ANNUAL REPORT 2016/2017

Shared Care Committee (SCC)

SharedCare
Partners for Patients

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Committee Background/History

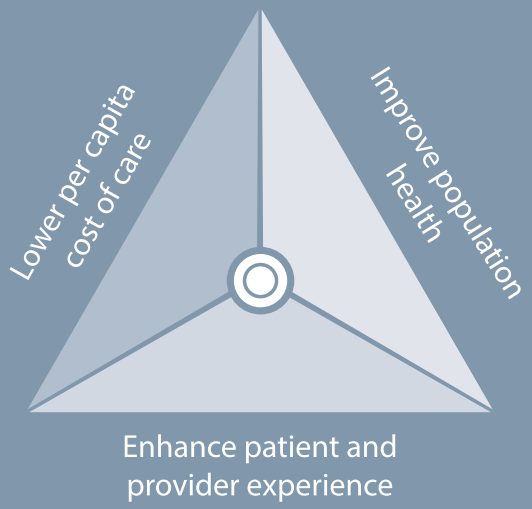
The Shared Care Committee (SCC) is one of four Joint Collaborative Committees (JCC), partnerships between Doctors of BC and the Ministry of Health, with mandates to improve health outcomes and the patient journey through the health care system.

The SCC was formed in 2006, per article 8.1 of the 2006 Physician Master Agreement, between the Ministry of Health and Doctors of BC, to enable shared care between family and specialist physicians and other health providers.

The relationship between family and specialist physicians, and between physicians and other health providers, is fundamental to the delivery of effective health care, especially for the most complex patient populations. Shared Care Initiatives build and strengthen this relationship by fostering 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 and team-based care to ensure a coordinated experience for patients in BC's health care system.

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

Co-chair's Message

2016/17 was a year of positive growth and change for the Shared Care Committee. With more than 100 local and regional initiatives underway across the province, SCC has focused considerable energy into strengthening opportunities to leverage lessons learned from these efforts, and to meaningfully align them with the shared priorities of our partners for health system transformation.

This past year's efforts have focused on a number of key areas.

We continued to support our largest initiative - the Child and Youth Mental Health and Substance Use (CYMHSU) Collaborative as it wraps up its final year of formal activities. The Collaborative reached a final tally of over 2,650 individuals participating, including physicians, allied health providers, community groups, social service professionals, educators, police, and youth and families through 64 Local Action Teams and 11 provincial working groups. Significant improvements in cross system collaboration and teamwork have been reported to increase capacity to meet the needs of children and youth with mental health and substance use issues, and a powerful legacy of resources, educational materials, provider networks and empowered youth has been created.

This past year also saw the amalgamation of our Partners in Care/Transitions in Care initiatives and revised processes developed to encourage both innovative thinking, and increased capacity for spread and sustainability of successful work. Some of these, such as Rapid Access to Consultative Expertise (RACE) and Teledermatology, have begun to spread nationally. Many are spreading across communities, accelerating the speed with which new communities can adapt improvements to their unique situations. SCC has increased its active engagement with these projects to help focus results, understand and address emerging challenges, and translate improvements to inform system change.

The Polypharmacy Risk Reduction initiative continued to support physicians' knowledge in undertaking meaningful medication reviews for medically complex/frail seniors in all settings – and is aligning across JCCs to maximize impact.

More than 60 physicians have been sponsored to participate in leadership and quality improvement training, and once again, Shared Care took the lead in presenting the Joint Committees event at the BC Quality Forum, ***Simplifying the Journey*****.** Over the course of the year, the Shared Care Committee agreed to take on responsibility for cross-JCC alignment, including management of shared JCC activities, such as the Health System Redesign initiative and BC Physician Integration Program.

As SCC moves into 2017/18, it will continue to build momentum for GP and specialist collaboration, as well as system alignment, by combining projects for collective impact for priority patient populations. Incorporating the shared care approach as primary care networks are established across the province, and reflecting the integral role of specialist physician practice in community medical neighbourhoods will also be at the forefront of SCC's work in the coming year.

List of committee members

Shared Care Committee

Doctors of BC

Dr. Gordon Hoag, Co-Chair*
Dr. Shelley Ross*
Dr. Ken Hughes*
Dr. George Watson*
Dr. Jiwei Li*
Dr. Emiko Moniwa (Alternate for **Dr Ken Hughes**)

Ministry of Health

Ms. Marilyn Copes, Co-Chair*
Dr. Garey Mazowita *
Mr. Brendan Abbott *

Health Authorities

Dr. Charl Badenhorst, First Nations Health
Dr. Curtis Bell, Interior Health
Ms. Marie Hawkins, Fraser Health
Ms. Candice Manahan, Northern Health
Ms. Carol Park, Vancouver Coastal Health
Ms. Pam Aikman Ramsay, Provincial Health Services
Dr. David Robertson, Island Health

Guests

Dr. Jillianne Code, PhD Patient Partner
Dr. David Haughton, Section of Emergency Medicine
Ms. Iris Kisch, Patient Partner

Staff Support

Ms. Bethina Abrahams, Liaison, SCC
Ms. Lisa Despins, Communications Officer, SCC
Ms. Margaret English, Lead, SCC
Ms. Nancy Falconer, Liaison, SCC
Ms. Katie Hill, Director, SCC
Ms. Salimah Lalli, Business Analyst, SCC
Ms. Anne Marie Locas, Liaison, SCC
Ms. Angela Micco, Secretariat, Ministry of Health
Ms. Nikita Soares, Senior Project Coordinator, SCC
Mr. Gary Sveinson, Liaison, SCC
Ms. Valerie Tregillus, Project Director, CYMHSU Collaborative

