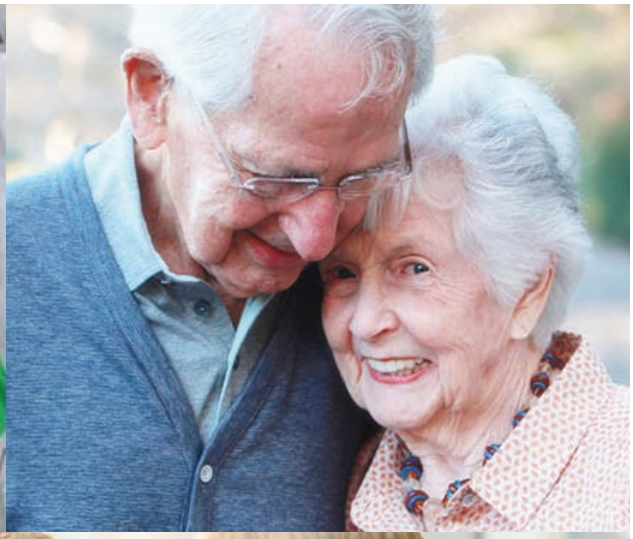


ANNUAL REPORT 2017/2018

Shared Care Committee (SCC)

SharedCare
Partners for Patients

Contents

Executive Summary

Shared Care's goal is to inform and align with the work of our health system partners as well as contribute to the achievement of a better, more coordinated care experience for patients, families and providers. This past year has focused on developing new streams of activity, laying the foundation to inform the future direction of SCC work. Below is a short summary of the streams and their budgets.

Collaborative Change	Spread Successful Work	Leadership & Sustainability	JCC Alignment
• 34 new Expressions of Interest and 16 new projects supported. • 5 new communities engaged in Shared Care activity for the first time. • 26 communities continuing to participate in SCC initiatives. • 63 PiC/TiC initiatives incorporate role of GP's with Focused Practices. • 34 CYMHSU Local Action Teams found sustainment strategies to continue. • Adverse Childhood Experiences (ACEs) Summit, Fall 2017, with 600 health care providers and policy leaders.	• Maternity Spread Network, – 7 communities joined the Maternity Spread Network in 2017/18. • All 7 communities used same tools to identify needs in their community with input from 1,100+ patients and 300+ health professionals across BC. • Web-based Shared Care Learning Centre developed for launch in Fall 2018. • 585 physicians completed training on meaningful medication reviews. Regional mentors are available to provide support where needed.	• Provincial evaluation of the 5 prototype RACE/ eConsult models in process. • 2,538 primary care users and 862 specialists using both telephone and RACE 'app' for contact. • More than 6,300 RACE requests for advice were facilitated. • Partners in Care/ Transitions in Care retrospective meta-analysis completed. • 92 physicians supported for leadership training in 2017/18 - an increase of 47 over the prior year.	• Brought together JCC initiatives into a single administrative program. • Supported a full day JCC event with 480 attendees, in partnership with the BC Patient Safety & Quality Council. • Attendee numbers increased from 375 to 486, and number of physicians from 90 to 179. • Refreshed Health System Redesign Program, in collaboration with health authorities – incorporating the IAP2 Spectrum of Engagement.
Budgeted: $10,287,396 *Actual:* $4,721,752 *Committed:* $916,242	*Budgeted:* $1,362,000 *Actual:* $727,811 *Committed:* $108,400	*Budgeted:* $1,175,000 *Actual:* $1,121,921	*Budgeted:* $3,088,410 *Actual:* $2,539,350

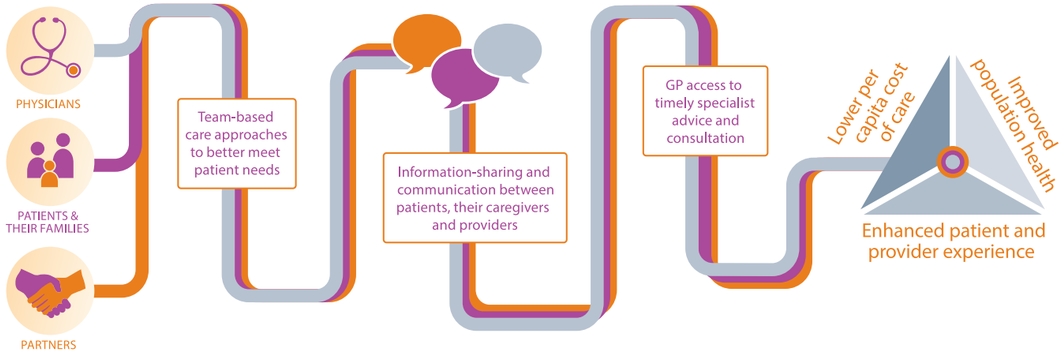
Committee Mission/Vision/Mandate

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

SCC was formed in 2006, and is mandated through the Physician Master Agreement to enable shared care between family and specialist physicians and other health professionals.

