REACH
Community Health Centre

Annual Report 2018

REACH COMMUNITY HEALTH CENTRE

We provide primary health care predominantly to the residents of East Vancouver in order to reduce health inequities and promote healthy communities.

Index

President's Report

2017-18 was another busy, dynamic and successful year at REACH.

Highlights of the year include:

➢ Moving back into our home on Commercial Drive. We had a very successful re-opening celebration in November 2017. Many local dignitaries, past employees and the Minister of Health spoke at our celebration, all lauding the vision and delivery of services REACH offers. Thanks to Board member Bill Hood for organizing this wonderful event.

➢ Saying good-bye to Geoffrey Trafford, Executive Director from 2016-18 and welcoming Nicole LeMire as our new ED. Sandwiched in between Geoff's departure and Nicole's arrival was Barbara Wood, who took on the role temporarily as a bridge between Geoff and Nicole. We wish Geoff good luck in his future endeavors; thank Barbara from the bottom of our hearts for doing such a fabulous job keeping us afloat while we conducted our ED search, and welcome Nicole with open arms. Nicole is returning to REACH, having been the manager of operations from 2013 to 2016. Thank you to the ED search committee, Maria Botero, Lori Damon, Patricia Dabiri, Mike Ma and Una Walsh. It was a wonderfully professional and responsible group that did an amazing job of interviewing and recommending candidates. Special thanks to Una for bringing her HR expertise to this monumental task.

➢ Joining the BC Association of Community Health Centres. REACH Board member Colleen Fuller now represents us on BCACHC as she was elected as a director in May 2018.

➢ Working with the Catherine White Holman Wellness Centre to support transgender people. We will open up our medical clinic facilities to CWHWC on Sundays.

Elected Members of the Board of REACH:

Scott Clark
Diana Day
Karen Dean
Colleen Fuller
Bill Hood
Ruth Herman
Neal Jennings
Jim LeMaistre
Mike Ma
Emma Macklem
Piotr Majkowski
Alice J. Munro
Una Walsh

Staff Representatives of the Board:

Andrew Ho (Dental)
Patricia Dabiri (MFC)
Lloyd Purdy

It has been a pleasure working with a dedicated, socially just and good spirited group of people!

President's Report Continued

- Committing to implementing the 9 Calls to Action of the Truth and Reconciliation Commission report that pertain to health care. The Board is committed to Reach's continued evolution in outlook and practice to ensure that the indigenous community is welcomed, represented and well served at REACH.

- Preparing submissions to the Ministry of Health on a new model of funding for REACH and funding for the implementation of three new programs. REACH's proposal includes a chronic care program, a youth mental health and substance use program for indigenous and non-indigenous youth, and establishing a de-prescribing clinic and program with UBC's Therapeutics Initiative. Our proposal was well received by the Ministry of Health staff and Minister Adrian Dix; we are waiting to hear the final response to our proposal (to read the detailed proposal, see Appendix 2).

- Deciding to use the commercial retail space beside the entrance and pharmacy areas for our own programs. Having moved back into the building and considered on our proposal for new programs, the Board determined that the space adjacent to the Centre was going to be needed for our own programs and agreed not to rent it out to other organizations or agencies at this point.

- Bringing Naloxone kits to REACH pharmacy for distribution to the community and training board and staff members on how to use them. Thank you to REACH's pharmacist, Afshin Jaberi, nurse Natalie Blair, and Wendy Redhead, medical coordinator for this program.

- Becoming a living wage employer. The Board made the decision in January to ensure that all direct employees receive a living wage. In addition, we are trying to ensure that all sub-contracted employees also receive a living wage through their primary employers.

There have been many other initiatives arising out of the work of the committees of the Board of REACH. Each committee has detailed its activities under its own report.

We said good-bye and thank you to Karen Dean for her excellent work on the Human Resources committee and wish her well in Haida Gwaii, where she has moved with her family. Thank you to Bill Hood, Jim LeMaistre, Piotr Majkowski, Emma Macklem and Alice Munro for being the stalwarts who prepared soup, bread and dessert for the staff at our regular staff/board lunches.

A special thanks goes to my sisters and brother, members on the Executive, Colleen Fuller, Ruth Herman and Neal Jennings. These three have worked tirelessly on your behalf this year, guiding REACH wisely, deliberately and fairly.

Respectfully submitted:
Jane Turner, President of the Board of Directors

Executive Director's Report

The future is bright! We have started looking at operationalizing new programs with the goal of improving attachment and access to primary health care. The operational plan will be developed based on our recent proposal for global funding, and on discussions with individual staff, managers, the medical team and representatives from the pharmacy and MFC departments. These consultations provide the basis for the drafting of an Operational plan for the Centre. In addition to focusing on health promotion and disease prevention, the plan will look at programs to address health inequalities for different segments of the East Vancouver population and respond to health care needs of the community. A monitoring and evaluation framework will be built into the plan to ensure we learn from our diverse activities and adjust accordingly.

We already started implementing new initiatives:

- *Health Care Recommendations of the Truth and Reconciliation Commission.* As a start, an indigenous health promoter was hired to work with Indigenous clients who are currently at REACH, as well as doing outreach to engage more indigenous community members in REACH programs and services.

- *De-prescribing clinic*. Our pharmacy and medical departments held several collaborative meetings with UBC's Therapeutics Initiative and with the Minister of Health to secure funding for a de-prescribing clinic at REACH.

- *Chronic Care Management.* Offered Diabetes Chronic Disease Management Group with the involvement of pharmacy, medical and MFC departments. This program ran for 6 weeks and was received very well by the clients and caregivers. More group sessions for diabetes and other chronic diseases using this template will be offered.

Operations are running great! After dealing with multiple changes in location, staffing and management, departments are now fully operational and working well in the new building. Returning to the Drive after a couple of years at two different locations seems to have been welcomed by staff.

