ANNUAL REPORT 2015-16

Comox Valley
Division of Family Practice
A GPSC initiative


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Contents

Co-Chair Report

Adam Thompson, Co-Chair

Collaboration

This is now my third report to you as chair. The theme of change and moving to team-based care which I referenced in the prior reports remains the direction of travel for primary care in the province and locally. With the Ministry Policy Papers on the future of healthcare in the province, the GPSC (General Practice Services Committee) Visioning Process, in which many of you took part, and through provincial Division meetings, there is a distillation into clear expectations and definitions of how the GPSC envisage our future practice. Many of you will be aware of the model of the patient medical home that originated with the College of Family Physicians of Canada. This has been adapted by the GPSC with the addition of two further attributes, both of which speak to us working in networks, or groups, to both meet the comprehensive needs of our patients through the delivery of full-service family practice and to integrate within the broader system of primary and community care services available to them. Discussions continue regarding how funding models might change to facilitate this new model of working, as well as ongoing refinement of the model.

It is going to take increasing collaboration, both between primary care physicians and also with other providers in the primary and community care sector, to deliver upon this. It is obvious that working in isolation is no longer going to be a viable way to practice to deliver all of the components of full-service general practice. I therefore urge all of us to become better versed in understanding the attributes of a patient medical home and start considering now how we can collaborate, both within our clinics, but also more broadly, to fully develop patient medical homes in our community. It will be easier to start now, rather than after funding models have changed. It is also crucial for us all to engage in this process to ensure it is locally led. The mantra at the GPSC is that this should be a physician-led process. We will be able to continue to influence this process, not only through Division meetings, but also as I have an opportunity to attend the monthly GPSC meeting, along with other division leaders, to offer a physician and Division lens to their strategic development of patient medical homes. The opportunity to influence healthcare remains through your Division, but only through hearing from you at engagement events and processes will we ensure your voice is heard.

The other, and perhaps confusingly similar sounding, model of care is the primary care home. These describe patient medical homes or networks of patient medical homes linked with health authority and community agency primary care services forming a foundation of coordinated care, often for a particular subgroup of patients. One example of this is the Seniors Care Prototype being developed jointly by your Division and Island Health to establish improvements in care for our frail seniors. This work started in 2015, and we hope will deliver more joined up, team-based timely care.

Other primary care homes are emerging in our community already, such as the Health Connections Clinic which we've have managed to sustain, in partnership with Island Health, as the provincial A GP for Me initiative winds down. Work is ongoing as to how to best support or develop the other strands of our A GP for Me work including the MHSU (mental health and substance use) Clinician Supporting GP offices, Recruitment and Retention, Office Efficiency, Community Navigator, and the Central Referral Mechanism. We are grateful for the hard work of physicians, healthcare workers, and project and administrative teams to deliver these successful prototypes.

The Division has delivered a lot of other work over the year. We have provided a primary care physician voice to the Future of St Joseph's General Hospital task force as they identify how to continue care delivery in the Valley; we have provided representation to the Comox Valley Homeless Coalition; we have supported the education and resource development of physicians around medical assistance in dying (MAiD) to ensure our patients can exercise their new charter rights; the emergency preparedness group have delivered a plan

to enact for our community in the event of a major disaster; we have continued to support the Doctor of the Day program; as we move to a new hospital we have offered primary care perspectives on the transition; the GPSC's residential care initiative has continued to be developed with a local focus through the year; and we have supported the completion of the Safe Opioid Project.

It has been a pleasure to support, through our Recruitment and Engagement committee, a number of social events through the year, giving physicians an opportunity to get to know each other outside of the work place.

Through the support of the Specialist Services Committee, Shared Care Committee, and GPSC we are able to undertake projects to improve patient care and physician collaboration at the interface between primary care and specialist care. Indeed, if you have ideas for how we may improve care between primary care and specialist care we welcome them! Over this year there has been excellent work on our Enhancing Perinatal Care project and improving care of younger patients through the Child and Youth Mental Health and Substance Use (CYMHSU) Collaborative.

And finally, some thanks. Firstly, to Tom Gornall for working alongside me as part of the newly devised Co-Chair team. Tom's enthusiasm and commitment to the Divisions initiative from its inception has been greatly appreciated and he'll be missed as he steps down. Secondly, a big thank you must go out to all of you who've contributed in whatever way you've been able to your Division.

The Division is a benefit to all of us, let's keep working together to sustain it!

