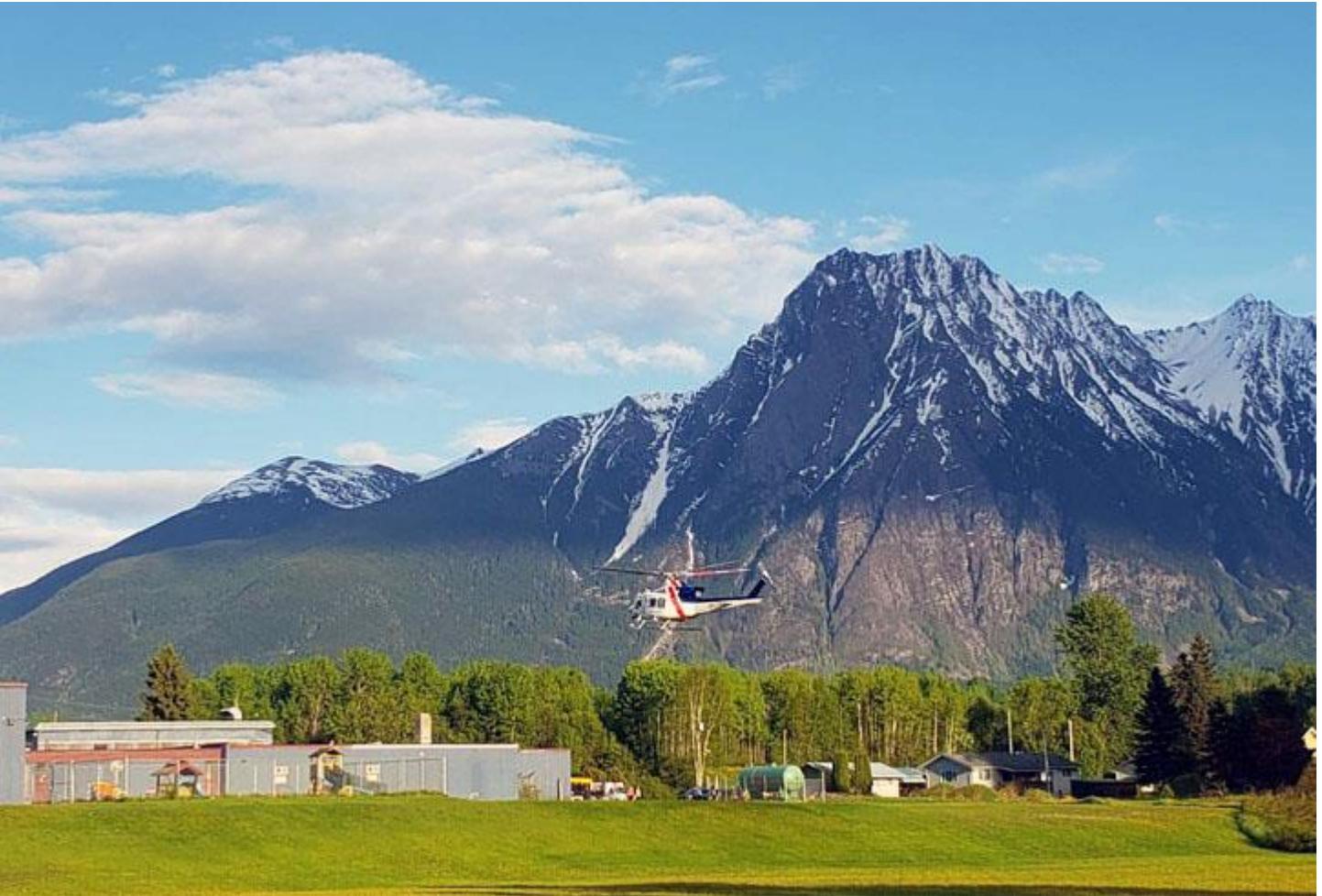




Rural and Remote
Division of Family Practice

A GPSC initiative



Annual Report 2020-21

FOR THE PERIOD ENDING MARCH 31, 2021

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Our Vision



VISION

Locally-developed, innovative, accessible, and sustainable health services for thriving rural communities.



MISSION

Our division supports and enables rural physicians to enhance rural health, rural work, and rural living in their communities.



VALUES

We work with others through **teamwork, collaboration,** and **meaningful engagement** to achieve responsive and sustainable solutions that improve rural primary care.

We are a **grassroots, member-driven** organization that values and celebrates our unique and diverse communities.

We lead with **integrity, accountability,** and **transparency** in our communications, relationships and actions.

We foster a climate of **trust** and **respect** in all our **relationships.**

We support innovation, adaptability, creativity, and problem solving, while embracing change to address unique rural issues.

We are committed to supporting a learning organization through knowledge sharing, evaluation and quality improvement.

Goal Statements

Our Division supports and enables rural physicians to enhance rural health, rural work, and rural living in their communities.

- **Member Value and Engagement:** Supporting physician leadership and Chapter capacity so Members feel more connected with their communities with other rural physicians., and have access to supports that enhance Member experience. Developing a sense of understanding the realities of other rural communities and the feeling of shared identity with other rural practitioners.
- **Locally Developed, Rurally Relevant:** Supporting meaningful collaboration with strategic partnerships that influences and advocates for improved access to and sustainability of rurally relevant primary care in our communities.
- **Organizational Excellence:** Ensureing organizational excellence and accountability through commitment to the highest standards of governance and operational practices.

