

# Annual Report



Board and Committee reporting period November 2015 to October 2016

Fiscal Year reporting period April 2015 to March 2016



**Vancouver**  
**Division of Family Practice**

A GPSC initiative

## Acronyms

Aggregated Metrics for Clinical Analysis Research and Evaluation (AMCARE)  
Child and Youth Mental Health and Substance Use (CYMHSU)  
College of Family Physicians of Canada (CFPC)  
Continuing Medical Education (CME)  
Continuing Professional Development (CPD)  
Electronic Medical Record (EMR)  
Facility Attachment Agreements (FAA)  
General Practice Services Committee (GPSC)  
Medical Office Assistant (MOA)  
Mental Health and Addictions (MHA)  
Perinatal Services BC (PSBC)  
Patients Medical Home (PMH)  
Primary Care Network (PCN)  
Residential Care Initiative (RCI)  
Vancouver Coastal Health (VCH)

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**Vancouver**

**Division of Family Practice**

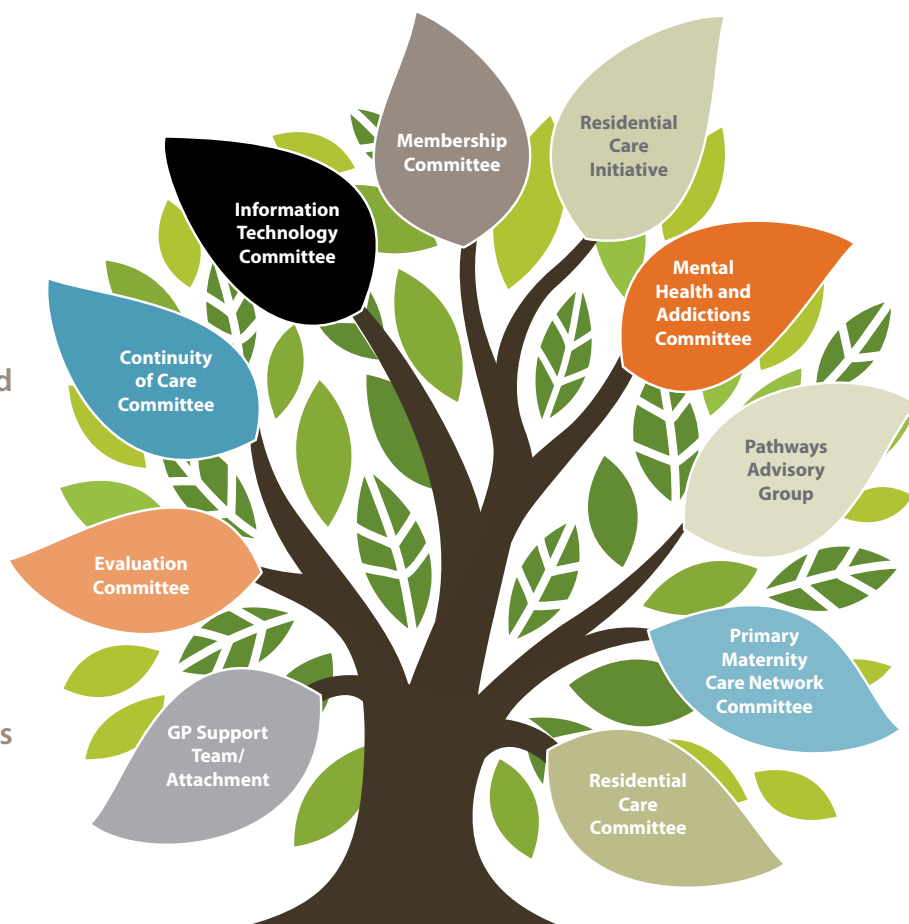
A GPSC initiative

# Vancouver Division of Family Practice

The Vancouver Division of Family Practice began serving local Family Doctors on June 24, 2010. It is a not-for-profit society led by and for Vancouver area Family Doctors, funded by the General Practice Services Committee (GPSC), a joint committee of the BC Ministry of Health and Doctors of BC.

All local community-based Family Doctors are welcome to become Division members. Currently the Vancouver Division has 1,048 members in the city of Vancouver. Membership is voluntary and open to any Family Doctor and Family Medicine Resident, with or without hospital privileges, using various payment models and providing specialty care (obstetrical, emergency room, hospitalists and walk-ins).

Our mission is to improve the primary care system in Vancouver for the benefit of citizens, patients and Family Doctors. We pursue these goals in partnership with Vancouver Coastal Health (VCH), Providence Health Care (PHC), the BC Ministry of Health and other community partners.



## MISSION

The Vancouver Division of Family Practice will improve the primary care system in Vancouver for the benefit of Vancouver citizens, patients and Family Doctors.

## GOALS

**Our commitment to Vancouver Family Practice patients** – We will address gaps in care and improve the primary health care system.

**Our commitment to Vancouver Family Doctors** – We will engage Family Doctors and support them in improving ways in which they practice primary care in Vancouver and enhance their professional satisfaction.

**Our commitment to Vancouver Community** – We will increase Family Doctors' influence on health care delivery and policy to bring about improved care and health for all segments of our community.

## STRATEGIC PRIORITIES

1. Improve overall health care system efficiency and effectiveness
2. Increase access to quality primary care
3. Continue to increase member satisfaction
4. Champion IT and technological innovation
5. Incorporate evaluation and a (scientific) evidence basis
6. Improve communication
7. Improve patient engagement



# Message from the Board Chair



Your Division of Family Practice has made incredible strides over the past six years, since its inception in July 2010. We have grown from a small group of Family Doctors wanting to encourage collegiality and a small voice for change in health care, to a sophisticated but member-driven organization.

Your Division prides itself on its depth of analytical thinking and its grassroots support, which puts us in a position to be heard by the most key levels of management in the Vancouver Health Authority and Ministry of Health.

Our members have contributed to the ongoing reform of primary health care by stepping up and participating, by offering their expertise at the many committees, working groups and forums the VDoFP hosts. The breadth of our Division's work is vast and inspiring, and there remains many opportunities for our members to step beyond the confines of their office and contribute their talents and wisdom to the improvement and reform of our health care system.



## THE BREADTH OF OUR Division's work is vast and INSPIRING

The Division's focus this year has been crystallized by the imperatives from the GPSC and Ministry of Health to build upon our current work with the goal of creating the Patient Medical Home (PMH), as described by the College of Family Practice of Canada and GPSC. In addition to creating this comprehensive multidisciplinary team, our Division is planning to help facilitate groups of physicians and offices to work cooperatively and share additional resources and personnel to better serve their collective patient populations. Building off of the A GP for Me initiative, this exciting and ground-breaking work opens the door to finding new and innovative ways of providing excellent patient care. The work is just beginning but our vision is that this cooperation and support system for patient care will grow to include all Family Doctors in Vancouver over the next few years. I hope you will follow and engage with us as we build the road towards the PMH.

Finally, I want to thank all the Division staff and members who have given their time to build our organization over the past six years. I have reached my constitutional limit in service to the Board and will be stepping down as Chair at the upcoming AGM. We have a number of Division members who are knowledgeable, broad-system thinkers who will carry on the leadership and continuity of purpose of this Division. I will continue my work with the several committees I am a part of as a way to further serve our membership and maintain the close ties and relationships that have grown as a result of this incredible endeavour.

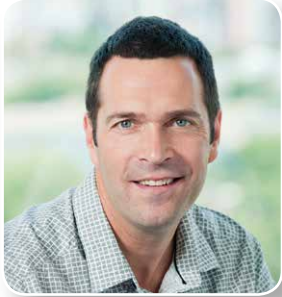
Please take time to read this Annual Report as it contains a rich compilation of our many initiatives and projects, and take this time to celebrate all that we have accomplished.

Yours respectfully,

**Dr. Terence Chang, MD**

Board Chair, Vancouver Division of Family Practice

# Message from the Executive Director



This past year has been one of great activity, collaboration and change for the Vancouver Division of Family Practice. Our partnerships have strengthened, providing many new initiatives – including our primary focus on a Patient’s Medical Home and the overarching Primary Care Home for the city of Vancouver.

The Vancouver Division of Family Practice has implemented a new organizational chart this past year, and launched an ambitious strategic plan that is supported by a strong team of leaders and amazing clinical and administrative staff members. Perhaps most important, are our tireless Family Doctor members and champions. I thank each of them for their continued support, integrity and energy.

Simply put, our staff members and consultants are the best in the business. They have worked hard to thoughtfully and energetically embrace change while maintaining excellence in consultation, innovation and service delivery. I thank each of you for your contribution.

