



ANNUAL REPORT

2021-2022



North Shore

Division of Family Practice

A GPSC initiative

Land Acknowledgement

We acknowledge that we live, work and play on the unceded ancestral homelands of the Squamish and Tsleil-Waututh Nations. We are grateful to both nations for the opportunity to learn, engage and strengthen relations and community on this traditional territory.

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.

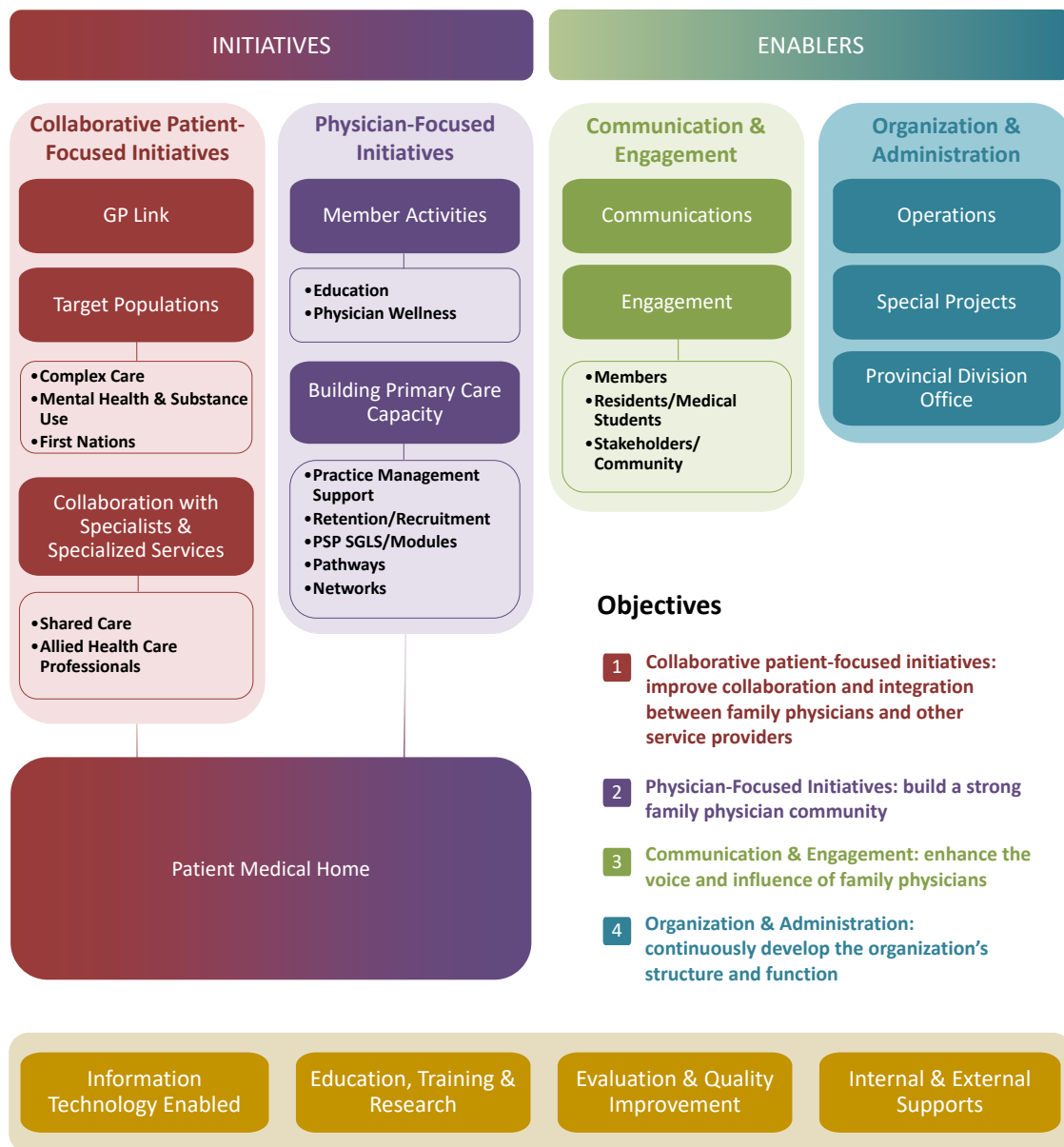
Enhance the voice and influence of family physicians.

Develop the organization's structures and functions.

Table of Contents

Strategic Priorities	4
Report from the Chair	6
Report from the Executive Director	8
Member Events 2021 – 2022	10
Initiatives	12
1. COVID-19 Task Force	12
a) After Hours & Urgent Care Working Group	12
b) CSC COVID-19 Committee	13
c) Post COVID Recovery Clinic Project	13
2. GP Link (Patient Attachment)	13
3. Mental Health & Substance Use Initiatives	14
a) ADHD: Enhancing Access for Adult ADHD Care	14
b) North Shore Community Committee on Substance Use (NSCCSU)	15
c) Medical Care for Short-term Custody (MCSTC)	15
d) Psychiatric Adolescent and Child Teleconferencing Service (PACTS)	16
4. Long-term Care Initiative	17
5. Primary Care Network (PCN) Team-based Care	18
Membership Support Services	20
1. Dine & Learn (Member Education)	20
2. Family Physician/Specialist Relations	21
3. Influenza Vaccine Distribution	21
4. MDs4Wellness (Physician Wellness)	22
5. Medical Office Assistant (MOA) Network	23
6. On-call Scheduling Project	23
7. Pathways	24
a) Community Directory	24
b) Pathways Referral Tracker	24
8. Physician Recruitment	25
9. Practice Management – Patient Medical Homes (PMH)	26
Collaborative Services Committees and Vancouver Regional Divisions' Leadership Group	28
Accountability and Evaluation	28
Acknowledgements	30
Statement of Financial Position	32
Statement of Operations	33
Our Team	34

Strategic Priorities





Report from the Chair

This past year has been one dominated in the media by the evolving collapse of primary care as we once knew it, not only in BC but across Canada. We have nearly one million people in BC who do not have a family doctor. Interesting in that some would say there is not truly a shortage of family doctors in BC, the problem is that only (roughly) half of the 6800 family doctors in BC are practicing longitudinal family medicine. The other half have left longitudinal care for focused practices or hospitalist or urgent and primary care centre (UPCC) work.

