

20/20 Vision: Things Become Clear in this New Year

Important News: Reminder to submit GPSC Portal Codes (G14070, G14071)

Eligible family physicians (FPs) are reminded to submit the GPSC Portal (G14070) or GPSC Locum Portal Code (G14071) at the start of the new year. The submission of G14070 signifies that a FP is:

- Providing full-service family practice services to patients, and will continue to do so for the duration of that calendar year.
- Confirming doctor-patient relationship with existing patients through a standardized conversation or “compact.”

The submission of G14071 signifies that a FP is:

- Providing full-service family practice services to the patients of host physicians who have submitted G14070, and will continue to do so for the locum coverage.

Submitting G14070/G14071 enables FPs to be eligible to bill the following fee codes:

- G14075 GP Frailty Complex Care Planning and Management Fee
- G14076 GP Patient Telephone Management Fee
- G14077 GP Allied Care Provider Conferencing Fee
- G14078 GP Email/Text/Telephone Medical Advice Relay Fee
- G14029 GP Allied Care Provider Practice Code

Additionally, submitting G14070 on an annual basis is a requirement of the new GPSC Community Longitudinal Family Physician Payment.

To avoid billing refusals, FPs will need to bill G14070/71 as follows:

PHN#: 9753035697

Patient Surname: Portal

First Name: GPSC

Date of Birth: January 1, 2013

ICD9 Code: 780

For more details about G14070/G14071 in the GPSC Billing Guide go to:

<http://www.gpsc.bc.ca/what-we-do/longitudinal-care/incentive-program/billing-guides>

Clarified: GPSC Panel Development Incentive Eligibility

The GPSC is updating the Panel Development Incentive (PDI) to better clarify its eligibility requirements. To better support community longitudinal family practice, updates include:

- Requirement for family doctor to assume the role of Most Responsible Physician/Provider (MRP) for patient panel.
- Expectation of family doctor remaining MRP for patient panel for at least 12 months after committing to the Phases of Panel Management.

Changes will be effective January 1, 2020. Physicians who have already submitted to claim the PDI will not be affected by this change. Valued at \$6,000, the PDI recognizes the time and effort that family doctors and their practice teams take to manage their panel to respond to their patients’ chronic and preventative care needs.

To learn more about the PDI, including details about eligibility and claiming payment go to:

<http://gpscbc.ca/what-we-do/longitudinal-care/incentive-program/panel-development-incentive>



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**PRESUMABLY GOOD AT
HELPING PEOPLE STAY ALIVE**



Hello ~ Goodbyes ~ Social ~ News ~ Events



- ❖ Dr. Sundeep Dhaliwal and his wife welcomed their new baby boy **Jayden** in December!
- ❖ Looking for a Locum? Dr. Nikate Singh is looking for locum opportunities. You can contact Dr. Singh at nikatesingh@gmail.com.
- ❖ A reminder to drop the Division a line when you're going to be away on holidays. If you need help finding a Locum just let us know. We can help!
- ❖ Holiday festivities were in full swing this past December!
On Dec 1st families enjoyed a fun filled afternoon of crafts, bouncy castles and even a visit from the big man himself.
Dec 7th was a time for Members to spend with their colleagues at Tradex. The holiday party included entrance to GLOW, a delicious meal and the residents even had a dance off for prizes. Both events were in partnership with the PES/MSA.

And now we welcome the new year. Full of things that have never been.

– Rainer Maria Rilke

Motivational Interviewing

Support Your Patients and Optimize Your Practice

Do you have patients struggling with anxiety, depression, healthy eating, substance use, or other health issues? Do you want tools to support your patients in reaching their health goals and to optimize your patient encounters? Sign-up for the Division's Motivational Interviewing (MI) 2-day Workshop* (Friday June 5 & Saturday June 6) with nationally renowned MI facilitator, Cristine Urquhart, MSW.

