

Key Items

1. Ministry of Health Primary and Community Care Strategy

The committee received an update from the Ministry on its Primary and Community Care strategy. The GPSC reviewed the current draft of the ministry's project initiation document, which is an attempt to bring pieces of the system together in a structured way and identify both the barriers and challenges that need to be addressed to create a truly integrated system of care. A joint steering committee has been struck that includes members of the GPSC, and is intended to foster alignment between the partners' strategic priorities. The steering committee will also put a structure in place to connect the patient medical home with the health authorities' specialized community care programs. The partners are working together to clarify governance, work plans and timelines for this strategic work.

2. Patient Medical Home (PMH)/Primary Care Home

Evaluation framework

The GPSC received an update on the proposed PMH evaluation framework. The evaluation team continues to meet with key stakeholders such as representatives from the ministry, health authorities and some divisions, and internal stakeholders such as staff within the CPQI department. Much of the conversation was about the importance of connecting the partners' evaluation frameworks, and ways to ensure the patient experience is evaluated. The evaluation framework is expected to be tabled at the January GPSC meeting for review.

Supports for division initiatives

In follow up to the GPSC's direction in November for staff to connect with divisions about sustainability of initiatives, the GPSC reviewed a preliminary analysis of all projects funded through impact funding that face sustainability issues. Upon review, the GPSC decided to:

1. Direct findings related to recruitment and retention to the Recruitment & Retention Steering Committee for review and recommendations.
2. Direct findings related to practice efficiencies and support to the CPO team to further explore issues related to scope and provision of practice support.
3. Commit to exploring multiple avenues for sustaining specific team-based care and patient attachment projects that are aligned with the PMH goals. The GPSC will engage with divisions and their partners to consider alternative options.

The committee confirmed that funding for divisions' PMH work is for managing change and innovating, rather than funding ongoing clinical service delivery. For those projects where sustainability centres on clinical delivery, the GPSC plans to have conversations with divisions and their partners to explore alternative sources of funding.

3. Medical Privileging Dictionary

The GPSC approved a funding request to support the BC Medical Quality Initiative in reviewing and refreshing the provincial privileging dictionaries. Funds will cover sessionals and travel costs for family physicians that will be involved in the review of three family practice dictionaries: Family Practice/General Medicine, Family Practice with Enhanced Surgical Skills, and Family Practice Anesthesia.

4. Feedback from the Profession

Some physicians are enquiring about issues surrounding liability when working in team-based care settings. The provincial team has some resources available about information-sharing and liability, and intends to provide more information to divisions soon.

5. Presentation from the Cowichan Division of Family Practice

Dr Jim Broere, Dr Bryan Bass and Valerie Nicol from the Cowichan Valley Division provided the GPSC with an overview of its work, including their collaborative approach and their thinking on PMH/PCH in Cowichan which has stemmed from their Eldercare project. The committee thanks the division for its informative presentation. [Click here](#) for the presentation.

6. Ministry of Health presentations

Provincial health workforce planning

Mark Armitage, Executive Director, Special Projects for the Ministry of Health's Health Sector Workforce Division and member of the GPSC presented to the committee on the ministry's workforce planning. This presentation was in follow-up to an earlier presentation in the spring of 2016, and outlined the ministry's work on an annual rolling three-year health workforce plan. It is worth noting that health authorities noted that in 2016/2017, recruiting family physicians was a province-wide priority. [Click here](#) for the presentation, and contact Mark (mark.armitage@gov.bc.ca) with any questions or comments.

Complex medical and frail older adult strategic priority

The GPSC received a second update from Ministry of Health staff, this time on the government's provincial strategic priority for its Specialized Community Care Program (SCCPs) for complex medical and frail older adults. SCCPs are community-based programs run by a regional health authority, and that link to a primary care home. Of particular focus was identifying barriers to optimal care, and creating clear and simple pathways linking PMHs to specialized services.

The committee wishes you all a healthy, happy holiday season.