

*together
in health*



Annual Report 2012



Langley
Division of Family Practice
A GPSC initiative

*together
in health*

Vision Statement

Bringing our community together for better health.

Mission Statement

The Langley Division of Family Practice will bring together physicians, resources and patients to improve their healthcare journey.



The Langley Division Board of Directors - (back row, left to right) Drs. Mitchell Fagan, Jeff Plante, Ron Matthews and Andre Van Wyk; (front row, left to right) Drs. Leo Wong and Geeta Gupta, Ellen Peterson (Executive Director of LDFP) and Dr. Alister Frayne.

Board Chair's Report



Dr. Alister F. Frayne
Chairman of the Board

It is with great pleasure that I present the third annual report for the Langley Division of Family Practice. It has been my honour to serve as the founding Chair for the past three years on behalf of our members.

The Board has three main areas of focus.

- 1) We continue to provide governance and strategic direction to the organization to ensure our continued success. In order to accomplish this, we have created a policy and governance structure that helps to guide the way in which we work collaboratively.
- 2) Our programs continue to flourish as we strive in multiple ways to achieve our vision of bringing our community together for better health.
- 3) We actively seek out opportunities with our members and our partners to identify and help solve our communities' primary care needs.

The continued engagement and recruitment of our Langley physicians remains a top priority and a source of pride. We are proud to have recruited 109 GPs and 5 NPs since our inception in 2010, and work tirelessly to represent you and your interests. We rely on this feedback and participation to ensure that we are identifying our collective challenges and providing innovative solutions. We encourage your continued involvement by attending events, communicating with us by email and/or telephone, providing your suggestions and engaging in conversations with our Board and each other. You will see many of the areas that you have identified to us addressed within this annual report.

Part of the Board's ongoing role is to work with partners. We have an active CSC (Collaborative Services Committee) with representation from the Health Authority and GPSC (General Practices Services Committee). We have also begun working with our local partners through the Langley Healthier Community Partnerships to address challenges and work collaboratively to reach solutions.

It has been a privilege to serve for this third and final year as Board Chair. I am grateful for the input and dedication of my fellow Board members as we continue to grow in our new roles. Our members continue to support us by participating in our projects and attending events. I am optimistic that LDFP is well situated to be a leader in our community, and I will continue to support the organization and its goals as others take on their new Board roles.



Executive Director Report

The past year has demonstrated a considerable amount of growth and excitement within LDFP. There is so much positive activity on a day-to-day basis that it is with great pleasure that I take this opportunity to reflect on our past year's work, our collective achievements and look forward to what the future holds for us.

Our membership continues to grow. Members are becoming increasingly aware of the Division's work, and have expressed their interest in learning more and ensuring that their voices are being heard. This brings me great delight, and I am keenly aware of the position of trust the Division holds and its importance to our work. I am impressed at the collaborative nature that exists among Langley's primary care providers and I am proud to be able to build off such a strong foundation. There is a clear sense of community and a willingness to work together that inspires me to look forward towards achieving our vision for improving Langley's health.

Our Board is actively engaged in all areas of governance. Our Board members provide vision and direction, while helping to prioritize and focus our work. They have ensured there is diversity in order to represent all of you effectively. They continue to have the utmost of respect for their roles and understand the importance of them. Always readily available to offer guidance and assistance, Board members are more than happy to roll up their sleeves and pitch in as needed. I am grateful for their many skills.

When it is time for members to step off the Board and make room for new leaders, I am appreciative and respectful of their commitment to continue to support the Divisions' efforts and provide ongoing leadership to our projects. The Board is excited to welcome new Board members to our team, and we believe their input will continue to enhance our performance.

The Division continues to work on strategic directions identified last year and have adopted a guiding principle around attaching more patients (especially the priority populations) to primary care. We advocate and work collaboratively with our partners while identifying areas in need of change. We have identified several projects in the following report worthy of highlighting, and are delighted to have brought additional resources and attention to Langley's primary care system.

In order to achieve a healthy future we need to continue to involve and support members, collaborate with partners, secure resources and improve the journey for both the patient and health care provider. We can only do this by working together; together in health.



