



2020/21
**IMPACT
REPORT**



Victoria
Division of Family Practice
A GPSC initiative

HAPPY DOCTORS, HEALTHY COMMUNITIES.



The Victoria Division of Family Practice acknowledges with great respect and appreciation that our office is located on the traditional, ancestral, and unceded territories of the Coast Salish Nations. We are privileged to be working on the lands of the Lək̓ʷəŋən (Lekwungen/Songhees) and WSÁNEĆ (Tsartlip, Tsawout, Tseycum) Peoples.

In July 2021, the Victoria Division of Family Practice refreshed its strategic plan and created the new mission statement, *Happy Doctors, Healthy Communities*. This mission tells us where we want and need to go, and will guide all of our activities moving forward. It reinforces at the highest level that well-supported family doctors are foundational for healthy communities, and for our physicians' ability to provide excellent primary care. The new mission is now our North Star as we embark on any project or collaboration. We hope it will inspire our members to continue to participate and to have a strong voice.

■ VDFP CO-CHAIRS DR. KATHARINE MCKEEN AND DR. TIM TROUGHTON

● **ARTWORK:** Coast Salish Artist Maynard Thii Hayqwtun Johnny Jr. has recently been selected to create the design that will grace the B.C. Ferries' newest Salish Class ferry, the Salish Heron. The Raven. © 2012. Reproduced with permission.



FUN IN THE SUN. After a long hiatus from in-person gatherings, Victoria and South Island Division members came together in mid-September for a fun family barbecue and networking event at Cadboro-Gyro Park.

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Great strides with primary, Indigenous care reform despite pandemic challenges

AT THE HELM. Victoria Division co-chairs Dr. Katharine McKeen and Dr. Tim Troughton



Faced with the continued COVID challenge on top of our existing primary care crisis, 2021 has been another challenging year. As a Division, we kept our focuses on listening to our member physician needs and on supporting you through the pandemic in your roles as physicians and leaders while moving Victoria primary care reform forward.

We know you are very tired as the fourth wave of COVID is rolling in and we are once again in a serious situation. The Division continues to stand with you and provide support wherever we can.

Over the course of the pandemic, the **COVID Task Group** has been co-creating the community response, with invaluable leadership, guidance, and resources provided by its co-chairs. The Division has been

offering some amazing help through **Zoom & Learn** events and **CBT Skills Groups** to foster the strength of community and peer support throughout these difficult times.

We have worked hard to continue curating **masses of information** into one trusted Division resource, supporting clinic **virtual care** transitions, distributing initial **PPE**, providing special support for **vulnerable populations** like individuals with mental health issues and seniors, and **informing the public** as needed.

Disrupted for months by pandemic priorities, the Board resumed its work on a **refreshed mission, vision, and strategic plan** based on your member input, and released a new strategic framework this summer. As a member-driven organization

representing family physicians, our new mission statement, **Happy Doctors, Healthy Communities** reinforces at the highest level that well-supported family doctors are foundational for healthy communities and for doctors' ability to provide excellent primary care. Happy Doctors, Healthy Communities will be our North Star as we embark on any project or collaboration, and we hope it will inspire you to continue to participate and to have a strong voice.

In this *Report*, you will see examples of how Division work already has a strong impact on Happy Doctors, Healthy Communities.

Building on years of Division engagement and collaboration with our partners, we have been able to make rapid progress with **primary care reform**.

Following **Victoria Primary Care Network (PCN)** service plan approval, in July Health Minister Adrian Dix announced four PCNs across Victoria, as well as the **Downtown Victoria Urgent and Primary Care Centre** that we are collaborating on for stabilization. The Division is very excited to support our members in their **PCN neighbourhoods** as they prepare to work with new resources that will strengthen **patient medical homes**. The overall PCN aim is to increase access to longitudinal care and improve the patient and provider experience by fostering team-based care; creating opportunities to attract new physicians and nurse practitioners; better addressing the social determinants of health and serving priority populations; and, supporting cultural safety within and across all services. Over the years to come, the Division will continue to nourish strong working relationships with our collaboration partners to achieve this monumental reform together.

2020/21 has been a wake-up call with regards to the scope and urgency of learning, work, and healing to be done in the area of **Indigenous health care**. The VDFP and our PCN partners are gaining deeper understanding of the health inequities that disproportionately affect Indigenous peoples. Due to our regional overlaps, the Victoria

and South Island Divisions are rising to this challenge together. The new **Indigenous Collaborative** now guides Indigenous engagement and cultural safety across the Victoria PCN and the South Island Division's Western Communities PCN. It replaces the previous Indigenous Advisory Groups in each Division that had informed PCN service planning.

Any really great shifts in our community happen because of **great people working together**. We are deeply grateful to each of you for all that you do, every day, to keep our community as healthy as possible, and for your **unwavering commitment** to work toward reforming primary care. Thank you as well to the Division staff and executive director for their extraordinary support over the past year, and to all of our partners for collaborating on primary care reform and support. Our gratitude also goes to the entire Board for helping to navigate through some rough waters, and for ensuring our continued focus on what most matters to you, our members: to support Happy Doctors, Healthy Communities. Thank you!

Dr. Katharine McKeen + Dr. Tim Troughton
Co-chairs

We are deeply grateful to each of you for all that you do, every day, to keep our community as healthy as possible, and for your unwavering commitment to work toward reforming primary care.



PROUD OF OUR PROGRESS.
Victoria Division Executive Director
Catriona Park

Community health, safety remain our top priorities

This *Impact Report* is the second we have created during COVID. It would be false to say that we are surprised to see this virus come to stay. In spite of vaccines and better knowledge of what needs to be done, COVID and its variants still pose an enormous challenge. We can't express our **thanks and deep appreciation** enough for all that you do, every day, to keep our communities safe.

The **health and safety** of our members, staff, and communities has continued to be the Division's top priority. As family physicians who were already extremely stretched before the pandemic, your wellbeing is impacted immensely.

The Division's **COVID response**—some of which is reflected in this *Report*—includes recurring offerings that address **physician**

mental health and wellness. We strongly encourage you to reach out individually if you need more specific support.

I am proud of how much we have built together this past year in spite of the pandemic. The **primary care network** shift from planning to implementation in **four neighbourhoods** marks a tremendous milestone for primary care reform in Victoria. Undoubtedly, we are on the trajectory toward substantial improvements in **access to longitudinal care** and in overall **experience for patients and providers.**

A **PCN operating structure** for implementation is now in place—including a team of dedicated PCN staff—to build these

networks as outlined in the service plan. We can assure that, while PCN resources will support any PCN-related needs specifically, Division resources remain focused on serving the needs of all members.

Our wins of the past year demonstrate the power of collaboration. Be it the COVID community response; the primary care networks as a partnership between Ministry of Health, GPSC, VDFP, Indigenous Partners, Island Health, and community partners; the **Indigenous Collaborative** across Victoria and South Island Divisions; or joint work in areas like **IT/Virtual Care, Transitions in Care, Pathways, and Long-Term Care**—the challenges we are tackling are massive, and the success we are seeing is due to everyone's commitment to collaboration.

