

ANNUAL REPORT

2013-14



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MESSAGE FROM THE CHAIR

It has been my privilege to serve as Chair of the Board of Directors for the East Kootenay Division of Family Practice for the past year. From our humble beginnings in 2011, the Division has grown into a much more complex organization which now represents 102 family physicians from across the region. In 2013 the physicians from Invermere joined the division and in early 2014 family physicians from Golden decided to join as well. Our unique geography poses some significant challenges but our board has been committed to representing physicians in all communities. The board has met in Creston, Fernie, Kimberley, and Cranbrook this year. In the winter months it has been easiest to meet in Cranbrook with video or audio conferencing with members from other communities.



Ross Dawson

The Division has hosted a number of member engagements over the past year. Of particular note were two division-wide videoconferences: April 30th, 2013 – Dr. Bill Cavers introducing the Attachment/A GP for Me initiative, and February 11th, 2014 – Dr Cathy Clelland on Attachment and GPSC guidelines and tips for billing.

On your behalf, the board has been involved in a large number of projects which are outlined in detail through the annual report. Several of the current key projects include :

- A GP for Me/Attachment – assessment and planning phase
- Integrated Primary Care Collaborative (IPPC – formerly IHN)
- Inpatient unassigned networks in Creston, Fernie, and Cranbrook
- Shared Care – Obstetric Project
- Board of Directors – Strategic Planning for the future of the Division

Due to the increasing amount and complexity of the work being done by Division staff and contractors, the board has decided to proceed with lease arrangements for office space. We plan to open a division office in Cranbrook in May 2014. To date staff and contractors have worked from home and a permanent office will allow a major improvement in efficiency.

I would personally like to thank my fellow board members for their efforts on behalf of the Division. On behalf of the board, I would like to thank our staff and contractors who are the backbone of our organization. I would like to give specific thanks to our provincial physician engagement lead, Jeff Malmgren, whose guidance and wisdom has been invaluable.

I have been very impressed by the dedication and enthusiasm of the numerous members who have become involved in Division projects. The future of our organization is dependent on continuing input and support from the membership.

Ross Dawson
Chair, East Kootenay Division of Family Practice

DIVISION COORDINATOR'S REPORT

I am constantly amazed at the **power** of members uniting for the purpose of creating and implementing a single vision. This has been the case several times in the past year as East Kootenay Division members worked together, and collaboratively with stakeholders such as Interior Health, to make improvements to health care that allow better outcomes for their patients and improved professional practice for themselves. It is not easy work. It is not quick work, but it is happening.

I am constantly amazed at the **growth** that can occur over a short period of time. This Division has increased membership by 25% in the past year to 102 members; we have increased Division staff from zero to four, and our contractors now number five. Our budgetary responsibility topped \$1.1 million as of March 31 2014 and the work we now have the capacity and resources to complete is bound only by the determination, imagination, and leadership of our members.

I am constantly amazed by the **diversity** of this work, and the people I meet who are so dedicated to ensuring that improvement to patient care is a priority. The board, staff, members, and outside stakeholders exemplify individuals who believe very strongly in their work, and who struggle to overcome challenges and obstacles by working together to achieve new possibilities in the coordination of a strong patient care network. These folks are continuously finding new ways of improving, new ways of working together, and new pathways for patient-centred care and physician satisfaction.

I suppose I am just an amazing, I mean **amazed** person! I expect to continue to be so, as the East Kootenay Division of Family Practice moves with a steady pace and determined focus toward achieving the goals of A GP for Me, Shared Care-Partners in Care, Integrated Primary and Community Care, Improved Palliative Practices, and numerous other items outlined in this Annual Report. Our existing priorities, as well as newly identified strategic priorities such as greater member engagement, improved communication, and strengthened operational processes; give us a strong mandate to move forward.

I encourage you to embrace the communication priority with me by contacting me with any questions, suggestions, recommendations, ideas, or challenges you may have. I welcome your input and will ensure that your comments and ideas are forwarded appropriately.

