

2012 Annual Report



Richmond

Division of Family Practice

A GPSC initiative

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Dr. Jack Kliman



Members at CME on the
Medicolegal Risks of
Anticoagulant Therapies.

Report from the Chair of the Board

I am pleased to report on the activities and accomplishments that have taken place since our inaugural annual general meeting on March 2012. Our second year has been marked with growth in membership, activities and efforts, despite the challenges of increasingly busy lives and multiple pressures. I thank all our members for their involvement in the Division and for working collaboratively to improve the community of family practice in Richmond.

REFLECTING ON THE PAST YEAR

We started the year continuing our work on the three priority areas identified by our membership – the ‘three Cs’ of coverage, communication and coordination. In this past year we have developed committees tasked with coverage issues and residential care, both of

which have made considerable progress in defining the issues and developing solutions. In April 2012 we launched a Shared Care initiative to address GPs and specialty physicians working together to improve communication, patient care and transitions. We began this work with orthopaedics and in the next few months will move to a second phase that includes rheumatology.

Representatives from the board of directors participate in various committees including the:

- Collaborative Services Committee (CSC) – the division works with representatives from Vancouver Coastal Health (VCH), the General Practice Services Committee (GPSC) on local health care needs.

- Integrated Primary and Community Care (IPCC) – examines integration between primary care and community care.
- Inter-Divisional table – a high level meeting of senior managers from all VCH regions and division leads from all VCH communities.

As designated representatives at the table with VCH, the Ministry of Health and other organizations, such as the Physician Information Technology Office (PITO), we recognize the importance of being a voice of influence in representing our member’s interests. We have witnessed firsthand the value of working closely with partners to reflect our member’s issues and priorities. An example of this is the reinvigoration of the Practice Support Program in Richmond, a commitment by VCH to work on residential care issues and to



Membership event on mental health and addictions services in Richmond.

streamline referrals to Home and Community Care.

In the past year, the board has made significant progress in the area of how to run the Division, with governance policies developed and mission, vision and values statements created. We realized early on that an organization is not made up of just a membership list and funder and we worked hard to overcome challenges with our own skill gaps in addressing leadership, governance and project development. To that end we are about to embark on a strategic planning exercise to more clearly define our goals and plans for the next year and beyond. I thank my fellow members of the board of directors for committing significant time and energy to the board and for your hard work on behalf of the Division.

LOOKING AHEAD

We begin our next year with the launch of A GP for Me (also known as the Attachment initiative), new In-patient Care fee codes and the upcoming provincial election. These all promise to be potential 'game changers'. As we move forward and respond to the shifting environment we will continue to put member interests and priorities first. In response to member feedback, we will host a PITO event in late spring. Richmond physicians will lead what we hope will be an interesting and informative presentation.

OUR PROGRESS IS A COLLECTIVE EFFORT

Through the Divisions of Family Practice initiative we have unprecedented access to funding and support through the GPSC. I believe that we

need to make the most of this opportunity to involve physicians in every level of health care transformation. The mission of the Richmond Division is to "develop a medical community that protects, promotes and expands the role of family physicians in caring for their patients" and I need your help to do so. I look forward to working with you in this upcoming year.

Regards,
Jack Kliman



Denise Ralph



From left: Dr. Victor Huckell (cardiologist), David Pilley (lawyer) and Dr. Michael Myckatyn.

Report from the Executive Director

From the first member event I attended – at which Dr. Michael Myckatyn wore a wig, brandished a gavel and led a friendly and robust discussion among the members – I knew this was a unique organization. In the past year we have had around 350 physician encounters at Division events, committees and meetings.

Since joining the Division last summer I have enjoyed working with the board and our members to make this organization strong and sustainable. I have witnessed the dedication of the board in responding to members' needs and ensuring that they agree with the direction of Division activities and operations. I would like to thank the board members for their commitment to their medical community and for entrusting me with operationalizing their directions.

Our administrative assistant, Annie Hobson, further supports the Division and is highly capable and seemingly unflappable. She is likely to be a familiar face to some of you through her involvement with our committees and as an event organizer. Carrie Locke has just joined the Division as project lead for Shared Care and we are already benefiting from her skills and experience to further develop our Shared Care projects.

Our second year promises even more activity and engagement with members, with work planned for A GP for Me, the development of more working groups and committees, the expansion of our Shared Care project and CME accreditation sought for division activities. At the heart of all this work lies the ideas and insight of our members; as a member-led organization I strive daily to act on member priorities and interests.

