

## Key Items

### Ministry of Health Announces New GPSC Members

The Ministry of Health has announced a change in its membership on the GPSC. The change brings broader membership that will help to better position the GPSC in a strategic leadership role for Primary Care Networks and team-based care, in addition to supporting the ongoing priority of supporting physicians in the adoption of the patient medical home attributes. Ministry of Health representation on the GPSC now includes the following members:

#### **Ted Patterson**

Assistant Deputy Minister, Primary and Community Care  
Ministry of Health  
Co-chair GPSC

#### **Mark Armitage**

Assistant Deputy Minister, Health Human Resources and Labour  
Ministry of Health

#### **Richard Jock**

Chief Operating Officer  
First Nations Health Authority (FNHA)

#### **(New) Shallen Letwin**

VP, Clinical Operations  
Interior Health

#### **(New) Kelly Gunn**

Vice President Primary & Community Care, Clinical Programs & Chief Nursing Executive  
Northern Health

#### **(New) Danielle Daigle**

President, Nurse Practitioners Council  
Nurse and Nurse Practitioner Association of BC

Dr. John Hamilton and Dr. Richard Crow have stepped down as GPSC members, although they attended the September meeting to ensure a smooth transition for the new Ministry of Health representatives. Shana Ooms will continue to play a key role as a senior staff support from the ministry, along with Kelly McQuillen and Natasha Prodan-Bhalla. We would like to acknowledge the significant contributions that John, Richard and Shana have made to the GPSC over the past several years, and recognize their dedication to improving primary care in BC.

These changes to the GPSC membership will ensure stronger representation from health authorities and introduce a Nurse Practitioner member to the committee, who will provide a key voice as the role of NPs in primary care is further developed within team-based care. The collaborative nature of the GPSC under the new PMA had not changed, and there continue to be six members appointed through the Ministry of Health and six members nominated through Doctors of BC. The Doctors of BC physician representation continues to

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).

be refreshed, as members reach the end of their terms. There is currently a call out for a new physician member on the committee.

## Doctors of BC Organizational Update

As of September 3, 2019 the teams supporting the Joint Collaborative Committees (GPSC, SSC and SCC) have been realigned into one department: Engagement and Quality Improvement (EQI). The purpose of this realignment is to organize teams by function rather than funding streams, and improve support for physician members. Linda Lemke has been hired as the new EQI department lead, effective October 15<sup>th</sup>. Along with this change, job titles of Doctors of BC senior department leaders have been amended from Executive Director to Vice President:

Vice President, Physician Affairs and Community Practice  
Vice President, Physician Affairs and Specialist Practice  
Vice President, Communications and Public Affairs  
Vice President, Engagement & Quality Improvement

Dr. Brenda Hefford  
Dr. Sam Bugis  
Marisa Adair  
Linda Lemke

## Primary Care Network Governance and Implementation

The GPSC discussed PCN governance in relationship to experiences and feedback shared by communities. Committee members acknowledged that PCNs require a new way of working for GPs, NPs, divisions, health authorities and a variety of other stakeholders. Moving forward in collaboration is a fundamental priority for the GPSC, as well as supporting the unique local context and needs of each PCN community as they move through planning and implementation. The GPSC continues to provide a leadership role in supporting PCNs in BC and encourages physicians and divisions to continue sharing feedback regarding PCN implementation to inform resources and processes moving forward.

## GPSC Information Sharing Task Group PCN Team Charting

The committee received a presentation from the GPSC Information Sharing Task Group about recommendations for a set of core principles that will guide where nurses, pharmacists and allied health professionals should chart, with consideration of best practices for the team and the patient's best interests.

Guidance on the location of team charting to support information sharing will be included in the Information Sharing Agreement (ISA) created by the Task Group. However, communities are asking for direction now, as allied health providers begin joining practices.

### Proposed Principles for Team Charting

- 1. Chart once:** Whenever possible, care team members should only chart in one system.

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).

2. **Chart in the PMH EMR:** Care team members should chart in the PMH EMR of the primary care practice in which they are working either directly, or indirectly via integrated chart notes.
3. **Patient-centric:** The primary care practice manages the most complete longitudinal patient record in the community.
4. **Information accessibility:** Information will be made accessible to care team members (and organizations) when needed for patient care. Information for other required purposes will be made accessible under mutually agreeable governance, privacy and security provisions.
5. **Brevity and Actionability:** Care team members consider brevity in charting actions and encounter summary.
6. **Maintain Data Standards:** Charting should be optimized for team performance, patient safety, clinical decision support and reporting and should meet minimum charting requirements of the PMH in which they are working.

## Incentive Working Group Update

Over the last several months the Incentive Working Group (IWG) has been preparing to move a set of the GPSC incentives to the available amount as per the 2019 PMA. This process includes a review and modification of some fees to prepare them for the transfer, which will be effective as of April 1, 2020.

Additionally, the IWG has been working on implementing the new longitudinal care payment (LCP) that was approved in June, to recognize the important role that community based physicians have in providing long term, relationship-based care to their patients. The LCP will be remitted automatically by MSP to eligible doctors later in 2019. More information about the LCP will be shared with physicians in the coming months.

## Bridging Cancer Care with Primary Care

The GPSC received a presentation from Dr. Cathy Clelland, the Provincial Lead of the Primary Care Program at BC Cancer, about developing standards to improve communication and transitions between oncologists and GPs. There was agreement among committee members that this is an issue across regions, and there was support for this to move forward.

BC Cancer's Provincial Primary Care Program (PPCP) has obtained funding from PHSA Health System Redesign program to engage primary care physicians and oncologists to collaborate on improved communications, and to develop shared care strategies to ensure all providers within the patient care circle have the information needed to ensure 'the right provider, is providing the right care, at the right time' to improve the patient experience and outcomes.

Recognizing that there are unique issues within each region of the province, the BC Cancer Provincial Primary Care Program will reach out to leadership at regional "Interdivisional Strategic Councils", BC Cancer Regional Centres along with their Regional Health Authority partners to present this project, gather information on regional communications processes, provide the feedback from conversations Shared Care regarding the RACE line and seek opportunities to collaborate on a regional and where appropriate provincial mechanism to

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).

accelerate the development and implementation of standard practices and strategies aimed at improving information sharing and patient-focused communication between oncologists and primary care practitioners.

## Feedback from the Profession

The GPSC reviewed feedback from multiple divisions within Fraser Health about concerns related to the formation of a Department of Long-Term Care. Other topics discussed include GP contracts, NP integration and the PCN process.

The GPSC's next meeting is scheduled for November 15, 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).



doctors  
of bc