

CVDFP Co-Chair Report

Dr. Jim Broere and Dr. Trudy Woudstra

The Cowichan Valley Division of Family Practice continued to work towards our strategic priorities during the 2015/16 fiscal year, with Division staff and board members involved in numerous local, regional and provincial initiatives. The voice of our Division remains strong at all levels. As a well-respected and Senior Division in the province, we are often consulted on issues pertaining to all Divisions of Family Practice.

Over the last year, we’ve continued to work closely with our partners including Our Cowichan Communities Health Network, Cowichan Tribes, the First Nations Health Authority, Island Health and many other Divisions on Vancouver Island and around BC. We have worked hard to develop collaborative strategic priorities with all of our partners as the best possible approach to enable mutual success for our community.

The 2015-16 fiscal year was the last year of the Attachment/GP for Me initiative across the province. Here in Cowichan, we exceeded our Patient Attachment goals and did so under budget and ahead of schedule. The final GP for Me Evaluation has been completed and submitted to our funder, the General Practice Services Committee.

Our existing initiatives continue to function very successfully. Sustainable funding of the Maternity Clinic is improving with Island Health increasing their funding partnership. A recent Most Significant Change Evaluation of the Maternity Clinic shows very high satisfaction among the Patients and Providers. The Patient Navigator Program also underwent a Most Significant Change Evaluation process. The findings of this evaluation are being utilized by Island Health to identify the skill set necessary for the providers who will staff the four Primary Care Homes expected to roll out over the next year. The CVDFP will be transitioning the functions of the Patient Navigator to Island Health beginning in October 2016, with the intent that GPs and patients will access these services via the Primary Care Homes.

With the guidance of Isabel Rimmer and Graham Blackburn on the ER familiar faces, work continues to move forward particularly since the Division was successful in helping obtain funding for this program. It continues to aid Division members in formulating care plans for their patients who are frequent users of the emergency services in the valley.

At a recent Family Practice Hospital Support Program meeting, attendees identified the value of doing this work and potential ways to sustain it. The CVDFP is currently implementing many of the suggested changes. While Division members participating in the FPHSP are clearly under strain, we continue to seek new options to outsource some of the work associated with the DOD Program. It was clear at the FPHSP meeting that attendees agreed on the many positive aspects of maintaining Family Physicians’ presence in the hospital.

During the past year, the CVDFP made some changes to the Locum Coordinator Program. We have shifted to a more sustainable self-serve format for our members. As part of our commitment to continuous quality improvement, we will be seeking feedback about these changes from our members.

Last year saw the launch of the Elder Project in Cowichan in which the Division is a partner in this Provincial Prototype Initiative. We are co-chairing four streams of work for this initiative. The CVDFP has taken the lead on the Residential Care/End of Life stream, where we have signed two residential care memorandums of understanding, in Chemainus and in Mill Bay, with two others currently being developed. To assist in the broad goals of this work to keep the elderly healthy and at home as long as possible, we will be looking for participation from Division members to identify the frail elderly in their practices.

Recently, our team has grown with the addition of a project manager, Carla Bortoletto. Carla has taken on the Residential Care/End of Life Working Groups that are part of the Elder Care Project in Cowichan (EPIC), as well as functioning as coordinator of the Physician Recruitment and Retention work in Cowichan. This past year we hosted a number of visits from physicians outside the province who are interested in Cowichan Valley. Please be sure to let the division office know if you have vacancies so that we can include your needs in our list of current opportunities here in the valley. We have also begun working with administrative support contractor Kate Wratten. We welcome both Carla and Kate to the team and look forward to working with them this upcoming year.

Several other new projects will be coming online in the new fiscal year, all of which have potential to positively impact both the provider and patient experience in the health care system. A Personal Health Record Demonstration Project has been launched in partnership with Cowichan Tribes. Some of our GP members will be participating in the testing of this innovative initiative that lets patients hold their medical records and grant access to providers. We see this as potentially improving continuity of care for patients who receive care both on and off reserve.

On a provincial level, Primary Care Homes will be rolling out in the next year and members of the Vancouver Island Inter-Divisional Collaborative Services Committee are providing input to Island Health about how this will look in the various communities. The GPSC will also be promoting the Patient Medical Home concept. With the help of the Practice Support Program we will be able to help members of our Division optimize their practices and become cutting edge medical homes for their patients.

There is currently some exciting work going on with analysis of our EMR data. With some support from the PSP program, we hope to quantify our frail elderly population and also identify those who have significant issues with social determinants of health.