Be amazed with me.

Patti K. Phillips
Coordinator, East Kootenay Division
of Family Practice



Patti K. Phillips

YEAR IN REVIEW 2013-2014

2013

- Second AGM, May 2013, 34 members attended
- UptoDate training sessions held in each EK Community
- Hosted an A GP for Me presentation by Dr. Bill Cavers, which was video conferenced to all communities
- Management of registration and payment distribution of Unassigned In-patient network funds
- Represented Division members at the Collaborative Services Committee (CSC)
- Supported the Integrated Health Network (IHN) transition to the Integrated Primary Care (IPC)
- Contracted a primary care nurse in Fernie and an IPC Project Support contract
- Contracted Administrative Support and Evaluator
- Coordinator, Executive Assistant and Administrative Support moved to Employee contracts
- Continued support of Creston's ER scheduling program – Amion
- Formed a Shared Care Steering Committee
- Supported Shared Care – Maternity project
- Supported Child and Youth Mental Health and Substance Use (CYMHSU) Collaborative meetings in Creston
- CYMHSU Physician Lead attended the CYMHSU Collaborative Learning Sessions along with other members of this group
- Provided the Community Practice Profile Survey and held both public and physician engagement events in each community as the first stage of A GP for Me
- Formed A GP for Me Steering Committee and A GP for Me working groups in each community



2014

- Held a strategic planning session to develop our Strategic Mission and Vision
- Held Medical office assistant (MOA) Roadshows in each community to provide education on the Division
- Supported the Palliative Care working group which created a pre-printed order (PPO) form
- Invermere physicians joined the Division in the fall of 2013
- Golden physicians joined the Division in February 2014
- Hosted Dr. Cathy Clelland's presentation on A GP for Me Billing Incentives, which was video conferenced to all communities
- Represented Division members' interests at the regional inter-divisional strategic council
- Represented Division members at provincial Information Management Information Technology (IMIT) steering committee
- Produced monthly Take 2 e-news
- Purchased "My Voice – End of Life" booklets in bulk and passed cost savings to members
- Created a calendar of events on website which is updated weekly for EK Physicians
- Participated in two provincial roundtables and the Shared Care Showcase
- Shared Care project lead and A GP for Me project lead attended the Rural & Remote "Rural Lens on Healthcare"
- Convening of a Community-based Recruitment and Retention committee in March 2014
- Began work towards securing office space in Cranbrook



A GP FOR ME

A GP for Me is a joint initiative of the Government of BC and Doctors of BC that aims to strengthen the health care system with the following goals:

- Confirm and strengthen the Family Physician-patient continuous relationship
- Better support the needs of vulnerable patients
- Enable patients that want a family doctor to find one
- Increase the capacity of the primary health care system

The East Kootenay Division of Family Practice received approval to participate in the first phase of the program, Assessment and Planning, in September 2013. The purpose of this phase of the A GP for Me initiative is to evaluate the number of people looking for doctors in our communities, the needs of the local family physicians, and the strengths and gaps in local primary care resources in order to develop a community plan for improving primary care capacity.

The East Kootenay Division's work is being guided by the A GP for Me Steering Committee, which consists of four Division members and Interior Health Management. Following community and physician engagements in Creston, the Elk Valley, Cranbrook, and Kimberley, Working Groups were formed with key stakeholders in the individual communities led by local physicians. Unfortunately, this work commenced before members in Invermere or Golden were ready to participate, but there will be opportunity to involve those communities in the next phase.



CPP Survey prize draw

The online Community Practice Profile survey was launched to all members and their MOAs in early December with a 61% response rate by physicians. This survey gave us a better understanding of the current and future physician capacity in the East Kootenays, as well as what is required for physicians to feel improved professional satisfaction. The detailed results of this survey, by individual community, can be found on the Division's web site. Using existing data and the information learned through the engagement meetings and the Community Practice Profile survey, the groups were able to suggest improvements to the identified priority areas. The four main areas identified were: practice support to improve office efficiencies, expansion of team-based care, health promotion, and recruitment. Through the process, groups were also able to identify areas that could be improved collaboratively without additional resources.

