



# Seeds of Transformation

2019–20 YEAR IN REVIEW



Victoria  
Division of Family Practice  
A GPSC initiative



“Every crisis contains within it the seeds for transformation and growth.”  
[Jodie Gale]

### Dear Colleagues,

What an extraordinary year it’s been! As family doctors, as the Victoria Division of Family Practice, and as a key partner in the health care system, we are faced with unprecedented challenges: the COVID-19 pandemic on top of an already existing primary care crisis. And yet, exactly in these extraordinary times, we are seeing how every crisis contains within it the seeds for transformation and growth.

It is because of the incredible work of you, our members, and of Division staff—in collaboration with our partners at the local and provincial levels—that these seeds do not go to waste. We can’t express our thanks and deep appreciation enough for the truly amazing work that has been done this year by all of you, working together.

Here, you’ll find just a few highlights that we are proud to share.

### Responding to the Pandemic, Protecting Our Community

When the WHO declared COVID-19 a pandemic, clear information, PPE, guidance for seeing patients safely, and supports for the most vulnerable populations were of immediate essence. The Division launched daily *COVID-19 Updates* on that very same day to help members cut through the ‘infodemic’. We also



### SIX CAPE CLINICS OPEN

In April, the Victoria and South Island Divisions—in collaboration with Island Health and the Ministry of Health—opened six Community Access Physical Examination (CAPE) clinics across Greater Victoria. These centres were designed specifically to keep non-COVID patients and family physicians safe through the pandemic and can reopen when needed.

**Please note:** Due to the special circumstances related to this pandemic year, this digital 2019–20 Year in Review focuses on essentials.



### VIRTUAL CARE, IN THE NICK OF TIME

Although they didn't know it at the time, January's Telehealth information event—presented by Dr. David Harrison (VDFP) and Dr. Jaron Easterbrook (SIDFP)—laid the groundwork for members to leap into the virtual care paradigm when COVID-19 hit just a few weeks later.

began consolidating and sourcing available PPE for distribution to members. With the help of 25 members from VDFP, SIDFP, Island Health, and the Ministry of Health, and supported by VDFP staff, the **COVID Task Group** formed to co-create the community response. In particular, it led the opening of six local **CAPE (Community Access to Physical Examinations) clinics** to keep patients and community family doctors safe. The Task Force Co-Chairs created comprehensive guides for community doctors such as *The Doctor is In*, the reopening guide that was adopted provincially. Because of its nimble ability to achieve cross-sector results, the Task Force continues today.

Supporting physician wellness was another key aspect of the COVID-19 response. The Division created **CBT Skills Groups** to help physicians cope with the additional stress caused by the pandemic. Last but not least, the **Long-Term Care Initiative** worked to protect LTC residents by, for example, enabling virtual visits and providing suturing kits to minimize the need for ER transfers. Thank you, members, staff, and community partners for the huge amount of hard work to protect your colleagues, patients, and the community.

### Enabling and Expanding Virtual Care

When the *IT Working Group* held its inaugural **Telehealth information event** in January and gauged general interest in a group subscription for virtual care software, nobody knew this move would turn out to be priceless. COVID-19 forced an immediate shift to virtual care only a few weeks later. Because the road to virtual care had been paved, VDFP and SIDFP were quickly able to offer you subscriptions to the doxy.me virtual care platform at a reduced rate, to provide equipment like webcams, and to coach members through the initial set up.



### CBT SKILLS GROUPS DESIGNED FOR FPs

In June, the Victoria and South Island Divisions launched eight-week physician-only Cognitive Behavioural Therapy (CBT) Skills Groups, helping doctors to develop resiliency and respond to the unique stresses presented in 2020. The course, which began again in October, is helping members to better navigate their own patterns and to share those skills with patients.



### IPADS CONNECT FPs WITH PATIENTS

As a part of its COVID-19 response, in June the Long-term Care Initiative (LTCI) purchased iPads for several care homes throughout Greater Victoria.

With the tremendous support of nursing staff, residents were then able to see their physicians through virtual visits. Here, LTCI Coordinator

Annebeth Leurs delivers iPads to Administrator Walter Greaser at The Heights at Mt. View.

In the spring, *Pathways* launched the **Virtual Care Directory**, and physician leads gave many media interviews to ensure patients know how to access family doctors for virtual care, and that we are there for them. By now, virtual care has become a permanent tool in our doctor's bag. Apart from keeping us safe during COVID-19, it offers opportunities to support longitudinal care capacity. A proposal is underway for a **Virtual Care Hub** to improve access in a way that protects longitudinal patient-provider relationships.