In alignment with government and health authorities, SCC frames its efforts around the Institute for Healthcare Improvement's Triple Aim; with a balanced measurement of improved patient and provider experience of care, improved health outcomes and positive impacts on efficiency and cost for the healthcare system.

To accomplish its aims, SCC engages physicians interested in working together to improve care locally, regionally, and in some instances, provincially. From a base of committed physician participation, Shared Care projects then reach further to engage all stakeholders. The process allows for adaptation and change as participants explore issues to better understand root causes, trial different potential solutions, and learn from their experience. The goal is to support the development of practical, sustainable solutions that meet the needs of patients, and facilitate strong collegial relationships among health care providers.



Committee Vision:

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

Committee Mission Statement:

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 healthcare system.

Co-chairs' Message

2017/18 has been a transformational year for the Shared Care Committee. We have had the benefit of learning from the many physician-led projects across the province, and have used their advice and experience to inform new directions in SCC's work.

As a foundation - SCC remains committed to supporting local providers to address what matters most in their communities, using that forum to establish collegial working relationships that form a sustainable foundation for ongoing improvement. While this will always be a key priority for SCC, we have put considerable effort this year to actively engage both across the Joint Committees, and across the system to align and inform each other's work. This, we believe, is critical if we are to achieve the shared goal of a truly integrated health system. Our goal is for SCC's work to inform and align with the work of our health system partners as well as contribute to the achievement of a better, more coordinated care experience for patients and families.

This has been challenging, as collaborative work often is, but has been invaluable in informing new streams of activity that flow from what has been learned:

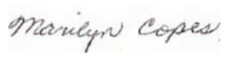
- Starting with successful Shared Care projects in maternity care, we've prototyped a new model to accelerate spread of effective strategies, and align work across the system. These Spread Networks will be expanded in the coming year.

- An online Learning Centre has been developed, focused on Spread and Sustainability resources, with interactive features to help communities apply the material to their situation.

- Facilitating opportunities for a community of practice, through an in-person gathering and secure messaging platform, to support providers sustain good practice across the province for children and youth with mental health and substance use issues.

As the province moves forward with significant new approaches in both primary care and surgical services, it is rewarding to see that the work that Shared Care has supported throughout the province is providing an important contribution. The perspectives of all stakeholders in identifying challenges, and collaboration in development of new are models, we believe, are important pieces of a truly aligned health system.

With this year-end, Dr Gordon Hoag will be stepping down as Co-Chair of the Shared Care Committee. We thank Gordon for his enthusiasm, encouragement and courage in leading SCC to make meaningful, sustainable change, and his strong advocacy for patients *and families* in BC.



Marilyn Copes
Co-Chair, SCC

Dr Gordon Hoag
Co-Chair, SCC

Committee Members

Doctors of BC

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

Ministry of Health

Ms. Marilyn Copes, Co-Chair*
Mr. Brendan Abbott*
Ms. Sharon Stewart*
vacant

Health Authorities

Dr Curtis Bell, Interior Health
Dr Shannon Douglas, Northern Health
Ms. Jillian Kratzer, Vancouver Coastal Health
Ms. Pam Aikman Ramsay, Provincial Health Services
Dr David Robertson, Island Health
Mr. Craig Goulet, Fraser Health

Patients and Family Representatives:

Dr Jillianne Code, PhD, Patient Partner (on leave)
Ms. Iris Kisch, Patient Partner
Ms. Barb MacLean, Family Caregivers of BC

Staff Support:

Ms. Lisa Despins, Communications Officer, SCC
Ms. Margaret English, Lead, SCC
Ms. Nancy Falconer, Liaison, SCC
Ms. Raveena Garcha, Administrative Assistant, SCC
Ms. Raymon Grewal, Liaison, SCC
Ms. Katie Hill, Director, SCC
Ms. Salimah Lalli, Business Analyst, SCC
Ms. Angela Micco, Secretariat, Ministry of Health
Ms. Nikita Soares, Senior Project Coordinator, SCC
Mr. Gary Sveinson, Liaison, SCC
Ms. Robin Watt, Liaison, SCC
Ms. Krysta Wallbank, Sr. Administrative Assistant, SCC

** Voting Member*

Activities & Outcomes
Work Plan Priorities

SCC has grouped its initiatives to reflect the different focuses within the committee's strategic priorities to year-end financial report, providing details on budget allocations and expenditures is outlined in **Appendix A**.

FACILITATE COLLABORATIVE CHANGE

One of the primary functions of the SCC is to support physicians to collaborate across practice lines to address issues that affect patient care in their community or region. Supporting physicians to work together on common interests fosters stronger interprofessional relationships and sets a foundation for more coordinated, team-based care for patients and families. Initiatives in this strategic grouping include:

Partners in Care/Transitions in Care

Partners in Care/Transitions in Care (PiC/TiC) projects provide an opportunity for SCC to partner with local groups of physicians on a wide ranges of issues and activities. These projects arise from shared exploration of issues and agreement to partner on potential solutions. The work is relevant, practical, often spreadable, and forms a foundation for improved collegiality among health professionals that is essential to sustained improvement.

