



ANNUAL REPORT 2017/18
General Practice Services Committee

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About GPSC



The General Practice Services Committee (GPSC) was originally established as a collaborative committee between Doctors of BC and the Ministry of Health under the Physician Master Agreement (PMA) in November 2002. The committee’s mandate is to find solutions to support and sustain full-service family practice in BC.

Over the years, the GPSC’s mandate has been renewed to reflect a continued commitment to support full-service family practice and maintain the foundation for an integrated system of primary and community care. The current focus on the patient medical home as a model for primary care practice aligns with the Ministry of Health’s strategic framework for primary and community care.

To fulfill this vision, the GPSC has realigned all existing work and made new strategic investments to:

1. Support practices to achieve the attributes of the patient medical home.
2. Support GPs in community to collectively, through Divisions of Family Practice and in partnership with health authorities, co-design a stronger and more integrated system of care.
3. Provide leadership for and support of provincial and system enablers.
4. Embed a quality improvement (QI) culture and approach across practices and programs.

MANDATE:

The GPSC is a vehicle for representatives of the government, the Doctors of BC and the Society of General Practitioners of BC (SGP) to work together on matters affecting the provision of services by GPs in British Columbia. The GPSC identifies changes in current physician service delivery that could result in improvements in patient care, more effective utilization of physician and other health care resources, and measurable savings in expenditures. It supports the integration and alignment of physician services with other areas of health service delivery, encourages appropriate collaborative practice with other physicians, and promotes the integration of physicians with other health care professionals. The committee also provides incentives for GPs to provide full-service family practice which benefits patients.

VISION:

Enable access to quality primary health care that effectively meets the needs of patients and populations in BC.

MISSION:

Strengthen full-service family practice as the foundation of an integrated system of care.



Committee members

Doctors of BC

Dr Shelley Ross, Co-Chair ♦

Dr Fiona Duncan ♦

Dr Khati Hendry ♦

Dr George Watson ♦

Dr Joanne Young ♦

Dr Mitch Fagan ♦

Ministry of Health

Ted Patterson, Co-chair (August 2017 onwards) ♦

Doug Hughes, Co-chair (To June 2017) ♦

Mark Armitage ♦

Dr John Hamilton ♦

Dr Richard Crow ♦

Shana Ooms ♦

Richard Jock ♦

Health Authority Representatives

Phil Lawrence, Vancouver Island Health Authority

Jason Giesbrecht, Interior Health Authority

Marie Hawkins, Fraser Health Authority

Dr Shannon McDonald, First Nations Health Authority

Yasmin Jetha, Vancouver Coastal Health Authority

Vanessa Salmons, Northern Health Authority

Staff

Dr Brenda Hefford, Doctors of BC

Dr Jean Clarke, Society of General Practitioners of BC

Dana Bales, Communications, GPSC

Alana Godin, Practice Support and Incentives, GPSC

Carolyn Grafton, Communications, GPSC

Katie Hill, Shared Care Committee

Aimee Letto, GPSC Committee Support, Doctors of BC
(To August 2017)

Petra Lolic, GPSC Committee Support, Doctors of BC
(September 2017 onwards)

Milena Markovic, Doctors of BC

Angela Micco, Committee Secretariat, Ministry of Health

Afsaneh Moradi, Divisions of Family Practice, GPSC

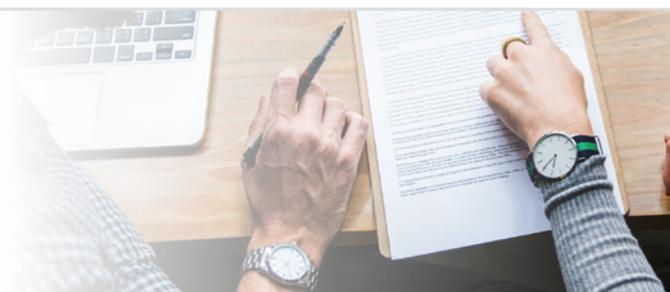
David Moseley, Doctors of BC

Joanna Richards, Primary Care, Ministry of Health

Carol Rimmer, Doctors Technology Office, Doctors of BC

♦ Denotes Voting Member

Co-chairs' message



Over the past year, the GPSC has continued to create tailored supports that enable physicians to implement the patient medical home model of care and to articulate what the attributes of this model look like in practice. In addition to the ongoing support of the patient medical home, the GPSC also focused on ensuring physicians were engaged with local and provincial shaping of the design of primary care networks in BC.

