2017–2018 Annual Report



Vision, Mission, and Values

VISION

Quality of life is improved for physicians, their patients, and the community at large.

MISSION

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

VALUES

- Robust engagement of family practitioners: involved, active, valued
- Division is fully representative of its community
- Physician wellness is integrated into all Division activities

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Co-Chairs' Report





Dr. Baldev Dhillon

Dr. Elaine Jackson

It is a pleasure to present this report on the activities and priorities of the division over the past year. Our primary focus has been in engaging members in the development of physician networks) in each of the six neighborhoods in Surrey and North Delta. Initial planning has commenced, and we acknowledge that much more engagement and direction of the membership is required as we move forward.

A great example of a physician network, and one of the first networks to develop in Surrey occurred several years ago with the establishment of the Surrey Prenatal Clinic (SPNC). A group of family physicians with interest in maternity care recognized that many physicians in the community were no longer providing maternity care at the hospital. As a result, this group of physicians formed a network so that other family physicians could refer their pregnant patients to the SPNC, where the patients would be provided comprehensive maternity care and primary care obstetrics. These patients and their babies return to their family physician for longitudinal care following delivery.

Physician networks have formed to increase physician effectiveness and efficiencies for serving patients with specific needs, while also attempting to match unattached patients with a family physician. Over the past year, the Patient Medical Home (PMH) Committee, together with staff, has provided leadership for supporting physicians in the development of local physician networks.

One recent example of a network supported by the PMH Committee came from the urgent need over the year for healthcare for refugees and new immigrants as more and more newcomers began to call Surrey-North Delta home. The large increase in newcomers in recent years presented an urgent question of how this population could best be served by family physicians and other providers in our community. A Refugee Health working group was formed, and as a result of their discussions over the past year, the Roots Community Health Centre (CHC) Society was established and a part-time clinic for newcomers opened in July this year. The CHC has requested funding from the Ministry of Health to operate on a full-time basis with two family physicians, two nurse practitioners. and a number of allied health resources in order to provide the necessary team-based care and trauma-informed approach. This CHC is available to attach patients who would benefit from the program and to receive referrals from other healthcare providers in the community.

Two other significant unattached and vulnerable populations that have been the focus in the past year are people with opioid use disorder and youth. An Opioid Agonist Therapy (OAT) Doc Force working group was created with the

purpose of increasing the capacity of local family physicians to provide OAT for stabilized patients in their family practice offices. The OAT Doc Force working group is led by a group of local physicians and provides training and support to family physicians with a goal of 40 physicians providing OAT in their offices by March 2019.

Physician leaders with the Child and Youth Mental Health and Substance Use Local Action Team recognized the need for an integrated primary care clinic for youth in the community, many of whom are not attached to a family physician. Collaboration with Fraser Health and community organizations commenced with a goal of creating a clinic to serve the youth in a more accessible approach. It is interesting to note that a women's health service was organically formed in the past year by members without the direct involvement of the division. This arrangement of family physicians working together to develop effective networks is strongly encouraged.

Roots Community Health Centre, OAT, and integrated youth services are examples of physician networks. Additional improvements to patient experience and physician quality of life have involved partnering with Fraser Health to better organize services provided by the health authority, specifically Community and Primary Care, and Mental Health and Substance Use (MHSU). Home Health Services have been redesigned by Fraser Health with participation of the division and family physicians and this will result in a new approach to serving the frail elderly and others with mobility challenges. Starting this fall, famliy physicians will be assigned a registered nurse (RN) who will assess and coordinate care for their patients requiring

home health services. By having a closer working relationship with an RN, we hope to see improved access to care and a more communicative, team-based approach to patients care. We are hoping to further participate with Fraser Health to provide input on their reorganization of MHSU services in the community to better support family physicians and their patients.

As we proceed with development of networks in each of the six neighborhoods, there will be opportunities for our members to determine how they would like to further develop physician networks and to access financial and allied health. resources to further enhance team-based care in practices. The focus will be to improve access, attach patients to providers, and improve the quality of patient care, particularly for vulnerable populations and patients with chronic disease. This work will be done in partnership with the health authority, within the guidelines of the Ministry of Health, and consistent with the 12 attributes of the PMH as articulated by GPSC and College of Family Physicians of Canada. This will include consideration of how to best provide urgent primary care in the future. We welcome your active participation in the development of networks that will improve patient-centred care.

