







The Langley Division's Board of Directors (left to right) - Drs. Ron Matthews, Geeta Gupta, Alister Frayne, Mitch Fagan, Leo Wong and Andre VanWyk.



### **Board Chair's Report**



**Dr. Alister F. Frayne** *Chairman of the Board* 

Langley's vision statement: "Bringing our community together for better health" It is my pleasure to present the first Annual Report for the Langley Division of Family Practice, which came into being as a charitable organization in August 2010, as part of the General Practice Services Committee initiatives.

Our first priority as a new organization was to set up the structures essential to the Division's operations. All necessary governance issues have now been established, including setting up financial, corporative and constitutional records, bank accounts, insurance and other statutory requirements.

We established Board policies and communication systems between individual Board members and with Division members. To facilitate communication we established a comprehensive website, frequently surveyed our members and issued a regular newsletter. Vision and mission statements for the new Division were formalized. The resulting logo now adorns our letterhead, website, and offices in Langley, and reflects our motto "together in health".

Hiring qualified staff to assist in the overall process was vital, and after an extensive search process Mr. Rick Parks was hired. Rick has a special aptitude and experience with non-profit organizations, and has served us as an outstanding coordinator. A permanent home and presence has also been established in an office building adjacent to the Langley Memorial Hospital, which is also where all our meetings are scheduled.

Engaging and recruiting physicians in our community to join and participate in the Division initiatives is an ongoing process. Our first formal engagement event was held in February and helped us identify our members' priorities. Arising from that, a number of projects are in various stages of development, including the following:

• LDFP First Nations Joint Practice Management Project This initiative was recently approved by the Kwantlen Tribal council and will begin implementation soon.

### • Community of Practice (COP) Committee COP addresses local EMR issues in collaboration with the Physician Information Technology Office (PITO). This process is advancing well under the able direction of Dr. Leo Wong.



Divisions of Family Practice Executive Lead, Brian Evoy (below), spoke at the Langley Division's engagement event in February.



#### Specialist Communication and Cooperation

Still in the formative phase, this initiative strives to identify and address issues between FPs and specialists in Langley. A letter of intent and introduction was circulated, and several expressions of interest have been received from local specialists. A number of these are now being addressed at the CSC level, including funding a local colonoscopy clinic and group visits for pre-colonoscopy assessments. In addition, Dr. Andre van Wyk has been instrumental, together with Dr. Rita Wittman, in improving coordination and treatment plans for mutual COPD patients.

### Attachment Initiative

This GPSC initiative aims to improve and foster patient access to primary care. A subcommittee of Drs. Ron Matthews, Andre van Wyk and Mitch Fagen has been diligent in defining and formulating a local approach to this initiative in the expectation that Langley be included in the second wave of "attachment adopters".

#### Peer to Peer Networking Committee (P2PN)

This subcommittee began as an attempt to address local CME issues. It has since widened its mandate (and name) to encompass communication among members at a local micro level in the interests of improved care, collegiality and physician satisfaction. The committee, comprised of Drs. Geeta Gupta, Ken Ng, Nigel Myers and Shannon Dutchyn, has already formulated its broad mandate, and has board approval for the funding of its first networking meeting in November.

### Medical Office Assistant (MOA) Network

Rick has been instrumental in getting this popular network up and running among our local MOAs. The Board agrees that improved communication and collaboration between different offices and clinics in our local area will be of a mutual benefit.

#### • Practice deals

We have negotiated some preferred office supply rates for our members. As the Division grows and matures as an organization we expect to be able to expand and improve on these.

#### Manpower Report

The Board quickly realized the need to define and identify our current manpower levels, the expected attrition rates, and our future needs as a community. This is especially critical in planning any recruitment strategy for the Langley area. To this end, we have hired a consultant to define our current status, and assist us in planning for our future needs.

#### Recruitment strategy

Despite the pending manpower report data, we have started to implement an early version of a recruitment strategy, primarily

Mission statement: "The Langley Division of Family Practice will bring together physicians, resources and patients to improve their healthcare journey" through our website. A policy has been established at the Board level to deal with interested physicians.

A number of ideas remain either partially explored, or on hold at the Board level and we hope to pursue these more in the upcoming year. Among these are:

- Funding and managing a digital signage system in each physician's office, which would be an instantaneous and digital health communication tool.
- More fully research the blended funding model as it exists in Langley, and how it relates to Attachment. This is especially pertinent due to the involvement of a significant number of our members in that model of care.
- Funding and implementing a division-wide "Up-To-Date" CME module for EMRs, at a reduced enterprise rate.
- Following a number of meetings with our local partners at the FHA and the BCMA in the forum known as the Collaborative Services Committee, the Board cautiously optimistic that collaboration and change is indeed possible, when approached, as we are doing, from a local and issue driven perspective.

It has been a privilege to serve as the Board Chair this year. I am indebted to my fellow Board members for their enthusiasm and vision, to the BCMA and GPSC who have assisted us in this journey, and to you our members, who have joined and supported us. We hope to continue these productive partnerships as we move forward in the upcoming year.



Below - the TLC Medical Centre, home of the Langley Division of Family Practice offices.

### **Message from the Coordinator**



Rick Parks Coordinator

It gives me great pleasure to submit this report to the members of the Langley Division of Family Practice.

This past year has been an educational process for all of us involved at the Division's Board level. For me, it has been a "by fire" immersion into the culture of health in our province. (I am still learning acronyms for organizations that I never knew existed.) For the Board, it has been an introduction to governance and non-profit management. Together, we have learned to function as a team and have worked hard to develop a solid foundation for the Division in three key areas.