Physician engagement and leadership is key to effective and lasting health system improvement. To this end, the Community Partnerships and Integration (CPI) team has continued to support physician engagement through efforts such as the Impact Measurement Framework, which explores how physician leadership is developed through Divisions of Family Practice, and engagement and learning events such as the provincial GPSC summit.

During the visioning consultations in 2015, GP feedback showed that physicians want simplified and aligned incentives. In response, the GPSC began a comprehensive review of its Family Practice Incentive Program which provided an opportunity to improve incentives and ensure they support physicians in achieving GPSC's strategic direction. With further articulation of this direction, the Family Practice Incentive Program is being aligned with the objectives of the patient medical home and primary care networks, and to enable physicians to practice in a team-based care environment.

GPSC programs evolve alongside the needs of physicians. The Doctors Technology Office (DTO) is adapting its service offerings and support model to meet physicians' information management/information technology (IM/IT) needs that have emerged with patient medical home planning, design, and implementation. Additionally, the DTO enables physician engagement in health technology initiatives to ensure these are designed to meet physician needs.

Building QI capacity in family practices is a focus for the Practice Support Program (PSP), and this year this included developing new and evolving existing learning content to be flexible and more easily accessible to physicians. The newly developed GPSC PMH Assessment (to help family doctors reflect on the current status of their practices in the context of the patient medical home model) provides data that

can be used for quality improvement activities and can be aggregated to monitor the transition towards an integrated system of care at a community and provincial level.

As the breadth and depth of work in primary care improvement continues to grow, the GPSC's focus remains on enabling physicians to evolve their practice model. This includes supporting GPs in a team-based practice environment and ensuring their voices are heard in leading system transformation efforts.

Dr Shelley Ross, GPSC Co-chair, Doctors of BC

Ted Patterson, GPSC Co-chair, Ministry of Health





Year in Review

Divisions of Family Practice

Budget spent: \$ 22,929,566

The Community Partnerships and Integration (CPI) team has continued to work with the 35 Divisions of Family Practice across BC to solidify and build on previous years' progress of engaging stakeholders and developing physician leaders as they work with health authorities, community partners, nurses, and allied health providers to create community-based solutions to local challenges.

Using the Impact Measurement Framework change enabler model, the extent and quality of engagement among primary care physicians and community partners was evaluated. Specifically, the physician leadership change enabler was further explored to better understand:

- how physician leadership is manifested in divisions
- how divisions currently support physician leadership
- what measures should be used to assess the effectiveness of division support for physician leadership
- how to support more effective physician leadership

These findings are informing plans and activities for 2018/19 and beyond.

Divisions' involvement in the patient medical home and primary care networks strategy and the move toward team-based primary care in British Columbia was further supported in 2017/18. Together with the GPSC, the CPI team supported the development of a plan for implementation of PMHs, and supported divisions and their partners to inform the development of primary care networks. As a result, 11 communities across the province submitted expressions of interest to begin primary care network service planning.

