

# Annual Report 2017–2018



**North Shore**  
Division of Family Practice

A GPSC initiative



### **VISION**

Optimize the health of the North Shore population

### **MISSION**

- Promote the centrality of primary care
- Develop and support excellent primary care
- Improve the well-being of family physicians

### **STRATEGIC OBJECTIVES**

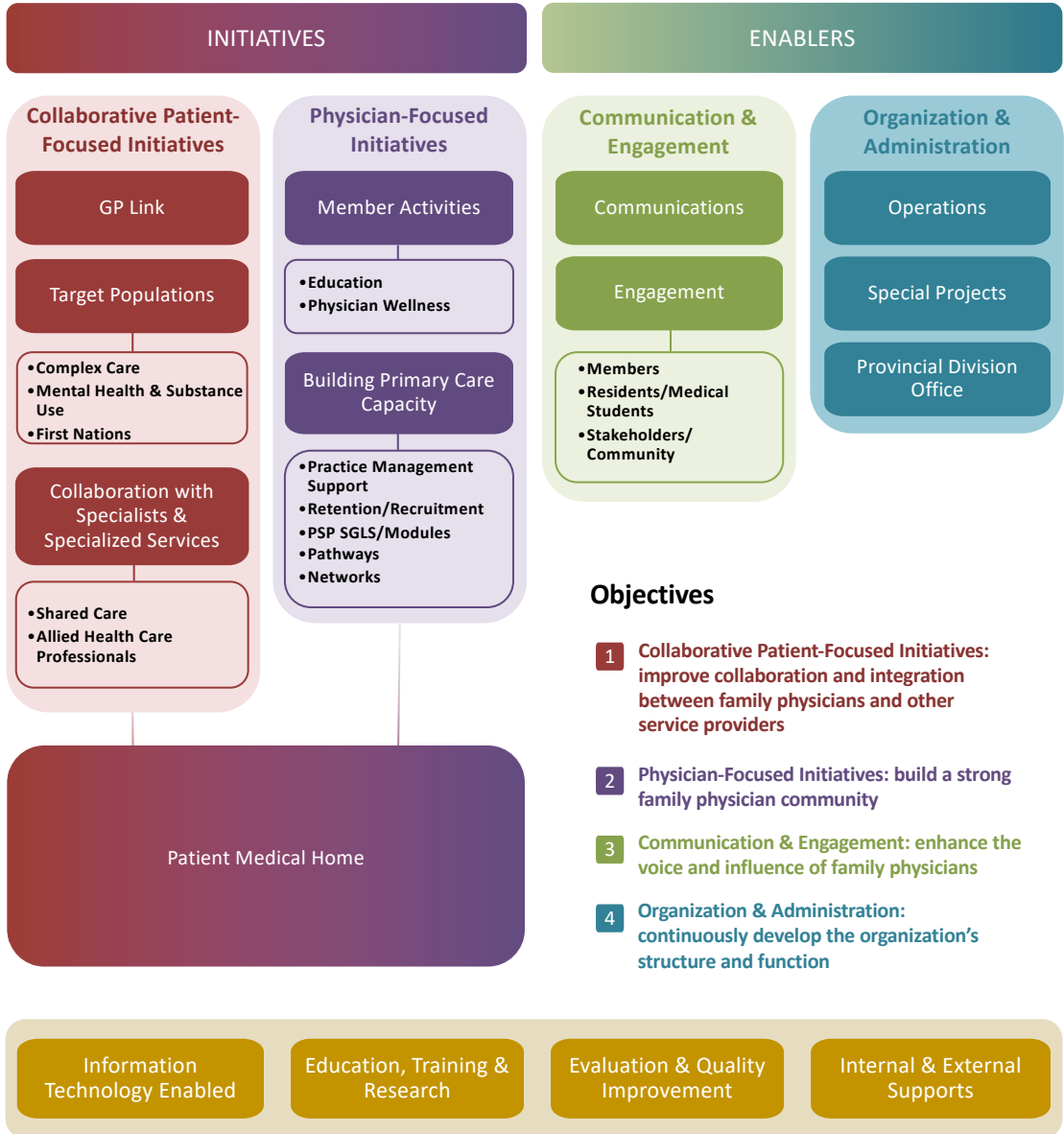
- Improve collaboration and integration between family physicians and other service providers
- Build a strong family physician community on the North Shore
- Enhance the voice and influence of family physicians
- Develop the organization's structures and functions

