

2017–2018 Annual Report



Mission

Division of Family Practice

A GPSC initiative



VISION STATEMENT

Promoting sustainable primary health care
through programs which address the health care issues
of our community and physicians



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Chair's Report

Looking back, it has been an exciting and productive year. We have continued to support our physicians, our patients, and our community in innovative and collaborative ways.

We have been focusing on the next two central initiatives – the patient medical home (PMH) and the primary care network (PCN) models of care. We have recently developed and submitted our Expression of Interest for the PCN initiative with the support and collaboration of our community partners as well as Fraser Health.

Though the Frail Seniors Initiative wrapped up this last year, the learnings and processes that were developed will benefit our membership and community and will be incorporated into the primary care network service plan moving forward.

During this past year, we moved the division office from our previous location into the Community Health Centre. The move was a result of our collaboration with Fraser Health and it has enabled us to interact with our public, home, and mental health colleagues more easily and effectively. The redesign of the division office space has enabled us to accommodate the ongoing administrative and clinical work. The Attachment Clinic has evolved into the Primary Care Clinic with our NP Lianne Bjonnerud working a full day per week, and GP support one to two days per week.

The Mission Maternity Clinic has been rapidly expanding and meeting the needs of our maternity patients. Please see the insert for further details on this successful service we offer our community.

Over the last year, we have worked to bring the Mission Division of Family Practice into compliance with the changes to the Societies Act by making changes to our board structure and composition

Other administration activities have included collaboration with our local Medical Staff Association (MSA). Together, we have explored what physician wellness means to our members and we have offered activities to promote physician well-being. We look forward to further work in this vital area.

All of this work would not be possible without our excellent support staff, our dedicated board and their hard work on our behalf, or our amazing physician members. I welcome you to get involved in any of our activities, working groups, or initiatives. I also welcome you to come visit the division office to meet our wonderful staff: our Executive Director, Shona Brown; our MOA and Admin Assistant, Kimberly Bergen; our Project Coordinator, Nicole Martin; our Bookkeeper, Paul Burns; and our Community Navigator, Jennifer Ortman. I would also welcome you to meet our newest staff members Kim Bell, who comes in as a Project Coordinator, and Rita Metwally, our Communications Coordinator.

I am very thankful to work with such a talented and dedicated staff, and I am looking forward to the coming year.

Respectfully Submitted,

Dr. Carol Pomeroy

Chair

Treasurer's Report

Financial Statement

April 2017 – March 2018

On behalf of the board, I am pleased to present the Mission Division of Family Practice's audited financial statements for the fiscal year ending March 31st, 2018.

Loewen Kruse Chartered Accountants examined our financial statements in detail in May of 2018 and were satisfied that we are in compliance with the Canadian accounting practices.

The 2017/2018 fiscal year was very busy with the division supporting the Mission Division's Primary Care Clinic, the Mission Maternity Clinic, the Mission Youth Clinic, the ongoing development of the Patient Medical Program, the Residential Care Program and physician wellness.

The Mission division continues to have excellent support staff to ensure that the various programs that have been initiated continue to be run effectively. Our staff include Shona Brown, our Executive Director; Nicole Martin, our Programs Coordinator; Kimberly Bergen, our MOA at the Primary Care & Maternity Clinic; and Paul Burns, our bookkeeper. I would like to thank them for all their hard work and commitment to the financial management of the Division's resources.