Division Physician Lead Report



Tracey Thorne
Division
Physician Lead

In the year since our last Annual Report our chapters have confronted significant challenges and major crisis. COVID-19 gave us a fierce 2nd, 3rd and now 4th wave, requiring a diligence, perseverance and flexibility that challenged many of us personally and professionally. The “In Plain Sight” report outlined the crisis of racism that Indigenous people face in our health care system, including in our rural communities - calling on all of us to examine our own role in systemic racism. The unmarked grave sites at residential schools deeply affected our communities and brought broad affirmation to truths Indigenous people have been telling for many years unheeded. The vital need for cultural humility was brought into stark focus. The heat wave and wildfires brought destruction and fear directly to many of our Chapters. The loss of the town of Lytton is a horror that no one would have imagined, our hearts remain with the people of that Chapter.

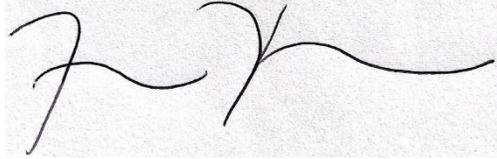
When times are hard, when calamity hits, there is one group of people that consistently, creatively and gracefully rise to the occasion - rural family doctors. You have been the core strength in many of your communities during this tumult. Attending EOCs, reconfiguring your hospitals and practices to prepare for COVID-19, reading the “In Plain Sight” report and truly considering ways to address its recommendations, caring for residential school survivors and their families who needed increased support, opening your communities to evacuees and adding to your already huge workload by taking on the health care needs of those displaced by the fires. You have all solved problems and stepped up when needed. We see your work and your dedication.

During this time the Rural and Remote Division of Family Practice has stood strong in its support of members and chapter communities. The Division has provided administrative coordination, financial support, emergency response and human connection when and where it was needed. As the Division Physician Lead I have been amazed at how the Division, on a chapter, regional and provincial level, was able to rise to the emergent needs of its members, and at the same time stay on course toward the strategic vision of our organization. Despite all the necessary changes in direction over the last year we have moved forward with primary care network (PCN) planning, participated in Indigenous primary care initiatives, completed Shared Care Committee projects, established more local and regional collaborative service committee (CSC) tables and strengthened relationships with our partners and funders. We have been nimble - proactive when possible and humbly reactive when required.

Much gratitude goes to our Executive Director Leanne Morgan for her steadfast leadership and determination, to the Regional Managers Nancy Rowan (now enjoying retirement), Helen Truran and Christianne Kearns for their support and persistence and to all our Chapter Coordinators - the backbone of this organization. I know I speak for each doctor and nurse practitioner (NP) in our division when I say that without you none of our work is possible. I also want to recognize Dr. Amber Bacenas and Dr. John Soles

our Regional Physician Leads, their work to support their regions and all of our chapters has been tremendous.

There is no one I would rather have at my side at a time of crisis than my colleagues in rural family medicine. In this last year there have been innumerable examples of our members representing the best of our profession. It has been one of the great privileges of my career to have shared in your strength as we navigated our way through this difficult year. You made a bad year better. Thank you.

A handwritten signature in black ink on a light gray background. The signature is stylized and cursive, appearing to read 'T. Thorne'.

Dr. Tracey Thorne
Division Physician Lead

Executive Director's Report



Leanne Morgan
Executive
Director

It's an honour to serve as the Division's Executive Director for the second year supporting our members to create healthy thriving rural communities... in the midst of a global pandemic.

That is not to say there were not challenges we faced in supporting the response to COVID-19. Ensuring that other key priorities were not lost or forgotten during the pandemic was at times difficult. I am incredibly privileged to receive support, direction and encouragement from a fantastic group of physician leaders. Our Chapter Support Team consisting of the Regional Managers and Regional Physician Leads has been invaluable supporting us in navigating the system during the crisis but also finding space to innovate, elevate advocacy issues and create new and existing projects.

The steady hand of our Board of Directors guided and supported me throughout the year. In particular, I would like to recognize Dr. Danette Dawkin and Travis Holyk who are completing their terms this year. Danette has been an extraordinary treasurer and a valuable contributor to our Board over the last three years. She has recently been elected to serve as BC Family Doctors President Elect. Congratulations Danette! Travis has been invaluable as part of the ED Development Committee this past year helping me to grow into my role. In addition to his roles at Carrier Sekani Family Services and the University of Northern BC (UNBC), Travis will also hopefully get to spend more time on the golf course or pickle ball court. I wish them both the best with their future endeavours.

I was continually in awe of the Chapter Physician Leads and my Chapter Coordinator colleagues across the Division for their strength, resilience and creativity supporting our members during this time. I am forever grateful to my right-hand Operations Coordinator for keeping us organized and on track.

I'm exceptionally proud to share the following summary of accomplishments of our Division this year that reflect the individual and team efforts of our physician members, staff and partners.

As we move into this next year and the completion of our strategic plan, I'm energized and excited to support our members on whatever is next as we develop our next strategic plan.

A handwritten signature in dark ink that reads "L Morgan". The signature is fluid and cursive, with a large initial "L" and "M".

Leanne Morgan
Executive Director

Chair's Report



Laurie Walters
Chair

It's my pleasure to serve as the Rural and Remote Division of Family Practice's Board Chair for the first year, after my last three years on the Board as the treasurer and member at large. This is a new role for the Division, and I have worked alongside our Division Physician Lead, Dr. Tracey Thorne and our other Board members as the year moves along. With this new model, the physician leadership including Tracey and the other Regional Physician Leads Dr. John Soles and Dr. Amber Bacenas can focus on the issues that impact our physicians and I can use my 10 years of governance experience from my background as a City Councillor to support the governance board.