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# Strategic Priorities



# Report from the Chair



Dr. Ruth Campling

Writing a chair report is a great time to reflect on the accomplishments of the past year. A year flies by so quickly that in the details of the moment we do not often get enough time to reflect on the achievements, skills, proficiency, triumphs, and missteps that propel us to where we are now.

The slate of Board members starting the year was very similar to last year with one significant addition: Dr. Lisa Gaede. Dr. Gaede returned this year to Board work after a brief hiatus. While on leave, she remained a very active and productive member of the division in many other respects.

The division accomplishes its work with a roster of dedicated and industrious staff. These hardworking professionals are the backbone for all of the division's projects. The division is indebted to Claire Doherty, Chisato Ito, Emilie Desmottes, Mahsan Mobasser, Aneelma Morsara, and our Executive Director, Claudia Frowein. Division Consultants, Dewey Evans and Barbara Fiddler, are also a great addition to our Division team. Thank you to all the hard-working, diligent people who keep the North Shore Division running smoothly!

One of our greatest achievements is the launch of a Patient Medical Home (PMH) in conjunction with our health authority partners. The iHealthMD Medical Clinic is our first adopter of this Team Based Care (TBC) model of health care delivery. The innovative physicians at iHealthMD are incorporating an integrative, collaborative, patient-centred model of care. Dr. Dean Brown, the physician lead for this joint project, along with our health authority partners Cheryl Rivard and Sandra Golightly, have been working hard behind the scenes to couple allied health care services with the physicians and their patients. The team includes physicians, patients, nurses, a dietician, a physiotherapist, an occupational therapist, a pharmacist, and a social worker. PMH work has been a major focus for the division over the past year and will continue to require significant effort over the coming years as we begin to develop Primary Care Networks (PCNs). Approximately 25% of North Shore physicians are currently involved in building PCNs. The North Shore division is aiming to eventually engage all our members in this formative work.

The division is also focusing on establishing relationships with our local First Nations communities. Members have been encouraged to participate in the Indigenous Cultural Safety Training online module. To date, nine GPs have completed this training. Work is ongoing to include both Squamish Nation and Tsleil-Waututh Nation in the PCN collaborative project. We have also supported the development of a population-based Aboriginal network.

As an exemplary illustration of a primary care home, the Health Connections Clinic was featured in a College of Family Physicians of Canada article called, "Innovation in Primary

Care: Caring for Unattached and Marginalized Patients” in March. Please read this inspiring article: [http://www.cfpc.ca/uploadedFiles/Health\\_Policy/IPC\\_Unattached\\_Marginalized.pdf](http://www.cfpc.ca/uploadedFiles/Health_Policy/IPC_Unattached_Marginalized.pdf)

Division committees and working groups have submitted their own reports and our progress over the past year has surpassed what I had envisioned. A few stand out and I will mention them here as well. For further details, see the submitted reports.

This year has seen an explosion of the GP Link program, receiving more than 4000 requests from the public, since its inception, asking for help in attaching them to a family doctor. With the closure of the College of Physicians and Surgeons physician directory in March, this service is all the more important. The GP Link program will be an integral part of the PCN as well, ensuring that all residents seeking a family physician have access to one.

The Residential Care Initiative (RCI) is well-established and endorsed by North Shore physicians. Approximately 80% of facility residents are attached to an RCI physician. A big thank you goes out to Dr. Bryan Norton who has been the physician lead for RCI since its inception. The baton will be passed to two new physician leads who have stepped up to fill his shoes, Drs. Sofia Bayfield and Alireza Sameny. Thank you to them both.

The Practice Management Working Group has added the focus of virtual care to its mandate. There appears to be great member interest in the creative use of modalities of patient care that have not yet been fully explored. Stay tuned for more to come in the virtual care realm.