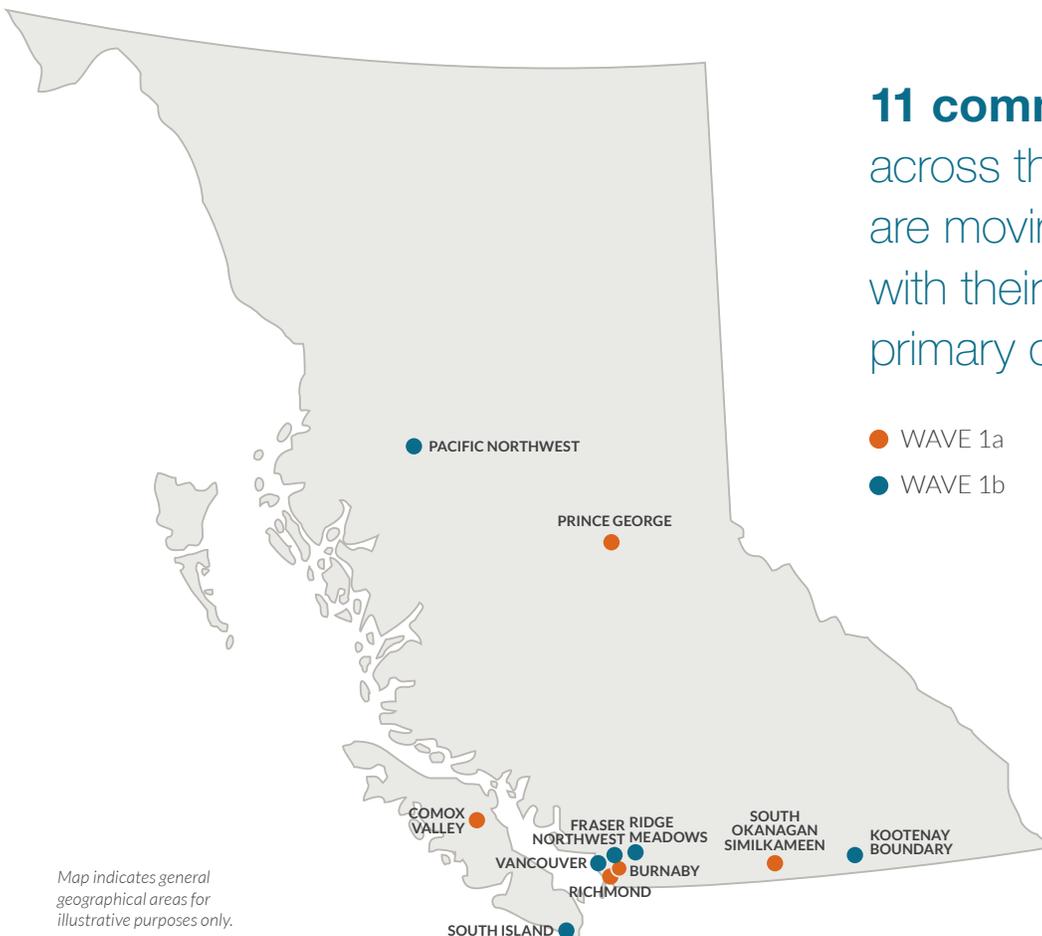


ACCOMPLISHMENTS

- ✓
 Completed two evaluations of the extent and quality of divisions' engagement of primary care physicians and community partners using the Impact Measurement Framework.
- ✓
 Together with divisions, ensured that physicians are engaged and supported to advance patient medical homes to increase access to quality primary care.
- ✓
 Began working closely with government partners, divisions, and community stakeholders to begin primary care network readiness and implementation.

11 communities across the province are moving forward with their plans for local primary care networks.

- WAVE 1a
- WAVE 1b



Family Practice Incentive Program

Budget spent: \$193,090,299

In 2017-2018, the GPSC continued to revise GPSC incentives to simplify billing for physicians and align incentives with team-based care and the objectives of the patient medical home and primary care networks.

As of October 1, 2017, new GPSC incentive fees were added to support chronic disease management by allied health providers and the relaying of medical advice via email, text messaging, and telephone. In addition, changes were made to existing chronic disease management, care planning, mental health, telephone and email management, and conferencing fees to simplify and align billing requirements, increase fee amount, and/or to support team-based care. For more details on incentive fee changes in 2017 – 18, please visit the [GPSC website](#).

Moving forward, the GPSC is developing new incentives to support the patient medical home and primary care networks and finalizing the design of a new incentive to compensate eligible family doctors for panel management.

