

2023  
2024

ANNUAL REPORT



## Land Acknowledgment

We acknowledge with gratitude the opportunity to live, work, and play on the unceded traditional ancestral homeland of the Coast Salish, including the Tsleil-Waututh, Squamish, and Musqueam Nations. We are grateful for the opportunity to learn, engage, and strengthen relations and community on this traditional territory.

## Who We Are

The North Shore Division of Family Practice (NSDFP) is a local non-profit society that is part of a province-wide initiative to improve patient care, increase family physician (FP) influence on healthcare delivery and design, and enhance professional satisfaction for physicians. The North Shore Division has over 270 physician members, is led by a Board of Directors, and works in collaboration with Vancouver Coastal Health (VCH), Doctors of BC (DoBC), BC's Ministry of Health (MoH), and community organizations.

## Vision

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**Optimize the health of the North Shore population.**

## Mission

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**Promote the centrality of primary care.**

**Develop and support excellent primary care.**

**Improve the well-being of family physicians.**

## Strategic Objectives

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### Member Support

Create a vibrant family physician community by supporting physicians and their practices and enhancing influence in healthcare.

### Healthcare Initiatives

Improve patient care with a focus on priority populations through innovation and collaboration amongst family physicians, and between family physicians and other healthcare providers.

### Primary Care Networks

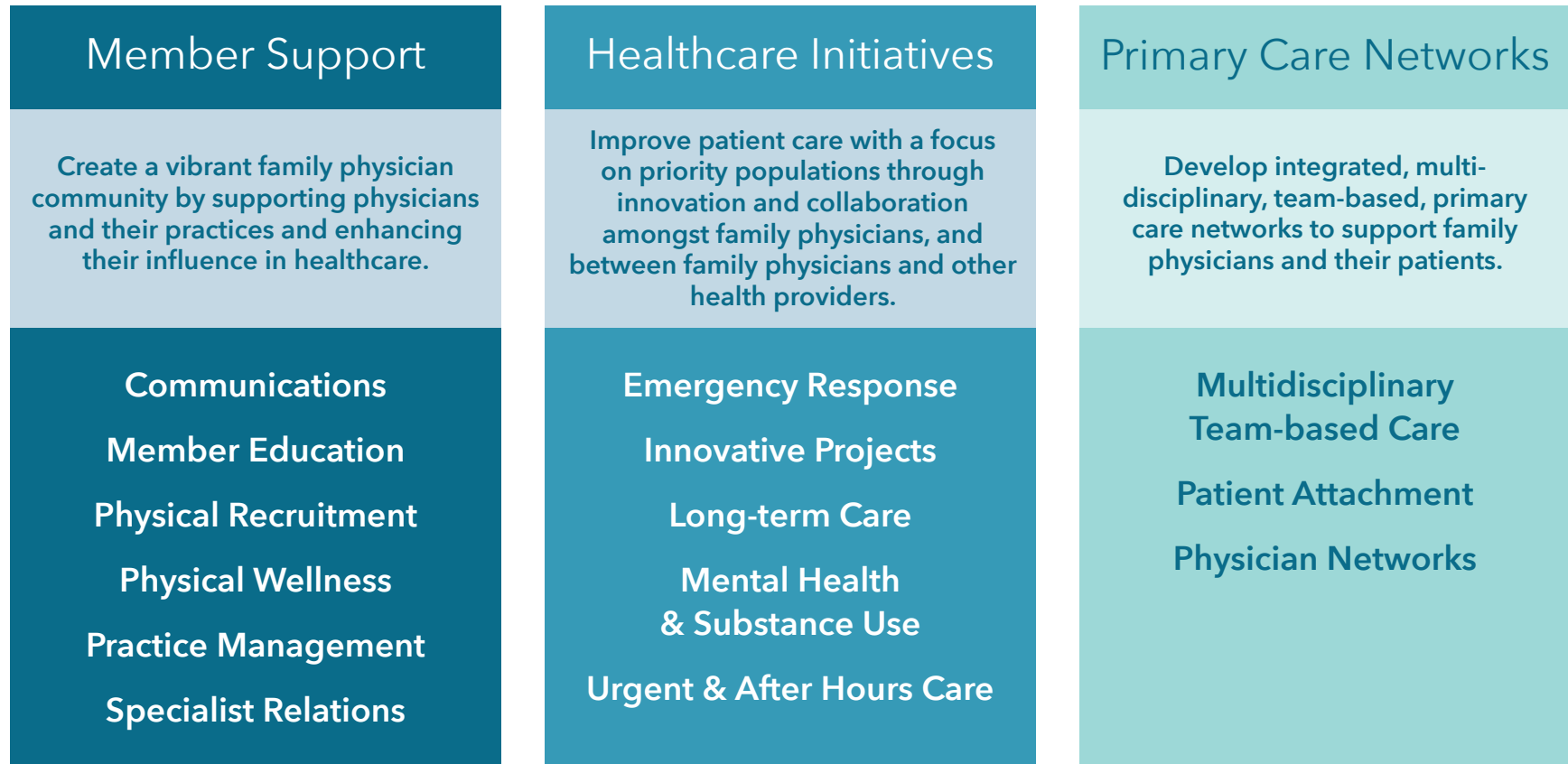
Develop integrated, multi-disciplinary, team-based, primary care networks to support family physicians and their patients.

On the cover from left to right, Dr. Raymond Chaboyer, Tsleil-Waututh Nation, Squamish Nation, Mt. Seymour Medical Clinic, and Past NSDFP Board Chair, Dr. Liz Pharo, North Shore Locum, and Dr. Genevieve Lauzon, Ambleside Medical Clinic.

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# Strategic Priorities



Community & External Relations | Evaluation & Quality Improvement  
 Organization & Administration | Communications & Engagement

# Report from the Board Chair & Executive Director

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Considering the work and activities of the Division over this last year, as the Board Chair, I find myself coming back to three words: change, nimble, and community.

The landscape of primary care continues to change: the Provincial Attachment System (PAS), Longitudinal Family Physicians (LFP) in maternity care and Long-term Care (LTC), Primary Care Refresh, Primary Care Network (PCN) Steering Committee reorganization, and rapid growth in digital technologies and interoperability. The Division has shown its nimbleness in adapting, supporting, and implementing these changes with energy, effort, and enthusiasm. I am extremely grateful to our incredible Division staff that continue to support the committees and working groups that enable the implementation of all these changes.

It has been a privilege to represent the North Shore at governance tables. I can assure you we are known as an active and involved Division and I thank you all for the community spirit. Our Rapid-Fire sessions are but one example of our nimbleness in practice. When weekly updates were needed to help us navigate the LFP Payment Model, the Division staff, led by Candace Travis and Marilu Encinas, implemented short weekly Zoom meetings, enabling change to be communicated quickly. They continue to be successful because of community willingness, appropriate use of time, and their relevance to our everyday work. Other Divisions marvel at our high attendance rates and involvement from so many.

We are a community. A community of physicians with a common desire to provide the best primary care we can to our patients. We are a community reaching out to other community partners through the PCN initiatives. We are

bringing important voices into the primary care domain, enabling partners addressing social determinants of health to be heard and contribute. We are a community continuing to work closely with our hospital colleagues to strengthen and streamline access to secondary care. Thank you for the involvement in our shared care committees, Dine and Learns, and for giving feedback when specific issues needed to be addressed.

We are in good hands with the ongoing leadership from Claudia Frowein, our Executive Director, as well as our new PCN lead, Sue Fuller Blamey; Cynthia Buckett who continues to lead all other Healthcare Initiatives, and Nadia Mimouni's leadership of the administration support team.

I will hand over this report to Claudia. As you will see, our nimble response to ongoing change has succeeded because of our community.

Thanks Nicola. The following is a summary of the status of the organization:

**Membership** - As of March 2024, the Division has 302 funded members, an increase of 10% from the previous year. Of the 33 new members, 8 are new FPs, 23 are FPs who have moved their practice to the NS, and 2 were existing FPs who did not previously belong to the Division. To the best of our knowledge there were no members who completely retired last year; instead, FPs who passed on their practice to an incoming physician are providing locum coverage in the community. In addition to funded members, the Division has 55 associate members - retired physicians, residents, and other physicians who do not qualify for funding (usually

# Report from the Board Chair & Executive Director

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because they work more hours in another community) but still benefit from our services. An “affiliate members” category has also been created for nurse practitioners; they are not voting members but have access to our newsletter and some Division supports.

**Member Engagement** - The level of member engagement in our services and initiatives continues to remain high, and if member engagement is a measure of a division’s success, then we dare to say that we are one of the strongest in the province. Over the past year, 48 members gave up their time to contribute to the Division’s project and programs by participating in committees and working groups - and we would like to thank each of them for their contributions and dedication (see p.36 for a complete list of names). An additional 150 members benefitted from events, webinars, education sessions, and/or practice support, for a combined total of 193 members participation (over 70% of the 2023 membership). If you have not had an opportunity to be actively involved with the Division’s projects, please reach out to us as we are always seeking your input and participation.

**Finances** - The Division’s funding fluctuates from year to year depending on the funding opportunities available, the number and size of projects being applied for, and whether the funders allow us to carry over the previous year’s unspent funds. Going into both 23/24 and 24/25, we were able to carry over the surplus and that put us in a favorable financial position (see p.34 for the Statement of Financial Position). We recognize that the current Physician Master Agreement (upon which FPSC funding is based) is coming to an end next year and therefore future Division infrastructure funding is currently unknown. Primary funding sources for the Division continue

to be FPSC and MOH-PCN funding, with additional funds from the Shared Care Committee (SCC) for project-specific initiatives involving specialists.

**Member Support Services** - The Division continues to prioritize support to members, such as CME accredited education, networking opportunities, physician wellness, health technology and in-clinic practice supports, and assisting 125 members in the transition to the new LFP Payment Model; new this year was the implementation of a local Physician Peer Support Program to provide you with emotional support if needed.

**Primary Care Networks** - Development of the Primary Care Networks continues to encompass much of the Division’s work, and to that end, the PCNs have hired the full complement of mental health clinicians and pharmacists and will continue to support practices implementing nurses into their clinics. In total 128 Family Physicians are currently involved with their PCN. New over the past year is greater engagement with the community and the public, including a preventive care collaboration with public health providing education to community members and a greater presence with the public through the new PCN website ([www.nspcn.ca](http://www.nspcn.ca)) and a quarterly community newsletter.

**Health Care Initiatives** - In addition to the Primary Care Networks, the Division continues to be very active in the development of patient-focused projects, especially where care requires collaboration with specialists and other providers. Interest from other Divisions in our locally developed ADHD Care Pathway has led to the NS Division receiving additional funding from the Shared Care Committee

# Report from the Board Chair & Executive Director

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to lead the spread of the initiative across the province; the Medical Care for Short-term Custody project has trained almost 100 police officers on the Opioid Replacement Therapy protocol, thereby saving lives; the Enhancing Patient Flow project has brought family physicians together with Lions Gate Hospital (LGH) and UPCC emergency physicians, radiologists, and hospitalists to work together developing solutions to improve communication and reduce the pressure on acute care.

**Patient Attachment** - Over the past 4 years, the Division's GP Link program has attached over 18,000 patients from its waitlist. With the transition to the provincial Health Connect Registry (HCR) the Division staff will continue to support attachment from the provincial list, but we are sunsetting GP Link as all new patients are now required to register on HCR.