I would like to finish with colossal kudos and credit to one of our longstanding members and leaders without whom the inventive, pioneering, collaborative, and visionary work of the division would not happen. Dr. Dean Brown has received the College Coin award. Congratulations to Dr. Brown!

I continue to be a proud member of the North Shore Division of Family Practice and have been honoured to represent this division as Chair for the past two years. Thank you to the Board members who have accompanied and supported me: Dr. Juanita Anderson, Katherine Bourne CA CPA, Dr. Dean Brown, Dr. Lisa Gaede, Dr. Dedeshya Holowenko, and Dr. Bryan Norton. Three of the Board members will be stepping down this year. A special acknowledgment goes out to Dr. Juanita Anderson and Dr. Dean Brown who have served their time limit on the Board. These two dedicated Board members will not be going away — lots of work to be done outside of Board meetings! And the third member to leave us is Dr. Bryan Norton who tells us he is actually retiring! We wish him good fortune in all future endeavours!

Respectfully submitted,

Ruth Campling B.Sc. M.D.  
Chair, North Shore Division of Family Practice

June 7, 2018

## PATIENT-FOCUSED INITIATIVES:

# Improve collaboration and integration between family physicians and other health care providers

## Patient Medical Home/ Primary Care Network Initiative (PMH/PCN)

### Aim

- To improve community health through access to continuous, coordinated, and comprehensive care by developing integrated, team-based PMH/PCNs in collaboration with Vancouver Coastal Health (VCH) and other key stakeholders.

### Accomplishments

- Implemented a prototype site in spring 2017, with a physician group practice (iHealthMD) and VCH allied health care staff.
- Held team development and education sessions in May 2017.
- Held regular multi-disciplinary clinical team meetings beginning in July 2017.
- Addressed implementation issues through weekly “Plan, Do, Study, Act” (PDSA) cycles.
- Completed an evaluation protocol, which addressed referral procedures to team-based care services and other care providers.
- Developed a data sharing agreement between the division and VCH.
- Planned team development, education, and implementation for two additional group practices starting fall 2018.
- Initiated discussions regarding organization and infrastructure of PCNs.

- Mapped location of physicians and clinics to the Ministry of Health Community Health Service Areas to enumerate the number of physicians in potential Primary Care Networks (PCNs).

**Lead:** Dr. Dean Brown

## GP Link

### Aim

- To help unattached patients find a family physician by providing referral information for GPs accepting new patients.

### Accomplishments

- From September 2015 to March 2018:
  - 77 family physicians have participated in GP Link.
  - GP Link has provided 3,948 patients with information on family physicians accepting new patients.
  - GP Link launched an online form in August 2017.
  - 78% increase in the number of unattached patients accessing GP Link in 2017–2018 compared to 2016–2017.
  - A follow-up survey indicated that of 84 respondents who followed through with contacting a GP from GP Link, 100% were connected.

**Lead:** Dr. Dean Brown



## Residential Care Initiative (RCI)

### Aims

- To collaborate with family physicians, residential care facilities, and VCH to implement five best practices in residential care:
  - 24/7 availability and on-site attendance when required
  - Proactive visits to residents
  - Meaningful medication reviews
  - Completed documentation
  - Attendance at case conferences
- To attract more physicians to residential care.

### Accomplishments

- Demonstrated that as of March 31, 2018, 17 physicians were participating in the Residential Care Initiative (RCI), with an average of 20 physicians throughout the year. 82% of facility residents have an RCI physician as their most responsible physician (MRP).
- Demonstrated that as of July 1, 2017, all 12 residential care facilities with licensed long-term care beds are participating in the RCI. The addition of three new residential care facilities has resulted in an additional 169 long term care beds, with a new total of 1,598 funded beds on the North Shore.
- Held quarterly quality improvement meetings with medical directors and facility operation leads to address operational issues and improve the ability to meet the five best practices.
- Two physician education sessions were held related to residential care: Daisy Program (17 attendees) and Managing Behavior in Dementia (38 attendees).
- Provided physicians with access to CME funds for conferences relevant to residential care and/or geriatrics.

