

ANNUAL REPORT November 2020

Comox Valley Division of Family Practice

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TO OUR MEMBERS

Co-Chair Report

We would like to start by recognizing the incredible teamwork and sense of community we have had the privilege of seeing within the Comox Valley Division of Family Practice. The last year has been a steep learning curve, but the excellent division staff, board, advisory committee, and membership generally, has made it enjoyable.

There have been many changes at the board level. Dr. Marie-clare Hopwood stepped down from the role of Co-chair after accepting a position as Medical Director with Island Health. Dr. Rob Silcox and Patricia Foster (Community) have completed their terms on the board. We would especially like to thank them for their invaluable contributions in their time on the board. Thank you, Rob for your 6 years of service to the community of physicians.

As of this AGM, we will have completed almost two years with the current board composition: 3 general members (physicians), 3 community members (non-physicians), and a resident. The opportunity to serve in a leadership capacity at the board level has been an enriching and rewarding experience for everyone. This is especially felt through continuous focus on our vision of creating a healthy and engaged community.

Earlier this year, and in follow up to feedback that was gathered at last year's AGM, a lot of work was directed towards the Strategic Plan, ensuring alignment with the vision, mission and goals of the Division of Family Practice. Importantly, our overarching aim was to ensure that the strategic review process was collaborative and reflected the views of our membership. We view the results of this process as a living document and have found it helpful in understanding how the Division is seen by its members. This in turn has helped guide us in our decision making.

CURRENT BOARD MEMBERS

EXECUTIVE

Samantha McRae, Co-Chair

Aaron Macluskie, Co-Chair
(Community)

Rob Silcox, Treasurer

Betty Tate, Secretary (Community)

Members at Large:

Marie-clare Hopwood

Keeley Young (Community)

Associate:

Kerry Roberts (Resident)

The Division's Advisory Committee continues to be an invaluable group of members who provide ideas, insight, and an essential voice of our membership. It has been meeting monthly since its inception in January 2019, providing feedback on Division initiatives and issues important to members and helping to inform board decisions. We have recently broadened the Advisory Committee to include clinic leads, incorporating as many voices as possible. We have been working with the Zoom format to optimize these meetings. By breaking out into small groups we have been covering more topics with enough time to elaborate and brainstorm solutions as required. We have noticed increased engagement from the broader physician community. To help us implement all these great ideas, we are excited to be expanding the capacity of our team to include a new project coordinator.

With the onset of the global pandemic in March, the Division immediately set forth to support our members in novel and adaptive ways. It was inspiring to see this community of physicians and associate members rally together and develop a plan to provide our community with care and confidence. The CAPE clinic was developed to support physical examinations for patients that needed them. The Slack platform became a valuable resource for sharing up to date information. An enthusiastic group of physicians got together to provide wellness supports. Community and health care providers came together to find ways to best support the most marginalized people in our community. Everyone transitioned to providing primarily virtual care in one format or another.



As we transition through the phases of our local community's pandemic response, the divisions across the Island are meeting regularly to problem-solve and share solutions, addressing items such as work with the school district, plans for COVID swabbing, and plans for flu shots. The Island Divisions Collective has reconvened, with Janet Brydon, Dr. Bagdan and Dr. McRae in attendance from our Division. The Collective provides a mechanism through which we can draw on the broader experience of family practitioners across Vancouver Island to advocate for solutions to issues impacting all our communities.

The Collaborative Services Committee is a multi-agency partnership table with Island Health local leadership, First Nations Health Authority, and other community partners. It is being

reinstated to address programs and concerns that do not fall under the scope of the PCN. Janet Brydon and Dr. McRae, along with another Division representative TBD will be participating. This group will evolve as topics and issues emerge and will likely include MHSU, Public Health, and other community agencies. This will facilitate broader community-based solutions that are suited to the needs of the Comox Valley.

“Healthy, Engaged Community”

Finally, we continue to work on several initiatives, many of which were developed by local physicians who identified a need and championed a solution. Current initiatives include exploring a community solution for extended hours care in the Comox Valley, continued support to optimize patient medical homes and respond to the transition to virtual care and caring for Unassigned In-Patients through an evolving Doctor of the Day program. We have set aside resources and support for “grass roots” initiatives and projects in the future and are eager to hear from our members about their ideas and passions.

Respectfully submitted,
Dr. Samantha McRae and Aaron Macluskie
Co-Chairs, Comox Valley Division of Family Practice
October 28, 2020

Executive Director Report

Gratitude

It is hard to believe that it has been almost 10 years since my friend and neighbour, Dr. Margaret Manville, leaned over the backyard fence and told me about an opportunity to work with family doctors to improve primary care, in a part-time job of 10-20 hours per week. In looking back over the last 10 years, and with the unprecedented challenges that 2020 has brought, I am feeling a little tired for sure and definitely tired of the uncertainty this pandemic brings. To overcome this, I have been reminding myself about gratitude and some of the things that I have gratitude for:

- Gratitude for the original hiring committee that saw fit to bring me on board
- Gratitude for our strong medical community; doctors, nurse practitioners, and midwives and their teams who work hard to provide excellent patient care and really stepped it up during the pandemic response

“Feeling gratitude and not expressing it is like wrapping a present and not giving it”

William Arthur Ward

- Gratitude for our Division membership; some, who are very involved, and others who “just sign up”, and by doing so support the funding that comes to the community
- Gratitude for those that participate in Division committees and meetings, giving us feedback and direction on the work we are doing (sometimes we like it, sometimes we don't; it's all helpful)
- Gratitude for wine, chocolate, and books
- Gratitude for our Division colleagues up and down the Island and across the province, who share willingly
- Gratitude for our beautiful home, the Comox Valley, and how lucky we are to live on these lands, the unceded territory of the members of the K'òmoks First Nation, with the abundance of riches from the sea to the mountains
- Gratitude for my hairdresser, regardless of the outcome, I LOVE the process!
- Gratitude for the physician leaders, who pursue their passion with energy and commitment to support the improvement of care and wellness for patients, providers, and the community overall
- Gratitude for the relationships we are building with our growing list of partners who are working with us on initiatives such as the PCN, Extended Care, the COVID response
- Gratitude for the Directors who sit on the Division Board, who are so committed to ensuring we are staying true to the grass roots
- Gratitude for Zoom and Netflix, especially during the lockdown
- Gratitude for our Co-Chairs/Chairs and Treasurers (past and present) who provide huge support to me in the work I do
- Gratitude for the Division team, and the hard work of Judy, Jacquie, Catherine, Lyndsey, Lisa, Susan, Dom, Michelle (and gratitude for our newest team member Ingrid)
- Gratitude for family and friends and laughter, love and long walks.....