Thank you to all involved for your support.

Our refreshed *Happy Doctors, Healthy Communities* framework provides a clear focus on what most matters to you.

Gratitude goes to our Board for its leadership, and to our staff members for their dedication and immense efforts throughout this demanding year.

More challenges lie ahead, but our refreshed *Happy Doctors, Healthy Communities* framework provides a clear focus on what most matters to you. You are, and always will be, our top priority. Please continue to participate in your Division and to inform the work. Thank you for being a member, for your hard work, and for your energy to work on a brighter future.

As always, please don't hesitate to contact me if you wish to discuss anything, or would like more information about any of the work you see in this *Report*.

Catriona Park
Executive Director



“The Victoria Division of Family Practice has improved my professional life in countless ways.”

MEMBER

“We have great staff who work for the Division. They are great at corralling doctors and saying, ‘Okay, here’s what we’ve got to do.’”

MEMBER

“The Division has done so many initiatives to bring people together, and I’m so impressed with the courses they’ve funded.”

MEMBER

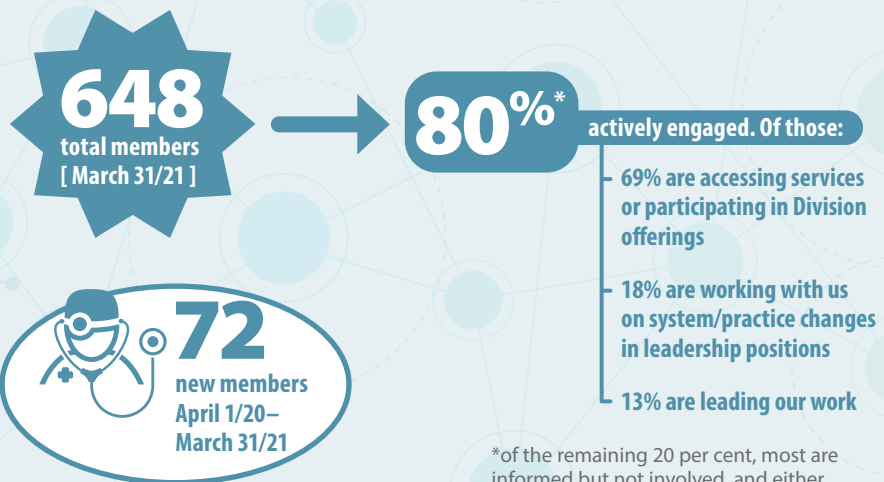
“I really, really enjoy and appreciate having the Division supporting family doctors.”

MEMBER

As a member-driven organization representing family physicians, our vision is to make family practice in Victoria **fulfilling, sustainable, and attractive** to family physicians, and to support the provision of excellent longitudinal primary care.

Member engagement remains impressive despite COVID

Members are invested in the Division and have stayed involved throughout the pandemic. We are extremely proud of this level of connection, and thank our members all so much for their commitment and leadership.



*of the remaining 20 per cent, most are informed but not involved, and either retired, moving during the fiscal year, or working outside of family practice (hospital-based, educator, or full-time administrator)

We thank each of our Board members for the generous time and efforts they have contributed over the past year to keep our members safe, informed, connected, and supported during the pandemic and to move primary care reform forward. Dr. Dara Behroozi, Dr. Katharine McKeen, and Dr. Elisabeth Pharo are passing the torch to incoming Board members, and we extend a special thanks for all that they have given over the years to strengthen our community.

Our 2020/21 Board of Directors



Dr. Dara Behroozi



Dr. Geoff Inman



Peter Lockie
Treasurer



Dr. Katharine McKeen
Co-Chair



Dr. Elisabeth Pharo
R2



Dr. Irfan Rajani
R2



Dr. Jessie Singh
R1



Dr. Tim Troughton
Co-Chair



Dr. Caroline van Es

The VDFP's brand new Mission, Vision, Approach, and Goals were unveiled in the summer of 2021 with the Division's refreshed four-year Strategic Plan, which is guiding activities moving forward. The framework gives us clear direction for where we must go.

Physician support, fulfilment at heart of new strategic plan

The Division has developed a new **strategic framework for 2021–24** to guide us in achieving our vision. The framework's new mission statement, **Happy Doctors, Healthy Communities**, reinforces that well-supported family doctors are foundational for healthy communities and for doctors' ability to provide excellent primary care to patients.

A happy doctor in this context is a physician who is fulfilled and re-committed to their

work because they are supported, healthy, valued, and empowered. Patients are at the centre of the health care system and continue to be the ultimate focus of our work.

Happy Doctors, Healthy Communities will be our North Star as we embark on any project or collaboration. Our hope is that our new framework will inspire our members to continue to participate and have a strong voice for happy doctors and healthy communities.

"Full-service family practice must become the most attractive job for family physicians. Until this happens, we cannot solve the primary care crisis."

■ DR. MARGARET MANVILLE

Our Mission

Happy Doctors, Healthy Communities.

Our Vision

Family Practice in Victoria is fulfilling, sustainable, and attractive to family physicians, to support the provision of excellent longitudinal primary care.

Our Approach

- Ensuring our work is member-driven in response to local concerns.
- Engaging with stakeholders to effect needed change at community and systems levels.
- Committing to being respectful, equitable, and inclusive.
- Executing innovative solutions grounded in practice- and evidence-based research.

Our Goals*

1 Improving physician wellness + job satisfaction

- Creating a more supportive physician community
- Building family practice capacity
- Supporting the business side of family practice

2 Supporting family doctors' ability to meet their patients' needs

- Focusing on vulnerable populations
- Building team-based capacity
- Enhancing resources and referral mechanisms

3 Affirming the value of family doctors by amplifying their voice + experience

- Speaking out, for and with members, on issues that are affecting them
- Ensuring strong physician involvement at key decision tables
- Communicating with the public about the benefits of longitudinal family practice

"I really admire your efforts in addressing what, for almost half of physicians, is a sense of creeping despair. You bring hope. By constituting ourselves as a Division, and by acting collectively in creating a culture of caring without neglecting self-ness, we grow stronger. Thank you for promoting our collective wellbeing."

■ DR. DAVID BROOK

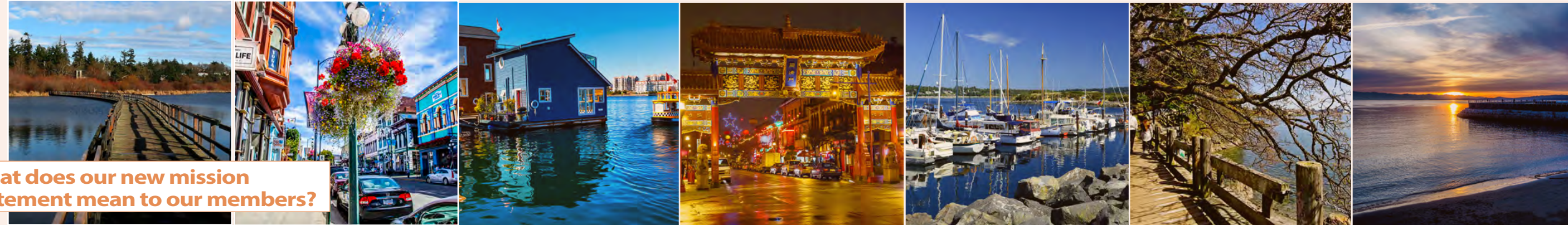
*Areas of focus for each goal have been defined for year one. The Board will identify focus areas for years two, three, and four with additional input from members, e.g., through committees and working groups.

