# GPSC Meeting Summary
October 17 & 18, 2016

General Practice Services Committee

## Key Items

1. **New Ministry Co-chair and Division Physicians Joining the GPSC**

   Dr Shelley Ross, co-chair of the GPSC for Doctors of BC, was pleased to announce that Doug Hughes, Assistant Deputy Minister, has accepted the role of co-chair of the GPSC for the Ministry of Health.

   As well, the GPSC welcomed physician representatives from five regions across BC:
   - Dr Ursula Luitingh, selected from divisions in the Fraser Health region
   - Dr Cecile Andreas, selected from divisions in the Interior Health region
   - Dr Karin Blouw, selected from divisions in the Northern region
   - Dr Jel Coward, selected from divisions in the Vancouver Coastal region
   - Dr Steve Goodchild, selected from divisions in the Vancouver Island region

2. **Doctors Technology Office EMR Forms Road Map**

   The Doctors Technology Office (DTO) presented to the GPSC on the issue of managing forms within an EMR, and how, particularly, reducing the volume of unique forms within an EMR would improve physicians' workflow, thus enabling more time to be spent on patient care. The Doctors Technology Office EMR Forms Road Map, initiated upon request of the GPSC in 2014/2015, helps define how stakeholders could work collaboratively to resolve some of the current issues with EMR forms, and consider this in the context of the development of a provincial e-Referral strategy.

   The committee had a robust discussion about the many organizations – such as the ministry, Doctors of BC, PSP and Shared Care - that have some responsibility for either/or e-Referrals, electronic forms. Acknowledging the need for connection between the groups, the GPSC approved DTO's request to approve the EMR Forms Road Map's two proposed short-term recommendations: first, to engage and communicate with organizations that produce EMR forms, and second, to establish a provincial EMR Forms/e-Referral Working Group, to be made up of physicians and other subject matter experts and stakeholders as needed. The mandate of the Working Group will be to address issues as noted above while also developing an agreed-upon provincial Forms/e-Referral strategy. More details will be forthcoming.

3. **Practice support & community engagement**

   *Patient medical home*
   The GPSC reiterated that the patient medical home is an important vehicle to enable increased access to quality primary care, which in turn contributes to achieving the Triple Aim. The committee considered that there are varying levels of awareness and understanding of the Patient Medical Home/Primary Care Home model among divisions of family practice and family practices, in particular related to why this approach and what we are trying to achieve provincially. The committee supported putting in place an engagement strategy that reflects divisions' current knowledge and experiences. Staff was directed to engage doctors to get a better understanding of the work currently underway in each division, and to inform the provincially planning including anticipated resources needed to support the implementation of the PMH. These could include member engagement support or strategic planning, or expertise

in evaluation, the law or communications. As well, in response to requests from local divisions, the provincial Divisions team is also developing templates and materials and tools for divisions based on in-depth engagement work currently underway in three divisions.

The committee was advised that senior leadership from the BC Chapter of the College of Family Physicians is deeply involved with the GPSC staff on this work.

*Innovation funding*
The GPSC approved the revised innovation funding criteria and process. The revised funding criteria are that the term 'innovation' has been clarified, and that projects may be distinct from Patient Medical Home/Primary Care Home initiatives, and must align with the division's strategic plan. For more information and for support with a submission, please contact your physician engagement lead.

*Practice support needs*
The Practice Support Program presented to the committee several key areas where service and practice support gaps exist that may undermine efforts to realize the attributes of the patient medical home and primary care home. The two key identified gaps are: (1) targeted support to family practices to enable optimal use of the EMR in practice, and (2) targeted in-practice business supports to optimize administrative efficiency to help enable physician focus on clinical care and to set the foundation for successful implementation of team-based care in practice.

The GPSC notes that other supports may exist outside of the GPSC to address these gaps, and those supports should be considered. The committee agreed to further explore and define the needs of an EMR practice support strategy targeted at family practices with low EMR functionality and to further explore options to address the unmet need for practice level business supports to facilitate physicians to realize the attributes of the patient medical home and primary care home.

