

A YEAR IN REVIEW

Report from Co-Chair Dr. Bonnie Bagdan

“This has certainly been a year of change”. That was the first line of last year’s Co-Chair Report, and in preparing this one, I can’t help but notice that change is the one thing that remains constant as the Division supports its members to take the opportunity to work with our partners to lead the changes needed in the health system.

Since our last Annual General Meeting we have realized the benefits and challenges of adding community voices to our governance table. Our community board members are highly committed, thoughtful and always well prepared. They bring a perspective that requires us to consider different points of view on our Division issues. Sincere thanks to them for bravely forging into this uncharted territory.

The creation of our highly engaged Advisory Committee has provided a mechanism to ensure that Board Directors have heard the diverse voices of our members for idea generation and informed decision making to effectively provide governance. We have had important conversations about issues that will impact physicians and their patients directly, as well as our health care colleagues. Another sincere thank you to the Advisory Committee members for their time, interest and thoughtful consideration of these issues.

Over the last year the Division has continued to support and/or participate in a number of initiatives, including many that support achievement of the attributes of both the Patient Medical Home and the Primary Care Network (PCN). These include but are not limited to:

- ◇ Central Referral Mechanism to support patient attachment
- ◇ The evolution of the Child and Youth Mental Health Substance Use Collaborative into Children and Youth Matter Comox Valley an affiliate of the Comox Valley Community Health Network
- ◇ Continuing medical education for our physician community and allied health colleagues.

- ◇ Cultural safety and humility
- ◇ Emergency Preparedness
- ◇ Enhancing Perinatal Care and Early Pregnancy Care (Shared Care Initiatives)
- ◇ Events to support collegiality in our community in partnership with PESCCI
- ◇ Health Promotion including Walk with Your Doc and Be Active Every Day
- ◇ Inpatient Care - Doctor of the Day and its sustainability and attached inpatient incentives
- ◇ Health Connections Clinic
- ◇ Opioid Agonist Therapy Network
- ◇ Pathways
- ◇ Recruitment and Retention
- ◇ Residential Care (now called Long Term Care)
- ◇ Touchpoints Training for members

In addition to the tangible projects and initiatives that we see “on the ground” the Division’s leadership has strongly advocated for our members as we have participated in health care reform, particularly within the scope of the Primary Care Network. This has been challenging and rewarding and as we prepare to launch the clinic-based portion of our PCN, it is hard to imagine that these conversations began less than two years ago.

With members of the Advisory Committee and the Board, we recently held a strategic planning session to reset our sights for the future. Our original vision is ready for a refresh.

To be the organization recognized for responding to community needs and leading positive change within primary care in the Comox Valley.

When the Division started out, we were an unknown entity on the health care landscape. Divisions now are an important voice and have the ear of the Ministry and our partners. Shifting our focus to health and vitality of the community seems like a natural next step.

We are eager to hear from you about what is important as we continue to engage in the work around implementing effective, integrated team based care.

I have now finished my tenure on the board and will be taking over the role of PCN Lead in the next couple of months.

It has been an interesting learning experience and I have had the opportunity through that role to participate in many learning opportunities including a trip to see the South Central Foundation NUKA model in Anchorage, Alaska, learnings from which I look forward to sharing with our members in the New Year. I also had the privilege to participate in the First Nations Primary Care & Mental Health & Wellness Summit. This was a fantastic opportunity to listen to barriers and successes of health care for the First Nations peoples, and work together to create a more holistic model of health care, breaking down access barriers and increasing health care delivery to this vulnerable population. Just like Cultural Safety & Humility, these learnings & teachings go



beyond the First Nations population, and spill into each of the populations/individuals that we are caring for as a community. Our goal, to provide integrated culturally safe primary care to all populations.

I would like to extend a huge thank you to Adam, who has been a fierce advocate for our community and our physicians over the last few years in his role as PCN Lead/ CoChair. I will work hard to fill those shoes, and look forward to working with our prototype clinics in the development of our PCN.

Respectfully submitted by
Bonnie Bagdan, Co-Chair

Executive Director Report

The last year for the Division often seemed to have a singular area of focus around the planning for the Comox Valley Primary Care Network. A significant investment was made into “getting it right” as we worked with partners to plan for the Comox Valley Primary Care Network. At times the magnitude of the task felt overwhelming. Thankfully, as we worked together with our partners we developed a culture of working together that will serve us well as we face the changes ahead. My thanks go to the PCN Planning Task Force and the PCN Steering Committee members for their commitment to this work.

