MAY 2026

Partners in Care Conference 2026

Turning ideas into outcomes, together.

Photo: 1 - Damian George Jr and Victor Guerin lead the group through a Traditional Welcome before beginning presentations on Day 1 of the 2026 Partners in Care Conference.

Event summary

On May 27 and 28, 2026, the Shared Care Committee hosted the Partners in Care Conference in Richmond, BC.

This year's theme was "*Turning ideas into outcomes together,"* encouraging attendees to consider not only how to solve health care system problems but also how to implement those solutions successfully.

In all, 204 family and specialist physicians, project staff, health authority and Ministry representatives, organizational partners, and others brought their valuable insights and expertise to the event, especially on Day 2, as a slate of rapid-fire presentations shared the meaningful system impact being facilitated by the Shared Care Committee's support of numerous quality improvement projects.

Information booths were also set up outside the main ballroom, with the following partners participating: Pathways BC, Rural Coordination Centre of BC, Pain BC, Health Data Coalition, the Physician Health Program, Family Caregivers of BC, and Reichert & Associates.

On Day 2, Doctors of BC's Indigenous Relations liaison, Gracie Kelly, hosted a Traditional Wellness table, which included tobacco, sage, cedar, and sweetgrass, along with a Traditional Wellness Circle.

Day 1 Highlights

Damian George Jr and **Victor Guerin** (photo 2) from Musqueam Indian Band (top-right) welcomed attendees to the unceded territory of the Musqueam Peoples with a Traditional Blessing and provided cultural and historical context to the land on which the event took place.

Photo: 2 – Damian George Jr (left) and Victor Guerin (right)

Opening remarks

Opening remarks were provided by the Shared Care Committee (SCC) co-chairs **Dr Reena Khurana** and **Eugene Johnson** (photo 3), who acknowledged the continued difficulties faced by the health care system and highlighted examples of excellent work supported by Shared Care to help address those challenges. They also pointed to the recent updates to Shared Care's Project Funding program and the renewed Joint Collaborative Committees (JCC) funding through the Physician Main Agreement as examples of Shared Care's future planning and sustainability.

Photo: 3 – Dr Reena Khurana (left) and Eugene Johnson (right)

Speakers

Dr Jane Lea (photo 4) is a Vancouver-based otolaryngologist and head and neck surgeon specializing in otology and neurotology.

She spoke of her past experiences with the JCCs, highlighting programs such as the Physician Quality Improvement program, the UBC Sauder Physician Leadership Program, spearheading the provincial physician coaching program, and more.

Along with co-emcees **Dr Ian Schokking**, a full-scope family physician, and **Ray Cheema**, Shared Care liaison, they supported the fluid progression of the agenda over the two-day event.

Photo: 4 - Dr Jane Lea

The Insider's Playbook to Moving Fast in a Slow Health Care System

Marlies van Dijk (photo 5) was the first spotlight presenter of the Partners in Care Conference.

Photo: 5 - Marlies van Dijk, change consultant and lead, The Pivot Group

Working across provincial and national health systems, Marlies has helped project teams and organizations navigate change within complex structures.

She began her presentation with an interactive Slido where she had participants identify common inefficiencies and roadblocks. A recurring theme was how systems of organization that can paralyze progress are often perpetuated, e.g. creating dashboards or additional reports without a clear use case.

She encouraged those working within Quality Improvement (QI) to be bold and implement their solutions at whatever scale is manageable, noting that, in her experience, 70% of decisions are made to avoid loss rather than to accomplish a net gain.

"Testing and implementation are likelier to lead to long-term change than 'pilotitis'" Marlies says.

Shared Care Strategic Priorities for 2026/27 and Beyond

Dr Reena Khurana, SCC physician co-chair; **Eugene Johnson,** SCC Ministry co-chair; **and Adrian Leung** (photo 6), vice president of Shared Care and Strategic Initiatives, presented the committee's priorities for the coming fiscal year and engaged participants in developing the next three-year strategic plan.

Photo: 6 - Adrian Leung, vice president, Shared Care and Strategic Initiatives.

