Building
our capacity for care

INCREASING THE CAPACITY OF FAMILY PHYSICIANS TO PROVIDE HIGH QUALITY, EFFECTIVE CARE – THIS IS WHAT THE CALGARY FOOTHILLS PRIMARY CARE NETWORK IS ALL ABOUT.

Primary Care Network
CALGARY FOOTHILLS

NEXT YEAR MARKS A MAJOR EXPANSION OF OUR NETWORK.

WE WILL NEARLY DOUBLE IN SIZE, SOME OF OUR PROGRAMS WILL EXPAND AND NEW PROGRAMS WILL BE ADDED.

We have just completed our first year as a primary care network and it has been a whirlwind of activity and accomplishment. Someone told me that we are one of the most responsive, mobile organizations to exist in our health care system and I have certainly felt this.

A special thank you to all of the early members (90 or so) who had the courage to step forward and be part of this network. We all depend on our members for service, for ideas to serve the population and for enthusiasm and you have come through for us at every turn. We are oversubscribed in most of our programs and are working hard to meet your needs. This is a very good thing because it demonstrates to all of us how hard working and caring the average family physician is.

Also, a thank you to the new members (80 or so) who have applied to become part of our network. This demonstrates a confidence from you in the direction that we have chosen. We are happy to have you and happy that you see some benefit for both yourselves and your patients in belonging.

We have many strengths in the medical directors, executive director, medical leads and other administrative leads within the program areas. These people have dedicated significant time and energies to making the Foothills Primary Care Network what it is today. I think particular thanks go to Peggy Aufricht, Dennis Fundytus and Larry McLennan.

Your board also has demonstrated exceptional enthusiasm, confidence and capacity to move things ahead. Eight members of the physician community took the initiative to be part of this board. We thank them for their confidence. We will be losing four of these members after this year. This is hard news on the one hand because we have experienced significant gains from their presence. Josie Wilson, Sarb Grewal, Mark Joyce and Connie Ellis have served the primary care physicians of the Foothills area well and we thank them. We welcome our new members who I am confident will also be major contributors.

Next year marks a major expansion of our network. We will nearly double in size, some of our programs will expand and new programs will be added. We are looking forward to opening the obstetrical program, chronic diseases clinic and a new 24/7 facility. You will also experience more help in your offices in the form of chronic disease support and mental health care. The programs to help sustain your ongoing responsibility for managing care of the people in your practice will continue and, with your input, be adapted and enhanced. One of our main goals is to support the primary care physician who takes on care responsibilities for a designated population. We hope that Foothills Primary Care Network has supported you in this role.

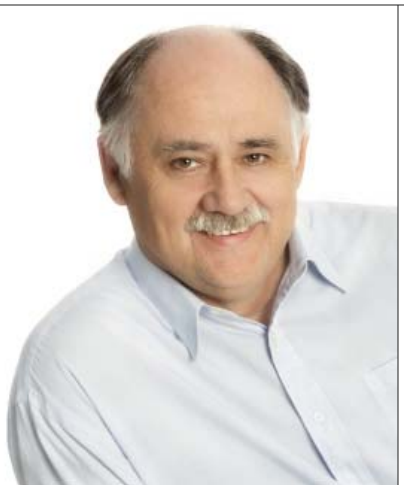
Thanks again for your past enthusiasm and support and we hope that with your help we can remain that responsive, mobile organization that works for you and the people you care for in your practices.

On behalf of the Board of Directors,

DR. JUNE BERGMAN / CHAIRMAN

THE MISSION OF THE CALGARY FOOTHILLS PRIMARY CARE NETWORK IS CLEAR:

WE EXIST TO HELP SUPPORT YOU, THE FAMILY PHYSICIANS WHO ARE PRACTICING IN NORTHWEST CALGARY AND COCHRANE, AS YOU CARE FOR YOUR PATIENTS.



To make this happen, we have been on an exhilarating, complex, fast-paced and rewarding journey throughout the past year. Our network has effectively made the transition from an idea on paper to becoming an actively engaged, growing and vibrant entity with over 170 member physicians and more than 15 employees.