Respectfully submitted,
Janet Brydon
Executive Director
October 29, 2020

Primary Care Network Report

Our Primary Care Network (PCN) will be a clinical network of local primary care service providers located in a geographical area with patient medical homes (PMHs) as the foundation. It is enabled by a partnership between the Comox Valley Division of Family

Practice, Island Health, and the First Nations Health Authority (in conjunction with Kwakiutl District Council Health, Island Health Aboriginal Health and Métis Nation BC). The goal is that members of this network will work together collaboratively and in partnership with community organizations to provide primary care services needed by our local population. In a fully established PCN, patients will have access to timely, comprehensive, and coordinated team-based care, guided by eight core attributes:

1. Access and attachment to quality primary care
2. Extended hours
3. Same day access to urgent care
4. Advice and information
5. Comprehensive primary care
6. Culturally safe care
7. Coordinated care
8. Clear communication

Family Physicians participating in the PCN can expect:

- Help with meeting patient needs through:
 - timely and convenient access to an array of services in the community
 - the provision of optimal care for patients with the support of teams, allied health care providers, and easily accessed health authority services
 - access to expanded services for vulnerable patients and those with complex health conditions
- More sustainable workload levels
- Enhanced interprofessional relationships
- Greater professional satisfaction and an overall improved experience of providing care

Our PCN journey began with clinic interviews in the Spring of 2018, gathering ideas to improve primary care delivery. We are currently in the process of implementing the resulting Service Plan that was approved by the Ministry of Health.

PCN funding for the Comox Valley is available to support:

- Increasing resources at the Health Connections Clinic (which was completed by October 2019) including:
 - increased physician sessions,
 - addition of a Registered Nurse, Nurse Practitioner and Social Worker.
- Optimization of patient care through implementation, development, and ongoing support of Team-Based Care through addition of Allied Health Care Providers - we will first be moving forward with a clinical pharmacist and two roles supporting patients with

mild to moderate MHSU concerns. An additional six available roles are currently under consideration.

- Indigenous Health and Wellness
 - Wellness Liaison - hired August 2020
 - Indigenous Wellness Advocate - to be hired later this year or early in 2021
 - Traditional Healer/Knowledge Keeper - discussions are underway within the Indigenous Health Working Group that supports the PCN to determine how best to move forward with this role.

After a lengthy negotiation and confirmation process regarding our Service Plan, we reconnected with Division members in May 2019 to review the available resources and discuss how to deploy them most effectively within our primary care community. There was reconfirmation of Division member interest between June and November 2019, identifying eight clinics which were interested in the first phase of team-based care “roll out”. A PCN knowledge session was held in December 2019 with interested clinics and other stakeholders.

There was significant leadership change in the PCN planning team at the end of 2019/early 2020. Leslie Howie assumed the Geo 1 Island Health Director role in December, and I replaced Adam Thompson as the Division physician representative for PCN in January 2020. I would like to again thank Adam for his leadership during the initial planning stages for PCN. We welcomed Maureen Clarke from the BC Patient Safety & Quality Council as “Change Lead” and Dominic Orsler as PCN Program Manager in December 2019.

With a new year, new energy, and some new faces, we embarked upon our implementation journey. This complex, transformative program involves engaging clinics as to how to integrate the Allied Health Care professionals, the design and development of enhanced, integrated service models, the evolution of team-based care both inside individual clinics and across the network and new approaches to virtual care. When the COVID-19 pandemic derailed us, much of our energy and human resources were reallocated to dealing with pandemic issues.

As late Spring and early Summer came, the PCN regained momentum.

Strong working groups have been formed for Team-Based Care, Indigenous Health, Measurement and Evaluation, Community Wellness Collaborative (formerly Vulnerable



Populations), and Virtual Care. We welcomed Alex Jules as the Indigenous Wellness Liaison in August 2020 whose role is to support Indigenous patients, family and community by recognizing the impacts of colonization and advocating for provider relationships that are trauma-informed, patient and family centered and culturally safe. We held our long-awaited announcement of our PCN community on September 17, a Zoom platform press release with the honourable Ronna Rae Leonard. Now, we're legit!

The plan is now being executed to identify service gaps and appropriate resources to address those gaps and to recruit allied health partners to work with clinics and across the network. We look forward to having these positions filled, starting early 2021, with implementation ramping up throughout the year.

As usual, we are looking forward to working with the participating clinic representatives, and those clinics which are currently watching with interest from the sidelines. Together, along with the many partners supporting this work, we will build a successful PCN in the Comox Valley. As the African Proverb suggests "if you want to go fast go alone and if you want to go far go together".

Respectfully submitted,
 Bonnie Bagdan
 Physician Lead, Comox Valley Primary Care Network
 October 28, 2020

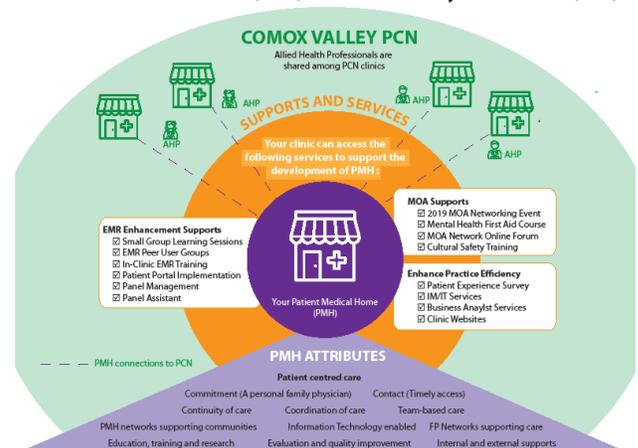
YEAR IN REVIEW

Patient Medical Home - Supports and Services

The Patient Medical Home Initiative continues to support clinics to complete outstanding work initiated last year. These supports include:

- **Business Analyst Supports**
 Contracted services provided by Hive Business Solutions to support clinics with individualized management and operations optimization.
 - Supports requested by 9 clinics: 1 completed, 4 clinics underway to completion, 2 clinics cancelled support (COVID), 2 clinics on hold to re-evaluate.