As we look forward into 2025, we know that change will continue. We continue to prune our panels and hope to see benefits of the Provincial Attachment System in understanding our patient communities. The Ministry of Health drive to bring interoperability across EMRs, provincial e-referrals, AI and more, will impact our office workflow and interactions with colleagues. The PCN refresh and restructuring of the steering committee still needs to be considered and implemented, and will bring changes in how we provide primary care alongside community partners. Change will continue, but we will maintain our nimbleness. We have the community, and we will continue to grow, flourish, and excel in primary care.

Before we sign off, we do need to say a very important thank you: we are indebted to Dr. Ray Chaboyer, past Board Chair, for his leadership of the Division through very challenging

times and for his mentoring. Ray has been influential in raising issues at the highest level and pushing through change.

We thank you all for being willing and for being involved. The Division is yours and together we grow!

Sincerely,

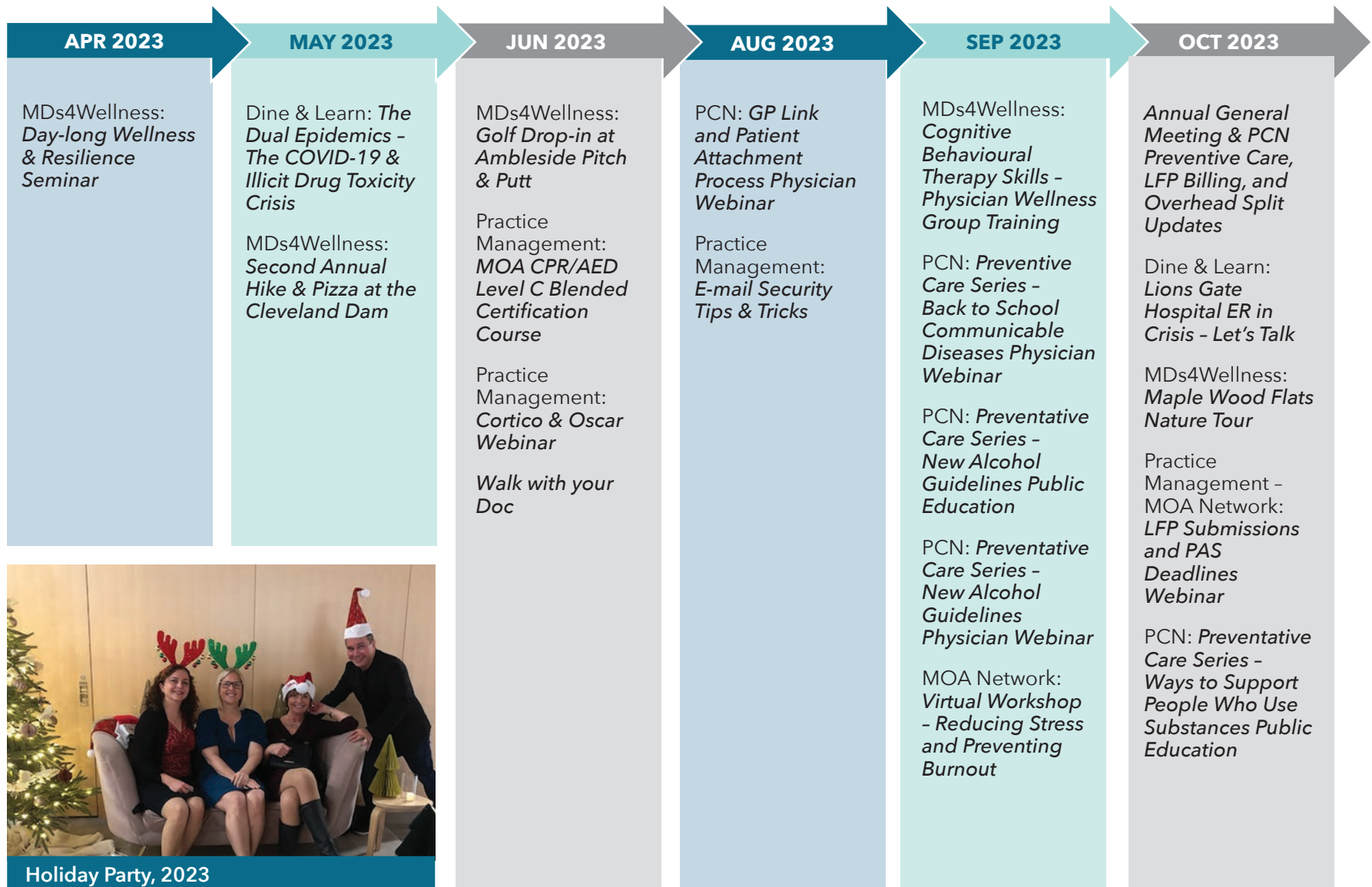


Dr. Nicola Walton-Knight  
Board Chair



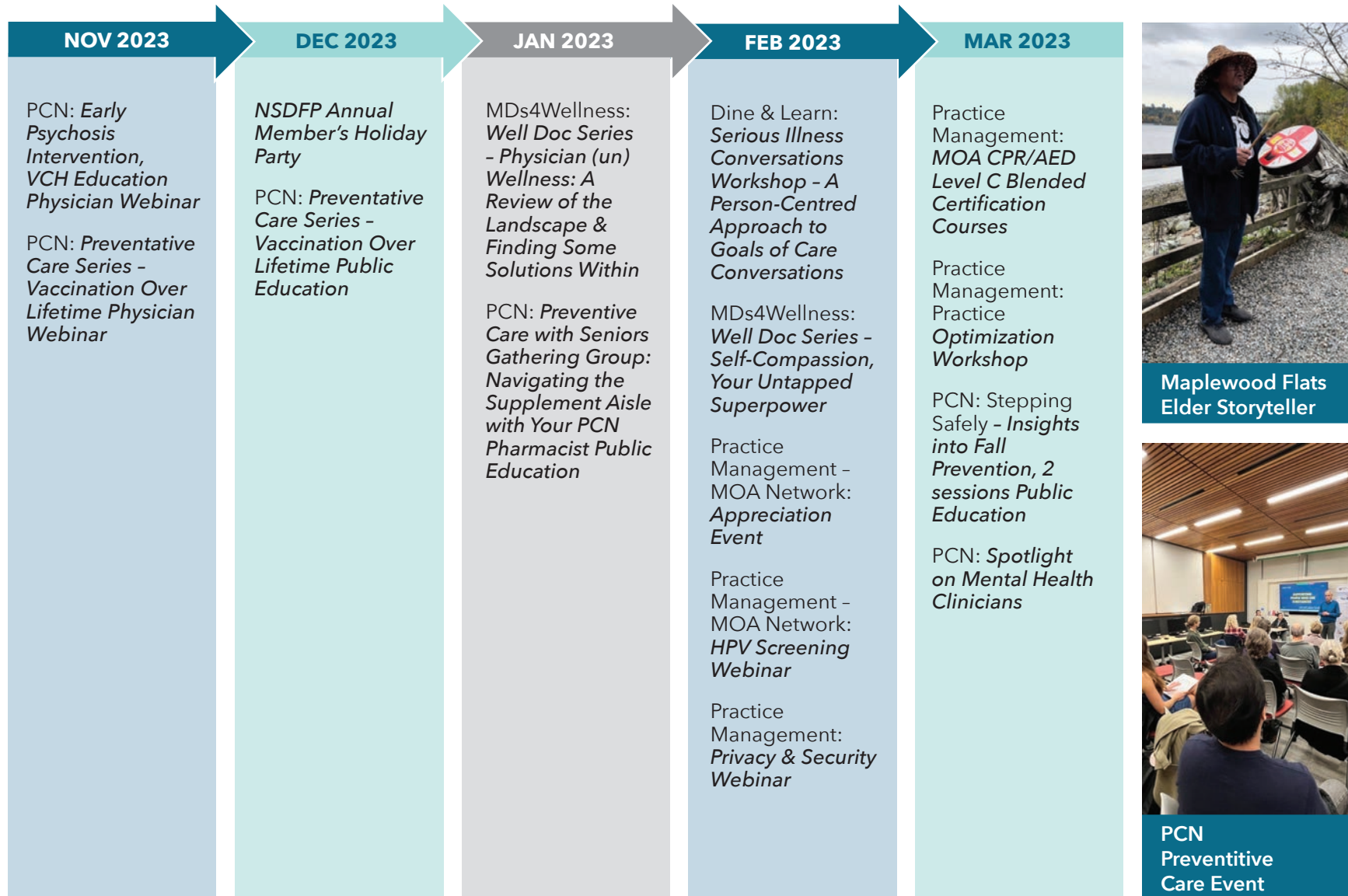
Claudia Frowein  
Executive Director

# Events





# Events

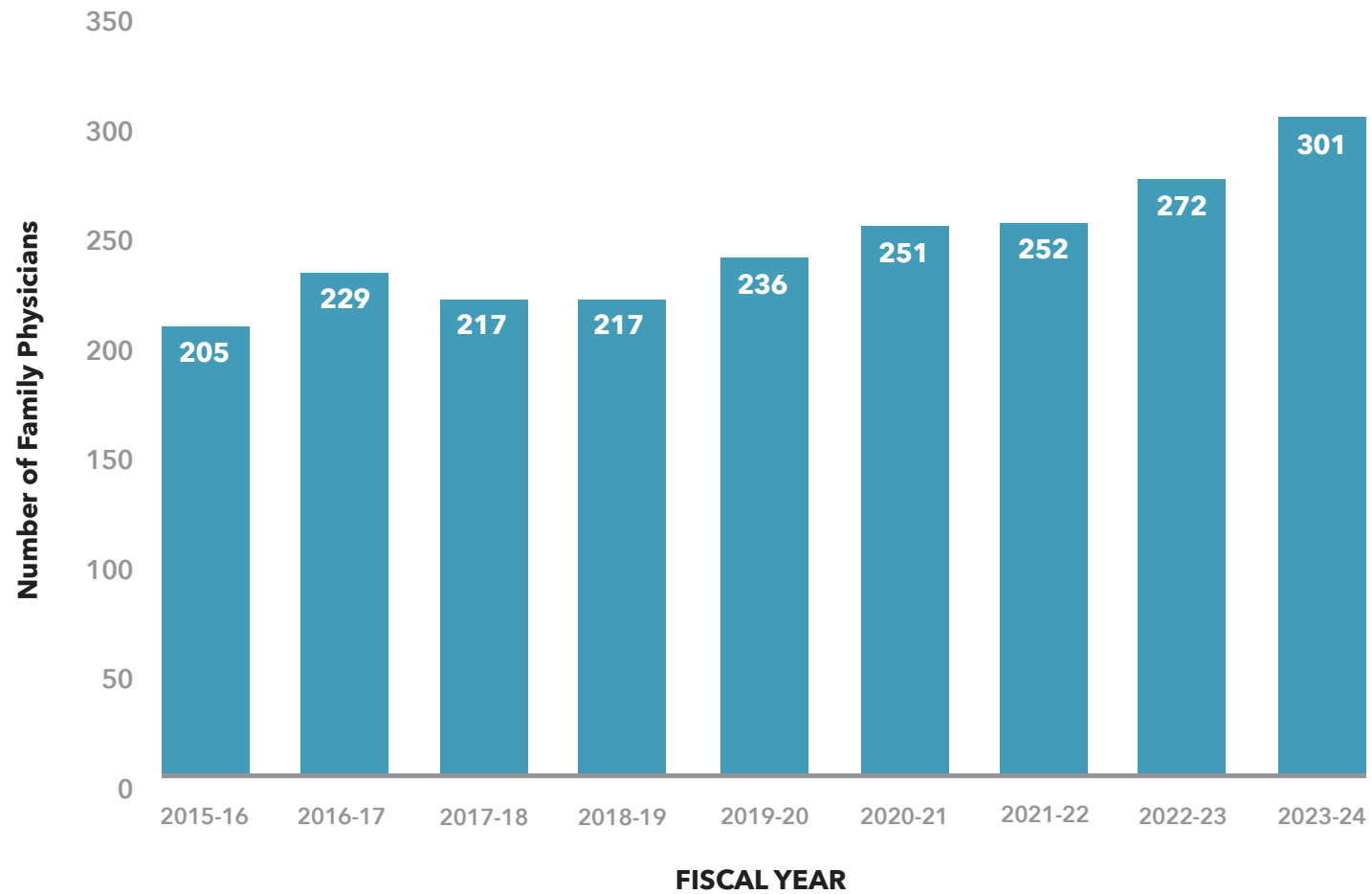




Dr. Raymond Chaboyer leads the 2023 NSDFP AGM.

