



**Vancouver**  
**Division of Family Practice**  
An FPSC initiative

# 2022/23 Annual Report

---

## OPPORTUNITY

Supporting Primary Care out of a Crisis

# Table of Contents

3	From the Executive Director	15	Recruitment and Retention
5	From the Board Chair	17	Patient Attachment Initiative (PAI)
6	Organizational Overview	18	Clinic Business Solutions (CBS)
7	Member Engagement	21	Primary Care Networks
9	Physician Wellness	26	Project Office
10	JEDI Task Force	28	Financial Report
11	Maternity Care		
12	Mental Health and Substance Use		
13	Seniors' Care Across Care Settings		

## ACRONYMS

(AHPs) Allied Health Professionals  
 (CME) Continuing Medical Education  
 (CBT) Cognitive Behavioural Therapy  
 (CSC) Collaborative Services Committee  
 (CHA) Community Health Area  
 (CNMs) Community Network Managers  
 (DoBC) Doctors of British Columbia  
 (EMR) Electronic Medical Record  
 (ED) Emergency Department  
 (FP) Family Physician  
 (FFS) Fee-for-Service  
 (GPSC) General Practice Services Committee

(HA) Health Authority  
 (IT) Information Technology  
 (IMG) International Medical Graduate  
 (IPT) Inter-Professional Team  
 (JEDI) Justice, Equity, Diversity & Inclusion  
 (LTC) Long Term Care  
 (LTCI) Long Term Care Initiative  
 (LFP) Longitudinal Family Practice  
 (MHSU) Mental Health & Substance Use  
 (NTP) New To Practice  
 (NP) Nurse Practitioner  
 (OAT) Opioid Agonist Therapy

(PAI) Patient Attachment Initiative  
 (PCCP) Primary Care Clinical Pharmacist  
 (PMH) Patient Medical Home  
 (PPE) Personal Protective Equipment  
 (PSP) Practice Support Program  
 (PCN) Primary Care Network  
 (PHC) Providence Health Care  
 (PHSA) Provincial Health Services Authority  
 (R&R) Recruitment and Retention  
 (RN) Registered Nurse  
 (UPCC) Urgent and Primary Care Centre  
 (VCH) Vancouver Coastal Health

The Vancouver Division of Family Practice and our membership and partners acknowledge that the work we do occurs on the traditional and unceded territories of the Coast Salish Nations of Musqueam, Tsleil-Waututh and Squamish. We are very pleased that these host Nations, who each operate their own primary care centres, are our valued partners.



**Skwxwú7mesh**  
**Úxwumixw**  
 Squamish Nation



**MUSQUEAM**  
 A LIVING CULTURE



**Tsleil-Waututh Nation**  
 PEOPLE OF THE INLET



# From the Executive Director

---

## A message from Dr. Dave Baspaly, Executive Director and Chief Executive Officer



As your Executive Director for the Vancouver Division of Family Practice, I am once again pleased to provide this year's report on our operational performance, major milestones and strategic priorities.

From my vantage point, the pandemic seems like a distant memory given all the other things that have transpired. Last year was the year of primary care advocacy, substantial change to funding and practice, and a thoughtful process concentrating on system planning and primary care reform.

Throughout this period, our members have proven once again their unwavering commitment to patients and the primary care system. They have also demonstrated their resilience to weather a seemingly endless number of administrative changes and other by-products of the reform process.

One development we all can be proud of is the new payment model. While some aspects are still to be worked out, government has shown family doctors that they do matter at least in a financial sense. I would like to acknowledge BC Family Doctors, and in particular one of our former Board members - Renée Fernandez – for her leadership and commitment to help make this important investment happen.

Last year was also about Primary Care Network (PCN) redesign. In partnership with the Health Authority, we implemented all of the resources of the Four-Year Service Plan. This is no small achievement and represents millions of dollars in new allied health and primary care investments for the City of Vancouver. From this point forward, our job now is to advocate for even more resources to support members and their clinics.

In addition to PCN human resources, the Family Practice Service Committee (FPSC) invested significant time and money to build out practical steps to achieve team-based care, local decision making and a primary care model that can stand for another 20 years. While most of this process happened behind the scenes in planning rooms and on video conferences, make no mistake big changes are coming.

In fact, as I write this report, the planning specifics are slowly being released by the Ministry and Doctors of BC. I am personally enthusiastic as many of these changes are desperately needed, not just in Vancouver, but across the province. In the coming months I can assure you that your Division will do everything in our power to ensure you have all the information and tools necessary to be successful in the ensuing transformation.

Operationally the Division remains strong, healthy and committed to our mission. We are actively addressing our strategic priorities and supporting members in every way possible. Our people are our greatest success and I am truly fortunate to work with the best staff in the province. I would like to specifically thank my leadership team – Cheryl Hogg (COO & CFO) and Dr. Fiona Duncan (Physician Lead) for their tremendous contributions and ongoing strategic leadership.

As for our Board of Directors, our governance remains strong and the decisions made at that table are extremely well thought through. I am proud to say that our Board puts patients and members first and calculates all decisions accordingly. I would like to specifically acknowledge the Board Executive, Dr. Jay Slater (Board Chair), Dr. Jane Gustafson (Vice-Chair) and Dr. Kelly Little (Secretary and Treasurer) for their patience, support and guidance.

This coming AGM marks a significant year of transition as many of our Board Members will be terming out. I hope you will join me in thanking each and every one of them for their service and leadership. It has been an absolute pleasure to serve such a professional group of well-intentioned individuals.

Finally, a big thank you to you - our members - for everything you do on a daily basis to keep patients healthy. Primary care is the cornerstone of a vibrant and progressive society, you make it happen every day.

On behalf of everyone at the Division **thank you sincerely for everything you do!**

*Dave Baspalg*

# From the Board Chair

## A message from Dr. Jay Slater, Board Chair



Looking back over the past year, since our last Annual General Meeting and annual report, there's one word that seems to sum things up for me: Opportunity. (Full disclosure, I tend to be a glass half full kind of guy). Between the pandemic and its ongoing effects on patients' health, system stresses, and physicians' well-being and the many issues weighing on us such as the climate emergency and war, there are glimmers of hope that things in our immediate purview are improving. As we weather a crisis in primary care there's been a historic shift in the perspective of what family doctors do and how they might be compensated. Many Division members have switched to the Longitudinal Family Practice (LFP) model of payment, and most are happy with the change. Is it for everyone? No. Is it "fully baked"? No. But it's a good start and it was a timely initiative to counter the burnout and discouragement that many family physicians are experiencing. And there's plenty of opportunity for refinement and growth.