Dr. Baldev Dhillon and Dr. Elaine Jackson, Co-Chairs

Patient Medical Home (PMH) Committee

Led by Dr. B. Dhillon, Dr. C. Ferris, Dr. J Fujiwara, Dr. S. Gharedaghi, Dr. H. Ahmed, Dr. K. Mann, Dr. L. Yang, Dr. M. Blinkhorn, Dr. H. Ryan, Dr. G. Wilkhu, M. Lane Executive Director of Surrey Primary and Community Care at Fraser Health, H. Su and R. Sekhon Regional Support Team from PSP, C. Lee, S. Abrar, J. Friesen, B. Kines, Staff Leads

- Held monthly PMH Committee meetings to discuss current challenges and opportunities in primary care, as well as the vision for primary care moving forward in Surrey-North Delta
- Collaborated with FHA in the re-design of Home Health services, with Primary and Community Care Nurses to be assigned to family physician practices to allow for better communication and care between physicians, Home Health, and patients
- Visitations conducted by the Engagement and Support team to physician practices to provide information on division services, Patient Medical Home updates, and gather feedback on members' visions for the future of primary care
- Partnered with the Burnaby Division of Family Practice to submit a business plan to GPSC for the G8 clinical model
- Partnered with PSP to highlight the tools available for family physicians interested in developing stronger Patient Medical Homes

- Hosted events on the topics of:
- Strengthening Patient Medical Homes
- Patient Attachment
- Population Based Funding
- Guildford and North–Surrey Neighbourhood Network Event
- Meet Your Primary and Community Care Nurse
- Supported the creation of the following working groups:
 - Roots Community Health Centre (CHC)
 - Opioid Agonist Therapy (OAT) Force Working Group
 - Youth Primary Care Hub



Refugee Health Working Group

Led by Dr. M. Hussain, Dr. H. Ahmed, Dr. S. Kumar, Dr. H. Remaileh, G. Potma, RN and Volunteer Member, and R. Channey, J. Friesen and B. Kines, Staff Leads

The working group determined that the most effective way to provide longitudinal care to unattached refugees and new immigrants was to create a Community Health Centre (CHC). This centre would provide comprehensive team-based services combined with alternate payment to the most responsible provider. Roots Community Health Centre Society was formed and the centre commenced services two-days per week in July 2018. The CHC is governed by a board of five individuals providing physician, staff, and community representation.

Opioid Agonist Therapy Force Working Group

Led by Dr. L. Yang, Dr. B. Dhillon, Dr. R. Klair, Dr. S. Nilavar, V. Stafford (NP), Dr. G. Wilkhu, M. Ryley (student), and S. Imran, Staff Lead

An OAT Force Working Group was established to solicit and train 40 family physicians and nurse practitioners to provide Opioid Agonist Therapy in physician offices by March 31, 2019. Emphasis is being placed on securing family physicians and nurse practitioners to provide longitudinal care to unattached patients, including Quibble Creek. A sevenstep educational program was developed, including in practice observership and trauma-informed approach to care. Funding for this initiative is provided through GPSC's Innovation Fund.



Recruitment and Retention

Led by Dr. H. Dhillon, Dr. M. Hussain, Dr. L. Low, Dr. D. Luk, Dr. K. Phgora, Dr. S. Vijayan, and Dr. A. Willms, and A. Attwal and B. Kines, Staff Leads



- Matched three IMGs for Return of Service (ROS) with family practice clinics
- Changed process for selection of clinics to provide IMGs fulfilling ROS greater choice in clinic selection
- Hosted financial literacy education session for residents
- Held special events for new physicians, Master of Medicine, and residents of SMH
- Held physician fair on May 2
- Held Academic Development Series (McMaster University) for members and hospital physicians
- Hosted recruitment booths at Practice Survival Skills and St. Paul Residency programs
- Posted five advertisements in Locumunity for recruitment of locums
- Facilitated 24 externships in family practice clinics for medical students studying abroad
- Mobilized three Physician Engagement and staff to support family physicians in recruitment and retention with support from Health Match BC

Practice Support Program (PSP)

The PSP staff assigned to SND are Henry Su, Ranjit Sekhon, and Seth Nanayakkara. Our division partnered with PSP to host several learning modules and Small Group Learning Sessions, initiate panel cleanup, and administer PMH Practice Readiness Assessments. 47 physicians have completed or are in process of completing the PMH Assessment. 46 physicians are in process or have completed either the EMR Functionality Assessments or Panel Management.

"Regarding the PSP panel cleanup section — Dr. Nischea Sihota — This was a great program, I learned a great deal about how to better organize my patient panel to better help with patient care and billing. I did not realize the enormous potential of the Oscar EMR to help with complex care billing. Definitely a great experience!!"