### Strengthening Patient Medical Homes in a Victoria Primary Care Network

With the goals to improve the patient and provider experience while increasing access to longitudinal care—and thanks to the amazing work of our physician leads, working group members, staff and partners—PCN planning has made rapid progress. After being halted by the Collaborative Services Committee during the first COVID-19 wave, **PCN-PMH work** resumed in June. Inspired by what could be achieved in collaboration at an incredibly fast pace during the pandemic, the *PCN Decision Making Committee* set the goal to submit the PCN service plan in the fall. The PCN will include the **Downtown Victoria UPCC**, a new clinic based on a Division concept aimed at stabilizing and enhancing downtown primary care with a 70 per cent focus on longitudinal care.

To gather your input for a **service plan** that is right for you, for your patients, and for the community, we engaged members, community partners, and patients in a variety of events and meetings in the summer and fall. As we are writing this *Year in Review*, service plan submission is imminent. All we can say is that we share the excitement that many of you express about starting our PCN soon. In the words of one of our members, "This is the most exciting thing in my 30-plus years as a family physician!"

### A MILESTONE TOWARD STABILIZATION, ENHANCEMENT

Based on a concept by Division physicians, the evolving Downtown Victoria UPCC within the PCN will offer 70 per cent longitudinal care, co-location opportunities, and a teaching component. Here you see its future home under construction.





### Looking Ahead

A continued pandemic and material next steps toward primary care system change lie ahead of us, again with their inherent seeds for transformation and growth. Through this year's intense times, you have been a beacon of dedication and commitment. As your Division, we want to continue to facilitate your ability to innovate and transform. The aim is to have a better and stronger primary care system, during and after this pandemic, that is measured in a positive experience for patients and providers, and in better population health outcomes. Please continue to participate in your Division and to have a strong voice through feedback and engagement in working groups or initiatives. We are your Division, and you are greatly valued. Thank you for your hard work, your time, and your energy.

Dr. Katharine McKeen, Co-Chair

Dr. Tim Troughton, Co-Chair



"This is the most exciting thing in my 30-plus years as a family physician!"

[Dr. Kathy Dabrus,  
Community Family Physician,  
on the evolving PCN]

## NOVEMBER 2019

VDFP AGM

Pathways Public Community Services launch

PCN Planning Structure approval

Dine & Learn: Internal Medicine Roundtable

Residential Care Initiative renamed to Long-term Care Initiative (LTCI) in recognition of Truth and Reconciliation

## DECEMBER 2019

VDFP Family Holiday Party

Victoria CSC–MoH meeting on the Stabilization & Enhancement of PMHs

LTCI Learning Series: Cannabis in Long-term Care

LTCI & Island Health’s first Pink Band Project Education Session at Glenwarren Hospital

VDFP–SIDFP Joint Board Social

## JANUARY 2020

PCN EOI drafted, service planning start

Hospitalist–Emergency Physician–Family Physician Social (co-hosted by Transitions in Care & the SI Facilities Engagement Initiative)

Dine & Learn: Pediatrics Roundtable

Telemedicine / Virtual Care information event

## FEBRUARY 2020

Physician Stories Event (collaboration between SIDFP & SIMSA for the Physician Health & Wellness Initiative)

LTCI Learning Series: Vitamin D and PPI in Long-term Care

Skate with your Sweetie(s) Event (collaboration between SIDFP & SIMSA for the Physician Health & Wellness Initiative)

Dine & Learn: Orthopedics Roundtable

LTCI 2018 Deep Dive into Care Conference Evaluation Report distribution

## MARCH 2020

Dine & Learn: Emergency Medicine Roundtable

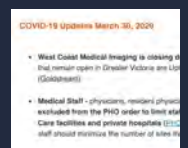
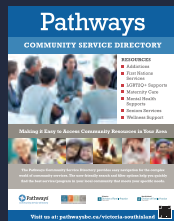
TiC–Hospitalist Connector Phone Line launch

**! WHO declaration that COVID-19 is a pandemic**

COVID-19 daily newsletter and web page launch

Victoria and SI Division COVID-19 Community Response Task Force start

VDFP and SIDFP enable virtual care for all members through doxy.me licenses for virtual visits at a reduced rate and one-on-one support in collaboration with PSP



**MARCH 2020 cont.**

PPE sourcing/distribution, including face shields from UVic for VDFP and Island Divisions

VDFP physician and LTCI physician/care home outreach how to support during the first wave of COVID-19