They emphasized an ongoing focus on aligning efforts with health system priorities (of cancer care, pregnancy and newborn care, mental health and substance use, surgical care, seniors care, and emergency department stabilization); health system improvement projects that demonstrate outcomes and impact; the scale and spread of successful initiatives; fostering physician leadership and professional development; and advancing Indigenous-specific anti-racism (ISAR), cultural safety, and humility.

They also took the opportunity to share high-level insights on the communities of practice and the physician leadership development portfolio.

The committee's leadership also spoke to the recent Shared Care Project Funding process changes and spoke to their value in securing Shared Care's ability to sustainably support health system improvements.

Huupiitstalth: Moving Forward Together in a Difficult Time

Ah-up-wa-eek (Shawn Atleo) and Ya'ak'chamat'axa (Heather Atleo), pictured right, are partners in work and in life. Together, they led a session on compassionate leadership, beginning their presentation with a Traditional opening song.

Photo: 7 - Shawn Atleo (left) and Heather Marie Atleo (right) of the Atleo Centre for Compassionate Leadership.

Heather Marie and Shawn met while working together in support of the First Nations Health Authority, and many years later, they continue to lean on each other to help groups come closer together, especially in trying times.

Rooted in Indigenous Traditional governance systems, they emphasized how difficult it can be to move forward without first fully understanding the other side's position and motivations. Once we understand what matters to each of us, we can begin to walk closer together towards agreement.

They also spoke about the emotions that surface during negotiations and difficult conversations, and the value of acknowledging they are there and letting go to move forward, likening it to holding onto a hot stone.

> **"The longer you hold on, the more it will hurt you. All it takes is letting go for the pain to begin to fade away." – *Ya'ak'chamat'axa (Heather Atleo)***

Integrating Family Caregivers: Scaling Caregiver Rx Where the Health System Needs It Most

Barb MacLean, executive director of Family Caregivers of BC, alongside her colleagues **Stacey Dawes**, health and community engagement lead, and **Wendy Johnstone**, director of programs and innovation, examined where and why family caregivers matter most and introduced the Caregiver Rx model to participants.

Photo: 8 – Stacey Dawes (left) and Barb MacLean (right) from Family Caregivers of BC.

After surveying the room, 74% indicated they do not feel confident in knowing where to refer a family caregiver for support. The FCBC team showcased the Caregiver Rx social prescribing model, in which physicians and other health care professionals can make concrete, actionable recommendations for family caregivers to follow up on and support their families' health care.

> **"A burden shared is a burden carried. That's where we need to get to in our health care system." – *Barb MacLean***

Getting to Know the JCC Impact Guide

Joanna Richards, executive vice president of the Joint Clinical Committees, led a session introducing the draft JCC Impact Guide. A practical framework for identifying and communicating impact across the IHI Quintuple Aim, the guide helps initiatives and quality improvement projects in the JCCs clearly identify their impact on the health care system and serves as an organizing principle for the work supported by the committees.

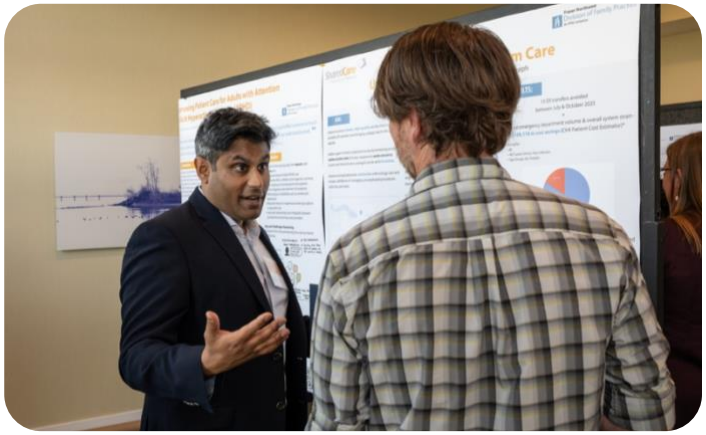
Photo: 9 - Joanna Richards, executive vice president, Joint Clinical Committees

Participants also had the opportunity to take part in a mapping exercise, using real-life Shared Care projects to map their outcomes to the corresponding impact areas as defined by the Impact Guide.

