



**Executive Director** 

# Dr. Dave Baspaly

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

2024/25 was an exceptional year for the Vancouver Division of Family Practice, marked by significant achievements despite challenging economic conditions. Our organization successfully addressed member needs while maintaining financial stability and operational excellence throughout a period of economic uncertainty.

We enhanced and expanded our member-centered programming to directly respond to needs identified within our physician community. Our established Clinic Grant Program, now in its third year, continued to provide essential support to member practices, while our new Physician Peer Support Program created structured opportunities for professional collaboration, mentorship, and mutual support among our members.

Our commitment to strong governance yielded substantial improvements across our organizational structure. We enhanced our Division Board through strategic recruitment and comprehensive training programs, and successfully designed, staffed, and launched six Primary Care Networks (PCNs) with tailored programming to maximize member engagement and community impact.

Recognizing that organizational strength depends on workforce excellence, we undertook significant operational improvements to optimize performance and support our team. We enhanced our competitive benefits package, successfully retained highvalue employees, and invested in comprehensive professional development opportunities that strengthened both individual capabilities and organizational capacity.

The success of 2024/25 reflects the invaluable contributions of our staff, partners, and members, whose dedication and collaboration made these achievements possible. We extend our heartfelt gratitude to our members for their ongoing commitment to providing exceptional care to patients and serving our community with dedication and compassion. The foundations we established this year position our organization for continued growth and impact, demonstrating our ability to navigate challenges while advancing our mission to support primary care excellence in Vancouver.

Warm regards,

**Executive Director and CEO** 





**Board Chair** 

# Dr. Jane Gustafson

#### A message from Dr. Jane Gustafson, Board Chair

As I complete my second year as Board Chair, I find myself reflecting on how much I've learned — and how much learning and work still lies ahead. This past year has brought both challenge and opportunity for family medicine in Vancouver. We're navigating ongoing system pressures, evolving funding models, economic uncertainty, and shifting member expectations — all while doing our best to stay grounded in patient care.

We're the largest Division in the province, and our membership is incredibly diverse. We're early-, mid-, and late-career physicians, in longitudinal practice or in focused areas such as maternity care, addictions medicine, or sports medicine. Our members handle a range of payment models and a wide variety of roles, each bringing a unique perspective and set of needs.

As a board, we strive to be mindful of this complexity; one of our directors often asks, "Is this what our members need right now?" — a powerful reminder to stay focused on what really matters: supporting our members and their patients in a constantly evolving primary care landscape.

Family practice in Vancouver is at a turning point. While it may feel like the pandemic is behind us, its impacts are still very present. In addition to a payment model that doesn't meet the needs of all providers, many of you are dealing with the realities of limited locum coverage, unattached patients, and increasingly complex patient needs in a system that already feels stretched.

In the midst of all this, the Vancouver Division continues to be a home base — a place where you can find support, direction, and connection. Whether you're facing a challenge in your practice, looking to engage with peers, or hoping to contribute through a working group, committee, or governance table, we want the Division to be a place you can turn to.

Thank you for all that you do. It's a privilege to serve in this role.

**Board Chair** 



# **Acronyms**

(AHPs) Allied Health Professionals

(AUD) Alcohol Use Disorder

(CME) Continuing Medical Education

(CBT) Cognitive Behavioural Therapy

(CSC) Collaborative Services Committee

(CHA) Community Health Area

(CNMs) Community Network Managers

(DBT) Dialectic Behavior Therapy

(DoBC) Doctors of British Columbia

(EMR) Electronic Medical Record

(ED) Emergency Department

(FP) Family Physician

(FFS) Fee-for-Service

(FPSC) Family Practice Services Committee

(HA) Health Authority

(HCR) Health Connect Registry

(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

(LMPS) Lower Mainland Pharmacists Services

(MHSU) Mental Health & Substance Use

(NTP) New To Practice

(NP) Nurse Practitioner

(OAT) Opioid Agonist Therapy

(PAI) Patient Attachment Initiative

(PAS) Provincial Attachment System

(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.







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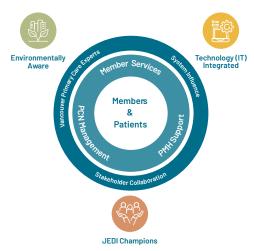
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## Statement on how to use this document



This year's Annual Report has been designed a little differently from years past. You'll find all of the Division's efforts organized by subject making it easy to browse and explore. This also better reflects our Strategic Priorities, set out by our Board of Directors.

Our ongoing work has been divided into the following sections; information about our Division, work directly supporting our members, PCN and PMH initiatives, patient population supports including Mental Health & Substance Use, Maternity Care and Seniors Across Care Settings, and finally, our Financial Statements.

Above is a visual representation of our Strategic Priorities. We've placed Member Services, PCN Management, and PMH Support at the centre of our work, ensuring Vancouver Family Doctors receive the support they need to thrive and provide quality patient care. Across all areas, we've integrated themes of Justice, Equity, Diversity, and Inclusion (JEDI), Environmental Awareness, and Technology Integration. You'll find the initiatives throughout this document are tagged with these special themes when relevant.



