

Shared Care Committee Annual Report 2019/20

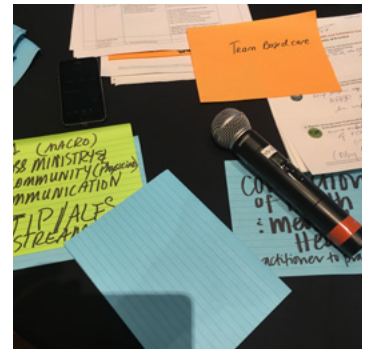
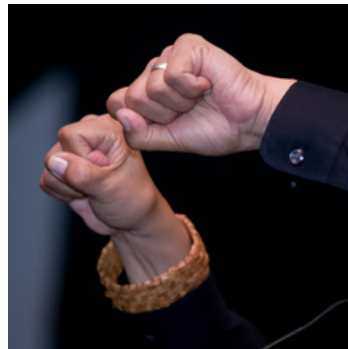


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COMMITTEE BACKGROUND/HISTORY

The Shared Care Committee (SCC) is one of four Joint Collaborative Committees (JCCs) representing a partnership between Doctors of BC and the Ministry of Health, with mandates to improve health outcomes and the patient journey through the health care system.

The SCC was formed in 2006, per article 8.1 of the 2006 Physician Master Agreement, to support family and specialist physicians, health care partners, patients, families and caregivers, to collaborate on health care improvement initiatives.

Shared Care initiatives build and strengthen collaborative relationships by supporting the development of trust, respectful relationships, and utilization of each provider’s expertise to maximize success of shared quality improvement initiatives. With effective collaboration between family and specialist physicians and partners, Shared Care work sets the foundation for a culture of collegiality, innovation and team-based patient-centered care to ensure a coordinated experience for patients in BC’s health care system.

EXECUTIVE SUMMARY

With close to 15 years of experience, the Shared Care Committee continues to support collaborative initiatives to fulfill its mandate of enabling a coordinated care experience for British Columbians.

Shared Care activities fall under **four main streams** of Shared Care work:



Shared Care Priorities

As Shared Care work has progressed and demonstrated impact across regions, populations, and specialties, priorities have focused on spreading successful approaches and resources from community to community.

The development and ongoing growth of Spread Networks, the Coordinating Complex Care for Older Adults initiative, and resources such as the online Learning Centre, are key strategies to spreading success.

Sustainability and leadership are also key priorities, as Shared Care initiatives aim to sustain improvements through engagement of physicians in Communities’ of Practice, and supporting leadership training for physicians to build skills and confidence to lead future quality improvement initiatives.

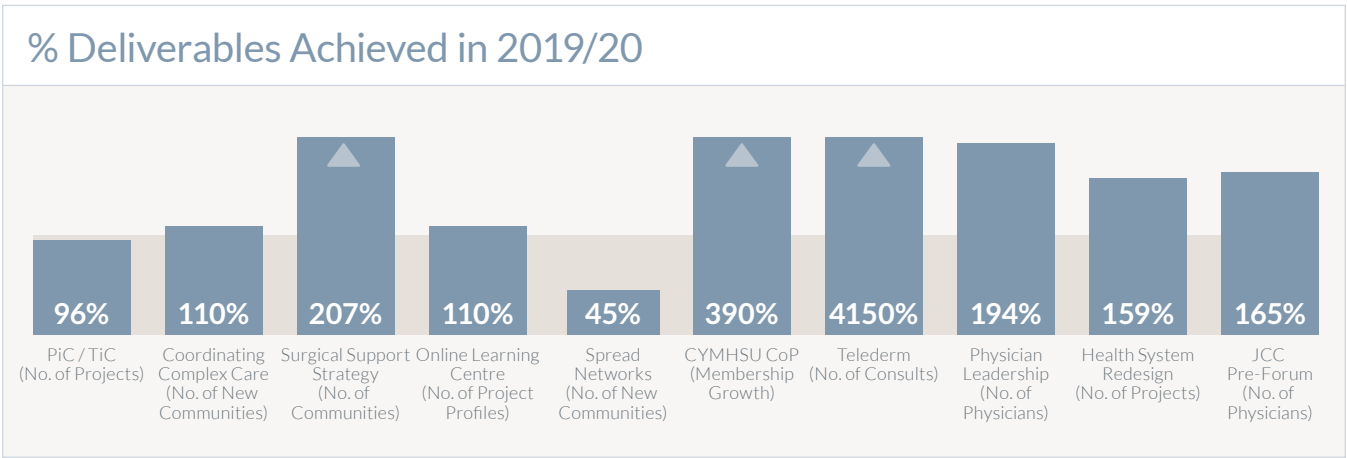
SCC continued to support the alignment and integration of Joint Collaborative Committee activities, for greater efficiency and impact overall.

EXECUTIVE SUMMARY

2019/20 Highlights

All Shared Care initiatives met or exceeded targets for 2019/20, with the exception of Spread Networks, with many communities delaying involvement with work on Patient Medical Homes and Primary Care Networks taking priority.

The Maternity Spread Network will be transitioning to a Community of Practice in 2020/21 as **21 of 35 Divisions of Family Practice** are already engaged in the work.