Approximately 10,000 people receive primary health care services at REACH, amounting to over 65,000 visits to health care practitioners and a monthly average of 47 group sessions that address Social Determinants of Health. Compared to last year, we observed increases in the number of clients seen by a health care practitioner in a year: comparing August 2017 to August 2018, panel sizes increased by 8% for medical department, 15% in dental department and 40% in pharmacy department.

THANK YOU!

Thanks to staff at REACH, the integration into my new role was quite agreeable - I felt welcomed and supported.

Above all, thanks to the management team for their rigor, compassion and willingness to try different ways of providing services to meet the needs of the East Vancouver Community:

Afshin Jaberi (Pharmacy),
Maria Botero (Dental),
Pat Dabiri
(Multicultural Family Centre),
Wendy Redhead and Dr. Lloyd Purdy
(Medical)

The Board of Directors has been very encouraging – thanks to all directors, specifically the Executive who spent a fair amount of time supporting me.

Of course, thanks to Barbara Wood who did a wonderful job in briefing me on the many activities of the organization

Executive Director's Report Continued

Dental and pharmacy both are exceeding expectations.

Our Dental program is now operating with 7 dental operatories (instead of 4 at the temporary location). Each operatory is equipped with an x-ray machine. The dental department is fully staffed, thanks to a motion by the Board to raise CDA's salary to market rate. Those changes have contributed to a more efficient practice and consequently, production has increased. That is to say, our Dental program is running very well, allowing us to subsidize some of our low-income patients: subsidies account for an average of 20% of the total production every month. The department still has room for growth and is looking at different ways to increase the number of new patients.

Our Pharmacy has shown substantial growth with new services and increased collaboration within the Centre. After some difficulties with the completion of the new pharmacy and the move back to the Drive, our pharmacy was able to focus on further expansion. A lot of work was done to reconnect with our clients around Commercial Drive and to attract new clients through networking and partnerships, such as Mental Health and Addiction Teams. After six months in the new building, the pharmacy has reached a prescription count of approximately 4,000/month thereby increasing its client base by 75% and its revenue by 50%.

Staffing
Our Principal Asset

This past year REACH was marked by a higher than usual staff turnover. In particular, we welcomed:

- Clare Alexander and Birinder Narang, Physicians;
- Wendy Redhead, Medical Coordinator;
- Sonia Buschiazzo and Nadia Nawabzada, Medical Office Assistants;
- Sandra Yu, Certified Dental Assistant;
- Chrystal Yau, Hygienist;
- Karen Young, Dental Receptionist;
- Makiba Brown, Administrative Assistant;
- Amanda Abrams, Human Resources Coordinator;
- Bonnie Niu, Volunteer Coordinator for B4H.

To support the growth in our pharmacy, we created two positions and welcomed:

- Nathan Swartsman, Registered Pharmacy Technician, and
- Melodie Tong, Pharmacist.

Thanks to the Ministry of Health's stabilization fund, we welcomed :

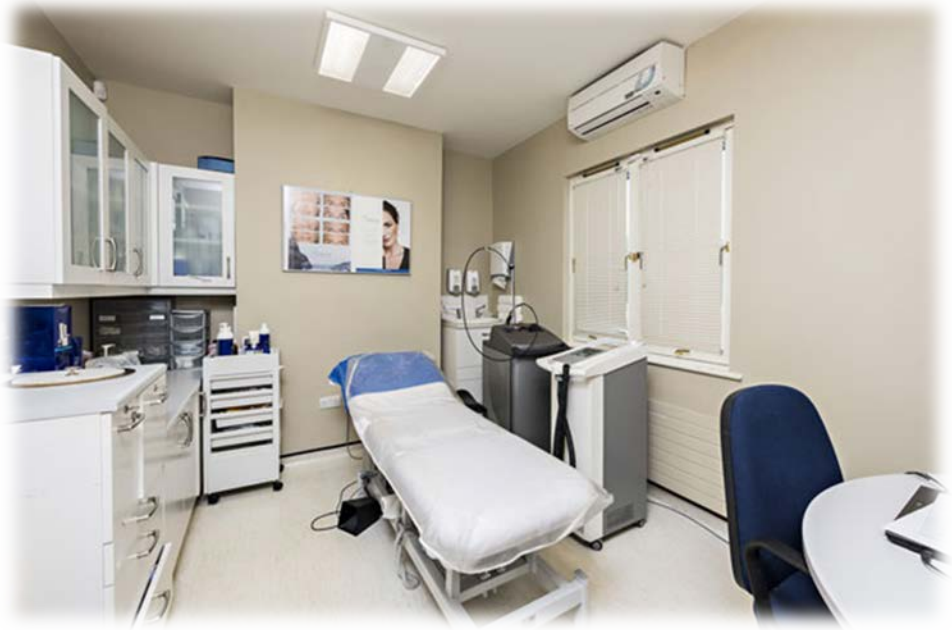
- Dena Chung, Intake Nurse and
- Katherine Letain, Indigenous Health Promoter.

We are also in the process of recruiting a Social Worker to join our medical team.

We also wish a speedy recovery to Janis O'Mara, Medical Coordinator and Diana Lyon, Dental Hygienist.

For all those who, for diverse reasons left our organization, we wish them the best of luck in their future endeavors.

Executive Director's Report Continued



Our ***Medical Department is looking forward to team-based care and improving process for empanelment.*** Medical department 'away day' took place in early September 2018, with thanks to Britannia for generously providing the space. Focusing on REACH vision as a Patient Medical Home, the team investigated how to formalize team-based care and improve organizational integration and access. Working groups were created to discuss objectives for programs defined in the global funding proposal: De-prescribing, Mental Health and Substance Use and, Chronic Care Management. Further work in these areas will take place in the next few weeks.

Throughout the year, activities took place to improve workflow and efficiencies. Initiatives were developed to decrease the number of people on our waiting list and to reduce the no show rates. To handle our huge waitlist (1,494 applicants between November 2017 and May 2018), June saw its first group intake of new patients, reducing waiting times for new patients without impacting physician availability for existing ones. These group intakes are now being held monthly and consistently fully attended. At the end of August, 41% of all applicants were accepted; 10% either did not show to the clinic or we were unable to contact; 22% were refused mostly because they were out of catchment area and 26% are still pending application review.