Although the PCN “project” was huge on the horizon, I was reminded recently at a joint Board and Advisory Committee meeting, that the breadth of assets for Division members and the community that are supported by Division involvement is broad (and impressive!). So much of the Division work results in tangible and intangible benefits that although not officially under the PCN funding envelope, intersect with many of the attributes of a Primary Care Network and the achievement of the more integrated, seamless model of care that the PCN work is striving for.

The Division’s board is currently revisiting the Division’s Strategic Plan and considering where the Division should focus its resources and energy in the next 3 years, and more specifically in the next year. Our purpose remains one of supporting all members in their practice of choice and in their support of improvements in care in areas like end of life, perinatal care, trauma informed care, opioid agonist therapy, inpatient care, team based care, health promotion and children and youth wellness to name a few.

Input from members is always a critical piece in ensuring that we are meeting your needs and supporting you to provide excellent care, in the practice style of your choice. Hearing from you about where you need support so that our (proposed new) vision of a **healthy, engaged community** can be realized will continue to be important to the Division.

Looking forward, we are excited to be creating a “home base” for the Division at the St. Joe’s campus (visit us in the old Pharmacy in the New Year!).

Thanks to all of the members who have participated in initiatives and discussions over the last year. Thanks to the Board and the Advisory Members who tackle the difficult conversations and finally, my sincere thanks to the Division’s dedicated support team who have supported all that you see happening through the Division.

Respectfully submitted by
Janet Brydon
Executive Director

Treasurer’s Report 2018-19

On behalf of the Board, I am presenting the draft audited financial statement for the Comox Valley Division of Family Practice for the fiscal year ending March 31, 2019. Due to challenges with bookkeeping services over the last year, our audit timelines have been delayed and work is ongoing to correct the account errors to ensure an accurate balance sheet going forward. Chan Nowosad Boates Chartered Accountants have examined our financial information and processes in detail and have confirmed our compliance with Canadian accounting practices. Some control weaknesses have been identified based on the reporting challenges we faced during the 2018/19 fiscal year.

We are pleased to have brought on board Susan Muller as Operations Manager to support internal financial management as well as other operational activities of the Division and Susan is working hard to get things in order.

The Division received funding in 2018/19 under multiple funding streams to support many initiatives. These included:

- Infrastructure funding (for Division governance and operations)
- Patient Medical Home Funding (carried forward from 2017/18 and additional phase 2 funding)
- Patient Medical Home Networking funding
- PCN Service Planning funds
- Change Management funding to support implementation of PCN
- PCN (implementation) funding
- Residential Care Initiative funding
- Inpatient Care funding

Table A Carry Over Funding 2019-20

	Project/Initiative	Budget	Lead
<ul style="list-style-type: none"> • Unassigned Inpatient funding (DOD) • Reverted CME funds (cost recovery) to support CME events for members and colleagues. 	Health Promotion – Community connections and healthy living	\$18,775	Dr. Ron Wilson
	Strengthening Cultural Safety and Humility	\$72,168	Board
	Child and Youth Mental Health and Substance Use	\$27,470	Dr. Janice McLaughlin
	Touchpoints Training	\$15,045	Drs. Theresa Wilson and Sara Sandwith
	Opioid Agonist Therapy Network	\$22,115	Dr. Eva Hemmerich
		\$155,573	
	<i>Pending Approval</i>		
	<i>Physician Resilience</i>	\$51,735	<i>Drs. Janice McLaughlin and Erin Gregory</i>

With the multiple sources of funding we finished the fiscal year with a large Infrastructure surplus and received approval to carry forward amounts to fund the initiatives as outlined in Table A Carry over Funding 2019-20.

The balance of surplus funds (\$70,693) is due to Doctors of BC and will be deducted from our annual funding (\$477,395) for 2019-20. This does not include initiative specific funding identified above.

In 2019/20 the Infrastructure funding for the first time will go towards brand new (or new to us and freshened up) office/meeting space at the St. Joseph's campus in the former pharmacy.

See the Draft Audited Financial Statements Note 4 – which summarizes our revenue and spending by funding stream for the 2018/19 fiscal year.

Financial Highlights:

Balance Sheet / Statement of Financial Position (as at March 31, 2019)	Statement of Operations (All sources)
<p>Assets: Cash \$1,107,627 Accounts Receivable \$ 15,288 GST Receivable \$5019 Equipment \$2,045 Total \$1,129,979 Liabilities vs Assets – (\$7,898)</p>	<p>Total revenues recognized – all sources = \$ 1,787,910 Total expenses – all sources - \$ 1,786,141</p>

Long Term Care (formerly Residential Care Initiative (RCI)) - total annual funding increased during the 2018/19 fiscal year with the addition of beds at the Views.