As a non-physician working in a physician member organization, it's important to me to ensure that we follow the physician voice to ensure we are close to our values as a grassroots organization. Working alongside my fellow board members, especially our general physician members, Dr. Kate McCarroll and Dr. Liz Whynot, helps me to understand the issues that are most important to support and enable rural physicians to enhance rural health, rural work and rural living in their communities.

I would like to extend a special thanks to our outgoing Board Members Dr. Danette Dawkin and Travis Holyk, PhD. Danette and Travis joined me in 2018 under our first 'diversified' Board. As a member of the North Peace Division, Danette has brought her considerable Divisions experience to the table and has never hesitated to step into her committee work in Finance or on our Board Development Committee. Travis has been a tenacious contributor to our Policy Committee, Board Development Committee and ED Development Committee, sharing his experience from Carrier Sekani Family Services and his academic career. Both have been tireless advocates for our Division and I will miss working with them very much.

Lastly, I would like to acknowledge the Rural & Remote Division's amazing staff, who are constantly developing projects and strategies in your communities and health authorities. The team is being led by our Executive Director Leanne Morgan who came into this role over a year ago bringing with her experience, and a plethora of skills including organizational and change management. Leanne brings passion and a willingness to provide the best service to you, the members, we are very fortunate to have Leanne at the helm of the R&R ship.

Thank you to all the members, staff, and partners for all the hard work you do to help us create locally developed, innovative, accessible and sustainable health services for thriving rural communities.

A handwritten signature in cursive script that reads "Laurie Walters".

Laurie Walters
Chair



2020-21 AT A GLANCE

146 MEMBERS



146 members from **12 geographic Chapters**. Our Division works with 4 geographic Health Authorities and the First Nations Health Authority. Our Members practice in over **90 communities** across the province including the territories of over **50 First Nations communities**. Our members serve approximately **145,000 patients** over a **geographic area of approximately 110,000 square kilometers**.

PHYSICIAN ENGAGEMENT



135 members were engaged through attending local Chapter meetings, participating in local projects or building relationships in our communities. This is a **15% increase** over last year.

PHYSICIAN LEADERSHIP



59 members were involved in a leadership capacity including leading local projects, working to strengthen local, regional or provincial relationships, leading Chapters or serving as members of our Board of Directors. This is a **39% increase** from our previous fiscal year.

20 PROJECTS



Members of our Division **led 20 projects** ranging in scope from the community to Provincial level. Examples include Long Term Care Initiatives, Maternity Care Initiatives, Shared Care Projects, Patient Medical Home projects etc. This is a **100% increase** from last fiscal year.

RELATIONSHIPS



Members of our Division lead **9 Collaborative Service Committees** and **5 Local Health Service Planning Tables** in collaboration with Health Authority and Indigenous partners. These CSCs have **submitted 2 Expressions of Interest (EOIs)** for Primary Care Networks.



Chapter Highlights

BELLA BELLA

All of the physicians have been stars in 2020-2021. Everyone has stepped up to the plate to ensure locums and specialists are welcomed and oriented, the clinic is running smoothly and taken on extra roles to improve physician quality of life and patient care:

Dr. Christopher Gooch - Physician Orientation Manual, Ocean Falls Outreach Clinic RCME lead and next year will lead the migration to a new electronic medical record (EMR) system.

Dr. Gregory Costello – set up RTVS supports, is leading a project to re-organize the clinical spaces and has taken an active role improving physician recruitment and retention and is our Medical Staff Association President.

Dr. David Edwards took on the lead for the REEF contracts.

Dr. Heroux was our COVID-19 Physician Lead.

Dr. Shearer has continued to be a strong and steady advocate for health services; giving way beyond her 0.1 FTE as Medical Director, advocating for a new specialist clinic and engaging and collaborating with the health authority (HA) and community to roll-out vaccines and various other projects.

The physicians have been providing outreach to the community of Ocean Falls, which to date has not had high-speed internet. Working with the Provincial Health Services Authority (PHSA) and Telus, the Chapter worked to ensure that Ocean Falls is fully connected, resolving long-standing access issues for community members.

BELLA COOLA

Dr. Amber Bacenas continues to dedicate time to Chapter leadership, locally and at the regional level.

Recognized for one of the first tri-chairs in BC, the Bella Coola CSC continues to meet virtually throughout the year, working on priority initiatives such as the OATS program, which is soon to be transferred over to the Nuxalk Nation.

CLEARWATER

The Clearwater Chapter signed a memorandum of understanding (MOU) with Interior Health for the Long-Term Care Initiative!

Thanks to Dr. Kimia Amyree, who became the Physician Lead for the Long-Term Care Initiative and Dr. Kayode Bamigboje became the Chapter Physician Lead.

Dr. John Soles retired after 32 years practicing in Clearwater. Thankfully he will be staying on as our Regional Physician Lead in the interior and supporting the PCN Service Planning.

GABRIOLA ISLAND

Dr. Thorne and Dr. Mierzewski led Gabriola through this challenging year. Two new physicians- Dr. Ramak Shadmani and Dr. Erin Cusack- and a nurse



practitioner- Jennifer Lewis- joined the team during this year. Dr. Thorne and Dr. Mierzewski supported the whole medical team and community through the changes and upheavals.

HAZELTON

Thanks to Dr. Jo Collins, who completed her term as Chapter Physician lead, and wishing a warm welcome to the new Physician Lead, Dr. Jamie McKeen, who has stepped into the role gracefully, learning more acronyms than she knew existed.

Kudos to Wrinch Medical Clinic, who were awarded the Pacific Northwest Division's Spirit Award for our work on the Provider Partnerships project. This project was also presented at the Quality Forum.