Respectfully Submitted,

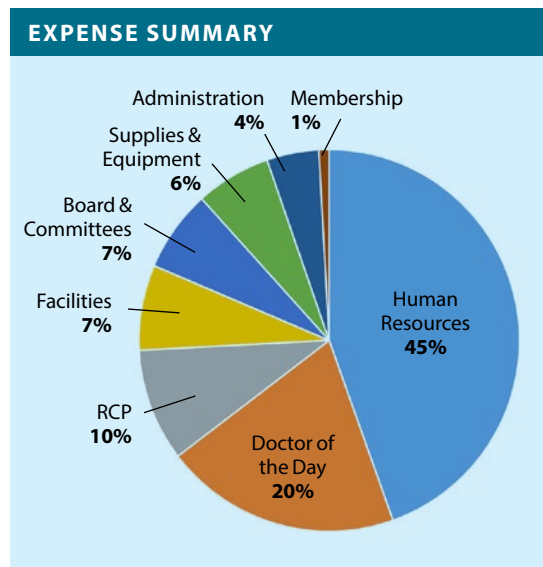
Dr. Harj Dau

Treasurer

Infrastructure

Actual

Human Resources	\$ 348,915
Doctor of the Day	157,181
RCP	74,775
Facilities	56,614
Board & Committees	54,043
Supplies & Equipment	50,112
Administration	34,679
Membership	6,748
Total	\$ 783,067



Executive Director's Report

This has been another exciting, albeit a bit of a whirlwind, year for the Mission division. We have focused considerable time on strengthening connections both locally and provincially. Our division worked with our Health Authority partners on several projects, one being integrating the division work within the Community Health Centre. After many months of construction, the office finally moved into the CHC last fall. For those that have not come by, please stop in for a coffee and a tour. We are now co-located with many of our community partners and have the space for physicians to hold team-based meetings.

After our move, our Attachment Clinic became the Primary Care Clinic. The name change was to better state our purpose so that the community understood that though we still provide care for those that really need it, we cannot formally attach anyone until our community has more capacity to do so. We have maintained capacity at the Primary Care Clinic thanks to a few committed physicians.

Mission is a semi-rural community with a population of over 41,000, and our senior population is expected to increase by 19% by 2020. Fraser Health continues to acknowledge and support our work at the Mission Primary Care Clinic which includes a nurse practitioner for our frail senior population as well as indigenous and refugee communities. Fraser Health is also providing a half-day sessional for physicians who come to the Primary Care Clinic to support some of our unattached patients.

Our Residential Care Initiative is designed to address challenges by enabling physicians to achieve five best practices and develop local solutions to improve care of patients in residential care homes. The five best practices are: 24/7 coverage and on-site attendance, proactive visits, meaningful medication reviews, key patient documentation and annual case conferences. Over the past year we have had a small group of physicians working towards these best practices. Our Residential Care physicians continue to trouble-shoot issues and refine processes for our patients, their family and our community physicians.

Our division partnered with Fraser Health on the frail seniors initiative to better support the well-being of frail seniors and bring the care of aging patients back to the community sector. Together with our partners, our physicians have identified gaps in frail seniors' care and have put resources in place to support them. Our Community Care Professional (CCP) program with Home Health is working well for most clinics and it will continue to be monitored to ensure the support of your patients.

Our partnerships have strengthened, creating many new initiatives, including our primary focus on the patient medical home and the overarching primary care network. This work has brought together our partners from Fraser Health, Community Services and our Seniors Society. Together we are looking at change management for a better, healthier community.

The changes to the Society Act around governance have kept us busy. The activities required to ensure the division achieves the desired constitutional and strategic objectives while meeting all fiduciary and legal requirements have caused some changes to our Board and structural changes to the division. The Board of Directors, Finance and Audit Committee and Executive Committee, meet quarterly and will provide strategic leadership and oversight. We have added an advisory committee to the Board who will continue to meet on a monthly basis, providing recommendations from our membership to the Board of Directors.

I would like to thank our staff Kimberly, Nicole, and Paul for their dedication and commitment, their tenacity and the creative abilities they bring to the programs we run, and the patients and physicians we serve. As well I want to acknowledge and thank our Community Navigator, Jennifer Ortman. We are a small but mighty team and I appreciate all they do.

And to all our tireless family physicians, our members and champions. I thank each of you for your continued support, leadership, integrity, energy and contributions. The division has a strong Board of Directors and an engaged membership. Our Board members are focused in the pursuit of excellence, system change and the development of a strong and coherent organization. They work very hard on behalf of our members, and I thank them for their time and energy and for providing input, advice and direction as required. We are making a difference and this report is evidence of both our journey and our outcomes.