** Voting Member*

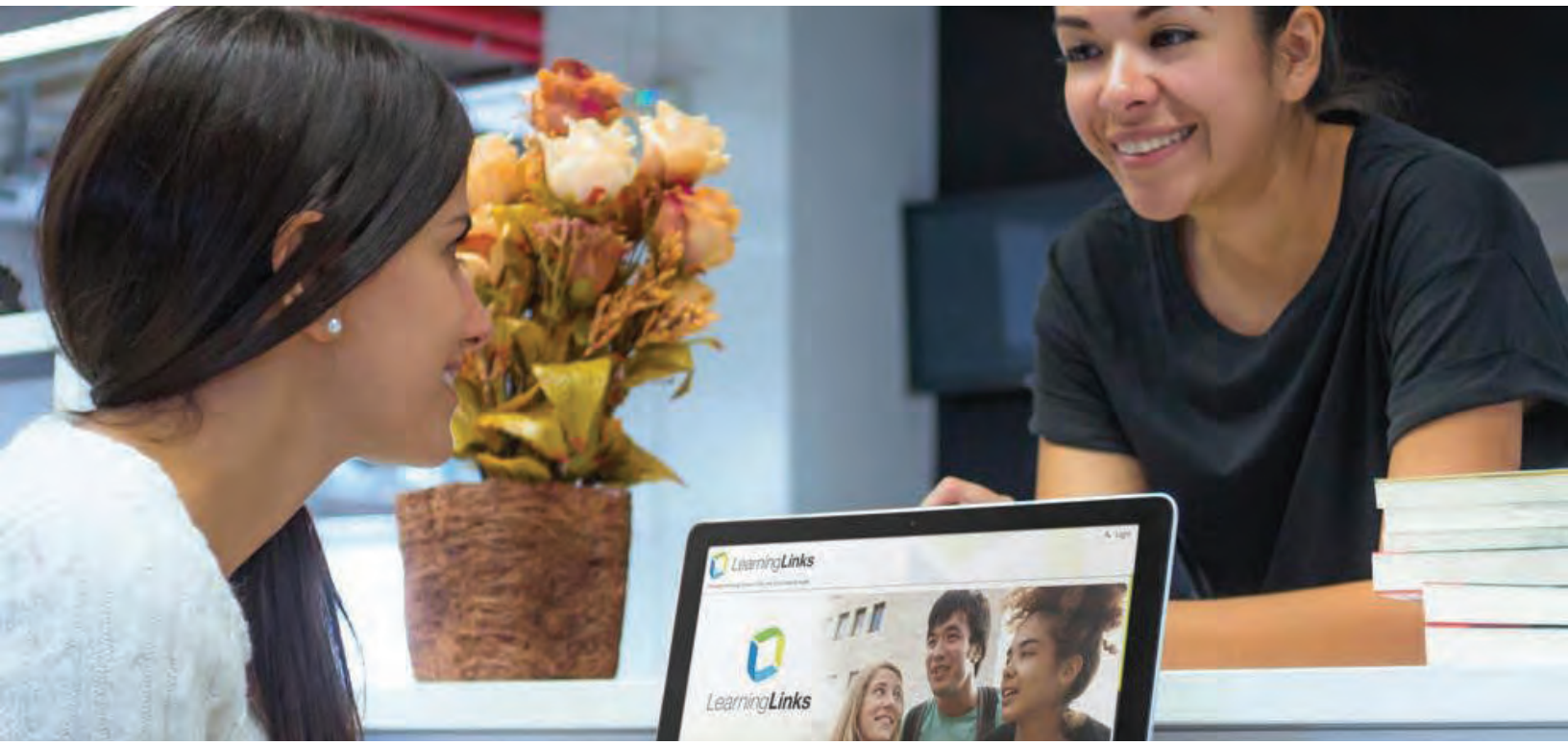
Performance: Year in Review

Child and Youth Mental Health and Substance Use (CYMHSU) Collaborative

Overview:

During 2016-17, the Child and Youth Mental Health and Substance Use (CYMHSU) Collaborative completed its final full year, with a total of 64 communities establishing Local Action Teams (LATs). The Collaborative has made major inroads in reducing barriers at local, regional, and provincial levels, with Local Action Teams continuing to focus on local challenges in their communities, and eleven working groups tackling system barriers at the provincial level. These groups have been empowered to focus on priority issues across the province, and allowed the time to ensure tipping points are achieved for a transformed system of care now and in the future for children, youth, and families in BC.

Shared Care has budgeted funding in 2017/18 to ensure transitional staff support for the work. Provisions have been made to support GPs and specialists involved in the Collaborative to continue to meet twice yearly.

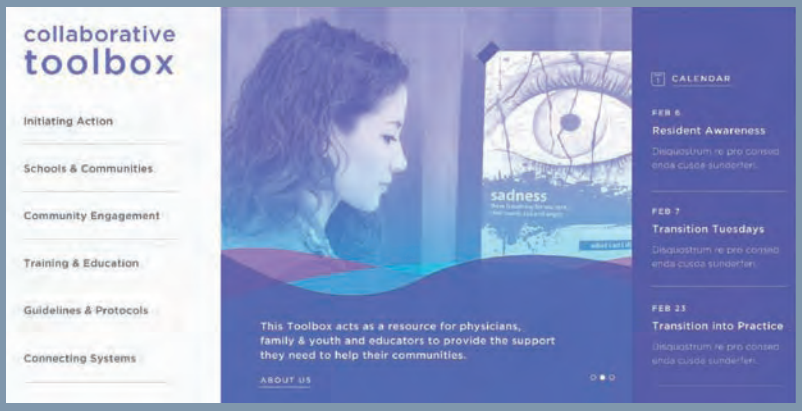


Child and Youth Mental Health and Substance Use (CYMHSU) Collaborative

Results/Accomplishments:

- Learning Session #8 was held in October 2016 with almost 600 attendees.