VDFP media interviews and articles: *Flatten the curve*

Victoria CSC orders PCN work to halt due to COVID-19

LTCI coordinators work with all 38 LTC homes to identify a daytime COVID Physician

**APRIL 2020**

PCN EOI approved

Six CAPE (Community Access to Physical Exams) clinics open in Greater Victoria

VDFP delivers webcams to members to enable virtual care

LTCI delivers suturing kits to LTC homes to reduce unnecessary transfers to emergency

VDFP media interviews: *Your doctor is in, Virtual care*

Relaunch Dine & Learn to Home & Learn: Stress First Aid & Peer Support



**MAY 2020**

Vision for Stabilization and Enhancement Clinic model of care submitted to MoH

*The Doctor is In* webinar and guide book release

VDFP and SIDFP distribute PPE

*Pathways Virtual Care Directory* goes live

VDFP media interviews and articles: *Virtual Care*

**JUNE 2020**

LTCI team distributes virtual visit toolkit & iPads to LTC homes

CAPE clinics stop taking referrals for in-patient appointments

PCN planning resumes, attachment gap agreed upon

**JULY 2020**

Opening of the Summit and launch of TORCH 2.0

Walk-in clinics engagement meeting for a Virtual Care Hub proposal

CBT Skills Group for physicians starts

PCN Partner Lead Nimble Working Group forms, weekly meetings on service planning begin



## AUGUST 2020

PCN Update webinar

Service plan for North Quadra UPCC submitted to MoH by VDFP, SIDFP, Island Health

TiC Coordinating Complex Care for Heart Failure Patients focus groups

## SEPTEMBER 2020

Two PCN Neighbourhood Sessions held

PCN Community Partner meetings

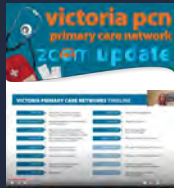
Virtual Care Hub project proposal endorsed by Joint Executive Committee

Zoom & Learn: Pathways Virtual Care webinar

LTCI System Coordination & Sustainability Engagement: The Future of Long-term Care in Victoria

TiC Rule-out Hip Fracture Protocol project begins

*BMJ Innovations* publishes TiC Secure Messaging & Clinical Communications Solution study findings



## OCTOBER 2020

Zoom & Learn: Gastroenterology Roundtable

Eight-week CBT Skills Group for physicians starts

Victoria and South Island Divisions explore Flu Vaccine Delivery service to members

Board Strategic Planning Meeting

Two more PCN Neighbourhood Sessions

PCN engagement sessions with physicians, patients and community partners to inform service plan's gap analysis

PCN member applications start

Monthly CBT Skills physician drop-in sessions for past participants start

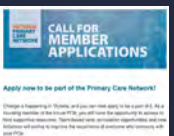
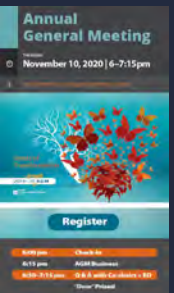
## NOVEMBER 2020

Annual General Meeting via Zoom

Service plan submission for Stabilization and Enhancement Clinic/Downtown Victoria UPCC to MoH

Zoom & Learn: Gynecology Roundtable

PCN service plan submission anticipated by month's end







## STATEMENT OF FINANCIAL POSITION

| March 31, 2020, with comparative information for 2019 | 2020                | 2019                |
|---|---------------------|---------------------|
| <b>Assets</b>   |                     |                     |
| Current assets:                                       |                     |                     |
| Cash and cash equivalents (note 2)                    | \$ 1,928,388        | \$ 1,932,591        |
| Accounts receivable                                   | 155,366             | 141,035             |
| Prepaid expenses                                      | 6,159               | 4,749               |
|   | 2,089,913           | 2,078,375           |
| Capital assets (note 3)                               | 5,130               | 6,006               |
|   | <b>\$ 2,095,043</b> | <b>\$ 2,084,381</b> |
| <b>Liabilities and Net Assets</b>                     |                     |                     |
| Current liabilities:                                  |                     |                     |
| Accounts payable and accrued liabilities (note 4)     | \$ 386,102          | \$ 402,356          |
| Deferred revenue (note 5)                             | 1,635,076           | 1,634,253           |
|   | 2,021,178           | 2,036,609           |
| Deferred capital contributions (note 6)               | 5,130               | 6,006               |
|   | 2,026,308           | 2,042,615           |
| Net assets  | 68,735              | 41,766              |
| Commitments (note 7)                                  |                     |                     |
| Economic dependence (note 8)                          |                     |                     |
| Subsequent events (note 12)                           |                     |                     |
|   | <b>\$ 2,095,043</b> | <b>\$ 2,084,381</b> |

See accompanying notes to financial statements.