The assessment and planning phase will finish at the end of May with completion of proposals for presentation to the GPSC to request funds to implement the plans developed and approved by the East Kootenay Division Board. This funding is available until March 2016. Family physicians have been critical to this planning process, as they will be in the implementation phase, as these projects get underway.

Faye MacKay,
Steering Committee Chair

CHILD AND YOUTH MENTAL HEALTH AND SUBSTANCE USE COLLABORATIVE

The Child and Youth Mental Health and Substance Use (CYMHSU) Collaborative is supported by the Shared Care Committee with additional support for specialist participation from the Specialist Services Committee. Both committees are partnerships between Doctors of BC and the Ministry of Health.

The Collaborative's purpose is to increase the number of children, youth, and their families receiving timely access to integrated mental health services and support in the Interior Health (IH) region.

More than 150 individuals – including family doctors, psychiatrists, pediatricians, social workers, mental health counselors, school counselors, the RCMP, First Nations groups, representatives from three provincial ministries, parents, youth, health administrators, and others – have come together in the IH region to address issues such as transitions in care, communication barriers, service delivery gaps, emergency room protocols, discharge planning, and coordination of care.

This year-long Collaborative is designed as a "structured collaboration," a change model pioneered by the US Institute for Healthcare Improvement.

The Collaborative consists of three "learning sessions" interspersed with three "action periods" over the year. The first learning session was in June 2013, with follow up sessions in November 2013 and March 2014. The final session, The Spread and Sustainability Congress, is scheduled for September 2014.

A multidisciplinary local action team was set up and initially led by Tara Guthrie in Creston with participation from four School District #8 counselors, an Interior Health representative, addictions services, a First Nations advocate, RCMP and Ministry of Children and Family Development representation, and East Kootenay Division of Family Practice staff.



CYMHSU
Creston
Action Team

Goals identified by the local action team during the two action periods:

- Increase the number of family physicians completing the Practice Support Program's Child and Youth Mental Health (CYMH module) in Creston and assist with expanding that module to Cranbrook
- Patient Journey Mapping in Creston
- Develop and publish a comprehensive inventory of services in Creston
- Add youth and parents to the action team
- Expand the action teams to include Cranbrook

The third learning session included a plan to roll out the Collaborative to Cranbrook and Kimberley. In addition, the Creston action team would like to continue to work on specific outcomes to be completed and communicated at the Spread and Sustainability Congress in September 2014.

Randy Grahn, Physician Action Team Lead,
East Kootenay Division of Family Practice

COLLABORATIVE SERVICES COMMITTEE 2013 REPORT

2013 saw the East Kootenay Division of Family Practice through its second year working as part of the Collaborative Services Committee (CSC). The CSC represents the Division, the Health Authority, and the Province at one table within the geography of the East Kootenay Division. Since mid-2012, this area now includes Invermere and Golden as part of its mandate.

The CSC is co-chaired by the Division (Dr. Greg Andreas) and Health Authority (CIHS Manager, Terri Domin) with the Ministry of Health represented by a GPSC member, Graham Taylor, who has most recently joined the table.

Not surprisingly, the original Terms of Reference from 2011 are being reviewed. The group is also striving towards a common understanding of the CSC's best role; and what items are appropriate for the table to deal with, and in what manner. Such issues have garnered a lot of the group's attention over the past year.

Items featured on the agenda over the past year have included Integrated Primary Care (IPC) rollout work in our communities. Most notable among these are budgetary and human resource aspects, which need a wider perspective than physician or health authority alone. A resulting example is the addition of a Primary Care nurse working in Fernie towards a collaborative model of care for the most frail of that community. Child and youth mental health work has seen Creston taking the lead from a wider, regional initiative, aided as possible through the CSC. Finally, a locally inspired, collaborative Palliative Care group began working on local improvement options just prior to the province and health authority identifying palliative care and end-of-life issues at a more regional level.

