

Annual Report 2018/19

We acknowledge that we live and work on the traditional unceded homelands of the xʷməθkʷəy̍əm (Musqueam), Skwxwú7mesh (Squamish), and Səl̓ílwətaʔ/Selilwítulh (Tsleil-Waututh) Nations.

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Board and program reporting period November 2018 to October 2019

Fiscal year reporting period April 2018 to March 2019



Vancouver

Division of Family Practice

A GPSC initiative

Welcome to the Vancouver Division



As an organization we continue to support a system that is **centred on patients**, while assisting physicians in their role as **transformative leaders**.

I am pleased to provide a short note in support of the Division's activities over the past twelve months. I see this report as a record of accountability to our members, partners and funders. As members you can be proud of the tremendous work that has been accomplished by your staff and by you, our physicians. This report highlights and provides examples of our collective successes and I encourage you to take the time to review. Again, this year, I am pleased to report that our work has focused on improving the healthcare system in Vancouver. As an organization we continue to support a system that is centred on patients, while assisting physicians in their role as transformative leaders.

From my perspective, three themes dominated this year. First, partnership is our lifeblood – whether it involves our work with large organizations like Vancouver Coastal Health, or small initiatives involving family doctors coming together to share resources, 'partnership' is what we do – and we are extremely good at it. I am pleased to report that the Division has integrated its work with VCH. This partnership is critical to our collaborative efforts and is a fundamental catalyst for the community transformational work underway.

Second, sound and fulsome planning is critical to our collective success – I am pleased at the depth of thinking that our staff and doctors have undertaken in designing various program elements and initiatives. We looked at large scale system theory, change and social movement models, examples from other jurisdictions, and incorporated findings from numerous reports and studies to ensure the work is of the highest quality and, where possible, is real-world tested.

Finally, focus on execution – now, not later. After spending countless time and energy to negotiate, engage, plan, collect/ process data and design programming, we are repositioning the Division's focus into the community. We heard loud and clear that our members need support and resources, not only to help the transformative process, but to stabilize and support the basic provision of family practice and address physician wellness. We are acting immediately and moving everything we have into the community to support physicians and the overall change process. With your collective effort anything is possible – let's show them what we can do!

I would be remiss not to thank our Board for their strong leadership, our Physician Lead, Dr. Fiona Duncan, for her tireless commitment to healthcare reform, our staff for their dedication and effort and finally you, our membership, for your faith, commitment and contribution. If you are not involved, now is the time. Let's show the world how to build a better primary healthcare system for our community and our residents.

Sincerely,

Dr. Dave Baspaly
Executive Director

We can't contemplate making the very **significant shift** in primary care provision without the **involvement and enthusiasm of the membership**.



What a year it's been! Reflecting on my first year as Chair I'll admit that it's been an incredible and humbling experience. We, as family doctors and as the Vancouver Division, are faced with both serious challenges and huge opportunities. Workload, clinical and system complexity, stress and burnout are very real issues that we face every day. At the same time there is considerable attention being paid to the need for, and benefits of, high quality primary care. The provincial government is putting unprecedented resources toward the goals of improving, supporting and increasing capacity at the primary care level. Our medical negotiating bodies back the transformational work by providing infrastructure and change management supports and incentives. And the Division, your Division, is tasked with designing and enabling the evolution of the system, aligning the need for change with the needs of our members. Ultimately the prospect is a better system for both patients and providers, measured in quality and sustainability.

The strength of the Division is in our membership. The Board has made a priority of supporting and engaging our members, be it through physician wellness initiatives, through the committee work and events, or through our refreshed communication platform and website. We do our best to listen to your concerns and address them either personally or collectively in the new Q and A section of our site. We can't contemplate making the very significant shift in primary care provision without the involvement and enthusiasm of the membership.

Since its inception some nine years ago the Division has built a strong relationship with Vancouver Coastal Health, our principle partner in the work of building an improved primary care system. While the "domain" of the Division is in family physician's offices, clinics and Patient Medical Homes, our shared space with VCH is where Primary Care Networks are created. While we have, and continue to, co-design the networks with VCH our Division, consistent with the 2018 referendum, aims to ensure that family physicians hold a fundamental role in planning for any changes. Progress toward the goal of effective networks needs to be built on the requirements of our members and the patients they serve.