LONG BEACH

Dr. Luke Williston of the Long Beach Chapter was recognized by Island Health for partnering with Chris Seitcher of the Tla-o-qui-aht First Nation to support health care staff to incorporate traditional healing practices into Indigenous care.

LILLOOET, LYTTON, ASHCROFT

Thanks to Dr. Vicci Weber for assuming the role of Chapter Lead for Lillooet. As an international medical graduate (IMG), Dr. Weber was completing her final year of her return of service.

Wishing the best to Dr. Miller, Dr. Mascher and Dr. Routley who retired this year. Thank you for your decades of service to the community. Dr. Miller will continue with OAT service to the community.

The Chapter utilized GPSC Maternity Care funding to run a maternity clinic after this was discontinued in the hospital. The hope was to better understand how to provide culturally safe maternity services.

Good feedback was received from the patients on current service and support. Next steps include ensuring sustainability of the clinic.



MERRITT

Merritt physicians, as part of the Interior Rural CSC, submitted their EOI to begin PCN planning to the Ministry.

All seven of our Merritt physicians were stars this year, considering they had to navigate a pandemic while providing an essential service.

NORTH VANCOUVER ISLAND

The Chapter welcomed a new Chapter Physician Lead, Dr. Dan Cutfeet, with thanks to outgoing Chapter Physician Lead, Dr. Meredith Borbandy. Thankfully Dr. Borbandy is still a member of our Division and has relocated and is now a member of our Long Beach Chapter.

PEMBERTON

Congratulations to Dr. Will Ho and Dr. Nick Fisher for submitting two successful abstracts on their simulation project and their patient medical home (PMH) social determinants of health projects. Their project has helped inform the need for a social worker, which they are hoping will be approved as an early draw on their PCN allocation in the upcoming year.

Erica Vanzanten (NP), who has provided care to patients in the Pemberton and surrounding area through the NP for Me program as an employee of the Health Authority, has been integrated into the

Pemberton physician clinic as an NP through the early draw NP process.

REVELSTOKE

Revelstoke CSC proudly submitted their expression of interest (EOI) to begin PCN planning.

Considerable improvement was made thanks to the Long-Term Care Initiative resulting in a 48% decrease in ED transfers and a 47% decrease in hospital admissions

SALT SPRING ISLAND

Salt Spring Island has been fortunate to have had a phenomenal physician lead over the last years. Dr. Manya Sadouski held this role since the chapter joined the RRDFP in 2013. Her leadership and guidance around local projects, such as the Alcohol Use Disorders project funded by the Shared Care Committee, has provided the first steps to offering community-based withdrawal for our rural community. She stepped up and continually offered her time and energy, especially over this past year with COVID-19. She worked tirelessly, supporting and collaborating with her colleagues to improve primary care services on our rural island as well as doing outreach to Saturna Island.

The Chapter is excited to welcome Dr. Paula Ryan as Interim Chapter Physician Lead. Paula has been

a part of the Executive Team and the transition has been seamless.

A Recruitment and Retention working group was formed in March 2021 to focus on physician recruitment and retention on Salt Spring Island. Four local physicians are part of this working group.

Dr. Juliana Losier of Mayne Island and the Salt Spring Island Chapter was recognized by the RCME newsletter for bringing together the community's allied health care partners—nurse practitioner, paramedics, community nurses and community clinic medical office assistant (MOA)—to participate in this valuable learning experience on combating the stigma related to mental illness, suicide and substance use.



Patient-Medical Home (PMH)

The Division received patient medical home funding in 2017 to complete a range of projects. Each Chapter was invited to identify local priorities aligned with the funding parameters and have worked to evolve their projects at a pace that matched their community needs and physician capacity. While some projects are still in progress, many have completed and the highlights are shared below.

In 2020, the Division began a PMH Innovation project to investigate the ideal conditions of a stable patient medical home. The objectives of this project include:

- Developing a clear understanding of the systems designed to support a stable patient medical home in our communities.
- Understanding the opportunities for the Rural and Remote Division of Family Practice to

meaningfully engage and support initiatives intended to stabilize the patient medical home, including recruitment and retention activities without duplication of existing supports.

- Investigating how our Division can support the internal readiness of patient medical homes to receive new physicians to create a stable and welcoming environment given the parameters of the existing programs and services.
- Identifying any barriers, incentives, or opportunities to access systems and initiatives established through programs and initiatives.
- The outcome of this project is to develop a set of recommendations aimed at removing barriers to these initiatives in our communities with the objective of stabilizing the PMH and preparing for PCN.



Bella Bella has decreased the need to send patients to out-of-town appointments and improved continuity of care and patient experience. BBMC MOAs are more focused on their own tasks and general clinic operations have been reported to be more organized, leading to improved work experiences for

staff. MOAs report feeling less stressed and physicians are more confident that tasks and messages “don’t fall through the cracks”.

BELLA COOLA

Collaborative development of a diabetes education model to meet the needs of the local population. Progress toward PMH goals included increased

provincial patient access to appropriate, comprehensive, quality primary health and improved support for patients, through enhanced and simplified linkages between providers.

Clients now have access to a certified diabetic education program previously not available in Bella Coola, a guide detailing local diabetes resources and a checklist to help physicians refer their patients to appropriate resources. The model was developed collaboratively in the community to build on local strengths and address gaps.

GABRIOLA ISLAND

Developed an integrated system of palliative care on Gabriola Island inclusive of physicians, CHS nurses & social workers, palliative care specialists and community hospice volunteers to increase the community’s capacity to support patients with a life-limiting illness and their families/friends in promotion of a positive end of life experience.