Shared Care – Perinatal - Approval of the Early Pregnancy Care expression of interest created another funding stream (\$15,000) for exploring the opportunities/need for support with this initiative.

Patient Medical Home - The second gate of funding for the Patient Medical Home initiative was released in late 2018/19. Work is underway to support in-clinic supports for EMR Enhancements and Practice Efficiency and Effectiveness.

Primary Care Network - Two separate funding streams have supported the PCN development, service planning funding and implementation funding. A deficit from 2018/19 fiscal for PCN Service Planning will be offset in this fiscal year either through Infrastructure funding or the GSPC Engagement funding.

GPSC Change Management Funding - This funding has been made available to support engagement with members relating to implementation of PCN/PMH. An additional amount was provided to Wave 1 PCN communities as recognition of the significant costs/time/commitment of being the first communities going through the process.

Inpatient Care MOU - Funding to support inpatient care, including attached and unattached patient care. A large portion of this funding goes toward sustaining the second line of the Purple Group. Attached inpatient incentives are also funded through this MOU. The first patient of the day incentive is still owing for the final quarter of 2018/19 (Jan to March 2019). As the actual number of patients to which the incentive applies far exceeded the projected number of patients, the final quarter payment will be prorated based on available funding for the 2018/19 fiscal year. Payments for the 2019/20 fiscal year will follow shortly and be paid fully until the fund is close to being exhausted. At that time the payments will again be prorated.

Health Connections Clinic – no change – unrestricted funds remain available that the physician team/partners will request use of as needed.

A summary of year to date funding and spending for the current fiscal year follows.

Unaudited Financial Summary
April 2019 to September 30, 2019

Costs Across All Funding Sources	Actual
Physician Clinical Payments (UIP, RCI)	\$ 366,855
Physician Participation (Board/Committees/Projects)	119,856
Staff/Contractor Costs	219,729
Non-physician honoraria	17,114
Education Training	103
Administrative/Office Expenses	12,232
Travel	3,779
Meeting Costs	7,875
Event Expenses	6,058
TOTAL	\$ 753,600
Annual Budget (April 1 to March 31, 2020)	
Division Governance/Operations/Member Services/Events	\$ 468,222
Carryover (Member Projects)	155,575
Patient Medical Home (PMH)	147,339
PMH Networking	196,641
Primary Care Network Governance/Operations/Change	442,150
GPSC Change Management (Physician engagement)	230,820
Patient Attachment Mechanism	25,000
Shared Care Perinatal	62,531
Shared Care Early Pregnancy	12,647
Long Term Care (formerly Residential Care Initiative)	180,000
Inpatient Funding (DOD/Attached Inpatients)	499,973
Unassigned Inpatient Program	465,375
TOTAL	\$ 2,886,273

Respectfully submitted by
Rob Silcox, Treasurer

Primary Care Network Report 2019

As I write, the beginnings of implementation of the Primary Care Network have begun.

The Health Connections Clinic has expanded, with additional physician sessions, an additional Nurse Practitioner, additional Nursing and Social Work support. The intent is to enable attachment of patients who are not served well by the more traditional clinic model of care. There is also an expansion of Opioid Agonist Treatment.

We have appointed a Change Leader, who is employed by the BC Patient Safety and Quality Council under a unique partnership we have developed with them. Many of you will know Maureen Clarke, and we are looking forward to the work she will deliver working with Family Physicians, Nurse Practitioners and all Providers to facilitate development of Team Based Care.

Our approach to developing Team Based Care in Physicians' offices has begun. As you may recall we had 8 Allied Health Providers (AHP) to begin this process. Through further dialogue with the Ministry of Health we may be eligible for an additional 4 AHP and this enables us to begin our prototype approach – it is also our hope that as we demonstrate success we will be eligible for additional funding for AHP. We are in the midst of identifying the 4 clinics who will start the prototype, and will employ 4 AHP to work within these clinics. The model remains as per the diagram below and has been ratified by your Division Advisory Committee, as well as the PCN Steering Committee.

The intent is to rollout additional waves of 4 clinics with AHPs sequentially once we have learnings from each prior wave. This process is not static, and may change due to a mix of factors, adjusted to ensure it best fits the needs of our patients, our physicians, NPs and AHP, and is best placed to start building the 8 attributes of the PCN.