I'm fortunate indeed to have a smart and diverse Board to work with as we explore ideas and challenge ourselves to understand the operational issues that present themselves in steering this large, and growing organization. The Board represents the wider FP community and come from a range of practice experiences, models of care including fee-for-service, population-based funding and clinical sessions and contracts. Drawing from our varied perspectives I look forward to the coming year, where the Board will continue directing the excellent work of our operational staff in transforming primary care in Vancouver.

Sincerely,

Dr. Jay Slater
Board Chair

The Vancouver Division is a member driven organization and a key player in the design and implementation of changes to improve the primary care system. To best serve the needs of our members, and to address one of our strategic priorities, this work will require a high degree of engagement and representation. – Dr. Jay Slater, Board Chair



OUR ORGANIZATION

Since our beginning in 2010, the Vancouver Division has grown to become a leader and facilitator of primary care, working to create an engaged physician community and a collaborative healthcare system in Vancouver. We are a not-for-profit society funded by the Government of BC and Doctors of BC, and work in partnership with the BC Ministry of Health, Vancouver Coastal Health, Providence Health Care, and other community organizations.

ACRONYMS

- | | |
|--|--|
| Annual General Meeting (AGM) | Medical Services Plan (MSP) |
| Cognitive Behavioural Therapy (CBT) | Ministry of Health (MoH) |
| Collaborative Services Committee (CSC) | Older Adult Mental Health and Substance Use (OAMHSU) |
| College of Physicians and Surgeons of British Columbia (CPSBC) | Patient Medical Home (PMH) |
| Community Health Area (CHA) | Physician Led Quality Improvement (PLQI) |
| Doctors of British Columbia (DoBC) | Practice Support Program (PSP) |
| Electronic Medical Record (EMR) | Primary Care Network (PCN) |
| Family Physician (FP) | Providence Health Care (PHC) |
| Fee-for-Service (FFS) | Registered Nurse (RN) |
| General Practice Services Committee (GPSC) | Residential Care Initiative (RCI) |
| General Practitioner (GP) | Society of General Practitioners (SGP) |
| Indigenous Cultural Safety (ICS) | Specialist Services Committee (SSC) |
| Information Technology (IT) | Urgent Primary Care Centre (UPCC) |
| Mental Health & Substance Use (MHSU) | Vancouver Coastal Health (VCH) |

OUR MISSION

Vancouver Division will improve the primary care system in Vancouver for the benefit of our patients and members alike.

OUR GOAL

Building off the rich and diverse ways that family doctors provide primary care, the overarching goal of the Vancouver Division is to support our physician members and advocate that they get the necessary tools to look after their patients. We strive to ensure that family doctors remain central to system change in this community.

1,164
MEMBERS

As the **largest provincial Division**, our membership of more than **1,100 FAMILY DOCTORS** represents **92% of the practicing family doctors** in the **City of Vancouver** and **20% in the province.**

OUR MEMBERSHIP

The Division offers opportunities for members to engage with colleagues, communities of practice and our work. Every member has a voice at the Division, from governance, involvement on a committee, working group or project, to participating in events, surveys and our AGM, as well as accessing member support services. It's the commitment of members that drives the work of the Division. We're excited to feature a sampling of the many ways members impact our community.

MULTIETHNIC FRAIL ELDER CARE



Frail multiethnic older adults face many challenges in maintaining wellness, and health inequities exist for these populations. This initiative, *Improving Care for Multiethnic Older Adults*, focused on the Chinese community and brought together family physicians, geriatric mental health, and geriatric medicine clinicians working with frail Chinese seniors, in an effort to inform each other, build relationships and collaborate in care. With support from the Vancouver Division Frail Elder Care Committee, VCH, SSC Facility Engagement, Physician Led Quality Improvement, and the Practice Support Program, the project continues to expand and progress towards the goal of improved care for frail older adults. – Dr. Joy Masuhara, Frail Elder Care Committee Member

MENTAL HEALTH



As a family physician for many years, I was often frustrated by the lack of MSP-funded services available for the mild to moderate group of patients with mental health conditions needing support. I am so excited to be involved now with the Division in bringing the CBT Skills Group Program to Vancouver. This MSP-funded, physician-facilitated program provides psycho-educational skills derived from the top 4 evidence-based psychotherapies. Feedback from both patients and referring physicians has been overwhelmingly positive and has helped to share the care of this large population of patients that FPs see in their offices every day. As the program grows across the city the Division continues to provide pivotal support in helping patients and physicians in their day to day lives. – Dr. Lisa Miller, Vancouver CBT Skills Group Program