Respectfully submitted,
Adam Thompson,
Co-Chair

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Treasurer's Report

Rob Silcox, Treasurer

Our membership now stands at 109 members and our infrastructure (aka operating/governance) funding continues to be impacted by the number of members we have. If there are new physicians to the community, even temporarily, please encourage them to join the Division so we maximize our funding envelope!

In addition to the funding for operations and governance, the Division continues to pursue funding opportunities for project specific work such as the Child and Youth Mental Health Substance Use (CYMHSU) Collaborative, the Shared Care Enhancing Perinatal project, the provincial residential care initiative and of course work that began under A GP for Me. We also continue to administer the funding associated with the Unassigned Inpatient Network (Doctor of the Day). Support for purple group meetings has been discontinued as the program is working well and the group is arranging its own schedule. The rainbow group will continue to be funded this fiscal year to help support the sustainability of the program.

With our increased activity, the Division's finances are growing yearly and thanks to the efficient oversight of our Executive Director, and the members of the project and operational team, we have maintained a balanced budget. The total operational funding for 2015–16 was just over $430,000 from the GPSC. We were able to carry forward just under $57,000 to the 2016/17 year. Our administrative expenses more than doubled the previous year due to increased activity and costs of supporting teams, payroll and bank charges, etc. However our board costs ($73,354, includes Board retreat) and staffing costs ($154,225) come in at approximately 45% of budget which is similar to what we are hearing from other divisions.

With our base funding we support the operations of the Division as well as hosting a number of successful social events such as the summer Beach BBQ and the Spring Fling. Both of which came in well under budget. Overall Division events represent approximately 8% of our infrastructure budget.

Perhaps of most financial significance over the last fiscal year was the winding up of the funding for the Implementation of our six A GP for Me strategies. Congratulations to Dr. Gornall and all the participants who helped make this a successful project (well six projects really!). Impact funding has been obtained ($133,000) to allow the Division to continue to support four of the six initiatives until March 31, 2017 with a goal of enabling them to become self-sustaining. Two other projects received extension funding, namely the Community Navigator and Office Efficiency, with that work to be completed by September 30, 2016, and again, self-sustainability being the goal.

As the board makes decisions about the funds that we have access to and how best to use them, it is our goal that our work and budget align with the priorities of our membership.

Through the Division's infrastructure funding, we provide opportunities to support member/community-identified projects. Over the last year support was provided to the Advanced Care Planning project to support family physician involvement in the work. Other member-identified projects include the Emergency Preparedness project and the Safe Opioid prescribing project. Currently, we are supporting local physicians to have access to the resources necessary to make informed decisions regarding medical assistance in dying (MAiD).

Since our inception, seniors care has been identified as a priority by members and in 2015 the Comox Valley was identified as a prototype community for a Seniors Care Initiative in partnership with Island Health. A significant portion of our Infrastructure budget was allocated to support physician participation in this

seniors work and also to participate in the discussions regarding the Future of St. Joseph's General Hospital. Work continues in both of these areas and we have allocated significant resources in the 2016/17 fiscal year towards the Division's involvement in improving care for seniors.

Another provincial opportunity that the Division has embraced is the residential care initiative. This work is funded through a separate grant from the GPSC to support physician involvement and quality improvement initiatives.

Through funding from the Shared Care Committee the Division has supported two very successful projects: the Enhancing Perinatal Project, which involves health care providers from many disciplines, and the Child and Youth Mental Health Substance Use (CYMHSU) Collaborative, which has a broad base of support from agencies across the community.

As the board makes decisions about the funds that we have access to and how best to use them, it is our goal that our work and budget align with the priorities of our membership. Please provide us with your feedback to ensure that we are continuing to achieve that.

Respectfully submitted,
Rob Silcox
Treasurer

Report from the Executive Director

Janet Brydon,
Executive Director

Honouring Your Priorities

I am sitting down to write this message hours before our first member priority event of this year. As we enter our sixth year as an organization, it's time to reflect on what has been accomplished, and where the membership would like the Division to go in the years ahead. Since its inception in 2011, the Division leadership has been keenly aware of the importance of ensuring that the initiatives that are pursued have local relevance and autonomy. At our first member engagement event almost exactly five years ago, we heard from a majority of the members at that time and identified four priorities: Doctor of the Day, care for frail seniors, paperwork, and greater support for the population with mental health and substance use issues. Over the last five years, we have addressed each of these issues, either through locally driven work (Doctor of the Day, Paperwork, MHSU Integration Event) and/or through "signing up" for provincially identified initiatives (A GP for Me, seniors care prototype community, and the residential care initiative).