- Sent quarterly satisfaction surveys to residential care facilities which have shown a steady increase in the facility staff's perceptions that best practice expectations are being met.

**Lead:** Dr. Bryan Norton

## Mental Health & Substance Use (MHSU)

### Aim

- To enhance family physician collaboration with psychiatrists and VCH's Mental Health & Substance Use programs to improve patient care.

### Accomplishments

- Explored opportunities to integrate MHSU services into the PMH initiative.
- Implemented the GP/Psychiatry Shared Care Coordination and Continuity project, an initiative to improve communication by ensuring psychiatric consultation and discharge reports are being sent from acute psychiatry to family physicians. An audit showed that reports were being successfully sent.
- Integrated VCH's MHSU program's central intake form into three EMR platforms.
- Continued to support VCH's Psychiatric Consultation Clinic (PCC) and completed an evaluation report.

**Contacts:** Dr. Dean Brown and Dr. Genevieve Lauzon



## Child & Youth Mental Health & Substance Use (CYMHSU)

### Aim

- To increase the number of children, youth, and families receiving timely access to mental health and substance use services and supports.

### Accomplishments

- Mobilized North Shore's Local Action Team (LAT), consisting of over 20 members representing youth, families, physicians, VCH, Ministry of Children and Family Development (MCFD), municipalities, First Nations, police, and community agencies, to provide support in:
  - Implementing the Mental Health & High School Curriculum in all North Shore public secondary schools, reaching over 1,700 students.
  - Testing a Shared Care Psychiatric Consultation Clinic for children and youth through MCFD.
  - Supporting 29 service providers, including nine GPs, to complete the Indigenous Cultural Safety Training.
  - Promoting the North Shore Youth Services Directory ([nsyouth.ca](http://nsyouth.ca)).
  - Supporting the re-development of a family/children resource directory ([connectforkids.ca](http://connectforkids.ca)).

**Lead:** Dr. Hayley Broker

## High-Needs Working Group

### Aims

In partnership with VCH:

- To increase access to primary care for marginalized, high-needs populations.
- To improve health outcomes for clients with complex medical, mental health and substance use, and socio-economic barriers to care.
- To promote social determinants of health as an integral part of primary care interventions.
- To ensure information on health and community services are accessible to all care providers.

### Accomplishments

- Supported the ongoing operations of the HealthConnection Clinic collaboration with VCH, which:
  - Serves as a multidisciplinary patient medical home for patients with complex health and psychosocial needs.
  - Strengthens partnerships with non-profits that serve clients with complex psychosocial needs.
  - Was profiled in a case study by the Canadian Foundation for Healthcare Improvement on May 31, 2017.
  - Was profiled in the College of Family Physicians of Canada's "Innovation in Primary Care" series in their March 2018 issue.
- Managed HealthConnectBC.ca, a website providing information on North Shore community resources and health care practitioners.
- Shared information with division members to help them address social determinants of health.

**Lead:** Dr. Dean Brown

## GP/Specialist Relations

### Aims

- To create a more efficient medical system through enhancing patient and physician experience and improving relations, communication, and collaboration between GPs and specialists.
- To provide oversight, recommendations, and coordination for North Shore's Shared Care projects: GP/Hospitalist, GP/Orthopedics, GP/Psychiatry, GP/Gastroenterology, and Child and Youth Mental Health and Substance Use (CYMHSU) Collaborative.

### Accomplishments

- Welcomed eight new specialists to the North Shore (Allergist, Child and Youth Psychiatry, Internal Medicine, Neurology, Orthopedic Surgery, Otolaryngology, and two in Endocrinology).
- Added a Medical Staff Association representative to improve coordination with physicians at Lions Gate Hospital.
- Provided input for a regional radiology initiative.
- Submitted a Shared Care Expression of Interest to fund a new opioid and pain management project.

