

## Key Items

### **Welcome to new Vancouver Island division representative Dr. Angela Logan**

The committee welcomed Dr. Angela Logan as a new Division of Family Practice representative from Vancouver Island appointed by the CSC.

### **Port Alberni physicians join the Oceanside Division of Family Practice**

The committee was informed that physicians in the community of Port Alberni have officially joined the Oceanside Division of Family Practice. In the past, the GPSC, alongside the Community Partnerships and Integration team, provided collective support to Port Alberni physicians. With this new addition, the Oceanside division will be looking into changing the name of the division to represent their new expanded membership.

### **Primary Care Strategy, Implementation Planning and Support**

The Ministry of Health and the GPSC are working to further define and streamline the processes for supporting communities in their PCN planning and implementation under a collaborative governance structure. While the Ministry holds overall accountability for the implementation of the primary care strategy, the GPSC holds a strategic oversight role and provides physician initiatives and supports to enable successful implementation of this strategy. Successful implementation requires improved clarity on the roles and supports provided through the GPSC and the Ministry's Primary Care Division staff working as an integrated team together with communities. This work also includes enabling policy work and ensuring alignment of teams or supports from other organizations, particularly in the areas of team based care, health human resource planning, information management and information technology, and monitoring and evaluation. Improvements have already been incorporated into the process for Wave 2 communities based on lessons learned from Wave 1, as well as advice from the UBC Innovation Support Unit.

### **In Patient Care Learning Session**

In November 2018, the GPSC allocated an additional \$3.7M in one time-funding to help sustain inpatient care services in mid-sized communities facing crisis in providing inpatient care (Saanich Peninsula, South Okanagan Similkameen, Prince George, Cowichan, Comox, Chilliwack and Campbell River). On March 1st the GPSC hosted an Inpatient Care Learning Session for these communities and others facing similar challenges. The event included representative stakeholders from each community (division EDs, physician leads, and health authority representatives) and provided an opportunity for the communities to learn more about each other's inpatient care programs. Each community shared a presentation about their local context, how they have used funding, and how they have tackled challenges associated with sustaining the program. The session also included a discussion on other areas that GPSC could assist with; namely funding, shared comprehensive care expectations, streamlining workflow, and team supports. A session summary will be available in the coming weeks. Next steps include helping to facilitate a broad provincial partnership conversation regarding how GP hospital services are to be supported in the longer term.

### **2019 Physician Master Agreement**

On April 13, 2019 the Physician Master Agreement (PMA) was ratified. A total of 3961 votes were cast with 96.8% of members accepting the proposed agreement. The new PMA outlines a number of new provisions which will support the ongoing work of GPSC initiatives.

Over the next three years, \$48.75M of funding has been allocated to GPSC for fees, incentives and physician compensation with \$12.75M allocated in the first year, and an additional \$18M each consecutive year after that. Moving forward, the GPSC will be working closely with the Incentive Working Group (IWG) to determine how this allocation can be used to better support the provincial primary care strategy and physicians in the province. Additionally, a key provision in the new PMA stipulates that the majority of current GPSC incentive fees, along with the associated budget, will be transferred by the end of next fiscal to the available amount held at the Ministry of Health for physician fees. The IWG will be working closely with the Ministry of Health over the next year to ensure the fees are transferred by April 1, 2020. Although moving to the available amount, the fees will continue to be targeted to physicians providing longitudinal care and engaged in PMH and PCN work. The new PMA also allocated \$1.4M for Pathways and an additional \$5.1M for PMH and

PCN work over the next three years, with \$3.1M allocated in the first year and an additional \$2M starting in the second year.

Through the PMA, an additional \$25M of funding from previously unspent GPSC funds, along with additional funds from the Specialist Services Committee and the Ministry of Health, have been directed towards a one time payment to clinically practicing physicians (both GPs and specialists) in the province. Physicians who meet the eligibility requirements will receive a one-time payment of \$7500 during the current fiscal year.

Separate from the PMA, the Ministry of Health has also allocated an additional \$5M, matched by \$5M in funding from GPSC, for a total one-time investment of \$10M to address minor tenant improvements for private physician's offices in support of implementation of team-based care. The GPSC will work closely with the ministry to establish and set criteria for this funding in the coming months.

### **Incentive Working Group Update**

Over the last several months the Incentive Working Group (IWG) has been developing new GPSC incentives to support physicians with fundamental aspects of PMH and PCN. This includes the Panel Development Incentive, launched in September 2018 and the current work on incentives for panel maintenance and longitudinal care. Physicians and divisions will be updated as these incentives are designed and details become available.