Similarly, the evolution of Primary Care Networks (PCN) presents many opportunities for localized groups of family physicians to have more influence and more resources available to care for their patients. Has that shift happened quickly enough? No. Are there enough resources (allied health personnel) to make a big impact? No, not yet. But the Division has been working hard to bring doctors together, understand their unique and common needs, and configure the assets in the fairest, most effective and sustainable way. The opportunity to develop PCN governance remains a top priority for the Division, contingent on the parameters set by our partner institution—Doctors of BC (DoBC) and Family Practice Services Committee (FPSC). The input of doctors "on the ground" will be hugely important in this evolution.

At the core of primary care are Patient Medical Homes (PMH), a concept widely accepted but, lately, getting less "airtime". Your Division, a member-driven organization, is committed to supporting you as you continue the foundational work of sustaining effective PMHs where your patients are most confident and comfortable getting their primary care. Our educational events, communications, and support teams are ways the Division can help you in your practice.

I'm delighted to have worked another year with a smart, effective board and strong, competent operational team. Together we've kept our strategic goals front and centre as we move forward in this challenging and dynamic time. Is there more to do? Of course. Are there opportunities to be embraced? Absolutely.

**With gratitude and respect for what you do,**

*Jay Slater*

# Organizational Overview

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 (DoBC), and work in partnership with the BC Ministry of Health, Vancouver Coastal Health (VCH), Providence Health Care (PHC) 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.

## Board of Directors

Your Vancouver Division Board of Directors for the 2022/23 term. The members for the 2023/24 term are announced at the October 19th, 2023 Annual General Meeting.



**Dr. Jay Slater**  
Board Chair



**Dr. Jane Gustafson**  
Vice Chair



**Dr. Kelly Little**  
Secretary  
Treasurer



**Dr. Katrin Lovett**  
Board Member



**Dr. Panagiotis Galanopoulos**  
Board Member



**Dr. Eamonn Rogers**  
Board Member



**Dr. Rohit Vijn**  
Resident  
Board Member

# Member Engagement

This year the Division truly began to emerge from the in-person hibernation that was symbolic of the pandemic. Although we have learned and benefited from the new ways we adapted to engage and connect with members online, this past year we continued to reintroduce more in-person events along with a reliable schedule of online opportunities hosted across the organization. We also began rolling out new and unique member engagement initiatives.



## Membership continues to grow

Through the stronger connections made by Division staff, we continue to welcome new members to the Division and new Family Doctors to Vancouver.

**1,218**  
total membership

**76 new FPs** joined the Division in the past year (Sep to Aug).



## Years of Membership Pins

A new member recognition program launched this year, recognizing FPs for their years of membership and dedication to the collective work of the Vancouver Division. We hope this surprise token of appreciation will spark new and further engagement by our members.

**291**

Members received the honour of our Founding Member pins

**64**

Members received 10 Year Membership Pins

**76**

Members received 5 Year Membership Pins



## Supporting Preceptors

The Division has not had an opportunity for members to gain valuable teaching advice and tactics to support medical learners in their clinics since 2016. This year, we have partnered with the UBC Faculty of Medicine as one of the local delivery partners for their A Day in the Life of a Preceptor. We have 23 members in the Vancouver cohort who will start in September.

“

Many of us hesitate to take medical learners, as we are already feeling burned out and the idea of taking on more (often unpaid) work can be daunting. But I've personally appreciated the value of a competent learner who allows me to catch up on my piling inbox or comes back to cover my locum requests so I can take a much-needed vacation. It's a great way to build our local medical community, which we all benefit from!

*Dr. Kuljit Sajjan (Division members since 2011)*

## Our Events

- **AGM 2022** – Dr. Ramneek Dosanjh, President of Doctors of BC was our keynote speaker, in our third year hosting the AGM online via Zoom. Dr. Dosanjh shared her perspective and experience of her time leading Doctors of BC during the challenges of the primary care crisis. Overall, 115 people attended.
- **Career Exploration Fair** – On March 29, the Division hosted its 7th annual Career Exploration event looking at providing Resident and New-to-Practice members the opportunity to connect with members working in focused practice areas, including long-term care, mental health and addictions medicine, and gender affirming care. This year we had 23 members attend.
- **Coffee with Colleagues** - The Coffee with Colleagues is our online “coffee break” opportunity for members to gather for a short 20-30 minute connect with their peers on non-clinical topics. This year, members gathered on topics related to wellness, patient screening with social determinants of health in mind, and how to build capacity to provide substance use care.

As members continue to settle into their new work-life balance in the post-pandemic era, the Division is working to tailor engagement opportunities in a blend of in-person and online experiences. Our goal for the upcoming year is to build on our existing new member onboarding processes to better present the wide array of opportunities to doctors from their first impression. We know there is a renewed appreciation among members to make and maintain connections, and we offer tools and events in ways that best suit the needs of everyone our community.



# Physician Wellness

Since launching our physician wellness program in January 2020 with an in-person wellness day at Van Dusen Gardens, the Division's commitment to member well-being has largely happened online through the pandemic. This past year we returned to in-person programming with a summer family-friendly event. We also continued our online offerings, including a successful Dr. Dan Wellness Tip column.



**Dr. Dan Wellness Tips Continued and Expanded** – Dr. Daniel Dodek continued his offering of bite-size insights on wellness in our bi-weekly Fast Facts newsletter. As the Division's physician lead for Wellness, Daniel released 25 columns. We also featured nine members contributing their guest tips.



**Healthy Minds Healthy Distractions** – Again, the Division offered an opportunity to disconnect from the day-to-day with experiential workshops on holiday cooking, a creative session with Vancouver poet laureate Fiona Lam, as well as a talk on vulnerability with psychiatrist Dr. Joanna Cheek. This year we had 37 participants in our Health Minds Healthy Distractions series.



**Peer Support Program Launched** – With support from the BC Physician Health Program, the Vancouver Division was one of four initial sites to launch a Peer Support Program. It offers confidential, non-clinical support to physician colleagues in a 1:1 setting. Seven members have stepped forward to be a Peer Supporter and have undergone training by Dr. Jo Shapiro, Associate Professor with Harvard Medical School and founder of the Brigham and Women's Hospital Centre for Professionalism and Peer Support.



