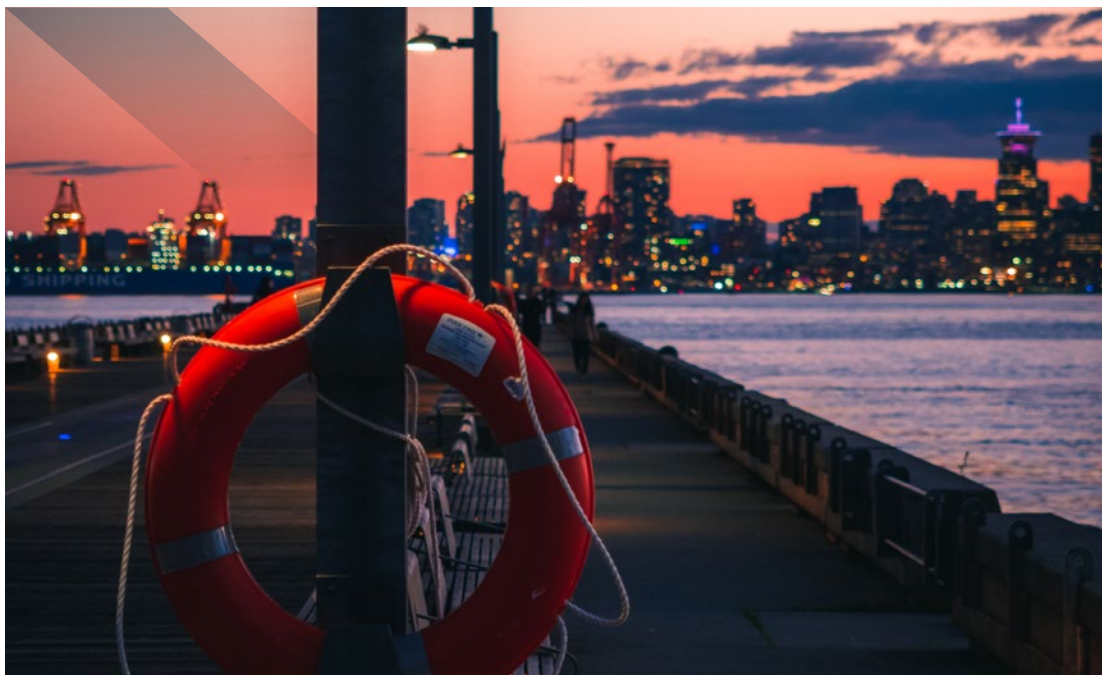




**North Shore**  
**Division of Family Practice**  
A GPSC initiative



# ANNUAL REPORT 2018–2019



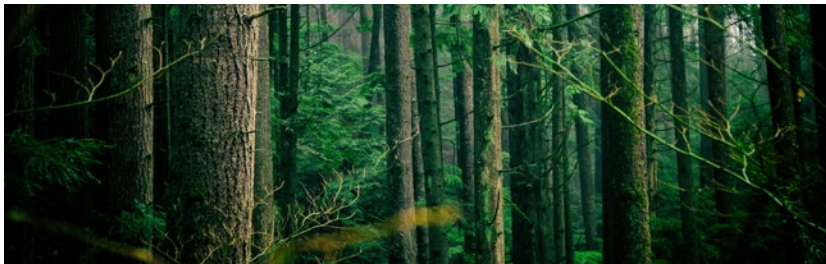
**VISION** Optimize the health of the North Shore population.

**MISSION**

- Promote the centrality of primary care
- Develop and support excellent primary care
- Improve the well-being of family physicians

**STRATEGIC OBJECTIVES**

- Improve collaboration and integration between family physicians and other service providers
- Build a strong family physician community on the North Shore
- Enhance the voice and influence of family physicians
- Develop the organization's structures and functions on a continual basis