53 COMMUNITY PROJECTS received funding support across the four streams.

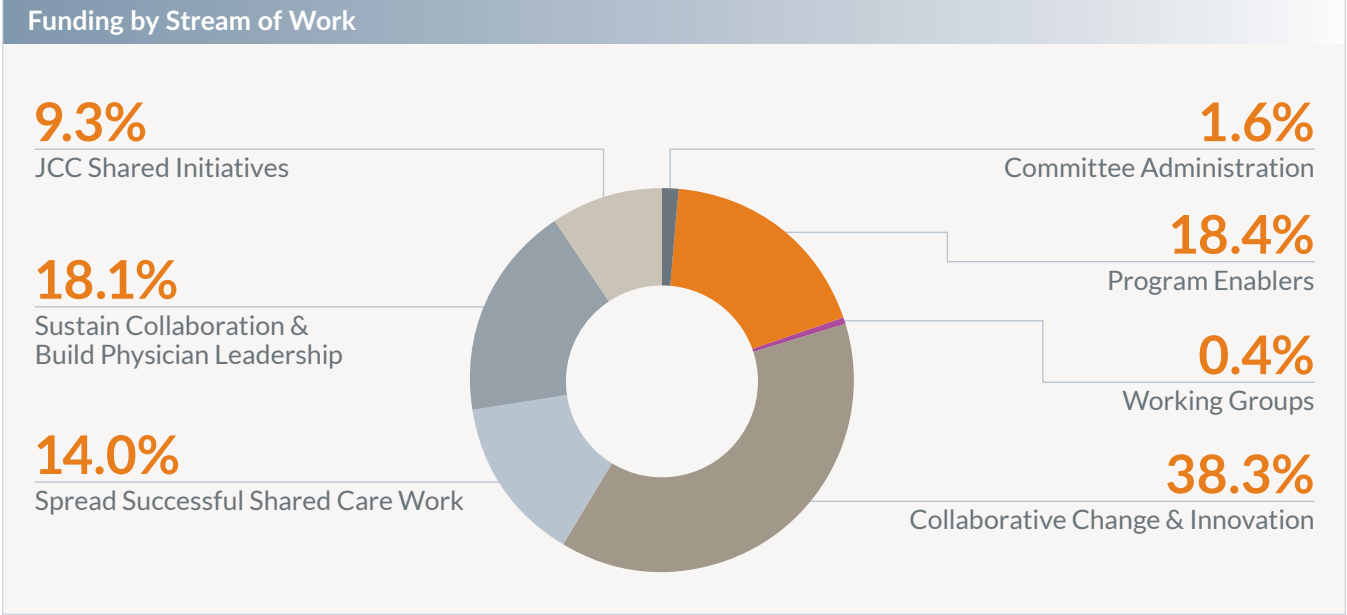
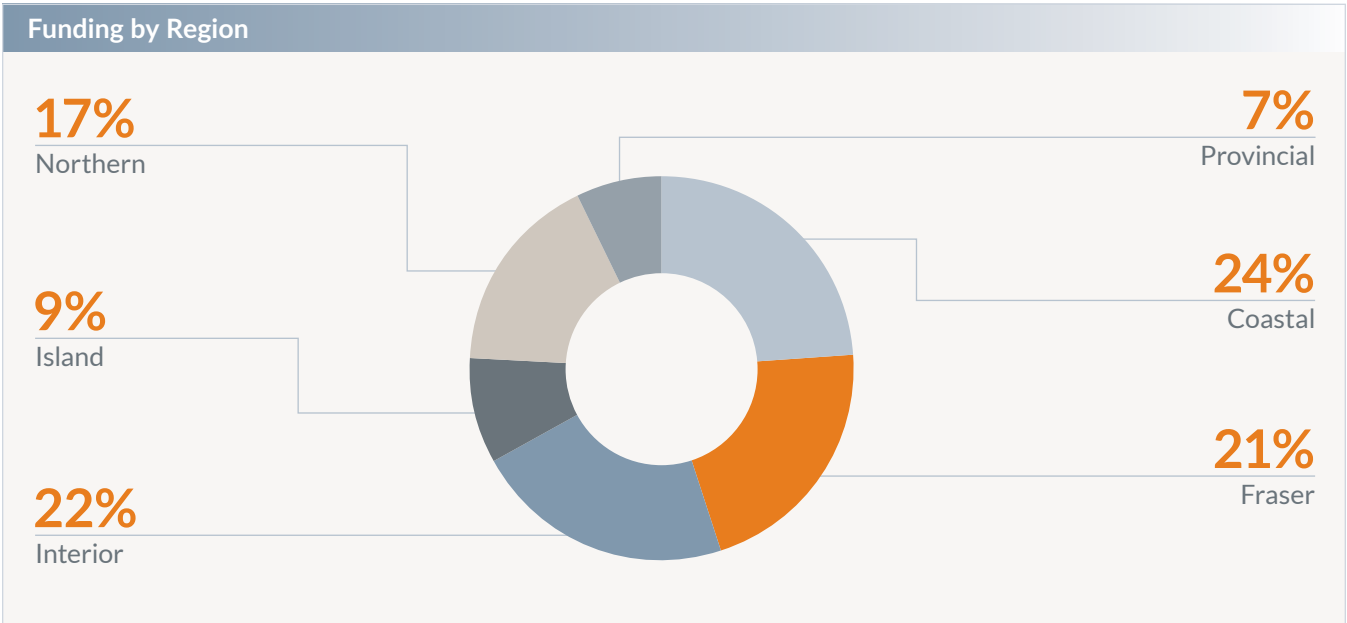
1/3 focused on new patient populations or new innovations in areas such as: rural oncology care, emergency preparedness planning, mental health/substance care for youth transitioning to adult care, and Cognitive Behavioural Therapy (CBT) training.

2/3 supported communities to join spread networks to improve care for patients with chronic pain, mental health and substance use, maternity, palliative care and older adults with complex medical conditions.

Initiatives supporting sustainability and leadership grew with membership in the Child and Youth Mental Health and Substance Use (CYMHSU) Physicians' Community of Practice (CoP) increasing to over 255, and physicians taking leadership training growing from 138 to 194

2019/20 Funding by Region and Streams of Work

\$10.28m. – Total SCC expenditures for the year



EXECUTIVE SUMMARY

Committee Vision/Mission/Mandate

(as per the PMA)

THE WORK OF THE SHARED CARE Committee is grounded in the principles of patient-centred care and the quality improvement methodologies of the Institute of Healthcare Improvement. In alignment with the Ministry of Health, the Shared Care Committee frames its efforts at system improvement around the Triple Aim Framework; improved patient and provider experience of care, improved health outcomes, and positive impact on efficiency and cost.



