



# Comox Valley Division of Family Practice

2021-2022 Annual Report  
Prepared November 2022

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# 1. Acknowledgement

The Comox Valley Division of Family Practice acknowledges that we work, live, play, and grow on the traditional, ancestral, and unceded territories of the Sathloot, Sasitla, leeksen, Xa'xe, and Pentlatch peoples, collectively known as the K'ómoks First Nation.

As a part of the Divisions of Family Practice, acknowledging that we are on the traditional territories of Indigenous communities is an expression of cultural humility and involves recognizing our duty and desire to support the provision of culturally safe care to First Nations, Inuit, and Métis people in BC.

The Comox Valley Division of Family Practice is committed to *promoting culturally safe engagement for all within primary care* and strives to be *humble in its approach to the personal and systemic biases within primary care*, in an effort to develop and maintain respectful processes and relationships based on mutual trust.



PCN Cultural Safety Learning at Marina Park

## **2. Vision & Mission**

### **Vision**

Healthy, Engaged Community

### **Mission**

- To engage & support family physicians in our community to positively impact the health care system;
- To increase professional satisfaction & physician well being; &
- To be leaders through:
  - Promoting cooperation & collaboration with patients & partners
  - Anticipating, identifying & responding to health care needs.

### **Values**

- Fostering Inclusiveness and Diversity of Family Physicians in Practice in the Comox Valley
- Supporting Optimized/Improved Patient Care and Access to Care
- Supporting Collegiality
- Valuing Primary Care Providers

### **Strategic Objectives**

- Supporting Family Physicians
- Addressing Upstream Issues/Prevention
- How we Deliver Care/Team Based Care
- Leadership, Partnership & Collaboration

# 3. Leadership, Partnership, & Collaboration

## Co-Chairs' Report

*Dr Samantha McRae, Co-Chair, & Aaron Macluskie, Co-Chair*



We would like to start out by thanking all of you for taking the time out of

your schedules to participate in this year's AGM. The most important part of this division is the sense of support and community it brings. That wouldn't be possible without all of its members. On a more personal note I (Samantha) would like to thank Dr Rick Potter-Cogan for stepping in for me while I welcomed my daughter into the world. It was great to have you dip your toes back into division leadership and bring a new perspective into the work we are doing now.

This year we have had the privilege of welcoming our new executive director Matt Youens. It has been impressive to see him become a great leader to our team at the Division and an addition to our community.

The board also welcomed three new members, Dr Kevin Donak (general member), Sasha Nowicki (community member) and Dr Steve Noble (resident member). We thank Dr Marie-Clare Hopwood and Dr Joshua Wiggins for their contributions. We will also be saying goodbye to community member Betty Tate in the near future.

The Advisory Group met regularly this year, nearly every month. This group is made up of members who provide the "grass roots" voice of family physicians and nurse practitioners on contemporary issues, projects, policy, and direction to the board. Generally, attendance at the meetings included between 5 to 15 participants who were key in shaping all activities of the Division. There is no formal "membership" to this group, and there is always room for more voices! Please contact Judy Darby if you are interested in joining us.

A focus of our attention this year has been on the provision of inpatient care in the Comox Valley Hospital. In partnership with the CVH Department of Family Practice (Dr Lissa Bensen) and Island Health a great amount of time has

been spent collecting your feedback over the last year. The decision has been made to proceed with a hospitalist program, the end of an era for the purple group. Further work and support to strengthen the attached inpatient program, and consideration of a pilot collaborative model, is underway.

The Long Term Care Incentive working group has also been hard at work looking at how best to support current LTCI physicians and expand the program, particularly as the number of long term care facilities has increased in the Comox Valley. An initiative around cohorting (clustering) has recently started and will hopefully make for better working experience for physicians and better care provision for patients and staff.

The Comox Valley was approached and input was sought, regarding the potential to become a site for a new Urgent and Primary Care Clinic. There is history within the province regarding UPCCs and we didn't want to take this leap without the guidance and support of our community. Hearing everything our community had to say, a list of requirements for a UPCC to be successful here was created and has been passed on to Island Health. An important component of that was pay equity with CLFP to ensure this isn't an initiative that undermines our current physicians and clinics. If/when we do get support for our proposal, a more specific model and plan will come to our membership for the final decision about if this is something we support in the Comox Valley.

The After Hours Urgent Care (AHUCC) has been a tremendous success and continues to provide excellent care to the patients of the Comox Valley. Under the strong leadership of Dr Alfredo Tura, the AHUCC steering committee, and Programs Manager Catherine Browne, this program has been touted as a success at a provincial level. Requests for a more permanent funding structure to keep this success in place are ongoing. Work is also being done to ensure this model is able to support our community of physicians to meet their college requirements.

The Foundry Comox Valley has officially opened their doors and, in addition to all the other allied care and social supports essential to foundry

operations, is offering primary care, gender affirming care and OAT. This exciting new program wouldn't be in place without the tireless efforts of our own Dr Janice McLaughlin. Our community is grateful to have this amazing resource available for our youth.

A great deal of work has been done by the Recruitment and Retention Committee led by Dr Jonathan Kerr to attract new doctors to what we all know is the best place to live and work. The successes seen by our RnR efforts have attracted the attention of other Divisions hoping to learn from what has been done here. The Health Connect Registry is operational and helps to connect patients and their physicians - in fact, Comox Valley makes up a significant number of all HCR attachments in the province. All complex patients have been attached as of the start of November (a working number so there may be some now) and a lot of progress has been made attaching patients to new

providers in the community as well as those expanding their practices.

Our PCN has continued to move forward with the placement of allied care workers into clinics. Dr Bonnie Bagdan has provided a fantastic report detailing the work that continues to be under way.

Looking forward, we are hopeful and excited about the work being done in our community. We have a lot to be proud of and it feels great to have other communities recognize and want to learn from our successes. It is also great to use those connections to learn from the successes and challenges from other communities. The Comox Valley Division of Family Practice has recently started to formalize that commitment to cooperation and collaboration and I am looking forward to bringing that forward in our relationship with other divisions, health authorities and across the province.

## Executive Director's Report

*Matt Youens, Division Executive Director*



In January of this year, longtime Executive Director Janet Brydon passed the proverbial baton to me, a fresh-faced transplant from Alberta. And while this is not my first Executive Director role, it is my first time working in the healthcare space. Over

the last ten-plus months I have been on an extraordinary learning journey. I've enjoyed meeting many of our dedicated members, listening to your needs and goals, and gaining a better understanding of your work within primary care in our valley.

I am extremely thankful for the Division's Board of Directors, the Divisionites (our operational team), and outgoing Executive Director, Janet Brydon, who have not only provided a warm welcome to me and my family, but who have also been generous in sharing their time, knowledge, and patience during my onboarding. I am grateful that the Division is supported and guided by such a competent and dedicated team of Directors and that I have inherited an operational team made up of such a fine compliment of passionate human beings.

Like many organizations, the Division encountered its fair share of change and opportunity over the past year.

In May, the Division helped to host a two-day event: The Emerging Future of Primary Care in the Comox Valley, where stakeholders from across the primary care landscape came together to build relationships and learn from one another. These conversations resulted in a unified view of the challenges and opportunities before us and helped shape the focus of the work at the Collaborative Services Committee, as well as at other tables, such as the Physicians Advisory Committee, and the Primary Care Network Steering Committee.

Part way through the year conversations percolated about a potential Urgent & Primary Care Centre (UPCC) coming to the Comox Valley. This sparked engagement with our members, other Divisions, and Island Health. As well, the Comox Valley Hospital Inpatient Care Steering Committee finished its engagement sessions and provided key recommendations for paths forward regarding inpatient care.

Operationally, we continued to onboard a new external bookkeeper, which brought its own challenges and opportunities. I am confident

that our continuous improvement efforts will result in a robust and efficient bookkeeping system for 2023. Unfortunately, through this process some of our members and stakeholders have been negatively impacted and for this I apologize.

All of this was underpinned by a seemingly evergreen round of Physician Master Agreement (PMA) negotiations, and our news sources kept telling us something we were already very much aware of, that our primary care system is in crisis.

While the majority of the reactions to the recently announced PMA and the new payment model details have been positive, it will take time before we truly understand how the primary care landscape has shifted, and how this will influence the work we do on a day-to-day basis.

I am extremely hopeful for 2023, and am looking forward to continuing my learning journey, meeting more of our members, and continuing to work together as a team (Directors, Operations Team, and Members) to improve primary healthcare delivery in our community.

~

## Treasurer's Report - April 1, 2021 to March 31, 2022

*Keeley Young, Treasurer*



While the last two years have been difficult for family doctors, we have seen our members provide exceptional care to patients. We continued to face the effects of the COVID-19 pandemic, though the announcement of vaccine approval was a

welcome reprieve. As vaccination clinics across the province began to ramp up, we began to see some resemblance of normalcy. Our financial statements reflect the ongoing pandemic with most work and meetings still being done remotely, however with the loosening of restrictions, members will notice increased travel expenses reflected.

The Division began the onerous process of recruiting a new Executive Director, which ultimately took several months of interviews and negotiations before securing our new ED. Matt Youens and his wife Shelley moved from Alberta to join the us in Jan 2022. The Board had budgeted for both an overlap of both the incoming and outgoing EDs (transition period) and for applicable relocation costs. Both are reflected within the increase salaries and benefits.

