




Sea to Sky
Division of Family Practice
An FPSC initiative

2024-2025 ANNUAL REPORT



A scenic view of a mountain range with a forest at the base, overlaid with a white text box. The text is centered and reads: WE ARE GRATEFUL TO LIVE AND WORK ON THE TRADITIONAL UNCEDED TERRITORIES OF THE SKWXWÚ7MESH ÚXWUMIXW (SQUAMISH NATION) AND THE LI'WAT7ÚL (LIL'WAT NATION). WE HOLD DEEP RESPECT FOR THE PEOPLE, CULTURES, AND HISTORIES OF THESE NATIONS, AND ARE COMMITTED TO ENGAGING WITH THE LAND AND ITS PEOPLES RESPONSIBLY AND RESPECTFULLY.

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MESSAGE FROM THE CO-CHAIRS

Dear Colleagues,

As Co-Chairs, it is a privilege to serve a community of physicians who continually demonstrate dedication, compassion, and resilience. This past year has reminded us that the strength of our Division lies not only in the work we do, but in the people who do it - each of you.

Our commitment to you is simple: to listen, to support, and to remove barriers so that providers can lead, innovate, and thrive. We believe that true system change happens when those delivering care have a strong voice in shaping it. Our goal is to create the conditions where leadership is shared, collaboration is natural, and all members feel valued and empowered.

Looking ahead, we are focused on building an environment where:

- Decision-making is guided by our members,
- Wellness and sustainability are not afterthoughts but foundations,
- Leadership is nurtured at every stage of one's career, and
- Our collective voice drives meaningful progress in patient care and community health.



The progress we have made so far as a Division is only the beginning. We are leading with heart and vision, and the momentum we have created together is inspiring. With your continued support and engagement, we can carry this incredible journey of growth even further.

Thank you for trusting us with this responsibility. We are honoured to stand beside you and to help build a Division, where your expertise, your aspirations, and your leadership can flourish.

With respect and appreciation,

Sincerely,

Olivia Bayley *(Co-Chair)*

Naomi Farrell *(Co-Chair)*

Board of Directors



Photo: Family Practice Services Committee

MESSAGE FROM THE EXECUTIVE DIRECTOR

Stepping into this role as Executive Director has been both an honour and an inspiration. I am deeply grateful for the opportunity to support the Sea to Sky community and to contribute to improving how primary care is delivered across our region.

Working alongside our physicians, nurse practitioners, allied health professionals and Indigenous communities has given me a profound appreciation for the dedication and compassion that define our health system. Each conversation with members and partners has reminded me of the power of connection — and how much can be achieved when we listen, collaborate, and lead with shared purpose.

In these past months, I have seen how partnership truly transforms care: when we honour relationships and co-design solutions, we create a stronger foundation for both providers and patients. Looking ahead, I believe there is tremendous potential for the Sea to Sky Division to deepen its partnerships with community partners, ensuring that care transitions are seamless and that people feel supported at every step of their health journey.

Together we can continue to build an environment where providers feel valued, patients feel heard, and our health system reflects the diverse needs of the people it serves. I am inspired every day by the collaboration and commitment within this community and honoured to be part of this journey of growth and positive change

Saira Abrar

Executive Director



DIVISION BOARD MEMBERS



DR. OLIVIA BAYLEY
Co-Chair



DR. NAOMI FARRELL
Co-Chair



DR. DANIELLE PATTERSON



DR. MELISSA ARAGON



DR. BRENNAN MCKNIGHT



DR. LARRY KLEIN

The Division extends its heartfelt gratitude and best wishes to outgoing Board Members Dr. Karin Kausky and Dr. Gerhard Malherbe.



DR. KARIN KAUSKY



DR. GERHARD MALHERBE

Dr. Kausky served on our Board Members for 11 years, and her leadership and mentorship have left an enduring legacy within our organization. For the past 10 years, Dr. Malherbe was a valued member of our Board. His unwavering dedication, thoughtful contributions, and tireless efforts have had a lasting impact on the Division and the communities we serve. We are sincerely grateful to both Dr. Kausky and Dr. Malherbe for their years of service and the meaningful mark they have left on our Division.