It has been a pleasure to work alongside many of you as we continue on this journey to fulfill the Division's vision to provide a collective and influential voice for Richmond family physicians. I look forward to what the next year brings.

Denise Ralph

Mission, Vision and Values

Vision

To provide a collective and influential voice for Richmond family physicians.

Mission

A medical community that protects, promotes and expands the role of family physicians in caring for their patients.

Values

We will promote and practice the following values through our work:

Beneficial

Striving to be beneficial to our membership and/or our patients and to be outcomes-based.

Efficiency

Delivering efficient services to our membership, practicing efficiency as a board and promoting workflow efficiency in our medical practices.

Influential

Shaping how health care is designed, delivered and evaluated; having a voice with stakeholders and acting with vision.

Innovative

Encouraging new, sustainable ways to do our work, using resources and leading sustainable health care improvements.



Initiatives and Projects

1. Coverage Committee

LOCUM COVERAGE IN RICHMOND

Locum coverage remains a high priority for the committee. In fact, every division and health authority in the province has coverage issues at the top of its priority list. Richmond Division recognizes that members need and require appropriate coverage and back-up; therefore, the Division has taken on a number of initiatives to encourage and facilitate locum coverage in the community. The Division believes it will take several innovative efforts to improve the current locum situation. Committee chair Dr. Manoj Singhal extended his appreciation to his colleagues Drs. Francis Chu, Violet Foo, Stan Hurwitz and Charles Jiang for their ideas, insight and contributions to the committee. Accomplishments from this past year have included:

DEFINING A LOCUM GROUP FOR RICHMOND:

The committee's first effort was to develop an email address to connect with locums who have committed to taking on locum placements: richmond-locums@google.groups.com. Biographies of these locums can be found on the Richmond Division website, together with short and long form contract templates to assist with business details. The committee is always looking to expand the locum pool and suggestions are welcomed. A "Welcome to Richmond" document was also developed, which provides an overview of the community and details on how to access specialists and VCH services for physicians new to Richmond.

CONSIDER TAKING ON A FAMILY PRACTICE YEAR 2 (FP2) RESIDENT:

The committee explored taking on FP2 placements as a possible locum idea, with a view to a longer term recruitment strategy. The University of British Columbia confirmed that medical trainees are more likely to practise in the communities they trained in. During discussions with the UBC Medical Residency Program, program representatives expressed an interest in locating community GP placements in Richmond in practices that offer concentrations of palliative care, office surgical procedures, maternity care, residential care and mental health care. Please contact our Executive Director, Denise Ralph, if you are interested in taking on an FP2.

Committee members:

Dr. Manoj Singhal (Chair)
Dr. Francis Chu
Dr. Violet Foo
Dr. Stan Hurwitz
Dr. Charles Jiang

SOLOISTS RESOURCE GROUP:

Spearheaded by Stan Hurwitz, the Soloists Resource Group uses a listserv through Google Groups to place and respond to requests from the group's members for coverage when a soloist is unavailable or on vacation without locum coverage. Information is posted under Resources / Soloists Group in the members-only area of the website. New soloist members are always welcome.



EXPLORING CROSS COVERAGE PARTNERSHIPS:

The committee hopes to initiate discussion at the AGM about how the medical community can support each other during absences or holidays. The group would like to explore with members their level of interest in partnering with a colleague to provide mutual coverage in the same way the Soloists Resource Group has done for soloist physicians. The Division is able to facilitate cross-support arrangements; through collaborations between physicians, we hope to improve coverage support.

ON CALL COVERAGE:

The committee researched the merits and impacts of current out-of-hours coverage arrangements in Richmond. This included call groups, retaining Associated Physician Replacement Services (APRS) self-coverage or physicians that make no coverage arrangements for their practice on evenings and weekends. After extensive review it was decided that developing a local alternative to APRS would be difficult given the costs and also the divergent range of coverage needs of the Richmond physician community. If anyone sees an entrepreneurial enterprise that addresses the on call coverage issues within the community, their ideas are welcomed. The Division is unable to fund direct service delivery; any proposals would need to be sustainable.

PHYSICIAN MANPOWER:

To date, Richmond has benefited greatly from a stable and committed physician community. After reviewing the feedback from the latest member survey, the committee believes that with a number of retirements and scale-back plans imminent, there will be significant changes within the medical community. The group is working together with the provincial Divisions office to improve physician recruitment and also with VCH-Richmond to collaborate on physician staffing strategies. The committee welcomes discussions with any physicians who are planning to retire or scale back in the near future to see what role, if any, the Division can play in supporting their transition.