# Membership

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# Member Support

## Member Education (Dine & Learn)

**Family Physician Lead: Dr. Lisa Gaede**

The Member Education Committee seeks to assist physician members by providing opportunities for education and networking. The committee’s goal is to connect family physicians to the larger healthcare system by increasing their awareness and knowledge of community services. These educational seminars provide free Continuing Medical Education (CME) accreditation to family physicians to meet their continuing education requirements.

Three Dine & Learn virtual medical education sessions were hosted with a total of 125 attendees.

Please refer to pg.8 for a list of all Dine & Learn events.



Feb. 28, 2024 Dine & Learn: Serious Illness Conversations Workshop

**DINE & LEARN  
ATTENDANCE**

**125**  
TOTAL MEMBERS

## Physician Recruitment

**Family Physician Lead: Dr. Joanne Larsen**

The North Shore, in collaboration with the Sea to Sky, Sunshine Coast, and Rural & Remote Division, has continued its efforts to enhance physician recruitment and retention across these communities. With the support of the Division’s physician recruitment coordinator in facilitating candidate and clinic introductions and job posting support, the North Shore welcomed seven New-to-Practice physicians and 34 Fee-for-Service (FFS)/Longitudinal Family Physician (LFP) doctors, significantly enhancing the primary care landscape.

The Division has also been a beacon of opportunity for International Medical Graduates (IMGs), successfully integrating three IMGs into the community through the return of service and Practice Ready Assessment (PRABC) programs. These new physicians have significantly contributed to the North Shore’s high patient attachment rate in 2023/24.

**39**  
FAMILY  
PHYSICIANS  
RECRUITED IN  
2023/24

**127**  
FAMILY  
PHYSICIANS  
RECRUITED  
FROM FROM  
APRIL 2020 TO  
APRIL 2024

**27**  
KNOWN FP  
DEPARTURES  
FROM FROM  
APRIL 2020 TO  
APRIL 2024



# Member Support

## Physician Wellness

### i. MDs4Wellness

**Family Physician Co-leads:  
Dr. Erin Hasinoff and Dr. Simon Pulfrey**

Led by family physicians, and in collaboration with Lions Gate Hospital (LGH) Facilities Engagement Society, MDs4Wellness promotes and advocates for overall physician wellness. MDs4Wellness hosted several events focused on physician wellbeing. These included two outdoor hikes where physicians could invite their family to promote the benefits of physical exercise, a social networking event

where guests were given a beginner course on how to play golf, and a full-day resiliency seminar where attendees learned how to better manage mental resiliency at work.

The *MDs4Wellness Well Doc Series* is a new initiative where the intention is to allow for family physicians and specialists to work together to focus on improving physician mental health through interactive educational seminars. The inaugural event in the series was held in January to great success. The series will continue into the next fiscal year due to physicians' high interest in the initiative.

### ii. Physician Peer Support Program

**Family Physician Lead: Dr. Erin Hasinoff**

Through funding and training made possible by the Physician Health Program (PHP) and the Joint Collaborative Committees (JCCs), the Physician Peer Support Program was launched in February 2024. Six local physicians were trained to provide non-clinical emotional support with life, work, and other issues.

The confidential program is offered at no charge for Division members. Physicians have the choice to be matched with a peer supporter on the North Shore or with a peer supporter from another site in the province. The program is not a replacement for clinical therapy and/or mentorship but is best used for situations where a conversation can provide emotional support.

For more information, please scan the QR code.



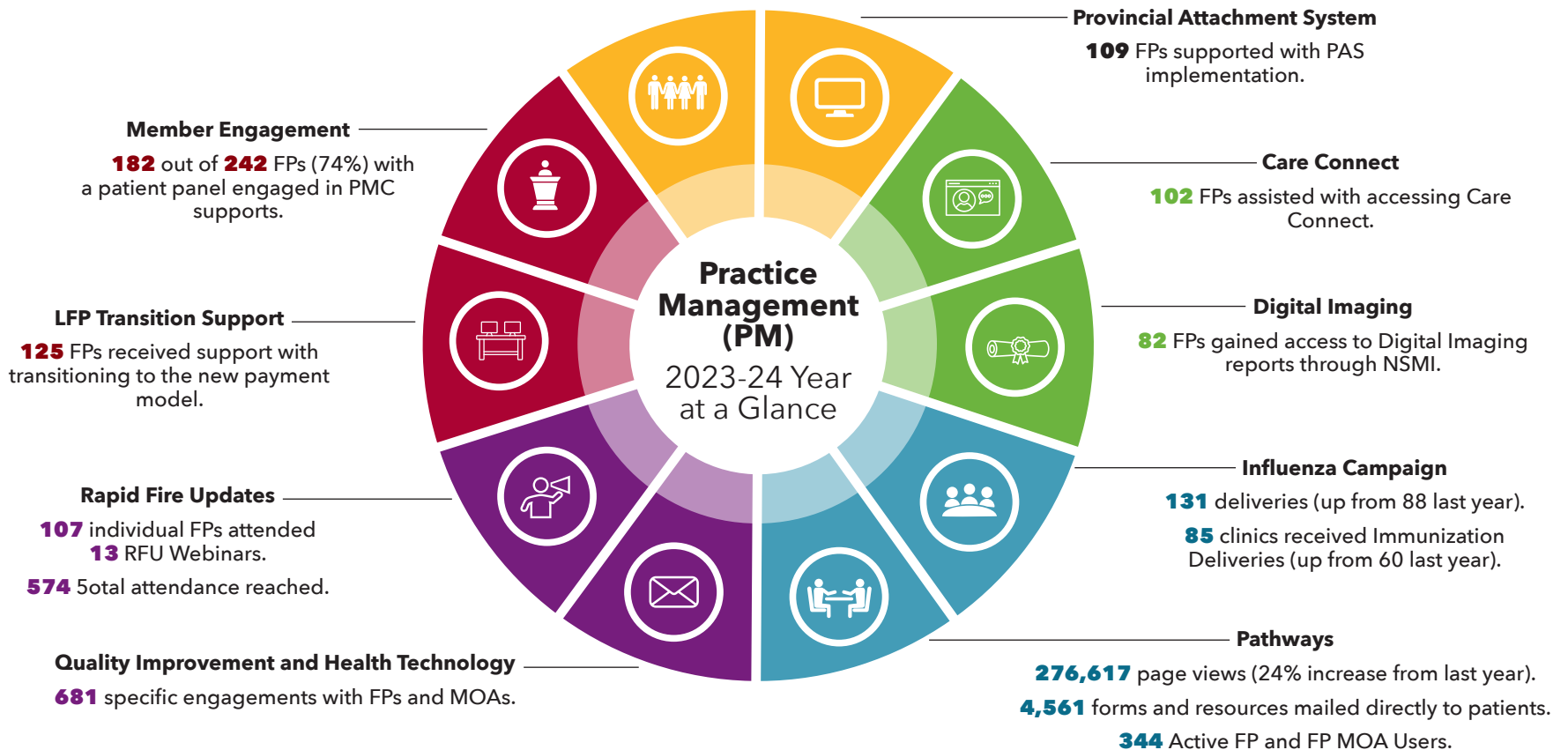
Oct. 22, 2024 MDs4Wellness Maplewood Flats Nature Tour

# Member Support

## Practice Management

**Family Physician Lead: Dr. Joanne Larsen**

The Practice Management team continued to fill a crucial role in providing direct support to physician members and their teams. The team facilitated many quality improvement and change management initiatives in family practice clinics. This ongoing support ensures the success and sustainability of the primary care clinics.



# Member Support

## i. Direct Support

The practice management team provided in-clinic support to implement new workflows and to create clinic policies such as privacy and security, uninsured services, and staffing.

The team facilitated improved same-day access to physicians and created a mass emailing process for patient communication. The multi-faceted approach is built on the continuous feedback from members, and the evaluation of patient care outcomes.

**182/246**  
FPs RECEIVED  
DIRECT SUPPORT

**125**  
FPs ASSISTED  
WITH TRANSITIONING  
TO LONGITUDINAL  
FAMILY PRACTICE

**681**  
REQUESTS FOR  
QUALITY  
IMPROVEMENT  
AND HEALTH  
TECHNOLOGY  
SUPPORT

### RAPID FIRE UPDATES

**13**  
WEBINARS

**107**  
UNIQUE FPs  
ATTENDED

**574**  
TOTAL  
ATTENDEES

## ii. Health Technology

The health technology team was instrumental in supporting the new payment model and transitioning to new Electronic Medical Record (EMR) software. The team integrated healthcare tools such as CareConnect, Pharmanet, and the Provincial Attachment System (PAS).

Eleven clinics transitioned to a new EMR platform, resulting in enhanced operational efficiency and improved patient care outcomes. Significant process improvement, change management, and evaluation methodology was also implemented with these clinics.