Joanna also provided closing remarks for Day 1, recapping the day's speakers and topics and thanking participants for their engagement, attention, and support for the Shared Care Committee and the JCCs as a whole.

Storyboards

The Partners in Care Conference featured 19 storyboards from projects across BC, showcasing quality-improvement work funded by the JCCs that align with the committees' health system priorities. To encourage engagement, participants could fill out stamp cards upon visiting each storyboard and, once they'd received 10 stamps, they returned their cards to be entered into a gift card draw.



Day 2 Highlights

Ray Cheema, regional liaison, Shared Care Committee (photo 10), opened Day 2 with remarks on the previous day's experiences in the room and shared anecdotes from her conversations with participants between presentations.

Ray then Dr Adam Thompson, a family physician and Doctors of BC's 2026 president.

Photo: 10 – Ray Cheema, liaison, Shared Care Committee

President's address

Dr Adam Thompson (photo 11)**,** the 2026 President of Doctors of BC, gave opening remarks on Day 2 of the Partners in Care Conference.

Dr Thompson spoke about his experience as a family physician in BC and the communities he's visited and been inspired by. He grounded his remarks on the day's theme of *Turning Ideas into Outcomes, Together,* where he noted several Shared Care-funded projects that he's personally aware of and has seen as valuable additions to the health care system.

Photo: 11 – Dr Adam Thompson, President of Doctors of BC 2026

He also spoke about leadership and collaboration, emphasizing that leadership isn't measured by one's title or role but by how we connect with others and use shared understanding to drive change collaboratively.

He encouraged participants to keep striving for a better system and to bring their innovations to the JCCs, so we can leave future generations a health care system better than the one we found.

Outstanding Leadership When Being Right Is Not Enough

Dr Jaason Geerts (photo 12), vice president, research and leadership development at the Canadian College of Health Leaders, gave a presentation on physician leadership, overcoming objections, and finding creative entryways for health system improvements to be adopted as the standard.

Photo: 12 – Dr Jaason Geerts, vice president, research and leadership development, Canadian College of Health Leaders

In this high-energy presentation, Dr Geerts shared anecdotes and statistics to set the scene. He emphasized that, while roadblocks can hinder project success, the ability to pivot and take a different path can mean the difference between implementation and another stalled initiative.

He used the example of blood clots, where health care researchers presented findings to the government, and the

protocol was scientifically certain to result in fewer blood clot incidents, faster care, and reduced resource use, yet it wasn't adopted straight away.

Dr Geerts emphasized that, while that project group had all the data on their side, it wasn't enough. But instead of letting the project stall out, they continued socializing their work. Today, they have integrated the blood clot protocol into Accreditation Canada, which certifies health care facilities, ensuring it's implemented at a core, systemic level across all facilities subject to its standards.

He drew a distinction, like Dr Thompson, between leadership and management, defining leadership as inspiring people to collaborate to do something new, and management as taking what we're already doing and doing so more efficiently, noting that there's a time and place for each.

Building Networks for Lasting Impact

Brooke Knowlton, senior manager, strategic initiatives, Shared Care, presented on the value of networks in effecting sustainable system change.

Photo: 13 – Brooke Knowlton, senior manager, strategic initiatives, Shared Care

She began by reviewing the current state of Shared Care's networks, including the Child and Youth Mental Health and Substance Use Community of Practice and the Perinatal Community of Practice.

She used the pregnancy and newborn care portfolio as a case study to illustrate the interplay among organizations and groups working in this space at local, regional, and provincial levels.

Participants had a chance to discuss the questions among themselves, ask questions, and make recommendations at the end of the presentation.

> **"We really value the connection before content. A lot of the solutions already exist, but we need to build those relationships so we can become aware of the variety of resources available."**
> ***– Audience member***

ʔiʔxəltəɬ Paddling Together

Photo: 14 – Elder Coreen Paul began her session in her Traditional language.