Initiatives and Projects

2. Residential Care Committee

Initial member surveys conducted by the Division identified residential care issues as a concern. In early November the board requested that Dr. Michael Myckatyn lead a committee to improve the provision and efficiency of residential care in Richmond. The committee started with a dinner event in December and invited all physicians currently providing residential care services. The event focussed on outlining issues and grouping them accordingly. The most common problems raised were around inefficiencies, communication issues and the demands that residential care places on physicians.

During the meeting the group decided to form a Residential Care Committee. The purpose of the committee is to assess problems with achieving effective and efficient physician participation in residential care in Richmond, and to implement solutions to correct them. The committee first met on January 16 to prioritize

issues and discuss possible improvements. The committee extended its appreciation to all physicians that responded to the residential care survey. At every step of the way the committee needs input from residential care colleagues in the community and from those the community hopes to attract.

Committee members:

Dr. Michael Myckatyn (Chair)
 Dr. Adam Chang
 Dr. Ken Kan
 Dr. Gary Koss
 Dr. Beverly Lee-Chen
 Dr. Mort David
 Dr. Cheryl Nagle
 Dr. Patricia Wong
 Dr. William Wong

The committee's next step is to meet with the various Directors of Care from all six residential care facilities to hear their concerns and ideas. The group is heartened by a couple of physicians who have expressed an interest in considering residential care and hopes that the community can attract new physicians to this very rewarding part of full spectrum family practice. The committee has committed to tight timelines and a strong mandate to move quickly on implementing solutions. Minutes from the meetings can be found on the Richmond Division website, regular updates will be found in the newsletter, there will be more surveys coming and Dr. Myckatyn is always willing to connect with directly to hear member's ideas. Stay tuned!

Richmond

Division of Family Practice

[HOME](#) | [MY DIVISION](#) | [CONTACT US](#) | [CAREERS](#) | [MEMBER LOGIN](#)

[About your Division](#) | [Member Services](#) | [News & Events](#)

Welcome to the Richmond Division of Family Practice

The Richmond Division of Family Practice represents family physicians in Richmond, BC

The Division gives family physicians a collective voice to influence health care delivery and policy with the aim of improving patient access to local primary care, and to work on member-driven projects that enhance both patient care and physician support.

The Division gives local physicians an opportunity to work collaboratively with the health Authority, the GMC, and the Ministry of Health to identify health care needs in the local community and develop solutions to meet those needs.

Photo by Robert Plesman

Are You a Richmond Physician Who Needs to Register for the A GP for Me Initiative?

Please provide your name, contact information and MSCR tags.

Latest News

Annual General Meeting

Wednesday, April 3rd, 6:00pm
 Richmond County Club

All members are encouraged to attend this important meeting. As a member-led organization we need your direction on current and future issues; member priorities influence the Division's direction. After the AGM we will have a membership event with presentations on the Attachment (A GP for Me) initiative and new in-hospital billing codes.

Register here.

The Division Priorities

- Coverage - with particular emphasis on locums**
 This was the first area of focus for the Division. Growing from early discussions, solicits have met to design mutual coverage, the number of locums has grown and there is now a permanent Division Coverage Committee with its own workshop. [Find out more.](#)
- Co-ordination - with other parts of the health service**
 Richmond has two new discussion and planning tables where family practitioners can all down with senior staff of the Vancouver Coastal Health Authority to collaborate and plan. It is estimated that family doctors deliver about 80% of primary health-care and each initiative recognizes the wisdom of including the input of family doctors as local plans are developed.
 - Collaborative Services Committee (CSC)** - This new initiative provides a forum for doctors to work with the health authority to ensure strategic alignment, information sharing, and cooperation to create innovative models of primary care and patient services across the health authority.
 - Integrated Primary & Community Care (IPCC)** - This is a relatively new consultative table for looking at practical strategies and increasing collaborative planning that focuses on community care services.
- Communication - improving specialist referral and working relationships**
 In March 2012 Richmond will embark on a project that will help patients navigate the journey with specialists and family doctors as partners in their care. The project will focus on making real improvements in the areas of communication and information-

Member Only Benefits

Check out the [members-only area](#) for more information on discounted rates for office supplies, printing, medical supplies and equipment, document storage and destruction and storage pick-up and disposal.

