



ANNUAL REPORT 2019/20



THIS YEAR MARKS THE 10TH ANNIVERSARY OF THE VANCOUVER DIVISION, AS WELL AS A YEAR OF UNPRECEDENTED CHANGE WITH THE DEVELOPMENT OF PRIMARY CARE NETWORKS AND THE UNCERTAINTY OF COVID-19. THROUGH THE STRONG CONNECTIONS WE HAVE FORMED WITHIN OUR MEMBERSHIP, OUR BOARD, OUR COMMUNITY, OUR PARTNERS AND STAFF, THE DIVISION CONTINUES TO SUCCESSFULLY SUPPORT AND ADVOCATE FOR FAMILY PHYSICIANS IN VANCOUVER.



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## ACRONYMS

Continuing Medical Education (CME)	Long Term Care Initiative (LTCI)
Cognitive Behavioural Therapy (CBT)	Mental Health & Substance Use (MHSU)
Collaborative Services Committee (CSC)	New To Practice (NTP)
Community Health Area (CHA)	Nurse Practitioner (NP)
Doctors of British Columbia (DoBC)	Opioid Agonist Therapy (OAT)
Electronic Medical Record (EMR)	Patient Medical Home (PMH)
Emergency Department (ED)	Personal Protective Equipment (PPE)
Emergency Operations Centre (EOC)	Practice Support Program (PSP)
Family Physician (FP)	Primary Care Network (PCN)
Fee-for-Service (FFS)	Providence Health Care (PHC)
General Practice Services Committee (GPSC)	Recruitment and Retention (R&R)
General Practitioner (GP)	Registered Nurse (RN)
Health Authority (HA)	Residential Care Initiative (RCI)
Information Technology (IT)	Urgent and Primary Care Centre (UPCC)
International Medical Graduate (IMG)	Vancouver Coastal Health (VCH)
Long Term Care (LTC)	World Health Organization (WHO)

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

## Message from the Executive Director



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

2020 has been an unprecedented year. The global pandemic that is affecting our communities is perhaps the greatest challenge of our generation. Unfortunately, it coincides with our ten-year anniversary as an organization – typically a time to celebrate. The reality is that celebrating this milestone will have to wait until the current crisis fades into history.

We remain committed to supporting a system that is patient centred while assisting physicians in their role as transformative leaders. While primary care reform remains our focus, throttling back a little to help our members through this unprecedented time is essential. We fully recognize that our response must supersede all other priorities. From March of this year we have demonstrated an unyielding commitment to stand with our members and to provide support where we can.

This report highlights examples of our collective efforts and I encourage you to take the time to review.

As an organization, our top priority must remain the health, safety, and well-being of our members, staff and the communities we serve. We are committed to helping you stay informed about COVID-19 and to supporting you during this evolving health crisis. While that may include being served remotely, we do not expect any disruption in service.

Catalyzed by events in the United States, 2020 is also the year of awaking as it pertains to equity, diversity and inclusion. Led by our Board, the Division is committed to responding to this challenge. As an organization we must become more enlightened and take measurable steps to create a more equitable, diverse and inclusive

world. As such, we have just begun efforts on a number of external and internal initiatives to do just that.

Lastly, I would be remiss not to highlight the opioid crisis that has devastated communities across BC. More than 1,000 people in BC have died of an overdose this year so far. Unfortunately, it appears the physical-distancing measures designed to curb the spread of the virus have contributed to a higher frequency of people using drugs alone.

These crises effect families, communities, your individual practices and your mental wellbeing. I strongly encourage you reach out to us if you need help or support.

In spite of all that is swirling around us, we continue to be strong and united in our response. You can be proud of your Division and what we have built together – by reflecting on our response and how we have pulled together as Canadians, perhaps there is no better way to acknowledge our ten-year anniversary.

I thank our Board for their strong leadership, and our staff for their dedication and heroic effort during this most extraordinary time.

Most importantly thank you for being our member. Our priority is – and will always remain – with you.

Sincerely,

**Dr. Dave Baspaly**  
Executive Director

## Message from the Chair

This Annual Report marks a momentous occasion for the Vancouver Division of Family Practice. Our 10th anniversary brings a mix of pride in all we've done to this point, disquiet about what the near term holds and enthusiasm for the opportunities that lie ahead. There are few adjectives or clichés that haven't already been used to describe these pandemic months and so as I reflect on the year I'll try to avoid stating the obvious. Suffice to say that the job of being a family doctor has maybe never been more difficult and has definitely never been more crucial.

We have been committed over the past several years to supporting Division members in the necessary transition towards primary care reform – Patient Medical Homes and Primary Care Networks. The work of the Division and our current and prior iterations of the Board has provided an expanding foundation on which future transformation will be built. And while much of the practical work of the Division was shifted in March to pandemic response, elements of early networking have been critically important to maintaining patient care in an evolving landscape. Ongoing, and frankly unprecedented, support from the Ministry to improve primary level patient care and access is already driving reform. Examples include more options for compensation, more allied health providers in the community and greater ability for local planning and refinement of how health care is delivered. This evolution will not be easy and it will not be quick (pandemic or otherwise) but your Division will continue to try to assure that these things translate into better, accessible and sustainable care.