This lack of access to longitudinal care is leading to ERs being overwhelmed both by sheer numbers but also by the high acuity of patients presenting to the ER who have not been accessing a longitudinal family doctor. Specialists are being challenged in knowing what to do with patients who have no family doctor. And there are huge challenges in organizing follow up for patients discharged from hospital who do not have a family doctor at a time when many walk-in clinics are closing or reducing hours.

And of course the ongoing and evolving pandemic has played a significant role in this health care crisis.

Hopefully we are all aware of the ongoing negotiations between Doctors of BC and the Ministry of Health to better support family doctors. Essentially there are two parallel negotiation processes occurring currently. The physician master agreement (PMA) is being renegotiated as per the normal three-year cycle. And the more pertinent negotiations for family doctors is the process examining urgent community practice stabilization funding and creating new payment options for family doctors.

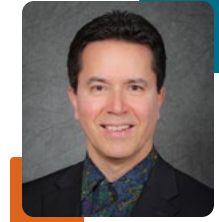
Your North Shore Division representatives have been quietly **VERY** active behind the scenes supporting this process of primary care reform. There have been numerous meetings this past year between your

Division reps and board members and GPSC/Ministry and Doctors of BC where your concerns have been voiced. We made it clear that immediate urgent stabilization funding was needed and we successfully argued that that stabilization funding needed to support both In-person AND telehealth work. The negotiators had initially decided to only support care provided in the office (including virtual care provided from the office) and **your** North Shore Division reps were successful in our request to support telehealth care even when that service is provided by the longitudinal family doctor from their home office.

Your North Shore Division's voice was also heard regarding primary care reform. We voiced concern about the destabilizing impact of the UPCC on local urgent care clinics. The significant dollars that go into supporting the UPCCs are in contrast to the lack of support for local after-hours clinics.

We are not expecting final details of a new primary care model for a few months but preliminary details sound very promising. We are told that the family doctors' **TIME** will be funded. Attaching **complex** patients will also be rewarded. Your Division's concerns about not being compelled to sign a contract with Vancouver Coastal Health (VCH) have been heard and we are told that we will **not need to sign with VCH** in the new system and that the contracts will be much simpler than current offerings.

There will also be the option to not sign a contract at all but simply to continue working in the fee-for-service (FFS) model but with the time you spend with a patient being properly rewarded. We are also told that the overall remuneration for the community longitudinal family doctor will be in line with hospitalist and UPCC type work, and I am told that when it is looked at from an hourly rate it will likely be more than the current sessional hourly rate.



Of course, despite this backdrop of a primary care crisis, the work of your North Shore Division has continued.

The pandemic continues and the COVID-19 Task Force Group will adjust meeting frequency commensurate with intensity of concern. This group serves to define ways in which the Division can work with public health and VCH and other partners to better support our members in responding to the pandemic. An offshoot alternate working group has arisen from the COVID-19 Task Force Group with an After-Hours Urgent Care Working Group designed to address the service gap for patients trying to access after-hours urgent care at a time when after-hours clinics are closing or reducing hours. This group includes family doctors and emergency medicine doctors and is a perfect example of how the Division quickly and nimbly responds to urgent community concerns.

Staffing has been a huge challenge for the Division this past year. Administrative staff are currently blessed with almost unlimited opportunities and it has been challenging to both retain staff and recruit new staff. Our Executive Director Ms. Claudia Frowein deserves huge kudos for continually rising to the constant challenge of keeping our Division staffed (and moreover staffed with truly amazing people). Our Division is growing with the primary care network (PCN) requiring significant energy, funding and manpower to meet its mandate. The PCN is evolving and strengthening under the wise watchful eyes of Ms. Kate O'Donnell and our Physician Leads Dr. Dean Brown and Dr. Ruth Campling. We thank them for their guidance as we continue down this path of opening up a team-based approach to family medical care on the North Shore. Ms. Cynthia Buckett has been a godsend and invaluable in keeping various projects humming along and we are so grateful to have her on staff. Mr. Steve Orti steps up and capably and effortlessly provides support when and where needed and his presence on staff is greatly appreciated. Ms.

Candace Travis has an amazing knack for knowing how best to support doctors with their virtual care, electronic medical record (EMR) support and office administration and we are grateful for her efficient knowledgeable presence.

Numerous other committees continue their important work. These include the GP/Specialist Committee, the Recruitment/Retention Committee, the Physician Wellness group, the Communications Committee, the LTCI (Long-Term Care Initiative), which is one of our bigger initiatives with a larger budget, and we are working on the substance use crisis through various initiatives with the valued guiding hand and expertise of Dr. Michelle Brousson. And of course we proceed with all our work in tandem with the two sovereign first nations North Shore, the communities of Tsleil-Waututh First Nation and Squamish First Nation. We thank those communities and their respective health directors and staff for their valued input in our work.

In closing I want to express my gratitude for the commitment and diligence of our members in providing the absolutely essential service of the longitudinal family medicine practitioner. The wider system and the Ministry is now recognizing the value of a family doctor and we look forward to a new primary care model where those physicians are fully supported in their work. Your North Shore Division will continue to advocate for our family doctors and we welcome members input on how we can best serve you!