Your Patient Medical Home (PMH) within our Primary Care Network (PCN)



- **IM/IT Supports**
Contracted services to support clinics with their IT infrastructure and privacy and security optimization.
 - IMIT services provided to 12 clinics and scope of work is complete.
- **Clinic Websites**
Contracted services through Sure Copy Web Design to work with clinics to develop a clinic website.
 - Website support requested by 4 clinics: 3 clinics completed, 1 clinic yet to start.
- **Patient Experience Survey**
The Practice Support Program (PSP) supports clinics to implement a Patient Experience Survey to capture patient feedback to inform quality improvement. At a community level, aggregated data will identify actions to address unmet needs in the community. Talk to your PSP representative to set-up your patient experience survey.
- **MOA Supports**
A Mental Health First Aid Course was delivered for MOAs and Office Managers in March 2020. A second course that was postponed due to COVID will be rescheduled when appropriate before March 31, 2021.

Catherine Browne,
Project Manager

Comox Valley Division of Family Practice Mission

To engage & support family physicians in our community to positively impact the health care system

To increase professional satisfaction & physician wellbeing

To be leaders through:

- *Promoting cooperation & collaboration with patients & partners*
 - *Anticipating, identifying & responding to health care needs*
-

PMH Networking - Supporting Communities

PMH Network Initiative works closely with the Primary Care Network to develop family physician networks for peer, patient, and community support.

- **Extended Hours of Primary Care**
 - To support access to longitudinal primary care in our community and reduce non-emergent visits to the Emergency Room, the Comox Valley Division has brought together a working group of primary care providers to explore the development of an integrated community approach to evenings and weekend access to primary care. We are working with Island Health locally and our working group members to develop potential models that will be shared with the community of physicians for input on ensuring a sustainable approach.

- **Virtual Care Implementation Support**

- In response to COVID-19, physicians have moved quickly to implement virtual care and telemedicine solutions within their practice. The Division, in partnership with the Practice Support Program, are supporting PMHs with virtual care technology implementation through one-time set-up costs, staff and physician supports and resources, and patient access and education.

Catherine Browne, Project Manager

Health Promotion – Community Connections and Healthy Living

Primary health care settings are well placed to inform patients on resources in the community to assist in the adoption of healthy behaviours. The objectives of this work are to:

- Work with community recreation facilities to help patients adopt and sustain positive behaviours that will impact their health;
- Facilitate physician participation in health promotion activities; and
- Promote health awareness in concert with national health awareness days.

Work underway:

- [HealthSteps](#): Exploring the opportunity to pilot an evidence-based, community-focused, lifestyle prescription program in our community. This is a patient self-referral program for personalized, virtual or in-person coaching to improve exercise and diet through a 6-month program.
- Physician involvement in local health promotion initiatives: [Walk with your Doc](#) and [Be Active Every Day](#).

Dr. Ron Wilson, Physician Lead
Catherine Browne, Project Manager

Touchpoints in the Comox Valley

The Comox Valley Division of Family Practice Board has provided funding support for the 2019/2020 year to support physician facilitation of the Touchpoints Program. Thank you to the Board for recognizing the value of Touchpoints in our community! Since September 2018, sixteen Comox Valley Division of Family Practice physicians and 7 Registered Midwife Associate Members have completed the training. The May 2020 training unfortunately had to be cancelled due to COVID-19, but the team is moving forward with virtual training for both the Individual Training program and the new Parenting Program.

“The training has a way of opening us up to possibility and gives us real tangible tools for making better connections with families. And that translates to better care.”

- Interviewee

Long-Term Care Initiative (LTCI)

The initiative supports divisions to design and implement local solutions that deliver dedicated FP MRP services for patients in residential care facilities. For the purposes of this initiative, a dedicated FP MRP is defined as one who delivers care according to five best practice expectations and promotes three system level outcomes:

Best Practice Expectations:

1. 24/7 availability / on-site attendance
2. Proactive visits to residents
3. Meaningful medication reviews
4. Completed documentation
5. Attendance at case conferences

System Level Outcomes:

- Improve Patient Provider Experience
- Reduce Unnecessary or inappropriate Hospital transfers
- Reduce cost/patient as a result of higher quality of care

Long-Term Care Initiative Working Group

The Comox Valley LTCI Working Group steers the work of the Long-Term Care Initiative within the funding parameters provided. Our community has decided to incent best practices with most of the funding and to use the other funds to support the “administration” of the program, including supporting the working group, the Coordinator, CME events for physicians and facility staff, and an answering service for call coverage.

The Working Group includes facility Medical Directors as well as physicians who provide care in the LTC homes. Facility staff also participate including Directors of Care, Nursing Coordinators, and pharmacists. Island Health’s Medical Director for LTC North Vancouver Island (Geo1) also participates.

Current key areas of focus:

- Continue to support CVS in quality improvement work, i.e. creation of onsite medical supplies (e.g. laceration kit) and reducing hospital transfers. Primary goal: improve quality of patient care.
- Supporting facility staff to identify ‘urgent’ versus ‘non-urgent’. Goal: reduce inappropriate calls to physicians and hospital transfers. Sub-group: Glacier View Lodge and The Views Directors of Care.

Long-Term Care in the Comox Valley – Sept 2020

36 LTCI participants
40 Physicians practicing in LTC
3 of 5 LTC Homes participating*
450 beds in Valley

* Cumberland Lodge & Cummings House not participating

- Providing feedback to physicians who are not meeting expectations outlined in the LTCI Letter of Agreement.
- LTCI Physician feedback survey; target audience are physicians, medical directors, facility staff, and pharmacists. Feedback to include satisfaction with facilities and answering service, suggestions for improvement, and COVID response & their availability to provide clinician coverage next time.

Annual LTCI Dinner & Discussion – Jan 2020

- 47 attendees: 31 FPs, 2 pharmacists, 12 LTC Home employees
- Guest speakers: Dr. John Coyle, Parkinson's | Dr. Stef Schovaneck, Dementia | Medical Directors shared updates, new forms, palliative process changes, etc.
- Opportunity for networking with colleagues.
- Feedback positive - suggestion to reduce content and allow more time for networking

Care Conference Attendance

- Mar 2020 = 82%
- Dec 2016 = 42%

Medication Review Scheduling

- Mar 2020 = 84%
- June 2019 = 80% (*started reporting*)

COVID LTC Home Response Plan

- Developed a physician coverage plan to prevent COVID19 entering long-term care homes:
 - KEY: Limited number of physicians entering facilities.
 - Created a cohort of 3 clinicians for each home to provide on-site patient visits 24/7 when requested by the MRP.
 - Worked with facility staff to enable MRPs to 'visit' their patients virtually and customize each facility plan.
 - Communicated the plan and ongoing LTC COVID updates with physicians and facility staff.
 - Facility feedback: answering service a great help during COVID.
- As of October 1, 2020, there have been no instances of COVID-19 in the Comox Valley long-term care homes.