Culture Safety Training was conducted in December 2021 resulting in an increased Board education expenditure.

The Physician Master Agreement expired on March 31, 2022, and as a result, unspent funds for a number of programs were required to be repaid to the Doctors of BC (DoBC). In prior years these funds would have been retained by the Division, depending on the agreement, and

reported as deferred revenue. In short, a total of ~\$321K was required to be paid by to the DoBC.

Early in 2022, the Division also moved to an external Bookkeeping company (Enkel). This was done in an effort to reduce the financial workload to our Operations Manager and to allow her to focus on key programs rather than filling the bookkeeping role. The transition did not go as smoothly as anticipated, in part, due to turnover in staff at Enkel and in part due to timing, as the transition took place during the same timeframe as the recruitment and transition of our new ED. Missed or late payments were incurred throughout the transition resulting in frustration both internally and externally. Our staff, our ED, the Finance Committee, and the Board worked tirelessly to reduce the hiccups encountered throughout this transition and to rectify issues as quickly as possible. I would like to specifically acknowledge Betty Tate (my fellow Finance Committee member) who volunteered many of her hours during this time. The need for oversight was higher causing the Finance Committee to meet multiple times per week/month, yet together we were also cognizant of keeping our committee costs with our own budget. Betty was also scheduled to step down this year, but graciously agreed to remain on the board and the Finance Committee until the audit was concluded. Betty for this and for all that you have done to improve our Board, I sincerely thank you.

From a program perspective, the Division showed unspent amounts which have been externally restricted for the delivery of the

specific program (see below, **4. Deferred Revenue**).

All said and done, the Division had another successful year. We focused on being accountable for the funds obtained through funding agreements rather than profitable and declared a small deficient of \$206.00 overall. This in combination with the deficient in retained earnings from prior years now reflects a total deficit of \$18,555.00. It is important to note that this does not reflect funding that is specifically allocated for programs which may be carried over depending on the funding agreement. Amounts that could be carried over are shown in the far-right column below, while amounts due back to the DoBC are shown in the applicable column.

### Stub Financial Reports

We are including the financial statements to August 31, 2022 since we are more than 6 months from the end of the fiscal year. These reports show where we are with our funding YTD across the various funding agreements and projects that the Division supports.

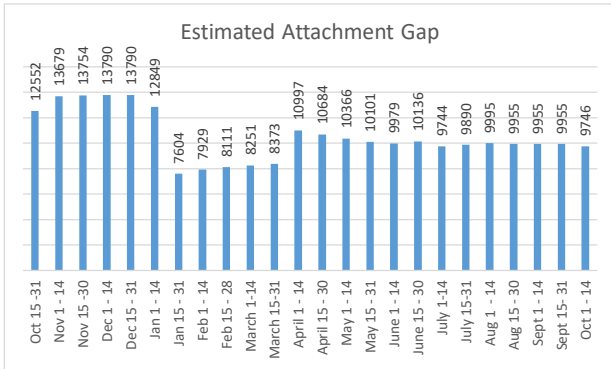
~

<b>4. Deferred Revenue:</b>					
	<u>Balance</u>	<u>Funding</u>	<u>Revenue</u>	<u>Due to</u>	<u>Balance</u>
	<u>March 31, 2021</u>	<u>Received</u>	<u>Recognized</u>	<u>DoBC</u>	<u>March 31, 2022</u>
Infrastructure	\$ 103,666	\$ 530,006	\$ 624,437	\$ -	\$ 9,235
Attachment Mechanism	44,727	25,000	41,005	28,722	-
Early Pregnancy Care	3,372	-	513	2,859	-
SC Enhancing Perinatal	19,659	-	10,755	8,904	-
SC Older Adults	-	15,000	14,082	-	918
Patient Medical Home Networking	27,642	-	10,601	17,041	-
Patient Medical Home Innovation	13,894	36,930	25,814	25,010	-
Primary Care Network	46,082	416,133	410,488	-	51,727
PCN Culturally Informed Care	-	81,620	19,819	-	61,801
GPSC Engagement	199,381	145,728	127,504	217,605	-
Health Connections Clinic	9,457	-	-	9,457	-
Long Term Care Initiative	116,174	180,000	253,748	-	42,426
Unassigned Inpatient Care	21,608	525,465	509,402	-	37,671
IH Supplemental DOD	-	364,000	364,000	-	-
COVID Funding	90,668	15,220	31,132	-	74,756
SC CBT	75,550	-	73,631	1,919	-
Maternity Care Network	10,084	-	542	9,542	-
Minor Tenant Improvement	-	41,000	41,000	-	-
VCC	-	89,939	39,519	-	50,420
Interest	-	3,381	-	-	3,381
Inpatient Care MOU	-	500,000	500,000	-	-
	<u>\$ 781,964</u>	<u>\$ 2,969,422</u>	<u>\$ 3,097,992</u>	<u>\$ 321,059</u>	<u>\$ 332,335</u>

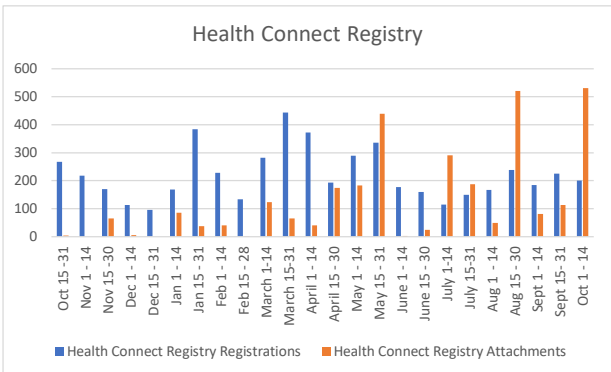
## 4. Supporting Physicians

### Health Connect Registry (Attachment Mechanism)

Lisa McDougall-Lee, Primary Care Network Coordinator



Between October 15, 2021, to October 14th, 2022, the attachment gap continues to be approximately 9800 individuals, and a rapid increase in registration to over 9000 registrations with the Health Connect Registry (HCR). Since the launch of the HCR in April 2021 there have been 2897 attachments have been made from the HCR and estimated total of 6616 attachments within the community. Currently eight clinics are actively using the Health Connect Registry to register new patients and all clinics are referring patients to register for the Health Connect Registry instead of maintaining their own waitlists.



Currently under development is a pathway for complex patients to be attached as a priority due to their complex status. Primary care providers who see a patient in a walk-in, emergency, public health, mental health all can priority refer patients for attachment based on their medical complexity.

An attachment working group has been established to support the development of the attachment program within the Comox Valley. Our goal is to develop sustainable program that supports providers and patients with connections and supporting the development of patient panels.

## MOA Network

Ingrid Timmermans, Division Recruitment & Retention, & Project Coordinator

The MOA Network program was created to connect, engage, and support clinic office staff to identify challenges and build innovative solutions across clinics.

Over the past year, the Division hosted two Mental Health First Aid courses and our annual in-person MOA Networking Dine and Learn event. We distribute monthly e-newsletters to inform and connect the community.

The highlight of the year was our **MOA Dine, Network and Learn Event** where attendees learned from the Doctors Technology Office (DTO) about Privacy and Security in clinics, participated in team building and networking activities, and were honoured by physicians and colleagues with awards.

Over the next year, we will continue to support the MOA community through information sharing and celebration by providing learning opportunities, an in-person networking event and newsletters.

We would like to thank all OM's and MOAs in the Comox Valley for their continued efforts to support primary care.



MOA Dine, Network and Learn event networking activity.

<p><b>Pathways provides physicians &amp; their teams quick access to:</b></p>	<p>Current and accurate referral information</p>	<p>Hundreds of patient and physician resources</p>	<p>Community Service and Allied Health information</p>
<p><b>Pathways Resources</b></p> <ul style="list-style-type: none"> <li>Specialist and clinic updates: new, moved or change of info</li> <li>Division news and community updates: including events and newsletters, COVID19, community health, and Island Health updates</li> <li>Looking for community resources for patients? Direct them to the <a href="#">Comox Valley Community Services Directory</a></li> <li>Top Community Service Searches in 2022: Mental Health and Seniors Services</li> </ul>		<p><b>Key Areas of Focus for 2022</b></p> <ul style="list-style-type: none"> <li>Encourage all Comox Valley Specialists to create a Profile on Pathways</li> <li>Support physicians and clinics to keep their profiles current and up-to-date</li> <li>Updating local community services resources</li> </ul>	
<p><b>Family Practice Use of Pathways:</b> (change since 2021 report)</p> <p>FPs with profiles: 95 (+7%)                  NPs with profiles: 4 (no change)                  FP/NP/Staff users in last 30 days: 81 (+59%)                  FP page views in Sep 2022: 2,227 (+33%)                  NP page views in Sep 2022: 215 (+3,500%)                  Staff page views in Sep 2022: 934 (-61%)</p>		<p><b>Specialist Use of Pathways:</b> (change since 2021 report)</p> <p>CV Specialists with profiles: 47 (+57%)                  Specialists using Pathways in last 30 days: 8 (-11%)</p> <p>New CV Specialists added in the last 3 months:</p> <ul style="list-style-type: none"> <li><a href="#">Dr. Cynthia Gunaratnam, Pediatrics</a></li> <li><a href="#">Islam Elnagar, Orthopedics</a></li> <li><a href="#">Aaron Kennedy, Gynecology</a></li> </ul>	