### **PRA-BC Program Overview**

The committee received a presentation from Practice Ready Assessment Program BC, (PRA-BC) a program for internationally educated family physicians who have completed residencies in family medicine outside of Canada. The program provides qualified family physicians with an alternative pathway to licensure in BC. PRA-BC is a collaborative venture between the College of Physicians and Surgeons of BC and the Joint Standing Committee on Rural Issues. Since its inception in 2015, the program has assessed 112 family physicians who are now practicing in 44 rural communities throughout BC. The JSC has indicated that they will be decreasing the number of physicians targeted to rural areas from 32 to 16, which will instead allow for 16 physicians to be recruited

into more urban areas of need. The GPSC is currently exploring this potential opportunity for alignment with PRA-BC.

### **Pender Harbour Community Health Centre Case Study**

The GPSC received an update from the co-chairs of the Evaluation Task Group on the Evaluation Framework. The framework captures experiences and lessons learned from local innovations and initiatives using various methods, including case studies. The GPSC Evaluation Task group, in consultation with the Sunshine Coast Division of Family Practice and Pender Harbour Health Centre (PHHC), commissioned a [case study](#) about their partnership with and support of the Pender Harbour Health Centre. The case study documents the evolution of team-based care within the PHHC, and how strategic partnerships between divisions, CHCs and health authorities contribute to the Patient Medical Home model and Primary Care Networks.

### **PSP's Patient Experience Tool**

The committee received an update on the Patient Experience tool, which was launched in 2016 to collect patients' perspectives on their clinical visits and interactions. This physician-driven tool collects data that can be used to inform practice improvements. Since its launch in 2016, the tool has been implemented in 39 clinics (including 72 GPs, 69 MOAs, 11 NPs, and 2 RNs), and over 5700 patients have been surveyed. In August 2018, the GPSC requested that PSP, Doctors Technology Office and the Patient Experience Clinical Advisory group determine the most appropriate and cost-effective way to collect and use patient experience data at the point of care. Over the past six months, a series of due diligence activities were undertaken including evaluations with prototype clinics to identify critical tool features, engagement meetings with clinics to learn about their experiences with the tool, patient focus groups to explore patient experience and willingness to use the tool, and platform demonstrations with a shortlist of potential tool vendors.

As a result of the findings, in April, the GPSC approved transitioning to a more cost-effective vendor. Additionally, moving forward, hardware for the tool will be distributed amongst participating clinics on a rotating basis. The tool will also be expanded to support and inform PCN activities including Ministry of Health evaluation priorities and activities.

### **Feedback from the Profession – Babylon Health**

The GPSC reviewed feedback from physicians regarding the introduction of Babylon telehealth into the BC marketplace. Primary care physicians have expressed concern about the impact the tool could have on longitudinal and coordinated care, physician-patient relationships, and its potential to alter the case mix complexity of full-service family physicians. At the same time, there is recognition that virtual care can be a key enabler in supporting and enhancing primary and community care systems for the province. Through its strategic conversations and partnerships, the GPSC is working to enable the introduction and expansion of virtual care solutions such as Babylon to occur in a way that supports integration with the broader primary health care strategy and, specifically, supports the longitudinal relationships between patients and their primary providers. In addition, there is the opportunity to support some community level virtual care projects, to inform how such approaches can be best used to achieve the goals of the patient medical home and the primary care networks.

### **Maternity Care in BC**

The GPSC reviewed feedback from physicians in Victoria regarding concerns about decreasing physician engagement in maternity care. In response to similar concerns raised by other communities, in February GPSC established a time-limited maternity task group to review the situation, and to explore potential solutions from a provincial lens. Membership includes but is not limited to, representatives from the GPSC Maternity Care Working Group, Ministry of Health, Shared Care Committee, Specialist Services Committee, GPSC Incentive Working Group, Midwives Association of BC, Health Authorities, PHSA, and Perinatal Services BC.

Recommendations from this group include re-evaluating GPSC maternity incentive fees. In addition, the committee is also exploring how maternity care can be explicitly incorporated into community level PCN service planning and networks. Key principles for a provincial maternity care strategy that supports interprofessional collaboration across all aspects of maternity care were also identified. A sustainable solution needs to engage all the Joint Collaborative Committees and other professions and groups supporting this aspect of patient care.

The GPSC's next meeting is scheduled for June 14, 2019.

We encourage divisions to share this meeting summary, in whole or in part, with member doctors. As always, the GPSC would like to hear from you. If you have any comments or questions, please connect with your GPSC Community/Regional Liaison or through [gpsc@doctorsofbc.ca](mailto:gpsc@doctorsofbc.ca).