## Summer wellness for members and their families

In the spirit of the Division's commitment to increasing accessibility to our programming and initiatives, our return to in-person wellness events was planned to be more family friendly, so that members with family commitments that often preclude them from most weekday events could connect with their colleagues and bring their family members as well. Hosted on a hot and sunny Sunday afternoon in July at St. James Community Square in Kitsilano, 30 members came with their families, with a total of 87 people participating in activities for all ages and connecting with their peers.

# JEDI Task Force

---

The Division's Justice Equity Diversity and Inclusion (JEDI) Task Force has continued its work on behalf of members this past year. Activities have continued internally, with the understanding that sustainable change starts from within. The Task Force continued to organize opportunities for members who provide leadership within the Division.

## Learning for Division leaders

A variety of online modules have been completed by Division leaders, including Nahanee Creative's mini courses on topics related to reconciliation, anti-racism training, and workshops on running more inclusive meetings. In total, 16 of members participated this year.

## Exploring a JEDI baseline

This year the Task Force engaged in the development of a baseline measure against which future efforts will be monitored. The Task Force used the Global Diversity, Equity, and Inclusion Benchmarks to evaluate our baseline, and Division leadership and staff shared their assessment of the Division in relation to these metrics.

## Supporting JEDI Review of Programming

Efforts this year included the JEDI review portion of the But I Don't Do Maternity Care CME series relaunch as well as the review of our member intake form. Through our partners at the CBT Skills Group Society, we continued to support their learning efforts with physician facilitators and finalized the relaunch of their key skills handbook translated into 10 different languages.

## Community of Practice Supporting Chinese Speaking Patients

This year, the Division focused our efforts on members in the CoP Supporting Chinese Speaking Patients. 56 physicians currently participate in the CoP. Whether connected through an informal WhatsApp chat group, on our mailing list for updates, or in our two focus groups held in the fall, which spurred on the chat group and the identification of opportunities for peer-support.

---

Feedback provided through the engagement on the global benchmarks will help inform further JEDI work, in particular how we will expand efforts to help benefit the membership. One area that we will be emphasizing will be ways to have members and staff practically commit to the work of decolonization and reconciliation. Recommendations from both the Truth and Reconciliation Commission and the In Plain Sight inquiry provide clear and concrete options that we can take to continue on the road together and we look forward to undertaking activities in this area in the coming year.

# Maternity Care

The Division's efforts in improving maternity care in the City of Vancouver culminated this year in the refresh and launch of two flagship maternity initiatives – our online portal for maternity care in Vancouver and our award-winning CME series delivered in collaboration with UBC Continuing Professional Development (CPD). The Maternity Care Committee has been stewarding both for years and seeing them come to fruition this year reassures their continued benefit for members and their patients.

## Conclusion of the EASI Maternity Care Project with the Launch of the New PregnancyVancouver.ca

The EASI Maternity Care project wrapped up this year with the relaunch of the Division's PregnancyVancouver.ca website. The project involved a collection of maternity providers, allied health providers and patients passionate about making the maternity journey in Vancouver as Effectively And Seamlessly Integrated (EASI) as possible. The Vancouver community made it



clear the need for easy access to quality and evidence-based information to help patients navigate their journey while not being overwhelming. The project received 884 suggested resources for the hub and through our curation process 146 patient information resources were selected for the new website. The project engaged:

- 45 maternity providers
- 20 allied health, stakeholders and maternity care leaders
- 45 patients




## But I Don't Do Maternity Care CME

Since the launch:

- 569 registered
- 210 people have completed lesson 1 (of 5)
- 132 have completed all lessons
- Of that, 25 are Vancouver Division members

# Mental Health and Substance Use


Efforts to improve mental health and substance use care in Vancouver continued this past year from two parts of the organization – the Division’s Mental Health and Addictions Committee stewarding strategic efforts in partnership with the organization’s centralized Project Office, leveraging project management resources to ensure effective implementation on key projects.



**Choosing Therapy**

Psychologist Clinical Counsellor Social Worker

Helping patients to understand different counselling professions



**Just Launched!**

## Launching the ChoosingTherapy.ca

Members have expressed the need to help patients better navigate the different counselling options that are available, while not necessarily directing to any specific providers, as there are many factors that impact fit. In collaboration with BC211, HealthLinkBC, the Crisis Centre of BC, as well as the provincial associations for social work, psychologists and registered counsellors, the Division launched ChoosingTherapy.ca to provide a clear description of each.

## Access and Assessment Centre

One result of our continuing engagement was a new process map resource that helps outline the patient experience at the AAC and what FPs should expect back.

## Collaborators Network

A direct result of the Division’s strategic visioning with the Committee’s whitepaper, the Mental Health Collaborators Network launched as a prototype, with implementation support from the Division’s Project office.

## Child and Youth Lunch and Learn Workshops

The Division continues to be an active member of the “Vancouver Local Action Team”. Member

organizations planned two lunch and learn topics that over 120 physicians and youth workers attended from across the community.

## Expanding the number of Vancouver-based CBT Skills Group Facilitators from 8 to 22

The Division has supported the CBT Skills Program Society to recruit new Vancouver-based FP facilitators.

## Hosting Clinical Management of Alcohol Use Disorder

In January and February, the Division collaborated with the BC Centre on Substance Use (BCCSU) to host dedicated sessions for our members on their AUD management CME workshop.

Through the support of Shared Care Committee (SCC) funding, the Division explored how to augment access to Dialectic Behavioural Therapy (DBT) in collaboration with the Primary Care Network’s IPT, the AAC and MHSU Outpatient Services. As a result, we have identified activities for the next phase of funding.

As the Division commits to strategic foundational activities to inform future work on substance use, we are exploring more specific initiatives to support members in providing alcohol use disorder care, as alcohol is a substance often encountered in patient care.