Lyndsey Jennings
Program Coordinator, LTCI

Pathways

Pathways Achievements & Plans – October 2020

Public Community Services Directory – Launched March 2020

- Community service listings available to medical users of Pathways are now available to the general public.
- CV Division is collaborating with community partners to help keep the listings current: Community Health Network, Eureka Support Services, and Courtenay Legion.
- In September there were 310 unique visits to the directory. The most popular subjects were Healthcare Providers and Seniors Services.
- The homepage provides a central access to the Comox Valley Resource Guide (managed by Eureka) and Comox Valley Unsheltered Vulnerable Population Resources for outreach workers and care providers (managed by VIHA).



COVID-19

Pathways continues to be leveraged to centralize local, regional, and provincial COVID-19 resources.

FP Physicians Use of Pathways¹

FPs with Profiles:	85
FPs IDs using Pathways in last 30 days:	46
FP Clinics IDs using Pathways in last 7 days ² :	11
FP Clinics with access to Pathways:	16

¹ Includes Walk-In Clinics ² Total of 15 FP Clinics using Pathways

Specialist Profiles

Specialists with profiles:	30
New Specialists not yet profiled	2
Specialists without profiles:	5
Specialist Offices using Pathways in last 30 days:	4



Enabling Referrals & Delivering Resources for Physicians & Patients

Help us by encouraging the specialists to whom you refer to join Pathways



Pathways Achievements & Plans – October 2020

- Project Lead: Dr. Karen Nishio (since Mar 2018)
- Pathways Administrator: Lyndsey Jennings
- Website: <https://pathwaysbc.ca>
- Email: comoxvalley@pathwaysbc.ca

Referral Tracker Coming to Pathways – a dashboard to track specialist referrals | viewable patient referral status | documentation can be sent directly to specialists | patients can be sent updates about their appointment automatically.

To prepare for Referral Tracker:

FPs need their own Pathways access ID – ask your Pathways Admin | patient email address or text# | patient consent to allow electronic communication. Two consent forms are available:

- Pathways – permits communication from Referral Tracker to patient email or text
- CMPA – permits communication from Referral Tracker **and** from the FP clinic email to patient email or text

Specialists Not Yet Profiled

- Andreas Conradl, Oral & Maxillofacial Surgery
- Leanne Gutierrez, Internal Medicine (Endocrinology)
- Donald Jenkins, Dermatology
- Pierre Nel, Internal Medicine (Gastroenterology)
- Steve Shaver, Ophthalmology
- Trace Thomas, Internal Medicine
- Corey Tomlinson – General Surgery (NEW)

Help us by encouraging the specialists to whom you refer to join Pathways

Pathways Resources

- Division news, including: IH MHSU Intake & ASTAT Wait Times; Family Physicians with open practices; Division-sponsored/hosted events; Division bulletins/newsletters;
- Important COVID19 / community / Health Area news items
- Featured content refreshed with new or updated content monthly
- Specialist and FP clinic update alerts
- Community resources services including abuse/neglect, addictions, advocacy, caregiver support, condition specific support, disability, First Nation, mental health, seniors', victim, child and youth

Key Areas of Focus for 2020

- Community Services: **will focus on collaborating with community agencies, and adding & updating content**
- Increase # of Specialist Physicians profiled: **added 3 of 5 new specialists since Oct 2019**
- Encouraging FPs and Specialists to keep their profiles current: **22 specialist profiles updated since Oct 2019**
- Continue to update the homepage and featured content: **continually refreshing homepage & featured content**



Enabling Referrals & Delivering Resources for Physicians & Patients

Pathways was launched in the Comox Valley on October 2017



Lyndsey Jennings, Pathways Administrator
Karen Nishio, Pathways Lead Physician

Children and Youth Matter-Comox Valley (CYMCV)

Foundry

CYMCV is so excited to announce that in collaboration with John Howard Society NI we have obtained a Foundry for the Comox Valley! A Foundry is a multidisciplinary youth clinic which houses services for youth from sexual health to housing support in one place. With support of the Division, through program support and funding for doctor involvement, the very active CYMCV group was successful in our bid for 1 of 8 new Foundries, out of an initial list of over 50. The Foundry central team noted the high level of engagement of community partners in the Comox Valley. This engagement has evolved out of the original Shared Care funded Local Action Team for Child and Youth Mental Health and Substance Use which, since 2015 has been supported by the Division. The Foundry will be an amazing resource for our local youth which would not have occurred without the support of the Division.

**For life's challenges,
large and small.**

Foundry offers connection, tools and support.

Forge your path to wellness.

FOUNDRY
WHERE WELLNESS TAKES SHAPE

Free and confidential resources, services and supports for young people ages 12-24 in BC.

foundrybc.ca



Trauma Informed Care

Trauma informed care was identified as a priority for CYMCV-a working group was struck with the intention to assess community awareness and develop a strategy to integrate information and teaching into all aspects of the community. Dr. Sara Sandwith and peers delivered a pilot of the PSP Trauma informed care program to several physicians. The importance of this trauma-informed approach was highlighted in the BC Medical Journal, Vol 62, No.1 in January/February 2020. Further offerings were delayed by the pandemic response, but we hope to have this online again soon.



ON THE COVER
Addressing adverse childhood experiences (ACEs) in BC: Practical approaches
Physicians can mitigate the impact of past traumatizing events on their patients by incorporating trauma-informed practice in their clinics. Article begins on page 14.

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Early Years Working Group

We have re-established a working group to look at challenges in the early years. They are currently looking at transportation barriers to young families requiring services and practical ways to overcome these. Other identified issues are inadequate daycare spots, stress of frontline childcare workers in COVID, housing, parent support groups, increased isolation- COVID, and a few more potential items.

This group of committed partners from all aspects of Child and Youth care has had an exciting year. We feel honoured to serve our children and hold the belief that it is the right of every child and youth to thrive. Thank you for the ongoing support of the Division in this work

Respectfully submitted
 Dr. Janice McLaughlin MD
 (she/her)
 Co-chair CYMCV, Foundry CV-primary care lead
 Division of Family Practice -Comox Valley physician lead, Child and Youth Mental Health

COVID Response

During the week of March 9, 2020, the Division Board planned for a member meeting on Monday, March 16 to discuss the potential pandemic, and the possible impact on our community. Little did we know.....

