



ANNUAL REPORT 2014 - 2015



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BOARD OF DIRECTORS

4



From left:

Dr. Beth Watt (Secretary-Treasurer)

Carrie Murphy, NP

Dr. Willem DeVynck

Dr. Mitchell Fagan (Vice Chair)

Dr. Geeta Gupta

Dr. Andre Van Wyk

Ellen Peterson (Executive Director)

Dr. Leo Wong (Chair)

MISSION STATEMENT

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

VISION STATEMENT

Bringing our community together for better health.

STRATEGIC GOALS

Langley Division of Family Practice has three strategic goals: To improve the quality of care, to build capacity, and to engage members.

MESSAGE FROM THE BOARD CHAIR



Dr. Leo Wong

Dear colleagues,

It is truly a pleasure to present you with the 2014-2015 annual report for the Langley Division of Family Practice. This is the fifth year of the Division's existence, and we're starting to see the progress that only mature organizations are capable of.

As Chair, I have the honour of working alongside dedicated Board colleagues, three who have been with us from the beginning – Drs. Geeta Gupta, Mitchell Fagan, and Andre van Wyk – and new members Drs. Beth Watt and Willem De Vynck and NP Carrie Murphy.

The Division is fortunate to also have strong support behind the scenes. I'd like to offer a big thanks to our wonderful staff, Ellen Peterson, Barb Stack and Ivana Kranjec; who do such an outstanding job putting our ideas and concepts into action.

And we have great support from the GPSC and Doctors of BC, as well as Fraser Health and other stakeholders. We look forward to continuing these strong partnerships.

No organization grows without a strong foundation like this, but what we have achieved is only possible thanks to you, the dedicated doctors and nurse practitioners of Langley Division. It is your commitment and your effort that have allowed us to make the kind of progress that we have.

As you will see, a significant portion of our efforts have gone towards our first strategic goal, improving quality of care. This year, we have launched key initiatives like the Clinical Teaching Unit, the Child Youth Mental Health Action Team, and NP outreach and support.

Likewise, we have launched key projects in support of our second strategic goal, building capacity. The MOA to MOE initiative, the cross-practice visits, and technology utilization are all focused on freeing up physicians for their core work of patient care.

together in health

Our third strategic goal, engaging members, is extremely important because without it all of our work towards the other goals becomes so much harder. An engaged, committed, motivated membership is the life blood of any non-profit organization.

We truly value and encourage your feedback, attendance and participation, and rely on this information to ensure we are on the right track. Any comments, concerns or questions you have are gladly accepted.

As I said, we've accomplished a lot this past year. Going forward, we have similarly ambitious plans. Knowing you, our members, I'm very excited to see what we can do in the next year. I look forward to working alongside you to achieve big things.

Sincerely,

Dr. Leo Wong

MESSAGE FROM THE EXECUTIVE DIRECTOR



Ellen Peterson

Dear Members,

The Langley Division of Family Practice is entering into our 5th year of existence in 2015. It is my honour to serve all of you through our three shared strategic goals: improve quality of care, build capacity and member engagement. We have accomplished a great deal by working together in health since our inception and throughout the past year, the highlights of which are contained within this annual report.

We are very excited to be hosting our AGM on Kwantlen traditional lands. In the spirit of cooperation, our AGM this year will take on some of the cultural traditions of storytelling in the impressive Kwantlen longhouse of our aboriginal community partners. We are proud to share our collective work and ask that you look with us towards the future to improve primary care access for everyone in Langley.

Our Board members have continued to provide strong leadership, hard work and inspiration on behalf of all of you. The Board ensures we achieve good progress on our strategic goals and has been working on achieving our vision and mission. We also took time at this year's strategic retreat to improve our team building and to select our core values.

Our membership has continued to be engaged and has made amazing progress on our attachment goals specifically. We asked you to help, and you have – overwhelmingly so with over 3,500 patients attached in year 1. Many of these patients are our priority populations of: moms & babes, MHSU and frail elderly. We have another year of this important work and we have every confidence that we will exceed our targets together.

Looking forward, we are very pleased to be exploring child youth mental health in our community. We have received excellent support from our community partners including the MCFD, the school district, the RCMP and community agencies.

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We have also taken on the challenge of further improving seniors' care based on our strong foundational work in this area. This includes being a prototype for transforming seniors' care in Langley with the Ministry of Health, the Health Authority and the Residential Care Initiative through the General Practice Services Committee (GPSC). We look forward to working with all of our stakeholders as we move towards people-centred care.

