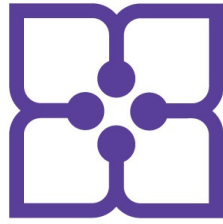




FAMILY PRACTICE RENEWAL PROGRAM

2020-21 ANNUAL REPORT





FAMILY PRACTICE RENEWAL PROGRAM

Mission

Transforming family practice
for better health.

Vision

Family physicians, primary health care providers,
and patients working together
for an effective and sustainable system.

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FPRC MESSAGE:

We are pleased to present the first annual report for the Family Practice Renewal Program (FPRP), an initiative of the Newfoundland and Labrador Medical Association (NLMA) and the Department of Health & Community Services (DHCS), Government of Newfoundland & Labrador.

Spring 2021 marks five years of operation for FPRP and seems like an appropriate time to acknowledge and celebrate the passionate commitment to leadership and innovation in NL family practice, even in the midst of challenging times.

We have approached our work knowing that success is dependent upon relationships, and we are proud of the progress achieved to date, through our partnerships with family physicians and system stakeholders, in helping us on the path of “transforming family practice for better health”. Even while on the front lines of the pandemic response, our family physician community and system partners have remained committed to FPRP priorities. Indeed, we remain inspired and encouraged by the resilience we continue to witness.

We have committed our energies to a set of broad principles that reflect patient-centered continuity of care, improved access, collaborative care, community engagement, and a focus on local population health needs. We trust that our work, and broader system innovations, will help ensure that family practice in our province will continue making a foundational contribution to ensuring an effective, sustainable primary health care system.

If you have any questions, ideas, or concerns, please do not hesitate to reach out! We highly value your perspective and ongoing feedback.

Sincerely,
Family Practice Renewal Committee

**Note: Please reference Appendix A for a list of FPRC members.*



Glenda Nash

PROGRAM DIRECTOR'S MESSAGE:

Hello and welcome to the Family Practice Renewal Program's (FPRP) first annual report.

Our Committee members and program staff commend our family physicians, the broader physician community, our system partners, and indeed all health care providers, for your unwavering displays of resilience this past year.

The engagement of family physicians and our partners has allowed us to achieve significant milestones to this point. The following are highlights of 2020, early 2021 progress:

- Our Family Practice Networks (FPNs) saw a growth of 60%, with a current membership of 410+ physicians in four FPNs, and 34 family physicians in leadership roles as Board Directors.
- Collaborative Services Committees (CSCs), important mechanisms in primary care reform, are now established within each FPN's geographic area. Comprised of senior leadership from FPNs and Regional Health Authorities (RHAs), these committees are making significant inroads in building collaborative relationships between family physicians and health authorities to respond to the primary health care needs of the community.
- MyQ was launched in June of 2020. The MyQ program is a robust educational and support program, representing a comprehensive approach to building a culture of quality improvement in family practice. Forty-eight physicians and 25+ staff have participated in MyQ programs to date.
- Frailty 1 and 2, clinical education programs focused on care of the older adult, with approximately 300 attendees across six offerings to date, have received overwhelmingly positive feedback from participants relating to increase of clinical knowledge, pragmatic relevance to practice, and improving care of older adults.

- Launching in 2021, FPRP is working on the development of an educational and support program for family physicians starting a new practice in Newfoundland and Labrador, moving from one practice to another within the province, or transitioning from active practice to retirement. The “MyPractice” program will provide family physicians with training and supports related to managing their practices, focusing on the “business side of family medicine.”
- A Virtual Care Training Program was offered in July 2020 with 81 registrants, including 45+ physicians. The program was designed for physicians and clinic staff to work together to implement new virtual care processes during the COVID-19 pandemic.
- The Fee Code Program has seen a 50% increase in members from this time last year, now at 250+ fee-for-service family physician registrants. The COPD code, which has been delayed in recent months due to the COVID pandemic, is expected for release in early summer.
- Various financial support programs were rolled out in 2020-21 to assist physicians in adoption of technology for better functionality in their clinics, including grants to support the adoption of the Electronic Medical Record (EMR), virtual care technology, and other functionality to improve clinic processes.
- Development work is close to complete on two new funds, to be rolled out in late spring 2021. The FPN Innovation Fund will provide project grant funding for one-time innovative initiatives that carry potential for sustained improvements in primary care. The Continuing Professional Development (CPD) Fund will support physician educational opportunities, with the intent of building competency and enhancing skills to reflect the local priorities of the FPNs and the CSCs.