View the full strategic plan on our website: divisionsbc.ca/victoria/your-division



HAPPY DOCTORS, HEALTHY COMMUNITIES.

With the rollout of the new Strategic Plan that will guide our activities for the coming years, we asked members what *Happy Doctors, Healthy Communities* means to them.



Happy Doctors, Healthy Communities:

What does our new mission statement mean to our members?

“The change that we want to see in primary care starts from a grassroots perspective and at the very beginning, with support for the grads. We new grads see how much established family physicians are struggling or suffering. If we’re able to avoid the gaps that cause this from the outset and to afford happiness to physicians, ultimately it is going to lead to creating better communities. It’s about **making sure that we look at every step in the process**, from the outset.”

■ MEMBER

“If a doctor **feels well supported** and is **enjoying their work**, they can be better physicians to their patients. And hopefully that translates into a **healthier community**.”

■ MEMBER

“The new theme is quite impactful, especially after the last year-and-a-half. When I look at my colleagues and see the stress and pressure that all of us have been under, I have reflected on this so much. In order for us to do our jobs well, **we need that opportunity to be well cared for**, and to have that sense of happiness in our practice, and in our lives. The more we recognize that our wellness translates into our patients’ wellness, the better off we will be in the health care system.”

■ MEMBER

“Being in a situation where there’s two of us doing longitudinal care in a new facility where there’s room for 15 more, it makes me think about what’s happening here. The number one issue as an obstacle is **remuneration**. There’s no question.”

■ MEMBER

“To me, it means ongoing **recognition of the everyday challenges that doctors are facing**, the heightened pressures that we’ve experienced lately, and that all of us are struggling—either silently, or more outwardly. And that now it’s OK to talk about it and to provide each other help. The strategic plan sounds like it’s going to be positive in terms of making not only work better but life better for physicians and their patients.”

■ MEMBER

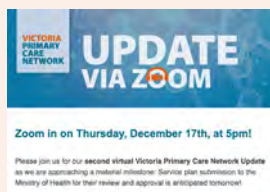
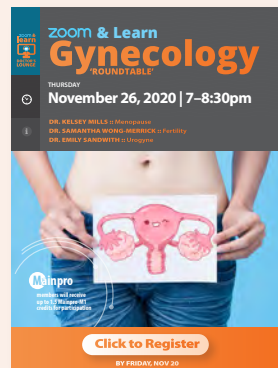
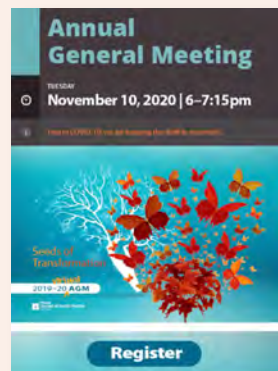
Together, we are working to create a community that is as healthy as it is beautiful.

Our Year in Review 2020/21

2020

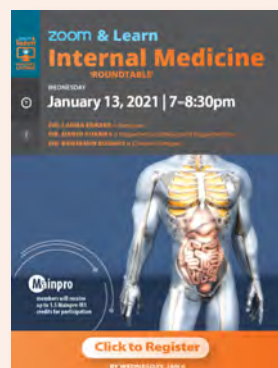
NOV

- Two eight-week CBT Skills Groups for physicians underway
- PCN resource applications inform service plan
- DV UPCC service plan submitted to MoH
- Zoom & Learn: Gynecology
- Annual General Meeting via Zoom



DEC

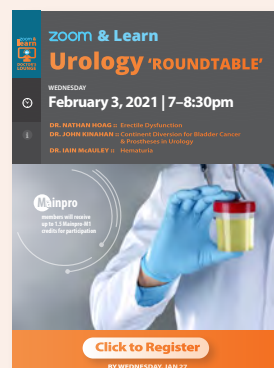
- 50th COVID Task Force meeting held
- Victoria PCN service plan submitted to MoH
- PCN Update webinar
- LTCI 2020 Report and Evaluation released
- LTCI Learning Services Working Group forms
- Transitions in Care develops Hot Hip Protocol for LTC patients with suspected fractures



2021

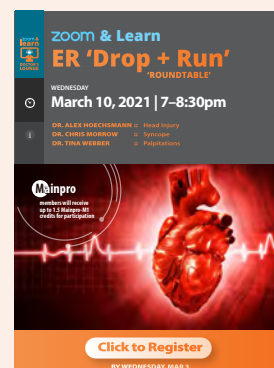
JAN

- Distribution of PPE to community practices streamlined, in collaboration with Island Health
- LTCI supports MoH LTC physician vaccination prioritization through data
- Zoom & Learn: Internal Medicine
- Formal PCN service plan presentation to MoH



FEB

- LTCI Victoria After-Hours Call Group Annual Review Event
- Zoom & Learn: Urology
- LTC 101: CME event for hospitalists, internists, and emergency physicians, sponsored by Transitions in Care
- New PCN Steering Committee forms for implementation phase



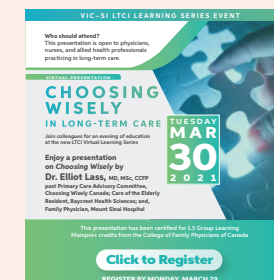
MAR

- Zoom & Learn: Emergency Medicine
- First Vic-SI LTCI Virtual Learning Series Event: Pain in Older Adults
- Victoria PCN service plan approval by MoH
- Victoria PCN receives MoH funding package
- Vic-SI LTCI Virtual Learning Series Event: Choosing Wisely
- Transitions in Care project establishes Emergency Department care plan note in PowerChart



APR

- Victoria PCN implementation starts
- New eight-week CBT Skills Group for physicians starts
- 100th member COVID Update issued
- Indigenous Collaborative forms across Victoria and South Island PCNs
- 20 of 37 Vic-SI Long-term Care Homes have a coordinated practice model in place
- Zoom & Learn: Compass Mental Health on Youth
- LTCI Virtual Learning Series Event: Young-Onset Dementia

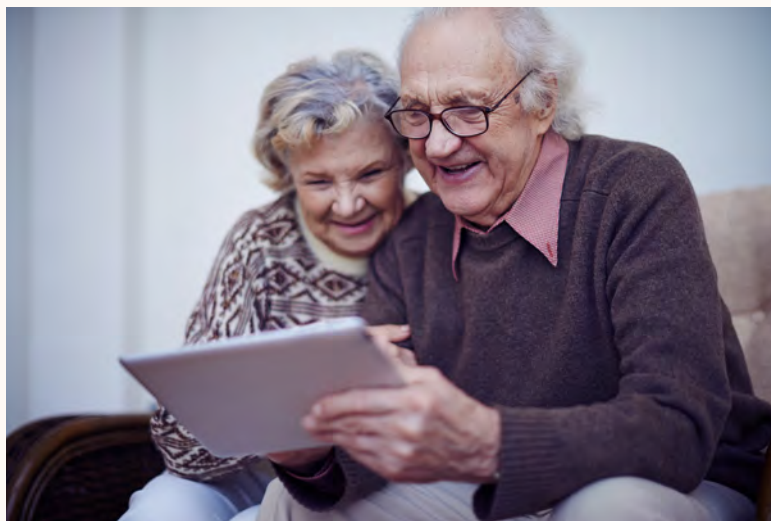


“Fantastic job to the Dine and Learn Team. AWESOME work transitioning to online and keeping these going. I’m so impressed and love the professionalism and warmth of the speakers.”