4. **Evaluation**

The Evaluation team is working on an evaluation framework to measure impacts and objectives related to implementation of the patient medical home/primary care home , and plans to present that evaluation framework to the GPSC in January. The framework will be aligned with provincial measurement approaches more broadly including those of health authorities and the Ministry of Health for the broader Target Operation Model implementation. The evaluation team will be consulting with local divisions in October and November through the Divisions Reference Group and at the November summit to get their input on an early draft.

5. **Feedback from the Profession**

*Interpretation services for primary care*
The committee discussed the pressing issue of a lack of stable funding for translation services in health authority primary care clinics and GP offices, which limits patient access and quality of care. The need for a provincial strategy for Provincial Language Service (PLS) access was evidenced by a pilot study by the Fraser Northwest Division of Family Practice and the existing short term funding for PLS by five other local divisions.

While the committee agreed on the importance of the service, there was consensus that interpretation services did not fall under the committee's mandate; advocating for interpretation services for primary care does, however. The co-chairs committed to bring this issue forward to the Standing Committee for Health Services and Population Health.

6. **Proof of concept communities**

The committee received an update on the status of two proof-of-concept communities.

*Thompson Region*
The Ministry of Health and Doctors of BC, as well as GPSC staff continue to work with the Thompson Region division on the primary care transformation and plans to increase access to primary care for the community, including targeted recruitment of both GPs, NPs and nurses, as well as the implementation of a nurse in practice model as part of the team based attribute of the Patient Medical Home.

*Mission*
Mission has been confirmed as a proof-of-concept community, and will be of focusing on examining a blended, population-based funding model for those physicians that wish to explore something other than fee-for-service. The work will also include hiring nurses for physician offices, and working closely with the health authority on services for care of frail elderly and complex patients and increased practice capacity and access for all physicians who wish to be involved.

7. **Ministry of Health presentations**

*Mental health and substance use provincial strategic priority*
The GPSC received an update from the Ministry of Health on the government's provincial strategic priority for mental health and substance use. The ministry is in the process of seeking ways to implement its strategy in close collaboration with primary care practitioners; of particular focus was the collaborative care models that will be in use when treating patients with high-needs mental health and substance use issues. Members of the GPSC have been invited to attend a retreat in November to discuss how to build a bridge between primary care and specialized care, as it relates to mental health and substance use needs.

*Virtual Care*
The GPSC received a second presentation from the ministry, this time on the forms of virtual care, sometimes referred to as telehealth or telemedicine, which are available or expected to be available soon in BC. Virtual care includes videoconferencing, online chatting, phone calls, and texting, among others. Barriers were noted such as a current lack of alignment of technology policies, EMR support, and integration of virtual care visits into the physicians' daily workflow. To that end, the ministry is keen to work with the GP community to identify barriers in providing virtual care and ways to address those barriers. Members of the GPSC shared their thoughts on the potential ramifications and also advantages – particularly for the patient medical home and primary care home work currently underway - of bringing in more fulsome virtual care across the province. While the committee agreed that virtual care is likely to be an increasing part of care in the future, there was considerable discussion about the

importance of it being implemented into practice in a way that supports, rather than fragments, longitudinal whole-person care.

8. **A GP for Me**

*Impact funding*
The GPSC endorsed impact funding submissions for an additional 8 divisions, representing 16 initiatives. To date, the GPSC has endorsed funding for a total of 35 divisions and 74 initiatives. Impact funding was created to continue to improve primary access and capacity at the local level, following the conclusion of the A GP for Me initiative.

*Summit agenda planning*
The GPSC will hold a two-day summit on November 28 and 29. The first day, November 28, will focus on A GP for Me, and the significant change that resulted. The second day, November 29, will focus on transformational change taking place in both divisions' provincial environment and within their communities: the 'real world' in which divisions operate. What is the context for change? What supports are available for systems change? How will these changes be evaluated? And finally, how do we leverage these changes?

*Evaluation report*
The GPSC approved the A GP for Me Final Evaluation Report and its distribution to funders and local divisions, pending final briefing to Ministry of Health Senior Executive. The report examines the effectiveness and impacts of A GP for Me on divisions, family doctors, patients, communities, and the primary health care system in BC from April 1, 2013 to March 31, 2016, as measured against the stated goals, and in areas outside of those goals. Additionally, the report aims to share learnings and models of innovation in order to enhance the quality of primary care services in BC.

The GPSC's next meeting is scheduled for November 14 and 15.