PRIMARY CARE SYSTEM CHANGE



Primary care is at a critical juncture. The number of new GP recruits are insufficient in keeping up with population growth and our aging population let alone accommodate physician retirement. We either embrace the use of allied health care providers such as I have these last 5 years with an RN in practice, while at the same time moving to incorporate virtual care, or as a profession be overwhelmed. I believe the Divisions together with ancillary health teams are critical to the transition. Let's embrace these as we build out our Patient Medical Homes within PCNs -these may be the only viable long term solution for ourselves and our patients. – Dr. Charles Webb, Vancouver Division Member

MATERNITY CARE



Over the past few years, the Division has focused on strengthening connections and integration across the maternity care spectrum. With support of the Shared Care Committee, data, detailed experiences and diverse perspectives have all informed our work. Our aim is to create a reliable "one-stop-shop" information hub for maternity patients and providers. The value of this common goal has created much excitement for collaboration. With intention, innovation and active engagement of institutions, leaders, providers and a broad spectrum of voices, this online platform will go a long way to make maternity care EASI - Effective and Seamlessly Integrated - for us all, in Vancouver and likely beyond. – Dr. Ashnoor Nagji, EASI Maternity Care



Our Board of Directors



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Board Chair



Dr. Kelly Little
Vice-Chair



Dr. Ramesh Kamath
Treasurer & Secretary



Dr. Jesse Kancir
Resident Board Member



Dr. Lauren Daley
Board Member



Dr. Brenda Hardie
Board Member



Dr. Robin Patyal
Board Member



Dr. Nitasha Puri
Board Member

STRATEGIC PRIORITIES LEAD OUR WORK

Program numbers are from November 2018 to October 2019, unless otherwise noted.

The power of our Division rests in our membership

PHYSICIAN WELLNESS



This has been an exciting year for me to be appointed as the Vancouver Division Lead for Physician Health. I want family doctors in Vancouver to feel appreciated, valued, experience joy in their work and take care of their health. There are several initiatives underway.

I am most proud of the joint project between the Physician Health Program and the Vancouver Division. Both teams have worked hard to attach over 160 doctors in Vancouver to their own personal family doctor. This is an ongoing service as we all need to ensure our own health first so we can be present for our families and patients. Thank you to all who have stepped up to take on colleagues as patients.

Recently the Vancouver Division hosted a successful workshop on mindfulness in medicine by Dr. Mark Sherman, which serves as a teaser for the full-day retreat on physician resiliency to be hosted in January. I have created a dedicated physician wellness section on the Division's website. Here you can find internet resources, apps, and podcasts. I will have a regular feature in Fast Facts dedicated to physician wellness.

Having mentally and physically healthy physicians is important to me. I want to continue to develop ways to support you in your professional lives. – Dr. Daniel Dodek, Physician Wellness

Total physician engagement and impact (since program inception in 2015)

- 131** retiring physicians or physicians planning for retirement engaged
- 14** retiring physician practice takeovers completed
- 418** new-to-practice physicians engaged
- 259** locum opportunities filled through locum matching program
- 47** permanently placed physicians as a result of recruitment efforts

Supported retiring family physicians with a focus on attachment

Helped 10 FPs retire their practices and supported the transition of 10,010 patients to new care. Since the Division's retirement program inception in 2015, 49 retiring family physicians and their 49,590 patients have been supported through patient transition and practice takeover.

Created successful new program through member involvement

This year's Dine & Learn on Sports Medicine and Active Living was developed based on member feedback, as the most requested event topic. It was the largest and most successful to date, engaging 10 specialists and 77 members. Speaker topics ranged from musculoskeletal conditions and medical imaging to prescribing exercise for medically complex patients.

Patients are at the centre of the healthcare system and the ultimate focus of our work

Total patient engagement and impact (since program inception in 2015)

15,676 patients of retiring physicians transitioned through practice takeovers

33,914 patients of retiring physicians transitioned to new physicians

47,520 new patients attached as a result of permanent physician placement

Attached 3,993 patients and their family members to a family physician

4,965 patients were referred to PAI by over 150 referral partners in acute, outpatient, community and rehab care, of which 4,265 were eligible referrals. 76% of attached patients had higher or more complex medical needs.

Matched 94% of eligible patients referred to PAI

Since PAI started in 2015, 14,692 patients have been referred, 12,489 have been eligible and 11,775 have been matched.