Most recently, the A GP for Me initiative, in the context of the individual communities, has been on the agenda and likely to stay, given the ongoing need for matching the best human resource options to financial and patient care realities. Also set to stay as regular agenda items are common technology opportunities and challenges, and the interface of acute care relating to community-based family practice realities. A "patient voice" at the table is also being explored to add perspective to future discussions.

Three physicians have represented the East Kootenay Division on a regular basis over the past year. This is set to drop to down to one shortly. We, the division members, will need to assure our interests are well represented at the CSC. Given the pressures on physician time, the impacts of the decisions from this table at the places we work, and the update in our CSC geographical mandate, strategic thought around this representation should be considered a priority going forward.

Greg Andreas,
CSC Committee Co-Chair



**Gregory
Andreas**

IMIT ANNUAL REPORT

IMIT COMMITTEE

The IMIT (Information Management Information Technology) committee is a collaboration between the Interior Health Authority (IHA) and the divisions within its region, which includes East Kootenay. It is tasked with improving information management and technology to further patient safety and foster good communication between family physicians and other healthcare providers.

The IMIT Committee has continued to strive to further good patient care through the improvement and utilization of information technology. This year the committee has worked to improve the medication reconciliation that occurs on patient discharge and continued to improve the distribution of electronic medical records. The committee has investigated the work that Northern Health Authority is doing as an example of how integrated records can improve patient care.

The group met in Kelowna early in this calendar year for a strategic planning session. At that meeting they heard from Kim Lacharite, representing the Ministry of Health, and Mal Griffin representing IHA. Both shared their draft strategic visions for the next three years and it was gratifying to find that they were completely in line with the visions of the IMIT committee. It was emphasized that close co-operation would benefit all parties and that this committee's presence is essential to ensure that the physician and division viewpoint continues to be recognized. The IMIT committee plans to continue to focus on intra-operability, work on an electronic problem list that can be viewed both in the hospital and in the physician's EMR. They will continue to tackle smaller issues as time permits.

One of the important lessons learned is the necessity of discovering what others are doing and have already done. Hopefully, by improving communication we can build on the work of others and not merely reinvent it.

Overall the committee will continue to try to improve the use of information technology within the Interior Health region in a co-operative and collaborative fashion with the divisions involved.

Erin Ewing
March 2014



Erin Ewing

EAST KOOTENAY INTEGRATED PRIMARY CARE

The former Integrated Health Network (IHN) has now transitioned into an Integrated Primary Care (IPC) program under a new bilateral agreement between the GPSC and Interior Health. Despite budget reductions, services to family physicians were maintained in Cranbrook and Kimberley at the same level. Unfortunately, the popular Moving Into Wellness program had to be reduced significantly but continues to produce improved health outcomes for participants. The IPC was also expanded into Fernie in January 2014 under the leadership of Dr. Todd Loewen with the addition of a part-time Registered Nurse. In Creston, an existing IH Chronic Disease Management/Primary Health Care Nurse is being integrated into the clinics. Shirley Parent, former PSP coordinator, is providing practice support for this initiative in both communities.

The goal of the IPC is to create a team approach to support family physicians and their patients within their clinic. The target population consists of patients with chronic co-morbid conditions, those with complex medical needs, and the frail elderly, focusing on the highest utilizers. The communities presently participating in the IPC are at varying stages of progress, however the same objectives apply: improved coordination of care, increased access to care, reduced duplication of care, and improved patient outcomes.

A shared Community Care Plan has been developed for use in all interdisciplinary patient conferences regardless of location to improve communication amongst all providers involved in patient care and to ensure more family physician input into the plan. Family physicians are

encouraged to attend the conferences in person or by phone and have the opportunity to provide input if unable to attend.