As we move forward, I invite members to help us build on this past year's achievements and to continue to influence our collective work for physicians, patients and our community. We have learned that system change involves everyone. Input and leadership from members is fundamental to the division's success. Member feedback shapes the strategic direction of the division. We listen to, advocate for, and support project work for our members about matters that impact them and their practices.

Be a part of creating change to benefit our physicians, their patients and our community.

Respectfully Submitted,

Shona Brown

Executive Director

Mission Division of Family Practice



Practice Support Program Report

2017–18 has been a year of change so it's a good thing that the Practice Support Program (PSP) is in the business of change management. As an initiative of the General Practice Services Committee (GPSC), PSP has realigned its services to support physicians and Divisions of Family Practice working towards an integrated system of care via the patient medical home and primary care network models. As part of this process, PSP services piloted in the previous year, including the GPSC Patient Medical Home Assessment, Understanding Your Patient Panel and EMR Functionality Assessment, have now become core PSP tools. Thank you to those who helped pilot and shape these assessments.

In collaboration with your division, the Complex Care Patient Management (CCPM) program was launched to support practice teams with this unique patient population using a quality improvement lens and incorporating the new PSP tools referenced above. Through this participation, practices will be more prepared to take advantage of future opportunities as your local primary care network develops and the new GPSC panel management incentives become available. The first cohort launched in June with seven physicians and their MOAs with the final session scheduled for December. A second cohort will launch in October offering further opportunities for participation.

PSP offers its practice support services to you through flexible learning and support options. In alignment with this principle, our traditional learning modules are being refreshed and reformatted so that content can be accessed in a variety of ways, including

small group learning sessions. Expect to hear more about these in the near future.

PSP also launched a recently refreshed Chronic Disease Management module in Fraser East with family practice participants from Chilliwack, Abbotsford, and Mission. The focus is to enhance longitudinal care for patients living with chronic conditions with a planned, proactive approach using two powerful tools: patient registries and an automated recall system. Of the 13 participants, three physician practice teams were from Mission. The last session completed on September 27, and many practices are commented that their enhanced recall system has clearer criteria and there is more staff involvement. Some clinics have implemented a proactive recall system where none existed before.

Lastly, in response to the growing demand for support from each division as they develop their Expression of Interest for primary care networks, our team has been expanding. In some cases, team members have been reallocated to communities closer to home to enhance support.

It has been my pleasure to serve the Mission physician community and I look forward to smoothly transitioning my colleague, Maggie Aronoff, as your new PSP Division Liaison.

Respectfully Submitted,

Sophia Tanaka

Practice Support Specialist
PSP Regional Support Team
Fraser Health Authority

Community Resource Navigator Report

The World Health Organization (WHO) defines health as “a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity.” The Community Resource Navigator position started as a nine week pilot project, born out of a growing recognition of the links between the physical, social, emotional and economic impacts of health. Jennifer Ortman came on board in June of 2017 and after the initial nine weeks, stayed on with the division part time, one day a week.

The most common reasons that doctors and nurse practitioners refer patients to the Community Resource Navigator are financial and income related issues, housing, mental health, concerns around family violence and assistance with medication costs and medical equipment.

STAT HIGHLIGHTS

June 2017–May 2018: **108** patients

Referral Reasons:

Financial: **38** patients or **35%**

Housing: **24** patients or **22%**

Counselling/Mental Health:
40 patients or **37%**

Medication/Equipment:
15 patients or **14%**

Pregnancy/Postpartum/Parenting:
9 patients

Family/Intimate Partner Violence:
5 patients

Financial:

Over a third of patients (35%) are referred to the Community Resource Navigator regarding concerns around income. A person’s level of income shapes overall living conditions, affects psychological functioning and influences health-related behaviours such as quality of diet, extent of physical activity, tobacco use and excessive alcohol use. Income also influences other social determinants of health such as food security, housing, and other basic prerequisites of health (3).

COMMUNITY RESOURCE NAVIGATOR

The Community Resource Navigator assists patients to address barriers caused by economic factors, navigate complex systems, determine eligibility and complete forms for programs such as:

- Canada Pension Plan Disability (CPPD)
- Persons with Disabilities (PWD)
- Income Assistance through the Ministry of Social Development and Poverty Reduction
- Employment Insurance Sickness Benefits
- Old Age Security (OAS)
- Guaranteed Income Supplement through WorkSafeBC.