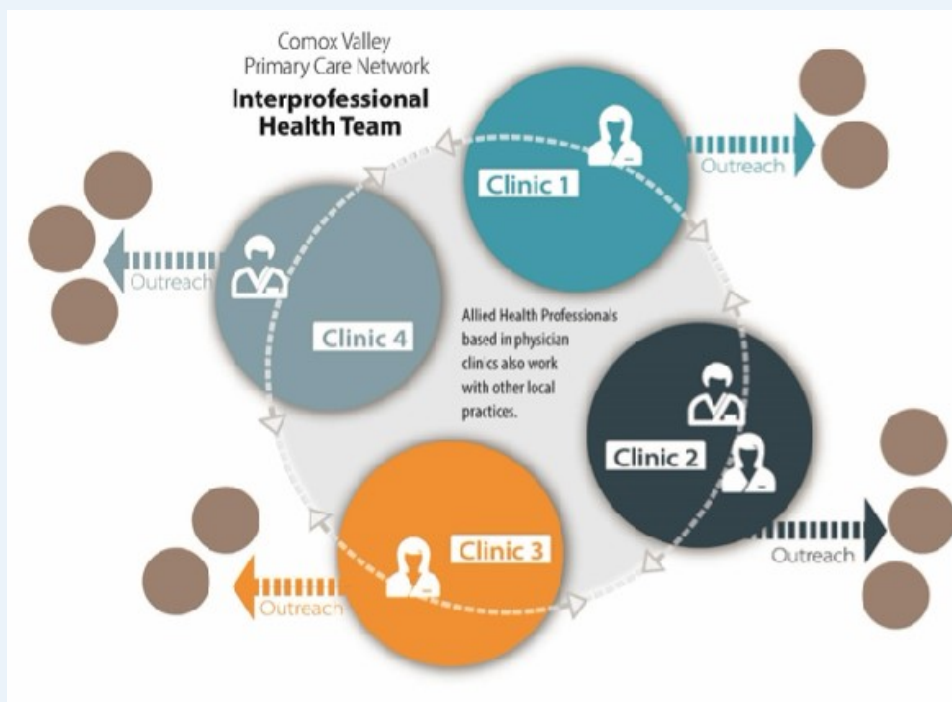
Attributes of a Primary Care

Network

- Access and Attachment to quality Primary Care.
- Extended hours
- Same day access to urgent care
- Advice and information available in a mix of modalities
- Comprehensive Primary Care
- Culturally Safe Care
- Co-ordinated Care
- Clear Communication

The PCN Team Based Care Working Group will support this plan, and we will be asking physicians, NPs, RNs and AHPs to join that group on a short-term basis as subject matter experts.

It is worth remembering that the PCN is intended to bring our community of physician clinics together to explore where working collaboratively can deliver efficiencies for all our patients and streamline our own ways of working. We have traditionally had a collegial community, and we can leverage this to deliver the network. An example of this will be how do we deliver **Same Day Access and Extended Hours** as a community? Over the years we've done a few studies in this area, and it is probably opportune for us to look at community wide solutions before "solutions" become imposed upon us as has occurred in other communities in our Province.



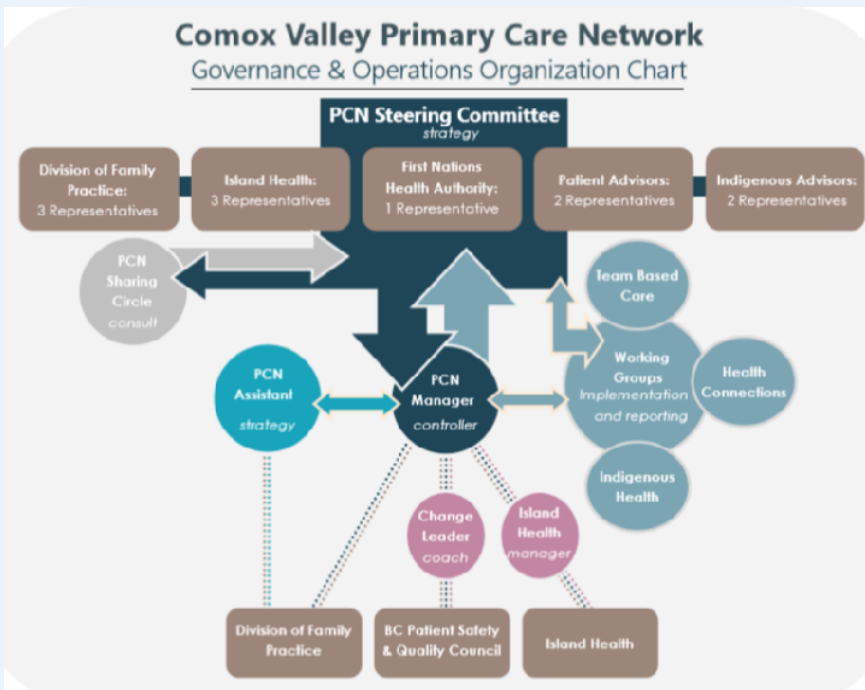
As a reminder, PCN is built upon the development of **Patient Medical Homes**, and while we may report the two separately they are intrinsically linked. It is important that we all continue to work on PMH development.