2017/18 Goal 1:

Continue to support a range of PiC and TiC initiatives, ensuring the work anchors and supports the development of Patient Medical Home/Primary Care Networks (PMH/PCN).

Results: Completed

- 34 new Expressions of Interest and 16 new projects supported
- 5 new communities engaged in Shared Care activity for the first time
- 26 communities continuing to participate in SCC initiatives
- Additionally, in partnership with Specialist Services and the BC Patient Safety and Quality Council, SCC engaged a broad stakeholder group to identify opportunities to leverage work from these initiatives in support of the Surgical Strategy.

2017/18 Goal 2:

Ensure the role of GP's with Focused Practice is reflected in the full range of project activity.

Results: Completed

- 63 PiC/TiC initiatives incorporate the role of GP's with Focused Practice, reflecting the importance of practice networking to meet patient needs. This aligns strongly with GPSC's strategies for Patient Medical Home. An example is the substance use project in Nanaimo which aims to incorporate substance use within the continuum of care.

Coordinated Seniors Care Initiative

(Engagement of Specialist Practice in Patient Medical Home/Primary Care Networks)

This new initiative was developed to help reflect the integral role of specialist practice in meeting the needs of older adults with complex medical conditions and frailty. For these patients and their families, care may be provided by their GP, Specialists, and other health professionals, through a range of health services and in different care settings.

2017/18 Goal:

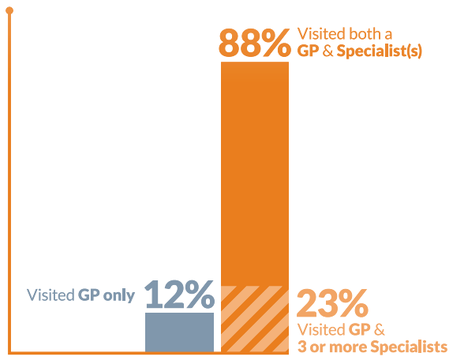
Reflect the integral role of specialist physicians as part of the larger 'medical neighbourhood' of care, and the complexity of coordinating care for these patients as new team based models emerge across the province.

Result: In Progress

This initiative was delayed to ensure alignment with the PMH/PCN initiative's timing and launch. By year end, three communities had expressed interest in engaging in this challenging work.

There are **950,000** Older Adults in BC...

...832,883 had an MSP visit



*PPhRR Evaluation Administration Dataset (includes all people 65+ and service data from BC MOH Client Roster, MSP, PharmaNet, DAD, NACRS, Home and Community Care, Vital Stats, RAI Continuing Care and Home Care)

Child and Youth Mental Health and Substance Use Collaborative

The CYMHSU Collaborative supported a unique system change model, linking 64 Local Action Teams, 11 Provincial Working Groups and 3 different government Ministries to improve timely access to support and services for child and youth mental health and substance in BC. This was designed as a time-limited initiative, with a focus on sustainable change.

2017/18 Goal

Support a seamless transition of the Child & Youth Mental Health and Substance Use Collaborative as its activities come to a close.

Results: Completed

- The CYMHSU Collaborative concluded in December 2017, with all 11 provincial working groups having completed their activities
- 34 Local Action Teams have found sustainment strategies to continue
- A CYMHSU Community of Practice was supported in Fall 2017 to provide a vehicle for providers to continue to support improved practice and cross organizational collaboration
- A provincial Adverse Childhood Experiences (ACEs) Summit was hosted in the Fall of 2017, bringing together almost 600 health care providers and policy leaders, with the goal of discussing practice and policy to prevent and mitigate the impact of ACEs for those at risk.

SPREAD SUCCESSFUL WORK

Shared Care has supported more than 260 projects over the last 10 years, facilitating a stronger culture for collaboration among providers – and a body of excellent work to be built on. Effective spread of successful models – and aligning spread with related work underway across the health system is critical to maximizing the value of SCC's activities.

Spread Resources and Networks

2017/18 Goal 1:

Trial new approaches to spread successful work by building networks to facilitate knowledge transfer and adaptation of successful models to new communities, using a rapid cycle approach.

Results: Completed

- Initiated Maternity Spread Network, focusing on interprofessional, team-based care, and leveraging the work of GPSC's Maternity Care Working Group, Perinatal Services BC Clinical Standards, JSC's Rural Obstetric Surgical Network and Shared Care projects in three communities. At year end – 7 communities had joined the Spread Network

- All 7 communities utilized the same tools to identify priorities related to interprofessional care in their communities, receiving input on the needs in their community from over 1,100 patients and more than 300 health professionals across the province.

2017/18 Goal 2:

Develop common goals and a supportive framework for physician-led improvement activities.