**Lead:** Dr. Lisa Gaede

## GP/Hospitalist

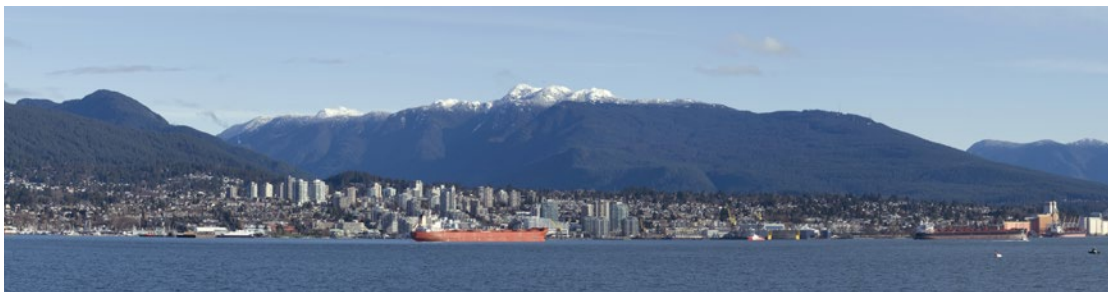
### Aim

- To address communication gaps between community physicians and acute care physicians at transition points of care.

### Accomplishments

- Conducted a chart audit identifying a low rate of admission notifications faxed back to Lions Gate Hospital.
- Hosted a focus group with 11 physicians in November 2017 to gather feedback on the e-notification process. As a result, admission and death notifications are now received through physicians' EMRs. Processing and printing notifications were identified as challenges for some offices.
- Posted GP and hospitalist cell phone directories on Pathways, a password-protected platform, to better facilitate GP-hospitalist communication.

**Leads:** Dr. Ruth Campling and Dr. Ed Kroll



## GP/Orthopedics

### Aim

- To improve access to orthopedic consultations.
- To facilitate collaboration between family physicians and orthopedic surgeons.

### Accomplishments

- Explored options to sustain the Rapid Orthopedic Consultation Clinic (ROCC) beyond the project's funding.
- Published an article regarding the ROCC on the Canadian Orthopedic Association Bulletin.

**Leads:** Dr. Lisa Gaede and Dr. Alan Baggoo

## GP/Gastroenterology

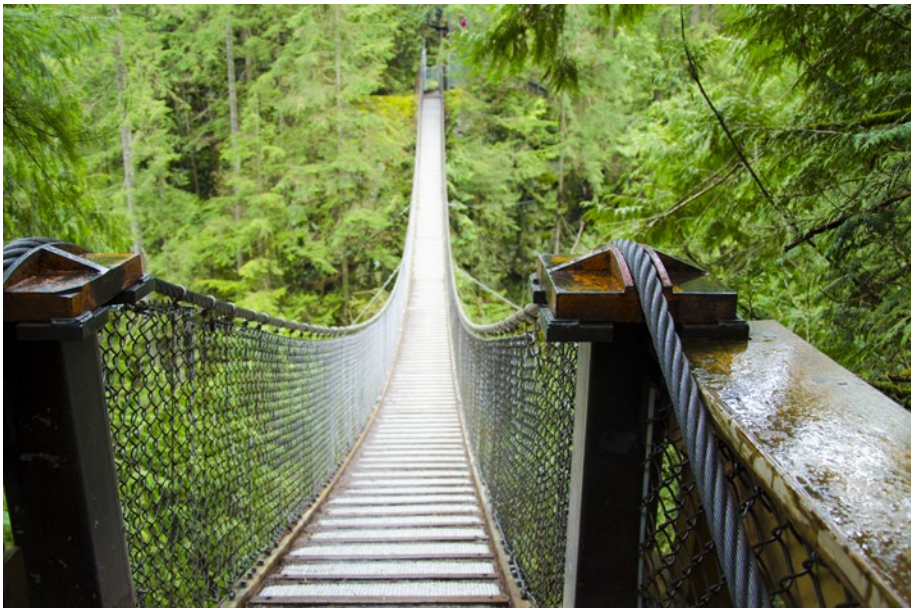
### Aim

- To improve patient access to gastroenterology.
- To improve communication between family physicians and gastroenterologists.
- To reduce inappropriate referrals to gastroenterologists.