This interactive workshop will provide you with practical tools and techniques to use in your busy practice. Test and try the techniques with peers. Hear from local physicians about how MI tools have supported their patients and practice style.

Please let Danielle know by Jan 30 if you want to attend: 604.996.7797 or dedwards@divisionsbc.ca.

Contact local Family Physician Dr. Aman Haji, Physician Lead for the MI Training about the benefits of MI in practice: aman.haji@gmail.com

**Sessional compensation and lunch will be provided for the 2 days.*

Older Adults Dementia & Depression Education Event a Success

On Nov. 20, 2019 the Abbotsford Division Older Adults with Complex Conditions and Frailty Medical Neighbourhood Shared Care project hosted a well-attended Dementia and Depression in the Elderly education event.

One of the project goals is to connect the Specialists, Family Physicians, Allied Health, and community resources that serve the project population. In support of that goal, local Geriatrician Dr. Parekh presented on dementia and local Psychiatrist Dr. Biradar presented on depression in the elderly to support top of scope clinical care and provide clarity on referrals to the Specialized Seniors Clinic and Older Adult Mental Health, respectively. Additionally, the Home Health Dementia Clinician, Advance Care Planning Team, Alzheimer's Society of BC, and Older Adult Mental Health discussed resources for patients and referral pathways.

Members found the clinical and resource presentations to be valuable, and gained enhanced knowledge about clinical care and referrals to providers and local resources. Many Members noted activities they would try and embed in this practice, stemming from the event presentations.

If Members would like a copy of the presentations or information about resources for this population, please contact Danielle at: dedwards@divisionsbc.ca or 604.996.7797.

Stay tuned for a future education event on cardiac health and resources in Spring 2020.

The Older Adults project will also be hosting a large community/patient education event and resource fair at Tradex on June 13, 2020. This event will support Abbotsford community members in learning about Advance Care Planning, Wills & Estates, Power of Attorney, medication reviews, and health promotion and disease prevention topics.

You can learn more about the event by visiting: <http://agewellplanwell.ca/>.

Urgent & Primary Care Centre News

Half Way There! After eight dialogues, reviewing outcomes, giving feedback & redesigning based on member input, we are getting closer to landing a final model for the Urgent and Primary Care Centre. While some details are still in motion, by mid-February we should have a clear clinical model, shift schedule and team plan in place.

From where we started, this is at present what we know; the work has come a long way.

What We Know Right Now		What is Unknowable to Us In this Moment & Need to Seek Answers For
<ul style="list-style-type: none"> Open Date – March 2020 Not a WIC because no FFS AHP will release time constraints Work can be top of scope ER is not interested in working here 	<p>schedules / lines will be finalized by Feb 15 for sign-up.</p> <ul style="list-style-type: none"> ✓ ER Triage Nurse cannot divert to UPCC – ER will not be able to divert ✓ Lab & Diagnostics for opening so no confusion to public - FH has secured Point of Care testing accreditation for site opening. Labs will be referred out to LifeLabs with no blood draws on site for opening. No imaging diagnostics will be on site at opening as accreditation and provincial requirement do not allow (presently under provincial review). Doppler (vascular/OB) will be available. Imaging will be sent to Valley imaging (working with to ensure availability for open appointments). After hours imaging/labs still outstanding topic that should be resolved by Feb 15. ✓ Who does orders follow-ups? Opening process has been mapped out through dialogues with a QI cycle built in the first three months. • IV Antibiotics? ✓ How 2 streams can work? Process map has been done. Primary Care Stream (9am -5pm) Urgent (4:30-9pm) Staffing model aligns. Compensation and shifts will be set out differently for both streams to allow for greatest flexibility. 	<ul style="list-style-type: none"> ✓ Can the name be changed away from Urgent? No ✓ Can the “Nascent” “Clinic” name be changed? Yes, it has been cleared from the framework. ✓ Can the physicians involved elect their Med Director like RCI? No, but the Abbotsford CSC (Division co-chaired) will appoint and the position will be posted to the community. It will be a salaried part-time (0.5 FTE) position. Look for the posting by the end of January. ✓ What are the NPs roles in this? The NPs will work with GPs & RNs in Triads. ✓ How will FH do the health human resourcing for AHP given the shortage? Positions will be posted by Feb 1. Gradual hire is expected as clinic ramps up. No guarantees but successful in recruiting AHPs to other sites. • How can we ensure that that the Clinic is evaluated on QI not QA? The Med Director role is being written to ensure a QI approach and there is agreement that the UPCC will have a developmental approach that adjusts to changing needs of patients/providers. The Evaluation framework and measurables are still being worked on.
What We Don't Know Yet & is Knowable		
<ul style="list-style-type: none"> ✓ Can it be opened in phases? Yes • What is in those phases? We are presently working with the Ministry of Health to work out budgeting for a developmental (phased) approach to the clinic to ensure that it is not a stand alone but can meet community clinic needs through Allied Health support. • What areas do we think we need? <ul style="list-style-type: none"> ✓ After hours Yes ✓ Autonomy Scheduling ✓ Nurse triaging - Yes • UBC Residents – Residents have put forward a plan for signing up for afterhours shifts and discussions will begin in February on how that can be scheduled. • Mentor clinic • Health care system literacy ✓ Effective physician recruiting for both streams - compensation models for each have been built out and shifts / 		



