

# YEAR IN REVIEW

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PRESIDENT'S MESSAGE

2020 presented the Alberta College of Family Physicians (ACFP) with many challenges – a worldwide pandemic, transitions to virtual learning and engagement opportunities, and tumultuous government relations. The ACFP tackled these issues head on through the incredible efforts of our Board, Committees, staff, and members. As an organization and as a profession, we learned the importance of strength and unity. It has been important to see colleagues and patients rally behind us and recognize our importance in the system and in providing care on a day-to-day basis across the province. Family physicians are resilient, adaptable, and are at the Heart of Family Medicine.

We are proud of the advocacy efforts we established in 2020—we registered as a lobbyist; launched the Heart of Family Medicine media campaign; and voiced member concerns with government officials—but know this is only the beginning. The ACFP will continue to build on these accomplishments while maintaining the standard of excellence in educational programming our members expect.

Our signature events pivoted to a virtual world and flourished. Technology and similar innovations inspired new programs (Check-in and Check-up Webinar Series) and enhanced favourites. We also saw the support from Health Canada's Substance Use and Addictions Program to continue our Collaborative Mentorship Network for Chronic Pain and Addiction for an additional three years — a legacy project from the Primary Health Care Opioid Response Initiative (PHC ORI).

The well-known proverb "Out like a lion, in like a lamb" comes to mind while reflecting on the year that was 2020. The coronavirus (COVID-19) made for an unprecedented and unpredictable year; even so, with vaccinations on the horizon, we can see a glimmer of light at the end of the tunnel and the hopeful return of some normality.

It has been my honour and privilege to serve these last few years as the ACFP President. I thank all of you for your continued commitment and hard work through the various challenges we face.

Wishing you all good health,

Vishal Bhella MD, CCFP

President

Alberta College of Family Physicians

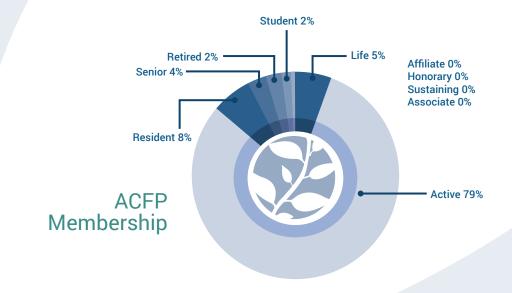


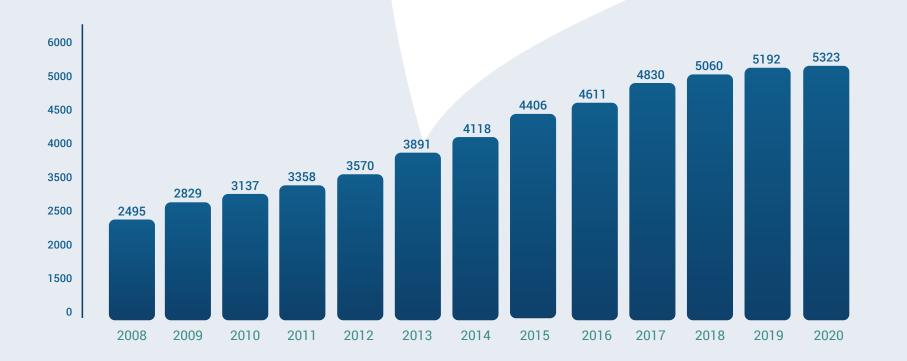
### **Annual Growth Statistics**

### **Membership Growth**

As the provincial Chapter of the CFPC, the ACFP is a professional voluntary organization that represents more than 5,300 family physicians, family medicine residents, and medical students in Alberta.

In 2020, membership increased by 2.5%.







### The ACFP Board of Directors is comprised of nine Directors. They are:

Dr. Vishal Singh Bhella, (President), Calgary

Dr. Sudha Koppula (President-Elect), Edmonton

Dr. Noel DaCunha (Secretary), Westlock

Dr. Clark Svrcek (Treasurer), Calgary

Dr. Sonya Lee, Calgary

Dr. Donna Mumert, Beaverlodge (absent from the photo)

Dr. Anila Ramaliu, Calgary

Dr. Douglas Tuck, St. Albert

Dr. Dinesh Witharana, Spruce Grove

Ms. Terri Potter, Executive Director

Under the ACFP's Bylaws, this is a governing board, meeting six times per year to fulfill their role of strategic governance responsibility. The responsibility of management and operational delivery on this strategy is passed on to the Executive Director, Ms. Terri Potter. The responsibilities of the Board include ensuring that the ACFP is properly managed, its property and assets are suitably cared for, and high-quality services are provided to all its members.

The ACFP President is also the Board Chair and official spokesperson on issues that arise during and between Board meetings; nonetheless, decisions are made collaboratively by the whole Board. The ACFP Board remains connected, informed, and involved in the provincial health care system and primary care initiatives through various ongoing formal and informal relationships including its active contributions in the Alberta Primary Care Alliance (PCA) that meets to confer and collaborate regarding provincial primary care delivery decisions and directions.



### **Board Governance Committees**

There are two committees that have been designated by the Board to support its governance functions—Governance Advisory and Finance and Audit.



### Governance Advisory Committee

A standing committee of the ACFP Board, the Governance Advisory Committee (GAC) is responsible for the annual recruitment of potential Board members according to Board-stated needs, along with annual review and provision of recommendations for changes to organizational bylaws and updates to Board policies. This committee must have at least two members from the Board of Directors with the Chair being an ACFP Board or Past Board Member.

The GAC also ensures that the Board:

- Fulfills its legal, ethical, and functional responsibilities through the management of the ACFP's Bylaws and Board Policies
- Supports the succession and evaluation processes of the Board and committees

# Finance and Audit Committee

The ACFP Finance and Audit Committee (FAC) is a standing committee of the Board, with a membership of at least three, chaired by the Board Treasurer.

The FAC is tasked with:

- Ensuring that a fully qualified external auditor conducts a competent financial audit annually
- Presenting periodic financial statements, the annual draft budget, and audit results to the Board with recommendations as required
- Providing an annual review and recommendations for updates to policies related to financial condition for activities, financial planning, budgeting, and regular reporting by the Executive Director

### **Operational Committees**

Under the direction of the Executive Director, operational committees help the staff achieve objectives from a strategy level by drawing upon the ACFP's membership. There are two core operational portfolios governed by their respective advisory committees – CPD Advisory and Membership Advisory.



### **CPD Advisory Committee**

The CPD Advisory Committee provides support to the College's CPD initiatives that promote the role family physicians play in delivering the highest quality care to patients and their communities across Alberta. The Committee supports the ACFP's current strategic framework and priorities, provides recommendations related to emerging trends in the profession, and how it impacts the development and delivery of CPD.