■ ZOOM + LEARN PARTICIPANT

The ongoing presence of COVID and its variants continues to force shifts in our efforts to address pandemic needs. Division goals remain to support members in practicing safely, maintaining connectivity, supporting vulnerable populations, and reaching out to patients and the public.

Funding special supports for vulnerable populations



The Long Term Care Initiative (LTCI) provided iPads to **enable zoom visits** in care homes. The Division also contributed coordinator support and physician sessionals for the **Victoria Inner-City COVID Response Team**, which ensured continuous care for people in homeless encampments, and temporary hotel housing when shelters were shut or operating at reduced capacity.

Ramping up virtual tech, training

The **Joint Victoria–South Island IT Working Group** is supporting virtual/digital care advancements for patients and providers for pandemic support at many levels.

At the start of the pandemic, the team successfully negotiated a bulk subscription to **doxy.me**, a platform that enables virtual care. More than 50 clinics and 150 physicians acquired a licence, sparking the team to coordinate further FP and MOA training.

The **Virtual Care: Learning to Swim** event addressed evolving best practices for 39 participating physicians and their staff.

Member outreach hits all-time high

The Division has kept busy curating **masses of information** into a trusted COVID newsletter and member portal, supporting clinics with **virtual care** transition, delivering **video cameras**, and distributing **PPE** prior to the provincial system.

The group also coordinated physician input on **remote prescribing, lab access, and e-forms improving patient access** to important testing, diagnostics, and pharmacy services to support virtual doctor visits.

The Division actively supports provincial **advocacy** to maintain

Telehealth fee codes put in place during the pandemic, and to promote appropriate remuneration that underlines

the importance of high quality **virtual care in the context of longitudinal care.**



+ 150 physicians

took advantage of bulk subscription licences to doxy.me



COVID updates/Newsflashes since the pandemic began

Collaborative teams join forces to tackle crisis, kick-start virtual care



Community Task Group meetings focused on:

- PPE supplies + distribution prior to the provincial system rollout
- virtual and hybrid care transitions
- vaccination support
- coordinated guidelines
- office re-opening resource manuals
- office safety plans
- the new COVID assessment clinic at the Downtown Victoria UPCC

“The COVID Task Force has been doing a great job of centralizing information and giving guidance on how to provide safer medical care. I sincerely thank the Division and the Task Force leads for their facilitation. I am hopeful that the COVID Task Force is just one example of how our medical community can work together to better the health care of Victorians.”

■ DR. OONA HAYES

Transforming



Health Care



FULL MARKS. Task Group co-chairs Dr. Jaron Easterbrook (SIDFP, above left) and Dr. Aaron Childs (VDFP, above right) continue to show extraordinary leadership in unprecedented times. The group’s work was highlighted in a *Douglas Magazine* cover story describing increased cross-sector collaboration and virtual/digital care advancements as pandemic silver linings.



Supported by Division staff, the **COVID Community Task Group** continued to co-create community response, with invaluable leadership, guidance, and resources provided by Task Group co-chairs Dr. Aaron Childs (VDFP) and Dr. Jaron Easterbrook (SIDFP). The Task Group is a collaboration between VDFP, SIDFP, and Island Health.

Since the pandemic started, more than 55 Task Group meetings have been held for collaborative problem-solving on PPE,

initial COVID assessment clinics, virtual and hybrid care transitions, vaccination support, and coordinated guidelines. More recently, resource manuals for office re-opening and developing office safety plans were created and updated, and a new COVID assessment clinic was negotiated and established for fall 2021 at the Downtown Victoria UPCC.

Kudos to the Task Group and co-chairs Dr. Aaron Childs and Dr. Jaron Easterbrook for their extraordinary work and leadership in these extraordinary times.

New, enhanced Pathways platforms key to outreach

On the various platforms, provincially managed resources are complemented by local content that is added by the Division.

In addition to Pathways for Clinicians and the Pathways Community Services Directory, the Pathways Medical Care Directory for patients is a priceless tool. It facilitates virtual appointments, connects patients with providers, and houses COVID and vaccination answers from family physicians.

151 local Medical Care Directory listings:
 • 132 physicians
 • 19 clinics

12,277 physician resources page views

1845 physician forms available

11,067 patient information page views

3266 physician resources available

Training videos and seminars have been offered throughout the pandemic so that family doctors and MOAs can leverage all that Pathways has to offer.



VDFP campaign to counter vaccine hesitancy leverages family physician expertise

The Division continues to share COVID information and advice with the public through **mass and social media channels**.

To **counter vaccine hesitancy** and misinformation, the Division leveraged family doctor expertise and credibility and produced a **video series** with family doctors

addressing vaccination concerns and misconceptions.

Promoted via news release and social media, the campaign was featured on the front page of the *Times Colonist* and reported on by all major local media. The Division also gave several media interviews.

“Through Pathways, I discovered a physician guideline that helps guide conversations around COVID vaccine hesitancy, which has been immensely helpful to me. The patient education content around COVID is really comprehensive as well.”

■ MEMBER

“I wanted to pass on my thanks to Dr. How, Dr. Dabrus, and Dr. Childs for their public videos encouraging vaccination. Both my wife and I are renal transplants and we benefit greatly from crowd immunity. I hope those who are hesitant will view these videos and decide to get vaccinated as soon as they are able.”

■ RUSS HARVEY, VICTORIA

CBT Skills groups become lifeline for physician wellbeing



“There’s something very safe about the CBT Skills group for physicians. We understand the confidential piece, we understand the struggle piece. There’s a commonality in our experiences. It’s such a breath of fresh air to arrive and know that it’s your people. There was a whole lot out of that course for me: it’s a base for our brains to respond instead of react; it’s a part of what holds me together.”

■ DR. SUZI LEGGATT

FINDING YOUR PEOPLE. Dr. Suzi Leggatt loves the peer support and commonality in the CBT Skills Groups designed specifically for family physicians, which she joined partway through the COVID lockdown.

The pandemic has been hard on everyone, and our members are carrying some of the heaviest burdens of all. Supporting physician health and wellness by fostering resiliency continues to be a key pandemic priority.

So far throughout these difficult times, the Division has offered six **Cognitive Behavioural Therapy (CBT) Skills Groups**

designed specifically for physicians, as well as **CBT peer coaching** and a **Mindfulness in Medicine** course. These courses have been designed by psychiatrists and integrate concepts in neuroscience, mindfulness, and CBT skills.