UPCC All Member Mtg

Abbotsford Division Board Room
Feb 19 @ 5:30pm: Dinner
6:00-8pm: Meeting

The clinical model developed for the UPCC will be presented on February 19. The Meeting will provide physicians the final opportunity to give feedback, note outstanding considerations and give input to scheduling and processes.

At this meeting you will learn:

- How the model can support your after hours needs
- How your MRP status will be reinforced with your patients for follow-up care
- How you will be able to refer your patients to allied health services provided
- How you will be notified of visits and labs
- What you need to know to work at UPCC
 - How you will be supported when you work there
 - Projected patient volumes and expected service delivery
 - Process that will support medical legal and QI
- About technologies that can support working there and communicating with those that do

At this meeting decisions will be made on:

- Shift opportunities
- Group compensation
- Schedule flexibility & management

Do not miss this important opportunity!

To register call or email
Marnie 604.746.3302
abbotsford@divisionsbc.ca

Division Grants & PSP Supporting Positive Change

GPs: Do you want to make a positive change with your practice, patients, or team? Are you passionate about a topic related to team-based care?

To discuss your project idea contact:
Heidi Brown (Practice Support Program)
 236.332.2502 heidi.brown@fraserhealth.ca;
 or
Danielle Edwards (Abbotsford Division)
 604.996.7797 dedwards@divisionsbc.ca

Lift Grant funding will be allocated on a first-come, first-serve basis, based on when the applications are submitted and approved by the Division Executive.

Lift Grant applications are already being submitted so please don't delay.

Supports provided:

- Up to 15hrs. compensation per team member (physician, MOA, non-FH funded AHP) per improvement project.
- Up to 45 certified Mainpro+ credits.
- Coaching.
- Mentoring.
- Division Lift Grants of up to \$5k/clinic for resources needed for your project (e.g. recreation center passes, food, facilitators, etc.). Technological equipment to be considered on a case-by-case basis.

**Ideas +
Collaboration =
Grant Funding**

DocTalks: A Doctors of BC Podcast: <https://audioboom.com/channels/5002500>

UCI Initiative

An initiative is underway to provide physician private practices (credentialed & non-credentialed physicians & their MOAs) within the Fraser Health geographic catchment, access to FH's Unifying Clinical Information (UCI) viewer. UCI provides an integrated view of patient-centric information to support the delivery of patient care. Access to UCI can be provided in two ways:

1. UCI launched from within the physician's EMR via the Private Physician Network (PPN). This applies to users wishing to launch UCI from either their Intrahealth Profile or Telus Wolf EMRs and are on the PPN.
2. UCI Web access via PPN or VPN (i.e. Multifactor Authentication) For some physicians this method will be an interim solution until their clinic EMR has UCI launch capability. For others without an EMR or who use an EMR where UCI launch is not planned, this may be a permanent solution.