JEDI Champions





# **Events This Year**

September & October '2024 — Mental

Health & Substance Use Forum (see page 20)

October '2024 — Partners in Care: Elder

Abuse & Neglect (see page 24)

**November '24** — MOA Networking Event

(see page 17)

November '24 — Indigenous Cultural Safety

Workshop (see page 9)

**December '24** — Health Minds, Health Distractions: Mug Building Workshop (see

January '25 — AUD Community Workshop

(see page 20)

February '25 — Women's Health: Why Access Matters (see page 15)

March '25 — Partners in Care: Seniors' Care

July '25 — PCN Engagement Event: Team Based Care (see page 16)

#### **Ongoing Series**

IPT Engagement Series (see page 16) PCN Steering Committees (see page 14) DBT Series (see page 20) JEDI Taskforce (see page 9) But I Don't Do Maternity Care (see page 21)

#### **Annual General Meeting**

The 2024 AGM held at Earls Yaletown provided our members networking activities netting them prizes from local Indigenous business, RavenSong Soap. Members could also connect with Division resources including cultural safety learning.

# **Organization 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.



+6.7%



**Scan the QR Code** to Learn More

### **Community Recognition**

Congratulations to members receiving significant membership milestones this year.





5 Year Membership

pins in 2025



55 Members received 10 Year Membership pins in 2025

**Environmentally Aware** 



144 Members received 15 Year Membership pins in 2025

# **Board of Directors**



Dr. Jane Gustafson **Board Chair** 



Dr. Junella Lee **Board Member** 



Dr. Panagiotis Galanopoulos Vice Chair



**Dr. Ramita** Verma **Board Member** 



Dr. Arthur Vasquez Secretary/ **Treasurer** 



**Dr. Kelly Little Board Member** 



Dr. Stephanie Stacey **Board Member** 



**Dr. Andrew Jeong Resident Board** Member



02 Supporting Our Members

Member services support our members, from IT infrastructure, clinical business services and self-serve registration, through to recognizing and celebrating membership, and weaving wellness throughout to promote self care. This year, among other initiatives, the Division has focused on instilling JEDI principles into search and recruitment, in addition to website redesigns for CBS and PregnancyVancouver.ca. Our aim is to continue support for family physicians and their practices with resources, tools and initiatives, to improve the primary care system in Vancouver for the benefit of patients and members alike.

This section is organized into the following four parts: Supporting You as a Family Physician, Supporting Your Practice, operational services under Supporting Your Clinic, and Recruitment & Retention efforts.

# **Supporting You**

## Integrated Intake Process for New Members



Physicians joining via DivisionsBC are automatically invited to sign up for a member account on VancouverDivision.com. Once registered, members are now able to edit their information.







directed **136 physicians** during the 2024 tax season to update their details



**81 physicians** logged in to update their information



## **Weaving Wellness into Division Activities**

The Division held several wellness-focused initiatives during the year.

Our 3rd annual family-friendly Summer Wellness Event hosted 69 members and guests for ice cream and games.

A pottery mug-making and work-life balance workshop at 4Cats Studio, was led by peer supporter Dr. Julie Martz, who shared insights on managing stressful encounters.



We also hosted four highly popular sessions, with 78 members taking part in Shifting the Physician Time Paradigm and Values-Based Boundaries facilitated by Dr. Alicia Power and Dr. Sarah Lea.

Our physician wellness programming, Doc-to-Doc, launched in 2020. This year we expanded its reach by inviting six physician contributors to our Fast Facts newsletter.

## **Fast Facts by the Numbers**

22 editions of our Fast Facts newsletter. Thank you to our contributors:



**Dr. Daniel Dodek** Wellness Tips



**Dr. Jay Slater** Climate Corner



**Dr. Kelly Little Palliative Pearls** 



**Dr. Greg Tobert** Membership Committee member



**Dr. Nooshin Nikoo DBT** 



**Dr. Carly Glasner** Physician Peer Engagement Program

## Indigenous Cultural Safety

Our



Between December 2023 and May 2025, we partnered with Vancouver Coastal Health to offer their Hummingbird Indigenous Cultural Safety training program to Division members and staff. The series of seven sessions delivered training to 104 participants to advance the Truth and Reconciliation calls to action while supporting member learning around cultural safety and cultural humility.



# **Enhancing Committee Member** Recruitment through a JEDI Lens Resource Guide: Asking Justice, Equity, Diversity, and Inclusion (JEDI)

## Inclusive Search and Selections Project 4



The JEDI Task Force wrapped up the Inclusive Search and Selections Project in January 2025. The project, a collaborative initiative led by JEDI, Membership, Maternity Care, and Seniors Across Care Settings Committees, created a Resource Guide on how to recruit new committee members with a JEDI-informed lens.

The guide includes JEDI questions to ask as part of an application form or interview and has been shared with all team leads and HR Team at the Division.

\$54k

100%

# Supporting Your Practice

## **Physician Peer Engagement Program**

In its first year, the Physician Peer Engagement Program brought Vancouver family physicians and their teams together to connect, exchange ideas, and share experiences. Applicants proposed event ideas and topics they felt were relevant and timely to the delivery of primary care in their community.