Ellen Peterson
Executive Director



Project Initiatives Update

Attachment Progress

The Division has made significant progress over the last year with the GPSC initiative to ensure that every Langley area resident who wants a GP is connected with one, especially our priority populations – Mental Health/Substance Use, Frail Elderly, Moms and Babies, First Nations, and Multi Morbidity. We have identified two main goals:

1. Provide the opportunity for all Langley residents who want to be attached to primary health care without overburdening existing practices.
2. Demonstrate positive results in the Langley Division's Attachment program after three years to facilitate sustainability.

In April of this year, we held a very successful community planning session during the *Attaching Langley* event where participants broke into groups to review facts, collaborate and brainstorm together to determine priorities for attachment. The results of this event were captured in a visual report available to all members. Please contact Ellen Peterson, Executive Director, for more information.



Member Attachment Event April 30th 2013





Project Initiatives Update (con't)



Digital Signage

This pilot project, funded by the GPSC Innovation Fund, launched in March with the intention of promoting awareness, education and dialogue regarding common health issues for patients and family physicians. Key messages were posted on digital screens in the waiting rooms of practices (where patients are a captive audience). Evaluation results are being gathered pre, during, and post implementation to help assess whether responses to these messages have an impact on the top 10 intervention strategies from Public Health. The one-year pilot ends in April 2014, and we look forward to sharing these results with you.



Health Forum May 24

Healthier Community Partnerships

This voluntary table is working on integrating services and building strong partnerships to influence positive delivery of health care in the Langley area. Representatives are from Municipal, Fraser Health and key community stakeholders. The Division is accessing the workgroups as a means to receive input and feedback from partners on our NP proposals and Attachment work. These task groups include: Seniors, Mental Health and Substance Use, Healthy Families and Healthy Living. The Division supports the municipal Health Forum, hosted in Langley on May 24th.

In-Patient Care Initiative

The GPSC has approved a set of incentives aimed at better supporting and compensating family physicians who provide much needed care to their patients while in hospital. As of April 1, 2013, funding is now available to recognize and support community-based FPs who provide in-patient care services. These new incentives are being billed by LDFP on behalf of our members. For more information on the program and incentives, please visit the GPSC website at www.gpsc.bc.ca.

Integrated Health Network (IHN) – Home Health

The roll out for this initiative provides one home health representative to each physician for their patients requiring home health services. The Division has engaged members and promoted the program to Langley physicians and MOAs. The BreathWELL at Home program has been



Home Health Ambassadors and Staff

available for Langley COPD patients since October 2012, and supports the goals that family GPs and their patients establish in care planning for COPD. Intensive support in the home setting helps patients learn to self-manage their condition, prevent COPD exacerbations and avoid or reduce frequent ER visits and lengthy hospitalizations.

Maternity

The Division has supported the maternity group physicians through two creative problem-solving sessions over the past year. These sessions have resulted in the exploration of a vision, the definition of challenges and solutions, discussions regarding change, acceptance, and the formulation of a plan for the future; just in time for Langley's new and expanded maternity clinic at Langley Memorial Hospital. The group continues to give priority to orphan babies as statistics show that approximately 40% are unattached to primary care. Public Health is interested in collaborating with the Division with the mutual goal to support the important first two years of life. We are currently collecting data for babies and Moms for a potential NP proposal.



MOA Network Worksafe & Infectious Disease Control

Medical Office Assistant (MOA)

This network of MOAs upgraded their skills and knowledge sharing by participating in several network events since our 2012 AGM. In October 2012, the Division hosted 45 MOAs at the Infection Disease Control and Worksafe Billing event held at the Child Development Centre (TLC Building). In January 2013, MOAs participated in a 16-hour weekend workshop dedicated to standard first aid, CPR and AED training. Almost 75 MOAs (GP and Specialists) participated in May 2nd's Service Survival Skills hosted by the Division. The Division is pleased to include specialist MOAs in our network and on our organizing committee as well.