Work is planned for enabling UCI to launch from Telus MedAccess, Oscar, QHR Accuro, and Plexia at future dates.

New Doctors of BC Podcast: PMH and PCN Discussion

Doctors of BC is pleased to introduce the first podcast in a new multimedia series called DocTalks. In this series, featuring podcasts and videos, physicians offer presentations and promote dialogue on timely, relevant topics impacting the BC medical community and the patients and families they care for.

In the first episode of the DocTalks podcast, discussion centers around the new direction for BC's primary health care system – patient medical homes and primary care networks. Host, and Doctors of BC President-Elect, Dr. Matthew Chow, along with guest's Dr. Brenda Hefford and GPSC Co-Chair Dr. Shelley Ross, takes a deep dive into the current primary care landscape to unpack ideas about:

- How PMHs and PCNs relate to and work with one another
- What it means to adapt to system-wide change
- The benefits of a multidisciplinary, team-based care model of care
- How UPCCs enhance PCNs and increase access

See the link above and listen on your favourite podcast platform.



Hear From Patients - New Patient Experience Tool

In case you missed it, the GPSC's new Patient Experience Tool is now available to all family physicians and teams. The tool is a tablet-based survey that asks patients about topics such as wait times, office hours, and coordination of care. It was developed by physicians and the GPSC's Practice Support Program.

Initially piloted by 39 clinics throughout BC, more than 6,000 surveys have been completed since 2016. The tool is now being available to all family physicians around the province. The patient voice can contribute to a family practice's work to adopt attributes of a patient medical home and to determine readiness to participate in a primary care network. Doctors can use the anonymized data to inform quality improvement activities in practices, and can opt to share aggregated data with their local division to help support community planning.

For more information about how to participate, receive compensation & Mainpro+ credits: <http://www.gpsc.bc.ca/what-we-do/practice-support/psp/patient-experience-tool>

Tell Us What You Think

The BC government is giving you (*for free!*) a RN to join your clinic team. You also receive an overhead amount to cover associated costs.

But you have a glitch: You do not know how to share the workload with a nurse as a team member. Or do you? How will you know how to do so?

Let Danielle know what you think by **January 30** and be in a draw to win Starbucks on us!
dedwards@divisionsbc.ca

PCN RNs: Spread the Workload, Support Your Capacity, Support Your Patients

To help Members stay informed about the Primary Care Networks (PCNs) planning, each month the Division will feature a PCN topic and pose a question for clinics to answer. This month's topic focuses on the PCN Registered Nurse (RN).

RNs work alongside Members in clinics to produce better health outcomes, improve access to services, optimize a more efficient use of resources, and bolster greater satisfaction for patients and providers. By taking a pause on PCN work, Abbotsford has had the benefit of learning from communities who have PCN RNs.

Funding:

- PCN RNs are unionized employees of the Health Authority (HA), funded by the HA, and work alongside providers in primary care clinics.
- Funding is currently available for clinics for renovations to accommodate allied health professionals, such as PCN RNs.

Overhead:

- 15% overhead is paid to clinics. This is across the board. The figure also covers the EMR license fee as PCN RNs chart in a clinic's EMR.
- The Ministry is working with Doctors of BC & Wave 1 communities to better understand the realities and requirements of overhead costs for team members within PCNs.

Logistics:

- In other communities a PCN RN works in a clinic full-time.
- PSP Panel Management has helped clinics identify the need for a PCN RN.
- There may be flexibility in PCN RN schedules to align with clinic schedules; but the schedule will need to align with the union Collective Agreement.
- A Memorandum of Understanding which details roles and responsibilities required between clinics and HA.