- **A final Congress was held on March 9 & 10, 2017 in Vancouver.** At the final Congress, **two 'legacy'** items were introduced to encourage spread of successful community strategies for CYMHSU as the Collaborative starts to wrap up over the next few months. These are a new **Legacy Magazine**, which tells the in-depth story of the Collaborative, with details of its scope and impact, and the **Collaborative Toolbox** – a website developed to provide a one-stop-shop for many of the tools and resources created, tried and tested by the Collaborative since 2013. Both these items will help foster sustainability as local community teams and provincial groups complete and transition activities.



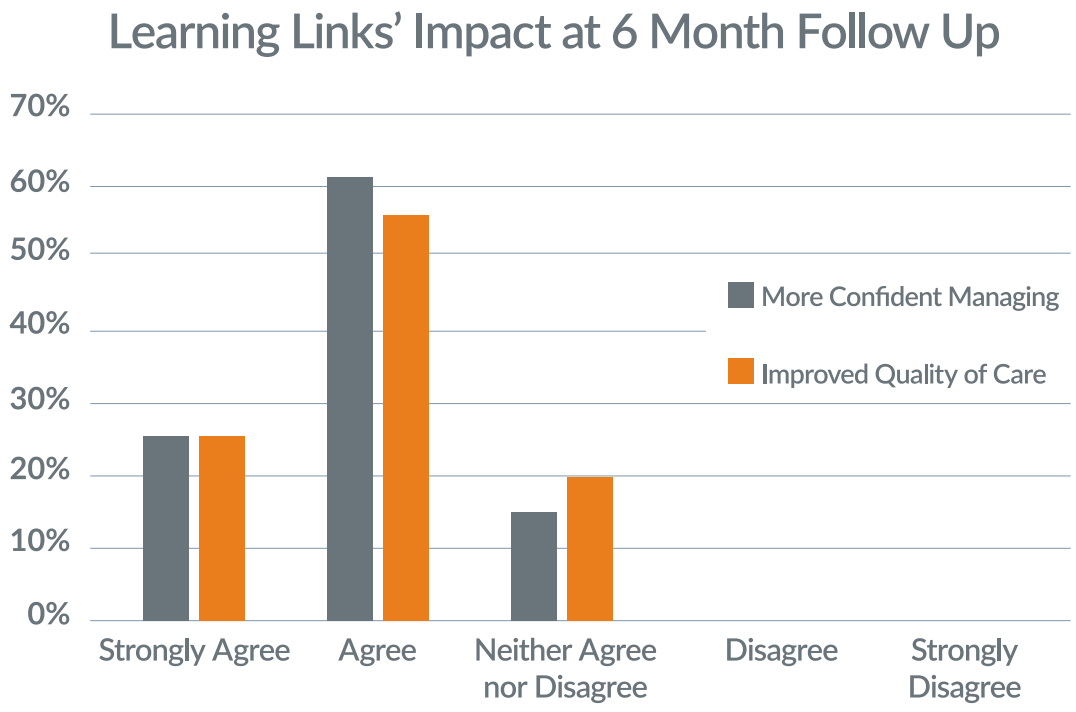
COLLABORATIVE TOOLBOX

LEGACY MAGAZINE

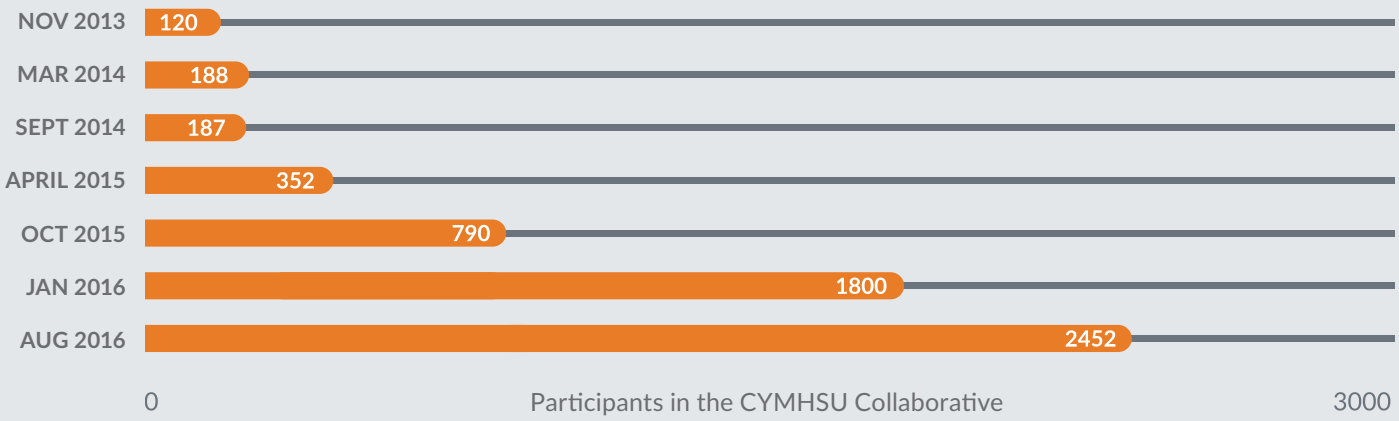
- The Collaborative has generated a number of **important province-wide legacy items,** including: **Learning Links** (targeted online education modules), a Blended Billing Guide for Psychiatrists, a standardized ER protocol, recommendations for increased telehealth access in rural and remote communities, and comprehensive resource guides in 54 local communities.