This Division has done some amazing things to support our members. Last autumn we launched a series of events that brought doctors together to understand their neighbourhood and their neighbours and to start thinking of how networks would improve patient care. Ongoing committee work aims at enhancing care to specific populations – maternity patients, frail elders and people with mental health or substance issues. When the pandemic arrived we took on the tasks of curating masses of information on COVID-19 into a single, trusted resource, distributing PPE and facilitating clinics to transition to virtual care.

The Division, representing some 1,200 members, has forged strong and effective working relationships with our partners at VCH and with allied organizations including GPSC, DoBC and BC Family Doctors. We know we can't do the monumental work of reforming primary care without effective collaboration.

I'm indebted to the staff, physician lead and executive of the Division for their extraordinary work over the past year. I also thank the Board who have provided strong guidance to navigate us through some challenging times. And my deep gratitude goes out to all of you who are doing the daily job of keeping our community as healthy as possible, sometimes at your own risk, and with an eye on a brighter future. Thank you!

Sincerely,

**Dr. Jay Slater**  
Board Chair



My deep **gratitude** goes out to all of you who are doing the daily job of **keeping our community as healthy** as possible, sometimes at your own risk, and with an eye on **a brighter future**.



## ORGANIZATION OVERVIEW

# 2010 = 2020

*For the past 10 years, the Vancouver Division has grown and developed to lead, adapt and respond to the needs of our community and healthcare system. As a member driven organization our mandate has remained the same, to support and advocate for family physicians.*

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.

**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.

**1,265**  
MEMBERS

As the **largest provincial Division**, our membership of more than **1,200 FAMILY DOCTORS** represents **90%** of the **practicing family doctors** in the **City of Vancouver** and **18%** in the province.

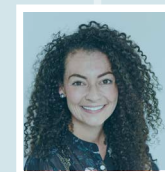
## PAST BOARD OF DIRECTORS (Since 2010)

Thank you to our board members through the past 10 years for their leadership.

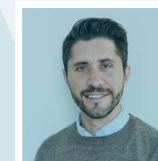


Dr. Bob Bluman  
 Dr. Terry Chang  
 Dr. Fiona Duncan  
 Dr. Renee Fernandez  
 Dr. Laura Fung  
 Dr. Emma Galloway  
 Dr. Craig Goldie  
 Dr. Bobby Gu  
 Dr. Ryan Herriot  
 Dr. Stan Karon  
 Dr. Dipinder Keer  
 Dr. Piotr Klakowicz  
 Dr. James Lai  
 Dr. Jennifer Leavitt  
 Dr. Rosanna Valleca Lima  
 Dr. Rita McCracken  
 Dr. Douglas McGregor  
 Dr. Margaret McGregor  
 Dr. Patricia Mirwaldt  
 Dr. Ashnoor Nagji  
 Dr. Kaiyo Need  
 Dr. Christie Newton  
 Dr. Daniel Ngui  
 Dr. Elena Paraskevopoulos  
 Dr. John Ridley  
 Dr. Lilah Rossi  
 Dr. Nardia Strydom  
 Dr. Jim Thorsteinson  
 Dr. Sue Turgeon  
 Dr. Tinus Wasserfall  
 Dr. Charles Webb

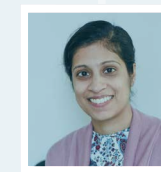
## BOARD OF DIRECTORS (2019/2020)



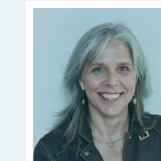
**Dr. Lauren Daley**  
Board Member



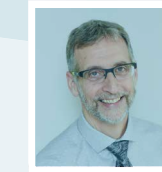
**Dr. Jesse Kancir**  
Resident Board Member



**Dr. Nitasha Puri**  
Board Member



**Dr. Brenda Hardie**  
Board Member



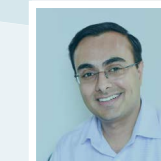
**Dr. Jay Slater**  
Board Chair



**Dr. Kelly Little**  
Vice-Chair



**Dr. Ramesh Kamath**  
Treasurer & Secretary



**Dr. Robin Patyal**  
Board Member

# MEMBERSHIP

The Division offers opportunities for members to engage with colleagues, communities of practice and our work. It's the commitment of members that drives the work of the Division. Thank you to all members for your ongoing involvement and support of your Division.

