

# 2015–2016 ANNUAL REVIEW

APRIL 2015 TO MARCH 2016



## OUR MISSION:

*“A medical community that protects, promotes and expands the role of family physicians in caring for their patients.”*



# Report from the Physician Lead



Drs. Robert McKenzie, Peter Chee, Michael Myckatyn, Wendy Amirault, Patricia Wong, Rachila Sharma Aucone, Ki-Sun Kim

The Division has accomplished much to be proud of this past year, and it is work designed, led and shaped by family doctors like you and me. Membership is now 150 of us in all ages, sizes, shapes and flavours.

Some examples of our accomplishments:

1. Continuing to build collegiality and

goodwill amongst family physicians in Richmond, and with specialist physicians through partner projects and Clinical Pearls events.

2. Our A GP for Me work enabled us to touch broader aspects of community health and better address the needs of vulnerable residents.

3. Launching initiatives targeting physician wellness and practice/billing support: highly attended communication skills workshops, seminars on tax planning and billing pearls.
4. Expanding and facilitating practice locum coverage.
5. Welcoming four new family physicians to our community.
6. Collaborating with partners including the City of Richmond, Vancouver Coastal Health (VCH), UBC Pharmacy and community-based organizations on initiatives to place clinical pharmacy, psychiatry and chronic disease nurses in our members' practices.

The upcoming year will continue to be exciting and challenging. We are planning a new Residential Care model to better support participating family physicians. We will see results from our preliminary work with VCH around reimagining community care for frail elderly patients. Our members will get access to "Pathways", an online directory that streamlines the referral process between GPs and specialists and community programs. Our Neighbourhood Networks of Family Physicians will continue to positively affect patient care, physician well-being and system improvements through physician-led, partnered health care delivery.

A heartfelt thank you to departing board members, Drs. Wendy

Amirault and Michael Myckatyn, for their commitment and wisdom since the beginning. We wish them well as they tackle new challenges and adventures.

Lastly, we have benefited greatly from increased member involvement in committees and working groups. Doctors like you power our organization, making it relevant and meaningful for all. I encourage you to peek at your personal interests, questions and passions, as there will be opportunities to integrate those into the Division's work. I warmly invite you to join me in the year ahead as we continue to work towards our vision to provide a collective and influential voice for Richmond family physicians.

Sincerely,  
Dr. Peter Chee

## A GP for Me

Our ambitious A GP for Me implementation activities began with mobilizing the Division's consultant team (which, at its peak, was 6 people), striking working groups for each strategy and adapting our broad plans into actionable and measurable activities.

Each of the five strategies was pursued with physician, primary care and patient interests in mind. Significant learning and impact was achieved.

### Strategy 1 GP Communication



Our GP members showed a strong interest in developing patient communication skills and the Richmond Division developed three Main Pro-C accredited workshops on the topic. Seven workshops were held, with 57 GP members attending one or more

module. We experienced a 92% overall attendance rate, hosted 25 pod calls (81% attendance rate), and achieved high satisfaction ratings with the peer pod calls (4.2/5.0). All attendees agreed to implement their learnings into their practices, which will potentially strengthen attachment of approximately 68,400 patients.

*"From my perspective, the three modules are very useful. I hope they can be more widespread and more physicians can experience it. It is very, very beneficial!"*  
— GP Participant

Our Division created a Business Case and User Guide to aid other BC divisions interested in hosting similar modules.

### Strategy 2 Retirement, Recruitment, Retention



We supported the establishment of four fee-for-service GPs in Richmond — two more than we had hoped to see during the implementation phase. Only one GP retired (out of an expected five). We developed a robust practice transition toolkit, distributing over 14 hardcopies and making all materials available on our website. We supported two GPs who are planning to retire, identifying their vulnerable patients to aid in continuity of attachment.

