

Celebrate.



Fraser Northwest Division
of Family Practice

Annual Report
2018 - 2019

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Who Are We?

Vision

Fraser Northwest Division of Family Practice strives to be a leader in supporting a healthy and sustainable community of:

- › Doctors committed to continuity of care
- › Patients participating in managing their health
- › Primary care which is accessible, and relationship based

Mission

Fraser Northwest Division of Family Practice is committed to building a positive primary care experience through:

1. Being the nucleus for primary care improvement in our region
2. Building capacity in our physician community
3. Establishing a network of collaboration between family physicians and other health care partners and community stakeholders
4. Encouraging grassroots physician engagement, dialogue, and contribution by providing a voice for family physicians and their experience

Values

- › We prioritize key projects in accordance with our vision and mission and only after consultation with our members
- › We appreciate the strengths and diversity of all our members
- › We approach the work of the division in the spirit of collaboration, transparency, authenticity, integrity, and accountability
- › We are fiscally prudent

Co-Chair Message

What another incredible year! We want to thank you, our members, for your participation, your guidance and your leadership in making primary care in our community the leading edge for positive change. As a division, we work towards empowering your voices and ensuring that we work in collaboration with our partners in healthcare and the community. We want to always remember that primary care is the key to our health care system and family medicine makes it work. We will always want to keep our “finger on the pulse” to move with changes in the system but at the same time recognize and not forget that it all comes from the “grassroots” of our day to day lives. In the end, the heart of all this work is to serve and care for our wellbeing of our patients. Let’s take a look at what this year will be bringing us:

Building a foundation with the Patient Medical Home and Primary Care Network

How proud were we to be the first community to sign on to the Primary Care Network implementation across the province! Once again, Fraser Northwest has proven to be a leader for innovation and collaboration. We recognized that in our communities that at least 53 000 patients are without a primary care provider. We are building new models of care to try to address the gap in access to longitudinal primary care. Our goal is to provide community supports to family physicians to reduce burnout, to increase community collaboration and efficiency in care and in turn, increase access for patients.

Nurturing that foundation with relationships formed

Thanks to your input about your needs in your practices, we have worked in collaboration with Fraser Healthy, SHARE Family and Community services and Kwikwetlem First Nations in building our Primary Care Network. Working groups were formed, such as Chronic Pain, Mental Health, Patient Medical Home and Maternity Care to address the various challenges in our community in a collaborative effort with specialists and allied health. Our relationships strengthen through discussion, and it helped us collaborate on effective ways to better support and advocate for improved integrative care

and to help those who are most vulnerable in the community. These kinds of collaborations take time and require continual effort, but the results can be remarkable for patients with these conditions. Thank you for your effort.

Working together to create a better place for our patients and community

We commend our members for working with our division staff. By expressing your concerns to the division, we were able to create services that would best help your practice in terms of support staff working directly with offices and hosting Medical Office Assistant Educational Events. With our primary care plan, we hope to provide you with supports that you expressed a need for by introducing a Registered Nurse in Practice, and through our collaborative relationship with SHARE, counselling for patients who need it with a warm transfer to further services.

Looking Ahead

Our hope with our Primary Care Network and Patient Medical Home is to help facilitate your ability to deliver care, improve access for your patients and improve our community’s health. Your role as a family physician is priceless, and your voice is what keeps this work going. Keep sending us your feedback, engaging yourself in our working groups and take part in our initiatives. What you do now will affect you and future generations of family doctors to come in making this community a better place.

Drs. Stephanie Aung and Paras Mehta

Executive Director Message

Dear Members,

Each year at this time, I am forced to take a moment to reflect on the activities from the past year; evaluate our successes and identify areas where we can improve.

This year has been exciting and you will note by the volume of this report that the activities, engagement and programs have grown again exponentially. We have accomplished and implemented a number of key initiatives proposed by the Board or initiated because of input from our members. Concurrently, we have been spending a great deal of time assessing the primary care needs of the Fraser Northwest community, gaps in the available services and proposing a plan to the Ministry of Health in partnership with Kwikwetlem First Nations and Fraser Health Authority, this can also be referred to as “Primary Care Network (PCN) Planning”.

The upcoming year will be exciting as we embark on a journey to implement the Primary Care Network, continue to enhance our current physician and practice supports as well as meet the needs of our members as they arise.

As you read this annual report, I hope it will give you a little insight into the work that is happening behind the scenes and provides you with an idea of what is available to support you as you practice. If you review the Division’s mission, I hope you will agree, that we are still on track with our commitment to serve our members:

- › Fraser Northwest Division of Family Practice is committed to building a positive primary care experience through:
- › Being the nucleus for primary care improvement in our region
- › Building capacity in our physician community
- › Establishing a network of collaboration between family physicians and other health care partners and community stakeholders
- › Encouraging grassroots physician engagement, dialogue, and contribution by providing a voice for family physicians and their experience

For those of you who have been involved and engaged in this past year, which may include taking a moment to answer the Fast Facts surveys or those that provide hours of time serving the community on committees, providing physician leadership and advocating for the future of primary care, thank you! THANK YOU! I look forward to writing you next year.

Sincerely,

Kristan Ash

Timeline of Events



What we Heard from you!

Throughout the year, our members continue to take the time to engage with the division to share their concerns, compliments, and general feedback regarding the health system context in the FNW. In addition to the feedback mechanisms currently in place, in early 2019 the FNW ED introduced what she calls the “Easy button” at the bottom of her email signature that asks the important question “What frustrates you about how you practice?”

Are you ever trying to arrange care for a patient and feel like you're pushing a boulder uphill? Our system has many complications which inadvertently make care harder for patients and doctors. We want to know what that frustration is so we can determine how the Division can help.

Let us know by clicking below

What frustrates you about how you practice?

Since its “launch” in February, this feedback tool has gained a resounding response from family physicians in the community and has facilitated multiple dialogues between the division, the health authority, specialists, and community family physicians to identify, support and implement system improvements in the FNW to support improved provider experience, a reduction in health system related costs and ultimately improve patient experience.

Key themes emerged through the analysis of this feedback and a resounding

amount of feedback centred on **communication**. Communication between family physicians and health authority services, between family physicians and specialists and between family physicians and specialized community services were all themes that emerged and thus allowed for opportunities for improvement with community partners and stakeholders. **Referrals are key to community physicians interacting and getting their patients access to the services and supports they need and unfortunately referral processes have such variance depending on where the referral is being sent to.** Another key

theme that emerged out of this process, and is closely related to the previous theme, is **accountability**. Much of a patient's healthcare is deeply reliant in their family physician; however, when there is services needed that fall outside the scope of the family physician, the physician typically refers out to specialized services that can respond to that patient's care. Feedback directly from a FNW member notes:

The last key theme that emerged from this feedback

“My frustration boils down to accountability. No one wants to own their work and the patient, as always, ends up being the victim...When surgeons don't do a good job of post-operative care and send us patients for stitch or staple removal after major surgeries. Worse is when a patient comes in with post-op complications, and it's so hard to get ahold of the surgeon that we have no choice but to send the patient to the ER.”

collection was around **patient perception and accountability**. Patient's having a key role in their health through understanding when and how to access the services and supports that they require is

a theme that has come up on numerous occasions. In response to this, the division has plans to begin patient education and engagement campaigns across multiple platforms.

Another mechanism for collecting feedback from the division members is through the biweekly

Fast Facts communication which includes a short survey question. The survey questions asked are identified based on what emerges in the community context and we utilize the opportunity to engage our members to better understand the GPs perspective. Throughout this report, keep your eyes peeled for this icon (right) which denotes a question asked, what we heard from our members, and what we did with that feedback as it relates to the larger program umbrellas that the question falls within.



Program Overviews

Practice Improvement

The Practice Improvement program flourished over the last year with the onboarding of a dedicated practice improvement role which emerged largely out of member feedback as the structural supports that were in place prior to this roles onboarding had low levels of member satisfaction. Since its inception, the responsibilities of the role have centred largely upon that initial vision and intention through a number of different avenues: practice improvement, Electronic Medical Record (EMR) support, and Medical Office Assistant (MOA) recruitment, engagement, retention, and education/upskilling to name a few. The initial intention of this role was primarily for EMR coaching within the FNW family practices but grew into the larger scope of practice improvement based on the demand and needs identified by division members.

59% of respondents to a FF survey noted that completing paperwork for work, insurance and legal matters weighed the most on physicians for non-medical related responsibilities.

Over the year, the program has significantly grown and shifted; however, has still supported activities aligned with the initial intent. To date, there have been practice efficiency assessments at 3 FNW clinics with one return

visit to a clinic. These assessments include the FNW practice improvement role to go into practices to shadow MOAs, assess workflow and create a facility assessment for the clinic that is in line with acceptable standards as laid out in the College of Physicians and Surgeons Standards. Additionally, there has been a total of 5 EMR user groups for users of the OSCAR EMR from April 2018 to March 2019.

These groups are intended as learning opportunities for improved practice EMR use and efficiency



In identifying the interest and need in attending a monthly EMR education session, 34% of respondents said that the time of day/location prevents them from coming (52% said early evening would be the ideal time). 28% said the time commitment and another 28% felt that they are confident in their EMR user skills already.

and as a follow up to the PSP EMR Functionality Assessment. In addition to the OSCAR User Groups, there were one to one or group practice specific EMR support sessions for both clinic MOAs and physicians.

Over the timeline from April 2018 – March 2019 there were 13 visits to separate clinics with one clinic having an additional 2 visits. These visits were comprised of approximately 25 total participants from the practices – including physicians, MOAs and practice managers. In addition to EMR practice support, billing support and panel clean-up activities were also provided.