# Seniors' Care Across Care Settings

Providing care for seniors across care settings remains challenging, with the most pressure stemming from an inability to find both clinical and non-clinical workforce. This is exacerbated by our growing seniors population. We have seen a marginal improvement in staffing levels within Long Term Care (LTC) homes. The number of new physicians joining the LTCI has been the lowest since its inception in 2015; we have many care homes within our community looking for additional physician coverage. The FPSC rolled out stabilization funding as an interim measure to provide stability until the Longitudinal Family Physician (LFP) payment model is updated to cover this population. This has stemmed the tide of physicians retiring and refocusing their practice but a pressing challenge remains, with 12 care homes actively seeking physicians to oversee resident panels. It is hoped that with our continued focus on LTC recruitment and retention, and with the new LFP model in place this fall, we will see a return to our pre-pandemic recruiting numbers.

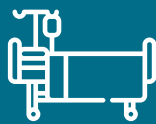
## Despite these challenges, we have made significant strides in a few strategic areas

1. We have a new physician lead for the program: Dr. Aileen Iloretta has skillfully taken over the role of physician lead for the LTCI showing incredible leadership and generosity sharing her knowledge and passion for the care of the elderly.
2. The Senior and Frail Elder Care Committee has welcomed three new committee members: Dr. Ruchika Shukla, Dr. Greg Tobert and Dr. Alex She.



Two New **LTCI** physicians

+171



Our LTCI MOU was updated in June with an **increase of 171 beds**



We have re-engaged with PHC to onboard their five care homes and 502 beds into the LTCI. We hope to have this transition complete by the end of the calendar year

3. CareConnect: We have a new data-sharing agreement with PHSA to support our collaborative efforts to on-board physicians, clinics, and care homes. We have supported:



### Technology assessment

12 new initial assessments and 5 follow-up assessments.



### Community CareConnect Sign-ups

15 Care Homes and 48 Physicians.

4. We completed our yearly in-person care home engagement and evaluation meetings with our 34 LTCI care homes.

5. In-Person Events:



### **Networking & Workflow Tech Hacks for LTC**

41 community of practice members attended the event.



### **Planned event for November 2023**

“We are in Stitches” Wound and Laceration management in LTC.

6. The Senior and Frail Elder Care Committee worked with Dr. Trevor Janz and the Kootenay Boundary Division to complete the Frailty Roadmap for Families document in May. It has been well received across seniors’ care settings by both physicians and interdisciplinary care team members. It has been posted on Pathways and will be shared at upcoming PCN meetings. We will be working on the translation of this resource over the next year to meet the needs of our diverse community.



Click or scan the QR code to view the **Frailty Roadmap for Families** document



7. Partner Support:

- VCH’s Dr. Nori McGowan (Palliative Medical Director), Julie Bergeron (Palliative Manager), and Mavis Friesen (Project Manager) joined our committee in November to get feedback on VCH’s Palliative Community Medication Delivery Project. This new process and Pre Printed Order (PPO) will be rolled out in September. The PPO can be found on Pathways.
- We are participating in VCH’s Appropriate Use of Antipsychotics working group and we hope to be able to leverage this work to provide ongoing medication utilization by therapeutic drug class data to care homes.

# Recruitment and Retention

The Recruitment and Retention (R&R) team successfully continued fundamental programming of family physician (FP), nurse practitioner (NP), and medical office assistant (MOA) recruitment, retirement/practice closure support, and patient attachment. There are some unique challenges we will continue to address. However, our programming continues to evolve.

## Recruitment

The R&R team continued to support clinics and FPs in locum and permanent placements. There was a significant increase in locum and permanent needs across numerous clinics. Unfortunately, there continues to be a lack of newly licensed FPs committing to longitudinal family practice as a locum or permanent family physician. We continued to support interested NPs in joining clinics on the PCN NP contracts on a case-by-case basis as determined by the Ministry of Health.

Clinics with Recruitment Needs	220
Locum Placements	25
Permanent Placements	24
NP Placements	13
Total Patient Attachment due to Permanent Placements	27,281

Following the implementation of the LFP Payment Model, we did not see an increase in new-to-practice FPs committing to longitudinal family practice. However, we still experienced a high number of family physicians keen to sign and join a clinic on the NTP PCN Contracts.

Signed PCN NTP Contracts	21 (19.6 FTE)
Signed PCN NP Contracts	13 (12.5 FTE)

We engaged with new FPs at numerous conferences, events, and presentations and educated them on how our programs can provide both support and education as they enter family practice.

Conferences	8
Events	3
Resident Presentations	3

“

Thank you for your email and all your efforts. I really appreciate everything Vancouver Divisions do. You all are truly awesome!

Dr. Gordon Yip

## Retirement

The R&R team continued to support FPs through the various stages of retirement/practice closure. Although there has been a slight decrease in retirements this year, we expect these rates to increase again in the future. We were limited in our ability to reallocate patients due to the low number of FPs or NPs accepting patients. As a result, the patient reallocation batch-rate matching program was suspended.

Retirement/Practice Closures Supported and Currently Supporting	39
Practice Takeovers	6
Patient Reallocation	8
General Support/Guidance	10

“

Thank you so much for introducing me to Dr. Verma in December 2022. As of the beginning of April 2023 she started her practice at Seymour Health Centre, Hornby. She has taken on some of my patients and is building her practice in a sustainable way with some of my patients and some of her own new patients. She is following up on all my results as they come in. I have found her delightful to work with and am so pleased that you were able to introduce us.

Dr. K. Atkinson

## MOA Recruitment Service

In collaboration with our Clinic Business Support Team, we helped develop an MOA Recruitment Service. Over the last couple of months, the MOA recruitment postings have seen more and more applicants, and over 20 clinics are looking for either a new or replacement MOA.

MOA Placed	1
MOA Applicants	119
Clinics with MOA Recruitment Needs	21

## Practice Ready Assessment (PRA) BC Program

In September 2022, we participated in the PRA BC program for the first time. The program is designed to be an alternative pathway to licensure for FPs whose medical education, post-grad training, and work experience was in a country other than Canada, US, Ireland, UK, and Australia.

Clinics Selected for Spring 2023 & Fall 2024 Cycles	2
---	---



# Patient Attachment Initiative (PAI)

**The Patient Attachment Initiative (PAI) has continued to match patients to primary care providers through our priority referral process.**

The opportunities presented this year were focused on expanding our program and collaborations such as:

- Physician Health Program (PHP) information sharing and learning.
- Collaborating with Community Network Managers and other Division staff.
- Attending the Provincial Truth and Reconciliation gatherings with other Divisions.
- Engaging with Urgent Primary Care Clinics to increase attachment and reduce recidivism.
- Presented at the Attachment Coordinator Knowledge Exchange and shared attachment process and participated in shared learning from other Divisions.

