



Photo source: wikipedia.org

2013-14 ANNUAL REPORT



Cowichan Valley
Division of Family Practice

A GPSC initiative

NOTICE OF MEETING

Cowichan Valley Division of Family Practice Annual General Meeting

Wednesday, September 24-2014

*Oceanfront Suites, Cowichan Bay
1681 Cowichan Bay Road*

PROPOSED AGENDA

- Buffet Dinner
- Ratification of mid-term board appointment
- Year-end audit report
- Presentation - Island Health overview
- Presentation - Bounce Back Program, Cowichan Mental Health
- Presentation - First Link Program, Alzheimer's Society



YOUR DIVISION TEAM *2013-14*

Board of Directors

Dr. Tom Rimmer - *Chair*
Dr. Trudy Woudstra - *Vice-Chair*
Dr. Patricia Seymour - *Treasurer*
Dr. Bryan Bass
Dr. Jim Broere
Dr. Juliette Eberhard
Dr. J-M Wilson

Admin Staff

Valerie Nicol - *Executive Director*
Jennifer Berg - *Financial Administrator*
Tiffany Littmann - *Executive Administrator*
Tracey Powell - *Administrative Assistant*

Contract Staff

Krystal Poirier – *Locum Coordinator*

2013-14

ANNUAL REPORT

TABLE OF CONTENTS

Chair's Report	2
Executive Director Report	5
GP For Me Report	7
Physician Recruitment & Retention	9
Cowichan Maternity Clinic	11
Family Practice Hospital Support Program	13
Practice Coaching	13
Aboriginal Health Liaison	16
Treasurer's Report	18
Statement of Financial Position	20
Statement of Operations	21
CVDFP Strategic Priorities	23
Partnerships	25

CHAIR'S REPORT

Dr. Tom Rimmer



The CVDFP is wrapping up another productive year of operation. With our financial situation now clarified after the transition from an attachment prototype to a regular "GP for Me" community, we have sharpened the focus of our work to consolidate past successes and set realistic targets for future projects. Divisions remain an excellent vehicle to provide physician input towards sustainable system change.

Since beginning our attachment work we have developed a data collection system which allows us to monitor our progress. As of March of this year we have successfully matched over 2600 patients to a GP. Our ongoing attachment initiatives include: Physician Recruitment, Family Practice Hospital Support Program (formerly DOD), Cowichan Maternity Clinic, and our efforts to increase capacity in physician practices.

Over the past eighteen months the valley has welcomed eight new physicians, four of whom are in full service family practice and four who are providing Locum services. In addition, the Division has collaborated with the Choose Lake Cowichan Committee to enhance access to primary care for lake area residents. Dr. Gary Toth has reopened his practice and will soon welcome two new physicians to join him at his Brookside clinic. This group will work in association with a nurse practitioner and the newly established Island Health multidisciplinary clinic.

Our efforts to enhance the DOD service have been rewarded with greater stability and predictability for both physician providers and hospital administration. The number of physicians providing this critical service has remained constant at 31 and we continue to encourage others to join. We meet regularly with stakeholders to fine tune and sustain the service.

The Cowichan Maternity Clinic continues to provide high quality maternity care. We have worked hard with the health authority to ensure stable funding for nursing and dietician services. All unattached patients seen through the clinic have been matched to a family doctor. Provider numbers remain stable at nine with that number expanding to ten in the fall.

We have collaborated with Physician Information Technology Office (PITO), the Practice Support Program and the Cowichan Community of Practice to hire the very successful practice coaching team of Mai Bennett and Erin Lutz to help doctors optimize EMR use, determine patient panel size and enhance practice efficiency and capacity.

The CVDFP continues to work productively with the health authority, ministry and other stakeholders through the Collaborative Services Committee. Our board membership represents the various geographical regions of the valley and brings a diverse set of interests and opinions to the table. The excellent Division staff do an outstanding job of supporting the work of the board.