## GOVERNANCE



*“10 years ago as a newly formed organization I announced that the Vancouver Division of Family Practice would be the grassroots voice of family physicians in the work of health care reform in*

*Vancouver. We have kept that vision and now have many partners in the Health Authority and Government and our own profession who acknowledge our expertise and willingness to contribute. The early Boards worked very hard defining the critical issues of EMR and electronic communication, shared care with specialists, elder care and engagement of members. Special thanks go to Dave Baspaly and Cheryl Hogg for their administrative expertise, support and enduring friendship which was critical in the development and maturation of your current Division. I am so honoured to continue to contribute as a team member in the formation of our Primary Care Networks and I invite you all to step forward again and join us in this promising new paradigm of care.*

– Dr. Terry Chang, 2010 to 2016 Board Member & Chair

## PRIMARY CARE CHANGE

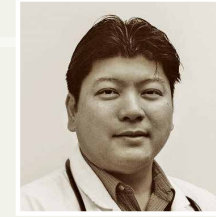


*Having served the Division for nearly 9 years, I continue to be struck by the willingness of you all to step forward and meet the changes and challenges of the system. This is especially apparent during this global pandemic that*

*has required us to adapt quicker and rise up even higher. You transformed your practices overnight to safely support patient needs, and together with the Division and our partners, proved that we can be collaborative and creative in finding solutions, and that our collective will to change the system for the better is strong. What comes next is finding a way to provide care to our patients that is rewarding and sustainable. We don't know the duration of this pandemic, or what lasting outcomes will emerge, but we need to take this opportunity to ensure that primary care is reimagined and supported such that both patient and provider needs are met. I am honoured to continue working with the Division in the capacity of Physician Lead, supporting family doctors in Vancouver towards sustainable, positive primary care reform.*

– Dr. Fiona Duncan, Physician Lead, Vancouver Division, 2012 to 2018 Board Member (2013-16 Vice-Chair, 2016-18 Chair)

## MEMBERSHIP



*The Division was a new development, a paradigm shift that offered a model of involvement for family doctors. It gave a voice for*

*family doctors, as a collective, to develop programming and ideas that made sense for their practices. In the early days, and still today, the Division provides a place for members to participate and share learning to make lives of practicing family physicians better. I was involved in the Doctors Den program, a forum for members to share ideas; and through which I introduced DropBox, a tool to allow each physician, at every clinic to stop reinventing the wheel – by providing a network of shared resources and support. The Division offers the opportunity to make a difference, you just need to get involved. Even as a young growing organization we knew the importance of being a home for members and on focusing on growing our numbers... I have fond memories of celebrating every new 100 members past 800, 900, 1,000 with a clapping session at our Board meetings. I enjoyed my time on the Board, I learned a lot, and purposely stayed for more than 1 term. I encourage all members to get involved – you will learn and be a part of a collective that will make a difference to your work, and that of others.*

– Dr. Daniel Ngui, 2012 to 2016 Board Member

## LONG TERM CARE INITIATIVE



*The current Vancouver LTCI program had its roots in the Frail Elder Care*

*Committee that I was recruited to join in 2012. The committee was grappling with an apparent lack of engaged physician interest in long term care work and developed some of the core ideas that became foundations for the Vancouver RCI: an emphasis on a house physician model for each care home, a centralized recruiting and mentoring system to identify physicians interested in LTC, and a commitment to data driven continuous improvement. It has been an incredible privilege to be involved in the development of a program that has so significantly impacted the LTC landscape in Vancouver and a real joy to share this work with the Division's very talented LTC Program staff, Jaimie, Samantha and Camila.*

– Dr. Sue Turgeon, Physician Lead, Long Term Care Initiative, 2012 to 2014 Board Member

## PRIMARY MATERNITY CARE



*It is indeed an honour and privilege to serve as the Primary Maternity Care Committee's chair*

*since its formation in 2012. What started out as an informal conversation with a member who expressed a desire for support for maternity providers turned into an incredible continuing journey that has made our Division a leader in promoting excellence in integrated and comprehensive family practice maternity care. Our achievements would not have been possible without the dedication and hard work of the committee members, the constant support from Division staff, the tremendous collaboration with our partners, and the enthusiastic participation of our membership. For me, it's the opportunity to work collegially with and learn from my peers, from staff and others that is the most rewarding part of my involvement.*

– Dr. James Lai, Committee Chair, Primary Maternity Care, 2011 to 2017 Board Member (2016-17 Vice-Chair)

