

ANNUAL REPORT

2017/2018



Fraser Northwest

Division of Family Practice

A GPSC initiative

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Fraser Northwest Division

Our 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

Our 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

Our 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-Chairs Message

We would like to thank you, our members, for another incredible year. With your help and your participation we have continued our work in creating a more positive experience in primary care. Our goal as a division is to continue to improve primary care with our partners in healthcare and the community by recognizing and empowering the voice of family physicians.

Looking back at what the year has brought us, we think FNW can be proud of the progress in achieving our goals in these areas:



Dr. Stephanie Aung



Dr. Paras Mehta

Patient Medical Home

We had great success with your input and engagement in improving patient-centered care via strong relationships with family physicians. Our success with the Primary Care Nurse – aka “Nurse Debbie” – has created opportunities with Fraser Health to expand the Primary Care Nurse program to ensure our most frail patients were given the attention needed to ensure their continuity of care and a close connection to their family physician as the nucleus of their care. Given the success of this model we were able to start trialing other allied health care providers such as a social worker for patients who have high needs and require financial and community assistance.

Working in partnership

We would like to thank you for your input and support in helping us establish a strong working relationship in some areas that have been the most challenging for family physicians to provide care, such as in chronic pain and mental health. We formed working groups with specialists, the health authority, our medical officers of health, patients, and others. Through these groups we are working towards the common goal of helping those who are most vulnerable. These kinds of collaboration take time and require continual effort, but the results can be remarkable for patients with these conditions. Your input has been priceless in ensuring that initiatives such as the Central Intake line for mental health are continuously improving and patient-focused.

Working together

We would like to commend our members who are working together to improve access for our patients. Exemplary examples include the continuing success of the Residential Care Initiative. We would also like to commend you for your participation by attending the “Use your ER Wisely” and “Walk-in Clinic” engagement events. We encourage you to continue to bring your experience and opinions to our events so they can be shared and to continue your collaboration to better improve access for your practice, patients and the community.

Looking Ahead

Our community has been chosen as one of the first divisions to execute our model for Primary Care Networks. We are on the cusp of making changes to the system that will facilitate your ability to deliver care, improve access for your patients and improve our community’s health. Your voice and participation is crucial at this time and is greatly valued. We encourage you to continue giving us your feedback and engaging yourselves at our events, working groups and initiatives. We want you to remember that family physicians are the nucleus of patient care and that it is our strong voice in advocating for our patients that creates a ripple effect strengthening and bettering our community. Be present and be heard!

- Dr. Stephanie Aung & Dr. Paras Mehta, Co-Chairs

Executive Director Message

I welcome our new members who are reading this annual message and I thank our members who take the time to read this message each year. This is the fourth annual report I have prepared and each year the reflection seems similar:

“Wow, have we done a lot this year and it is amazing how we have matured as an organization” and then “I think Division years are like dog years - we have seven in one”.



Thank you to the support of our Board of Directors who continue to provide strategic direction and leadership - we could do nothing without the 9 of you!

Our Division continues to lead in this province thanks to the strong leadership and engagement of our members! My job is made easier due to the strong leadership within the membership of Fraser Northwest. I am provided many opportunities throughout the year to brag about the local physicians and the work they do in providing exceptional primary care and for their advocacy to improving primary care in this province.

This past year we have expanded our services to members to include:

- Practice support
- Engagement activities
- Educational opportunities

Please take a moment to read the highlights from the year and make sure you are taking full advantage of the benefits of your membership.

I encourage you throughout the year to reach out and let me know how the Division can better meet your needs. There is no request, complaint, frustration or idea that is too small or too big - all of our work has been inspired by our members and will continue to be driven by our membership. We are here to serve you! I hope to hear from you!

Kristan Ash
Executive Director

Shared Care

During our 2017/2018 year, Fraser Northwest Division completed several Shared Care projects and submitted two Shared Care Expressions of Interest.



The two expressions of interest submitted in 2017/2018 were not accepted by Shared Care due to competing priorities in the province. The two EOI's were for:

- 1) The opportunity to explore work with Geriatricians, Geriatric Psychiatry and Family Physicians, and
- 2) The opportunity to explore substance addiction services with Addiction Psychiatry, Emergency Physicians and Family Physicians

We have recently resubmitted the Older Adult application and are waiting to hear back.

Enhanced Recovery After Surgery (ERAS) Shared Care

In 2015, FNW Division received \$43,712 to support the project of engaging anesthesiology, family physicians and general surgery in a project to measure outcomes of the patients receiving colorectal surgery at RCH using an ERAS protocol. This project which has now been completed includes a final report and a presentation at the provincial ERAS conference.

Thank you to Dr. Kendra Strong, Dr. Richard Merchant and Leslie Rodgers for their work and dedication on this project.

Child and Youth Mental Health Tri-Cities & New Westminster Local Action Teams Shared Care

FNW Division received a total of \$300,000 between June 2015 and December 2017 to engage local stakeholders within the community working with youth to improve communications between providers and to improve access to services for youth and families.

The Division partnered with many of the local stakeholders including MCFD, FHA MHSU, FHA Public Health, RCMP, School District 43, School District 40, Share Society, local youth, local parents, City of Coquitlam, City of Port Moody, City of Port Coquitlam and others. This local action team worked to create a referral form for all partners to use for youth in our community. As well they held several community workshops for parents that were widely attended. The workshops included topics of Youth and Anxiety, Video Gaming Addictions, Adverse Childhood Events and the screening of "Resilience". Each of these events welcomed over 100 parents, youth and professionals working with youth.

Thank you to Dr. Christine Sorial, Dr. Susan Payten, Morgan Donahue and Cody Karman for their work and dedication on this project.

Shared Care

Partners In Care (PIC) Shared Care

We received \$587,786 in July 2012 to support family physician and specialists to engage and look for quality improvement opportunities to:

ensure urgent cases are seen as quickly as possible by specialists;
optimize each patient appointment by improving the likelihood that all necessary information is provided and that the patient does indeed need to be seen by the specialist; and
improve the referral process so that the patient & GP know the status of their referral request.

The initiatives that this program worked on between 2012 through to 2017 included:

- Advance Care Planning
- Psychiatry and Mental Health
- Rheumatology
- Pediatrics
- Gastroenterology
- Orthopaedics

The program has now been completed with evaluation reports from over the years available but the work for sustainability will continue into the future.

Thank you to Dr. Kathleen Ross, Dr. John Yap and Leslie Rodgers for their work and dedication on this project.