Additionally,

- 38 GPs attended a Tax and Financial Planning Seminar.
- 10 GPs attended our 'Speed Dating' for Cross-coverage event with 5 reporting arrangement for future cross-coverage.
- 66 members attended two Attachment Billing Code sessions.
- We developed a recruitment toolkit to help Richmond GPs take over solo practices or join group practices. The toolkit helps GPs recruit new GPs to take over or join practices, and was heavily utilized within provincial recruitment materials.



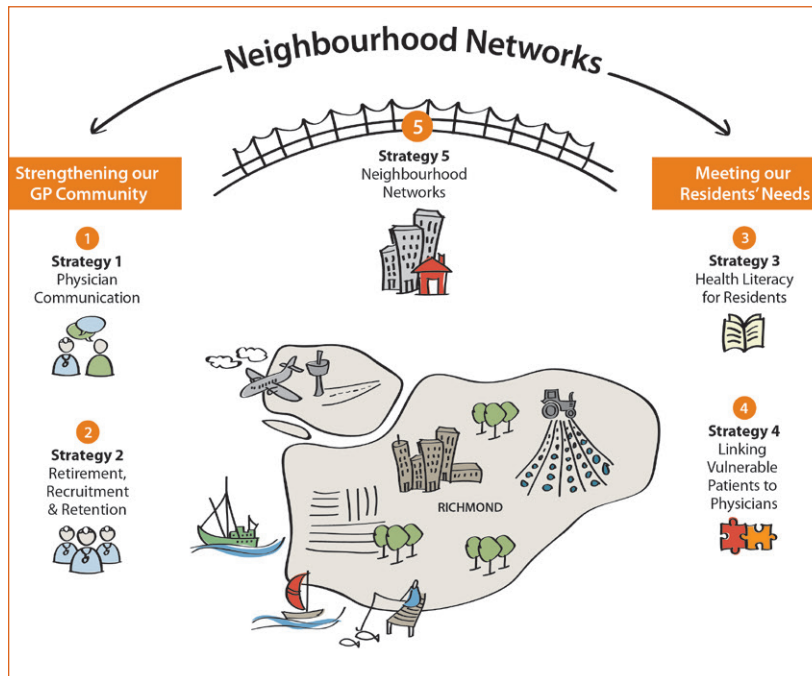


**Strategy 3**  
Health Literacy



Through assessment, the Division learned that patients require health literacy skills and so we developed three resources, translated them into Simplified Chinese and Punjabi and made them available to community partners and patients within GP offices. We developed an accompanying video puppet show, which is available online in English, Cantonese, Mandarin and Punjabi. These health literacy tools were further utilized in a workshop for community service providers to better equip them to share skills with their clients.

- Four workshops were delivered to 30+ attendees from 15+ community organizations.
- A facilitator's guide is available for other organizations interested in the workshop.
- Over 8224 materials have been distributed to GPs and community through five libraries, SUCCESS, Chimo, VCH-PH at school, and the Steveston Salmon Festival.
- Several other divisions have requested the materials for distribution.



**Strategy 4**  
Patient Matching Mechanism



The strategy's goal was connecting vulnerable unattached individuals to GPs with capacity.

- 25 GPs identified themselves as willing to take new patients.
- 148 requests were received by participating community organizations, specialists or VCH services. 139 were matched to GPs through the mechanism.

- Developed cross-functional processes with neighbouring divisions to prevent downstream unattachment of patients of GPs retiring in other jurisdictions.

- Created a mechanism to track new attachments occurring in our community during the implementation phase. In all, 55 GPs participated with monthly data from 15–40 GP members and we tracked 3985 'natural' attachments between February 2015 and March 2016.