## Future Goals/Opportunities

- Work more closely with the Ministry of Health and Health Link BC to utilize the Health Connect Registry to improve access to primary care for Vancouver residents.
- Work with retiring physicians to match their high care-needs patients with a new primary care provider.

We appreciate all the support that has been given to patient attachment and would like to share our success and challenges accomplished in 2022-2023!

## Patients and family members matched from 2022-2023

**5,723**

Patients and family members referred

**5,175**

Patients and family members matched

**40**

Family Physicians were actively accepting patients from our program

**95%**

of referred patients and family members have been matched to a primary care provider in 2022 - 2023!

**28**

Nurse Practitioners were actively accepting patients from our program

# Clinic Business Solutions (CBS)

In its second year of operation, the Clinic Business Solutions (CBS) team has emerged as a reliable pillar of a host of products and services for VDoFP members, and the broader PCN community. The CBS team works to foster many of the Patient Medical Home (PMH) attributes within clinics through the use of business, legal, and human resources tools and services. In 2023, the CBS team has worked to grow our arsenal of services whilst supporting the PCN team in their interactions with the broader network. Here are some of the highlights:

## Business/Legal Tools & Templates

- We identified and capitalized on new opportunities for tool development to cater to the demands of our growing network.
- Our team maintained and improved the existing arsenal of tools based on staff and network feedback.
- Through comprehensive video tutorials, we assisted in better facilitating the business tools which will enhance their usage and support better understanding of our resources.
- By providing business tool training and demonstrations across the network, we supported our members with business knowledge and operational best practices.



**CBS Video Tutorial Project Progress**

■ Final Drafts Completed: **6**  
 ■ Drafts Not Started: **1**



### Available tools

1. Associate Fee Structure
2. Capacity Potential Analysis Tool
3. Clinic Financial Driver Tool
4. EMR Comparison Tool
5. MOA Role & Task Analysis
6. RN/LPN Business Case
7. Patient Panel Calculator
8. Legal Templates

## Engagement Projects

### NTP/Resident Project 2022/23

**Goal:** to address challenges related to attracting and retaining family physicians.

**Outcome:** Completed 15 sessions with ~60 participants. Generated a fulsome report with recommendations for next steps for clinics, Divisions, and the system.

### Retired/Retiring Cohort 2024/25

**Goal:** to recreate the previous engagement project with the retired/retiring cohort to capture the nuanced challenges that come with being at the tail end of practice.

### Clinic Ownership Educational Modules 2023/24

**Goal:** to address the persistent gap in the business acumen of clinic ownership, clinic operation, and best-practices as it appeals to the ownership and entrepreneurial side of running a primary care clinics.

## MOA Program

The CBS team has been continuously working to deliver on the new and improved Medical Office Assistant (MOA) programming.



### Awareness

July – December 2023

Continued to develop a comprehensive strategy to expand the reach of the Work in Vancouver platform, attracting a diverse pool of qualified MOA candidates.



### Job Placements

January – April 2024

Work through existing partnered MOA schools to establish a practicum program within Vancouver clinics.



### MOA Locum Support

January – April 2024

Partner with specialized service providers for MOA locum referrals, advanced workload relief, and practicum placement support.



### Continuing Education

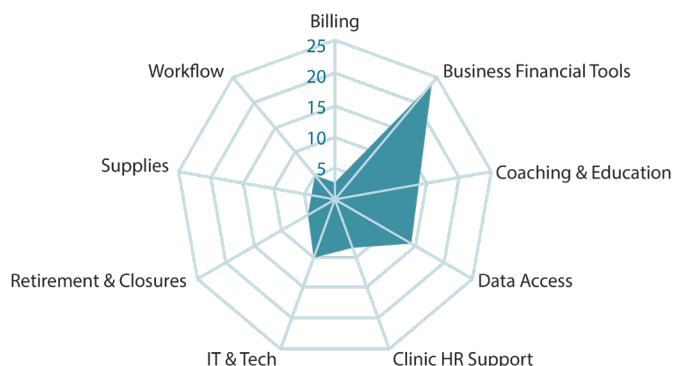
September 2023 - August 2024

Through Partners, develop targeted micro-credential courses to address staff training gaps seen in primary care clinics and support employee professional development and, as a result, better retention.

## External Partners

- We maintain a directory of partners and resources that we believe can provide value to members.
- We collaborated with partners such as Scotia MD, sister divisions, and other similar entities. With the majority of partners in the Business & Financial category, we hope to leverage our resources to develop financial-based education modules for clinic owners.
- We continue to look for ways to share the directory with members on our website and through direct contact with our CNMs.

### Resource Distribution



## Physician Task Force (TF) & Clinic Owners Forum

We brought together physician clinic owners to discuss common challenges and share opportunities for improvements in clinic operations including the importance of culture.

### Clinic Owners Forum Summary

- 67 attendees.
- 84% of attendees found the event valuable to extremely valuable.
- Majority of attendees recognized their ability to apply key takeaways to their work going forward.

### Proposal 1:

Learning modules on:

- Clinic Recruitment & Retention
- HR Tools & Legal Support

### Proposal 2:

Division information gathering anonymized data on clinic costs, business models & operational best-practices in Vancouver, with the goal of offering clinic data for informed decision-making and more in-depth understanding of the market.

## Summary: Deliverables

Completed tutorial videos for CBS business tools and resources to be published on the website.

Continued to build our Partners and Service Directory for future physician access, and CBS initiatives/events.

Established collaboration framework with 3 MOA schools to support program development.

Guided by TF, we hosted the first in-person Clinic Owners Forum. Received direction for future projects.

Conducted preliminary research for the Retiring Physicians Engagement Project.

## What's to come in 2023/24



Innovating tool creation for new payment models and personalized analytics.



Partnering with financial institutions for physician-focused financial planning workshops.



Gathering demographic data (retired physicians, clinic owners) for case studies and gap analysis.



Strategic partnering to offer MOAs continuing education opportunities, while offering clinics practicum placements and locum support.