Progress was made through:

PMH Highlights

BELLA BELLA

Created a Physician Instruction Manual and Welcome Package over the last two years, which are being well utilized by physicians. With so many physicians coming and going, and a high clinic staff turnover, the instruction manual was essential.

Examined the implementation and impact of a dedicated specialist clinic assistant (SPMOA) at the Bella Bella Medical Clinic (BBMC). The pilot project was initiated in August 2018 with the hiring of the SPMOA and continues to improve clinic flow and operations. Facilitating more specialty clinics in

Improved awareness of and referrals to Island Health programs ensures that the health authority is aware of current needs on Gabriola and can work on future service planning.

Supported palliative patients and near-palliative patients to better navigate and access services.

Increased coordination between professional (GPs) and volunteer (hospice) services through improved support for patients, through enhanced and simplified linkages between providers.

Improved referrals to palliative care supports available through Island Health.

Increased support for palliative patients reduces the burden on GPs.

HAZELTON

Created new provider partnerships—pairs of physicians or NPs who supported each other’s patients when one is off contract or on holiday—to improve continuity of care and patient experience of care at the Wrinch Memorial Hospital and Medical Clinic.

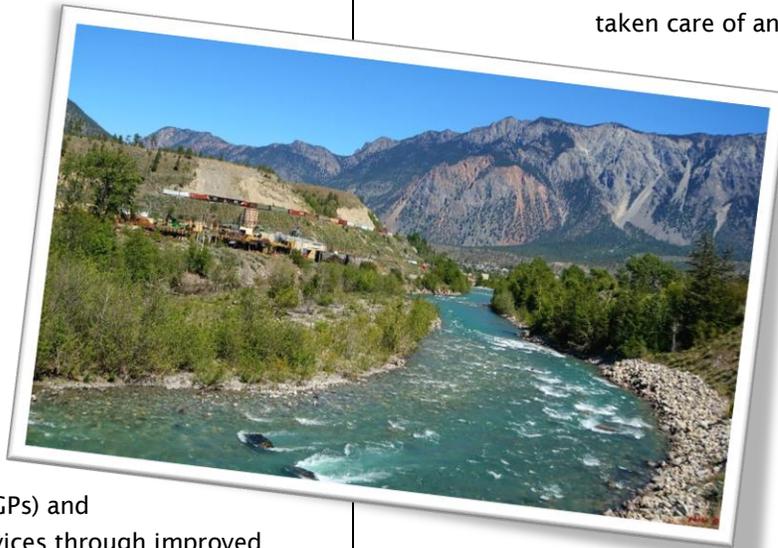
Interviewees and survey respondents reported reduced wait times, streamlined access to health care and increased attachment. Patients also noted that there were no longer gaps in accessing services because they could access their provider’s partner.

The partnerships have improved communication between providers handling different aspects of care and GP-interviewees report that coordination of care is more streamlined with fewer aspects overlooked.

GPs appreciated knowing that when they are off-contract/away their patients are taken care of and nothing will get missed. For

recruitment, this contributes to an attractive work environment especially for those looking for part-time practice.

Interviewees report that the duplication of partnerships reduce because patients don’t have to explain their situation to new doctors who don’t have the context. The partnerships also improve support for complex patients because they ensure continuous coverage and facilitate the smooth handover of care and information.



LONG BEACH

Engagement with the Nuu-Chah-Nulth Tribal Council (NTC) and are design of mental health and substance use (MHSU) services at Tofino General Hospital.

Having staff with the capacity to be out in community increases access for clients because staff can meet them where they are.

At the multidisciplinary meetings stakeholders create care plans for complex clients that clarify how different providers will interact with them to ensure coordination, consistency and connection to the most appropriate resources.

Interviewees report that that they have been able to avoid admissions. More coordination between providers to avoid repeat admissions.

NORTH VANCOUVER ISLAND

Strengthening team collaboration, particularly among frail senior, maternity and Indigenous patients. Interprofessional Networking Series have been developed for Port McNeill and Port Hardy.

Outcomes include:

- Clients can bypass ER and be assessed in sobering and assessment beds.
- Continuity of care and support for Indigenous patients through cultural awareness training.
- Increased identification and support for frail seniors.
- Intensive case management from Wellness and Safety Committee links community members to housing, health care and managed alcohol programs.
- Strengthened relationships between physicians and the Indigenous community for future work.
- Strengthened relationships for maternity care.
- Intensive case management from Wellness and Safety Committee links community members to housing, health care and managed alcohol program.
- Emergency Department Care Plan and resources from Wellness and Safety Committee reduce burden on GPs.

REVELSTOKE

PMH project had four components: a physician survey, creating the Revelstokelife website, manpower planning and expanding afterhours access.

The process of developing the afterhours schedule has helped physicians develop better communication with one another. Physicians have also used the RevelstokeLife website to keep up to date about new services available in the community.

RevelstokeLife.ca has been used by physicians to look for relevant services and as a resource for patients to find services for themselves like counselling or physiotherapy. The new afterhours schedule has expanded access 5 days a week (Mon-Fri) from 4 to 7pm.

The process for coordinating afterhours care helped develop greater coordination between physicians working in clinic, the OR, ER and hospital. Those discussions have also facilitated planning for the PCN and future initiatives.

The manpower planning project will inform which kinds of physicians will be targeted for recruitment and since the plan was created an anaesthetist has been recruited.



Shared Care

Aim

The mandate of the Shared Care Committee is to support family and specialist physicians to improve the coordination of care from family practice to specialist care. This is exceptionally important in our rural and remote communities where distance is a perennial issue when it comes to providing excellent care. The Division's North Vancouver Island, Revelstoke and Salt Spring Island Chapters currently hold funding for Shared Care Initiatives.