Worked to increase support for patients with MHSU complexities

Successfully increased the number of patients matched with MHSU complexities to a family physician by 143%. Vancouver Division works with referred patients to ensure they are well-supported in their mental health and have access to additional community services as needed.

Placed 19 permanent physicians in clinics throughout Vancouver

Facilitated the placement of 19 physicians permanently at clinics across the City of Vancouver. This allowed for the attachment of approximately 16,920 patients to a family physician.

Implemented successful CBT Skills Group program

Meeting the demand for mental health support in Vancouver primary care, the Vancouver Division transitioned the successful CBT Skills Group pilot into a full ongoing program. The program has now received over 1,800 patient referrals and the program's 5 family physicians and 2 psychiatrists trained CBT Skills Group facilitators have run over 60 groups, reaching a total of 822 participants.

It has given me an understanding of what is happening to me and the tools to deal with my emotions and anxiety. I feel more empowered and in control through this knowledge. – CBT Skills Group Program Participant

We are part of a collaborative healthcare system

Collaborated to improve care for multiethnic older adults

The Vancouver Division is one and a half years into an Improving Care for Multiethnic Older Adults: A quality improvement project with a Chinese community focus. This is a collaborative project with VCH's OAMHSU team, with support from VCH Facility Engagement, VCH PLQI, PSP, VCH Community Mental Health and Geriatric Medicine. The percentage of Chinese patients in the community who are being referred to the OAMHSU team is significantly lower than it should be proportionally, suggesting that many patients who could benefit from this service are not gaining access. This initiative increased physician awareness of VCH services and led to better utilization and more timely access for patients.

Worked with UPCC to match 171 unattached patients to a family physician

The MoH, alongside Vancouver Division and partners from VCH, DoBC and PHC announced the opening of City Centre UPCC in November 2018. REACH UPCC was announced in July to be the second UPCC in Vancouver, expected to be in operation by Fall 2019. UPCCs offer an important piece in the network of how primary care is delivered and accessed, working closely with the Vancouver Division to refer unattached patients.

Supported transition of VCH Primary Care Clinic patients to fee-for-service family physicians

Collaborated with Raven Song Primary Care Clinic to transition patients who no longer meet VCH Primary Care mandate to FFS family physicians. Since the spring of 2015, 340 patients were referred, 256 were eligible and 229 were matched, supporting VCH to create capacity for more complex care patients. Since Raven Song's Transition Coordinator role was introduced in February there has been a 317% increase in eligible referrals compared to the year prior.

Advocated for referrals to specialists in interpreting the College guidelines

Communication within the healthcare system is a critical component of patient experience, safety and positive health outcomes. The CPSBC revised the Referral-Consultation Process Guideline in 2018 with several follow-up communications to better inform guideline implementation. Given the impact of this guideline on family physicians and specialist colleagues, and from feedback received from members, the Vancouver Division has taken an active role in working with the College to discuss interpretation, enforcement and communication of the guidelines to ensure all physicians are familiar with the changes.

Participated in Indigenous Cultural Safety Training

Thank you to the team at Aboriginal Health for inviting the Vancouver Division to be part of the ICS workshop to develop a deeper understanding of Canadian Indigenous history, health and wellness and how culture is fundamental to an Indigenous patient's healing. Nearly 1,500 healthcare professionals have engaged in this workshop, including more than 75 Division physician members and staff.

Helped patients choose the right care at the right place during the holiday season

In collaboration with VCH, DoBC, PHC and BC Pharmacy Association, the Vancouver Division developed a public holiday campaign utilizing a variety of communication channels to ensure patients were knowledgeable and informed as to their healthcare decisions during the holiday season.

Our Partners

The Vancouver Division, as the voice of family physicians, is working in collaboration with the Ministry, local Health Authority and community partners to transform our primary care system for the benefit of patients, physicians, and our community at large. We recognize the importance of different levels and kinds of relationships, and that collaboration with our partners is a fundamental component of the primary care system work underway. We are engaged and excited to continue working alongside our partners to bring about successful change in primary care.