### Accomplishments

- Conducted a baseline assessment of the quality of gastroenterology referrals.
- Distributed referral urgency education materials to GPs.
- Drafted a standard referral form endorsed by all North Shore gastroenterologists to pilot.

**Leads:** Dr. Ray Chaboyer and Dr. Jin Kee Ho



## PHYSICIAN-FOCUSED INITIATIVES:

# Build a strong physician community on the North Shore

## Member Education [Dine and Learn]

### Aims

- To provide family physicians with opportunities to learn and engage in dialogue about their role within the larger health care system and the system's impact on their practices.
- To allow for broader physician engagement to improve efficiencies, quality of care, and the physician and patient experience.

### Accomplishments

- Held six CME accredited events on the following topics:
  - Medical Apps & Technology
  - Avoiding Audit Pitfalls
  - Palliative Care Update
  - Child and Youth Mental Health & Substance Use
  - Evidence-Based Strategies to Prevent Burnout (in Collaboration with the Physician Engagement Society)
  - New Specialist Colleagues
- Achieved an average attendance of 40 family physicians per event, with 102 members attending at least one event.
- Held one CPR-HCP recertification class.
- Continued to enhance relationships between GPs, specialists, and VCH by facilitating events.

**Lead:** Dr. Lisa Gaede

## Member Social [Supporting Ourselves]

### Aims

- To support family physicians working on the North Shore.
- To facilitate collegiality among North Shore family physicians through networking opportunities.

### Accomplishment

- Held an annual holiday party in December 2017 (48 attendees).

**Lead:** Dr. Juanita Anderson

## Practice Management

### Aim

- To support division members with quality improvement and practice efficiency opportunities in collaboration with VCH's Practice Support Program (PSP).

### Accomplishments

- Developed the Complex Care Management Project (CCMP) in partnership with the PSP, to assist GPs in providing care to complex patients.
- Provided in-practice coaching and peer mentoring via the CCMP to enhance complex care registries in GP's electronic medical records, thereby assisting with patient recalls and billing. This year, 21 physicians successfully completed the CCMP, bringing the total to 57 physicians since September 2015.
- Gathered feedback from CCMP participant interviews: many participants felt a positive effect on the quality of patient care, an improved utilization of problem lists/registries, and also expressed concerns about sustaining the gains made. Feedback also indicated that physicians appreciated the support from PSP and patients appreciated the proactive care they received.
- Developed practice support capacity by engaging physicians and medical office assistants as peer mentors.



- Identified an interest to pursue virtual care opportunities for members in response to discussion at a the Member Engagement event in September 2017. To address this interest, the Practice Management Working Group committed to supporting members in leveraging virtual care solutions.
- Held an introductory session called “Virtual Care in Family Medicine”, which 47 family physicians and 27 MOAs attended. They reviewed various aspects of digital health and discussed a step-by-step process for incorporating these into practice.

**Lead:** Dr. Joanne Larsen

## Recruitment & Retention

### Aim

- To help ensure the number of family physicians practicing on the North Shore matches the needs of the patient population.

### Accomplishments

- Promoted the North Shore at conferences to residents and new-to-practice physicians.
- Maintained a variety of orientation resources on the North Shore Division of Family Practice website.
- Linked newcomers with established physicians.
- Maintained a list of locums available to our members.
- Supported the transfer of patients from retiring physicians to new physicians.
- Continued to develop meaningful partnerships with VCH, Health Match BC, and PSP to create a network of support for members as they enter into, and retire from, practice.

**Lead:** Dr. Isabelle Hughan

# Pathways



## Aims

- To provide accurate referral resources, facilitating efficient specialist and clinic referral decisions.
- To provide up-to-date, evidence-based physician and patient resources.
- To act as a communication tool among division members.
- To maintain a platform for relevant division clinical work.

## Accomplishments

- Celebrated Pathways's first anniversary in June 2017.
- Incorporated community resources onto Pathways.