## Recruitment, Retention, & Succession Planning

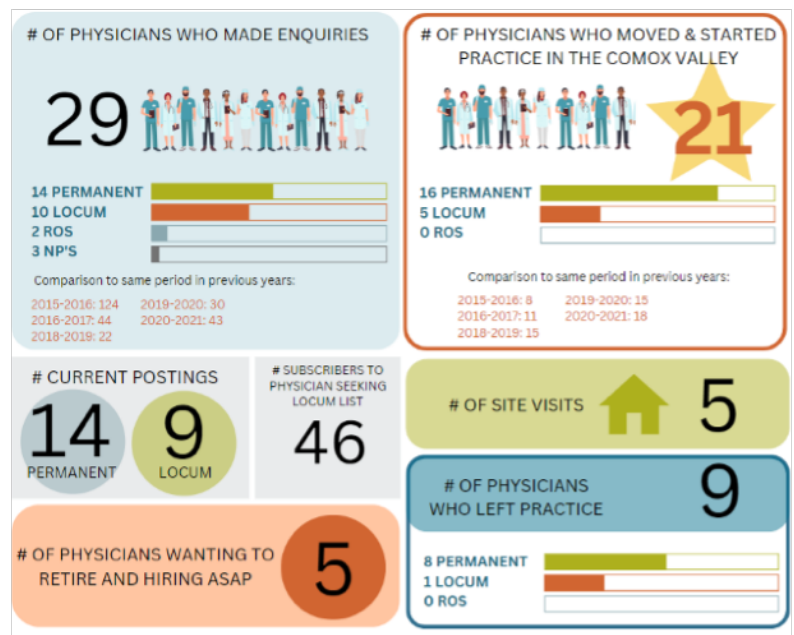
Dr. Jonathan Kerr, RnR Physician Lead, & Ingrid Timmermans, Division Recruitment & Retention, & Project Coordinator

The Recruitment, Retention, & Succession Planning program (known colloquially as “RnR”) supports recruitment of new family physicians, retention of existing family physicians, retirement, and practice change.

### RnR Vision

The RnR vision is to foster an inclusive and supportive community where physicians wish to stay, and where new physicians and nurse practitioners wish to relocate to our beautiful valley.

## Recruitment By the Numbers



## A Year in Reflection

In early 2022, the RnR Advisory Committee, including Dr. Shannon Jones, Dr. Rob Silcox, Dr. Sandra MacDonald, and Dr. Darryl MacLeod, welcomed Dr. Jonathan Kerr as RnR Lead Physician and Ingrid Timmermans as RnR Coordinator to lead the family physician RnR work in the Comox Valley.

A significant achievement this year has been the initiation of the **Comox Valley Physician Recruitment and Retention Task Force** where physicians, municipalities, community organizations, and patient partners meet to develop an action plan to recruit and retain physicians in the Comox Valley. Under the collective vision of “it takes a village”, key achievements to date are:

- A Division-led social media campaign to promote lifestyle, diversity, and family opportunities;
- Connecting mayors with visiting physicians; and
- Sponsored welcome gifts for new family physicians and families.

The Task Force continues to meet and looks forward to more collective efforts and innovative ideas over the coming year.

## Next Year's Focus

With the continued shortage of physicians impacting practice coverage, patient care areas, and retirement plans, the RnR Program and Advisory Committee will continue to build partnerships, advocate, and support the members of the Comox Valley Division of Family Practice by:

- Informing on current recruitment trends;
- Promoting the Comox Valley as a destination of choice;
- Sharing information and opportunities on areas of practice;
- Continuing to support recruitment and practice transition needs;
- Providing information on alternative payment models; and
- Continuing to foster relationships with municipalities and community organizations to attract new physicians.

**For questions or more information about the RnR program**, please contact [comoxvalleyrecruitment@comoxvalleydivision.ca](mailto:comoxvalleyrecruitment@comoxvalleydivision.ca).

## Shared Care

*Jacquie Kinney, Division Project Management & Evaluation*



### Shared Care: CBT Skills Groups

Cognitive Behavioural Therapy (CBT) Skills Groups are eight-week psycho-education sessions for adult patients (17.5-75 years old) who want to learn practical tools to improve their mental health. Family physicians are trained by local psychiatrist mentors while providing the service to patients. This project focused on the development of an alternative training model to train these family physicians as CBT Skills Group facilitators and to develop virtual skills groups for patient participants in the Comox Valley, Campbell River and other Rural and Remote areas of the North Island. The project phase completed in March 2022 but efforts continue to promote the program.

- Since the inception of this program in the Comox Valley there have been 268 referrals and 102 patient participants with two Comox Valley physicians trained as facilitators. [\[Infographic\]](#)
- Effectiveness and accessibility of virtual Cognitive Behavioural Therapy Skills Group medical visits during COVID-19 | British Columbia Medical Journal [\[View Resource\]](#)
- This Changed my practice (UBC CPD): Offering CBT skills by group medical visits [\[View Resource\]](#)

## Shared Care: Development of a Pooled Referral System for OBGYN in the Comox Valley

Shared Care funding supported engagement to determine if there is a need, interest, and support, among patients, primary and specialist care providers, in developing a pooled referral system/single entry model for OBGYN care in the Comox Valley. The specialist group moved forward with [Clinnect](#) for referrals to OBGYN. The project wrapped up in March 2022.

- Since February 14, 2022, 1,533 referrals have been distributed to participating OBGYNs.
- Of the three participating OBGYNs, referrals since the implementation of Clinnect are distributed 29%/32%/39% with wait times ranging from 3-5 months. Before the implementation of Clinnect, wait times ranged from 1-2 months for one OBGYN and 6-9 months for two OBGYNs.
- All referring physicians and midwives are using the Clinnect system to refer to OBGYN speciality care.

## Shared Care Hornby & Denman Islands: Care for Older Adults Expression of Interest (EOI)

The aim of the EOI phase is to:

- Establish a leadership group with focus on relationship-building, orientation to the communities, defining the vision and purpose. [\[View Mission & Vision\]](#)
- Establish a planning team to undertake:
  - Care provider, patient/client, and family support interviews to better understand the strengths and challenges for keeping older adults at home on the Islands as they age
  - Collaboration with Virtual Care Coordinator roles to support virtual care conversations
- CME event hosted on Denman Island delivered on September 19, 2022 with 16 participants including three guest speakers: Dr Grace Park, Dr Trish Murphy and the Geriatric Speciality Service Team, and Deanne Taylor, PhD, Co-Scientific Director RCCbc and Interior Health. [\[CME Summary\]](#)

~

## Projects - MOA Shared Resources, Urgent & Primary Care Centre Exploration

*Jacquie Kinney, Division Project Management & Evaluation*

### Shared Division MOA

- The MOA Shared Resources pilot aims to support primary care clinics in the Comox Valley through pilot by developing an MOA pool (one or two casual MOAs depending on need and uptake) that can work across clinics. Project currently paused as of September 2022.
- Deliverables achieved:
  - Engagement with six clinics to discuss challenges facing clinics around staffing and coverage, solutions and next steps. Commitment of three clinics to move forward with pilot.
  - Six meetings with physician leads and clinic staff to develop the pilot and required resources:
    - Division Shared MOA job description; orientation package; Standard Operating Procedures, confidentiality, and respectful workplace policy
  - Engagement with external lawyer to develop comprehensive clinic agreement
  - Posting of position and interviews with six potential candidates with challenges finding a suitable candidate that could offer the experience and flexibility required for the role.

## Urgent & Primary Care Exploration

- Six engagement sessions with over 30 Comox Valley Division members with information sharing on UPCC from Island Health, After Hours Urgent Care (AHUCC), and discussion of opportunities and risks of a Comox Valley UPCC. [[View Summary](#)]
- Integration and communication with Collaborative Services Committee (CSC) and Comox Valley PCN to support endorsement of next steps and decision making.
- Development of conditions and potential service model for the Comox Valley to be met by Island Health and Ministry of Health to enable a Comox Valley urgent and after hours service model that would be a value add for the community and limit disruption of community, longitudinal family practice.
- Continued communication and collaboration with Island Health to ensure no disruption to AHUCC services.