Become a Member
[APPLY ONLINE >](#)

Welcome to Richmond Resource

[Register here](#) - A resource for

divisionsbc.ca/richmond

Initiatives and Projects

3. Shared Care Partners in Care Project Timeline and Milestones



Carrie Locke, Project Lead

2011

OCTOBER

- Division determines its priorities to work with orthopaedics and rheumatology.

NOVEMBER

- Division develops Shared Care funding proposal.

DECEMBER

- Shared care funding proposal submitted to the Shared Care Committee

2012

APRIL

- Shared Care funding transfer agreement signed.

MAY

- Working retreat between orthopaedic specialists and family physicians.

AUGUST

- First draft of orthopaedic referral form.

SEPTEMBER – DECEMBER

- Ongoing revisions of orthopaedic referral form by orthopaedic specialists.

2013

FEBRUARY

- Rheumatology working group meets to map out project focusing on inflammatory arthritis.

MARCH

- First pilot of orthopaedic referral form.
- Rheumatology project workplans and evaluation developed

APRIL

- Second pilot of orthopaedic referral form.
- ERRF tool for rheumatology screening launched at AGM by Dr. Koehler

...beyond

Orthopaedics

- Referral working group continues to refine referral process.
- CME working group begins building an event schedule of speakers.
- Access working group will meet to outline and prioritize issues.

Rheumatology

- working group will carry out project plans.

We would like to acknowledge the participation and contributions of various Richmond physicians and medical office assistants to our Shared Care projects:

John Arthur, Robert Baker, Kathy Bonzanich (MOA), Linh Cajigas (MOA), Erik Calvert, Sharon Calvert (MOA), Peter Chee, Rachel Duck (MOA), Hilary Hui, Ken Hughes, Jack Kliman, Richard Kendall, Ki-Sun Kim, Barry Koehler, Suneeta Mangal (MOA), Raheem Verani, David Li, Michael Myckatyn, Carol Ramos (MOA), Geraldine Reyes (MOA) and Thomas Wong.



Year in Review: 2012–2013

2012

MARCH 2012

- Inaugural annual general meeting and election of office-bearers
- Locum information posted on the website including biographies and contract templates

APRIL 2012

- Locum group list serv launches: Richmond-locums@googlegroups.com.
- Richmond Hospitalists agree to cover hospital inpatients while a physician is away.
- Shared Care Steering Committee meets.

MAY 2012

- Membership event on billing wisdom by Dr. Cathy Clelland. Forty-six members attended.
- Welcome package posted on the website for physicians unfamiliar with Richmond and its medical services.
- Members provided with access to UpToDate™ as part of their member benefits.
- Working retreat to work on Shared Care. Total of 15 people attend.
- Attend Divisions Provincial Round Table to learn about the work under way in other divisions across the province.

JUNE 2012

- Streamlined referral process and new one page form rolled out to community physicians for referrals to Home and Community Care
- Shared Care Steering Committee meets.

JULY 2012

- Ratification of the new Physician Master Agreement through to March 31, 2016.

AUGUST 2012

- Shared Care Steering Committee meets to review the standardized referral form to orthopaedic specialists.

SEPTEMBER 2012

- Three new member benefits offered:
- Iron Mountain for shredding and storage services, the Stevens Company and Henry Schein for reduced costs on medical supplies and equipment.

OCTOBER 2012

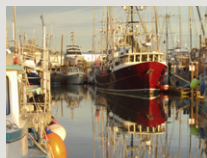
- Shared Care Advisory Committee meets.
- Division board holds all-day workshop on policies and governance.

NOVEMBER 2012

- CME event on the medico legal risks of anticoagulants. A total of 45 family physician members and 10 Richmond specialists attend.
- Second part of workshop for Division board on governance, policies and developing mission, vision, values.
- Membership event on the Practice Support Program, attended by 34 members.

DECEMBER 2012

- Coverage Committee explores the idea of a matching service for locums and members on the Division website.
- First meeting of physicians interested in working on residential care issues, attended by 20 physicians.



to 2013

JANUARY 2013

- Inaugural meeting of Residential Care Committee. Terms of reference and goals determined.
- Sharps and medical waste disposal company, Biomed Dispose It, is added to the list of member benefits.
- Residential care committee circulates survey on geographical location issues to residential care physicians.
- Coverage Committee recommends to the board that information about physician employment opportunities be posted on the Division website.