### **Family Medicine Summit Planning Committee**

The Family Medicine Summit (Summit) Planning Committee is responsible for securing engaging experts to deliver timely, practice-changing education at the ACFP's signature conference for family physicians. The Summit provides takeaway lessons for family physicians which can be immediately incorporated into their practice. In addition to the CPD focus of the Summit, the Committee designs a program that offers members an opportunity to understand the ACFP's governance, celebrate member excellence, network with peers, and participate in other ACFP member programs and services.

### **Practical Evidence for Informed Practice Planning Committee**

The Practical Evidence for Informed Practice (PEIP) Conference Planning Committee is a standing committee which plays an integral role in the creation and delivery of an evidence-based, clinically relevant, and thought-provoking CPD event on an annual basis.

### **Membership Advisory Committee**

The Membership Advisory Committee (MAC) serves to ensure the ACFP is meeting the needs of its diverse membership. The Committee's role includes:

- · Being responsive to emergent member needs
- Creating sub-committees or task forces to identify gaps and challenges
- Recommending specific strategies that support better member and patient experiences

This year, the MAC responded to members' call for more public awareness for the role of family physicians and advised on the Heart of Family Medicine campaign.

### First Five Years in Family Practice Committee

The First Five Years in Family Practice (FFYFP) Committee supports family physicians in their first five years of practice and family medicine residents' transition into practice. The Committee acts as a resource to the ACFP for those in the early stages of their career.

Highlights in 2020 include:

- Contributed five articles to the First Five Blog Series on the ACFP's website and member newsletter including: "Keeping Well and Self Care"; "Consulting the Online 'Hive"; "Rural vs. Urban Medicine from the perspective of a 'Rurban' Physician"; and "Motherhood and Medicine"
- · Organized of a FFYFP lunch-mixer at the Summit
- Hosted a fee-for-service billing session for all ACFP members in collaboration with the Alberta Medical Association
- Committee members virtually presented "Transitioning from Residency to Practice" at two provincial events for family medicine residents

Moreover, the committee maintains contact with new physicians through a very active Facebook page and other social media (#FirstFiveAB)

### **Awards and Recognition Committee**

The ACFP Awards and Recognition Committee (ARC) plays a significant role in building awareness for the ACFP and celebrating member excellence. This Committee recognizes, celebrates, and supports family physicians, family medicine residents, and medical students who demonstrate excellence in leadership, education, advocacy, and research. The ARC also promotes the ACFP Awards program and performs an integral role in scanning viable candidates for national recognition through the College of Family Physicians' Honours and Awards program.



Through skill acquisition and professional networking opportunities, the ACFP encourages students to consider family medicine as a first-choice specialty. The College also allocates provisions for these emerging leaders so they may participate in ACFP events, benefit from additional family medicine interest groups (FMIGs) programming, and experience other family medicine initiatives.

### **Learner Outreach**

In 2020, the ACFP connected with medical students and residents at information sessions, Alberta Medical Students Conference and Retreat (AMSCAR), and "Talk with the Docs" – a student information evening focused on developing an understanding of a career in family medicine.

These opportunities were made possible through the collaborative working relationships between the College's student and resident Board liaisons and the commitment of countless member volunteers who generously offered their time and the organization and coordination.



### Celebrating Member Excellence

The ACFP recognizes the achievements and professional commitment of its members and is committed to acknowledging members providing quality patient care through education, research, and promotion of best practices.





# 2020 ALBERTA FAMILY PHYSICIAN OF THE YEAR

Dr. Andrew Cave

Congratulations to our 2020 Family Physician of the Year, Dr. Andrew Cave. Recipients of this prestigious award are chosen by their peers for making significant contributions to the health and well-being of their communities, dedicating themselves to the education of future generations of family doctors, and most importantly, for providing exceptional care to their patients.

Dr. Cave grew up in Manchester and graduated from the University of Manchester in 1971. In 1982, he took a sabbatical year and joined the life-altering Masters in Family Medicine program under lan McWhinney and Moira Stewart at Western Ontario where he also discovered family medicine research. Dr. Cave later moved to Edmonton in 1992 as a researcher and teacher based at the new Grey Nuns Family Medicine Centre.

When family medicine was reinstated at the University of Alberta Hospital, he was one of the founding members of the Family Medicine Clinic and as co-chief organized the inpatient service there.

He now practises in the Family Medicine Clinic in the Kaye Edmonton Clinic in a multidisciplinary team. He teaches students and residents and pursues a busy research life focused on respiratory diseases in practice.

He married the love of his life the month that men landed on the moon and celebrated 50 years of marriage in 2019. Dr. Cave and Marie have three children and seven grandchildren of whom they are very proud. The one thing I love about Family Medicine is:

Meeting a variety of great people.

Family medicine mentors: Gerry Clayton and Ian McWhinney.

One thing that surprised me about being a family physician is: How totally engrossing it can be.

If I wasn't a family physician, I'd be: A teacher.



### **ACFP Family Physician of the Year**

Dr. Andrew Cave, Edmonton

# ACFP Family Physician of the Year – South Zone

Dr. Brenda Ireland, Lethbridge

### **Recognition of Excellence**

Dr. Allen Ausford, Edmonton

Dr. Debra Putnam, Calgary

Dr. Roxanne Swiegers, Medicine Hat

### Patient's Medical Home Outstanding Family Practice

Boyle McCauley Health Centre, Edmonton



## ACFP Student Leadership – Rising Star Award

University of Alberta – Catherine Palme
University of Calgary – Helen Tam-Tham

### Family Medicine Resident Leadership Award

University of Alberta – Dr. Derek Chan

### **ACFP Champion Award**

Dr. Kiran Dhillon, Edmonton

### **ACFP Long-term Service Award**

Dr. Donna Manca, Edmonton





# ACFP Conferences Family Medicine Summit

The Summit celebrated a milestone year – 65. To honour this anniversary, the conference included an "Outta Sight Family Night" dance. The Summit sold out yet again, bringing together more than 400 family physicians, family medicine residents, medical students, and research participants.

Certified for a maximum of 13.25 Mainpro+ credits, 33 speakers delivered the following sessions at this year's conference:

**5**KEYNOTES

WORKSHOPS

MEMBER FORUMS

SHORT SNAPPERS RESEARCH SESSION



# FAMILY MEDICINE SUMMIT

**Connect. Learn. Celebrate.** 







### Practical Evidence for Informed Practice Conference (PEIP)

The ninth annual Practical Evidence of Informed Practice (PEIP) Conference was hosted as a completely virtual event for all registrants. This virtually delivered PEIP maintained its reputation, integrity, and brand by delivering a "can't miss" CPD content or its tried-and-true conference format; 20-minute snappers followed by rapid-fire Q&A. Through social media and event technology, PEIP attendees from across the country were able to share their experiences in real-time. #PEIPHype continues to grow and the 2020 completely virtual event garnered plenty of positive feedback.