A large part of the life of a new organization involves asking and answering fundamental questions. Our board members, medical directors, physician program leads and employees have been active participants in a wide-ranging and rigorous dialogue throughout 2006 and 2007.

We've asked ourselves questions that include: What services will best support family physicians in our network area? How should these be delivered? Who, when and where will they be provided? How do we best manage these services? And, are we being sensitive to the needs and challenges of physicians as we do all this? As you may imagine, getting to the right answers required hours of consultation, multi-level discussions,

research and generous helpings of cooperation from people representing different facets of Alberta's health care system.

Ultimately, the answers are being expressed in our network's business plan and in the nine key program areas on which we are focusing our resources. We are excited about the potential of these programs and their ability to deliver support that is innovative, practical and will make an appreciable and positive difference in your day-to-day experience and that of your patients. You'll find detailed descriptions of each program beginning on page 10 of this report.

The business of building a new organization is an exciting one and I feel privileged to be working with extremely capable, committed people. One of the greatest accomplishments of the past year has, in fact, been our ability to attract such a dynamic and talented group to work with our fledgling organization. This is noteworthy, given the keen competition within our sector for the right people to fill key positions. In addition, the steady influx of people to our city has exerted ever more pressure on family physicians. We deeply appreciate the time and dedication of the many medical practitioners who have contributed their insight and ideas to our network.

Increasing the capacity of family physicians to provide high quality, effective care for the people in our community is what we are all about. We have the advantage of being a new organization, small, nimble, able to learn and change and address issues as they arise. Flexibility characterizes how our organization is evolving and will continue to evolve.

At the end of the day, we're here to help family physicians remain as active and as effective as possible as they care for people within the Calgary Foothills Primary Care Network.

We rely on your involvement to be able to do so. I thank you for your interest, invite you to read on to learn more about our programs and encourage you to participate. Together we will be successful.

Sincerely,

LARRY MCLENNAN / EXECUTIVE DIRECTOR

The Calgary Foothills Primary Care Network is operated through two boards of directors. The *Foothills Primary Care Physician Corporation* board is charged with the responsibility of representing physician interests and overseeing the quality care and business of the corporation. The *Calgary Foothills Primary Care Network* board is responsible for the design, implementation and administration of the medical programs and services provided by the network. Each is comprised of dedicated individuals who are contributing their time, expertise and insight in the interests of increasing the level of support available for family physicians within the Calgary Foothills region.

Foothills Primary Care Physician Corporation Board of Directors

Dr. June Bergman
CHAIR
Dr. Mike Foster
Dr. Sarb Grewal
Dr. Mark Joyce
Dr. Janet Reynolds
Dr. Roger Thomas
Dr. Josie Wilson
Dr. Connie Ellis

Calgary Foothills Primary Care Network Medical Directors

Dr. Peggy Aufricht
Dr. Dennis Fundytus

Left to right: **Dr. Mike Foster, Dr. Peggy Aufricht (Medical Director), Dr. Dennis Fundytus (Medical Director), Dr. Janet Reynolds, Dr. Roger Thomas, Dr. Mark Joyce, Dr. Josie Wilson, Dr. June Bergman (Chair), Dr. Sarb Grewal;** Not in photo: **Dr. Connie Ellis.**