Job Descriptions:

- JDs have been developed by the HA and have been locally tailored.

Scope:

- Among their many roles, RNs provide screening, monitoring, assessment, and education. Example roles include well-baby visits, PAPs, and chronic disease management education.
- RNs provide care to all types of patients including those with complex conditions. Licensed Practical Nurses usually focus on patients with stable states of health unless the LPN has additional education. RNs can complete additional certification, e.g. contraception.
- RNs can apply for a MSP number to order lab tests.

Learnings:

- It is beneficial for communities to clearly articulate which roles and tasks they want the RN to do in order for PCN RNs to take any necessary training as early as possible.
- Having solid on-boarding plans are important to support the success of this initiative.
- Developing a community of practice among clinics who have PCN RNs is valuable.

An Abbotsford PCN RN Working Group will launch in the next few months to design and implement a RN model, specific to clinic needs. **Dr. Leslie Meloche** will host the WG meetings with support from Danielle (Division) and FH. Meetings will be 1 hr/month and are open to Members and clinic staff. Lend your voice and shape this important role in Abbotsford! If you would like to be part of this WG or to learn more, **contact Danielle**.



Credentialed & Non-Credentialed Physicians Have Access to New Collaborative Technologies

The Fraser Health Primary & Community Care Health Informatics Enablement Team is supporting the roll-out of collaborative technologies in both acute and community. Examples of these technologies are UCI and MBMD Secure Messaging.

The technologies support different providers to connect and bolster patient medical homes and primary care networks. Each technology requires a separate privacy impact assessment and therefore separate data sharing agreements. The agreements support compliance with provincial privacy policies and security safeguards.

The Team has worked with the Ministry to support access to the technologies for both credentialed & non-credentialed physicians through a data access agreement for UCI (along with a declaration form for a clinic's Privacy Officer to complete) and a data sharing agreement within the Terms and Conditions of the MBMD app. The Team will be working on a data sharing agreement for each new collaborative technology, such as the forthcoming Electronic Collaborative Care Plan.

For further information about these technologies, please contact Danielle at:
dedwards@divisionsbc.ca

ARH Medical Imaging Follow-Up Exams



Medical Imaging is experiencing short turnaround time requests for follow-up exams, especially mammograms and breast ultrasounds. This can result in the delay of exams and results. As you know, many exams have wait times of several months.

How can you help with this issue? Please submit a requisition as soon as you receive a Radiologist report recommending a 3, 6, or 12 month follow up. When completing the requisition include the specific date or timeframe required. This provides

more lead time and Medical Imaging will be better able to book your patient in the appropriate timeframe.

Physicians can call 604-851-4868 to speak to Radiologists about the following-up exam.

Any questions about requisition forms and timelines, please contact:

Tina McLachlan, MI Site Coordinator
604-851-4700 ext. 646611.

New DocTalks Video: Reducing Risks of Medications for Seniors

“Addressing Polypharmacy – New Habits for Effective Deprescribing,” featuring Dr Mark Lawrie

<http://www.sharedcarebc.ca/resources/polypharmacy-risk-reduction>

Long-Term Care Education Event

Join your colleagues on **March 9** for a Long-Term Care education event. This much anticipated event includes presentations and Q&A with Dr. Nanda, Geriatric Psychiatrist and Dr. Mark Lee, Radiologist.

Benefits of attending:

- Increase your understanding of managing antipsychotics and dementia.
- Enhance your knowledge of Interventional radiology.
- Know how to remove tube feeding equipment & when to refer.
- Q&A with Specialists, connect with Members.
- Learn about how to apply for quality improvement funding to support clinical effectiveness.

Location: Quality Inn, Abbotsford

Time: 5:15-6pm buffet dinner & 6:00-8pm education session

Compensation will be provided to physicians & MOAs for the education session.