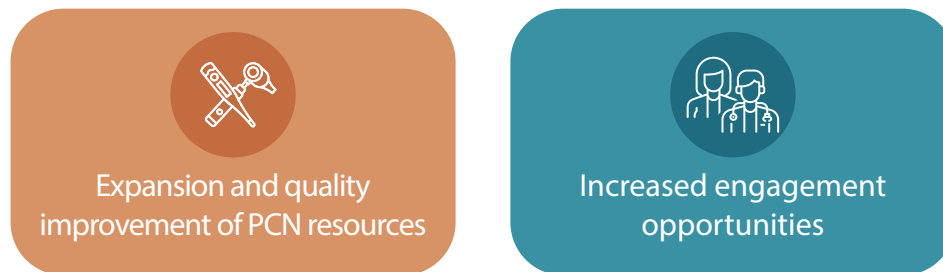
Revamping PMH web page to include resource/partner features and event calendar.



# Primary Care Networks

Over the past year, the PCN team has been focused on enhancing the Interprofessional Team (IPT) and Registered Nurse in Practice (RNiP) programs through targeted quality improvement efforts. This has required increasing engagement among stakeholders and partners, fostering improved collaboration, and nurturing trust. These efforts have yielded significant results including reduced wait times for IPT access, new workflows for access to clinical pharmacists, refined IPT-clinic communication, and improved data accuracy for more informed decision-making. There has also been a heavy focus on advancing team-based care within the PCNs, emphasizing collaboration among PCN teams to provide comprehensive patient care. These achievements have provided a robust foundation for advancing the broader goals of the PCNs, opening the door to further stakeholder engagement and community collaboration to continue the growth and development of PCNs in Vancouver.

The PCN team has focused on two key areas:

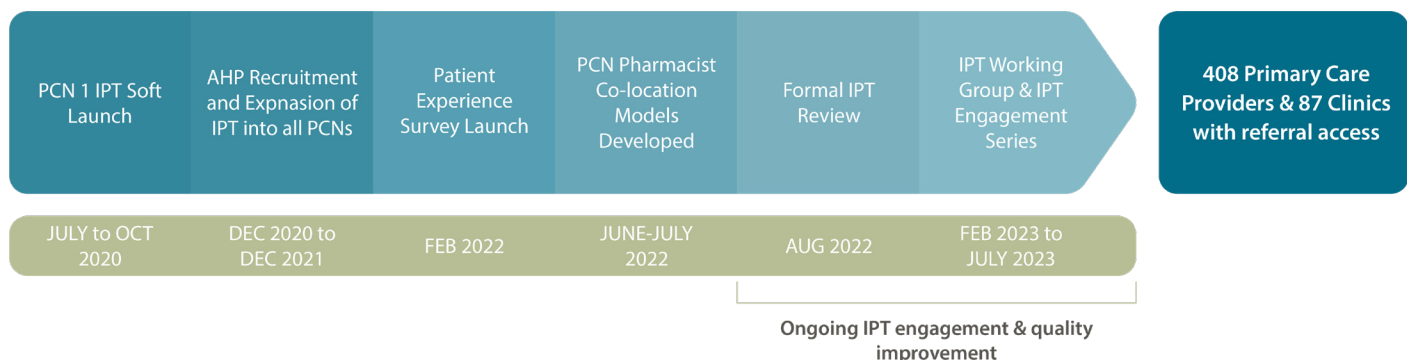


## PCN Resources

### Inter-Professional Team

The IPT is made up of 47 allied health professionals who work closely with community primary care providers to support their patient's medical, wellness and social needs. The IPT Program has expanded to accept patients from 87 clinics and 408 referring providers. The infographic below shows the rollout and timeline of the IPT to date.

AHP Type	Number Hired
Clinical Counsellor	20
Social Worker	13
Occupational Therapist	3
Registered Dietitian	9
Clinical Pharmacist	6



Throughout the year, we have continued to seek feedback from patients and providers on how they experience the IPT, informing the ongoing improvements to the program. This engagement has occurred through several mechanisms, including:



Patient and provider experience surveys



Provider working group



MOA interviews



Patient advisory group



PCN steering committees

## Areas of Improvement

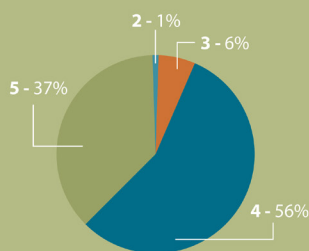
### Implemented the IPT engagement series



Click or scan the QR code to view the **Implemented the IPT engagement series** report



#### Session Evaluation Data



On a scale of 1-5, will you be able to apply the knowledge you gained from this session to your work going forward?

5 sessions

1. Anxiety
2. Pain
3. Obesity & Ozempic
4. Low-Socioeconomic Status
5. Intimate Partner Violence



x 29  
Average number of attendees (FPs, NPs, RNs) per session

147

Total number of attendees to all sessions

### Information added to Pathways

The Vancouver IPT services are now on Pathways, ensuring information on the program can be easily accessed by providers.

### New Communication Protocols & Standardized Wait Times

One of the main areas of focus has been the communication between the IPT and PMHs. The following improvements have been implemented so far:

- Communicated timeline to confirm that a referral has been received (48hrs)
- Communicated timeline for first clinical outreach (2 weeks)

- Receipt of referral confirmation fax template
- First appointment booking confirmation template, including appointment date and clinician name
- Internal referral communication template
- Discharge report template

### Improved Communication Tools

The IPT SharePoint site and the Vancouver Division's [IPT web pages](#) and new referral criteria for occupational therapy, social work, and registered dietitians.

### Improved Clinic Orientation Process

We developed a new video, clinic handbook and provider flashcards.

### Additional Models for Pharmacy Support

Primary Care Clinical Pharmacists (PCCP) work alongside family doctors, nurse practitioners, and other health care team members to ensure medications are safe and working for patients. This year, two new models of care were implemented: virtual and physical co-location. If requested, a PCCP can be integrated directly into the clinic's regular schedule, to directly support the care of their patients. Patients or providers can choose in-clinic appointments, meetings, and/or educational sessions, and the PCCP will provide consult notes and discharge reports directly in the clinic's EMR. For those who can't accommodate a PCCP physically in their clinic, there is also the option of virtual co-location, where a PCCP can dedicate a set time to see that clinic's patients.

“

### Provider quote on PCCP co-location

Having a pharmacist dedicated to our clinic has been an incredible resource for both clinicians and patients for assistance with medication coverage issue, interactions, side effects, and polypharmacy. It's hard to imagine how we ever went without one!