Vision

Collaboration at all levels supports a coordinated care experience for patients and families

Mission

To engage family and specialist physicians in collaborative, team-based initiatives to improve the flow of patient care, trial innovative solutions, and address inefficiencies and gaps in the health care system

Mandate

Develop recommendations to enable shared care and appropriate scopes of practice, and improve collaboration between family and specialist physicians and other health professionals to meet patient needs

Principles

- Effective Engagement
- Calculated Risk Taking
- Enable Innovation
- Foster Culture Change
- Challenge the Status Quo
- Measureable Improvement

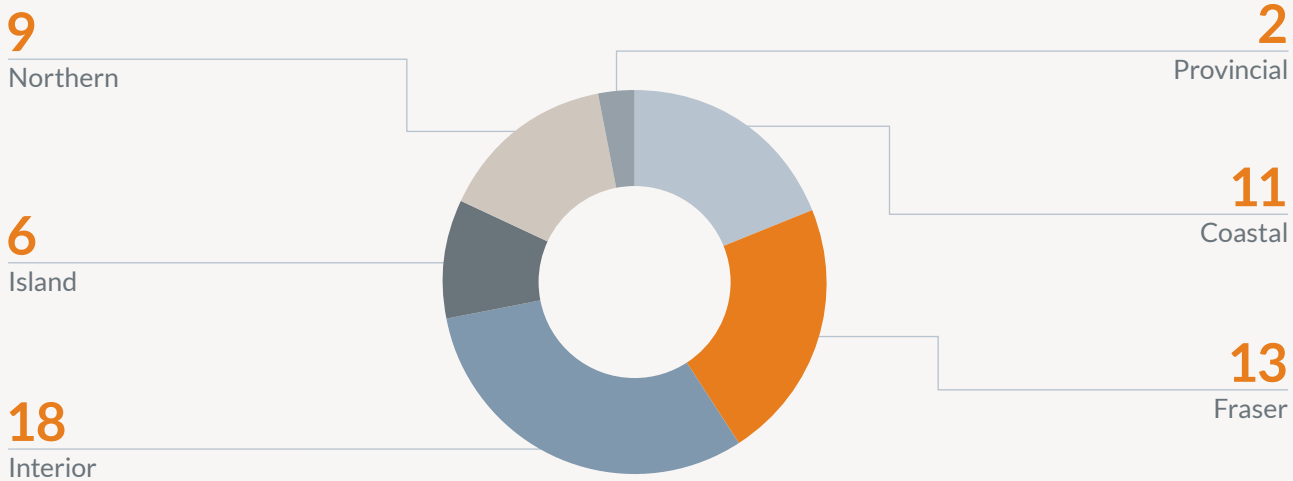
GPs, Specialists & partners
working together for better care

EXECUTIVE SUMMARY

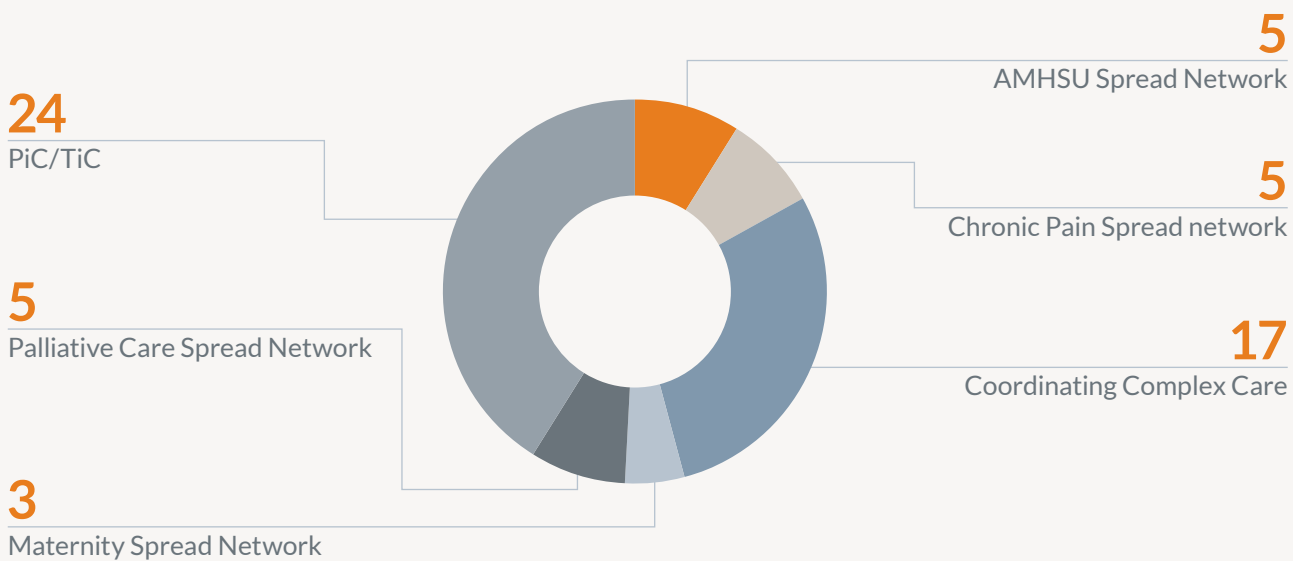
Communities approved for SCC Funding 2019/20

- BC Pediatrics Society (Provincial)
 - Campbell River
 - Central Interior Rural
 - Central Okanagan
 - Comox Valley
 - Cowichan Valley
 - East Kootenay
 - Fraser Northwest
 - Hazelton
 - Kootenay Boundary
- Langley
 - Nanaimo
 - North Peace
 - North and West Vancouver
 - Northern Interior Rural
 - Pacific Northwest
 - Powell River
 - Prince George
 - Providence Health Care
 - Revelstoke
- Ridge Meadows
 - Shuswap North Okanagan
 - South Island
 - South Peace
 - St. Paul's Hospital
 - Sunshine Coast
 - Surrey-North Delta
 - Thompson Region
 - Victoria
 - White Rock-South Surrey

Number of Projects Funded in 2019/20 by Region



Number of Projects Funded in 2019/20 by Initiative



CO-CHAIRS' MESSAGE

The work of the Shared Care Committee(SCC) in 2019/20 has continued to focus on supporting local communities to take on new and innovative approaches to addressing gaps in care, and to spread successes through the development of community networks. Networks continued to expand this year, including those focused on chronic pain, adult mental health and substance use, palliative care, and older adults with multiple chronic complex medical conditions. Work also continued on the development of a searchable registry of all Shared Care Committee initiatives including outcomes achieved, improved processes developed and lessons learned.

Numerous successful events took place during the year to engage Shared Care teams, Network communities, and BC partners, to help spread the work, and to provide opportunities to share learnings, and to strategize together. These included a Physician and Project Leads Workshop in the Spring, a second Adverse Childhood Experiences Summit, with over 500 attendees, and another successful annual Joint Collaborative Committee forum, in partnership with the BC Patient Safety Quality Council.

Interest continues to grow in leadership training, and this year 194 family physicians were supported by Shared Care to build their skills through leadership training and education. The Committee also committed funding to surgical improvement strategies to increase physician engagement in health authority activities.