- 100 physicians have expressed interest in **creating a Community of Practice** post Collaborative to provide opportunities for continued networking and strategizing to support this population. The first 'Community of Practice' meeting will take place this Fall.

Budget spent: $7,761,394



Participants in the CYMHSU Collaborative



Partners in Care and Transitions in Care (PiC/TiC)

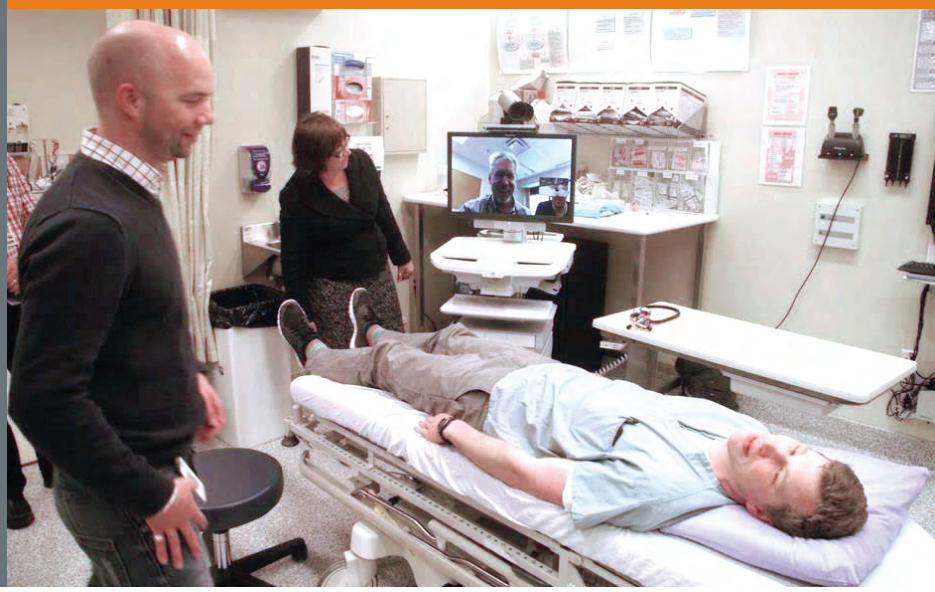
Overview:

The PiC/TiC initiative continues to bring specialists and family physicians together to help streamline and bridge gaps in care for their patients. Evaluations consistently show improved care experiences for physicians and patients, especially through the creation—or repair—of productive collegial relationships. These are facilitated through a variety of activities, including shared learning, collaborative problem-solving, trialing new models of care, refinement of referral and consultation processes, and networking. At year end, there were 67 active projects underway in Partners in Care/Transitions in Care focused on a wide range of issues to improve the flow of care between providers (PiC) and care settings (TiC).

67
ACTIVE
PiC/TiC
PROJECTS

"It's statistically proven, not to mention common sense, that the sooner we can get treatment to these patients, the better they do."

-Dr. Scot Mountain, intensivist at
Kootenay Boundary Regional Hospital



Results/Accomplishments:

- Over the past year, the **PiC/TiC initiatives were amalgamated into one program,** and an **'Overview and Guidelines'** document was created to provide clearer guidance for those entering into a partnership with the Shared Care Committee.

- Work has been initiated to **pull similar projects together in semi-structured frameworks** to more effectively spread and sustain improvements, and align them with health authority and Ministry goals. Initial trialing of this approach utilizing the IHI Framework for spread is underway for palliative care, mental health and substance use, maternity and orthopedics.

- **Partnership alignment –** using maternity work as an initial focus, SCC facilitated a provincial workshop for maternity care providers as a way to build consensus on a common improvement agenda for interdisciplinary care with GPs, OB/GYNs, and midwives. This work has been developed in partnership with Perinatal Services BC, and the GPSC Maternity Working Group.

- A Shared Care project with the Kootenay Boundary Division of Family Practice and Interior Health introduced a 'telehealth Cart' to hospitals with an ICU. The goal is to **increase access to ICU expertise and avoid unnecessary transfers for critically ill or injured patients.** Intensivist, Dr. Scot Mountain and his colleagues can now connect earlier as a team to develop treatment plans, without having to relay assessments over the phone. New video conferencing connections are being established between emergency departments in Nelson, Nakusp and New Denver with the ICU at Kootenay Boundary Regional Hospital in Trail.

- South Okanagan: Specialist Outreach Clinics provided a successful mechanism to **improve access to specialist expertise for rural patients**, and to support new family physicians in building clinical skills for local patient care. Telehealth enabled follow-up appointments further improve access, while reducing the impact of travel for rural patients and physicians.

Budget spent: $4,219,586

Teledermatology

Overview:

With the shortage of dermatologists in BC, the Teledermatology Initiative, utilizing a secure internet connection, has demonstrated sustainable access to dermatological consults for family physicians in urban, remote, and isolated communities in BC, The program hopes to confirm a sustainable solution for electronic specialist consultation that will enable this work to be embedded in our system of care.