The Cowichan Division continues to be a provincial leader and has been frequently called upon by other communities to provide guidance and leadership.

In the coming year the Division will continue to provide a vehicle for family doctors to communicate and participate in system change. Areas of focus will include finding better ways to engage with our specialist colleagues; building closer links to the UBC Island Medical Program; collaborating with the health authority to enhance local CME opportunities; and improving access to mental health services.



Photo source: M. Kaiser

We welcome the input and participation of members at large and look forward to another productive year.

EXECUTIVE DIRECTOR REPORT

Valerie Nicol



In its fourth year of operation, the Cowichan Division of Family Practice continued to be a leader among Divisions. We were called upon several times to share our learnings as an attachment prototype community with the new GP for Me communities who are just now defining and implementing this work.

The Cowichan Division has developed an excellent reputation for community engagement and for having a high-functioning Collaborative Services Committee. We have recently adopted a leadership position to better align our partnerships with funders and other key stakeholders. Early outcomes from this work include the formation of a partnership inclusive of all eight Divisions on Vancouver Island. This group is currently working on an Island-Wide Physician Recruitment strategy and an Island Wide Information Technology Strategy.

Looking back, many people have contributed to our success over the last four years. As we reflect upon all of the hard work and contributions of these many dedicated people, we offer our collective thanks as we celebrate our achievements. Looking ahead, it is important to reflect on what we have learned as we begin to contemplate the future of Divisions post 2016.

For all Divisions of Family Practice, there are two big questions to be answered:

1. What is the future of Divisions?
2. Both the Ministry of Health and

The Doctors of BC have identified specialist engagement as a strategic priority -- how will the engagement of specialists impact Divisions of Family Practice?



At the Provincial Round-Table meeting in June, the General Practice Services Committee announced their intention to create a strategic plan for their work. They were effusive in their praise of Divisions and their intention to grow and improve upon the Divisions model in the future. The message from the GPSC was that Divisions are here to stay, and they encouraged us to plan beyond 2016. With the Physician Master Agreement negotiation looming, this comes as reassurance to all those currently dedicating their time and energy to this work.

The plan for engaging specialists on a large scale is not yet known. Initial efforts have been restricted to engaging hospital-based specialists. We



2013 Annual General Meeting

Photo source: CVDFP

We look forward to participating in discussions about how we can further engage with, and align our work with our specialist colleagues.

Some potential changes on the horizon for Divisions include a re-vamp of the infrastructure funding model. Divisions are currently funded annually on a per-member basis. This has created some significant inequities between Divisions around the province. Currently under consideration is a two-part funding model comprised of a base amount for operational costs for each Division, and a smaller per-member payment to enable larger Divisions to engage their members effectively.

Whatever the future of Divisions holds, the CVDFP board and staff remain committed to their collaborative approach to achieving our strategic objectives with Island Health and our community partners.

GP FOR ME REPORT

Valerie Nicol

During the 2013-14 fiscal year, the Cowichan Division redefined its Attachment / GP for Me work. We focused on the transition from being one of three attachment prototype communities in BC, to becoming one of many “GP for Me” communities in the province working diligently to attach patients. Reducing the scale and scope of our work to a few key initiatives has allowed us to continuously measure and make improvements. Recruiting new doctors continues to be the most efficient way to attach patients and we have made great progress on that front – particularly in Lake Cowichan, with the arrival of two new International Medical Graduates in August.

During the past year, the Cowichan Division has been called upon on a number of occasions to share our learnings alongside our fellow prototype communities, Prince George and White Rock/South Surrey. At the fall 2013 GP for Me event, the three prototype communities were asked to host a “salon” event, where the Board Chairs and Executive Directors described on camera, and to a room full of people, the previous three years of work undertaken to define and implement “Attachment”. The videos will be made available on the Divisions BC website.