The work with our partners remains pivotal. The community efforts and collaboration through the Healthier Community Partnerships table has made many of our initiatives possible and works towards a community-based system for health that we explored with you at last year's AGM. The alignment with our partners from the Ministry of Health, the Fraser Health Authority, the Doctors of BC and GPSC continues to be strong and enables our collective voice and priorities into greater alignment of vision and resources.

As always, we welcome your input and participation at any time, in any way.

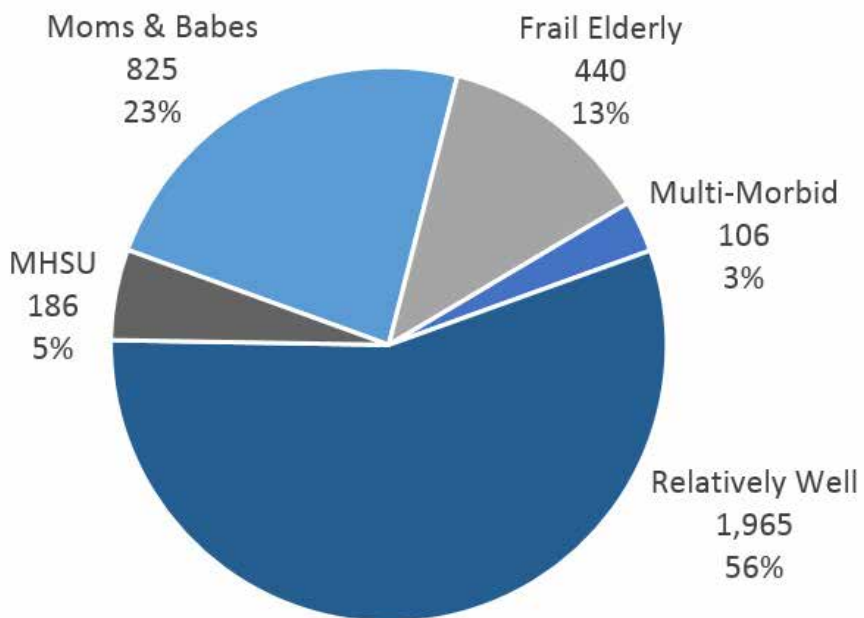
Together in health,

Ellen Peterson



Langley's maternity doctors

Attachment to Date by Population



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ATTACHMENT

Based on the province's "A GP for Me" mandate, attachment continues to drive everything the Langley Division of Family Practice undertakes. This initiative is the guiding principle for all three of the Division's strategic goals, namely to improve quality of care, build capacity, and engage members.

The Division has a goal of connecting 5,500 new patients to a GP or NP by March 31, 2016.

Four key populations are priorities for these efforts, namely moms and babes, frail elderly, mental health / substance use (MHSU), and multi-morbid.

Thanks to the effort and dedication of our GPs and NPs, the Division enjoyed remarkable success.

We attached over 3,500 patients, or more than 60% of our overall goal. Of the 3,500, 2/3 were in the priority populations as shown in the chart.

The Division was very successful working towards the attachment goals for each of the priority populations. Of the 3,500 new patients attached were 825 moms and babes (34% of goal), 440 frail elderly (44% of goal), and close to 2,000 "relatively well" (109% of goal). As well, we attached almost 100% of our goal of 200 for

the MHSU population, and exceeded our multi-morbid population goal of 100.

Of course, attaching patients is only the beginning. Then the work begins to keep



patients as healthy as possible, for as long as possible.

The Division's efforts, once patients are connected to providers, are centered around the three strategic goals: improve quality of care, build capacity, and engage members. These efforts are described in the pages that follow.



*Table discussions at the Maternity Attachment event
Krause Berry Farms, August 2014.*

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GOAL: IMPROVE QUALITY OF CARE

Moms & Babes

Commitment to Full Attachment of Maternity Patients

The August 6th, 2014 Maternity Attachment event, held at Krause Berry Farms, was a huge success, with participating GPs committing to full attachment (representing about 50 to 60 mother-child pairs every month) within two years. That goal is now being achieved well ahead of schedule, thanks to Langley's dedicated GPs and NPs.

In a further testament to their dedication, attachment will continue at 100% as procedures are now in place for unattached pregnant women at the clinic to be attached by their 36th week, so that this critically important support is in place before delivery.

Mental Health & Substance Use

Child Youth Mental Health Local Action Team

Langley's work in Child and Youth Mental Health (CYMH) are part of provincial efforts supported by the Ministries of Health and Child and Family Development, First Nations, family groups, and the Doctors of BC.

