Divisions of Family Practice
A GPSC initiative

Annual Report
2021-2022

Northern Interior Rural Division of Family Practice

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OUR VISION

Purpose

We are a group of rural practitioners who value rural patients, rural medicine, and rural communities.

Mission

Rural practitioners supporting rural practitioners helping to build healthier communities together.

Vision

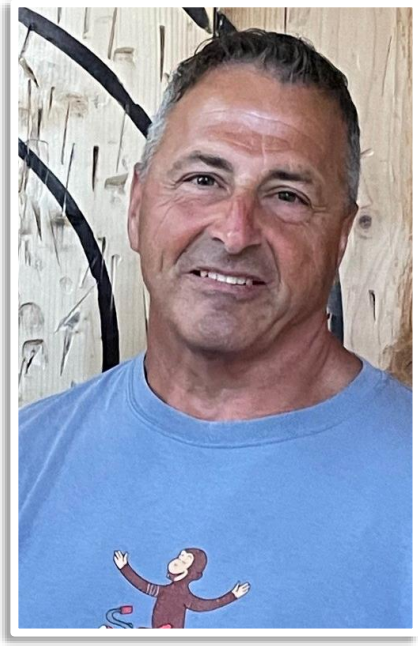
To create healthy communities connected by a solid collaborative practitioner community within a stable network of healthcare.

Values

Collaborative, authentic (acting with integrity & accountability), respectful and proactive relationships.

EXECUTIVE DIRECTOR'S REPORT

Executive Director – Errol Winter



As I reflect on the year past, I am reminded of that iconic opening paragraph by Dickens in his novel, *A Tale of Two Cities*: "It was the best of times, it was the worst of times, it was the age of wisdom, it was the age of foolishness, it was the epoch of belief, it was the epoch of incredulity, it was the season of light, it was the season of darkness, it was the spring of hope, it was the winter of despair."

As many of us can attest, the year was awash with liberal doses of both despair and hope. The never-ending story of a pandemic relentlessly surging like a west coast tide, the inevitable burn out of our health care professionals, isolation, all bracketed by runaway inflation. In the hope column we saw amazing partnerships emerge, a renewed fervor for technological solutions, and finally the tide of COVID start to recede.

Whether this is an Orwellian prognostication, or the precipice of systemic change is yet to be determined, but the one thing we have learned over the past few years is no matter what the outcome, it is generally two sides of the same coin.

The NIRD team I am privileged to work with has shown remarkable resilience throughout these tumultuous times, their infectious optimism and enthusiasm have made my job so much easier. Along with a supportive Board, RA, Leadership group and partner organizations, I am confident that 2022/23 will be another banner year for our organization.

CHAIR'S REPORT

Board Chair – Dr. Shannon Douglas

The Past

As we celebrate 10 years as a Division it is an opportune time to both reflect on our history and turn an eye to our future. Over time we have seen more than a doubling of members, three-fold increase in programs and projects, the introduction of Nurse Practitioners as full voting members, and the development of much deeper relationships with all our partners. We have seen our organization grow from an initial staff of 0.5 (thank you Sean & Carmen!) to a mix of 9 part-time/full-time employees. What I am most proud of though is the fact that throughout all this growth we still stand by all our original purposes and intent.

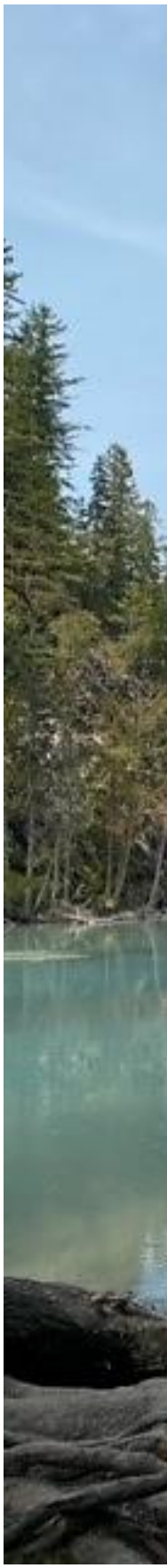
Present

This year past has been one of unprecedented challenges for our membership, and the communities they reside in. Pandemic recovery, human resources shortages across the whole spectrum of health services, and the inevitable burn out from too few members covering far too many vacancies.

Amidst all these challenges the Division still managed to make significant headway through improved reconciliation, with the guidance of CSFS, through their strong educational support of cultural training. A close partnership with FNHA in assisting with implementation of their FNPCI in Fort St James, and the tri-parti chair model with our collective CSC. I would be remiss if I did not also laud the work of the Division's provincially recognized team, and the community-led and driven initiatives that have resulted in practical on the ground solutions providing an enormous boost to all our communities.