All groups have filled immediately and have often carried a wait list.



Popular CME events make easy switch to zoom

For almost a decade, the Division’s wildly popular **Dine + Learn** events have connected family physicians with specialists to strengthen relationships and to exchange knowledge. Feedback always highlights how much members appreciate the social and networking opportunities of these events.

So when the pandemic hit, it was clear the Division needed to take rapid strides to maintain this sense of community, which in retrospect has never been more important. With some new virtual moderating skills in our toolbox, the **Zoom + Learn series** was born.

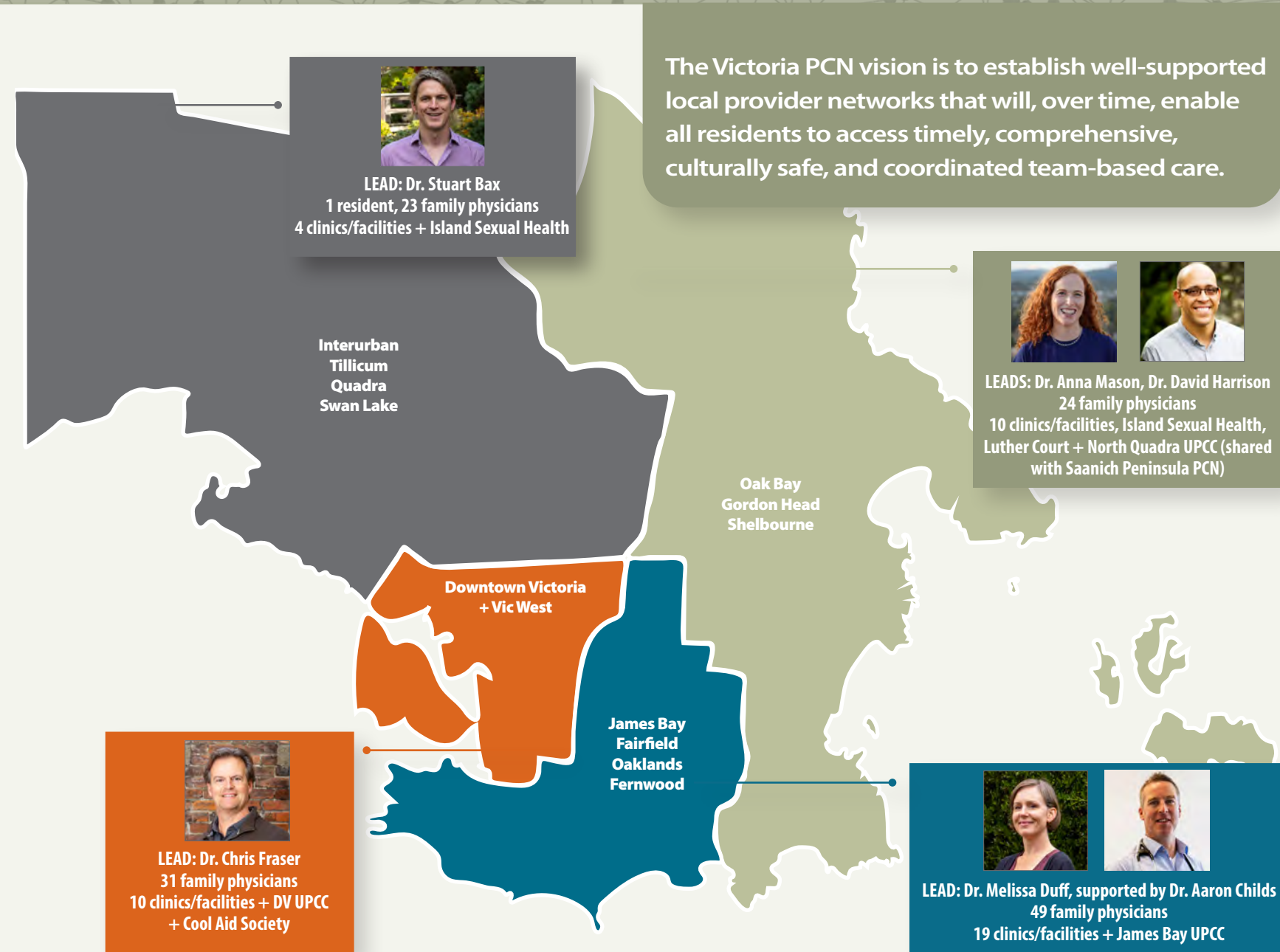
8 events held
Nov 20–Oct 21

347 members attending

“I think I’ve gone to almost every one of these events. Shifting to zoom made them very accessible. They have helped to improve my clinical practice, and it’s nice to get tips from the specialists themselves, to learn what problems others are struggling with, and what has been helpful with their practice.”

■ DR. KAT LAM

Primary Care Network (PCN)



The Victoria PCN vision is to establish well-supported local provider networks that will, over time, enable all residents to access timely, comprehensive, culturally safe, and coordinated team-based care.



“The PCN is going to be on-the-ground action, and things are going to change in our community. It was so great that the Division broke Victoria into four neighbourhoods; it will make it easier for us to get to know each other person-to-person. There needs to be that feeling of affinity and belonging in each neighborhood, so there’s a sense of pride. You have to get excited about your own area. They’re all equal, but you cheer for your team.”

■ **DR. ANNA MASON, OAK BAY-GORDON HEAD-SHELBOURNE PCN CO-LEAD (WITH DR. DAVID HARRISON)**

Strong PMHs at heart of team-based care in four Victoria PCN neighbourhoods

Clearly, primary care in Victoria and across the province needs a new way forward to address a decades-long crisis and inequities.

Informed by comprehensive engagement with community family physicians to design **primary care transformation** with **strong patient medical homes** (PMHs, also known as community doctor offices) at the centre, 2020/21 saw a successful collaborative effort

of our Division, Indigenous and community partners, patient partners, and Island Health to create a local **PCN service plan**.

The plan aligns with the provincial PCN strategy by the MoH and GPSC, and describes collaborative Victoria primary care network implementation in **four neighbourhoods** over the period of 2021–2024.

Celebrating PCN planning success

- Dec 2020** _____ service plan submitted to MoH
- March 2021** _____ service plan approved and funding letter received from MoH
- April 2021** _____ PCN implementation initiated
- July 2021** _____ PCN publicly announced by MoH



Click to listen in to Dr. Kathy Dabrus explain on CBC Radio how the PCN was developed and how team-based care will benefit patients and providers

PCN priorities and supports at a glance

1 Fostering well-supported team-based care to support patients and providers in PMHs and across the PCN

- Change management support for offices to shift to team-based care
- Health care professionals for **community doctor offices** to enable team-based care:
 - 26 allied health professionals (such as MHSU consultants and social workers), more registered nurses, nine nurse practitioners, four clinical pharmacists, eight Indigenous health providers, and new-to-practice contracts for family physicians
- Up to 96.5 new full-time provider positions across the PCN, including at UPCCS and community health centres

2 Creating opportunities to attract new physicians and nurse practitioners

- Team-based care allows providers to work to scope in a well-supported environment, creating an attractive workplace
- Providers within the PCN are eligible for a variety of contract options

“The PCNs should meet that goal of *Happy Doctors, Healthy Communities*. It’s about recognizing that we are doing a really hard job and supporting us better.”