Recurring MOA events were also in line with this role's initial intent and over the past year, there was an event held for MOAs every month since July 2018. Each event focuses on distinct topic areas where subject matter experts are brought into facilitate the session. Topics were chosen based on feedback from in-practice visits conducted by the practice improvement person, topics that have been presented over the last year include:

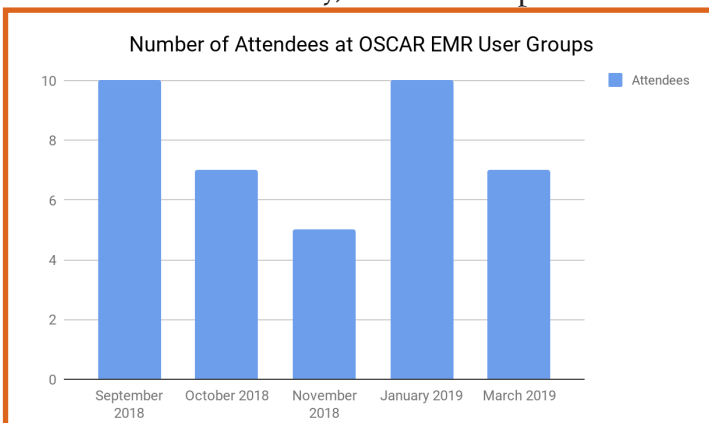
- › July 2018: Medical Asepsis in medical practice
- › August 2018: Intercultural skills and teamwork
- › September 2018: Respond with respect from

the Canadian Mental Health Association

› October 2018: Communication skills and teamwork

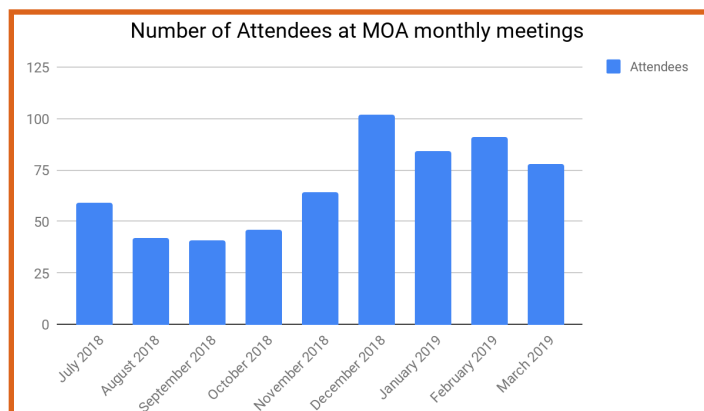
› November 2018: Privacy and security from Doctors Technology Office (DTO)

› December 2018: Pathways overview between



specialist MOAs and family practice MOAs

- › January 2019: Lifelabs overview
- › February 2019: MBTI interpersonal communication skills
- › March 2019: Gender affirming care



In total, there was over 607 registrations with an average of 68 registrants per event. The event with the highest demand (# of registrations) was the Pathways overview between specialist MOAs and family practice MOAs with 102 total registrations. The event with the lowest registration numbers was the 'Responding with respect from the Canadian Mental Health Association' with a total of 41 registrations.

In February 2019, the practice improvement role was able to go into a practice to support and coach a MOA whose skills were not the strongest to ensure they were providing patient-centred care when bringing patients in from the waiting rooms to the exam rooms. Typically, this responsibility would fall to the physician in some practices; however, having a role which can be dynamic in how it supports practices ensured the appropriate coaching and education was facilitated without requiring physicians to dedicate their time to this. Feedback from the ED regarding this experience centres on knowing that the division can provide these mechanisms makes "me really proud of our organization and what we can deliver, because it's those little things that you can't measure, but not only impacts the physician, but ultimately patient care – this is huge."

A key element that may also be a factor in increased MOA retention and engagement across the communities is the co-development of the MOA recruitment list by this program and the recruitment and retention programs. Beginning in September

2018, this pre-screened MOA recruitment list includes potential candidates seeking both temporary and/or permanent placements in FNW practices. Physicians are able to view this list and reach out

to potential candidates that they feel may be a fit for the practice. Successful candidates that are added to this list have been pre-screened, interviewed and reference checked and include an expected wage range. This onboarding process is done collaboratively between the two programs (HR and practice improvement).

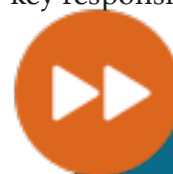
Based on the learnings from this past year, the practice improvement program has grown from one specific role to a larger program which, in Summer 2019, will encompass two additional roles. The Practice Improvement Program Manager's (previously coordinator) role still encompasses the key responsibilities previously stated; however, with the onboarding of an IT Support

position, certain in-practice technological support will be covered. The Program Manager will continue to engage, communicate and promote learning with practice staff

and provide practice efficiency consultations with clinics. This role will have both the IT Support and the MOA Recruitment and HR Consulting Program Assistant reporting to them.



When the MOA candidate page was launched for permanent and/or temporary positions, 52% of respondents noted that they weren't in need of an MOA at that time. 32% didn't know this existed! To date, there have been 2 successfully placed MOAs into an FNW practice. Check out this service on the Division website for more information and a list of available MOAs!



Based off of the Safeguards IOI workshop, 22% of respondents noted that Privacy and security audits were a priority and another 22% noted that privacy and security training were a priority.

In the summer of 2019, an IT Support role will be filled and a key function will be to support in-practice security audits and trainings!

MOA Event Summaries

June 2018

MOA Resource Fair | Event Evaluation

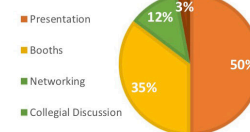


50% were familiar with a few of the resources
44% were familiar with most of the resources.

88%

found this session
VERY EFFECTIVE
And 12% found this session somewhat effective.

Which portion of the event did you find to be most valuable?



What resources do you wish had been at the event?

- Mental Health Resources
- Fraser Health Medical Imaging
- Emergency Department
- Occupational Services Funded by MSP



"Enjoyed the presentation aspect as it was a good overview of the resources"

TOPICS OF INTEREST: Mental Health | EMR | Team Building | Pain Management | Billing Worksafe | Running an Efficient Office | Clinical Things

MOA Medical Asepsis | Event Evaluation

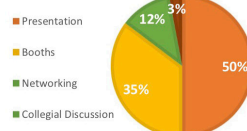


50% were familiar with Medical Asepsis and Guidelines.
24% were not familiar and 26% were very familiar.

83%

found this session
VERY EFFECTIVE
And 17% found this session somewhat effective.

Which portion of the event did you find to be most valuable?



What resources do you wish had been at the event?

- Mental Health Resources
- Fraser Health Medical Imaging
- Emergency Department
- Occupational Services Funded by MSP



"Enjoyed the presentation aspect as it was a good overview of the resources"

July 2018

TOPICS OF INTEREST: Mental Health | EMR | Team Building | Pain Management | Billing Worksafe | Running an Efficient Office | Clinical Things

Intercultural Skills & Teamwork Workshop | Event Evaluation

97%

have experienced an issue arise with others due to not understanding how to handle the others' behaviours.



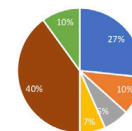
"Great presentation, great examples, and great games!"

Over 50%

Found all components (presentation, speakers, discussion, games, and networking) of the event valuable.

What time of day is best to receive email communications regarding events?

- Early morning (8 am to 10 am)
- Late morning (10 am to 12 pm)
- Afternoon (12 pm to 2 pm)
- Late afternoon (2 pm to 4 pm)
- Evening (4 pm to 6 pm)
- Other



53% found this event
very effective.

41% found this event somewhat effective.

For Future Events: More information on how to work as a team | How to deal with bullying in the workplace | More tips on how to react to different behaviours | How to deal with difficult patients and their behaviours | Use a microphone when moving around room |

August 2018

MOA Pathways Overview | Event Evaluation

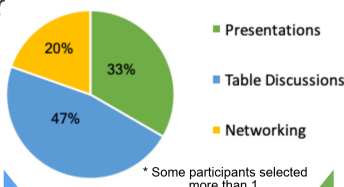
70%

felt **very comfortable** in understanding the referral process & Pathways **after** the event

29% were somewhat comfortable
1% very uncomfortable



Most valuable portion of the event to attendants



* Some participants selected more than 1

December 2018



"Pathways is an abundance of information"

"[I] learnt ways to use pathways efficiently for referrals"

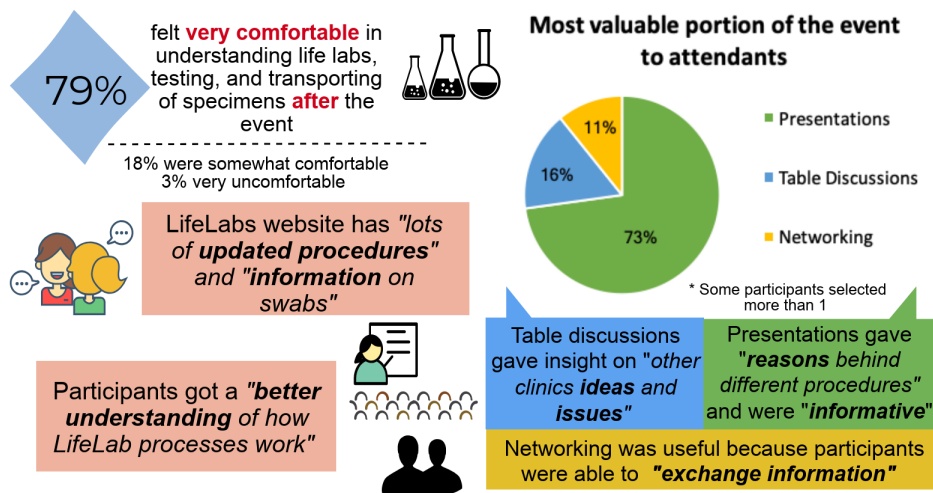


Table discussions gave "**different perspectives** on the referral process"

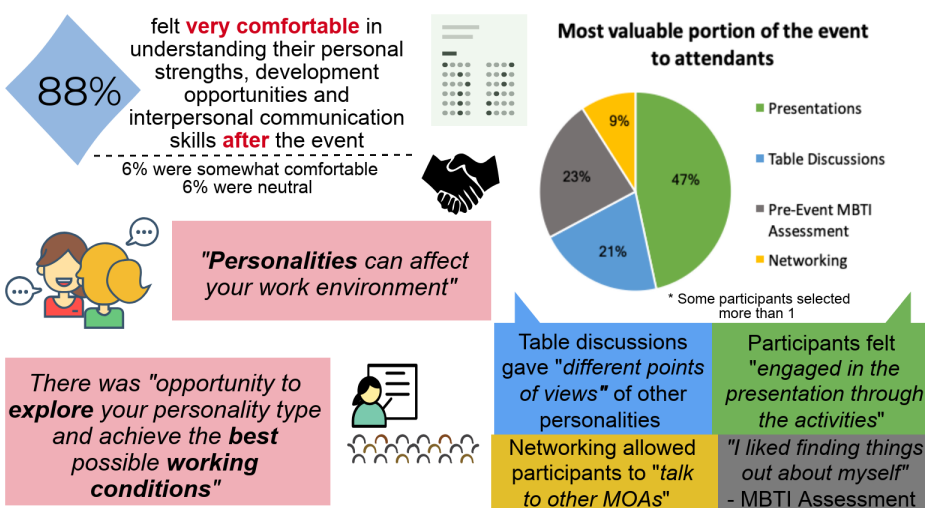
Presentations were "**clear**" and had "**helpful** information"

Networking was useful because participants were able to "**exchange information**"