Dr. Ray Chaboyer, M.D., C.C.F.P., F.C.F.P.

Board Chair, North Shore Division of Family Practice

Report from the Executive Director

Dear members,

Sept 2022

I see the overwhelming demands placed on you and have the utmost respect for the work you do every day. The Division has been developing and expanding its services to members to try to help ease your burdens. I sincerely hope that you and your patients have had the opportunity to benefit from the many supports and health care initiatives we've implemented. The following is a brief overview of those activities, together with an update on membership and finances:

Membership - The Division currently has 251 funded members: 21 new members joined (most of which were existing family physicians already practicing in the community) and six members retired from practice; seven of the new members are new-to-practicing on the North Shore. In addition to funded members, the Division has unfunded members who benefit from the services provided (unfunded members are family physicians who spend less than 50% of their time practicing here and therefore do not qualify for funding).

The level of member engagement in our activities is relatively high, and I would like to thank the 43 members who've been active participants in committees and working groups over the past year (listed on p. 30); additionally, more than half of our members attended at least one event in 2020/21.

Finances - We continue to be in a strong financial position: fiscal year 2021/2022 ended in a surplus, but we are required to return most of the unspent funds. The surplus was in large part due to not hosting in-person events. Primary funding sources were GPSC and Ministry of Health (MoH)-Primary Care Network (PCN) funding; additionally, we received funding from the Share Care Committee (SCC) for specific projects.

Health Care Initiatives - Over the past year, the Division actively pursued a dozen different patient care initiatives, ranging from primary care networks and the implementation of team-based care, to providing medical care for patients in short term custody. Primary Care Networks (PCNs) and support for patients dealing with mental health and substance use issues are strategic priorities, and in collaboration with Vancouver Coastal Health (VCH), the Division continues to provide leadership in the community on those realms.

The development of PCNs is advancing, and 47 family physicians are accessing nursing, pharmacy, and/or mental health clinicians. Please reach out to the Division's PCN Team if you'd like your practice to benefit from these services.

Membership Support Services - The Division continues to expand its membership support services. Examples of such services includes the Patient Medical Home (PMH) practice management program, in-clinic technology support, member education, and physician wellness. The addition of an interdivisional Recruitment Coordinator has helped with following up on leads for potential new physicians and locums for the North Shore, as well as facilitating the International Medical Graduates (IMG) and Practice Ready Assessment – British Columbia (PRA-BC) process locally.

I'd like to use this opportunity to remind all members that if you have any ideas on how to improve patient care and/or support members, please contact us - the success of the Division is only as effective as the input and involvement from its members, and we would like to hear from you!



Thanks to our members, the board, physician leads, and our operations team for your contributions – always a pleasure to work with you!

Claudia Frowein

Executive Director, North Shore Division of Family Practice



Member Events 2021 – 2022

April 2021

- Dine & Learn: North Shore Addictions Services Education Session.
- MDs4Wellness: Working Through the Stress of COVID Education Session.
- MOA Network: Spring Wellness Challenge.

May 2021

- MDs4Wellness: Mindfulness Videoconference Session.
- North Shore PCN: “What’s in it for Me?” Information Webinars.
- Pathways Update Webinar.
- MOA Network: Pathways and Referral Tracker Webinar.

June 2021

- Dine & Learn: Virtual COVID-19 Education Session.
- PCN: Primary Care Clinical Pharmacists (PCCP) Webinar.
- Axe the Fax: Referral Tracker Webinar.

October 2021

- Meet DoBC President Dr. Matthew Chow Education Session.
- Annual General Meeting Virtual Information Session.
- PCN: A Shared Experience Webinar.
- PCN: How to Refer to a Primary Care Clinical Pharmacist (PCCP) Webinar and Rapid Fire Session.
- Data Migration Webinar (Part 1).

November 2021

- Team-based Care – Practice Support Program (GPSC) Webinar.
- Dine & Learn: MAiD Education Session.
- Tech Talk: Healthcare Technologies Webinar.
- Data Migration Webinar (Part 2).
- Tracking and Managing Your Incentives Using Your EMR Webinar.

December 2021

- Capilano Suspension Bridge Canyon Lights Outdoor Holiday Wellness Event.
- MDs4Wellness: Mindfulness Videoconference Session.
- MOA Network: How to Prepare for an Autoclaving Audit Videoconference Session.

**July
2021**

- PCN: Mental Health Support Team (MHST) Webinar.
- PCN: UBC Primary Care Clinic at the HOpe Centre Webinar.

**August
2021**

- How to Create Clinic Websites Webinar.
- Practice Management Supports at the North Shore Division Information Webinar.

**September
2021**

- LTCI: Older Adult Mental Health Education Session.
- MOA Network: Trans Care BC Information Webinar.

**January
2022**

- Trans Care BC Information Webinar.
- CMHA Suicide Awareness and Prevention Webinar.

**February
2022**

- Dine & Learn: Physician Contracts Webinar.
- MDs4Wellness: Cypress Snowshoe Night Wellness Event.
- Privacy and Security Workshops for Family Physicians and the MOA Network.

**March
2022**

- Pediatric Eating Disorders Information Webinar.
- JIBC: Handling Conflict of the Telephone Webinar.
- MOA Appreciation Event.