Over that weekend, like so many we quickly shifted, and that meeting suddenly moved from a small in person meeting with about 15 interested attendees to a virtual meeting with close to 40 participants. The Board quickly decided to allocate funding to support a COVID response that focused on some key critical areas:

- A task force was established to lead the local response for the Division
- The Division supported in-hospital planning and Division team members supported the scheduling of the COVID Ward and Long-Term Care
- Support for physician participation in the community response to support the most socially vulnerable in our community, that group has now grown into the Community Wellness Collaborative of the Comox Valley
- Establishing of the CAPE Clinic to support face to face care
- Procurement of PPE to support our medical community (in and out of hospital) and clinics in crisis



BE KIND.

BE CALM.

BE SAFE.

Dr. Bonnie Henry

- Communication - with members and with the public - Slack, Facebook, newspaper articles and a mountain of emails
- Caregiver wellness

As we now prepare for the potential Fall/Winter surge, we are working more closely with Island Health leadership locally and regionally, with First Nations Health Authority and with our other partners. We are also coordinating and sharing information between Divisions across the Island.

We are also engaged with HEMBC through a project supported through Health System Redesign funds to support the development of Emergency Preparedness plans, including pandemic preparedness. More to come on this front soon.

Respectfully submitted,
Janet Brydon



Enhancing Perinatal Care in the Comox Valley

The committed group involved in the Shared Care work have continued their collaborative efforts to develop a coordinated network of multidisciplinary health and community care providers to support perinatal patients experiencing mental health and substance. Your clinic may have received a visit from Dr. Suzanne Watters in the past year as she shared the MSHU resources that have been developed for [families](#) as well as for [care providers](#). These resources are designed to help you to support your patients and their families that may be struggling with mild to moderate mental health or substance use challenges. For general information about perinatal care and services and what women and families can expect don't forget to check out and share with your patients www.pregnantinthecomoxvalley.ca.

In late 2019 the team had a unique opportunity to journey map the experience of a community member who was struggling with significant substance use challenges in the perinatal period. This experience brought a multidisciplinary group of care providers together to debrief and

determine next steps for improving the care pathways for women with significant vulnerabilities and challenges. The opioid crisis is impacting all communities in our province, and we hoped to bring a group of physicians, midwives, nurses, and community supports together to learn, and even share a meal together to develop a community support approach. COVID-19 is requiring a pivot as these next steps involved gathering and travel to Vancouver to learn from physicians and nurses that are finding successes working with women and babies with these significant challenges. Recently there have been some expressions of interest to re-think how we can do this important work, so stay tuned!

After the successful Group Care Model Pilot in 2018, the team is looking to the PCN to support an RN to facilitate group pre-natal/postpartum sessions in collaboration with family physicians and registered midwives.

While COVID-19 challenges our ability to be together, virtual groups can help form important connections with care providers and patients.

Recent funding opportunities through GPSC and the Rural Coordination Centre of BC have engaged our group of maternity care physicians and midwifery partners. We are looking forward to continuing working together to support perinatal patients in our community.

Jacquie Kinney
Program Manager

Participant Story

Normalizing Challenges During the Perinatal Period

The group setting allowed one family in particular the opportunity to shine.

This family, pregnant with their first child, was quite young and was facing socioeconomic challenges. The group

discussions provided them the opportunity to talk about their issues and share incredibly thoughtful insights with other families. This allowed them to show their strengths, made them feel like successful parents and helped them realize that many of challenges they were facing or the questions they had were similar to others. In a one-on-one care setting, this family may not have felt as confident and comfortable sharing their thoughts and emotions.

— *As told from the perspective of a family physician*

Cognitive Behavioural Therapy (CBT) Skills Groups Program



We were successful in securing Shared Care funding to build on the work of the Victoria CBT Skills project by enabling physicians in rural communities to access CBT skills facilitator training. This training empowers family physicians to offer patients practical tools to improve their capacity for self-management of their mental health. Specifically, this funding will support the development of an alternative training model to train family physicians virtually as well as to facilitate virtual groups.

Ten family physicians from Comox and Campbell River are in various stages of facilitator training. Trainee evaluations indicate a high satisfaction with the virtual Phase 1 training. Three Comox Valley physicians have moved on to Phase 2 training and are now able to co-facilitate CBT Group sessions with patients not only in our community, but throughout the province. We look forward to the day when these sessions can be in person, but early evaluation results are showing that patients like the virtual groups. Patients have indicated that they feel welcome in the group (91.14%), safe in the group (88.46%), and that their facilitator was able to use the online format to teach effectively (81.02%).

For patients who have previously participated in an in-person group, 41% prefer the online modality and 21% didn't have a preference. Pre-post group measurements on symptoms of depression and anxiety indicated a decrease in symptom severity as a result of participating in the group. 93% of participants found that having access to a CBT Skills Group during the COVID-19 pandemic was helpful.

We are now able to offer the virtual CBT group skills program to patients on the North Island and promotion work is underway. If you have any questions about the program or how to refer your patients, please get in touch.

Jacquie Kinney
Project Manager

Treasurer's Report

On behalf of the Board, I am presenting the draft audited financial statements for the Comox Valley Division of Family Practice for the fiscal year ending March 31, 2020 as well as the Stub financial reports to July 31, 2020.

We are (finally) over the financial hump due to previous bookkeeping challenges. Thank you to Susan Muller, Operations Manager, for her tireless efforts and the support of our audit firm. We received the draft audited financial statements for 2019/20 and auditor report on October 28, 2020 and have shared those with you. As of November 1, 2020, we have engaged a new bookkeeping company.

Chan Nowosad Boates Chartered Accountants have examined our financial information and processes in detail and have confirmed our compliance with Canadian accounting practices. In 2020/21 we have re-initiated our finance committee and have resumed meeting monthly to review our financial status. Keeley Young and I are the current directors on this committee, and we are planning for Keeley to take over the Treasurer role. The regular monthly meetings had lagged due to reporting challenges and this was identified as a control deficiency by the auditor.