– Family Doctor

### RNs in Practice

The PCN Registered Nurses (RNs) are an integral part of the success of the co-located teams they serve in ensuring that clients, families and caregivers have access to timely, person-centered, continuous and culturally safe quality health care.



**21 RNs supporting 19 clinics, resulting in the attachment of 10,500 patients**

### Services provided by the RNs

This year, the program went through various quality improvement efforts based on feedback from the participating clinic teams and RNs.

#### Areas of improvement:

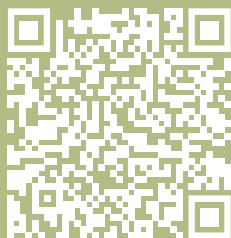
- Formalized role & task list
- Improved PCN orientation upon hire
- Increased education for PCN RNs, including PAP certification
- Standardized RN check-ins and team meetings
- Increased collaboration with the IPT
- Improved clinic orientation and onboarding experience

Primary care providers (FPs and NPs) and RNs listed a number of benefits from having RNs in primary care clinics. Most frequently reported were freeing up provider time and increasing access

for patients. Providers mentioned being able to devote more of their time to more complex patients and being more efficient in their appointments with patients (e.g., having the RN gather information from patients speeds up assessment and care planning). Improved access has also been brought about through shorter wait times for immunizations, injections, and wound care.

Services provided	% reported
Injections & immunizations	100
Minor treatments and assessments	94
Wound care	88
Provider assistance	88
Patient education	88
Chronic disease management	82
Paperwork (ICBC forms, referrals etc.)	65
Mental health screening	53
Counselling	53
Reproductive health	47
Post partum visits, newborn assessments, and early childhood screenings	41
Prenatal visits	29
Medication administration	29
Patient outreach	18

### Connecting in the PCNs



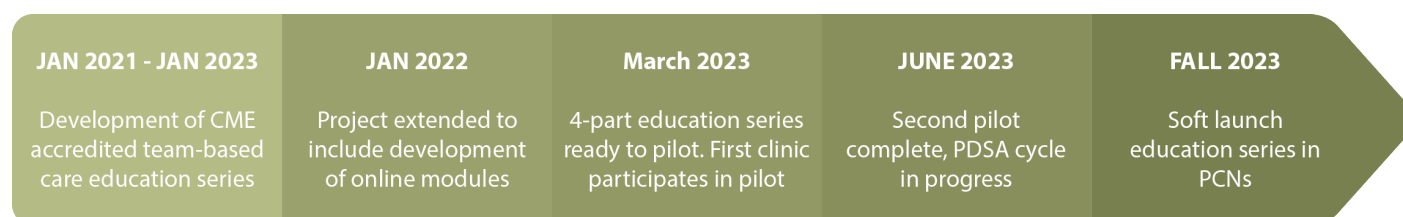
Click or scan the QR code to view the **Summary of the 2 waves of canvassing**

### Team Based Care

Team-based care is a foundation of PCNs and enables teams to work more collaboratively and effectively to support the needs of their patients. The Vancouver Division and UBC CPD have partnered to develop a CME-accredited team-based care education series that aims to foster a team-based care approach within patient medical homes and across the PCNs.



In the spring of this year, we moved into the pilot phase of the project to bring team-based care education into the PCNs, supporting role understanding, better communication and integration. This training gives us the opportunity to practically support a culture of team-based care within the PCNs, and we are looking forward to launching the education fully in the year to come.



### 4-Part Education Series

1. Recognizing Your Team
2. Understanding Scope & Roles
3. Optimizing Communication
4. Practice Integration & Workflow

#### Features:

- Clinic-specific
- Co-facilitated by a physician champion and a community network manager
- In-person and online options
- Learner workbook to support education
- Up to 10CME credits available
- Ongoing support from PSP TBC Coach

#### Opportunities in the coming year

For the year ahead, we look forward to continued growth of engagement in the PCNs, bringing in more and varied voices from the community. Earlier this year, we worked on building a PCN engagement strategy to guide our work and more strongly align us to the goals of PCNs. The strategy focuses on four priority areas: successful implementation of PCN resources, supporting PMHs to thrive, strengthening PMH Networks, and supporting PCN governance. We are looking forward to hosting larger PCN engagement events in the fall to update the community on PCN initiatives, as well as beginning engagement on how the PCNs can help specific patient populations that need more support.

We look forward to tapping into the wisdom of the community, strengthening partnerships with purpose, and supporting continued collaboration with our partners at VCH to build a better primary care system for all.

## Project Office

---

The Project Office has continued to invest time into the important change management initiatives set by the Division. Even with the uncertainty of the PCN governance model changes, these projects continue forward.

This past year, we've focused closely on building deeper relationships with clinics and VCH. We took advantage of the CNM's clinic outreach and canvassing efforts and the clinic grant program to update member information in the database. VCH also benefited from the update of member information through improvements like fax number coordination. The strong relationship with VCH also allowed VDoFP to run another successful flu vaccine delivery program and support a new fax system at the AAC and finally, to launch the new Collaborators network.

Looking ahead to the new year, the project office will continue to advance our change management projects including flu vaccine delivery and MHSU initiatives. We continue to gather better information for members and clinics and use this for deeper communication and engagement. We will also be concluding our Collaborators pilot and, if successful, look for ongoing funding from the Ministry. And as always, we are working closely with the Physician Clinic Leaders Taskforce to identify and deliver important improvements for members and community practices.

## Decision Support

---

We officially launched the new member and facility database capturing more accurate and updated member and facility information based on data capture from teams across the Division. We built a new data warehouse to support all of our programs with data, as an example, analysis of MSP data to determine prevalence of MHSU diagnosis across Vancouver.

## VDoFP Security and Technology Review

---

The Division continues to grow its data holdings. Privacy is an ongoing priority. The past year has seen continued focus on the VDoFP as a trusted and valued partner in the management of data and information.

### Goal 1

Stakeholders have confidence in the VDoFP data and information custodianship and stewardship capabilities

### Goal 2

The VDoFP actively maintains robust data and information governance infrastructure

### Goal 3

VDoFP employees and contractors have the data and information governance tools and expertise to do their jobs confidently, effectively and consistently

## Project Highlights - Communications

The Vancouver Division has a wide breadth of programming to support family doctors in Vancouver. Our goal is to increase access and engagement across the Division by continuously improving communication of these initiatives, resources and opportunities. The Division has been leveraging the efforts of Rose Agency to implement new methods of outreach, with a focus on clear and concise delivery.