"Hands down one of the best educational events I attend. Very informative, succinct, relevant, and entertaining." "Excellent evidence-based, entertaining, enlightening, and efficient conference as always! Has changed the face of Family Medicine as we practice it over the past few years! By family physicians for family physicians."

"Practical application of evidence and making the statistical claims relevant."





### **Clinical Connections Conference**

### **Bridging the Gap and Creating Connections**

The inaugural Clinical Connections Conference (CCC) was designed to bring together family physicians, specialists, pharmacists, and other primary care providers to learn about and discuss new practical clinical tools, resources, and initiatives developed by Alberta Health Services' Strategic Clinical Networks™. Originally slated to be an in person one-day event, the CCC pivoted to a flexible virtual delivery option due to the provincial health regulations. The CCC Webinar Series started in October 2020 and will run until May 2021.





Check-in and Check-up Webinar Series



Interrupting Racism in Your Family Practice: An Indigenous Perspective

Alberta College of Family Physicians



Juggling While the House is on Fire: Managing Multiple and Changing Priorities with Brenda Robinson

Alberta College of Family Physicians



2020: Crisis & Opportunity for Physicians Part 2 by Dr. John Van Aerde

Alberta College of Family Physicians

### Check-in and Check-up Webinar Series

As the COVID-19 pandemic increased to new heights, the ACFP surveyed its members to determine their CME needs. An ad-hoc Virtual Education Committee (VEC) was struck to curate relevant topics and ensure that all perspectives were considered in the planning process. The CME series that resulted became the Check-in and Check-up Webinar Series. This virtual learning opportunity was made possible by a grant for Chapter-led CPD related to COVID-19 by the College of Family Physicians of Canada.

### 2020 Session Schedule:

### **April 7, 2020**

"What the Bleep is Going On?" with Dr. Jody Carrington

### **April 9, 2020**

"Healthy Homes: Physicians and Their Families" with Dr. Jody Carrington

### May 12, 2020

"Encore of CFPC's COVID 19 Evidence Reviews" with the PEER Team

### June 2, 2020

"Crisis & Opportunity for Physicians Part 1" with Dr. John Van Aerde

### June 4, 2020

"Crisis & Opportunity for Physicians Part 2" with Dr. John Van Aerde

### June 23, 2020

"Juggling While the House is on Fire: Managing Multiple and Changing Priorities" with Brenda Robinson

### July 16, 2020

"Virtual Doctors' Lounge" hosted by Dr. Sudha Koppula and Dr. Clark Svrcek

### August 25, 2020

"Virtual Doctors' Lounge" hosted by Dr. Sudha Koppula and Dr. Noel DaCunha

### November 19, 2020

"Interrupting Racism in Your Family Practice: An Indigenous perspective" with Drs. Lindsay Crowshoe, Rita Henderson, and Pamela Roach

### **December 8, 2020**

"Virtual Doctors' Lounge" hosted by Dr. Sudha Koppula and Dr. Kiran Dhillon, with guest Dr. Adam Vyse



### Evidence and CPD Program

### **Best Practice Support Visits (BPSV)**

Nearly 700 physicians and other primary health care providers participated in BPSV throughout 2019-2020. Since 2017, PEER has taken over the development and delivery of this program. BPSV mimic a Train the Trainer model; each teaching sessions, is presented to a small group of pharmacists from participating Primary Care Networks (PCNs) who then host sessions at their local PCNs to disseminate information to local physicians. Sessions are presented in 30-minute blocks and are both didactic and interactive. This highly sought-after program continues to grow every year and as of the 2020-2021 season this program with be run by the CFPC and PEER team.

### **CPD and Practice Supports Online**

### **Tools for Practice Articles**

Tools for Practice (TFP) articles are distributed to more than 38,000 family physicians and allied health care providers across Canada and internationally. The content of each article is developed free of industry bias and is based on the best available evidence.

2020 ushered in two major milestones for the ACFP. the publication of the 250th TFP article and a 10 year partnership with PEER!

Additionally, TFPs adapted to its subscribers needs and produced "COVID-19 Rapid Reviews." These 11 TFP articles focused on the expeditious evidence on the coronavirus in primary care.

To maintain the high standard of quality, accuracy, and academic integrity, all articles are authored by at least one practicing family physician and peer reviewed by two to three external physicians and allied healthcare professionals. All articles are offered in both English and French and available for credits on GoMainpro (now CFPCLearn).



### **SCFPC Learn**

**Contributors** 







LE COLLÈGE DES MÉDECINS DE FAMILLE DU CANADA











LE COLLÈGE DES MÉDECINS DE FAMILLE DE LA SASKATCHEWAN

A CHAPTER OF THE COLLEGE OF FAMILY PHYSICIANS OF CANADA UNF SECTION DU COLLÈGE DES MÉDECINS DE FAMILLE DU CANADA

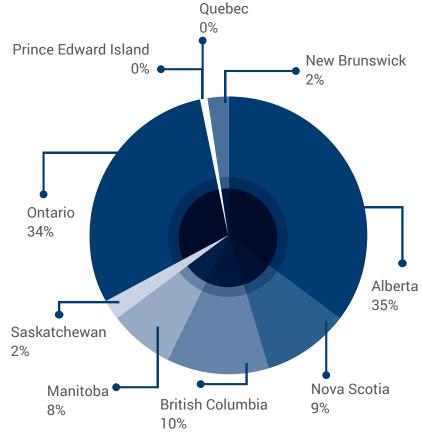
# **Gomain pro**®

### GoMainpro

The ACFP's online learning platform, GoMainpro, was developed to provide an on-going revenue stream to help subsidize its investment in the Evidence and CPD program and collaboration with PEER (Patients, Experience, Evidence, Research). Since its development, GoMainpro has had more than 1,000 subscribers from across the country reflect on more than 28,000 reflective exercises.

### New venture, new platform.

In June 2020, the College of Family Physicians of Canada's Programs and Practice Support acquired GoMainpro and will relaunch its new learning platform called CFPCLearn. The ACFP has signed on to be a funder and contributing partner to the new platform along with a growing number of other provincial Chapters and Academic Partners across Canada.