Calgary Foothills Primary Care Network Board of Directors

Dr. June Bergman
CO-CHAIR

Dr. Nick Myers
CO-CHAIR

Dr. Sarb Grewal

Mr. Jim Merchant

Dr. Sid Viner

Dr. Josie Wilson

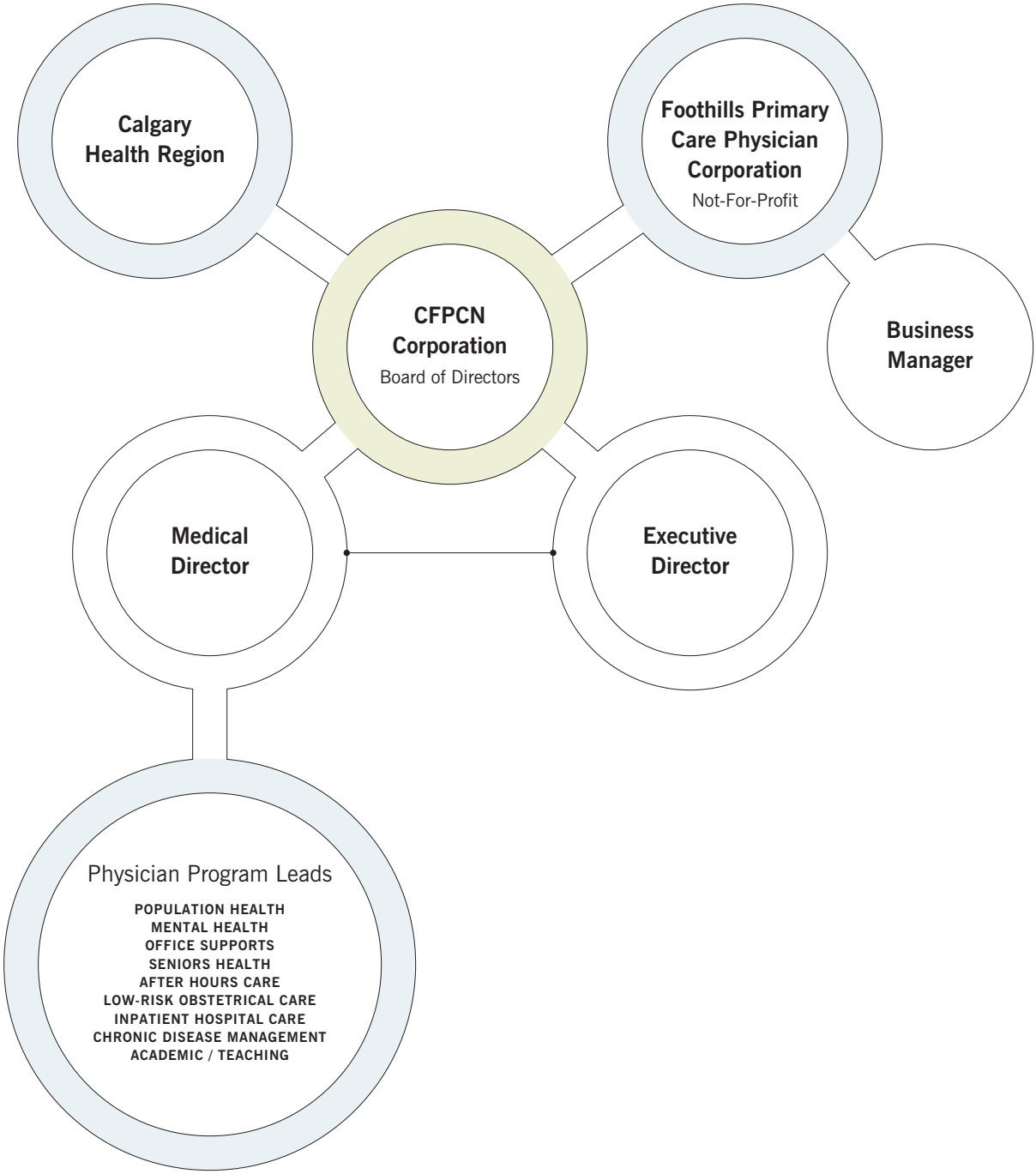
The first practical application of the CFPCN's efforts is being experienced through nine programs that are in various stages of implementation throughout the CFPCN's region. Each program area is led or co-led by an experienced physician with an interest in advancing patient care and satisfaction, while making the best use of all existing resources within the health care system. These include:

Physician Leads

DR. RICHARD WARD / CHRONIC DISEASE MANAGEMENT PROGRAM
DR. TERRI STANILAND / AFTER-HOURS CLINIC PROGRAM
DR. SARB GREWAL / HOSPITAL CARE PROGRAM
DR. MARK JOYCE / MENTAL HEALTH PROGRAM
DR. SANJEEV BHATLA / OBSTETRICAL CARE PROGRAM
DR. JOSIE WILSON / POPULATION HEALTH PROGRAM
DR. DAVID TODD / SENIORS HEALTH PROGRAM
DR. DOUG LAMPARD / SENIORS HEALTH PROGRAM
DR. DENNIS KREPTUL / TEACHING/ACADEMIC PROGRAM