We continue to plan on establishing our **Indigenous Health Supports** of an Outreach and Wellness Coach to facilitate culturally safe attachment, a Wellness Liaison to support all PCN members' journey of cultural safety and humility, and a Traditional Healer to support indigenous people to achieve wellness.

We are in the midst of recruitment for the **PCN Manager** role – this will further leverage implementation.

Governance

Our governance structure remains unchanged as per the diagram below.



Of the three **Island Health Representatives** on the PCN Steering Committee, we have just said goodbye to Dermot Kelly, Executive Director of Geography 1 for Island Health as he moves onto a new role with Fraser Health. Dermot has offered key leadership to the PCN and will be missed. A successor is yet to be appointed, we will work hard to ensure the sustenance of the collegial effective relationship we developed with Dermot. We have also seen the transition out of Michelle Crosby, Island Health Director covering for Comox Valley as the permanent appointment of Lesley Howie has been made to this role. As many of you know Dr. Tom Gornall is leaving his post in the spring, and we are hoping for a replacement from our community so that we can continue with a Medical Director who has experience of working in our community.

Of the three **Indigenous Health Representatives** we maintain working with Kari Wuttunee, Island Regional Manager for Primary Care for the First Nations Health Authority, Tanille Johnston, Kwakiutl District Council Health, and Patient Health Care Navigator. We now welcome Destinee Barrow who is the Regional Health Co-Ordinator for Métis Nation BC.

From the **Division of Family Practice** we have myself as PCN Lead, Dr. Bonnie Bagdan as Division Co-Chair, and Janet Brydon as Executive Director. The intent had been that I would step down in December, Bonnie would replace me, and our new Co-Chair would step in. Given the significant changes in Island Health representation I will remain in post until the spring, such that Bonnie and I will share the PCN lead role, to enable a smooth on-boarding of new Island Health representatives.

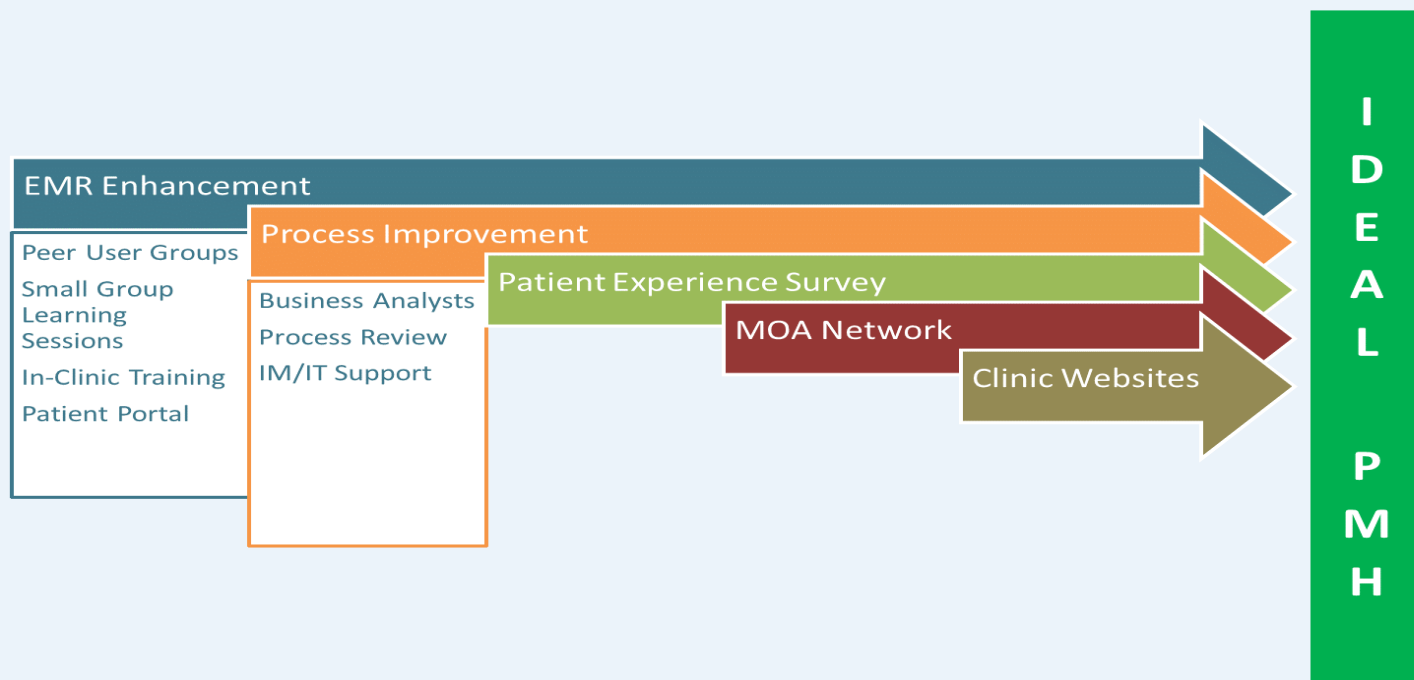
Finally, and perhaps most importantly, we have welcomed **Patient Advisors** to the table. Jim Lyster and Edna Leask both bring with them local experience of representing patients and community. Not only do they act to serve as a reminder of who we are serving, but they ground us in effective communication.