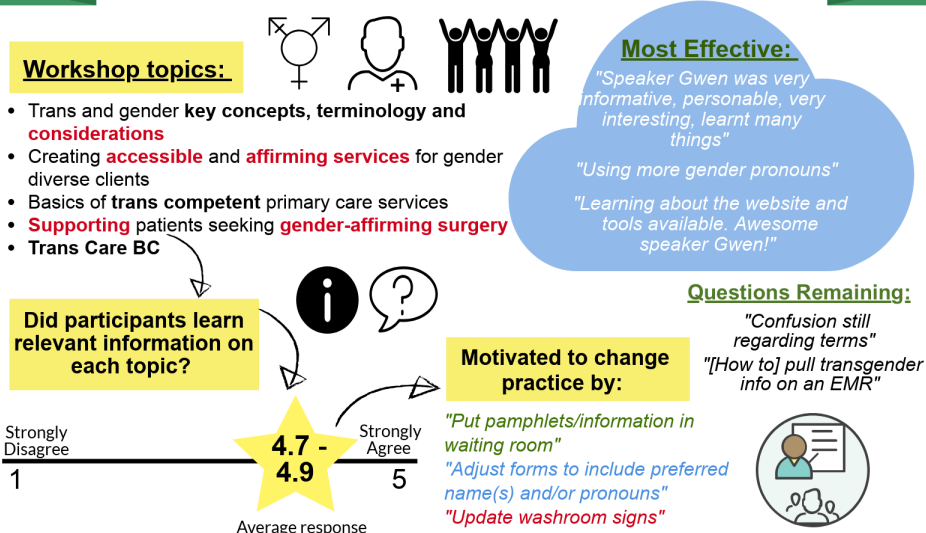
MOA LifeLabs Overview | Event Evaluation

January
2019

MOA MBTI Interpersonal Skills | Event Evaluation

February
2019

MOA Gender-Affirming Care | Event Evaluation

March
2019

Recruitment and Retention

Based on feedback from Fraser Northwest (FNW) division members, board members and division staff, the Executive Director (ED) in conjunction with the board developed the initial job description for a full time Recruitment Coordinator position with the FNW division. Over the past year, the role has developed to include human resource consulting for FNW members and expanded into two dedicated recruitment positions that focus on developing, strengthening and providing supports to the FNW family physicians and community. What was originally targeted as a coordinator position has since evolved into a stand alone recruitment and retention program.

Based on the initial intent of this role, there have been consistent activities undertaken that directly align with the original job descriptions' key responsibilities. Key highlights related to the initial intent shared from the person in this role include:

- › Within the first month of onboarding, the FNW was announced to have 3 of the 11 IMG's from the Fraser Health (FHA) IMG Placement ROS for 2019-2021. The ED, who previously managed this responsibility, passed these efforts over to the Recruitment and HR Coordinator to manage this process moving forward.
- › In practice HR support was provided on an as needed basis to clinics in the FNW communities and support ranged from MOA recruitment, on boarding, WCB/ICBC, benefits, and employee termination.

A prime example of responding to the need of the members in the FNW community which resulted in resources and tools to be created is the MOA toolkit. This toolkit was developed largely by the HR coordinator in collaboration with the Practice Improvement Coordinator. The opportunity for the creation of the MOA Employment Toolkit largely



Early 2019 we asked what time would be best for you to attend a Monthly HR Webinar. 74% of those interested wanted an evening session. In the Spring/Summer of 2019 we are hosting monthly HR specific webinars that are available to FNW physicians and their practice managers on the last Monday of the month in the evening!

emerged out of one to one conversations with physicians who had questions around each stage of the employment relationship with practice staff. This tool was created so members could use it to refer to for guidance on standard employment protocols and the employment relationship stages including pre (onboarding), ongoing (maintenance) and the ending (termination) of the employer/employee relationship. Feedback from members supported the expansion of this toolkit to include additional resources such as an employment contract. Specific feedback from a community physician resulted in collaborative efforts between the HR coordinator and the Practice Improvement Coordinator to compile job tasks and responsibilities for junior MOAs, senior MOAs, and practice managers; this feedback was:

"We might actually want to stretch this a bit into something that's more specific regarding what MOAs need to do, since not all physicians (especially just coming into practice) actually know all the back-end things that MOAs are responsible for. We actually should know what specific tasks they do and how they can do them competently but we often don't and we aren't often taught that in medical school."

The division recognized a goal to support and facilitate MOA recruitment and to create a pool of pre-screened MOAs whereby physicians then can go and onboard an MOA that has been successfully placed on this list. This allows for physicians to not have to worry or take on the responsibilities of going through the hiring process for practice support staff. Over the course of a few months, the HR coordinator worked collaboratively with the Practice Improvement Coordinator and the newly hired Recruitment Assistant to create this pool of MOAs, key numbers for this process include:

- › Receiving 318 resumes
- › Scheduling 57 interviews
- › Conducting approximately 35-40 interviews (accounting for some no shows)
- › 27 successful candidates placed on the database
- › At least 2 MOAs who both took on permanent positions in FNW physician clinics (data is difficult to measure at the time of this report's data collection)

This role has been designed and fulfilled to be a

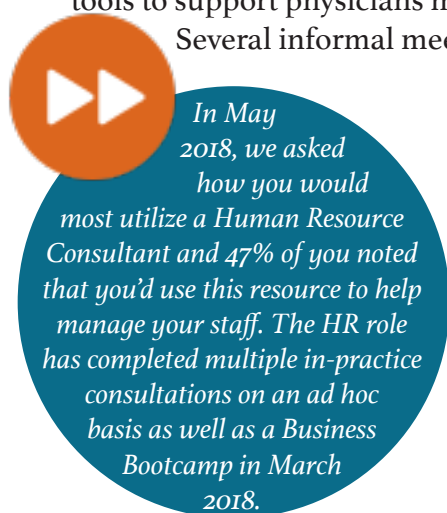
position which grows and expands to the needs of the division members. A mode of feedback generation from physicians includes event engagement and this role has supported the tailoring of specific event and engagement opportunities based on the identified need of the division's members. To recap, specific recruitment and retention events that have taken place in the past year include:

- › IMG ROS Dinner on July 30th, 2018, which was attended by approximately 40 people which was made up of IMGs, division members, hosting clinic staff and division staff.
- › First Five Years (FFY) Billing Workshop on November 1st, 2018, which had approximately 69 people registered and was made up of division staff, health authority partners and community physicians practicing in a range of settings.
- › A Community Showcase Fair on February 6th, 2019, which had approximately 40 attendees. This provided community physicians an opportunity to engage with a wide range of stakeholders who offer various services within the FNW community.
- › FFY Business Bootcamp on Saturday, March 30th, 2019 8 AM - 5 PM which had 90 registrations (made up of division members, clinic support staff, and division staff) and 69 people attended. This event provided physicians with an overview on a range of topics from starting a family practice (as a new physician), financial literacy, and a HR overview. This brought subject matter experts

in to discuss a range of perspectives and provide opportunities for participants to engage in ongoing dialogues and provide resources and tools to support physicians moving forward.

Several informal meetings have taken

place over the year to support the FFY (August 2018, January 2019) and identify emergent needs such as peer mentorship for members (mentorship working group meeting - December 2018).



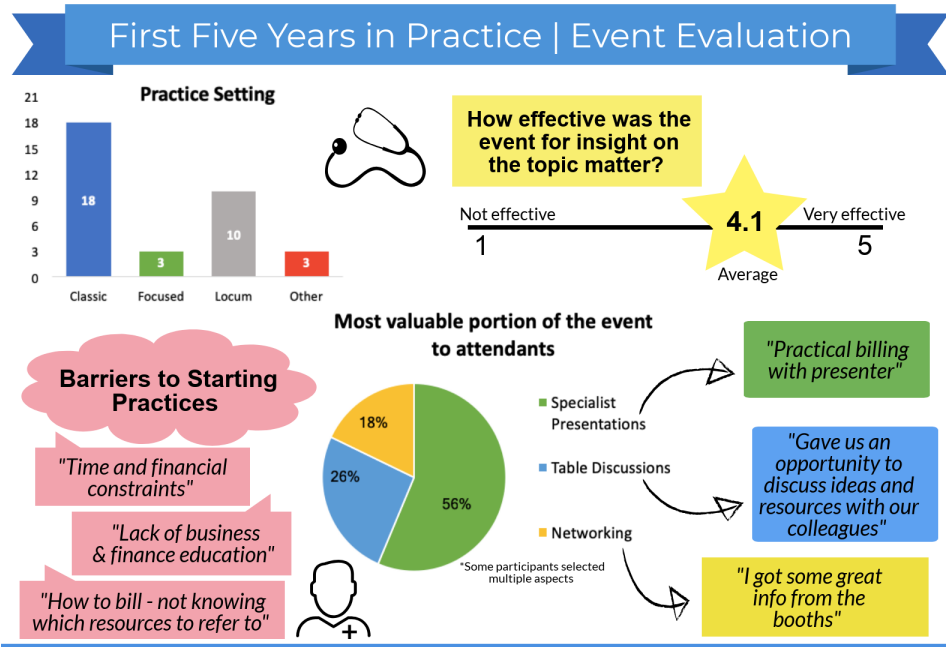
Based on the learnings from this past year, the coordinator has contributed to the overall expansion of the division's recruitment and retention program through ongoing reactivity to the community needs. This role, which has transitioned to be the PCN Provider and Division Recruitment and HR Manager, will continue to work to support the community needs with specific attention and responsibilities in the ongoing PCN implementation and management work. The MOA Recruitment and HR Consulting Program Assistant (previously Recruitment Assistant) will work closely alongside the manager to continue to support clinic specific practice improvement work.