Our physician self-assessment survey was conducted this year with a fairly good response rate. The results of this survey will be shared with the membership and will be used to formulate our strategic plan for the next fiscal year. I would like to thank all the members who participated in the survey as it provides valuable information about what future direction we need to take as a Division of Family Practice.

I would like to take this opportunity to express my sincere thanks to Trudy Woudstra who will be stepping down as co-chair of our Division as well as from her board director position in September. Trudy’s tireless efforts at the regional and provincial level have had a significant impact and she will be truly missed. I would also like to thank our staff: our Executive Director, Valerie Nicol; our Financial Administrator, Jennifer Berg; our Executive Administrator, Tiffany Littmann; and our new Project Manager, Carla Bortoletto. Their hard work and dedication to the Cowichan Division of Family Practice makes possible the many meaningful projects we do each year.

Some of our current board member terms are ending and we will be looking for members to step forward and fill these vital roles at our September Annual General Meeting. It is vital that we have new ideas and perspectives at the board level so we can do our best work to support the membership. Please consider joining us on the Board. Also, any time you have input for consideration, please send it to either your co-chairs or the Division office.

To stay updated on all of the latest developments, we encourage you to read CVDFP emails and to attend the general meetings. We appreciate hearing from you about all of the work we engage in on behalf of our members.

We look forward to seeing you all at the Annual General Meeting in September.



YOUR DIVISION TEAM

Board of Directors

Dr. Jim Broere, *Co-Chair*
Dr. Trudy Woudstra, *Co-Chair*
Dr. Jeinien Burger, *Treasurer*
Dr. Bryan Bass
Dr. Juliette Eberhard
Dr. Tom Rimmer
Dr. J-M Wilson

Staff

Valerie Nicol - *Executive Director*
Jennifer Berg - *Financial Administrator*
Tiffany Littmann - *Executive Administrator*

Contractors

Carla Bortoletto - *Project Manager*
Kate Wratten - *Administrative Support*

Interested in receiving a full copy of the CVDFP 2015-16 program data report, or the 2016-17 strategic plan?

Contact Division staff at tlittmann@cvdfp.ca.



Cowichan Division of Family Practice

“Providing leadership in healthcare innovations, in collaboration with our community.”

Executive Director’s Summary Report

Valerie Nicol

Highlights from a very busy sixth year at the CVDFP include:

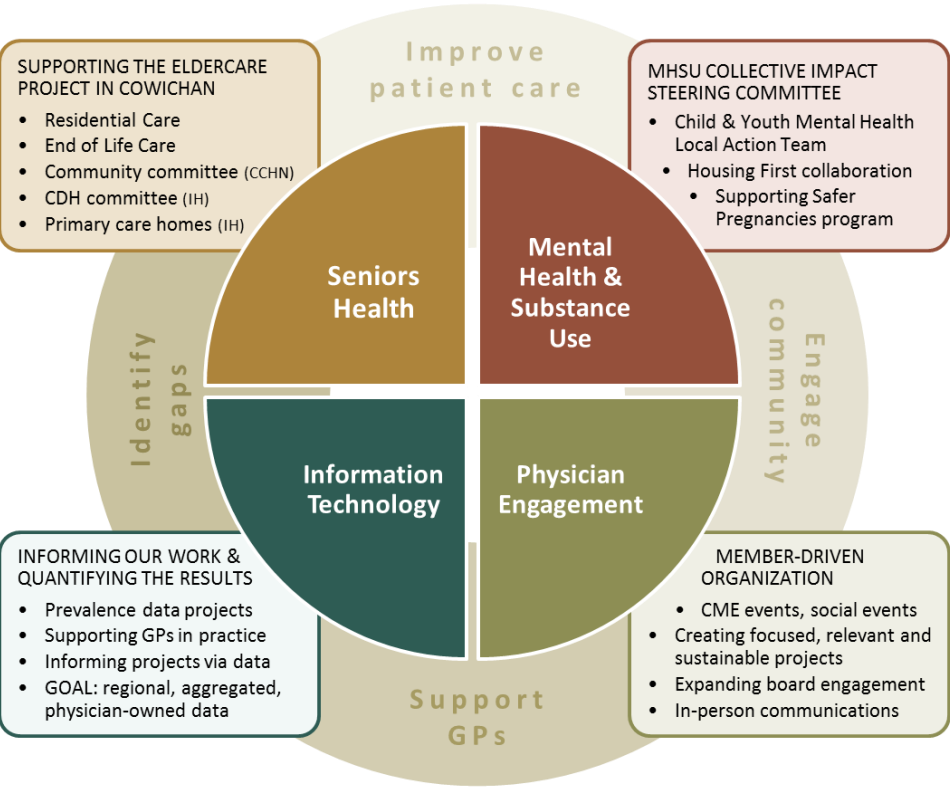
- We surpassed 100 members - currently at 105.
- We implemented a sustainable Patient Attachment service in the form of a toll free number: **1-866-460-3649**
- We implemented a Patient Navigator service to support GPs with complex patients needing connections to community services and agencies.
- We received approval for our Shared Care Palliative Partners in Care 2.0 project.
- Cowichan was selected by the Ministry of Health to be a Frail Seniors Prototype community. We are presently engaged in several new committees moving this work forward. The CVDFP has a leadership role in Residential Care and End of Life, as well as implementing a frailty index in Med Access to assist in determining the number of frail seniors in each GP patient panel.
- We added a Project Manager to the CVDFP team to support the additional prototype work.
- The CVDFP continues to be a key stakeholder and partner in several Collective Impact initiatives focused on improving health and well-being in Cowichan (Mental Health and Substance Use, Safer Pregnancies and Frail Seniors Prototype)
- Completion of our GP for Me final evaluation strategy: a refresh of our 2011 Physician Self-Assessment survey to indicate most significant changes; to determine our future Physician Recruitment needs; and to begin re-connecting with our poorly attached patient population. Final Report available July 2016 – view a copy on our website: www.divisionsbc.ca/cv/planningevaluation.