The SCC wished Co-Chair Marilyn Copes all the best for her retirement, and thanked her for her leadership, passion and dedication to Shared Care after representing the Ministry of Health for the past six years on the Committee. Shana Ooms took over the lead as the new Co-Chair for the Ministry of Health. The committee also thanked Ministry of Health representative, Ryan Murray for his service to Shared Care, and welcomed new representative, Evan Howatson to the role.

In conclusion, it's been another successful year of engagement, growth and innovation thanks to all those involved in the work of the SCC - physicians, health authority and Family Caregivers of BC representatives, our patient partner, and staff – as well as community project teams. The collaborative work continues, even with new challenges, towards the ongoing goal of ensuring a coordinated system of care that meets the needs of providers, patients, families and caregivers throughout BC.



Dr. Ken Hughes
Co-Chair, SCC



Shana Ooms
Co-Chair, SCC

COMMITTEE MEMBERS

Doctors of BC:

Dr Ken Hughes, Co-Chair*

Dr Kathy Lee*

Dr Jiwei Li*

Dr Shelley Ross*

Dr Ian Schokking*

Dr Elisabeth Baerg-Hall (Alternate)

Dr Cole Stanley (Alternate)

Ministry of Health:

Ms Marilyn Copes, Co-Chair* (Outgoing)

Ms Shana Ooms, Co-Chair* (Incoming)

Mr Brendan Abbott * (Outgoing)

Mr Ryan Murray* (Outgoing)

Mr Evan Howatson (Incoming)

vacant

vacant

Health Authorities:

Dr Curtis Bell, Interior Health

Dr Shannon Douglas, Northern Health

Ms Marnie Gazankas, Vancouver Coastal Health

Ms Carol Laberge, Provincial Health Services (Outgoing)

Ms Alexandra Flatt, Provincial Health Services (Incoming)

Dr David Robertson, Island Health

Mr Justin LoChang, Fraser Health (Outgoing)

Ms Kathleen Chouinor, Fraser Health (Incoming)

Patients and Family Representatives:

Ms Iris Kisch, Patient Partner (On Leave)

Ms VickiKendall, Interim Patient Partner

Ms Barb MacLean, Family Caregivers of BC

Staff Support:

Ms Margaret English, Director, SCC

Ms Kathy Copeman-Stewart, Lead, Provincial Initiatives, SCC

Mr Gary Sveinson, Liaison, SCC

Ms Carolyn Brandly, Liaison, SCC

Ms Ray Grewal, Liaison, SCC

Ms Sarah Forster, Liaison, SCC

Ms Lisa Despins, Communications Officer, SCC

Mr Ryan Davis, Financial Analyst, SCC

Ms Eileen Janel, Senior Project Coordinator, SCC

Ms Krysta Wallbank, Project Coordinator, Provincial Initiatives, SCC

Ms Raveena Garcha, Senior Administrative Assistant, SCC

Ms Katie Purych, Senior Administrative Assistant, SCC

Ms April Riglar, Administrative Assistant, SCC

Ms Salimah Lalli, Liaison, JCC, Doctors of BC

Ms Jessica Nadler, Project Coordinator, JCC, Doctors of BC

* Voting Member

ACTIVITIES & OUTCOMES

WORK PLAN PRIORITIES

Facilitate Collaborative Change

One of the primary functions of the SCC is to support physician collaboration to address issues impacting patient care in their community. Supporting physicians to work together on common goals fosters stronger inter-professional collaborative relationships and sets a foundation for improved coordination of care for patients and families. Initiatives in this strategic grouping, as well as program highlights, are as follows:

Partners in Care/Transitions in Care

The Partners in Care/Transitions in Care (PiC/TiC) Initiative continues to engage family and specialist physicians, GPs with Focused Practice, and other health professionals, in physician-led community projects to improve coordination of care for patients among providers (Partners in Care) and between care settings (Transitions in Care). PiC/TiC projects form the foundation of SCC's Spread Networks, which bring together communities actively engaged in addressing the needs of priority populations.

Program Highlights:

24 projects funded in **15 communities** in 2019-20
(9 Expressions of Interest, 9 full proposals & 6 Steering Committees)



Coordinating Complex Care (CCC) Initiative for Older Adults

Throughout BC, family and specialist physicians are engaging in primary care transformation to improve the coordination of care for complex patients. Projects are working towards: coordinated care plans and responsibilities; improved GP/Specialist referral protocols and communication; and polypharmacy risk reduction.

Communities are focusing on comorbidities associated with illnesses such as dementia, mental health, or heart failure, while others are taking a broader approach by creating care decision pathways, or increasing provider awareness of local services to support their complex patients. All communities are working to integrate the coordination of complex care patients with local Patient Medical Homes and Primary Care Networks.

“Visioning coordinated care strategies and sharing our models with other communities was very valuable”
— Learning Session Participant



Program Highlights:

11 new communities joined the initiative in 2019-20 (6 Expressions of Interest and 11 full proposals), for a total of **17 communities** involved

A **provincial learning session** was held in April 2019, bringing together **112 attendees**, including representatives from **31 Divisions of Family Practice**, Health Authorities, Family Caregivers of BC, and Cardiac Services BC

An **evaluation plan** and **logic model** were developed for the initiative

A **short video** and **training document** were created to share Dr Mark Lawrie's expertise on deprescribing and reducing risks from Polypharmacy.

ACTIVITIES & OUTCOMES

WORK PLAN PRIORITIES

Surgical Strategy

Shared Care continues to fund surgical support activities to ensure collaboration and integration of family physicians in surgical initiatives, and to partner with the Specialist Services Committee (SSC) to support the Surgical Patient Optimization Collaborative (SPOC).



Program Highlights:

In September 2019, **\$1m was approved to engage family physicians in health authority surgical strategy improvement activities**, such as Hip and Knee Replacement Program (HKRP), GI Endoscopy, Surgical Waitlist and Scheduling Management Solution (SWMSS), Rural Surgical Pediatrics and Obstetric Services. Agreements will be officially exchanged in 2020/21

SPOC initiative: A plan was developed to spread the initiative, starting with **five pilot sites** in Spring 2019, expanding to a total of **22 hospitals over 18 months**



Spread Successful Work

Development of Shared Care Learning Centre

The Learning Centre was developed as an online resource to enable communities to explore innovative solutions, and to share successful strategies from community to community, therefore avoiding duplication of work and expediting spread.