Event Summaries

May
2018

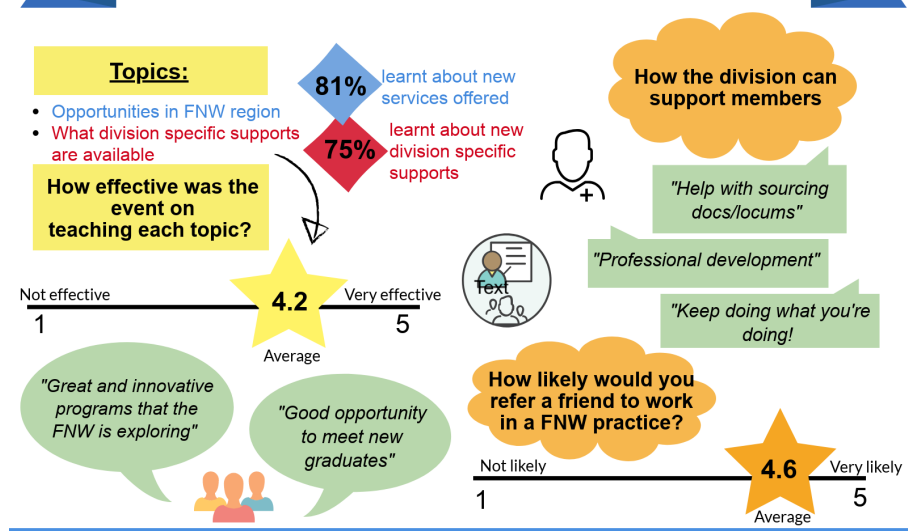


November 2018



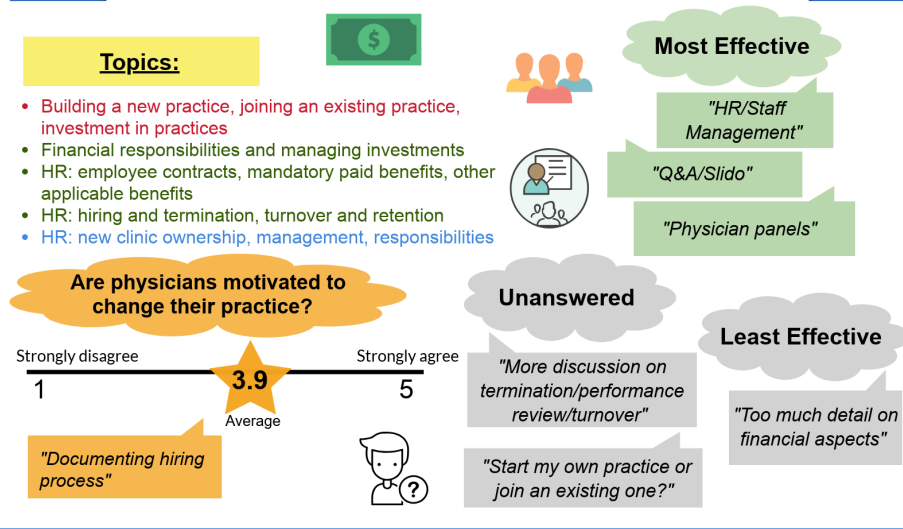
FNW Community Showcase | Event Evaluation

February 2019



Business Bootcamp | Event Evaluation

March 2019



Primary Care Networks

The primary care network (PCN) is a network of local primary care service providers (a partnership between health authorities, physicians, and other community providers) working together to provide all the primary care services a population requires. The patient medical home (PMH) is a family practice supported to operate at its full potential. The core of the model is longitudinal care, with the patient and their family practice at the centre of primary care. The PMH contains key attributes of what an ideal practice can deliver and how it can best be supported, including team-based care.

The vision for the integrated system of care is: by 2021, substantial progress across all 89 LHAs in

British Columbia will be made to create a quality, integrated and coordinated delivery system for primary and community care that is patient-centred, effective in meeting population and patient needs, delivers a quality service experience for patients – a system that is easy to understand for those who use it and those who work in it. PCNs are foundational to achieving this vision. The patient medical homes and primary care networks as central to an integrated system, this is an opportunity to bring it all together. The Fraser Northwest Division of Family Practice (FNW) has two LHAs identified: New Westminster and Coquitlam, served through the Fraser Health region of British Columbia and the associated Collaborative Services Committee (CSC) with representation from GPSC. Located in the Fraser North region of the Lower Mainland and comprised of the 6 municipalities of Port Coquitlam, Coquitlam, Belcarra, Anmore, Port Moody and New Westminster, the Fraser Northwest communities have a current population of

over 315,000 people.

There are 40 clinics with 128 FPs in longitudinal practices and a total of 355 FPs working in any capacity (including residents, hospitalists and physicians with a focussed practice style) in FNW region. FNW currently faces a significant gap in attachment. As of the 2016/2017 fiscal year, approximately 249,510 or 79% of FNW residents are attached to a FP, with only 15.5% of these individuals attached to a FP in their home CHSA according to the MoH matrix data. Acknowledging that not everyone without a FP wants one, a Service Plan attachment target of 92% of the total population was established. This translates into a **current attachment gap of about 14%** of the population or **43,210 people**, equivalent to

31 average-size (1400 patients) has been established as the average FNW panel size) FP panels. Furthermore, population growth adds between 4.2 and 5.1 panels per year to the attachment gap, while expected FP retirements adds another 8.1 panels over the next two years (2019-2020), and an additional 18.6 panels over the following three years (2021-2023).

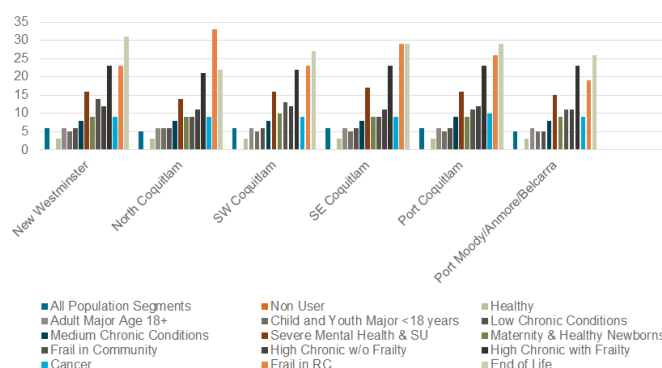
Key timeline milestones for the PCN work in the past year includes:

March - September 2018 - Service plan development

This was an opportunity to bring a diverse range of stakeholders and partners together from across the FNW to collaboratively co-create the FNW service proposal top submit to the MoH. Through numerous formal meetings, working groups, and informal discussions, a robust plan was

created that accurately reflected the FNW's context for primary care services. At a glance, there were:

- > 19 Division committee meetings with members
- > 9 Division staff meetings
- > 9 Division and FHA meetings



When asked about satisfaction levels with the MHSU centralized intake line and your ability to seamlessly and efficiently refer patients, 35% of respondents hadn't used the line and 29% were somewhat dissatisfied. As part of the PCN, a rapid access referral service for patients with mild to moderate mental health concerns will be implemented through a partnership with SHARE Community Services. This service will launch in Summer 2019.



45% of respondents provide a ½ day per weekend of extended hours service for patients. This feedback supported the PCN service proposal development.

- › 1 Division and Kwikwetlem First Nations meeting
- › 2 Division and Ministry of Health meetings
- › It's important to note that these numbers do not include the PCN-related discussions at FNW committee meetings over the same time period.

October 2018 - Submission of FNW PCN service plan to the MoH

After the compilation of the feedback from across the FNW, the division needed to get approval from the PCN partner organizations (Kwikwetlem First Nations and Fraser Health) before the final service plan was submitted to the MoH.

December 2018 - Approval of service plan by the MoH

February 2019 - Public announcement of FNW as the first community in the province to launch the PCN



It was announced that the FNW would be the first community to be approved for funding for the PCN. In early March, when we surveyed physicians, 25% of respondents were aware of this through events they had attended and division communications and are as involved as they wanted to be. 25% are involved and want to know more, and another 25% were unaware of this work, but want to know more. If you'd like to know more, please connect with any of the Division staff members and they'd be happy to provide some further information and opportunities for involvement!



42% of respondents noted that they have never requested a copy of the ER report from Health Records after being sent an electronic notification of a patient attending a FHA ER. This feedback supported the PCN service proposal development.

Over the next 3 years, the FNW received approval for the following resources and supports:

New GPs, NPs, and RNs to close the attachment gap and foster team-based care

- › Funding and contracts for 12 GPs
- › Funding and

contracts for 12 NPs

- › Funding and contracts for 32 RNs

The distribution of these will be based on the need across the FNW

5 FTE. Allied health supports (clinical counsellors)

A contract between SHARE Community Services and the FHA (the PCN fundholders) will be signed in order to launch this service for mid-June 2019.

1.5 FTE Support workers to support team-based care for Kwikwetlem First Nations population.

Approval for 52 weekly GP sessions for Kwikwetlem First Nations to enable access to maternity care on reserve for a 3.5 hour session/week.

By the end of this reporting period (March 31, 2019), 3 clinics were selected by the Primary Care Network Advisory Committee to onboard the first 3 RNs into the family practices. Expression of Interests (EOI's) from FNW family practices can be submitted on a rolling basis with a phased approach to introducing the RNs into clinic. Phase 1 of this initiative supports the implementation of 5 RNs into 5 family practices across the communities. The second phase of this is planned to launch in early 2020.

Plans to launch the clinical counselling positions (allied health supports) by SHARE Community Services is anticipated to begin in mid June 2019 with contract negotiations and the creation of the implementation plan taking up much of February - March 2019. Details on how to refer patients to this service will be distributed amongst FNW members and a referral form will be available through the Pathways website.

Engagement with members has been ongoing prior

to the service proposal stage and continues after the PCN approval in February with the creation of the PCN Advisory Committee and the PCN Steering Committee which are made up of division members, health authority staff, representatives from the Kwikwetlem First Nation and division support staff. A PCN visioning day was held on Saturday, March 16th where representatives from the various partner and stakeholder organizations were invited to meet together and brainstorm how the PCN interacts, supports, and strengthens their respective organizations and how this work can be done collaboratively in order to best provide a structured and seamless primary care system for the FNW population. Feedback from the dialogue centred upon:

- › An increased understanding of the PCN work as it relates to role clarity and how collaboration is paramount to moving the work forward.
- › All attendees responded that they were able to see their organization's ongoing participation with the PCN work with the general sense of everyone seeing their organization having an integral role to play.
- › With that, there were still concerns that were brought up in relation to this work, specifically around accountability, how the work will look on a day to day basis upon implementation and ultimately, the speed of change within the healthcare system.
- › Attendees shared that they felt confident about the shared vision and goal to support a patient-centric model across all organizations and that there is enthusiasm for this work across all partners with an understanding that investing time in relationship building is key.

Thank you to our PCN Steering Committee who provide decision-making support to the PCN work and is the governing body of this work.

Dr. Paras Mehta, PCN Physician Lead

Scott Brolin, FHA ED

Anita Wempe, FHA Director

Kristan Ash, FNW ED

Erin Carey, FNW Program Manager

Thank you to the PCN Advisory Committee who are the collective voice of GPs in the community and inform the direction and priorities of PCN activities.