This provincial initiative is adapted to regional needs, which are identified by Local Action Teams (LATs) who then develop strategies to meet those needs.

In Langley, the Local Action Team is co-chaired by Dr. Andre van Wyk and Tammy Music

from The F.O.R.C.E. Society for Kids' Mental Health. The team includes medical and mental health professionals, RCMP, social workers, representatives from the school district, municipal representatives, and several youth with lived experience.

The LAT has met several times now and identified two priorities. One priority is making access to services clearer and easier for youth and their families, primary care providers, and health care professionals. The other is providing education to teachers, counsellors, GPs, NPs, other health care professionals, and families about mental health and substance use.

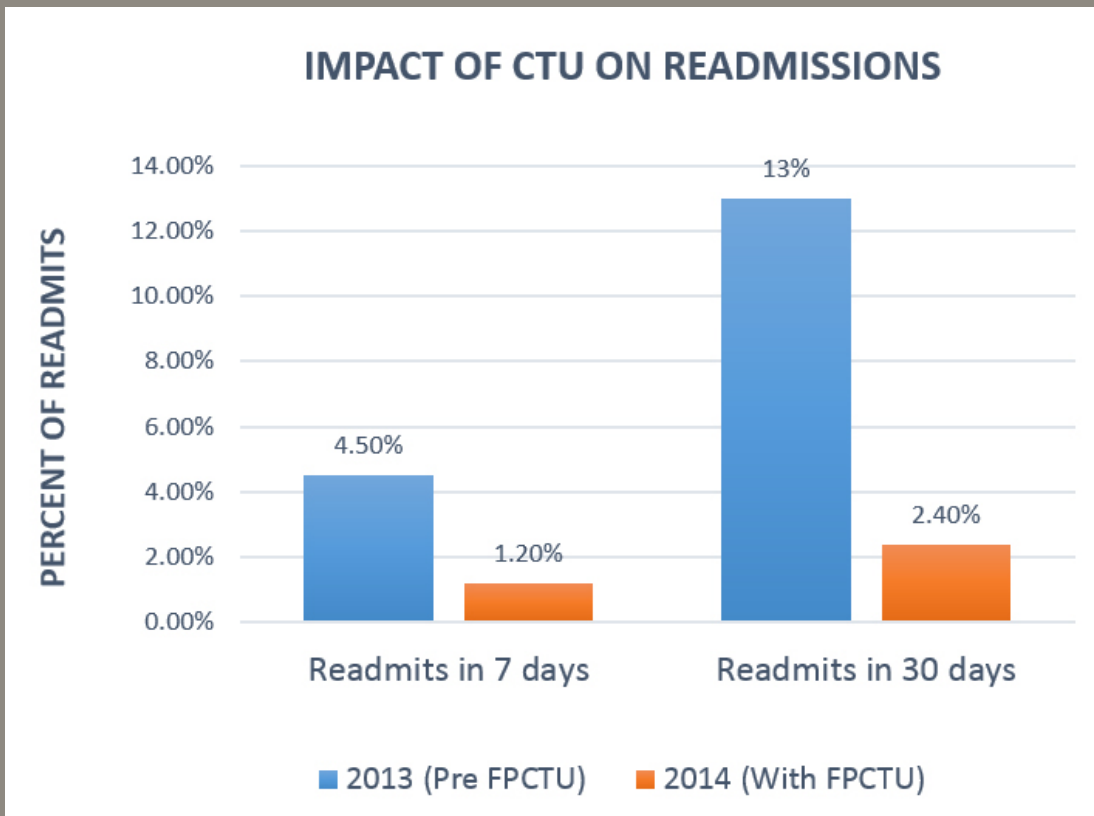
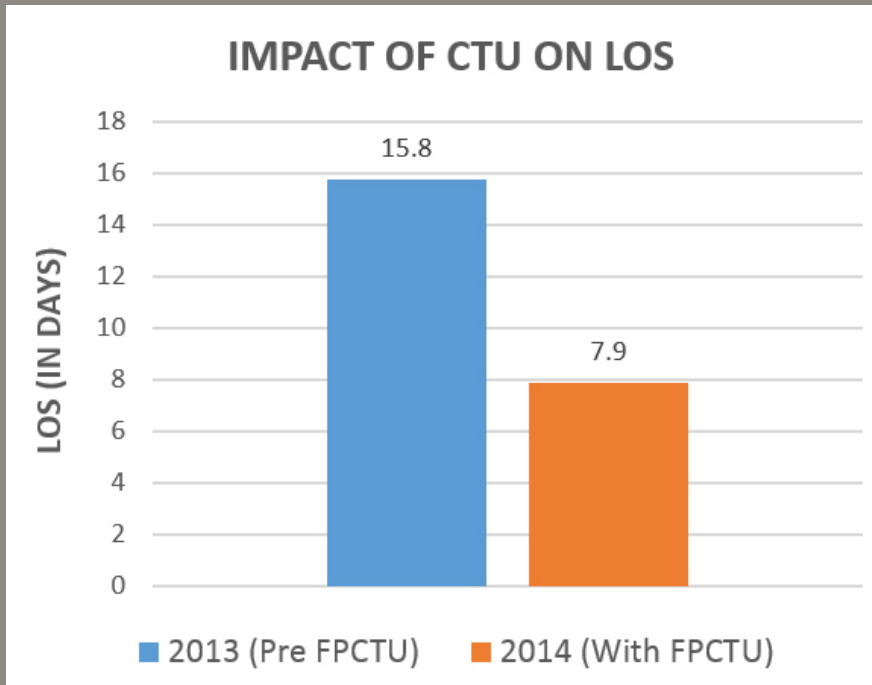
Nurse Practitioner Outreach