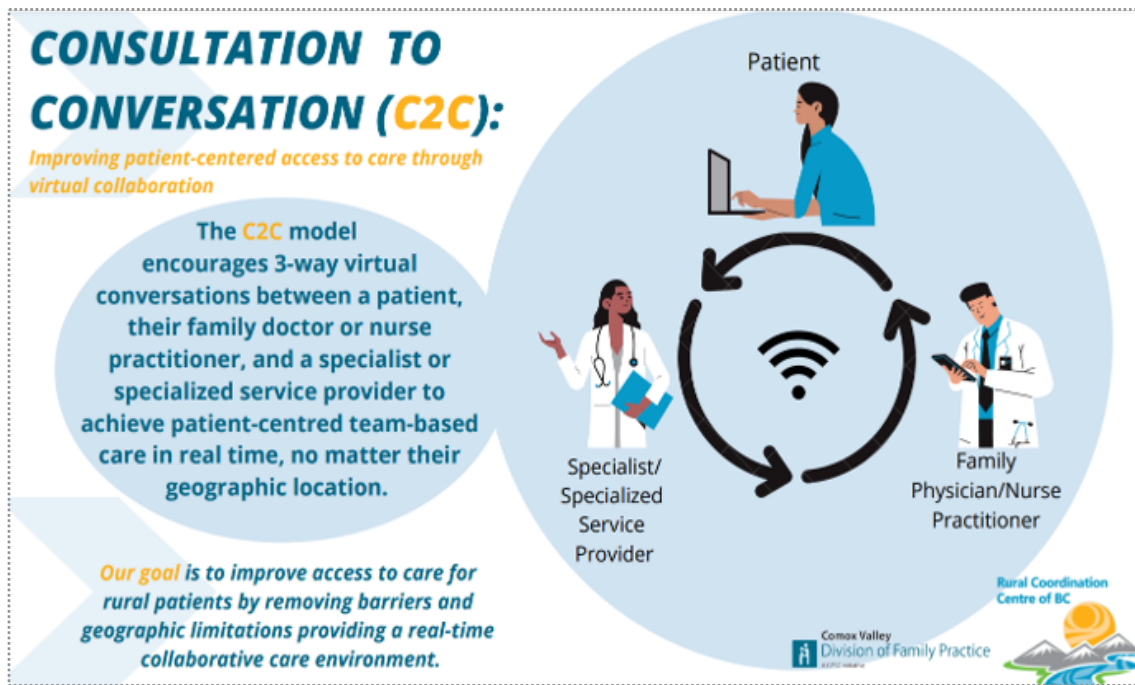
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## Virtual Care Coordination

*Alida Sklarski and Kate Carlson, Division Virtual Care Coordinators*

### Improving Patient-Centered Access to Care Through Virtual Collaboration

Through an initiative of the Rural Coordination Centre of BC (RCCbc), the Comox Valley Division of Family Practice hired a Virtual Care Coordination team (VCCs) in November 2021 (Lauren Hook, Alida Sklarski and Kate Carlson) to work with primary care physicians, other specialists, and specialized services to support the implementation of collaborative virtual care visits. Coined the [Consultation to Conversation \(C2C\) model](#) this program meets physicians where they are at to move from phone to video care by providing patients with technical support, creating virtual care workflows with office staff, and engaging referral providers in the model of care. Please see [Dr. Deni Hawley's PQI report: Care without borders – Improving patient-centred rural access to care through virtual collaboration](#) to learn about the patient and physician outcomes associated with collaborative virtual care visits.



To date, the VCCs have worked closely with Physician Lead Dr. Deni Hawley to engage health care providers in the Comox Valley. Through building foundational relationships, determining interest, and

assessing needs, the VCCs have developed and implemented in-clinic processes and workflows for patients and clinics to support technical troubleshooting needs to connect virtually with family doctors.

Currently, the VCCs are working with:

- **Westward Medical Clinic:** Patient Tech Support and Troubleshooting
  - [View a summary of VCC services on their website](#)
  - [View the workflow map](#)
- **Hornby Island Clinic:** Virtual Wound Care Assessments
  - [View the draft workflow map](#)

**The VCC impact:**

- 27 patients have been supported to connect with their doctor virtually.
- Clinic time saved: 10.5 hours over a 5-month period at one clinic supporting patients with technical issues.
- [View the clinic summary for virtual care patient supports - time spent, successes and lessons learned.](#)

If you or your clinic is interested in receiving virtual care guidance or support, please contact us with any questions: [virtualcare@comoxvalleydivision.ca](mailto:virtualcare@comoxvalleydivision.ca).

We would like to thank Dr. Deni Hawley for her support and guidance over the past 12 months!

~



Dr. Sarah Olson, Dr. Laura Potter-Cogan, & Dr. Deni Hawley at the then-new Westward Medical Clinic

## 5. Addressing Upstream Issues / Prevention

### Children & Youth Matter

*Dr Janice McLaughlin, CYMCV Chair, Division of FP CV CYMHSU Lead, Foundry CV Physician Lead*

We have had a full and exciting year of program roll out and new planning.

- Foundry Comox Valley opened in May of 2022. It is now actively seeing youth ages 12-24. Services provided include: Physical health, Mental health, substance use, employment counselling and multiple programs supporting activities of daily living and healthy lifestyles. Primary care is provided through a PCN AP/group contract. Thank you to the PCN group in their support of this. CYMCV continues to provide support in an advisory role to Foundry CV
- Resiliency Month was declared in May 2022 with support from municipal governments. CYMCV working with North Island women of Native Ancestry provided over 30 events including- workshops on trauma informed care for paramedics, family walking events, a full activity day at Lake Trail Community School informing on the effects of trauma and working on resiliency skills, this list is not exhaustive. As a group we are currently developing a plan on how to support the learning from this month as well as plans for next year.
- The group completed a planning activity in September 2022 which included SD 71, MCFD, IH and many other agencies. We are currently looking at the data collected to establish out next priorities. There is interest in developing a combined service Hub for the younger children 0-12.

This group continues to be committed and fruitful in setting goals and achieving them. I have been grateful for my involvement with people so committed to supporting our youth and children.

Thank you to the Division for their ongoing support!

~

### Health Promotion – Community Connections & Healthy Living

*Dr. Ed Howard, Health Promotion Lead Physician, & Ingrid Timmermans, Division Recruitment & Retention, & Project Coordinator*

The Health Promotion work is a strategic focus of the Comox Valley Division of Family Practice that:

- Engages patients to increase physical activities and to make behavioural changes to reduce the risk of developing chronic disease and other morbidities.
- Increases and strengthens family physician participation in health promotion activities and campaigns.

Over the past year, the Division extended a huge thanks to Dr. Ron Wilson for his passion and invaluable contributions to the Health Promotion Initiative and welcomed Dr. Ed Howard as the new Health Promotion Lead Physician!



Walk With your Doc, Comox 2022

## HealthSteps® Program

Four clinics participated in the [HealthSteps® Program](#) pilot to provide patients with access to a self-referral virtual or in-person coaching program for personalized to improve physical activity, eating habits, and mental well-being.

HealthSteps® Pilot Outcomes		Feedback from Physicians
	<b>4 Clinics Participated</b>	<i>"HealthSteps program helped working on my patient's lifestyle changes which I do not have the time for."</i>
	<b>12 Physicians Participated</b>	<i>"I would love to have connected with more patients, and next time i'd like the poster on a more visible place and have hand-outs for patients on MOAS desk."</i>
	<b>50 Patients Signed Up</b> <b>8% Completed the 6-Month Program</b> <b>66% Attended the First Coaching Session</b>	<i>"The feedback from HealthSteps with patient information was helpful so I could see where patients are in the program"</i>

Over the next year, the Health Promotion Initiative will continue to promote the HealthSteps® at clinics by working closely with HealthSteps® program staff to provide promotional materials, supporting participant progress reports and communications.

## Walk With Your Doc

[Walk With Your Doc](#) was held in September, 2022. This initiative is a Doctors of BC initiative that is organized and delivered by the Division. It encourages physicians to walk with their patients to promote the benefits of daily activities. Walks were organized at the same day in Courtenay and Comox and had a committed group of clinics and patients.

Next year, we propose to hold one walk in Comox to combine the effort. Excitement, and energy in to one large community event.



Warm up | Walk With Your Doc 2022

## Be Active Every Day

Be Active Every Day is another Doctors of BC initiative that is organized and delivered locally in our community. The event's aim is to promote an active lifestyle and healthy choices amongst school-aged children where local physicians visit elementary schools to promote [5-2-1-0](#) (5 fruits or vegetables per day, no more than 2 hours of screen time, at least 1-hour of activity, and 0 sugary drinks). This initiative engages elementary children in a month-long challenge to achieve 5-2-1-0 every day! Unfortunately, [Be Active Every Day](#) was canceled this year due to COVID and we are looking forward to the Spring 2023 event.

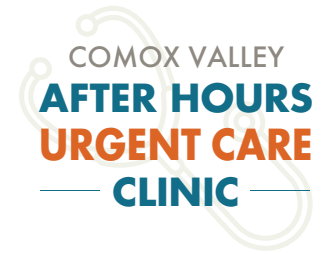
~

## 6. How We Deliver Care / Team-Based Care

### After Hours Urgent Care Clinic

*Catherine Browne, Division Programs Manager*

The Comox Valley After Hours Urgent Care Clinic (AHUCC) is a division member-driven community clinic providing extended hours access to urgent primary care for attached and unattached patients. Opening on March 10, 2022, 45 local family physicians have provided in-patient or virtual care to over 7700 patients.



The clinic's mission is to provide timely access to urgent primary care through a network of family physicians. Through this mission, the clinic supports extended hours of access to care for clinics across the community and responds to the BC College of Physicians and Surgeons Practice Standard for Care Coverage Outside Regular Office Hours.

The clinic is open weekdays (5-9 pm) and weekends (9-2 pm) and staffed daily by one physician, one MOA (Medical Office Assistant), one LPN (Licensed Practical Nurse –5 days a week). On average, 14 physicians work between one to three monthly shifts through a self-schedule system. The patient care and operations are overseen by the AHUCC Medical Director, AHUCC Office Manager and the Division Program Manager. The AHUCC Steering Committee governs the clinic's strategic direction and community integration.

This past year's key accomplishments include:

- Celebrating one year of service and care;
- Implementation of a follow-up care referral for discharged unattached in-patients and emergency department patients to for urgent issues;
- Welcomed the role of a licensed practical nurse to support team-based care; and
- A letter available to all physicians who are undergoing a College audit to support meeting the BC College of Physicians and Surgeons Practice Standard for Care Coverage Outside Regular Office Hours.