As ever, I'm happy to be in dialogue with any community member around PCN issues, and I look forward to our PCN continuing to grow to the benefit of ourselves and our community.

Respectfully submitted,

Dr. Adam Thompson
Co-Chair Comox Valley PCN Steering Committee
PCN Lead, Comox Valley Division of Family Practice

Patient Medical Home Services and Supports



The Division and the Practice Support Program (PSP) are partnering to support the continued development of Patient Medical Homes in the Comox Valley. Based on member feedback, the following goals have been identified and the associated services are available to support you and your clinic.

Goal 1 - Enhancing Overall Practice Efficiency

Services or supports available (clinic uptake):

- 1) **Patient Experience Survey (8 clinics)** – PSP, with the support of the Division, will work with interested clinics to implement an in-clinic patient survey to learn more about the patient experience. Aggregate data will be reviewed by the PMH team (Division and PSP) and provide opportunities for identifying and responding to areas of common need.
- 2) **In-clinic process improvement (11 clinics)** – The Division, with the support of PSP, is providing services to reduce the “administrative” burden on physicians and ensure that you are optimizing the scope within your clinic and achieving “right person/right job”. This may include support from a business analyst to complete process mapping and improvement.
- 3) **IM/IT resources (7 clinics)** – The Division is contracting IM/IT services to support clinic-based needs assessments and improvements. (i.e. technologies other than EMR)
- 4) **Clinic website development (4 clinics)** – The Division has contracted a local website development company to support clinics interested in developing a clinic website.

Goal 2 – EMR Enhancement

The Division and PSP are working closely to provide **EMR training and enhancement** opportunities to family physicians and clinic teams through EMR Peer User Groups (10 clinics), Small Group Learning Sessions, in-clinic training sessions with vendors or peer mentors (12 clinics) and/or the addition and implementation of a patient portal (3 clinics).

If you have any questions, please reach out to [Mark Richardson](#), PMH Project Manager or [Catherine Browne](#), PMH Project Coordinator.

Respectfully submitted by
Catherine Browne, PMH Coordinator

Pathways Achievements & Plans – Oct 29, 2019

CV Clinics Recently Profiled

- MHSU Services Comox Valley - IH
- The Fern Clinic – Comox Valley
- North Island Regional Eating Disorder Program – CVH
- NIH Hip & Knee Centre – IH (*Pooled Referral Intake*)

Specialist Profiles

Specialists with profiles:	29
Specialists without profiles:	8
Specialist Offices who logged within 30 days:	3

FP Physicians Use of Pathways¹

FP with Profiles:	75
FP Clinics using Pathways in last 7 days:	15
FP Clinics with access to Pathways:	18

¹ Includes Walk-In Clinics

CV Pathways Learning Events in 2019

- **Pathways Supporting Your Practice**
 - Tracy Monk Presenter
 - 18 FPs | 8 MOAs | 15 FP clinics represented
- **MOA Dinner**
 - Lyndsey Jennings, CV Pathways Administrator Presenter
 - 25 MOAs | 9 FP clinics represented | 3 Specialist clinics represented

Coming to Pathways

Referral Tracker - a dashboard to track referral to specialists

- FPs and specialists can view the patient referral status
- Referral letters and accompanying documentation can be sent directly to specialists
- Patients can be communicated with about their appointment automatically using secure messaging (via email or text message). Instruction sets can be included in the communication.