**61**  
FPs CHANGED  
EMRs REPRESENTING  
11 CLINICS

**102**  
FPs ASSISTED  
WITH ACCESSING  
CARECONNECT

**109**  
FPs SUPPORTED TO  
IMPLEMENT THE  
PROVINCIAL ATTACHMENT  
SYSTEM (PAS)

**82**  
FPs ASSISTED IN  
ACCESSING DIGITAL  
IMAGING (NORTH  
SHORE IMAGING)

### eCONSENT APP

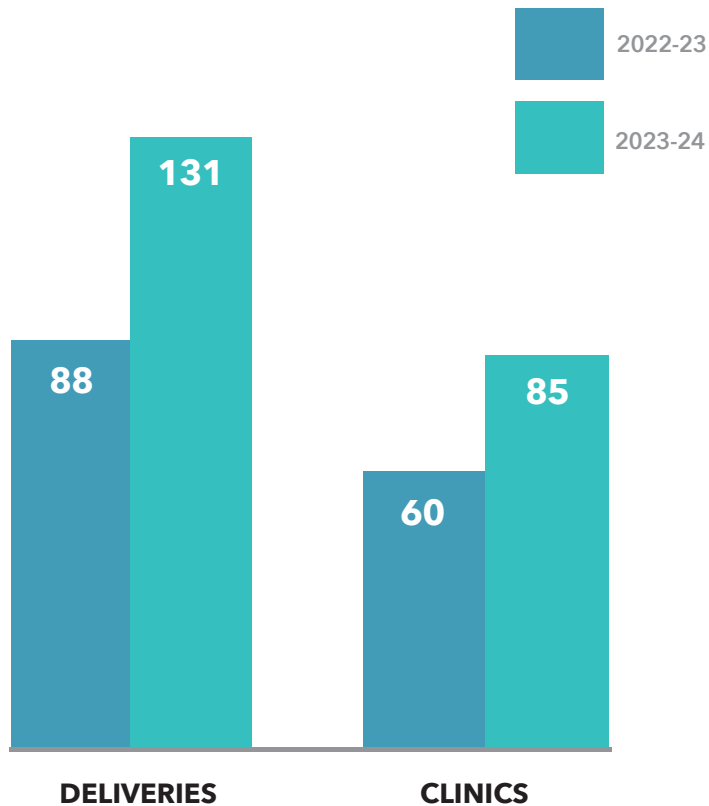
**133**  
FPs REGISTERED

**34,720**  
PATIENTS PROVIDED ELECTRONIC  
CONSENT FOR COMMUNICATION  
THROUGH APP

# Member Support

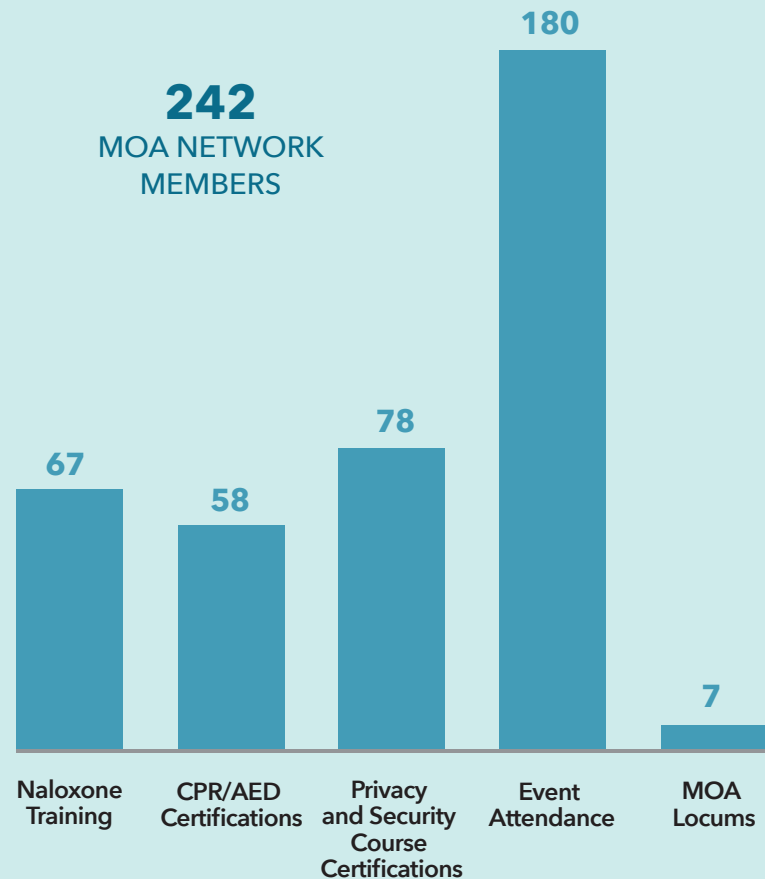
### iii. Influenza Campaign

In collaboration with VCH, the Division supported influenza vaccine delivery for a third year to help expedite vaccine distribution processes and to reduce time for family physicians and clinic staff. This vaccination service was utilized by 85 North Shore clinics, representing over 100 physicians.



### iv. Medical Office Assistant Network

The Medical Office Assistant (MOA) Network members participated in CPR certification, naloxone training, conflict resolution courses, and monthly webinars on current topics. MOAs were trained on the new LFP billing model, the PAS, and new healthcare technology tools such as virtual health visits. The number of peer mentors and MOA locums increased by 50% in 2023/24.





# Member Support

## v. Pathways

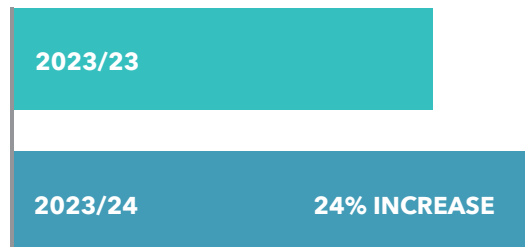
### Family Physician Lead: Dr. Lisa Gaede

Pathways has continued to be an effective tool used as a daily reference for physicians and their staff. Pathways provides immediate access to up-to-date forms, patient and physician resources, referral wait times, and a listing of specialist areas of expertise. Community service and allied health information is categorized and searchable.

There were 18 new specialist pathways added to the system, receiving over 1000 hits. The care pathways play a vital role in guiding clinical decisions for Family Physicians (FPs) and in promoting standardized care delivery across various medical conditions. The top care pathways accessed by FPs were Early Pregnancy Enhanced Care Pathways, Irritable Bowel Syndrome, and Dyspepsia.

There are 928 patient forms available on Pathways, of which, 4,561 were e-mailed directly to patients.

**276,517**  
PATHWAYS PAGE VIEWS (2023/24)



**4,561**  
FORMS SENT TO PATIENTS

**344**  
ACTIVE USERS  
(FPs AND MOAs)

## Family Physicians and Specialist Relations

### Family Physician Lead: Dr. Michelle Brousson

Collaborating with specialists is fundamental to effective patient care. When gaps in communication or referral processes exist between family physicians and specialists, it can impede the flow of care for patients and families. For over ten years, the Division has worked with local specialists to identify gaps and solutions to enhance physician collegiality and improve patient care. This ongoing work has reduced communication siloes and improved referral pathways for patients.



The Division also supports family physicians and specialists to work together on Shared Care Projects. Shared Care is a provincial initiative that aims to bring family physicians and specialists together for coordinated patient care. Funding is available to support projects based on identified needs or gaps in patient care. For more information, or to discuss project ideas, please contact the healthcare initiatives team at [hci@nsdivision.ca](mailto:hci@nsdivision.ca).

# Healthcare Initiatives

## After Hours and Urgent Care

**Family Physician Lead: Dr. Dean Brown**

With an increasing burden on emergency department (ED) and walk-in clinics, the Division recognizes the current crisis in which primary and urgent care systems are operating. By bringing together key partners to identify challenges and potential opportunities for improving after hours and urgent care, the Division aims to enhance healthcare accessibility for patients, improve continuity of care, and reduce the strain on the system.

Collaborative discussions and work continue to take place with LGH's Emergency Department, family physicians, the North Vancouver Urgent and Primary Care Centre (UPCC), and walk-in clinics. These discussions have provided an opportunity to understand the current urgent care landscape and find mutually agreed upon solutions.

### i. **Enhancing Patient Flow between Lions Gate Hospital Emergency Department and Primary Care Project**



**Family Physician Co-lead: Dr. Dean Brown**

**Emergency Department Physician Co-lead: Dr. Lisa Lange**

The goal of this project is to enhance patient flow processes and improve communication between LGH physicians and family physicians to reduce the burden on urgent care.

Some notable activities since the project launched in July 2023 include:

- Hosted a Dine & Learn in October 2023 with 67 FPs and LGH physicians to discuss potential solutions for improving patient flow and physician communications.
- Drafted an ED *Tips & Tricks* resource for family physicians (adapted with permission from the Victoria Division of Family Practice), which was implemented in 2024.
- Launched a new ED referral form and process on Pathways BC in February 2024.
- Established a direct messaging solution through Pathways BC with all 14 LGH radiologists, allowing family physicians to receive a timely response from a radiologist on how to interpret test results, or determine what imaging test is best to order for their patient.
- Created a new urgent CT and ultrasound same-day access referral form and guidelines for community and UPCC physicians.

# Healthcare Initiatives

- Explored solutions for improving the patient discharge process from LGH programs Community Patient in Acute Team and Rapid Access Follow-Up & Transition clinic to family physicians.

One of the common themes that has emerged is the need for a secure messaging platform that allows hospital and community physicians to communicate easily and effectively. In collaboration with VCH, work is ongoing to explore potential messaging platforms that help improve physician communication.

*“A patient came in with the new ED form, and I knew exactly the question [the FP] was asking. I know what meds they are on. I know their history. It just made care so much easier for the patient and for me, and then communication back to the family doctor was really good”*

- ED Physician

*“Sent patient for an urgent scan because of suspected diverticulitis. It was ruled out quickly, so we could move on to next steps”*

- Family Physician

**67%**

OF FPs WHO USED THE ED REFERRAL FORM REPORTED IMPROVED COMMUNICATION WITH AN ED PHYSICIAN

**75%**

OF FPs WHO USED THE URGENT US/CT PROCESS REPORTED IMPROVED COMMUNICATION WITH A RADIOLOGIST

**100%**

OF FPs WHO USED THE DIRECT MESSAGING SERVICE REPORTED IMPROVED COMMUNICATION WITH A RADIOLOGIST

**1**

LESS PATIENT  
IN THE ED



EVERY **2.5** DAYS  
DUE TO THE



URGENT  
**US & CT**  
REFERRAL  
PATHWAY



# Healthcare Initiatives

## Long-term Care Initiative

**Family Physician Lead: Dr. Kathy Rahnavardi (until May 2024) and Dr. Dana Haaf (as of May 2024)**

The Long-term Care Initiative (LTCI) involves collaboration between the Division, family physicians, long-term care (LTC) facilities, and VCH to improve patient care. The initiative explores barriers, addresses challenges to providing high quality care, and supports the implementation of the five best-practice expectations.

### PROACTIVE VISITS TO RESIDENTS

Visit each patient every 90 days (3 months). These are non-urgent visits and can include care conferences, medication review, clinical assessments, document review/updates. The frequency of non-urgent visits for each patient is tracked.

### MEANINGFUL MEDICATION REVIEWS

Support meaningful medication reviews for each patient. Medication reviews should include review by a pharmacist or nurse and occur upon admission and at least every 6 months. Participate in the Polypharmacy Risk Reduction Initiative.

### ATTENDANCE AT CASE CONFERENCES

Participate (preferably in-person, alternatively by telephone) in structured and interdisciplinary case conferences each year. Each facility may have their own process for case conferences. The first conference is to occur within 8 weeks of admission.

### 24/7 AVAILABILITY AND ONSITE ATTENDANCE WHEN REQUIRED

Participate in a dedicated after-hours call group (in addition to responding to medical needs during regular business hours). When on-call, respond to phone calls within 30 minutes and provide in-person visit within 2 hours, as needed. Medical Directors follow-up with physicians who do not meet time expectations.

### WHAT DOES IT MEAN TO BE A LTCI PHYSICIAN?

As a LTCI physician with the North Shore Division of Family Practice, you commit to these 5 best practice expectations

### COMPLETE DOCUMENTATION

Complete timely documentation records for each patient. This includes gathering/completing admission history and physical, medication orders, LTC routine orders, and Medication Orders for Scope of Treatment (MOST).