"It was wonderful to be able to do this in a formal manner and have our time be compensated - thank you!"

- Physician feedback



#### Scan the OR Code to Learn More

https://vancouverdivision.com/physician-peer-engagement-programreporting/



events ranged from 3 to 20 participants

primary care issues covered from workflow optimization to cybersecurity, staff safety, and physician wellness

> in sessional payments to compensate family practitioners, clinic managers and MOAs for organizing events and/or attending the events

of the physician organisers said they would participate in the program again if it was to be offered in the future

₹ Find us on WhatsApp and Signal! The Division has a WhatsApp group for the MOA Network, and a Signal group for members interested in preceptorship and teaching opportunities, and peer discussions for the DBT project.

Contact membership@vancouverdivision.com to join.







# **Supporting Your Clinic**

This year, Clinic Business Solutions (CBS) completed two major engagement projects focused on key stages of the physician lifecycle: the Clinic Profiles Project and the Retirement Case Study. Both initiatives provided valuable insights into the experiences, challenges, and support needs of physicians and their clinics across the career span.

A targeted email case study campaign featured key findings and showed how feedback will shape future initiatives. The campaign also invited members to get involved and access tools and resources aligned with the themes.





## Clinic Business Solutions (CBS) Website Redesign

We relaunched the CBS presence on the Vancouver Division website with a clearer structure that helps showcase the full range of tools, services, and programs available. New features include:

- Self-serve booking feature allows members to directly schedule business consultations
- Partner submission form for potential service providers to share their services for review for our internal professional resource directory.

## Work Site Management on Vancouver Division Website 🔅



Work Site Administrators (by invitation) can update work site details, view and manage staff lists, submit draft job posts and view previous years' grant information.

A pilot project with five physicians yielded positive feedback and recommendations for improvements.

## Clinic Grants Program 4 4 4







Clinics were able to explore custom assessment tools tailored to family practice to help identify environmental or accessibility/JEDI priorities they might address. The tools led clinics through a series of questions and provided: a maturity rating, a list of practical recommendations, a list of vendors and service providers, and a list of external funding opportunities.

"I do feel we are doing our part in a more collective responsibility to the **planet**. We need more people to get engaged in sustainability... my next project will be to engage patients in sustainability practices."

- Clinic feedback



#### Scan the QR Code to Learn More

https://vancouverdivision.com/initiative/pcn-mental-health-substanceuse-engagement-forum-connect-engage-thrive/





## Tools Engagement Grant Project 🔱



This is a grant-funded initiative designed to help members deepen their understanding of primary care business, technology, and HR operations. Participants assessed their own clinic's efficiency and sustainability across key operational themes using the Division's eight clinic financial and decision model tools. Feedback captured will help with tool improvements and future resource development.



Our

78 participants from multiple clinics took



780 hours spent using/ evaluating CBS business



292 instances of tool usage



Project rapid deployment in 5 weeks with positive member feedback from 94% completed evaluations.



Focus areas: financial health, EMR evaluation, HR practices, patient access, and environmental sustainability



# Peer-to-Peer Learning



Sixty seven clinic leaders were onboarded to a dedicated Slack channel, where they cover topics such as HR, Technology, and operations; integrated OpenSay for anonymous engagement.

## **Business Lounge Pilot Program**

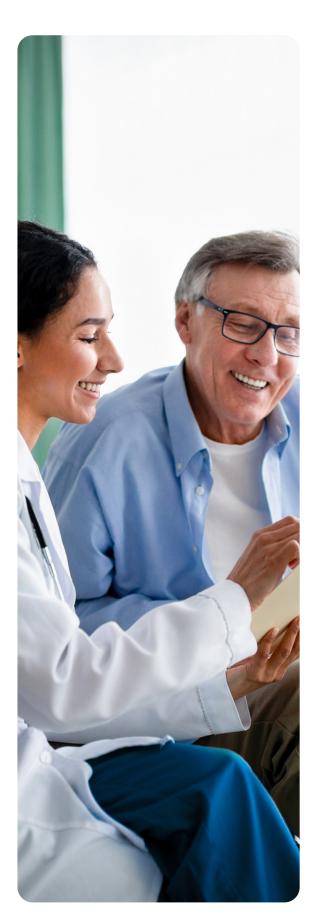
We piloted a series of facilitated, in person sessions that gave clinic leaders a focused space for strategic conversations and collaborative learning. 15 clinic leaders explored key challenges in clinic ownership, including HR management, clinic culture, and business operations.

## **Clinic Leader Education Modules - Needs Assessment Project**

We conducted a targeted needs assessment to identify priority topics for future education and leadership development. The survey focused on areas where clinic leaders seek the most support: technology optimization, business models, financial structures, and HR.

- 40+ Clinic Leaders responded
- Top priorities: technology, business models, HR management

Our



# **Recruitment and Retention**

Our recruitment and retention team continues to support providers in finding placements, recruiting clinics, assisting in provider retirement planning and process, as well as assisting in the facilitation of International Medical Graduate (IMG) programs. This year R&R accomplished more provider placements than in the previous year, supporting clinics, Family Physicians (FPs), Nurse Practitioners (NPs) and Medical Office Assistants (MOAs).