Accomplishments

NORTH VANCOUVER ISLAND

The North Vancouver Island Chapter is working on a maternity care project. The goals of this project include facilitating a comprehensive, community-based consultation process with primary care providers (physicians and midwife), nursing, allied health and administrative leadership to co-create a community-responsive model of shared maternity care. This project will build on the recently completed (JSC-funded) 'Building Blocks to Rural Maternity Care', which recommended shared care between physicians and midwives. This service design will help to stabilize what has historically been a low-volume maternity service despite the potential high volume of local deliveries. Improved access to care (closer to home), improved communication and collaboration between maternity providers, sustainable maternity services, and improved safety. This project was slowed during COVID-19 but is getting

back on track now that Island Health is closer to identifying which centre will be the 1A site.

REVELSTOKE

The Revelstoke Chapter is working on an Adult Mental Health Substance Use (AMHSU) initiative. This project focuses on enhancing the care pathways between GPs, GPs with specialty focus and specialists within and outside of the community to improve patient and provider experience. Increased demands on providers throughout the pandemic slowed progress; however, physicians remain engaged and the project lead continues to coordinate with Community Connections (local social service organization) to plan ways to ensure sustainable connections between marginalized AMHSU populations and primary care providers. This project aligns with the work of the Revelstoke Collaborative Services Committee and the movement towards a primary care network model. We are also actively working towards the development of a Community Health Centre and hoping to relocate MHSU services into this centre.



The Revelstoke Chapter completed a Maternity IPC Project that has developed a strong team of local maternity physicians, midwives, obstetrics and public health nurses, obstetricians and Interior Health representation in order to assess the current gaps in local maternity services and develop a series of initiatives to enhance the quality of care for patients and providers. The team intends to accomplish its objectives through community engagement, coordinated planning and by exploring interprofessional collaboration successes in other communities. While initially focused on bringing a midwife to the community, the project revealed that a comprehensive prenatal program delivered by the existing providers was more aligned with community need. The group plans to apply for further funding to complete the project next year.

The Revelstoke Chapter began a third spread network project in March of 2021. The focus of the project is on developing local chronic pain services that meet the needs of the rural patient population while addressing new guidelines and requirements

outlined by the College of Physicians and Surgeons of BC for providing interventional pain services in British Columbia.

SALT SPRING ISLAND



The Salt Spring Island Chapter continues to work on an intersections of care (IOC) project bringing together the physicians, Island Health's Mental Health and Substance Use

Program (MHSU) and a psychiatrist. The original project scope was broad but has focused to include a pilot project for community withdrawal management for patients with alcohol use disorder including aftercare models, technology enabled modalities and partnerships with allied health providers such as the Community Paramedicine program. While the pandemic closed progress, the pilot is underway.

Primary Care Network Planning

Overview

A PCN is a clinical network of local primary care service providers located in a geographical area, with patient medical homes (PMHs) as the foundation. A PCN is enabled by a partnership between the local division of family practice and health authority, along with local First Nations.

For the last four years, our Division has been working to understand and define what PCN means for our rural communities and have been strengthening or developing local relationships through our local health planning tables (LHPTs) and collaborative services committees (CSCs).

Accomplishments

The Division currently has nine CSCs and one community planning to form a CSC, along with five LHSPTs. Building these tables has taken years of committed and persistent relationship building and positions each Chapter to work with their communities to design their PCNs.

Expressions of interest for primary care network planning have been submitted by the Revelstoke CSC and the Interior Rural CSC, including representation from our Ashcroft, Clearwater, Lillooet, Lytton and Merritt Chapters; 21 First Nation communities from the Syilx, Secwepemc, Northern St'at'imc and Nlaka'pamux Nations; municipal leaders and Interior Health. The Interior Rural CSC expression of interest has yet to receive a response from the Ministry at the time of publication, but Revelstoke's EOI has been approved and service planning will begin in the fall of 2021.

The Chapter Support Team was successful in developing a briefing note on the rural contracts for the Ministry of Health, which outlined what our members wish to see in these new payment models to ensure they are rurally relevant and effective. Thank you to all members who provided your valuable ideas!

The Chapter Support Team advocated to the Ministry of Health for dedicated funding to support Nation participation in the PCN process through the collaborative development of a briefing note and budget.

Many of our interior chapters saw the retirement of many longstanding members. The Division

played a supportive role in Lillooet and Clearwater with business transition, resulting in new, more sustainable models for both communities.

Five of the Rural and Remote Division of Family Practice Chapters have been invited to participate in First Nations Primary Care Initiatives. So far they include initiatives led by the Nuxalk with Bella Coola, Gitksan and Wit'suwit'en with Hazelton, Nuu-chah-nulth Family with Tofino Long Beach, Kwakwaka'wakw with North Vancouver Island and Southern St'at'imc with Pemberton.

In the Long Beach Chapter, Dr. Carrie Marshall has started an outreach clinic in Hitacu as part of the Nuu-chah-nulth Family Primary Care Initiative. This has been a highlight working in collaboration with Yuułu?i?ath government to

establish a system to share an EMR, overhead costs and overall improve access to primary care for residents in Hitacu.

The Pemberton Chapter are working with the CSC to apply for an early draw social worker. This will be a team-based application with all parts of our

community involved in the title, job description and interviewing process. This will be the second early draw for the Chapter, who secured an NP, Erica Vanzanten, earlier this year.

The Gabriola Island Chapter welcomed an early draw NP, Jennifer Lewis.