Left to right: **Dr. June Bergman (Co-Chair), Dr. Sarb Grewal, Dr. Josie Wilson, Dr. Nick Myers (Co-Chair), Mr. Jim Merchant, Dr. Sid Viner.**

CFPCN Organizational Chart



Programs

1 Hospital Care Program – Foothills Hospital

Strengthening the continuity of care between patients who have been admitted to the Foothills Hospital and CFPCN family physicians is the primary objective of the Hospital Care Program. A sub-group of CFPCN physicians is available, on a rotational basis, to assume inpatient care duties for patients of our network physicians.

This service is provided for those patients whose presenting medical problems are appropriate for Family Medicine level care and clear benefits have been realized from improving patient transitions between the community and the hospital. The program is facilitating improved communication and transfers of health record information, reconciliations of medications and early follow-up after patients are discharged from the hospital.

The Hospital Care Program began accepting patients in October 2006 and is currently able to accommodate up to 24 inpatients at any one time.

2 Obstetrics Program

Providing high-quality obstetrical care for women with low-risk pregnancies is the goal of CFPCN's Obstetrics Program. This will be accomplished by improving the linkages between CFPCN physicians and the Calgary Health Region's (CHR's) Perinatal educators, Best Beginning Services, the FMC Labour and Delivery Unit, and Postpartum Public Health Nurses. This program is designed to increase patient capacity, to encourage more consistent patient access of services, as well as offering improved care for mothers who are discharged from the hospital and breast-feeding support.

Support for CFPCN physicians who are interested in returning to obstetrics practice is also a facet of this program, which is aligned with CFPCN's academic program.

3 After-Hours Clinic Program

The CFPCN's After-Hours Clinic Program is designed to provide appropriate evening, weekend and holiday support for patients when family physicians' offices are closed. Located at the University of Calgary Medical Clinic (UCMC) North Hill Site, two physicians, a nurse and a receptionist staff the clinic Monday through Fridays from 5:00 p.m. through 9:00 p.m. and Saturday, Sunday and holidays from 10:00 a.m. through 4:00 p.m.

The program works by having CFPCN physicians direct their patients to call the Health Link number if they experience a medical problem after hours. Health Link nurses triage the calls and connect patients with the After Hours clinic as appropriate. After patients are seen by an on-duty clinic physician, a copy of their chart notes from the visit are faxed to the office of their general practitioner for continuity of care.

In addition to providing on-call relief for family physicians, the After-Hours Clinic Program supports the CFPCN's academic program by creating opportunities for teaching medical students, residents and other health professionals.

4 Office Support Program

Helping physicians save time and money is the objective of the Office Supports Program. The challenges of operating community offices in an environment of rapidly rising expenses and human resource constraints are considerable. One issue that has been identified by our members is staff retention. The CFPCN office is currently developing a benefit program, which would allow physicians to offer benefits to their staff at minimal or no cost. In addition, the CFPCN is investigating the opportunity to negotiate reduced prices for standard medical and office supplies.

The CFPCN offers an Office Access Fee (formerly the Locum Fee) designed to support time away for family physicians. In order to qualify for the fee, the physician's office must remain open, maintaining continuity of care for the patients within the practice.

A Nursing Support Fee is also available, to encourage family physicians to hire Registered Nurses and Licensed Practical Nurses as staff for patient care.

The Continuity and Communications Fee (C&C Fee) is designed to compensate member physicians who participate in the communications plan and to encourage full participation in the activities that promote the goals of the PCN. These include, but are not limited to: communicating with their patient base about the PCN and its programs; attending the AGM, townhall meetings, community forums, and other meetings of stakeholder groups within the PCN; communication with other PCN physicians re: shared patient care; and communication with PCN staff, other physicians, and CHR staff about business relevant to the PCN.

5 Chronic Disease Management Program

Building on CHR programming, the CFPCN's Chronic Disease Management Program is designed to complement care and improve outcomes by forging links with multi-disciplinary teams that include Registered Nurses, dieticians and other health providers, while helping patients access the most appropriate and timely services pertinent to their chronic condition.