## Recruitment and retention by the numbers:



#### **Permanent placements:**

- 34 FPs
- 29 Locum placements
- 21 NPs



212 total locum, permanent and NP opportunities promoted across our clinics



An average of **6 new locum/permanent opportunities** per month



PRA BC Practice Closure/Retirement/ Practice Closure Support is **currently supporting**:

- 27 Retirement
- 7 Practice Takeovers
- 29 General Support/Guidance



#### **MOA recruitment:**

- 10 MOAs Placed
- 771 MOA Applicants
- 61 Clinics with MOA Recruitment Needs





**PCN** and **PMH** 

Much of our work at Vancouver Division supports the ongoing development of the Primary Care Networks (PCN) and the foundation of Patient Medical Homes (PMH) they're built on. Our team of CNMs and engagement specialist, supported by all departments of the Division, have much to celebrate over the past year.

## What is the difference between a PMH and a PCN?

A PMH (Patient Medical Home) is a family practice clinic that provides longitudinal patient care.

A PCN (Primary Care Network) is a clinical network of providers in a geographic area where patients receive comprehensive care and improved access to primary care.

PCNs are built on a foundation of local PMHs, offering team-based care and integrating resources such as the Interprofessional Team (IPT), Nurse Practitioners and Registered Nurses.

# Vancouver Primary Care Networks

Our Primary Care Networks (PCN) public-facing website launched this year alongside social media (Instagram and Facebook) and a newsletter to connect with our community. In 2024, the Ministry announced a PCN governance refresh, leading to the launch of six new PCN Steering Committees (SCs) for Vancouver, comprising family physicians, nurse practitioners, and patient partners. As part of the refresh, each steering committee took on a project that they identified as addressing a priority in their neighbourhood, detailed below for each PCN.



Vancouver PCN Website vancouverpcn.ca



#### PCN 1 - City Centre

The Reproductive Mental Health (RMH) project addresses gaps related to knowledge of and access to reproductive mental health resources.



#### **PCN 2 - Centre North**

The PWD Application & Attachment project pilots a team-based approach to assist unattached Persons With Disabilities in accessing medical assessment to support qualification for specific benefits.



#### PCN 3 – Northeast

The Food Security project promotes availability and use of food security resources by providers in primary care clinics in Vancouver Northeast.



## PCN 4 – Westside

The Provider Network project facilitates patient referrals for in-office medical procedures and facilitates awareness of specializations held by colleagues to promote collaboration on care.



PCN 5 – Midtowr

The Interprofessional Team (IPT) Group Healthcare Visits project responds to growing demand for access to IPT services—particularly Registered Dietitian (RD) appointments—and explored whether group healthcare visits could offer a more efficient model of care delivery.



PCN 6 – South

The Community Mental Health & Wellness project explores how community-based approaches could help address mental health and wellness needs among seniors and caregivers, and improve awareness, navigation, and access to community-based mental health supports.

# Vancouver Health Connect Registry (HCR)

Supporting

Our Members

The Health Connect Registry (HCR) has continued to match patients to primary care providers through our secondary attachment process. It continues to be effective at helping providers attach large volumes of patients at a time and has increased in uptake within Vancouver providers for 2024-2025.



**Total Vancouver patients** registered on HCR



Vancouver patient cases active on HCR



Attached thru HCR



Attached panel record

# Patient Attachment Initiative (PAI)



Total patients and family members referred



Patients and family members matched



Active referral partners



47 family physicians and 29 nurse practitioners worked with PAI this year



Physician health program matches



New referral partners



Total retiring provider patients reallocations

# **Community Partnerships - New Tools and Resources:**

- PCN 3 Food Security Resource for providers and community members highlights free and low-cost local services including other relevant health and social supports.
- Published and shared a new article in collaboration with Provincial Language Services (PLS) on accessible translation and interpretation services to foster inclusivity and cultural safety for individuals with diverse cultural and language needs.
- We created funding support letter request guides for community neighbourhood houses. Aim to provide support for various funding/resource requests such as grants and opportunities. The guide includes criteria as well as a process for submitting approval along with a sample support letter.

# **RN Program**

Our RN Program focuses on recruitment, optimizing placements, and improving onboarding workflows.



52% of PCN RNs reported being 'at capacity and utilized appropriately according to scope of the role.



70% of respondents reported feeling well supported and settled in the clinic with access to the required tools and resources.



Providers and RNs report increased access to care, comprehensive assessment, education and support, and complex care coordination.



26 active RNs in 24 clinics.

Information from July 2025 survey

# PCN Interprofessional Teams (IPT)



16 Clinical Counsellors



14 Social Workers



12 Registered Dietitians



6 Clinical **Pharmacists** 



3 Occupational **Therapists** 



101 Clinics and 487 Providers with access to IPT



3-4 new providers at IPT-accessing clinics onboarded every month



## **PCN Engagement Event: Planting Seeds to Support Team-Based Care – July 2025**

On July 10, 2025, 66 attendees gathered in East Vancouver for the PCN Engagement Event, Planting Seeds to Support Team-Based Care. The session focused on updates related to IPT planning and strategies to strengthen team-based care.

