

2013 Annual Report



Langley
Division of Family Practice
A GPSC initiative

*together
in health*

Mission Statement

The Langley Division of Family Practice will bring together physicians, resources and patients to improve their healthcare journey.

Vision statement

Bringing our community together for better health.



left to right – Ivana Kranjec, Executive Assistant; Dr. Leo Wong; Dr. Geeta Gupta; Dr. Andre Van Wyk; Ellen Peterson, Executive Director; Dr. Willem DeVynck; Dr. Beth Watt; Dr. Mitchell Fagan



The Division welcomes Barb Stack, who has recently been recruited as our new Patient Navigator.



Strategic Goals:



improve quality of care



build capacity



member engagement

Report from the Chairman of the Board – Dr. Leo Wong



I am very pleased to present to you the fourth annual report for the Langley Division of Family Practice and my first as Board Chair. It has been an honour to follow Dr. Alister Frayne as our founding Chair and to build on such a strong foundation of work. We are extremely grateful to Drs. Frayne, Matthews and Plante for their leadership as they have

recently stepped down from the Board, but continue to remain involved in our initiatives. This has also created an opportunity for other members to step forward, and we are very fortunate to have recruited Drs. Beth Watt and Willem De Vynck onto our Board.

The Board is responsible for governance and oversight, a key role in guiding the Division throughout the year. In addition to monthly meetings, we meet annually for strategic planning and have highlighted three strategic goals to focus on: improve quality of care, build capacity, and engage members. You will see these priority themes highlighted throughout this report as they relate to our activities and progress.

The continued engagement and support of our membership remains a top priority. We are pleased to receive your input, comments, suggestions and concerns; and to see that so many of you have participated in our member events, educational sessions and workgroups throughout the

past year. It is through this engagement that we achieve our goals in the areas of improving quality of care and building capacity. We have been listening very carefully to your feedback in order to ensure that the Division is prioritizing your needs and suggestions for improving patient and provider satisfaction, population health outcomes and saving time and resources.

We are excited to have received final approval from the General Practice Services Committee (GPSC) for the *A GP for Me* implementation plan, and have set our goals high, striving to attach 5,500 patients in Langley over the next two years. We are working actively with our partners to ensure that we find key efficiencies to allow more patients to have access to primary care. We are providing key messages to patients around attachment to primary care and its benefits, and working to recruit primary care providers and strengthen our teaching as part of long-term sustainability.

Langley is a strong community and it brings me tremendous pride to serve as your Board Chair. I am grateful for the leadership of my fellow Board members and their tireless efforts on our many projects; it is an honour to work with them together in health.

Sincerely,

Dr. Leo Wong

Report from the Executive Director – Ellen Peterson



It is with great pleasure that I report on our collective progress over the past year. As a team, we have been identifying the challenges and breaking down barriers to achieve our strategic goals, which are:

- *improve quality of care*
- *build capacity*
- *member engagement*

This work is made possible through our engaged membership of 109 GPs and 6 NPs and their teams of MOAs. In addition, our strong Board leadership is setting the direction and providing governance to ensure we improve quality of care. We are also actively collaborating through our membership, leadership and workgroups to collectively build capacity and to recruit primary care providers to Langley.

We rely on a strong foundation of team engagement with our partners and funders. The Langley Division continues to enjoy a solid working relationship with our many partners within the Fraser Health Authority, the Ministry of Health, GPSC, and Doctors of BC. These relationships are further enhanced through community forums such as the Healthier Community Partnerships agencies and their working groups. We are grateful for their willingness to participate and align goals and visions within Langley.

We are pleased to provide progress updates throughout this annual report and invite your feedback and input at any time.

Together in health,

Ellen Peterson

Our strong Board leadership is setting the direction and providing governance to ensure we improve quality of care.

We are also actively collaborating through our membership, leadership and workgroups to collectively build capacity and to recruit primary care providers to Langley.



Attachment - A Guiding Principle

Attachment Update

Based on the Government of British Columbia's *A GP for Me* mandate (to have a GP available for all BC residents who want one), Attachment continues to be the main guiding principle in everything the Langley Division of Family Practice (LDFP) undertakes. The *A GP for Me* initiative allows us to pursue and prioritize all three of our strategic goals: 1) improve quality of care, 2) build capacity, and 3) member engagement.

