. The use is a testament to the accuracy of data, the expansion into specialty areas and the increase in the system functionality.

- Vancouver users' website **traffic is up 18.5%** over last year
- **1,353 Vancouver specialists** listed on Pathways
- **321 Vancouver clinics** listed on Pathways
- **180+ clinic/specialist information accessed daily, up 22%** over last year

*“Pathways is my go-to reference when I am arranging referrals for my patients. Knowing wait times is invaluable; knowing what each specialist will or won't do cuts down on delays from having to redirect referrals. It also allows me to discover new specialists in the community whose practices we can help support, and other family doctors with special interests and skills.”* – Vancouver Family Physician

## Launched updated search to connect maternity patients with family physicians

Unattached pregnant moms can now find family physicians who are accepting new patients for maternity care through the Vancouver Division's public website [PregnancyVancouver.com](http://PregnancyVancouver.com). On average, **900 patients access the Find a Maternity Doctor search each month**.

**PregnancyVancouver**  
A Vancouver Division of Family Practice initiative

Engaged 1,000+ members in professional development, knowledge sharing and networking

32 Events 1,059 EVENT registrations  
Unique Members Engaged 424

### Trained 59 physicians on how to have challenging conversations with patients to improve quality of care

Early conversations about patient prognosis and goals of care can improve quality of life, reduce suffering and ease the burden of decision-making. Many physicians feel that they lack the training and confidence to do this well. The Vancouver Division hosted two **Serious Illness Conversations: Engaging Patient and Families** events for family physicians to meet this need.

*“Serious Illness Conversations is a difficult topic and part of anyone’s practice. This workshop made it more tangible and manageable. Thanks!”* – Vancouver Family Physician

### Helped members navigate critical changes in healthcare

With the changes in legislation to bring medical assistance in dying into practice, it is important that physicians are aware of their role and responsibilities when caring for patients requesting MAiD. The Vancouver Division engaged **56 family physicians** in case study discussions and presentations on **MAiD: What Every Family Physician Needs to Know**.

*“It increased my knowledge and lowered my anxiety. Thank you.”* – Vancouver Family Physician

With the legalization of cannabis physicians will likely see an increase in its use within Residential Care. The Vancouver Division is hosting an event for residential care physicians on **medicinal use of cannabis in Residential Care** including new Health Authority policies, general guidelines and best practices within the frail elder population.

### Educated family physicians about retirement planning

The Vancouver Division’s 3rd **Annual Physician Retirement Information Session** welcomed Dr. Jean Clarke and Dr. Catherine Reilkoff who shared their personal stories of retirement with an audience of **26 family physicians**. Discussion included financial planning, CPSBC standards and guidelines, medical records storage, and retiring support programs at the Vancouver Division.

*“Thank you for the information. I think you people have done an excellent job to support us.”*  
– Vancouver Family Physician

### Supported 100+ residents and new-to-practice physicians

The Vancouver Division provides **networking and knowledge sharing programming**, including the Annual Career Fair and practice management workshops, to help new family physicians successfully transition into practice.

*“I found your support services very helpful and personalized, and I would recommend any new grad be in touch with your team. Thank you for your time and help over the last year!”*  
– New-to-Practice Family Physician



# OUR FINANCIALS

## Message from our Treasurer

The Vancouver Division has remained in a period of transition this past year. We've continued working with our partners on the system changes that will facilitate the development of PMHs. Internally, our work continues to be aligned toward the goal of creating robust PMHs and networks. With our members, a lot of effort has been directed at building a clear understanding of the specific needs, practice preferences and geographic distribution of family physicians across Vancouver. We have recruited staff to help with this process, to encourage physician engagement and to start preparing members to bring to life the primary care framework as envisioned.

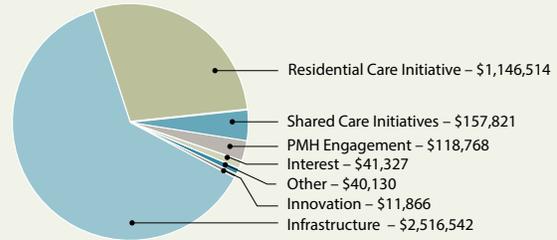
The Vancouver Division prides itself on prudent financial management. With no additional funding provided to us again this year, we have used Infrastructure Funds to continue our successful Practice Management and Specialization work. Despite reduced total funding again this year we still managed to make an impact in our community as noted throughout this Annual Report. Additional funding was received at the end of the fiscal year to help with the resources necessary to accelerate our ability to develop networks in Vancouver this year.

Many thanks to the Vancouver Division staff and operations leaders for ensuring that we remain on solid financial footing.

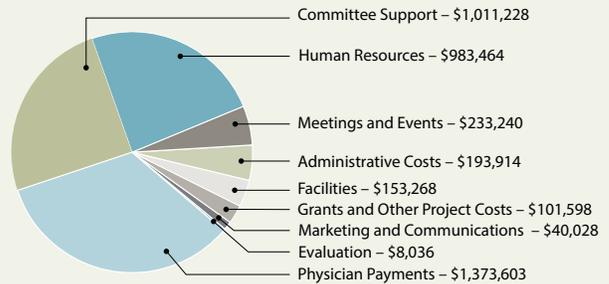
Sincerely,

**Dr. Jay Slater**  
Treasurer and Secretary

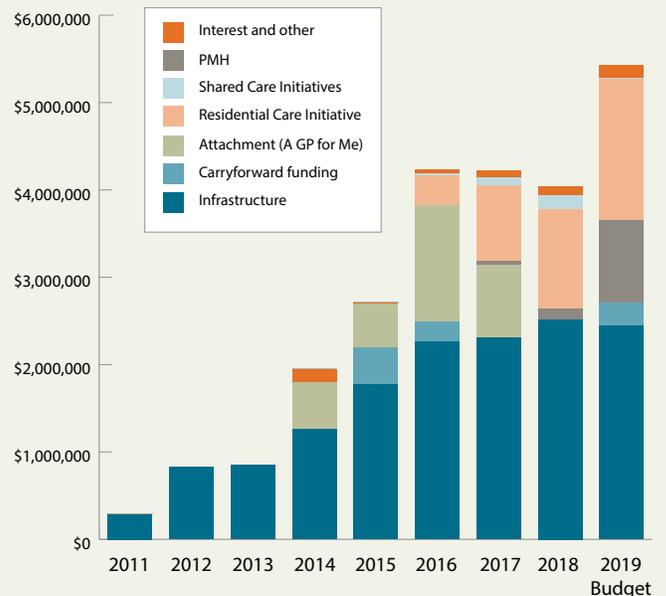
### REVENUE 2017/2018



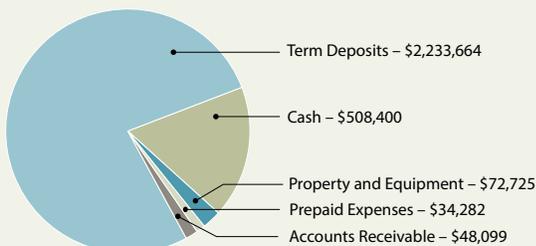
### EXPENSES 2017/2018



### YEAR OVER YEAR REVENUE GROWTH



### ASSETS 2017/2018





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**Vancouver**

**Division of Family Practice**

A GPSC initiative