### Certification and the CERT+ Platform

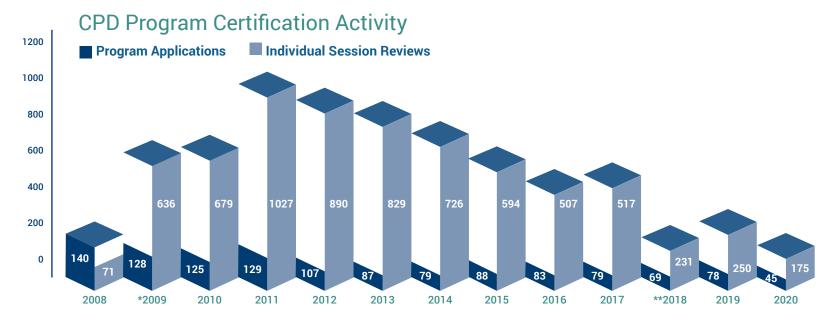
As a provincial chapter for the Collage of Family Physicians of Canada, the ACFP has an important role in the certification of one-credit-per-hour programs in the province.

Programs received by the ACFP are screened by staff trained in Mainpro+ certification requirements to ensure applications can continue to the review stage.

CFPC trained Physician Reviewers in Alberta ensure topics seeking certification are relevant to family medicine and that the content presented is scientifically valid. Part of their role is to also ensure the processes identified by the planning committee in the development of the program content meet CFPC certification standards and criteria. Programs successful in meeting the quality criteria are certified for Mainpro+ credits by the ACFP.

### **Certifying CPD Opportunities for Family Physicians**

Since the inception of the National Standards for Support of Accredited CPD Activities in 2018, the ACFP observed a decline in the overall number of programs and ethical reviews that year. This downward trend felt nation-wide, continued into the 2019 review year. Due the pandemic, 2020 experienced another steep drop in the number of applications submitted for review. Unable to host in person meetings during the province-wide lockdown, providers were steadfast in amending their applications to offer virtual learning. The spike in reviews in the latter part of the year is depicted by the graph below.



<sup>\*</sup>Program applications increased in 2009 due to mandatory reporting of CPD credits being a requirement of the licensing body, College of Physicians and Surgeons (CPSA).

<sup>\*\*</sup>In 2018, National Standards for the Support of Accredited CPD Activities came into effect.





### Research

### Supporting Family Medicine and Primary Care Research in Alberta

A Forum Elevating Family Medicine Research in Alberta

Family medicine research is essential to the foundation of the profession, patients' health, and the health care system.

In the fall of 2020, the ACFP hosted the second annual forum virtually to several primary healthcare researchers from across the province. This event aims to bring together key stakeholders committed to family medicine research and quality improvement in Alberta. Forum discussions involved exploring innovative actions the ACFP can pursue to support our family medicine researchers and ensure member involvement in research is rooted in family practice.

The ACFP is building on the ideas shared at the forum and will continue working to ensure the outstanding contribution made by our provincial family medicine researchers in Alberta is highly regarded. The ACFP is committed to advocating for adequate supports to be in place and sustained so that our research community can grow.

### **Research Showcase at Summit 2020**

We continue to support our family medicine research community by providing the opportunity to build awareness and capacity in research through the ACFP's What's Up Doc? Research Showcase, a very successful celebration of family medicine and primary care research in Alberta. In 2020, 49 abstracts were submitted for review. The selection process for the Research Showcase remains very competitive with all submissions undergoing evaluation by a dedicated group of reviewers. 36 abstracts were accepted for the event, and several top scoring abstracts in each category were selected for onsite adjudication.



### 2020 Research Award Recipients

The following research projects were awarded our ACFP Reviewer's Choice Awards

### **Poster Display Category**



### 1st Place

"Polypharmacy in Seniors Admitted to Calgary Hospitals 2013-2018"

R. Thomas, L. Nguyen, C. Naugler



### 2nd Place

"Assessing the Impact of Co-Morbidities for Patients with Chronic Obstructive Pulmonary Disease (COPD) and Heart Failure (HF) in Calgary Zone Hospitals"

D. Woodhouse, B. Murray, C. Rice, N. Samardzic, K. Burak



### 3rd Place

"Influenza Vaccine Effectiveness in Alberta and Canada: Mid-Season Analysis"

Y. Efegoma, S. Orenstein, D. Skowronski, J. Dickinson

### **Oral Presentation Category**

### 1st Place

"Cluster Analysis Exploring the Relationship Between Daily Patient Volume, Provider Panel Size, Service Day Provision and Patient Health Outcomes in Alberta General Practitioner Practices"

T. McDonald, B.C. Lethebe, L.A. Green

### 2nd Place

"Implementing of the Primary Care Pathway for The Preventions and Management of Obesity (3PMO) Within Calgary Foothills Primary Care Network"

S. Wicklum, A. McGuire, M. Nystrom, A. Fielding, S. Wiens

### **3rd Place**

"Understanding Mental Models: Improving specialty and primary care integration"

T. Barber, L. Toon, K. Kidd Wagner, L.A. Green







### **Primary Care Alliance**

The Primary Care Alliance (PCA) remains the ideal connection for organizations who do work to support and represent physicians in primary care in Alberta. The member organizations include the ACFP; Alberta Medical Association (AMA) Board, the Section of Family Medicine, the Section of Rural Medicine; Primary Care Network Leads, and the Departments of Family Medicine from the universities of Alberta and Calgary. There are regular presentations on AMA Negotiations with Alberta Health, and by Alberta Health Services, Primary Care Unit and Strategic Clinical Network partners including the Primary Health Care Integration Network. Each meeting involves a roundtable sharing of work being done by each organization and a reflection of how we might optimize our efforts.

The fundamental purpose of the PCA is to ensure alignment and coordination between partner organizations on shared goals and vision. A foundational vision that continues to galvanize the PCA is the Patient's Medical Home (PMH).

This year the PCA worked on a new articulation of a vision for health care in Alberta, The Integrated Health Neighbourhood of the Future: A white paper on transforming primary care and community-based care. The document is set to be released in 2021 and will be used as an aspirational framework for advocacy and program delivery supported by PCA member organizations.