Again this year, the Practice Support Program of the General Practice Services Committee agreed to assist our staff and physicians in improving efficiency, implementing team-based care, panel clean up and disease registry improvement to generate a meaningful medical practice dashboard.

Multicultural Family Cente (MFC) is as strong as ever! MFC works with immigrant and refugee communities to deliver culturally-responsive health

Collaboration within REACH

Creation and delivery of a new Diabetes Chronic Disease Management Group with the involvement of the MFC and medical departments.

After certification of our staff for injections, pharmacy staff collaborated with the Medical Department during the Flu Clinics.

After receiving its Methadone License, the pharmacy is now integrated with REACH physicians to administer daily witness Opioid Addiction Treatment. This includes Methadone, Suboxone, Kadian and injectable opioids in the future.

Participation at the Universal National Pharmacare stakeholders' roundtables - a day-long session. A report was sent to the Canadian Association of CHCs.

Involvement in the development of the much anticipated de-prescribing clinic.

Creation of an outreach committee.

Executive Director's Report Continued

promotion programs and help address the social determinants of health. The MFC has created a place where people feel welcome at any time. Services and programs offered by our MFC department include:
Drop-in information, service navigation, and brief counseling sessions:

- 5,737 individual service contacts; 1,141 individuals
- Cross-cultural facilitation of medical and community agency appointments (enhanced interpretation): 2,850 sessions, 727 individuals
- 16 culturally specific groups, attended by 714 individual participants
- Basics for Health program run by student volunteers, assists our clients in navigating different community services. The program is lead by a Volunteer Coordinator who is responsible for the recruitment and training of volunteers for the program.

MFC services and programs run on an annual budget of less than $500,000, provided by 15 funders, requiring quarterly and/or annual reporting, and reapplication on an annual, biannual, or tri-annual basis.

Outreach activities, an important part of our operations. REACH staff participated and collaborated in numerous community activities and planning in order to strengthen our relationship with partners in the community: Kettle, Central Intake, Robert and Lily Lee Family CHC (RLLFCHC), Connections and Raven Song, various mental health teams and diverse VCH programs.

We also partnered with organizations to increase health care services and programs within East Vancouver:

- Health Initiative for Men (HIM) – a non-profit organization that aims to strengthen the health and wellness of gay men
- Vancouver Native Housing Society (VNHS) – a non-profit that is looking for more support to help provide affordable housing for Indigenous peoples
- Inter Pares to host their public event Inter Pares Women's Health, Women's Rights Tour 2018
- Catherine White Hollman Wellness Centre (CWHWC) – a non-profit organization that provides low barrier wellness services to trans and gender diverse people
- Britannia's Grandview Woodlands Food Connection to offer a health and wellness program (Food Fit).
- Britannia to offer "Weaving our Community Together" project financed by Indigenous and Northern Affairs Canada. Youth programming (included)
- First Nations Health Authority to host a group of dental therapists who will do dental work for 6 to 8 patients that cannot afford to pay for treatment.
- New Chelsea to offer successful summer ice cream events building better communication with the multicultural community
- RICHER table to submit a proposal re Jordon's Principle for funding needs in the community
- Dan's Legacy to offer a Youth Queer drop-in program group at REACH.

Collaboration within the Community

BC Association of Community Health Centres;

BC Health Coalition;

BC Ministry of Health;

Broadway Youth Table;

Canadian Associations of Community Health Centres;

Canadian Association of Public Health Dentistry;

City of Vancouver Health City;

Fraser Region Aboriginal Friendship Centre;

Grandview-Woodland Area Service Team (GWAST);

Hip hop program;

Metro-Vancouver Alliance;

Multicultural Health Workers National Gathering;

New Chelsea; Our Place/Youth matters;

Primary care program at Vancouver Coastal Health Authority;

Raycam;

RICHER and RICHER' BCCH for vulnerable youth;

School Counsellors;

Dan's Legacy;

UBC School of Business,

UBC Dental School;

Universal National Pharmacare stakeholder's roundtables;

Vancouver Recovery club.

Executive Director's Report Continued

Education is a fundamental activity.

In all our departments, we have increased our involvement in education for students:

- Graduate students in collaboration with Raycam under the supervision of our counsellor
- Student Nurse Practitioner placement from University of Victoria (UVIC) under the direction of one of our physicians
- Medical Resident from University of British Columbia (UBC) under the direction of two of our physicians
- Nursing student from Douglas College under the supervision of our advanced nurses
- Certified Dental Assistant program practicum students from Vancouver Community College (VCC) under the supervision of our Dental manager
- Master of Public Health Student from Simon Fraser University (SFU) under the guidance of our Pharmacy manager
- Social Work students (BSW and MSW) under the supervision of MFC manager
- Summer students have been hired under the federal Canada Summer Jobs program, as Summer Camp Leaders for the 8-week African Children's Summer Literacy Camp.
- SFU students created three documentary-style videos for REACH, which were posted on social media in January to engage new members and patients for REACH.
- Nursing students at VCC

All activities of the Centre are supported by ***dedicated and competent administrative staff*** who work every day to ensure their colleagues have all they need to do their work.

Looking forward, we will continue to address social determinants of health and use evidence-based and best practices approaches to ensure health outcomes associated to our activities actually improve the health of our community.

We are in the process of creating new services and programs to increase attachment and access to our services. It is my hope that services will be better integrated within the Centre, especially services and programs offered by MFC to reduce red tape and inefficiencies. If possible, these services and programs will be open to the Primary Care Network.

We will build into our operations a monitoring and evaluation framework, so access, utilization, and quality of care are analysed and adjusted in a timely manner.