Results/Accomplishments:

- More than **5,000 consultations** have taken place through the Teledermatology program.
- Of those 5,000 remote consultations, **75% received responses on the same day,** helping to increase access, reduce wait times and travel for patients, especially in rural communities.

Budget spent: $174,909

5,000
REMOTE
CONSULTATIONS

75%
RECEIVED RESPONSES
ON THE SAME DAY

Polypharmacy Risk Reduction Initiative (PPhRR)

Overview:

This initiative supports GPs and specialists to develop meaningful approaches to reducing risks of multiple medications that impact seniors' quality of life, especially frail seniors. In residential care, Polypharmacy Risk Reduction is supporting physician training, development of a physician mentorship network, and a suite of clinical resource materials. The GPSC's Residential Care Initiative will provide longer term sustainability of this important improvement in care for complex/frail seniors. Currently, there are 25 of 35 Divisions of Family Practice engaged with this initiative.

Work is underway in nine hospitals across the province to promote improvements in medication reviews and reconciliation, and communication at discharge. Engagement of hospital pharmacists has been a critical factor in the acute care work. Primary care work in Polypharmacy Risk Reduction is being prototyped in four communities, as well as engagement in First Nations communities with the FNHA Healthy Medication Use program. BC's polypharmacy work is linked nationally with similar initiatives in other provinces.

Results/Accomplishments:

- **All 44 communities active in the Residential Care Initiative have been engaged,** with training provided on Meaningful Medication Reviews in 25 communities to date. A province-wide network of physician mentors has been established to embed sustainable practice support.
- **Nine acute care hospitals** are participating in the Polypharmacy Risk Reduction prototyping in hospital settings – linking with discharge planning improvement activities and the provincial Hip Fracture Surgical Redesign initiative.
- Engagement with the First Nations Health Authority has resulted in **initiation of community medication review training in four First Nations communities to date;** Hartley Bay, Skidegate, Williams Lake and Powell River.

Budget spent: $873,327

Who is engaged in Polypharmacy Risk Reduction?

585	**physicians**
25	**Divisions of Family Practice**
44	**Communities**
4	**First Nations Communities**
9	**Acute Care Hospitals**

Simplifying the Journey

Overview:

Working in partnership with the BC Patient Safety and Quality Council, the Shared Care Committee once again took the lead in planning and presenting the Joint Collaborative Committees interactive event, ***Simplifying the Journey*** on March 1st in Vancouver. With 380 participants, this full-day session provided the opportunity for GPs, specialists, allied health providers, policy leaders, patients and families, to learn from each other and align efforts in building a truly integrated system of care. Seven breakout sessions presented a wide range of topics focused on primary care, surgical services and quality care in rural communities. With a highly positive response, and many suggestions from this year's attendees, planning is already underway for next year's event.

Simplifying the Journey

QUALITY FORUM 2017
VANCOUVER, BC
MARCH 1 - 3

March 1 | 1045 - 1200

Improving the Surgical Journey

PRINCE OF WALES

Simplifying the Journey

QUALITY FORUM
VANCOUVER, BC
MARCH 1 - 3

March 1 | 1045 - 1200

Rural Surgical Networks

OXFORD

Simplifying the Journey

QUALITY FORUM 2017
VANCOUVER, BC
MARCH 1 - 3

March 1 | 1045 - 1200

Pooled Referrals for Better Patient Care

WINDSOR

www.sharedcarebc.ca

BRITISH COLUMBIA

doctors of bc

Financial Statements of

SHARED CARE PROGRAMS

Year ended March 31, 2017

SHARED CARE PROGRAMS

Statement of Financial Position

March 31, 2017, with comparative information for 2016

	2017	2016
Assets		
Current assets:		
Cash	$ 11,505,666	$ 6,407,359
Accounts receivable	-	6,594,444
Due from GPSC Collaboratives Program (note 5(b))	162,938	64,768
Due from Specialist Services Programs (note 5(c))	155,476	91,631
Prepaid expenses	5,252	1,829
	$ 11,829,332	$ 13,160,031
Liabilities and Net Assets		
Current liabilities:		
Accounts payable and accrued liabilities (note 5(a)(i))	$ 2,318,495	$ 1,499,314
Due to Doctors of BC (note 5(a))	135,718	123,369
	2,454,213	1,622,683
Deferred contributions (note 4)	9,375,119	11,537,348
Net assets	-	-
	$ 11,829,332	$ 13,160,031

See accompanying notes to financial statements.

SHARED CARE PROGRAMS

Statement of Operations and Changes in Net Assets

Year ended March 31, 2017, with comparative information for 2016

	2017	2016
Revenue (note 4):	$ 18,655,356	$ 14,804,745
Expenses (schedule 1):		
Salaries and benefits	1,784,216	1,595,486
Office and communications	199,332	89,388
Meetings and conferences	1,621,530	970,274
Transfer to divisions of family practice	7,782,788	7,423,265
Transfer to health authorities	2,494,900	2,398,192
Transfer to Canadian Mental Health Association - BC Division	3,328,622	-
Other transfers	195,268	1,584,965
Professional fees	318,498	307,039
Education	500,856	262,111
Evaluation	339,346	84,025
Administration fees (note 5(a)(i))	90,000	90,000
	18,655,356	14,804,745
Excess of revenue over expenses	-	-
Net assets, beginning and end of year	$ -	$ -

See accompanying notes to financial statements.