The Division has a strong Board of Directors and an engaged membership of over 1,000 members strong. This represents over 25 per cent of practicing Family Doctors in British Columbia.

Our Board members are tireless in the pursuit of excellence, system change and the development of a strong and coherent organization. I thank them for their time and energy in attending so many meetings and for providing input, advice and direction as required.

Every day for the past six years, I have seen amazing change take place in Vancouver in regards to health care and family practice – we are making a difference and this report is evidence of both the journey and the outcomes.

Simply put, our staff members and consultants  
**are the best**  
**IN THE BUSINESS**

Our Family Doctors are committed to working in partnership with key stakeholders in a continual drive for the Triple Aim of Health, a Patient’s Medical Home and better healthcare for all Vancouverites.

New programs have been created, developed and implemented with the involvement of hundreds of local Family Doctors, who after a full day of serving patients, change hats and begin their evening shift of redesigning healthcare in Vancouver.

I look forward to working with our Family Doctors and our partners to make Vancouver the best place in the world to practice medicine and receive quality healthcare. Together we can make a community oriented healthcare system, based on quality and care, that is responsive, timely and cost effective for the citizens of Vancouver.

Sincerely,

**Dr. Dave Baspaly**

Executive Director, Vancouver Division of Family Practice

## TRIPLE AIM



**Improved  
Community  
Health**



**Healthcare  
Cost Savings**



**Better  
Patient Care**

## VANCOUVER DIVISION OF FAMILY PRACTICE WORK



**Improved  
Physician  
Experience**



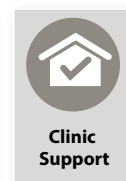
**System  
Change**



**Innovation**



**Knowledge  
Transfer**



**Clinic  
Support**



**Network  
Building**

# Our Team



*Dr. Terence A. Chang*



*Dr. Fiona Duncan*



*Dr. Kaiyo Nedd*



*Dr. Renee Fernandez*



*Dr. James Lai*



*Dr. Margaret McGregor*



*Dr. Daniel Ngui*



*Dr. Nardia Strydom*



*Dr. Dipinder Keer*



*Dr. Emma Galloway*



*Dr. Ryan Herriot*



*Dr. Dave Baspaly*



*Ms. Cheryl Hogg*



*Ms. Amy Goodsell*

## Board of Directors & Roles

Dr. Terence A. Chang – Board Chair

Dr. Fiona Duncan – Vice-Chair

Dr. Kaiyo Nedd

Dr. Renee Fernandez – Secretary

Dr. James Lai – Treasurer

Dr. Margaret McGregor

Dr. Daniel Ngui

Dr. Nardia Strydom

Dr. Dipinder Keer

Dr. Emme Galloway

Dr. Ryan Herriot



## Operation Leads

Dr. Dave Baspaly – Executive Director

Ms. Cheryl Hogg – Chief Operating Officer

Ms. Amy Goodsell – Office Administrator

# Patient Medical Home

On the heels of the Attachment Initiative, the GPSC is working with the Ministry of Health and Doctors of BC to address the Triple Aim through the creation of Patient Medical Homes (PMH) and Primary Care Homes (PCH) throughout British Columbia. The vision is that British Columbians will have an easily understood, recognizable, coordinated system of care in their communities.

Patient Medical Home (PMH) is defined as the place patients feel most comfortable to discuss their personal and health concerns. The Most Responsible Provider (MRP) – usually the Family Doctor but sometimes nurse practitioner – works collaboratively with a team of health professionals, either within or linked with the practice, to deliver longitudinal, comprehensive and coordinated care for patients. In BC, the PMH is being recognized as the foundation on which to build a streamlined and accessible service for patients.

The College of Family Physicians of Canada (CFPC) has listed the following 10 attributes of a PMH:

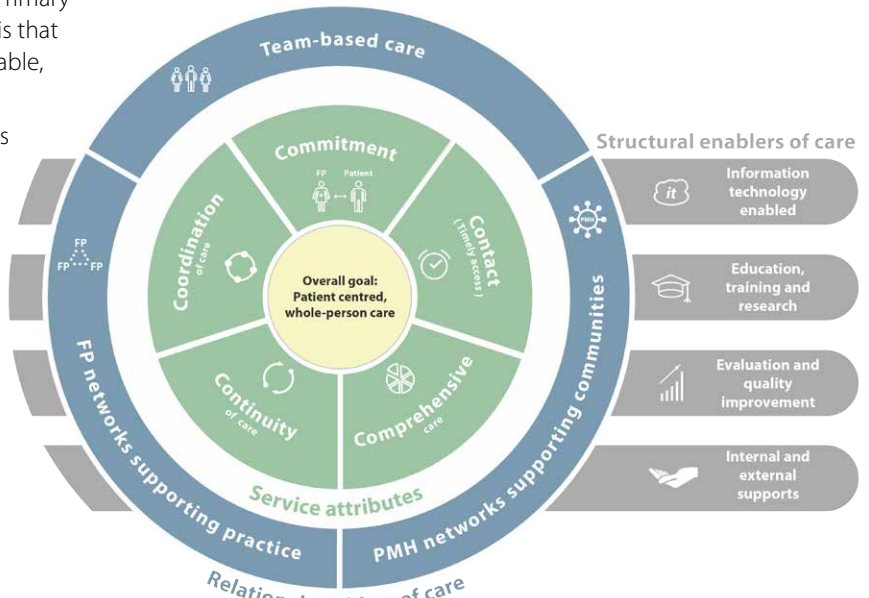
- |  |  |
|--|--|
| <b>1. Patient-centred Care Physician</b>       | <b>2. Personal Family Physician</b>        |
| <b>3. Team-based Care</b>                      | <b>4. Timely Access</b>                    |
| <b>5. Comprehensive Care</b>                   | <b>6. Continuity of Care</b>               |
| <b>7. Information Technology Enabled</b>       | <b>8. Education, Training and Research</b> |
| <b>9. Evaluation &amp; Quality Improvement</b> | <b>10. Internal and External Supports</b>  |

Acknowledging the role that networks of family physicians and PMHs will play through Divisions and their partnerships with local health authorities, the GPSC has added two additional attributes of a PMH:

- 11. Family Practice Networks Supporting Practice – Physicians practice as part of a groups/networks of care to help meet the comprehensive primary care needs of their patients and their communities. This could include networks of PMHs partnering to offer extended hours of service, cross coverage or on-call supports, etc.**
- 12. Family Practice Networks Supporting Communities – Supported by the Division of Family Practice, the PMHs are networked to enable better coordination, partnership and integration within a broader system of primary care and community services.**

Primary Care Home (PCH) describes patient medical homes (full-service family practices) or networks of patient medical homes linked with health authority and community agency primary care services which form the foundation of a coordinated system of primary and community care within the community. This team-based approach includes other health professionals working together with Family Doctors, forming networks of care.

The following diagram illustrates the PMH model's integrated components.



Patient Medical Home in BC  
September 20, 2016

## OUR GOAL

One of the VDOFP's strategic priorities involves taking the lead to support the transformational process to establish PMHs in Vancouver. Our goal moving forward is to work with Vancouver Family Doctors to further develop and expand the understanding of the PMH and the PCH and what it will look like in each Family Doctor's office.

A core principle of VDOFP is to ensure that all of the work we do considers scalability, spreadability and equity across our membership and the overall system. The CHA<sub>1</sub> Health Region, in particular the West End, has been identified as one of the accelerated or proof of concept communities. While it is important that work gets under way in CHA<sub>1</sub>, it is equally important that it be done in a way that contemplates the city as a whole: the Division has an opportunity and responsibility to ensure that solutions identified have the potential to meet the needs of patients and Family Doctors in all of Vancouver.

## NEXT STEPS

The VDoFP is working with members and partners to better understand the problems we are trying to solve in communities within Vancouver, and how we can use PMHs as a vehicle to increase capacity and improve access to quality care. To appreciate local challenges, we have begun to engage members through a series of small focus groups. We will continue to engage members and partners to form a clear understanding of how to approach and support system change in Vancouver. By working together to move through the development and implementation of the proof of concept phase, we will support change in family practices in Vancouver. This process will help to inform the broader provincial approach to overall system change.