"Great networking, listening to IPT colleagues sharing about their role, going through very practical cases."

#### - PCN Engagement Forum Attendee

The IPT Engagement Series continues to share updates and information about how to utilize the IPT program, providing an avenue for providers to ask questions and share feedback on the program. This year, the series shifted to a more presentation-based, didactic format, which was received positively by attendees.

# **Education**

Women's Health: Why Access Matters, hosted in collaboration with the Federation of Medical Women of Canada, brought together 75 providers, including family physicians and nurse practitioners, to explore access to women's health resources in Vancouver. Highlights included a keynote by Federation President, Dr. Ramneek Dosanjh; a panel on reproductive health access; and facilitated table discussions focused on provider needs and system supports.



#### Scan the QR Code to Learn More

https://vancouverdivision.com/resource/womens-health-why-accessmatters-available-services-for-vancouver-pcns/

Food Forum brought together providers and community partners, including neighborhood houses, community health centres, the Greater Vancouver Food Bank, and Vancouver Neighborhood Food Networks, with presentations, tools, and resources shared to address food security.

Mental Health & Substance Use (MHSU) PCN Engagement Forums brought together 83 attendees. For more information, go to the Mental Health and Substance Use section (page 20).



## **PCN Co-Located Clinical Pharmacists**



PCN Co-Located Clinical Pharmacists support primary care teams through in-clinic pharmacy services and clinic EMR access to the PCN Pharmacist, a unique difference compared to the IPT Hub model.

In Spring of 2025, the Vancouver Division in conjunction with Lower Mainland Pharmacist Services and VCH coordinated the launch of the PCN Clinical Pharmacist Co-location Trial project. This project gave clinics a trial day with a PCN Clinical Pharmacist in clinic, to give more information on the benefits of a co-located pharmacist and how they support patients and clinic efficiencies. **Pharmacy co-location counts - 7 active co-locations.** 

"[The PCN Pharmacist] is very approachable and knowledgeable. She has been a great resource to us, and being able to **collaborate with her to improve patient care has been a positive experience**. I truly value her expertise and her contributions to the team!"

-Participant Clinic

# Medical Office Assistants (MOA) 🕾

**MOA Network:** The Network was developed under guidance from the MOA Champion group to bring together MOAs across Vancouver to connect, share knowledge and access resources. Members have access to quarterly newsletters, resource directory, annual networking events and the MOA Peer Platform WhatsApp group.

### **MOA Champions Group Ambassador Projects:**

- · Created an Onboarding Toolkit for MOAs/Clinic Managers
- MOA Ambassadors guide conversations on our Peer Platform
- 4 MOA Champions

**Appreciation & Networking Event:** We hosted our first Medical Office Assistant (MOA) Appreciation and Networking Event at the Arbutus Club. The event welcomed 85 attendees, including MOAs and clinic managers.

**MOA School Partnership & Presentations:** In partnership with the Richmond Division of Family Practice, we established strong connections with top local MOA schools, as recommended by the MOA Champion Group, to raise awareness of Division-supported MOA networks and services, helping attract new graduates to primary care roles in Vancouver clinics.

- 9 college presentations delivered
- 5 active partnerships with high-quality MOA schools
- Strengthened pipeline between MOA graduates and local clinics
- Promoted Division supports and peer networks for MOAs



**145** Members of the MOA network



**50** members joined the Peer Platform



**2** editions of the MOA newsletter published





# PMH Connectivity & Digitization Program 🔅

The PMH Connectivity & Digitization program supports Vancouver-based clinics to evaluate and improve technology workflows, digital security approaches and connectivity to provincial health systems.



**Tech Concierges provide** personalized support to 70+ PMHs, connecting decisionmakers to provincial partners and supporting improvements in

technology workflows and digital security.



65 on-site clinic technology & security assessments



100+ connectivity issues resolved



1,400+ tailored recommendations to improve clinic security and tech workflows

# Flu and Covid-19 Vaccine Delivery & Returns Program (\*)

In its fifth year, we once again partnered with Vancouver Coastal Health and MTS Logistics to provide Primary Care clinics complimentary delivery and returns of influenza vaccines. This year, COVID-19 was added to the program. This Division-funded assistance for eligible clinics provides timely, free of charge delivery of influenza and COVID-19 vaccines throughout the Influenza season then returns unused vaccines to VCH and then the BCCDC. The program also gives an opportunity for UBC medical student volunteers to gain valuable hands-on experience administering influenza vaccines.