With the increasing scrutiny on the health care system and its ability to meet the current and anticipated demand, we are hearing about the need for significant change to improve the system and the care for specific populations. We have been encouraged to set our sights upon the patient medical home and primary care homes to strengthen the care that patients and their families receive and to increase access. As a Division we are presented with many opportunities to participate in provincial initiatives and this PMH/PCH work is another of these opportunities. The work of our Board and Division remains in ensuring that we bring the Comox Valley physician voice to any work that the Division undertakes.

As we look at how best to make changes, it becomes increasingly clear that the system is complex and that working closely with those around us, and building strong partnerships to support the goals that we are trying to achieve is the most likely avenue to success. Over the last year we have seen continued strengthening of our relationship with Island Health, and together have implemented projects that have had major impact in our community. It is exciting to hear that the new Medical Staff Association (MSA) Society will be forming to further support facility-based physicians (many of whom are also Division members) and we look forward to adding the MSA to the list of partners with whom we will work closely to address the local priorities.

The Board's focus continues to be to address the issues that are specific to the Comox Valley as well as those that may be common to many communities across the province, but with solutions that can only be tailored here in the Comox Valley, to meet our local, unique needs.

I am looking forward to hearing from the members over the next two days about what is most important now in their practices, in our physician community, and in the Comox Valley as a place to live. I look forward to hearing from the membership about how they see the future improving and how together as "the Division" we can support that change.

Janet Brydon
Executive Director

Since its inception in 2011, the Division leadership has been keenly aware of the importance of ensuring that the initiatives that are pursued have local relevance and autonomy.

Committees and Initiatives:

A GP for Me: Impact and Extension

Physician Lead – Tom Gornall

In late 2015 and early 2016, the first phase of funding for implementation of A GP for Me work came to a close. Additional funding available until March 31, 2017 was provided by the GPSC ("Impact funding") to address the sustainability of projects. In addition we applied some remaining A GP for Me funds ("Extension") to two projects that were at an earlier stage of development and which were funded until September 30, 2016. All six original A GP for Me strategies for the Comox Valley have continued to strengthen the delivery of primary care.

Health Connections Clinic

Physician Lead – Peter Moosbrugger

The Health Connections Clinic (at the Comox Valley Nursing Centre) continues in partnership with Island Health. The clinic addresses the needs of patients with complex multiple conditions (often including mental health substance use (MHSU) challenges), through providing a teambased care approach. The team is made up of physicians, a nurse practitioner (NP), two nurses, and a medical office assistant. Across the team, support is available five days a week, with patients being able to see different team members as needed. The focus of the clinic is to provide consistent ongoing care, through a team approach, to patients who have typically been unattached. The clinic has seen 347 patients since inception in Feb, 2015, and currently actively supports approximately 150 complex patients. Through Impact funding the Division continues to provide support for development of the team-based care approach and ongoing evaluation.

All six original A GP for Me strategies for the Comox Valley have continued to strengthen the delivery of primary care.

MHSU Support for GP Offices

Physician Lead – Sand Russell-Atkinson

This is another example of team-based care in action. An MHSU clinician continues to work with physicians from four clinics, with a fifth one added earlier in 2016. The clinician supports physician-referred patients with moderate MHSU needs. Through evaluation we learned that the patients have highly valued the treatment they have received, and that physicians who have worked closely with the clinician also highly value the unique approach and the on-site accessibility of the clinician. Based on project results, and current MHSU strategic directions in BC, Island Health is continuing to fund this role. The Division and Island Health are currently working on evolving this role in ways that will best support patients and physicians. Since the beginning of this A GP for Me-funded project, the clinician has received 180 referrals from 20 physicians and 169 patients have been seen directly by the clinician, while the others have been supported through consultation with the physician.

Central Referral Mechanism

Physician Lead – Laura Bell and Katie Barker

The Central Referral Mechanism continues to receive referrals of complex and/or patients 70 years of age or older, from 30+ referral sources in the community (e.g., emergency, MHSU, midwives, other community agencies). Since inception (Feb, 2015) the CRM has received 330 referrals. 53% of the referred patients have been seen at the Health Connections Clinic and the remainder referred to family physicians in community clinics.