# Healthcare Initiatives

Quality Improvement (QI) is a priority of LTCI. Three QI projects were initiated:

- (1) The Patient Admission project aims to improve the flow of a patient's medical information from the hospital or community to the LTCI physicians. The project has involved mapping out the existing flow of information, understanding barriers, and working with partners to identify solutions and implement practice changes.
- (2) The purpose of the Roadshow Education project is to provide education to facility staff on the principles and best practices of LTCI.
- (3) The Goals of Care/Medical Orders for Scope of Treatment project is focused on developing a resource to support LTC patients and families in making informed decisions regarding their goals of care.

LTCI also supports FP education. LTCI offered three education sessions including wound care hosted by a VCH wound care nurse practitioner, understanding consent and capacity in LTC facilities hosted by the VCH Older Adult Mental Health Team, and serious illness and goals of care conversations presented by the VCH Regional Palliative Approach to Care Education team.

**25**  
LTIC FAMILY  
PHYSICIANS

**93%**  
OF LTC PATIENTS  
ATTACHED

## Mental Health and Substance Use

### i. Adult ADHD Care Pathway for Primary Care in BC Project



**Family Physician Co-lead: Dr. Genevieve Lauzon**

**Specialist Co-lead: Dr. Betty Tang**

The aim of this project is to develop a care pathway that can be used by family physicians across the province to support them with point of care resources for diagnosing and treating uncomplicated ADHD in adult patients. This project builds on the successful work of the *Enhancing Access for Adult ADHD Care on The North Shore* Shared Care project, in which seven FPs and one nurse practitioner received training on how to identify, diagnose, and treat uncomplicated adult ADHD in a primary care setting. The pilot project resulted in 63 adult patients with ADHD being able to be managed by their primary care practitioner, and 37 fewer referrals to a psychiatrist.

As an important next step to embedding ADHD care into primary care and driving system change, this project focuses on spreading the care pathway across the province. Over the next fiscal year, the Division will be working with four other Divisions of Family Practice (Fraser Northwest, Richmond, Sea to Sky, and qathet) to help develop and implement the care pathway. This is an excellent opportunity to work collaboratively, reduce duplicate efforts, and ultimately improve adult ADHD patient care on a broader scale.

# Healthcare Initiatives

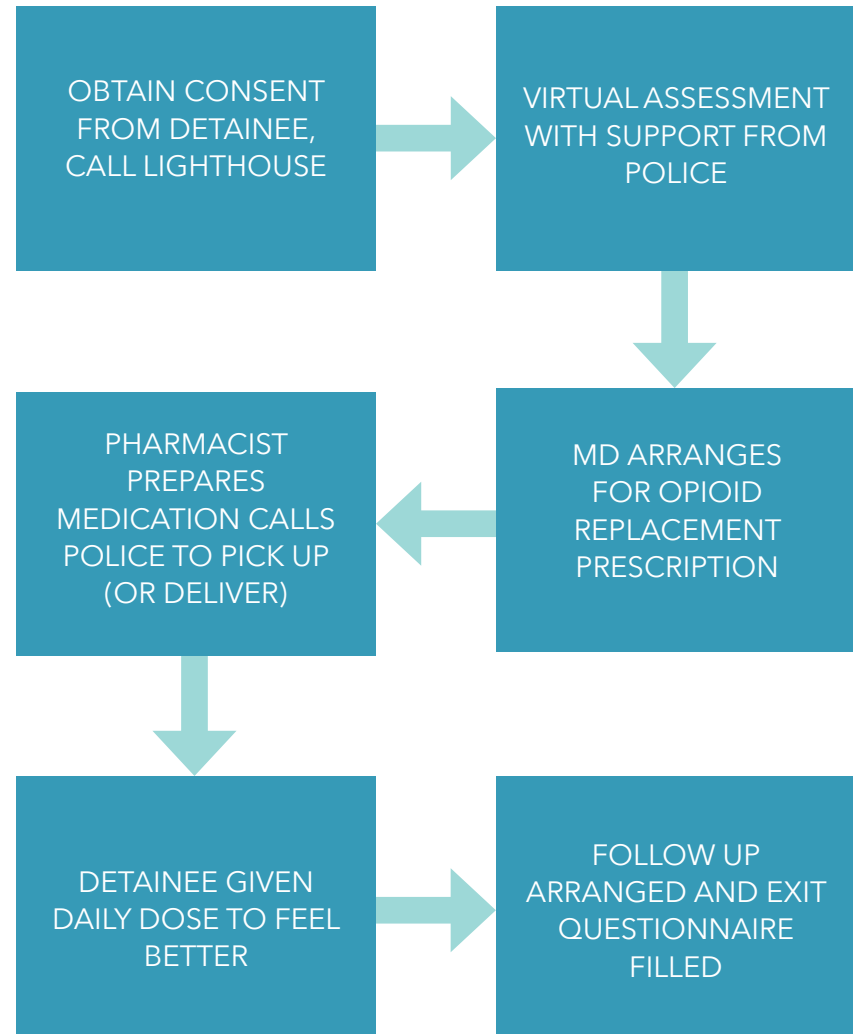
## ii. Medical Care for Short-Term Custody Project (Shared Care)



**Family Physician Co-leads: Dr. Michelle Brousson and Dr. Brigid Cassidy**

The project goal is to improve care for individuals in short-term custody at risk of going into opioid withdrawal and to assist with reducing the risk of a potential overdose upon release. To achieve this goal, an Opioid Replacement Therapy (ORT) protocol was developed to support police officers in identifying and providing care to individuals who may go into withdrawal while in their custody.

The project launched in 2022 with the training of 34 police officers from the West Vancouver Police Department (WVPD), and another 19 WVPD officers trained in 2024 on opioid use disorder and the ORT protocol. Also in 2024, the North Vancouver RCMP joined the project and an additional 58 police officers and 12 cell guards were trained on the protocol.



<p><b>123</b> POLICE OFFICERS AND CELL GUARDS TRAINED ON THE ORT PROTOCOL</p>	<p><b>93%</b> OF RESPONDENTS STATED TRAINING WILL ASSIST WITH THEIR JOB</p>	<p><b>20</b> NORTH SHORE DETAINEES RECEIVED CARE WHILE IN CUSTODY SINCE DEC 2023</p>
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# Healthcare Initiatives

### iii. North Shore Community Committee on Substance Use

**Family Physician Lead: Dr. Michelle Brousson**

The North Shore Community Committee on Substance Use (NSCCSU) is the leading forum on the North Shore for fostering collaboration and sharing substance use initiatives and resources. With over 55 members representing 24 organizations within the community, the NSCCSU served as a hub for education and action. Educational sessions focused on critical topics such as addressing stigma in the community, proactive substance use support in school, navigating mental health and substance use services, and considering the benefits of a mobile harm reduction van.

Several NSCCSU members, including the Division, jointly applied for funding from Health Canada to support local peer support worker wellness for 2024 - 2028 and are presently awaiting the outcome of the application.

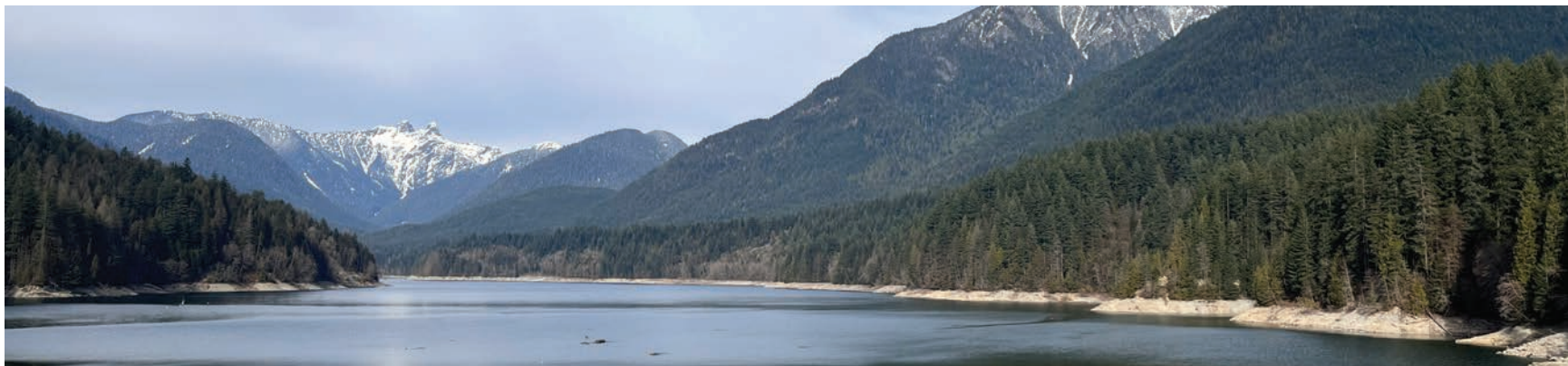
### iv. Psychiatric Adolescent and Child Teleconferencing Service

**Family Physician Lead: Dr. Hayley Broker**

The Psychiatric Adolescent and Child Teleconferencing Service (PACTS) program provides family physicians with a short telephone consultation with child and youth psychiatrists about mental health and substance use concerns in their patients.

In 2023, the program had 32 referrals from 28 FPs. Program survey results show that family physicians who have used PACTS found it helpful. However, results also demonstrated that a gap remains in the community for direct access to psychiatrists for children and youth.

In June 2023, Dr. Hayley Broker and Dr. Jordan Cohen presented on the development and evaluation of PACTS at the Canadian Collaborative Mental Health Care Conference.



Cleveland Dam

# Primary Care Networks

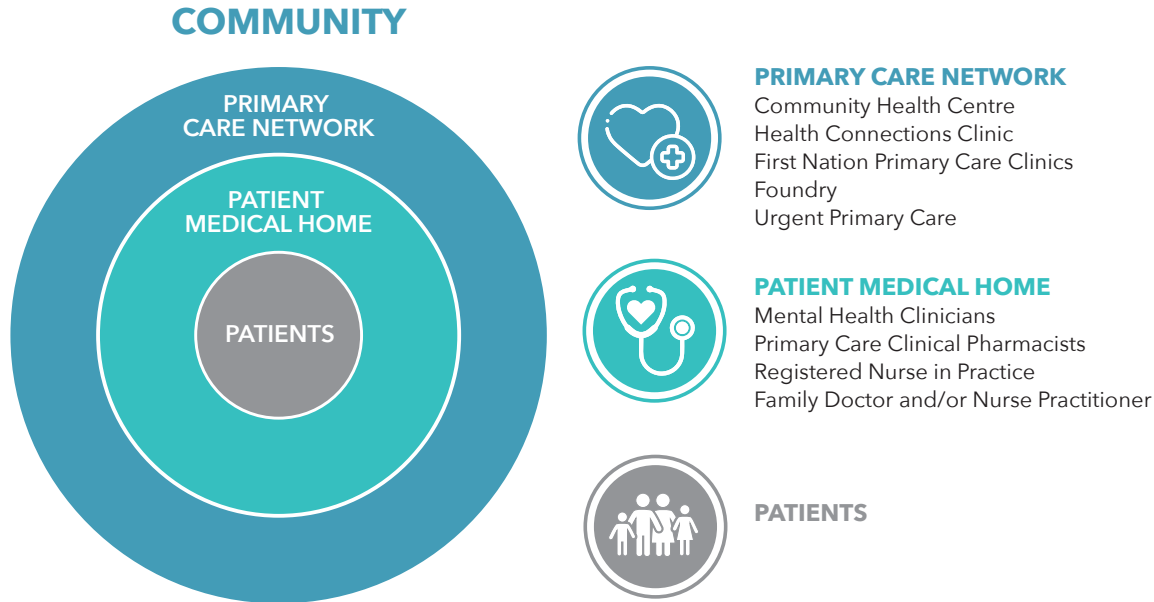


## Multidisciplinary Team-based Care

### Family Physician Leads: Dr. Dean Brown and Dr. Ruth Campling

The Division views the Primary Care Networks (PCN) initiative as a vital path forward. The North Shore PCNs provide mental health clinicians, nurses, and clinical pharmacists to family practice clinics to support team-based care, which allows physicians to see more patients while other professionals provide education, counselling, and specialized care to patients. PCNs facilitate contracts for New-to-Practice FP and nurse practitioners, and by increasing the number of providers the attachment gap on the North Shore is significantly reducing.