Transitions In Care (TIC) Shared Care

We received \$119,995 in July 2012 to support and ensure seamless transitions of patient care between acute and community. This work mostly focussed on the communication between hospitalists and family physicians and produced the notification to family physician when a patient was admitted to hospital. This also included the advocacy for a fax line to collect MOST records in the hospital record system.

The program has now been completed, however will continue on through the Divisions work with Fraser Health Authority to improve the sharing of important patient information.

Thank you to Dr. Kathleen Ross and Leslie Rodgers for their work and dedication on this project.

Shared Care

Respirology Shared Care Expression of Interest

FNW Division submitted a request for funding to consider a project that would include Respirologists and Family Physicians. We received \$12,000 in September 2016 to fund the initial work to review the current state and a gap analysis. During this work, the referral forms and processes were reviewed and it was determined that there was not a significant gap or concern for this area of care in our community. We did not pursue any further funding for future work. The outcome report has been submitted to Shared Care.

Thank you to Dr. John Yap, Dr. Samir Malholtra and Leslie Rodgers for their work and dedication on this project.

Orthopaedic Shared Care Project

Thank you to Dr. Kathleen Ross, Dr. Darius Viskontas and Leslie Rodgers for their work and dedication on this project.

Patient Medical Home & Primary Care Networks

Over the past 18 months, FNW Division and Fraser Health have been working closely together to design and implement an expanded Primary Care Service initiative. Based on the successful “Nurse Debbie” concept, this program is bringing Home Health into the GP’s office by partnering registered nurses with groups of community GPs to help care for complex patients. To date, 7 primary care nurses have been hired by Fraser Health and they are connected to 17 physician practices throughout the Division. Primary Care nurses perform a variety of functions, from simple wound care to chronic disease management, while serving as the GP’s single point of contact with Home Health, and often assuming case management responsibilities.

Evaluation of the second year of this program has again demonstrated the positive impact of this model on ER visits and acute care length of stay. For existing clients enrolled before March 2016, across a period of 24 months, each client on average avoided 1.4 ED visits, translating to 251 ED visits avoided in total, a 31% reduction. Each client on average avoided 39.3 hospital bed days, translating to 6429 bed days avoided in total, a 51% reduction.

In March 2018, a Social Worker was added to the Primary Care Services team, and made available to all GPs in FNW Division. The role of the social worker is to assess and intervene in complex situations ranging from barriers related to social determinants of health to high risk behaviours. While the social worker does not provide clinical counselling for mental health and/or substance use issues at this time, she is able to assist patients in accessing necessary MHSU resources and services through both Fraser Health and community non-profit organizations.

Patient Medical Home Advisory Committee:

- Dr. Paras Mehta
- Dr. Carllin Man
- Dr. Tarek Khalil
- Dr. Jennifer Yun
- Dr. Liliana Cioata
- Dr. Herb Chang
- Dr. Shilpa Dabholkar
- Lisa Zetes-Zanatta, Fraser Health Authority
- Alexis Grace, Kwikwetlem First Nations



Patient Medical Home & Primary Care Networks

Chronic Pain

Chronic pain and opioid misuse continues to be a challenge faced by many patients and physicians. This year, the Division has taken steps toward implementing strategies to address this, with the development of a Chronic Pain working group. In collaboration with various stakeholders including Fraser Health, ER physicians, anesthesiologists, and Pain BC, FNW Division has begun work on a number of initiatives, including:

- Establishment of Opioid Agonist Treatment clinics in New Westminster and Coquitlam
- 'Prescription for Fitness' program
- Education and training on alternative treatment modalities for chronic pain

FNW Division will also be hosting a community dialogue on opioid use in the Fall, which will bring together persons with lived experience and key stakeholders from various sectors to develop a better understanding of the issues surrounding chronic pain and substance use with the goal of increasing compassion and reducing stigma.

Chronic Pain Working Group:

- Dr. Huy Nguyen
- Dr. Paras Mehta
- Dr. Lalji Halai
- Dr. Stephen Barron
- Dr. John Koehn
- Dr. Martha Koehn
- Dr. Aamir Bharmal
- Dr. Aaron MacInnes
- Dr. Janel Casey
- Dr. Andrew Yu
- Dr. Brenda Poulton
- Dr. Christina Gower

Mental Health

FNW Division has also established a Mental Health working group this year to respond to issues around access to mental health/substance use services in the community. Working closely with Fraser Health MHSU and outpatient, geriatric, maternity, and addictions psychiatrists, the Division is beginning to address concerns around:

- lengthy wait times for psychiatry services
- MHSU centralized access line
- Improving attachment of mental health patients to GPs
- Timely receipt of consults and patient status updates

Patient Medical Home & Primary Care Networks

- Improving communication between GPs and psychiatrists

The Division hosted a Mental Health services event in February, to provide information on available resources and supports for physicians and patients and gather feedback on new forms and processes. Significant input was collected for improvements to the MHSU centralized access referral form, which has been improved and revised.

Mental health resources and supports for transgender patients residing in FHA has also been raised as a significant concern. Dr. Stephanie Aung has championed this work, offering opportunities for education and mentorship and developing a gender affirming guidebook for GPs caring for transgender patients.

Mental Health Working Group:

- Dr. Stephanie Aung
- Dr. Catherine Clelland
- Dr. Carllin Man
- Dr. Emiko Moniwa
- Dr. Megan Roberts
- Denyse Houde, Fraser Health Authority

Complex Care Planning

Inspired by the success of North Shore Division's approach to EMR optimization and practice efficiency for physicians with complex patients, FNW Division, along with PSP, developed the Complex Care Planning initiative. Through one-on-one coaching and interactive group learning sessions with a PSP specialist coach, GPs together with their MOAs, learn how to: analyze and clean up their patient panels, implement processes to optimize the functionality of their EMR and define/refine their workflow with their MOA, and improve their skills and confidence in managing Complex Care patients.

The first two cohorts in the Complex Care Planning initiative were completed this year, with cohorts 3 and 4 already underway. Initial evaluation results of both cohorts show a reduction in total active patients, which reflects the removal of transient, casual, deceased and transferred patients, and an increase in the number of patients in each of the chronic disease registries. GPs also reported significant increases in knowledge of clinical practice guidelines, partnership with their MOA, and confidence in recording care in their EMR and creating disease registries.

To date, we have had 34 members start the PMH PSP Assessment and Panel clean-up/management work with 14 completed. We have had another 37 start the EMR Meaningful Use Assessment with 32 completed.