#### Flu Vaccine 2024-25 Series

https://vancouverdivision.com/initiative/ flu-vaccine/



#### **Flu Vaccine Returns Report**

https://vancouverdivision.com/initiative/ flu-vaccine-returns/

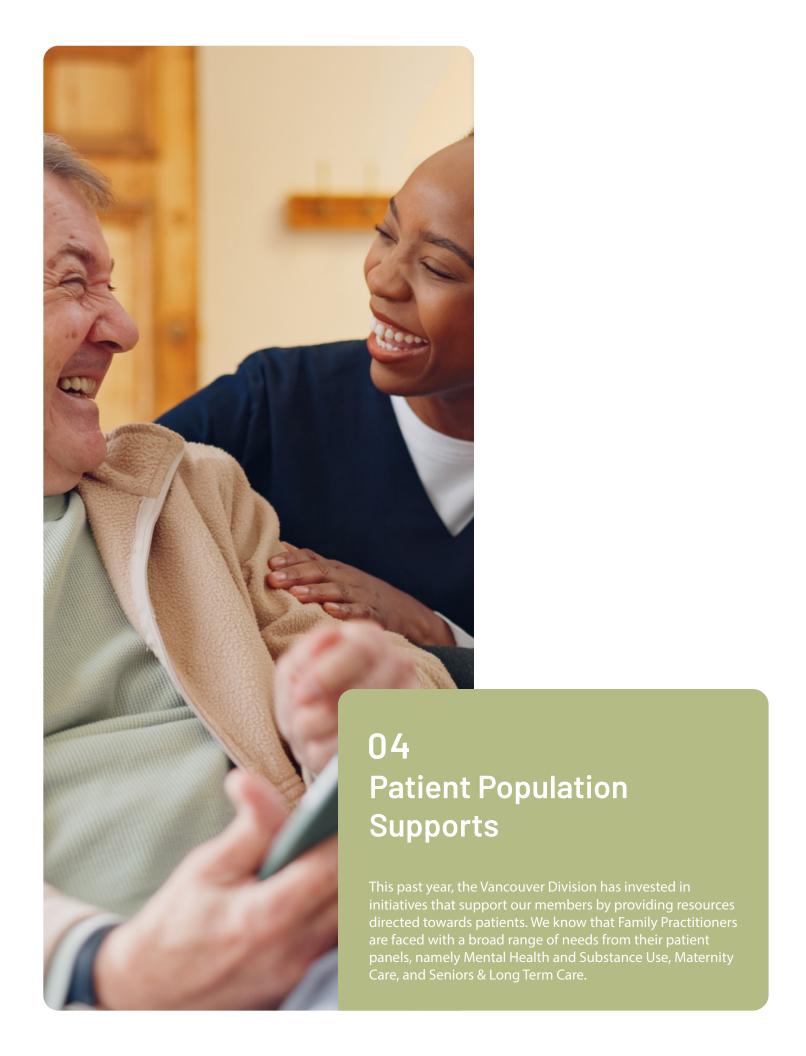


# Pathways BC 🕸

This year, we worked with PCN 1 Steering Committee to develop a reproductive mental health pathway in Pathways, which is now available province wide. Pregnancy-related resources are being updated in line with the revised Pregnancy Vancouver website.

# Access & Assessment Centre (AAC)

In May, we hosted a two-part series of small group discussions aimed at exploring and improving communications between Vancouver-based primary care providers and the AAC. The AAC and the Division are currently exploring recommendations from the sessions.



# Mental Health and Substance Use (MHSU)

Exploring a Dialective Behavioural Therapy (DBT)-Based Group Model for Patients with Affective Instability: the DBT project began in August 2024 focusing on capacity building and situational analysis of DBT service delivery in Vancouver. We partnered with organizations including the DBT Centre of Vancouver and several psychiatrists to deliver Lunch & Learns, webinars, and in-person sessions to introduce the concept of DBT to Family Physicians and other Primary Care Providers.

- Peer Discussions were launched to support case-based learning among physicians.
- A panel on suicidality was held at PCN Mental Health events.
- We developed system maps outlining current DBT services for youth and adults in Vancouver, with preliminary work on Indigenous services.

In collaboration with Foundry and Mind Space, we are developing physician training materials to support group medical visits for patients with emotional dysregulation in primary care.





We completed a closed Loop Expression of Interest (EOI) via Shared Care funding to conduct a needs assessment on Alcohol Use Disorder and develop a Shared Care project proposal. Twelve clinics signed up for the APPLAUD Action Series on AUD Care hosted by CAUDS (Canadian Alcohol Use Disorder Society) and Health Quality BC (HQBC).

AUD One-Pager: Pathways recently introduced a bundling feature that allows providers to create custom collections as patient handouts, clinical guidelines, and referral options. We developed a one-pager listing key AUD resources that providers can add to their bundles.



## Local Action Team (LAT), a network of MHSU care and support for children and youth

We revamped our online youth resource collection and developed new posters for use in schools and clinics.

We also hosted community-facing lunch-andlearns, including an "Ask a Child Psychiatrist" session with Dr. Tyler Black and a panel on supporting youth who say "no" to treatment, co-hosted with BC Crisis Centre and FamilySmart.