Financial Schedule Review

	Noteworthy	Comments
Balance Sheet / Statement of Financial Position March 31, 2020	LIABILITIES Due to Doctors of BC Government Remittances Payable NET ASSETS (DEBT)	Outstanding balance of funds from the two previous years (\$96K) due to Doctors of BC. This will be reconciled in the 2020/21 fiscal year. Higher due to increased number of staff Reduced from 2019. Further review required to confirm source.
Statement of Operations (All sources)	Revenues Deferred Grant Revenue Interest Expenses Board Expenses	Higher than 2019 due to additional unspent funding in 2020 Short term investment used to increase revenue Decreased with decreased frequency of board meetings

	Noteworthy	Comments
Statement of Operations (All sources)	Committee Expenses and Member Honoraria	We saw a 13% increase in the number of physicians actively participating in Division (funded) activities from 2019 to 2020. The number of transactions for participating physicians increased by almost 60%
	Honoraria - Non-physician	Significant increase in role of patient voices through PCN planning
	Insurance and Office Supplies and Printing Costs	As of Dec 2019, we have an office/meeting space at St. Joe's
	Meeting Costs	Increase primarily due to Advisory Committee meetings and PCN SC costs
	Salaries and Benefits	Increased staffing due to PCN and addition of Ops Manager role

The Division received funding in 2019/20 under multiple funding streams to support many initiatives. These included:

- Infrastructure funding (for Division governance, operations and services)
- Attachment Mechanism Funding (to support processes for patient attachment to family practice, including our Central Referral Mechanism)
- Patient Medical Home Funding (carried forward from 2018/19)
- Patient Medical Home Networking funding (carried forward from 2018/19)
- Long Term Care Initiative funding (ongoing program funding)
- Inpatient Care funding (supports DOD and attached inpatient care)
- Unassigned Inpatient funding (DOD)
- GPSC Change Management funding
- PCN (implementation) funding
- Shared Care funding
 - Enhancing Perinatal Care (carried over from 2018/19)
 - Early pregnancy care



Before – SIGH Pharmacy

We finished the fiscal year with surplus funding across most of our funding streams. Due to the additional demands resulting from the COVID response, the GPSC has allowed divisions to carry forward any unspent GPSC funds for the 2020/21 fiscal year. Unspent PCN funding will be returned for the 2020/21 fiscal year. In March, the Division Board supported a rapid shift of funding to support the COVID response.



After – Division Office

From Draft Audit Report	Balance March 31, 2019	Funding Received	Revenue Recognized	Balance March 31, 2020
	\$	\$	\$	\$
Infrastructure	155,573	477,395	489,556	143,412
Attachment Mechanism	-	25,000	2,878	22,122
Early Pregnancy Care	9,735	-	5,214	4,521
SC Enhancing Perinatal	58,823	-	33,431	25,392
Patient Medical Home	145,657	-	126,601	19,056
Patient Medical Home Networking	195,084	-	122,278	72,806
Primary Care Network	-	448,756	135,398	313,358
GPSC Engagement	61,738	145,728	67,302	140,164
Health Connections Clinic	9,457	-	-	9,457
Long Term Care	100,076	180,459	155,199	125,336
Unassigned Inpatient Care	3,982	476,135	473,315	6,802
Inpatient Care MOU	-	499,973	499,973	-
	<u>740,125</u>	<u>2,253,446</u>	<u>2,111,145</u>	<u>882,426</u>

Financial Highlights:

Infrastructure - Unallocated funds were re purposed and will be again in 2020/21 to support the COVID response. Anticipated COVID response budget is for the 2020/21 fiscal year is approximately \$200,000 (including support for COVID ward stipends).

Long Term Care (formerly Residential Care Initiative (RCI)) - Funds have been allocated from the LTCI to support the COVID call coverage response.

Patient Medical Home - Work resumed in 2019/20 with the remaining funds to support clinics to optimize their PMH.

Patient Medical Home Networking - Very little of this funding was used and will be carried forward into the 2020/21 fiscal year.

Primary Care Network - Funding to support the change lead role which started in October 2019 was not required as it was available from other sources and the timing of hiring of the PCN manager resulted in a significant surplus which will be deducted from the 2020/21 fiscal funding.

GPSC Change Management Funding - This funding is being used to support the working groups of the PCN as well as the Advisory Committee, and the Recruitment and Retention work.

Inpatient Care MOU - The first patient of the day incentive is still owing for the final quarter of 2019/20 (Jan to March 2020). Due to patient volumes, the final quarter payment will again be prorated based on available funding, this year to 64% (\$22/pt).

Health Connections Clinic (operations) - no change - unrestricted funds remain available that the physician team/partners will request use of as needed.

July 2020 Stub Financial Reports

We are including the financial statements to July 31, 2020 since we are more than 6 months from the end of the fiscal year. These reports show where we are with our funding YTD across the various funding agreements and projects that the Division supports. The Division is once again anticipating a yearend surplus based on spending to date. We are appreciative of the additional funding that the Ministry of Health and GPSC have made available to support the community COVID response.

CV DIVISION OF FAMILY PRACTICE

Balance Sheet

As of July 31, 2020

	Total		Comments
	As of Jul 31, 2020	As of Jul 31, 2019 (PY)	
Assets			
Current Assets			
Cash and Cash Equivalent			
1010 Bank CCCU - Chequing	545,264.75	544,876.24	
1015 Bank CCCU - Savings 4877	853,802.84	1,190,401.04	
1020 CCCU - Equity Shares	5.12	5.12	
1025 Term Deposit	0.00		
1030 Cash Clearing	0.00	184.82	
1040 Undeposited Funds	0.00	0.00	
Total Cash and Cash Equivalent	\$ 1,399,072.71	\$ 1,735,467.22	
Accounts Receivable (A/R)			
1200 Accounts Receivable	2,291.78	15,287.67	
Total Accounts Receivable (A/R)	\$ 2,291.78	\$ 15,287.67	
1300 Prepaid Expenses	0.00	0.00	
Total Current Assets	\$ 1,401,364.49	\$ 1,750,754.89	
Non-current Assets			
Property, plant and equipment			
1700 Capital Assets			
1820 Office Furniture & Equipment	9,876.57	9,876.57	
1825 Accum. Amort. -Furn. & Equip.	-7,010.00	-7,010.00	
Total 1820 Office Furniture & Equipment	\$ 2,866.57	\$ 2,866.57	
Total 1700 Capital Assets	\$ 2,866.57	\$ 2,866.57	
Total Property, plant and equipment	\$ 2,866.57	\$ 2,866.57	
Total Non Current Assets	\$ 2,866.57	\$ 2,866.57	
Total Assets	\$ 1,404,231.06	\$ 1,753,621.46	
Liabilities and Equity			
Liabilities			
Current Liabilities			
Accounts Payable (A/P)			
2100 Accounts Payable	37,537.18	156,942.15	
Total Accounts Payable (A/P)	\$ 37,537.18	\$ 156,942.15	
2101 Due To/From BC Medical Assoc	96,365.28	96,365.28	
2115 Vacation Accrual	17,241.05	-288.75	adjusting journal entries for 2019/20 fiscal year
2120 UIP-HCP Holdback frm Purple Grp	8,481.73	5,571.73	
2135 Accrued Expenses	84,540.47	84,540.47	
2140 Payroll Taxes Payable - Current	11,981.98	-1,286.40	
2230 WCB Payable	374.10	-95.82	
2260 Benevolent Fund - Payable	20.00	10.00	
2310 GST/HST Payable	-775.17	-295.30	
2311 GST (HST) @ 50% Recoverable	-12,642.54	-5,723.22	
Total 2310 GST/HST Payable	-\$ 13,417.71	-\$ 6,018.52	
2400 Deferred Grant Revenue	742,704.86	580,570.35	
Receiver General of Canada Suspense	1,263.05		
Total Current Liabilities	\$ 987,091.99	\$ 916,310.49	
Total Liabilities	\$ 987,091.99	\$ 916,310.49	
Equity			
Retained Earnings	252,811.47	-28,437.40	
Profit for the year	164,327.60	865,748.37	
Total Equity	\$ 417,139.07	\$ 837,310.97	
Total Liabilities and Equity	\$ 1,404,231.06	\$ 1,753,621.46	