Mika Nonouchi was recruited in April 2014 as an NP for MHSU working with homeless adults in the community. She connects with patients through her visits to Gateway of Hope, Stepping Stones, and the bush camps. In her first three months, she attached nearly 90 patients. Overall, she has attached 186 of the goal of 200 adults.

Safe Relationships / Safe Children

Langley Division is involved in part of a Healthy Community Partnership (HCP) initiative called Safe Relationships / Safe Children (SRSC). The initiative also involves the Ministry of Child and Family Development (MCFD), the RCMP and the Fraser Health Authority.

The initiative is focused on providing support and safety for children whose caretakers have issues around mental health, substance use, or



together in health

GOAL: IMPROVE QUALITY OF CARE (CONTINUED)

intimate partner violence.

Family Journey Mapping is one element of SRSC. Several local individuals with a history of intimate partner violence tell their stories, which are then captured by graphic recorders. The mapping is intended to help identify the key issues, turning points, and more. Stories have been mapped thus far from three individuals.

Seniors

Residential Care Initiative

This is a provincial initiative designed to provide primary care for resident populations, because the number of physicians in residential care has decreased over the last ten years while the patient population has grown over that time, and will continue to grow - significantly - over the next twenty years.

For the purposes of this initiative, a GP MRP provider works according to five best practice expectations. GP MRP providers also work towards three system level outcomes.

On April 16th, an event for Attachment and Residential Care was held at the Langley Golf Centre. The main presenters were Dr. Peter Methven and Carrie Murphy, NP. This well-attended event looked at the residential care experience. Participants then discussed the challenges and opportunities residential care presents.

Clinical Teaching Unit

The Clinical Teaching Unit (CTU) is a partnership between the Division, the Fraser

Health Authority, and the UBC Faculty of Medicine. The unit is designed to attach all hospitalized patients 85 and older to a primary care provider.

The unit, which is benefitting from the leadership and vision of Dr. Mitchell Fagan, opened in late June 2014 with a GP and a resident. All Surrey and Langley FP residents will rotate through.

Early results were positive, with over 100 patients discharged but only three returning to the hospital. Overall, the readmits have been impressive, as shown in the chart.

As well, the average length of stay dropped from 15.8 in 2013 to 7.9 in 2014. The data is for 247 patients in 2013 and 255 in 2014.

As of April 2015, all 85+ patients had been attached, allowing the Division to consider shifting its attention to the 65 to 85 year old group.

Further work to support the unit includes recruiting more GPs and exploring changes to allow more GPs to participate.