This initiative aligns with the East Kootenay Division of Family Practice's strategic goal of creating a strong and effective network of care. It also aligns with the provincial A GP for Me initiative goal of increasing the capacity of the primary care system. There will be continued effort to build upon and spread this model with existing resources and possible, as yet, untapped funding sources, such as the A GP for Me initiative, to expand the interdisciplinary team supporting family physicians and their patients. The IPC Working Group meets monthly and consists of a physician representative from each community and the Interior Health IPC Coordinator and Manager. A patient representative will also be invited to attend some of the meetings. Recommendations from this committee go to the Collaborative Services Committee for consideration.

Todd Loewen,
FP, Fernie



IHN Cranbrook/Kimberley Working Group

PALLIATIVE CARE WORKING GROUP

The Palliative Care working group is focused on Palliative Care in the local community setting with an emphasis on end-of-life at home. It originated from an End of Life Learning Session hosted by the Practice Support Program, where some of the physicians in attendance expressed interest in improving communications. The East Kootenay Division Board Chair secured a GP committee lead and the Division coordinated the first meeting on February 5, 2013. The group is supported by EK Division staff and stakeholders include Cranbrook family physicians, Interior Health (IH) representatives, Cranbrook-Kimberley Hospice Society, and the Practice Support Program. This group has used a collaborative approach with IH providing meeting space and the EK Division providing lunch.

The roles for the group are:

1. A communication forum
2. A venue for needs identification
3. Problem solving venue

Working groups were established to focus on:

- Standardized pre-printed order (PPO) form
- Patient Journey Mapping.

The final approval for the PPO was received from IH in December 2013. The Cranbrook physicians, Dr. Eugene Ries, Dr. Greg Andreas and Dr. Caroline Shilhan, connected with lead physicians in each community and the PPO form was introduced at local LMAC meetings to provide initial education around this important work. Retail pharmacies and ward clerks were also contacted and educated on the intended use of this new form. The PPO form is available on the EK Division website at <https://www.divisionsbc.ca/ek/PalliativeCare>.

The Patient Journey Mapping occurred in October 2013. It included three survivors and involved a panel of five experts from different areas of Palliative Care. The goal was to find the gaps in loved ones' journeys from diagnosis to death. The gaps identified were communication, continuity of care, knowledge of community services, and lack of family support. The recommendations were for more journey mapping to be done to gain a broader

understanding of the current system of care and where the priorities for improvement lie, potentially from the perspective of ER and residential staff.

In January 2014, the Palliative Care working group agreed that they had accomplished their original goals, and decided not to undertake further Patient Journey Mapping. The Hospice Society is looking at feasibility studies for a stand-alone Palliative Care facility. If the findings are positive the Palliative Care group will consider meeting again in the near future. Otherwise the group will meet after the PPO Use Assessment Survey is sent out in June, when they will look at the successes and challenges with the PPO.

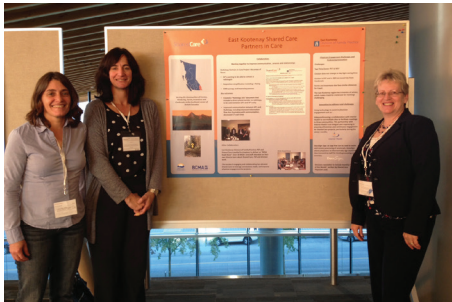
Greg Andreas,
Cranbrook Family Physician



Palliative Care Working Group

SHARED CARE – PARTNERS IN CARE

Shared Care projects bring together family physicians, specialists, and other medical and non-medical professionals to improve the care and health outcomes of patients. Together, these partners identify and work to address interdisciplinary issues related to effective shared care of patients.



EK Poster at Shared Care Showcase

During the last year, we formed a Shared Care Steering Committee to assist the Division with identification and development of Shared Care projects.

The Steering Committee has representation from specialists, family physicians, Interior Health, the East Kootenay Division of Family Practice, local Shared Care staff, and provincial Shared Care staff supports.

During the last year we initiated the Maternity project, which is moving along at a brisk pace and a report of its successes should be available this summer.