Attachment Hub Mechanisms

Attachment Hub Mechanisms

prepared by Morgan Donahue

Purpose and Vision

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

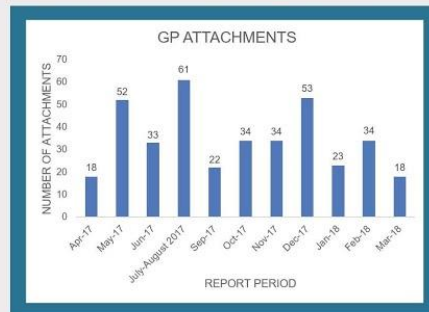
Protocol and Procedures

Referrals are sent to the Primary Care Clinic where patients are seen by an NP for 2-3 visits to manage any acute conditions. The Attachment Hub will send a referral notification to an accepting GP asking to attach the patient and connect with the patient to ensure a meet and greet appointment has been made and attachment is successful.

Achievements

From March 24, 2017 to March 28, 2018, the Attachment Hub has recorded

379



instances of unattached patients being matched with a community GP in the FNW area!



Most of these patients were people with complex health issues and comorbid diseases, or were moms and newborns, refugees, or frail older adults. Many were without consistent, continuous primary care and were over-using emergency and walk-in services.



Transgender Primary Care

TRANSGENDER PRIMARY CARE



prepared by Morgan Donahue

Working alongside Fraser Health, Vancouver Coastal Health, Ravensong Community Health Centre, Three Bridges Community Health Centre, and Trans Care BC (PHSA), our Division has worked to increase access to safe, culturally sensitive, and gender affirming primary care providers for transgender patients in our area.

Over the course of the last year, Dr. Stephanie Aung participated in Transgender Primary Care Training through Trans Care BC, growing confidence to build transgender primary care into her practice. After months of gaining experience and becoming more comfortable with hormone initiation, appropriate billing, and building meaningful relationships with her patients, she wanted to help introduce and support other Division members to this meaningful aspect of family medicine. She helped put together a transgender primary care resource guide for GPs working in fee for service office practice and has offered to be a mentor and leader in this field for any new physicians. The FNW Division of Family Practice is proud to be among one of the first Divisions to prioritize and implement strategies into their scope of work with aims to improve transgender patients' access to primary care in their region and support their GP members.



Dr. Aung

RESOURCES FOR PHYSICIANS

The resource guide for GPs working in a fee for service office can be found on Pathways. Please feel free to share this resource within your networks and in other Divisions. For more information about transgender primary care and training and education opportunities, please contact the Attachment Hub Coordinator at 778-952-9991.



Engagement Events

This year, FNW Division held many events throughout the year with the goal being to offer something for everyone. We look forward to finding more ways to engage with members in a way that provides education, connection and resources that provide value. Events this year included:

- Complex Care Planning Engagement
- PSP COPD & CHF Module
- Life After Medicine Engagement
- Child & Youth Mental Health Engagement
- Provincial Opioid Guidelines CME
- First Five Years in Practice “Trapped” Social
- Resident Social
- Walk with Your Doc
- PSP Quality Improvement Small Group Learning Session
- Complex Care Planning & Management Cohorts
- FNW Family Day at Playland
- OSCAR EMR User Groups
- FNW Paddlewheeler Dinner Cruise
- Patient Medical Home Engagement
- Chronic Pain Engagement
- Eating Disorder Engagement
- PSP Dementia Small Group Learning Session
- MedAccess User Groups
- FNW Christmas Dinner & Dance
- SGP Billing Seminars
- Profile EMR User Groups
- PSP Chronic Pain Module
- Mental Health & Substance Use Engagement
- Residential Care Year 2 in Review Engagement

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 we aspired to enhance relationships with our facilities and the Health Authority, improve deliverable tracking, provide new and relevant CME opportunities, further examine our performance indicators and complete our evaluation report.

Achievements This Year

1) Evaluation Report completion

Results from this past year's evaluation report suggest that the program is effective, with improvements in quality of care of residents as well as improved physician and facility practice environments. Satisfaction survey data reveals themes of improved physician ratings on themselves in delivering all 5 best practice expectations, improvement of infrastructure for access to relevant education & networking, and reassurance of patient coverage with the after-hours on-call network.

"I would say that I sleep better at night knowing that the nurses can now reach a doctor on call at all times whereas before it wasn't as easy to get a call back."
– FNW RC Facility Director of Care

Decreased acute care visits by residential care patients post RCI implementation suggests the significant cost-effectiveness of our RCI program to the BC health care system. Cost savings can be compared by looking at pre RCI and post RCI data. The downward trend in cost for the ED visits and number of admissions from residential care clients reveals the impact the RCI program has made in the FNW community, for a cost savings of over \$1.5 million.

2) Strengthening our Medical Advisory Committee, Physician Engagement and RC Specific Medical Education

The RCI Medical Advisory Committee (MAC) is a group of physicians who are a collaborative, positive and rational force for optimizing patients in residential care. This network of engaged physicians make a huge impact on this initiative's ongoing progress and sustainability. Our MAC CME topics this year have included: MAiD, Palliative Approach to Care Initiative, Serious Illness Conversation Guide, Capacity Assessments, BPSD and Infectious Diseases.

Physician engagement is advancing in our FNW MAC through physician leadership around analyzing our CIHI data performance indicators, creating QI project groups, leading round table discussions on RC specific cases and working on physician recruitment and mentoring.

The FNW RCI program has supported 18 RCI physicians to attend the UBC Care of the Elderly Intensive Review Course and will continue to dedicate resources for education and CME sessions related to geriatric and LTC topics.

Residential Care

3) Continued Collaboration with the Community and Health Authority

The collaboration between our RCI and the Health Authority, Board of Directors, Interdivisional committees, and various working groups has led to some successful highlights this past year.

- Successful networking, relationship building and partnership with the Transitions Networking Committee. This meeting group consists of RCI physicians, RC Facility Leadership, many FHA representatives (ER, acute care, home health, access) and Division staff.
 - IV therapy education in residential care
 - Access to suture kits onsite at all our residential care facilities
 - Standardized admission forms for patient transfer of care
- Increased communication with acute care, hospitalists and ER staff. Shared contact information for more efficient interactions.
- Valuable IMG placements in residential care. Working with the FHA our RCI team increased participation through this program.
- Annual Year-in-Review event. With excellent attendance, we collaborated with our 15 RC sites and our physicians.