### **PCA Membership includes:**





Section of General Practice Section of







### Other highlights of PCA discussions in 2020:

- Access and Continuity
- PMH Resources
- · HQCA Panel Reports, PCN Reports, and **Patient Complaints Process**
- · On Big Event Planning (postposed due to COVID-19)
- Coordinated response to Government announcements and physician funding changes
- Informatics key developments and implications for primary care physicians
- GP Supply Calculations using a Service Day Method

- Association of CMGP01 Extended Visit Code with Physician Billings and Patient Outcomes
- PMH Measurement Tool Updates
- **CPSA Updates**
- Remuneration Models
- **COVID-19 Negotiation Items**
- Primary to Specialty Referral
- Considerations for Re-opening Community Clinics
- · ACTT (TOP) and the future of Clinical Practice **Guidelines Program**

- Clinical Leadership Workshop
- Virtual Care Strategy
- Life QI
- Alberta Surgical Initiative Update
- **Imagine Citizens**
- **Alternative Payment Arrangements**
- Highlights from Opioid Grants
- Achieving CPAR Targets for Primary and **Specialty Care**
- Physician Champion Updates

### Primary Health Care Opioid Response Initiative

The Primary Health Care Opioid Response Initiative (PHC ORI) came to a close in March 2020. This multi-stakeholder project between the ACFP (grant Secretariat), Alberta Medical Association (AMA), Alberta Health Services (AHS), and Primary Care Networks (PCNs) resulted in numerous successes while also uncovering important challenges within primary care and the overall health care system.

Read the PHC ORI goals, objectives, activities, and advancements in the <u>Year 2</u> <u>Summary Evaluation Report</u>, or watch our <u>Project in Review</u>.



Year 2 Summary Evaluation Report



**Project in Review** 

### **Spotlights**

The Year 2 Summary Evaluation spotlighted four unique features from the Primary Health Care Opioid Response Initiative.



**Empowering Primary Care Through Evidence** 



Meaningful Engagement of Individuals with Lived Experience



Opioid Response Coordinators (ORCs)



How Patients Access OAT in Primary Care















The Collaborative Mentorship Network for Chronic Pain and Addiction (CMN) addresses the urgent need of local treatment options within primary care settings for chronic pain and addiction by building capacity and competencies within primary care.



### Building Capacity for Tomorrow

Originally initiated under the PHC ORI, the ACFP secured a \$1.9 million contribution from Health Canada's Substance Use and Addiction Program, to continue the important work of the CMN beyond the PHC ORI and broadened its scope to include multidisciplinary team members (specialists, nurses, pharmacists, social workers, etc.).

### **Become a CMN Member**

Connect with family physicians, nurses, pharmacists, social workers, and other specialists who have experience and expertise in chronic pain and addiction. This community of practice offers mentorship, tools & resources, open discussions, virtual collaboration forums, and educational events.

www.cmnalberta.com

### **STATISTICS**







# OVER 280 TOOLS FOR PRACTICE



### PEER - Patients, Experience, Evidence, and Research

PEER is a primary care led research team focused on providing useful and relevant evidence to primary care providers.

Since 2009, PEER has collaborated with the ACFP on projects such as the bi-weekly Tools for Practice articles, the Price Comparison of Commonly Prescribed Pharmaceuticals in Alberta (often referred to as the Pricing Doc), the Practical Evidence for Informed Practice (PEIP) Conference, Best Practice Support Visits (BPSV), and several primary health guidelines. 2020 saw the publications of the "PEER Umbrella Systematic Review of Systematic Reviews: Managing osteoarthritis in primary care" and the "PEER Simplified Decision Aid: Osteoarthritis treatment options in primary care."

For more information on PEER visit: www.peerevidence.ca





### **ACFP Registers as a Lobbyist**

In the spring of 2020, the ACFP reached a threshold of time spent communicating and meeting with government. Because of this, the College registered as a Lobbyist.

### WHAT IT MEANS TO BE A LOBBYIST

As a registered lobbyist, the ACFP now files a report every six months with the public registry which includes a list of all our activity in which we have been working to bring the voice of family physicians to elected leaders, bureaucrats, and the health authority in Alberta.

Our 2020 reports can be accessed publicly by searching "Alberta College of Family Physicians" on <a href="https://www.albertalobbyistregistry.ca">www.albertalobbyistregistry.ca</a>

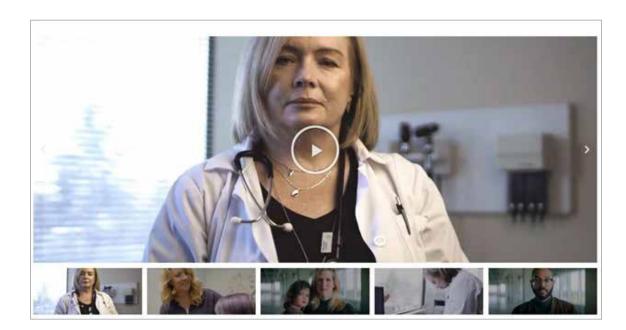




### **Creating Community and Inspiring Trust**

### **Heart of Family Medicine**

The Heart of Family Medicine campaign was developed and launched in response to a long desire to create a public awareness campaign but more importantly a call to action from an impromptu member forum held at the 2020 Family Medicine Summit. Members asked that the ACFP to help create a different narrative, one that lets patients tell the stories and describe the unique value their family physician plays in their lives. We needed to give family physicians a chance to describe their experiences, their joys, and struggles in their daily practices.



8898 1 A Social media impressions

20 countries listeners from around the world

Over 3,500

Heart of Family Medicine
Website visits

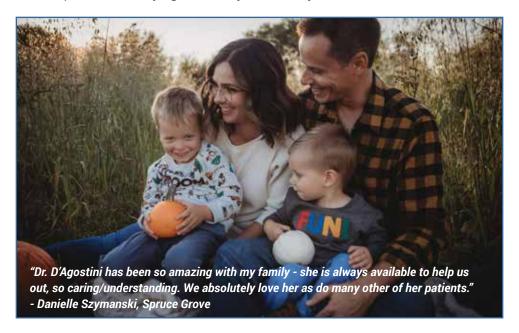
episodes

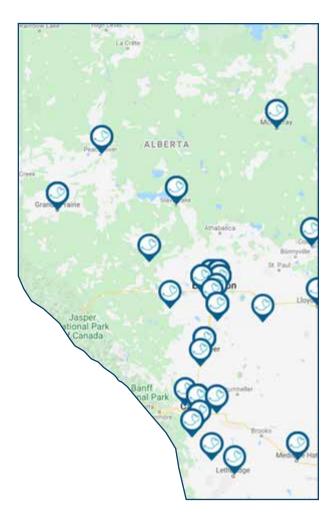


# Family Docs Rock Finds a New Home in the Heart of Family Medicine

The ACFP has collected a number of stories over the years through its popular Family Docs Rock campaign and are happy to find a true home for them at the Heart of Family Medicine.

The Heart of Family Medicine is proud to share your stories about the doctors who have touched your life and made an impact on your well-being. Take a look at what patients are saying about why their family docs rock.