Pandemic Response

Responding to the COVID-19 pandemic dominated the health care landscape world-wide. Our rural and remote communities were no exception. Given the fragility of our health care system, the stakes were amplified for our members. Thanks to the dedication and ingenuity of rural generalist physicians and NPs, the long-standing partnerships and relationships that have been forged in our communities over the last nine years or more and a little bit of luck, there were no catastrophic consequences. Below is a summary of some of the highlights of our pandemic response.

HIGHLIGHTS

The physicians of the Merritt Chapter participated in the opening ceremony of the community's COVID-19 mass vaccination clinic, which included an Indigenous blessing; volunteer engagement; relationship-building with Interior Health, First Nations and community agencies; and public



outreach.

The physicians, through advocacy at the Revelstoke CSC, were successful in having Revelstoke considered a priority vaccination community with a whole community approach. As a result, Revelstoke saw some of the earliest vaccination clinics in Interior Health.

In the Long Beach Chapter, physicians worked together to ensure communication around testing

and COVID-19 supports. They co-created a resource guide for the community. Dr. Carrie Marshall took to local radio as part of her strategy to keep the community safe through the pandemic. Her contributions and those of others were featured in the Globe and Mail as an example of excellence in public health communications.

Based on feedback from physicians across the Division, the Chapter Support Team (Division Physician Lead Dr. Tracey Thorne and Regional Physician Leads Dr. John Soles and Dr. Amber Bacenas with staff leadership) prepared and circulated a briefing note highlighting some of the successes and opportunities for improvement identified in phase one of the vaccination campaign. This was used as an advocacy tool in meetings with Doctors of BC and the Ministry of Health.

The Clearwater Chapter physicians created a Facebook page to keep the community informed of COVID-19 related news and changes to services. In a short amount of time, we amassed a large following. The page was instrumental in helping our community keep COVID-19 transmission rates low (consistently one of the lowest in IH) and promote COVID-19 vaccinations.

In the Lillooet Chapter, Dr. Nancy Humber, Dr. Gulav Namin, Dr. Vicci Weber, Dr. Ian Routley, Dr. Terry Miller and Dr. Carl Mascher all participated in the immunization clinics for the First Nations Health Authority (FNHA) and IH in the early stages. The vaccination clinic was centered in a culturally safe

approach, and physician participation was greatly appreciated as patients had many questions about the vaccine. The Lillooet physicians and Northern St'at'imc Nation created a series of videos to document the first vaccination clinic in the community, and this video was widely distributed and shared at the interior interdivisional level.

In Pemberton, the physicians were faced with several COVID-19 outbreaks. A testing station was set up in a trailer in the ER parking lot and saw upwards of 50 clients a day. Through a collaboration with nursing, administration, lab staff and physicians this ran very well. The clinic saw several clinically ill complex patients while still providing quality health care 24 hours a day, 7 days a week to a growing community. The primary care providers mobilized quickly to ensure the provision of care to patients in the Pemberton area and surrounding First Nations communities of Lil'wat, N'Quatqua, Samahquam and Skatin. They organized an Essential Physical Assessment Clinic (EPAC) that was initiated to provide essential, in-person assessment and treatment of non-COVID-19 patients at the Pemberton Medical Clinic (PMC).

Early in the pandemic the Salt Spring Island Chapter partnered up with the Community Health Society and other community volunteers to produce PPE supplies (reusable gowns and face shields) that were then distributed to local organizations, such as the Salt Spring Island and Pender Fire Departments, dental clinics and doctors' offices. This initiative distributed 119 face shields and 129 isolation gowns. This partnership helped strengthen the



connection between the local doctors and the Community Health Society and provided local volunteers with a way to contribute to a locally based and timely project.

The Hazelton Chapter worked with RNs and support from Terrace colleague Dr. Adrienne Dufour to create the first Infectious Disease Unit at Wrinch Memorial Hospital.

Dr. Bret Batchelor of the Revelstoke Chapter spoke with Shaun Aquiline on Revelstoke's local radio station and gave an accessible and easy to understand interview on COVID-19, mass vaccination and the Revelstoke Community.

The Gabriola Island Chapter focused on supporting each other through this challenging time. We took time to create a gratitude practice – the Gabriola medical team and support staff start each day with a brief meeting and everyone takes a minute to say something they are grateful for. This practice was crucial for team morale during this difficult year. Dr. Thorne created new connections with Island Health's public health team. She worked hard to get two all community vaccine clinics set up and offered support to public health throughout the process. Gabriola vaccination rates are very high thanks to the many hours Dr. Thorne spent working to get this service brought to our community.

The Chapter Support Team crafted a letter supporting vaccine safety. This letter was widely shared via traditional and social media in many of our chapters. Communities with high degrees of vaccine hesitancy were targeted.