Project Initiatives Update (con't)

NP4BC (Nurse Practitioners for BC)

The Division has been working with Fraser Health Authority (FHA) Home Health focusing on frail elderly to implement the NP on the PATH unit and into the community. We have already seen a decrease in pharma and in length of stay. We are very pleased to report that we were successful in our second NP4BC application to work with the priority population of Mental Health and Substance Use (MHSU), specifically the homeless. Our proposal fits well with community needs, is relevant to partners and fits with the FHA desired outcomes. We are working collaboratively with our community partners from Stepping Stone and the Salvation Army, with the GP leadership provided by Drs. Matthews, Van Wyk, Fagan and Wong, along with our FHA and MHSU partners to provide primary care to the homeless and those at risk of homelessness. The Division is looking to develop a proposal for Moms and babies, as well as frail elderly residential in Fall 2013.

Peer 2 Peer (P2P)

Our active committee of Drs. Geeta Gupta (Chair), Shannon Dutcyhn, Alister Frayne, Nigel Myers, Brian Morgan, and Kenneth Ng have organized multiple events throughout the year. They are keen to understand your desire for work/life balance and to continue to find creative ways of bringing our community together. Their activities throughout 2012 include *Physician Wellness – Reflection* and First Aid and CPR training; along with coordinating Attachment and in-patient events throughout the year.



PITO Med Access August 2012

PITO / COP – (Physician Information Technology Office / Community of Practice)

The Physician Information Technology Office (PITO) has been engaged by the Lower Mainland health authorities and PHSA in their planning to expand electronic delivery and move to a single point of distribution of lab, medical imaging and transcription reports over the next year. More reports will be available electronically to EMRs (additional labs plus imaging and transcribed reports), and they will be available through a single point of distribution, both of which have

been voiced as strong desires of physicians on EMR. The health authorities aim to have at least 90% of all reports delivered electronically by 2015, making the value of EMR even greater and the way of the near future as paper reports are phased out. The Division continues to host and facilitate EMR training on behalf of PITO and our members. We have recently been successful in obtaining an innovation diffusion project around best practices of record sharing between GPs and NPs. We look forward to sharing those results with you over the next year.

Polypharmacy in Residential Care

The group is exploring this initiative with the goal to improve the collaborative processes among physicians, pharmacists, nurses, and patients' other care givers; particularly those relevant in the care of seniors and the frail elderly. The group met to explore how to develop better relationships and lines of communication amongst and between caregivers, and to develop a prototype in the Langley area which will serve to enhance Residential Care (RC) medication reviews and manage behaviors – important factors towards delivering a dignified future for seniors in residential care.

Rapid Access to Psychiatry

Based on our members' input that working with specialists is a priority for our Division, we approached Langley psychiatrists to assist us with rapid access to psychiatry. We are pleased to report that they value the relationships with Langley GPs and are willing to work with us. Alongside of this process, Langley Mental Health and Substance Use (MHSU) are reorganizing access to psychiatry within Langley.

The Langley Division of Family Practice announced last fall that Langley family physicians will soon have access to two new rapid access psychiatry clinics (RAC) for their patients. One will be based in the community psychiatry offices, and the other will be at the Langley Mental Health Centre. The goal is to provide GPs with timely access to a psychiatrist for a one-time consultation regarding diagnosis, medical review, and treatment recommendations. As this was one of our members' top identified priorities, we are grateful to our community psychiatrists and to MHSU for their support for this important project. The Division continues to work with our partners on improving this access and building capacity within the system to sustainably resolve these gaps.

Recruitment

The Langley Division of Family Practice has partnered with the Surrey and Delta divisions to assist us with a regional recruitment plan. The Division has been working with practices on posting and interviewing applicants as a result of our Talent Management Strategy Report in early 2012. We have successfully recruited 1 GP and 1 NP over the past year. We have 4 open postings for GPs throughout Langley, and have worked collaboratively with existing members to identify these opportunities while highlighting key reasons why all of you enjoy practicing in our community.

Specialists Communication and Cooperation – Shared Care

Identified as one of the top priorities for members, the Board has continued to expand its work in the areas of shared care and cooperation between specialists. In addition to the rapid access to psychiatry mentioned above, we have been meeting with the Older Adult Program to try to secure geriatric services and have met with Shared Care to access resources to further these conversations. Meetings have been requested with each specialty group in Langley to identify challenges for GPs and specialists, and to discuss ways that we could begin to improve coordination of care.