### He Makes Me Feel Welcome and Accepted

I am a middle-aged woman (40) and from Asia. I have a BA degree in English literature from back home, most of my English language instructors at University were Canadian, because of this I came to know that most Canadians are nice and kind since that time. My family immigrated to Canada in 2011.

Dr. Baruta is a person full of kindness, generous, caring, warm hearted, considerate, sympathy showing, encouraging, helping, and thoughtful.

I'm happy to have him as my family doctor. He listens to me with his full attention, catches the points of my pain or understands what I'm trying to say, then gives his diagnosis with reasons.

He explains with slow and easy words when I seem to not understand him. His explanation about diagnosis is beyond my imagination. For the serious symptoms, he gives solutions with what to do, so that I don't worry too much. With the "Normal" test results, he tells me that "Fortunately You have Nice and Normal Test Results" with happy face. (I can feel his smiling.)

His greetings in the beginning and at the end remind me of the time I had a 1-hour interview with an immigration officer in 2010 in Canada—kind of mixed feelings of feeling welcomed, accepted of my opinions, cheering, and support.

When I have pain in my body and I'm holding his referral in my hand, my mind is happy and free from burden and worry because I feel he cares about my health. Thank you Dr. Baruta. I will get older and, someday, I will have menopause and will be senior with all white hairs and wrinkles all over me. Until I see you, I won't take your kindness as granted.

I will eat healthy food, exercise regularly, sleep well, and take a good care of myself.

You are the best doctor and I give two thumbs up!

Claire Seoung Lee

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### Financial Highlights - Statement of Financial Position - December 31, 2020

	2020	2019
ASSETS		
CURRENT		
Cash and cash equivalents	\$ 1,601,796	\$1,562,719
Accounts receivable	314,687	181,206
Prepaid expenses	18,335	36,052
	1,934,818	1,663,517
CASH HELD IN TRUS		5,124,539
TANGIBLE CAPITAL ASSETS	23,872	33,906
	\$ 1,958,690	\$ 3,477,400

### **LIABILITIES AND NET ASSETS**

CURRENT		
Accounts payable and accrued liabilities	\$ 120,319	\$ 96,196
Good and services tax payable	3,607	6,031
Deferred revenue	414,030	496,688
Due to Opioid Initiative Grant recipients	- 1	1,663,517
	537,956	2,262,432
EMPLOYEE FUTURE BENEFITS OBLIGATION	140,439	132,263
	678,395	2,394,695
NET ASSETS		
Unrestricted operating fund	479,640	275,921
Internally restricted	776,783	772,878
Invested in property and equipment	23,872	33,906
	1,280,295	1,082,705
	\$ 1.958.690	\$ 3.477.400