Result: Completed

- Interactive web-based Shared Care Learning Centre developed, to be formally launched Fall 2018.

Polypharmacy Risk Reduction

2017/18 Goal:

Develop and implement sustainability plan for the Residential Care phase of the Polypharmacy Risk Reduction initiative.

Results: Completed

- With GPSC's ongoing support for the Residential Care Initiative, the Polypharmacy Risk Reduction tools and resources are available as integrated materials to assist with practice

- Communities have confirmed 585 physicians have completed training on meaningful medication reviews. Regional mentors are available to provide support where needed.

LEADERSHIP & SUSTAINABILITY

This strategic grouping includes several somewhat disparate streams of activity – all representing initiatives that require longer range planning to sustain and maximize their value in the health system.

Teledermatology & RACE

2017/18 Goal:

Determine sustainment strategies for innovative electronic solutions, such as Teledermatology and Rapid Access to Consultative Expertise (RACE), in alignment with the Ministry's strategic direction on telehealth solutions.

Results: In Progress

- Provincial evaluation of the 5 prototype RACE/eConsult models is in process
- **2,538 primary care users** and **862 specialists** using **both telephone and 'app' for contact**. Data not yet available on users of secure messaging (SMS) application
- **More than 6,300 requests for advice were facilitated**, with **99% of primary care users** and agreeing that this **is a valuable service that should be sustained**
- Opportunities have been identified to improve the service, and align the different regional and provincial models within a single framework. SCC will move this forward in 2018
- A recommendation to facilitate sustainability of the Teledermatology service has been supported by the Section of Dermatology, and is moving through the tariff process.

RACE gave me a level of professional satisfaction, professional empowerment and improved patient care.

Family Physician, frequent user of RACE

Evaluation

2017/18 Goal:

Implement the committee's evaluation framework, by analyzing all active projects and initiatives within the framework and reporting on the results.

Results: Completed

- Partners in Care/Transitions in Care retrospective meta-analysis completed
- SCC Evaluation Working Group has initiated process redesign, building on recommendations from the meta-analysis, with a focus on facilitating knowledge to action (knowledge mobilization) for communities partnering with Shared Care. These will be implemented in the coming year.

Key Phases of Evaluation Strategy

Leadership Training

2017/18 Goal:

Continue to support physician leadership and quality improvement skills development.

Results: Completed

92
PHYSICIANS

Supported to access

LEADERSHIP TRAINING

in 2017/18

an **INCREASE 0F**
47
over the prior year.

JOINT COLLABORATIVE COMMITTEES ALIGNMENT

In addition to their individual committee priorities, the Joint Collaborative Committees share a commitment to strengthen cross-committee alignment, and collectively support several different programs. The Shared Care Committee provides the administrative oversight and operational coordination for these shared commitments.

Joint Collaborative Committees

2017/18 Goal 1:

Strengthen alignment and collaboration across the Joint Collaborative Committees to integrate activities for priority patient populations, address issues of common interest and build collective impact.

Results: Completed

- Brought together JCC initiatives into a single administrative program, incorporating:
  - Quarterly Meetings of the JCC Co-Chairs
  - JCC Event at the BC Quality Forum
  - Health System Redesign Program
  - BC Physician Integration Program
  - BCMQI Privileging Dictionary Refresh

- For the third year, the JCC's supported a full day event, in partnership with the BC Patient Safety & Quality Council. Champions of Change was held on February 21, 2018 in Vancouver. Through rapid-fire presentations, group discussions, speakers, and 40+ posters, more than 480 attendees shared their knowledge and commitment to expand on the successful work that has taken place throughout the province and beyond.

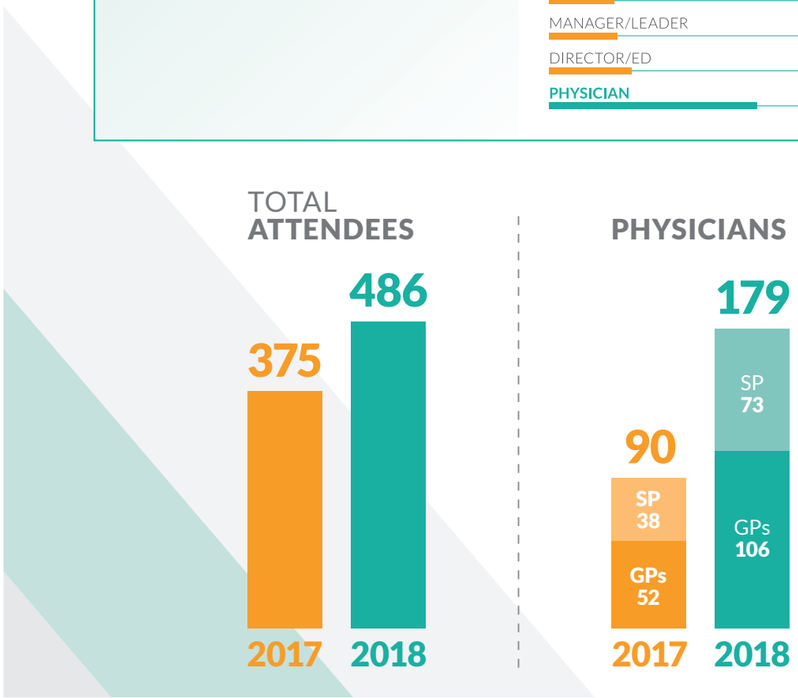
This year attendee numbers increased from 375 to 486, with a significant increase in the number of physicians attending from 90 to 179.