Initiatives



1. COVID-19 Task Force

Physician Lead: Dr. Dean Brown

The Division continued to support the active planning, implementation, and monitoring of local responses to COVID-19. The COVID-19 Task Force, which consists of 12 family physicians, continued to be an avenue for family physicians to discuss, advocate, and support vaccine rollout, COVID-19 testing, updated safety protocols, and communications to Division members.

a) After Hours and Urgent Care Working Group

Physician Lead: Dr. Dean Brown

North Shore walk-in clinics, Urgent Primary Care Centres (UPCC), and the Lions Gate Hospital Emergency Department (LGH ED) have been overburdened due to the rippling effects of COVID-19, which has had a significant impact on providers and patients. To address some of these issues, the After Hours and Urgent Care Working Group was established in January 2022. This collaborative group brings together family physicians, LGH ED physicians, and Vancouver Coastal Health (VCH) leadership to identify and strategize short- and long-term solutions to help improve the current state of after-hours and urgent care.

b) COVID-19 Collaborative Services Committee

Physician Lead: Dr. Dean Brown

The Division worked collaboratively with Vancouver Coastal Health (VCH), and the Tsleil-Waututh, and Squamish Nation on the COVID-19 Collaborative Services Committee. The work of this group helped to advocate for services and improve communication between the Division and VCH regarding COVID-19 vaccinations, testing, updated protocols, and other key COVID-19 issues.

c) Post COVID-19 Recovery Clinic

Physician Lead: Dr. Matt Blackwood

Research was completed to explore the possibilities of creating a virtual, primary care-led, Post-COVID-19 Recovery Clinic (PCRC) for the North Shore to help reduce the burden on existing PCRCs.

A multidisciplinary team was established including family physicians, specialists, and allied health professionals to guide the development of a business case for the NS PCRC. The project team worked collaboratively with leaders from the Post-COVID-19 Interdisciplinary Clinical Care Network (PC-ICCN) and clinical leads from the St. Paul's Hospital and Vancouver General Hospital PCRCs to ensure the NS model would complement the provincial work and reduce duplicated efforts.

Although a comprehensive business plan was developed, due to a lower than anticipated number of post-COVID-19 patients on the North Shore, and the fact that the existing PCRCs were not overburdened as expected, it was determined that at this time a NS PCRC is not required.

2. GP Link (Patient Attachment)

QUICK STATS

Number of Patients Attached
through GP Link in 2021/22:

2,185

Over one million British Columbians have no primary care provider, so recruitment and attachment are high priorities for the Division.

- Through GP Link, over 2,200 patients were attached to a NS family physician in 2021/22.
- A new urgent referral system was implemented to expedite attachment for the most complex patients.
- System upgrades to GP Link have created a more proactive system for efficient communication with patients.

Despite beliefs to the contrary, there are North Shore FPs willing to take on patients!

3. Mental Health and Substance Use Initiatives

Addressing mental health and substance use is an essential aspect of primary care. The Division supports several ongoing projects and initiatives that help to improve care for children, youths, and adults. This past fiscal year, the Division implemented and/or provided leadership and support to the following initiatives:

- Psychiatric Adolescent and Child Teleconferencing Service (PACTS).
- North Shore Community Committee on Substance Use (NSCCSU).
- Adult Mental Health and Substance Use Shared Care Projects.

a) ADHD: Enhancing Access for Adult ADHD Care

Physician Lead: Dr. Genevieve Lauzon

Since the opening of the Adult ADHD Clinic in the HOpe Centre, the number of patient referrals has increased substantially. This resulted in an extensive and unsustainable waitlist, leading to psychiatrists from the Adult ADHD Clinic approaching the Division with a project idea to help address the waitlist issues.

The goal of this Shared Care-funded project is to train family physicians to provide care for uncomplicated or previously diagnosed adult ADHD patients in a primary care setting. This would help improve care by preventing increased functional impairment secondary to ADHD, comorbidity with increased anxiety, depression, and substance use, among other impairments, due to untreated or sub-optimally treated ADHD.

Seven family physicians and one nurse practitioner participated in the pilot project, which consisted of four educational sessions led by two psychiatrists. Participants were also able to book one-on-one patient consultations with the psychiatrists to further support their learning.

Provider and patient outcomes were measured over the course of the project and concluded that 100% of the primary care providers who participated in the pilot project indicated that training improved their understanding of diagnosing and treating uncomplicated ADHD in adults.

As the pilot project is now complete, next steps include exploring opportunities to spread the ADHD education and resources to primary care providers in other communities.

b) North Shore Community Committee on Substance Use (NSCCSU)

Physician Lead: Dr. Michelle Brousson

The NSCCSU continued to be a platform for community collaboration and connection. The committee shared resources and promoted initiatives that support the circle of care for individuals who use substances on the North Shore.

The NSCCSU facilitated important partnerships and shared knowledge between:

- VCH Overdose Outreach Team.
- First Nations Health Authority.
- HealthConnections Clinic.
- Canadian Mental Health Association.
- NS Family Advisory Committee.
- Lookout Housing and Health Society.
- FOUNDRY North Shore.
- Other community partners.

In addition, NSCCSU has two working groups: the Overdose Prevention Services (OPS) Working Group and the Afterhours Working Group. This past year the groups hosted educational sessions on harm reduction, the Street Degree Program, Suboxone Prescribing Protocol, and episodic Overdose Prevention Services (eOPS).

The OPS Working Group also drafted a Shared Care proposal that was approved by the provincial Shared Care Committee (SCC) to support the development of a Suboxone prescribing protocol and care pathway for individuals experiencing withdrawal in short-term custody (see below).

c) Medical Care for Short-term Custody (MCSTC)

Physician Lead: Dr. Michelle Brousson

This Shared Care Project aims to improve care for individuals at risk of experiencing opioid withdrawal in short-term custody and to help decrease the risk of overdose post-release. The project helps reduce the strain on our health care system, risk of destabilizing care, and helps improve the experience for patients, providers, and police.