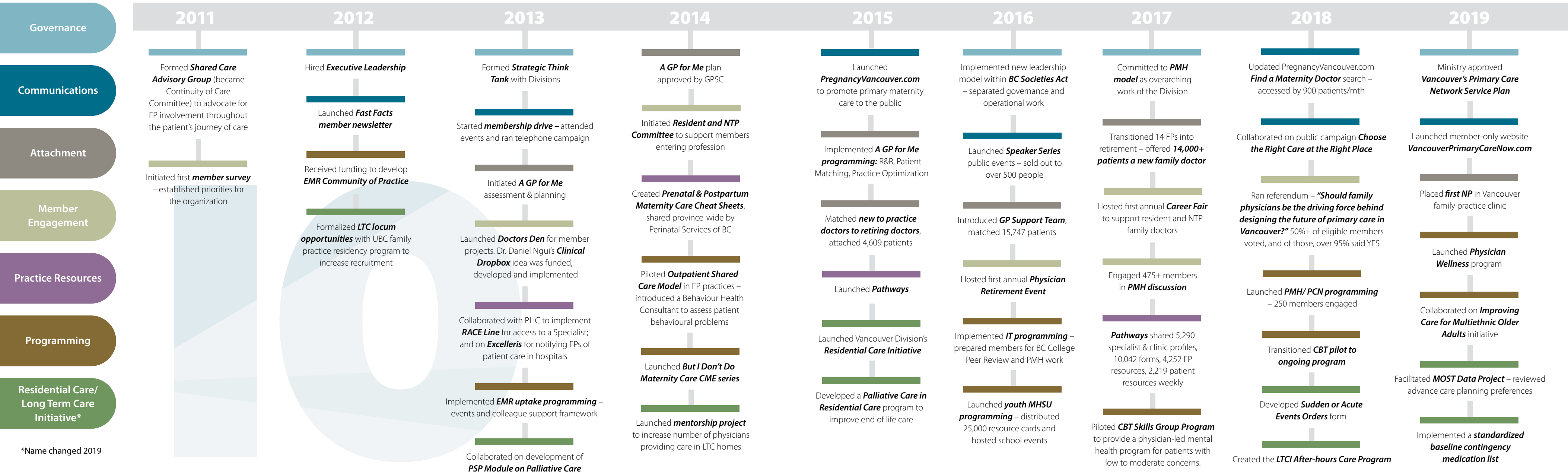
# THANK YOU

# 10 YEAR OVERVIEW

The Vancouver Division was incorporated on June 24, 2010.

MATCHED 15,000+ PATIENTS TO A FAMILY PHYSICIAN

SUPPORTED 100,000+ PATIENTS THROUGH PROVIDER RECRUITMENT AND FP RETIREMENT SUPPORT



\*Name changed 2019

# COVID-19 TIMELINE

## MARCH ► SEPTEMBER

The disease caused by the new coronavirus, COVID-19, was first identified in late 2019, with the first presumptive case in B.C. in January 2020. WHO declared a global pandemic on March 11, 2020.

# COVID-19 CASES



### March

### April

### May

### June

### July

### August

### September

5  
First care home case.  
> 20

16  
Strict physical distancing enforced – 2 metres and 6 ft.  
> 100

17  
Public health emergency declared – schools close.  
> 180

18  
Provincial state of emergency begins – Canada-U.S. border closed.  
> 225

31  
B.C. surpasses 1,000 cases of COVID-19, over half of patients recovered.  
> 1,000

13  
Lowest daily increase in cases since March 6.  
> 1,200

17  
Data suggests 'we have flattened that curve,' Dr. Henry says.  
> 1,500

6  
B.C. announces plans to reopen.  
> 2,250

19  
**Phase 2 begins:**  
Non-essential businesses reopen. Transition to in-person practice with safety plan.

2  
207 active cases across B.C. marks the lowest number since March 17.  
> 2,600

24  
**Phase 3 begins.**

1  
Public is reminded to help stop the spread of COVID-19 through the Summer as mandatory isolation is extended.

17  
743 active cases, the highest number since the pandemic began. Young people account for the majority of cases.  
> 4,500

21  
824 active cases, new record. Stronger enforcement begins with fines for large gatherings.

9  
B.C. announces \$1.6 billion investment in response to COVID-19.

10  
Students return to school. 139 cases in one day, record-high.  
> 6,800

March 21

**Dr. Jay Slater,  
Board Chair  
Thank you to  
Members**

Many thanks to our FP colleagues who, despite uncertainty and potential risk, continue to "show up" and care for your patients, your colleagues and your community everyday. Your commitment will carry us through these challenging times.

April 4

It's been less than a month since the WHO declared COVID-19 a pandemic. It feels a lot more than that. It takes an emotional and physical toll. And we know that the coming weeks, until the curve peaks, will be ever more challenging. There are many ways that you will be contributing to the collective effort – providing primary care to you own patients, covering one another, taking shifts on the wards or assessment centres. In whatever way you choose to be involved THANK YOU.. It was Helen Keller who said "...Together we can do so much".

May 23

It was noted early in the pandemic that "this will be a marathon, not a sprint" and that was certainly an honest and accurate prediction. Here we are entering the second phase, stepping cautiously into the new reality of increased in-person doctoring. It feels good, it feels a bit strange, and things aren't anywhere near the same as pre-COVID. Yet I've noticed the relief in people's faces (sometimes from behind a mask) that they can again be seen by their family doctor for the more serious of their medical and mental health issues, those things that are

best dealt with in-person rather than virtually. Our patients have struggled over these months with uncertainty, fear, and new or chronic conditions. I'm grateful that the first phase of the pandemic wasn't as bad as it could have been and that, while future surges are still entirely possible, we have some time now to catch up with patient care and feel a little more 'normal' as doctors.