Future

Going forward we see a continual plague of mounting socio-economic challenges for our communities, and little relief in much needed human resource support. As daunting as this may seem our Division is well positioned to weather these continuing headwinds with a hard-working and dedicated membership, staff, and partners. We believe 2022/23 will be another strong year for the little Division that could. As the acerbic historian AJP Taylor once quipped, "nothing is inevitable until it happens."

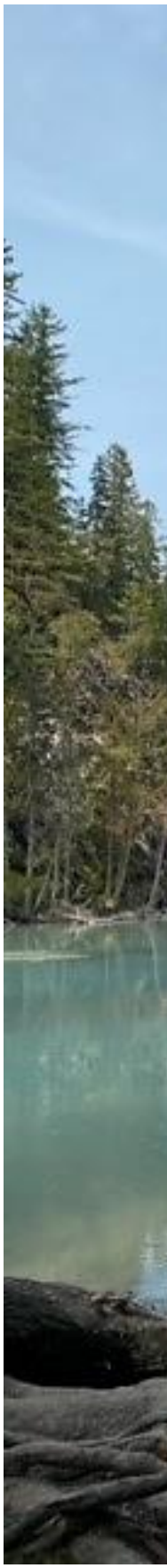


RA AND PHYSICIAN LEADERSHIP REPORT

Representative Assembly Chair – Dr. Ian Dobson

With another year comes fresh challenges and fresh opportunities for our Division. As we remain vigilant about COVID, our focus has shifted to pandemic recovery and healing our healthcare system. In the face of such unprecedented challenges, it remains important to reflect on achievements of the past year. Our PCN rollout remains strong; it is built on a foundation of equity and engagement. The ranks of our Division have been strengthened with the welcome addition of our NP colleagues as full voting, participating members. We continue to emphasize recruitment and retention with our collaborative efforts with the Central Interior Rural Division. Finally, we continue to support new and innovative microprojects throughout the region.

As we are challenged with high levels of burnout, attrition of healthcare workers, and a release of pent-up healthcare demand, our system faces significant strain. Although this may seem daunting, let us not forgot our strength, resilience, and resourcefulness. Our focus on physician wellness and engagement leaves us in a strong position to retain providers. Our commitment to recruitment, both internally and collaboratively, continues to pay dividends. Our innovative commitment to virtual care leaves us well positioned to serve remote patients, and able to offer resilient primary and tertiary care to patients, regardless of provider location. This tireless work has uniquely positioned us as rural innovators and, I believe, will allow us to overcome the next year's challenges stronger than ever.



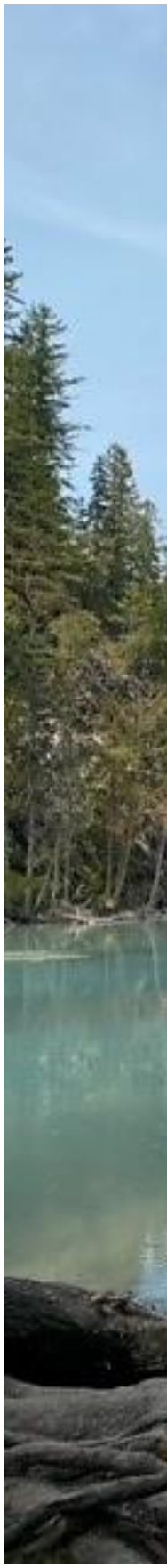
Physician Tri-Leads – Dr. Lindsey Dobson, Dr. Gretchen Snyman, Dr. Ray Markham

It has been a challenging year for all primary care providers. The political landscape has dramatically thrust the media spotlight onto family doctors. As physician leads, Dr. Ray Markham, Dr. Gretchen Snyman and I have worked to represent our Division and its members at multiple levels. We strive to continue to improve the primary care provider experience resulting in wellness and improved patient care. We have continued to maintain strong relationships with our partners at Northern Health, the Ministry of Health, First Nations Health Authority and Doctors of BC. NIRD successfully hosted an Interdivisional Meeting prioritizing recruitment and retention in the North. We continue to work on the PCN initiatives and collaborative tables. We are proud to serve you in these capacities. Thank you for being the backbone to keeping excellent healthcare in rural communities.