The work continues to determine ongoing sustainable funding. The current funding stream under COVID Interim Primary Care will end on March 31, 2023. The AHUCC Steering Committee is working closely with Island Health and Division leadership to ensure ongoing operations.

We thank the division membership for the continued support of this clinic. We are deeply grateful for the dedicated leadership of Dr. Alfredo Tura, the AHUCC Medical Director, and the AHUCC Steering Committee: Dr. Marcus Langhans, Dr. Matt Robertson, Dr. Steve Jones, Dr. Sara Scott, and Teneille Higgins, AHUCC Office Manager. Thank you to past committee members: Dr. Samantha McRae, Dr. Jennifer Laurence, Dr. Genevieve Allen, Dr. Katie Barker, and Dr. Marie-clare Hopwood.

# COMOX VALLEY AFTER HOURS URGENT CARE CLINIC

## OPERATIONS to October 27, 2022 OPEN SINCE March 10, 2021

### OVERALL

Patients seen per hour



**PATIENTS SEEN  
SINCE 03/21: 7691**

In -Office



**84%**

Virtual



**16%**

Physician Reported

Appropriate to: **Urgent Care 83%**,

**Primary Care 15%**, **Emergency Care 2%**

Attached Patients **60%**

Unattached Patients **40%**



**45** physicians provided care

Average 14 doctors/month

*\*Shift frequency varies weekly, bi-weekly, monthly, every two months or once.*

#### Type of Physicians

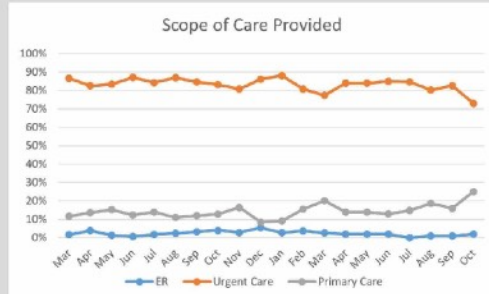
Type of Physicians	#	Care provided
FP - Hospital Based	1	2%
FP - Locum / Walk-in- local	9	13%
FP - Longitudinal	28	60%
FP - non-longitudinal (Focused area)	7	25%

### BY MONTH: 2021/ 2022

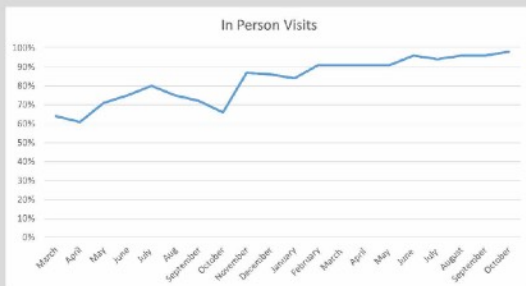
#### PATIENT VOLUME



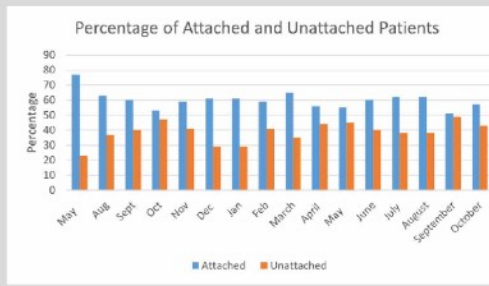
#### SCOPE OF CARE



#### IN PERSON VISITS



#### ATTACHMENT



# Inpatient Care

*Dr. Lissa Benson, Division Head & Medical Lead, Family Practice, Comox Valley Hospital*

To ensure ongoing engagement with Family Physicians (FPs) over the past year, the Comox Valley Hospital Inpatient Care Steering Committee† (the Committee) created opportunities for FPs to receive information and provide inpatient care feedback. These included:

- a video “[CVH FP Presentation - Introduction of a Draft Collaborative Primary Care Model - May 2022](#)” w/ Dr. Lissa Benson (May 2022);
- a letter “[Comox Valley Hospital Inpatient Care Update](#)” (May 6, 2022);
- a video “[Q&A w Dr. Sienna Bourdon: How Primary Care is Different in the Saanich Peninsula](#)” (May 2022);
- a Q&A Zoom session (May 10, 2022);
- an in-person engagement session (May 30, 2022); and
- an extensive online survey “Primary Care (Inpatient Care) Proposed Collaborative Model” was completed by 71 FPs (June 9-27, 2022).

The Committee reviewed the June 2022 survey, and in August produced “[Report | Primary Care Inpatient Care 2022 Survey](#)” a 14-page document which outlined and analyzed significant data points, and provided the following recommendations to stakeholders regarding the next steps for inpatient care:

- In the spirit of Reconciliation and cultural sensitivity and safety, Indigenous health be recognized and prioritized in the planning for inpatient care;
- A Hospitalist model be implemented at the North Island Hospital Comox Valley as soon as possible (current funding agreements expire on March 31, 2023);
- Financial and other practical supports for attached inpatient care be put in place, through the lens of equitability, in parallel with the implementation of a hospitalist model; and
- A pilot of the collaborative model be planned, funded, implemented, and evaluated to test the real-world efficacy of the model.

In October the Committee refocused its efforts on these three areas of care provision:

## 1. Attached Inpatient Care

- a. The program has remained stable with 31 FPs providing attached inpatient care.
- b. Sustainability
  - i. Island Health will work with the Attached Inpatient Care program to develop creative ways of sustaining this type of care, and will advocate on our behalf to the MoH.
- c. Compensation:
  - i. GPSC MOU funding has been committed for the fiscal year 2023-2024 which will at least provide stability. However, this funding does not provide equitability with the unassigned inpatient program.
  - ii. It is unknown at this time how the October 31st 2022 announcement of the proposed Physician Master Agreement and the new Payment Model will impact inpatient care in 2023.

## 2. Unassigned Inpatient Care

- a. Staffing of the unassigned family practice inpatient care program has remained stable with 22 members providing this care. However there are challenges in covering all available shifts.

- b. Island Health has agreed to implement a hospitalist program at CVH. Work is underway to negotiate the new hospitalist contract.
- c. Compensation
  - i. GPSC MOU funding has been committed for the fiscal year 2023-2024 which will provide financial stability for the current program until the new contract is developed.
  - ii. Island Health will, also, continue their portion of the funding.

### 3. Collaborative Care Pilot Project

- a. First steps are being taken to develop and push forward the Collaborative Care Pilot model with FPs who put their name forward in the June survey, as well as Health Authority and Ministry of Health stakeholders.

†Family Practice Inpatient Care Steering Committee members include Dr. Lissa Benson – Division Head & Medical Lead, Family Practice, Comox Valley Hospital; Dr. Samantha McRae – Co-Chair, Comox Valley Division of Family Practice; Dr. Adrian Nasager – Purple Group Co-Lead; & Matt Youens – Executive Director, Comox Valley Division of Family Practice. Former members: Dr. Steve Matous, Dr. Marie-Clare Hopwood, Dr. Darryl MacLeod, Dr. Danielle Froese, Janet Brydon, & Karen Berezon – Project Manager, Island Health.

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## Long Term Care Initiative

*Dr. Susan J Hunter, LTCI Physician Lead, in collaboration with Lynnette Hornung, Division LTCI Project Coordinator*

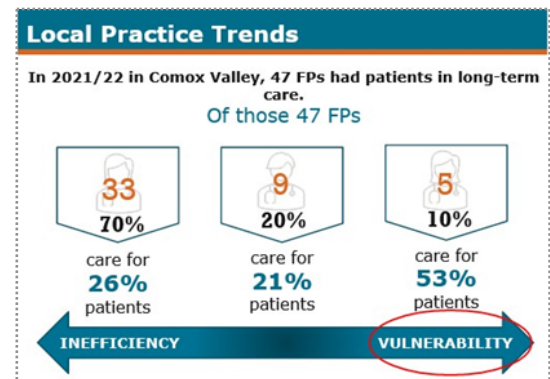


The Comox Valley Long-term Care Initiative (LTCI) was established in 2016 to support the physicians providing Long-term Care (LTC) to our community elders, and to work with facilities and Island Health to develop solutions that improve patient care. The LTCI Working Group is composed of primary care practitioners, leadership from each facility, Island Health leadership, pharmacists, and Division staff. Dr. Chifor and Dr. Russel-Atkinson support and connect us with the other communities through their LTC Medical Leadership roles, in addition to their roles as care providers. The Working Group meets bi-monthly to address the many challenges our community is facing in sustaining LTC, with additional subcommittees meeting as needed.

## Year in Review

**Focus on Recruitment and Retention (RnR):** This past year the LTCI focused largely on RnR of physicians to LTC. The group explored the barriers physicians face when providing LTC, including generally lower financial remuneration, travel issues, booking times for Care Conferences and Medication Reviews, and significant paperwork. Due to these and other issues, fewer physicians are providing LTC and the load is heavier for those left.

**Local Vulnerabilities:** The working group recognized that vulnerabilities in our local system include a few physicians providing care to a large proportion of the patient population, and that challenges of practitioner-attachment present a key barrier to increasing admissions into the 120 new LTC beds Ocean Front Village (which opened in July, 2022), even as many patients remain on the waitlist for LTC.