A multidisciplinary steering committee was established to guide the work. The committee consists of family physicians, a social worker, a nurse practitioner, and representation from North Vancouver RCMP, Integrated First Nations Health Unit, West Vancouver Police Department, and the North and West Vancouver Fire Departments.

A focus group with seven family physicians and specialists was conducted, as well as interviews with individuals in custody that were experiencing withdrawal to understand their journey. This information is being used to develop the Suboxone protocol and care pathway.

Initiatives

d) Psychiatric Adolescent and Child Teleconferencing Service (PACTS)

Physician Lead: Dr. Hayley Broker

Established in 2020, PACTS was created to increase FP access to child and youth psychiatric consultation by creating a telephone consultation service that allows family physicians to speak directly to a psychiatrist. In 2021, the program had 44 referrals from 34 family physicians, with medication review and recommendations being the most common reason for referral.

Through ongoing quality improvement of PACTS, the Division supported the completion of a comprehensive service evaluation, which highlighted recommendations for improving the physician referral form, tracking referrals, and promoting the services to family physicians.



4. Long-term Care Initiative (LTCI)

QUICK STATS

Number of Long-term Care Beds: **1,496**

93% of Long-term Care Patients
Attached to an LTCI Physician

Physician Lead: Dr. Katayoun Rahnavardi

The Long-term Care Initiative (LTCI) works collaboratively with family physicians, long-term care facilities, and Vancouver Coastal Health (VCH) to implement five best practices to improve care. Over the past year, the program continued to support new COVID-19 information, resources, and protocols to help ensure patient and provider safety. As physicians were diligent about on-site visits due to COVID-19, there was a need for more support with remote prescribing and therefore the Division adopted the “Standardized LTC Remote Prescriber’s Orders” guide from the Vancouver Division of Family Practice.

LTCI also supports physician education by offering education sessions relevant to long-term care, and an education session with the VCH Older Adult Mental Health Team was held to learn more about their services and how to work collaboratively with them.

Physician recruitment is a key objective of LTCI and in 2020/21 three new physicians joined LTCI, resulting in 24 physicians participating in the program. Approximately 93% of long-term care patients are attached to an LTCI physician.



5. Primary Care Networks(PCN): Team-based Care

QUICK STATS

Clinical Resources Hired to March 2022: **20** Full-Time Equivalent (RN, PCCP & Social Workers)

Physicians Participating in PCN: **47** FPs located in 15 offices

Members Attended PCN Webinars/Events: **100** FPs

Physician Leads: Co-leads Dr. Dean Brown and Dr. Ruth Campling

PCN is a cornerstone initiative for the Division:

- The broad objective is to establish primary care at the center of a well-functioning healthcare system by integrating services around the Patient Medical Home (PMH) to provide excellent longitudinal care.
- The partners include VCH, Squamish First Nation, T'sleil Waututh First Nation, and above all, NSDFP members!
- The Division views the PCN Initiative as a vital path forward – a key to addressing the primary care crisis.
- The NS PCN Initiative has seen impressive successes this year, despite the crosswinds of the COVID-19 pandemic, a primary care crisis, and a system sliding toward dysfunction. These include:

Nurse in Practice (RNIP)

- Three Nurses in Practice have been hired, who work in family physician offices in Central and West PCN to support 20 NS FP practices.
- Practices vary, so the PCN project team continually refines and adapts orientation, implementation, and scope of practice strategies, to optimize the fit for teams, providers, and patients.
- The plan is to grow the RN team over the next two years, towards the goal of 15 RNs across the North Shore.

Primary Care Community Pharmacists (PCCP)

- Two 'PharmD's' now work closely with 35 NS FPs, virtually and in-office, to help manage a wide range of medication and treatment issues.
- A welcome and easily accessed support for our most complex patients.
- PCCPs have also been providing COVID-19 Antiviral support to physicians, virtually and in-office.

Mental Health Clinicians (MHC)

- This has always been the biggest 'ask' from the FPs in the community.
- Three medical health clinicians now work with six medical offices and 30 NS FPs.
- They offer short-term counselling and support for both mental health and social determinant issues.
- Over the next four years, the PCNs plan to recruit 10 more mental health clinicians.



Membership Support Services

1. Dine & Learn (Member Education)

QUICK STATS

Unique Member Attendees at Dine & Learn Events: **119**

Total Member Attendees at Dine & Learn Events: **238**

Physician Lead: Dr. Lisa Gaede

The Member Education Committee was created to provide networking opportunities for members and to connect family physicians to the larger healthcare system through awareness and knowledge of services. To achieve this goal, they organize educational events to provide members with a forum for learning and engaging in dialogue with their peers. These education events also provided CME accreditation to attendees, assisting physicians to maintain their license requirements free of charge.

Five Dine & Learn virtual medical education sessions were hosted in 2021/22 with a total of 238 members attending, covering the following topics:

- Addiction Services
- COVID-19 Education & Information
- Medical Assistance in Dying Education
- Physician Contract Information
- Questions & Answers Session with DoBC President Dr. Matthew Chow

2. Family Physician and Specialist Relations

QUICK STATS

New Specialists Welcomed to North Shore: **11**

Physician Lead: Dr. Michelle Brousson

The Family Physician and Specialist Relations Committee strives to foster healthy working relationships between primary care physicians and specialists to best serve and meet the medical needs of patients. The group focuses on identifying issues that can impact physician communications and referral processes and works to develop and implement solutions at a local level. The Orthopedic Screening Program centralized their referral process in 2021. The committee worked with the program to ensure the new referral process was clear and streamlined for patients. The committee also assisted with communicating the referral process changes to all Division members.