We also finalized the Radiology project and identified key learnings in the assessment:

- Relationship building is the key to success with Shared Care projects. Building those trusting, positive relationships takes time and face-to-face meetings.
- Shared Care committees are composed of participants with a range of perspectives, but they are all there for the same reason – a shared desire to improve health care for patients and reduce frustrations and inefficiencies for health care providers.

- As Radiology 101 highlights, “We share the mutual goal of providing the best care possible for our patients and to do so in a timely manner. Anything that we can do to assist one another ultimately benefits our patients.”
- The key methods to success for this committee were sharing information and improving communication. These two factors significantly impact the work of GPs and specialists.

We continue to work on the identification of other needs within the community, and will proceed with events and projects in this regard in the near future.

The Steering Committee will continue to work on projects identified by Division members, as well as specialist physicians in our communities, to collaboratively improve access and care as patients move between care providers and areas of care.

The Steering Committee will develop a strategic plan in the next few months, which will enable development of efficient mechanisms to identify and proceed with projects which impact the communities we serve.

We look forward to another year of making patient care better, together.

Cecile Andreas
Family Practice
Co-Chair

Karen Pont,
Specialist
Co-Chair



FINANCIAL REPORTS – BALANCE SHEET

BALANCE SHEET

as at March 31, 2014

ASSET

Current Assets

CIBC	- 20,025.97
Short Term Investment	352,784.86
Expenses to be Reimbursed	331.12
GST Receivable (50%)	3,808.04
PST Receivable (57%)	800.72
Prepaid Liability Insurance	944.17
Prepaid Expenses	911.66
Prepaid Expenses	2,287.80
Total Current Assets	341,842.40

Capital Assets

Computers and Software	2,951.10
Total Capital Assets	2,951.10

TOTAL ASSET 344,793.50

LIABILITY

Current Liabilities

Accounts Payable	64,823.79
Vacation Payable	394.38
WCB Payable	161.30
Total Current Liabilities	65,379.47

TOTAL LIABILITY 65,379.47

EQUITY

Current Earnings	279,414.03
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TOTAL EQUITY 279,414.03

LIABILITIES AND EQUITY 344,793.50

FINANCIAL REPORTS

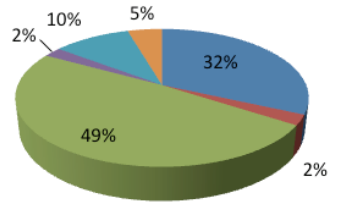
UNAUDITED FINANCIALS

for Year ending March 31 2014

Division Infrastructure Funds	\$ 260,950.00
Unassigned In-Patient Admin	\$ 7,089
Interest	\$ 3603
INFRASTRUCTURE INCOME	\$ 271,642

Expenses	
Physician sessional	\$ 82,011
Physician travel	\$ 6,263
Contracted Supports	\$ 126,176
Contractors Travel	\$ 5,980
Operations	\$ 26,208
Meeting Costs	\$ 11,727
Total Core Costs	\$ 258,365
BALANCE FORWARD	\$ 13,277

Infrastructure Expenses Summary



- Physician sessional
- Contractors Travel
- Physician travel
- Operations
- Contracted Supports
- Meeting Costs

UNAUDITED FINANCIALS

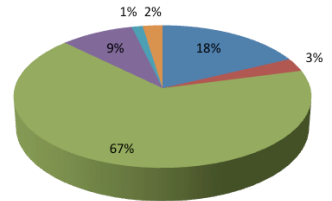
for Year ending March 31 2014

2012–2013 Shared Care Carry-Over	\$ 261,252
Interest	\$ 1,050
SHARED CARE TOTAL	\$ 262,302

Expenses

Physician sessional	\$ 18,303
Physician travel	\$ 3,090
Contracted Supports	\$ 68,033
Contractors Travel	\$ 9,158
Operations	\$ 1,376
Meeting Costs	\$ 2,451
Total Shared Care Costs	\$ 102,411
BALANCE FORWARD	\$ 159,891