In 2021, the Family Practice Renewal Committee looks forward to developing a strategic plan for the 2022-2024 time horizon, to ensure our priorities reflect the evolving priorities of our family physician community and the needs of your patients.

If at any time you have ideas, questions, or concerns, please don't hesitate to reach out to our staff, or to me directly.

Warmest regards!

Glenda Nash, *Program Director, FPRP*



Background: Family Practice Renewal Program

The Family Practice Renewal Program (FPRP), formed in 2016, is a joint initiative of the Newfoundland and Labrador Medical Association (NLMA) and the Department of Health and Community Services (DHCS). FPRP recognizes that improved population health and health system sustainability requires a renewed focus on primary health care reform, and on family practice reform in particular, and that family physicians have an important role to play in the improvement and full integration of primary care and primary health care services and supports.

FPRP is administered by a joint governance committee, with an equal number of appointees from NLMA and DHCS, as well as representatives from each of the Regional Health Authorities (RHAs), the NL Centre for Health Information (NLCHI), Memorial University's Discipline of Family Medicine, and the NL College of Family Physicians. Please see Appendix A for a listing of Family Practice Renewal Committee (FPRC) members.

FPRP has three key initiatives: Family Practice Networks, Fee Code Program, and the Practice Improvement Program.

Family Practice Networks

As one of three core initiatives of the FPRP, Family Practice Networks (FPNs) provide mechanisms to address local physician and practice issues and ultimately aid in physician recruitment and retention. FPNs also enable community-based family physicians, in collaboration with their Regional Health Authorities, to identify and address common health care goals/gaps in local communities, and in so doing, improve delivery of primary health care services.

Family Practice Networks:

- Give physicians a stronger collective voice in primary health care delivery and policy.
- Provide professional support for physicians in providing comprehensive patient care.
- Allow physicians a mechanism for partnership and bigger impact in their communities.
- Help physicians work together to improve their clinical practices.

There are now four FPNs across the province with 410+ physician members. Each FPN is a non-profit corporation developed and governed by physicians. While the provincial program provides standard structures and general direction, the local approach encourages Family Practice Networks to focus on the needs of their own physicians and patients.

Each FPN has an Executive Director, whose responsibility is to develop and implement programs based on the strategic direction provided by the FPN Board.

Collaborative Services Committees

Collaborative Services Committees (CSCs) are important mechanisms in primary care reform and are now established within each FPN's geographic area. Comprised of senior leadership from FPNs and Regional Health Authorities (RHAs), these Committees have started making significant inroads in building collaborative relationships between family physicians and RHAs to respond to the primary health care needs of the community.

Please read further for an update on progress within each of our FPNs.

Shalloway

The first FPN in the province, Shalloway, was formed in early 2018 and represents family physicians in Central Newfoundland. The name represents the physicians' vision for the FPN. A shalloway is a type of vessel, a "larger boat that helps the smaller ones ferry their catch to shore." The reference is symbolic to the FPN, in that it provides individual family physicians a united voice in the pursuit of improved patient care.

Below is an update from the Shalloway Board Chair, Dr. Jared Butler.

Following on the heels of a very successful full year of operations in 2019, Shalloway, like many organizations, experienced a very different 2020. Shalloway was nimble and active in the COVID-19 response, much of this accomplished through collaboration with Central Health. Growth continued in strategic planning and membership expansion, as well as in executive development and board governance.

We anticipate 2021 will bring greater involvement and action in primary care reform efforts as we ramp up both regionally and provincially. Work has begun in virtual care, care of the older adult, Continuing Medical Education (CME), mental health, the creation of Health Hubs, and RHA collaboration. Shalloway membership has grown to 92 members and we are hopeful there can be a return to some level of normalcy and face-to-face interactions as we move further ahead in 2021.