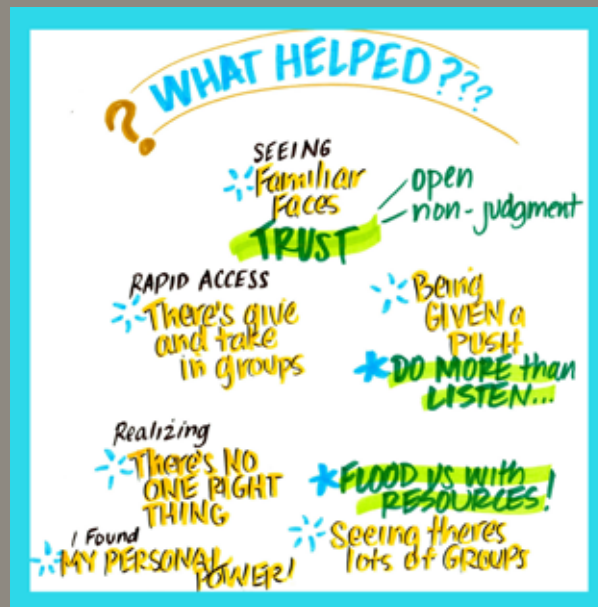
Wellness workshops

The Division has developed and organized a series of Wellness Workshops, focusing on the awareness and healthy lifestyle habits necessary to help participants prevent or manage certain chronic conditions. These workshops are held once a month and are offered in partnership with Pacific Sport.

Each session focuses on a specific health condition, and includes nutritional tips and activities. The diabetes presentation had



Images from Family Journey Mapping (learn more on pages 15-17)



together in health

GOAL: IMPROVE QUALITY OF CARE (CONTINUED)

information about preventing diabetes, a label reading exercise to help participants identify foods to eat and foods to avoid, and 45 minutes of tai chi.

Besides diabetes, topics covered so far include



Instructor demonstrating tai chi

cancer, foot care, brain health, heart health, and general health and wellness. There is a new topic every month.

In addition to the Wellness Workshops, the Division holds community awareness and prevention events, including booths at community events, Langley Farmers Market, the community centre, etc. The events offer information to the general public regarding disease / illness prevention, healthy eating tips, and fitness and exercise information.

The Division was happy to partner with Kwantlen Polytechnic University's Bachelor of Nursing Program to facilitate these events.

Community Actions & Resources Empowering Seniors (CARES) trial

The CARES project, an initiative to support seniors to be more active, saw two groups of "active coaches" complete training. The volunteers – all seniors themselves - will "buddy up" with local seniors, helping improve the health of both groups. The initiative is offered in partnership with LSRS, FHA, and the University of Victoria.

Phone support

The Division provides phone support to local seniors and their families, helping with such challenges as finding a GP, navigating the broader health care system (such as dementia support and post-discharge care), and finding information or resources related to meals, driving, housing, and more.

Community resource manual

The Division created a 100 page community resource manual for GPs to support their frail and elderly patients. The manual includes information about meals programs, driving services, housing, fitness programs, recreation, community organizations, and more.

NPs for Pre-Frail Elderly

Langley Division recently added NP Lori Bates to work with unattached frail and pre-frail



Images from Poverty to Prosperity mapping



together in health

GOAL: IMPROVE QUALITY OF CARE (CONTINUED)

seniors. She will focus on supporting these patients while they remain in their homes.

Seniors who do not have a local GP are increased risk of becoming frail, or more frail, because of the challenges they face with going to a walk-in clinic or a GP in another community.

NPs for the PATH unit

The Division recently hired NPs Ranbir Atwal and Danny Guerrero for the PATH unit. The unit is designed to bridge the continuity of care gap for unattached elderly or frail elderly patients in the hospital and post discharge in their transition to home.

We will work to close this gap by providing supported, safe and timely transitions to home or into residential care; support for these unattached patients while in the community; and help to attach them to existing practices.

Community Work

Poverty to Prosperity

A Healthy Community Partnership initiative which Langley has joined is Poverty to Prosperity. One of the tools being used here is Family Journey Mapping, similar to the mapping described under Safe Relationships / Safe Children.

In this initiative, life stories have been “mapped” for several individuals living in poverty in Langley. The mapping process involves participants sharing their stories, which are then captured by graphic recorders.

The mapping is intended to help stakeholders “understand factors that contribute to ... poverty” with an eye to “moving towards a poverty reduction strategy for Langley.”

A community-wide event to look at ways to reduce local poverty will take place in fall 2015.

Community Partners

The Division has built strong ties with community service organizations, other groups, local businesses, and more. Partnerships continue with LSRS, FHA, Pacific Sport Fraser Valley, the University of Victoria, the City and Township of Langley, Kwantlen Polytechnic University, and Langley Senior Community Action Table (LSCAT). As well, we have also developed ties with Integrated Health, Save-on-Foods, Natures Fare, Kintec, VON, EARS Hearing Centre, the Alzheimer’s Society, and the Canadian Cancer Society.