Looking Ahead

Future work of the FNW RCI program:

- 1) Continued improvement of physician engagement
- 2) Improve sustainability of physician services
- 3) Improve efficiency in our communication with acute care
- 4) Develop Quality Improvement plans
- 5) Continued collaboration with our stakeholders to educate and engage the public about what residential care is about

“I have enjoyed the challenges of working in a new system, learning new skills and approaches. I think, and hope, that we are making a difference for our patients.”

– FNW RCI MRP

Residential Care Initiative

MAC 2017/2018

Dr. Nick Petropolis – Physician Lead

Dr. Amber Jarvie – Physician Lead

Dr. Gbogboade Ademiluyi

Dr. Ramesh Avinashi

Dr. Behzad Ansari

Dr. Graham Burns

Dr. Linda Curtis

Dr. Eugene d'Archangelo

Dr. Nahla Fahmy

Dr. Kathy Jones

Dr. Kathy Kiani

Dr. Natalia Konovalova

Dr. Lalji Halai

Dr. Azim Ladhani

Dr. Cristina Liciu

Dr. Mahsa Mackie

Dr. Carllin Man

Dr. Doug Moseley

Dr. Brian Monks

Dr. Juliyana Romey

Dr. Kim Shaw

Dr. Hortensia Shortt

Dr. Teresa Tan

Dr. Anthony Tran

Dr. John Yap

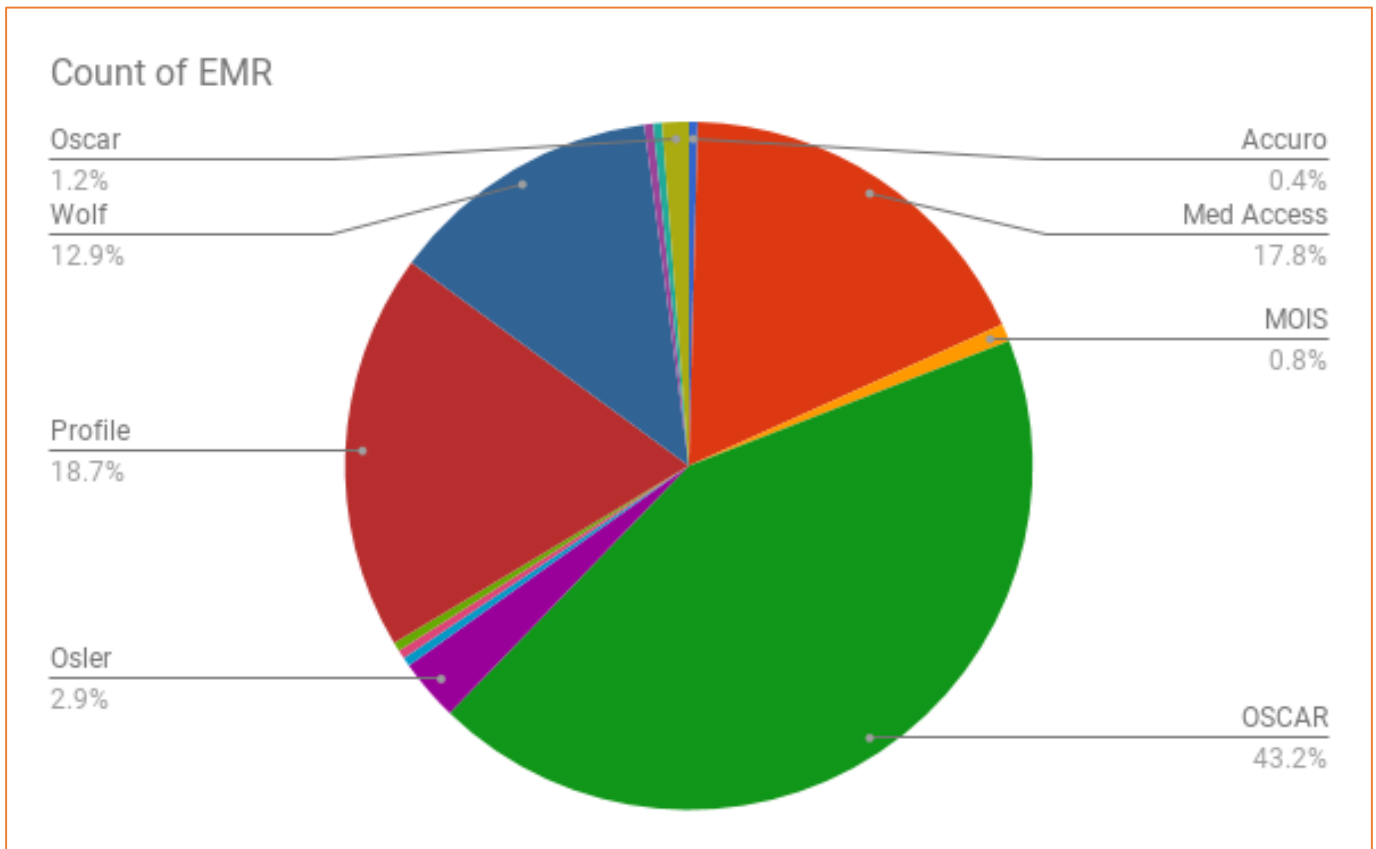
Dr. Christy Yang

Dr. Gina Zheng

EMR Supports

In 2017/2018, the FNW Division launched the EMR user groups which included the meaningful use assessments with PSP. We launched with OSCAR EMR, 43% of the Family Practice physicians in FNW are working with this EMR. Dr. Herb Chang has been the physician lead for the OSCAR events.

We launched Profile and MedAccess events late in the year and will continue on through 2018/2019.



Financial Reporting

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 2017/2018 Fiscal year to an individual physician.

Dr. Nick Petropolis	Residential Care Physician	\$65,231
Dr. Cristina Liciu	Residential Care Physician	\$46,655
Dr. Eguene D'Archangelo	Residential Care Physician	\$44,596
Dr. Azim Ladhani	Residential Care Physician	\$40,281
Dr. Amber Jarvie	Residential Care Physician	\$38,893
Dr. Paras Mehta	Board Co-Chair	\$33,049
Dr. Doug Moseley	Residential Care Physician	\$31,659
Dr. Anthony Tran	Residential Care Physician	\$28,826
Dr. Katayoon Kiani-Goodarzi	Residential Care Physician	\$28,197
Dr. Stephanie Aung	Board Co-Chair	\$26,726
Dr. Linda Curtis	Residential Care Physician	\$20,010

This year the Division had 225 members participate in at least one event or sessional funded opportunity with the Division.