Housing:

Mission is experiencing notable population growth and development pressure. These increasing pressures affect housing affordability and ultimately contribute to homelessness and other social issues. Over the past few years, housing costs have increased substantially, and with an almost zero vacancy rate, the number of people at risk of homelessness is increasing. Poor housing conditions have been associated with a wide range of health conditions, such as respiratory and other infectious diseases, chronic diseases, injuries, inadequate nutrition, adverse childhood development and poor mental health outcomes.

It's evident that housing availability and affordability continue to be key issues for Mission residents, with 22% of patients referred to the Community Resource Navigator for housing issues. The Community Resource Navigator works with patients to identify housing options, mobilize existing resources and facilitate the completion of applications to housing providers and community and government agencies, such as rental subsidy programs.

Mental Health— bereavement, counselling, relationship:

Physical health and mental health are inextricably linked. People who suffer from adverse social and physical living conditions also experience high levels of physiological and psychological stress. Stressful experiences arise from coping with conditions of low income, poor quality housing, food insecurity, inadequate working conditions, insecure employment and discrimination. Last year, 37% of patients referred to the Community Resource Navigator were referred due to mental health concerns. The CRN assists these patients in identifying support options and coordinates referrals to counselling resources such as

bereavement or grief and loss counselling and support groups or other mental health services.

Mission has a higher per capita intimate partner violence rates when compared with neighboring communities. Family violence is linked to a wide range of health concerns, both short and long term. The negative health consequences of violence can be immediate and acute, long-lasting and chronic, and/or fatal. These consequences can persist long after abuse has stopped. The CRN supports patients with safety planning, referrals to women's resources, transition homes and victim services.

Using a patient-centered approach, and working within the framework of the determinants of health, the Community Resource Navigator helps make the necessary links between the physical, social, emotional and economic impacts of health. The CRN works towards addressing the barriers that negatively impact health to increase access to treatment and improve patient outcomes.

OTHER REASONS FOR REFERRAL HAVE INCLUDED:

- Obtaining Identification
- Accessing Retraining
- Food Security
- Chronic Pain Management
- Substance Use
- Relationship concerns
- Medical Equipment/Medications
- Parenting Resources

Primary Care Clinic Report

Formerly referred to as the Attachment Clinic or the Access Clinic, the Primary Care Clinic has completed another year of service to our unattached patient population. Fraser Health has supported this clinic by providing our amazing Nurse Practitioner, Lianne, for a weekly session, along with the provisions of a sessional payment a week to assist with sustainability. The need continues in our community to attach patients to a family doctor, and we welcome any chance to attach our “packaged” patients into a practice.

Big thanks to Dr. Carol Pomeroy for her commitment to weekly sessions. Her constant care is extremely appreciated by our regulars and newly rostered patients.

Respectfully Submitted,

Kimberly Bergen

PRIMARY CARE CLINIC STATS:

Current patients on our panel:

669 patients

Total confirmed unattached:

1105

Number of attachments to date:

354

Mission Maternity Clinic Report

April 2017 saw the opening of the much needed Mission Maternity Clinic! Over the past year, we have had the privilege of providing many expectant mothers and their babies with local prenatal and postnatal care. We are grateful to our members who have referred their patients to us and entrusted us with their care in one of the most exciting and uncertain times in their lives. As our community continues to grow and more young families are moving into the community, our clinic has become busier. In response, we have expanded the maternity clinic hours by three half days per week. The Maternity Clinic has also seen a handful of residents come through and explore their interest in obstetrics and newborn care. Our maternity physicians are part of a separate delivery call group for our Mission patients, and currently cover about 50% of the month. We are excited to now offer quarterly prenatal classes for our patients taught by Abbotsford Regional Hospital ARH labour and delivery nurses. We are looking forward to welcoming more of Mission’s newest and cutest citizens, and discharging them postnatally back into your excellent care.