**Strategy 5**  
Neighbourhood Network

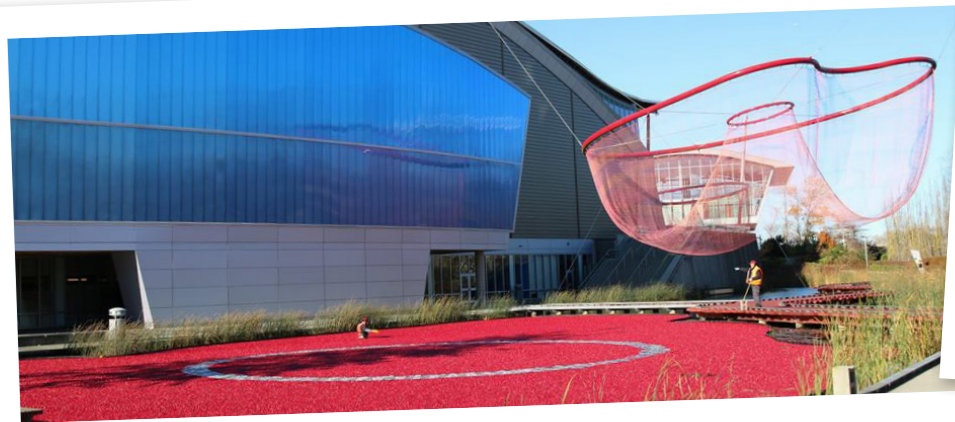


After additional planning time at the start of the fiscal year, we initiated our innovative Neighbourhood Network strategy, with the goal to bring

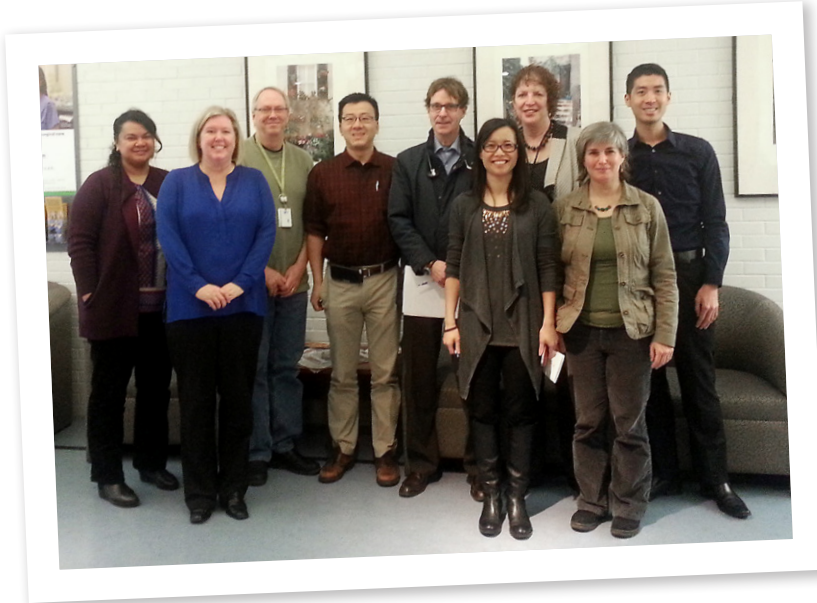
together groups of GPs to address primary care needs unique to their practices and their patients. In the remaining months, we identified, confirmed and launched two pilot networks, which have since been used to:

- Trial models of coverage for practices: locums (110 days of coverage to date), cross-coverage for GPs, improved follow-up care processes with walk-in clinics.
- Connect to and support use of health authority chronic disease nurses in GP offices (85 patients seen to date).
- Connect to and support utilization of an in-office clinical pharmacist (27 patients seen to date).
- Connect networked GPs to the Shared Care psychiatry pilot (58 patients seen to date)

Due to our early successes with this strategy, the GPSC granted our request to expand the scope of the pilot and extend our implementation phase until September 2016.



# Shared Care



## Goals:

Improving primary care access to psychiatry through:

- 1. A New Model of Care:** Co-location of psychiatrists in GP offices to provide one-time consultations and co-develop a plan of care.
- 2. Capacity Building:** A learning series bringing together GPs, psychiatrists and community mental health resources to enhance capacity to care for patients with mental health needs.