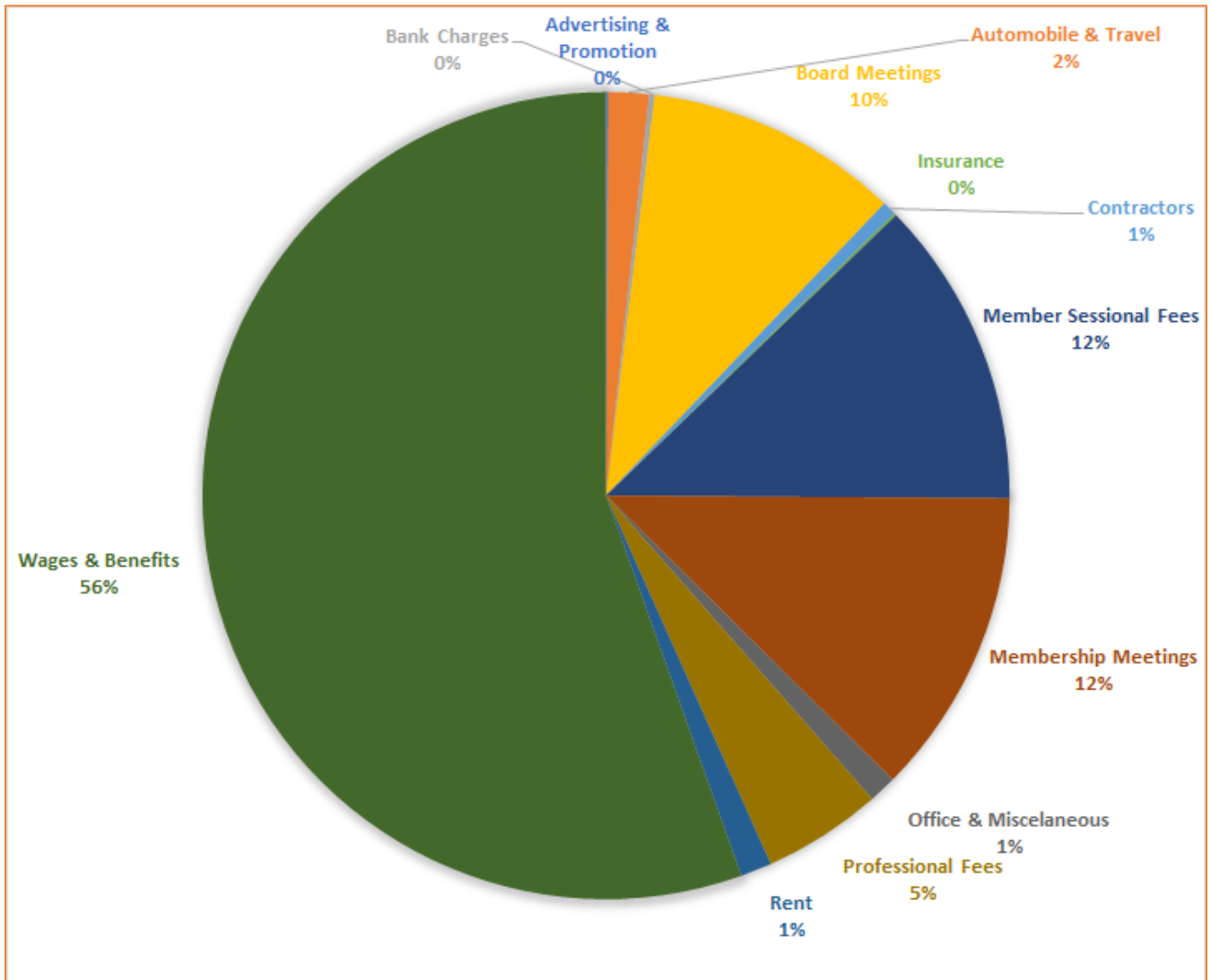
Financial Reporting

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 2017/2018 Fiscal year to individual administrative positions.

Kristan Ash	Administrative Salaries	\$91,504.52
Lesley Michiko Mazloum	Administrative Salaries	\$58,701.05
Erin Carey	Administrative Salaries	\$57,762.34
Cody Karman	Administrative Salaries	\$37,408.61
Vivienne McMahon	Administrative Salaries	\$36,679.54
Morgan C. Donahue	Administrative Salaries	\$26,381.90
Tatiana BR Bondarenko	Administrative Salaries	\$24,881.73

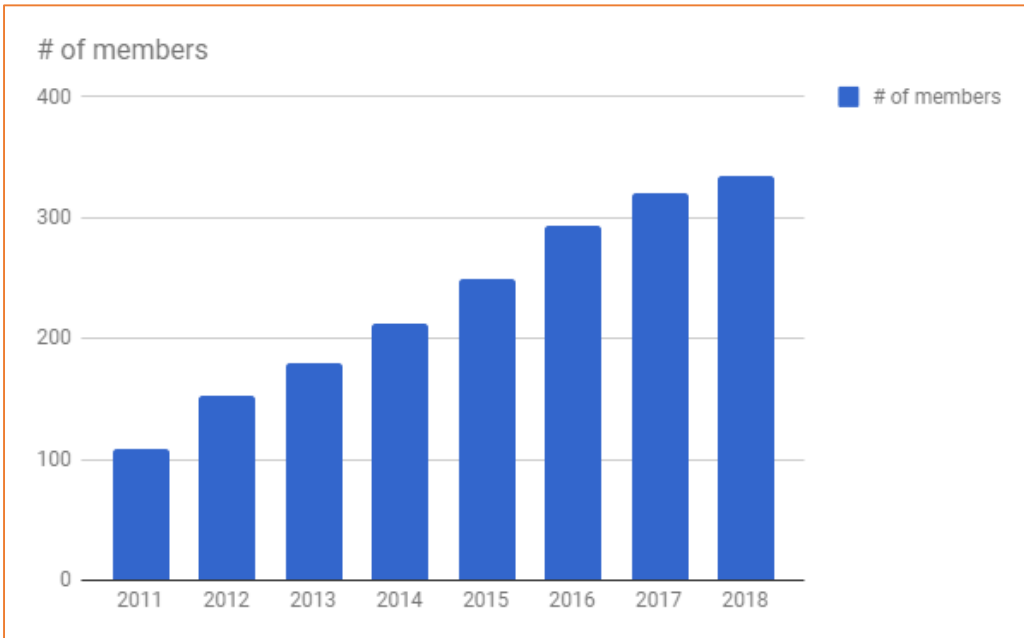
Financial Reporting

The 2017/2018 income was \$2,221,648 with total expense of \$1,561,096. The breakdown of expenses are:

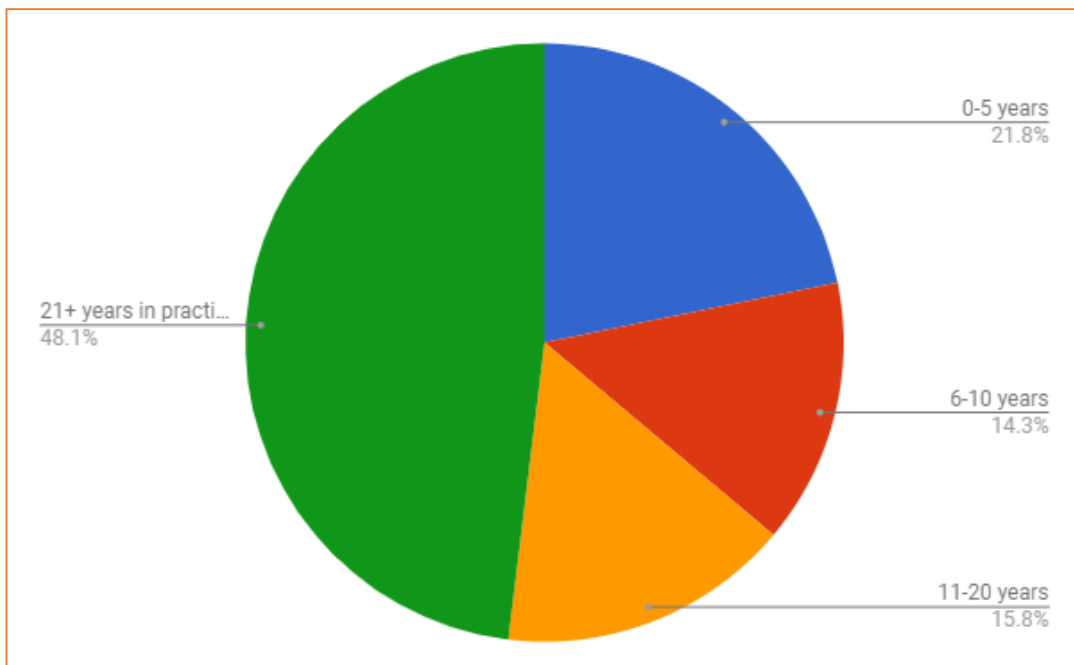


Recruitment & Membership

Fraser Northwest Division has 335 members ending this year. Our membership represents General Practitioners that have recognized themselves and completed membership application. Our membership continues to grow each year.

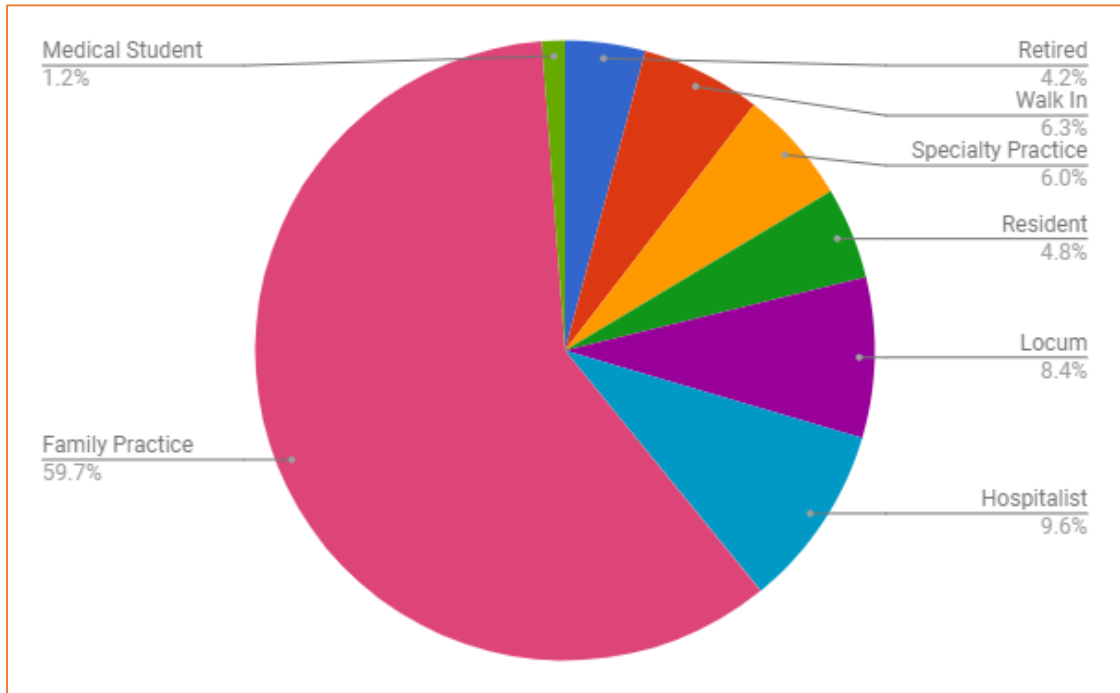


Our members are diverse in many ways, what we do know is that 48% have been in practice greater than 21 years.