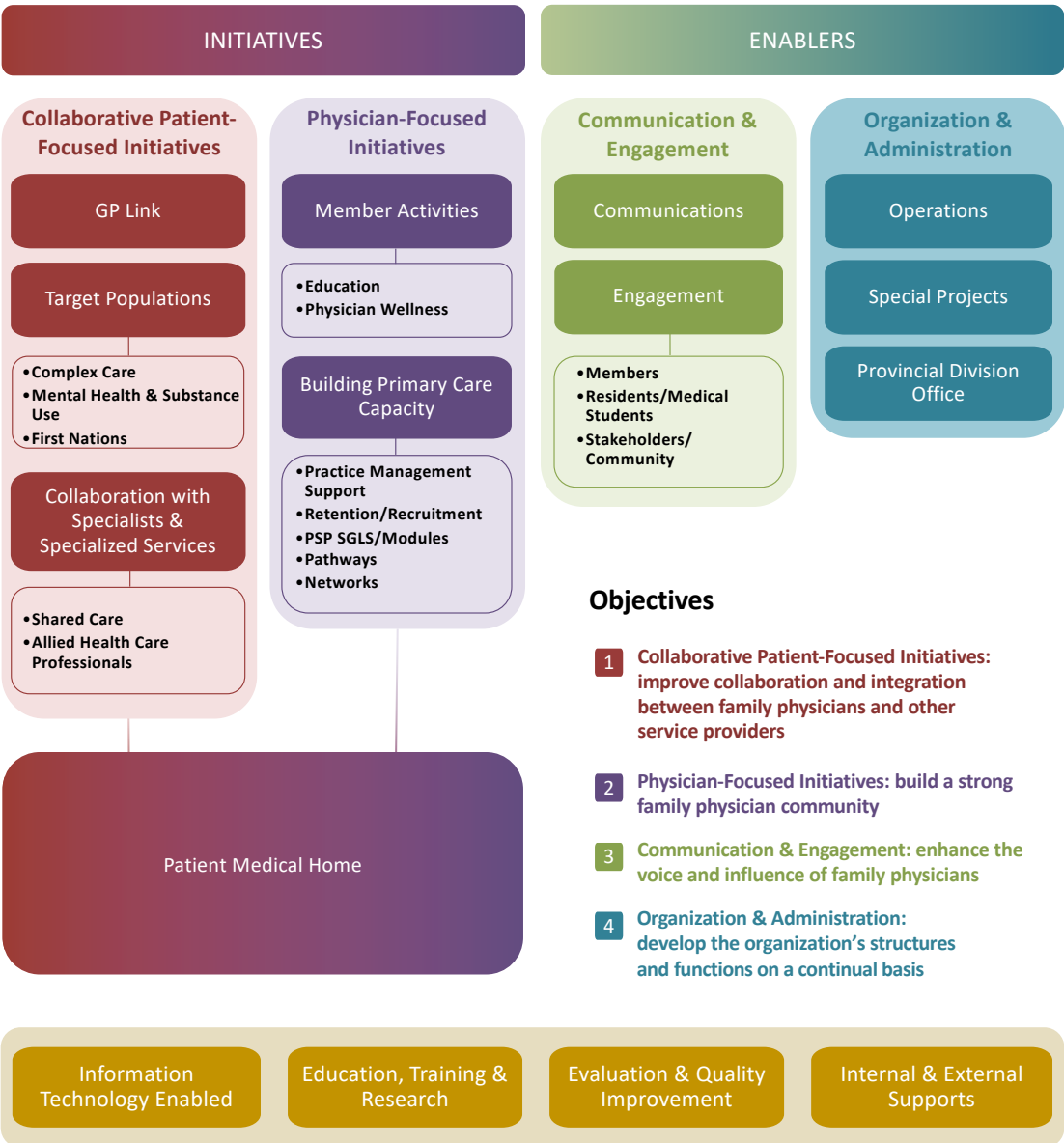


# CONTENTS

Strategic Priorities .....	5
Report from the Board Chair .....	6
Report from the Executive Director.....	8
Collaborative Patient-Focused Initiatives .....	10
Physician-Focused Initiatives .....	16
Communications and Engagement .....	19
Collaborative Services Committees .....	19
Accountability and Evaluation .....	19
Acknowledgements .....	20
Financial Statements .....	22
Team .....	24



# STRATEGIC PRIORITIES



## REPORT FROM THE BOARD CHAIR:

This year has been filled with many accomplishments to improve health care delivery, successful advocacy for physician wellness and focus on more appropriate physician remuneration. These accomplishments have been led by the amazing team that makes up the North Shore Division Board: Drs Ruth Campling, Ray Chaboyer, Lisa Gaede, Krystine Sambor, Nicola Walton-Knight and Ms. Katherine Bourne have been inspirational to work with. Our tireless Executive Director, Claudia Frowein, lead us through a difficult year of staff transitioning and budget demands. We are excited to have such a versatile and passionate staff to move our many programs forward: Meghan Burrows, Natalie Etemesi, Dewey Evans, Barb Fiddler, Doris Gouin, Kate O'Donnell, Tricia Raeburn and Candace Travis.

A project that continues to be exciting and daunting at the same time is Patient Medical Homes (PMHs) and Primary Care Networks (PCNs). Thank you to all of you who participated in our round table discussions. Your input was invaluable in developing our Expression of Interest for the PMH/PCN initiatives. Drs Ruth Campling and Dean Brown have been trailblazers in putting together a service plan which was 106 pages long! This has been submitted and we wait with baited breath.

As many of you already know, the North Shore has been chosen to be the next area in the lower mainland to have an Urgent and Primary Care Centre. This is a provincial government/VCH initiative which the North Shore Division has been involved in on a consultation basis.

The North Shore Division has many ongoing initiatives. However, I wanted to congratulate a few Physician Leads on their tireless efforts and contributions to our community. Dr. Michelle Brousson continues to impress colleagues from other divisions on her leadership of the Opioid and Chronic Pain Management initiative. The Practice Management Working Group, with Dr. Joanne Larsen at the helm, and Dr. Jon Hislop, has been very active, creatively developing and educating on improving office efficiencies. Dr. Lisa Gaede and the Pathways and Physician Wellness Working Group, have been novel in their approach to improve community and health with our physician members. I am told some new and exciting initiatives are on their way! Finally, Dr. Sofia Bayfield will be stepping down as Co-Lead for the Residential Care Initiative. Thank you for your work in this very successful project.