Total of **1,006 attendees** at the capacity building sessions



**408 (40%)** were Family **Physicians** 



Peer discussion groups on nine attendees (seven are Family Physicians)



**Recruited 18 Family** Physicians to the pilot



## **MindSpace Partnership**

We developed a facilitator guide grounded in trauma-informed practice, intersectionality, and supportive group-dynamics strategies. We also convened two Community of Practice events that brought together MindSpace facilitators to share learnings and contribute insights that inform our broader Mental Health and Substance Use (MHSU) work. In addition, we partnered on a pilot under the DBT Shared Care project to deliver and test psychoeducational groups designed to support patients navigating emotional dysregulation.



Mental Health & Substance Use (MHSU) PCN Engagement Forums brought together 83 attendees. including family physicians, nurse practitioners, clinic leads, community-led health centre leaders, First Nations and Aboriginal PCN representatives, and patient partners.



#### Scan the OR Code to Learn More

https://vancouverdivision.com/initiative/pcn-mental-health-substanceuse-engagement-forum-connect-engage-thrive/

# Maternity Care 4 4 4





We delivered four BIDDMC sessions in Collaboration with UBC CPD:

PCN Sessions: Prenatal Care in the Fall (September 2024)

**But I Don't Do Maternity Care (BIDDMC)** 

- Open Sessions: Breast Feeding/Chest Feeding in Winter (February/ March 2025)
- Early Prenatal Care (Spring 2025)

We developed an inclusive language resource on Medical Terminology related to Maternity care that was distributed to all attendees and included in the online self-paced module.



Scan the QR code for more information:

https://vancouverdivision.com/initiative/ but-i-dont-do-maternity-care-cme-series/



**177 attendees** for the four



34 to 72 attendees per session



**66–77% attendees** were Family NPs, nurses, residents, allied



**1,594 total** registrations for **registrations** within this



## **EASI Maternity Care**

As an extension of the EASI (Effective And Seamlessly Integrated) project completed in 2024, we conducted two Community of Practice (CoP) pilots as collaboration between pelvic floor specialists (such as pelvic floor physiotherapists, urogynaecologists), family practitioners and patient partners:

- Pelvic Health for Family Physicians Who Do Maternity Care
- ADHD in Maternity Care

From this collaboration, we're developing an interactive patient education tool on pelvic health and planning a CME-accredited event for Fall 2025. This resource will be integrated into the Pregnancy Vancouver platform by September 2025. The Pelvic Floor Health Index, a clinician tool developed by Dr. Roxanna Geoffrion, has been submitted to the Pathways Resources Committee for ratification.



26 family physicians attended the Pelvic Health CoP Event



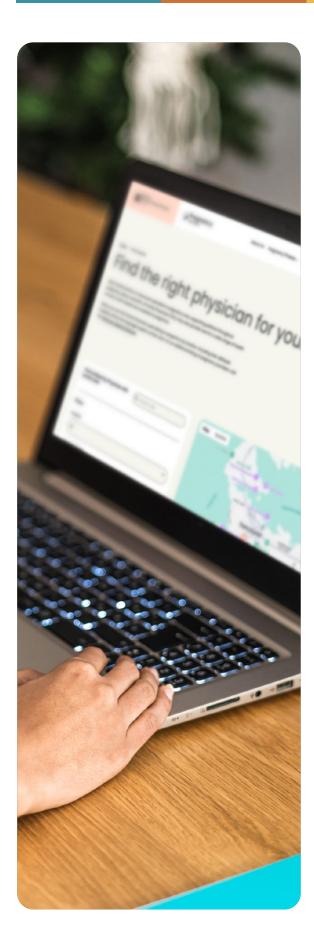
7 attended the ADHD in Maternity Care session





Supporting

Our Members



# PregnancyVancouver.ca - Website Refreshed 🏻 🏵





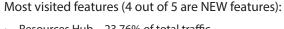
Since its relaunch in April 2025, PregnancyVancouver.ca has welcomed over 3,300 active visitors — a threefold increase from the previous site.

The website is part of the EASI Maternity Care Project, a collaboration between Maternity Care Committee members, and Vancouver-based providers and patients, which is funded by the Shared Care Committee.

### PregnancyVancouver.ca by the numbers:



Top user languages: English, Chinese, and Spanish





- Resources Hub 23.76% of total traffic
- Find a Doctor Map 9.72%
- Early Pregnancy with doctor's advice 4.13%
- Newsletter Subscription 2.84%
- Prenatal Classes Services 2.72%



New accessibility features support use across devices:

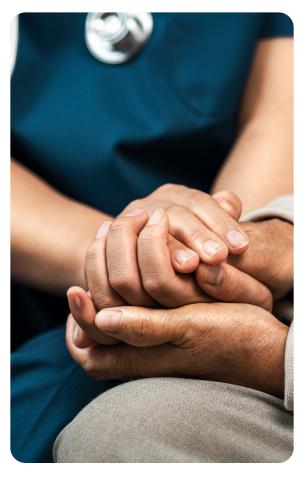
- Desktop 58.4%
- Mobile increased to 41.1%



Watch the video walkthrough by Dr. Ashnoor Nagji, Physician Lead for EASI Maternity Care and Chair of the **Primary Care Maternity Committee to learn more:** 

https://pregnancyvancouver.ca/about-us/





# **Seniors Across Care Settings**

Over the summer, we completed our annual visits to 39 care homes to review the LTCI program, share program updates and gather feedback.