Highlights of the Langley Division

April 2012

- MOA Network event – A Day in the Life of local MOAs: specialists, family practice and walk-in clinics
- Attend Medical Makeover meeting
- Begin meeting with Public Health
- Join Healthier Community Partnerships

May 2012

- P2P committee hosts physician wellness event – Health and Wealth
- COP / PITO – Intrahealth – optimizing billing event
- Attend First Nations Health Meeting and Salmon Festival
- CSC meeting
- Recruit consultant for Talent Management report implementation
- Healthier Community Partnerships meeting
- Begin Nurse Practitioner proposal process
- Attend Provincial Divisions of Family Practice Round Table event

June 2012

- Third LDFP newsletter
- Board strategic planning workshop
- Recruitment brainstorming session
- CSC meeting
- Home Health Ambassadors meeting
- LDFP hosts Grand Rounds for Home Health launch
- Transition website to provincial Division site with free access to UpToDate
- Attend Strengthening Primary Health Care through Primary Care and Public Health Collaboration – British Columbia Think Tank
- Rapid Access to Psychiatry meeting
- PSP – COPD and Heart Disease session
- Interdivisional meeting attended
- Digital Signage planning
- Nurse practitioner meetings

July 2012

- First Polypharmacy event
- Indigenous Cultural Competency Course completed
- Financial audit completed
- Maternity Group meets
- Regional recruitment meeting
- CSC meets
- Mental health meeting
- Youth mental health meeting
- First member email bulletin

August 2012

- NP proposal review
- Home Health Ambassador meeting
- COP / PITO – Med Access beginner user and focus group session

September 2012

- Board Governance Workshop
- P2P hosts Annual General Meeting and Physician Wellness – Reflection
- NP proposal submitted to Fraser Health & Ministry of Health
- Rapid Access to Psychiatry meeting
- CSC meeting
- Home Health ambassador meeting
- Regional Recruitment Proposal review
- Tour primary care clinics in Chilliwack & White Rock
- Interview IMGs as part of recruitment
- Attend Healthier Community Partnerships meeting
- Meet with Fraser Region Division leads
- Attachment committee meets

October 2012

- Regional recruitment meeting
- Attend blended funding meeting
- COP / PITO meeting
- Interdivisional meeting

- Public Health meeting
- Board meeting
- MOA committee meeting
- Attachment committee meeting
- Presentation to Langley Township on Healthier Community Partnership
- MOA Network – Infection Control and Worksafe billing
- PSP (Practice Support Program) Strategic Planning
- Community Health Centre discussions
- Digital Signage evaluation meeting

November 2012

- Home Health meeting
- Health Match meeting regarding recruitment
- Healthier Community Partnerships meets
- Regional Recruitment meeting
- Polypharmacy planning
- Attend Provincial Roundtable
- Recruit new GP to Langley
- COP / PITO meeting
- Attachment consultation
- Presentation to Langley City on Healthier Community Partnership
- CSC meeting
- Board meeting
- Collaborative and Integrated Care Planning Workshop
- NP meeting & interviews with Home Health

December 2012

- Second Polypharmacy in residential care event
- Interdivisional meeting
- P2P committee meeting
- Regional recruitment meeting
- Digital Signage meeting
- MOA SFA and CPR training
- Fourth LDFP Newsletter

January 2013

- Maternity session
- Interview IMG for recruitment
- Innovation lab meeting
- CSC meeting
- Recruit NP to Langley
- PSP/PITO meeting
- COP / PITO meeting
- P2P hosts In-Patient Care
- Healthier Community Partnership meeting
- Host In-Patient Care meeting
- Draft second NP proposal with MHSU

February 2013

- Digital Signage
- Stakeholder meetings for NP MHSU
- Innovation lab
- Interdivisional meeting
- P2P hosts GP/NP/SFA and CPR recert
- Visit each practice for digital signage project
- PITO Profile Advanced User Group
- Recruitment Coordinator Interviews
- Board meeting