Dr. Ray Markham

Dr. Gretchen Snyman

Dr. Lindsey Dobson



TECHNICAL TEAM REPORT

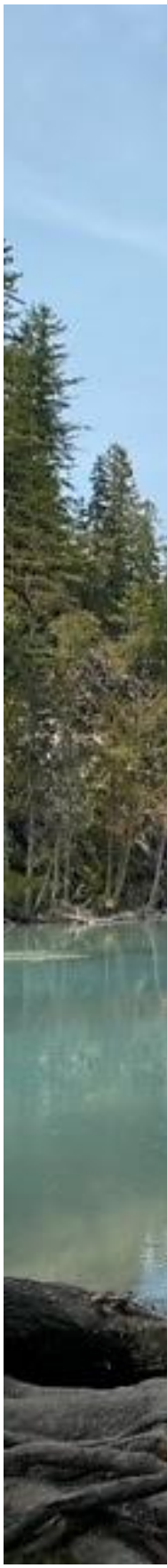
Technical team – Dave Harris, Heather Stillwell, Meagan Ryan

Heather Stillwell, Dave Harris, Meagan Ryan

A new tech and innovation team was formed to support the PCN and all other virtual care initiatives in the NIRD. The team consists of Dave Harris (Lead), Meagan Ryan (Project Support) and Heather Stillwell (Virtual Care Coordinator). We are leading all virtual care initiatives moving forward reporting to NIRD leadership. We are meeting with the Medical Office Administrator for CSFS to discuss embedding our next Virtual Care Coordinator (VCC) within CSFS to ensure all NIRD sites have equitable access to virtual supports. Having our current VCC embedded in Northern Health is working quite well so we'll explore a similar structure with CSFS.

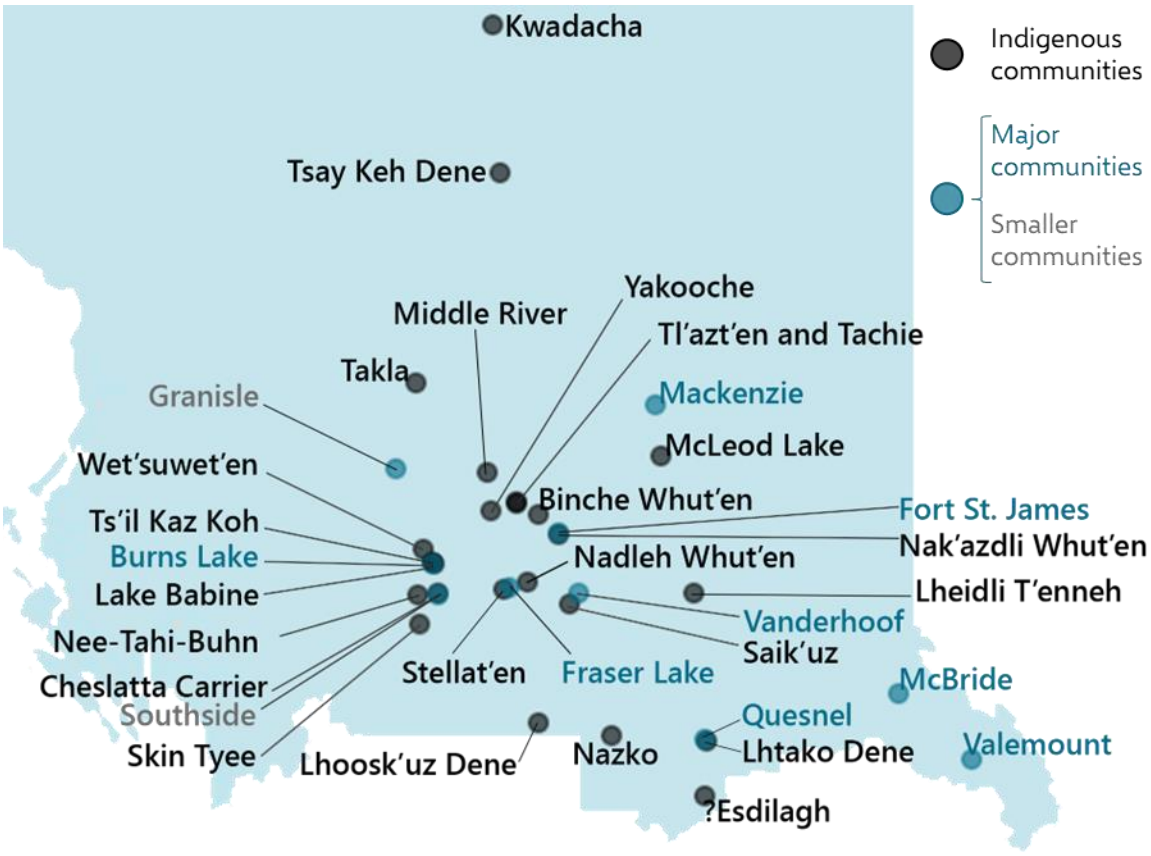
Work continues to normalize virtual care processes throughout our region to lay the groundwork for the Consultation to Conversation model. Providing virtual access to allied health supports that don't exist locally is progressing well, to date mental health and addictions, social work, and home support have begun providing virtual care for communities away from their physical location. OT/PT are very interested in providing care virtually, where appropriate, to NIRD communities who currently do not have OT/PT allied health locally.

In the next year several allied health positions tied to the PCN will be filled. We are working with our Northern Health partners to ensure shared access to these supports are available virtually in a culturally safe manner that works for everyone.