Shared Care Expense Summary



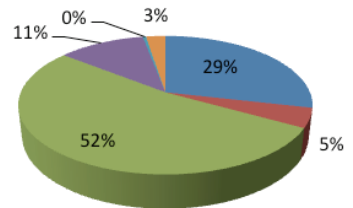
- Physician sessional
- Physician travel
- Contracted Supports
- Contractors Travel
- Operations
- Meeting Costs

Child Youth Mental Health Collaborative	\$ 50,440
TOTAL INCOME	\$ 50,440

Expenses

Physician sessional	\$ 8,827
Physician travel	\$ 1,403
Contracted Supports	\$ 16,229
Contractors Travel	\$ 3,519
Operations	\$ 132
Meeting Costs	\$ 789
Total CYMH Costs	\$ 30,899
BALANCE FORWARD	\$ 19,541

CYMH Expense Summary



- Physician sessional
- Contractors Travel
- Physician travel
- Operations
- Contracted Supports
- Meeting Costs

FINANCIAL REPORTS CONT'D

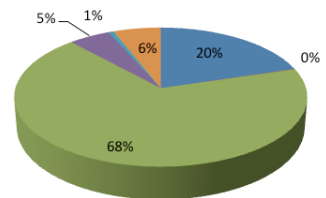
UNAUDITED FINANCIALS

for Year ending March 31 2014

A GP for Me: Assessment and Planning Phase

TOTAL INCOME	\$ 219,297
Expenses	
Physician sessional	\$ 28,315
Physician travel	\$ 118
Contracted Supports	\$ 94,811
Contractors Travel	\$ 7,278
Operations	\$ 904
Meeting Costs	\$ 8,312
Total Costs	\$ 139,738
BALANCE FORWARD	\$ 79,559

A GP for Me Expenses

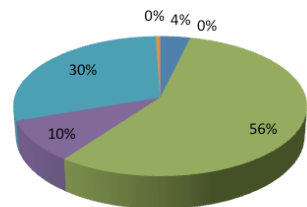


- Physician sessional
- Physician travel
- Contracted Supports
- Contractors Travel
- Operations
- Meeting Costs

IPC Community Contract with IH

TOTAL INCOME	\$ 28,950
Expenses	
Physician sessional	\$ 1,000
Physician travel	\$ 0
Contracted Supports	\$ 15,121
Contractors Travel	\$ 2,589
Operations/Equipment	\$ 7,962
Meeting Costs	\$ 151
Total Costs	\$ 26,823
BALANCE FORWARD	\$ 2,127

IPC Community Contract with IH



- Physician sessional
- Physician travel
- Contracted Supports
- Contractors Travel
- Operations
- Meeting Costs

EAST KOOTENAY DIVISION OF FAMILY PRACTICE

Contact information:

2978 Simpson Rd.,
Cranbrook, BC V1C 6T2
Email: pphillips@divisionsbc.ca
Phone/Fax: 250-426-4890

EAST KOOTENAY DIVISION EMPLOYEES AND CONTRACTED SUPPORT

Patti Phillips – Coordinator
Laura Vanlerberg – Executive Assistant
Nancy Rainey – Administrative Support
Jill Bain – EK Shared Care – Partners in Care
Lead & CYMHSU Collaborative Project Lead
Jo Ann Lamb – A GP for Me Project Lead
Megan Purcell – Shared Care and
A GP for Me Evaluator
Shirley Parent – IPC Project Support Contract
Charmaine Lingard – IPC Nurse Contract
Irene Kenneth – Bookkeeper
Jeff Malmgren – Provincial Divisions
Physician Engagement Lead

Cover Photograph: Creston Valley Wildlife
Management Area, courtesy of PictureBC,
photographed by Phil Best.

BOARD OF DIRECTORS



Ross Dawson,
Chair



Todd Loewen,
Vice-chair



**Gregory
Andreas,**
Physician Lead



Ron Nash,
Treasurer/
Secretary



**Wilhelm
Pieterse,**
Director



Erin Ewing,
Director



Faye MacKay,
Director

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

www.divisionsbc.ca/east-kootenay