The North Shore Division Board has been leader in advocating for our members. Feedback regarding appropriate physician compensation, the rising cost of running an office practice and the increased demands on physicians time for non-clinical work were voiced to our partners at Doctors of BC. We are pleased to see that many of our concerns were heard and acted upon in the Physician Master Agreement.

This year, the Board decided to honour our members who participate in working groups to improve patient care and health care delivery. The North Shore Board started a discussion about equal pay for equal work, challenging the practice of specialist and primary care

physicians being paid at different pay scales when collaborating on the improvement of patient care and health delivery. We have been advised that our voice has been heard and the issues are being debated at higher level tables.

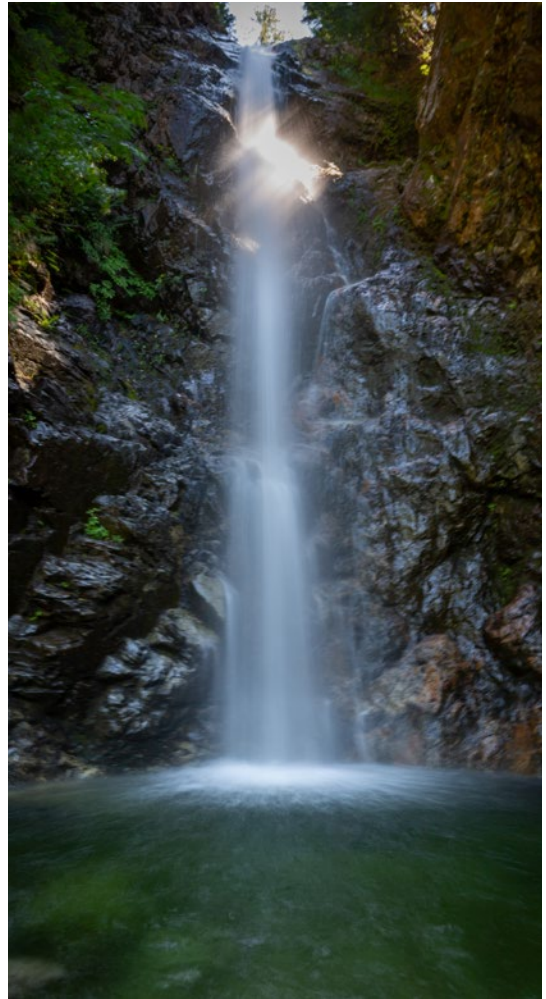
The year ahead will be full of new challenges. As we do expect to be approved on our implementation plan for the Primary Care Networks, the North Shore Division will be looking to you, our members, to continue to be passionate about communicating your ideas and participating in the initiatives. Physicians are creative thinkers and problem solvers. We are collaborators and trailblazers. We invite all of your talents to the division tables in the upcoming year and in years to come.

Be happy and well! Fill your day with passion and joy!

Dedeshya Holowenko, MD, Board Chair



Dedeshya Holowenko





## REPORT FROM THE EXECUTIVE DIRECTOR

The past year has been a most exciting time in healthcare in BC, beginning with the MOH's announcement to invest \$150 million into primary care over the next three years to support team-based care and increase attachment, and inviting communities to apply on funding for Patient Medical Homes (PMH) and Primary Care Networks (PCN). The division seized the opportunity, and for the last year has been engaged with members to get your input for our Service Plan, a service delivery model that provides integrated team-based care with the support of nursing and allied health professionals. The North Shore is the 11<sup>th</sup> community in BC to have submitted a Service Plan, and the development of three geographical networks and team-based care will drive much of the division's work over the next few years.

In addition to focusing on transforming primary care through PMH/PCN's, the division continued to evolve its existing programs and implemented new projects, such as the Opioid & Pain Management Initiative and MDs4Wellness. It's certainly been a very busy year!

In November 2018, the division complied with the new BC Societies Act. The restriction only allows less than 50% of board members who engage in project work to be compensated. Given the new constraints, it's important to recruit non-board members to participate in the leading, planning and implementation of division initiatives. To that end, I'd like to acknowledge everyone whose taken time out of their schedule to do so, as the programs and projects outlined in

this report are a result of your dedicated efforts. As a member-driven organization, the division is only as strong as the members' level of participation.

With regards to division membership, the number of funded (voting) members has remained constant over the past two years at 217 members, with a modest turnover rate of 5%. Approximately 50% of the members have attended at least one division event in person over the past year.

Financially, the division continues to be in a solid position and finished the fiscal year with a surplus. We have been approved to carry the remaining funds forward to 2019/2020 for investment in new initiatives including, but not limited to:

- A youth mental health telephone consultation service with psychiatry.
- The development of a web-based platform for patients to consent to electronic communication with their family physician.
- The formation of a MOA network to provide MOA's with learning opportunities through knowledge sharing.
- Residential Care Initiative grants for physicians working in residential care facilities to apply on funding for quality improvement projects.
- Additional funding for MDs4Wellness, the division's new physician wellness initiative.