We are optimistic that our work with Central Health will bring gains in the recruitment and retention priority area through the Collaborative Services Committee. Shalloway FPN's priorities include:

- Work collaboratively, as an FPN and with the RHA through the CSC, to improve Care of Older Adults and Long-Term Care Patients through CME, new care models, the provincial Dementia Care Team Program, and the recruitment and training of a family physician with geriatric specialty training.*
- Supporting Mental Health & Addictions needs through collaboration and coordination with provincial and regional projects and programs to address youth mental health service delivery; increase integration of family physicians across mental health services, including regional psychiatry service model transformation, and development of an Opioid Dependency Treatment (ODT) Hub & Spoke model.*
- Through the CSC, the implementation of Non-Emergent Clinics in Gander and Grand Falls-Windsor with collaborative teams (Family Physicians and Registered Nurses) to reduce emergency department visits and increase access.*
- Collaboration on communications and updates between RHA and FPN through joint newsletters and distribution of information to increase family physician and patient awareness of services.*
- Collaboration with other FPNs through a "network of networks" concept in the spirit of shared learning and partnership on common priorities.*



Dr. Jared Butler, Shalloway Board Chair

Long Range

Formed in mid-2018, the Long Range FPN represents participating family physicians in Western Newfoundland. The name refers to the Long Range Mountains, symbolizing a long-term vision for family practice renewal. Long Range is focused on developing innovative ways to improve patient access to health services, building relationships with and supporting physician members in the evolving environment of primary care, and improved engagement with the Regional Health Authority and specialized services to support local community-based solutions in improving the health of residents.

Below is an update from the Long Range Board Chair, Dr. Amy Pieroway.

2020 has proven to be a unique and challenging year for many organizations. The Long Range Family Practice Network has proven to be no different.

Our major accomplishments for 2020 have been recruiting new members, engaging our membership, working with our health care partners via our Collaborative Services Committee and other external working groups, and developing a strong operational foundation for future growth and development. We have now reached 74 physician members.

In recent months, we have also seen a dramatic increase in the number of requests the Long Range FPN has received for family physicians to be part of external committee work. While many health care groups and stakeholders were originally unaware of who we were or what we did, it is now fair to say that we are encouraged by all of these requests for family physician involvement.

The Long Range FPN remains hopeful that the groundwork we have laid in 2020 will serve us well as we move into 2021. To support the three FPN goals of access, networking and engagement, the Long Range FPN will be focusing its efforts on the following priorities:

- *Priority 1 (Networking) - Develop and implement a plan for virtual and in-person events to encourage local physician connection and knowledge sharing.*
- *Priority 2 (Networking) - Encourage cross family physician referrals by developing a resource of local family physicians with special areas of interest.*
- *Priority 3 (Networking) - Develop and implement a plan for orientation and mentorship activities focused on supporting physician integration to communities, including connecting new physicians to physician mentors and providing locally-oriented practice toolkits to new graduates.*

- *Priority 4 (Engagement) - Take a lead role in increasing awareness of family physician practice to inform community-based models of physician recruitment and retention.*
- *Priority 5 (Access) - In partnership with consultant colleagues, develop and implement a plan for streamlining consultative and referral tools and processes for priority access areas.*
- *Collaboration with other FPNs in a “network of networks” across the province to share knowledge and work together on common priorities.*

Dr. Amy Pieroway, Long Range Board Chair



Endeavor

The Endeavor FPN was formed in mid-2018 and represents participating family physicians in the St. John's metro area. Energized by the meaning and symbolism of “Endeavor,” the FPN recognizes the effort to not only aspire to, but achieve and meet, the needs of family practice colleagues and patients.

Below is an update from the Endeavor Board Chair, Dr. Annette McCarthy.

Without a doubt, 2020 has not been the year we expected. Despite this, as a Board and as a FPN, we maintained our goal of looking at ways to improve the collective voice and participation of physicians in primary care planning. Additionally, we have continued to build our formal relationship with Eastern Health, via the CSC, to better position a collective physician voice and identify areas of priority for our membership.

We also recognize that our organization is still new and going through a developmental period, appreciating and understanding how we best work alongside existing organizations, like the NLMA, that support physicians across this province. This journey is not done in isolation, with FPNs established in Western, Central, and most recently, Rural Eastern, we are leaning on and learning from each other.