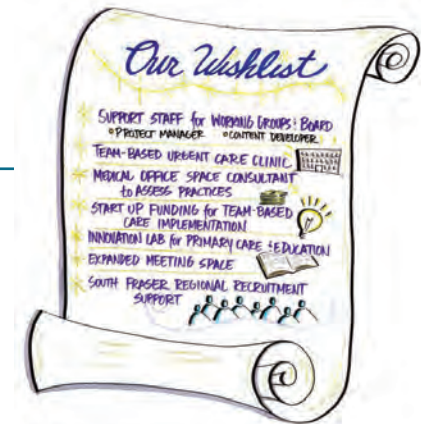
This past year has seen some significant progress for the *A GP for Me* initiative! We have been able to spread the Attachment message further among GPs and other health practitioners, to patients and within the wider community as well. We have reviewed the vision, gaps and priorities for each of our four priority populations in Langley including: the frail and elderly, moms and babies, mental health and substance use, and multi-morbidity. We continue to focus on the themes that

have emerged: collaboration, communication, integration, coordination, and ease and efficiency for both the GP and the patient. Moving forward, we will focus our efforts primarily on orphaned moms and babies and the frail elderly as our priority groups for the next two years.

With this in mind, we have developed an implementation plan, which contains the following key strategies:

1. *Expand the system through efficiencies,*
2. *Facilitate expertise in increasing practice efficiency to create capacity,*
3. *Use education and awareness, and*
4. *Recruit primary care providers.*

The Attachment Working Group reviewed the implementation plan on May 14th of this year, and the plan was presented to the General Practice Services Committee (GPSC) on May 27th. We are excited to announce that the Division has now received final approval for implementation funding.



This work is being led by Dr. Mitchell Fagan as Attachment lead who has contributed greatly to the meaningful advancement of the initiative this year. Dr. Fagan and our committed member work groups focussed on the areas of: Infrastructure & System Redesign (chaired by Dr. Ron Matthews and NP Carrie Murphy), Recruitment & Training (chaired by Dr. Geeta Gupta), Information Technology (chaired by Dr. Leo Wong) and Marketing & Communications (chaired by Dr. Andre Van Wyk).



We have reviewed the vision, gaps and priorities for each of our four priority populations in Langley.

Frail and Elderly



PRIORITIES

- Improve inter-professional communication (sectors, programs)
- Focus on prevention
- Triage tool resources (mobile response, quick response units)
- Communicate available services to elderly
- Train MOAs on services
- Create mobile opportunities
 - inclusive of all needs
 - integrate family support
 - home nursing care

Mental Health and Substance Use



PRIORITIES

- Make accessing resources easier
 - simplify the options
 - more information/education
 - o on what's available
 - o who to call
- Create more timely access to services
- Focus on patient needs

Moms and Babies



PRIORITIES

- More GPs for patients
 - train local doctors
- Create effective collaborative practice
- Provide access for people who can't afford services
 - waive fees:
 - o lab
 - o ultrasound

Multi-Morbidity



PRIORITIES

- Establish a care team
- EMR info sharing
- Easier access to resources
- Make it easier for GPs to call specialists
- Anchor into our behaviours
 - healthier move to prevention
- Target no shows
- Public promotion of early intervention
 - early education for patients
 - waiting room campaign (fitness)
 - GPs informing patients and communities better

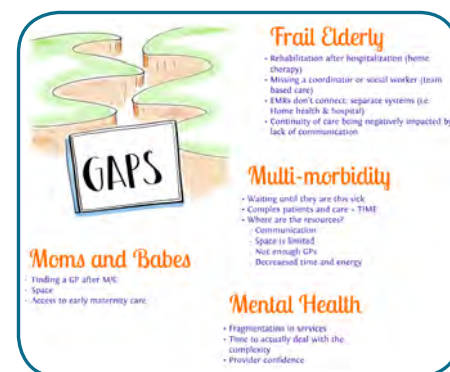
Attachment - A Guiding Principle (continued)

We held several events this year to promote and refine the *A GP for Me* initiative and its implementation plan:

April 30, 2013 – A very successful community planning session was held during the *Attaching Langley* event at the Langley Golf Centre. Presentations and group discussions emphasized the importance of one-on-one relationships with patients; with participants later dividing into breakout groups to review current facts on four priority populations. A summary of the priorities they identified was captured by a visual report artist at the event.