Submitted by Nicole LeMire, Executive Director

Treasurer's Report

REACH has had another strong financial year, thanks to our very dedicated staff who did an excellent job dealing with another year of temporary locations and, ultimately, our big move back to the Drive.

This was a year full of uncertainty, with the completion of our construction project, the move back in, and some changes in leadership.

Staff were very careful to ensure the move went smoothly, that we didn't lose clients during or after the move, and that we didn't incur any excess costs.

Revenue after direct expenses increased by $131,000 over the previous year, continuing the trend from 2017. After accounting for administrative expenses, temporary location costs, and an accounting write-off of old equipment that was replaced in the move, the current year surplus ended up at $369,000.

While we're glad to have the profit this year to help cover our construction costs, REACH has been belt-tightening the last couple of years to ensure we could make ends meet during this difficult construction period. We are all glad to be able to breathe again knowing that REACH made it through this turbulent year without incurring a loss, and the board continues its work to ensure that every dollar that comes through the door is invested in our organization, our staff, and our community.

Condensed Statement of Revenues and Expenditures & Members Equity for the Year Ended March 31, 2018

Revenue	**2018**	**2017**
	$	$
Medical Grants	2,715,246	2,854,429
Dental Fees	1,859,619	1,696,537
Pharmacy Sales	1,071,292	686,545
Multicultural Family Services	486,706	460,269
Other	36,918	17,036
	6,169,781	**5,714,816**
Expenses		
Salaries and Benefits	4,050,225	3,995,178
Direct Services and Supplies	872,382	599,703
Administration	877,989	849,474
	5,800,596	**5,444,355**
Net Assets		
Net Revenue over Expenditures	369,185	270,461
Internally restricted for contingency purposes	500,433	512,761
Invested in property & equipment	1,491,740	1,208,951
Total Net Assets	**2,361,358**	**1,992,173**

On that note, we did complete construction on the building during the year, and the project came in just under $8 million. We also finalized our mortgage agreement with Vancity, which now provides us with some consistency in our cash flows going forward.

With all that has been going on, the Finance Committee has had a busy year, but we still also managed to find time to complete an update of several of REACH's financial policies. I want to thank the Finance Committee members, Jill Kelly and Abbe Nielsen, as well as staff members Henry Yuen, Nicole LeMire, Barbara Wood, and Geoff Trafford, for all their commitment and effort through this year.

Submitted by Neal Jennings, Treasurer

Committee Reports

Program Planning & Evaluation

This year the PPEC did a program review and examined issues related to the pharmacy, to MFC, to space requirements, and to the medical department, as well as monitoring our funding proposal that went to the Ministry of Health. Thanks to all members for their hard work.

Human Resources

Members of the Committee in 2017/18:
Bill Hood, Nicole LeMire (staff), Emma Macklem, Jane Turner, Una Walsh (chair)

The mandate of the HR Committee is to make recommendations and assist the Board on the effective implementation and application of sound human resource policies that are aligned with the Organization's Values, Vision, Mission and Strategic Direction. On an ongoing and as-needed basis, the committee also assists in resolving any personnel issues which have been referred to it.

The committee met regularly this year and its top priority was the recruitment and selection process for the new Executive Director. This year, REACH also becomes a Living Wage employer, committing to pay all direct employees (full-time, part-time, and casual), as a minimum, the current living wage rate for Vancouver. Additionally, as part of a Joint Board-staff committee, the committee is currently reviewing the salary grid, compensation rates and benefit packages of all employees and will make further recommendations to the Board regarding these.

In making these recommendations, the committee will be guided by the following principles adopted by the Board:

- REACH is a Living Wage employer
- REACH pays its employees at least market rates
- Upon successful completion of a performance review, all employees performing the same job will be paid the same wage.

Members
Program Planning & Evaluation

Ruth Herman chair,
Piotr Majkowski,
Colleen Fuller,
Emma Macklem,
Nicole LeMire

Members
Human Resources

Una Walsh chair,
Jane Turner,
Bill Hood,
Emma Macklem,
Nicole LeMire
Amanda Abrams

Members
Outreach Committee

Bill Hood chair
Colleen Fuller
Alice J. Munro
Scott Clarke
Piotr Majkowski
Shari Laliberte

Committee Reports Continued

Outreach Committee

We have been working daily to strengthen the relationship between REACH and the Grandview Woodland/ East Vancouver community.

Our goal is to bring greater awareness to the importance of social determinants of health. This is in line with our revised Terms of Reference for the Committee.

We have benefitted tremendously from the support and participation of nursing students from VCC, who have completed all or part of their practicums at REACH within the last year. During 2017/2018, VCC students conducted a survey of Community Health Centres across Canada, to find out how they can better address social determinants of health. They looked at such things as poverty, racism, social isolation among seniors, poor housing and inadequate public transit. The work that has been accomplished during their practicums will help us develop programs and initiatives addressing the SDOH for our patients and members. We appreciate the contribution from the VCC Nursing students and look forward to our ongoing partnership in the future.

One of our committee members represents REACH on the PharmaCare Working Group. This was established earlier in the year by the Canadian Association of CHC's, of which we are members. The group is campaigning with other organizations across the country for the National PharmaCare program. Afshin Jaberi (REACH's pharmacist) is also active and contributing efforts to this matter.

We have been actively involved in building community support for our proposal to the BC Provincial Government for Global funding. This is a type of funding that helps us expand the services and programs which are needed by our community. This includes but not limited to chronic care program, mental health and addictions counseling/support as well as a clinic to support rational medication use.

In particular, our committee has expanded as well as deepened our connections with important community organizations. To name a few: Youth Matters, Our Place, The BC Health Coalition, The Britannia Seniors, Elders Activist Group, Metro Vancouver Alliance as well as VCC World Café.

In 2017/2018 we also made a meaningful presentation to the First Nations Health Council regarding Community Health Centre in general and highlighted REACH specifically.

The Committee (along with other REACH committees) has also assisted with re-drafting the REACH by-laws that relate specifically to this Committee's production.