This diagram shows the team-based care disciplines in the Patient Medical Homes and the PCN partners.





# Primary Care Networks



*"Our goal together is simple and bold: we want to transform healthcare. Primary Care means a person's first contact, or first encounter, with getting healthcare. We want to create the best possible healthcare by offering each person not only excellent 'first contact' care, but also, thoughtful coordination and integration of care throughout their healthcare journey, and continuity of care across their lifespan.*

*We're convinced that by bringing Primary Care back to the centre, and working as a team, we can best support the entire system, including the funders, the providers, and above all, the people of the North Shore, whom we serve. By working together, we enable the best care: integrated, coordinated care – Healthcare with Heart."*

- Dr. Dean Brown and Dr. Ruth Campling

## PCN April 2020 - March 2024



**57 FTE** PCN CLINICAL RESOURCES  
(ALSO INCLUDES HEALTHCONNECTIONS CLINIC, FOUNDRY, SQUAMISH NATION AND TSLEIL-WAUTUTH PRIMARY CARE CLINICS)



**128** FAMILY PHYSICIANS  
PARTICIPATING IN TEAM-BASED CARE



**11** RNs IN PRACTICE  
**12** MENTAL HEALTH CLINICIANS  
**3** PRIMARY CARE CLINICAL PHARMACISTS



**15** NEW-TO-PRACTICE FP  
CONTRACTS SIGNED



**12** PCN NURSE PRACTITIONER  
CONTRACTS SIGNED

**15** NURSE PRACTITIONER PARTICIPATING  
IN TEAM-BASED CARE

# Primary Care Networks



## i. Mental Health Clinicians

Support for patients and families with mental health concerns is the most common request from family physicians, medical offices, and the public on the North Shore. PCN mental health clinicians offer short-term services for patients with mild to moderate mental health issues. There are 12 clinicians working with 107 family physicians in their clinics.

The North Shore PCN has met its goal to hire the target number of mental health clinicians. To ensure the service is fully utilized, there has been considerable effort to provide webinar and marketing materials to share the benefits and positive impact that the clinicians have had on patients, families, and family physicians.

### Patient Impact Story 1



**Dr. Matt Blackwood**, Medical Director and Family Physician in the Bowen Island Community Health Centre, recently referred a patient who had mental health concerns due to the loss of a spouse. The mental health clinician explored feelings of loss and talked to the patient about the types of supports and resources available.

Dr. Matt Blackwood remarked, *"This clinical service is so timely. It is amazing that the Mental Health Clinicians are able to provide service to our patients so quickly and effectively. The clinician is able to spend extra time with*

*the patient to understand their mental health struggles and put supports in place to reduce the burden of their condition."*

The patient shared, *"I was not sure I wanted to come into the office for help. The clinician has helped me make a real difference in my ability to cope with day to day things."*

### Patient Impact Story 2

**Dr. Alicja Tesiorowski** in the Lynn Valley Family Physician Clinic referred a patient to mental health clinician, Brandon James, MSW. Dr. Tesiorowski said, *"The addition of mental health clinicians to my office resources has been very positive. Brandon has been able to spend extra time with my patients to work through their concerns and put interventions in place to alleviate some of their burden."*

The patient was initially referred for support to cope with grief and loss related to the recent death of a loved one. Over several sessions, Brandon helped the patient better understand their feelings, to explore their habitual thinking patterns, and to build meaningful SMART goals. The patient soon realized they were wrestling with a deeper issue of feeling stuck and hopeless in their life. With the clinician's support, the patient learned to establish tangible goals that supported their well-being and aligned with their values. The patient stated, *"I am now feeling more positive and able to express my feelings more regularly. I am hopeful about my future and my ability to build on these positive changes that I have made in my life."*

# Primary Care Networks



## ii. PCN Pharmacists

The PCN has three clinical pharmacists managing a wide range of drug and treatment issues across the three North Shore PCNs. The clinical pharmacists can make a significant difference to family physicians by reviewing medications with patients and ensuring they are taking them while understanding their purpose. When patients are discharged, pharmacists can review any medication changes and ensure new routines are well understood. They can also help address the challenging medication questions that family physicians often face.

### Patient Impact Story 1



**Dr. Michael Clements**, from Dr. Peter Edmunds Family Clinic, referred a patient to Ramin Pournaghbi, the PharmD., for optimization of blood pressure medication. The clinical pharmacist reviewed the patient electronic medical records and interviewed the patient. It was discovered that whenever the patient

checked her blood pressure, she immediately got a headache and felt anxious. The result was a high blood pressure reading, which caused the patient further anxiety. After Ramin consulted with Dr. Lynch, the patient was started on anti-anxiety medication. On the next clinic visit, the patient stated, *"My anxiety is much better controlled, and my blood pressure is much lower. I feel better about how I manage my life and am less worried about daily events."*

Dr. Clements said, *"The clinical pharmacists have more time to review patient results and reports, to talk with the patients and to better understand what might work best for them."*

### Patient Impact Story 2



**Dr. Finola Lynch** referred a patient to Ramin Pournaghbi, the PharmD., for optimization of asthma symptoms. The patient had been experiencing worsening asthma symptoms for the past year and was anemic. Ramin reviewed the electronic patient record, interviewed the patient, and reviewed the patient's inhaler technique and

recommended an iron supplement. As a result, their symptoms were drastically reduced. The patient shared, *"I was so short of breath before and could hardly walk two blocks. Now, I feel much better, and my breathing is much easier."*

Dr. Lynch stated, *"Ramin picked up on a small detail which led to an exponential improvement in our patient's health and wellbeing. She was not technically anemic, but to see her improvement was an important lesson that a team approach really does make a difference to patient care."*

# Primary Care Networks



## iii. Registered Nurse in Practice

Twelve nurses were recruited to the PCNs and now support 37 family physicians. The RNs assisted the family physicians with procedures such as pap smears, ear canal irrigation, injections, vaccinations, dressing changes and wound management. The nurses assist patients with chronic disease self-management for conditions such as diabetes, chronic obstructive pulmonary disease, congestive heart failure, and neurological disorders.

### Patient Impact Story 1

A mother contacted the clinic with concerns about her newborn baby. The nurse conducted an office visit with a review of the health of both the mother and baby, and with the physician's assistance, they then created a care plan. By the following visit, progress was noticeable as the baby was back on her growth curve and the well-being of the mother was evident. The mother and baby were no longer considered to be at high-risk. The physician stated, *"The nurse was easily accessible and able to dedicate time to the mother and baby, supporting them through their options, and developing a plan that worked for them."*

The mother shared, *"The nurse has been invaluable. Her expertise provides reassurance, guidance, and immediate support during a vulnerable time, ensuring both physical and emotional well-being."*

### Patient Impact Story 2



Dr. Dana Haaf



Dr. Graham Segal

Elisabeth Ash, RN, works at the North Shore Medical Group with **Dr. Dana Haaf** and **Dr. Graham Segal**. She has expertise in gerontology and is trained to complete frailty and cognitive screenings and referrals for home and community care. Elisabeth recently met with a caregiving family member of an elderly patient who requested help with strategies to manage care at home and registering for long-term care.

The nurse organized home support, respite care, cognitive assessment and completed the admission to LTC form.

Patients often require progressively increasing levels of care to help the patient age with dignity at home as long as possible. The family shared, *"Elisabeth, this has made such a difference! My mum is doing so much better, thanks to your suggestions and connections to supports."*

The physician said, *"Working with Elisabeth, has been truly beneficial to our patients. She is comfortable talking to patients and their family about senior care to help patients remain safely at home as long as possible."*

# Primary Care Networks



## Patient Attachment (Formerly GP Link)

**Family Physician Lead: Dr. Dean Brown**

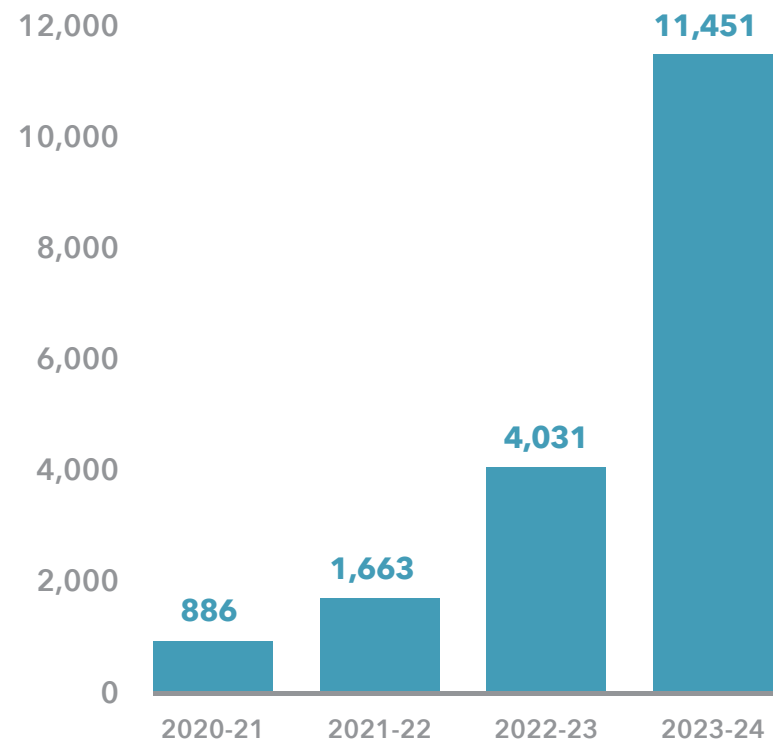
The Division's patient attachment program, GP Link, has transitioned to the new provincial attachment program, Health Connect Registry (HCR). In 2023/24, the Division attached over 11,451 patients, many of whom are priority complex patients referred by VCH and other community organizations.

The PCN patient services coordinator has been instrumental in connecting patients to suitable providers and developing ties with community groups that can help FPs accept complex patients. There are currently 16 FPs and 10 nurse practitioners that are accepting new patients. The increase in the number of family physicians and nurse practitioners accepting patients has reduced the list of patients waiting for attachment to 3,200.