In 2019/20, plans were developed to update design and function of the Learning Centre to include a complete listing of all current and past Shared Care projects, together with valuable resources created by project teams. Additional tools and resources will be added to the site providing even more support to plan, spread and sustain Shared Care projects with outcomes that make an impact.



Program Highlights:

Strategy and proposal developed to redesign the site and reorganize web content to provide **improved access to resources** for project teams already engaged or considering getting involved in Shared Care work.

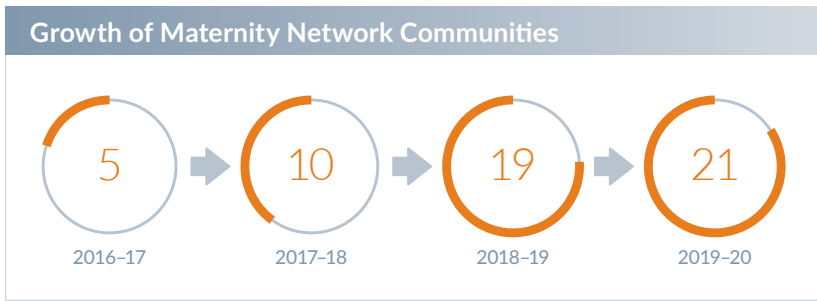
11 project profiles were added to the Learning Centre

ACTIVITIES & OUTCOMES

WORK PLAN PRIORITIES

Maternity Spread Network

The Maternity Spread network continued to support communities to share learnings, facilitate mentorship, and build cross-provincial alignment on interdisciplinary maternity care. After three years of active collaboration with stakeholders across BC, the full impact of the Shared Care Maternity Spread Network is emerging, with evidence of tangible, sustainable change in maternity care. Working together, maternity care providers and community partners have fostered a culture of respect that has improved relationships and built trust, and project teams have developed collaborative solutions resulting in sustainable improvements to maternity care.



Program Highlights:

2 new communities joined the network, for a total of **21 communities** involved

3 full proposals funded in 2019-20

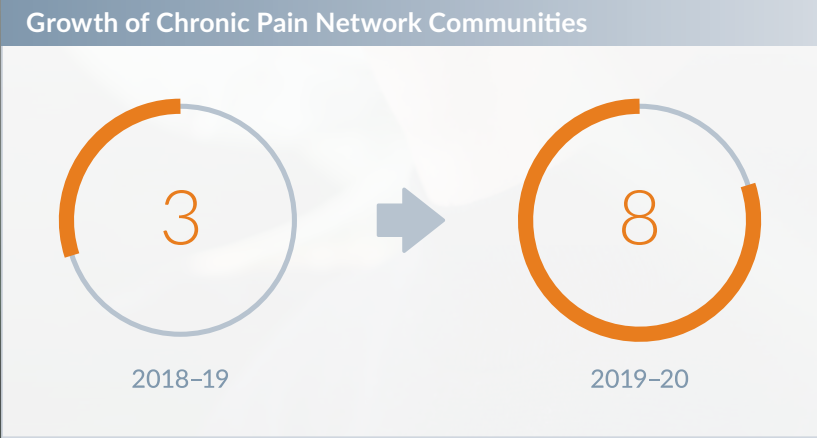
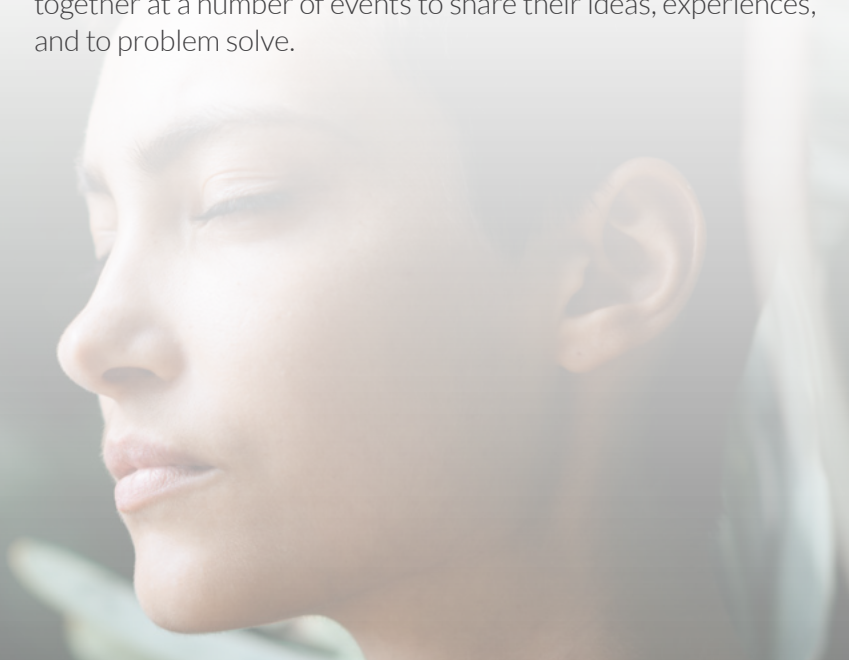
More than **2,100 patients** completed the **standard maternity care survey**, identifying areas for improvement, and expressing a high-level of satisfaction for interprofessional collaboration in their maternity care

550 providers completed the **standard maternity provider survey**, reporting primarily “respectful, collegial, and supportive” working relationships with other maternity care providers



Chronic Pain Spread Network

The Chronic Pain Spread Network has continued to support communities to improve care for patients with Chronic Pain, and to engage others to join the network. During 2019/20, the Chronic Pain Advisory Committee met quarterly to bring together family and specialist physicians, Pain BC, patient partners and the Ministry of Health, to advise on work and impact. Patient and Provider surveys were developed, and communities have come together at a number of events to share their ideas, experiences, and to problem solve.