*"Didn't know there were so many available resources I can use in my practice to help my patients with mental health and addictions. It was an 'eye opener.'" — Post-event feedback from a GP*

## Progress to Date: Shared Care Psychiatry Service

- 1. Engagement:** 59% of the 29 GPs engaged are actively hosting or interested in setting up the service.
- 2. Uptake:** 14 GPs hosting at 10 pilot sites.
- 3. Access:** Two psychiatrists provide up to 10 clinic days per month (60 hours patient care per month); low-barrier access for patients in their medical home; servicing patients who would not be seen otherwise by Richmond mental health services.

## 4. GPs Reported:

- Resurrected "corridor consults".
- Improved capacity to manage mental health needs.
- Feeling supported.

## 5. Psychiatrists Reported:

- Increased understanding of GP needs.
- Improved understanding of patient needs.
- Satisfaction with team-based care.
- Patient Participation: 0% no-show rates.

## Let's Talk Mental Health & Addictions

Over 30 GP members, four specialists and three community organizations attended an evening on mental health and addictions in October. The event showcased where and how to access resources, useful referral forms and information and tips on managing patients with addictions. The event was well received by all who participated.

*"This has been an invaluable service. My patients benefit from the quicker access. I benefit from talking with the psychiatrist to co-develop a plan of care and to learn from him while he is in my office. This has greatly improved my ability and capacity to provide better care for my patients."*  
— Participating GP

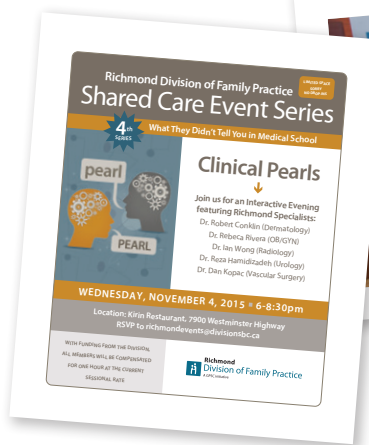
## What's Next:

Our 2016–2017 goals are to expand the service to more GPs at more office locations and provide more capacity-building sessions to support GPs in managing patients with mental health needs.

## Special Thanks:

We thank the following GP offices and their staff for their participation and contributions during the pilot phase:

Dr. Linda Cabrera  
Dr. Adam Chang  
Dr. Jane Donaldson  
Dr. Cheryl Hau  
Dr. Rafeeq Kagee  
Dr. Jack Kliman  
Dr. Tamara Leung  
Dr. Robert McKenzie  
Dr. Michael Myckatyn  
Dr. Cheryl Nagle  
Dr. Benoit Parrot  
Dr. Keri Ruthe  
Dr. Katuska Saldana  
Dr. Angela Shen







## Highlights of the Year based on our Core Values

### Value #1: Beneficial to our membership and patients

**150**  
Members

A thriving community of 150 family physicians with active leadership by members of our Committees, Steering and Working Groups, Initiatives and Board.

**28**  
Member Events

From CMEs, Clinical Pearls, Member Consultation to practice support topics these events have offered opportunities for learning, knowledge sharing and collegiality.

**4**  
Significant Projects Launched

New projects have been launched in the past year to support a skilled and sustainable work environment through A GP for Me, Shared Care Psychiatry, Seniors Repositioning Project on integrated seniors care and Pathways, an on-line directory that connects GPs and specialists to streamline referrals.

### Value #2: Efficiency and sustainability of our work as physicians and as an organization

**3**  
Partnerships to Place Additional Clinical Resources in Practices

26 members are receiving additional support in their practice from psychiatrists, clinical pharmacist and chronic disease nurses. Access to these providers has enhanced patient care, improved practice and strengthened GP skills.