Our partnership with the Vancouver Division has been instrumental in our efforts moving toward a cohesive and integrated healthcare system in Vancouver. Our collaborative work includes establishing PCNs and UPCCs, projects fundamental to improving client care at VCH. Working closely with the Division, we have found new and creative ways of partnering with physicians in the community to optimize continuity of care. This valuable partnership has helped bridge the gap between health authorities and government strategic work, and we continue to work together on our shared values and priorities. – Andy Day, Operations Director, Vancouver Central and Program Lead for Primary Care, Vancouver Coastal Health



As a community, family doctors are being crushed by the burdens of an outdated primary care system. The Vancouver Division has been a leader in designing an improved system of primary care. While SGP works at the provincial level to ensure that family doctors have a voice in system-level conversations about primary care and family doctor remuneration, the Vancouver Division has been taking steps to improve patient care and the working lives of Vancouver family doctors. Caring for family doctors is required to ensure healthy patients. SGP is proud of our partnership with the Vancouver Division as we both do just that. – Dr. Renee Fernandez, Executive Director, Society of General Practitioners of BC



Pathways BC has worked in partnership with Divisions of Family Practice to provide physicians with up to date information on specialist wait times, referral preferences and a host of forms and resources for patients and physicians. The Vancouver Division has the largest number of members and the largest cohort of specialists in the province. The work that the Vancouver Division has done and continues to do in partnership with us has been instrumental in our success. The Pathways team is grateful to the Vancouver Division for your strong support for doctors and their teams to streamline patient care. We look forward to our continued partnership! – Dr. Kathleen Ross and Dr. Lisa Gaede, Pathways Co-Chairs



North Shore Division continues to strengthen its relationship with the Vancouver Division, particularly over the past two years with the development of PMHs and PCNs. With Vancouver being one of the first to implement PCNs, we've turned to them for guidance on implementing our networks. Vancouver Division's strategic and creative approaches have stimulated ideas and we appreciate the collaboration. We've partnered to support the Aboriginal PCN, as well as discuss initiatives and issues affecting physicians and patient care. Through our relationships with other Divisions we have strengthened the physician voice in the planning and delivery of healthcare services. – Claudia Frowein, Executive Director, North Shore Division of Family Practice

System enablers provide essential tools to ensure our work is successful

INFORMATION TECHNOLOGY



I represent the Division at the working group level of DoBC's Doctors Technology Office. We are driving stakeholders including MoH, VCH and our own physicians towards the goal of enabling disparate EMR systems to exchange meaningful clinical information between care providers. This requires an understanding of how we want to communicate with our physician colleagues and allied health professionals, and standardizing the coding of medical information so we can collate data that will drive our future health care direction.

On a more grassroots level, I am one of the physician leaders at the Division helping to bring together physician clinics in cooperative PCNs. A core strategy includes collating data from disparate independent offices to help identify and drive patient care in an organized and collaborative process. We are preparing the way for family physicians to lead and cooperate in the development of innovative ways of delivering health care and accessing health services.

– Dr. Terry Chang, IT Liaison, Vancouver Division

Identified group of innovators in virtual care

The Virtual After Hours Care Task Force identified and engaged a new group of trailblazing members who are making innovative strides in their use of technology and virtual care. The Task Force involved 7 Vancouver Division members in discussion groups to learn from their expertise. Feedback from these sessions are being developed into a whitepaper, to include an appendix of practical tips for members interested in providing virtual care.

Requested member feedback to better inform the direction of our work

Created an ongoing, open dialogue with members to gain an understanding of their concerns and knowledge of our work around primary care system change. Comments continue to be developed into a Question & Answer and shared with members through the Division's website and Fast Facts newsletter.

Used data for Quality Improvement

The Medical Scope of Treatment (MOST) data project was a collaboration between the Vancouver Division and the Center for Clinical Epidemiology & Evaluation (VCH). With the invaluable support of Dr. Masato Izutsu, the MOST, Changes in Health, End-Stage Disease, Signs, and Symptoms Scale and Activities of Daily Living Long Scores of each resident within Vancouver's RCI long term care homes were reviewed May to June 2019. This work was done to get an understanding of the distribution of MOST levels within care homes to better understand Advanced Care Planning practices. Each participating care home (32 total) was provided with a care home specific data report, with the overarching goal to use these reports as a baseline and driver of targeted quality improvement to comparatively, in a year, show impact of work done.

Launched new member-only website

Understanding the need for improved communication and one place for members to find out what is happening at the Division and how to get involved, the Vancouver Division launched a new member-only website, www.VancouverPrimaryCareNow.com.

This site serves as the principal interface for information regarding primary care change in each Community Health Area, including PMH and PCNs, and is designed to enhance engagement, help cultivate relationships and encourage participation in Division opportunities.