June 27, 2013 – The LDFP hosted the *Connecting Langley's Seniors with Primary Health Care Providers* event at the Langley Senior Resources Society. The main purpose was to gather a good cross-section of community members into one area for collaboration. Dr. Mitchell Fagan highlighted “the importance of longitudinal, continuous care in saving costs, providing better outcomes, and keeping patients healthier.” The 65 participants included general practitioners, nurse practitioners, and representatives from Fraser Health’s Older Adult Home Health, Public Health, Aboriginal Health, Langley Mental Health, the Langley Seniors Task Group, as well as Executive Directors of numerous service agencies geared towards seniors.



August 27 2013 – At the Newlands Golf and Country Club, we held an Attachment event with the goal to move Attachment forward – from theory to practice with input on next steps. The evening’s program included the reasons why Attachment is so important, and an overview of our approach and work to date on the initiative. The participating working groups discussed six key strategies for successful Attachment for the priority populations.

November 29, 2013 – The Provincial Divisions team held a one-day *A GP for Me* workshop. The workshop was designed to enable divisions to come together with the Provincial team, as well as resource people from health authorities and the Ministry of Health, to find efficiencies, create supportive networks and have face-to-face opportunities to transfer knowledge and share experiences.



February 13, 2014 – Nearly 100 participants attended *The Head and Heart of Attaching Langley* event at the Langley Golf Centre. This was the first time that Langley physicians,

nurse practitioners, medical office assistants and health partners all gathered together as one large group to discuss the Attaching Langley initiative. Attendees were updated on what has been learned so far in the process of planning the initiative. The opportunity was emphasized to reflect on the implementation plan and its strategies to ensure it truly reflects the range of perspectives and shared priorities. Participants were invited to vote on which of the plan's strategies excited them most, culminating in a speed-dating style session where they shared their motivations and plans for future involvement with the initiative. The results of this event were captured in a visual report available to all members.

February 20, 2014 – The Division, in its quest to solve the Attachment issue facing Langley, has been reaching out to other organizations for ideas. Last February, Drs. Leo Wong, Mitchell Fagan, Andre Van Wyk, Willem De Vynck, Geeta Gupta, and Beth Watt and Ellen Peterson;

along with Andi Cuddington from Doctors of BC and Paula Young from Fraser Health Authority, visited Victoria where 14 MBA teams from Royal Roads University presented solutions which focussed on the importance of looking at Attachment through both practice and community perspectives, while involving patients in the process. The students also mentioned the value of shared services, channels for implementation outcomes, and potential evaluation metrics. Useful ideas were shared for the implementation plan, with an emphasis on awareness and education, support for vulnerable populations and leveraging community partners to identify patients and community volunteer networks.



Improve Quality of Care

Digital Signage

In March of this year, we analyzed the impact of the digital signage that had been piloted for a year in five Langley locations. The intent of the signage was to promote awareness, education and dialogue regarding common health issues



for patients and family physicians. Patients are approaching GPs based on information they are seeing on the office screens, and clinics felt that it would be beneficial to have the ability to customize content. As a result, the five practices received training on how to implement this. Due to the success of the pilot, five additional practices have been selected to launch digital signage programs by the end of 2014.

Healthier Community Partnerships

Healthier Community Partnerships (HCP) is a joint effort from the Fraser Health Authority, the municipality and other community stakeholders that are working on integrating services and building strong partnerships to influence positive delivery of health care in the Langley area. The Division has been able to receive input and feedback from HCP on our initiatives, especially NP4BC proposals, Shared Care and *A GP for Me*. There is support for the Division's work, including an interest in becoming involved in specific projects and sharing resources. For example, an opportunity to provide support for mothers and babies at the Willoughby Centre was brought to the Division for consideration.



In addition, information received from HCP's senior's task group will greatly benefit our Frail and Elderly initiatives.

In-Patient Care Initiative

The Division continues to administer support, compensation and incentives to those family physicians who provide much-needed care to hospitalized patients, including billing on behalf of our members for GPSC-approved incentives. Currently 30 Langley GPs maintain hospital privileges providing longitudinal care for their patients.

Maternity

The new maternity clinic at Langley Memorial Hospital opened in April, and will hopefully soon include an EMR to assist with electronic referrals. Approximately 30 percent of mothers and babies continue to remain unattached to a GP, and the Division is considering how best to raise awareness among this priority group, as well as how to develop a mechanism to

Wisdom to Keep in mind

facilitate Attachment to willing GPs and NPs. This year, the Division invested significant time in exploring how to effectively support orphan babies, including strategic meetings to discuss priorities and objectives. In January we also met with the Fraser Health Authority to discuss how best to implement and track progress.