**2+**  
Neighbourhood Networks Launched

Work has focused on supporting interested groups of GPs to find ways to collaborate with one another and partner with other health professionals with the goal of expanding practice and community capacity while maintaining physician autonomy.

**3**  
Initiatives to Support Enhanced Practice Coverage

Recruitment of 4 new GPs to our community; 175 days of additional locum coverage and trialed cross coverage arrangements between GPs. Toolkits for GP recruitment and GP retirement have been actively utilized by members.

### Value #3: To influence and shape health care delivery at the practice, community and regional levels

**29+**  
Collaborators in Our Projects and Initiatives

29 individuals from more than 14 organizations have been working alongside the Division including community service organizations, City of Richmond council and advisory groups, libraries and community centres, VCH programs and services. All share a vision for a strong primary care system for Richmond residents.

**28**  
Richmond Specialists Engaged

Through involvement in various initiatives, 28 Richmond specialist physicians have provided input, expertise and collegial support to member activities.

**22**  
Opportunities to Provide Input

Increasingly RDFP is representing member interests and concerns at local, regional and provincial tables including VCH leadership, Ministry of Health, GPSC and City of Richmond Councillors and Committees.

# Unaudited Financial Statement for 2015–2016

## BALANCE SHEET

as of March 31, 2016

### ASSETS

#### Assets

Prepaid Expenses	\$ 5,400.00
Chequing Account	241,046.52
High Interest Savings	209,368.15
GST/HST Receivable	16,664.20
Computer Equipment (net)	2,082.00

**Total Assets** 474,560.87

**TOTAL ASSETS** \$ 474,560.87

### LIABILITIES & EQUITY

#### Liabilities

Account Payable	17,775.98
Payroll Liabilities	55.80

**Total Liabilities** 17,831.78

#### Equity

Unrestricted Net Assets (Adjusted)	– 0.68
Profit for the year	456,729.77

**Total Equity** 456,729.09

**TOTAL LIABILITIES & EQUITY** \$ 474,560.87

## PROFIT AND LOSS STATEMENT

April 2015 – March 2016

### ORDINARY INCOME/EXPENSE

#### Income

Shared Care	\$ 134,137.00
Innovative Program Funding repayment	–11,475.88
A GP for Me — Implementation	999,955.00
RCI Funding	7,000.00
Project Bridging	10,000.00
BC Medical Association	397,842.00
Bank Interest	1,647.54

#### Income

GPSC Deferred Revenue	50,055.30
Shared Care Deferred Revenue	4,041.15
A GP for Me Deferred Revenue	13,105.11

**Total Income** 1,606,307.22

#### Expense

Administration	12,974.59
Facilities	33,867.14
Human Resources	220,807.32
Supplies & Equipment	7,285.62
Travel	5,392.71
GST Non-Taxable Expense	16,361.85

**Total Expense** 296,689.23

#### Other Expense: Projects

Contingencies	24,551.20
I.T.	7,295.32
Residential Care	6,253.31
Membership Events	55,198.53
Seniors Project	10,735.66
Pathways	14,135.58
Shared Care	119,818.30
Implementation/ A GP for Me	614,900.32

**Total Other Expense: Projects** 852,888.22

**TOTAL EXPENSES** \$ 1,149,577.45

**NET INCOME** \$ 456,729.77



# Division Committees

Thank you to the many members who have participated in our Committees and Working Groups, our partners who have made many valuable contributions and the Division's team members who have provided administrative and project management support through the year.