Over the last year, we worked closely with Island Health to secure and sustain the Cowichan Maternity Clinic. As of April 1st 2014, Island Health is covering the cost of RN services at the Maternity Clinic. The CVD FP also worked with Island Health on the implementation of a multidisciplinary Primary Health Care Team in Lake Cowichan. As of February 2014, the team is in place and seeing patients. That team works closely with GPs in Lake Cowichan and with a new Nurse Practitioner that has been funded provincially to support the GPs and the multidisciplinary team. These initiatives are

the successful product of more than four years of work to forge relationships and improve the quality of our partnerships with Island Health.

The Cowichan Collaborative Services Committee has identified Mental Health and Aboriginal Health as two shared priorities for both CVDFP and Island Health. We will be focusing our efforts on these two priorities in order to reach our goals for both Attachment and Integration.

The Integrated Practice Support Initiative (Practice Coaching Team) will complete its work in August 2014. Part of their focus to create practice capacity and improve efficiencies is to assist GPs in identifying their accurate patient panel number. Working with accurate patient panel numbers is the only reliable way we can capture attachment data at the practice level.

Attachment Data

Data collected from all Attachment Initiatives (Cowichan Maternity Clinic, Family Practice Hospital Support Program, Physician Recruitment, increased capacity in physician practices) shows that **2,667** patients had been attached in Cowichan by March 31st, 2014.

Also added this year is an ER-Referral Program that looks to pair unattached high-needs patients with participating GPs. The program got underway in June of 2014, so data on patient volumes and attachment levels were not available at the time of publication, but will be incorporated into the 2014-15 statistical report.



Photo source: golfvancouverisland.ca

PHYSICIAN RECRUITMENT & RETENTION

Dr. Jim Broere

Recruitment efforts are in full swing at the local, regional and provincial levels. The CVDFP Recruitment Committee has worked closely with Island Health and the Choose Lake Cowichan committee in the past year, with focus on addressing the GP shortage in the Lake Cowichan community. That gap has now been successfully filled with two local GPs returning to practice in the community, and two International Medical Grads joining the community this summer. In total, the Cowichan region saw 7 to 8 interested GPs tour the region.



Photo source: riverquest.ca

For the coming year, recruitment efforts will re-focus on more regional approaches and in providing support to those GPs planning to leave practice in the near future. To that end, CVDFP has initiated discussions with Economic Development Cowichan to look at collaborative opportunities for engaging potential new GPs and for promoting the Cowichan region.

Provincial level meetings continue, with an eye to reducing barriers to practice in BC. Vancouver Island Divisions have also been working collaboratively this past year to look at ways in which resources might be pooled, given the shared goals around recruitment and retention; this work remains ongoing.

CVDFP attended two recruitment events over the past year – the first, an Island-wide event held at Bear Mountain; the second, a UBC conference for new grads. Unfortunately, neither event offered much in the way of tangible results, and other alternatives that hope to make better use of Division resources are currently being contemplated.

Another area of focus for the coming year will be to gain better access to and interaction with Residents training on the island.

The revamp of the Division website remains under development at the provincial Division office – once complete, CVDFP will look to update and upgrade its web presence.

CVDFP is also working to capture recruitment related data to track overall flows and to document gaps and successes; however, total volumes are low and often overlap with Island Health recruitment efforts, making statistical evaluation difficult. This too remains a work in progress.

LOCUM PROGRAM:

Program stats for the January-March 2014 period is not available due to the loss of raw data for those months; however, the following trends were documented over the first 9 months of the fiscal:

- As of December 2013, there had been 29 different GPs making requests for coverage. This number increased on average by 3 GPs each month; extrapolating to the end of the year, this would indicate, statistically, that 38 different GPs would have submitted requests by the end of the year, or approximately 50% of the 75 full service family physicians in the region.
- The Locum Coordinator receives an average of 2.5 communications per month; however, as communications often include multiple date requests, the number of coverage requests is 4.4 per month.
- Of the months for which data was available, the demand for coverage was highest in August and November, and lowest in October.
- As of December 2013, there were 14 locums in the program pool.
- The Locum Coordinator filled 52% of requests for coverage.



