

## Key Items

### 1. Primary Care and Substance Use – Opioid Crisis and beyond

The Ministry of Health provided an update on the opioid overdose public health emergency. The committee heard that there is an evolving understanding of overdose risk:

- Multiple illicit drugs have been detected in overdose deaths: cocaine (49%), fentanyl (43%), heroin (37%), methamphetamine/amphetamine (30%)
- 54% of overdoses occur inside private residences
- The majority of overdose deaths are male; among women, First Nations women are more likely to die of drug overdose

While emergency responses to address the crisis will continue, there is a need in the longer term to connect the policy work to the role of primary care on the substance use continuum. The committee discussed care needs in the community that the physicians identified, and opportunities to collaborate on primary care strategies for helping patients with substance use issues in the longer term. A follow up session is being planned with the committee to further explore how primary care physicians can be involved in the response.

[Click here](#) to access provincial supports for pain management and opioid prescribing. For divisions-led pain management resources, [click here](#).

### 2. Translation services

Previously, physicians asked the GPSC to raise awareness of the need for access to translation services in community physician practices. Ministry representatives reported back on progress made in this area: the PHSA, in partnership with the GPSC, will develop a one-year pilot to provide Provincial Language Services telephone interpreting service access to family practices. This pilot project is intended to determine demand for telephone interpreting service access within community practices. More information will be coming in early summer.

### 3. Patient Medical Home Practice Support

The GPSC received an update on practice-level supports that aim to guide doctors along the patient medical home journey. Work is underway to integrate the GPSC's practice self-assessment tool with its physician experience survey, which is part of the patient medical home evaluation framework. Together, these resources help doctors better understand their practice needs, as well as support divisions with community planning.

Further information about these practice supports will be made available in the next few weeks.

### 4. BC Societies Act

The GPSC received an update on divisions' progress towards full compliance with the new BC Societies Act. Twenty-two divisions have transitioned to the new bylaws, with some of these divisions now working to comply with new compensation and composition rules as required by November 2018. The GPSC has identified three examples of ways that divisions have altered their governance structure; these examples have been vetted for compliance by legal

counsel. While divisions may review the examples as to how they may relate to their division, each division is responsible to ensure it is in compliance with Section 41.

The GPSC is offering divisions some limited legal and facilitative support as they adopt the new governance structure. More information about examples from divisions about governance changes and available support will be forthcoming in the next few weeks, and there will be a session at the GPSC's Spring Summit on division governance.

#### **5. Spring Summit: CME Mainpro+ credits available**

The committee received an update on the June GPSC Summit on June 19 and 20 at the Sheraton Wall Centre in downtown Vancouver. Physician participation at the summit qualifies for 13 hours of CME MainPro+ credits. For more information and to register, visit [www.gpscevents.ca](http://www.gpscevents.ca).

#### **6. Feedback from the profession**

- a. The committee heard from a physician involved with the Child and Youth Mental Health and Substance Use (CYMHSU) Provincial Clinical Faculty Committee about physician interest in modifying Core Addiction Training resources from the BC Centre on Substance Use into a PSP module. There is substantive interest from physicians in learning more on how to deal with substance use in youth and to be able to do effective prevention and harm reduction, identification and appropriate treatment. The GPSC directed CPQI staff to explore potential training opportunities within the context of other provincial work underway.
- b. The seventh cohort from the GPSC's SFU Leadership and Management Development Program recently graduated, which means approximately 200 physicians have completed the leadership training program since 2011. The committee discussed the possibility of bringing the graduates together at a future event.
- c. A division raised concerns about a recent shift in health authorities' hiring policy related to nurses, and the potential impact of the policy change on hiring qualified, experienced community nurses. Ministry staff will gather more information about changes to hiring policies and bring it back to the committee for discussion.
- d. The committee received a letter from a collaborative services committee regarding a request to explore alternative payment models for its primary care clinic. Committee members note there have been a number of communications received from divisions and their partners on this topic. A process for addressing these types of request will be developed that includes both the Doctors of BC and the Ministry of Health partners of GPSC.

#### **7. Hearing from our partners**

The committee heard from its health authority and division partners from the North and the Island about their regional approaches to implementing the patient medical home model. The other health regions will present at the June and July GPSC meetings.

Some of the key lessons shared include:

- Partnerships and co-leadership is taking place at many levels: regionally, at interdivisional and collaborative services committees; in the community, for example in Prince George at the Committee Supporting Primary Care Homes (CSPCH); and locally, between individual physicians and the nurses and allied health professionals they work together with
- Transformational system change takes time
- Importance of communication and relationships
- Regional and provincial work is supporting the local work in areas like IT, human resources, privacy, transitioning to new ways of working, and evaluation
- Importance of a social determinants of health lens to support vulnerable populations

If you are interested in seeing the Northern or Island presentations, please contact [divisions@doctorsofbc.ca](mailto:divisions@doctorsofbc.ca).

The GPSC's next meeting is scheduled for June 26.