DIVISION TEAM MEMBERS



SAIRA ABRAR
Executive Director



KARI MANGER
*Manager,
Organizational Services*



KELSI COOPER
PCN Manager



VERONIQUE PAQUETTE
Membership Coordinator



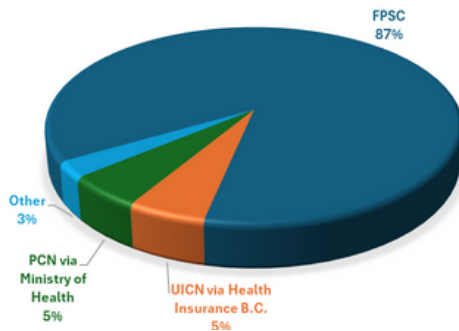
KATE VAN BEELEN
*Coordinator,
Attachment and Communications*

*Our deepest appreciation goes to our
dedicated team, whose efforts support
every program and service in our division.*

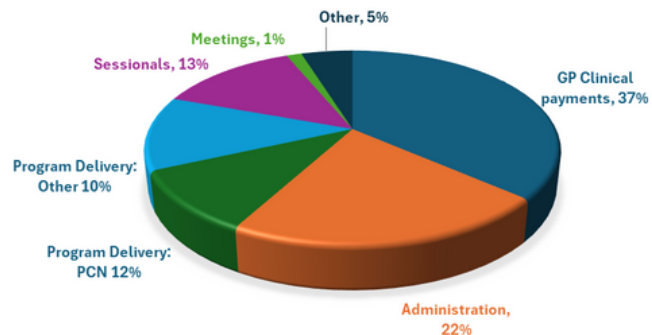
FINANCES

APRIL 1, 2024 – MARCH 31, 2025

REVENUE - \$1,363,509



EXPENDITURES - \$1,346,023



Revenue

- **Family Practice Services Committee (FPSC):** The majority of our funding continues to come from the FPSC, accounting for 87% of total revenue.
- **Primary Care Network (PCN):** Our PCN Service plan, funded by Ministry of Health launched in the final quarter and it represented 5% of total funding. Unused funds were deferred to the next fiscal year.
- **Unassigned Inpatient Care Network (UICN):** Funding for the UICN program from Health Insurance BC concluded after Q2. These funds were subsequently replaced by FPSC Bridge Funding and later FPSC Transition Funding.
- The **remaining 3%** of revenue came primarily from interest income and GST rebates.

Expenditures

- **Physician Payments:** 50% of total expenditures were paid directly to physicians. Of this:
 - **37%** supported **clinical hospital** programs such as Doctor of the Week Rounding, Maternity Rounding, and the Long-Term Care Initiative on-call group.
 - **13%** was distributed as **sessional payments** for physician meetings, leadership roles, and engagement activities.
- **Program Delivery:** The **PCN program** accounted for **12%** of total expenditures and includes spending from our early draw PCN.
- **Administration and Other Programs:** Administration costs (mainly wages and consultant fees) represented **22%**, while other program expenses accounted for 10%.

Summary

As a **non-profit organization**, any **excess funding** is either **deferred to the next fiscal year** or **returned to the funder**. The \$17k difference between revenue and expenses reflects GST and interest income, which we are permitted to retain in our reserves.



PRIMARY CARE NETWORK INITIATIVES

PCN - DESIGN PHASE

It was an important year for PCN, the service plan was approved in October 2024, and the Sea to Sky Division moved on to the design phase of implementation. There were many different aspects that were worked on in this fiscal year, including hiring of FPs, NPs, and allied health providers as an early draw, PCN governance, and administration. PCN is defined as a clinical network of local primary care providers situated in a service area with Patient Medical Homes as the foundation. PCN includes FP's, NP's, nurses, allied health providers, local Indigenous partners, VCH, and other community partners. All together they enhance patient care with a team-based approach to care, and ensure patients are linked to all parts of the system they need.

PCN - Early Appointments

Due to various needs and priorities, the Sea to Sky PCN had some early draw approvals. The PCN had approval for a social worker and two nurse practitioners for Whistler. PCN also had early approval of an FP for the primary care clinic at Foundry in Squamish.

Governance

Over the past fiscal year, the Sea to Sky Primary Care Network (PCN) focused on strengthening its foundational governance structures and preparing for the implementation of clinical resources.

Following the hiring of the PCN Manager and establishment of the quad-leadership governance model with representation from FP's, NP's, Ministry of Health, Vancouver Coastal Health, DoBC, Mountain Maternity, the Sea to Sky Division of Family Practice, and Indigenous partners, the PCN continued to plan across its Steering Committee to help with Implementation.

PCN Administration

The Division hired a PCN manager and a new attachment coordinator. The Sea to Sky PCN has made meaningful progress in engagement, communication, and planning to support the introduction of new allied health and clinical roles across the region.