Residential Care Initiative (RCI)

Led by Dr. H. Dhillon, Dr. M. Blinkhorn, Dr. M. DiCesare, Dr. M. Green, Dr. A. Major, Dr. J. Peace, Dr. T. Suleiman, and G. Hunter, RCI Staff Lead

- Gloria Hunter, RN, engaged as staff lead. Gloria brings many years of progressive leadership in residential care, including serving as Director of Care (DOC) at several large complex care facilities. In addition to role as staff lead, Gloria meets regularly with DOCs of facilities.
- Two facilities added to RCI program—Kinsmen Lodge and Zion Park Manor—bringing number of facilities to 8 with combined complex care beds of 961
- Regularly review Fraser Health and GPSC performance indicators to inform areas for improvement and education opportunities
- Education sessions held for family physicians and RNs from all residential care facilities on following topics: Polypharmacy Part 1 and Part 2, UTI and Asymptomatic Bacteriuria, and Non-Pharmacological Management of Behaviours Associated with Dementia. MOST (palliative approach to care) education session scheduled, and collaborative approach with FH staff and physicians to improve transitions from residential care to hospital care.

MOA Network

D. Tait, MOA at Surrey Substance Use Primary Care Clinic, J. Sharma, MOA at Colebrook Family Practice, K. Brar, MOA at Abbotsford Medical Clinic, R. Ramritu, and J. Friesen, staff lead

- 263 Medical Office Assistants (MOAs) participating in the network
- 12 MOA completed the Advanced MOA program through the University of the Fraser Valley
- Held education sessions on the following:
 - WorkSafeBC: Billing Tips & Troubleshooting
 - Office Procedures
- UFV Advanced MOA Certificate Program Capstone Project Wine and Cheese Night
- Billing Refresh & Workplace Efficiencies
- Everything You Should Know About Breast Health

"There has been a great variety of workshops and tours and speakers. Enjoy all the MOA meetings. Keep up the good work."

- Teamwork & Crucial Conversations
- The Jim Pattison
 Outpatient Centre
 & Surgery Centre
 Amazing Race
- Patient Triage & the Emergency Department
- Created a MOA Job Board where offices can post temporary or permanent positions
- Fostered relationships with colleges offering MOA training programs to connect new MOAs to the MOA Network and to support practicum students by providing local opportunities to train and learn about the community

Shared Care

Led by Dr. J. Peace, Dr. B. Strijack, M. Meloche, M. Naruki-vanVelzen, G. Sveinson, T. Miyashita, M. Shymanski and B. Kines

- Child and Youth Mental Health and Substance Use (CYMHSU) Funding for CYMHSU through Shared Care has ended but our division continues to support the Local Action Team, committee, and community network. Two public education sessions were held on Adverse Childhood Experiences (ACEs). Prescription Pads were developed and circulated to physician offices and community organizations to assist with access to appropriate programs and services.
- Neuropathways This project is currently in progress and works to improve referrals and access to neurologists. An education session was held on migraine headaches management. There will be upcoming educational sessions on concussion management. The initiation of a concussion clinic was identified as priority and Fraser Health will offer a concussion clinic in Surrey in fall of 2018.

- Maternity As part of a provincial maternity care initiative, SND is leading a project to improve maternity care access and coordination for the refugee and new immigrant population.
- Orthopedics Our current project will improve access to orthopedic services at Surrey Memorial Hospital (SMH) with consideration of improving access to rehabilitation services in Surrey and North Delta
- Metabolic syndrome In recognition of the high prevalence of diabetes, hypertension, and heart health disease in the community, a shared care project on metabolic syndrome has been proposed. This project is part of a larger proposal involving three other Divisions of Family Practice.



Pathways

Led by Dr. E. Jackson, and M. Baron (on maternity leave), C. Lawson, J. Friesen, Staff Leads

Patient Portal

To date, Surrey-North Delta has listed 343 local specialists and 97 clinics on Pathways

- Physician and NP access to Pathways remained stable at 87%, with an 24% increase in weekly visits to Pathways over the previous year
- Revised Pathways display of Community Services and improved how resources and services could be viewed and access by physicians and their staff



"I used Pathways today after receiving a memo from FHA advising risk stratification for DVT probability prior to ordering duplex venous ultrasound. I was happy to find there was a link to MD Calc and all the required info was readily available at this site. Thanks Pathways."

— Dr. Irma Schuurman

The division operates an electronic portal for the benefit of the public to identify family physicians accepting new patients. This portal has resulted in over 1,900 attachments in the past year.



Dr. Baldev Dhillon thanking founding member Dr. Mark Blinkhorn for his many years of service to the division.