Financial Statements

STATEMENT OF FINANCIAL POSITION

March 31, 2021

	2021	2020
Assets		
Current	\$ 399,811	\$ 312,330
Cash		
Cash provided by funding	1,077,009	408,643
Amounts receivable	15,656	13,709
GST receivable	7,308	12,324
Prepaid expenses	1,200	7,550
	\$ 1,500,984	\$ 754,556
Liabilities		
Current		
Deferred revenue - government funding (note 7)	\$ 1,087,767	\$ 422,352
Accounts payable and accrued liabilities (notes 5 and 6)	207,213	195,034
Due to funder (note 7)	-	2,515
	1,294,980	619,901
Net Assets		
Unrestricted	102,768	83,626
Internally restricted funds	103,236	51,029
	206,004	134,655
	\$ 1,500,984	\$ 754,556

Financial Statements

STATEMENT OF OPERATIONS

Year Ended March 31, 2021

	2021	2020
Revenues		
Government funding	\$ 2,010,890	\$ 1,843,733
Interest	11,834	30,429
GST rebate	7,308	5,756
Third party funding	-	12,539
	2,030,032	1,892,457
Expenses		
Support services	1,182,883	1,166,109
Physicians	620,619	450,524
Administration	98,899	101,844
Events and meetings	46,821	178,916
Marketing and communication	9,461	5,451
	1,958,683	1,902,844
Excess (deficiency) of revenues over expenses for year	\$ 71,349	\$ (10,387)

Board of Directors, Committee Members and Staff 2020

BOARD MEMBERS

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Dr. Tracey Thorne, Division Physician Lead
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Dr. John Soles, Clearwater (Regional Physician Lead)
Dr. Tracey Thorne, Gabriola (Regional Physician Lead and Division Physician Lead)
Dr. Vicci Weber, Lillooet

DIVISION TEAM

Katherine Brown, *past* Chapter Coordinator, Revelstoke and Regional Manager, Interior
Jennifer Brunelle, Chapter Coordinator, Revelstoke
Beth DeMaio, Interim Chapter Coordinator, Hazelton
Cheryl Drewitz, *past* Chapter Coordinator, Pemberton and Ashcroft
Bev Grossler, Chapter Coordinator, Lillooet & Lytton
Carol Farr, Administrative Assistant, Gabriola Island

Dana Hibbard, Chapter Coordinator, Hazelton (on leave)
Christianne Kearns, Regional Manager, Interior
Harpreet Kullar, Operations Coordinator
Pat Lenci, Chapter Coordinator, Bella Coola (*retired October 2020*)
Leanne Morgan, Executive Director
Patti Murphy, Chapter Coordinator, North Vancouver Island (*retired March 2020*)
Rhonda Orobko, Chapter Coordinator, Bella Bella
Angela Pounds, Chapter Coordinator, Gabriola Island
Nancy Rowan, Regional Manager, Vancouver Island (*retired March 2020*)
Sarah Sandusky, Chapter Coordinator, Merritt
Amy Thain, Chapter Coordinator, Clearwater
Carrera Teal, Chapter Coordinator, North Vancouver Island
Helen Truran, Regional Manager, Vancouver Coastal and Island
Nina Van den Hogen, Administrative Assistant, Pemberton
Katie Watters, Chapter Coordinator, Salt Spring Island
Brooke Wood, Chapter Coordinator, Long Beach Tofino
Jane Worton, Project Coordinator, Salt Spring Island

SPECIAL THANKS

Cheryl Drewitz-Chesney, Engagement Partner
Angela Thachuck, Primary Care Transformation Partner
Marina McBride, Primary Care Transformation Partner
Stacey Tyers, Primary Care Transformation Partner
Josh Wells, Engagement Partner
Robin Watts, Primary Care Transformation Partner
Megan Holly, Humanity Financial
Eve Han, Humanity Financial
Elizabeth Dai, Humanity Financial
Annebeth Leurs, Engagement Partner
Kathleen Oddleifson, Engagement Partner
Holly Hovland, Engagement Partner
Meghan Burrows, Engagement Partner
Fran Hopkins, Engagement Partner
Rural Coordination Centre of BC (RCCbc)
LinkPoint Consulting
Dr. Ron Lindstrom and Adam King and Jay Nicol from the BeThink Group
Katherine Coatta, Reichert & Associates
Stephen Reichert, Reichert & Associates

Land Acknowledgements

The Bella Bella Chapter is grateful to live and work within the unceded, traditional and ancestral territories of the Heiltsuk and Kitasoo/Xiaoxia's Nations.

The Bella Coola Chapter is situated on the traditional and unceded territory of the Nuxalk Nation.

The Clearwater Chapter is situated on the traditional and unceded territory of the Simpcw people, of the Secwepemc Nation.

The Gabriola Chapter is in the traditional territory of the Snuneymuxw First Nation.

The Lillooet and Lytton Chapter is situated on the traditional and unceded territory of the Northern St'at'imc and Nlaka'pamux Nations.

The Merritt Chapter is honoured to live, work and recreate on the traditional, unceded territories of the Nlaka'pamux and Syilx Nations.

The North Vancouver Island Chapter is grateful to live and work on the unceded and traditional territory of the Kwakwaka'wakw, Tlat'lasikwala, Kwikwasut'inuxw Haxwa'mis, Kwagu'l, Gwawae'nuxw, Gwa't'sinuxw, Da'naxda'xw, Dzawada'enuxw, and Namgis peoples.

The Pemberton Chapter is situated on the traditional and unceded territories of the St'at'imx(Lil'wat, N'Quatqua, Samahquam, Skatin and Xa'xtsa (Douglas) First Nation) and Skwxwui7mesh (Squamish) Nations.

The Revelstoke Chapter is situated on the traditional and unceded Sinixt, Ktuanaxa, Swepemec and Sylix Nations.

The Salt Spring Island Chapter is grateful to live and work on the unceded and traditional territory of the Hul'qumi'num and SENĆOŦEN speaking peoples.

Hazelton Chapter members are based at Wrinch Memorial Hospital in Hazelton BC, situated on the unceded traditional territory of the Gitksan Nation.

The Long Beach Chapter acknowledges the territories of Hesquiaht First Nation, Tla-o-qui-aht First Nations, Toquaht Nation, Ahousaht, and Yuułu?i?ath in the spirit of truth, healing and reconciliation.

Contact Us



CONTACT INFORMATION

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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.