SHARED CARE PROGRAMS

Statement of Cash Flows

Year ended March 31, 2017, with comparative information for 2016

	2017	2016
Cash provided by:		
Operating activities:		
Excess of revenue over expenses	$ -	$ -
Change in deferred contributions	(2,162,229)	(2,538,307)
Change in non-cash operating working capital:		
Accounts receivable	6,594,444	(4,269,815)
Due from GPSC Collaboratives Program	(98,170)	330,093
Due from Specialist Services Programs	(63,845)	408,369
Prepaid expenses	(3,423)	(1,319)
Accounts payable and accrued liabilities	819,181	492,353
Due to Doctors of BC	12,349	37,106
Increase (decrease) in cash	5,098,307	(5,541,520)
Cash, beginning of year	6,407,359	11,948,879
Cash, end of year	$ 11,505,666	$ 6,407,359

See accompanying notes to financial statements.

SHARED CARE PROGRAMS

Notes to the Financial Statements

Year ended March 31, 2017

1. Operations and purpose of the Shared Care Programs:

The purpose of the Shared Care Programs (the "Program") is to improve shared care between general practitioners, specialist physicians and other healthcare professionals.

The financial statements of the Program include the funds and programs administered by the Doctors of BC on behalf of the Shared Care Committee ("SCC") under the 2014 Physician Master Agreement ("PMA") and the Joint Clinical Committees Administration Agreement.

The current programs within the Program are as follows:

(a) Program Enablers:

Program Enablers include costs for staff salaries and expenses, Doctors of BC administrative costs, communications and provincial engagement events (i.e. workshops).

(b) Working Groups:

The Evaluation working group is tasked with developing the evaluation framework for the SCC as well as providing guidance on all evaluation matters to both the SCC and its projects.

(c) Special Projects:

Local Engagement:

Funds held in this account are available for communities interested in participating in Shared Care work but do not have their own funds available to conduct the necessary physician engagement.

(d) Partners in Care / Transitions in Care ("PiC / TiC"):

This initiative comprises numerous joint efforts to support local, regional and provincial quality improvement activities involving general practitioners ("GPs"), specialists, health professionals, health authorities, patients and others to improve access, address identified issues impacting care as patients transition between settings and/or care providers.

(e) Child and Youth Mental Health and Substance Use Collaborative ("CYMHSU Collaborative"):

This is a large-scale provincial initiative. The CYMHSU Collaborative involves an unprecedented number of stakeholders – over 2,600 youth, parents, family doctors, specialists, three government ministries, RCMP, school counsellors, First Nations groups, and others – working together to improve access to services and supports for children, youth and families with mental health and substance use issues.

(f) Polypharmacy:

This initiative supports family and specialist physicians to reduce polypharmacy risk for frail elderly patients on multiple medications that may impact their safety, health outcomes and quality of life.

1. Operations and purpose of the Shared Care Programs (continued):

(g) Teledermatology:

This initiative is using digital technology to improve access for family physicians to timely consultation with dermatologists, to improve care and reduce burden of waitlist and travel for patients where referral can be avoided, or where treatment can be initiated prior to specialist appointment in urban, remote and isolated communities in British Columbia ("BC").

(h) Collective Impact - Seniors:

This initiative brings together physician-led activities to improve access to care for frail/complex seniors across the Joint Collaborative Committees, align shared improvement goals and work with system partners to build collective impact.

(i) Youth Transitions:

The Shared Care Youth Transitions initiative aims to improve the transition from pediatric to adult care for youth and young adults (age 10 to 24) with chronic health conditions and/or disabilities.

(j) Scholarships:

The SCC, in partnership with the Specialist Services Committee ("SSC"), offers scholarships for physicians for successful completion of leadership training approved by a health authority.

(k) Redesign:

The SCC, in partnership with the General Practice Services Committee ("GPSC") and the SSC, supports physician participation in system redesign initiatives led by the BC health authorities by providing funds to compensate family physicians for time spent participating in initiatives to improve the delivery of both primary and specialist care services.

2. Agreements:

The Government of the Province of British Columbia (the "Government"), the Medical Services Commission of British Columbia ("MSC") and the Doctors of BC entered into the PMA that is effective from April 1, 2014 to March 31, 2019.

The Joint Clinical Committee Administration Agreement is part of the PMA; it is intended to address those matters of unique interest and applicability to the SCC.

The SCC is a subcommittee of the GPSC and the SSC, with equal representation from the Government and the Doctors of BC on the SCC. The SCC is responsible for the allocation of funds from the Government as outlined in the PMA.

3. Significant accounting policies:

(a) Basis of presentation:

The financial statements have been prepared by management in accordance with Canadian accounting standards for not-for-profit organizations in Part III of the CPA Canada Handbook - Accounting.

(b) Revenue recognition:

The Program follows the deferral method of accounting for contributions.

Unrestricted contributions are recognized as revenue when received or receivable if the amount to be received can be reasonably estimated and collection is reasonably assured. Externally restricted contributions are recognized as revenue in the year in which the related expenses are recognized, or the restrictions have been met.

(c) Financial instruments:

The Program's financial instruments include cash, accounts receivable, accounts payable and accrued liabilities, due from GPSC Collaboratives Program ("GPSC Collaboratives"), due from Specialist Services Programs ("Specialist Services"), and due to Doctors of BC.