MEMBERSHIP

The Northern Interior Rural Division has a membership of 119 physicians and nurse practitioners in a region with a large and complex health care system, comprised of eight rural communities and 22 First Nations communities. The Division serves approximately 61,454 patients across a geographic area of 130,302.57 sq. km.



We appreciate with gratitude living and working on the traditional territories of our 22 Indigenous partners listed above.

YEAR IN REVIEW

COVID-19 Physician Led Primary Care Initiative: Vanderhoof Palliative Care Proposal (completed)

Funding for a sessional fee for physicians. Supporting non-COVID palliative care patients to be able to die in their homes rather than in hospitals, with support of a home care nurse and physician.

Shared Care

Chronic Pain Spread Network, BC Rural Chronic Pain Program – Vanderhoof (completed)

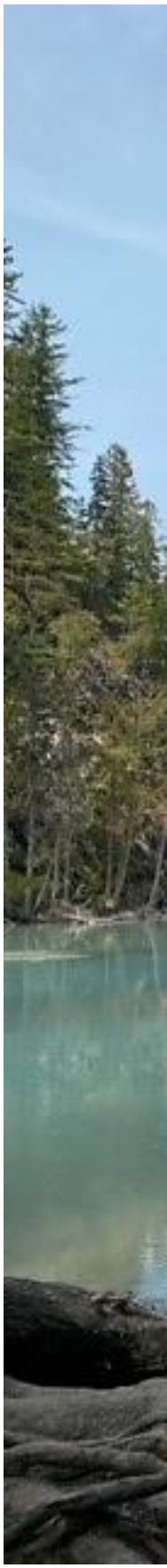
Mental Health Support for Remote, Rural Emergency Room – Fort St. James (completed)

- A child and youth mental health and substance use program that provides after-hours support to on-call emergency room physicians.
- Services are also offered during regular office hours if they are not already available in the community.

Health Emergency Management (ongoing)

Part 1 funding: develop and formalize an organizational emergency management plan, incident command and emergency operations centre structures, that includes local health authority input for role clarity and coordination

Part 2 funding: to execute health emergency preparedness, response, and/or recovery in partnership with HA and community agencies as needed



Inpatient Care Bridge Funding (ongoing)

Hospitals involved: St. John Hospital, Lakes District Hospital, GR Baker Hospital

Helps communities maintain current provision of inpatient care while a long term and sustainable model is developed

Pills of Knowledge

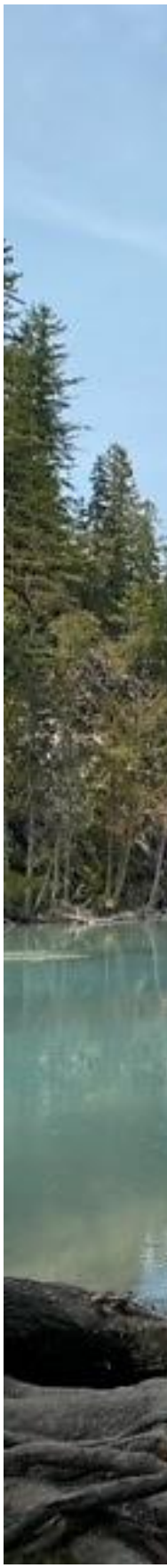
The 5th Annual Pills of Knowledge for Best Evidence Rural Practice virtual conference took place on October 2, 2021 with 36 participants.

The **6th annual Pills of Knowledge** for Best Evidence Rural Practice will take place on **October 1, 2022.**

Provider Wellness Initiative (ongoing)

Provider health is a priority for the membership of NIRD. NIRD is working with the Rural Coordination Centre of BC (RCCbc) on a research project which aims to better understand providers' health, wellness, quality of life and job satisfaction, and where there are opportunities for further improvements to supports and services.

Providers will have the chance to complete a survey to share their experience.



Recruitment and Retention

NIRD has two joint Division collaborative recruitment and retention initiatives.

With all Northern Divisions (ongoing)	Phase 1 (completed): Hired research and evaluation firm, Reichert & Associates, to identify barriers to recruiting and retaining physicians in Northern BC
	Phase 2 (ongoing): Bridge the gaps identified in Phase 1
With CIRD (ongoing)	With CIRD, the NIRD Education Committee oversees New Grad recruitment efforts.
	A video will be posted on the NIRD PCN jobs page on Health Match BC, and on the NIRD website.