## STATEMENT OF OPERATIONS & CHANGES IN NET ASSETS

| March 31, 2020, with comparative information for 2019 | 2020             | 2019             |
|---|------------------|------------------|
| <b>Revenue:</b>                                       |                  |                  |
| Long Term Care Initiative                             | \$ 1,472,949     | \$ 1,512,376     |
| Infrastructure grant                                  | 1,326,263        | 1,147,782        |
| Transitions in Care                                   | 245,245          | 256,164          |
| Primary Care  | 217,836          | 171,223          |
| COVID-19 funding                                      | 20,232           | -                |
| Rental  | 8,544            | -                |
| Regional Retention & Recruitment                      | 3,410            | 1,897            |
| Recognition of deferred capital contributions         | 3,316            | 4,933            |
| Shared Care   | -                | 88,225           |
| Partners in Care                                      | -                | 23,860           |
| MHSU Publication Sales                                | -                | 69,848           |
|   | <b>3,297,795</b> | <b>3,276,308</b> |

| March 31, 2020, with comparative information for 2019 | 2020             | 2019             |
|---|------------------|------------------|
| <b>Expenses:</b>                                      |                  |                  |
| Wages and benefits                                    | 1,091,424        | 989,445          |
| Long Term Care Initiative payments (note 9)           | 883,259          | 974,444          |
| Physicians  | 618,237          | 588,409          |
| Contractors   | 280,708          | 324,636          |
| Administration  | 218,579          | 215,300          |
| Event expenses  | 125,656          | 96,999           |
| Meeting expenses                                      | 84,518           | 81,622           |
| Conference expenses                                   | 11,615           | 9,521            |
| Travel expenses                                       | 4,159            | 14,136           |
| Amortization of capital assets                        | 3,316            | 4,933            |
| Cost recoveries from other Divisions                  | (23,676)         | (18,580)         |
|   | <b>3,297,795</b> | <b>3,280,865</b> |

|  |                  |                  |
|--|------------------|------------------|
| Deficiency of revenues over expenditures from operations | -                | (4,557)          |
| Investment and other income                              | 26,969           | 19,452           |
| Excess of revenue over expenses                          | 26,969           | 14,895           |
| Net assets, beginning of year                            | 41,766           | 26,871           |
| <b>Net assets, end of year</b>                           | <b>\$ 68,735</b> | <b>\$ 41,766</b> |

See accompanying notes to financial statements.



## NOTES TO FINANCIAL STATEMENTS

Year ended March 31, 2020

### 5. Deferred revenue:

Deferred revenue represents the unspent portion of externally restricted contributions received during the year. Changes in the deferred revenue balances are as follows:

|                                    | Opening Balance     | Net Funding Received<br>(disbursed) | Fund Transfers    | Recognized Revenue    | Ending Balance      |
|------------------------------------|---------------------|-------------------------------------|-------------------|-----------------------|---------------------|
| Infrastructure                     | \$ 186,202          | \$ 1,248,619                        | \$ (2,440)        | \$ (1,326,263)        | \$ 106,118          |
| Transitions in Care                | 245,187             | 82,415                              | -                 | (245,245)             | 82,357              |
| Regional Retention and Recruitment | 9,049               | -                                   | -                 | (3,410)               | 5,639               |
| Long Term Care Initiatives         | 819,061             | 1,380,171                           | -                 | (1,472,949)           | 726,283             |
| Patient Medical Home               | 374,754             | 125,000                             | -                 | (217,835)             | 281,919             |
| Physician Engagement               | -                   | 417,992                             | -                 | (20,232)              | 397,760             |
| Attachment Funding                 | -                   | 35,000                              | -                 | -                     | 35,000              |
|                                    | <b>\$ 1,634,253</b> | <b>\$ 3,289,197</b>                 | <b>\$ (2,440)</b> | <b>\$ (3,285,934)</b> | <b>\$ 1,635,076</b> |




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We work, live, and play as visitors on the traditional, ancestral, and unceded territories of the Coast Salish and Wakashan peoples, including the Lekwungen (Songhees), Xwsepsum (Esquimalt), W̱SÁNEĆ (Tsartlip, Tsawout, Tseycum), Pauquachin, Malahat, T'Sou-ke, Scia'new (Beecher Bay), and Pacheedaht First Nations.



It is not the strongest of the species that survives, nor the most intelligent. It is the one that is the most adaptable to change.  
[Charles Darwin]