Friday, Oct 30, 2020 01:47:23 PM GMT-7 - Accrual Basis

Budget to Actual Summary to July 31, 2020

Comox Valley Division of Family Practice Budget to Actual Summary to July 31, 2020 Completed October 26, 2020						
Funding Agreements/Sources	Funding Available	Board Approved Expenses Aug 4, 2020	Spend to July 31	Projected Spend remainder of year	YE Anticipated Balance	Comments
Social Fund	\$3,636	\$205	\$83	\$2,436	\$9,643	Based on interest earned ytd, additional interest available from previous years. Additional costs anticipated for AGM costs.
Infrastructure/Operations – 2020/21 = \$489,395 Infrastructure Carryover (from 2019/20 C/O and 2019/20 fiscal year) \$154,183.53	\$643,579	\$511,789	\$220,459	\$342,899	\$80,221	This funding will be repurposed to support COVID response
Attachment Funding 2020/21 \$25000 plus carryover of \$22122 from 2019/20	\$47,122	\$2,056	\$1,403	\$1,378	\$44,342	Carryover available and annual funding through to March 31, 2022
GPSC Physician Change Management (also supports PCN) \$145,728 + \$141,033	\$286,761	\$284,319	\$44,883	\$190,494	\$51,384	Funding annually through to March 31, 2022, with carryover available.
GPSC Inpatient Care Funding/UIP Funding	\$958,138	\$958,138	\$475,147	\$482,991	\$0	Higher patient numbers will result in increased funding available. Inpatient care incentives will be prorated to avoid overage.
Patient Medical Home (PMH)	\$19,056	\$30,000	\$20,866	\$20,100	-\$21,910	Board approved \$30,000 to finish PMH from 2019/20. Estimated budget to complete now \$37,000
PMH Networking (C/O \$72,806 plus \$85,000 of innovation PMH funding)	\$157,806	\$82,053	\$19,331	\$54,976	\$83,500	Surplus will support PMH activities
Long Term Care (annual funding and carryover)	\$292,848	\$227,272	\$104,513	\$174,363	\$13,972	\$38,000 for LTC Stipends included in projected spend for year
Shared Care				\$0		
• Enhancing Perinatal	\$25,392	\$25,392	\$2,688	\$17,013	\$5,692	
• Early Pregnancy	\$4,521	\$464	\$48	\$311	\$4,162	
• Cognitive Behavioural Therapy (CBT)	\$182,000	\$182,000	\$41,854	\$121,940	\$18,206	
COVID Response 2020/21	\$130,000	\$234,399	\$79,001	\$151,014	-\$100,015	New funding available to support planning Oct 2020 of \$130,000 Original approved budget \$415,425 (from March 2020 onward). Revisions based on response to date. Includes COVID ward funding but excludes LTC COVID coverage
TOTAL DIVISION FUNDS	\$2,747,224	\$2,537,883	\$1,010,193	\$1,557,477	\$179,553	
PCN Governance/Operations/ Change Management	\$446,279	443,869	128,950	297,392	\$19,937	
Total Across All Funds	\$3,193,503	\$2,981,752	\$1,139,143	\$1,854,870	\$199,490	

Draft Budget vs Actual Summary to July 31, 2020

2020-21 Fiscal Year - 33% of Fiscal Year

	Costs YTD to July 31, 2020	Annual Expense Budget v10 - Approved Aug 4	% of Budget	Balance Remaining	Comments	
500 Social Fund	0	205	0%	\$ 205	Estimate \$12,000 interest available 2020/21, currently available	
1000 Infrastructure 2020/21 \$ Available	668578				\$489,395 Foundational Funding/Additional Change Management + \$25,000 CRM + \$12,141 Interfund transfers from other funds + Carryover \$161,350 (Corrected from \$687,000 reported in May)	
1001 - Administration					Re-allocation of some costs to other funding buckets and correction to benefit costs, decrease overall from June	
Payroll Expenses	95089	289429	33%			
Operating Expenses	3468	22667	15%			
Total Administration	98557	312096	31.6%	\$ 213,539	Over budget for payroll costs, operating costs under budget	■ No risk for YE ■ Some risk for YE
1002 - Governance						
Total Governance	22110	63837	35%	\$ 41,727		
1003 - Committees/Physician Representatives						
Total Committees	1087	11902	9%	\$ 10,815		
1004 - Professional Development	1800	4500	40%	\$ 2,700	Staff training	
1005 - Division Events						
Total Events	121	33827	0%			
1007 - Provincial/Interdivisional Collab						
1100 - Projects					1/2 of costs charged to 4200 GPSC Physician Change Management this fiscal year	
1111 - Safe Opioid Practices	0	13,068	0%			
1160 - Miscellaneous Projects	0	30,000	0%			
1170 - Health Promotion	189	3,564	5%			
Total Projects	189	46632	0.40%	\$ 46,443		
1200 - Community Collaboration						
1201 - CV Homelessness Coalition	0	1500	0%		Representative confirmed in June 2020	■ No risk for YE ■ Some risk for YE ■ Significant risk for YE
1202 - Aboriginal Health Working Group	0					
1203 - Cultural Safety	70	7277	1%		To support preceptor for 3 months at KDC	
1204 - Emergency Preparedness	797	3564	22%			
1205 - CYMHSU	2474	20329	12%			
Total Community Collaboration	3,341	32670	10%	\$ 29,329		
1300 Services						
1303B - Pathways	5,329	9878	54%		Slight reduction from June due to re-allocation - continued above budget due to increased costs during COVID first phase	
1304 - UIP Admin	1,697	10056	17%			
Total Services	7026	20184	35%	\$ 13,158		
TOTAL 1000 INFRASTRUCTURE	\$ 134230	\$ 534447	25%	\$ 400,217		