Photo source: M. Kaiser

COWICHAN
MATERNITY CLINIC

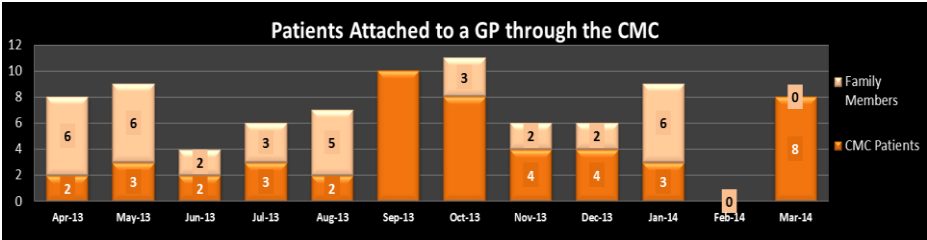
2013-14 was another year of change for the Cowichan Maternity Clinic. The clinic saw the departure of Dr. Deana Robertson and Dr. Ann Thompson at the end of 2013, and has since welcomed the addition of Dr. Meghan Chabot and Dr. Aoibhinn Grimes, keeping GP levels constant at nine, with another GP expected to join this fall. Also new to the team this year is MOA Jessica Wilson, who replaces outgoing MOAs Denise MacDonald and Sadie Thomas.

Working collaboratively with Island Health, CVDFP took the first steps toward a sustainable funding model for the clinic, with the transfer of the RN position to the health authority. Such conversations continue, with focus shifting to options for long term sustainable solutions for the remaining clinic operating expenses.

Further changes are clearly in the clinic’s future as it continues to evolve and transition away from a Division-funded initiative. Despite these changes, the clinic, now in its fourth year of operation, continues to be a success, providing continually high quality care and support to its patients and their families.

PATIENT VOLUMES

- Total patients cared for since opening stands at 2003.
- There was an average of 25 new patients each month; 86% of whom were referred by GPs.
- There was an average of 208 different patients seen each month, with an average of 372 total appointments booked per month.



ABORIGINAL PATIENTS

- Aboriginal patients comprise 32% of active patients, with an average of five new Aboriginal patients per month.
- Of the Aboriginal patients, an average of 19% live on Penelakut Island.

PATIENT ATTACHMENT

- Over the year, the clinic saw an average of 4 unattached patients per month, and attached a total of 84 patients to a family doctor (49 CMC patients and 35 family members).

DELIVERY VOLUMES

- There was an average of 19 maternity clinic patients per month who delivered at Cowichan District Hospital, for a total of 225 deliveries over the year.
- Mat Clinic patients accounted for an average of 45% of all CDH deliveries in the 2013-14 year.
- 92% of patients delivered at or over 37 weeks.

Thank you to the Cowichan Maternity Clinic GPs: Drs. Susan Barr, Graham Blackburn, Meghan Chabot, Aoibhinn Grimes, Maki Ikemura, Karen McIntyre, Nicolette Pearce, Tom Rimmer, and Maggie Watt, and staff: Kathryn Coopsie, RN, Paula Ramwell, RN, and Jessica Wilson, MOA.



Photo source: M. Kaiser

FAMILY PRACTICE HOSPITAL SUPPORT PROGRAM

Dr. Tom Rimmer

During the 2013-14 year, CVDFP took over the data collection and reporting processes for its measurable programs, work previously carried out by a third-party contractor. The result was a comprehensive statistical summary of those programs, including the Family Practice Hospital Support Program:

- The number of FPHSP-participating GPs stayed at a relatively constant 30 for most of the year, finishing the year with 31 participants, a significant improvement over the 21 participants during the previous year.
- An average of 82 patients per month were admitted to the FPHSP program through the ER, with a low of 57 patients in February 2014, and a high of 102 patients in January 2014.
- An average of 24 patients per month were assigned to the FPHSP program through pre-admits, with a low of 9 patients in December 2013 and a high of 33 patients in October 2013.
- There is an average of 8 *reported* patients per month in the 14081 category – those who are truly unattached with no family doctor (12% of total *reported* FPHSP patients).
- There is an average of 28 *reported* patients per month in the 14082 category – those who have a family doctor that does not have hospital privileges (41% of total *reported* FPHSP patients).
- There is an average of 32 *reported* patients per month in the 14083 category – those who have an out of town family doctor (46% of total *reported* FPHSP patients).



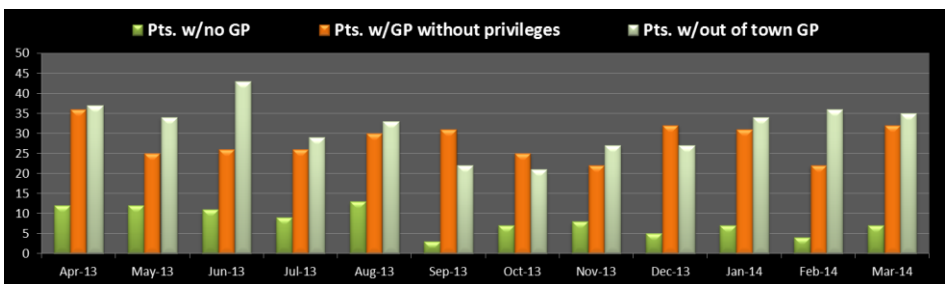
Photo source: N. Pearce

- There is an average of 3.5 patients attached via the FPHSP program each month.
- There were 69 patients over the year who had two or more ER admits per month.
- There were 27 patients who had three or more ER admits over the year - 19 with three visits, 2 with four visits, 3 with five visits and 3 with six visits over the year.
- On average, 64% of assigned patients are reported, and 61% of assigned patients are billed.

Physician survey results

Number of respondents: 14 of 30 participants (47%)

- Overall, 78% of respondents are satisfied or very satisfied with the program, with the balance being neutral.
- Of those who experienced the previous version of the FPHSP (about 90% of respondents), 100% felt the program had improved.
- 100% of respondents indicate they accept unattached patients.
- Frequency of patient assignment varied considerably, but 57% of respondents indicate they receive an assignment either once per week or once every 10 days.
- 65% of respondents feel the program has either no significant difference, or has a positive impact upon their practice, while 35% feel the program has some negative impact on their practice.



PRACTICE COACHING

This past year saw several key developments in the Integrated Practice Support Initiative, as the practice coaching model was finalized and rolled out to members.

- A two-person coaching team was formed: a Practice Automation Coach and Practice Support Program Coordinator.
- An application to extend the practice coaching work until the end of summer 2014 was approved by the General Practice Services Committee.
- The Community of Practice moved under the umbrella of the CVDFP Integrated Practice Coaching Advisory Committee.
- Also in the past year, PITO (the Physician Information Technology Office) reached the end of its funded term – March 31, 2014. To provide a transition period, PITO was moved under the Doctors of BC banner for one additional year.

The Practice Coaching team attended GP clinics throughout the year, offering individualized support in a format best suited to each clinic's needs; additional resources were available in the form of MD peer mentors and MOA peer mentors.

Areas of support included UpToDate registration, patient panel assessment, billing optimization, collecting Main Pro C points, improving in-office efficiencies, PSP action period requirements, and use of tools and templates.



Photo source: T. Littmann

As of the time of writing, the Practice Coaching team had engaged with 48 GPs, and there were nearly 40 GPs in the community who had attained or exceeded level 3 meaningful use of their EMR. A full report and statistical summary will be available later in the fall following the conclusion of the Integrated Practice Support Initiative.