Program Highlights:

5 communities joined the network in 2019-20 – (1 Expression of Interest and 4 full proposals) for a total of **8 communities** involved

A Provincial gathering was held in May 2019, and the **Network was represented at the Interdisciplinary Pain Education Day** hosted by Vancouver Coastal Health and Pain BC in October

Patient and provider evaluations were created and circulated to communities

The Advisory Committee gained a new patient partner, Eileen Davidson, who is actively advocating for patients with chronic pain through her website detailing her journey (<https://chroniceileen.com/>)



ACTIVITIES & OUTCOMES

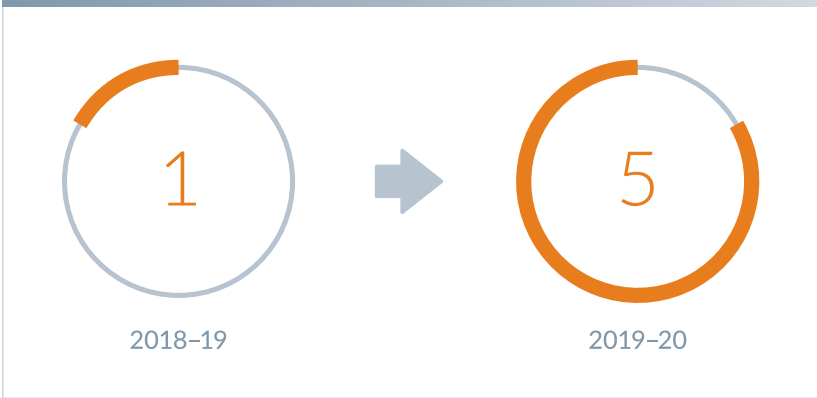
WORK PLAN PRIORITIES

Palliative Care Spread Network

Shared Care has seen an increase in Palliative Care initiatives coming forward, and recognized the opportunity to leverage learnings and knowledge-sharing among communities with the introduction of a Palliative Care Spread Network. PiC/TiC palliative projects will be transitioning to join the Network to support spread, focusing on building collaboration among providers, improving referrals, provider education, and supporting patients and families during end of life.



Growth of Palliative Care Network Communities



Program Highlights:

4 new communities joined the network

5 projects funded in 2019-20 (3 Expressions of Interest and 2 full proposals)

5 communities around BC are now working on **Palliative Care initiatives** with 3 lead communities that have previously completed Palliative Care projects



Family members, Melody Farmer and Pat McTeer, involved in an East Kootenay Palliative Care project, share their stories at the JCC Pre-Forum.

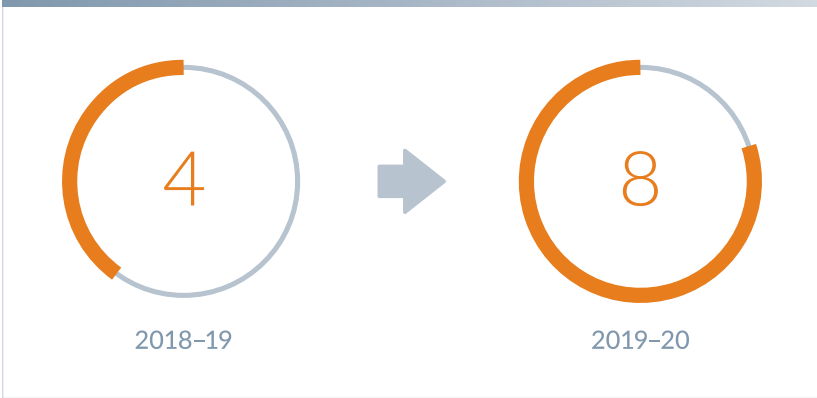
Adult Mental Health Spread Network

New communities are joining the Adult Mental Health and Substance Use (AMHSU) Spread Network as it successfully forms new linkages and shares learnings across communities for improved mental health care and substance use care in the province. A meeting was hosted in the Fall of 2019 with physician champions (family and specialist physicians) and key partners, to create a Provincial Strategic Committee. The Committee will provide unique knowledge, skills and strategic coordination of initiatives focused on the AMHSU target population.

“Having family physicians and psychiatrists work together expands family physicians’ knowledge and confidence regarding psychosocial skills in primary care, opens pathways for communication, and enables family physicians to coach patients with mental health conditions in their individual practices.”

—Cognitive Behavioural Therapy Project (CBT)

Growth of AMHSU Network Communities



Program Highlights:

4 new communities joined the network, for a total of **10 communities** involved

5 projects funded in 2019-20 (3 Expressions of Interest and 2 full proposals)

An **AMHSU Launch event** was hosted in January 2019 with **80 participants**, including representation from BC Centre for Substance Use, Ministry of Mental Health and Addictions, family physicians and specialists, patient partners

Provincial Strategic Committee created to focus on alignment and strategic priorities



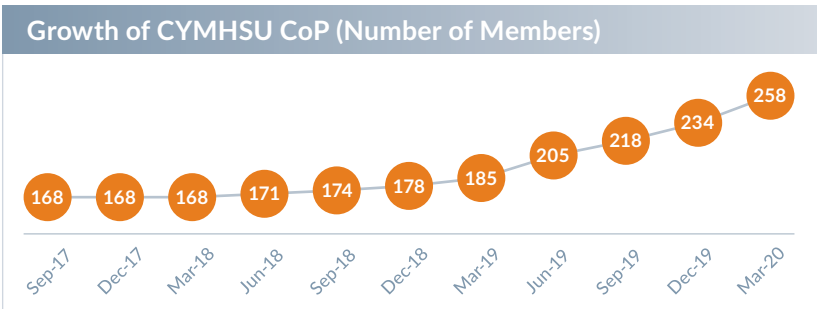
ACTIVITIES & OUTCOMES

WORK PLAN PRIORITIES

Leadership & Sustainability

CYMHSU Community of Practice

The Child & Youth Mental Health & Substance Use (CYMHSU) Community of Practice (CoP) continued to work with its members toward its vision for timely, seamless CYMHSU care across British Columbia. Activities focused on: increasing educational opportunities around CYMHSU for CoP members and clinicians; engaging physicians and government ministries to collaborate, strategize and act on key issues for CYMHSU care; and expanding professional networks of CYMHSU physician champions and leaders to improve integrated care.



Program Highlights:

Increased membership of the CoP by **54 percent**, to a total of **258 members**

Hosted second provincial Adverse Childhood Experiences (ACEs) Summit, with over **500 attendees** (including 100 physicians). **Two provincial CoP gatherings** were also held (May, 2019 and March 2020) providing opportunity for CoP members to network and strategize

Senior leaders met with Minister of Mental Health & Addictions, Judy Darcy in December, 2019, to present priority recommendations from the CoP on **'A Pathway to Hope'**, the BC Government's ten-year vision for mental health and addictions care

Three educational webinars were hosted: CYMHSU Provincial Resources Update, Cannabis & Teens, and ACEs 101

A **Substance Use Working Group** was launched in December 2019

RACE and E-Consult

With the Rapid Access to Consultative Expertise (RACE) program now in its tenth year, the SCC commissioned a review to inform decisions on the future of the program, and to examine three priority areas: 1) clarity on how technologies will best support physicians 2) ease in using RACE 3) sustainable operational funding. The Steering Committee for RACE also explored aligning all RACE programs under a single 'brand', with a single point of access to guide users to their respective regional services.