Dr. Paras Mehta, PCN Physician Lead,

Dr. Carllin Man, Burnaby GP

Dr. Herb Chang, Coquitlam GP

Dr. Tarek Khalil, Port Coquitlam GP

Dr. Jennifer Yun, RCH Hospitalist

Dr. Funmi Okunola, Coquitlam GP

Dr. Shilpa Dabholkar, Coquitlam GP

Laura Houdsen, Clinical NP Lead

Debbie Shields, FHA Project Clinical Lead

Anita Wempe, FHA Director

Scott Brolin, FHA ED

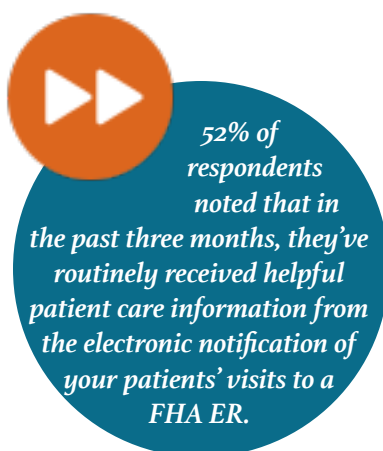
Kristan Ash, FNW ED

Patient Medical Homes

Primary Care Community Registered Nurses

Over the last year, the Primary Care Community Registered Nurses (PCCRN's), also known from the successful "Nurse Debbie" concept, have continued to expand across the FNW and the program is fully implemented and operational with the FHA New West and Tri-Cities Home Health restructuring complete. To date, the team has expanded to include 30 primary care nurses, 2 social workers and 1 clinical pharmacist to support community GPs with help for their complex patients. These primary care nurses perform a variety of functions, from wound care to chronic disease management and serve as a point of contact between the GP and the patient. A 3 year analysis was conducted by FHA regarding the impacts that these nurses had on RCH and ERH and key outcomes included:

- › 596 ED visits were avoided and a total of 15,464 bed days were saved over the last 3 years for a cohort of 1071 patients followed for between 6 months to 3 years.
- › This reduction in hospital care utilization results in a reduction in congestion within the hospital systems and the ability for the community to respond proactively in a preventative manner.



Attachment Hub

The Attachment hub's purpose and vision is threefold:

1. To increase the capacity and improve the delivery of primary care in our community
2. Strengthen the continuous physician-patient relationship
3. Better support the needs of vulnerable patients

In the past year, the attachment hub recorded 178 attachments over the reporting time period. Right is a breakdown of attachments by month.

Related to the launch of the PCN, the attachment hub will move from a local initiative to a provincial level where the Health Connect Registry will be the primary point of contact for patients inquiring about attaining a family physician. This service will launch in the summer of 2019 and the FNW Attachment Hub Coordinator will continue to facilitate attachments between patients and community GPs in the FNW.

Pathways

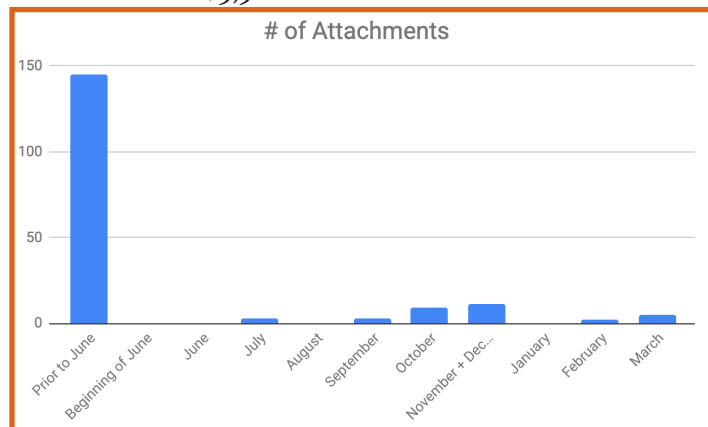
At a provincial and local scale, Pathways has continued to work to produce features within its platform to better support physicians in the community. The referral tracking system was piloted in late 2018 in a neighbouring community and has plans to launch in the FNW in the upcoming year. Currently at the local context, there are:

- › 122 FNW GPs with profiles on Pathways
- › 103 FNW clinics listed
- › 314 FNW specialists listed
- › 2 FNW hospitals listed

Interpreter Services

All members of the FNW Division can access free interpreter services to assist and support them in the care of patients if there is a language barrier. While the pilot project has completed, the PHSA is still funding the project. The Interpreter Services pilot project is currently in the evaluation stage and they are looking at next steps. Fraser Northwest stats:

- › 106 calls in the last year
- › 1948 total minutes spent on the phone with an interpreter
- › Average of 18 minutes per call
- › total cost \$3,506



OSCAR Integrator

The Integrator project is a joint project between the Fraser Northwest Division of Family Practice and Fraser Health. This project aims to provide family physicians access to shared data through different EMRs. The current opportunity to integrate EMRs between community physicians and the Fraser Health Authority (FHA) emerged out of the original Integration Project in 2016. This 1-year pilot project is designed to integrate and implement a sharing tool that supports real-time communication between EMRs. Once implemented, the integrator servers will be used to store and share appropriate clinical information across practices. Program funding was confirmed in November 2018 with the evaluation plan finalized and submitted to stakeholders in December 2018. The project launch date was not started until after this report's reporting timeline, but the current state analysis and data collection occurred between January and March 2019.

Thank you to the following individuals for their continued work, support and engagement on the OSCAR Integrator Project:

Dr. Tracy Monk, Physician Lead

Dr. Cristina Liciu

Dr. Herb Chang

Dr. Huy Nguyen

Dr. John Yap

Dr. Paras Mehta

Dr. Stephanie Aung

Debbie Shields

Katherine Cheng

Dennis Warren

Michiko Mazloun

Erin Carey

Jessie Mather-Lingley

Mental Health

The FNW Division continued to work closely with Fraser Health MHSU, outpatient, geriatric, maternity and addiction psychiatrists over this last

year to respond to issues around access to mental health/substance use services within the community. The division, alongside these partners, is beginning to address concerns like:

- › Increasingly long wait time for psychiatry services
- › Information flow from MHSU centralized intake/access
- › Improving attachment of mental health patients to community GPs
- › Timely receipt of consultation reports and patient status updates from FHA to the GPs
- › Improving overall communication and collaboration between GPs and psychiatrists

Thank you to the following individuals for their continued work on the MHSU Working Group:

Dr. Carllin Man, FNW GP, Mental Health Physician Lead

Dr. Stephanie Aung, FNW GP, Mental Health Shared Care Physician Lead

Dr. Simon Woo, Geriatric Psychiatrist, Geri Psych Shared Care Specialist Lead

Dr. Angelo Wijeyesinghe, Psychiatrist, Mental Health Shared Care Specialist Lead

Dr. Paras Mehta, FNW GP

Dr. Stephen Ogunremi, Psychiatrist, Mental Health Shared Care Specialist Lead

Dr. Nazila Soltani, FNW GP

Dr. Emiko Moniwa, Psychiatrist

Dr. Cathy Clelland, Maternity Physician

Dr. Janel Casey, Psychiatrist

Dr. Megan Roberts, Psychiatrist

Allison Luke, FHA MHSU Manager

Denyse Houde, FHA MHSU Director

Walid Chahine, FHA MHSU Manager

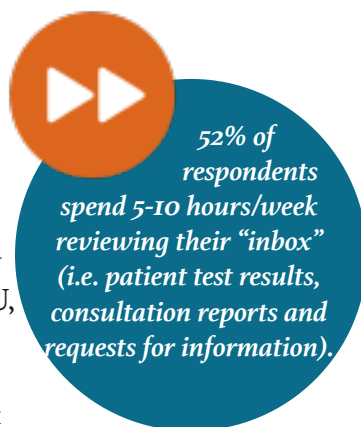
Scott Brolin, FHA ED

Kristan Ash, FNW Division ED

Claire MacLean, SHARE CEO

James Musgrave, SHARE Director

Raymond Liens, MoH



Chronic Pain

Chronic pain and opioid misuse continue to be challenges faced by many patients and physicians in the FNW. The division has continued to take steps towards implementing strategies working alongside Fraser Health MHSU, addiction physicians, specialists and community partners to address concerns like:

- › Establishing a co-located OAT/Chronic Pain clinic in the Tri-Cities (opened late 2018)
- › The development of a regional pain strategy
- › The exploration of non-pharmacological pain treatment modalities (i.e. MyoActivation)

The division hosted a number of dialogues and events over the last year to address these ongoing concerns, and these included:

- › Community Overdose Dialogue
- › Compassion Fatigue
- › Chronic Pain
- › Patient Centred Prescribing
- › myoActivation

Thank you to the following individuals for their continued work, support and engagement on the Chronic Pain Working Group:

Dr. Huy Nguyen, Physician Lead

Dr. Lalji Halai, FNW GP

Dr. Stephen Barron, FNW GP

Dr. Nazila Soltani, FNW GP

Dr. John Koehn, Addictions Physician

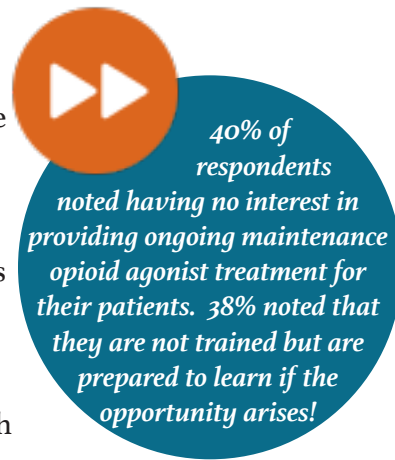
Dr. Martha Koehn, RCH ER Physician

Dr. Aaron MacInnes, Anesthesiologist

Dr. Alyssa Hodgson, Anesthesiologist, Chronic Pain Shared Care Specialist Lead

Aamir Bharmal, FHA MHO

Brenda Poulton, FHA Clinical Lead



Denise Houde, FHA MHSU Director

Anita Wempe, FHA Primary & Community Care Director

Kristan Ash, FNW Division ED

Raymond Liens, MoH

Residential Care

The Residential Care Initiative (RCI) in the Fraser Northwest has ensured that all patients in our residential care facilities have a dedicated Family Physician MRP committed to providing the 5 best practice expectations: regular proactive visits, meaningful medication reviews, attendance at care conferences, completed & updated documentation of resident's charts and participation in our 24/7 on-call network. This past year brought the addition of 7 more RCI participating MRPs, bringing the number of community MRPs up from 23 to 30. Key highlights related to the sustainability of the program included:

- › The successful creation of a locum physician and facility attachment agreement, allowing practitioners to try out Residential Care work, while filling the need for patient care
- › Continued work and coordination with International Medical Graduates for positive and sustainable physician care
- › Increased enhancement of the relationships between RCI practitioners and Residential Care home staff. Processes have been created to increase the connections between the groups to better communication and resolve concerns

The second evaluation report was completed in the fall of 2018 and identified that ED visits, admissions, length of stay and average number of bed days continued to decrease over the reporting year (April 1, 2017 - March 31, 2018) with key lessons learned including:

- › **Communication strengthens relationships.** Over the last year, the FNW RCI program focused on increasing communication between stakeholders. The facilities, physicians and Health Authority strengthened existing relationships by keeping open channels for feedback through the RCI. Dedicated members of the local Residential Care Transition Networking Committee successfully

formed working groups and began multiple quality improvement projects. Noteworthy collaborative projects include: contingency list standardization, family education guidelines on physician care, suture kit implementation, the ER communication working group and the CIHI data working group. An impactful tool that was created from having strong communication ties was the physician patient transfer form. This form was created for facilities to respectfully ask community physicians if they wanted to transfer care of their patients to an RCI physician which made the work streamlined and efficient for facilities upon admission time.