Respectfully Submitted,

Kimberly Bergen



STATISTICS, SINCE APRIL 2017:

Babies born through the Maternity Clinic: **72**

Expectant mothers seen through the Maternity Clinic: **155**

Physician Wellness 2017–18



WALK WITH YOUR DOC

2018 was another fun walk around Heritage Park. We had the privilege of having **six** GPs, **three** physiotherapists and their patients join in for a fun evening walk.

MEMBERSHIP

40 GPs

NURSE PRACTITIONERS

3

Walk with your **Doc**



Board of Directors 2017–18



Board of Directors

Dr. Carol Pomeroy – Chair

Dr. Harj Dau – Treasurer

Dr. Gwen Siemens – Past Chair

Dr. Perter Barnsdale – Director

Dr. Gerry Nemanishen – Director

Dr. Lawrence Welsh – Secretary

Welcome

Dr. Rahul Manocha



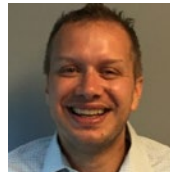
Dr. Manocha was raised in Mission and has deep roots here. After finishing high school at Mission Secondary, he decided to leave for Edmonton where he finished an undergraduate degree

and medical school at the U of A. Following this, he went on to complete his family medicine residency at U of C. After graduating, he worked in a small rural community for the past four and half years where he practiced full scope medicine. This included an office practice, in-patients, ER, long-term care and palliative care. Palliative care is an aspect of medicine he is very passionate about and took care of many patients at the end of their life in the hospital and through home visits.

He was also involved in medical leadership in Alberta where he was elected to be on the board of the rural Calgary primary care network and was the rural ER rep for the provincial ER committee. At his local hospital, he took on initiatives to improve patient care. A topic he is especially passionate about is antibiotic overprescribing. He developed a complete IV antibiotic program with protocols, along with a strep throat self-treatment protocol for improving antibiotic prescribing and overuse. He also established a new hospital weekend rounds system and a new protocol for improving follow up for patients after an ER visit.

He has made the move back to his roots in Mission to be closer to his family. Outside of medicine, he is engaged and looking forward to starting a family of his own in the near future. He stays busy with playing lots of sports, traveling, and has recently become very passionate about finance and investing which he loves talking about.

Dr. Adam Siemens



Dr. Siemens has worked in health care his entire life, first as a community mental health worker then as a registered nurse. He spent 6 years in nursing before medicine working on both

a general surgical unit and in mental health and addictions. He attended UBC for medical school (after 4 tries to get in) and did his family medicine residency out of the Abbotsford–Mission program. He has joined Hillcrest clinic and has started a small practice here. He has an interest in addiction medicine and has already signed on to do an OAT clinic in Mission. He will also be partnering with Dr. Reyes-Smith to expand some of the addictions services in Mission.

He is married with a step son who is 16 and a son who is 2 and a half. He grew up in Abbotsford which is where he currently resides.

Hobbies include being a chess junkie.

Happy Retirement

Dr. Mansur Somani 1981–2018

Dr. Gerald Nemanishen 1981–2018

Staff

Shona Brown – Executive Director

Kimberly Bergen – Admin/MOA

Nicole Martin – Project Coordinator

Jennifer Ortman – Community Resource Navigator

Kim Bell – Project Coordinator

Rita Metwally – Communications

Paul Burns – Bookkeeper



COLLABORATIONS & PARTNERS

- Collaborative Services Committee
- Residential Care Program
- Interdivisional Collaboration
- Pathways
- Mission Community Health Centre
- Fraser Health
- Mission Friendship Centre
- District of Mission
- Mission Chamber of Commerce
- PSP (Practice Support Program)
- Mission Public School District
- TRIM (The Residence in Mission)
- Mission Aboriginal Integrated Health Team
- CYC (Child & Youth Committee)
- Community Wellness Committee
- Abbotsford Maternity Group
- Mission Seniors Centre
- Volunteer Mission

Contact



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Photo on cover: Dave Kennedy
Photo on pages 13 and 15: Adobe Stock
All other photos: Mission DoFP

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

www.divisionsbc.ca/mission