Recruitment and Retention

Physician Lead – Nancy McFadden

The Recruitment & Retention work continues across our community. In 2015/2016 the Working Group and Coordinator were focused on: attracting and paving the way for new physicians in the Comox Valley,, broadcasting locum needs and connecting locums to those needs where possible,, engaging residents,, and supporting physicians going through practice change. An Advisory Team is currently being formed to address the strategic directions of this work going forward. This work is closely aligned with work that has been underway from across the Island communities, in an effort to support Islandwide recruitment and "best fit" of physicians who choose the Island as their work/life destination. Since early 2015 a total of seven net new physicians have chosen to practice in the Comox Valley on a permanent basis. The Coordinator has provided information and support to 34 prospects, three of whom have received site-visit assistance and another five who are providing intermittent, ongoing locum coverage. Feedback from locums about the Live, Work, Play Orientation package available on the Division's website has been very positive.

Community Navigator

Physician Lead – Rick Potter-Cogan

The Community Navigator is in place and continues to accept referrals from primary care providers and their staff (family physicians, NPs, midwives, MOAs). Since inception the Navigator has received 400 referrals across all age groups (42% between ages 51 and 80). The Navigator has referred to approximately 145 community resources to address a wide range of challenges (e.g., MHSU, income related, housing, support during complex medical situations). The project engaged with physicians and community agencies in early 2016 to assess the value and potential to continue the role. The Division started a partnership with the Comox Valley Transition Society to continue to deliver this service. The Navigator continues to address referrals in the same manner, now as an employee of the Transition Society. The Transition Society, with support from the Division, is applying for funding grants. Currently there is funding until March 2016, with significant challenge to find funding to sustain the role after that time.

Office Efficiency

Physician Lead – Steve Matous

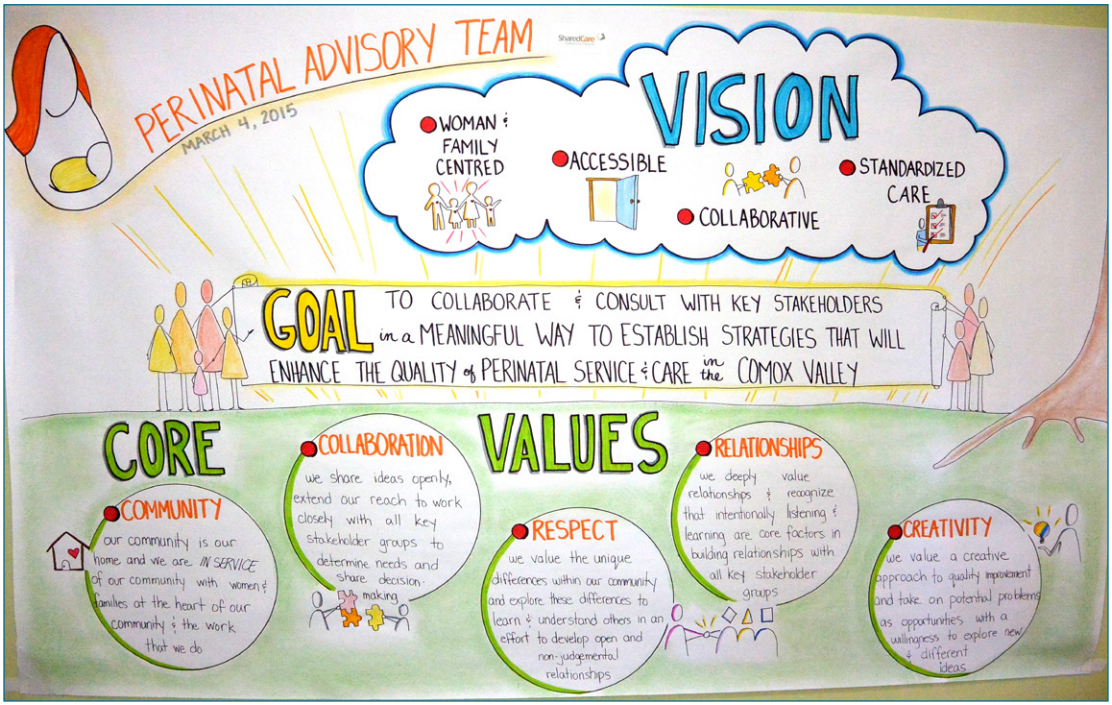
This strategy has continued to focus on building a network of MOAs/Office Managers and hospital staff across the Comox Valley, specifically to address process and communication challenges between community clinics, specialist offices, and various hospital departments. Recently a group of clinics (ideally one OM/MOA from each clinic) have decided to sustain the group over the next year, to continue to meet with the hospital representatives and address joint challenges. Clinics are being encouraged to support their clinic representative to continue in these problem-solving and relationship-building meetings.