COVID-19 presents an unprecedented time for our work. We shifted efforts to address members' needs, personal and professional. Our goal was, and remains to be, to keep members able to practice safely.

We continue our work to help members stay informed, adapt their practices and provide safe in-person care throughout the COVID-19 pandemic.

## Governance



- Worked with HA on multiple **EOC tables** for a coordinated response.
- Collaborated with HA to **provide PPE** to clinics on an emergency basis.
- **Met daily** with Board and Staff Executive.

## Communications



- Launched COVID-19 website: **4,860** pageviews, **19,000+** resources engaged.
- Circulated **89** issues of COVID-19 Briefing: **60,000+** newsletters read, **20,200** resources accessed.
- Re-introduced Fast Facts with a COVID-19 section in July: **1,300+** resources accessed. [clinical updates](#) / COVID-19 testing / [quarantine guidelines](#) / telehealth billing / [virtual health how-to guides & webinars](#) / re-opening practice guides / [PPE guidance](#) / clinic communication / [patient resources](#)
- Curated COVID-19 maternity resources on PregnancyVancouver.com, **475+** resources accessed.

## Attachment



- Matched **1,393** patients and their family members through PAI. Worked with **57** providers.
- Supported **6** retiring (or moving) physicians. Reallocated **100%** of panels: **4,023** in-Vancouver & **2,048** out-of-Vancouver patients.
- Placed **11** locums & **2** permanent FPs.
- Transitioned to **InputHealth** electronic attachment process.

## Member Engagement



- Hosted **2** town halls, engaged **125+** members.
- Facilitated **12** webinars, engaged **150+** members.
- Supported **12** clinics to reopen, engaged **109** members.

## Practice Resources



- Delivered **75,000+** pieces of PPE to **220** clinics.
- Transitioned **200+** physicians to virtual health.
- Created **12** clinic websites.
- Collaborated with FLC to provide updated **financial support programs**.
- Developed **17** clinical support documents.
- **6 steps to developing your safety plan** / patient education about COVID / **clinic posters** / manuals to use virtual health software

## Programming



- CBT Skills Group ran **20** groups (online and in-person), supported **297** patients.
- Developed physician wellness programming – **200+** resources accessed, **80+** physician wellness tips shared, implemented physician support **outreach**.

## Long Term Care Initiative



- Implemented virtual care program: **13** tablets delivered, **32** LTC homes and **65** physicians set up on Doxy.me.
- Delivered **weekly updates** to the LTCI After-hours Care Program clinicians.
- Prepared COVID-19 **Data Report** for each care home.
- Hosted **2** LTC zoom meetings: **80+** participants engaged at each.
- Implemented and shared analysis of **LTC Recovery Planning Template**.
- Standardized **LTC Remote Prescriber's Orders** fillable PDF.
- Produced **PPE Guide** for Episodic Clinician Visits to LTC.

## Physician Members Thank you to the Vancouver Division

*I just wanted to thank everyone at the Division for doing such an amazing job on behalf of all of us. The way you have re-purposed and sprung into action is unprecedented.*

*My office received some personal protective equipment from the Division. We appreciate the care package and thank you for supporting the Family Physicians.*

*That is amazing news that Vancouver patients have been assigned to a new family doctor. Also, it is very reassuring that my Surrey/Fraser Valley patients have been provided with resources to help them connect with a new clinic/GP. You have been such a friendly, reassuring and resourceful aid during this time :)*

*I am totally impressed with the fantastic work you are doing for all Division members during this COVID-19 crisis from providing the vast array of resources on patient care, practice management, physician wellness, setting up town halls, giving in-person assistance where needed, and more. I look forward to the day in the near future when I can walk into the Division office again to personally say hi and thank all of you.*

*Just wanted to drop a line to thank you all for keeping FPs in Vancouver updated on the COVID-19 situation especially the very informative and helpful links on the Daily Update email! You're doing a great job of collating all the relevant information and visually presenting it in such an organized readable format! Much appreciated and hope that you keep well and safe!*



Informed by the past 10 years, 2019/2020 has brought an overarching focus to our work in the development of PCNs and the redesign of healthcare service delivery to increase access to quality primary care for all patients. As a collaborative community effort, drawn from partner negotiation, discussion and information collection, the development and implementation of our PCN work is presented in Vancouver's Primary Care Network Service Plan (Service Plan).

The Service Plan work is based upon the following principles:

- Patients are at the centre of the healthcare system.
- Doctors are supported to provide quality patient care.
- Autonomy and self-determination of individual family doctors is respected.
- Access to opportunities is fair and equitable.
- System changes are spreadable and scalable across our city.
- Physician and care team wellness and personal capacity is paramount.
- Changes are evidence based; built on previous investments and experience where appropriate; and incorporate an iterative process.
- There is a commitment to partnership and system co-design between the Vancouver Division and VCH.