# ATTACHMENT/GP SUPPORT TEAM



Better Patient Care



Healthcare Cost Savings



Improved Community Health



Innovation



System Change



Clinic Support

## ATTACHMENT STATS:

**267** Physicians Involved & Engaged

**6,856** Patients Remained Attached

**15,747** New Patients Matched

**61** Partners Engaged

## GOALS

Our committee's key objective was to continue providing support to Family Doctors while meeting the goals of the Provincial A GP for Me/Attachment Initiative. The Attachment Initiative concluded on March 31, 2016, however our work continues with the GP Support Team. The objectives are to continue building on our successes from the Attachment Initiative, while transitioning the work to align with the activities being developed for Patient Medical Homes and Primary Care Homes.

## WHAT'S AHEAD FOR 2017

In collaboration with our partners and stakeholders, the Practice Optimization team will continue to support more Family Doctors in optimizing their clinics. The focus will be to address issues in access and capacity for attachment through the development of Patient Medical Homes and Primary Care Homes in Vancouver. The Recruitment and Retention Team will continue to provide succession planning support for retiring Family Doctors as well as expand their efforts in supporting and recruiting new doctors by creating opportunities for international medical graduates to enter practice in Vancouver earlier. Work is currently underway to collaborate with neighbouring sister Divisions to build out a regional Patient Matching Program that can serve a larger cohort of unattached patients who live in Greater Vancouver and better match them to physicians in their respective communities.

## GP SUPPORT TEAM AREAS OF WORK

Our **Recruitment and Retention Team** provides services to support new-to-practice doctors transitioning into various forms of practice and supports retiring doctors to effectively and efficiently transition their practices as they plan for retirement. Support includes: customized locum matching, new-to-practice support (i.e. financial job offer comparisons, assistance starting and building a practice), retiring doctor support (i.e. office closure support and retirement advice), and transitioning patients from retiring Family Doctors to doctors growing their panels in the community.

The **Practice Optimization Team** remains focused on providing business and practice support to assist Family Doctors optimize their clinic's management and operations. Building on the successes and experience supporting our Family Doctors and their practices, the Practice Optimization Team is poised to work on the next phase, creating Patient Medical Homes, addressing the mandate set out by the Ministry of Health (and Doctors of BC/GPSC).

The **Patient Matching Team** continues to work closely with Family Doctors who have the capacity and are willing to accept new patients in a managed pace. By creating a smooth and responsive transition of patient care, the Team has strengthened Division's relationships with health authorities and community partners while creating an efficient referral approach to match medically complex, high need patients to appropriate primary care providers in a timely manner.

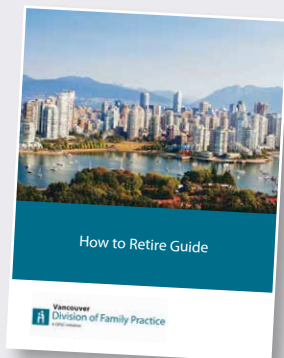
### GP SUPPORT TEAM INITIATIVES

- Crisis Management
- Human Resources
- Physician and Staff Recruitment
- Workflow
- Billing Training
- Scanning
- Team Building
- Website Implementation
- IT Support
- E-booking
- Financial Forecasting
- Panel Assessment
- Locum Matching Service
- Retirement Support
- Moving Panels for Retiring Physicians
- New to Practice Supports
- Patient Matching

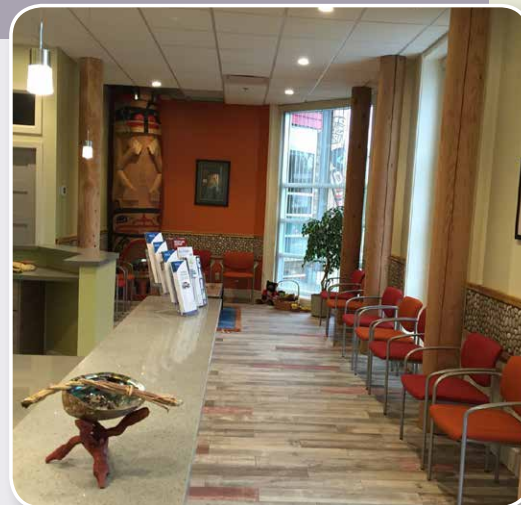


## SUCCESS

The Recruitment and Retention Team supported close to 130 Family Doctors through their work in retirement support and new doctor recruitment. Of the 53 retiring Family Doctors engaged, the team successfully helped seven doctors close their practices through patient transition and/or finding a replacement for their practice. The team also provided 50 successful locum placements and supported 21 new Family Doctors in starting and building their practices. At the end of March, a 54-page How to Retire Guide was launched that provides Family Doctors a step-by-step guide in creating a plan to transition out of practice. This guide has now been shared with over 80 Family Doctors and disseminated to four other sister Divisions.



The Practice Optimization Team has become the “phone-a-friend” support system for many management and business related issues. Significant support was also provided to Lu’ma Native Housing Society in helping them set up a new clinic in the Renfrew-Collingwood area with a focus in providing care to the indigenous population.



## SUMMARY OF EVALUATION REPORT (A GP FOR ME)

The Attachment Initiative offered high quality and highly valued services: attaching patients, improving patient experience finding a Family Doctor, improving doctors’ feelings of support and satisfaction, and their connections to the Division.

New-to-practice Family Doctors reported that Division support made it easier to commit to permanent practice or appealing to find locum placements. Retiring doctors reported Division support: created hope and feelings of support; allowed for the continuation of practice and gradual entry into retirement; and, supported improvements that will make practices more attractive to other Family Doctors (thereby preventing the orphaning of patients).

Of the 54 Family Doctors and medical office staff supported, many were satisfied with the support provided, and felt the team understood their needs and practice needs.

Patient referral sources noted the Patient Matching Mechanism increased attachment, improved continuity of care/follow-up, reduced risk of readmission to hospital, simplified process for follow-up, increased capacity for more vulnerable patients and timely discharge. From patients served by the Patient Matching Mechanism:

- 83 per cent of patient were “very” or “somewhat satisfied” with the fit between their new doctor and their care preferences and needs.
- 88 per cent of patients reported the Patient Matching Mechanism made it easier to find a doctor who meets their needs and faster than they had previously experienced.
- 97 per cent of patient reported the Patient Matching Mechanism reduced the amount of work they had to do to find a Family Doctor.

***“I was very impressed with how personalized the support was. Unlike other support programs we have tried in the past, they came and asked us what we needed rather than presenting us with a one-size-fits-all program. As each practice is so different, we really found this valuable.”*** – Family Doctor

***“This service is the best. I was matched with a GP who is specialized in addiction. I am so happy to have such an understanding, amazing and compassionate doctor. So far he has been seeing me weekly for double the usual length of time. I am feeling really good.”*** – Complex Patient, Vancouver Resident

***“I was able to connect with the Division, I feel part of the Division, I was a spectator before, I feel more involved right now.”*** – Family Doctor

## CONTINUITY OF CARE COMMITTEE



Better Patient Care



System Change



Network Building

### PROGRAM STATS:

**58** Guests at Pediatric Dine and Learn

**14** Partner projects with Official Division Representatives support

**3** Partner projects facilitated with Division Family Doctor participants

### ACHIEVEMENTS

The Continuity of Care Committee meets its goals in three main ways:

1. Strategic analysis and recommendations of major health care changes that can impact a patient's care (e.g., telemedicine).
2. Participation in health authority and other health care partner projects to share the "Family Doctor voice" in order to improve the projects' chances for success.
3. Connecting members and specialists for discussions on topics where Family Doctors and specialists regularly interact on behalf of the patient.

The committee works closely with a group of Division members who are interested in participating in health care partner projects. Each year the number of partners requesting a Family Doctor representative grows, and our members, working closely with the committee, provide a Family Doctor perspective to many health authority advisory, consultation, evaluation and solution design projects. This past year our members have represented the Division on a number of high profile and provincial projects including the BC Provincial Diabetes project.

The committee also hosted a Dine and Learn event focused on building relationships with Paediatricians. Members spent the evening discussing some of the conditions they often see in their younger patients (e.g., ADHD) and hearing about different treatment options and when to refer cases to a Paediatrician. The intent is that members gain useful information and specialist contacts that they can immediately implement in their practices.

### GOALS

The Continuity of Care Committee continued its strategic focus on improving the patient journey through the health care system through engagement with specialists, health authorities and other health care partners and by strengthening the relationships of Family Doctors with these partners.

### SUCCESS

The Paediatric Dine and Learn, the second event of this style hosted by the committee, was attended by over 50 guests and received excellent reviews from both members and specialists. Participants appreciated the small group discussions, the variety of topics on offer, the opportunity to get to know the specialists (for future referrals) and to learn how to better manage certain conditions within their practices.