This long list of potential partners represents a significant resource for future community-based projects.

together in health



Local preceptors, residents and medical students enjoyed appies, desserts, and a demonstration of knife skills at the Residents Welcome.



GOAL: BUILD CAPACITY

Recruitment and Staffing

In July 2014, Langley chose to pursue Division-specific physician recruiting, and developed recruitment materials which more fully reflect Langley's character and practice opportunities. This more tailored approach has yielded a marked increase in interest from potential candidates, and subsequent recruitment success.

GPs recruited include Dr. Atef Tenious (Murals), Dr. Christy Yang (Glover), and Dr. Touktam Bahri (Glover). Locums recruited include Drs. Christine Lee, Grace Brouwer, Dorothy Craig, and Pavel Glaze.

ER physicians have requested Division support for recruitment and increased advertising. They now have a number of candidates to help build capacity in the ER.

NPs recruited for the Division include Mika Nonouchi, NP for MHSU, Lori Bates, who will be working with the Pre-Frail Older Adult population, and NPs Ranbir Atwal and Danny Guerrero in the PATH unit. You can read more about their work in this report.

Langley's membership roll now stands at 114 GPs, 20 residents, and 9 NPs .

The Division also recruited Barb Stack as Patient Navigator in mid-August 2014.

Barb has been involved in many projects over the last year, focusing on prevention and support for the frail and elderly.

Member-wide events

Team-based care panel

In early December, the Division hosted a dinner event about team-based care at the Cascades Hotel & Convention Centre.

This popular event, which was attended by over 60 participants, started with a review of the findings from the practice visits and the three key ideas identified at the October 22 MOA to MOE meeting.

Participants discussed what they learned, what they could implement immediately, and what they have already implemented.

They then attended breakout sessions hosted by local community agencies about community resources for patients and strengthening partnerships.

Lastly, they received the recently completed (and very comprehensive) community resources guide.

Advanced billing

Langley Division's busy professionals were right back at it in the New Year. GPs, NPs and MOAs enjoyed a well-attended information session on Advanced Billing January 21st.

Technology Fair

Technology is a key focus for building capacity. To that end, the Division hosted a Technology Fair June 17th.

At the event, the Pathways site was successfully



MOA events over the year.



together in health

GOAL: BUILD CAPACITY (CONTINUED)

launched, with over 60 GPs and MOAs signing in. The site helps to identify specialists and their referral wait time throughout the Fraser Region. As well, several medical smartphone apps were explored and shared at the Fair.

Efforts to get EHR (Electronic Health Records) systems in place and synchronized across the Division are on-going. The goal is to allow providers access to patient records wherever the patient is at, and recognizes the frustration expressed by members that this lack of access was a major barrier to building capacity and improving patient care.

MOA events

The MOAs had a busy year in 2014-2015 with several professional development events.

Practice visits

To help more Langley MOAs develop into MOEs, or Medical Office Experts, lead MOAs from 9 practices met on May 29th.

Cross-practice visits followed in June and July, with participating MOAs observing everything from scheduling patient visits to allocating job duties to equipping examination rooms. They also identified two changes that they thought would be helpful to implement in their own offices.

Their feedback was collected by the Division, which hosted a dinner and discussion for the MOAs on October 22nd. The visits and the key ideas which emerged from them were reviewed.

The group then narrowed down the key ideas to three changes, namely Efficiencies, Team approach, and Communication.

HR training

Next followed HR training for supervisors and office managers, which took place on February 24th.

Teamwork skills

The last professional development session of the fiscal year was a March 9th event at the Langley Golf Centre where about three dozen MOAs and MOEs enjoyed a presentation about teamwork. The presentation featured role plays by actors from Vancouver Instant Theatre.

Electronic Medical Records

Langley has performed extremely well, with over 90% of GPs on EMR. Of those providers, over 90% are making full and effective use of the system (meaningful use level 3).

PITO has been discontinued and is being replaced by support services within the PSP (Practice Support Program). Drs. Leo Wong (MedAccess) and Andre Van Wyk (Profile) continue to act as peer mentors and are available for support.

Digital Signage

Back in 2013 Langley Division launched a digital signage initiative, which involved screens in doctor's offices providing customized health-



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GOAL: BUILD CAPACITY (CONTINUED)

related prevention messages.

The messages focused on the top ten clinical prevention strategies: quitting smoking, stopping drinking, getting the annual flu shot, protecting yourself from pneumococcal disease, getting a tetanus booster, checking blood pressure, checking cholesterol level, checking for colorectal cancer, getting regular Pap tests, and getting regular mammograms.