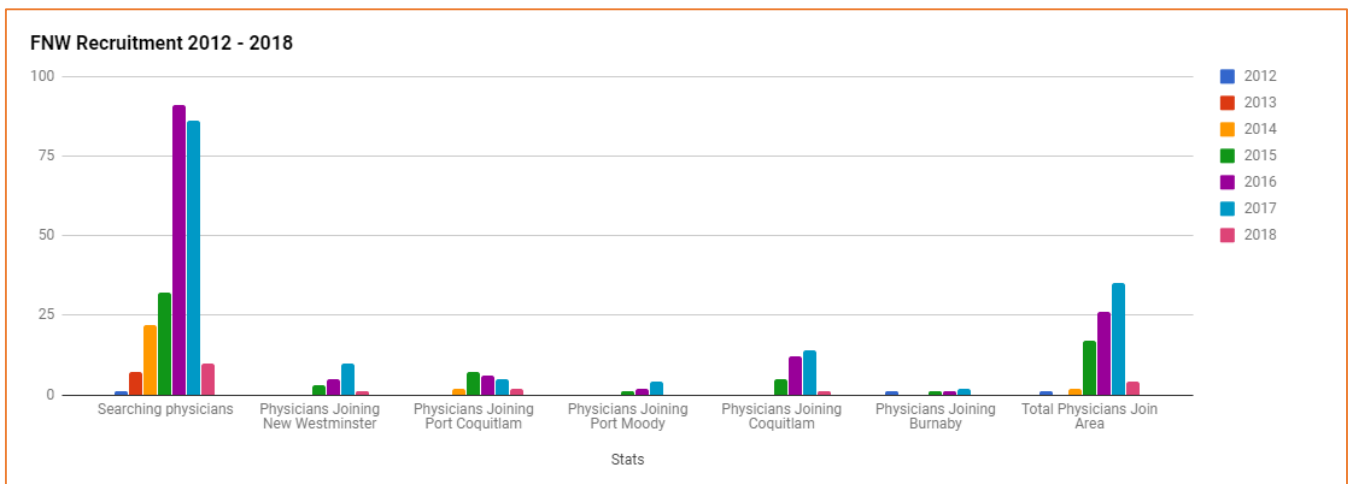


Recruitment & Membership

Our members practice in diverse areas including community family practice, hospitalist, locums, walk ins, retired, focussed area/specialty of practice, resident and medical students.



Recruitment of physicians to our community is always a priority as the population continues to grow and the retirement of physicians who have dedicated their careers to our community is inevitable. The following is an overview of the recruitment statistics from the past 6 years in review



Interpreter Services

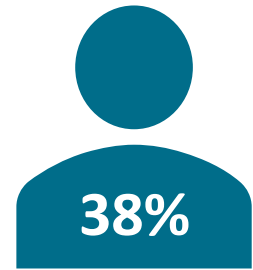
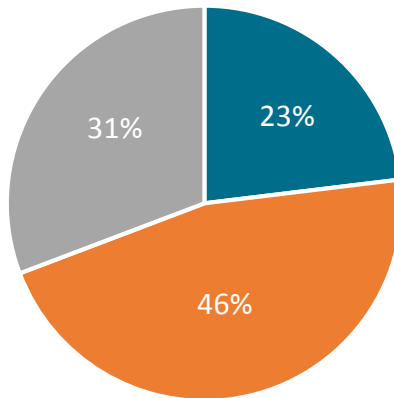
All members of the FNW Division have free interpreter services available to them to assist and support them in the care of patients when English may not be the language spoken.

In the last year 72 calls for interpreting service, averaging 20 minutes per call, were made by GP offices in the Fraser Northwest Division.

Fast Facts Quick Survey Results

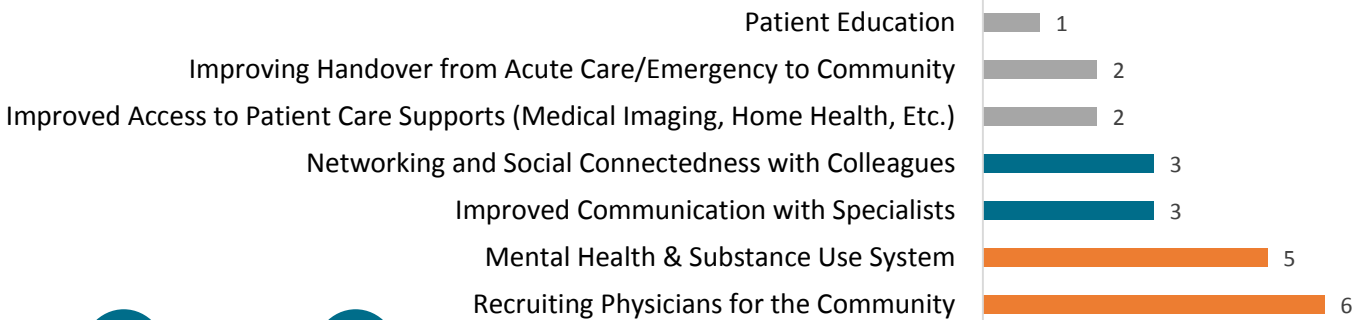
What Kind of Non-Clinical Practice Supports are You Most in Need of?

- Billing Education
- MOA Skill Development
- Business Development



of GPs said they planned to retire in less than 5 years
*14/37 votes

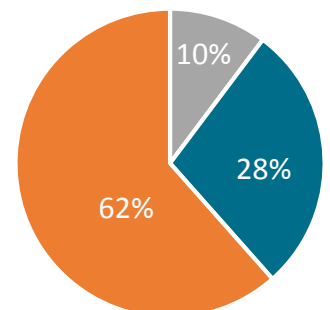
If you could only choose one priority for the Division to work on, it would be:



of GPs said they would benefit most by using a Human Resource Consultant to seek advice on managing their staff
*9/20 votes

In Your Daily Practice as a Physician, the Non-Medical Work that Weighs the MOST on Me is:

- Managing Office Staff
- Counselling Patients
- Completing Paperwork for Work, Insurance, and Legal Matters



Board of Directors

Dr. Stephanie Aung, Co-Chair Dr. Paras Mehta, Co-Chair Dr. Nazila Soltani
Doug Eveneshen Dr. Kathy Jones, Secretary Dr. Shilpa Dabholkar
Dr. Sayeeda Hudani Dr. Huy Nguyen, Treasurer Dr. Tarek Khalil

FNW Division Staff

Kristan Ash | Executive Director

Vivienne McMahan | Division Administrative Assistant

Cody Karman & Leah Webb | Internal Communications & Event Coordinators

Tatiana Bondarenko | Bookkeeper

Jessie Mather-Lingley | Evaluation Manager

Helen Truong | Primary Care Network Program Manager

Erin Carey | Patient Medical Home Program Manager

Michiko Mazloum | Residential Care & Assisted Living Network Program Manager

Richelle Hughes | Recruitment & HR Consultant Coordinator

Patti Scott | Practice Efficiency Coordinator

Alanna Haggarty | Pathways Coordinator

FNW Division Award Winners

Family Doctor of the Year | Dr. Kathy Jones

This Family Physician has made a significant impact to family medicine in the community.

Words from Dr. Jones' nominators:

"Sitting in my office next to Dr. Jones as I type away at my EMR, I'm struck time and time again by her passion and relentless enthusiasm for the well being of her patients. You learn a lot about a colleague overhearing their phone calls and snippets of conversations with patients as they leave the exam room, and it is obvious that Dr. Jones cares for her patients to the core of her being; as an advocate, mother figure, trusted friend, she will leave no stone unturned to make sure her patients leave prepared to concur their health condition. Outside the exam room, she is always there for us as colleagues, weather it is to support the division as a board and committee member, or set in at a local care facility when they desperately needed physicians. Dr. Jones is a physician we can all strive to become, I know our patients would thank us for that."