The initial focus of PCNs in Vancouver is to address the attachment gap. There are an estimated **121,000** unattached patients with an additional **133,500** over the next 2 to 3 years as **89** FPs are expected to retire.

Fully implemented, this Service Plan has the potential to attach **121,000** patients in the next 3 years, through:

- Increase in net new primary care providers.
- Investment in recruitment & retention, patient matching and practice optimization.
- Integration with VCH Public Health.

To support specialized populations including frail elders, MHSU and maternity care we plan to bring together family physicians, specialists, health authority partners and community resources (social prescribing) within PCNs to build comprehensive communities of practice.

Building off the significant investments that have been made in primary care over the past decade, our work on the Service Plan will continue to engage members to highlight areas of concern; develop new programming to address needs; and create strong networks.



Program numbers reflect work from November 2019 to October 2020 unless otherwise noted.

## Increased infrastructure to develop and support the PCN work

- Hired **6 Community Network Managers** to support the development of PCNs.
- Launched **VancouverPrimaryCareNow.com** to share information specific to each PCN, and for members to learn about work in other communities.
- Increased investment in **recruitment & retention** to source and retain FPs.
  - Launched **PracticeinVancouver.com** Recruitment Website.
  - Optimized online advertising through **Google Adwords**.
  - **Recruited FPs** globally and supported **provisional licensure**.
  - **Supported FPs** through practice management presentations, resource sharing, and networking events.
  - **Advertised** through medical schools across Canada.
  - Partnered with IMGs to **support Return of Service Placements**.
  - Created a program for **hiring NPs and FPs** to PCN contract positions.
- Increased investment in the **Patient Attachment Initiative**.
  - Added an **additional clinical staff member** to support patient matching.
  - Developed a **database** to improve charting and efficiency of referrals.
  - Implementing a **paperless patient matching system**.

## Increased the number of patients who are attached to a primary care provider

### INCREASED THE NUMBER OF PROVIDERS

- **7** permanent practices started, creating attachment capacity for **8,750** patients
- **36** locums placed
- **126** FP and **37** NP new contacts supported to find job opportunities or transition to practice
- **12** retiring FP patient panels transitioned to new care, supported **10,396** patients to find a new provider after their physician retired
- **16** NPs (**15** FTE) started permanent practice, creating attachment capacity of **15,000** patients

### INCREASED CAPACITY AND CONTINUITY

- Worked with **150+** referral partners for patient matching.
- Decreased **avoidable visits**, including those to the ED by improving primary care access to specialists, diagnostics and Specialized Community Services Programs.

### INCREASED ACCESS

- **Urgent Primary Care Services** (City Centre and REACH UPCCs).
  - Worked with UPCCs to attach patients to a primary care provider. **92% (701)** of eligible patients referred have been **matched**.
  - Provided **extended hours** of primary care in the community.

**16,000+**  
PATIENTS  
matched TO DATE  
(SINCE 2015)

**4,000+**  
PATIENTS  
matched

**OVER 96%**  
of eligible patients  
have been matched,  
**3%** increase over last year.

Matched an average of  
**385+**  
patients per month.

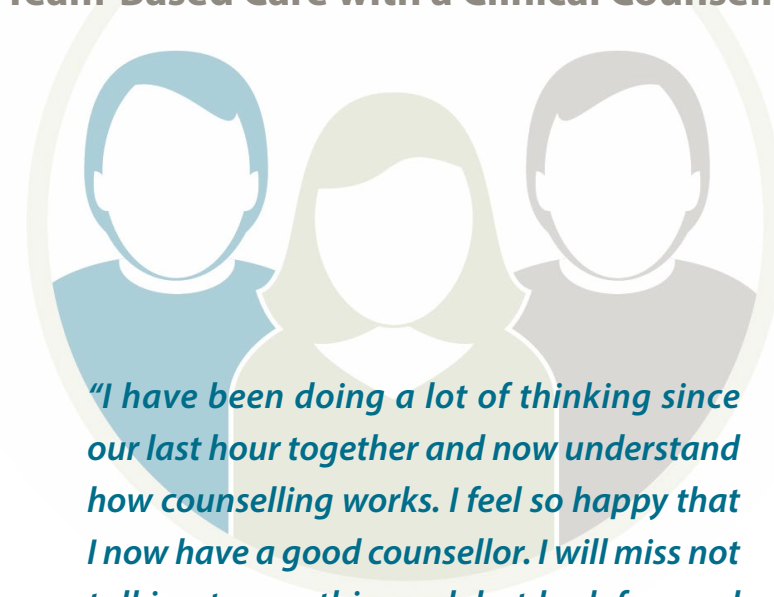
## Facilitated Patient Access to Care

As partner to multiple health authorities and community programs, the Vancouver Division is uniquely situated to identify service gaps through the patient journey and improve patient access to appropriate care.