WHO PARTICIPATED

(what is your primary role?)

This year saw a **jump in attendee numbers from 375 to 486**, with a significant increase in the **number of physicians attending from 90 to 179**. See full breakdown of participants.

PHARMACIST	4
ALLIED HEALTH PROFESSIONAL	6
STUDENT	10
ACADEMIC/RESEARCHER	11
PATIENT/CAREGIVER/PUBLIC	13
NURSE	19
BOARD MEMBER/SENIOR EXECUTIVE TEAM	21
OTHER	35
QUALITY IMPROVEMENT	56
MANAGER/LEADER	59
DIRECTOR/ED	71
PHYSICIAN	179



2017/18 Goal 2:

On behalf of the JCC's, refine program administration and improve effectiveness of the Health System Redesign Program to facilitate authentic engagement of physicians in the design and implementation of changes to health services.

Results: Completed

- Program refresh completed, in collaboration with health authorities to incorporate IAP2 Spectrum of Engagement and clarify program administration.

Appendix A: Financial Summary

Financial Statements of

SHARED CARE PROGRAMS

(Funds and Programs Administered by Doctors of BC)

Year ended March 31, 2018

INDEPENDENT AUDITORS' REPORT

To the Members of the Shared Care Committee

We have audited the accompanying financial statements of the Shared Care Programs (Funds and Programs Administered by Doctors of BC), which comprises the statement of financial position as at March 31, 2018**,** the statements of operations and changes in net assets and cash flows for the year then ended, and notes and schedule, comprising a summary of significant accounting policies and other explanatory information.

Management's Responsibility 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 the financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on the financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform an audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on our judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, we consider internal control relevant to the entity's preparation and fair presentation of the financial statements 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 entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

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

Opinion

In our opinion, the financial statements present fairly, in all material respects, the financial position of the Shared Care Programs (Funds and Programs Administered by Doctors of BC) as at March 31, 2018 and its results of operations and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

Chartered Professional Accountants

[DATE]
Vancouver, Canada

SHARED CARE PROGRAMS

(Funds and Programs Administered by Doctors of BC)
Statement of Financial Position

March 31, 2018, with comparative information for 2017

		2018		2017
				(recast - note 4)
Assets				
Current assets:				
Cash	$	10,083,509	$	11,505,666
Accounts receivable (note 5)		2,579,344		-
Due from GPSC Collaboratives Program (note 7(b))		351,881		162,938
Due from Specialist Services Programs (note 7(c))		-		155,476
Prepaid expenses		15,866		5,252
	$	13,030,600	$	11,829,332
Liabilities and Net Assets				
Current liabilities:				
Accounts payable and accrued liabilities (note 7(a)(i))	$	1,809,355	$	2,318,495
Due to Doctors of BC (note 7(a)(iii))		595,073		487,333
Due to Specialist Services Programs (note 7(c))		181,441		-
Deferred contributions (note 6)		10,444,731		9,023,504
		13,030,600		11,829,332
Net assets		-		-
	$	13,030,600	$	11,829,332

See accompanying notes to financial statements.

Approved on behalf of the Shared Care Committee:

_____ Committee Co-Chair

_____ Committee Co-Chair

SHARED CARE PROGRAMS

(Funds and Programs Administered by Doctors of BC)
Statement of Operations and Changes in Net Assets

Year ended March 31, 2018, with comparative information for 2017

	2018	2017 (recast - note 4)
Revenue (note 6):	$ 11,400,662	$ 18,810,668
Expenses (schedule 1):		
Salaries and benefits	1,392,319	1,784,216
Office and communications	119,212	199,332
Meetings and conferences	1,737,443	1,621,530
Transfer to divisions of family practice	4,501,654	7,782,788
Transfer to health authorities	1,902,942	2,494,900
Transfer to Canadian Mental Health Association - BC Division	177,944	3,328,622
Transfer to Doctors of BC (note 7(a)(ii))	197,000	150,000
Transfer to GPSC Collaboratives Program (note 7(b)(ii))	61,879	45,268
Professional fees	565,169	318,498
Education	473,753	500,856
Evaluation	8,880	339,346
Events	1,000	-
GST expense	171,467	155,312
Administration fees (note 7(a)(i))	90,000	90,000
	11,400,662	18,810,668
Excess of revenue over expenses	-	-
Net assets, beginning and end of year	$ -	$ -

See accompanying notes to financial statements.