NIRD's Rural Health Conference booth

CIRD and NIRD team at the Rural Health Conference

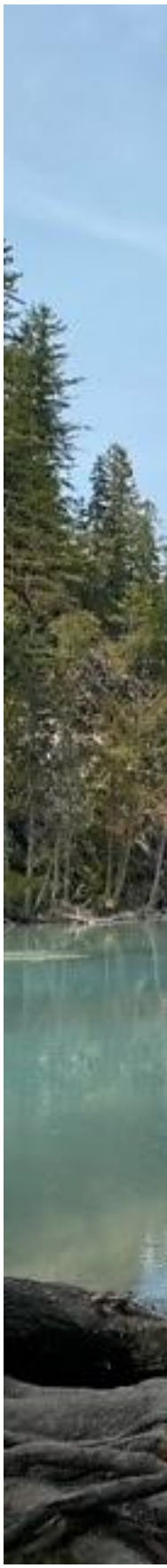
NIRD team at the Rural Health Conference

Physician Integration and Retention Funding (completed) may also help welcome family physicians to NIRD communities, and foster discussions and solutions around physician integration and retention.

Microprojects

Community	Microproject	Progress
Quesnel	Enhanced Resiliency PTSD	Completed
Vanderhoof	Penicillin Allergy Delisting	Completed
Quesnel	Medical Student Orientation	Completed
McBride	Handheld Ultrasound	Completed
Valemount	Team Morale	Completed
McBride	Team Morale	Ongoing
Fort St. James	Nursing Recruitment and Retention	Ongoing
Vanderhoof	Physician Wellness Retention and Recruitment	Ongoing

HIGHLIGHTS



Primary Care Network

The NIRD Primary Care Network (PCN) was approved in January 2021, supporting the hiring of **34.0 FTE** positions, including family physicians, nurses and NPs, and allied health providers. The PCN started in April 2021.

Below is a summary of the approved positions per category:

GP	4.0 FTE	**Social Worker**	8.0 FTE
NP	2.0 FTE	**Mental Health Clinician/Counsellor**	4.0 FTE
Primary Care Nurse/ Registered Nurse	9.5 FTE	**Occupational Therapist/ Physiotherapist/ Rehab Assistant**	1.5 FTE
Registered Dietitian	1.0 FTE	**Pharmacist**	1.0 FTE

The four PCN strategies are:

1. **Improved patient attachment to a most responsible primary care provider**
2. **Improved access to quality and comprehensive team-based care**
3. **Improved access through virtual-enabled care**
4. **Improved access to mental health care**

Governance:

- The PCN governance "truck model" (see below) was designed to illustrate how different functions with a shared goal can improve primary care (Collaborative Service Committee, regional subnetwork and community level)
- Local wisdom and knowledge are the engine of the governance model and informs the decision making for improving primary care in communities

Collaborative community tables set PCN priorities, which differ for each community depending on their needs.

Community	Priority
Burns Lake and area	Mental health and substance use including the development of a comprehensive resource list
Fraser Lake and area	Substance use with a focus on youth
Fort St. James and area	Mental health and substance use
Mackenzie and area	Recruitment and retention
McBride and area	Child and youth services
Valemount and area	Personal health records
Vanderhoof and area	Men's health (Seniors)

Virtual Care

Innovation Funding is part of the transition from Patient Medical Homes (PMH) to Primary Care Network (PCN).

Projects funded through Innovation Funding integrate virtual care systems in practice and offer education for providers to better provide virtual care, **with support from NIRD technical staff**, to increase coordination, value, and utilization of virtual care.

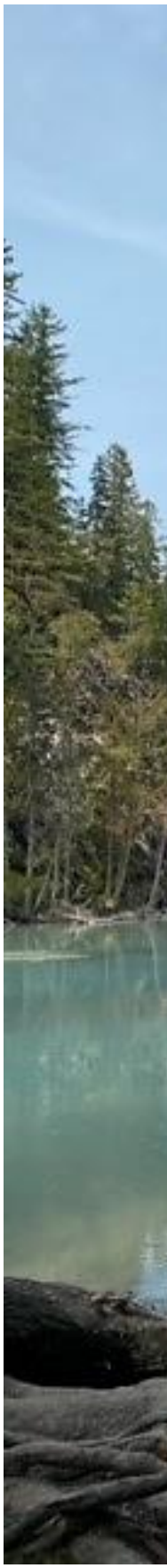
NIRD technical staff have started to engage clinics and health centres across the region to help integrate video-enabled clinical appointments. Outside of Innovation Funding, NIRD has also provided 23 iPads to clinics, ERs, and health centres across the region.

Video-enabled care also aims to improve access to specialists, by facilitating three-way conversations between family physicians, specialists, and the patient.

Successes

The **pharmacist** role in **Quesnel** has allowed for longer, focused appointments, with a priority on polypharmacy and comprehensive medication management resulting in:

1. Discontinuation of some medications
2. Medication optimization with different or additional medications being prescribed



The additional resources of a **social worker and nurse** have allowed for more comprehensive team-based care in **Fort St. James** with weekly outreach to outlying communities and vulnerable populations; connecting individuals with additional resources to support their overall health and access to health care both in and out of town.