ABORIGINAL HEALTH LIAISON

Dr. Juliette Eberhard

Although Aboriginal Health was not determined to be a priority initiative in the CVDFP Strategic Plan, the board felt it important to keep this work moving forward in some manner to build on the relationships and gains that had been achieved in the past. The Division is no longer able to fund the larger meetings as it had done previously, but some monies were available to support an educational and relationship building component of the work.

Two meetings were held with Jennifer Jones and Dr. Daniele Behn-Smith of Cowichan Tribes' Tse'wulhtun Health Centre. CVDFP remains keen to pursue further community consultations and is waiting to hear from other First Nations Health Centres whether there is any interest in continuing in this direction.

A survey of the membership was carried out to assess the interest in learning more about Aboriginal Health. Of the 31 respondents, 66% expressed interest in further educational opportunities.

Early in the year, the Division helped to recruit GPs to fill sessionals on Penelekut Island for two months during the absence of the regular doctor there.



Photo source: coastalartbeat.ca



Photo source: googlemaps.ca

In March, seventeen doctors and support staff attended a dinner and presentation of the Cultural Safety Video produced by Cowichan Tribes; held at the Elders' Dining room, the evening included speeches from two Cowichan Elders. It was a positive, helpful learning experience and there was consensus that we should try to coordinate an annual event of this nature.

Aboriginal Health has also been identified as one of the shared priorities (along with Mental Health) for the CVDFP/Island Health Attachment-Integration Working Group attended by Aboriginal Health Liaison Juliette Eberhard and Executive Director Valerie Nicol.

The Division was approached to support a pilot project being pursued by McKesson Canada and Cowichan Tribes for development of a Personal Health Record - the plan being to recruit First Nations patients and a number of family physicians to participate. This project is still pending, but does hold some interesting possibilities for the future, having been successfully deployed in Nova Scotia.

TREASURER'S REPORT

Dr. Patricia Seymour

On behalf of the Board, I am pleased to present The Cowichan Valley Division of Family Practice Society's audited financial statements for the fiscal year ending March 31, 2014.

KPMG LLP Chartered Accountants have examined the financial statements, comprised of the statement of financial position, statement of operations, changes in fund balances and cash flows. In their opinion, the financial statements present fairly, in all material respects, the financial position of the Division as at March 31, 2014, in accordance with Canadian generally accepted accounting principles.

Statement of Financial Position as at March 31, 2014

- Total cash assets held were \$1,219,070
- Infrastructure ended the fiscal year with \$2,233 in deferred contributions. These funds are included in the "Due to Doctors of BC" liability. The carry-over from fiscal 2012/2013 was used for a server installation. As those funds were used for a capital purchase, the deferred amount was considered unamortized deferred capital revenue. \$15,781 was also left in deferred under Infrastructure for the administration of the in-patient care program.
- Deferred contributions in Attachment included \$75,000 for transition of the maternity clinic.
- The March 31, 2014 balance of funds remaining from Attachment funding was \$603,410. This was added to the \$221,560 already in the "Due to Doctors of BC" account from the previous fiscal year. Also under Attachment, \$4,485 remained in deferred for Aboriginal Success by Six, \$54,367 for Integrated Practice Support Initiative and \$85,735 remained from Shared Care - Partners in Care.

Statement of Operations to March 31, 2014

- Funding for operations was reduced in fiscal 2013/2014. As a result, operational expenses were less than the previous year.
- The 2014 fiscal year ended with an excess of revenues over expense of \$6,677, with a majority of this excess in Attachment. The excess represents interest earned on held funds.
- Maternity Clinic operating costs for the year were \$176,248 compared to \$234,953 in the previous year. The decrease was predominately due to a decrease in wage costs for nurses, and the MOA position.
- Physician meeting costs for the fiscal year 2014 were \$130,707, compared to \$203,692 in the previous fiscal. There was a reduction in the total amount of meetings, and of the number of attendees.
- General and administration costs for the year were \$363,877. There was a reduction in the total general and admin costs compared to the previous year's expense of \$437,702. Most of the reduction was in support staff wages for admin support, along with reduced travel costs.