Patients with chronic diseases like diabetes, hypertension, congestive heart failure, asthma and chronic obstructive pulmonary disease are all intended to benefit by being supported in taking an active role in managing their health.

The team-based model will provide physicians with better links to regional resources, remunerate physicians for their time spent working with CDM team members and adopt new Chronic Disease Management information management tools that provide population, clinic and patient-specific statistics at the click of a mouse. The program will also improve access to care for chronic disease patients in the CFPCN region through the clinic for unattached patients.

6 Mental Health Program

Integrating a mental health professional within the primary care team is at the centre of the behavioural health consultation model, an innovative response to dealing with the well-documented mental health burden experienced in primary care settings. This program also addresses the difficulties family physicians experience in attempting to access mental health services or psychiatric referrals for their patients outside of a hospital setting.

CFPCN's Mental Health Program places the mental health consultant within the primary care setting, who then provides highly accessible services to physicians and patients, with the goal of early identification, quick resolution, long-term prevention and general wellness. Typical interventions include patient education, behavioural activation, self-management strategies and working with patients around medication initiation, side effect tolerance and other adherence matters.

By improving awareness, access and coordination, the CFPCN's Mental Health Program will improve knowledge of mental health resources, help patients with self-management of chronic mental health issues such as anxiety, depression and personality disorders, reinforce links to community supports and advocate for patients.

7 Seniors Health Program

Understanding a patient's complete medical history over time is of great benefit to aging patients whose medical problems become more complex. Family physicians also would like to be more involved in their patients' end-of-life care.

CFPCN's Seniors Health Program consists of two major components; one focused in the community, and the other in long-term care facilities. The community-based program will use regional home care nursing staff to provide services to seniors by participating family practices. In long-term care facilities, a more formalized, team-based approach will be built in collaboration with regional services, providing CFPCN physicians with the opportunity to work with geriatricians, pharmacists and nurses in team-based rounds.

8 Population Health Program

Enabling CFPCN family physicians to effectively interact with their communities, identify service needs and address those needs in ways that best fit their patient population is the objective of our Population Health Program. The focus is on health promotion, prevention of injury and illness and improvement of screening rates.

The northwest Calgary and Cochrane patient populations, which are the areas served by the CFPCN, have demonstrated a need for intervention in the areas of falls in the seniors' population, child and adolescent obesity and physical activity prescriptions for health. Close collaboration between physicians and other population health specialists will enable improvements to be made and new initiatives to be introduced at the individual practice levels.

9 Academic Program

The overarching mandate of the CFPCN is to increase the capacity of our region to care for its rapidly growing population. To do this, we need more family practitioners. The CFPCN's teaching and academic program is affiliated with the University of Calgary Medical Clinic's teaching program – a strategic and valuable association that offers early exposure and quality educational experiences for health providers in a diverse array of community practice settings.

2007 Financial Statements

CALGARY FOOTHILLS PRIMARY CARE NETWORK

Auditors' Report

To the Board of Directors
Calgary Foothills Primary Care Networks

We have audited the Financial Statement of Operations by Object, the Financial Statement of Operations by Program/Strategy, and the Statement of Financial Position of the Calgary Foothills Primary Care Network as at March 31, 2007 and 2006. This financial information is the responsibility of the Primary Care Network's management. Our responsibility is to express an opinion on the financial information based on our audits.

We conducted our audits in accordance with Canadian generally accepted auditing standards. Those standards require that we plan and perform an audit to obtain reasonable assurance whether the financial information is free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial information. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial information presentation.

In our opinion, this financial information presents fairly, in all material respects, the financial position of the Calgary Foothills Primary Care Network as at March 31, 2007 and 2006 and the results of its operations for years then ended in accordance with Canadian generally accepted accounting principles.