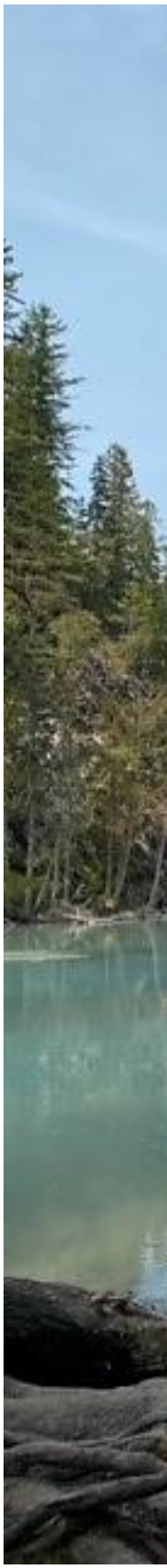
The addition of a **diabetes nurse** to support the **Indigenous communities** in our region has helped re-engage individuals with health care, which will improve patient health outcomes.

"Unless there is targeted outreach/follow-up, preventative diabetes care was often not being accessed if left to its own means. The PCN diabetes position has allowed for more targeted time to outreach/connect with people multiple times a month in many instances – whereas prior, for many, access to any health care provider could be represented by less than five visits per year or represented by trips to the ER for acute, oftentimes preventable, situations. So, this PCN position has really been excellent." – Registered Nurse

The **NIRD "How to Virtualize your Clinic" pilot project** has seen successes.

- NIRD staff provided an iPad for video-enabled appointments to the McBride clinic
  - First pilot: 10 patient appointments (30 minutes each) over two days. Only one resorted to a phone appointment due to poor bandwidth.
  - Physician and staff feedback: efficient, easy, ability to see their patients' face without a mask, high level of comfort to facilitate virtual appointments on their own
- Since the pilot, the McBride clinic has done video-enabled calls on their own with success and minimal challenges

NIRD technical staff have since visited other communities to help integrate video-enabled appointments.



Recruitment and Retention

From late 2021 to early 2022, Northern Divisions (NIRD, Pacific Northwest, Prince George, North Peace, and Rural and Remote) contracted Reichert & Associates, an independent research and evaluation firm, to identify recruitment and retention barriers for physicians in the North.

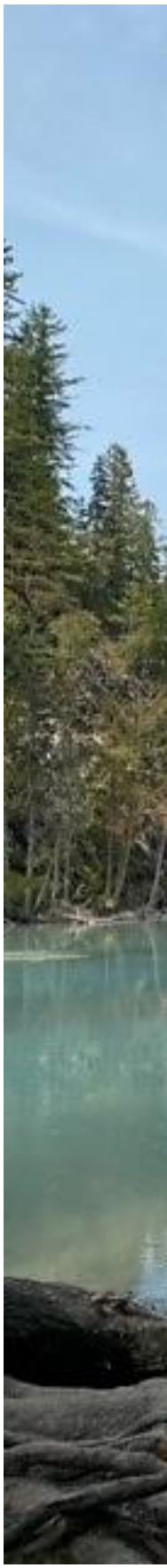
Barriers and challenges include:

- Practice support/resources
- Cost of travel/living
- Opportunities for family
- Practice Ready Assessment program

Current strategies in the North include:

- Advertising/events
- Data collection/evaluation
- Incentives (e.g., housing, APP)
- Red carpet efforts
- Partnerships (e.g., Northern Medical Program)

Figure 1. Profile of a physician most likely to start and stay practicing in the North based on research findings



Maternity Care

In Vanderhoof, **maternity project funding helps improve:**

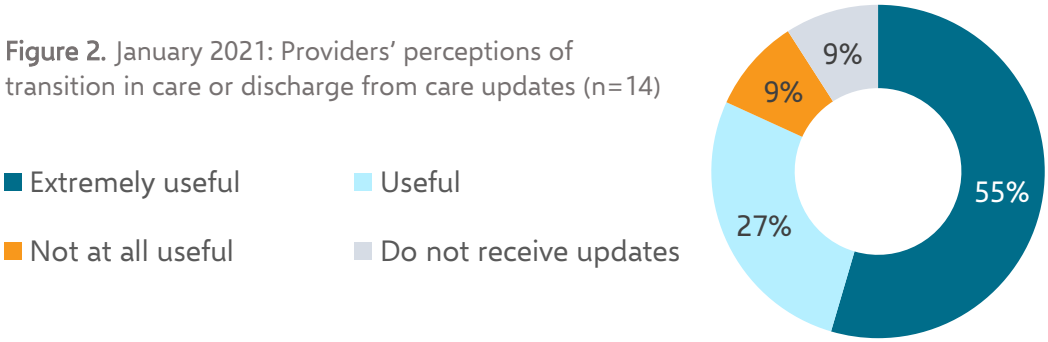
- transitions in care for patients
- communication between providers, communities, and patients
- coordination for follow-up maternal and newborn care

The Vanderhoof project provided the following to **St. John Hospital to hand out to maternity patients:**

- 20 breastfeeding packages
- 20 packages with diapers, formula, wipes, etc.