**Community Engagement Event:** Working with a facilitator, Mary Koffski (PRN Solutions), to support the engagement process, the community explored solutions to the challenges of patient attachment and physician engagement within LTC. On June 15, the LTCI hosted a community discussion event, “[The Future of Long-term Care in the Comox Valley](#)”, to learn, share priorities and develop solutions. From this event we were able to recruit several new physicians to LTC this year and have been able to also encourage some to take on more patients at certain facilities.

**Clustering as a Potential Solution:** At this event, the community expressed interest in exploring the concept of “clustering” ([view handout](#)) as a model of care that may increase physician engagement, and thus patient attachment, within LTC. Since then, LTCI leadership have developed enablers supporting a clustered model of care, such as information and orientations, and have conducted preliminary one-on-one conversations to gauge physician interest in adopting this model.

**Updated Letter of Agreement (LoA):** The LTCI reviewed and updated the LTCI-Physician LoA to improve clarity of information and ensure that the physician incentives are meeting the evolving care delivery needs in the community. Notifying the physician community of these updates has provided an opportunity to engage new physicians with the program.

**Collaborations & New Staff:** The LTCI continues to build connections and opportunities for collaboration with other communities facing similar issues through webinars with ‘Doctors of BC’ and the many other Divisions of Family Practice in the Province. In September 2022, the LTCI welcomed Lynnette Hornung into the role of LTCI Coordinator with the Division, after Lyndsey Jennings’ retirement from this position in October 2021.

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## Looking Forward

**Recruitment Planning:** Looking forward, the LTCI aims to continue significant work on physician RnR within LTC. The working group is set to develop and implement a recruitment plan that will highlight opportunities and incentives for working in LTC in the Comox Valley, within the broader RnR strategy of the Division. Foremost amongst this is developing a presence for the LTCI on the Division’s website to address an awareness barrier faced in supporting the physician community.

**Develop Clustering Capacity:** Further, LTCI leadership hopes to continue to develop and encourage clustering as a model of care provision within LTC, while also continuing to support those who prefer to provide longitudinal care. Along with exploring mentorship to welcome new physicians into LTC where a lack of LTC experience or training, knowledge of local facilities, or a perceived lack of support present barriers to this rewarding area of practice to follow patients into LTC.

**CME:** The LTCI working group is planning an LTC-oriented CME event for early 2023, details forthcoming.

**Program Operations:** Reflecting on my experience in the role of Physician Lead, and with those who will follow me in mind, I am challenging our Working Group to formalize program operations. After taking on the role of Physician Lead during the early “crisis” days of the COVID-19 pandemic in February 2020, without an operational manual for the LTCI, I will be encouraging our team to develop guidelines around LTCI Physician Lead duties, a regular process for reviewing and renewing the LTCI Physician Letter of Agreement and incentives available so that we may remain responsive to systemic changes, and other LTCI policies and procedures.

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## Acknowledgements

We have an extremely long way to go, and it is our hope that with continued recruitment and support we will be able to service the needs of the community, while opening this rewarding part of practice to more clinicians.

I wish to express my thanks to Catherine Browne for her continued administrative support and guidance, and to all the Division staff who have supported this program over the past year.

I am grateful for the daily work of all providers of LTC in the valley, from the patients' families to the physicians, nursing teams, care aides, pharmacists, and all folks in between who give dignity and comfort to our elders who have contributed so much in their lives and deserve excellent care.



~

# Primary Care Network (PCN)

Dr. Bonnie Bagdan, PCN Physician Lead



## Current PCN Strategies

### 1. Allied Care supporting PCN Clinics

The PCN team and nine clinics have continued working with Island Health to recruit and collocate allied care providers (ACP's). The ACPs are distributed amongst the clinics, each supporting multiple sites.

#### The PCN clinics are:

Southwood Medical Clinic, Highland Family Practice, SeaCove Medical Clinic, Cottage Medical Clinic, 5th Street Family Practice, Courtenay Medical Clinic, Westward Medical Clinic, Denman Island Medical Clinic & Hornby Island Medical Clinic

#### The current ACP team consists of:

A Clinical Pharmacist, an Indigenous Wellness Advocate, and a Dietitian, each of these roles are integrated across all 9 PCN clinics.

Two social workers, with one supporting Southwood, Courtenay Medical, 5th Street, & Westward, and the other supporting Cottage, Highland, SeaCove, Hornby & Denman clinics.

Two mental health and substance use clinicians, with one supporting Southwood, Courtenay Medical, 5th Street & Westward, and the other supporting Cottage, Highland, SeaCove, Hornby & Denman clinics.

Three registered nurses, with one supporting Denman, Hornby Island, and Southwood Medical Clinic, another at Westward Medical Clinic and the third supporting SeaCove, 5th Street and Cottage Medical Clinic.

### 2. Primary Care for Priority Populations PCN

#### **PCN @ Health Connections Clinic (HCC)**

The PCN funds a team providing care for vulnerable patients at the HCC/Nursing Center. The team is 3 physicians (0.45 FTE of service), 2 nurse practitioners, a registered nurse, a social worker, and a part-time administrator. The HCC clinic is typically at full capacity with a current waitlist to attach to the primary care providers there.

#### **PCN @ The Foundry**

Comox Valley Foundry is now open to support youth (12-24) using a drop-in model (see website). Led by Dr. Janice McLaughlin, 8 physicians are working in a group agreement (1.0 FTE total) funded through PCN to provide primary care at Foundry. This is a unique model of care for youth who can be



Cultural Safety: Connection Respect Compassion Value  
Collaboration Trust Fun Purpose Patients Improvement

### PCN Big Picture

A team-based care model of primary care where providers work with allied care teams to provide care that is timely, seamless to the patient, comprehensive, and culturally informed.

The PCN also aims to expand access to services for vulnerable patients & those with complex health conditions.

### Areas of Focus

1. Allied Health Supporting PCN Clinics
2. Primary Care for Priority Populations
3. Indigenous Primary Care Support
4. Helping Close the Attachment Gap

### PCN Steering Committee

Guidance from a partnership of:

- Division of Family Practice
- First Nations Health Authority and Indigenous Partners
- Island Health
- Patient partners

Division members on the committee:

- Dr B Bagdan (PCN Physician Lead & Steering Co-Chair)
- Dr S McRae, (Division Co-Chair)
- Dr S Scott (Island Health Medical Director)



### **Team Based Care (TBC) Culturally Informed Learning Journey**

The PCN's Culturally Informed Team-Based Care (TBC) Learning Journey has been underway since Fall 2021.

The learning journey was developed in collaboration with all stakeholder groups and is supported by the PCN Indigenous Health Working Group. It is the foundation of the PCN's implementation plan for TBC. Over this past year there were 16 in person sessions on topics such History of Indian Hospitals, Relational Practice, Indigenous Diversity & Lateral Racism, Trauma Informed Practice. Coming up this winter will be sessions on Land-based Healing, Traditional Medicines, Indigenous Health Services & Benefits.

### **Supporting the PCN Model**

#### **Team-Based Care Grants**

PCN team has supported 7 of the 8 eligible PCN clinics to receiving General Practice Service Committee (GPSC) grants (up to \$15K per year) to support collocation of allied health onsite.

#### **Minor Tenant Improvement Grants**

This year 2 clinics received grants to support creation of space for their allied health team. GPSC contributes 85% of the total costs to a maximum of 2 rooms and \$41K per room.

attached to a community primary care provider and also access specialized support at the Foundry.

The physicians are available on-site during drop-in hours (Monday & Wednesday 1-4:30 pm/ Tuesday & Thursday 1-6 pm)

## **3. Indigenous Primary Care Support**

### **Primary care provision for local indigenous populations**

The PCN was successful this summer in securing approval for 1.5 FTE of primary care contracts to support local indigenous community members. Work is underway to design a model that focuses on continuity of care and uses multiple sites where local indigenous community members already attend for culturally safe services.

The PCN Indigenous Health Working Group will provide guidance as this model is developed. A new role of PCN Traditional Healing Network Coordinator has also recently been approved.

## **4. Helping Close the Attachment Gap**

### **(A) Building capacity for primary care**

The original PCN plan did not include any net-new physician of nurse practitioner capacity for the region. With a large attachment gap emerging in the last few years, a new focus on capacity building for attachment was added to the PCN.

PCN clinics were supported to add 2.65 FTE physician contract capacity in the last year and an extra 1.0 FTE nurse practitioner was funded at the HCC/Nursing Centre. Contracts were also secured to recruit 1.5 FTE new physicians to Denman Medical clinic as Dr. Ron Wilson retires. Two new physicians are set to start there in January 2023.

### **(B) Cumberland primary care clinic**

The PCN recognized a key gap in primary care for Cumberland and surrounding area after the abrupt closure of its only primary care clinic. After collaboration with local partners, approval was secured for:

3.0 FTE family physicians and 2.0 FTE nurse practitioner contracts supported by some registered nurse time.

A new non-profit group (Beaufort Family Health Society) has formed and will open and operate the clinic using some one-time start-up funding also secured through the PCN.

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## Health Connect Registry (HCR) - Attachment

The HCR supports all local clinics/primary care providers to attach new patients. This includes all clinics in the region and any PCN clinics attaching patients within new contracts. The HCR team provides validated lists of patients, create workflows for attachment, and supports the overall process.