VANCOUVER'S PRIMARY CARE SYSTEM



Community Health Area 1: City Centre



Community Health Area 2: Downtown Eastside



Community Health Area 3: Northeast



Community Health Area 4: Westside



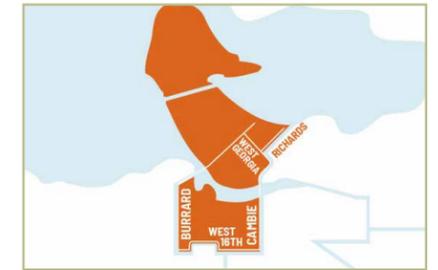
Community Health Area 5: Midtown



Community Health Area 6: South

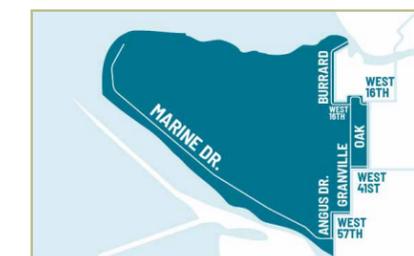
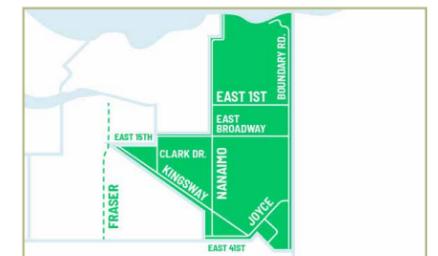
Communities at a Glance

City Centre is home to 103,650 residents and is the second largest Community Health Area in Vancouver. The largest number of family physicians practice in this Community; a total of 578 family physicians work at least a portion of their time across 128 primary care facilities. There are two hospitals– Vancouver General Hospital in Fairview and St. Paul's Hospital in downtown– as well as the City Centre Urgent Primary Care Centre.



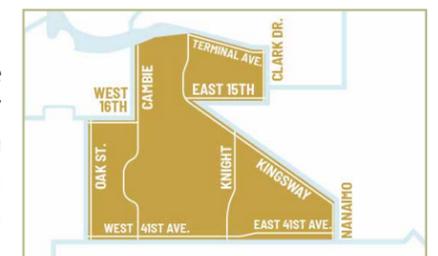
Downtown Eastside is home to 63,100 residents, and is the smallest Community Health Area in Vancouver. A total of 136 physicians work in 36 primary care facilities. There are 5 Community Health Centres, including REACH Community Health Center, which will be home to one of Vancouver's Urgent Primary Care Centres, expected to be in full operation October 2019.

A total of 113 family physicians work at least part of their time in the **Northeast** Community Health Area. There are 42 primary care facilities that serve a population of 109,550 residents. Over 68% of family practices are solo practitioner clinics. This Community is home to Evergreen Community Health Centre.



The **Westside** Community Health Area holds the largest population with 144,850 residents and the second highest number of family physicians in Vancouver. There are 248 physicians working in 53 primary care facilities, with Kitsilano having the highest number of clinics. This region houses UBC Hospital, and Urgent Care Centre. Westside is home to Pacific Spirit Community Health Centre.

The **Midtown** Community Health Area has approximately 93,750 residents, and is the second smallest CHA in Vancouver. There are 150 family physicians who work across 57 primary care facilities for at least a portion of their time, with the highest number working in South Cambie. There are 4 hospitals- BC Children's, BC Women's, GF Strong Rehabilitation Centre, and Mount Saint Joseph. Midtown is home to Raven Song Community Health Centre.



South Vancouver has approximately 134,500 residents, making it the second most populated Community Health Area in Vancouver. A total of 192 family physicians spend at least part of their time working in this Community, with the highest proportion in Oakridge-Marpole. There are 53 primary care facilities, including Holy Family Hospital and South Vancouver Community Health Centre.

PMH / PCN PLANNING AND ENGAGEMENT

It is clear from the voice of family physicians and patients, the direction of the MoH and the work of the GPSC, that the primary care system needs to change. The goal is to create an integrated system of care that enables appropriate access to quality primary healthcare that effectively meets the needs of patients. Visit VancouverPrimaryCareNow.com.

Evaluation

The Vancouver Division engaged 475+ physicians to assess practice and system needs and learn about challenges in providing care within PMHs/PCNs; 2600 patients were engaged to gain an understanding of their perspective on primary care in the community. Our system work currently underway is informed by this engagement. View full report on: VancouverPrimaryCareNow.com.