The recruitment of new staff over the past year will assist with the implementation of future projects, as the division continues to grow and develop as an organization.



Another goal was to raise the profile of our division within the community; as such, division leaders met with the three newly-elected North Shore mayors to raise awareness about the organization, discuss local challenges facing physicians, and seek opportunities for collaboration.

I'd like to acknowledge the Board Chair, Dr. Dedeshya Holowenko, for her commitment to advocating for physicians to have a better work life; and Dr. Ruth Campling, Past Board Chair and ICSC Co-Chair, for raising your concerns at regional and provincial tables to find a common voice with other divisions.

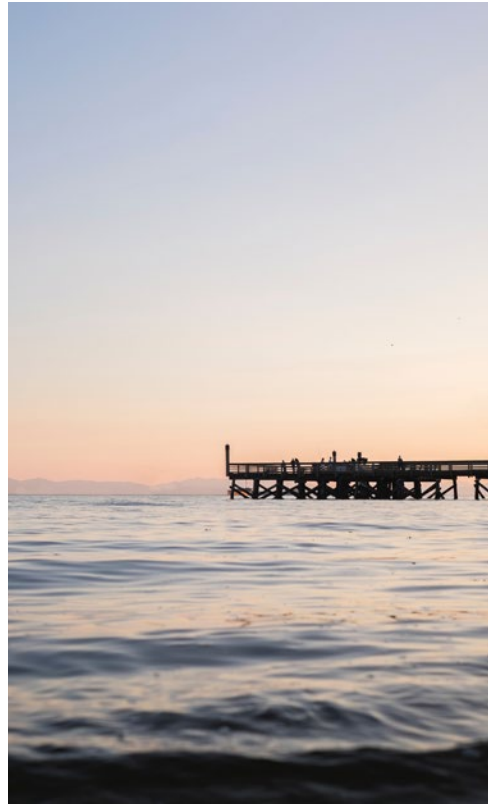
And finally, I'd like to thank the North Shore Division of Family Practice Board members for their creative ideas, thoughtful guidance, willingness to take risks and trust in the operations team to carry out the division's strategic objectives.

It has been a pleasure working with everyone, and I look forward to the year ahead!

Claudia Frowein, Executive Director



Claudia Frowein



## **COLLABORATIVE PATIENT-FOCUSED INITIATIVES:** IMPROVE COLLABORATION AND INTEGRATION BETWEEN FAMILY PHYSICIANS AND OTHER HEALTH CARE PROVIDERS

### **PATIENT MEDICAL HOME/ PRIMARY CARE NETWORKS INITIATIVE**

#### **AIM**

- Improve community health through access to continuous, coordinated, and comprehensive care by developing integrated, team-based PMH/PCNs in collaboration with Vancouver Coastal Health (VCH) and other key stakeholders.



#### **ACCOMPLISHMENTS**

- Mapped location of physicians and clinics to the Ministry of Health Community Health Service Areas to enumerate the number of physicians in potential PCNs.
- Held a member engagement event with physician guest speakers from Alberta presenting on their experiences with PCNs (64 members participated).
- Co-led the development of a Service Plan for restructuring North Shore Primary Care via engagement, collaboration and planning. Stakeholders include: family physicians, VCH, Squamish First Nation, Tsleil Waututh First Nation, elected municipal representatives, community organizations and nonprofits, Ministry of Health, UBC, Practice Support Program (PSP), Doctors of BC, GPSC, allied health providers, specialist colleagues, and community representatives.
- Submitted Service Plan to the Ministry of Health for funding (June 2019).
- Initiated discussions regarding organization and infrastructure of three North Shore PCNs.

**Physician Lead:** Dr. Dean Brown

## GP LINK

### AIM

Assist unattached patients to find a family physician by providing referral information for GPs accepting new patients.

### ACCOMPLISHMENTS

*From April 2018 to March 2019:*

- GP Link provided 4,190 community members with information on family physicians accepting new patients.
- 51% increase in the number of unattached community members accessing GP Link in 2018–2019 compared to 2017–2018.

**Physician Lead:** Dr. Dean Brown

## RESIDENTIAL CARE INITIATIVE (RCI)

### AIM

- Collaborate with family physicians, residential care facilities and VCH to implement five best practices in residential care:
  - 24/7 availability and on-site attendance when required
  - Proactive visits to residents
  - Meaningful medication reviews
  - Completed documentation
  - Attendance at case conferences
- Attract more physicians to residential care.

### ACCOMPLISHMENTS

- As of March 31, 2019, 23 physicians were participating in RCI, with an average of 21 physicians throughout the year.
- 86% of facility residents have an RCI physician as their most responsible physician (MRP).
- Held quarterly quality improvement meetings with medical directors and facility operation leads to address operational issues and improve the ability to meet the five best practices.
- Held three physician education sessions related to residential care: Resident Incapacity Assessments, The Daisy Program, and Quality Improvement in Residential Care.
- 12 physicians utilized the CME funds provided through RCI for conferences relevant to residential care and/or geriatrics.
- Completed chart reviews for all facilities to monitor physician standards of practice and identify ongoing opportunities for improvement.