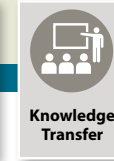
*"It has been a real privilege to work with some very dedicated, smart, thoughtful Family Doctors and share ideas in a very supportive environment. It has been a relief to have an opportunity to work on issues that have plagued me for years, and to actually see some of our efforts pay off."*

### WHAT'S AHEAD FOR 2017

All three of the committee's strategic priorities – strategic issues analysis, providing a Family Doctor voice to health care partner projects and events to connect members and specialists – will continue. Already a Dine and Learn event is in planning for the latter part of 2016.

Given the regular requests for member participation, we are also actively recruiting interested members to gain project experience representing members and the Division. On the advice of members who are currently or have recently participated in partner projects, we will provide better member support by strengthening our project intake, member assignment, project follow-up and project closing processes.

# INFORMATION TECHNOLOGY COMMITTEE



## GOALS

The IT Committee continues to improve the quality of patient care and clinic experience for both patients and Family Doctors by offering learning opportunities for better utilization of EMR's in practice. Our committee recognizes the importance of accurately recording EMR data in a systematic and standardized way to enhance the ability to analyze data, helping to predict care needs on both a local and higher regional systems level. As we continue to highlight the need for interoperability of EMRs in Vancouver for the best care, the committee will also work to advanced EMR usage as it is a communication tool central the development and success of the Patient Medical Home.

## WHAT'S AHEAD FOR 2017

The Patient Medical Home will be the Division's primary focus and our efforts will be focused on the IM/IT considerations needing to be addressed to move family practices to the Patient Medical Home model.

We will continue to support the proper adoption and development of health care technology from the EMR vendors and Ministry Provincial systems. Our EMR learning sessions will continue to support our members' needs with a focus on proper documentation, practice improvement, better communications between physicians and improved communications between the acute and community health ecosystems.

## PROGRAM STATS:

	Opportunity to learn	Overall experience
OSCAR	3.71	3.7
WOLF	3.86	3.86
PROFILE	3.47	3.6
MEDACCESS	3.3	3.2

**Note:** 1 – Poor 4 – Excellent

## ACHIEVEMENTS

We continue to build on our EMR learning sessions with new curriculum based on Family Doctor needs and feedback. We are exploring setting up a fifth Osler User Group to ensure we provide support for the five popular EMR systems in Vancouver.

Working towards supporting the Patient Medical Home by garnering input from our members, we have started to review complex care plans with EMR User Group leads in order to help identify common elements and practices to model ideal digital coding. This will allow us to collate information across many different EMRs which will also facilitate better communication between various systems.

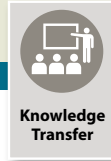
The committee continues to develop strategies for advancing EMR interoperability and addressing the barriers facing system integration between community, acute and residential care facilities.

Our committee members continue to represent our interests with the TECH4HOME initiative – Canadian Institute of Health Research eHealth Innovation Partnership Program. This initiative supports heart failure patients being discharged from emergency departments and hospital wards with home health monitoring to support their safe convalescence and optimal self-management. Home health monitoring is piloted at two sites: Island Health and Kelowna. Our IT representative sits on a clinical subcommittee. She provides a Family Doctor's perspective to encourage others to think about shared care and voice our point of view that there are some undertakings/responsibilities that a Family Doctor can and need to do.

## SUCCESS

Through our How to Safeguard Against an Audit event, we were able to raise awareness around the need for consistent documentation of various aspects of clinical work, such as the Complex Care Plan and CDM reviews. This sold out event will be offered again due to its popularity and feedback about the importance of the topic.

# MEMBERSHIP COMMITTEE



## MEMBERSHIP STATS:

**1,048** Total number of members

**103** Number of new members in 2015-2016

**266** Number of members reached through Membership Committee Events

## GOALS

As a committee and team, our work continues to be informed by our two key mandates: to recruit and retain our members and to foster engagement of our diverse membership of residents and Family Doctors. Although we remain committed to fostering new members (such as our resident membership efforts), our focus this year continued towards more meaningful engagement of our members as a whole.

## WHAT'S AHEAD FOR 2017

In the coming months the Division will be reaching out to all of our members as part of our 2016 membership survey. As we put into place our new membership database tool, we will be asking members for valuable information about themselves, their practice and their interest in engaging the Division. The data we are asking for is critical to inform Division planning and activities, not just for the next year but for the next three to five years.

In addition to having more robust information to inform our events and programs, membership should see a more coordinated approach as well. Events planned into next year will be informed by partnerships across multiple committees and some joint events will likely emerge from our emphasis on collaboration. One new topic area that we will be engaging members on in the new year is the teaching and mentorship of resident members. We are working on delivering a preceptorship initiative that will help Family Doctors know how to best involve learners in their clinic, understanding relevant teaching and mentorship techniques as well as connect with more experienced preceptors.

## ACHIEVEMENTS

Our activities this year can be grouped into two areas. The first is the out-in-front work of engaging our members through our programs, services and events. The second area has been more behind the scenes. These more strategic and evaluative efforts have focused on supporting robust membership engagement.

The development of both engaging events and useful resources were a key focus this year. We hosted a variety of events for members focused on learning and connecting. These efforts continue to be critical in nurturing our communities of Family Doctors who are focused on vital aspects of health care. The maintenance and development of resources and tools was also part of the past year – including curating important tips and resource on privacy procedures that are important for Family Doctors to know and review in their practice.

Our strategic work focused on reviewing, reflecting and refining much of our centralized services of membership. Although a lot of time and energy has been invested this year behind the scenes, much of the results will become evident in the coming months and years. Of particular note has been in the revamping of our membership database – sourcing a better tool to manage our information as well as augmenting what information we need to know about our members.

## SUCCESS

The most visible and profound achievement this year was crossing the 1,000 members mark, which we did this summer. Surpassing this milestone is an incredible achievement for the many members and Division staff that continue to spread the word of what the Division has to offer. This milestone is an even more important acknowledgement that the collective work of the Division in offering quality learning opportunities, valuable ways to connect with colleagues, and practical and effective resources and services to improve practices continues to meet the needs of Family Doctors in Vancouver.

To put this milestone into context, our Division now represents the interests of 92 per cent of the practicing Family Doctors in the city of Vancouver as well as 25 per cent of physicians in the Province.



### DROPBOX EDITORIAL BOARD

The members of the Dropbox Editorial Board continue work this year on two fronts: meeting our commitment of reviewing and updating the resources found in our Dropbox tool, as well as the review and approval of new tools and resources that are assessed as valuable to our entire membership. This year four updated links to the Dropbox tool were sent to members – in November, February, May and October. There are 1623 resources currently on Dropbox.

In February, the access to the Dropbox tool was shared with members from Divisions across BC. We were proud to share our resources with our colleagues across the Province, particularly for Family Doctors who did not have access to a collection of clinical resources any other way.

From November to May, we continued offering “Lunch and Learn” sessions to show members and their staff how the tool worked and how it could fit into their practice workflow. Eight were held with a total of 54 participants: 33 Family Doctors, 12 MOAs, and 12 allied health partners.

The latter part of the year has been spent exploring how the resource sharing tool of Dropbox could better connect with the resource sharing function of the Pathways online referral tool.

### RESIDENT AND NEW TO PRACTICE COMMITTEE

The Resident & New-To-Practice Committee is unique amongst the work of the Division, as we focus on the overall needs and interests of a particular community of members: those who are fulfilling their residency here in Vancouver and Family Doctors who are in their first five years of practice.

Two feature events were organized this year by the committee. One event, “Help Me Help My Patients,” highlighted helpful resources for new-to-practice doctors that they may not know about. Our “Help Me Help Myself” event was designed to share learnings between new-to-practice doctors with those just beginning their transition into practice. The “I wish I knew this as I was getting started” framework helped bring together a lot of useful information and sparked good discussion amongst those in attendance.

In early September, committee members hosted an informal social event to welcome all new residents to the Vancouver community. The event brought together resident members with members who were new to Vancouver, as well as new-to-practice Family Doctors to connect with one another and speak to Division representatives about the various programs and resources we have to offer those who are new to the community.

Staff and committee members delivered presentations at residency program events, tailored depending on whether the audience was newly arriving R1s in Vancouver, R2s, or as residents graduating and transitioning to practice. Residents are interested in different aspects of the Division at each of these phases of their program.

### DOCTORS' LOUNGE ADVISORY COMMITTEE

Doctor's Lounge events continue to be popular amongst members because of its collegial and dynamic format, and because they provide a rare opportunity for Family Doctors to connect with one another around sharing and gaining knowledge on popular practice management topics and broader health care issues.