Enhancing Perinatal Care

Physician Leads: Matthew Bagdan (SP) and Theresa Wilson (FP)

In January 2015, the Division received funds from the Shared Care Committee to support our Enhancing Perinatal Care project in the Comox Valley. Following an extensive needs assessment that captured over 200 patient and 95 care provider voices, three working groups in addition to an advisory team emerged to propel a number of project initiatives forward. All of this work has been co-developed in collaboration with partners from Island Health, Perinatal Services BC, and a variety of local community partners. Without this partner support, much of the scope of this work would not have been possible. Through dedication to women and families in the Comox Valley and continued work and collaboration of the working groups and Advisory Team, the following highlights have been accomplished:

- A family physician & midwifery event was facilitated to provide opportunity to build relationships, discover shared values and determine opportunities for the future.
- Right from the Start Campaign: In collaboration with Public Health a campaign a goal was set to increase the number of pregnant women registering with Right from the Start by 50% by September 2016. To date, we have reached a 45–48% increase in referrals.
- Comox Valley Pregnancy Care Pathway & Poster Development — A patient pathway was developed to enable women to find a maternity care provider and connect with local resources and to register with Right from the Start. This pathway can be located on the Division website and posters have been placed in physician offices, midwifery clinics, public health offices, and in various locations in the Comox Valley.



- Pregnancy journal pilot — This initiative includes six family physicians, two midwifery clinics and up to 40 patients participating in the piloting of a pregnancy journal with the goal of ensuring that all women are equally equipped with increased knowledge and personal autonomy to engage in care discussions with their provider with respect to standardized care expectations during pregnancy. A PDSA cycle of the pregnancy journal will help to determine future spread.


My Pregnancy Journal

Name:

Due Date:

Care Provider:

Care Provider Phone:

For emergencies related to your pregnancy before 20 weeks go to the Emergency Department

For emergencies related to your pregnancy after 20 weeks call or go to Labour & Delivery at the hospital 250 339 2242

SharedCare

- A framework for Antenatal Care Event was facilitated in collaboration with Perinatal Services BC. Eighteen maternity care providers gathered together to identify and explore gaps between current approaches to antenatal care in the Comox Valley and the "ideal" framework for antenatal care as recommended by PSBC. Practice changes were identified and next steps are currently being explored. Evaluation results identified that the event enhanced working relationships by improving collaboration and by giving an opportunity to improve practices. Participants agreed that the event will impact future care by improving upon and standardizing the approach to antenatal care in the Comox Valley. There was great interest among participants to continue to build collaborations in maternity care for women and families in the Comox Valley.
- Perinatal Perspectives: Maternity Care through the Lens of the Social Determinants of Health Event saw attendance from over 100 maternity care providers, including obstetricians, family physicians, midwives, and community partners from the Comox Valley and Campbell River. Presentations were provided by Chief Robert Joseph, Dr. Don Wilson, and The Mothers Story, presented by Liz McKay and Jenny Nijhoff. Some of the learning objectives were to create clinical and social awareness of the social determinants of health through the lens of maternity care and to learn how to best build relationships with vulnerable patients.
- Some up-and-coming work includes physician attendance at the "But I don't do maternity care" train the trainer event in Vancouver in October 2016. A local physician survey indicated that 10 family physicians from the Division are interested in taking the modules and we will have a trained physician facilitator to provide the modules locally for those interested in attending. Additionally, the project and physician leads from the Kwakwaka'wakw Maternal Child & Family Health Project will provide our project members with a presentation in late October 2016. This will be an opportunity for our community to hear more about what is transpiring with the North Island project and will help inform the group as we move forward into Phase 2 as there is desire to look at ways to best support women who travel to the Comox Valley from the North Island to birth.

Phase 1 of the Enhancing Perinatal Care project is quickly coming to a close and the Shared Care Committee has approved an Expression of Interest to write a proposal for Phase 2. Work is currently underway with the Shared Care Perinatal Advisory Team (with input from project working groups) to develop a project plan and submit a proposal for funding for Phase 2 early December 2016. One of the exciting components of Phase 2 includes exploring a family physician and midwife group care pilot that is in partnership with Public Health. There are many exciting possibilities on the horizon, including exploration into greater coordination and collaboration with CYMHSU and First Nations Health Authority in enhancing perinatal supports to women in the Comox Valley. We look forward to what the future holds!