PHYSICIANS

PATIENTS

WHAT WE LEARNED	WHAT WE ARE DOING
<p>Communicating and coordinating care with multiple specialists is my biggest challenge in caring for patients.</p> <p>3 of the top 4 challenges identified in providing quality care relate to coordinating care, of which many are administrative issues.</p>	<p>PCNs provide coordinated, streamlined care through team-based connections, making it easier for physicians to manage patient care and provide increased access and capacity. Administrative support can significantly improve physician and staff satisfaction.</p>
<p>It is difficult to manage my patients' care when they access services from other healthcare providers.</p> <p>Lack of communication and inadequate compensation are concerns in maintaining care continuity when patients access care across multiple health providers.</p>	<p>We are working towards realizing the opportunities created by digital health and intend for IT to be a valuable component within the networks. PCNs will provide more streamlined, coordinated care, which will ease the challenges of managing patient care across multiple providers.</p>
<p>I trust other healthcare providers to participate in my care, depending on need.</p> <p>2/3 patients are willing to incorporate an RN, pharmacist, physiotherapist or NP as part of their healthcare team.</p>	<p>Patients are open to a shared care model across a multi-disciplinary care team. Team-based care supports patients to see the most appropriate healthcare provider at the right time, which may not be their doctor.</p>

Collaboration

The Vancouver Division, in partnership with VCH, and CSC partners are designing primary care system change in Vancouver. A collaborative Service Plan submitted to the MoH in October 2018 initiated the first two PCNs in Vancouver, located in CHA 1 (City Centre) and CHA 6 (South). The Service Plan addresses the current attachment gap and the necessary support for practices to care for higher needs patients.

THE DIVISION IS A LEADING PARTNER OF THE COLLABORATIVE SERVICES COMMITTEE

Working alongside community partners:

Design and Development

Vancouver is divided into 6 communities, reflecting the Health Authority's CHAs. For the purpose of networking within Vancouver's primary care system each member must select only one CHA as their primary practice area.



Implementation

With the development of PMHs and PCNs, the first step for family physicians is a panel review of patients. As implementation of PMH networks begins, panel reviews are a requirement in order to understand the collective needs of patients in their community. This informs what additional healthcare providers are required to support physicians in their respective PCNs.

167 physicians have completed their panel reviews and over 190 are currently in the process.

In partnership with VCH and community stakeholders, the Vancouver Division has developed a Primary Care Program to involve family physicians in the work around primary care in Vancouver.

To date, 250 members have signed up to get involved in this programming, and the work in their community.

Primary Care Program Elements

An overview of the engagement program to involve family physicians in the work around primary care.

Family physicians are encouraged to participate in one or more of these Program Elements.

ELEMENT 1 Patient Medical Home Practice Work	ELEMENT 2 Patient Medical Home Network Development	ELEMENT 3 Primary Care Network Governance	ELEMENT 4 Division Programming Committee Integration
PRACTICE WORK		LEADERSHIP WORK	
<p>GOAL: Support family physicians to optimize their practices and begin to explore networking.</p>	<p>GOAL: Facilitate family practices to start working together as a Community and to create the foundation for a PCN.</p>	<p>GOAL: Explore a physician-led PCN governance model that allows for local representation while ensuring equity, scalability and coherence across the city.</p>	<p>GOAL: Encourage members to participate in the process of identifying how the work of the Division's committees integrates with and informs the overall primary care system work.</p>
<p>ENGAGEMENT: Family physicians are supported by Division staff as they work through a three-stage process designed to explore areas of opportunity and interest for PMH development. Stage 1 – Exploration Stage 2 – Planning Stage 3 – Action & Integration</p>	<p>ENGAGEMENT: Family physicians are invited to register for a 3-part meeting series, concurrently planned in each of the 6 PCN Communities. Meeting 1 – Get to know your medical community, and learn about this opportunity. Meeting 2 – Get to know your patient community, goals of this work and how a network might work together. Meeting 3 – Forming a network and moving forward.</p>	<p>ENGAGEMENT: Family physicians are engaged in and influence the process and outcomes of primary care system change. The PCN governance is to be led by VCH and the Division (5 members to be elected by their peers). Stage 1 (Summer 2019) – Governance design and negotiation Stage 2 (Fall 2019) – Governance preliminary launch and negotiation Stage 3 (Spring 2020) – Governance fully operational</p>	<p>ENGAGEMENT: Family physicians are involved in six physician-led Division committees that are tasked with a two-stage process: Stage 1 – To develop white papers that inform members on issues and recommendations based on evidence and experience. Stage 2 – To go through a facilitated process to consider how they can support PMHs and PCNs.</p>
<p>ACTION: To sign up Click Here</p>	<p>ACTION: To sign up Click Here</p>	<p>ACTION: To participate in the Division's upcoming annual election, visit: divisionsbca.ca/vancouver/vote</p>	<p>ACTION: To participate in the committee white paper process, email: vancouver@divisionsbca.ca</p>