Whether for the more interactive Doctor's Lounge format or for our traditional speaker series events, our members came together and engaged with each other in these topics this year:

- Physician Mindfulness – Continuing on in our commitment to Family Doctor wellness, our December event on Mindfulness-Based Cognitive Therapy to Prevent Physician Burnout was so popular that we repeated it again in September.
- Team-based Primary Care in Alberta – In March, Dr. Philip Van Der Merwe presented on the Alberta Primary Care Networks experience and this Speaker Series was recorded and is available on our website to view.

### DOCTOR'S DEN PROGRAM

The Doctor's Den Program is our way to highlight and promote the innovative and entrepreneurial spirit of our members. Members are invited to submit an idea for funding (up to \$3,000) and if the proposal meets the grant requirements, members are invited to pitch their idea to the Division Board of Directors. Last year, the Division awarded three Doctor's Den grants, which were to:

1. Support access to telephone translation services
2. Explore psychiatry group visits for Vietnamese patients
3. Develop and test the efficacy of a new nutrition infographic that emphasizes unprocessed foods

This summer, staff reviewed the application process based on our collective experience of all of our previous grants and made refinements to the process to even better support members to conceptualize their ideas and create the best possible pitch.

## PRIMARY MATERNITY CARE NETWORK COMMITTEE



### GOALS

The Primary Maternity Care Network had three goal areas: first, to provide leadership in networking and knowledge translation; second, to promote integrated maternity care; and third, to provide an information and referral hub.

The committee sought to promote the special skills and unique role of primary care maternity doctors, identify and participate in opportunities for collaboration and mutual support between maternity doctors, and to continue providing patients with trusted maternity information and a database of Family Doctors accepting patients.

### SUCCESS

In October we delivered a one-day “Train the Trainer” workshop event in Vancouver for all interested Divisions. We provided Family Doctors from other Divisions with mentorship, training, materials and support to lead a series of maternity care workshops for their local Family Doctor colleagues.

Providing these elements to fellow Family Doctors in BC empowers our colleagues to more confidently provide maternity care to their patients, thereby improving the patient-provider experience and enhancing current continuity of care practices. It also nurtured networks and a sense of a professional community for maternity care providers for whom gaps in care and/or specific local challenges could be met collectively and collaboratively.

The workshop series in maternity care not only provided medical education but was also a novel and successful collaboration between Family Doctor organizations, CPD providers, and practice support programs to facilitate knowledge exchange, informal mentorship, quality improvement. The events cultivated a maternity care network that can be applied to other areas in clinical practice for Division members and may be useful in bolstering confidence in practice as well as offering options to collectively and collaboratively respond to local challenges in offering maternity care.

The “Train the Trainer” event has fostered new and deeper levels of collaboration between Divisions of Family Practice, and with other organizations, including: the GPSC Maternity Working Group, Perinatal Services BC (PSBC), PSP, Rural Coordination Centre and SharedCare.

### ACHIEVEMENTS

With respect to the first goal of leadership, networking and knowledge translation, we offered our accredited workshops in maternity care, and extended the maternity care CPD series with Dine and Learn events to engage other providers. Our biggest event was a “Train the Trainer” that brought Divisions around the province together to build their networks, promote best practices and learn how to offer maternity CPD events in their own communities. We also collaborated with PSBC on updating the maternity care checklists and encouraged further practice change with PSP’s support.

For integrated maternity care, we identified and convened liaisons from Vancouver’s health care organizations and are drafting a terms of reference for participation in a larger project to close some of the information and coordination gaps between maternity care providers.

For the information and referral hub, we upgraded the database and front-end design of the pregnancyvancouver.ca website and shared information about its development and last year’s associated outreach campaign with peers and other maternity care organizations.

### WHAT’S AHEAD FOR 2017

Next year, we’ll support the launch of the integrated maternity care initiative and follow through with support for other Divisions starting their own maternity CPD series – likely in collaboration with GPSC Maternity Working Group, SharedCare, PSBC, or others who are still to be determined. We are aware of other provincial initiatives for collaboration in maternity care and maternity network development taking shape and will look for opportunities to participate and contribute.

In Vancouver, we’d like to engage Walk-In Clinic colleagues more directly with respect to appropriate referrals to Family Doctor obstetrics providers versus specialist obstetrics, and provide guidance and resources to preceptors in resident training to enhance Family Doctor maternity training – the latter in collaboration with the UBC Department of Family Practice and the GPSC Maternity Working Group. We’ll also continue delivering the maternity CPD series.

# MENTAL HEALTH AND ADDICTIONS COMMITTEE



## GOALS

With a new and broader purpose to enhance the patient experience and care through the primary mental health and addictions health care systems and with many new members, the Mental Health and Addictions Committee (MHA) set ambitious objectives this year. Objectives related to: (1) offering and connecting members and patients to education, (2) mobilizing allied mental health and addictions supports, (3) enhancing communication and processes between providers and systems, and (4) lobbying government and stakeholders for system and funding changes.

## SUCCESS

Mental Health and Addictions Committee's (MHA) overarching success is in the active engagement of the committee itself, a reinvigorated and expanded collaboration with stakeholders and partners and a more focused goal of seeding change for how Family Doctors provide, and are supported to provide, mental health and addiction services to patients.

This is particularly notable in the collaboration with the Mood Disorders Association of BC.

## WHAT'S AHEAD FOR 2017

Given the committee's new purpose and membership, efforts to refine goals and activities will be ongoing. Significant effort will focus on auditing existing culturally sensitive mental health and addictions literacy tools for patients and ensuring members can access resources with ease. Additionally, the committee will work to ensure that members are knowledgeable about existing mental health and addictions services in Vancouver and connect Family Doctors with opportunities to improve care for patients with mental health and addictions challenges. Finally, the committee will continue to work with stakeholders to fulfill the CYMHSU Collaborative goals, and support the effective provision of broader MHA services in Vancouver and their connectivity to Family Doctors.

## ACHIEVEMENTS

A major focus of the year was in developing a plan for educating physicians and patients on mental health and addictions. The committee developed a CME accredited curriculum and hosted a workshop entitled "Opioid Prescribing: The Slippery Slope" and reviewed and offered feedback on the Maternity Committee's pre-natal mental health curriculum. The committee created a document for Family Doctors on existing low-intensity CBT services in Vancouver (available on Dropbox), identified culturally sensitive and language specific mental health resources for patients and shared them with members, and developed a poster for waiting rooms, encouraging patients to talk about their mental health concerns with their Family Doctor.

To enhance communication and processes between providers and systems, the committee led efforts regarding Vancouver's engagement in Shared Care's Child and Youth Mental Health and Substance Use (CYMHSU) Collaborative. The committee helped identify stakeholders, hired a project manager and supported budget development. One committee member acts as co-chair of the multi-stakeholder initiative aimed to increase timely access to support and services for child and youth mental health and substance use.

The committee renewed its collaboration with the health authorities and strengthened relationships with other key stakeholders. The committee has established quarterly action-oriented meetings with Vancouver Coastal Health's (VCH) Mental Health and Substance Use leadership and Providence Health Care (PHC). Most notable activities undertaken include supporting VCH in the establishment of the new Access and Assessment Centre, contributing to VCH's strategy relating to Downtown Eastside services and supporting Outpatient Psychiatric Services redesign. The committee is collaborating with the Mood Disorder Association of BC to develop solutions to its significant referral backlog.

The Committee has shared its position on several issues with the Board and has crafted letters on its behalf, to influence stakeholders for system change. Letters were drafted to:

- (a) VCH regarding an expansion of the VDoFP and VCH Behavioural Medicine pilot,
- (b) the editor of the Globe and Mail (and cc-ed the Federal Health Minister) regarding prescription opioid use,
- (c) Doctors of BC urging the inclusion of PharmaNet as a negotiated benefit.

## RESIDENTIAL CARE COMMITTEE



Better Patient Care



Knowledge Transfer



Network Building



System Change

### GOALS

The Residential Care Committee works to ensure that there are enough Family Doctors with a portion of their practice dedicated to residential care work to meet the needs of the Vancouver community. We endeavor to foster a culture of improvement and encourage the development of a consistent standard of medical care within the residential care community of practice. We also advocate for residential care system change to improve patient / family and provider experience of care.

### SUCCESS

The Residential Care Committee successfully delivered two MainPro-C accredited CME courses focused on polypharmacy. A 2012 report estimated that approximately 61 per cent of seniors living in residential care in Canada are taking more than 10 drugs, and 27 per cent are taking 15 drugs or more. These seniors are at a greater risk of experiencing weakness, dizziness, confusion, falls, poor health or even premature death.