First, we have taken steps to ensure the longevity of this organization. The vision of the Langley Division of Family Practice is to bring our community together for better health. We believe that as we grow closer as a medical community, we will begin to see significant improvement in the health journey of those we serve and serve with. This vision gives us a road map to follow as the foundational pieces of our organization are put into place. It drives our every decision and causes us to remain focused and deliberate.

Second, we have begun to engage our membership in the overall activities of the Division. Subcommittees are being formed around a variety of different needs including COP, attachment, MOA networking and Peer to Peer networking. These committees serve as the hands and feet of the division and will soon begin to make a significant impact upon our city and our medical community. These committees are made up of members of our Division who have shown interest in one area or another. It is this involvement which strengthens the foundation of this organization

Third, we are embracing technology to support the Division's smooth and efficient functioning. We have gone to a completely paperless system for all of our Board meetings and the Board stays in constant contact via email. We have also built a world class website the serves both members and their staff. This site offers clinic resources, collaboration tools, event booking, and features a fantastic recruitment area that is already proving useful.

This has been an exciting year, and I am confident the foundation we are laying now will prove to be the strength that we need to carry on long into the future.



Langley Division of Family Practice members (above) discussing potential directives for the Division at the February engagement event.



### **LDFP Current Work Groups**

### **Attachment Committee**

The Attachment Committee was formed in spring 2011 to explore how the Attachment Initiative could be best applied to this Division. The committee met twice over the summer and has prepared a document which defines what attachment means and what is required for the Division to move forward with this initiative. The committee is currently presenting these findings to Division members and will take the next few months to openly discuss these before deciding upon the next course of action.

### Community of Practice (COP) Committee

In winter 2011, the COP committee was formed to introduce the Community of Practice model to the Division. The COP committee has met once and has begun the process of articulating the Division's EMR needs. As well, the committee has submitted a number of proposals to the Physician Information Technology Office (PITO) seeking funding for future projects. These proposals are still under review.

## Medical Office Assistants (MOA) Network Committee

The MOA Network Committee is a group of likeminded MOAs working to develop a network that will improve clinic efficiency within the Division by increasing communication and knowledge-sharing between MOAs. The committee met twice over the summer and has planned an event for October 13th.

## Peer to Peer Networking Committee

The Peer to Peer Networking Committee began in fall 2011 to develop an in-house continuing medical education strategy. While the committee chose to forgo certification for its events, it is still planning to offer networking opportunities that will benefit local GPs. The first event is currently slated for November 2011 and will address the topic Eating Disorders with LDFP - Resources Available. A second event is being planned for the winter and will target a discussion on Fees.



Below - Medical Office Assistants (left to right) Stacey and Marilyn hard at work.



## **Highlights of the Langley Division**

August 2010 Incorporated as a society in British Columbia

September 2010 Board put in place

October 2010 Search committee formed to find coordinator

November 2010 Coordinator (Rick Parks) hired

February 2011 First engagement event

March 2011 Moved into offices

April 2011 Held first COP Meeting

April 2011 First Collaborative Services Committee (CSC) meeting

April 2011 Board retreat: defined vision, mission and tagline

May 2011 Launched phase one of website: membership portal

May 2011 Introduced negotiated deals with medical and office supply companies

May 2011 First LDFP newsletter

June 2011 Second CSC meeting

June 2011 First MOA Network Committee meeting

June 2011 First Attachment Committee meeting August 2011 Launched phase two of website: recruitment

August 2011 Third CSC meeting

August 2011 Contracted TWI Surveys to begin manpower survey

September 2011 First Peer to Peer Networking Committee meeting

October 2011 First MOA network event

The founding Board of the Langley Division (left to right) - Drs. Mitch Fagan, Ray Simkus, Yusuf Bawa, Brian Morgan, Leo Wong, Alister Frayne and Andre VanWyk.



## **Financial Statement**

This consolidated statement is based on an unaudited financial statement for the 13 months ending March 31, 2011.

Income		2011
Government Funding		\$ 77,607.00
	Total	\$ 77,607.00

### **Expenditures**

Total	\$ 77,607.00	
Total Professional Fees & Services	\$ 8,790.00	
Consultants	\$ 8,790.00	
Total Meeting & Conference Expenses	\$ 51,191.00	
Equipment Rental	\$ 40.00	
Transportation	\$ 637.00	
Meals	\$ 3,124.00	
Honorarium /Sessional	\$ 47,390.00	
Total Office & Communication Expenses	\$ 12,766.00	
Miscellaneous	\$ 998.00	
Telephone & Fax	\$ 191.00	
Office Supplies	\$ 11,577.00	
Total Salaries & Related	\$ 4,860.00	
Outside Help	\$ 4,860.00	

# Expenditures



- Outside Help
- Total Salaries & Related
- Office Supplies
- Telephone & Fax
- Miscellaneous
- Total Office & Communication Expenses
- Honorarium /Sessional
- Meals
- Transportation
- Equipment Rental
- Total Meeting & Conference Expenses
- Consultants
- Total Professional Fees & Services

Board of Directors Dr. Alister Frayne - Co-Chair Dr. Leo Wong - Secretary/Treasurer Dr. Geeta Gupta Dr. Ron Matthews Dr. Andre van Wyk Dr. Mitchell Fagan

### **Division Staff**

Rick Parks - Coordinator

### **Langley Division of Family Practice**

#105 - 5171 221A Street Langley, BC V2Y 0A2

### Photographs of the Langley area courtesy of: Picture BC

- Page 1 red barn in Langley township
- Page 2 Innes Corner in Langley City
- Page 4 Sendall Gardens in Langley City
- Page 8 lavendar farms in Langley township
- Page 11 Derby Reach and golf course in Langley township

The Divisions of Family Practice is an initiative of the General Practice Services Committee, a joint committee of the BC Ministry of Health and the BC Medical Association.

### www.divisionsbc.ca/langley