FINANCIAL REPORT

Message from our Treasurer

The Vancouver Division has made considerable progress in its work towards primary care system transformation with inputs from our membership. We are pursuing a well-planned strategy along with our partners to develop PMH networks and bring about system change. This is crucial to identify the needs of the community and form networks which fulfill the needs of physicians and members in the community. The staff employed last year for this purpose have worked tirelessly to engage the membership of Vancouver Division to move forward in all the CHAs as you would no doubt have seen in numerous recent emails. As was mentioned in last year's message from the Treasurer the process of engagement continues to be an important focus this year.

The Division received additional funds at the end of the fiscal for a project towards the Shared Care initiative as well as PMH programming. The financial information as shown, reflects the effort made by your Division to be fiscally prudent and responsible and be able to ensure adequate funding for the projects moving forward.

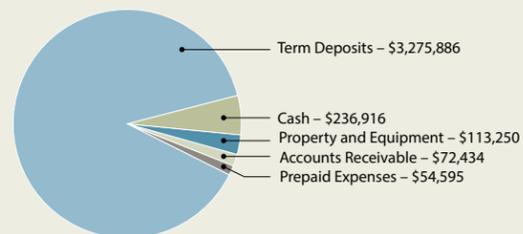
Many thanks to the excellent work done by Vancouver Division's team and operation leads to keep the finances of the Division on track and within budget.

Sincerely,

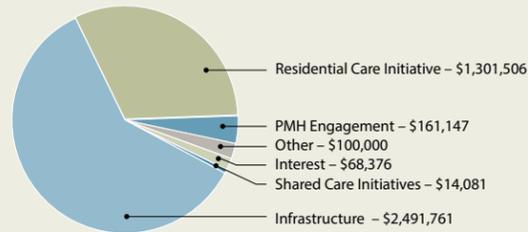


Dr. Ramesh Kamath
Treasurer and Secretary

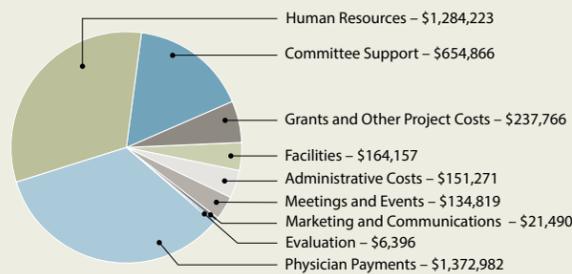
ASSETS 2018/2019



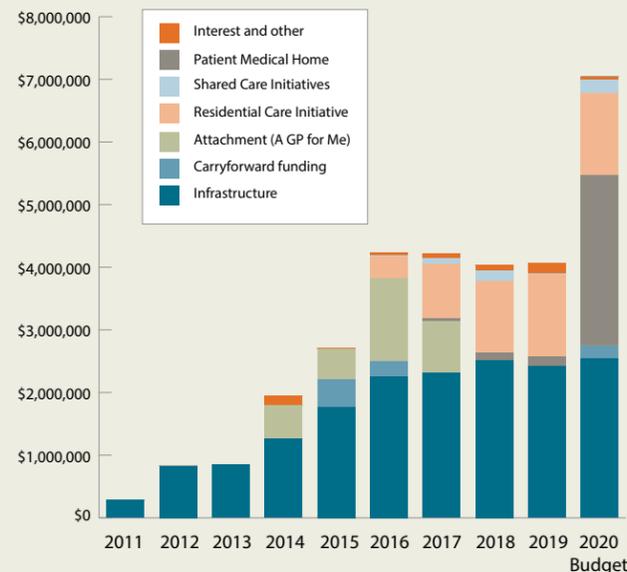
REVENUE 2018/2019



EXPENSES 2018/2019



YEAR OVER YEAR REVENUE GROWTH



Engaged members in networking, knowledge sharing and professional development

27 Events
912 registrations
Unique Members Engaged 416



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VancouverPrimaryCareNow.com



Vancouver

Division of Family Practice

A GPSC initiative