➔➔ **Connecting specialized services to one another** including work with the VGH Access and Assessment Centre and the CMHA Peer Navigators.

↔➔ **Assisting specialized service providers to identify the most appropriate primary care settings** for their patients, including delineating VCH Primary Care Clinics, Home VIVE, and primary care providers accessible through the Patient Attachment Initiative.

## Patient Impact from PCN work and Team-Based Care with a Clinical Counsellor



*“I have been doing a lot of thinking since our last hour together and now understand how counselling works. I feel so happy that I now have a good counsellor. I will miss not talking to you this week but look forward to continuing the progress we have made next week. I really needed someone to talk to. Also could you send me the name of the famous Psychiatrist you mentioned that was on Benzos. I will try to look him up on the computer.” – Vancouver Patient*

## SPECIALIZED POPULATIONS (Committee) SUPPORTS

### • Primary Maternity Care

- Established **Community of Practice** for Vancouver, connecting all **44** family physicians who do maternity care (FPms) in Vancouver.
- Provided **education, professional development and networking** events.
- Curated **resources for access and sharing** amongst FPms and the public. **790+** resources reviewed by **20** FPms, allied health and patients.

### • Mental Health and Addictions

- Supported the **Primary Care Mental Health Community of Practice** by training an additional **21** FPs and **5** Residents in CBT skills.
- Ran **41 CBT Skills Groups** and supported **585** patients. Received **961+** patient referrals from **498** referring physicians.
- Established an **Addictions and Substance Use cohort model** to connect experienced FFS OAT prescribers with FP trainees. Worked with **9** FPs and identified **3** FPs to provide training.

# PHYSICIAN HEALTH AND WELLNESS

It's a priority of the Vancouver Division to support our physician community in fostering an environment of health and wellness, and to ensure access to services to address any personal and professional difficulties members may be experiencing.

## EVENTS:

**30+** Members Attended – **1st** physician wellness weekend retreat

**Fostering Physician Resiliency:** The Division hosted an immersive 1.5 days of exploring a diversity of mindfulness practices. Members were able to experience approaches such as Mindfulness Interoceptive Exposure Task, Body Scanning, and a number of movement practices; as well as learn how to integrate mindfulness into their family practice.

## RESOURCES:

Created webpage with **50+** wellness resources featuring books, podcasts and apps. **200+** resources accessed.

## OUTREACH:

Physician Support Call Out – Personal **Connection** with Members

**March 28:** *Dear #pandemicwarriors, Thank you for your care, bravery and resolve in uncertain times. We are advocating at every level to keep you and your patients safe. Thus far I can say this has been the most challenging, yet rewarding time of my medical career. Anyone who has reached out to the Division for personal support has received a call or email directly from me. I can say from these communications that I could not be prouder of Vancouver family doctors and all they are doing in this pandemic. Please, if you need support, let us know. We are here.*

Dr. Kelly Little, Vice-Chair, Vancouver Division

## REMINDERS:

**80+** Dr. Dan Wellness Tips Shared – Physician Wellness column in member newsletter

**80+** Physician Wellness Tips shared

Dr. Daniel Dodek,  
Vancouver Division Lead  
for Physician Health



*It is easy to feel out of control and overwhelmed with the current situation. I recommend focus on today and what you can control today. This helps me in times of stress.*

*I love the 7pm cheer that occurs now all over the world to thank the front line workers. Most people in my neighborhood go out to the front of their house and bang pots, clap and cheer for 2 minutes. It makes me feel part of a community, connected and brings a sense of belonging. I feel so lucky to be living in such a wonderful place!*

*I recently read a fascinating book called “Why Generalists Triumph in a Specialized World” by David Epstein. This made me think about how amazing it is to be a family doctor today. It stated that generalists are, “more creative, more agile, and able to make connections their more specialized peers can’t see.” Family Doctors have adapted during the pandemic and will continue to evolve and make a difference.*

*Working from home 80 percent of the time, I find it challenging to separate work life from home life. Some strategies that I employ are to make sure all my medical work only occurs in the home office; no phone consults anywhere else in the house, no paperwork at the dining room table etc. I try and make sure I do not access my EMR after a set time in the evening. The strangest piece of advice I heard was to get in your car each morning, drive around the block and then return home to start your work day. If I needed this separation of work and home, I'd just walk.*

# FINANCIAL REPORT

## MESSAGE FROM THE TREASURER

The Vancouver Division was making excellent progress towards the establishment of a robust Primary Care Network and had made significant strides to achieve that goal, thanks to the efforts put in by our members and the entire team at the Division. Unfortunately, the pandemic derailed this process and necessitated a change in focus to support the membership in dealing with the changed circumstances. Though the focus did shift for the short-term, the long-term goal on forming partnerships in the community and establishing a robust PCN remains.