## Collaborative Services Committee

Jennifer MacKenzie, Co-Chair (VCH)  
 Dr. Peter Chee, Co-Chair  
 Diane Bissenden (VCH)  
 Nellie Hariri (VCH)  
 Dr. Brenda Hefford (Doctors of B.C.)  
 Jodi Kortje (VCH)  
 Natalie McCarthy (VCH)  
 Afsaneh Moradi (Doctors of B.C.)  
 Carol Park (VCH)  
 Denise Ralph, Executive Director  
 Deb Turner, Patient Representative

## CSC–Residential Care Initiative Working Group

Dr. Michael Myckatyn, Chair  
 Dr. Justin Hsu  
 Natalie McCarthy (VCH)  
 Deb Turner, Patient Representative  
 Denise Ralph, Executive Director

## Primary Health Home for Seniors

Dr. Jack Kliman, Co-Chair  
 Nellie Hariri, Co-Chair (VCH)  
 Dr. Hilary Hui  
 Dr. Ki-Sun Kim  
 Dr. Robert McKenzie  
 Dr. Patricia Wong  
 Karen Adamson (VCH)  
 Barinder Chauhan, Project Manager  
 Lisa Dwyer, (VCH)  
 Dr. James Lu (VCH Medical Director)  
 Natalie McCarthy (VCH)  
 Mel Rydings (VCH)  
 Deb Sanderson (VCH)

Denise Ralph, Executive Director

Deborah Turner, Patient Representative  
 Kenneth Tsang, Patient Representative  
 Belinda Boyd (VCH)  
 JoAnne Douglas (VCH)  
 Susan Lim (VCH)

## IT Committee

Dr. Al Horii, Chair  
 Dr. Charles Jiang  
 Dr. Robert McKenzie



Dr. Manoj Singhal  
 Dr. Boon Wong  
 Denise Ralph, Executive Director

## Pathways Working Group

Dr. Allan Horii, Co-Chair  
 Dr. Cheryl Nagle, Co-Chair  
 Annie Hobson, Pathways Administrator  
 Denise Ralph, Executive Director

## Shared Care Psychiatry Advisory Committee

Dr. Robert McKenzie, Chair  
 Dr. Ki-Sun Kim  
 Dr. Peter Gibson (VCH)  
 Dr. Kenneth Heng  
 Dr. Valerie Kaye  
 Denise Ralph, Executive Director  
 Carrie Locke, Project Lead

## GP for Me Steering Committee

Dr. Jack Kliman, Chair  
 Dr. Patricia Wong  
 Diane Bissenden (VCH)  
 Yogeeta Dosanjh (PSP)  
 John Foster (City of Richmond)  
 Kim Somerville (City of Richmond)  
 Deborah Turner, Patient Representative  
 Denise Ralph, Executive Director  
 Marnie Goldenberg, Project Lead



## GP Communications Working Group

Dr. Henry Ngai  
 Dr. Basil Segal  
 Dr. Jack Kliman  
 Gabrielle Yoo (PSP)  
 Barinder Chauhan, Project Manager  
 Nerissa Tai, Project Coordinator

## Health Literacy Working Group

Dr. Patricia Wong, Chair  
 Dr. Angela Shen  
 Dr. Jack Kilman  
 Marie Root (HealthLink BC)  
 Pooyan Khorsandi (HealthLink BC)  
 Hadassah Moes (VCH)  
 Lee Anne Smith (Richmond Public Library)



Ruth Singer (Richmond Health Advisory Committee)  
 Doris Lam (S.U.C.C.E.S.S.)  
 Beth Beeching, Project Coordinator  
 Marnie Goldenberg, Project Lead

Dr. Hilary Hui  
 Amy Chang (PSP)  
 Gabrielle Yoo (PSP)  
 Marnie Goldenberg, Project Lead  
 Nerissa Tai, Project Coordinator

## Matching Mechanism Working Group

Dr. Peter Quelch, Chair  
 Dr. Richard Chan  
 Dr. Jack Kliman  
 Dr. Vienna Ng  
 Tracy Harvey, MOA  
 Neena Randhawa (Chimo Community Services)  
 Deb Turner, Patient Representative  
 Marnie Goldenberg, Project Lead  
 Annie Hobson, Project Coordinator