The PCN will continue to support the New-to-Practice physicians and nurse practitioners to build their panels and to retiring physicians with a workbook and guidelines to help them transfer patient panels as seamlessly as possible.

Since April 2020, **the Division has attached 18,031 North Shore residents.** Please see the number of patients attached per fiscal year in the graph on the right.

## Attached Patients per Fiscal Year



**11,451**  
PATIENTS ATTACHED IN  
2023/24

**18,031**  
PATIENTS ATTACHED FROM  
APRIL 2020 TO MARCH 2024  
(SEE GRAPH ABOVE)

# Primary Care Networks



## Preventive Care

The Preventive Care Committee, comprised primarily of family physicians, collaborates closely with Public Health to connect with the community. Through public education, communication strategies and initiatives to engage with residents on the North Shore, the group aims to expand community networks, promote responsiveness, and enrich patient-centred programs. The collaborative effort underscores a commitment to proactive healthcare practices that prioritize community engagement and patient empowerment.

## Activities & and Topics

### Physician Webinars

- Back to School Communicable Disease Updates: **39** FP Attendees
- Discussion on the New Alcohol Guidelines: **32** FP Attendees
- Vaccination Over Lifetime: **39** FP Attendees

### Public Education

- Alcohol: What's the New Limit?
- Ways to Support People who use Substances
- Active Transportation: A New Form of Mobility and Transportation (recording only)
- Prevent It: Vaccination & Screening

- Exploring the Supplement Aisle with a PCN Pharmacist
- Falls Prevention
- Drop-in with PCN Nurses (Blood Pressure Checks & Oximetry and Other Screening Discussions)

### PCN Pharmacist Medication Reviews

- Asthma Inhaler Medication Coverage Updates
- Pharmacare Coverage for Oral Contraceptives
- Diabetes Medication Table (\*recognized for its excellence with it in being more up to date than current GPAC guidelines; shared provincially now)



Elisabeth Ash, RN, takes a blood pressure reading from a member of the public at a PCN event.

# Primary Care Networks



## Communications

The Preventive Care Committee has worked to establish a communications initiative to reach out to North Shore residents and media outlets on behalf of the Division and the PCNs. Work has been done to create a strong infrastructure, impactful messaging, and a brand and logo that will grow in recognition over time. A PCN website ([www.nspcn.ca](http://www.nspcn.ca)) was launched, social media platforms were established, and the first quarterly patient digital newsletter was published and distributed in November 2023, with a second published in February 2024.

These digital platforms serve as hubs for educating patients about the benefits of the PCN and the importance of preventive care. They provide access to resources, enhance accessibility, and engage community residents in primary care topics.

Five public education videos have been produced to date and posted on the PCN website and on Division social media accounts, with more in production. The topics include:

- *What is a PCN?*
- *The Importance of Vaccination and Immunization*
- *Three What is a PCN Pharmacist videos* (1 for Division members and 1 for the public in English and Farsi).

Media coverage includes one radio interview on CKNW's *Jill Bennett Show* (Mar. 21, 2024) and one article in the *North Shore News* (Feb. 18, 2024).

For more information, or to discuss writing a newsletter article or video ideas, please contact the communications department at [media@nsdivision.ca](mailto:media@nsdivision.ca).



Lynn Headwaters Regional Park

## Regional Leadership

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### Collaborative Services Committees and Vancouver Regional Divisions' Leadership Group

The **North Shore Collaborative Services Committee (CSC)**, which includes representatives from the NSDFP, VCH, DoBC, the Family Practice Services Committee (FPSC), and the Ministry of Health, is the main forum for addressing system challenges and influencing primary care. Furthermore, Division leaders in the Vancouver Coastal Health area meet regularly as the **Vancouver Regional Divisions' Leadership Group** and at the **Interdivisional Collaborative Service Committee** to address regional health issues. The PCNs are governed by a NS PCN Steering Committee, with representation from the Division, VCH, Squamish Nation, and Tsleil-Waututh Nation.

## Accountability and Evaluation

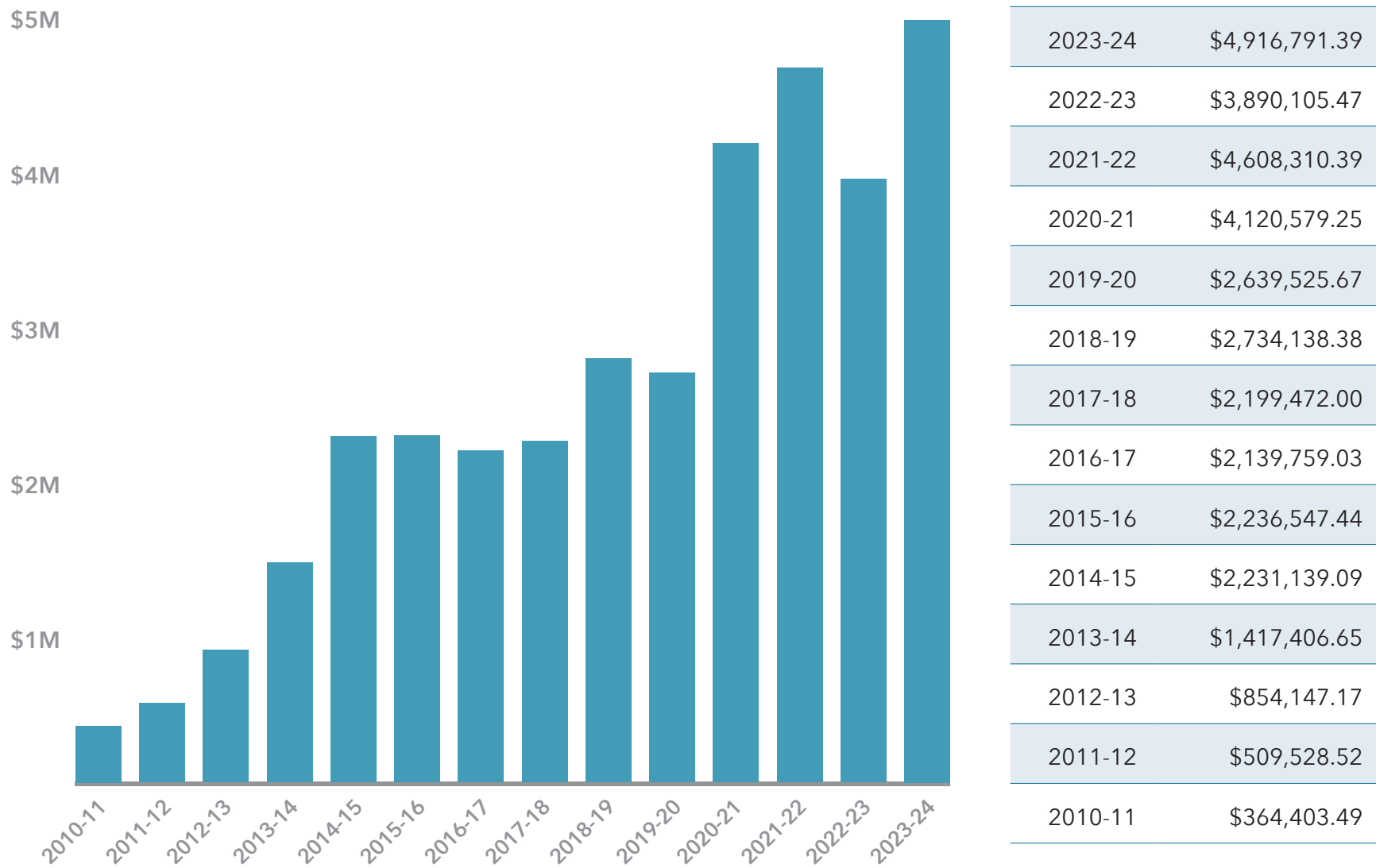
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The Division's initiatives aim to achieve the organization's strategic objectives on behalf of the membership. All Division initiatives are approved by the Board, led by a project-specific committee, and are expected to be evaluated using the Quadruple Aim framework (improve the health of the population, improve the patients' experience of care, lower the per capita cost of care, and improve the healthcare providers' experience). In doing so, the Board promotes a climate of accountability, learning, and continuous quality improvement. Evaluation results and interim performance reports are provided to the Board and funders such as FPSC, the Shared Care Committee, and the Ministry of Health.



# Annual Revenue Growth\*: 2011-2024



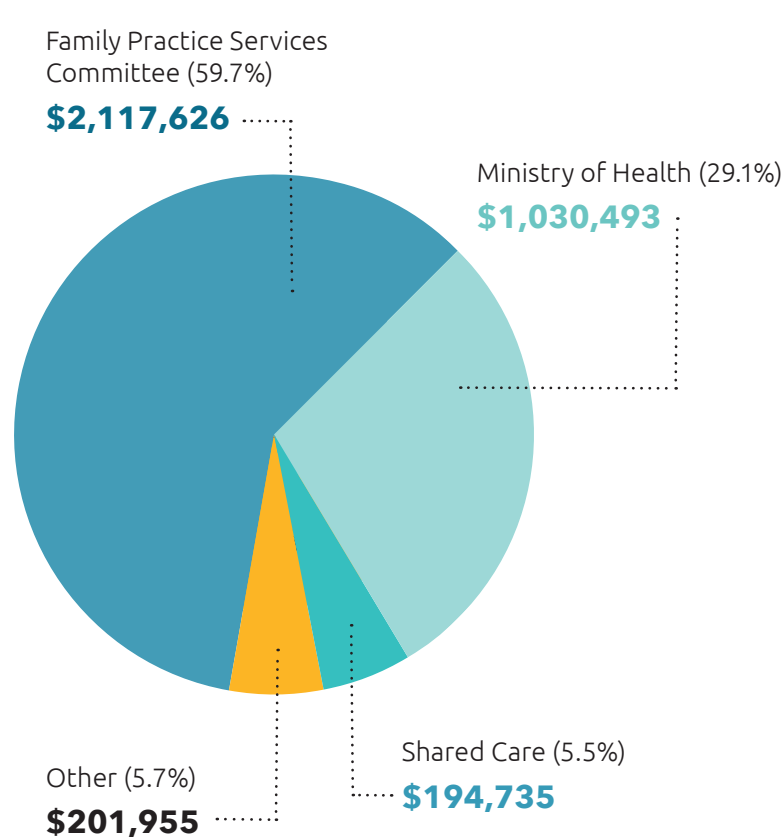
\*Based on available funds including previous years' carryover.