Each year the group welcomes new specialists to the North Shore by providing them with an overview of the Division and other resources they can access in the community. This year, the committee welcomed 11 new specialists.

The committee also receives ongoing updates and provides input on Shared Care projects throughout the year. Shared Care is a provincial initiative that aims to bring family physicians and specialists together for coordinated patient care. Funding is available to support local or regional projects based on needs or gaps in patient care identified by physicians. For more information or project ideas, please contact Dr. Michelle Brousson.

3. Influenza Vaccine Campaign

QUICK STATS

Flu Vaccine Delivery Service Utilized by **38** Clinics

In 2021 the Division launched an influenza vaccine delivery service to help streamline vaccine distribution processes and save family physicians and clinic staff time. The free service was utilized by 38 clinics on the North Shore. In partnership with Vancouver Coastal Health, this project facilitated 87 influenza deliveries to clinics between October 2021 – March 2022.

A flu vaccine FAQ was developed in partnership with Vancouver Coastal Health and the Vancouver Division of Family Practice. Additionally, a clinic experience survey was administered that resulted in an overwhelmingly amount of positive feedback.

This service will continue to be offered in 2022/23 to all clinics on the North Shore.

Membership Support Services

4. MDs4Wellness (Physician Wellness)

QUICK STATS

Unique Members Participated in Wellness Events: **79**

Physician Attendees at Wellness Events in 2021/22: **154**

Physician Lead: Julia Hlynsky

With the ongoing demands that family physicians face, attempting to find balance between home and work life can be extremely challenging. Led by family physicians and in collaboration with Lions Gate Hospital Facilities Engagement Society, MDs4Wellness is an ongoing program that focuses on advocating and promoting overall physician wellness. In 2021/22 the MDs4Wellness Committee hosted eight webinars for physicians and specialists focussing on the benefits of mindfulness and meditation.

A three-part Financial Literacy Workshop was also offered to provide guidance and support to the financial struggles physicians have been facing in recent years.

In addition to the educational webinars, MDs4Wellness developed a 30-day Wellness Challenge in April, June, and November, with approximately 30% of all North Shore Division members participating. During these challenges, physician members were encouraged to complete several daily tasks focusing on healthy eating and exercise.



5. Medical Office Assistant (MOA) Network

QUICK STATS

Over **230** MOAs in the Network

The Medical Office Assistant (MOA) Network provided in-clinic support to medical offices, learning opportunities, and resources for MOAs to connect with other community MOAs. Currently the network has over 230 MOA members receiving support, and the Division has implemented an MOA locum program to provide temporary coverage for MOAs.

Education events held for the MOAs included:

- Handling Conflict on the Telephone
- Autoclaving 101
- Trans Care BC
- Privacy and Security
- Responding with Respect to Patients.

6. On-call Scheduling Software

To improve the ease of scheduling after-hours on-call shifts, the Division researched and tested two scheduling software programs with seven physicians from three call groups (LTCL, Community Call Group, and LGH FPs On Call).

The members tested the software and completed an evaluation about their experience. The survey data was inconclusive, demonstrating that neither software provided an adequate user experience to adopt the software. Ongoing work to support scheduling for physician call groups will continue into the next year.

Membership Support Services

7. Pathways

Physician Lead: Dr. Lisa Gaede

QUICK STATS

Division members currently using Pathways: **135**

Total Page views: **11,598**

a) Pathways Community Directory

Launched August 2021

The Pathways Community Directory acts as a hub of community health information that can be easily navigated by physicians and patients, and in the past year it has expanded its reach to the public. To promote the directory, information material was distributed to local recreation centers, libraries, community centers, and physician offices. Stats demonstrate that mental health, substance use, and senior services are the most searched topics in the directory. Total monthly homepage views have increased from 539 in Aug 2021 to 1,623 in March 2022, and total page views from 970 in Aug 2021 to 2,582 in March 2022.

b) Referral Tracker

QUICK STATS

Percentage of Longitudinal Family Physicians Using Referral Tracker: **75%**

Number of Referrals Sent Through Pathways Referral Tracker 2021/22: **2,248**

The Pathways Referral Tracker software was implemented to improve the referral process and enhance communication between family physicians, specialists, and patients.

2021/22 saw an increase from 59% to 75% of family physicians who have a patient panel using referral tracker, and an increase from 23% to 30% of all community specialists. The upcoming integration of major Electronic Medical Records (EMR) software will enable additional offices to implement Referral Tracker.

8. Physician Recruitment

Physician Lead: Dr. Joanne Larsen

With the ongoing shortage of family physicians in BC, physician recruitment is a priority for the Division. To that end, NSDFP partnered with Sea to Sky and Sunshine Coast Divisions to hire a Recruitment Coordinator to facilitate physician recruitment across all three geographical areas.

The Division also worked closely with the Ministry of Health to coordinate community placements for International Medical Graduates (IMG) and Return of Service (ROS) candidates, which resulted in two additional family physicians to the North Shore.

Within the 2021/22 fiscal year, the Division has recruited seven new family physicians to the North Shore. Between March and December 2022, an additional seven fee-for-service and three new-to-practice are expected to start working in the community.



9. Practice Management – Patient Medical Homes (PMH)

QUICK STATS

155

Individual Family Physicians Received Direct Office Support

95

Physicians Received Direct Support to Implement Care Connect and Pharmanet

64

of 71 Clinics Received a NSDoFP Privacy & Security Binder

43

of 71 Clinics Can Mass E-mail Their Patients as of 2021/22

Physician Lead: Dr. Joanne Larsen

The Practice Management Program supported Division members with quality assurance, efficient practice opportunities, and several events throughout the year.