**Physician Co-leads:** Dr. Sofia Bayfield  
and Dr. Alireza Sameny

## CHILD AND YOUTH MENTAL HEALTH AND SUBSTANCE USE

### AIM

- Increase the number of children, youth and families receiving timely access to mental health and substance-use services and supports.
- Continue to provide the opportunity for community stakeholders addressing youth mental health to come together to build partnerships and create opportunities for systemic change.

### ACCOMPLISHMENTS

- Increased community awareness of Adverse Childhood Experiences (ACEs) and of how childhood trauma can affect learning, mental health and substance issues in later years. This accomplishment was supported by the committee's work planning and hosting three community screenings of the movie Resilience which was shown to school administrators and parents across the North Shore, with panel discussions afterwards.
- Created the Pathways to Care document outlining referral pathways to mental health and substance use services for children and youth (0-24 years) on the North Shore.
- Participated in the Foundry Leadership Council.

**Physician Lead:** Dr. Haley Broker

## MENTAL HEALTH AND SUBSTANCE USE: GP/PSYCHIATRY

### AIM

- Increase patient and physician access to psychiatric consultation and support services.

### ACCOMPLISHMENTS

- Confirmed through a chart review that discharge reports from acute psychiatry are being sent and received by the family physician to support follow-up care in the community.
- Supported and monitored VCH's Psychiatric Consultation Clinic (PCC), with the following results:
  - Total referrals have increased each fiscal year since 2015-16 by 43% with a 15% increase from 2016-17 to 2017-18
  - The number of physicians who made referrals to the PCC increased from 87 in 2015-2016 to 135 in 2017-18
  - The number of days from the patient's appointment with the psychiatrist to the date the psychiatrist's report was faxed to the GP decreased by 4 days from an average of 49 days to 45 days.

**Physician Lead:** Dr. Genevieve Lauzon

## GP/SPECIALIST RELATIONS

### AIM

- Create a more efficient system by enhancing patient and physician experience and improving relationships, communication, and collaboration between family physicians and specialists.

### ACCOMPLISHMENTS

- Participated in the Lower Mainland Radiology project; central intake for MRIs was implemented.
- Advocated for an improved specialist referral process aligned with the College guidelines.
- Participated in the Specialist Forum, Quality Forum, Shared Care Workshops and Coordinated Seniors Care Initiative.
- Linked with the Facilities Engagement Group.
- Shared information regarding the Referral Tracker project.
- Identified and welcomed new specialists to the North Shore

**Physician Lead:** Dr. Lisa Gaede

## GP/HOSPITALIST

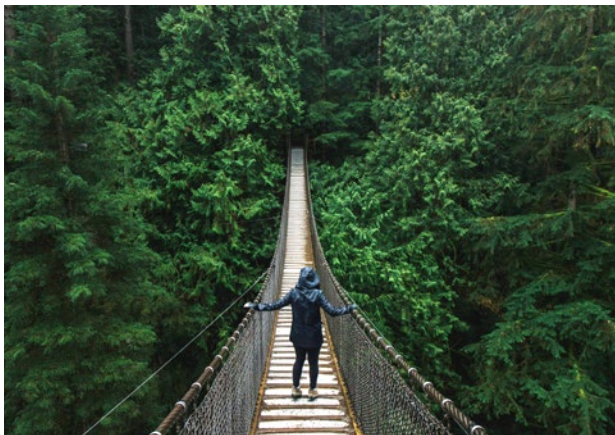
### AIM

- Address communication gaps between community physicians and acute care physicians at transitional points of care.

### ACCOMPLISHMENTS

- Launched an e-notification process for admissions and deaths. Evaluation results indicated that close to 100% of FPs were notified of their patient's admission or death.
- Added FP and hospitalist cell phone directories on Pathways as a mean to encourage two-way communication.
- Sent an education memo to members regarding Advanced Directives (updated MOST form).

**Physician Leads:** Dr. Ruth Campling, Family Physician, and Dr. Ed Kroll, Hospitalist



## GP/ORTHOPEDICS

### AIM

- Improve access to orthopedic consultations and collaboration between family physicians and orthopedic surgeons.

### ACCOMPLISHMENTS

- The Rapid Orthopedic Consultation Clinic (ROCC) was a success among FPs, orthopedic surgeons and MOAs. Results have demonstrated that:
  - 75% of the referrals sent via the centralized process were expedited for assessment in the ROCC.
  - 72% of new patients assessed at the ROCC were either: referred to surgery (28%), physiotherapy (20%), received injection (19%), bracing (9%), or required further imaging (e.g. CT, MRI, X-ray, or ultrasound).
  - All orthopaedic surgeons agreed that the ROCC has reduced the number of non-surgical referrals.
  - 78% of FPs agreed that the receipt of a referral acknowledgement was helpful. It allowed for fewer follow up calls and better communication with patients.
  - The majority of orthopedic surgeons and FPs agreed that the project has improved the delivery of orthopedic care to patients
- The ROCC continues to operate using a centralized referral process.