Statement of Operations - Year Ended December 31, 2020

Membership fees			2020	2019
Quiold Initiative Grant   372,998   5852   255,522   255,522   255,522   255,522   255,522   255,522   255,522   255,522   255,522   255,522   255,522   255,522   255,522   255,522   255,522   255,523   255,522   255,523   255,522   255,523   255,522   255,523   255,522   255,523   2	Revenue			
Quiold Initiative Grant   372,998   5852   255,522   255,522   255,522   255,522   255,522   255,522   255,522   255,522   255,522   255,522   255,522   255,522   255,522   255,522   255,522   255,523   255,522   255,523   255,522   255,523   255,522   255,523   255,522   255,523   2	Membership fees	\$	1,237,476	\$ 1,221,341
Family Medicine Summit	Opioid Initiative Grant			985,299
Other Grants         119,257         113,0           Substance Use and Addictions program         160,063         160,063           KET Initiative         35,562         86,5           Continuing medical education         34,700         58,8           Share of FMF Surplus from National         17,748         14,6           Interest         7,017         15,2           Education Outreach         2,340         32,8           Expenses         531,835         447,1           Salaries and wages         531,835         447,1           Opioid Initiative         372,998         985,2           Family Medicine Summit         298,642         313,2           KET Initiative         288,227         278,7           Substance Use and Addictions program         160,063           Evidence Based Medical Conference         193,865         205,5           Honorariums         82,667         72,3           Administration costs         71,146         64,1           Rent and occupancy costs         70,608         706           Education Outreach         67,137         706           Professional fees         54,900         62,9           Special projects         46,458         17,291<	Evidence Based Medical Conference		225,622	263,595
Substance Use and Addictions program         160,063           Other         42,294         21,3           KET Initiative         35,582         80,5           Continuing medical education         34,700         58,8           Share of FMF Surplus from National Interest         7,017         152,2           Education Outreach         6,340         32,8           \$ 2,525,358         3,099,4           Expenses           Expenses           Salaries and wages         \$31,835         447,11           Opicid Initiative         372,998         385,2           Family Medicine Summit         296,642         313,2           KET Initiative         296,642         313,2           Substance Use and Addictions program         160,063           Evidence Based Medical Conference         139,365         205,5           Honorariums         82,667         72,3           Administration costs         71,146         64,1           Rent and occupancy costs         70,668         70.6           Education Outreach         67,137         70.6           Professional fees         54,900         62,9           Special projects         19,303         42,5	Family Medicine Summit		266,261	286,780
Other         42,294         21.3           KET Initiative         35,582         86,5           Continuing medical education         34,700         58,8           Share of FMF Surplus from National         117,748         14.6           Interest         7,017         15.2           Education Outreach         6,340         32,8           Expenses         2,525,358         3,099,4           Expenses         531,835         447,1           Salaries and wages         531,835         447,1           Opioid initiative         372,998         985,22           Family Medicine Summit         288,622         313,2           KET Initiative         288,227         278,7           Substance Use and Addictions program         160,063         160,063           Evidence Based Medical Conference         18,2667         72,3           Administration costs         70,160,063         76,67           Rent and occupancy costs         70,608         76,68           Education Outreach         67,137         70,68           Professional fees         54,900         62,9           Special projects         46,458         17           Travel         38,239         92,6	Other Grants		119,257	113,012
KET Initiative 35,582 86.5 Continuing medical education 34,700 55.8 Share of FMF Surplus from National 17,748 14.6 Interest 7,017 15.2 Education Outreach 7,017 15.2 Education Outreach 7,017 15.2 Education Outreach 7,017 15.2 Expenses  Salaries and wages 7,525,358 3,099,44  Expenses  Salaries and wages 9,016 14,711 29,8 98.52 Family Medicine Summit 298,642 313.22 Family Medicine Summit 298,642 313.22 KET Initiative 298,642 313.23 Substance Use and Addictions program 160,063 Evidence Based Medical Conference 139,365 205.51 Honorariums 8,2667 72.3 Administration costs 71,146 64,11 Rent and occupancy costs 70,608 70.6 Education Outreach 70,608 70.	Substance Use and Addictions program		160,063	
Continuing medical education   34,700   58,81   58   58   58   58   58   58   59   57,717   51,52   52   58   59,909,44   51,63   51,835	Other		42,294	21,375
Share of FMF Surplus from National   17,748   14.6   Interest   7,017   15.2	KET Initiative		35,582	86,547
Interest	Continuing medical education		34,700	58,800
Education Outreach   6,340   32.8   2,525,358   3,099,44	Share of FMF Surplus from National		17,748	14,614
Expenses			7,017	15,223
Salaries and wages	Education Outreach		6,340	32,875
Salaries and wages       531,835       447,11         Opioid Initiative       372,998       985,22         Family Medicine Summit       298,642       313,22         KET Initiative       288,227       278,76         Substance Use and Addictions program       160,063         Evidence Based Medical Conference       139,365       205,51         Honorariums       82,667       72,33         Administration costs       71,146       64,11         Rent and occupancy costs       70,608       70,6         Education Outreach       67,137       70,6         Professional fees       54,900       62,9         Special projects       46,458       71,746         Travel       38,239       92,6         Public relations       29,925       20,4         Student and resident support       19,303       42,5         Other events       17,291       1,6         Amortization       15,782       15,9         Goods and services tax       13,599       16,8         Operational committees       9,624       13,0         Family Physician Leadership Initiative       58,7         EXCESS (DEFICIENCY) OF REVENUES OVER EXPENSES FROM OPERATIONS       197,549       <			2,525,358	3,099,461
Opioid Initiative         372,998         985,24           Family Medicine Summit         298,642         313,22           KET Initiative         288,227         278,74           Substance Use and Addictions program         160,063           Evidence Based Medical Conference         139,365         205,55           Honorariums         82,667         72,33           Administration costs         71,146         64,11           Rent and occupancy costs         70,608         70,6           Education Outreach         67,137         70,608           Professional fees         54,900         62,99           Special projects         46,458         174,900           Travel         38,239         92,6           Public relations         29,925         20,44           Student and resident support         19,303         42,51           Other events         17,291         1,61           Amortization         15,782         15,99           Goods and services tax         13,599         16,88           Operational committees         9,624         13,00           Family Physician Leadership Initiative         58,76           EXCESS (DEFICIENCY) OF REVENUES OVER EXPENSES FROM OPERATIONS         197	Expenses	<del>-</del>	,	
Family Medicine Summit   298,642   313,22   288,227   278,76   288,227   278,76	Salaries and wages		531,835	447,190
KET Initiative       288,227       278,76         Substance Use and Addictions program       160,063       160,063         Evidence Based Medical Conference       139,365       205,55         Honorariums       82,667       72,33         Administration costs       71,146       64,17         Rent and occupancy costs       70,608       70,6         Education Outreach       67,137       70,6         Professional fees       54,900       62,9         Special projects       46,458       54,900       62,9         Special projects       46,458       54,900       62,9         Special projects       29,925       20,4         Student and resident support       19,303       42,5         Other events       17,291       1,6         Amortization       15,782       15,99         Goods and services tax       13,599       16,8         Operational committees       9,624       13,0         Family Physician Leadership Initiative       2,327,809       2,832,70         EXCESS (DEFICIENCY) OF REVENUES OVER EXPENSES FROM OPERATIONS       197,549       266,75         OTHER EXPENSES       (41)       41	Opioid Initiative		372,998	985,299
Substance Use and Addictions program       160,063         Evidence Based Medical Conference       139,365       205,50         Honorariums       82,667       72,33         Administration costs       71,146       64,17         Rent and occupancy costs       70,608       70,60         Education Outreach       67,137       70,66         Professional fees       54,900       62,9         Special projects       46,458       1729         Travel       38,239       92,6         Public relations       29,925       20,4         Student and resident support       19,303       42,5         Other events       17,291       1,6         Amortization       15,782       15,9         Goods and services tax       13,599       16,8         Operational committees       9,624       13,0         Family Physician Leadership Initiative       - 58,7         EXCESS (DEFICIENCY) OF REVENUES OVER EXPENSES FROM OPERATIONS       197,549       266,75         OTHER EXPENSES       (41)	Family Medicine Summit		298,642	313,224
Evidence Based Medical Conference   139,365   205,55			288,227	278,701
Honorariums	Substance Use and Addictions program		160,063	
Administration costs  Rent and occupancy costs  Education Outreach Professional fees Special projects Travel Public relations Student and resident support Other events Amortization Goods and services tax Operational committees Family Physician Leadership Initiative  EXCESS (DEFICIENCY) OF REVENUES OVER EXPENSES FROM OPERATIONS OTHER EXPENSES Loss on disposal of tangible capital assets  71,146 64,17 70,608	Evidence Based Medical Conference		139,365	205,581
Rent and occupancy costs       70,608       70,608         Education Outreach       67,137       70,60         Professional fees       54,900       62,90         Special projects       46,458         Travel       38,239       92,61         Public relations       29,925       20,42         Student and resident support       19,303       42,50         Other events       17,291       1,60         Amortization       15,782       15,90         Goods and services tax       13,599       16,87         Operational committees       9,624       13,00         Family Physician Leadership Initiative       -       58,70         EXCESS (DEFICIENCY) OF REVENUES OVER EXPENSES FROM OPERATIONS       197,549       2,66,75         OTHER EXPENSES       Loss on disposal of tangible capital assets       (41)	Honorariums		82,667	72,391
Education Outreach Professional fees Special projects Travel Public relations Student and resident support Other events Amortization Goods and services tax Operational committees Family Physician Leadership Initiative  EXCESS (DEFICIENCY) OF REVENUES OVER EXPENSES FROM OPERATIONS OTHER EXPENSES Loss on disposal of tangible capital assets  67,137 70.66 54,900 62,90 54,405 38,239 92,66 29,925 20,44 38,239 92,66 19,303 42,50 11,291 1,60 15,782 15,90 16,80 13,599 16,80 2,327,809 2,832,70  EXCESS (DEFICIENCY) OF REVENUES OVER EXPENSES FROM OPERATIONS OTHER EXPENSES Loss on disposal of tangible capital assets	Administration costs		71,146	64,176
Professional fees       54,900       62,90         Special projects       46,458         Travel       38,239       92,61         Public relations       29,925       20,41         Student and resident support       19,303       42,51         Other events       17,291       1,62         Amortization       15,782       15,99         Goods and services tax       13,599       16,81         Operational committees       9,624       13,00         Family Physician Leadership Initiative       2,327,809       2,832,70         EXCESS (DEFICIENCY) OF REVENUES OVER EXPENSES FROM OPERATIONS       197,549       266,75         OTHER EXPENSES       (41)	Rent and occupancy costs		70,608	70,611
Special projects       46,458         Travel       38,239       92,6         Public relations       29,925       20,4         Student and resident support       19,303       42,5         Other events       17,291       1,6         Amortization       15,782       15,9         Goods and services tax       13,599       16,8         Operational committees       9,624       13,0         Family Physician Leadership Initiative       -       58,7         EXCESS (DEFICIENCY) OF REVENUES OVER EXPENSES FROM OPERATIONS       197,549       2,667,75         OTHER EXPENSES       (41)	Education Outreach		67,137	70,658
Special projects       46,458         Travel       38,239       92,6         Public relations       29,925       20,4         Student and resident support       19,303       42,5         Other events       17,291       1,6         Amortization       15,782       15,9         Goods and services tax       13,599       16,8         Operational committees       9,624       13,0         Family Physician Leadership Initiative       -       58,7         EXCESS (DEFICIENCY) OF REVENUES OVER EXPENSES FROM OPERATIONS       197,549       2,667,75         OTHER EXPENSES       (41)	Professional fees			62,946
Travel       38,239       92,6         Public relations       29,925       20,4         Student and resident support       19,303       42,5         Other events       17,291       1,6         Amortization       15,782       15,9         Goods and services tax       13,599       16,8         Operational committees       9,624       13,0         Family Physician Leadership Initiative       - 58,7         EXCESS (DEFICIENCY) OF REVENUES OVER EXPENSES FROM OPERATIONS       197,549       266,75         OTHER EXPENSES       Loss on disposal of tangible capital assets       (41)	Special projects			
Public relations       29,925       20,42         Student and resident support       19,303       42,51         Other events       17,291       1,60         Amortization       15,782       15,90         Goods and services tax       13,599       16,8         Operational committees       9,624       13,00         Family Physician Leadership Initiative       - 58,70         EXCESS (DEFICIENCY) OF REVENUES OVER EXPENSES FROM OPERATIONS       197,549       266,75         OTHER EXPENSES       Loss on disposal of tangible capital assets       (41)				92,619
Student and resident support  Other events  Amortization  Goods and services tax  Operational committees  Family Physician Leadership Initiative  EXCESS (DEFICIENCY) OF REVENUES OVER EXPENSES FROM OPERATIONS  OTHER EXPENSES  Loss on disposal of tangible capital assets  19,303  42,51  17,291  1,60  15,782  15,99  16,8°  9,624  13,00  2,327,809  2,832,70  2,66,78  (41)	Public relations			20,420
Other events Amortization Goods and services tax Operational committees Family Physician Leadership Initiative  EXCESS (DEFICIENCY) OF REVENUES OVER EXPENSES FROM OPERATIONS OTHER EXPENSES Loss on disposal of tangible capital assets  17,291 1,63 15,782 15,99 16,88 13,599 16,88 2,327,809 2,832,70 2,327,809 2,832,70 2,327,809 2,66,75 41)				42,583
Amortization 15,782 15,90 Goods and services tax 13,599 16,81 Operational committees 9,624 13,00 Family Physician Leadership Initiative - 58,70  EXCESS (DEFICIENCY) OF REVENUES OVER EXPENSES FROM OPERATIONS 197,549 266,75 OTHER EXPENSES Loss on disposal of tangible capital assets (41)				1,632
Goods and services tax Operational committees Family Physician Leadership Initiative  EXCESS (DEFICIENCY) OF REVENUES OVER EXPENSES FROM OPERATIONS OTHER EXPENSES Loss on disposal of tangible capital assets  13,599 9,624 13,00 2,832,76  2,327,809 2,832,76  197,549 266,75	Amortization			15,964
Operational committees Family Physician Leadership Initiative  EXCESS (DEFICIENCY) OF REVENUES OVER EXPENSES FROM OPERATIONS OTHER EXPENSES Loss on disposal of tangible capital assets  (41)	Goods and services tax			16,877
Family Physician Leadership Initiative - 58,70  2,327,809  2,832,70  EXCESS (DEFICIENCY) OF REVENUES OVER EXPENSES FROM OPERATIONS  OTHER EXPENSES  Loss on disposal of tangible capital assets  (41)	Operational committees			13,068
EXCESS (DEFICIENCY) OF REVENUES OVER EXPENSES FROM OPERATIONS  OTHER EXPENSES  Loss on disposal of tangible capital assets  (41)	•			58,762
OTHER EXPENSES  Loss on disposal of tangible capital assets  (41)	,		2,327,809	2,832,702
Loss on disposal of tangible capital assets (41)	EXCESS (DEFICIENCY) OF REVENUES OVER EXPENSES FROM OPERATIONS		197,549	266,759
	OTHER EXPENSES			
EXCESS (DEFICIENCY) OF REVENUES OVER EXPENSES \$ 197,590 \$ 266,75	Loss on disposal of tangible capital assets		(41)	
	EXCESS (DEFICIENCY) OF REVENUES OVER EXPENSES	\$	197,590	\$ 266,759