“It has given me a level of professional satisfaction, professional empowerment and improved patient care.”

— Family Physician, frequent user of RACE



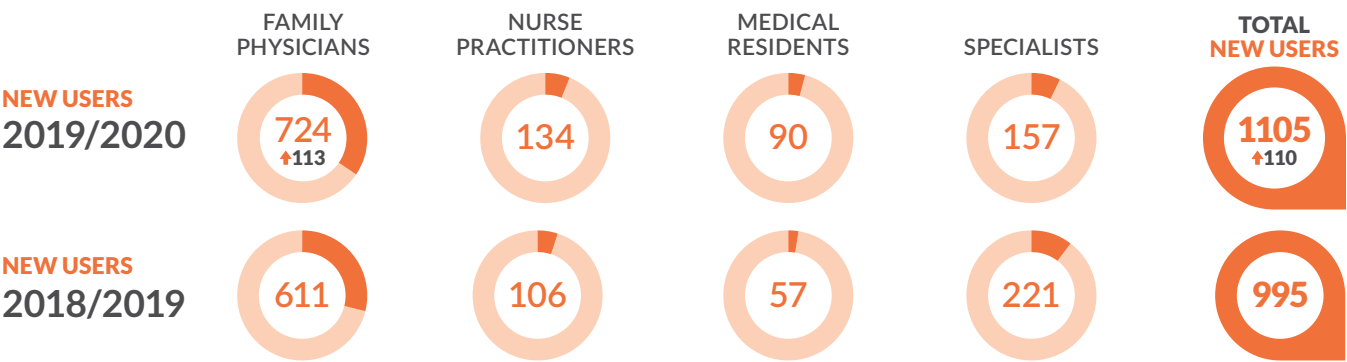
Program Highlights:

A comprehensive review took place of RACE resulting in **recommendations to move forward with upgrading of the RACE app**, and to review the governance structure

8 new specialties were added to RACE, including a Sexual Assault Service, General Surgery, and Infectious Diseases (COVID-19 clinical), for a total of 76 specialties available province-wide

RACE calls totaled 12,215 in 2019/20, **up nearly 4%** from the previous year

New Users of RACE App



ACTIVITIES & OUTCOMES

WORK PLAN PRIORITIES

Teledermatology

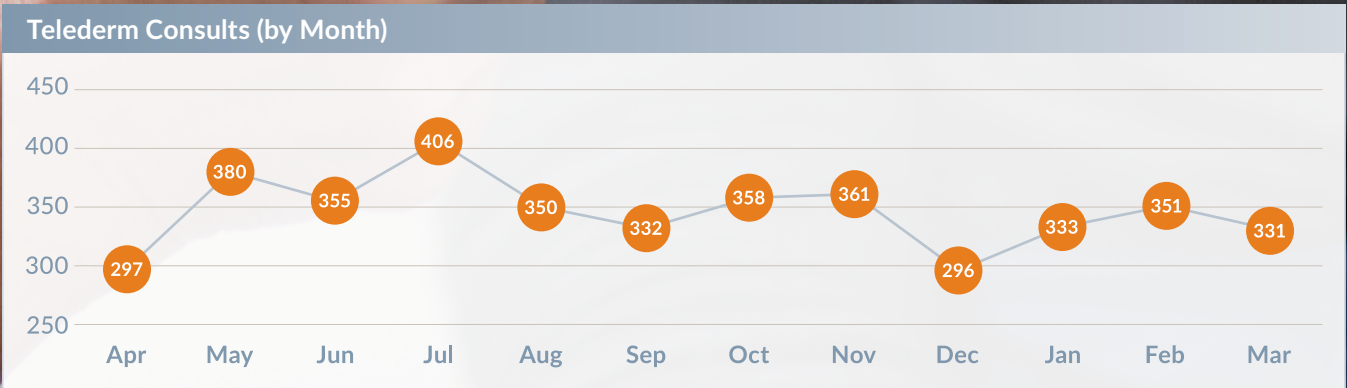
During 2019/20, the Teledermatology initiative continued to support family physicians seeking advice from dermatologists regarding their patients using the ConsultDerm platform.

Options to sustain the ‘store and forward’ platform were explored, as well as the potential to expand Teledermatology to Emergency Departments.

Program Highlights:

4,150 Teledermatology consultations were completed in 2019/20, **reducing wait times and need to travel** for dermatology consultations in at least **60% of cases** in BC

Responsibility for fee coverage was successfully transferred from Shared Care to MSP effective April 1st, 2020



Physician Leadership Scholarship Program

Maintaining a strong commitment to investing in physician leadership, Shared Care, in partnership with the Specialist Services Committee, continued to support physicians to develop leadership and quality improvement skills through accredited training organizations during 2019/20. Physician interest in the program continues to grow, with increased numbers of physicians participating each year. Of 434 unique courses, most popular were those on quality improvement, leadership, wellness, and coaching.

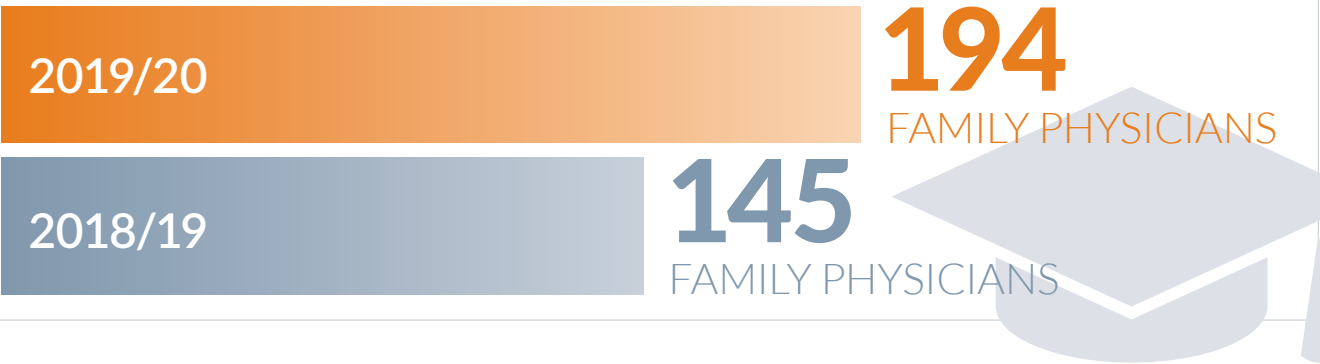
“I found having a coach invaluable. The benefit of having real-time coaching and feedback in leadership has helped me grow exponentially faster.”