**Physician Leads:** Dr. Lisa Gaede, Family Physician, and Drs Alan Baggoo and Victor Jando, Orthopedics

## GP/GASTROENTEROLOGY

### AIM

- Improve patient access to gastroenterology.
- Improve communication between family physicians and gastroenterologists.
- Increase the referral acknowledgment from specialists to family physicians
- Reduce inappropriate and inadequate referrals to gastroenterologists.

### ACCOMPLISHMENTS

- Piloted a GI-endorsed standard referral form with a small group of FPs.
- Hosted a Dine and Learn event to introduce the referral form to FPs.
- Coordinated the integration of the referral form in five EMRs: Oscar, Plexia, Intrahealth, Wolf and MedAccess.

**Physician Leads:** Dr. Raymond Chaboyer, Family Physician, and Dr. Jin Kee Ho, Gastroenterologist



## OPIOID AND CHRONIC PAIN PROJECT

### AIM

- Increase physicians' capacity to care for patients with chronic pain.
- Increase treatment options for patients with Opioid Use Disorder (OUD) by increasing the number of physicians with Opioid Agonist Therapy (OAT) prescribing skills.
- Improve collaboration between family physicians and specialist physicians, as well as other health care providers.



### ACCOMPLISHMENTS

- Held Opioid Prescribing education event (45 physicians attended).
- Held Clinical Management of Opioid Use Disorder education event (42 physicians attended).
- Held a patient focus group to inform the direction of the Opioid and Chronic Pain Project from a patient perspective.
- Worked with Pathways and local pain resources to produce a cumulative list of chronic pain services and providers.
- Partnered with North Vancouver Recreation and Culture, West Vancouver Recreation and Pain BC to implement a Gentle Movement Program for chronic pain patients in North and West Vancouver.
- Worked with Pain BC and Lions Gate Emergency staff to create and pilot a Chronic Pain Pathway tool which allows the patient and their pain care team to collaborate on the patient's self-management work.
- Worked with Self-Management BC to implement the University of Victoria Self-Management Program for Chronic Pain at The Hope Centre. Patients can register online at [selfmanagementbc.ca](http://selfmanagementbc.ca)
- Applied on funding for a Suboxone and Methadone Mentorship Program for North Shore physicians.

**Physician Leads:** Dr. Michelle Brousson, Family Physician, and Dr. Jacqueline Hudson, Anaesthesiologist



## PHYSICIAN-FOCUSED INITIATIVES:

### BUILD A STRONG PHYSICIAN COMMUNITY ON THE NORTH SHORE

#### MEMBER EDUCATION [DINE AND LEARN]

##### AIMS

- Provide family physicians with opportunities to learn and engage in dialogue about their role within the larger health care system, and the system's impact on their practices.
- Allow for broader physician engagement with a view towards improving efficiencies, quality of care and the physician and patient experience.

##### ACCOMPLISHMENTS

- Held three accredited events: Legal Cannabis in BC (55 attendees), New Gastroenterology Referral Process on the North Shore (42 attendees), and Pathways (44 attendees).
- 75 unique members attended at least one event.
- Held one CPR-HCP recertification class (13 attendees).

**Physician Lead:** Dr. Lisa Gaede

#### PRACTICE MANAGEMENT

##### AIM

- To support division members with quality improvement and practice efficiency opportunities in collaboration with VCH's Practice Support Program (PSP).

##### ACCOMPLISHMENTS

- Held a group session called "How to Get Paid for the Work You Already Do," (47 FPs attended). Survey results showed 96% of physicians in attendance feel they currently provide services for which they are not getting compensated.
- Created a toolkit for implementing block fees, including sample letters to patients and examples of what an uninsured services block fee would include.
- Presented the Complex Care Management Project at various events including the Quality Forum and GPSC Summit, which is now being implemented in several other communities.
- Completed preliminary stage for creating a web-based process for collecting patient emails and consent forms for virtual care.

**Physician Lead:** Dr. Joanne Larsen

## RECRUITMENT AND RETENTION

### AIM

- Help ensure the quantity of family physicians practicing on the North Shore matches the needs of the population.

### ACCOMPLISHMENTS

- Promoted the North Shore at conferences for residents and new-to-practice physicians, and actively engaged with interested physicians about recruitment opportunities.
- 19 new members joined the division, including at least 6 physicians opening new practices.
- Maintained a variety of orientation resources on the division website: [divisionsbc.ca/north-shore/wherere](http://divisionsbc.ca/north-shore/wherere) and continued to develop partnerships with VCH, Health Match BC, and the Practice Support Program (PSP) to create a network of support for members entering practice.
- Maintained a list of locums available to our members.

**Physician Lead:** Dr. Isabelle Hugan

## PATHWAYS



Pathways

### AIM

- Provide accurate referral resources to facilitate efficient specialist and clinic referral decisions.
- Provide up-to-date, evidence-based physician and patient resources.
- Act as a communication tool among division members.
- Maintain an on-line platform for relevant division clinical work.