Statement of Financial Position

| As at March 31, | 2018 | 2017 |
|---|---------------|---------------|
| ASSETS | | |
| CURRENT | | |
| Cash and cash equivalents | \$ 830,941 | \$ 797,112 |
| Receivables | 57,844 | 57,770 |
| Prepaid expenses and deposits | 8,580 | 1,303 |
| | 897,365 | 856,185 |
| PROPERTY AND EQUIPMENT | 23,376 | 60,996 |
| | \$ 920,741 | \$ 917,181 |
| LIABILITIES | | |
| CURRENT | | |
| Accounts payable and accrued liabilites | \$ 163,269 | \$ 153,894 |
| Deferred revenue | 159,349 | 133,012 |
| Refundable grants, current | 468,738 | 224,193 |
| | 791,356 | 511,099 |
| REFUNDABLE GRANTS, LONG TERM | - | 239,077 |
| | 791,356 | 750,176 |
| NET ASSETS | | |
| Internally restricted | 65,364 | 65,364 |
| Unrestricted | 64,021 | 101,641 |
| | 129,385 | 167,005 |
| | \$ 920,741 | \$ 917,181 |

Statement of Operations

| For the Year Ended March 31, | | 2018 | 2017 |
|---|-----------|-----------|----------------|
| REVENUE | | | |
| Infrastructure | \$ | 846,461 | \$ 553,664 |
| GP for Me | | _ | 359,989 |
| Shared care | | 115,289 | 272,232 |
| Residential care | | 255,078 | 160,351 |
| Patient medical home | | 186,219 | 89,625 |
| Miscellaneous | | 33,800 | 14,755 |
| Interest | | 3,886 | 4,189 |
| | | 1,440,733 | 1,454,805 |
| EXPENSES | | | |
| Advertising | | 15,061 | 3,397 |
| Amortization | | 37,620 | 52,282 |
| Human Resources | | 587,003 | 742,898 |
| Insurance | | 1,034 | 6,470 |
| Meeting and event costs | | 142,035 | 120,672 |
| Office | | 55,661 | 63,314 |
| Physician costs | | 486,927 | 425,182 |
| Professional development | | 38,974 | 1,358 |
| Professional fees | | 68,725 | 38,932 |
| Rent | | 34,586 | 40,379 |
| Travel | | 10,727 | 12,203 |
| | | 1,478,353 | 1,507,087 |
| DEFICIENCY OF REVENUE OVER EXPENSES BEFORE THE UN | IDERNOTED | | |
| Loss on disposal of property and equipment | | (37,620) | (52,282) |
| DEFICIENCY OF REVENUE OVER EXPENSES | \$ | (37,620) | \$ (52,282) |

Statement of Changes in Net Assets

For the Year Ended March 31

| | nternally ed Funds | Uni | restricted Funds | Total 2018 | Total 2017 |
|--|------------------------|-----|--------------------------|---------------------------|--------------------------------|
| Balance, beginning Deficiency of revenue over expenses Transfer to internally restricted funds | \$ 65,364 - - | \$ | 101,641 (37,620) – | \$ 167,005 (37,620) | \$ 219,287 (52,282) – |
| Balance, ending | \$ 65,364 | \$ | 64,021 | \$ 129,385 | \$ 167,005 |



Back row, left to right:Baldev Dhillon, Jit Singh, Baldeep Toor, Joan Fujiwara, Elaine Jackson, Susan Kreis

Front row, left to right: Hala Ahmend, Dave Luk, Brian Kines

Board of Directors

Baldev Dhillon, M.D. – Co-Chair Elaine Jackson, M.D. – Co-Chair David Luk, M.D. – Secretary/Treasurer Joan Fujiwara, M.D. – Member at large Hala Ahmed, M.D. – Member at large Jit Singh, M.D. – Member at large Baldeep Toor, M.D. – Member at large Nazia Niazi, M.D. – Member at large

Human Resources

Brian Kines - Executive Director

Susan Kreis – Office Manager

Megan Shymanski – Program Assistant

Jody Friesen – Lead, Physician Engagement and Support

Laurie Edmundson – Project Lead, CYMHSU

Anita Attwal – Recruitment and Retention Coordinator

Lynn Godfrey – CYMHSU Project Assistant

Saira Abrar – Physician Engagement and Support

Rasmeet Channey – Physician Engagement and Support

Charles Lee – Physician Engagement and Support

Shanza Imran – OAT Force Lead

Melissa Baron – Pathways Administrator

Cathy Lawson – Pathways Administrator

Gloria Hunter – Residential Care Lead

Tracy Miyashita – Shared Care Lead

Retirement



Dr. David Luk

We wish to acknowledge the retirement of Board of Directors member, Dr. David Luk, who has served the division for six consecutive years, including the past two years as Treasurer. We are confident that David will continue to be active in the division in the future and we will continue to benefit from his leadership.







Surrey-North Delta Division of Family Practice

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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 Doctors of BC.

www.divisionsbc.ca/snd