ACCOMPLISHMENTS:

- ✔ Added new GPSC incentive fees to support chronic disease management by allied health providers.
- ✔ Added new GPSC incentive fees to support the relaying of medical advice via email, text messaging, and telephone.
- ✔ Modified existing chronic disease management, care planning, mental health, telephone and email management, and conferencing fees to simplify billing requirements, increase payment amount, and/or to support team-based care.
- ✔ Began to finalize the design of a new incentive to compensate family doctors for panel management. This new incentive is expected to be available to eligible family doctors in fall 2018.



Doctors Technology Office

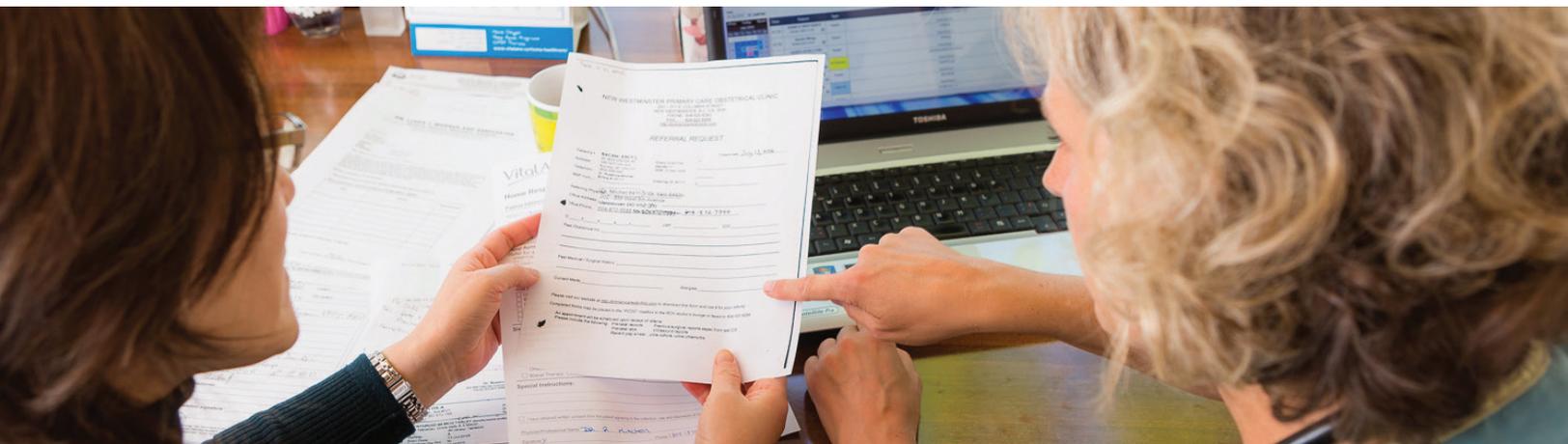
Budget spent: \$ 1,662,994

PMH AND PCN HEALTH TECHNOLOGY SUPPORT

Physicians' IM/IT needs will continue to grow as the PMH and PCNs become further operationalized across the province. To support these needs, the DTO completed a detailed review of PMH proposals to fully articulate IM/IT enablers and support needs in communities. This review and needs analysis will be used to inform the DTO service offerings and support model for the PMH and PCN initiatives in 2018/19.

ACCOMPLISHMENTS:

- ✔ Led tailored technical consultation sessions with Divisions of Family Practice related to the PMH and PCN approaches and transitional strategies requiring technology support.
- ✔ Completed a Health Technology Enablers assessments, status, and alignment to support development of a comprehensive support model for PMH and PCNs in 2018/19.
- ✔ Commenced work to explore information sharing between EMR providers through creation of a common standard.



PHYSICIAN ENGAGEMENT IN HEALTH TECHNOLOGY INITIATIVES

Over the last year, the DTO led a number of initiatives aimed at increasing physician engagement in health technology initiatives. The goal of this work is to provide a venue for meaningful dialogue and to incorporate a strong physician voice into regional and provincial initiatives that impact physician workflows and patient care delivery.