Our membership numbers show the phenomenal growth of the FPNs provincially, and in our region specifically. At this time last year, there were approximately 88 FPN members in Endeavor. This year, Endeavor has 176 FPN members with continual growth.

Some notable activities in 2020 include work and development related to:

- *Pivoting to adjust to the COVID-19 virtual environment.*
- *FPN locum planning: A planned virtual Networking Engagement session with all locums in the Eastern Health region, the creation of two orientation handbooks (one for locums and one for family physicians engaging locums in our area), and the additional creation of a locumgroup@endeavorfpn.com email address completely managed by locums in our region.*
- *Enhancing processes and efficiencies affecting community family practice: "Less paperwork, more patients."*
- *The implementation of Opioid Dependency Treatment (ODT) Hub & Spoke Model development.*
- *Working with Eastern Health, through the CSC, on the implementation of a Collaborative Teams Clinic in St. John's with FPs and RNs to increase access, create attachment, and encourage continuity of care.*
- *Through the CSC, family physician input into Influenza-Like Illness (ILI) Clinics (Rural and Urban)*
- *Through the CSC, the implementation of Minor Procedures Resourcing within clinics to help decrease wait times and increase access; this pilot project provides clinics with materials to ease the burden on physicians to purchase their own supplies for minor procedures.*
- *Questions email for COVID-19 and Improving Access to RHA Communications/Emails and Notices.*
- *EMR Tips and Tricks evening.*

- *Psychiatry and Mental Health – developing a collaborative approach to providing family physicians with CME opportunities.*
- *Development of content for a “Healthy Endeavors” webpage, a resource with up-to-date links to peer-reviewed resources for physicians and their patients.*
- *Identifying and developing opportunities between family physicians and the RHA to increase information sharing on program planning and delivery needs.*
- *Requests for FPN formal representation, including Psychiatry, Cancer Screening, Virtual Care, Opioid Dependency Treatment, ILI Clinics, Primary Care Sites, etc.*
- *Working with other FPNs to create a provincial network of FPNs for the purpose of shared learning and collaboration on common priorities.*

With work continuing on all these activities, there is lots more to come!



Dr. Annette McCarthy, Endeavor Board Chair

RE-Boot

The RE-Boot FPN was formed in the fall of 2019 and represents participating family physicians from the Burin and Bonavista Peninsulas, Clarendville and area, Conception Bay North, and Trinity North. The name represents the vision for the FPN. The “RE” in “RE-Boot” represents Rural Eastern physicians, while the “boot” is a geographical reference to the Burin Peninsula. Together, they combine to mean a restart, or “RE-Boot,” in family practice. The reference is symbolic to the FPN and provides a mechanism to support and achieve family practice needs and the pursuit of improved patient care. At the 2020 year-end, we had 77 members with a continued focus on recruitment.

Below is an update from the RE-Boot FPN Board Chair, Dr. Jackie Elliott.

In 2020, the RE-Boot FPN focused on setting up its non-profit administratively, including recruiting an executive director, continuing member recruitment, and understanding members' needs. A member survey was conducted, and a planning session was held in October as part of the first Annual General Meeting.

The RE-Boot FPN and Eastern Health CSC began to meet regularly (every 5-6 weeks) and agreed on an initial workplan: understanding where gaps in attached patients and family physicians exist in the region to plan specific local recruitment and retention strategies; regularly disseminating information to the FPN about accessing medical services (e.g. current wait times for all specialist referrals and diagnostic imaging); understanding physician priority needs; and determining wait lists, gaps, and needs for physiotherapy in the region.