### New Website Launch

- More thorough collection of helpful resources
- Improved member engagement
- Lower management cost

### New Communications Channels

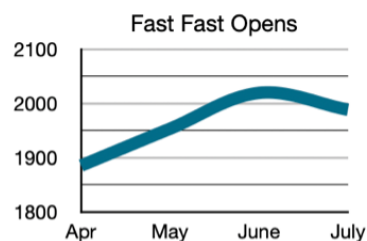
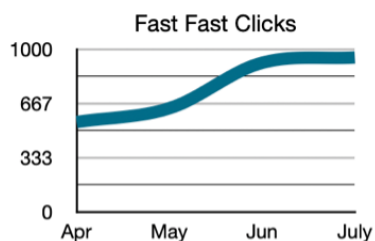
- Increasing reach of all Division activities through new channels
- Social media feeds on Instagram, Facebook, and LinkedIn
- Bringing important updates to the Pathways homepage

### Launch of Community Story Telling

- Highlight key Division focus areas with stories about care providers doing great work in our community
- Showcase the people in our shared medical services network
- Creates an engaging way for our members understand the improvements we're helping support

## Reporting & Analysis

- Through improved analysis, we are improving how our communications are delivered
- We have better understanding of how our members like to receive information has improved engagement



# Financial Report

## Treasurer Note from Dr. Kelly Little

It has been my pleasure to serve as your Treasurer for my sixth and final year on our Board. Although it is my first year as your Treasurer, having served on your Executive for a number of years, I am well acquainted with our Division's work and financial layout. As such I can confidently share that, as in years past, the Vancouver Division remains in excellent financial standing which brings encouragement for our work moving forward.

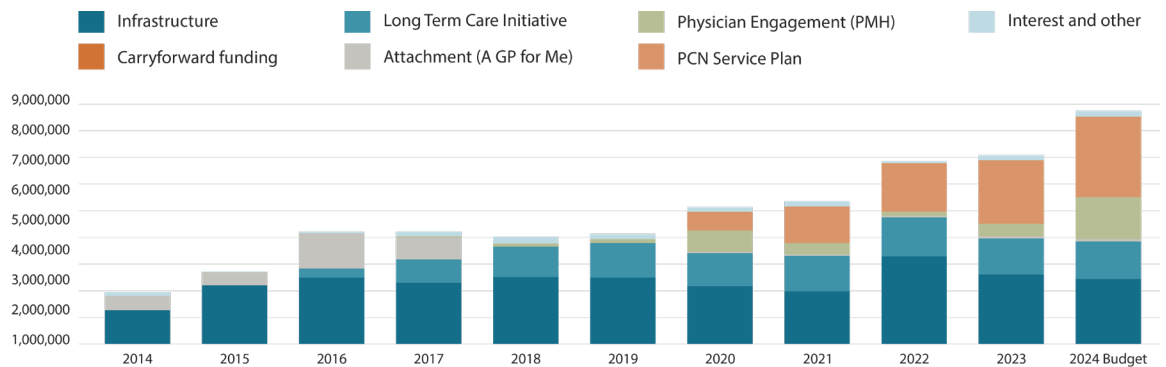
You will note that this year we received yet another incremental increase in our overall budget. This reflects the expanding scope of our work to support family doctors like you to continue to provide the

extraordinary care in our community and to support your patient's health and wellbeing.

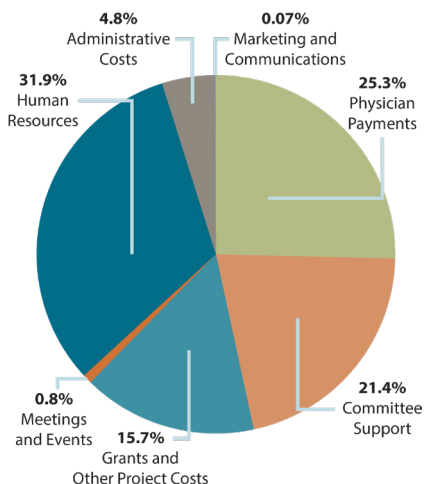
As expected, moving to a post-pandemic healthcare environment, physician engagement work has expanded. The ongoing development of Vancouver's Primary Care Networks has also intensified. This is reflected in both the 2022-23 expenses as well as the proposed budget for 2023-24.

As I leave your Board and hand the Treasurer role over to a colleague, I feel both proud and optimistic about the financial state and the ongoing work of our Division. Each dollar we spend reflects our Division values and supports the future of primary care in Vancouver – which is you!

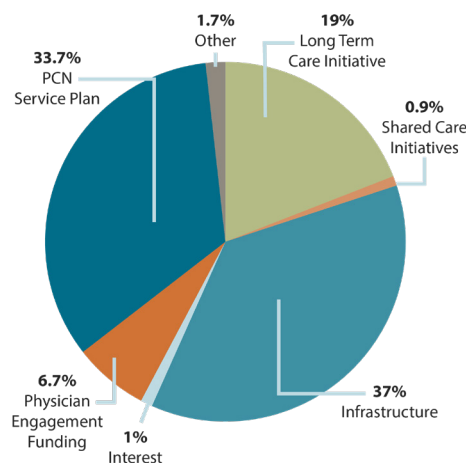
## Growth



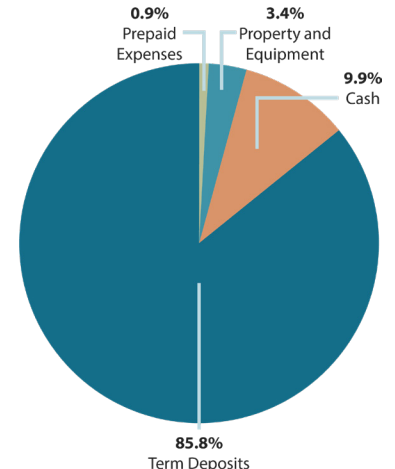
## Expenses



## Revenue



## Assets



\*Financial Statements Available on Request



**Scan the QR Code**  
to get a digital copy  
of this report





**Vancouver**  
**Division of Family Practice**  
An FPSC initiative

Tel: 604.569.2010

Fax: 604.321.5878

[vancouver@vancouverdivision.com](mailto:vancouver@vancouverdivision.com)

[vancouverdivision.com](http://vancouverdivision.com)