MEMBER

Early PCN Success

- ✓ Six new-to-practice FPs have been hired
- ✓ The hiring process has been initiated for MHSU consultants to support patient medical homes
- ✓ The Victoria Memory Clinic has launched

3 Better addressing social determinants of health and serving priority populations

- Primary care services, including addictions medicine, at various BC Housing shelter sites
- High-complexity care team providing ongoing primary care for people with complex needs
- Two low-barrier mobile clinics with a team of trauma-informed providers for people who are economically vulnerable, have complex medical needs, and face challenges to accessing care

- ✓ During its first year of operation, 2880 patients have been attached at the NP-led primary care clinic Health Care on Yates
- ✓ The low-barrier mobile clinic is in place, providing primary care to unsheltered individuals
- ✓ The Cool Aid Society has hired one FP, one RN, and one outreach worker

4 Supporting cultural safety within and across all services

- Indigenous health team to support patient advocacy, access to care, and traditional healing
- Expansion of Victoria Native Friendship Centre (VNFC) services at five First Nation communities
- Cultural safety training across all PCN services
- The new Indigenous Collaborative guides Indigenous care across Greater Victoria PCNs (Victoria and Western Communities)

- ✓ The Victoria Native Friendship Centre has hired one FP and one NP, and is poised to hire one MOA and two RNs
- ✓ On-site primary care and patient attachment has begun at Island Sexual Health

New collaborative guiding Indigenous care



The VDFP and its PCN partners recognize the harmful impacts of colonization that continue to this day, and that have created severe health inequities disproportionately affecting Indigenous people.

Collectively, we are committed to transforming primary care in our region such that First Nation, Métis, Inuit, and urban Indigenous peoples can access high-quality,

culturally-safe primary care that is free from stigma and discrimination.

We recognize the immense value of Indigenous healing practices, and commit to establishing Elders, Indigenous knowledge-keepers, and traditional healers as integral to the primary care team.

We recognize the immense value of Indigenous healing practices, and commit to establishing Elders, Indigenous knowledge-keepers, and traditional healers as integral to the primary care team. First Nations, Métis, Inuit, and urban Indigenous people in Westshore and Victoria regions must have greater access to

“We’re starting off on the right foot. We’ve got a model that’s worked so far, we just need to expand it. The Collaborative is a way for community health reps to give feedback to primary care clinicians about what’s actually going on, because we don’t always have the time to ascertain supports that are in place, or deficits and barriers that are present. And we are trying to remove those self-imposed silos that have sprung up due to mistrust between health care systems or ancestral animosity.”

DR. AMI BROUSSEAU, INDIGENOUS HEALTH COLLABORATIVE, VICTORIA NATIVE FRIENDSHIP CENTRE, AND THE COOL AID SOCIETY

these practices as a foundational element of their primary care.

To solidify these commitments, the new **PCN Indigenous Collaborative** provides expertise and direction on Indigenous engagement and cultural safety, and an urban and away-from-home strategy for the Victoria PCN and the South Island Division’s Western Communities PCN. The collaborative launched in April 2021, replacing local Indigenous Advisory Groups that had informed service planning separately in each Division.

Primary Care Network (PCN)

The new **Downtown Victoria Urgent and Primary Care Centre (DV UPCC)** introduces a new, sustainable model of practice. Designed to offer 70 per cent longitudinal care, its well-supported team-based care model aims at stabilizing and enhancing primary care, and promises attractive options for physicians throughout all career stages.



“I decided to be a part of the DV UPCC because of the **team approach**; you can access resources normally unavailable. And I like not being fee for service. I definitely have more time for each patient, and breaks in between. I absolutely think this is the way to go. We have all the other personnel, and it makes so much more sense.”

■ **DR. BARBARA ROBACK AND LISA OULTON, THE FIRST FP AND ONE OF THE FIRST PATIENTS TO SHIFT TO THE NEW CLINIC**

Early DV UPCC Success

- ✓ The new centre is open seven days/week
- ✓ Recruitment and onboarding of family physicians with existing practices is underway
- ✓ Team-based care implementation is initiated
- ✓ The team is supporting COVID response through on-site assessment of COVID-positive patients
- ✓ The DV UPCC is temporarily housing the new Victoria Memory Clinic

New DV UPCC tackles key issues with sustainable practice model

Stabilizing and enhancing existing primary care practices is a top priority. Of the 66,600 people in the downtown region, approximately 12,600 residents (nearly 19 per cent) are considered unattached to family physicians. In 2019/20, almost 30 per cent of local emergency department visits could have been treated in the community. With more family physician retirements on the horizon, if not countered these trends will only increase.

The new centre enhances patient care, encourages new family physicians to choose community practice, and supports doctors who are closer to retirement to stay in practice longer.

To stabilize and enhance primary care in the area, Division physicians created the concept that informed the new **Downtown Victoria Urgent and Primary Care Centre (DV UPCC)**. Opened in July 2021, the centre is operated by Island Health and is a collaboration with the Victoria Division.

The new centre follows a unique and **sustainable model of practice**. It enhances patient care, encourages new family physicians to choose community practice, and supports doctors who are closer to retirement to stay in practice longer.

Once fully staffed, the clinic will have a **70 per cent focus on well-supported longitudinal care**. The majority of care will be provided by established community family doctors who move to the clinic with their existing patient panel to be supported by an expanded team.

The established family doctors work alongside new-to-practice family doctors who will take on unattached patients. Once family doctors reach retirement, their patients will continue to

be attached to the DV UPCC. This strategy is designed to **prevent patients from losing access to longitudinal care** and from putting additional pressure on other community patient medical homes.

The **team-based care model** at the centre improves patient-centred care, efficiency, and access. Within the site, dedicated clinic space is available for teaching, virtual care, and group learning. The Downtown Victoria UPCC is part of the Downtown–Vic West neighbourhood.

12,600
= 19% downtown area residents are unattached to family physicians

30% of emergency visits could be treated in community

Family physicians and additional capacity for patients are supported by:

- New physicians
- Established and new-to-practice physicians working in a well-supported, team-based care model
- Leveraging virtual care to increase access and attachment
- Utilizing PCN resources
- Extended clinic hours, including weekends and statutory holidays
- Same-day access to longitudinal and urgent care

Advanced skills training preparing more LTC physicians

Thanks in large part to efforts by LTCI physicians, enormous progress has been made to raise the bar in long-term care quality and consistency in recent years. Critical to this progress is recruiting more family physicians into LTC practice, and member calls for formal, remunerated advanced training in long-term care to support this goal are now coming to fruition.

The new **LTCI Advanced Skills training** matches mentees (FPs looking to expand their long-term care knowledge) with later-career or retiring LTC physician mentors.

It provides learners with guidance while they practice managing common physical and psychological geriatric issues and develop the clinical experience and skills needed to care for frail residents in long-term care.