RE-Boot's FPN and CSC work focuses on:

- *Implementing Allied Health Services – Community Based Physiotherapy Access with the purpose of increasing access to services.*
- *Increasing communication with three rural sites through regularly scheduled meetings between the three Rural Site Clinical Chiefs and RE-Boot FPN Board Members focusing on increasing patient access and facilitating local solutions.*
- *Enhancing processes and efficiencies affecting community family practice. Examples include dissemination of discharge information, requisition changes, and specialist referral processes (less paperwork, more patients).*
- *Family physician input into Respiratory Assessment Clinics (Rural and Urban).*
- *Questions email for COVID-19 and improving access to RHA communications/emails and notices.*

Dr. Jackie Elliot, RE-Boot Board Chair



Fee Code Initiative

Enhancements to the fee for-service schedule, through a Fee Code Initiative program, are intended to achieve patient, physician, and health system benefits such as comprehensive care, collaboration with other providers, and improvements in patient access. There are now 250+ family physicians registered to access the following FPRP codes:

- (i) a Shared Care Code, which provides participating physicians with compensation for two-way collaborative conferencing with other health care providers for development of a patient care plan; and,
- (ii) a Patient Care Telephone Code, which provides participating physicians with compensation for two-way telephone communication between the physician (or other health care provider employed within the physician's office) and the patient (or the patient's medical representative).

FPRP now looks forward to the summer 2021 launch of a new code for enhanced care of patients with Chronic Obstructive Pulmonary Disease (COPD). Evidence shows that a code focused on COPD carries significant opportunity for improvements in patient care in our province. The new COPD code will be released in coordination with a new group learn program on Navigating the COPD Visit, with offerings in fall 2021.

Telephone Code 521

In response to the COVID-19 pandemic, the annual cap on the FPRP Telephone Code (Code 521) was temporarily lifted, effective March 18, 2020. This change was made in response to the quickly evolving pandemic situation as a temporary mechanism to allow fee-for-service family physicians to bill for telephone visits, without a restriction on maximum annual units.

The annual maximum of 225 units for Code 521 was reinstated, effective October 15, 2020, given the extension of availability of the Pandemic Virtual Care Assessment (PVCA) code for family physicians beyond October 1, 2020, a temporary fee for virtual care provided to physicians during the coronavirus pandemic, which can be billed for assessments delivered by telephone or video conferencing. The decision to reinstate the 521 cap also reflects the temporary nature of the lifting of this restriction as a rapid response to the COVID situation.

Practice Improvement Program

FPRP's third key initiative, the Practice Improvement Program (PIP), supports evidence-based change management in a variety of target areas that align with the program's mission of transforming family practice for better health.

2020 was a big year for PIP initiatives, with significant work underway for 2021 and beyond.

MyQ – Quality in Family Practice

Launched in June 2020, MyQ is a robust educational and support program, representing a comprehensive approach to building a culture of quality improvement in family practice. MyQ is designed to help family physicians and their clinic teams make changes that have a significant impact in improving physician, staff, and patient experience. MyQ offers family physicians a variety of quality improvement opportunities, including Self-Directed Learning, Facilitated Mini Programs, an intensive 12-month Group Expedition series, and the MyQ Physician Network, all designed to meet the varying needs of family physicians and clinic staff.

EXPEDITION SERIES: The Expedition Series is a highly effective, team-based learning program which brings together expert advisors, peer-shared learnings, practical resources, and practice facilitation support that is tailored to physician practice needs.

SELF-DIRECTED LEARNING: Self-Directed Online Modules provide physicians with readily available information and tools to guide quality improvement. Physicians are provided with current best practice information, implementation tools, and case studies that can be accessed in the specific areas needed for each clinic. Physicians engage with the material at their own pace and implement practice improvement as desired.

FACILITATED VIRTUAL MINI-PROGRAMS: Facilitated Virtual Mini-Programs offer physicians and their teams quick and effective learning sessions on how to address core areas in their practice. These condensed programs offer physicians constructive information and tools to take back to their primary care practice. Physicians are also provided with certified, topic-specific virtual learning modules with supplemental in-clinic facilitation and will also have access to self-directed online resources tailored to their experience. A practice facilitator may also support in-clinic quality improvement implementation.



Quality in Family Practice

MyPractice – The Business Side of Family Medicine

FPRP has partnered with Memorial University's Office of Educational and Professional Development (OPED) for the development and implementation of a robust educational and support program for family physicians starting a new practice in the province of Newfoundland and Labrador, moving from one practice to another within the province, or transitioning from active practice to retirement. Now in the development phase, initial offerings are planned for 2021.