## Neighbourhood Networks Working Group

Dr. Jack Kliman, Chair  
 Dr. Pat Wong  
 Dr. James Lu (VCH)  
 Diane Bissenden (VCH)  
 Chris Salgado (VCH)  
 Yogeeta Dosanjh (PSP)  
 Katherine Coatta, Evaluator  
 Joanne Douglas (VCH)  
 Kim Somerville (City of Richmond)  
 Deborah Turner, Patient Representative  
 Denise Ralph, Executive Director  
 Marnie Goldenberg, Project Lead  
 Barinder Chauhan, Project Manager  
 Nerissa Tai, Project Coordinator

## Retirement Recruitment Retention Working Group

Dr. Tyler Ngai, Chair  
 Dr. Jack Kliman  
 Dr. Wendy Amirault

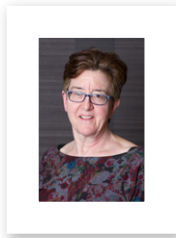




## Our Board



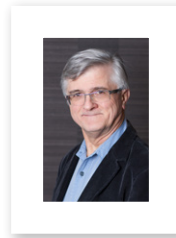
Dr. Peter Chee,  
Physician Lead



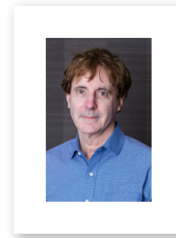
Dr. Wendy  
Amirault, Chair



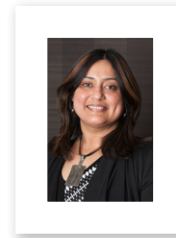
Dr. Ki-Sun Kim,  
Treasurer



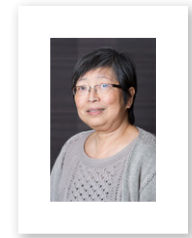
Dr. Michael  
Myckatyn,  
Director at Large



Dr. Robert  
McKenzie,  
Secretary

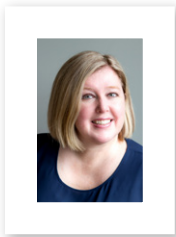


Dr. Rachila  
Sharma Aucone,  
Director at Large

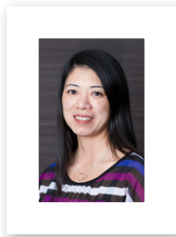


Dr. Patricia Wong,  
Director at Large

## Our Team



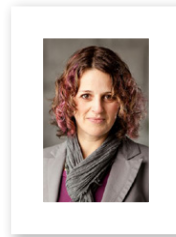
Denise Ralph,  
Executive  
Director



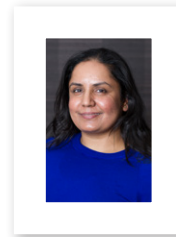
Linda Jung,  
Administrative  
Coordinator



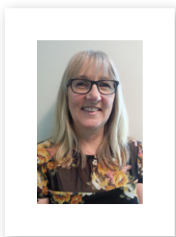
Carrie Locke,  
Project Lead



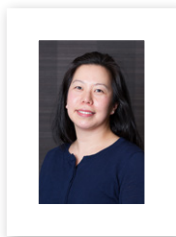
Marnie  
Goldenberg,  
Project Lead



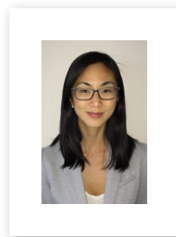
Barinder  
Chauhan, Project  
Manager



Beth Beeching,  
Project  
Coordinator



Annie Hobson,  
Project  
Coordinator



Nerissa Tai,  
Project  
Coordinator



## Acknowledgements

The Richmond Division of Family Practice gratefully acknowledges the funding of the General Practice Services Committee, Shared Care Committee, Doctors of BC and Ministry of Health as well as the support of the Divisions of Family Practice and Shared Care provincial offices.

We acknowledge the contributions of staff and leadership from Vancouver Coastal Health, in addition to our many collaborative community partners and representatives.

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

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