JOIN US

During this last year, the Outreach Committee has revised its Terms of Reference, which describes its mandate, given by the Board of Directors. The revision re-enforces the role of the committee in building alliances and partnerships with others in the community.

We welcome people who are interested in joining the Outreach Committee!

CONTACT US TO JOIN
at 251-3000 to find more.

Acknowledgements

FUNDERS:

- Vancouver Coastal Health: SMART Fund & Primary Care
- City of Vancouver
- Community Action Initiative
- British Columbia Gaming Commission
- United Way of the Lower Mainland
- BC Council for Families
- Service Canada
- TELUS
- BC Ministry of Jobs Tourism and Skills Training: Welcome BC
- Immigration Refugees and Citizenship Canada
- Coast Capital Savings
- Evergreen Foundation
- Green Shield Canada
- Province of BC Community Action Initiative
- BC Dental Association
- Line One

Colleagues & consultants who helped us this year.

- Britannia Community Service Centre
- BCIT School of Nursing
- University of British Columbia School of Social Work
- Dalhousie University School of Social Work
- Kiwassa Neighbourhood House
- Volunteers with Basics4Health
- Community volunteers
- AMSSA
- Watari
- SUCCESS
- Frontier College
- Burnaby Family Life
- MOSAIC
- SFU Friends of Simon

Thank you

A special **Thank You**
to all of our Volunteers

Appendix 1: Vision, Mission and Values

Directional Statement

We provide primary health care[1] predominantly to the residents of East Vancouver[2] in order to reduce health inequities and promote healthy communities.

Vision

A sustainable, healthy community

Mission Statement

REACH Community Health Centre is a community[3]-governed organization that believes that good health is a state of physical, mental and social well-being. We provide innovative, high-quality primary health and dental care, social and educational services to support the physical and mental health and well-being of our community and the individuals within it.

[1] Primary health care (PHC) is the first level of contact with the health system to promote health, prevent illness, care for common illnesses, and manage ongoing health problems. PHC extends beyond the traditional health sector and includes all human services that play a part in addressing the interrelated factors that affect health. It includes but is not limited to health promotion, illness prevention, home support, dental care, social and educational services and community engagement, community rehabilitation, pre-hospital emergency medical services, and coordination and referral to public health services such as water, light, food, disease control.

[2] Per policy statement on Membership where East Vancouver is defined as "On the north by Burrard Inlet, south to 49th Avenue; and east from Ontario Street to Boundary Road". (Note this is separate from restrictions arising from funding contracts.)

[3] Community: can mean a group that resides in a specific locality or groups which share common cultural or social perspectives or needs that are distinct in some respect from the larger society within which they exist. REACH, situated in East Vancouver, defines our communities in both ways.

Our Values Statement

1. Access
We believe that all people, regardless of gender, race, ability, sexual orientation, ethnicity, age or other economic or developmental factors should have access to an appropriate and wide range of integrated health and social services.

2. Equity
We are committed to reducing health inequities through our programs, services and advocacy. We recognize the profound impact that economic, social and environmental factors - such as adequate incomes, strong social support systems, safe physical environments, adequate housing and healthy eco-systems - have on people's health. Accordingly, we give special consideration to those who because of gender, race, ability, sexual orientation, ethnicity, age or other economic or developmental factors may not have adequate access to health and care.

3. Respect
We believe in the dignity and self-worth of all people. We strive to create an environment that is free from discrimination and harassment and where respect and tolerance are practiced and upheld, and where the client's autonomy, voice and right to informed consent are respected. We endeavor to recognize and support all cultural perspectives on health and healing. We believe in client-centered care and the importance of engaging clients and their families or significant others as partners in the process of health and healing. We understand that health status improves when a person has a greater sense of control over their life situation and thus we are committed to facilitating the empowerment of clients, as individuals and collectively.

4. Quality
We acknowledge that a person's health must be understood holistically, with an appreciation for the interrelationship of physical, social, emotional and spiritual aspects. Accordingly, we strive to provide a comprehensive range of evidence-informed services that are appropriate to our clients' health and social needs, focusing on primary health care and encompassing health promotion and prevention, first contact care, and management of long-term and chronic illness and disabilities. We value interdisciplinary care and collaborative working relations amongst providers, including complementary and traditional healers. We recognize the importance of offering a variety of service delivery mechanisms that are effective and appropriate for the clients we serve.

5. Community Participation
Recognizing the important role a community plays in the health of its residents and our goal of being responsive to community needs and issues, we invest in developing community partnerships and engagement, encourage community development, and provide community health education. We believe that our diverse communities can and should inform the work of REACH. Conversely, an important function of REACH is to support this engagement. Community boards and committees provide a mechanism for Centres to be responsive to the needs of their respective communities, and for communities to develop a sense of ownership over "their" Centres.

6. Communication
Recognizing the impact of social and economic health status on population health, we will take steps to educate our community and partners about the importance of addressing health inequities and support our service providers to provide proactive care.

Appendix 2: Global Funding

Reach Centre Association
Proposal to the Ministry of Health
Global Funding for Reach Community Health Centre
March 2018

EXECUTIVE SUMMARY

REACH Community Health Centre is proposing that the Ministry of Health develop a pilot program to change funding for the medical services and programs at REACH from the Alternative Payment Program (APP) to a global funding model.

East Vancouver is home to the largest urban Indigenous population in the province. Changing the way health care is offered is central to responding to the Truth and Reconciliation Commission (TRC) Calls to Action on health care for Indigenous communities. Providing health care using a physician centric funding plan, such as the APP or Fee for Service model, will not allow REACH to explore delivering health care to Indigenous people using different models of delivery.

REACH Community Health Centre is proposing that the Ministry of Health change REACH's mandate from only serving 5% of the most complex patients to serving 20% of the population who have the most complex health needs.