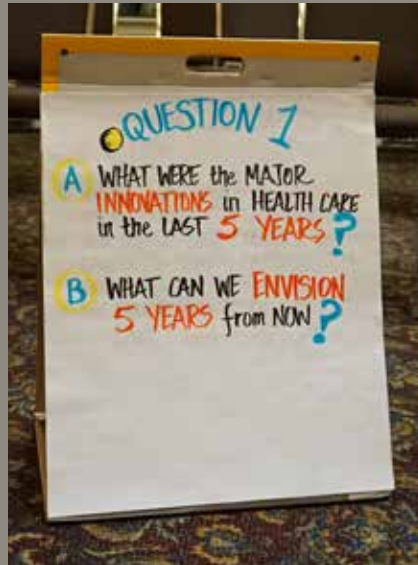
The first phase was well-received, according to the survey results the Division received, and has been expanded.

Five additional practices were awarded digital signage in June 2014. Those practices - St. Luke, Fort Family Practice, Dr. Methven, Village Medical, and Brookwood - have since been set up and staff training completed. The Division is now exploring adding digital signage to CTU and the Maternity Clinic.

The Division presented on this initiative at the Health Authority's Quarterly Business Meeting in May 2014 and received very positive feedback from those present, including FHA staff.



Scenes from the Annual General Meeting



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GOAL: ENGAGE MEMBERS

Annual General Meeting (AGM)

As a registered society, Langley Division is required to hold a meeting of all members at least once a year. More importantly, this is our main chance to bring together members, review the past year, celebrate successes, and identify goals for the next year.

Last October, more than five dozen member GPs and NPs, residents, partners, and stakeholders gathered at the Langley Golf Centre.

We celebrated successes with attachment, the Langley Maternity Clinic (LMC), the Clinical Teaching Unit (CTU), and our work around mental health and homelessness.

Next was the fishbowl exercise. Participants first explored changes over the past five years and those on the horizon for the next five years. They then discussed continuing challenges in the Division. Lastly the group debated the most important advance Langley could make as a Centre of Excellence.

Langley Pursues a Centre for Excellence in Community and Primary Care

Langley has been chosen as a potential prototype community for rapid transformation to a community-based system for health (CBSH).

As a community, Langley has a pioneering spirit and cooperative partnerships and networks are easily developed. As well, the Division has already initiated many innovative changes

in primary care that have reduced hospital utilization, improved patient care and reduced healthcare costs.

A scoping study was completed to identify strengths, gaps, barriers, and priority actions. The study involved in-depth interviews with fifteen individuals from Fraser Health, MOH, MCFD, Kwantlen First Nation, the City and Township of Langley, Langley Memorial Hospital, Langley School District, community support agencies, and LDFFP.

The pilot project hopes to address timely access to family practitioners, emergency rooms, diagnostics and specialist care; better care for those with chronic complex and co-morbid conditions; and mental illness and addictions. There is also a need for more resources in assisted living, home care and preventive services.

The priority actions centre on creating an interoperable electronic medical records system, mobilizing the necessary funding, and engaging patients, families, and citizens in co-designing and guiding the evolution of this new approach.

Work Groups and Committees

To support the work of the Division, the Board has several strategic planning work groups in place. The work groups are focused on longer-term behind the scenes efforts that support the overall good functioning of the Division.

The Attachment work groups are Recruitment and Training, Infrastructure and



Langley Division's providers attending professional development events



Langley's ER Physicians



Scenes from the Board retreat

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GOAL: ENGAGE MEMBERS (CONTINUED)

System Redesign, IT, and Marketing and Communications. All strategic planning work groups are led by a Board member.

As well, Langley Division members serve on the Residential Care work group and the CYMH Local Action Team.

Members also serve on committees organized by our partners including PSP (Practice Support Program), Inter-Divisional Strategic Council, Healthier Community Partnerships and the CSC (Collaborative Services Committee).

Peer to Peer

Peer to Peer (P2P) hosted two events over the year. One event was a Pharmacists / Team-based care event presented by Shakeel Bhati, PharmD, at Langley Golf Centre. Thirty-three members attended.

The second event, also well-attended, was a Feb 25th presentation on cosmetic surgery by Dr. Mosher.

Further events are being planned, centered on education topics. The Division continues to focus on member engagement and support of one another as a core strategy.

Practice Management

The Division hosted GPs and ER doctors at a session on Appointment Optional January 21st.