Physicians and MOAs received in-practice support for implementing efficient workflow processes aimed at preventative care, increased billing, and decreasing time spent on administrative tasks. On-site support was provided to 65 out of 71 clinics, including offering healthcare technology training for Care Connect and Pathways and assisting with data migration support.

In addition, direct support was provided to achieve members' clinical goals by providing online tools that assisted in patient bookings, patient reminders, scheduling practices, and tracking fixed populations.

With a strong focus on clinic policies and implementing privacy and security standards, the Division created Privacy and Security Binders and distributed them to 64 clinics. The initiative supported clinic self assessments, password polices, internet down time, and tracking access to technology tools.

The Division also developed new resources for locum support which included EMR training videos, billing guides, tutorials, and enabled 60% of clinics to mass e-mail their patient panels. Patients continue to use the Division's eConsent app, which allows formal consent of electronic communication.



Collaborative Services Committees and Vancouver Regional Divisions' Leadership Group

Representatives from the North Shore Division of Family Practice, VCH, Doctors of BC, the General Practice Services Committee (GPSC), and the Ministry of Health comprise the North Shore Collaborative Services Committee (CSC), the main forum for addressing system issues and influencing primary care. In addition, Division leaders in the Vancouver Coastal Health area meet regularly at the Vancouver Regional Divisions' Leadership Group (VRDLG) and quarterly with VCH senior leaders to address regional health issues at the Inter-divisional Collaborative Service Committee (ICSC). The PCNs are governed by a NS PCN Steering Committee with representation from the Division, VCH, Squamish Nation, and Tsleil-Waututh Nation.

Accountability and Evaluation

The Board's initiatives project aims 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. All initiatives approved by the Board are led by a project-specific committee and are expected to be evaluated using the Triple Aim framework (improve the health of the population, improve 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 and funders such as GPSC, Shared Care Committee, and Ministry of Health.



Acknowledgements

We would like to thank our specialist colleagues, community partners, and the following Division members for their contributions to our various committees and working groups:

Dr. Naved Ali – North Shore Community Committee on Substance Use.

Dr. Mehrtash Amini – PMH/PCN Clinical Quality Focus Group.

Dr. Touktam Bahri-Irai – Communications Committee.

Dr. Nicole Barre – Long-term Care Initiative Quality Improvement Committee, PMH/PCN Quality Improvement Committee.

Dr. Sofia Bayfield – Long-term Care Initiative Quality Improvement Committee.

Dr. Gordon Bird – Long-term Care Initiative Quality Improvement Committee.

Dr. Matt Blackwood – COVID-19 Task Force, NS PCRC Steering Committee, Family Physician/Specialist Relations Committee.

Dr. Hayley Broker – Child and Youth Mental Health and Substance Use, Mental Health and Substance Use Working Group, North Shore Community Committee on Substance Use, PACTS Working Committee.

Dr. Michelle Brousson – After Hours Working Group, COVID-19 Task Force, Family Physician/Specialist Relations Committee, North Shore Community Committee on Substance Use, Opioid Protection Services Working Group, Medical Care for Short-term Custody Project Steering Committee, PCN Clinical Quality Focus Group, NS PCRC Steering Committee.

Dr. Dean Brown – ADHD Steering Committee, COVID-19 Task Force, Communications Committee,

Collaborative Services Committee, COVID-19 Collaborative Services Committee, Dine & Learn Committee, North Shore Community Committee on Substance Use, PMH/PCN Initiative Committee, After Hours and Urgent Care Working Group, PACTS Working Committee, Strategic Leadership Team.

Dr. Ruth Campling – Family Physician/Specialist Relations Committee, PMH/PCN Initiative Committee, Strategic Leadership Team.

Dr. Ray Chaboyer – COVID-19 Task Force, Collaborative Services Committee, COVID-19 Collaborative Services Committee, Family Physician/Specialist Relations Committee, Strategic Leadership Team.

Dr. Maureen Conly – MDs4Wellness Committee.

Dr. Louise Corcoran – Long-term Care Initiative Quality Improvement Committee.

Dr. Lisa Gaede – Family Physician/Specialist Relations Committee, MDs4Wellness Committee, Dine & Learn Committee, Pathways, Pathways Referral Tracker Initiative.

Dr. Mahshid Gharedaghi – Long-term Care Initiative Quality Improvement Committee.

Dr. Elaine Hao – Dine & Learn Committee.

Dr. Erin Hasinoff – MDs4Wellness Committee.

Dr. Barbara Hejdankova – Long-term Care Initiative Quality Improvement Committee.

Dr. Jonathan Hislop – Practice Management Committee.

Dr. Julia Hlyinsky – MDs4Wellness Committee, PMH/PCN Quality Improvement Committee.

Dr. Wilhelm Hofmeyr – PMH/PCN Clinical Quality Focus Group.

Dr. Dedeshya Holowenko – After Hours and Urgent Care Working Group.

Dr. Blanka Jurenka – Communications Committee.

Dr. Anis Lakha – COVID-19 Task Force.

Dr. Lisa Lange – After Hours and Urgent Care Working Group.

Dr. Joanne Larsen – PMH/PCN Quality Improvement Committee, Practice Management Committee, After Hours and Urgent Care Working Group.

Dr. Genevieve Lauzon – ADHD Steering Committee, COVID-19 Task Force, Dine & Learn Committee, Mental Health and Substance Use Working Group, Family Physician/Specialist Relations Committee, PACTS Working Committee.

Dr. Lucy McShane – PMH/PCN Clinical Quality Focus Group.

Dr. Aileen Moric – Pathways Committee, Pathways Referral Tracker Initiative.