March 2013

- Second NP proposal submitted
- CSC meeting
- Board meeting
- P2P hosts First Member Attachment event
- Regional Recruitment
- COP / PITO meeting
- NP PATH implementation meeting
- Digital Signage
- Healthier Community Partnership
- FHA Attachment meeting
- Second Polypharmacy session
- Budget approved



Highlights of the Langley Division (con't)

April 2013

- Home Health meeting
- P2P hosts Second Member Attachment event
- Present to Public Health – Medical Health Officers
- P2P committee meeting
- Interview GP for recruitment
- In-Patient Care planning
- New PITO Framework reviewed
- MOAs role as PITO peer mentors
- PITO Project on GP-NP record sharing initiated
- Board attachment session
- Second Member Attachment session
- Digital Signage Pilot launched

May 2013

- Audit process
- MOA Network – Service Survival Skills
- Meet with FHA Older Adult program
- Shared Care meeting
- NP PATH integration meeting
- COP/PITO meeting
- Regional Recruitment
- Meet with interested Langley Practices for recruitment of GPs
- Board meeting
- CSC meeting
- Attachment Letter of Intent Approved
- Langley Health Fair
- Public Health meeting
- Dr. Gupta attends the Practice Survival Skills Workshop for residents with our recruitment partners Surrey and Delta to promote Langley.

June 2013

- PITO GP-NP Record sharing project approved
- Meet with interested Langley Practice for recruitment
- P2P committee meeting
- Attachment Community event planning and session (Seniors)
- MOA committee
- Second NP MHSU approved, begin implementation planning
- Attend Provincial Roundtable
- Attend Physicians Data Collaborative AGM
- Present attachment to Langley Seniors Work Group
- Board meeting
- Set up interviews with RN for practices
- Interdivisional meeting
- FHA communications meeting
- Attachment committee

July 2013

- Approve new Digital Signage content
- Fraser Divisions meeting hosted
- MHSU NP implementation meetings
- Present to residents
- Regional recruitment
- PITO GP-NP consultant recruitment
- CSC meeting
- Board meeting
- Second Maternity session
- COP / PITO meeting re: new framework
- Recruit new LDFP board members
- Fifth LDFP Newsletter and Attachment Assessment Plan approved