The MyPractice program consists of six online learning modules, a one-day bootcamp workshop, a retirement webinar, and a mentor matching service to pair up mentee physicians with experienced physicians willing to offer advice, support, and mentorship.

The engagement and responsiveness of family physicians is imperative to the development and implementation of the program. Our team is working with a Scientific Planning Committee, consisting of family physicians, and an Educational Development Group, consisting of family physicians and other technical experts as needed (e.g. legal, finance, insurance etc.). Content will be relevant to the Newfoundland and Labrador context and will reflect regionally available resources.



The Business Side of Family Medicine

Virtual Care

A Virtual Care Training Program was offered in July with 81 registrants, including 45+ physicians. The program was designed for physicians and clinic staff to work together to implement new virtual care processes during the COVID-19 pandemic. The webinar series was led by Dr. Brad Bahler, from the Health Innovation Group (HIG), and focused on adaptation of clinical processes to virtual care.

Frailty Series

The Frailty Group Learning Program continued to draw large numbers, with approximately 300 attendees across six offerings to date. Developed and delivered by a team of family physicians across the province, and physicians specializing in geriatric medicine, Frailty 1 and 2 sessions focused on care of the older adult within the following topics: Frailty, Dementia, Delirium, Deprescribing, Falls, Elimination, Advance Care Planning, and Capacity Assessment. Development of a Frailty 3 offering for 2021 is now in progress.

Suboxone Treatment of Addiction – Advanced Training Program

2020 offerings were delayed due to COVID. A session was offered in January 2021, with 14 attendees, while the latest offering, in April 2021, had 26 participants.

Comprehensive Management of COPD for the Family Physician

This educational offering will include a 2-hour virtual group learning program. Topics to be addressed include: diagnosis, approach to pharmacotherapy, exacerbations, referral to Respiriology, COVID – 19 considerations, and an overview of the new FPRP COPD billing code. The first program offering is expected in fall 2021.

Palliative Care Group Learning Program

The topic of palliative care is deemed to be a high need area for family physician education and supports, given the patient demographics in Newfoundland and Labrador. Work has now begun on the development of an educational program for Palliative Care by a group of family physician leaders across the province, with a first offering planned for the fall of 2021.

Financial Support Initiatives

Various financial programs rolled out in 2020 and early 2021, supporting family physicians in adoption of technology for better functionality in their clinics, including grants to support the adoption of the Electronic Medical Record (EMR), virtual care technology, and other functionality to improve clinic processes.

EMR Grants

The EMR Subscription Grant provided one “free” year subscription to FPN Med Access users and has been awarded to 220+ family physicians to date. The EMR Installation Grant is intended to offset the cost of implementing EMR, with eligible family physicians as those who originally implemented the EMR in their practice. The Installation Grant was provided to 175+ family physicians. These EMR grant programs were approved in recognition of out-of-pocket costs to enable implementation of the EMR into practices, as well as lost opportunity during training and decreased productivity.

Health Myself

A combined FPRP/TELUS offer of 18 months free subscription, including setup fees, was rolled out in July to FPN members using Med Access. Health Myself is an application fully integrated into the Med Access EMR, and allows users to communicate securely with individual patients, allows online appointment bookings, sends automated reminders, and emails broadcast notifications such as COVID-19 updates and clinic information to entire patient groups. TELUS EMR Virtual Visit enables a seamless workflow and minimizes task redundancy. More than 90 physicians have signed up for the Health Myself offer, while 60+ physicians have signed up for the Virtual Visit offer.

UpToDate

FPRP provided a one-year subscription to UpToDate in February 2021, with a subscription time period of April 2, 2021 to March 31, 2022. More than 150 physicians have registered for the subscription.

Upcoming in 2021

FPN INNOVATION FUND: This program, valued at \$500,000, will fund innovative FPN projects that have significant potential for sustained improvements in primary care. The FPN Innovation Fund is planned for rollout in spring 2021.

CME FUND: This \$1-million fund will be allocated for priority educational needs of family physicians, as identified by the FPNs and the CSCs, and will launch in early summer 2021.