In addition to the PCN work, there were numerous NP and NTP contracts that were added to the community by Vancouver Coastal Health.

Looking ahead to 2025, the PCN will focus on implementing its approved resources, finalizing service delivery models, and aligning supports to meet local community needs in the Sea to Sky corridor. Through collaboration with physicians, community partners, and Indigenous leaders, the Sea to Sky PCN remains committed to building an equitable, sustainable, and community-driven primary care system.



PATIENT ATTACHMENT AND HEALTH CONNECT REGISTRY

The Health Connect Registry (HCR) was established in the Sea to Sky Corridor to connect community residents with local Family Physicians (FPs) and Nurse Practitioners (NPs). The registry matches patients based on their personal information, care complexity, and accessibility needs, helping FPs and NPs meet their attachment targets and maintain balanced patient panels aligned with their preferences.

A key focus in the first year was raising public awareness of the Health Connect Registry. This was achieved through building strong partnerships with multiple local community organizations within the Sea to Sky corridor. Outreach work was also done within local communities to help raise awareness. Through these efforts, we were able to attach 1072 patients to local providers in Squamish and Whistler.

Looking ahead, the Division will continue to expand public awareness and education around the Health Connect Registry through ongoing community outreach and engagement. The Division also remains committed to supporting providers and clinics by offering education on the Health Connect Registry and the Provincial Attachment System, ensuring members remain informed and engaged in this important initiative.



1072
PATIENTS ATTACHED



1316
PATIENTS REGISTERED ON THE
HEALTH CONNECT REGISTRY



DIVISION INITIATIVES

IN-PATIENT CARE



The FPSC In-Patient Care funding supports Divisions of Family Practice in developing local solutions for community family physicians who provide care to hospital in-patients.

With the introduction of the Longitudinal Family Physician (LFP) payment model, in-patient care funding is now in a transition phase. It will eventually be replaced by the Comprehensive Care Payment (CCP) model by April 2026.

Until then, In-Patient Care Transition funds will continue to support family physicians who care for both attached and unattached patients in hospital, while the Primary Care Compensation Working Group (PCCWG) — composed of the Ministry of Health, Doctors of BC, and BC Family Doctors — finalizes the design and implementation of the new CCP model.

LONG TERM CARE INITIATIVE


The Family Practice Services Committee (FPSC) created the Long-Term Care Initiative (LTCI) to support Divisions of Family Practice and Health Authorities in providing consistent, high-quality care for residents in long-term care facilities.

This initiative funds dedicated Family Physician Most Responsible Physicians (FP MRPs) who provide ongoing medical care to residents.

To ensure strong after-hours coverage, FPSC provides LTCI On-Call/Availability funding through local divisions. This supports coordinated call groups, helping to share after-hours duties more equitably and reduce the burden on individual physicians.

If you're interested in joining the local LTCI on-call group or would like to learn more, please contact kmancer@seatoskydivision.ca.





MEMBER EDUCATION

MEMBER EDUCATION

> MEDICAL OFFICE ASSISTANT LEARNING EVENT

In fall 2024, the Division hosted a special Medical Office Assistant (MOA) Learning Event to build connection and collaboration among MOAs across the corridor.

The evening focused on the Health Connect Registry (HCR), its integration with the Patient Attachment System (PAS), and related contractual obligations.

The event ended with an open Q&A session, allowing MOAs to ask questions, share insights, and discuss challenges around implementing the HCR in their clinics.



> 3RD ANNUAL SEA TO SKY RCME RETREAT

In October 2024, the Division in collaboration with Whistler and Squamish CME funds hosted its 3rd Annual Sea to Sky RCME Retreat at Nita Lake Lodge in Whistler, with 64 attendees participating.

This was the Division's first accredited RCME retreat, held over three days, marking an important milestone.

The event featured roundtable discussions and workshops on various clinical topics, including polypharmacy, prenatal mental health, hypogonadism, and pediatric sports medicine.

> MENTAL HEALTH SPEED DATING

In May 2024, the Division hosted a Mental Health Speed Dating event in Whistler, featuring 17 local service representatives.

Presenters shared key information on mental health supports, substance use programs, and services for youth, newcomers, unhoused individuals, and more.

Attendees engaged directly with providers to ask questions, explore referral pathways, and strengthen collaboration across the region.





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#239-38109 Second Ave., Box 7000



seatosky@seatoskydivision.ca



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