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## PCN Implementation Team

PCN team and contacts:

- Manager: Gavin Arthur [garthur@comoxvalleydivision.ca](mailto:garthur@comoxvalleydivision.ca)
- Admin Assistant: Lauralynn Shaefer [lshaefer@comoxvalleydivision.ca](mailto:lshaefer@comoxvalleydivision.ca)
- Change Lead: Maureen Clarke [mclarke@comoxvalleydivision.ca](mailto:mclarke@comoxvalleydivision.ca)
- PCN/HCR Coordinator: Lisa McDougal Lee [lmcdougall@comoxvalleydivision.ca](mailto:lmcdougall@comoxvalleydivision.ca)
- HCR Admin Assistant: Alla Kulchiski [akulchiski@comoxvalleydivision.ca](mailto:akulchiski@comoxvalleydivision.ca)
- Indigenous Wellness Liaison: Alex Jules [alexander.jules@islandhealth.ca](mailto:alexander.jules@islandhealth.ca)

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## Evaluation & Measurement

In addition to the required reporting to the Ministry of Health, a quarterly PCN dashboard has been developed to show the impact and scope of the PCN. Some examples of the ways the ACPs can augment primary care experiences for patients are included in this update.

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## PCN – Evolution and Growth

The PCN team continues to implement resources into the PCN and look ahead to new opportunities that will allow increased capacity and quality of primary care for all people who call the Comox Valley home. Some future opportunities include:

- Further work to optimize team-based care in PCN clinics
- Seeking more resources to expand our PCN
- Exploring a possible Urgent and Primary Care Centre (UPCC)
- Support for the Island Health Outreach Service team (iHOST)

~

## Allied Team | Examples of Impact

### Primary Care Clinical Pharmacist (PCCP)

A detailed medication analysis in an elderly patient identified a drug interaction that led him to experience frequent severe headaches and stop his medications, including his anti-hypertensive. With ongoing visits to the PCCP and in consultation with the physician, changes were made. Headache frequency was significantly reduced, and the patient is now adherent on his blood pressure medication.

### Social Worker (SW)

Allied team member notified SW of a socially isolated middle-aged woman unable to manage comorbid health issues. SW called the patient for in person appt. She was eligible for a City of Courtenay accessible recreation program. SW assisted her to access the 52 free drop ins at city facilities and 50% off recreation programs. The patient is now less socially isolated and engaging in healthy activities outside of her home.

### Indigenous Wellness Advocate (IWA)

Patient discussed challenges with mental health/grief with their physician. Physician introduced the IWA role to the patient and with consent, sent request for IWA to connect on this topic and funding (FNHA, Métis Nation, N number etc.) IWA contacts patient to introduce role and books intake appointment (via phone, in person at clinic, or at IWA office). IWA and patient work together to access available funding.

### Dietitian

A pregnant client diagnosed with celiac disease had several questions about diet for celiac disease, pregnancy, and lactose intolerance. The physician offered consultation with PCN dietitian who sees her after a review of labs and chart notes. An initial assessment covered knowledge about the condition, diet, relationship with food and other lifestyle factors. Dietitian provided introductory teaching for gluten free diet for newly diagnosed celiac disease. Follow up at one year or on return of symptoms was advised (Canadian Celiac Association recommendations). Patient can contact the clinic/dietitian directly to request a follow-up appointment.

## 7. The People

### Board of Directors

- Dr. Samantha McRae, Co-Chair
- Aaron Macluskie, Co-Chair
- Keeley Young (P.Adm), Treasurer
- Betty Tate (RN, MN), Secretary
- Dr. Deni Hawley
- Dr. Robert (Darryl) MacLeod
- Dr. Kevin Donak
- Sasha Nowicki
- Dr. Steve Noble, Resident Representative



Board of Directors, November 2022: Dr Steve Noble, Dr Kevin Donak, Keeley Young, Dr Samantha McRae, Betty Tate, Sasha Nowicki, Dr Darryl McLeod, & Dr Deni Hawley. Absent: Aaron Macluskie.

### Operational Team

- Alida Sklarski, Virtual Care & Pathways Coordinator
- Alla Kulchiski, Health Connect Registry Administrative Assistant
- Catherine Browne, Program Manager
- Gavin Arthur, Primary Care Network Manager
- Ingrid Timmermans, Recruitment & Retention Coordinator
- Jacquie Kinney, Project Manager (Contractor)
- Judy Darby, Executive Assistant & CME Coordinator
- Kate Carlson, Virtual Care Coordinator
- Lauralynn Shaefer, Primary Care Network Administrative Assistant
- Lisa McDougall-Lee, Primary Care Network Coordinator
- Lynette Hornung, Long Term Care Initiative Project Coordinator
- Matt Youens, Executive Director
- Maureen Clarke, Primary Care Network Change Lead (Contractor)
- Susan Muller, Operations Manager

## Contact Information

Comox Valley Division of Family Practice  
Unit 1324,  
2137 Comox Ave  
Comox, BC, V9M 1P2

Website: <https://divisionsbc.ca/comox-valley>

Email: [comoxvalley@comoxvalleydivision.ca](mailto:comoxvalley@comoxvalleydivision.ca)

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## 8. Financial Statements

**COMOX VALLEY DIVISION OF  
FAMILY PRACTICE SOCIETY  
Financial Statements - March 31, 2022**

Independent Auditors' Report  
Statement of Financial Position  
Statement of Operations and Changes in Net Assets  
Statement of Cash Flows  
Notes to Financial Statements

## **INDEPENDENT AUDITORS' REPORT**

To the Directors of the Comox Valley Division of Family Practice Society

### **Opinion**

We have audited the accompanying financial statements of the Comox Valley Division of Family Practice Society (the "Society"), which comprise the statement of financial position as at March 31, 2022, the statements of operations and changes in net assets and cash flows for the year then ended, and a summary of significant accounting policies and other explanatory information (hereinafter referred to as the "financial statements").

In our opinion, the Society's financial statements present fairly, in all material respects, the financial position of the Society as at March 31, 2022, and of its financial performance and its cash flows for the year then ended. The financial statements have been prepared by management in accordance with Canadian accounting standards for not-for-profit organizations.

### **Basis of Opinion**

We conducted our audit in accordance with Canadian generally accepted auditing standards. Our responsibilities under those standards are further described in the Auditor's Responsibilities for the Audit of the Financial Statements section of our report.

We are independent of the Society in accordance with the ethical requirements that are relevant to our audit of the financial statements in Canada, and we have fulfilled our other ethical responsibilities in accordance with these requirements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis of our opinion.

### **Responsibilities of Management and Those Charged with Governance for the Financial Statements**

Management is responsible for the preparation and fair presentation of the financial statements in accordance with Canadian accounting standards for not-for-profit organizations, and for such internal control as management determines is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is responsible for assessing the Society's ability to continue as a going concern, disclosing, as applicable, matters related to going concern and using the going concern basis of accounting unless management intends for the Society to cease operations, or has no realistic alternative but to do so.

Those charged with governance are responsible for over-seeing the Society's financial reporting process.

### **Auditors' Responsibilities for the Audit of the Financial Statements**

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditor's report that includes our opinion.

Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with Canadian generally accepted auditing standards will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of the users taken on the basis of these financial statements.

**Auditors' Responsibilities for the Audit of the Financial Statements (continued)**

As part of an audit in accordance with Canadian generally accepted auditing standards, we exercise professional judgment and maintain professional skepticism throughout the audit. We also:

- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, design and perform audit procedures responsive to those risks, and obtain audit evidence that is sufficient and appropriate to provide a basis for our opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- Obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the Society's internal control.
- Evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures made by management.
- Conclude on the appropriateness of management's use of the going concern basis of accounting and, based on the audit evidence obtained, whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Society's ability to continue as a going concern. If we conclude that a material uncertainty exists, we are required to draw attention in our auditor's report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify our opinion. Our conclusions are based on the audit evidence obtained up to the date of our auditor's report. However, future events or conditions may cause the Society to cease to continue as a going concern.
- Evaluate the overall presentation, structure and content of the financial statements, including the disclosures, and whether the financial statements represent the underlying transactions and events in a manner that achieves fair presentation.
- Communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that we identify during our audit.

**Report on Other Legal and Regulatory Requirements**

As required by the Society Act (British Columbia), we report, that in our opinion, the accounting principles in Canadian accounting standards for not-for-profit organizations have been applied on a basis consistent with the prior year.