## ACCOMPLISHMENTS

- 68% North Shore Division members have unique Pathways account and used Pathways at least once as of March 31, 2019.
- 174 specialist profiles spanning 34 specialties, 36 family practice profiles, and 53 North Shore Clinics are currently featured on Pathways.
- 82,192 page views, with an average of 6,849 per month; reached a high of 9,698 views in February 2019.
- Hosted an education event for physicians and MOAs, with 29 attendees; 86% said that they felt more confident using Pathways after attending.

**Physician Lead:** Dr. Lisa Gaede





## MDS4WELLNESS

### AIM

- Increase and promote physician wellness opportunities on the North Shore.
- Work in collaboration with Facility Engagement physicians.

### ACCOMPLISHMENTS

- Established a team of engaged and motivated FP's who are dedicated to increasing physician wellness.
- Held monthly meetings with the MDs4Wellness team.
- Demonstrated a partnership with Facility Engagement Committee by co-hosting an event focused on physician burnout (179 attendees).
- Held four events throughout the year: a social event (34 attendees), a burnout event with Dr. Dike Drummond (179 attendees) and a mindfulness course with Dr. Mark Sherman (19 attendees).

**Physician Lead:** Dr. Lisa Gaede

**COMMUNICATIONS AND  
ENGAGEMENT: ENHANCE  
THE VOICE AND INFLUENCE  
OF FAMILY PHYSICIANS**

## COMMUNICATIONS

### AIM

- Develop and implement communication activities to enhance the voice and influence of family physicians on the North Shore.

### ACCOMPLISHMENTS

- Provided updates to division members about provincial and community partner news through e-newsletters, websites and social media posts.
- Achieved over 50% open rates for both monthly e-newsletters: The Bulletin and Clinical Notes.

**Physician Lead:** Dr. Dean Brown



## COLLABORATIVE SERVICES COMMITTEES

The North Shore Collaborative Services Committee (CSC) is comprised of representatives from the North Shore Division of Family Practice, VCH, Doctors of BC, the General Practice Services Committee (GPSC), and the Ministry of Health. The CSC is the main forum for addressing local system issues and influencing primary care. In addition to CSC, division leaders in the region meet with VCH leaders to address regional health issues.

## ACCOUNTABILITY AND EVALUATION

The Board's initiatives and projects aim to achieve the division's strategic objectives on behalf of the membership. In doing so, the Board promotes a climate of accountability, learning and continuous quality improvement. Projects and initiatives approved by the Board are expected to be evaluated using the Triple Aim (improve the health of the population, improve both the providers' and patients' experience of care, and lower the per capita cost of care). Evaluation results and interim performance reports are provided to the board, GPSC, Shared Care Committee, and other division funders.

## ACKNOWLEDGEMENTS

*We would like to thank our specialist colleagues, community partners, and the following division members for their contribution to our various initiatives, committees and working groups:*

Dr. Juanita Anderson  
Dr. Sofia Bayfield  
Dr. Hayley Broker  
Dr. Michelle Brousson  
Dr. Dean Brown  
Dr. Ruth Campling  
Dr. Raymond Chaboyer  
Dr. Patrick Chan  
Dr. Maureen Conly  
Dr. Peter Edmunds  
Dr. Lisa Gaede  
Dr. Erin Hasinoff  
Dr. Jacqui Hudson  
Dr. Isabelle Hughan

Dr. Blanka Jurenka  
Dr. Edward Kroll  
Dr. Joanne Larsen  
Dr. Geneviève Lauzon  
Dr. Peter Richards  
Dr. Martin Robitaille  
Dr. Mitch Rubin  
Dr. Alireza Sameny  
Dr. Richard Sebba  
Dr. Anne Marie Thomsen  
Dr. Nigel Walton  
Dr. Amy Weber  
Dr. Veerle Willaey



*The division would also like to thank the following physicians for their participation in division events:*

Diane Barnett  
Nicole Barre  
Catherine Bazilli  
Sharareh Behmanesh  
Helene Bertrand  
Gordon Bird  
Klaudia Biskupska  
Marc Boileau  
James Bovard  
Andrea Byman  
Susan Chow  
Cynthia Clark  
Sabrina Class  
Katie Colwell  
Louise Corcoran  
Maura Cormack  
John Crawford  
Kamyar Dahi  
Siobhan Dawson  
Sophia Dhalla  
Jeanette Evans  
Inna Fadyeyeva  
Astrid Fearn  
Lida Fereydouni  
Mashid Gharedashi  
Asef Gholamabbas-Javan  
Rodney Glynn-Morris  
Joseph Goodman  
Dana Haaf  
Elaine Hao  
James Hayward  
Barbara Hejdankova  
Elizabeth Henry  
Jonathan Hislop  
Julia Hlynsky  
Wilhelm Hofmeyer  
Graeme Honeyman  
Paisley Howard  
Marck Hudon