The following funds are in development, with planned rollout in early fall 2021:

TECHNOLOGY FUND: The Technology Fund will support FPN family physicians in enhancing technology functionality in the family practice setting, aligning with FPRP initiatives.

EQUIPMENT FUND: This is an application-based equipment subsidy program for family physicians to access equipment subsidies.

For more information on FPRP, please visit **familypracticerenewal.ca**.

Appendix A: FPRC and Clinical Advisory Group Members

Family Practice Renewal Committee (FPRC)

1. Dr. Wendy Graham, Co-Chair, NLMA
2. Dr. Steve Major, NLMA
3. Dr. Nicola Penney, NLMA
4. Ms. Colleen Stockley, ADM, Past Co-Chair, DHCS
5. Ms. Lisa Curran, Director, Medical Services, DHCS
6. Ms. Monica Bull, Sr Manager, Primary Health Care, DHCS
7. Ms. Judy O'Keefe, Vice-President, Clinical Services, Eastern Health
8. Dr. David Carroll, Vice-President, Medical Services & Chief of Staff (Interim), Central Health
9. Dr. Dennis Rashleigh, Vice-President, Medical Services, Western Health
10. Dr. Gabe Woollam, Vice-President, Medical Services, Labrador-Grenfell Health
11. Dr. Nicole Stockley, Director of External Engagement, NL College of Family Physicians
12. Dr. Danielle O'Keefe, Chair, Discipline of Family Medicine, Memorial University of Newfoundland
13. Ms. Gillian Sweeney, VP, Clinical Information Programs & Change Leadership, NLCHI
14. Robert Thompson, NLMA, Executive Director
15. Lynn Barter, NLMA, Associate Executive Director

Clinical Advisory Group (CAG)

1. Dr. Carmel Casey (Gander)
2. Dr. Jared Butler (GFW)
3. Dr. Jim Bowen (Norris Point)
4. Dr. Danielle O'Keefe (MUN)
5. Dr. Lynette Powell (GFW)
6. Dr. Mercedes Penton (St. John's)
7. Dr. Shanda Slipp (Corner Brook)
8. Dr. Sarah Small (Clareville)
9. Dr. Roxanne Cooper (St. John's)

Appendix B: Family Practice Networks – FPN BOARDS

Shalloway FPN Board (Central) (2021)

1. Dr. Jared Butler, Chair
2. Dr. Dawn Turner, Vice-chair
3. Dr. Desmond Whalen, Treasurer
4. Dr. Carmel Casey
5. Dr. Hany Henein
6. Dr. Helen Bruce
7. Dr. Robert Butler
8. Dr. Wayne Collins

Long Range FPN Board (Western) (2021)

1. Dr. Amy Pieroway, Chair 2020
2. Dr. Paula Cooper, Vice-Chair
3. Dr. Dave Thomas, Treasurer
4. Dr. Shanda Slipp
5. Dr. Tim Griffin
6. Dr. Mark Smallwood
7. Dr. Jim Bowen
8. Dr. Chris Whitten
9. Dr. Nicola Penney

Endeavor FPN Board (St. John's & Area) (Eastern) (2021)

1. Dr. Annette McCarthy, Chair (2020)
2. Dr. Francisco Acevedo, Vice-Chair
3. Dr. Alison Drover, Treasurer
4. Dr. Maureen Gibbons
5. Dr. Colleen Kirby
6. Dr. Michelle Levy
7. Dr. Rebecca Rudofsky
8. Dr. Katie Saunders
9. Dr. Lori Shandera

Appendix B: Family Practice Networks – FPN BOARDS

RE-Boot FPN Board (Rural Eastern) (Eastern) (2021)

1. Dr. Jackie Elliott (Port Blandford), Chair
2. Dr. Megan Hayes (Harbour Grace), Vice-Chair
3. Dr. Sarah Small (Clareville), Vice-Chair
4. Dr. Annabeth Loveys (Avondale), Treasurer
5. Dr. Erin FitzPatrick (Burin Bay Arm)
6. Dr. David Kwinter (Burin)
7. Dr. Gordon Stockwell (Clareville)
8. Dr. Chris Peddle (Carbonear)
9. Dr. Omar Al-Aqidi (Burin)