I would like to thank the board, and general membership for the opportunity to serve as the Division Treasurer. I would also like to thank the Division staff for their continued hard work, support and commitment to the financial management of the Division's resources.



Photo source: cvrd.bc.ca

Statement of Financial Position

Year ending March 31, 2014

	Infra- structure	Service Contract	Attachment	Total
Assets				
Current Assets				
Cash	\$ 110,321	36	1,108,719	1,219,075
Term deposit	-	-	5,098	5,098
Misc. receivable	2,875		5,000	7,875
Interfund receivable	(48,586)	-	48,586	-
Prepaid	1,887	-	633	2,520
	66,497	36	1,168,036	1,234,568
Capital Assets				
Computer equip.	5,313	-	-	5,313
Office furniture & equipment	-	-	-	-
	71,810	35	1,168,036	1,239,881
Liabilities				
Current liabilities				
Accounts payable	26,919	5	10,331	37,255
Accrued liabilities	30,552	-	31,237	61,789
Due to Doctors of BC	2,233	-	892,444	894,677
Deferred revenue	15,781	-	219,588	235,369
Unamortized deferred capital revenue	8,217	-	-	8,217
	83,702	5	1,153,600	1,237,307
Net Assets (Deficiency)				
Unrestricted	(11,892)	-	-	(11,892)
Current net assets	-	30	14,436	14,466
	71,810	35	1,168,036	1,239,881