The project also provided baby scales and hotel vouchers for maternity patients.

Figure 2. January 2021: Providers' perceptions of transition in care or discharge from care updates (n=14)



BOARD OF DIRECTORS AND STAFF 2022

Board Members

Dr. Shannon Douglas, Chair

Dr. Ian Dobson

Dr. Todd Alec

Marie Hunter

Joan Burdeniuk

Debbie Strang

Staff

Errol Winter
Executive Director (ED)

Jodi Bennett
Executive Secretary to the Board, Representative Assembly and ED

Amber Metz
Finance and Audit Lead

Candice Smit
Operations and Projects Lead

Dave Harris
Technical Lead

Heather Goretzky
PCN Coordinator

Meagan Ryan
Project Support

Joy Davy
Project Support

Heather Stillwell
Virtual Care Coordinator

Representative Assembly

Dr. Ian Dobson, Chair

Dr. Aryn Khan & **Dr. Rebecca Janssen Vanderhoof**

Dr. Lwando Nogela
Burns Lake

Dr. Nav Sidhu
Fraser Lake

Dr. Gabe Krahn
Fort St. James

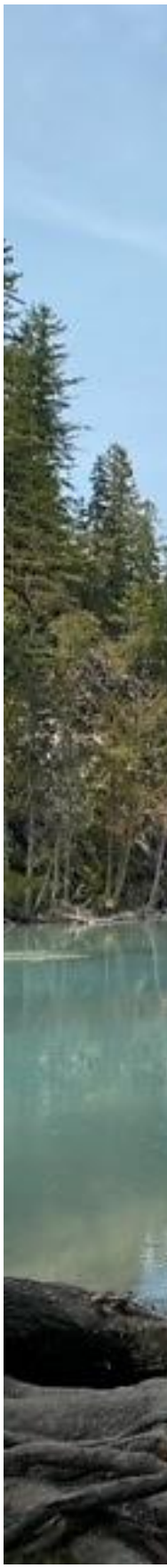
Dr. Cody Kaskamin & **Dr. John Pawlovich**
Indigenous Communities

Dr. Andy Hamilton & **Dr. Matt Robichaud**
Mackenzie

Dr. James Card
McBride

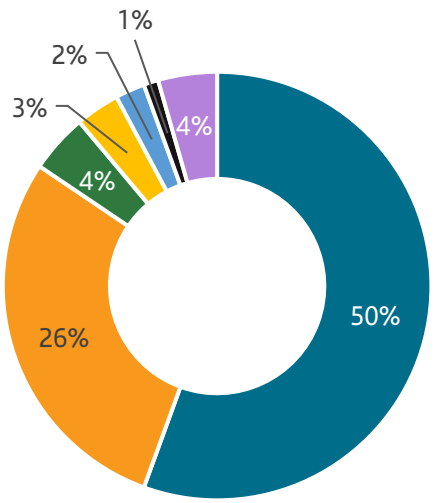
Dr. Nick Jawanda
Quesnel

Dr. Ray Markham
Valemount



FINANCIAL STATEMENTS

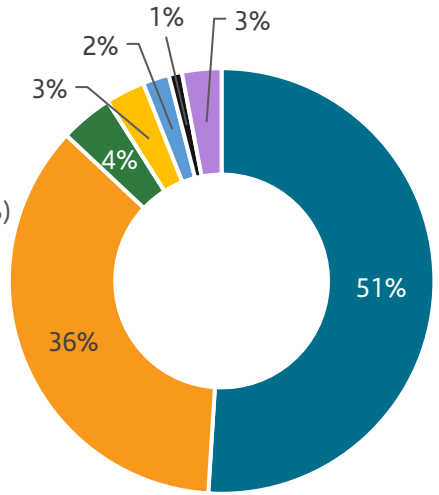
Revenue



- Infrastructure (50%)
- Primary Care Networks (26%)
- Change Management Infrastructure (4%)
- Recruitment and retention (3%)
- Shared Care (2%)
- COVID (1%)
- Other (4%)