ACCOMPLISHMENTS:

- ✔ Provided Health Technology Physician Engagement webinars, allowing physicians to provide input into regional and provincial health technology initiatives impacting community physicians.
- ✔ Mobilized provincial IM/IT strategic leadership to ensure a strong community and physician voice is represented at provincial tables and initiatives.
- ✔ Provided provincial representation and advocacy for interoperability standards to facilitate information exchange between clinics and vendors
- ✔ Facilitated provincial stakeholder alignment and vendor engagement events



Practice Support Program

Budget spent: \$15,351,405

The Practice Support Program (PSP) is a quality improvement initiative that provides a suite of evidence-based educational services and in-practice supports to improve patient care and doctor experience.

This year, the PSP has continued to target program activities toward building QI capacity in family practices through further development of 'at-the-elbow' in-practice supports, tools, and resources for GPs. While remaining in alignment with Mainpro+ Certification requirements as well as national and provincial guidelines, the PSP has worked with key partners to develop new and evolve existing learning content to be flexible and more easily accessible.



ACCOMPLISHMENTS:

- ✔ Developed in-practice support tools for physicians and teams to build QI capacity in family practices across the province via a defined practice coaching and mentoring framework.
- ✔ Began efforts to facilitate shifts in job function among the regional PSP teams in alignment with the coaching and mentoring framework and the development of a curriculum to empower, enable, and deploy highly-skilled practice support coaches. Province-wide implementation of the coaching framework, associated certification, change management activities, training, and roll-out will occur into the 2018/19 fiscal year.
- ✔ Developed and implemented the GPSC PMH Assessment, an electronic self-assessment to help family doctors reflect on the current status of their practices in the context of the patient medical home model. Data collected can be used for quality improvement activities and/or can be aggregated to track and monitor the transition towards an integrated system of care at a community and provincial level.
- ✔ Created simplified EMR-based reporting tools as part of the Understanding Your Patient Panel pilot project, and in partnership with EMR vendors. Intrahealth, Telus Med-Access, Wolf, and Osler (Oscar builds started 2018) have these tools to support improvements in EMR usage. This work is recognized as a key enabler of the transition to the patient medical home model of care and foundational to the development of primary care networks.
- ✔ Expanded the GPSC's Patient Experience Tool from five initial clinic prototypes to an additional 20 clinics across the province. To date, over 3,200 patient surveys have been completed, and data is being collected to enable family practices to act upon the experiences of their patients.
- ✔ Advanced PSP's learning opportunities to meet the demand for accessible, high-quality content. Flexible approaches to learning allow individual practices to meet their needs, as well as those of their patient populations. The Module Evolution Project, in partnership with UBC CPD, began refreshing existing content, as well as developing new content areas, with a focus on team-based care and quality improvement.

Appendix A: Auditor's Report



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INDEPENDENT AUDITORS' REPORT

To the Members of the General Practice Services Committee,

We have audited the accompanying financial statements of the GPSC Collaboratives Program (Funds and Programs Administered by Doctors of BC), which comprises the statement of financial position as at March 31, 2018, the statements of operations and changes in net assets and cash flows for the year then ended, and notes and schedule, comprising a summary of significant accounting policies and other explanatory information.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of the financial statements in accordance with Canadian accounting standards for not-for-profit organizations, and for such internal control as management determines is necessary to enable the preparation of the financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on the financial statements based on our audit. We conducted our audit in accordance with Canadian generally accepted auditing standards. Those standards require that we comply with ethical requirements and plan and perform an audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on our judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, we consider internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

KPMG LLP is a Canadian limited liability partnership and a member firm of the KPMG network of independent member firms affiliated with KPMG International Cooperative ("KPMG International"), a Swiss entity. KPMG Canada provides services to KPMG LLP.