- Measured the value and use of Pathways by both physicians and their staff, confirming its value to North Shore practices.
  - 87 family physicians and MOAs participated in a survey to measure satisfaction in the referral process to specialists and specialty clinics.
  - Among survey participants, 91% of physicians agreed that Pathways had “improved their referral process” and 86% rated their experience as “very good” or “excellent”.
  - As of March 31, 2018, Pathways had 159 family physician users, and 172 specialists and 45 clinics listed on the North Shore.
  - 52,138 Page Views, with an average of 4,345 per month; reached a high of 5,759 views in February 2018.
- Piloted EMR forms for Intrahealth and OSCAR users.

**Lead:** Dr. Lisa Gaede



## COMMUNICATIONS AND ENGAGEMENT:

### Enhance the voice and influence of family physicians

## Communications

### Aim

- To develop and implement communication activities to enhance the voice and influence of family physicians on the North Shore.

### Accomplishments

- Provided updates to division members about provincial and community partner news through e-newsletters, websites, and social media posts.

- Achieved over 50% open rates for both of the monthly e-newsletters: *The Bulletin* and *Clinical Notes*.
- Achieved a steady increase in the number of website visitors (average 690 sessions per month) and the number of Twitter followers (97 new followers between April 2017 and March 2018).

**Lead:** Dr. Dean Brown





## Collaborative Services Committees

Representatives from the North Shore Division of Family Practice, VCH, Doctors of BC, the General Practice Services Committee (GPSC), and the Ministry of Health comprise the North Shore Collaborative Services Committee (CSC), the main forum for addressing system issues and influencing primary care. In addition to CSC meetings, division leaders in the Vancouver Coastal Health region meet bi-monthly with VCH leaders to address regional health issues.

## Accountability and Evaluation

The Board's initiatives and projects aim to achieve the division's strategic objectives on behalf of the membership. In doing so, the Board promotes a climate of accountability, learning, and continuous quality improvement. Projects and initiatives approved by the Board are expected to be evaluated using the Triple Aim (improve the health of the population, improve both the providers' and patients' experience of care, and lower the per capita cost of care). Evaluation results and interim performance reports are provided to the Board, GPSC, Shared Care Committee, and other division funders.

## Acknowledgements

*We would like to thank our specialist colleagues, community partners, and the following division members for their contribution to our various committees and working groups:*

Dr. Juanita Anderson	Dr. Isabelle Hughan
Dr. Hayley Broker	Dr. Blanka Jurenka
Dr. Michelle Brousson	Dr. Ali-Reza Kazemi
Dr. Dean Brown	Dr. Edward Kroll
Dr. Ruth Campling	Dr. Joanne Larsen
Dr. Raymond Chaboyer	Dr. Geneviève Lauzon
Dr. Patrick Chan	Dr. Bryan Norton
Dr. Maureen Conly	Dr. Mitch Rubin
Dr. Peter Edmunds	Dr. Richard Sebba
Dr. Lisa Gaede	Dr. Anne Marie Thomsen
Dr. Jonathan Hislop	Dr. Nigel Walton
Dr. Dedeshya Holowenko	Dr. Amy Weber

# Statement of Operations

Year Ended March 31

	2018	2017
<b>Revenues</b>		
Government funding	\$ 1,421,885	\$ 1,454,453
GST rebate	7,019	7,860
Interest	14,985	11,794
Other	2,295	18,579
	<b>1,446,184</b>	<b>1,492,686</b>
<b>Expenditures</b>		
Administration (schedule)	132,644	130,756
Administration personnel	194,308	252,536
Clinical programs (schedule)	382,738	277,669
Evaluation activities	62,910	66,625
Events	80,663	136,400
Marketing and communication	8,579	22,459
Meetings	17,765	17,190
Physicians	267,543	281,430
Program personnel	277,030	287,967
	<b>1,424,180</b>	<b>1,473,032</b>
<b>Excess of Revenues over Expenditures for Year</b>	<b>\$ 22,004</b>	<b>\$ 19,654</b>