# Executive Director's Message



I am proud and humbled by the way that our small but mighty organization took on every challenge that we met in 2020. Our members, over 5,300 family physicians in Alberta, have been pushed to their limits physically, mentally, emotionally, and professionally. As a staff team, we have heard stories of struggle and compromised safety, we experienced tragic loss of life of cherished friends and colleagues, we saw a virtual

community joining hearts and hands to support one another, and we felt a relentless political agenda play out that impacted so many foundational parts of a family practice. It has been a year we hope never to experience the likes of again.

It was difficult to stop working at the end of the day or over the weekends, thinking that there must be more we could do from our position in the system to make things better for our members. Knowing that each of you were battling the impacts of a pandemic and trying to make sense of the changes that were being legislated around you, we wanted to hold you up, to be your support and your sustenance. Did we do enough?

We know the Heart of Family Medicine is strong and will prevail as the foundation of an optimal health system. We will continue working toward a health system that we all can be proud of---one that puts the patient at the centre; that recognizes the contributions of every compassionate person who chooses a path of servitude, and one that protects the well-being of all Albertans.

Family physicians are systems thinkers – they see how everything connects, interacts, and contributes to the performance of the whole body, the whole family, the community at-large, and the whole system. As our Board of Directors, committees, and partnerships continue to be led by people who have a vision and a passion for something better, it inspires us to stay the course and support the ones who will make things happen. We are in this together.

On behalf of the staff of the ACFP, we thank our members and the systems that support their work and know that there are better days ahead.

In your service,

Terri Potter BA, PMP, CAE Executive Director, ACFP



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