CVDFP Patient Attachment Totals
To March 31-2016

PRIMARY PROGRAMS	To Mar 31-2013	2013-14	2014-15	2015-16	Cumulative totals
Maternity Clinic	230	84	130	96	540
FPHSP	56	42	42	53	193
ER Referral Program	n/a	n/a	16	12	28
Locum Program	421	0	0	0	421
Recruitment	0	0	80	0	80
Toll free referral line	n/a	n/a	n/a	4	4
Sub-total	707	126	268	165	1266
GP SUPPORTS					
Lake Cowichan closure	500	n/a	n/a	n/a	500
Individual Clinic submissions	n/a	1338	1543	1132	4013
Sub-total	500	1338	1543	1132	4513
TOTALS	1207	1464	1811	1297	5779

2016-17
CVDFP STRATEGIC PRIORITIES



Treasurer’s Report

Dr. Jeinien Burger, Treasurer

On behalf of the Board, I am pleased to present The Cowichan Valley Division of Family Practice Society’s audited financial statements for the fiscal year ending March 31, 2016.

KPMG LLP Chartered Professional Accountants have examined the financial statements, comprised of the statement of financial position, statement of operations, changes in fund balances and cash flows. In their opinion, the financial statements present fairly, in all material respects, the financial position of the Division as at March 31, 2016, in accordance with Canadian generally accepted accounting principles.

Statement of Financial Position as at March 31, 2016

- Total cash assets held were \$681,188. The decrease in cash over last year was due to the purchase of a \$750,000 term deposit.
- Infrastructure ended the fiscal year with \$25,000 in deferred contributions. These funds will be carried over into the 2016/2017 fiscal year.
- The March 31, 2016 total “Due to Doctors of BC” payable account was \$761,672.
- The funds remaining in deferred included \$148,277 for transition of attachment prototype work, \$133,848 for Impact of GP for ME work, and \$152,443 was extended to September 30, 2016 to complete initiatives started in GP for ME program.
- Also under Attachment, \$101,718 remained in deferred for the shared care, palliative 2.0 project.

Statement of Operations to March 31, 2016

- The presentation of the audited financial statements was changed in this fiscal to reflect expenses categorized by program rather than by cost centre.
- Maternity Clinic operating costs for the year were \$77,148 which were comparable to \$75,000 in 2015
- Total costs for the GP for ME program were \$199,280 compared to \$166,694 in 2015. Infrastructure realized operating costs of \$318,605 compared to \$297,270 in 2015
- The 2015 fiscal year ended with an excess of revenues over expense of \$9,578, with a majority of this excess in Attachment. The excess represents interest earned on held funds, bringing the fund balance total to \$19,518.

I would like to thank the board, and general membership for the opportunity to serve as the Division Treasurer. I would also like to thank the Division staff for their continued hard work, support and commitment to the financial management of the Division’s resources.