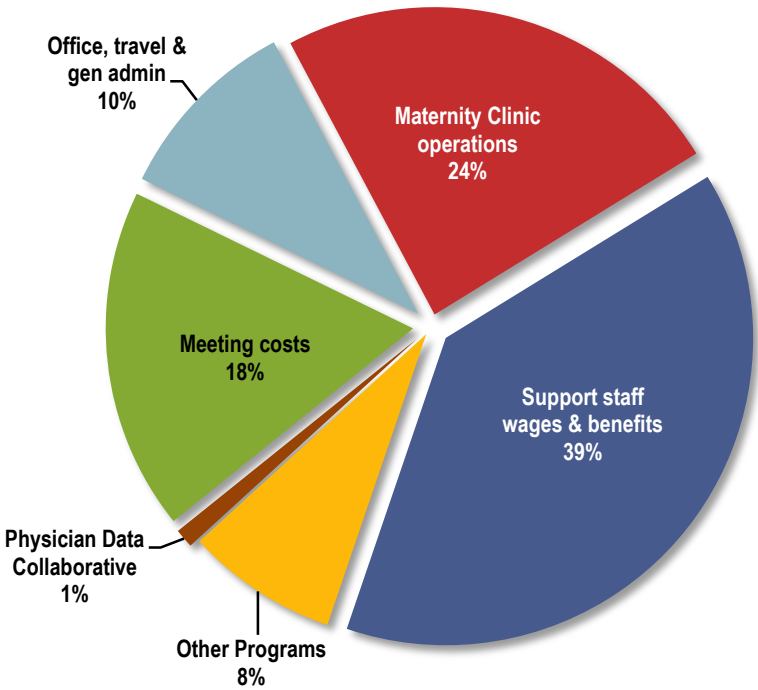
Statement of Operations

Year ending March 31, 2014

		Restricted Funds		
	Infra-structure	Service Contract	Attachment	Total
Revenue				
GPSC	\$ 284,767	\$ -	\$ -	\$ 284,767
GPSC carry-over	2,340	-	-	2,340
Inpatient care admin	954	-	-	954
Attachment - GP for Me	-	-	206,189	206,189
Attachment - Transition	-	-	115,401	115,401
CDH Hosp. Foundation	-	-	4,705	4,705
Success by Six	-	-	2,187	2,187
CoP	-	-	7,603	7,603
Shared Care - palliative	-	-	29,349	29,349
PITO - EMR	-	-	6,302	6,302
IPSI / IPCAC	-	-	19,883	19,883
Other VIHA funding	-	-	48,236	48,236
Interest	282	-	6,396	6,396
Total Revenue	288,342	-	446,252	734,595
Expenses				
Mat Clinic operations	-	-	176,548	176,548
Physician meeting cost	73,366	-	57,341	130,707
Other program cost – CoP, PiC, IPSI	-	-	56,785	56,785
Physician Data Coll.	9,345	-	-	9,345
Support staff wages	141,604	-	138,928	280,532
Office, travel & gen	63,745	-	10,255	74,000
Total expenses	288,060	-	439,857	727,917
Excess revenue over expense	282	-	6,395	6,677
Fund balances, beginning of year	(12,174)	30	8,041	(4,103)
Fund balances, end of year	(11,892)	30	14,436	(2,574)

Expense Allocation

Total Expenses: \$727,917



2014 STRATEGIC PRIORITIES

Core Values: *Collaboration; Innovation; Respect; Support; Integrity; Leadership; Diversity; Balance*

In January, the CVDFP board of directors undertook a comprehensive, analytical review of the Division initiatives, and determined the following to be the strategic priorities for 2014.

1. **Mental Health**
2. **Retention & Recruitment**
3. **Practice Coaching**
4. **Inpatient Care / FPHSP**

With the overarching goals to attract patients and to support GPs, the priorities within these four primary initiatives were identified as follows:

MENTAL HEALTH

2014 Priorities

- Facilitate communications between initiative partners
- Contribute to the Island Health Shared Care application process
- Participate in development of integrated student support services

RECRUITMENT & RETENTION

2014 Priorities

- Participate in collaborative regional recruitment efforts
- More visible advertising / enhanced promotions
- Improved web presence

PRACTICE COACHING

2014 Priorities

- Provide supports / develop accurate patient panel counts for as many GPs as possible before project ends
- Determine future of COP without PITO
- Plan next steps for the Integrated Practice Coaching Advisory Committee

INPATIENT CARE / FPHSP

2014 Priorities

- Assess program success
- Identify areas of improvement
- Continue working to minimize 'hassle factors'

Note: Copies of the 2013-14 CVDFP Strategic Operating Plan and Program Data Summary Report are available upon request.



Palliative Care Community Engagement Event

Photo source: CVDFP

Cowichan Valley Division of Family Practice
STRATEGIC PARTNERSHIPS

Unlike primary initiatives led by the Division, CVDFP's role in partnership initiatives will focus primarily on facilitation and participation, as appropriate to support the project at hand.

Priority partnerships have been identified as follows:

1. Aboriginal Health Liaison

Focus: Participation & relationship building; creation of an annual collaborative event; messaging to Division members on issue-specific matters.

2. Cowichan Maternity Clinic

Focus: Engaging parties for phase two of sustainability discussion; determining short term clinic model; securing funding source(s) for remaining expenses

3. Specialist Collaborations

Focus: Participation / providing feedback; messaging to Division members as needed on issue-specific matters.

4. Palliative Care

Focus: Participation / providing feedback; messaging to Division members as needed on issue-specific matters.

5. Physician Data Collaborative

Focus: Engaging the PDC for an information-sharing session with Division membership.

6. Integration

Focus: Participation / providing feedback; messaging to Division members as needed on issue-specific matters.

7. Informatics

Focus: Participation / providing feedback; messaging to Division members as needed on issue-specific matters.



Photo source: M. Kaiser



Photo source: T. Littmann



Photo source: T. Littmann

Cowichan Valley Division of Family Practice

331 St. Julien Street
Duncan, BC V9L 3S5
250.597.2227

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

www.divisionsbc.ca/cv



Cowichan Valley
Division of Family Practice
A GPSC initiative