Elder Coreen Paul, an Indigenous Elder and facilitator from Musqueam Indian Band, joined Shared Care on stage to lead a fireside chat on how Shared Care physicians and project team members have worked and engaged with Indigenous communities.

The panel consisted of:

- **Dr Manpreet (Micky) Cooner**, family physician, Hilltop Medical Clinic, and chair of White Rock-South Surrey (WRSS) Division of Family Practice
- **Nancy Gabor**, project manager, Rural and Remote Division of Family Practice
- **Dr Miles Marchand**, cardiologist and director of the Centre for Indigenous Cardiovascular Health
- **Cary Sheppard**, executive director, WRSS Division of Family Practice
- **Sherry Sinclair**, program manager, WRSS Division of Family Practice

Photo: 15 – From left to right: Elder Coreen Paul, Sherry Sinclair, Cary Sheppard, Dr Manpreet (Micky) Cooner, Nancy Gabor, Dr Miles Marchand

The panel discussed how they address ISAR and cultural safety and humility in their daily work. Additionally, they shared insights on how this has worked in a project context, ensuring meaningful engagement wherever possible while keeping the clinical work moving forward.

Nancy Gabor spoke on her experience working with a family physician with a focused oncology practice who sought to improve access to care for the community. Instead of working off assumptions, they engaged with five nations to understand what they saw as the gap in care before seeking solutions.

Dr Miles Marchand spoke about his work with the One Heart at a Time project, in which he travels to remote Indigenous communities to provide medical care. He spoke to the relationality of this work and its impacts, noting that 30% of patients seen in the community had previously been referred to a cardiologist but had not followed up.

For Carrie, her experiences have led her to understand that self-awareness is key.

Photo: 16 – Dr Miles Marchand speaks alongside his co-panelists.

"Trust begins with self. Unpacking and understanding what we think about trust, what our beliefs about trust are—those internal messages influence how we create space and environments that can be trusting." – *Cary Sheppard*

She elaborated on trust, which she has learned is incredibly important in Indigenous communities. “If I say I’m gonna do something, I complete that. It doesn’t change depending on the mandate or the rule change—if I give my word, then I take that seriously and follow through.”

Elder Coreen Paul corroborated this, adding that building community relationships can also bolster a health care professional’s resource, allowing them to lean on those connections to better support patients.

Photo: 17 – From left to right: Elder Coreen Paul, Sherry Sinclair, Cary Sheppard.

“When people know they can trust you with the little things, they can start trusting you with the bigger things.” – *Elder Coreen Paul*

Enabling Spread in Shared Care: A Framework for Learning and Adaptation

Dr Alicia Power, a Victoria-based family physician and member of SCC, and **Stacy Folk**, initiative liaison for Shared Care and Strategic Initiatives, led an exploration of Shared Care’s approach to project spread and the importance of organized knowledge translation.

Photo: 18 – Dr Alicia Power

Rather than numerous duplicative projects spread throughout BC, the spread framework focuses on shared learning, local adaptation, and connection across communities.

Participants had a chance to discuss the questions among themselves, ask questions, and make recommendations at the end of the presentation.

Photo: 19 – Stacy Folk

“When strong work stays within one team or setting, patients and providers miss out on improvements.” – *Stacy Folk*

Closing Remarks

Adrian Leung closed the two-day event with a recap of the presentations, rapid fires, storyboards, and connections made at the Partners in Care Conference.

He shared his excitement for the future of Shared Care as the work becomes more structured, focused, and with real-life impact for patients always in mind. He thanked attendees for their ongoing commitment to the work Shared Care funds and supports and encouraged them to continue innovating for a better health care system. He then turned it over to Elder Coreen Paul for a Traditional closing ceremony.

Photo: 20 – Adrian Leung

Rapid-fire Presentations

Nine rapid-fire presentations took place at the Partners in Care Conference. Spread out across three rooms and with 10 minutes of presentation time per team, Shared Care project teams showcased their recent work and impact to rooms of physicians, project staff, and other health care and quality improvement professionals.