Financial instruments are recorded at fair value on initial recognition and, other than investments in equity instruments that are quoted in an active market, are subsequently recorded at cost or amortized cost, unless management has elected to carry the instruments at fair value. The Program has not elected to carry any such financial instruments at fair value. Financial assets are assessed for impairment on an annual basis at the end of the fiscal year if there are indicators of impairment.

(d) Use of estimates:

The preparation of financial statements 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 revenue and expenses during the reporting period. Actual results could differ from those estimates.

4. Deferred contributions:

Deferred contributions represent externally restricted funding received and are comprised of the following:

	Program Enablers	Working Groups	Special Projects	PiC / TiC	CYMHSU Collaborative	Polypharmacy	Teledermatology	Collective Impact - Seniors	Subtotal carried forward
Balance, beginning of year	$ 885,468	$ 149,371	$ 43,451	$ 2,922,488	$ 1,063,920	$ 1,086,476	$ 108,035	$ -	$ 6,259,209
Contributions from Government	129,000	-	-	-	-	-	-	-	129,000
Contributions receivable from Government	-	-	-	-	-	-	-	-	-
Contributions from other programs (notes 5(b)(i) and 5(c))	160,814	-	-	-	-	-	-	-	160,814
Receipt of unspent funds (note 5(a)(ii))	-	-	-	-	-	-	-	-	-
Interest earned	70,338	-	-	-	-	-	-	-	70,338
Budget allocations by SCP	1,000,190	50,629	(39,664)	2,077,512	8,737,835	(386,476)	141,965	100,000	11,681,991
Amounts recognized as revenue	(1,929,459)	(63,980)	(3,787)	(4,219,586)	(7,761,394)	(873,327)	(174,909)	(27,335)	(15,053,777)
Balance, end of year	$ 316,351	$ 136,020	$ -	$ 780,414	$ 2,040,361	$ (173,327)	$ 75,091	$ 72,665	$ 3,247,575

	Subtotal brought forward	Youth Transitions	Scholarships	Redesign	CPQ & CPQ Initiatives	Transfer for Committee Costs	Rapid Access to Psychiatry	Unallocated General	2017	2016
Balance, beginning of year	$ 6,259,209	$ 200,000	$ (89,895)	$ 1,518,306	$ 282,760	$ -	$ 55,953	$ 3,311,015	$ 11,537,348	$ 14,075,655
Contributions from Government	129,000	-	75,069	-	-	-	-	14,000,000	14,204,069	-
Contributions receivable from Government	-	-	-	-	-	-	-	(6,500,000)	(6,500,000)	6,500,000
Contributions from other programs (notes 5(b)(i) and 5(c))	160,814	-	150,138	1,400,000	-	-	-	7,000,000	8,710,952	5,640,000
Receipt of unspent funds (note 5(a)(ii))	-	-	-	-	-	-	-	7,768	7,768	40,246
Interest earned	70,338	-	-	-	-	-	-	-	70,338	86,192
Budget allocations by SCP	11,681,991	(193,500)	339,895	700,000	(32,760)	150,000	(55,953)	(12,589,673)	-	-
Amounts recognized as revenue	(15,053,777)	(4,092)	(594,012)	(2,808,207)	(45,268)	(150,000)	-	-	(18,655,356)	(14,804,745)
Balance, end of year	$ 3,247,575	$ 2,408	$ (118,805)	$ 810,099	$ 204,732	$ -	$ -	$ 5,229,110	$ 9,375,119	$ 11,537,348

5. Related party transactions and balances:

(a) Doctors of BC:

(i) Administration costs:

The Government and MSC have entered into a contract with Doctors of BC for the term of the PMA for Doctors of BC to administer the Program, the costs of which are to be recovered from the funding made available to the Program. During the year ended March 31, 2017, the Program paid $90,000 (2016 - $90,000) for services provided by the Doctors of BC. As at March 31, 2017, $22,500 (2016 - $22,500) remained payable to Doctors of BC relating to these administrative fees and is included in accounts payable and accrued liabilities.

(ii) Shared Care Committee costs:

During the year ended March 31, 2017, the Program provided $150,000 (2016 - $180,000) to Doctors of BC to pay for committee costs, and received $7,768 (2016 - $40,246) from Doctors of BC relating to unspent funds for committee costs from previous years.

As at March 31, 2017, the Program had a payable of $135,718 (2016 - $123,369) to Doctors of BC relating to expenses paid by Doctors of BC on behalf of the Program.

(b) GPSC Collaboratives:

(i) Contributions received:

During the year ended March 31, 2017, the Program received contributions of $3,500,000 (2016 - $2,000,000) for Shared Care initiatives (classified in Unallocated General), $80,407 for the Showcase (classified in Program Enablers) (2016 - nil), $75,069 for Scholarships (2016 - nil) and $700,000 (2016 - $700,000) for Redesign.

(ii) Contributions provided:

During the year ended March 31, 2017, the Program provided contributions of $45,268 (2016 - $17,240) for CPQ and CPQ Initiatives.

As at March 31, 2017, the Program had a receivable of $162,938 (2016 - $64,768) from GPSC Collaboratives relating to funding allocated but not yet received.

(c) Specialist Services:

During the year ended March 31, 2017, the Program received contributions of $3,500,000 (2016 - $2,000,000) for Shared Care initiatives (classified in Unallocated General), $80,407 for the Showcase (classified in Program Enablers) (2016 - nil), $75,069 for Scholarships (2016 - nil) and $700,000 (2016 - $940,000) for Redesign.

As at March 31, 2017, the Program had a receivable of $155,476 (2016 - $91,631) from Specialist Services relating to funding allocated but not yet received.