To register:

<https://antipsychoticsadofp.eventbrite.ca>

BC Cancer Referral Letter Information

A friendly reminder that when providing a referral letter to BC Cancer, the following information (below) is required in the letter to support patient care. This information is needed in addition to patient information, reports, and the referral form.

Please include the following in the referral letter:

- Patient's diagnosis
- Reason for this referral request
- Are investigations pending for this patient? If so, please detail in your letter or on the referral form.
- Is surgery planned for this patient? If so, detail in your letter or on the referral form
- Please indicate in your letter if you are referring the patient to a particular oncology specialty such as:
 - Medical Oncology
 - Radiation Oncology
 - Gynecological Oncology (Surgeons)
 - Dermato-Oncology
 - Surgical Oncology
 - A specific physician at BC Cancer (provide physician name)
 - Other (please specify)
- Please note if you've already referred to surgery in order for the Oncologist to be in the loop.

For further information on the steps for making a referral to BC Cancer visit:

<http://www.bccancer.bc.ca/health-professionals/referrals>

The steps for urgent consultations can be found here:

<http://www.bccancer.bc.ca/health-professionals/referrals#Urgent--consultations>

MHO Update- Fraser Health Launching New Resources to Support Alcohol Moderation

Research shows that drinking alcohol could increase your risk of cancer. The more you drink, the greater the risk. The “Now You Know” campaign, which can be found on Skytrain, bus shelters, social media and in restaurants, involves a series of four key messages:

- Alcohol can cause cancer
- Choose non-alcoholic drinks
- Have more alcohol-free days
- One less drink/ Refusing a drink

According to the International Agency for Research on Cancer (IARC), the more alcohol people consume between the ages of 20 and 50, the higher their risk of developing many cancers in their 50s. Drinking **any amount** of alcohol increases the risk of cancers of the mouth, pharynx and larynx (neck), esophagus and breast (pre and post menopause). **Two or more** drinks a day (about 30 grams or more of alcohol per day) increases the risk of bowel and colon cancer **Three or more** drinks a day (about 45 grams or more of alcohol per day) increases the risk of stomach and liver cancers

The UK’s low-risk drinking guidelines consider the risk of cancer, as well as other long terms risks from alcohol consumption. The recommended guidelines for both men and women to reduce alcohol-related disease risk are:

- No more than six standard drinks a week
- No more than two standard drinks per day

These Guidelines are based on standard UK drink measures, which are slightly smaller than Canadian standard drinks. These measures can be found on FH’s website www.fraserhealth.ca/nowyouknow “How can I reduce alcohol-related chronic disease risk?”

The Canadian Population Attributable Risk of Cancer (ComPARE) study estimated that 450 BC cancer cases were attributable to alcohol consumption in 2015.

Refer your patients to FH’s online tools & resources including quizzes, tips on how to reduce consumption, have more alcohol-free days and how to find help if they or their loved ones have a substance use problem. You can also find downloadable & printable posters on alcohol awareness at www.fraserhealth.ca/nowyouknow.

Invitation to Join the BC ECHO on Substance Use

In collaboration with regional and other partners, and funded by Health Canada, the BC Centre on Substance Use is offering an opioid use disorder (OUD) Project ECHO (Extensions of Community Health Outcomes) for prescribers in BC & Yukon Territory. The program aims to help primary care providers and their teams build capacity in the treatment and management of OUD. Through interactive online case-based presentations, health care providers will enhance their skills using real-world examples and receive support in integrating evidence-based practices into their care setting.

Sessions are free and take place biweekly, on a rotating schedule of Tuesdays and Thursdays from 12:00 – 1:00 pm PST on Zoom videoconferencing. Physicians can connect with other care providers in their area and earn CME credits for their participation.