Reviewed and Approved by Physician Leads:
Dr. Theresa Wilson and Dr. Matthew Bagdan

Emergency Preparedness

Physician Lead — Alfredo Tura

The Signs are Up – we're ready to go!

We *are* now two years into this project and I am excited about what has been achieved through the work of the committee, our partners in the community, and our volunteers.

The goal of the project is to establish existing physicians' clinics in the Comox Valley to serve as emergency response stations (Disaster First Aid Stations) in the event of a catastrophic event and to coordinate services with the regional community emergency response plan.

Five clinics are now established, have posted their DFAS signs, and are ready to respond in the event of a significant community emergency (Comox Medical Clinic, Highland Family Practice, Crown Isle Medical Clinic, Valley Care, and Southwood Medical Clinic). Two pharmacies are also engaged.

The DFAS physicians and staff will soon be equipped with emergency supplies and have received critical training to address building safety.

The committee also supported the delivery of the Disaster First Aid Forum, which was organized and delivered through the Practice Support Program.

We continue to develop the community relationships that will support this work, through monthly meetings and partnership with the CV Emergency Preparedness Program, liaising with a pharmacy champion in our community, and beginning to coordinate strategies with local RMCP and the hospital.

We have been happy to share our learnings and approach with others on the Island, in the province, and across the country. We are currently seeking funding to support this ongoing work through Health Emergency Management British Columbia (HEMBC).

Committee Chair
Dr. Alfredo Tura

Residential Care Initiative

Physician Lead – Rob Silcox

The Division continued to work on the provincial residential care initiative throughout the past year. Surveys were done gauging interest, and a large event to engage physicians and facilities was held in December 2015 to determine the path forward. A Residential Care Working Group made up of physicians and key facilities people started work on addressing five best practice areas: 24x7 coverage, proactive visits, care conferences, meaningful medication reviews, and documentation. An initial approach was documented in a Memorandum of Understanding that was signed off by the Division and Island Health. There are currently approximately 30–35 physicians who have agreed to be part of the initiative. Of these approximately 12 are potentially interested in taking more residential care patients, and approximately 10 would prefer to transfer patients to another MRP (most responsible physician). The Working Group will focus on supporting transfers where possible, and work towards quality improvement activities in support of the five best practice areas.

A Residential Care Working Group made up of physicians and key facilities people started work on addressing five best practice areas: 24x7 coverage, proactive visits, care conferences, meaningful medication reviews, and documentation.

Recruitment and Engagement

Physician Lead – Tom Gornall

The R&E committee was composed of Bonnie Bagdan, Shannon Jones, and Kevin Swanson for the past year and I'd like to thank them for their contribution to planning, organizing, and participating in all our events. This role is made easier with the much appreciated support of Judy Darby for doing the real work behind the success of our social program.

The committee met on two occasions over the year to plan our events and to discuss strategically what role we could and should be playing to support physicians. It was generally agreed that recruitment of Division members was no longer our mandate as the Division will soon have an active Recruitment and Retention Advisory committee to provide support and strategic guidance to our Recruitment Coordinator, Catherine Pagett, who is specifically tasked with attracting and supporting new physicians and locums (and their families) to the Valley and introducing them to our Division and the community. The R&E committee's main goal was to support physician engagement, wellness, and education, and to include the physician, partners, and family as part of this.

In November we co-hosted a social event with the Campbell River and District Division with the goal of appreciating our commonalities and enjoying an evening with our colleagues with no scripted agenda. We had hoped for better attendance but the venue was terrific, the speaker inspiring, and we may give this another try this year, likely after Christmas.

We held our "Meet and Greet" for new docs on November 10 at the Comox Golf Course. The weak point was in the attendance and lesson learned was to ensure there is no conflict with residents' schedules or major educational events. This is a shared event co-hosted with the St. Joseph's General Hospital(SJGH) medical staff and plans are in the works to schedule again this fall.

Our Spring Fling is the major annual event bringing all members and specialists in the Comox Valley together. This year there were some scheduling challenges so we introduced a Valentine's theme and moved it ahead to February 13. Attendance was down a bit but it was still a fun evening. This year we have booked early for April 29th at the Native Sons Hall – hope to see you there!

Lastly, our Beach BBQ continues to be a favourite with families and the casual structure allows for lots of conversation with the Bouncy Castle and face painting being particularly popular. We had a nice turnout of specialist and family physicians this year, and hope this will grow in years to come.