However, a needs assessment determined that 35 per cent of the sample Vancouver Family Doctor population felt neutral evaluating potential adverse drug events among patients receiving multiple medications and 40 per cent felt not at all confident using screening criteria for inappropriate medications. This event addressed this knowledge gap, increasing self-reported competence and confidence in dealing with the issue of polypharmacy within the frail elderly patient population.

### WHAT'S AHEAD FOR 2017

Going into the next year, the Residential Care Committee will continue to be a sounding board and strong supporter for Vancouver's Residential Care Initiative. The committee will continue to engage facilities and doctors in initiatives to reduce polypharmacy, reduce avoidable hospital admissions and improve end of life care. We will also offer a new CME session on dementia to engage and educate Family Doctors on how to improve care for patients with dementia.

### ACHIEVEMENTS

The Residential Care Committee continues to provide regular opportunities to discuss promising practices and tactics to improve care by Family Doctors working in residential care. Three meetings were held that included both residential care doctors, representatives from VCH Residential Care leadership, facility staff and facility Directors of Care.

**Residential Care CME Project:** We delivered a MainPro-C accredited CME course focused on polypharmacy. This event was developed for clinic-based Family Doctors who wish to gain practical skills, increased competence, and confidence in dealing with the issue of polypharmacy within their frail elderly patient population.

#### **Residential Care Polypharmacy Risk Reduction**

**Project:** We are working with Family Doctors and facilities to increase awareness of, and address the issue of polypharmacy. We are facilitating collaborative medication reviews with Family Doctors working in residential care facilities and supporting quality improvement projects within facilities who show interest.

**Frail Elder Care Dropbox Project:** We are working to make sure that all Family Doctors have access to frailty specific guidelines and the resources necessary to provide the best care for their frail elderly patients.

**Palliative Care in Residential Care project:** This project was a collaboration with PSP and VCH Home Hospice. We completed Phase 2 of this project in March, 2016. Based on participant feedback from the first phase, the initial two learning sessions became three. Currently, 29 residential care facilities have participated in this project. This material has gone on to be used by VCH as the basis for a facility staff Embedding a Palliative Approach to Care in Residential Settings education project.

### PROGRAM STATS:

- 118 residential care interdisciplinary team members have participated in our engagement dinners representing 34 residential care facilities in Vancouver
- 75 clinic-based Family Doctors attended our second and third iteration of our Polypharmacy Risk Reduction session for our Growing Frail Elderly Community. In total we reached 115 Family Doctors with this material



# RESIDENTIAL CARE INITIATIVE



Better Patient Care



Healthcare Cost Savings



System Change

## GOALS

The Vancouver Division's RCI program was launched on July 1, 2015. RCI physicians sign a formal "Facility Attachment Agreement" (FAA). This agreement drives six identified best practice expectations: regular proactive visits, on-site medication reviews, attendance at care conferences, involvement in 24/7 on call, completed documentation in charts and attendance at quarterly meetings with other RCI physicians and facility leadership. At a system level, the RCI aims to reduce potentially avoidable hospital transfers, improve patient-provider experience and reduce cost/patient as a result of a higher quality of care. We continue to recruit Family Doctors who would like to augment their practice with a residential care panel. This is an essential process to ensure that there continues to be enough Family Doctors to provide care to this vulnerable population.

## ACHIEVEMENTS

The Vancouver Division RCI team is dedicated to meaningful sustainable, systemic change, as displayed through improvements in our quality indicators. In order to track this data, the RCI team collects monthly data reports from each of the facilities on transfers to emergency, admissions to acute care and deaths at home. From here, facilities receive a quarterly summative data report that facilitates unique trends analysis and comparison to a Vancouver RCI average. These quarterly reports empower leadership to understand facility trends and establish quality improvement initiatives internally as necessary.

The Division RCI team has developed a number of facility supports. These supports are designed to bring new Family Doctors into the program, increase facility coverage by attached doctors and drive increased patient and family awareness of the Initiative. A needs assessment is currently being conducted with a patient advocate committee to determine further areas where the RCI can provide informational support to resident families.

## WHAT'S AHEAD FOR 2017

Using information ascertained from the annual evaluation, four notable areas of focus were decided on for year two:

- 1) Increase RCI doctor and bed numbers.
- 2) Improve RCI doctor compliance with the six best practice expectations – move RCI Family Doctors from 'good' to 'excellent.'
- 3) Improve after hours on-call – by developing a new after-hours on-call system to be piloted.
- 4) Focus on data to impact system level outcomes: develop audit projects to assist facilities with identify areas of potential improvement.

## PROGRAM STATS:

- 21 newly placed Residential Care Family Doctors have attached 491 frail elderly.
- 48 RCI Family Doctors
- 28 facilities (76 per cent of eligible facilities in Vancouver) have FAAs with one or more Family Doctors.

## SUCCESS

This year marked the completion of our first annual RCI evaluation.

Facility leadership rated RCI Family Doctors higher on all 10 measured areas of care than non-RCI doctors and all of these differences were statistically significant.

*"[The RCI has] a positive impact on patient care and enriches physician experience. I feel appreciated that physicians are receiving support for these initiatives to enhance and develop skills for better patient care."* – Residential Care Doctor

Please contact the Jaimie Ashton, Director of Special Projects @ [jashton@divisionsbc.ca](mailto:jashton@divisionsbc.ca) if you would like a copy of our RCI Information Booklet (available in English & Chinese) or our RCI Year One Evaluation Report.

# PATHWAYS ADVISORY GROUP



## PROGRAM STATS:

**663** Number of Active Vancouver Users

**4311** The Average Number of Weekly Page Views by Vancouver Users

**1205** Number of Vancouver Specialists (86 of which are in Family Practice)

**276** The Number of Vancouver Clinics

## GOALS

There were several major goals for Pathways this year. These goals were: to continue to add specialists and clinics; update the profiles of specialists and clinics; to continue to support Vancouver Family Doctors using Pathways and add new users at their request; to add resources as approved by the Provincial Resource Team; to update the home page with breaking news banners, specialist and clinic updates, Division updates, featured Resources, Shared Care updates; and to represent Vancouver Division at the Pathways User Group.

## WHAT'S AHEAD FOR 2017

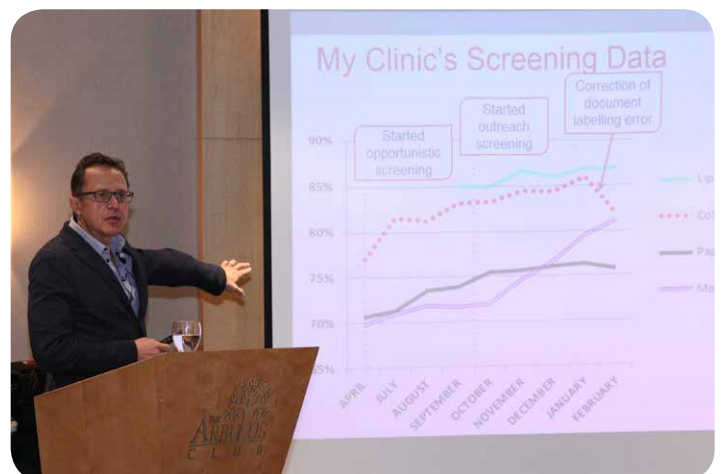
Working closely with other Division Committees and staff, Pathways will continue to build on its successful launch and first years of maintenance. We will focus on updating the database and maintaining a strong link to the Health Authorities. We will continue to grow the number of Division users from the current 663 by promoting Pathways through FastFacts, the website and other Division communication approaches. We will continue to be strong advocates for the Division at all provincial Pathways forums.

## ACHIEVEMENTS

Maintaining the accuracy of Pathways specialist and clinic data has been our primary focus. This is accomplished by a variety of approaches. First, we encourage activation of access keys by all specialists and clinics and at the time of activation, we request a profile review. Second, we obtain feedback from Pathways users every day on errors or changes to specialist and clinic profiles. Each month we average 55 queues and we follow up within 24 hours to confirm or clarify the information. Third, we regularly check Pathways to determine which specialists and clinics are in the top 30 "most viewed" by Vancouver users. We ensure those profiles are updated where necessary. Finally, we review data on a specialty by specialty basis, contacting each physician to make sure their data is current. Pathways also provides a comprehensive resource library available only to Family Doctors. As we move forward we will be migrating resources currently housed in Dropbox into Pathways to create a single comprehensive resource library.