• To prepare for Referral Tracker:

1. FPs need their own Pathways access ID – ask your Pathways Admin
2. Document patient email address or text#.
3. Obtain patient consent allowing electronic communication about their appointment. There are 2 consent forms available:
 - I. Pathways – permits communication from Referral Tracker to patient email or text
 - II. CMPA – permits communication from Referral Tracker **and** from the FP clinic email to patient email or text

Community Services Directory – made available to the public

- Provides community service listings already available in Pathways to the general public
- To prepare for the launch, the CV Division is identifying a community partner who will keep the listings up-to-date



Pathways
www.pathwaysbc.ca

Enabling Referrals &
Delivering Resources
for Physicians & Patients

Help us by encouraging the specialists to whom you refer to join Pathways



Comox Valley
Division of Family Practice
KFPC members

Pathways Status Update – Oct 31, 2019

- Project Lead: Dr. Karen Nishio (*since Mar 2018*)
- Pathways Administrator: Lyndsey Jennings
- Website: <http://pathwaysbc.ca>
- Email: comoxvalley@pathwaysbc.ca

Key Areas of Focus for 2019

- Increasing the number of Comox Valley Specialist Physicians profiled
Increased by 7 since Dec '18
- Encouraging Family Physicians to create profiles – this will be required to use the Pathways Referral Tracker
Increased by 30 since Dec '18
- Encouraging Family Physicians and other Specialists to ensure their profiles are current and accurate
15 specialist profiles updated since Dec '18
- Continue to update the homepage and featured content
Continually refreshing homepage & featured content

Pathways Resources

- Division news, including: IH MHSU Intake & ASTAT Wait Times; Family Physicians with open practices; Division-sponsored/hosted events; Division bulletins/newsletters;
- Important community or Health Area news items (top blue bar)
- Featured content refreshed with new or updated content monthly
- Specialist and FP clinic update alerts
- Community resources services including abuse/neglect, addictions, advocacy, caregiver support, condition specific support, disability, First Nation, mental health, seniors', victim, child and youth

Specialists Not Yet Profiled

- Carol Coxon, Psychiatry
- Trace Thomas, Internal Medicine
- Andreas Conradi, Oral and Maxillofacial Surgery
- Leanne Gutierrez, Internal Medicine (Endocrinology)
- Donald Jenkins, Dermatology
- Pierre Nel, Internal Medicine (Gastroenterology)
- Steve Shaver, Ophthalmology
- Willis T'ien, General Surgery

Help us by encouraging the specialists to whom you refer to join Pathways

FP Clinics Actively Using Pathways

- CFB Comox Clinic
- Comox Medical Clinic
- Comox Valley Medical Clinic
- Courtenay Medical Associates
- Courtenay Medical Clinic
- Crown Isle Medical Clinic
- Ginger Goodwin Medical Clinic
- Highland Family Practice
- Hornby Island Medical Clinic
- Port Augusta Clinic
- Sea Cove Medical Clinic
- Southwood Medical Clinic
- Town Circle Medical Clinic
- Valley Care Medical
- White Wave Medical Clinic

Respectfully
submitted by
Lyndsey
Jennings,
Pathways
Coordinator



Pathways
www.pathwaysbc.ca

Enabling Referrals &
Delivering Resources
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Pathways in the Comox Valley was launched in October 2017



Comox Valley
Division of Family Practice
KFPC members

Shared Care: Enhancing Perinatal Care in the Comox Valley

Group Care - Sara Sandwith, Theresa Wilson, Emma Gledhill & Liz Grose

6 family physicians (maternity) and 8 midwives attended local event to learn more about group care pilot and to gauge interest in being involved in potential future model

Presentation to Shared Care project and physicians leads

Shared learnings with other BC communities (Chilliwack, Nanaimo, Golden, Revelstoke)

Presentation to PCN Steering Committee with proposal for funding to support facilitator role

Group Care Team met with PCN Project Coordinator for Team Mapping Exercise to develop detailed description of facilitator and administration roles

Mental Health & Substance Use Support - Suzanne Watters, Tyler Falk, Jenna Falk, Brent Clayton, Anne Davidson, Leah Taylor, Dixie Scott-Hunt & Vanessa Hitchcock

Collaborative development of 2 resources, for care providers and parents and families, based on needs assessment survey results

Piloted with care providers and patients and feedback gathered

Resources distributed to Division Members and over 20 community organizations and placed on pathwaysbc.ca

CBT Skills Groups - Dana Hubler, Marie-clare Hopwood, Sonia Detellieux & Jenny Barley

Collaboration between family physicians and specialists (psychiatry) to bring CBT Skills Groups to the Comox Valley

Collaboration with Victoria CBT Skills Groups Society and Shared Care CBT Skills Groups Spread Initiative to introduce alternative training program designed to better serve rural communities

Pregnant in the Comox Valley Website - Lauren Baerg, Sara Sandwith, Chad Van Tongeran, Siobhan Sestack & Sabrina Westro

Collaborative development of a perinatal care and information website for the Comox Valley

www.pregnantinthecomoxvalley.ca will be live soon!