Topics include: managing co-occurring chronic pain and OUD; strategies for successful buprenorphine/naloxone induction & transitions across pharmacotherapies for OUD

Participants are encouraged to submit cases to present at ECHO sessions – email lindsey.kendrickkoch@bccsu.ubc.ca to obtain a copy of the case form.



A New Online Tool to Help Navigate Seniors' Living Options

To help physicians navigate the possible options for assisted living for their senior patients, EngAge BC, an operating arm of BC Care Providers Association, has launched Route 65, a free and confidential online resource that connects seniors with living and wellness options across BC.

Through Route 65, seniors and their families can locate quality independent living, home health care, assisted living or long-term care options in their community. Users can also use Route 65 to seek information about commonly used terminology, or learn how to access services and connect with relevant non-profits or government agencies. The website also includes a regularly updated blog.

EngAge BC staff are available to answer questions, or provide Route 65 brochures which can be shared with seniors or their families.

For more information, please contact the Programs Advisor:

Marjahn O'Connor
marjahn@engageseniors.ca

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www.divisionsbc.ca/abbotsford



Management of Opioid Use Disorder – Free & Funded CME

Fraser Health has received a limited amount of funding being made available for physicians to complete the UBC CPD Provincial Opioid Addiction Treatment Support Program on-line. to increase knowledge about Opioid Use Disorder. The course is free and will earn physicians **8 Mainpro+/MOC 3 credits & eligibility to be compensated for time taken to complete the course (8 hours)**. In order to be eligible for funding, the course must be completed and the invoice submitted before **March 31, 2020**

For physicians interested in obtaining their methadone license, 2 half days of clinical preceptorship are required. Compensation for this time qualifies as well.

Please contact betty.le@fraserhealth.ca if interested.

Physician Health Program

Physician Health Program Dr. Andrew Clarke, Executive Director of the Physician Health Program of BC, provided the committee with a presentation on factors leading to burnout among doctors. A new initiative has been launched to support doctors' mental health by providing access to a psychiatrist. Visit <https://www.physicianhealth.com/> for more information.

Interested doctors can contact the Physician Wellness Program at 1-800-663-6729.

Upcoming Events

MOA Education Event with LifeLabs

Jan 21, 5:30 – 7:30pm @ Abbotsford Division

LifeLabs will present general information about lab testing, interpretation of specific results and more! Send Denise your questions now to help ensure you get the answers you need.
<https://lifelabsmoaevent.eventbrite.ca>

UPCC Dialogues

Jan 27, 7:00 – 8:00pm @ Abbotsford Division

Focus of discussion: **Workflow**

GPSC Billing Education Webinar Series

Jan 27 – Mar 30, 6:00 – 7:30pm – Online

This 90-minute, live, six-part series will provide participants up-to-date info & advice on all GPSC billing, real-time engagement & case-based exercises. For details & registration:
<http://gpscbc.ca/news/news/scheduled-winter-2020-gpsc-billing-education-webinar-series>

UPCC Dialogues

Feb 3, 7:00 – 8:00pm @ Abbotsford Division

Focus of discussion: **Education**

Cross-Cultural Diversity Training

Feb 4, 5:30 – 8:00pm @ Abbotsford Division

Learn about diversity related issues, competence standards, generate meaningful discussions, share with your peers and gain useful tools for your practice. Open to all Members & MOAs.
Register: <https://adofpdiversity.eventbrite.ca>.

UPCC Dialogues

Feb 10, 7:00 – 8:00pm @ Abbotsford Division

Focus of discussion: **Workflow**

UPCC ALL MEMBER MEETING

Feb 19, 5:30 – 8:00pm @ Abbotsford Division

Come learn about how the UPCC will support your after hours, compensation opportunities and how you can participate in UPCC shifts. **Give your final feedback on its model of care for our community.** Dinner & sessionals provided.

REGISTER: <https://upccmeeting-3.eventbrite.ca> or email Marnie abbotsford@divisionsbc.ca

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