## SUCCESS

The most notable successes in the last year are being able to maintain the quantity and quality of the database, responding in a timely manner to all queues and member inquiries and being active in updating Pathways through the identification and addition of new specialties, areas of practice as well as improvements to its usability.



# Message from the Treasurer



The Division has experienced substantial growth over the last four years as it took on new projects and initiatives, including the receipt of multi-year funding for the A GP for Me Initiative. This funding enabled us to do a thorough needs assessment and then strategically plan, develop and properly implement the project. Overall revenues have

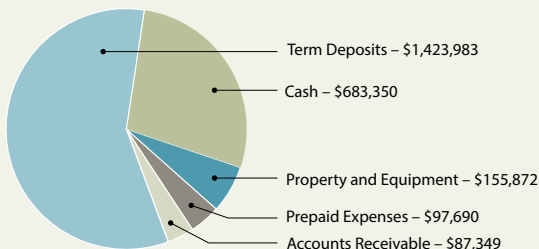
again increased this year approximately 1.6 times over the previous year as the A GP for Me project gained momentum through its implementation phase and the Residential Care Initiative launched into its planning phase. Thanks to the support of our current members and the continued growth of our membership (we reached a milestone 1,000 members in June 2016!), infrastructure revenue has also increased allowing additional support for all of the Division's activities as described in this Annual Report.

The Division prides itself on prudent financial management in deploying the resources available to us. These resources have enabled the Division to establish a strong core team that supports the Board and our members in their work, looks for ways to engage our membership in an effort to understand their varying needs and works closely with our committees to ultimately help them improve the primary health care system for the benefit of Vancouver citizens, patients and Family Doctors.

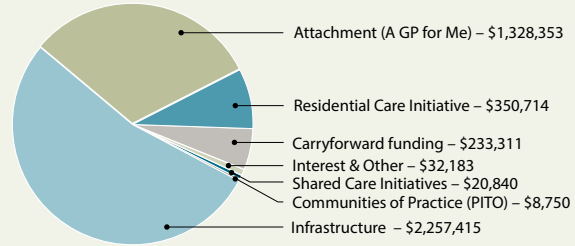
It has been a privilege to serve on the Board this past year as treasurer. I would like to acknowledge the excellent work done by our CFO, Cheryl Hogg, and our Director of Finance, Janet Thompson, who together with our support staff have ensured that our finances are managed efficiently and to the highest standards.

**Dr. James Lai**  
Treasurer, Vancouver Division of Family Practice

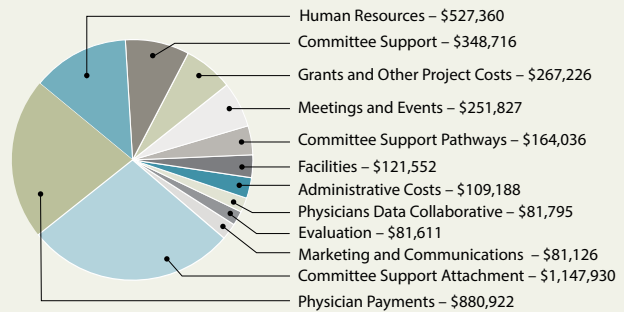
## ASSETS 2015/2016



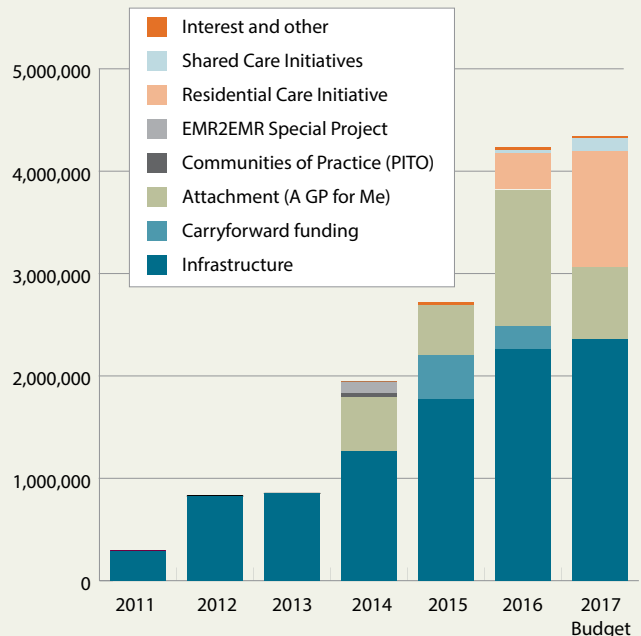
## REVENUE 2015/2016



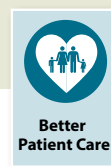
## EXPENSES 2015/2016



## YEAR OVER YEAR REVENUE GROWTH



\*Complete audited financial statements are available upon request.



## COLLABORATIVE SERVICES COMMITTEE

Designed to discuss issues, concerns, patient-care outcomes, priorities and co-design solutions with partners in the health care system, this committee consists of members of the leadership from VDoFP, Vancouver Coastal Health, Providence Health Care,

General Practice Services Committee and the Provincial Division. Throughout the year the committee, guided by the principles of the Triple Aim, has focused its attention on the completion of the A GP for Me Project and the design of the Patients Medical Home.

PARTNER	NAME	TITLE
<b>Vancouver Division of Family Practice</b>	Dr. Terence A Chang (Co-Chair)	Board Chair
	Dr. Fiona Duncan	Vice-Chair
	Dr. Renee Fernandez	Secretary
	Dr. James Lai	Treasurer
<b>Vancouver Coastal Health</b>	Laura Case (co-chair)	Chief Operating Officer, Vancouver Community
	Shannon Hopkins	Director of Home Health and Transition Services, Vancouver Community
	Carol Park	Director, Primary Health Integration
	Dr. Patricia Daly	Vice President, Public Health and Chief Medical Health Officer
	Dr. Michael Norbury	Medical Director Primary Care, Vancouver Community
	Andrew Day	Operations Director, Community Health Services & Planning Lead for Primary Care
<b>Providence Health Care</b>	Dianne Doyle	President and Chief Executive Officer
	David Thompson	Vice President – Seniors Care & Clinical Support Services
	Margot Wilson	Director – CDM Strategy
<b>General Practice Services Committee</b>	Dr. Shelly Ross	Co-Chair
<b>Provincial Division</b>	Susan Papadinonissiou	Executive Lead

## THE HEALTH DATA COALITION (HDC)

The HDC brings together the technical assets and knowledge of Physicians Data Collaborative (PDC) and Aggregated Metrics for Clinical Analysis Research and Evaluation (AMCARE), and is a physician led data sharing initiative that is developing a learning health system designed to aggregate patient data from Family Doctor practices across different EMR systems.

The aim of the initiative is to use a feedback mechanism to support self-reflective practice for individual physician members. Information gathered will also be utilized as an evaluation tool for PSP learning

modules, data sharing for Division-led and provincial projects and the BC Ministry of Health System planning metrics. To date HDC has developed the software to support MOIS, Osler and Oscar EMRs. Work continues to connect IntraHealth/Profile and Telus (MedAccess and Wolf).

The HDC has received funding to continue their work for the next 12 – 18 months through GPSC. The Division is proud to have funded this project during its incubation period and concluded its involvement as of March 2016.



# Initiatives in Focus



Better Patient Care



Healthcare Cost Savings



Improved Community Health

## STRATEGIC THINK TANK

As part of a collective effort to improve primary care, the VDoFP and its sister Divisions have created a Strategic Think Tank. Throughout the year this group meets to discuss improvements through the lens of the Triple Aim, health-care cost savings, improved community health

and better patient care. Partners engage and share common issues and obstacles from around the VCH area – big picture ideas about the future of Divisions. By utilizing open dialogue the group is able to identify common issues and address them with unified solutions.