Dr. Amrit Parhar – After Hours and Urgent Care Working Group, NS PCRC Steering Committee.

Dr. Kathy Rahnavardi – COVID-19 Task Force, Long-term Care Initiative Quality Improvement Committee.

Dr. Kyra Roeck – Pathways Referral Tracker Initiative.

Dr. Mitch Rubin – COVID-19 Task Force, Communications Committee, MDs4Wellness Committee, After Hours and Urgent Care Working Group.

Dr. Krystine Sambor – COVID-19 Task Force, Strategic Leadership Team, COVID-19 Collaborative Services Committee.

Dr. Richard Sebba – Long-term Care Initiative Quality Improvement Committee.

Dr. Eric Sigmund – Mental Health and Substance Use Working Group.

Dr. Mischa Snopkowski – PMH/PCN Clinical Quality Focus Group.

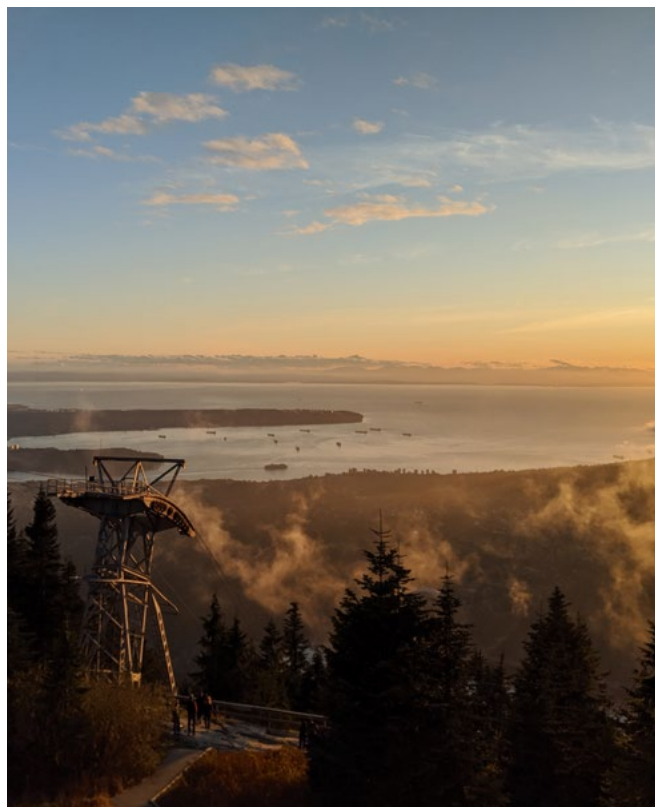
Dr. Hamidreza Tabassi – PMH/PCN Clinical Quality Focus Group.

Dr. Ann Marie Thomsen – PMH/PCN Quality Improvement Committee, Practice Management Committee.

Dr. Nigel Walton – COVID-19 Task Force, Communications Committee, COVID-19 Collaborative Services Committee, PMH/PCN Clinical Quality Focus Group.

Dr. Nicola Walton-Knight – COVID-19 Task Force, COVID-19 Collaborative Services Committee, Strategic Leadership Team.

Dr. Veerle Willaeyts – MDs4Wellness Committee.



Statement of Financial Position

March 31

	2022	2021
Assets		
Current assets		
Cash and cash provided by funding	\$ 2,239,719	\$ 2,107,108
Amounts receivable	83,981	128,513
GST receivable	9,902	9,052
Prepaid expenses and deposits	50,654	32,004
	\$ 2,384,256	\$ 2,276,677
Liabilities		
Current liabilities		
Accounts payable and accrued liabilities	\$ 247,482	\$ 264,778
Wages payable	108,865	77,344
Due to funders	899,444	-
Deferred revenue	847,187	1,678,908
	2,102,978	2,021,030
Net assets		
Unrestricted	\$ 281,278	\$ 255,647
	\$ 2,384,256	\$ 2,276,677

Statement of Operation

Year Ended March 31

	2022	2021
Revenues		
Government funding	\$ 2,775,543	\$ 2,347,834
Expense recoveries	62,578	-
Interest	13,655	14,235
GST rebate	9,903	9,052
Ministry of Health	-	60,567
Canada Emergency Wage Subsidy	-	9,984
	\$ 2,861,679	\$ 2,441,672
Expenditures		
Administration (schedule)	\$ 285,454	\$ 241,669
Administration personnel	482,892	431,400
Clinical programs (schedule)	482,310	502,224
Evaluation activities	32,848	63,618
Events	154,453	86,878
Marketing and communication	17,540	19,162
Meetings	6,736	6,116
Physicians	382,661	429,037
Program personnel	991,154	623,475
	\$ 2,836,048	\$ 2,403,579
Excess of revenues over expenditures for year	\$ 25,631	\$ 38,093
Net assets, beginning of year	255,647	217,554
Net assets, end of year	\$ 281,278	\$ 255,647

Our Team



Board of Directors

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

Executive Director

Claudia Frowein, MA

Operations Team (as of Sept 2022)

Cynthia Buckett, MBA – Program Manager, Healthcare Initiatives
Marilu Encinas, MBA – Practice Improvement Technology Coordinator
Barb Fiddler – Pathways Administrator
Deena Hamza, PhD – Evaluation Support
Shana Khan, MA – Administrative Assistant
Kathy Kim, BSc – Program Coordinator, PCN
Carissa Kocsis, BCom – Project Coordinator, Healthcare Initiatives
Nadia Mimouni – Administrative Coordinator
Kate O'Donnell, MSc – PCN Lead
Steve Orti – Membership Support Coordinator
Candace Travis – Practice Change Manager
Violet Young – Administrative Assistant



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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   