Polypharmacy in Residential Care

As one of our first projects with Shared Care, the Langley Division focussed on reducing polypharmacy in residential care over a few sessions with the medical directors of residential care, community GPs and NPs, pharmacists and residential care staff to help improve patient outcomes and reduce polypharmacy. There has been a considerable reduction of medication in residential care at several facilities in Langley as a result.

Rapid Access to Psychiatry

The Rapid Access to Psychiatry clinics launched two years ago in Langley. We are pleased to

report that there has been an increase in these services and there is still capacity within the FHA MHSU team to support more referrals. This area was a top member priority in years past and we are pleased with the efforts to improve timely access to GPs and their patients within Langley.

Specialists Communication and Cooperation – Shared Care

The Division has continued to expand its work in the areas of Shared Care and cooperation between specialists. Our longer-range vision is prevention and keeping patients healthy, while the shorter-range vision involves identifying and solving problems. A need to simplify the Shared Care structure has been identified by the funder based on the presented priorities for Langley: psychiatry, dermatology, diagnostic imagery, colonoscopy-FIT and geriatrics. We recognize the importance of integrating this work with our Attachment initiative where possible.



Build Capacity

Medical Office Assistants (MOAs)

Our network of MOAs had the opportunity to attend several events this year. Feedback from our October 28th event indicated that MOAs are



very interested in assisting doctors more with streamlining patients and improving service. A very well-attended session on Attachment billing completed the event. MOAs also attended *The Head and Heart of Attaching Langley* event on February 13th. On May 29th, a meeting was held regarding Office Manager Practice Visits for the nine practices that were identified to receive

support for their lead MOA or Office Manager to visit other practices in order to meet the goal of finding efficiencies without overburdening the system. The Division has developed key questions for each MOA/Office Manager's visit, and will then assemble the key learnings through the MOA network and report these to the Board, members and MOAs at a subsequent event.

NP4BC (Nurse Practitioners for BC)

Over the past year, the Division has identified the need for four NPs to serve our priority groups in the Langley area. This spring, two NPs were recruited. Two additional proposals were also developed for NPs to support the frail and pre-frail elderly (home health, older adult & primary care working in partnership with the community). It was recognized that NPs could significantly assist in supporting elderly people with wellness and prevention along with the transition home from the hospital. We continue to work collaboratively with our community partners such as the Salvation Army, Stepping

Stone, Langley Senior Resources Society as well as the Fraser Health Authority to provide primary care to those most in need.

Recruitment

Recruitment is one of the key strategies in the Division's implementation plan for Attachment in Langley, and we have been working hard to recruit new GPs/NPs and other primary care providers to Langley. In cooperation with the GPSC, we have developed an engaging recruitment video that is being used to promote the benefits of working in Langley, in terms of both practice and lifestyle. Over the past year, we have recruited two new GPs, including locums and two new NPs by partnering with practices to identify opportunities. We plan to continue this strategy actively throughout the coming year under the leadership of our Recruitment & Training Workgroup. We are also pleased to support our residents through resident education funds provided by the Division.

Member Engagement

Peer to Peer (P2P)



The Division's P2P committee organized events throughout the year intended to draw our community together. These included a presentation on naturopathic medicine by Dr. Gaetano Morello on November 20th at Cascades Casino. Titled "Collaborative Opportunities Benefit All of Us", this event was well attended and well received. The Division also hosted an event titled "Pharmacists/Team Based Care and Generic Medicine", which was held at the Langley Golf Centre on May 13th. The presentation by Shakeel Bhatti, PharmD, addressed the current roles of pharmacists, polypharmacy, and generic medicines; it also included a discussion on future roles and improved communication. The participants enjoyed a lovely dinner, door prizes and unique entertainment by Langley Community Music School Senior Fiddlers.

Physician Information Technology Office/Community of Practice

The Physician Information Technology Office (PITO) has been engaged with EMR (Electronic Medical Record) adoption and meaningful use. The FHA PHSA have been expanding electronic delivery, including a move to a single point of distribution of lab, medical imaging and transcription reports. The health authorities aim to have at least 90% of all reports delivered electronically by 2015. The Division continues to host and facilitate EMR training on behalf of our members. In order to continue post implementation support for physician EMR users, PITO has recently joined Doctors of BC and PSP as part of the Practice Support Program – Technology Group which is currently being established.