REGIONAL DIVISION	MEMBER	TITLE WITH RESPECTIVE ORGANIZATION
<b>Vancouver</b>	Dr. Terence A. Chang	Board Chair
	Dr. Fiona Duncan	Board Vice Chair
	Dr. Renee Fernandez	Board Secretary
	Dr. James Lai	Board Treasurer
<b>Powell River</b>	Dr. Bruce Hobson	Lead Physician
<b>Richmond</b>	Dr. Peter Chee	Board Chair
<b>North Shore</b>	Dr. Ruth Camppling	Board Chair
<b>Provincial Division</b>	Susan Papadinonissiou	Executive Lead









# Major Events 2015 – 2016

## COMMITTEE COLOUR LEGEND






-  Continuity of Care Committee
-  GP Support Team
-  IT Committee
-  Maternity Committee
-  Membership Committee
-  Mental Health & Addictions Committee
-  Residential Care Initiative Committee
-  Residential Care Committee
-  Vancouver Division of Family Practice

2015






### OCTOBER

-  Presentation at GPSC Divisions of Family Practice Round Table
-  Perinatal Mental Health CME
-  Intrahealth User Group – Billing tips and tricks
-  Wolf User Group
-  Medaccess User Group – How to find the data you need
-  Annual General Meeting (AGM)





### NOVEMBER

-  Billing Seminar
-  Seniors Project – VCH with VDoFP Members – EOI Meeting
-  MedAccess User Group
-  Oscar User Group – Advanced Billing
-  MedAccess User Group – How to maximize billing









### DECEMBER

-  Wolf Usergroup – Flowsheet Training
-  Intrahealth Usergroup – CDM tips & tricks
-  Residential Care Meeting: What takes a care conference from good to great?
-  Help Me Help My Patients! Accessing the Services Your Patients Need in Vancouver and Social Event
-  Doctor's Lounge Physician Wellness Series – Cultivating a Mode of Non-Doing: Mindfulness-Based Cognitive Therapy to Prevent Physician Burnout









### JANUARY

-  GP Support Team presentation to Divisions from Vancouver Island
-  Profile/OSCAR User Group Back to Basics: Proper charting and clinical tips and tricks
-  Pediatrics Dine and Learn
-  Medical Coordinator Meeting: The Role of the Medical Coordinator – co-hosted with VCH

### FEBRUARY









-  51st Annual Post Graduate Review of Family Medicine (Exhibitor for Recruitment)
-  Hosted Billing Seminar for New to Practice
-  Prenatal Genetic Counselling Workshop at VGH Post Graduate Review in Family Medicine conference
-  Early Prenatal Care CME
-  Presentation at Quality Forum conference
-  Wolf User/MedAccess Group Back to Basics: Proper charting and clinical tips and tricks
-  Special event: How to SafeGuard against an Audit
-  CME: Polypharmacy Risk Reduction for our Growing Frail Elderly Community

### MARCH

-  Physician Retirement Information Session & Launch of HOW TO RETIRE GUIDE
-  Presentation at PSBC Healthy Mothers and Healthy Babies conference
-  Wolf User/MedAccess User Group – Creating basic templates according to BC guidelines
-  Residential Care Meeting: What's up with all these falls? Inevitable or can something be done?
-  Opioid Prescribing: The Slippery Slope
-  Help Me Help Myself – Managing Your First Year(s) in Practice (0-5 Years only)
-  Help Me Find My Work/Life Balance! X 2
-  Speaker Series: Team-Based Primary Care the Alberta Way

2016








### APRIL

-  Introduction to Practice Management with UBC Sauder School of Business
-  Patients as Customer with UBC Sauder School of Business
-  A GP for Me Celebration & Launch of Phase 2 Attachment
-  Introduction to Business – Operations Best Practices with UBC Sauder School of Business
-  Human Resources – Best Practices with UBC Sauder School of Business
-  Gestational Weight Gain Counselling – The 5As Framework (in collaboration with Perinatal Services BC)
-  OSCAR User Group – Creating basic templates according to BC guidelines
-  Residential Care Pharmacist Meeting




### MAY

-  Pri-Med Canada Conference (Exhibitor for Recruitment)
-  Change Management Techniques and Change initiative presentations with UBC Sauder School of Business
-  Small Group Billing Event for New to Practice Physicians
-  Wolf/Oscar/Profile User Group – Mental Health Templates
-  Facility Leadership Meeting







### JUNE

-  BCCFP Spring Family Medicine Conference (Exhibitor for Recruitment)
-  UBC Practice Survival Skills Conference (Exhibitor for Recruitment)
-  Clinic Management Change Initiative presentations with UBC Sauder School of Business x 2
-  Practice Optimization at Sea to Sky Division x 2
-  Wolf/Profile User Group – Billing
-  Member Appreciation Event for members participating in healthcare partner projects
-  CME: Polypharmacy Risk Reduction for our Growing Frail Elderly Community

### JULY

-  Soft Opening of New Clinic at Lu'ma Aboriginal Housing Society
-  MedAccess User Group – Billing
-  VDoFP Annual Open House

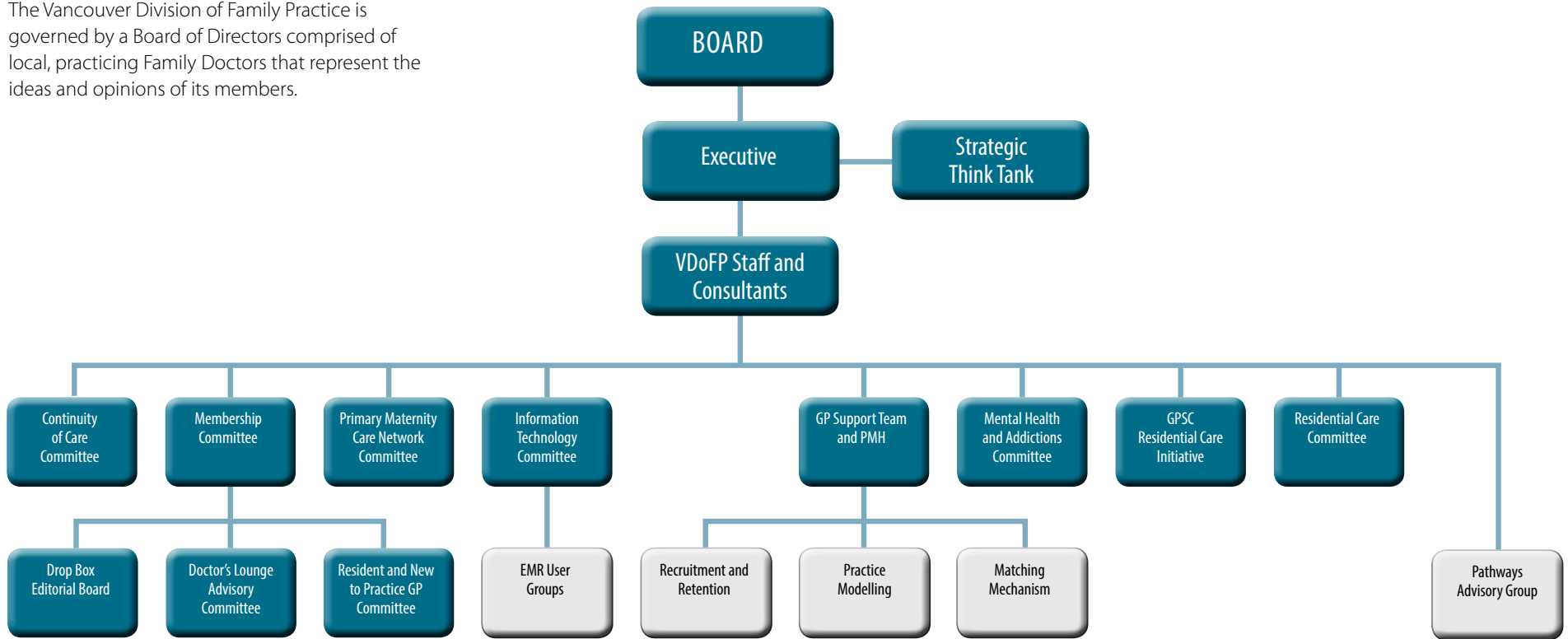
### SEPTEMBER

-  Early Pregnancy Loss Dine and Learn
-  Wolf/Oscar User Group – CDM Templates
-  Intrahealth User Group
-  Residential Care Meeting: Avoiding Transfers to Acute: QI is Your Friend
-  Welcome to Vancouver Social Event
-  Mindfulness-Based Cognitive Therapy (MBCT) to Prevent Physician Burnout

2016

# Governance and Organizational Structure

The Vancouver Division of Family Practice is governed by a Board of Directors comprised of local, practicing Family Doctors that represent the ideas and opinions of its members.



Committee

VDoFP Programming

EMR – Electronic Medical Record  
 GPSC – General Practice Services Committee  
 PHC – Providence Health Care  
 VCH – Vancouver Coastal Health  
 VDoFP – Vancouver Division of Family Practice

## Our Partners

Doctors of BC	Vancouver Coastal Health	University of British Columbia
Ministry of Health	Providence Health Care	Musqueam Nation
First Nations Health Authority	Collaborative Services Committee	Society of General Practitioners of BC
City of Vancouver	Practice Support Program	Provincial and Regional Divisions
	Specialist Services Committee	



**Vancouver**

Division of Family Practice

A GPSC initiative