Calgary, Canada
June 1, 2007

Ernst & Young LLP **CHARTERED ACCOUNTANTS**

Statement of Financial Position

AS AT MARCH 31,	2007
Assets	
Current assets:	
Cash (on hand and bank accounts)	**$ 6,141,008**
Temporary investments	–
Accounts receivable	**639,031**
Consumable inventory	–
Prepaid expenses	–
Total current assets	**6,780,039**
Long-term investments:	
Property or buildings held for future expansion	–
Total long-term investments	–
Facilities and equipment:	
Office equipment	–
Less accumulated depreciation	–
Clinical equipment	–
Less accumulated depreciation	–
Buildings (lease or purchase)	–
Less accumulated depreciation	–
Land	–
Total facilities and equipment	–
Total assets	**$ 6,780,039**
Liabilities	
Current liabilities:	
Accounts payable and accrued liabilities	**$ 632,562**
Wages to health professionals or staff	–
Current portion of long-term liabilities	–
Total current liabilities	**632,562**
Long-term liabilities:	
Lease payable	–
Total liabilities	**$ 632,562**
Net assets	
Accumulated surplus (deficit)	**6,147,477**
Total liabilities and net assets	**$ 6,780,039**

Statement of Operations by Program/Strategy

	BUDGET	ACTUAL	VARIANCE
	8 MONTHS ENDED MAR 31, 2007	8 MONTHS ENDED MAR 31, 2007	ACTUAL VERSUS BUDGET
PCN revenue			
Per-capita PCN funding	$ 3,402,467	**$ 7,924,785**	$ 4,522,318
Capacity building grant	742,533	**–**	(742,533)
Specialist linkages	96,720	**–**	(96,720)
Pharmacist pilot project	53,885	**–**	(53,885)
Other revenues (list)	–	**125,350**	125,350
Total revenue	4,295,605	**8,050,135**	3,754,530
PCN expenditures			
Staffing costs			
Administration	211,650	**256,788**	(45,138)
Physicians	–	**86,110**	(86,110)
Other health providers	–	**–**	–
Administration	211,650	**170,678**	40,972
CFPCN In-Hospital Care Program	251,432	**261,751**	(10,319)
Physicians	158,375	**215,300**	(56,925)
Other health providers	56,400	**38,251**	18,149
Administration	36,657	**8,200**	28,457
Obstetrics	292,297	**92,567**	199,730
Physicians	159,915	**81,117**	78,798
Other health providers	88,662	**–**	88,662
Administration	43,720	**11,450**	32,270
Chronic Disease Management	461,742	**184,750**	276,992
Physicians	209,853	**149,000**	60,853
Other health providers	168,823	**35,750**	133,073
Administration	83,066	**–**	83,066
Seniors Health	352,403	**15,000**	337,403
Physicians	212,190	**15,000**	197,190
Other health providers	126,880	**–**	126,880
Administration	13,333	**–**	13,333
Office Supports	817,496	**703,400**	114,096
Physicians	704,000	**703,400**	600
Other health providers	–	**–**	–
Administration	113,496	**–**	113,496

continued >>

Statement of Operations by Program/Strategy (continued)

	BUDGET	ACTUAL	VARIANCE
	8 MONTHS ENDED MAR 31, 2007	8 MONTHS ENDED MAR 31, 2007	ACTUAL VERSUS BUDGET
Staffing costs (continued)			
Population Health	$ 40,657	**$ 15,000**	$ 25,657
Physicians	–	**15,000**	(15,000)
Other health providers	27,323	**–**	27,323
Administration	13,334	**–**	13,334
After Hours Care	438,259	**78,118**	360,141
Physicians	246,915	**61,667**	185,248
Other health providers	139,268	**–**	139,268
Administration	52,076	**16,451**	35,625
Mental Health	309,772	**15,000**	294,772
Physicians	24,180	**15,000**	9,180
Other health providers	202,983	**–**	202,983
Administration	82,609	**–**	82,609
Academic Support	66,667	**15,000**	51,667
Physicians	53,333	**15,000**	38,333
Other health providers	–	**–**	–
Administration	13,334	**–**	13,334
Capacity building grant	–	**–**	–
Specialist linkages	–	**–**	–
Pharmacist pilot project	–	**–**	–
Administration costs	566,297	**70,914**	495,383
Premises costs (facilities)	70,300	**48,062**	22,238
Materials costs	88,333	**56,999**	31,334
IM/IT costs	72,087	**42,826**	29,261
Miscellaneous costs	256,213	**46,481**	209,732
Total current expenditures	4,295,605	**1,902,657**	2,392,948
Prior period expenditure adjustment	–	**–**	–
Adjusted expenditure	4,295,605	**1,902,657**	2,392,948
Operating surplus (deficit)	$ –	**$ 6,147,477**	$ 6,147,477
Opening accumulated surplus		**–**	
Closing accumulated surplus		**6,147,477**	
Restricted operating surplus as % of revenue		**–**	
Unrestricted operating surplus (deficit)		**$ 6,147,477**	