The Laceration, Biopsy and Cauterization Kit Program was relaunched. These on-site clinical management supports keep residents in their homes as much as possible, reducing unnecessary hospital transfers.

The LTCI Baseline Contingency Medication list was reviewed and updated to ensure that care homes carry a minimum set of medications available for ordering after-hours:

- 5 medications were removed from the list
- 12 medications were added
- 4 dosages adjustments were made

We redeveloped a billing calculator based on one developed by the North Shore Division. We invited eight Vancouver LTC physicians to use the calculator for insight into billing with the currently available funding models (LFP, FFS and VCH contract). The results showed that on average, physicians billing under LFP are making 25% more than those who do not qualify and remain billing FFS. We continue to work with BC Family Doctors and Doctors of BC to ensure that they understand the disparity that has resulted from the funding model changes.

### **Education Events**

## From Pearls to Practice: Enhancing Patient Care

Four LTCI physician speakers delivered LTC clinical pearls on the following topics: Catheters & tubes, diabetes management, substance use, infection management.

## By the numbers:

- 53 attendees: 22 physicians, 26 nursing leadership, and 5 Care home administrators
- 36 of our 42 care homes were represented at our meeting





#### Partners in Care: "Improving Seniors' Care: Interactive Case Discussions

The "Improving Seniors' Care: Interactive Case Discussions" event was repeated due to overwhelming demand. In total, 120 of our members learned about care pathway development and supporting physicians to care for frail seniors living in community.



#### Scan the QR code for more information

https://vancouverdivision.com/resource/partners-in-care-improvingseniors-care/



#### **Aging Women's Health Survey**

We conducted a survey of Division members regarding aging women's health. This data will identify where additional information and resources are needed. 181 physicians completed our survey.



Very / extremely interested in learning more about Hormone Replacement Treatment (HRT)



Very / extremely interested in learning more about Menopause



Very / extremely interested in learning more about Nonhormonal therapy



Very / extremely interested in learning more about Osteoporosis



Very / extremely interested in learning more about Bladder health



Very / extremely comfortable educating patients on HRT



Very / extremely comfortable educating patients on Menopause



## Partners in Care: Preventing & Responding to Elder Abuse, Neglect & **Self-Neglect**

We delivered an in-person event focusing on preventing and responding to abuse, neglect and self-neglect for seniors.

- 72 primary care providers attend
- 98% overall satisfaction rate in the post-event survey



Scan the QR code for a full-screen view of our event summary (thumbnail on the left)

https://vancouverdivision.com/resource/partners-in-care-preventingresponding-to-abuse-neglect-and-self-neglect/

# **Financial Report**

Our financial statements for the fiscal year ending March 31st, 2025 have been independently audited by Reid Hurst Nagy Inc. and found to be presented fairly in accordance with Canadian Generally Accepted Accounting Principles. As previously, no recommendations for improvements to our accounting policies or processes were made this year.

Over the past fifteen years, Division financial activity has increased almost 35-fold, bringing in revenues of just over \$10 million. During the current reporting period, change came primarily as a result of the end of the change management funding for our Primary Care Network Service Plan. Over the course of five years, we made significant improvements to our networks, to support clinics and physicians to improve their operating capacity and connections with each other in their communities. Although the change management funding

has ended, PCN activities continue with funding for physician engagement, management, administration and governance.

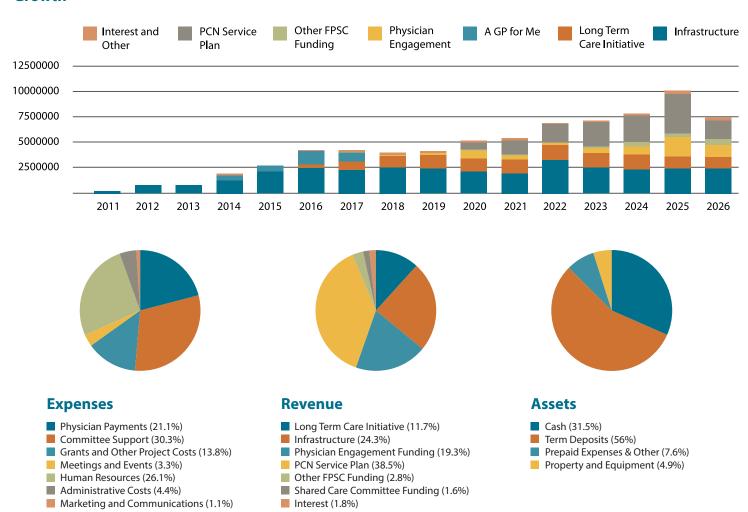
We continue to provide value to our members through our Committee work, events, mentorship programs, Long Term Care Initiative and peer networks.

Overall, I want to assure you that we continue to have strong financial stewardship and financial stability, are in full compliance with reporting and regulatory requirements, and we manage all funds effectively.

A special acknowledgment to Cheryl Hogg, COO and her team for strong fiscal leadership and support.

Treasurer

#### Growth





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