# Statement of Changes in Net Assets

Year Ended March 31

	Unrestricted	Invested in Capital Assets	2018	2017
Balance, Beginning of Year	\$ 116,380	\$ 3,446	\$ 119,826	\$ 101,649
Excess of Revenues over Expenditures	22,004	0	22,004	19,654
Amortization of Capital Assets	0	(1,034)	(1,034)	(1,477)
<b>Balance, End of Year</b>	<b>\$ 138,384</b>	<b>\$ 2,412</b>	<b>\$ 140,796</b>	<b>\$ 119,826</b>

# Statement of Financial Position

March 31

	2018	2017
<b>ASSETS</b>		
Current		
Cash	\$ 281,128	\$ 285,540
Cash provided by funding	698,730	597,225
Amounts receivable	61,577	56,406
Prepaid expenses	14,711	14,307
	<b>1,056,146</b>	<b>953,478</b>
Capital assets	2,412	3,446
	<b>\$ 1,058,558</b>	<b>\$ 956,924</b>
<b>LIABILITIES</b>		
Current		
Accounts payable and accrued liabilities	\$ 144,209	\$ 167,703
Wages payable	20,265	22,321
Due to Doctors of BC	0	1,302
Deferred revenue	753,288	645,772
	<b>917,762</b>	<b>837,098</b>
<b>NET ASSETS</b>		
Unrestricted	138,384	116,380
Invested in capital assets	2,412	3,446
	<b>140,796</b>	<b>119,826</b>
	<b>\$ 1,058,558</b>	<b>\$ 956,924</b>

# Board of Directors

**Dr. Ruth Campling** – Chair

**Dr. Dedeshya Holowenko** – Vice Chair

**Dr. Dean Brown** – Past Chair

**Dr. Bryan Norton**

**Dr. Juanita Anderson**

**Dr. Lisa Gaede**, Past Chair

**Katherine Bourne, CPA** – Treasurer  
(Before September 2017: Dr. Bryan Norton)

# Operations Team

**Claudia Frowein, MA** – Executive Director  
(Before August 2017: Greg Dines)

**Emilie Desmottes, MA** – Project Lead  
(Before June 2017: Claire Doherty)

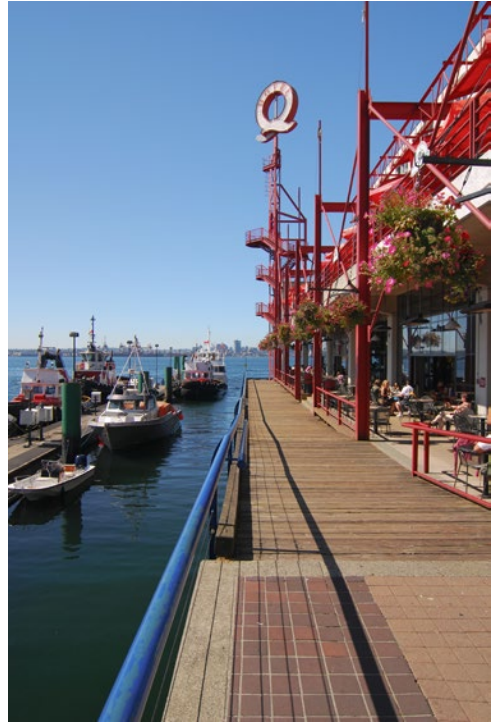
**Chisato Ito, MPH** – Project Lead

**Mahsan Mobasser** – Administrative Coordinator  
(Before June 2017: Emilie Desmottes)

**Aneelma Morsara** – Administrative Assistant

**Dewey Evans, PhD** – Evaluation Support

**Barbara Fiddler** – Pathways Administrator



## North Shore Division of Family Practice

220–145 Chadwick Court  
North Vancouver BC V7M 3K1

Email: [northshore@divisionsbc.ca](mailto:northshore@divisionsbc.ca)  
Phone: 778.945.3017  
Fax: 778.730.0630

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Iwona Erskine-Kellie (page 2), Province of BC (pages 4, 9, 15, 20),  
North Shore DoFP (page 14), Sigrid Albert (page 16)

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/northshore](http://www.divisionsbc.ca/northshore)