Dr. David Brook (acting as the mentor) and Dr. Alicia Pawluk (acting as the mentee) trialled the structure and curriculum at The Summit and Clover Point Care facilities during the spring and summer of 2021. The program is designed for the mentor and mentee to spend one half-day each week together for up to eight weeks, depending

The provincial LTCI is designed to **optimize medical care** and to **address challenges in long-term care (LTC)** by enabling physicians to develop local, scalable, and sustainable solutions. Locally, the Victoria–South Island LTCI works to improve the care of all residents in LTC homes by **implementing the GPSC’s best practice expectations** for medical care, by **collaborating with physicians and care home teams**, and by **facilitating system-level outcomes intended to change the culture and structure of LTC.**



“Having such a strong mentor relationship has given me the skills needed to take on my own panel of LTC patients while supporting their retiring physician in the transition of care. This program has allowed me to help my community in a way that is sustainable as a busy physician.”
■ DR. ALICIA PAWLUK

on individual needs. Mentoring activities included presentations, discussions, Q+A opportunities, clinical rounds, proactive visits, relationship building, and increasing clinical responsibilities. The program is now being offered widely.

SMOOTH TRANSITIONS. Dr. David Brook and Dr. Alicia Pawluk developed the new, remunerated LTCI mentor–mentee program aimed to help prepare and recruit more family physicians into long-term care. The program trialled earlier in 2021 and is now being offered widely.



Virtual CME series goes viral

With COVID pushing the LTCI’s popular **Learning Series** to an online platform, the team was able to extend invitations throughout the entire province and beyond. Amazingly, attendees have been joining from as far away as the Yukon.

Results impressive in meeting best practices

Since the launch of the LTCI initiative in 2015, provincial LTCI Data Reports have used MSP billing and other data to show changes in meeting the following **best practice expectations** for the Victoria–South Island region:

89% ↑ increase in proactive visits

260% ↑ increase in MRP care conference attendance

20% ↓ decrease in residents prescribed 9+ medications

71% ↓ decrease in unscheduled ED transfers versus 2015

Majority of LTC homes now coordinate patient care

TORCH (Toward Optimal Residential Care Health) and other coordinated LTCI practice models are designed to enable continuity of care through a balance of longitudinal and regular on-site care, as well as through supporting family physicians in meeting best practice expectations.

Approximately three quarters of local care homes now have **TORCH or another practice model** in place.

LTC physicians often comment that their work is more satisfying due to more efficient, predictable, and team-based care within these models.

≈ 3/4 of local care homes have now adopted a coordinated care practice model

After-hours coverage running in all 37 facilities

LTC **After-Hours Call Groups** now provide after-hours coverage for 100 per cent of residents in all 37 long-term care homes.

The LTCI monitors calls with daily reports from the dispatch service and provides care homes with feedback to ensure calls make good use of physician time. Dispatch centre reports indicate:

20% ↓ relative decrease in call volume since 2017

Visit the LTCI’s dedicated website:
vicsi-ltci.ca

Better care coordination for high emergency services users

The **Familiar Faces** project was born when research revealed that the top 50 high-volume users of local emergency services visit hospital emergency departments between 17 and 80 times per year.

In order for the ED to form appropriate care plans, it is essential that they understand the longitudinal patient health condition, such as problems, allergies, medications, diagnoses, recent procedures, and recent laboratory tests. Family physicians can contribute significantly to this understanding, so Familiar Faces is now bringing FPs and ED clinicians together to co-create collaborative electronic care plans for these frequent visitors.

Familiar Faces supports the design of the required electronic care plan note, informs family doctors of their Familiar Faces patients, and encourages them to participate in conference calls to create care plans as needed.

The aim is to extend this method to include more Familiar Faces patients.

The TIC team designs, implements, and evaluates provider-to-provider communication solutions that support seamless continuous care to make patient care transitions safe and effective. Much of this work involves engaging professionals across the health care system and strengthening ties between community care providers and hospitals.

“I could just call (Dr. Voon) and say, ‘I haven’t had an HIV test done on this patient recently.’ The next time she came in, it would be the highest alert on her plan. Amazingly, two weeks later it would show up in my inbox. It really is quite innovative work. It makes me feel connected to the acute care experience my patient is having, rather than her disappearing into the hospital setting so that I don’t know what is going on.”

■ **DR. ASHLEY HEASLIP, FAMILY PHYSICIAN, FAMILIAR FACES CO-LEAD**



CLOSING THE LOOP. Dr. Ashley Heaslip works largely with inner city residents and sees some of the highest users of the emergency room in her practice. She and emergency physician Dr. Fred Voon piloted special care conferencing techniques that strengthen patient care communication between the ED and family physicians and enable them to work together. Now, patient histories are more complete for ED clinicians, and diagnostics such as x-rays or blood work can be collected during a hospital visit for the FP to support patient needs and goals.



“We are trying to think of ways to make it better for patients and their providers within both the hospital and in the community. The new custom care plans we now create trigger at triage when the patient shows up. They give me a place to look so that key information on the electronic health record isn’t lost, and the signal can be found amongst all the noise.”

■ **DR. FRED VOON, EMERGENCY PHYSICIAN, FAMILIAR FACES CO-LEAD**

Two LTC 101 sessions explain unique care needs for hospitalists

Long-Term Care Transitions is a project to ensure safe, coordinated patient care transitions specifically between acute and long-term care by reducing silos between community, acute/ED, and long-term care clinicians.

This year, the TIC team held two well-received **LTC 101 sessions** for 45 hospitalists, explaining unique long-term care circumstances and promoting tools to improve communication between sites.

Patient Summaries easing inpatient planning

Patient Summaries give hospital clinicians timely access to longitudinal patient information to support inpatient treatment and discharge planning. This year’s monitoring shows 80 per cent of family physicians and 86 per cent of hospital staff agreed that provider-to-provider communication had improved as a result of patient summaries.

86% of hospital staff agree that Patient Summaries have improved communication

Transitions project gives lifeline to heart failure patients



By improving care coordination between patients, caregivers, family physicians, community specialists, and hospital clinicians, the **Coordinating Complex Care for Heart Failure (CCCHF)** project is improving hospital discharge planning and community follow-up for patients living with heart failure.

A multidisciplinary working group has identified quality improvements to Home Health Monitoring, resources for caregivers, medication optimization, and lifestyle management guidance for family physicians. This team’s work was shared with FPs at a well-received event in August.

Vic-SI Resident Engagement Working Group (REWG)

Nurturing connections with first- and second-year residents in UBC's Island Medical Program at UVIC, while helping to strengthen their ties to Victoria, are key strategies to attract and retain new physicians.

Giving medical students reasons to love Victoria

Prior to formation of the **REWG** six years ago, medical residents often lacked a sense of connection to either the Division or to Victoria, and many would leave immediately upon graduation. Events, skill-building workshops, mentoring, and networking opportunities have all helped to strengthen these ties.

2020/21 Priorities

The residents themselves determine the REWG's priorities for each year. This year, group focuses centred on cultural safety, increasing representation for People of Colour, producing how-to videos for Pathways, and creating instructions UpToDate.