Touchpoints - Collaboration between The Comox Valley Division of Family Practice, Island Health, CVFDA, with funding support from the Comox Valley Health Care Foundation, PESCCI & CVDofFP

75 community members, including 16 Division Members, participated in Touchpoints ILT (Individual Level Training)

Touchpoints is an evidence-based approach for building strong family-child relationships from before birth through the earliest years, laying the vital foundation for children's early learning and healthy development. Touchpoints ILT provides a practical, preventative approach that supports professionals in forming strength-based partnerships with families.

"I was fortunate to participate in a three day Touchpoints training recently, and am already seeing the benefits in my interactions with patients. This innovative program teaches providers to empower families in the promotion of their own health. I sincerely hope it will become part of the base curriculum for training health care providers in our communities."

~ Dr Jennifer Cortez, September 2019

"I recently completed Touchpoints training and it was an extremely valuable learning opportunity. Even though my practice doesn't involve the type of patient interactions that were discussed, the principles of Touchpoints apply to relationships and help us to see a bigger picture in all of our interactions. The training has a way of opening us up to possibility, and gives real, tangible tools for making better connections with families and that translates to better care. It is also an opportunity to learn from colleagues in other areas of health care and start to connect the complex systems that we are all a part of."

~ Dr Tracy Rodgers, May 2019

Shared Care: Early Pregnancy Care EOI

Fern Clinic (Comox Valley) at the Wellness Centre at CVH began providing pregnancy termination care, support and counselling in July 2019 in collaboration with Island Health

5 Family Physicians are participating with the support from nurses

Referral form and clinic information is available on Pathwaysbc.ca

Patient Journey Mapping is underway to improve the care pathway

Respectfully submitted by
Jacquie Kinney, Project Manager

Children and Youth Matter Comox Valley

Children and Youth Matter Comox Valley (CYMVCV) is a local group of caring community members, that work together to increase awareness and access to mental health services for children and youth in the Comox Valley.

CYMVCV believes all children and youth benefit from timely, affective and coordinated mental health services so that they can lead healthy, happy lives.

The main working directives of the group are to:

- attract and build a Foundry, which will integrate support and health services for the youth of the Comox Valley; and
- create a trauma-informed community through training of multi-disciplinary service providers in Touchpoints and Adverse Childhood Experiences (ACEs). In early 2020, the Practice Support Program will be piloting an ACEs Peer Mentoring module in the Comox Valley –

more information to come.

The group's membership includes: community support agencies, the Division of Family Practice, Ministry of Child and Family Development, Island Health MHSU and Public Health, RCMP, School District 71 (trustees, counsellors and teachers), First Nations representatives, counsellors, psychiatrists, municipal youth services, nursing students, parents, and other interested community members. CYMVCV is affiliated with the Comox Valley Health Network.

The Division supports two physicians to participate in the work of CYMVCV and supports a coordinator role through our Carryover funding. CYMVCV is built on the legacy of the relationships developed through the Shared Care funded Child and Youth Mental Health and Substance Use Collaborative.

Respectfully submitted by
Catherine Browne, Project Coordinator



Health Promotion – Community connections and healthy living

There is a strong recognition that health promotion is important in the prevention and management of chronic diseases. The occurrence of chronic diseases are rising and consequently increasing the cost of health care.

Primary health care settings are well placed to identify and refer patients to resources in the community to assist the patients to adopt healthy behaviours and support these changes.

The Health Promotion work funded through carryover funding, focuses on health promotion and awareness efforts where patients receive clear, consistent and

accurate information on healthy living strategies and services available to them.

The objectives of this project are to:

Promote chronic disease prevention and management by engaging primary care providers to:

increase the use of the Physical Activity Vital Sign; and increase the use of physical activity prescriptions (physician-referral and self-referral), developed in partnership with local recreation facilities.

Support primary care providers to participate in health promotion campaigns, including Be Active Every Day and Walk with your Doc; and

Promote health awareness in concert with national health awareness days.

The Comox Valley led the province in physician participation for the Be Active Every Day campaign – Congratulations Comox Valley!

The Division has worked closely with the Comox and Courtenay recreation services to promote Walk with Your Doc activities in both communities. Numbers of participants fluctuate for this event and we are keen to hear from you about how to successfully engage physicians and patients alike.

For more information, contact Dr. Ron Wilson, Physician Lead or [Catherine Browne](#), Project Coordinator.

Walk with your Doc