REACH is proposing to add three new programs to its services in order to better meet the needs of the people living in its community and respond to the TRC Calls to Action. They are:

- a de-prescribing clinic in partnership with UBC's Therapeutics Initiative
- a community-based chronic care/education program and
- a mental wellness and substance use/abuse program for youth, including Indigenous and non-Indigenous youth and young adults, and those transitioning out of foster care.

REACH wants to play a significant role in the Ministry's Primary Care Network in east Vancouver.

REACH is proposing that the Ministry of Health, in conjunction with members of the Health Sciences Faculty at Simon Fraser University, fund a long-term study to evaluate the success of delivering quality, cost-efficient, community health care through a global funding model.

RECOMMENDATIONS

Recommendation 1: *That the Ministry of Health through the Vancouver Coastal Health Authority initiate a pilot project funding health care services at REACH CHC using a global funding model.*

Recommendation 2: *That the Ministry of Health through Vancouver Coastal Health Authority change REACH's mandate to serve 20% of the most medically complex population.*

Recommendation 3: *That the Ministry of Health designate REACH CHC an integral part of the Primary Care Network in East Vancouver.*

Recommendation 4: *That the Ministry of Health, in conjunction with members of the Health Sciences Faculty at Simon Fraser University fund a long term study to evaluate the success of a global funding model at REACH.*

BACKGROUND

REACH is a Community Health Centre[4] located on Commercial Drive in east Vancouver, on the traditional and unceded territory of the Coast Salish people, specifically the xwməθkwəy̓əm (Musqueam) Sḵwxwú7mesh (Squamish) and Səl̓ílwətaɬ (Tsleil-Waututh) Nations.

As a CHC, REACH provides medical, dental and pharmacy services and support programs to Indigenous, immigrant and refugee populations through its Multicultural Family Centre. REACH's medical mandate is to serve the 5% most complex medical patients in our geographic catchment area, which extends from 41st Avenue to Burrard Inlet and Ontario Street to Boundary Road. This geographic region is home to the largest urban Aboriginal population in the province. We have three secondary schools in our catchment area, Britannia, Vancouver Technical and Templeton, the aboriginal populations of which are the only student populations maintaining their numbers in the schools.[5] The catchment area is also home to an increasingly aging population. While the whole area is gentrifying there are still deep pockets of poverty and need.

REACH's medical practice is currently funded through the Alternate Payment Program which provides funding primarily for doctors' salaries with some additional funding for allied health workers' salaries. In total APP funding allows REACH to employ 6.97 (FTE) physicians, as well as 1.8 nurses, a 0.6 LPN, a 0.6 social worker, a 1.0 counsellor and a .5 pharmacist.

REACH supports the delivery of health care and programs to its patients through supplementary funding provided by its fee for service dental facility, its fee for service pharmacy and grants provided to the Multicultural Family Centre. In addition, REACH owns its recently renovated building at 1145 Commercial Drive.

OUR PROPOSAL

REACH is proposing that the Ministry of Health, through the Vancouver Coastal Health Authority, provide funding for REACH's medical services through a global funding model. This would allow REACH to improve and expand its team-based health care services in order to better serve the community. For the initial phase REACH will add a number of targeted programs:

- a deprescribing clinic in partnership with UBC's Therapeutics Initiative
- a community-based chronic care/education program and
- a mental wellness and substance use/abuse program for youth, including Indigenous and non-Indigenous youth and young adults, and those in transition out of foster care.

In addition to a strong focus on health promotion and disease prevention, REACH Community Health Centre aims to establish spaces and processes to support the health care recommendations of the TRC Calls to Action which calls upon health care providers to address the wide disparities in health outcomes between Indigenous and non-Indigenous peoples.

Global funding would support an increase the number of allied health workers to strengthen the team –based approach currently in use at REACH to complement current and proposed programs and to address service gaps in the community.

REACH is well-positioned to leverage its existing services and facilities and expand the scope of health care services needed in its community to become a model for a BC "brand" community health centre under the Ministry's primary

[4] By definition (updated national definition, 2016), a Community Health Centre is any not-for-profit organization, co-operative, or government agency which adheres to all five of the following domains: provides team-based, interprofessional primary care; integrates services in primary care, health promotion and community well-being; is community centred; actively addresses the social determinants of health and; demonstrates commitment to health equity and social justice. (www.cachc.ca/about-chcs/)
[5] http://vancouver.ca/files/cov/grandview-woodland-community-plan.pdf

care strategy. With the expanded programs, REACH could also be a point of referral within the Primary Care Network serving east Vancouver for patients who require chronic care support, medication reviews and de-prescribing, and early mental health interventions for Indigenous and non-Indigenous youth. A community health centre such as REACH could be a prototype of excellent, continuous, cradle-to-grave, comprehensive, team-based care.

GLOBAL FUNDING AND RECONCILIATION

REACH's geographic catchment area contains the greatest percentage of urban Indigenous people in the city of Vancouver. REACH's current mandate is to provide health care to the Aboriginal and Metis people living in its neighbourhoods and the expanded programmatic vision specifically references mental wellness for Indigenous youth. If REACH is to provide appropriate health care to Indigenous people, as outlined in the TRC Calls to Action recommendations 20, 22, 23, and 24[6] then REACH needs a more flexible funding model. The proposal supports the addition of Indigenous medical staff and allied health care professionals in order to offer "Aboriginal healing practices and use them in the treatment of Aboriginal patients" as recommended in the TRC Calls to Action recommendation 22. A physician centric payment model does not easily support the integration of Indigenous allied health professionals.

Recommendation 1: *That the Ministry of Health through the Vancouver Coastal Health Authority initiate a pilot project funding medical services at REACH CHC using a global funding model.*

RATIONALE FOR GLOBAL FUNDING

Approximately 42% of REACH's total budget ($6.8 million) is publicly funded provided through the Alternative Payment Program, administered by Vancouver Coastal Health. These programs provide salaried remuneration for physicians and allied health professionals. This model of financing limits REACH's ability to fulfill its mandate as a CHC to provide health care to the sick, to prevent or reduce illness in the community, to provide interdisciplinary care and to act as a partner with other organizations working to address social determinants of health in East Vancouver.