› **There is great value in physician engagement.**

The evaluation period revealed the importance of RCI physician engagement. An increase in physician recruitment does not necessarily mean an increase in physician engagement. Over the year, it was learned that physician engagement drives productivity and interest. The FNW Medical Advisory Committee (MAC) supported physicians to become leaders within their group. Physician interest was seen in leading M&M rounds, analysing and presenting data, and leading quality improvement projects. A poll was completed in January 2018 that revealed how much the FNW MAC valued handover to the Emergency Room physicians. This information fostered the idea to further engage with ER physicians, create working groups and strengthen communication with hospitalists. A significant amount of time during the evaluation period was also spent reviewing and revising the FNW RCI physician contract. Through engaging the RCI physicians, the program continued to progress at a local grassroots level to ensure that appropriate budgeting, incentive fees and commitments were upheld. An Enhanced Patient Support Incentive Fee was introduced. This recognizes the additional time the physicians spend supporting residents and their families above and beyond the basic level of physician care in the community care that is not otherwise compensated. This includes family meetings, goals of care conversations, communicating with colleagues, hospitalists and emergency room physicians for each resident. This piece

was instrumental in bringing the FNW RCI physicians together and in support of the same care goals for this residential care community.

› **Physicians are okay with being on-call and going onsite.** Continuing the trend of the previous evaluation, it was learned that the FNW RCI physicians are still willing and interested in providing after hours on-call work. Despite the call volume and number of on-site visits by on-call physicians increasing, calls shifts are filled quickly with no shifts left unaccounted for. It can be speculated that due to the MAC meetings, education provided, and engagement, the FNW RCI physicians are more willing to travel onsite to prevent unscheduled ER transfers. The notion of transfers being possibly avoidable rather than inappropriate has been advocated in the on-call network. In addition to this willingness to go onsite, supplemented by the Fraser Health Authority, suture kits were introduced over the last year. Having access to these kits allowed the RCI physicians another support required to avoid unnecessary ER transfers.

Collaborative initiatives with community stakeholders to educate and engage the public about what Residential Care is all about occurred in the form of Open Houses coined “What the Expect When You Are Expecting a Move into Residential Care”. In October 2018, these were presented in the form of information sessions at Dogwood Pavilion in Coquitlam and Century House in New Westminster to inform older adults, family members or substitute decision makers around the journey when anticipating a move into a Residential Care Home. RCI physicians, Care Home facility staff and FHA representatives all spoke and answered questions from the public. Feedback from these information sessions were collected, analyzed, themed, and visual summaries can be found below. From these information sessions, a video series project has emerged. This video series will provide information to the public on this process with the added human touch and sentiment.

Residential Care Initiative MAC members 2018/19

Dr. Amber Jarvie - Physician Lead

Dr. Nick Petropolis - Physician Lead

Dr. Behzad Ansari

Dr. Ramesh Avinashi

Dr. Graham Burns

Dr. Gene D'Archangelo

Dr. Shilpa Dabholkar

Dr. Narayanappa Dayananda

Dr. Kaveesh Dissanayake

Dr. Nahla Fahmy

Dr. Niall Deeney

Dr. Samantha Hage-Moussa

Dr. Lalji Halaj

Dr. Kathy Kiani

Dr. Azim Ladhani

Dr. Cristina Liciu

Dr. Mahsa Mackie

Dr. Carllin Man

Dr. Kiran Minhas

Dr. Brian Monks

Dr. Doug Moseley

Dr. Mina Perez Flores

Dr. Ashvin Punnyamurthi

Dr. Juliyana Romey

Barbara Radons

Dr. Ali Sanei-Moghaddam

Dr. Hortensia Shortt

Dr. Teresa Tan

Dr. Anthony Tran

Dr. John Yap

Dr. Christy Yang

Dr. Gina Zheng

Dr. Laura Ziefflie

October 15, 2018

RCI Open House | Event Evaluation

How effective was this event at communicating information on available services and resources?

- 46% thought it was "very effective"
- 50% thought it was "somewhat effective"
- 4% were "neutral"

"Too many questions to be answered in this time slot"

"Practical info provided in a clear and concise way"

Do participants feel that their concerns were addressed?

- 86% of respondents said "yes"
- 9% said "somewhat" and "most of them"
- 5% said "not enough information about costs"

Participants liked...

1. The presenters
2. Q&A period
3. Access to information

RCI Open House | Event Evaluation

How effective was this event at communicating information on available services and resources?

- 38% thought it was "very effective"
- 50% thought it was "somewhat effective"
- 12% were "neutral"

"Need more information about placements"

Participants liked...

1. The speaker panel
2. Q&A period
3. Access to information

Do participants feel that their concerns were addressed?

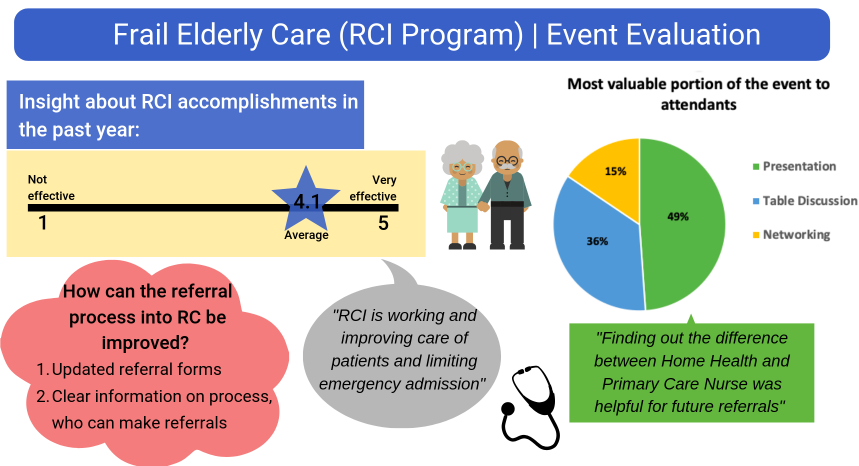
- 79% of respondents said "yes"
- 5% said "most"
- 16% wanted more about...

"Independent Living & Assisted Living"

"Affordability & low income"

October 27, 2018

March 2019



Shared Care

In the 2018/2019 reporting period, there were a number of Shared Care projects that the FNW has shown interest in and each project is at various stages in development.

Adult Mental Health

An Expression of Interest (EOI) is currently in development for this project. The intent of this project is to increase access to mental health care by improving collaboration between GPs and psychiatrists.

Thank you to:

Stephanie Aung, GP lead

Stephen Ogunremi, Specialist lead

Angelo Wijeyesinghe, Specialist lead

Geriatric Psychiatry

An EOI was submitted in January 2019 and will be approved in Spring/Summer 2019. The intent of this project is to make changes to the current referral process for Geriatric Psychiatry services, in order to:

- › Expedite patient access to specialist care
- › Improve communication channels between GPs and Psychiatrists to enable better care coordination

Thank you to:

Carllin Man, GP lead

Simon Woo, Specialist lead

Older Adult/Medically Complex

A proposal is in development and work to finalize

and submit the proposal will take place in 2019.

Thank you to:

Kathy Kiani, GP lead

Simon Woo, Specialist lead

Chronic Pain

An EOI was submitted in January 2019 and will be approved in Spring/Summer 2019. The intent of this project is to work collaboratively with physicians, allied health providers, and health authority leadership to implement functional and consistent referral and communications pathways for chronic pain.

Thank you to:

Huy Nguyen, GP lead

Alyssa Hodgson, Specialist lead

Maternity

The Maternity project is fully underway with the initial intent of the project to "ensure quality primary maternity care that effectively meets the needs of patients and populations in FNW through establishing a strong interprofessional collaboration and integrated system of maternity. A Primary Maternity Care Advisory Committee was formed that includes community GPs, midwives, and specialists that collaborates on guiding the work in the FNW to support a strengthened system of care for patients.

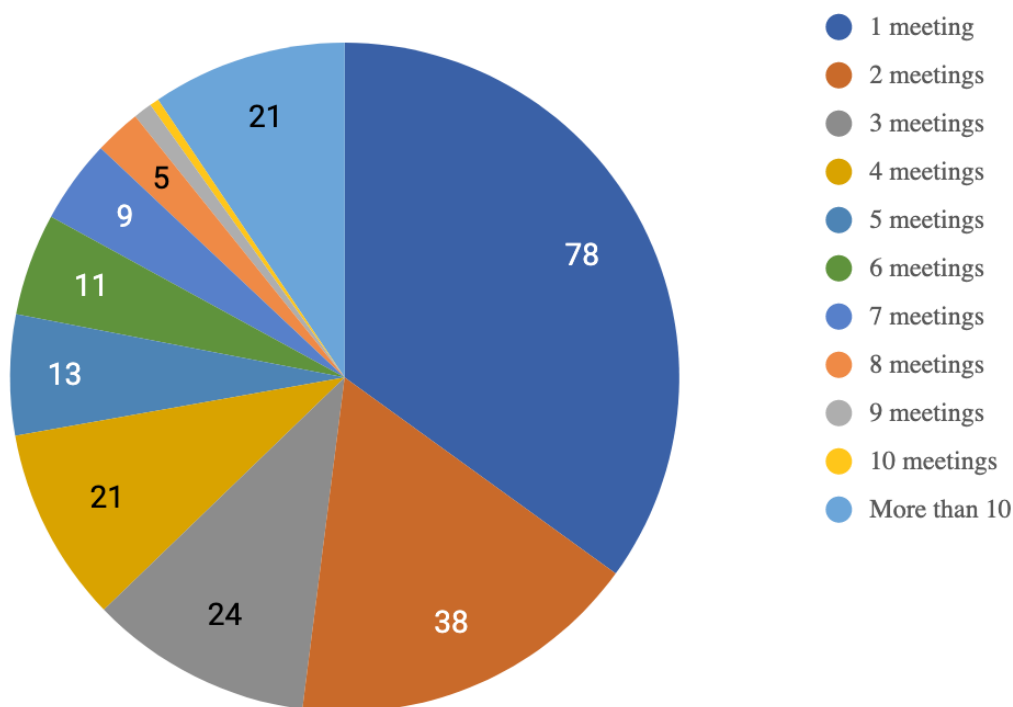
Thank you to:

Dayna Mudie, GP lead

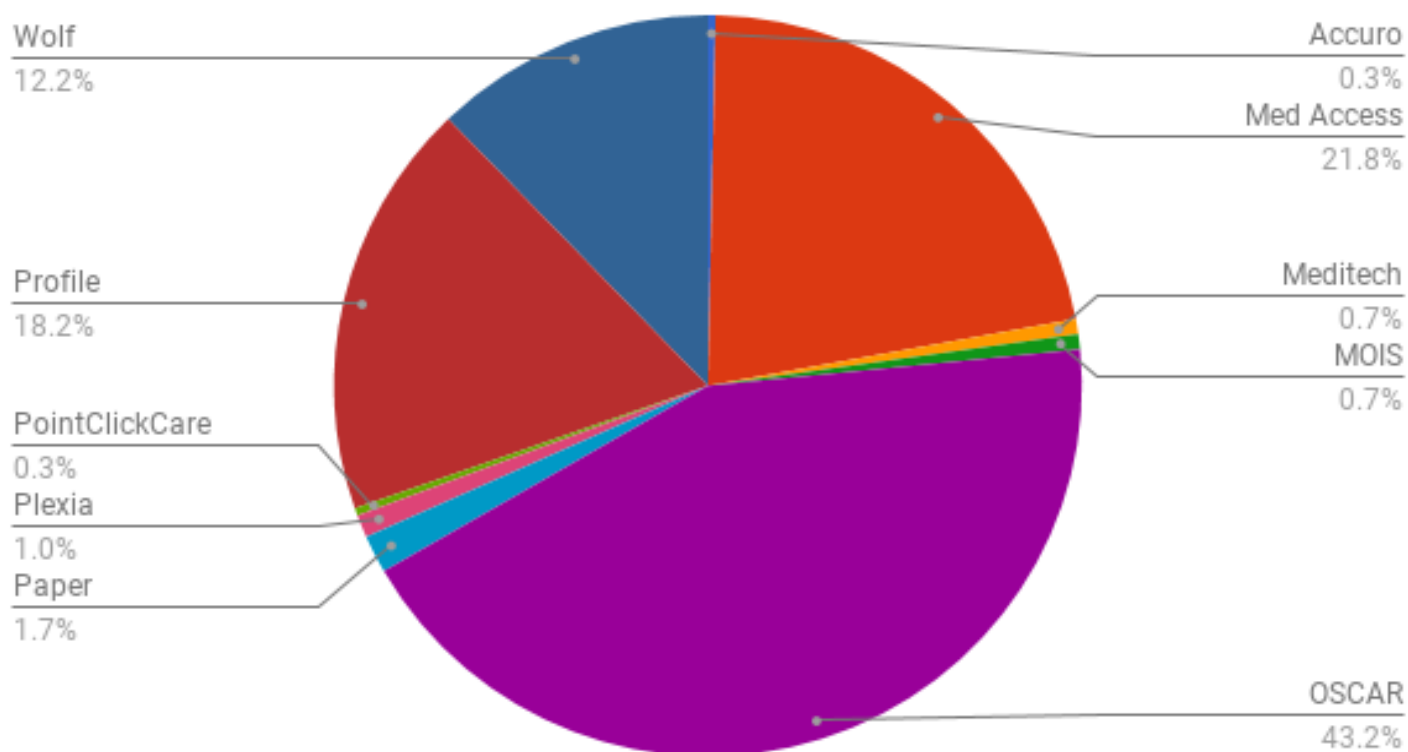
Aude Beauchamp, Specialist lead

Physician Engagement

MEMBER ATTENDANCE AT MEETINGS 2018-2019
223 members attended at least one event

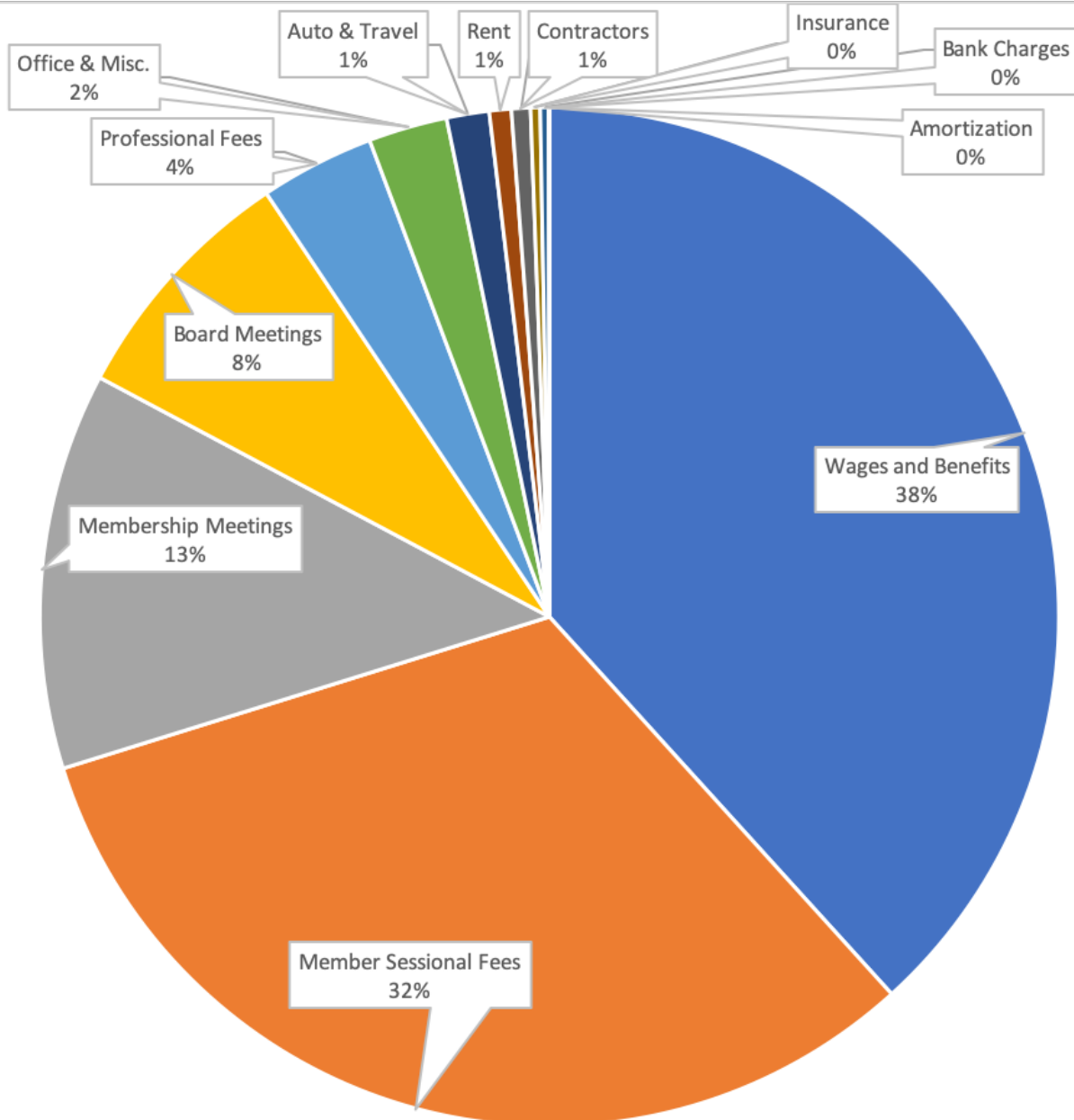


EMR in FNW



Financials

The 2018/2019 income was \$2,900,258 with total expense of \$2,120,951. The breakdown of expenses are provided below.



The Division work is a product of physician leadership time. Under the BC Society Act and as a measure of true transparency, we present the following information of physician sessional payments greater than \$20,000 made by the Division during 2018/2019 Fiscal year to an individual physician.

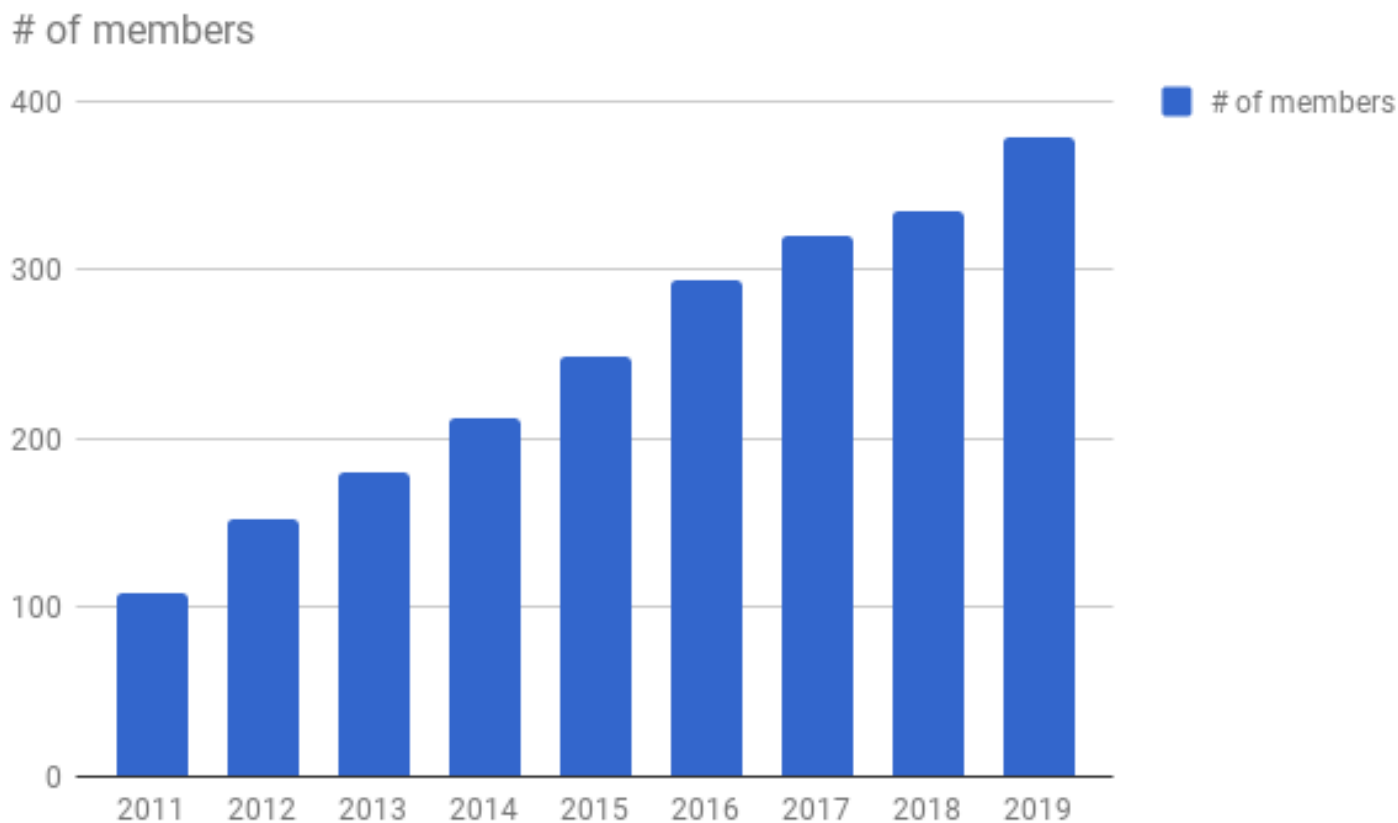
Dr. Nicholas Petropolis	Residential Care Physician, Program Physician Lead	\$52,352
Dr. Paras Mehta	Board Co-Chair, PCN Physician Lead, PMH Physician Lead, Communications Committee Physician Lead	\$45,239
Dr. Amber Jarvie	Residential Care Physician, Program Physician Lead	\$40,339
Dr. Stephanie Aung	Board Co-Chair, MHSU Physician Lead	\$34,043
Dr. Cristina Liciu	Residential Care Physician	\$33,544
Dr. Anthony Tran	Residential Care Physician	\$31,944
Dr. Mahsa Mackie	Residential Care Physician	\$31,793
Dr. Azim Ladhani	Residential Care Physician	\$29,479
Dr. Eugene D'Archangelo	Residential Care Physician	\$28,144
Dr. Lalji Halai	Residential Care Physician	\$26,112
Dr. Linda Curtis	Residential Care Physician	\$23,837
Dr. John Yap	Residential Care Physician	\$23,303
Dr. Gina Zheng	Residential Care Physician	\$22,966
Dr. Teresa Tan	Residential Care Physician	\$22,400
Dr. Carllin Man	Residential Care Physician	\$21,328
Dr. Christy Yang	Residential Care Physician	\$20,776
Dr. Nahla Fahmy	Residential Care Physician	\$20,346
Dr. Ramesh Avinashi	Residential Care Physician	\$20,131
Dr. Kathy Kiani	Residential Care Physician	\$20,091