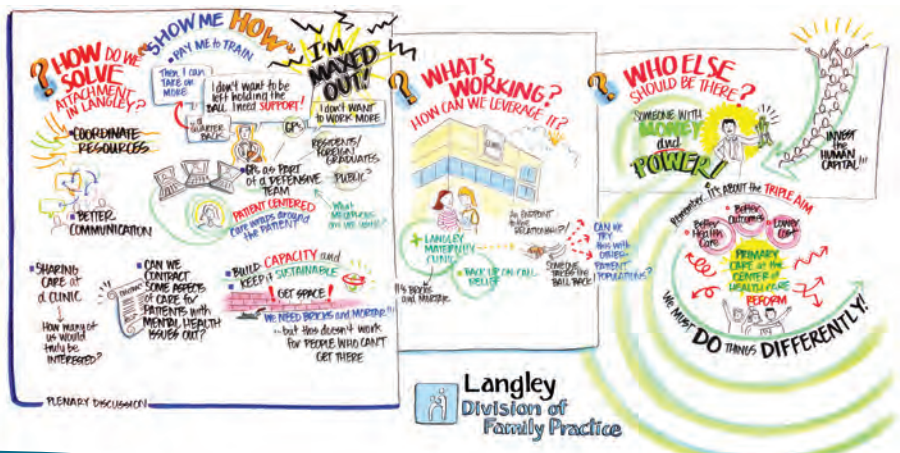
Member Attachment Event April 30, 2013



Member Attachment Event
March 2013, Dr. Colin Rankin's
Attachment Song



Member Attachment Event April 30th





Statement of Operations and Changes in Net Assets

Year ended March 31, 2013

	2013	2012
REVENUES		
GPSC - Infrastructure	\$ 375,891	\$ 203,080
GPSC - Innovation Grant	7,052	–
PITO	18,205	–
Other funding	9,845	43,745
Interest income	2,578	3,354
	413,571	250,179
EXPENDITURES		
Amortization	\$ 2,894	\$ 1,996
Board and professional development	4,758	–
Consultants	–	17,600
Division activities (see graph)	214,661	112,516
Facilities	25,665	4,915
HST expenses	5,448	4,107
Insurance	1,150	1,287
Meetings and events	11,332	5,448
Office and general	5,431	5,818
Physicians Data Collaborative Association	10,500	10,500
Professional fees	4,500	6,700
Salaries and related benefits	121,274	49,309
Up To Date subscription	–	5,182
	407,613	225,378
EXCESS OF REVENUES OVER EXPENDITURES	5,958	24,801
NET ASSETS, beginning of year	24,801	–
NET ASSETS, end of year	\$ 30,759	\$ 24,801

Statement of Financial Position

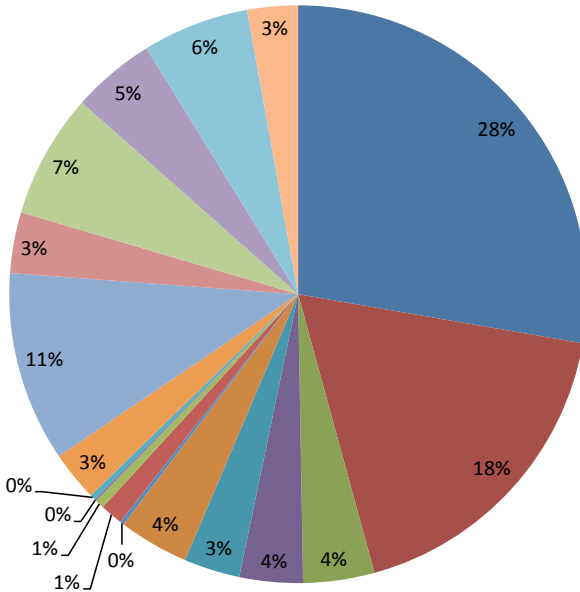
As at March 31, 2013

	March 31 2013	March 31 2012
ASSETS		
Current		
Cash	\$ 38,262	\$ 117,183
Accounts receivable	8,401	224
HST receivable	6,417	4,838
Prepaid expenses	22,855	33,246
	75,935	155,491
Property and equipment	3,264	6,158
	\$ 79,199	\$ 161,649
LIABILITIES		
Current		
Accounts payable and accrued liabilities	\$ 39,757	\$ 28,673
Deferred revenue (digital signage project)	8,683	108,175
	48,440	136,848
NET ASSETS		
NET ASSETS	30,759	24,801
	\$ 79,199	\$ 161,649

* A complete copy of the audited financial statements is available from Ellen Peterson.



Division Activities



Attachment \$62,420	Board \$40,571
COP/PITO \$8,978	CSC \$7,973
Digital Signage \$7,052	Division - Event \$8,843
ER & Hospitalists \$498	Healthier Communities Partnerships \$2,854
Home Health \$1,149	HR Committee \$242
Interdivisional \$670	Maternity \$6,303
Member - Education \$23,946	MOA Network \$7,664
P2P \$15,697	Physician Data Collaborative \$10,500
Prep \$13,427	Specialists \$6,375

^{*} A complete copy of the audited financial statements is available from Ellen Peterson.

together in health

Board of Directors

Dr. Alister Frayne - Chair
Dr. Mitchell Fagan - Vice Chair
Dr. Leo Wong - Secretary/Treasurer
Dr. Geeta Gupta
Dr. Jeff Plante
Dr. Ron Matthews
Dr. Andre Van Wyk

Division Staff

Ellen Peterson

Photographs courtesy of:

Cover - Dr. Andre Van Wyk
Page 1 Board members - Dr. Leo Wong
Graphic artist renderings - Get the Picture

Langley Division of Family Practice

#105-5171 221A Street

Langley, BC V2Y 0A2

Phone: 604.510.5081

Fax: 1.888.468.4501

Society Number

S-57029

www.divisionsbc.ca/langley



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