Specifically, REACH's contract with VCH requires REACH to target its medical services to 5% of the patient population deemed to be the most medically complex and lowest on the socio-economic ladder. A mounting body of evidence indicates that such tightly targeted programs do not achieve equity targets, either in respect to access or outcomes. Sir Michael Marmot, the chair of the WHO's Commission on Social Determinants of Health, led a review of funding strategies in the health sector and found that "tightly-managed, target-driven, initiatives [are] a step in the wrong direction.".[7] Since 20% of the population utilizes 80% of health care services,[8] a more appropriate, cost-effective and equitable focus is on the 20% of service users to reduce utilization, support better outcomes and improve overall population health.

The funding criterion for the APP undermines a population health approach to the provision of services, relying instead on reactive medical interventions. Global funding would better enable REACH to identify and respond to unmet needs in its community in a more timely and flexible way, and to work more effectively to address inequities.

Interdisciplinary, collaborative practice is a key characteristic of Community Health Centres. Studies indicate team-based care is more cost-efficient, is better able to address a broader range of problems and complex issues, and improves access by larger numbers of people.[9] REACH's current funding model is not conducive to interdisciplinary

[6] http://www.trc.ca/websites/trcinstitution/File/2015/Findings/Calls_to_Action_English2.pdf
[7] Hunter Dj, Popay J. Tannahill C, Whitehead M, Elson T. Learning Lessons from the Past: Shaping a Different Future. Marmot Review Working Committee 3. Cross-cutting sub-group report. 2009. Available at: https://www.instituteofhealthequity.org/projects/the-marmot-review-working-committee-3-report/working-committee-3-final-report.pdf
[8] IMS Institute for Healthcare Informatics. Healthcare Spending Among Privately Insured Individuals Under Age 65.February 2012
[9] Green BN, Johnson, CD (2015) Interprofessional collaboration in research, education and clinical practice: working together for a better future. J Chiropr Educ 2015 Mar; 29(1): 1-10

practice. Approximately 65% of REACH's APP funding is to employ 6.9 FTE physicians (including 0.9 locum) with a small percentage dedicated to 4.4 FTE allied health providers. This leads to over-utilization of REACH physician services and under-utilization of allied health services, undermining cost-effectiveness and the efficient use of human resources. A typical ratio of physicians to allied health in Ontario CHCs is 1:3 to 1:4.[10] The APP funding model reinforces BC patients' expectations that their interaction with the health care system will be found almost entirely through the doctor's office.

Global funding will enable REACH to strengthen and further develop a collaborative team-based interdisciplinary Community Health Centre model in BC. This would significantly increase access by the population it aims to serve in its catchment area. REACH strongly supports developing efficiency measures, with an emphasis on reduced use of emergency departments, lower hospital admission rates, improved health outcomes, increased access and meeting equity targets.

Approximately 2500 individuals participate in Multicultural Family Centre (MFC) programs. The MFC has developed close partnerships with Britannia and the Mt. Pleasant community centres, as well as Kiwassa Neighbourhood House. Its current funding is project-based with little support for administrative overhead.

Global funding would enable REACH, through the MFC, to play a lead role in reconciliation in the Grandview Woodland/East Vancouver community. Funding to hire cultural outreach workers, including an Indigenous health promoter/social worker, would better align REACH within the Primary Care Network. Community development and outreach is not currently funded at REACH and is an identified, unmet need within the community. The MFC could make a significant contribution to supporting a trauma-informed approach to REACH's work.

Recommendation 2: *That the Ministry of Health through Vancouver Coastal Health Authority change REACH's mandate to serve 20% of the most medically complex population.*

GLOBAL FUNDING SUPPORTS HEALTH PROMOTION AND ILLNESS PREVENTION

Community Health Centres are strongly associated with effective health promotion and illness prevention. Studies by the Institute of Clinical and Evaluative Sciences (Ontario) have shown that, although CHCs look after a more disadvantaged, socially unstable population with more chronic illnesses, their patients had significantly lower rates of emergency department and hospital use than any other type of funding and delivery model examined. Both rural and urban patients who received care at a CHC demonstrated higher levels of self-care, health skills and knowledge than those who received care in more traditional venues. Greater exposure to preventive care and health promotion contributed to health outcomes that were superior among these patients, who also expressed greater satisfaction with the providers and the care they received.[11]

REACH currently employs four allied health providers (not including pharmacy staff, see p. 10). Under its current model of funding REACH is unable to hire other allied health professionals such as dieticians, nurse practitioners, physiotherapists, speech language therapists, Indigenous traditional healers, massage therapists, occupational therapists or education mentors. Many of REACH's current patients are unable to access these services – or are unable to complete a recommended course of treatment – because of financial and other barriers. Global funding would enable REACH to hire appropriate allied health professionals essential to promote health and healthy behaviour and to educate patients about self-managing their complex conditions and avoiding illness. Such a funding model would support the work of community development workers to work with partner organizations and marginalized populations to ensure patients are able to access all of the services they need, whether that is housing

[10] Correspondence between C. Fuller and Scott Wolfe, Executive Director, Canadian Association of Community Health Centres, https://www.cachc.ca March 8, 2018. For a breakdown of staffing in two Ontario CHCs, see BC Association of Community Health Centres, Appendix 1: Position Paper and Recommendations, April, 2017.

[11] . Glazier, R. H., Zagorski, B. M., & Rayner, J. (2012). Comparison of Primary Care Models in Ontario by Demographics, Case Mix and Emergency Department Use, 2008/09 to 2009/10. ICES Investigative Report. https://doi.org/doi:10.1201/9780203503942.ch2

support or employment training programs or child care, and thereby, better address the social determinants of health.