"Kathy is dedicated to the community in a way that very few physicians are able to do in this era. Kathy continues to do pre-natal and maternity at MCC delivering many babies and experiencing countless sleepless nights each year. Kathy has a full service family practice that includes taking the time to round on her patients at RCH when she is alerted they are in the hospital. Kathy follows her patients into residential care. Kathy is dedicated to the New Westminster community in many ways, she lives in the community, raised her 4 daughters in the community and organizes the annual Terry Fox Run. Kathy cares for generations of families who count on her and see her as their most trusted advisor in their lives."

Specialist of the Year | Dr. Julia Ridley

This Specialist Colleague takes the time to improve access to care, communicates with family physicians as a collaborative team member, and more..

Words from Dr. Ridley's nominator:

"I would like to nominate Dr. Julia Ridley, local Palliative Care physician for the Specialist Colleague award. In some of the darkest times for my residents, my patients have found great comfort and support from Dr. Ridley; when I have called her for advice and as a sounding board, she goes above and beyond to understand my patient's and my worries, and work outside the box to accommodate them, which isn't always easy when working with terminally ill patients living at home. Thank you Dr. Ridley for being there for us :)"

FNW Division Award Winners

FNW Quality Improvement Champion 2018 | Dr. John Yap

This FNW Member has led quality improvement projects this year that have made an impact and spread to other colleagues.

Words from Dr. Yap's nominator:

"I am proud to nominate Dr. John Yap who continually provides ideas and help to all of us to find ways to make our clinic run smoothly and efficiently. He is a wonderful teacher and a genius with our EMR!

John has embodied this category taking on work with the PSP program over the years. In this last year he has taken the lead on the Quality Improvement Small Group Learning Sessions which sound quite dull or overwhelming. John makes QI make sense and practical and not overwhelming. He helps to inspire some of us to make those small changes which seem to lead to the big changes.

John has been the constant voice in this community to remind us not to accept status quo and to challenge ourselves, the health authority, our EMRs and anything else that gets in the way. He has been the local voice for the ER medical record inadequacy and I appreciate that."

FNW Team Member of the Year 2018 | Dr. Stephanie Aung

This Team Member has gone above and beyond to support patients and GPs in how they (GPs) practice.

Words from Dr. Aung's nominator:

"Stephanie has stepped up in at least two big ways in the past few years. She trained herself in gender transition medicine then took on the large job of helping many people in our region seeking help as they transition. In addition, Stephanie stepped into the co-chair role for the Division. The little dynamo has gone above and beyond to support patients and GPs.

'Definition of team player : someone who cares more about helping a group or team to succeed than about his or her individual success' According to Merriam-Webster Stephanie Aung has stepped into the role of team player over the years since joining the FNW community as a family physician. She has taken a role with the Division Board, worked on Recruitment and Retention committee to attract physicians to the community, taken a leadership in the First 5 Years of Practice engagement, taken on the work of transgender care in the community and now mentoring physicians in treating their patients as well as championing the Mental Health and Substance Use under servicing of our community as a strong advocate for change. She may be small and sometimes quiet, but she has a big personality and an even bigger heart for supporting her patients and her colleagues to improve the current system of care."

10 Points for Family Physicians

Closing Words from Co-Chair, Dr. Stephanie Aung:

Before I start these 10 points, I wanted to give special thanks to John Edworthy for being an inspiration - he gave a concluding address to the graduating Vancouver Fraser Family Medicine Residents a couple of weeks ago and he imparted 10 important points to them that he hoped they would remember as they begin their journey as practicing family physicians. I thought it was extremely heartwarming. I was thrilled to use his thoughts and technique. Therefore I decided to combine some of his wise words with some of the wise words from other physicians I have had conversations with within our division.

Therefore...

These are 10 points for you to remember for your practice within the division.

1) One is never an island - As a family doctor, most of us, if not, all of us feel we are often alone in our practice. Know that your practice is among many others. Use and take advantage of the Division to build a bridges when your struggles come about.

2) The Art of Teaching and imparting your knowledge - your knowledge and experience is invaluable - we are often humble and can forget how much we can influence the future with our experience. Don't be afraid to take on a role in helping a student, resident or colleague to impart your knowledge. Don't be afraid to teach and be proud of the work you do.

3) Form small groups - spend time talking to colleagues - whether in doing small group sessions, or just going out to socialize or to go hiking eg) with MDs for wellness group. Learn from one another about work, life and whatever. Connections and friendships are sometimes the things that will get you through when you need a sounding board or just a friend to talk to about a difficult day.

4) Being a family doctor is a privilege - we see people at their most vulnerable times and work with them through the challenges. We see people grow up, we see them change and we try our best to support them. The end goal is to help people who are really in need of help in the way that works best for their outcomes.

5) Don't forget to listen - even though sometimes we feel that it's all that we do; we sometimes forget as well when faced with an uncomfortable challenge. A wise person once said to me that the best discussion is when both sides are able to listen can see each other's views and work towards a common and respectable goal.

10 Points for Family Physicians

6) **Acknowledge a problem when you see one** - we can feel upset and down but don't close yourself to thinking there is no solution. I challenge you to be part of finding a solution that could indirectly help a lot of others who are facing the exact same problem.

7) **Keep trying new things** - as Family Medicine is broad - we can always challenge ourselves to new things eg) helping the Division, take on leadership roles, and to teach

8) **Help** - Asking for it and giving it- we are a community as a division- everyone has a part to play for each other. Ask for help if you need it and help others if you see someone struggling.

9) **Don't let bothersome things wear you down** - recognize the difference between politics, administration and red tape versus what you actually do – practice medicine.

10) **Remember what your presence means** – understand that just being present and voicing your thoughts means a lot as you are the core/nucleus to people's health. You ARE one of the only individuals that know the patient as a whole and the needs of your community. Don't be afraid to put your presence forward and voice your opinions. Sometimes you may be surprised at how powerful you are.

As I say these points and our Division embarks forward in the steps to changing our community one brick at time, one negotiation at a time and one relationship at time, remember you are already part of this change. Whatever role you play, big or small, it's greatly appreciated. My final advice to you... which I have taken from one of my greatest teachers - a patient of mine - was "no matter what- You've got to keep going- don't stop".