Appendix A: Auditor's Report



GPSC Collaboratives Program
(Funds and Programs Administered by Doctors of BC)
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Opinion

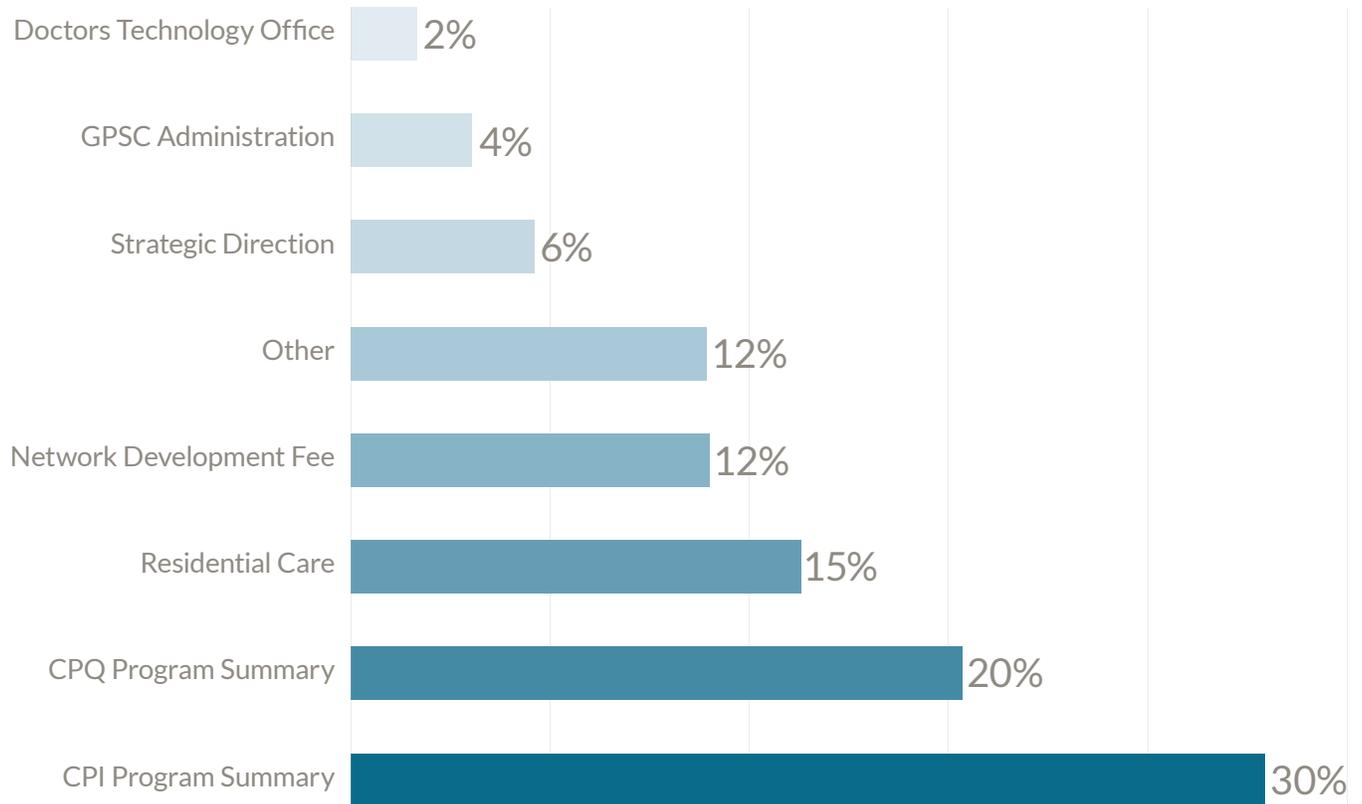
In our opinion, the financial statements present fairly, in all material respects, the financial position of the GPSC Collaboratives Program (Funds and Programs Administered by Doctors of BC) as at March 31, 2018 and its results of operations and its cash flows for the year then ended in accordance with Canadian accounting standards for not-for-profit organizations.

A handwritten signature in black ink that reads 'KPMG LLP' with a horizontal line underneath.

Chartered Professional Accountants

Vancouver, Canada
August 17, 2018

Appendix B: Project and Initiative Spend for 2017/2018



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General Practice Services Committee