Linda Jando  
Garry Jenkins  
Azim Jiواني  
Ali Reza Kazemi  
Bryce Kelpin  
Cristina Kiai  
Hyun-Kyoung Koo  
Azim Ladhani  
Anis Lakha  
Colleen Lawlor  
John LeBrun  
Anita Lee  
Mona Lee  
Andre Lee Kim Koon  
Harry Lem  
Sharon Lees  
Jenny Liu  
Wendy Loveless  
Kim Martin  
Devin Masyk-Neumeier  
Ingrid McFee  
Murray McWhinney  
Nahid Mehraein  
Noosheen Mohajerani  
Aileen Moric  
Abbas Moshforoush  
Mitra Motamedi  
Payman Nabai  
Minesh Naran  
Bryan Norton  
Sasha Ho Farris Nyrabu  
Anthony Ocana  
Mary Louise O'Driscoll  
Jessica Palmer  
Susan Pawlowski  
Ramona Penner  
Banafsheh Peyvandi  
Stephen Pojhan  
Lloyd Purdy

Iris Radev  
Kathy Rahnnavardi  
Nazanin Rahnema  
Claire Robinson  
Kyra Roeck  
Rockford Samborski  
Ken Satake  
Susanne Schloegl  
Andrew Sear  
Poornima Senra  
Ramin Setayesh  
Stephanie Shorter  
Eric Sigmund  
Nataliya Skuridina  
Emily Sung  
Hannah Surgenor  
Anna Sun  
Asae Tanaka  
Ann Marie Thomsen  
Omid Torshizi  
Farshid Vala  
Debra van Aggelan  
Ron Village  
Lee Ann Wills  
Rong Xie  
Utah Zandy  
Kerry Zibin



# STATEMENT OF FINANCIAL POSITION

March 31

	2019	2018
<b>ASSETS</b>		
Current		
Cash	\$ 494,906	\$ 281,128
Cash provided by funding	831,721	698,730
Amounts receivable	60,700	61,577
Prepaid expenses	12,758	14,711
	1,400,085	1,056,146
Capital assets	0	2,412
	<b>\$ 1,400,085</b>	<b>\$ 1,058,558</b>
<b>LIABILITIES</b>		
Current		
Accounts payable and accrued liabilities	\$ 282,680	\$ 144,209
Wages payable	53,184	20,265
Deferred revenue	887,773	753,288
	<b>1,223,637</b>	<b>917,762</b>
<b>NET ASSETS</b>		
Unrestricted	176,448	138,384
Invested in capital assets	0	2,412
	176,448	140,796
	<b>\$ 1,400,085</b>	<b>\$ 1,058,558</b>



# STATEMENT OF OPERATIONS

Year Ended March 31

	2019	2018
<b>Revenues</b>		
Government funding	\$ 1,803,531	\$ 1,421,885
GST rebate	8,834	7,019
Interest	30,912	14,985
Other	3,087	2,295
	<b>1,846,364</b>	<b>1,446,184</b>
<b>Expenditures</b>		
Administration (schedule)	143,389	132,644
Administration personnel	367,741	194,308
Clinical programs (schedule)	415,408	382,738
Evaluation activities	55,913	62,910
Events	138,374	80,663
Marketing and communication	32,453	8,579
Meetings	23,900	17,765
Physicians	413,171	267,543
Program personnel	217,951	277,030
	<b>1,808,300</b>	<b>1,424,180</b>
<b>Excess of Revenues over Expenditures for Year</b>	<b>\$ 38,064</b>	<b>\$ 22,004</b>

# TEAM

## BOARD OF DIRECTORS

**Dr. Dedeshya Holowenko** – Chair  
**Dr. Ray Chaboyer** – Vice Chair  
**Dr. Ruth Campling** – Past Chair  
**Dr. Krystine Sambor** – Secretary  
**Dr. Lisa Gaede** – Director  
**Dr. Nicola Walton-Knight** – Director  
**Katherine Bourne, CPA** – Treasurer



## OPERATIONS TEAM (AS OF AUGUST 2019)

**Claudia Frowein, MA** – Executive Director  
**Tricia Raeburn** – Coordinator, Administration and Recruitment  
**Kate O'Donnell, MSc** – Project Manager, PMH/PCN  
**Doris Gouin** – Project Manager, Shared Care & Special Projects  
**Meghan Burrows, Bsc** – Project Coordinator & RCI Program Coordinator  
**Natalie Etemesi, Bsc** – Project Assistant  
**Candace Travis** – Medical Office Innovation Advisor  
**Dewey Evans, PhD** – Evaluation Support  
**Barbara Fiddler** – Pathways Administrator

## CONTACT US

### North Shore Division of Family Practice

220–145 Chadwick Court  
North Vancouver BC V7M 3K1

Email: [northshore@divisionsbc.ca](mailto:northshore@divisionsbc.ca)

Phone: 778.945.3017

Fax: 778.730.0630

Photo credits: Luc Tribolet (cover), Jachan Devol (p. 2), Jeremy Renke (p. 4), Pete Nuij (p. 7), Kyle Thacker (p. 9), Tricia Raeburn (p. 10, 17), Glen Jackson (p. 13), Andre Xavier (p. 15), Mitch Rubin (p. 18), James Wheeler (p. 19, 20), Robert Kwong Photography (portraits on p. 7, 9, 24).

The Divisions of Family Practice Initiative is sponsored by the General Practice Services Committee, a joint committee of the BC Ministry of Health and Doctors of BC.

[www.divisionsbc.ca/northshore](http://www.divisionsbc.ca/northshore)