- An Equity Model of Cancer Care for the Downtown East Side – Dr Michael McKenzie, Dr Matthew Laing
- Developing a Network of Rural Cancer Care in the East Kootenays – Dr Trina Larsen Sole, Dr Janine Davies, Ms Pamela Hinada
- Suspected Cancer Accelerated Navigation (SCAN) Pathway – Dr Tara Baetz and Dr Ali Yakshi Tafti
- Building Equitable Access for Unattached Patients in the Kootenay Boundary – Dr Shelina Musaji, Mona Mattei, Leila Dale
- Identifying and Addressing Spirometry Access Barriers in Rural and Remote British Columbia – Debora Petry Moecke, PT, PhD
- Living Well: Coordinating Palliative Care to Improve Quality, Equity, and Well-Being – Dr Kelly Mieske, Leila Dale
- Uncomplicated Adult ADHD Care Pathway for Primary Care Providers in BC – Dr Dean Brown
- CBT Skills for Insomnia – Dr Kylie Riou, Brittany Lim
- Encompass Pregnancy Care Cranbrook – Dr Paula Dubois

Awards Ceremony and Celebration

The Shared Care Committee presented two awards, the People's Choice and the Co-Chair's awards, to storyboard presenters.

Firstly, the People's Choice award was voted on by participants, as the name suggests. Presented by Dr Ian Schokking and Ray Cheema, the award recognized the storyboard that most impressed their peers, as voted by event attendees. Congratulations to the Co-Designing a Rural Integrated Model for Youth Eating Disorder Care in the East Kootenay team on your achievement!

Photo: 20 - People's Choice Award winners, Co-Designing a Rural Integrated Model for Youth Eating Disorder Care in the East Kootenay

Photo: 21 - Co-Chair's Award winners, Physician-led workforce planning: PROactive Specialist Engagement & Recruitment in East Kootenay

Next, Dr Reena Khurana and Ministry co-chair Eugene Johnson presented their Co-Chair's award—recognizing the project that most effectively communicated the project's impact on the health care system. Congratulations to the Physician-led workforce planning: PROactive Specialist Engagement & Recruitment in East Kootenay team on your achievement!

Dr Khurana took the opportunity to thank Dr Ian Schokking for his long tenure on the Shared Care Committee. Dr Schokking, who was previously the Shared Care Committee physician co-chair, has dedicated a large amount of his time and energy to supporting quality improvement work and helping Shared Care have an ever-growing—and everlasting—impact on the health care system. On behalf of Shared Care, thank you Dr Schokking, for your continued support and dedication.

Participant feedback

The objectives of the 2026 Partners in Care Conference were:

- Identify approaches to improve patient care in alignment with the IHI Quintuple Aim.
- Demonstrate the ability to spread and scale up projects to achieve broader system impacts.
- Examine and effectively apply the strategies of change leaders.

- Recognize how others are taking steps to advance Indigenous-Specific Anti-Racism and culturally safe care.

Attendees were sent a post-event survey and provided the following feedback and comments.

This conference was a valuable use of my time. *(n=58)*
98% Agree/strongly agree

I will be able to immediately apply what I learned at the conference. *(n=58)*
86% Agree/strongly agree

As a result of completing this CPD activity, I am confident in my ability to achieve the learning objectives. *(n=57)*
83% Agree/strongly disagree

Participants particularly enjoyed presentations from BC Family Caregivers and by Dr Jaason Geerts, with both sessions receiving scores of over 90% in each of these categories:

- Met its intended objectives
- Engaging and interactive
- Session and materials are relevant and useful
- Would recommend the session to a colleague

Participant comments

- **"I was motivated to review my approach to working with committees and invest more time and energy learning about existing models, innovations, leaders and so on before embarking on any other deliverable."**
- **"The Shared Care project assessment exercise was great. The placement exercise will be adopted at our Division as we assess and evaluate projects."**
- **"I will start to plant the seeds for future Shared Care or spread project physician leads or advocates. We are often challenged to find physicians who want to actually do the work to implement their ideas."**
- **"Excellent presentation on leadership by Dr Jaason Geerts. This will help me think about ways to move ideas forward in the projects and spaces I am working in."**