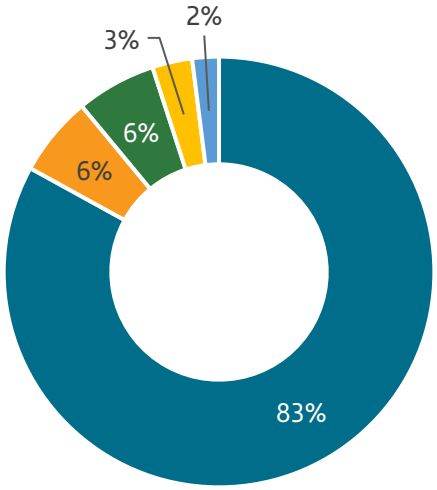
Expenses: Program Services

- Infrastructure (51%)
- Primary Care Networks (36%)
- Change Management Infrastructure (4%)
- Recruitment and retention (3%)
- Shared Care (2%)
- COVID (1%)
- Other (3%)



Expenses: Administrative

- Salaries and Benefits (83%)
- Office and General (6%)
- Sessionals (6%)
- Professional Fees (3%)
- Telephone (2%)



INDEPENDENT AUDITOR'S REPORT

Table 1. Summarized Statement of Financial Position
March 31, 2022, with comparative information for 2021

	2022	2021
Assets		
Cash and restricted cash	$ 847,268	$ 369,875
Accounts receivable	31,915	1,211
Property and equipment	106	235
	$ 879,289	$ 371,321
Liabilities and Deficit		
Accounts payable and accrued liabilities	$ 176,234	$ 95,378
Deferred revenue	729,086	$ 281,207
Deficit	(26,031)	(5,264)
	$ 879,289	$ 371,321

See note to financial summary statements (page 21).

Table 2. Summarized Statement of Operations and Changes in Deficit
Year ended March 31, 2022, with comparative information for 2021

	2022	2021
Revenue:		
Programs	$ 1,255,750	$ 893,146
Temporary wage subsidy	-	7,376
Interest income	1,394	2
	1,257,144	900,524
Expenses:		
Administration	550,849	317,199
Program services	727,062	575,565
	1,277,911	892,764
Excess (deficiency) of revenue over expenses	(20,767)	7,760
Deficit, beginning of year	(5,264)	(13,024)
Deficit, end of year	$ (26,031)	$ (5,264)

Revenues	2022	2021
COVID	$ 10,914	$ 152,011
Change Management Infrastructure	49,338	82,733
Infrastructure	633,676	403,333
Other	34,391	14,961
Patient Medical Home	-	23,575
Pills of Knowledge	8,000	13,983
Primary Care Networks	456,445	150,042
Recruitment and retention	40,538	-
Shared Care	22,448	52,508
	1,255,750	893,146

Program Services	2022	2021
Administration	606,790	349,439
COVID	11,520	151,404
Change Management Infrastructure	52,576	82,733
Infrastructure	45,203	53,894
Other	33,281	14,961
Patient Medical Home	1,110	23,799
Pills of Knowledge	8,000	13,983
Primary Care Networks	456,445	150,043
Recruitment and retention	40,538	-
Shared Care	22,448	52,508
	1,277,911	892,764

See note to financial summary statements (page 21).

Table 3. Summarized Statement of Cash Flows
Year ended March 31, 2022, with comparative information for 2021

	2022	2021
Net inflow of cash from:		
Operating activities	$ 477,393	$ 261,671
Cash and cash equivalent resources, beginning of year	369,875	108,204
Cash and cash equivalent resources, end of year	$ 847,268	$ 369,875

See note to financial summary statements (below).

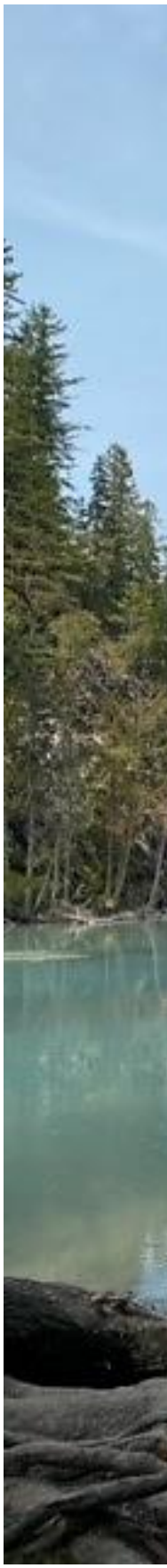
Note to the Independent Auditors' Report on Summary Financial Statements:

The summary financial statements are derived from the complete audited financial statements, prepared in accordance with Canadian accounting standards for not-for-profit organizations as at and for the year ended March 31, 2022.

The full set of audited financial statements for the Northern Interior Rural Division of Family Practice are available from the Division.

The criteria used to summarize the complete audited financial statements are as follows:

- Assets and liabilities have been summarized according to major captions.
- Gross revenues and expenses have been summarized and presented in the summary statement of operations and changes in deficit.
- Cash flows have been summarized according to operating, financing and investing activities, if any.



CONTACT US

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Divisions of Family Practice
A GPSC initiative

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.

Photo credits: Meagan Ryan