SHARED CARE PROGRAMS

(Funds and Programs Administered by Doctors of BC)
Statement of Cash Flows

Year ended March 31, 2018, with comparative information for 2017

	2018	2017
		(recast – note 4)
Cash provided by:		
Operating activities:		
Excess of revenue over expenses	$ -	$ -
Change in non-cash operating working capital:		
Accounts receivable	(2,579,344)	6,594,444
Due from GPSC Collaboratives Program	(188,943)	(98,170)
Due from / to Specialist Services Programs	336,917	(63,845)
Prepaid expenses	(10,614)	(3,423)
Accounts payable and accrued liabilities	(509,140)	819,181
Due to Doctors of BC	107,740	167,661
Deferred contributions	1,421,227	(2,317,541)
Increase (decrease) in cash	(1,422,157)	5,098,307
Cash, beginning of year	11,505,666	6,407,359
Cash, end of year	$ 10,083,509	$ 11,505,666

See accompanying notes to financial statements.

1. Operations and purpose of the Shared Care Programs:

The purpose of the Shared Care Programs (Funds and Programs Administered by Doctors of BC) (the "Program") is to improve shared care between general practitioners ("GPs"), 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) 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.

(c) 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.

(d) Rapid Access to Consultative Expertise ("RACE"):

This initiative is designed to increase family physician access to specialist consultation and to improve communication and knowledge transfer between different care.

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

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

(f) 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.

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

(g) 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.

(h) 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").

(i) Collective Impact - Seniors:

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

(j) Chronic Pain:

This initiative supports physician interest in addressing chronic pain more effectively, in alignment with provincial strategies and in collaboration with Pain BC, to better meet patient needs while recognizing the important link between chronic pain and opioid addiction.

(k) Maternity Network:

This initiative supports communities to share learnings, facilitate mentorship, and build cross-provincial alignment on interdisciplinary maternity care in BC, in collaboration with Perinatal Services BC, the General Practice Service Committee ("GPSC") Maternity Working Group, the Joint Standing Committee on Rural Issues ("JSC") Rural Obstetrical Surgical Networks and other JCC initiatives.

(l) Youth Transitions:

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

(m) Spread Resource Prototype:

To support accelerated spread of successful work, facilitate increased effectiveness in mentoring and adopting work across the province, and build stronger practice in planning for long term sustainability of positive solutions.

(n) 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.

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

(o) JCC Initiatives:

There are several initiatives which are jointly delivered by three or more of the JCC's (GPSC, JSC, SCC, SSC), with funding shared between the participating committees, and administrative coordination and staff support provided by the SCC:

(i) Health System Redesign: In partnership with the GPSC and the SSC, this initiative provides resources to health authorities to facilitate physician involvement in the design and implementation of health services.

(ii) JCC Event – BC Quality Forum: To build awareness and engagement in quality improvement activities led by physicians and other health professionals, foster a shared quality culture, team-based care models and spread innovative ideas that address health care challenges and gaps.

(iii) BC Physician Integration Program ("BC PIP"): To support the successful transition of practice-eligible international medical graduates to practice medicine in BC.

(iv) Joint Co-Chairs Table, Program Enablers and Communications: Cross JCC alignment on strategic directions, policies and engagement.

(p) Community Practice and Quality ("CPQ"):

CPQ provides GPs with the resources and support to identify and make changes to their clinical practice for improved patient health outcomes and physician professional satisfaction. Currently, SCP provides funding for the module development of the COPD – heart failure learning modules.

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 ("JCCAA") 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*.

3. Significant accounting policies (continued):

(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 to/ 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. Recast of comparative figures:

During the year, management determined that there was an immaterial adjustment relating to GST amounts owing from the Program to Doctors of BC. Management has corrected this adjustment on a retroactive basis by recasting the comparative balances. The comparative figures as at and for the year ended March 31, 2017 have been recast as follows:

	As previously reported	Adjustment	As recast
Statement of financial position:			
Due to Doctors of BC	$ 135,718	$ 351,615	$ 487,333
Deferred contributions	9,375,119	(351,615)	9,023,504
Statement of operations and changes in net assets:			
Revenue	18,655,356	155,312	18,810,668
GST expense	-	155,312	155,312

5. Accounts receivable:

	2018	2017
Contributions receivable from government	$ 2,153,491	$ -
Amounts receivable from CYMHSU Collaborative partners	425,853	-
	$ 2,579,344	$ -