# Statement of Financial Position

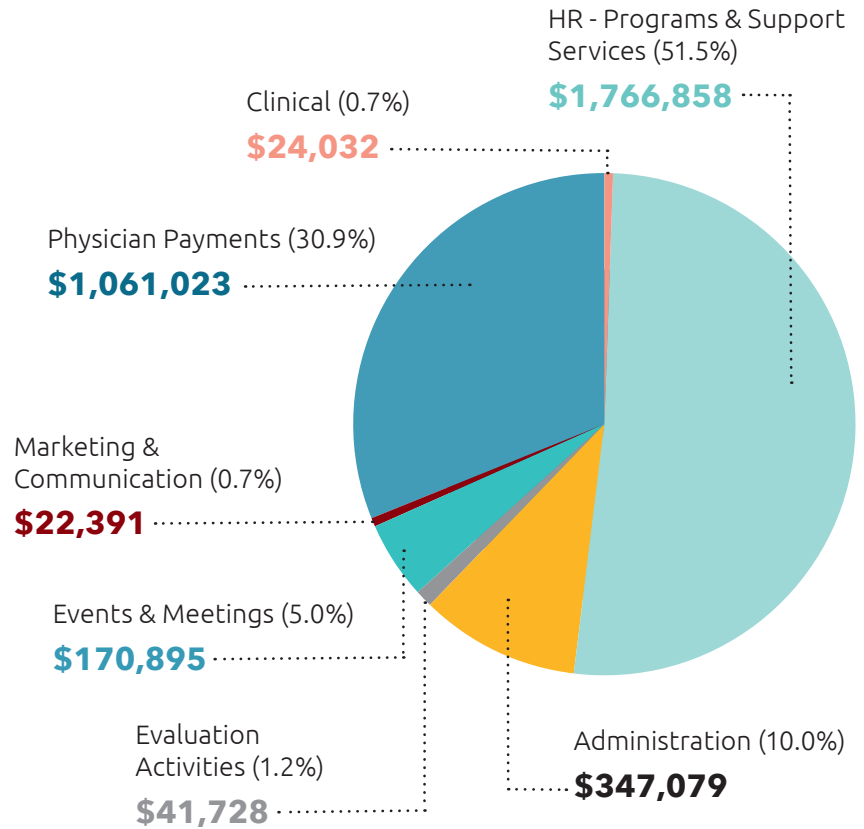
	2024	2023
<b>Assets</b>		
Cash and cash provided by funding	2,116,636	1,738,230
Amounts receivable	18,086	59,958
GST receivable	16,972	11,391
Prepaid expenses and deposits	38,196	44,311
	<b>2,189,890</b>	<b>1,853,890</b>
<b>Liabilities</b>		
Accounts payable and accrued liabilities (note 6)	279,882	250,288
Wages payable (note 7)	66,554	71,560
Due to funders (note 8)	-	137,415
Deferred revenue (note 8)	1,371,942	1,033,955
	<b>1,718,378</b>	<b>1,493,218</b>
<b>Net Assets</b>		
Unrestricted	471,512	360,672
	<b>2,189,890</b>	<b>1,853,890</b>

# Statement of Operations

## Revenues 2024



## Expenses 2024



## Net Assets 2024

Excess of Revenues Over Expenses	Net Assets: Beginning of Year	Net Assets: End of Year
<b>\$110,840</b>	<b>\$360,672</b>	<b>\$471,512</b>

# Acknowledgements

The Division would like to thank its specialist colleagues, community partners, and the following Division members for their contributions to the various committees and working groups (WG):

## Dr. Alaina Aguanno

FP-ED WG  
Patient Flow Steering  
Committee

## Dr. Touktam Bahri-Irai

Communications Committee

## Dr. Nicole Barre

Family Physician Focus Group  
Long-term Care Initiative Quality  
Improvement Committee  
Physician Call Groups  
Committee

## Dr. Craig Bergstrom

After Hours and Urgent Care  
WG

## Dr. Gordon Bird

Long-term Care Initiative Quality  
Improvement Committee  
Physician Call Groups  
Committee

## Dr. Matt Blackwood

FPs and Specialist Relations  
Committee  
PCN Preventive Care WG

## Dr. Hayley Broker

Family Physician Focus Group  
North Shore Community  
Committee on Substance Use

PACTS Committee

## Dr. Michelle Brousson

FPs and Specialist Relations  
Committee  
Medical Care in Short-term  
Custody Project Steering  
Committee  
North Shore Community  
Committee on Substance Use

## Dr. Dean Brown

ADHD Care Pathway Project  
Steering Committee  
ADHD Project Advisory  
Committee  
After Hours and Urgent Care  
WG Collaborative Services  
Committee

Communications Committee  
Dine and Learn Committee  
Family Physician Focus Group  
FP-ED WG  
FP-DI WG  
FP-CPAT/RAFT WG

FPs and Specialist Relations  
Committee  
North Shore Community  
Committee on Substance Use  
PACTS Committee  
Patient Flow Project Steering  
Committee  
PCN Implementation Committee

PCN Internal Meeting  
PCN Perinatal WG  
PCN Preventive Care WG  
Physician Call Groups  
Committee  
Physician Messaging Platform  
WG

## Dr. Brigid Cassidy

Medical Care in Short-term  
Custody Project Steering  
Committee  
North Shore Community  
Committee on Substance Use

## Dr. Ruth Campling

Collaborative Services  
Committee  
Family Physician Focus Group  
FPs and Specialist Relations  
Committee  
PCN Implementation Committee  
PCN Internal Meeting  
PCN Perinatal WG  
PCN Preventive Care WG  
Strategic Leadership Team

## Dr. Raymond Chaboyer

Collaborative Services  
Committee  
Executive Committee  
Finance Committee  
FPs and Specialist Relations  
Committee

## Dr. Susan Chow

PCN Perinatal WG

## Dr. Maureen Conly

MDs4Wellness Committee

## Dr. Louise Corcoran

Long-term Care Initiative Quality  
Improvement Committee

## Dr. Peter Edmunds

Long-term Care Initiative  
Steering Committee

## Dr. Lisa Gaede

Dine and Learn Committee  
Family Physician Focus Group  
MDs4Wellness Committee  
Pathways Committee  
Physician Messaging Platform  
WG

## Dr. Mashid Gharedaghi

Long-term Care Initiative Quality  
Improvement Committee

## Dr. Dana Haaf

Long-term Care Initiative Quality  
Improvement Committee  
PCN Perinatal WG

## Dr. Elaine Hao

Dine and Learn Committee

# Acknowledgements

## Dr. Erin Hasinoff

MDs4Wellness Committee  
Physician Peer Support Program

## Dr. Barbara Hejdankova

After Hours and Urgent Care  
Committee  
Long-term Care Initiative Quality  
Improvement Committee

## Dr. Jonathan Hislop

Management Committee

## Dr. Julia Hlynsky

Family Physician Focus Group  
MDs4Wellness Committee  
PCN Perinatal WG

## Dr. Bella Hughan

FP-CPAT/RAFT WG  
Physician Messaging Platform  
WG

## Dr. Asef Javan

Long-term Care Initiative Quality  
Improvement Committee  
FP and Specialist Relations  
Committee

## Dr. Lisa Lange

After Hours and Urgent Care  
Committee  
FP-CPAT/RAFT WGPatient Flow  
Steering Committee  
Physician Messaging Platform  
WG

## Dr. Joanne Larsen

After Hours and Urgent Care  
WG  
Family Physician Focus Group  
FP-ED WG  
Patient Flow Project Steering  
Committee  
PCN Internal Meeting  
Practice Management  
Committee  
Physician Messaging Platform  
WG  
Recruitment & Retention  
Interdivisional Steering  
Committee  
Recruitment & Retention North  
Shore Committee

## Dr. Genevieve Lauzon

ADHD Care Pathway Project  
Steering Committee  
ADHD Advisory Committee  
Dine and Learn Committee  
FPs and Specialist Relations  
Committee  
PACTS Committee

## Dr. Colleen Lawlor

Family Physician Focus Group

## Dr. Celia Ling Hu

PCN Preventive Care WG

## Dr. Heather McLeod

PCN Perinatal WG

## Dr. Aileen Moric

Pathways Committee

## Dr. Kate Payne

Recruitment & Retention North  
Shore Committee

## Dr. Liz Pharo

Dine and Learn Committee  
FP/Specialist Relations  
Committee  
Recruitment & Retention North  
Shore Committee

## Dr. Simon Pulfrey

MDs4Wellness Committee

## Dr. Kathy Rahnvardi

Long-term Care Initiative Quality  
Improvement Committee

## Dr. Mitch Rubin

After Hours and Urgent Care  
WG  
Communications Committee  
MDs4Wellness Committee

## Dr. Krystine Sambor

Physician Call Groups  
Committee  
Strategic Leadership Team

## Dr. Richard Sebba

Long-term Care Initiative  
Steering Committee  
Long-term Care Initiative Quality  
Improvement Committee

## Dr. Ann Marie Thomsen

Practice Management  
Committee

## Dr. Jennifer Walker

Long-term Care Initiative  
Steering Committee  
Long-term Care Initiative Quality  
Improvement Committee

## Dr. Nigel Walton

Communications Committee

## Dr. Nicola Walton-Knight

Collaborative Services  
Committee  
Executive Committee  
Finance Committee  
Strategic Leadership Team

## Dr. Christina Weisstock

Family Physician Focus Group

## Dr. Veerle Willaeyts

MDs4Wellness Committee

## Dr. Lee Ann Wills

Family Physician Focus Group  
FP-ED WG  
FP-DI WG  
PCN Preventive Care WG  
Practice Management  
Committee  
Recruitment & Retention North  
Shore Committee

# Our Team

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## Board of Directors

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**Dr. Michelle Brousson**

**Dr. Ray Chaboyer**  
Past Chair

**Dr. Lisa Gaede**  
Treasurer

**Dr. Erin Hasinoff**

**Dr. Amrit Parhar**

**Dr. Krystine Sambor**  
Board Secretary

**Dr. Nicola Walton-Knight**  
Board Chair

## Executive Director

---

**Claudia Frowein, MA**

## Operations Team

---

(as of May 2024)

**Saba Askari, BA**  
Administrative Assistant

**Kelsey Brown**  
Administrative Assistant, Practice  
Change Management

**Cynthia Buckett, MBA, RD**  
Director, Healthcare Initiatives

**Kate Castelo, MA**  
Communications Advisor, Primary Care  
Networks

**Katie Clayworth, PhD**  
Coordinator, Primary Care Networks

**Marilu Encinas, MBA**  
Practice Improvement Technology  
Coordinator

**Suzanne Fuller Blamey, RN, MBA, PMP**  
Director, Primary Care Networks  
(as of March 2024)

**Richelle Hughes, MA** Candidate  
Manager, Primary Care Networks

**Amelia Keenan, MPH**  
Project Coordinator, Healthcare  
Initiatives

**Kathy Kim, BSc**  
Program Coordinator, Primary Care  
Networks

**Michelle Luk, BA**  
Physician Recruitment Coordinator

**Nadia Mimouni**  
Administrative Coordinator

**Alex Moroz-Witek, BSc, RKin**  
Project Coordinator, Healthcare  
Initiatives

**Steve Orti**  
Membership Support Coordinator

**Beth Reynolds, LPN**  
Practice Advisor, Primary Care Networks

**Deborah Smith, BA**  
Administrative Assistant & Social Media  
Co-ordinator

**Katie Tang, BSc**  
Patient Services Coordinator

**Candace Travis**  
Practice Change Manager

**Kate O'Donnell, MA**  
Former Lead, Primary Care Networks  
(until December 2023)

# Our Team



From left to right, Ekanki Chawla, Board Guest Resident, Dr. Amrit Parhar, Dr. Lisa Gaede, Treasurer, Dr. Michelle Brousson, Dr. Raymond Chaboyer, Past Chair, Dr. Nicola Walton-Knight, Board Chair, Dr. Krystine Sambor, Board Secretary, Claudia Frowein, Executive Director, Dr. Erin Hasinoff, and Nadia Mimouni, Administrative Coordinator.

# Contact Us

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

[www.divisionsbc.ca/northshore](http://www.divisionsbc.ca/northshore)