Statement of Expenditures by Object

	BUDGET	ACTUAL	VARIANCE
	8 MONTHS ENDED MAR 31, 2007	8 MONTHS ENDED MAR 31, 2007	ACTUAL VERSUS BUDGET
PCN Expenditures			
Health professionals			
Payments to PCN physicians	$ 1,672,041	**$ 1,356,594**	$ 315,447
Payments to specialist physicians	96,720	**–**	96,720
Payments to RHA: health professionals	17,608	**38,251**	(20,643)
Payments to other health professionals	792,733	**35,750**	756,983
Sub-total	2,579,102	**1,430,595**	1,148,507
Administration			
Primary Care Network management	646,300	**11,160**	635,140
Primary Care Network admin support	389,436	**198,595**	190,841
Payments to physicians: board honorariums	–	**30,300**	(30,300)
Payments to physicians: program development	–	**–**	–
Payments to physicians: admin support	–	**29,438**	(29,438)
Payments to RHA: admin support	193,833	**8,200**	185,633
Sub-total	1,229,569	**277,694**	951,875
Premises costs (facilities)			
PCN (monthly) lease/rent/mortgage	61,500	**29,368**	32,132
PCN HVAC, utilities, etc.	–	**18,694**	(18,694)
Payments to physicians for premises	8,800	**–**	8,800
Payments to RHA for premises	–	**–**	–
Depreciation or capital lease amortization	–	**–**	–
Sub-total	70,300	**48,062**	22,238
Materials costs			
Office supplies	21,667	**11,678**	9,989
Medical supplies	–	**366**	(366)
Other supplies and materials	–	**350**	(350)
Equipment (not IT related)	66,667	**44,605**	22,062
Equipment repair/maintenance	–	**–**	–
Depreciation	–	**–**	–
Sub-total	88,334	**56,999**	31,335

continued >>

Statement of Expenditures by Object (continued)

	BUDGET 8 MONTHS ENDED MAR 31, 2007	ACTUAL 8 MONTHS ENDED MAR 31, 2007	VARIANCE ACTUAL VERSUS BUDGET
PCN Expenditures (continued)			
IM/IT costs			
Purchase of IT equipment	$ 23,333	**$ 32,693**	$ (9,360)
Payments to RHA for IM/IT development	–	**–**	–
Payments to RHA for IM/IT support	26,667	**–**	26,667
Payments to others for IM/IT development	22,087	**–**	22,087
Payments to others for IM/IT support	–	**9,593**	(9,593)
Software maintenance	–	**540**	(540)
Depreciation	–	**–**	–
Sub-total	72,087	**42,826**	29,261
Miscellaneous expenditures			
Consultancy contracts	148,300	**24,923**	123,377
Accounting	–	**–**	–
Audit fee	–	**11,000**	(11,000)
Insurance	–	**–**	–
Interest and bank charges	–	**–**	–
Legal Fees	–	**1,191**	(1,191)
Advertising	–	**–**	–
Marketing/communications	10,000	**811**	9,189
Education/training	6,667	**4,005**	2,662
Travel	13,333	**4,551**	8,782
Evaluation	77,913	**–**	77,913
Sub-total	256,213	**46,481**	209,732
Total current expenditure	4,295,605	**1,902,657**	2,392,948
Prior period expenditure adjustments	–	**–**	–
Adjusted expenditure	$ 4,295,605	**$ 1,902,657**	$ 2,392,948

Corporate Information

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Primary Care Network
CALGARY FOOTHILLS

Printed in Canada