6. Deferred contributions:

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

	Program Enablers	Special Projects	Working Groups	RACE	PiC / TiC	CYMHSU Collaborative	Polypharmacy	Teledermatology	Collective Impact - Seniors	Subtotal carried forward
Balance, beginning of year (recast - note 4)	$ 316,351	$ -	$ 136,020	$ -	$ 780,414	$ 2,040,361	$ (173,327)	$ 75,091	$ 72,665	$ 3,247,575
Contributions from Government	-	-	-	-	-	-	-	-	-	-
Contributions receivable from Government	-	-	-	-	-	-	-	-	-	-
Contributions from other programs (notes 7(b)(i) and 7(c))	-	-	-	-	-	-	-	-	-	-
Receipt of unspent funds	-	-	-	-	-	425,853	-	-	-	425,853
Interest earned	152,581	-	-	-	-	-	-	-	-	152,581
Budget allocations by SCC	1,202,459	500,000	13,980	200,000	5,118,376	948,245	773,327	124,909	927,335	9,808,631
Amounts recognized as revenue	(1,575,051)	-	(91,923)	(204,134)	(3,374,970)	(1,843,241)	(301,403)	(199,901)	(38,672)	(7,629,295)
Balance, end of year	$ 96,340	$ 500,000	$ 58,077	$ (4,134)	$ 2,523,820	$ 1,571,218	$ 298,597	$ 99	$ 961,328	$ 6,005,345

	Subtotal brought forward	Chronic Pain	Maternity Network	Youth Transitions	Spread Resource Prototype	Scholarships	JCC Initiatives	CPQ	Transfer for Committee Costs	Unallocated General	2018	2017 (recast - note 4)
Balance, beginning of year (recast - note 4)	$ 3,247,575	$ -	$ -	$ 2,408	$ -	$ (118,805)	$ 858,692	$ 204,732	$ -	$ 4,828,902	$ 9,023,504	$ 11,341,045
Contributions from Government	-	-	-	-	-	-	-	-	-	8,437,916	8,437,916	14,204,069
Contributions receivable from Government	-	-	-	-	-	-	91,407	-	-	2,062,084	2,153,491	(6,500,000)
Contributions from other programs (notes 7(b)(i) and 7(c))	-	-	-	-	-	-	1,606,981	-	-	-	1,606,981	8,710,952
Receipt of unspent funds	425,853	-	-	-	-	-	-	-		45,067	470,920	7,768
Interest earned	152,581	-	-	-	-	-	-	-	-	-	152,581	70,338
Budget allocations by SCC	9,808,631	2,396	512,000	(2,408)	200,000	443,805	531,330	(4,732)	197,000	(11,688,022)	-	-
Amounts recognized as revenue	(7,629,295)	(2,396)	(424,013)	-	-	(546,728)	(2,539,351)	(61,879)	(197,000)	-	(11,400,662)	(18,810,668)
Balance, end of year	$ 6,005,345	$ -	$ 87,987	$ -	$ 200,000	$ (221,728)	$ 549,059	$ 138,121	$ -	$ 3,685,947	$ 10,444,731	$ 9,023,504

7. Related party transactions and balances:

(a) Doctors of BC:

(*i*) Administration costs:

The Government and MSC have entered into the JCCAA with Doctors of BC for the term of the PMA for Doctors of BC to administer the Program with administrative costs to be recovered from the funding made available to the Program. During the year ended March 31, 2018, the Program paid $90,000 (2017 - $90,000) for administrative services provided by the Doctors of BC. As at March 31, 2018, $22,500 (2017 - $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, 2018, the Program provided $197,000 (2017 - $150,000) to Doctors of BC to pay for committee costs, and received $45,067 (2017 - $7,768) from Doctors of BC relating to unspent funds for committee costs from previous years.

(*iii*) Other costs:

Doctors of BC pays certain expenses, including payroll, on behalf of the Program and charges the Program for these expenses at cost. As at March 31, 2018, the Program had a payable of $595,073 (2017 - $487,333) to Doctors of BC relating to these expenses paid by Doctors of BC on behalf of the Program.

(b) GPSC Collaboratives:

(*i*) Contributions received:

During the year ended March 31, 2018, the Program received contributions of $nil (2017 - $3,500,000) for Shared Care initiatives and $1,075,651 for the JCC initiatives (2017 - $855,476).

(*ii*) Contributions provided:

During the year ended March 31, 2018, the Program provided contributions of $61,879 (2017 - $45,268) for CPQ.

As at March 31, 2018, the Program had a receivable of $351,881 (2017 - $162,938) from GPSC Collaboratives relating to funding allocated but not yet received.

(c) Specialist Services:

During the year ended March 31, 2018, the Program received contributions of $nil (2017 - $3,500,000) for Shared Care initiatives, $531,330 for the JCC initiatives (2017 - $780,407), and nil for Scholarships (2017 - $75,069).

As at March 31, 2018, the Program had a payable of $181,441 (2017 – receivable of $155,476) from Specialist Services relating to funding allocated but not yet paid.

8. Financial risks:

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

9. Comparative information:

Certain comparative information have been reclassified to conform with the financial statement presentation in the current year.