The staff at the Division have been working tirelessly to meet the dual purpose of member support around COVID-19 while maintaining work on PCN development to enable us to start where we left off. We did receive additional funds in the current year, with more funding for the PCN work to follow in the next fiscal

year. Funds had to be appropriately channeled towards acquisition of PPE and distribution, as well as in the establishment of virtual care, amongst other expenses. Your Division has used the funds very judiciously, maintaining sufficient funds to continue with the PCN roll out when circumstances permit, and this is reflected in the charts presented alongside.

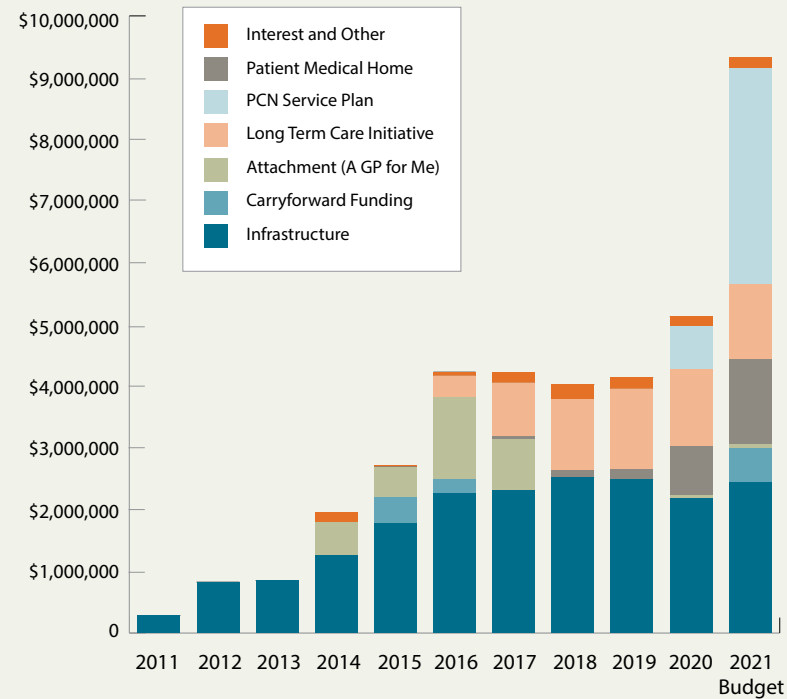
My sincere thanks to the excellent work done by Division operation leads and the entire team. They have worked in difficult circumstances to stay on target and maintain fiscal prudence to keep our finances in good health and ensure adequate funding for projects moving forward.

Sincerely,

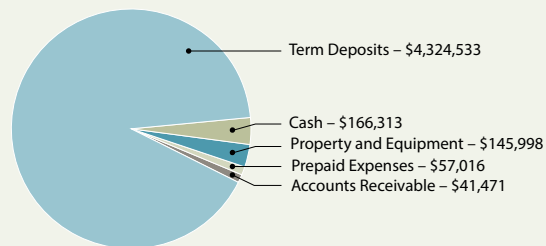


**Dr. Ramesh Kamath**  
Treasurer and Secretary

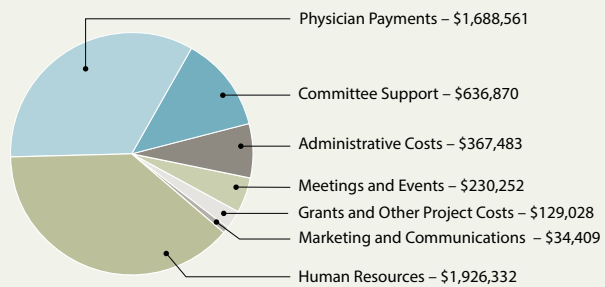
## YEAR OVER YEAR REVENUE GROWTH



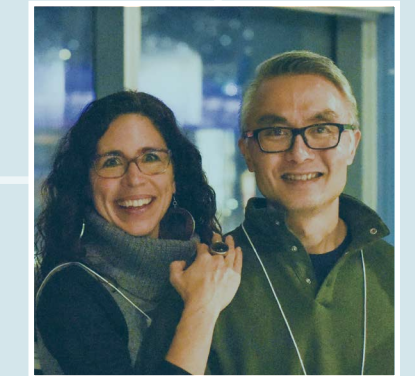
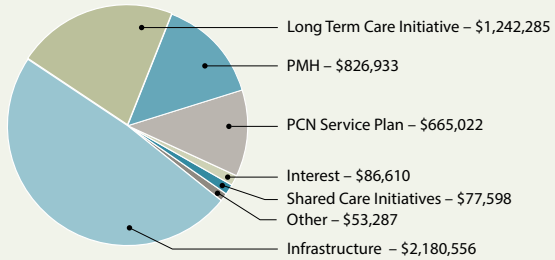
## ASSETS 2019/2020



## EXPENSES 2019/2020



## REVENUE 2019/2020



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**Vancouver**

Division of Family Practice

A GPSC initiative