In addition to its existing medical clinic, pharmacy, dental clinic and multi-cultural family centre, REACH seeks to expand its scope of services provided to its Grandview-Woodland/East Vancouver community by establishing:

1. A Chronic Care program that emphasizes self-management, health promotion, and patient education and empowerment. A community-based chronic care program can leverage the strengths of REACH's primary health care team. Ontario's Institute for Clinical and Evaluative Sciences found that community health centres treat higher needs clients than other practices but had fewer than expected visits to hospital emergency departments. Among the possible reasons for fewer visits are health-promotion services, interdisciplinary teams, longer appointments, and an emphasis on health promotion and disease prevention. In Ontario, clients often see allied health professionals, with nurse practitioner encounters representing approximately 22% of patient contacts in 2011–2012.[12]

The Chronic Care program would be supported by a nurse practitioner, a dietician, a social worker and an outreach worker.

2. A Deprescribing Clinic to address polypharmacy, addiction and improved quality of life. A deprescribing clinic within a community health centre can improve the quality of life for patients who may benefit from reduced utilization of prescription medications. It would support more rational prescribing, increased medication adherence and patient education about the potential harms, potential interactions, and benefits associated with prescription drugs. Discussions have already commenced with UBC's Therapeutics Initiative to open Canada's first "street level" deprescribing service, available by referral to other patients within the Primary Care Network.

The Deprescribing Clinic would be supported by a nurse practitioner and an outreach/development worker.

3. A Mental Wellness and Substance Use Program for Indigenous and non-Indigenous youth and young adults and those who are transitioning out of foster care. Mental health services would focus on illness prevention, self-management and skill development, coaching, education, and mentoring and would provide a bridge in the community for transitioning youth. Services may involve the client's significant other and/or family, if appropriate. Discussions are already underway with Britannia Secondary to provide early intervention to students if REACH is funded to do so.

Within this program, REACH would also provide a supportive general practice environment for residents struggling with substance use. An addiction counseling program would provide education for all patients prescribed opioids to help them better understand the associated risks of harm and addiction. Treatment would include methadone or suboxone where appropriate.

A mental health clinic for youth and young adults, combined with prescription counseling/deprescribing activities and, where necessary, addiction counseling and treatment would make a significant contribution to the community.

These additional programs, along with the services and programs currently provided by REACH should become an integral part of the Ministry's Primary Care Network, supporting other medical practices' patients as appropriate. The Ministry and REACH could also explore the potential for REACH to be an urgent care centre for the population of East Vancouver.

The Mental Wellness/Substance Use program would be supported by a nurse practitioner, a social worker, an outreach/development worker and an education mentor.

Recommendation 3: *That the Ministry of Health designate REACH CHC an integral part of the Primary Care Network in East Vancouver.*

[12] Glazier, R. H., Zagorski, B. M., & Rayner, J. (2012). Op,cit

TIMEFRAME AND TARGETS

REACH is prepared to begin the expansion of its services as soon as global funding is allocated. The expansion will begin with an additional seven allied health professionals to complement the current integrated team-approach and to initiate the three new programs. An initial evaluation during the first year will enable planning for the next 3 to 5 years.

With an expanded mandate to serve the 20% most complex population, REACH should be able to meet a target of increasing its patient panels to 7200 over a two year period, reaching the 900 patients per physician and nurse practitioner quota currently set by the VCHA.
REACH is committed to an evaluation process of the efficacy of global funding and the three new programs planned. Board members are in discussions with members of the Health Sciences Faculty at Simon Fraser University about a long-term study to evaluate the cost-effectiveness, and overall feasibility and impact of our work with residents of our community. This would provide the Ministry of Health with an assessment of a patient-centred, integrated and comprehensive, community-based system of primary health care that provides high quality services and value-for-money.

Recommendation 4: *That the Ministry of Health, in conjunction with members of the Health Sciences Faculty at Simon Fraser University fund a long term study to evaluate the success of a global funding model at REACH.*

CONCLUSION

REACH is proposing global funding in order to become a model community health centre. This would enable it to work with the Primary Care Network while expanding programs and services in the community health centre to meet the growing needs of the community. In addition to a strong focus on health promotion and disease prevention, the REACH Community Health Centre aims to establish spaces and processes to support the Calls to Action in the report of the Truth and Reconciliation Commission which calls upon health care providers to address the wide disparities in health outcomes between the general population and Aboriginal, Inuit and Metis people in our communities.

For the first year of this proposal, REACH is asking for an additional $852,500 as detailed in the budget tables following**.** The seven additional allied health workers will staff the three new programs as well as complement the existing medical and social programs that REACH currently offers.

Appendix 3: Dashboard

MEDICAL

INDICATORS	2014-2015	2015-2016	2016-2017	2017-2018
Physician Panel Size (D-74)	4,376	4,568	4,312	4,531
Total Appointments (D-82)	27,324	28,072	23,961	24,161
Physician Visits	21,593	21,786	18,603	19,379
Nurse Visits	4,845	4,945	3,962	2,814
Social Worker Visits	438	982	524	565
Counsellor Visits	448	359	872	1,069
New Patients (D-77)	649	554	441	531

PHARMACY

INDICATORS	2014-2015	2015-2016	2016-2017	2017-2018
Caseload	No Data	2,480	2,547	3,132
Prescriptions Filled	20,796	18,547	20,048	33,740
Total Consultations	2,950	No Data	5,122	8,087

DENTAL

INDICATORS	2014-2015	2015-2016	2016-2017	2017-2018
Total Visits	10,172	9,349	7,733	9,189
Panel Size (in past year)	2,952	2,732	2,627	2,865
# of Patients on Active Recall	1,078	1,069	1,555	1,553
Total # of Recall Visits	1,230	1,183	1,067	1,142
Subsidy Spending Against Budget	$235,155	$246,764	$305,714	$366,875

MFC

INDICATORS	2014-2015	2015-2016	2016-2017	2017-2018
Service Contacts	19,097	17,975	16,148	18,055
Participants	2,444	2,589	2,333	2,382
# of Group Sessions	765	756	503	528