FEBRUARY 2013

- Coverage Committee distributes survey on locum coverage arrangement and retirement plans.
- Residential Care Committee meets.
- Membership event on mental health and addictions services in Richmond. A total of 55 members attend as well as psychiatrists and representatives from VCH-Richmond Mental Health and Addictions and community organizations.

MARCH 2013

- Coverage Committee meets to develop a list feature on the Division website to advertise locum opportunities.
- Residential care physicians meet with directors of care and VCH managers for Mental Health, Addictions and Residential Care and Patient Flow.
- Shared Care Orthopaedics Project – start of GP trial of standardized referral form to orthopaedic specialists.
- Shared Care Rheumatology Project – project workplans and structure developed ready for launch at AGM.
- Membership grows to 110.



Unaudited Financial Statement for 2012–2013

BALANCE SHEET

as of March 31, 2013

ASSETS

Assets

Chequing/Savings	-14,581.72
High Interest Savings	406,149.72

Total Assets	391,568.00
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TOTAL ASSETS

391,568.00

LIABILITIES & EQUITY

Liabilities

GST/HST Payable	-20,027.37
Deferred revenue	233,439.63

Total Liabilities	213,412.26
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Equity

Unrestricted Net Assets	0.11
Net Income	178,155.63

Total Equity	178,155.74
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TOTAL LIABILITIES & EQUITY

391,568.00

PROFIT AND LOSS STATEMENT

April 2012 – March 2013

ORDINARY INCOME/EXPENSE

Income

GPSC Infrastructure	71,055.00
Shared Care-pic	371,995.00
DoFP Innov fund – sharps project	27,795.00
Interest	4,957.14

Income	475,802.14
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GPSC deferred revenue	238,939.63
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Total Income	709,241.80
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Expense

Administration	9,658.13
Facilities	367.46
Human Resources	140,667.45
Supplies & Equipment	3,720.06
Travel	549.93

Total Expense	154,963.03
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Other Expense: Projects

Contingencies	53,659.43
Coverage	7,711.70
Residential Care	10,169.74
Quarterly Networking Meetings	25,419.68
Sharps	6,439.47
Specialists – shared care	38,308.73
Attachment	974.73

Total Other Expense: Projects	142,683.48
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TOTAL EXPENSES

297,646.51

NET INCOME

411,595.26

2012 Board of Directors

Dr. Jack Kliman – Chair & Lead
Dr. Scott Garrison – Vice Chair
Dr. Ki-Sun Kim – Treasurer
Dr. Patricia Wong – Secretary

Dr. Wendy Amirault – Director
Dr. Peter Chee – Director
Dr. Robert Mckenzie – Director
Dr. Michael Myckatyn – Director
Dr. Manoj Singhal – Director

Denise Ralph – Executive Director
Annie Hobson – Administrative Assistant

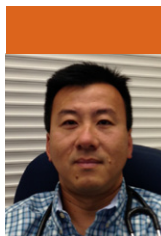
Photographs of the Richmond area courtesy of:
 Cover City of Richmond
 Pg. 4 Boon Wong
 Pg. 5 Annie Hobson
 Pg. 6 Dr. Boon Wong
 Pg. 7 Denise Ralph, Dr. Boon Wong
 Pg. 9 Denise Ralph
 Pg. 12 City of Richmond, Denise Ralph,
 istockphoto.com



Dr. Jack Kliman
Chair & Lead



Dr. Scott Garrison
Vice Chair



Dr. Ki-Sun Kim
Treasurer



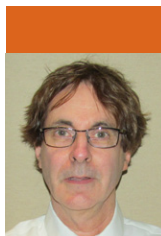
Dr. Patricia Wong
Secretary



Dr. Wendy Amirault
Director



Dr. Peter Chee
Director



Dr. Robert Mckenzie
Director



Dr. Michael Myckatyn
Director



Dr. Manoj Singhal
Director

Richmond Division of Family Practice
Unit 225,130–8191 Westminster Hwy
Richmond, BC V6X 1A7

Phone: 604-728-7987

Fax: 604-484-2195

Email: richmond@divisionsbc.ca

Website: www.divisionsbc.ca/richmond

We gratefully acknowledge the funding of the General Practice Services Committee and Shared Care Committee, as well as the support of the Division of Family Practice provincial office.

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

www.divisionsbc.ca/richmond



Richmond
Division of Family Practice
A GPSC Initiative

