

Key Items

1. PCN Implementation: Expression of interest

The GPSC noted that 11 CSCs have submitted their primary care network expressions of interest (EOI) by the first intake of February 1, 2018. The committee is pleased to note this level of interest and engagement in proceeding with PCN planning, and to acknowledge the strong partnership work that is underway. These submissions are currently being reviewed, and the CSCs will receive feedback within 10 business days of receipt.

Noting the high quality of the submissions received, early adopter communities will be identified based not only on the readiness of the communities, but also on representation from each health region and variety of community sizes. It is important that the number of early CSCs be limited in size to ensure that there is capacity to support this work and the opportunity to learn more about required resources and supports and to refine the process based on feedback.

The CSCs who submitted EOIs and are not a part of the first wave of PCN planning will have the opportunity to participate in the second wave. In the meantime, the GPSC will be looking at how to support these and other communities to continue this foundational work as well as the preparatory work with their partners; this includes planning by the GPSC for improved support in terms of enhanced practice support, to physician practices and teams and for clinical networking.

2. Incentive Program

The Incentives Working Group (IWG) sought input from the GPSC as it seeks to develop new incentives to support patient medical homes and primary care networks and their goals. The IWG is aiming to shape two new incentives to encourage GPs to participate in system changes, by specifically supporting GPs, divisions and practices to:

- Transition to the patient medical home model;
- Establish and participate in networks; and
- Test other payment models.

After a robust discussion, the committee provided feedback on the principles guiding the incentives design. The GPSC asked the IWG to proceed with its next steps, including budget analysis, recommendations about accountability, administration, and implementation (including a prototyping process).

Also, in its continued efforts to enable team-based care, the IWG proposed to expand the GPSC's GP Advice to a Nurse Practitioner fee (G14019). This fee can be used when a nurse practitioner in independent practice has contacted a GP for advice regarding patients for whom the nurse practitioner has accepted the responsibility of being the Most Responsible Provider for that patient's community care. The GPSC approved expansion of this fee to provide advice to midwives. More information will be forthcoming.

3. In-patient care

The GPSC received a proposal from the In-patient Care Task Group to address issues related to GP capacity to deliver inpatient care in seven mid-sized communities across the province. These communities are experiencing an increase in the volume of in-patients (two or more unassigned patients per day) and a decline in the participation of GPs delivering in-patient care services (chipping in). The committee agreed to the task group's recommendation to provide additional one-time funding effective April 1, 2018. It will provide this enhanced support to the communities to provide in-patient care for the next fiscal year while long term provincial solutions are explored. The task group heard the needs of many communities and recognizes there is more work to do to support all communities as they provide in-patient care.

4. Team-based care small group learning sessions

The GPSC approved the Practice Support Program's proposal for a targeted delivery model of its small group learning sessions on team-based care (TBC). The PSP strategy involves keeping the introductory session open to all interested team members while targeting the subsequent six sessions to practice teams currently working in a TBC environment or in the process of implementing a team. The GPSC agreed this approach enables access to a high level of support from PSP regional coordinators and peer mentors for those practices that have self-identified as "change-ready", enabling them to immediately apply their learnings in practice.

5. Feedback from the profession

Centralized Primary Care Waitlist and Patient Attachment Mechanisms (PAMs)

This is a timely discussion, as the College of Physicians and Surgeons of BC will be disabling the web site feature that enables the public to find doctors taking new patients. Starting March 1, the public will be referred to HealthLink BC, which will either send patients to a Division of Family Practice (if they live in an area where the division has an attachment mechanism) or to a walk-in clinic. About 14 out of 35 divisions have identified as having these attachment mechanisms.

Clearly, there is an unmet need for attachment information that would be available in communities around the province. As part of their mandate, PCNs will be asked to identify unattached individuals and families in the community and to have a waitlist and protocols for patient-provider attachment.

In January 2018, the provincial divisions office facilitated a discussion between representatives of the Ministry of Health, Healthlink BC, Fraser Health Authority, primary care leads from other HAs, and others. Key issues and principles discussed included: the potential for a provincial wait list through 811 to more accurately capture current gaps in the system and the importance of local autonomy of defining an attachment process for communities, the risk of implementing a centralized waitlist process before enhancement of capacity at the community level and potential regional approaches to attachment. The GPSC will continue to facilitate these discussions, recognizing that this a shared challenge.

To support divisions in aligning their patient attachment mechanism (PAM) projects with PCN implementation and to support community residents access continued services, the GPSC approved (up to March 2019) one time funding to six communities with PAM projects. The GPSC anticipates that these communities will submit their PCN EOI by August 2018.

A similar approach was approved for other communities that have been receiving post impact funding: bridge funding for this fiscal year will be considered providing there is CSC endorsement of the project/initiative as being in keeping with anticipated PCN plan for their community, expectation that these communities will begin service planning within the next 6 months (ie- they will submit EOI by the third intake period of August 1), and confirmation of understanding that funding for these projects is a draw down on the overall PCN funding allocation to the community.

6. GPSC Spring Summit – April 16 and 17, 2018

The organizing committee presented a draft agenda, which was informed by emerging themes identified by focus groups. The themes center on creating better patient access and care, with topics including patient medical homes, primary care networks, and team-based care. Sessions will be designed to ensure participants leave with a practical understanding of what they can do next and how. The final agenda will be shared in an upcoming issue of *Divisions Dispatch*. For more information and to register for the 2018 Spring Summit, visit www.gpscevents.ca.

7. Community health centers and patient medical homes

The GPSC received a presentation from the BC Association of Community Health Centers ([BCACHC](#)). The BCACHC presented details on how its work to integrate services in primary care connects with patient medical homes and primary care networks. The ministry and key stakeholders will be exploring the role of community health centres in the context of the integrated system of care in the coming months.

8. GPSC work plan

The committee reviewed its draft work plan for the 2018/2019 fiscal year. Discussions included key themes and priorities such as supporting doctors and patient medical homes with panel and networking, supporting divisions and communities with primary care networks, and supporting strategic and operational system enablers and supports. The committee's feedback will inform continued development of the work plan, which is expected to be finalized by March.

The GPSC's next meeting is scheduled for May 31, 2018.