A Maternity Billing training session was held March 5th at a local bistro. About 20 GPs and MOAs attended. They discussed potential delivery scenarios and reviewed appropriate billing codes and procedures.

Walk with Your Doc

The yearly community “Walk with your Doc” event has been supplemented with monthly gatherings for local seniors. The group has a 15 minute question-and-answer period before a 45 minute walk. Three GPs and an NP have participated thus far.

The annual Langley-wide Walk with Your Doc took place in May, with three doctors and about 800 residents participating.

Board Retreat

Langley Division held a retreat for Board members in mid-March of this year. The retreat was designed to give the Board an opportunity for team building and to establish the core values for the organization.

FINANCIAL STATEMENTS

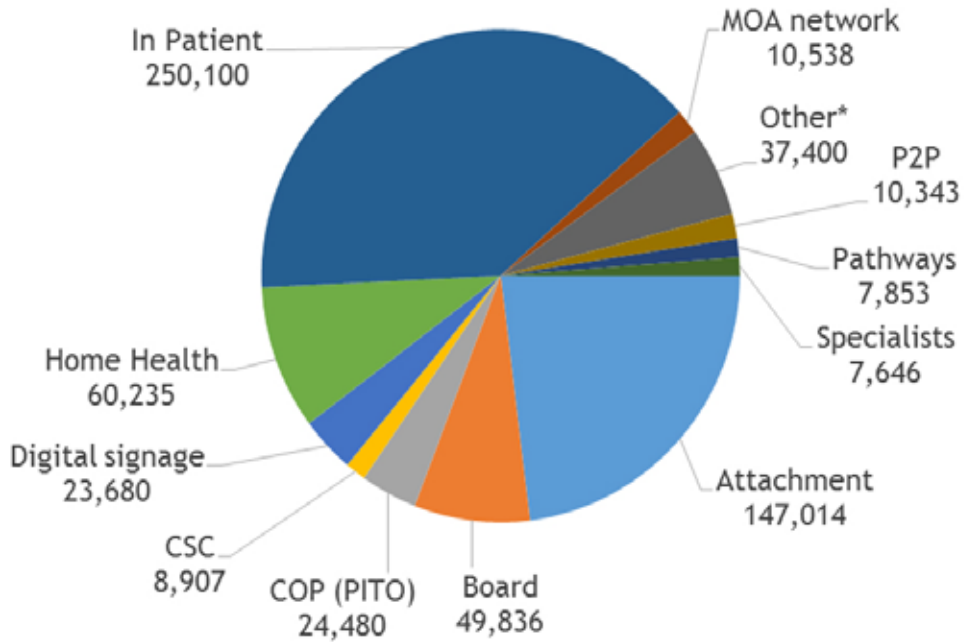
AS OF MARCH 31, 2015

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STATEMENT OF OPERATIONS AND CHANGE IN NET ASSETS

	2014 / 2015	2013 / 2014
REVENUES		
GPSC - Infrastructure	321,000	328,500
GPSC - Innovation Grant	N/A	8,683
GPSC - Attachment	303,500	348,973
In Patient	249,900	245,700
PITO	24,449	30,990
Other funding	60,662	61,483
Interest income	5,616	4,988
	965,127	1,029,317
EXPENDITURES		
Amortization	4,574	3,565
Board and professional development	N/A	199
Consultants	20,844	55,885
Division activities	638,032	713,461
Facilities	29,174	44,581
Insurance	1,529	1,245
Meetings and events	4,457	5,218
Office and general	15,920	8,730
Physicians Data Collaborative Association	15	10,500
Professional fees	5,138	5,620
Salaries and related benefits	231,558	166,576
	951,241	1,015,580
EXCESS OF REVENUES OVER EXPENDITURES	13,886	13,737
NET ASSETS, beginning of year	44,496	30,759
NET ASSETS, end of year	58,382	44,496

DIVISION ACTIVITIES



Other* includes:

Division event (\$7,598)	Healthier Community Partnership (\$1,919)
Preparation (\$7,573)	First Nations project (\$1,353)
Member education (\$7,072)	HR committee (\$1,151)
Maternity (\$4,594)	Residential care (\$318)
Resident education (\$3,273)	CYMH (\$161)
Interdivisional (\$2,388)	

Attachment value represents program portion only.

Financial statements prepared by management.

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





Langley Division of Family Practice
#105 - 5171 221A Street
Langley, BC V27 0A2

Phone: 604.510.5081
Fax: 1.888.468.4501
Society Number: S-57029



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.