	Costs YTD to July 31, 2020	Annual Expense Budget v10 Approved Aug 4, 2020	% of Budget	Balance Remaining	Comments
Attachment Mechanism Funding (1305 CRM)	\$ 768	\$ 2,342	33%	\$ 1,574	Attachment funding available \$25,000 plus carryover from 2019/20

Total budget including CRM \$536,789
Based on 33.33% of fiscal year - anticipated spend to date: \$178,912 YTD spend is **44,682** Under (Over) budget
 Available Annual Funding (includes Carryover, Infrastructure and Attachment Funding) **\$668,578**
Budgeted Year End Operating Surplus \$131,789
Projected YE Infrastructure/Carryover/Attachment Surplus \$175,703

	Costs YTD to July 31, 2020	Annual Expense Budget v10 Approved Aug 4, 2020	% of Budget	Balance Remaining	Comments
3001 SC Perinatal (Assuming DR from 2018/19 \$58,823)					
3001 G Enhancing Perinatal - Project Admin	2,280	9,801	23%		
3002 B MHSU Working Group	-	5,279	0%		
3002 D Mental Health Learning	-	3,734	0%		
3002 E - CBT Skills Training	-	6,104	0%		Separate proposal also approved by Shared Care Committee for 2020/21 fiscal year
Total SC Perinatal	2,280	24,917	9%	22,637	Carryover available to 2020/21 to project completion - approximately \$25,000
3100 Early Pregnancy Care	48	464	10%	416	Proposal for additional funds declined. Carryover of remaining funds of \$4521
3200 Cognitive Behavioural Therapy					
Total CBT	24,228	182,000	13%	157,772	
Total Long Term Care (RCI)	32,516	227,272	14%	194,756	Unallocated funds 70,570
4010 Patient Medical Home (available c/o for 2020/2 23,657)					
4010 F - PMH Projects (Completion of PMH 2019/20 activities)	17,926	30,000	60%		Expenses budgeted at \$37,006.08 - anticipate lower level of activity based on history - will monitor
Total PMH (4010)	17,999	30,000	60%	5,668	budget deficit of: (6,343)
4101 PMH Networking available 2020/21 \$ 156637					carryover of \$71,637
4101 A - GP Clinic At Nursing Centre	1,597	5,216	31%		Budget for HCC meetings moved to 4200 F - excludes Physician lead, which remains here.
4101 B - PMH Networking Project Management	11,068	38,060	29%		Correction in allocation of PM funds
4101 E - Pregnant in the Comox Valley Website	-	4,008	0%		Carryover from previous year for site maintenance as per original approval
4104 - Extended Hours Working Group (new)	0	34,769	0%		
Total PMH Networking (4100)	12,665	82,053	15%	143,972	Unallocated funds 74,584

	YTD Spend July 31, 2020	2020/21 Budget		Balance after July	
COVID Response					
COVID Task Force	20,356	31,988	64%	11,633	
COVID Additional Staffing Costs	23,791	29,193	81%	5,402	
COVID Inhospital Planning					
COVID Ward Stipend		102,750	0%	102,750	18,600 approved, payment pending
COVID Hospital Planning	2,827	-		(2,827)	
COVID PG Coverage (changed to inhospital coverage)	1,557	2,608	60%	1,050	
COVID Community Planning					
CAPE Clinic WG	3,267	14,317	23%	11,049	
COVID Specialized Services					
COVID LTC - Stipend	-	107,200	0%	107,200	38,000 will be paid in Oct
COVID LTC - Planning	4,274	10,237	42%	5,963	
COVID PPE Response	5,812	10,000	58%	4,188	
COVID Clinic Support	609	10,350	6%	9,741	
COVID Supporting Vulnerable Popn (HCC)	2,535	8,643	29%	6,108	
COVID Member Engagement and Support					
COVID Communication (Clinic Leads, Member Engagement, Comm WG)	6,982	75,405	9%	68,423	
COVID Caregiver Wellness	3,509	12,857	27%	9,349	
COVID Alignment with Others					
Total COVID Fiscal YTD	75,519	415,548	18%	340,029	
COVID March Spend - 2019/20 Fiscal year	39,760	39,760	100%	-	
Total COVID	115,280	455,308	25%	340,029	

	Costs YTD to July 31, 2020	Annual Expense Budget v10 Approved Aug 4, 2020	% of Budget	Balance Remaining	Comments
4200 Physician Change Management 2020/21	286,761				\$145,728 Annual Funding plus DR from 2019/20 of \$141,032.91
4200 A - Member Engagement	1,111	42,680	3%		
4200 B - Advisory Committee	16,227	47,160	34%		
4200 D - Prov/Interdivisional Collaboration	124	8,779	1%		Half charged to infrastructure - significantly reduced due to limited travel due to COVID
4200 E - RnR Program	5,353	36,569	15%		
4200 F - PCN					
4200 F1 PCN Engagement	5,614	139,131	4%		Includes budget for HCC meetings and leadership
4200 F2 Cultural Safety		10,000	0%		
Total Physician Change Management (4200)	28,428	284,319	10%	258,333	Unallocated funds
					2,442
6000 Inpatient Care					
6000A - Doctor of the day					
UIP Pt Care Fees	82,950	246,375	64%		Assume 4.5 admissions per day; reduced since June
Network Incentive and PG Stipend	158,106	531,600	30%		\$219,600 from UIP and \$312,600 from Inpatient MOU
6000 B - Assigned Inpatient Incentives	101,354	176,529	57%		Increase from 2018/19 to \$176K; payment for period July to Dec 2019
Total Inpatient Fees	259,459	954,504	27%	695,045	
8000 Primary Care Network					
8000 B PCN Governance	8,264	40,000	21%		
8000 C PCN Change Management	1,283	154,129	1%		Pending final budget approval by SC and approval by MoH
8000 D PCN Operations/Staffing	107,004	246,150	43%		
8000 E Indigenous Health (Traditional Healer)	-	6,000	0%		Additional funding available to support this role/Indigenous Health support pending application .
Total PCN (8000)	116,550	446,279	26%	329,729	