Walk with your Doc

The Langley Division first participated in the *Walk with your Doc* event this past May 4th, with over 10 Langley GPs participating in the annual Langley Walk. The Walk focusses on the health and wellness of Langley residents, and also ties in well with the physical fitness message advocated by Langley GPs. The participation of local doctors in *Walk with your Doc* certainly helped to bolster that conviction. Special kudos to Four Oaks Family Practice whose entire practice was present for the event!

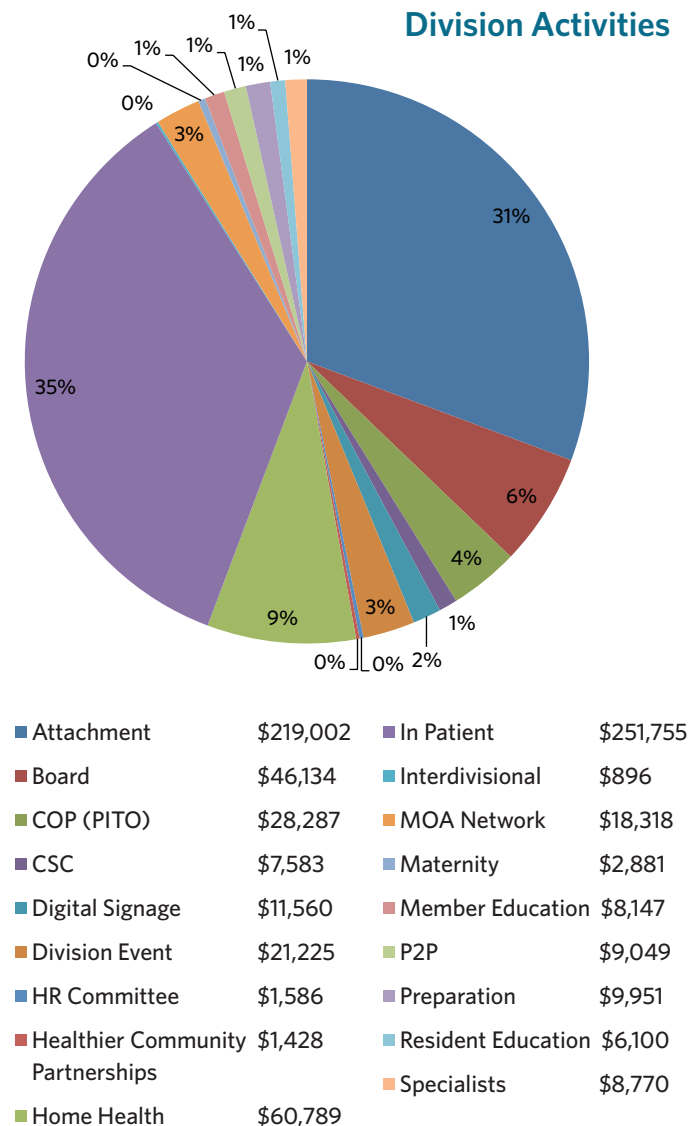


Financial Income Statement Report*

Statement of Operations & Changes in Net Assets

Year ended March 31, 2014

	2014	2013
REVENUES		
GPSC - Infrastructure	\$ 328,500	\$ 375,891
GPSC - Innovation Grant	8,683	7,052
GPSC - Attachment	348,973	–
In Patient	245,700	–
PITO	30,990	18,205
Other funding	61,483	9,845
Interest income	4,988	2,578
	1,029,317	413,571
EXPENDITURES		
Amortization	\$ 3,565	\$ 2,894
Board and professional development	199	4,758
Consultants	55,885	–
Division activities (see graph)	713,461	214,661
Facilities	44,581	25,665
HST expenses	–	5,448
Insurance	1,245	1,150
Meetings and events	5,218	11,332
Office and general	8,730	5,431
Physicians Data Collaborative Association	10,500	10,500
Professional fees	5,620	4,500
Salaries and related benefits	166,576	121,274
	1,015,580	407,613
EXCESS OF REVENUES OVER EXPENDITURES	13,737	5,958
NET ASSETS, beginning of year	30,759	24,801
NET ASSETS, end of year	\$ 44,496	\$ 30,759



* Prepared by management. A complete copy of the audited financial statements is available from Ellen Peterson.

This past year has seen some significant progress for the A GP for Me initiative! We have been able to spread the Attachment message further among GPs and other health practitioners, and also to patients and within the wider community.



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S-57029

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