Resident Board Positions

The Victoria Division has solidified ongoing Board positions for an R1 and an R2, with these new Directors bringing a fresh perspective to governance discussions and decisions.

New-to-Practice Support

The Division also offers support for new-to-practice physicians in negotiating their first contracts.

Now, many of these new physicians are choosing to stay in Victoria to locum or to set up their own practices. By choosing to practice in Victoria, graduates can help to increase patient access to primary care, while reducing the number of patients who lose access due to physician retirements.

82% of residents are interested to locum or practice on Vancouver Island

100% of those interested in Vancouver Island practices would consider Victoria



"I could not be more proud and happy to have the privilege of staying in Victoria. I definitely want to stay long-term. This work has really empowered me, and the new R2s are very excited to keep those projects moving forward. We're thinking a lot about revamping the mentorship program to make sure we are meeting each grad's specific needs, and thinking about how we can increase representation for People of Colour."

■ DR. IRFAN RAJANI

HAPPY TO BE HERE. Dr. Irfan Rajani has been an active member of the REWG for two years and recently took over the practice of a retiring physician at the Burnside Medical Clinic. An R2 representative on the Division Board, this year he received the B.C. Family Doctors' Resident Award, which acknowledges those who have a drive and a passion for family medicine, and who have shown leadership and compassion for others.

Financial Statements

Treasurer's Report

The Division's Financial Statements for the year ended March 31, 2021 were audited by KPMG and an unqualified audit report has been issued. A copy can be found on the member section of our website, with highlights captured in the accompanying charts.



Peter Lockie
Treasurer

Financial oversight throughout the year is provided to the Board by the Finance and Audit Committee.

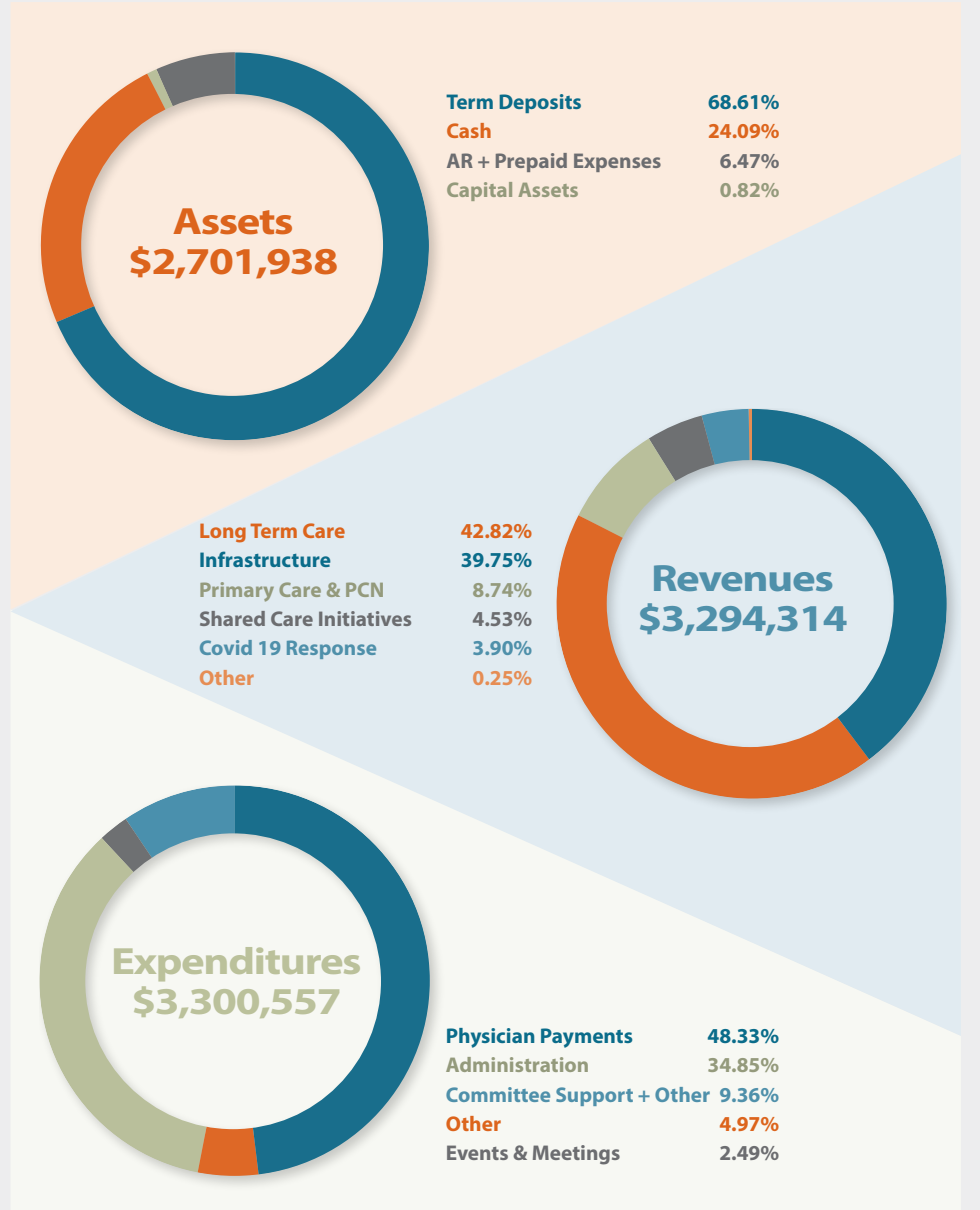
The Victoria Division has made great progress in its plans to establish a robust Primary Care Network, and was successful in submitting a service plan proposal to the Ministry of Health to obtain an agreement that will provide multi-year funding (beginning April 1, 2021) to implement this plan.

Alongside this important landmark event, our core infrastructure and ongoing program activities continued, including work on the Long-Term Care and Transitions in Care Initiatives. This year also saw unprecedented work carried out in support of members related to the COVID pandemic.

I would like to thank all staff at the Division for working through a challenging year in difficult circumstances, for keeping our finances in good health, and for setting up sound processes for projects moving forward in the next year.

Peter Lockie

Peter Lockie, Treasurer



Thanks + Acknowledgments

Our members drive the Division's progress. We would like to acknowledge and thank these family physicians for their incredible contributions to our many committees and working groups.

Note: Names that appear in bold are project lead physicians.



Awards + Recognition

We would like to recognize these physicians who received awards, who support teaching, or who represent local family physicians at other organizations.

The awards list was generated through online research and focuses on the largest organizations. We apologize if we missed a member who should be listed here.





Victoria
Division of Family Practice

A GPSC initiative

The Victoria Division of Family Practice is a not-for-profit society funded by the Government of British Columbia and Doctors of B.C. We work in partnership with the B.C. Ministry of Health, Island Health, Indigenous partners, and other community organizations.

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Published October 2021

Design | Editing Crystal Sawyer, Triveni West Communication + Design

Photography Terrance Lam Andrew Dodd Greg Forsberg
Ahmed Mumeni Candice Patterson
Island Health Multimedia Tourism Victoria

HAPPY DOCTORS, HEALTHY COMMUNITIES.