SHARED CARE PROGRAMS

(Funds and Programs Administered by Doctors of BC)
Notes to the Financial Statements (continued)

Year ended March 31, 2018

Schedule 1

(a) Year ended March 31, 2018:

	Program Enablers	Working Groups	RACE	PiC / TiC	CYMHSU Collaborative	Polypharmacy	Teledermatology	Subtotal carried forward
Salaries and benefits	$ 1,039,059	$ -	$ -	$ -	$ 222,723	$ 16,150	$ -	$ 1,277,932
Office and communications	62,354	-	-	132	23,457	4,893	-	90,836
Meetings and conferences	204,295	423	-	19,283	443,901	240,531	7,343	915,776
Transfer to divisions of family practice	-	-	-	3,299,671	815,072	25,000	(20,329)	4,119,414
Transfer to health authorities	-	-	204,134	-	2,500	-	-	206,634
Transfer to Canadian Mental Health Association - BC Division	-	-	-	-	177,944	-	-	177,944
Transfer to Doctors of BC	-	-	-	-	-	-	-	-
Transfer to GPSC Collaboratives Program	-	-	-	-	-	-	-	-
Professional fees	6,876	91,500	-	55,884	157,644	5,265	212,887	530,056
Education	-	-	-	-	-	684	-	684
Evaluation	-	-	-	-	-	8,880	-	8,880
Events	1,000	-	-	-	-	-	-	1,000
GST expense	171,467	-	-	-	-	-	-	171,467
Administration fees	90,000	-	-	-	-	-	-	90,000
Total expenses	$ 1,575,051	$ 91,923	$ 204,134	$ 3,374,970	$ 1,843,241	$ 301,403	$ 199,901	$ 7,590,623

	Subtotal brought forward	Collective Impact - Seniors	Chronic Pain	Maternity Network	Scholarships	JCC Initiatives	CPQ	Transfer for Committee Costs	Total 2018
Salaries and benefits	$ 1,277,932	$ 17,175	$ -	$ -	$ -	$ 97,212	$ -	$ -	$ 1,392,319
Office and communications	90,836	-	-	564	50	27,762	-	-	119,212
Meetings and conferences	915,776	14,897	2,396	13,919	182,708	607,747	-	-	1,737,443
Transfer to divisions of family practice	4,119,414	-	-	382,240	-	-	-	-	4,501,654
Transfer to health authorities	206,634	-	-	-	-	1,696,308	-	-	1,902,942
Transfer to Canadian Mental Health Association - BC Division	177,944	-	-	-	-	-	-	-	177,944
Transfer to Doctors of BC	-	-	-	-	-	-	-	197,000	197,000
Transfer to GPSC Collaboratives Program	-	-	-	-	-	-	61,879	-	61,879
Professional fees	530,056	6,600	-	27,290	-	1,223	-	-	565,169
Education	684	-	-	-	363,970	109,099	-	-	473,753
Evaluation	8,880	-	-	-	-	-	-	-	8,880
Events	1,000	-	-	-	-	-	-	-	1,000
GST expense	171,467	-	-	-	-	-	-	-	171,467
Administration fees	90,000	-	-	-	-	-	-	-	90,000
Total expenses	$ 7,590,623	$ 38,672	$ 2,396	$ 424,013	$ 546,728	$ 2,539,351	$ 61,879	$ 197,000	$ 11,400,662

(b) Year ended March 31, 2017:

	Program Enablers (recast - note 4)	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
Transfer to Doctors of BC	-	-	-	-	-	-	-	-
Transfer to GPSC Collaboratives Program	-	-	-	-	-	-	-	-
Professional fees	59,372	-	-	23,208	1,524	17,609	166,465	268,178
Education	-	-	-	-	-	-	-	-
Evaluation	-	63,980	-	-	137,870	137,496	-	339,346
GST expense	155,312	-	-	-	-	-	-	155,312
Administration fees	90,000	-	-	-	-	-	-	90,000
Total expenses	$ 2,084,771	$ 63,980	$ 3,787	$ 4,219,586	$ 7,761,394	$ 873,327	$ 174,909	$ 15,181,754

	Subtotal brought forward	Collective Impact - Seniors	Youth Transitions	Scholarships	Redesign	CPQ	Transfer for Committee Costs	Total 2017 (recast - note 4)
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
Transfer to Doctors of BC	-	-	-	-	-	-	150,000	150,000
Transfer to GPSC Collaboratives Program	-	-	-		-	45,268	-	45,268
Professional fees	268,178	2,438	2,888	-	44,994	-	-	318,498
Education	-	-	-	500,856	-	-	-	500,856
Evaluation	339,346	-	-	-	-	-	-	339,346
GST expense	155,312	-	-	-	-	-	-	155,312
Administration fees	90,000	-	-	-	-	-	-	90,000
Total expenses	$ 15,181,754	$ 27,335	$ 4,092	$ 594,012	$ 2,808,207	$ 45,268	$ 150,000	$ 18,810,668

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BRITISH COLUMBIA

doctors of bc