6. Financial risks:

The Program believes that it is not exposed to significant interest-rate, market, credit or cash flow risk arising from its financial instruments.

SHARED CARE PROGRAMS

(Funds and Programs Administered by Doctors of BC)

Schedule 1 - Expenses by Program

Year ended March 31, 2017

(a) Year ended March 31, 2017:

	Program Enablers	Working Groups	Special Projects	PiC / TiC	CYMHSU Collaborative	Polypharmacy	Teledermatology	Subtotal carried forward
Salaries and benefits	$ 1,130,729	$ -	$ 1,943	$ -	$ 600,803	$ 50,741	$ -	$ 1,784,216
Office and communications	152,110	-	-	774	42,434	3,738	-	199,056
Meetings and conferences	497,248	-	1,844	19,259	190,617	516,824	8,444	1,234,236
Transfer to divisions of family practice	-	-	-	4,176,345	3,459,524	146,919	-	7,782,788
Transfer to health authorities	-	-	-	-	-	-	-	-
Transfer to Canadian Mental Health Association - BC Division	-	-	-	-	3,328,622	-	-	3,328,622
Other transfers	-	-	-	-	-	-	-	-
Professional fees	59,372	-	-	23,208	1,524	17,609	166,465	268,178
Education	-	-	-	-	-	-	-	-
Evaluation	-	63,980	-	-	137,870	137,496	-	339,346
Administration fees	90,000	-	-	-	-	-	-	90,000
Total expenses	$ 1,929,459	$ 63,980	$ 3,787	$ 4,219,586	$ 7,761,394	$ 873,327	$ 174,909	$ 15,026,442

	Subtotal brought forward	Collective Impact - Seniors	Youth Transitions	Scholarships	Redesign	CPQ & CPQ Initiatives	Transfer for Committee Costs	Total 2017
Salaries and benefits	$ 1,784,216	-	-	-	-	-	-	$ 1,784,216
Office and communications	199,056	13	132	131	-	-	-	199,332
Meetings and conferences	1,234,236	24,884	1,072	93,025	268,313	-	-	1,621,530
Transfer to divisions of family practice	7,782,788	-	-	-	-	-	-	7,782,788
Transfer to health authorities	-	-	-	-	2,494,900	-	-	2,494,900
Transfer to Canadian Mental Health Association - BC Division	3,328,622	-	-	-	-	-	-	3,328,622
Other transfers	-	-	-		-	45,268	150,000	195,268
Professional fees	268,178	2,438	2,888	-	44,994	-	-	318,498
Education	-	-	-	500,856	-	-	-	500,856
Evaluation	339,346	-	-	-	-	-	-	339,346
Administration fees	90,000	-	-	-	-	-	-	90,000
Total expenses	$ 15,026,442	$ 27,335	$ 4,092	$ 594,012	$ 2,808,207	$ 45,268	$ 150,000	$ 18,655,356

SHARED CARE PROGRAMS

(Funds and Programs Administered by Doctors of BC)
Schedule 1 - Expenses by Program (continued)

Year ended March 31, 2017

(b) Year ended March 31, 2016:

2016 schedule

	Program Enablers	Working Groups	Special Projects	Partners in Care	Transitions in Care	CYMH Collaborative	Polypharmacy	Subtotal carried forward
Salaries and benefits	$ 1,134,259	$ -	$ 1,206	$ -	$ -	$ 409,411	$ 50,610	$ 1,595,486
Office and communications	39,790	-	19,718	482	-	24,300	5,068	89,358
Meetings and conferences	327,674	23,529	16,050	18,330	-	213,661	278,674	877,918
Transfer to divisions of family practice	-	-	3,575	2,432,114	1,164,121	3,812,834	32,879	7,445,523
Transfer to health authorities	-	-	-	-	-	40,612	-	40,612
Other transfers	-	-	17,000	-	-	1,226,678	-	1,243,678
Professional fees	7,809	2,100	-	83,156	-	47,581	33,306	173,952
Education	-	-	-	-	-	-	-	-
Evaluation	-	25,000	-	-	-	29,888	10,200	65,088
Administration fees	90,000	-	-	-	-	-	-	90,000
Total expenses	$ 1,599,532	$ 50,629	$ 57,549	$ 2,534,082	$ 1,164,121	$ 5,804,965	$ 410,737	$ 11,621,615

	Subtotal brought forward	Rapid Access to Psychiatry	Teledermatology	Scholarships	Redesign	PSP & PSP Initiatives	Transfer for Committee Costs	Total 2016
Salaries and benefits	$ 1,595,486	-	-	-	-	-	-	$ 1,595,486
Office and communications	89,358	-	-	30	-	-	-	89,388
Meetings and conferences	877,918	-	14,019	78,337	-	-	-	970,274
Transfer to divisions of family practice	7,445,523	-	(22,258)	-	-	-	-	7,423,265
Transfer to health authorities	40,612	-	-	-	2,357,580	-	-	2,398,192
Other transfers	1,243,678	144,047	-	-	-	17,240	180,000	1,584,965
Professional fees	173,952	-	133,087	-	-	-	-	307,039
Education	-	-	-	262,111	-	-	-	262,111
Evaluation	65,088	-	18,937	-	-	-	-	84,025
Administration fees	90,000	-	-	-	-	-	-	90,000
Total expenses	$ 11,621,615	$ 144,047	$ 143,785	$ 340,478	$ 2,357,580	$ 17,240	$ 180,000	$ 14,804,745