— Physician participant in Coaching Course

Program Highlights:

A total of **441 physicians** were approved for scholarship funding in 2019/20 – **194 family physicians** and **247 specialists**

The number of **family physicians** approved for leadership scholarship increased by **34 percent** from **145** in 2018/19, to **194** in 2019/20



ACTIVITIES & OUTCOMES

WORK PLAN PRIORITIES

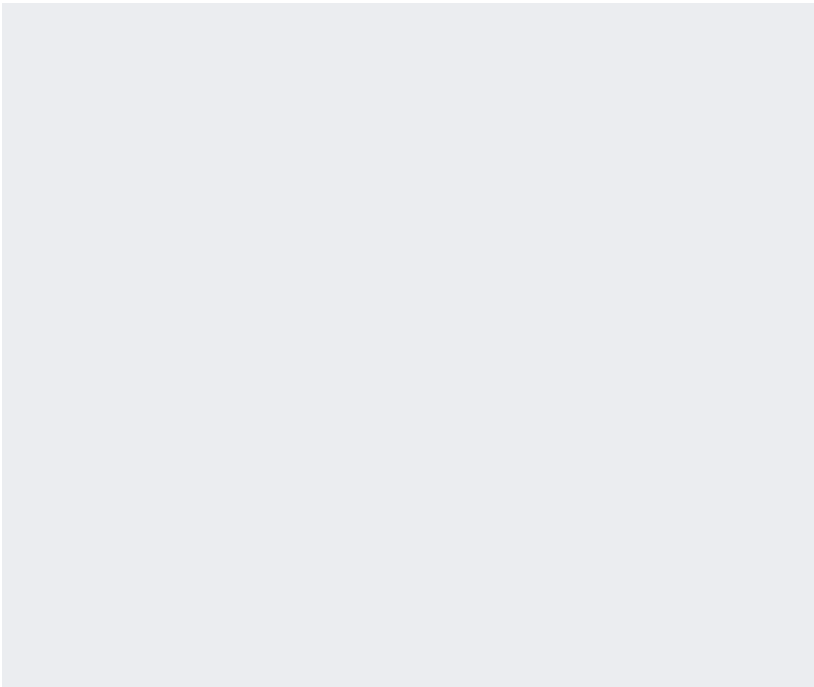
Joint Collaborative Committees – Shared Commitments

In addition to their individual committee priorities, the Joint Collaborative Committees (JCCs) share a commitment to strengthen JCC committee alignment and integration for improved health service delivery. The SCC provides the administrative oversight and operational coordination for these shared commitments across the four JCCs.

Health System Redesign

Shared Care provides funding, in collaboration with Specialist Services, and the General Practice Services Committees, to support physicians to participate in Health System Redesign initiatives led by health authorities.

To ensure optimal performance, flexibility and stability for Health Authorities engaging in the initiative, a three-year funding agreement was established, as well a new online reporting tool to better evaluate the initiative.



Program Highlights:

In 2019/20, **1,208 family physicians** and **1,003 specialists** engaged in 213 Health System Redesign projects

A **new funding process** was implemented to support health authorities in advancing strategic priorities over the next three years

An **online physician evaluation form** was implemented late 2019/20. **89 evaluation forms** received, with **81% of physicians** feeling their involvement in Health System Redesign projects made a difference to the success of the project

“Was able to get involved with the physicians who provide critical care in Interior Health. This led to a sense of collaboration. In addition, I was able to develop resources that we use daily in critical care.”

BC Physician Integration Program (BC PiP)

BC-PiP supports the successful transition of eligible international medical graduates to practice medicine in BC in partnership with UBC CPD. The JCCs committed to funding the BC-PiP program for an additional two years.

PARTICIPANTS

- Specialists – **46%**;
- Family Physicians – **54%**;
- Rural – **10%**;
- Urban – **56%**;
- Urban/Rural – **8%**

JCC Pre-Forum in Partnership with BCPSQC Quality Forum

2019/20 was the fifth year the JCCs partnered with the BCPSQC’s Quality Forum to showcase the work of the committees, and to provide opportunities for the health care community to explore future initiatives together. The JCC Pre-Forum event has become known for this opportunity, attracting greater numbers of physicians as a result.



Program Highlights:

119 participants completed the program in 2019/20, a slight increase from 113 the previous year.

Program Highlights:

Of the **478 registrants** for the JCC Pre-forum, **52 percent** (248) were physicians, **up from 37 percent** the previous year.

A total of **70 JCC projects** were featured at the JCC Pre-forum, representing **34 storyboards**, **35 rapid-fire presentations**, and 1 workshop.



FINANCIAL SUMMARY

Committee Administration	\$ 160,000.00
Program Enablers	\$ 1,880,673.00
Working Groups	\$ 45,676.00
Collaborative Change & Innovation	\$ 3,768,074.00
Partners in Care / Transitions in Care	\$ 1,652,593.00
Coordinating Complex Care	\$ 1,650,130.00
Surgical Services	\$ 465,351.00
Spread Successful Work	\$ 1,438,100.00
Polypharmacy	\$ 11,155.00
Maternity Spread Network	\$ 611,368.00
Online Learning Centre	\$ 82,667.00
Chronic Pain Spread Network	\$ 284,466.00
Palliative Care Spread Network	\$ 186,270.00
Adult Mental Health & Substance Use Spread Network	\$ 262,174.00
Sustain Collaboration & Build Leadership	\$ 1,833,111.00
Evaluation of Projects	\$ 120,106.00
Teledermatology	\$ 279,801.00
RACE; eConsults	\$ 8,992.00
Physician Leadership Scholarships	\$ 980,025.00
Child & Youth Mental Health & Substance Use Community of Practice	\$ 444,187.00
JCC Shared Commitments	\$ 3,438,100.00
Program Enablers	\$ 169,489.00
HSR Redesign	\$ 2,007,833.00
IMG Program	\$ 372,309.00
JCC Event	\$ 888,469.00
Total:	\$ 12,563,734.00