We have begun to discuss what the Division's role might be in supporting local CME and it is on our radar for 2017. Please feel free to approach any of the committee with your ideas for new opportunities.

I'm handing the torch over to Bonnie Bagdan, who will be taking over the leadership of this committee.

Respectfully submitted,
Tom Gornall

Seniors Care Prototype

Physician Lead – Rob Silcox

Our community continues to be at the forefront of the work to improve how services are delivered to seniors. Following up on the work that was initiated last year to gather feedback from community stakeholders, we have continued to work closely with Island Health to address many of the obstacles that need to be overcome in creating change to the system that supports seniors.

The Seniors Care Prototype project's aim is to improve care for seniors through improved integration of services and strengthened communication and relationships between members of a coordinated team. The goals of this important initiative are to: improve patient, family caregiver and provider experience; reduce emergency department visits, hospital length of stay, and percent of alternative level of care days for frail seniors; improve care and reported quality of life for frail seniors; and improve access to primary and community care.

The project and action teams for this work are focused on designing a more coordinated approach to delivering care. We are preparing to launch the first phase of the prototype to implement an approach where the participating physicians will work closely with a primary care nurse to jointly assess and plan to address the frail seniors' needs in a more integrated fashion. This first phase is to be rolled out in October to December 2016 and review of the challenges and successes of that phase will allow us to plan for a roll out more broadly. The scope of the work includes the design and implementation of integrated community services; this will take additional time to develop.

The previously implemented Enhanced Frail Seniors Services (EFSS) and community-based NP continue as integral components of supporting frail seniors and their families in our community. We look forward to being a part of phase one and subsequent phases of the Seniors Care Prototype as they are implemented.

Safe Opioid Prescribing Project

Physician Lead – Charuka Maheswaran

The aim of this initiative was the development of a consistent approach to opioid prescribing across our community, including a standardized treatment agreement that is available and adopted by the majority of physicians in our community. In follow up to the collaborative workshop held in June 2014 an interdisciplinary working group was created in January 2015 to design the local prescribing protocol. The working group developed and distributed a standardized treatment agreement, a one-page algorithm, and key information resources for patients, pharmacists, and physicians to all local family physicians and pharmacists in March 2015. In the Fall/Winter of 2015, impact of the initiative was evaluated.

Key Outcomes:

↑ Physician Comfort Prescribing Opioids:
Increased from 63.6% (n=24/38) to 85% (n=51/60).

↑ Comfort Using Opioid Agreements:
Increased from 78.4% (n=29/39) to 85% (n=51/60).

Physicians Using Patient Handouts:
The majority of physician survey respondents used the patient handouts (62.9%).

Pharmacies Not Receiving Opioid Treatment Agreements:
This was unchanged. Just over half of the pharmacist respondents reported receiving no standardized treatment agreements pre and post.

↑ Public Awareness:
Dr. Charuka Maheswaran developed an opioid public awareness presentation that was held at North Island College and filmed for a Shaw TV episode that will be released fall 2016 aimed at increasing public awareness for local mental health and substance use resources and issues.

Reduced Diversion:
While at this time there is no statistical data to support the reduction in the availability of opioids on the streets, we heard from two sources that there is evidence of reduced diversion. The RCMP Comox Valley Municipal Drug Section reported that: "locally, the prevalence of prescription opioids is down". Nurses at the Nursing Centre have also told stories of patients who have noticed it is more difficult to buy/sell prescription opioids.

Spread of Initiative:
On February 24th, 2016 Dr. Charuka Maheswaran presented a storyboard poster at the Joint Collaborative Committee Showcase to share our resources and lessons learned with physicians from other communities.

Highly Engaged Physicians:
A highly engaged, diverse working group was key to the success of this initiative. Local experts created consistent and sustainable resources that are tailored to the needs of the community. Specifically, the following resources were developed by working group members:

- Safe Opioid Prescribing Algorithm
- Standardized Treatment Agreement
- Physician Resources
  - Pain Management
  - Support for Wean-Down Management Resources for Physicians
- Patient Handouts
  - Goals and Hazards of Opioid Therapy
  - Pain Management Resources

Working Group Members: Dr. Charuka Maheswaran, Dr. Barb Fehlau, Dr. Karen Nishio, Dr. Jack Bryant, Dave Corman and Hana Smalley (pharmacist representatives), Jody Macdonald (Project Coordinator).