Chartered Professional Accountants  
Courtenay, BC

November 7, 2022

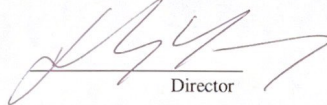
**COMOX VALLEY DIVISION OF FAMILY PRACTICE SOCIETY**

**Statement of Financial Position**

March 31, 2022	2022	2021
<b>ASSETS</b>		
<b>Current Assets</b>		
Cash	\$ 247,901	\$ 637,962
Short Term Investments	553,232	550,060
Accounts Receivable	585,469	31,066
GST Receivable	8,714	9,370
	<u>1,395,316</u>	<u>1,228,458</u>
<b>Equipment (Note 3)</b>	<u>5,203</u>	<u>2,904</u>
	<u>\$ 1,400,519</u>	<u>\$ 1,231,362</u>
<b>LIABILITIES</b>		
<b>Current Liabilities</b>		
Accounts Payable and Accruals	\$ 1,066,854	\$ 453,953
Government Remittances Payable	19,885	13,794
Deferred Revenues (Note 4)	<u>332,335</u>	<u>781,964</u>
	1,419,074	1,249,711
<b>NET ASSETS</b>	<u>(18,555)</u>	<u>(18,349)</u>
	<u>\$ 1,400,519</u>	<u>\$ 1,231,362</u>

Approved by the Directors:

  
\_\_\_\_\_  
Director

  
\_\_\_\_\_  
Director

## COMOX VALLEY DIVISION OF FAMILY PRACTICE SOCIETY

### Statement of Operations and Changes in Net Assets

Year ended March 31, 2022	2022	2021
<b>Revenues</b>		
Grant Revenue	\$ 1,433,187	\$ 1,391,496
Long Term Care Incentive	253,748	189,162
Unassigned Inpatient	509,402	452,826
Doctor of the Day Supplemental	364,000	52,800
Inpatient Care MOU	500,000	500,000
Minor Tenant Improvement Grant	41,000	-
Interest	-	1,033
	3,101,337	2,587,317
<b>Expenditures</b>		
Accounting and Legal	14,556	20,134
Advertising	5,398	8,752
Amortization	2,230	790
Bank Charges and Interest	1,785	639
Board Expenses	84,127	93,922
Committee Expenses and Member Honoraria	240,793	326,836
Contracted Fees (Note 7)	202,746	230,254
COVID Ward	-	21,200
Dues and Subscriptions	5,849	1,977
Education (Member and Board)	10,371	70
Honoraria - Non-Physicians	18,659	16,308
Inpatient Clinical Fees (DOD and Attached Inpatients)	1,407,157	996,822
Insurance	985	1,875
Long Term Care Initiative	218,006	140,975
Meeting Costs	4,328	3,223
Office Supplies and Printing Costs	23,396	45,958
Salaries and Benefits	852,059	673,102
Staff and Contractor Education	444	2,857
Travel	8,654	2,023
	3,101,543	2,587,717
<b>Deficiency of Revenue Over Expenditures (Note 10)</b>	(206)	(400)
<b>Net Assets - Beginning of Year</b>	(18,349)	(17,949)
<b>Net Assets - End of Year</b>	\$ (18,555)	\$ (18,349)

**COMOX VALLEY DIVISION OF FAMILY PRACTICE SOCIETY**

**Statement of Cash Flows**

Year Ended March 31, 2022

**2022**

**2021**

**Cash Flows From Operating Activities:**

Cash Received from Funding	\$ 2,097,305	\$ 2,375,582
Cash Paid to Suppliers and Employees	<u>(2,479,665)</u>	<u>(2,571,045)</u>
	<u>(382,360)</u>	<u>(195,463)</u>

**Cash Flows From Financing Activities:**

<u>-</u>	<u>-</u>
----------	----------

**Cash Flows From Investing Activities:**

Purchase of Equipment	(4,529)	(1,567)
Purchase of Short Term Investments	<u>(3,172)</u>	<u>(550,060)</u>
	<u>(7,701)</u>	<u>(551,627)</u>

**Net Decrease in Cash** (390,061) (747,090)

**Cash - Beginning of Year** 637,962 1,385,052

**Cash - End of Year** \$ 247,901 \$ 637,962

# COMOX VALLEY DIVISION OF FAMILY PRACTICE SOCIETY

## Notes to Financial Statements

March 31, 2022

### 1. Organization and Commencement of Operations:

The Comox Valley Division of Family Practice Society ("the Division") was incorporated without share capital under the Society Act of British Columbia. The Society is a registered not-for-profit under the Income Tax Act and accordingly is exempt from income taxes, providing certain requirements of the Income Tax Act are met.

The Division works to improve patient access to local primary care, and provide professional support for physicians in the Comox Valley and on Denman and Hornby Island.

### 2. Significant Accounting Policies:

#### Basis of Presentation

The financial statements of the Division have been prepared by management in accordance with Canadian accounting standards for non-for-profit organizations.

#### Revenue Recognition

The Division follows the deferral method of accounting for contributions. Restricted grants are recognized as revenue in the year in which the related expenses are incurred. Unrestricted grants are recognized as revenue when received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured. Interest revenue is recognized as revenue when earned. Unassigned Inpatient income and Long Term Care Initiative income is recognized when the related fees for service is incurred.

#### Equipment

Purchased equipment is recorded at cost. Contributed equipment is recorded at fair market value at the date of contribution if fair value can be reasonably determined.

Amortization is provided using the declining balance method at rates intended to amortize the cost of equipment over its estimated useful life as follows:

Computer Equipment	55%
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Amortization, useful lives and residual values are reviewed annually and adjusted if necessary.

#### Measurement Uncertainty

The preparation of financial statements in conformity with Canadian accounting standards for not-for-profit organizations requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements, and the reported amounts of revenues and expenses during the reporting period.

Significant areas requiring the use of management estimates are accounts receivable which are stated after evaluation as to their collectibility and equipment, where the useful life of the equipment is estimated. Actual results could differ from the estimates.

These estimates and assumptions are reviewed periodically and, as adjustments become necessary they are reported in excess of revenues and expenses in the periods in which they become known.

## COMOX VALLEY DIVISION OF FAMILY PRACTICE SOCIETY

### Notes to Financial Statements

March 31, 2022

#### 2. Significant Accounting Policies (continued):

##### Financial Instruments

The Division recognizes its financial instruments when the Division becomes party to the contractual provisions of the financial instrument. All financial instruments are initially recorded at their fair value, including financial assets and liabilities originated and issued in a related party transaction with management. At initial recognition, the Division may irrevocably elect to subsequently measure any financial instruments at fair value. The Division has not made such an election during the year. All financial assets and liabilities are subsequently measured at amortized cost. Short term investments fair value is estimated to approximate the amortized cost of the asset.

#### 3. Equipment:

	2022		2021	
	Cost	Accumulated Amortization	Cost	Accumulated Amortization
Computer Equipment	\$ 15,973	\$ 10,770	\$ 11,444	\$ 8,540
Net Book Value	\$ 5,203		\$ 2,904	

#### 4. Deferred Revenue:

	Balance March 31, 2021	Funding Received	Revenue Recognized	Due to DoBC	Balance March 31, 2022
Infrastructure	\$ 103,666	\$ 530,006	\$ 624,437	\$ -	\$ 9,235
Attachment Mechanism	44,727	25,000	41,005	28,722	-
Early Pregnancy Care	3,372	-	513	2,859	-
SC Enhancing Perinatal	19,659	-	10,755	8,904	-
SC Older Adults	-	15,000	14,082	-	918
Patient Medical Home Networking	27,642	-	10,601	17,041	-
Patient Medical Home Innovation	13,894	36,930	25,814	25,010	-
Primary Care Network	46,082	416,133	410,488	-	51,727
PCN Culturally Informed Care	-	81,620	19,819	-	61,801
GPSC Engagement	199,381	145,728	127,504	217,605	-
Health Connections Clinic	9,457	-	-	9,457	-
Long Term Care Initiative	116,174	180,000	253,748	-	42,426
Unassigned Inpatient Care	21,608	525,465	509,402	-	37,671
IH Supplemental DOD	-	364,000	364,000	-	-
COVID Funding	90,668	15,220	31,132	-	74,756
SC CBT	75,550	-	73,631	1,919	-
Maternity Care Network	10,084	-	542	9,542	-
Minor Tenant Improvement	-	41,000	41,000	-	-
VCC	-	89,939	39,519	-	50,420
Interest	-	3,381	-	-	3,381
Inpatient Care MOU	-	500,000	500,000	-	-
	\$ 781,964	\$ 2,969,422	\$ 3,097,992	\$ 321,059	\$ 332,335

## COMOX VALLEY DIVISION OF FAMILY PRACTICE SOCIETY

### Notes to Financial Statements

March 31, 2022

#### 5. Economic Dependence:

The Division is dependent on the Doctors of BC (also known as the British Columbia Medical Association) with respect to revenues. Funding is generally determined on an annual basis.

#### 6. Financial Instruments:

The Division, as part of its operations, carries a number of financial instruments. It is management's opinion that the Division is not exposed to significant interest, currency, credit, liquidity, or other price risk arising from these financial instruments.

#### 7. Contracted Fees:

Contracted fees represent expenses incurred by the Division that are typically non-recurring and are incurred to address a need for the Division that is not already provided by its employees. This includes costs for PCN change management support for PCN implementation through a funding agreement with the BC Patient Safety Quality Council.

#### 8. Remuneration:

Directors are compensated for time spent on Division activities including meeting and committee involvement. Total remuneration for Directors during the year was \$84,127 (2021 - \$93,922).

Total remuneration to employees and contractors paid over \$75,000 during the year was \$250,720 (2021 - \$224,616).

#### 9. Commitments:

The Division is committed to rental payments for office premises as described below. The office premises lease expired on August 31, 2022 and as month to month until a new lease was signed on October 26, 2022. The new lease expires on August 31, 2023. The expected payments on these leases are:

Year	
2023	\$ 4,343
2024	1,481

#### 10. Deficiency of Revenue over Expenditures:

The Deficiency of Revenue over Expenditures represents spending of prior period interest earned, and revenue that was recognized, from cash and investments held by the Division on expenditures in the current period that are unfunded by Doctors of BC and for the Division's Social Fund activities.