Under the BC Society Act and as a measure of true transparency, we present the following information of individual payments greater than \$20,000 made by the Division during 2018/2019 Fiscal year to individual administrative positions.

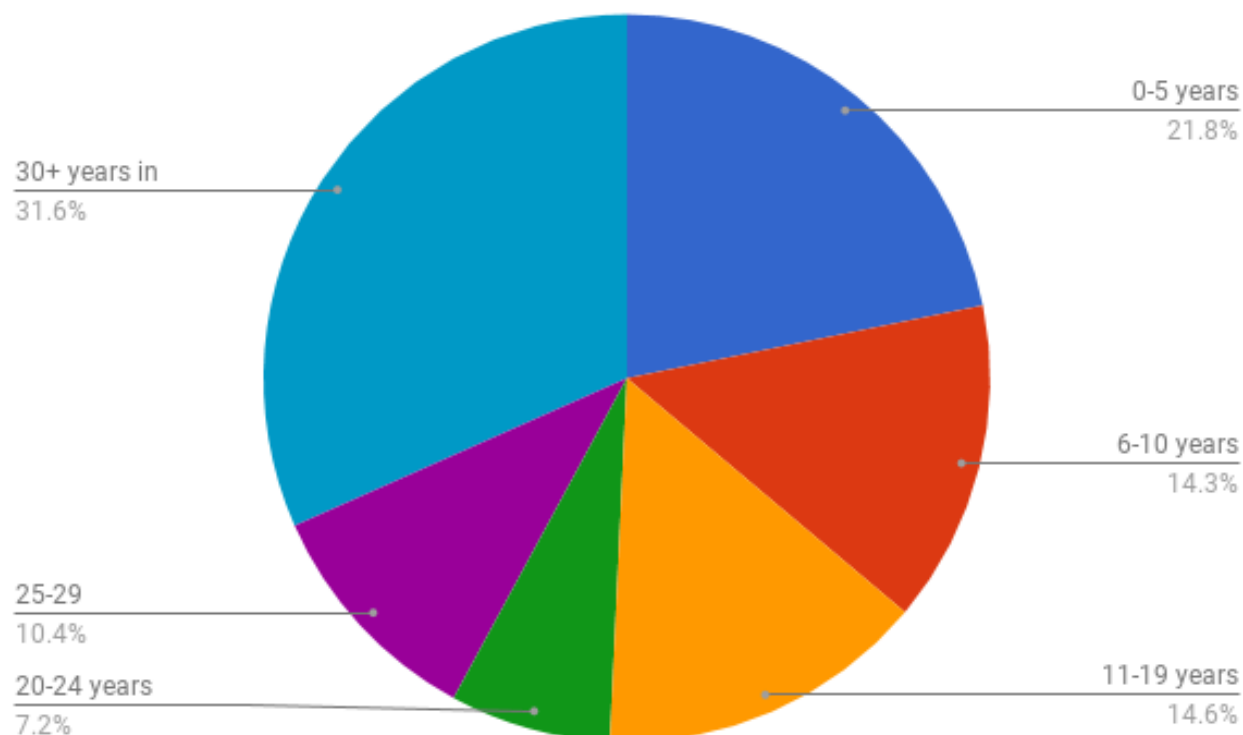
Kristan Ash	Administrative Salaries	\$134,500
Michiko Mazloun	Administrative Salaries	\$82,879
Erin Carey	Administrative Salaries	\$81,500
Vivienne McMahon	Administrative Salaries	\$52,000
Richelle Hughes	Administrative Salaries	\$48,000
Patricia Scott	Administrative Salaries	\$37,692
Jessie Mather-Lingley	Administrative Salaries	\$33,923
Melanie Narvaez	Administrative Salaries	\$32,692
Cody Karman	Administrative Salaries	\$24,855
Emily Haugen	Administrative Salaries	\$21,440

Membership

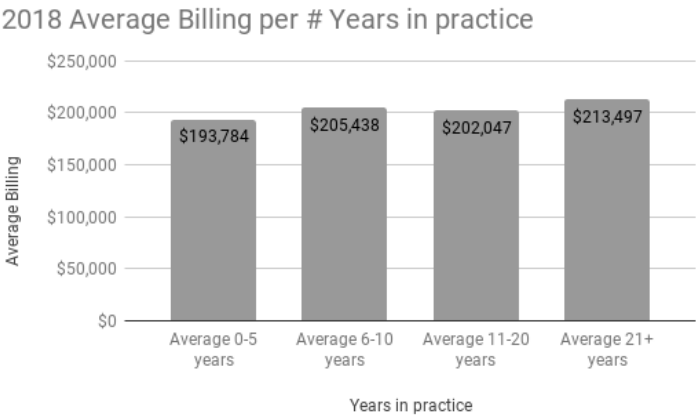
Fraser Northwest Division has 309 funded General Members and 64 Associate Members for a total of 373 total members ending this year. Our membership continues to grow each year.



Our members are diverse in many ways, what we do know is that the average number of years in practice is 19.57 years and 42% of our members have been practicing for 25+ years.



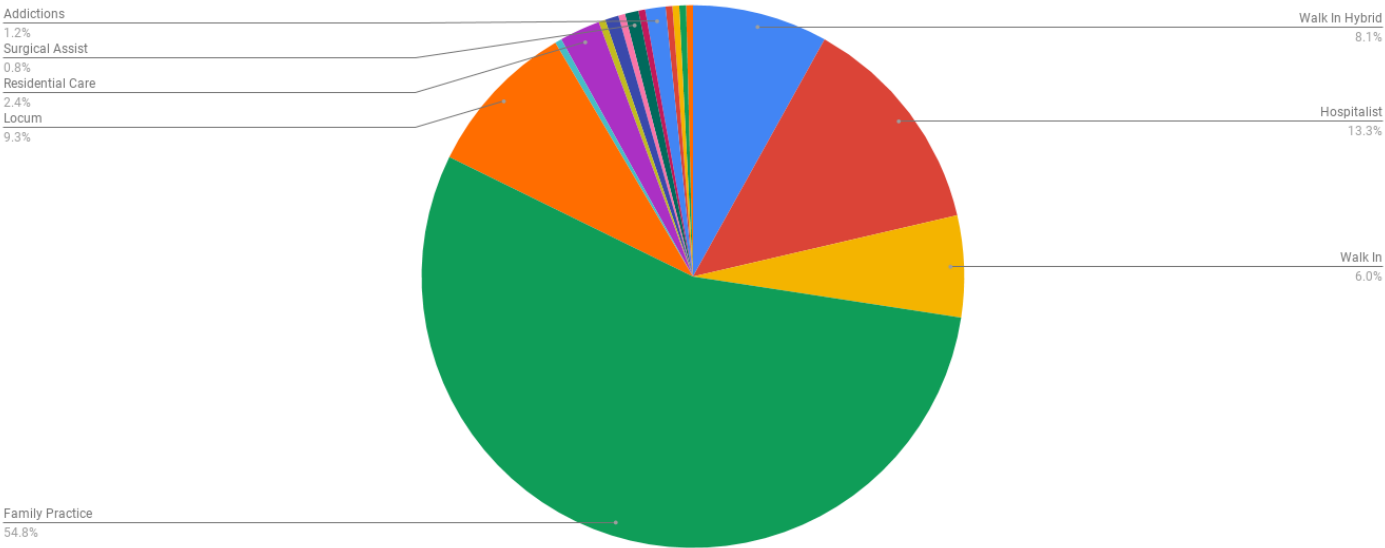
The purpose of the work in the Division is to ensure that the primary care system is sustainable and therefore we continue to look at the remuneration of members. The following is a review of our membership MSP billing data by years in practice.



Above is a review of our membership MSP billing data by years in practice.

Above is a summary after we removed the outliers on both ends.

Our members practice in diverse areas including community family practice, hospitalist, locum, walk in, retired, focused area/specialty of practice, resident and medical student.



Board

Dr. Stephanie Aung | Chair
Dr. Paras Mehta | Chair
Dr. Huy Nguyen | Treasurer
Dr. Kathy Jones | Secretary
Dr. Shilpa Dabholkar | Member
Dr. Sayeeda Hudani | Member (until February 2019)
Dr. Tarek Khalil | Member
Dr. Nazila Soltani | Member
Dr. Jennifer Yun | Member
Dr. Vincent Wong | Resident Advisor

Staff

Kristan Ash | Executive Director
Erin Carey | Primary Care Network Program Manager
Jordana Dobson | Attachment Hub Coordinator
Isha Gill | Executive Assistant
Alanna Haggarty | Pathways Administrator
Emily Haugen | Web Design & Content Coordinator
Richelle Hughes | PCN Provider & Division Recruitment & HR Manager
Josh Iverson | Practice Improvement Technology Coordinator
Cody Karman | Communications & Public Relations Coordinator
Jessie Mather-Lingley | Evaluations Program Manager
Michiko Mazloun | PCN/PMH Program Manager
Vivienne McMahon | Event Coordinator
Melanie Narvaez | Operations Manager & Controller
Emily Richardson | MOA Recruitment & HR Consulting Manager
Patti Scott | Practice Improvement Program Manager
Taylor Todd | Healthcare Project Manager
Cindy Young | Evaluation Assistant

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