Child and Youth Mental Health Substance Use Collaborative

Co-Chairs – Dr. Carol Coxon, Dr. Janice McLaughlin, Curtis Cameron (MCFD)

The Division continues to participate in the great work of the Comox Valley's Local Action Team for the Child and Youth Mental Health and Substance Use Collaborative, funded by the Shared Care Committee Over the last year the LAT has focused on:

- Peer Support – With the support of representatives from the John Howard Society, the Peer Support Group in its first year had a core group of 12 youth. The group provided opportunities for the youth to increase their skills, awareness, and tools for practice to maintain their own wellness and support others to do the same, while increasing the MHSU conversation. The youth involved aim to reduce stigma within their school and community through speaking about MHSU and their lived experiences. Through support from the LAT, youth from the Peer Support Group and over 30 others from the local high schools attended Youth Mental Health Summit in Vancouver in February 2016. To share this knowledge more broadly, the youth offered several workshops on mental health for students at Highland on May 4 and students in Cumberland on May 5. Over the summer the youth experimented with a "Random Acts of Kindness Day". They made cookies and added mental health related aphorisms and gave them out to folks in the area, thereby stimulating and promoting conversations about mental wellness.
- Improving awareness of resources for families and physicians. One of the goals of this work is to support the updating and dissemination of the Force's Orientation Guide to MHSU for families, in order to increase timely access to information and resources for families in need. The guide is at the printer and will soon be shared with families directly and at key locations in the community where families seek support for issues relating to mental health and substance use. A second goal of this work has been to better equip physicians with the information they need regarding available local resources when supporting children and youth with MHSU issues. A referral matrix is in the works and will soon be tested in our community. The referral matrix is geared to reduce referrals to psychiatrists (for which there is a significant wait time) and increase referrals to local services and resources.
- Early Years – This work involved a pilot project to support family physicians to identify and support moms with mental health challenges and other "at risk" situations that might interfere with secure attachment in their 0-6-year-old children. With support of the PSP Small Group learning funds, physicians received training on tools and techniques for identifying young children at risk of early trauma, neglect, or poor attachment and began to discuss strategies for helping family physicians link families to services providing early support and intervention.

Statement of Financial Position

March 31, 2016		2016		2015
ASSETS				
Current Assets				
Cash	$	330,359	$	550,143
GST Receivable		9,237		6,596
Prepaid Expenses		614		765
		340,210		557,504
Equipment		4,058		5,798
	$	**344,268**	**$**	**563,302**
LIABILITIES				
Accounts Payable and Accruals	$	110,372	$	103,659
Due to BC Medical Association		60,179		10,018
Deferred Grant Revenue		186,500		445,853
		357,051		559,530
NET ASSETS (DEBT)		(12,783)		3,772
	$	**344,268**	**$**	**563,302**

Statement of Operations and Changes in Net Assets

Year ended March 31, 2016	2016	2015
Revenues		
Grant Revenue	$ 464,795	$ 286,404
Carry Over Grant Revenue	76,495	62,643
GP for Me – Assessment and Planning	–	244,742
GP for Me – Implementation	545,159	79,456
Residential Care	19,027	–
	1,105,476	673,245
Unassigned In-Patient and Health Connection Clinic Fees	429,725	381,301
Interest	1,847	2,453
Miscellaneous	705	–
Expense Recovery	5,387	–
	1,543,140	**1,056,999**
Expenditures		
Accounting & Legal	5,638	4,883
Administration	2,070	554
Advertising	2,066	637
Amortization	1,740	2,490
Bank Charges & Interest	691	291
Benevolent Fund Expenses	–	400
Board Expenses	98,053	63,376
Committee Expenses	134,136	101,518
Contracted Fees	26,540	44,030
Dues	1,251	1,196
Education	12,592	20
Event Expenses	36,838	42,703
Grant Expenses	117,816	–
Honoraria – Non-Physicians	13,955	14,808
Insurance	120	850
Meeting Costs	20,777	26,527
Member Expenses	33,414	52,872
Office Supplies	12,178	10,301
Physician – Clinical Sessional	43,317	3,178
Salaries and Benefits	555,132	307,936
Travel	26,681	8,469
Unassigned Inpatient Fees – (DoD)	414,690	368,550
	1,559,695	**1,055,589**
Excess (Deficiency) of Revenue Over Expenditure	**(16,555)**	**1,410**
Net Assets – Beginning of Year	**3,772**	**2,362**
Net Assets (Debt) – End of Year	**$ (12,783)**	**$ 3,772**

Comox Valley Board of Directors

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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.

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A GPSC initiative

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