GPSC Meeting Summary
January 30, 2016

General Practice Services Committee

Key Items

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

Impact funding

The GPSC acknowledges the value of team-based care and patient attachment mechanism projects that received support initially through A GP for Me and then through impact funding, which is coming to an end. Some divisions have been successful in developing sustainability plans for these projects, encompassing use of infrastructure funding in combination with ongoing health authority or other partnerships. Some projects, however, have already wound down, or divisions are making plans for discontinuation of projects as this funding comes to an end. The committee is concerned about the effect on patients as some of these projects wind down in the absence of a long-term sustainability strategy.

In light of their value and impact, the GPSC decided to provide a six-month time extension for divisions with high-impact projects that have funds remaining. The GPSC will also provide some funding for six months to a small percentage of these projects where the discontinuation will have an adverse effect on direct services to patients.

The committee recognizes that the ability to support team-based care over the long term requires a provincial strategy involving all partners in health. It was the GPSC's hope to have identified a provincial approach before impact funding ran out. The committee is providing additional funding to enable time for divisions and their partners to transition to a future provincial approach; the collaborative exploration of which has been more complex and taken more time than anticipated. To that end, the GPSC is working with its partners on policy development to support sustainable funding mechanisms and approaches to having nurses and allied health professionals both in physicians' practices and/or linking practices to allied health professionals who are shared within the community. The Committee understands the importance of identifying a provincial approach as quickly as possible.

In the meantime, conversations are taking place within the next two weeks between divisions, GPSC staff – and in some cases, health authority partners – about those projects that may receive additional funding or time extensions.

If you have questions and have not yet been contacted by the provincial office, please connect with your Community Liaison or contact Susan Climie at sclimie@doctorsofbc.ca.

Nurse-in-practice funding

The committee heard that discussions are continuing between Doctors of BC, the Ministry of Health, and three local divisions about funding for the nurse-in-practice model. These discussions are complex and are taking more time than initially expected. The GPSC expects opportunities for additional communities to be involved in trialing the model. This is anticipated to start to take place in the summer.

2. PMH Funding Update

Susan Papadionissiou of the provincial office updated the committee on the status of the patient medical home funding application process. The provincial office anticipates taking four weeks to review an application. Each application will reviewed by a joint leadership team comprised of staff from the Ministry of Health and Doctors of BC.

Also, the provincial office is planning information sessions with local divisions to outline the funding process and to address any questions from divisions. The information sessions are tentatively scheduled for February 2017.

3. Evaluation Update

Patient engagement workshops
The Ministry of Health, Doctors of BC staff, and several health authorities partnered to produce three patient engagement workshops in Vancouver, Surrey, and Kelowna earlier this month. The workshops aimed to gather input from patients on the strategy for primary care improvement and the GPSC patient medical home evaluation.

Evaluation framework
The GPSC approved the patient medical home evaluation framework, which was created after consultation with a wide array of stakeholders. The framework covers four key outcomes: access, patient experience, provider experience, and cost. The PMH framework is streamlined and includes only a short set of indicators, and does not duplicate the evaluation work of the health authorities and the Ministry of Health.

The GPSC also approved the evaluation task group to move forward to develop a plan to implement the framework. The evaluation team anticipates releasing the framework and progress indicators in early spring.

4. Incentive Program

The Incentive Working Group (IWG) presented its plan to develop and implement a revised PMH Incentive Structure. It also provides a high-level description of the approach and timeline. The proposal was reviewed and approved by the GPSC core members in early January, and presented to the full GPSC for information, clarification, and endorsement. The GPSC identified the following issues for the IWG to consider as it moves the work forward:

- The committee appreciated the plan to engage physicians on the ground as the revised incentives structure is developed. Although engagement requires more time in the development process, it is an important component. The IWG's timeline may need to be revised accordingly.

- The committee endorsed the approach to take a comprehensive look at the incentives structure and ensure the incentive structure continues to support longitudinal, full-service family practice and fulfills the GPSC's mandate as outlined in the Physician Master Agreement.

Since 2015, the GPSC has provided funding for a 25% increase in some hospital billing fees for community based physicians to support fee codes 13008 (Community Based GP: hospital visit) and 00127 (Terminal care facility visit) and this 25% lift is to continue. A new acute care hospital admission fee for community physicians – 13109 (Community based GP: Acute care hospital admission examination) has now been approved and will be effective April 1, 2017. This fee also has a 25% uplift, funded by the GPSC.

5. Allied Health Professionals

The health authority representatives provided the committee with an overview on their work to realign health human resources to support the primary care strategic initiative. The update focused on sharing a common understanding of the role of allied health professionals to help build the foundation to implement team-based care. The representatives acknowledged that health authorities are at different stages of transition, exemplifying the Northern Health Authority's (NHA) work to date. The NHA has completed the transition of 400 allied health professionals, such as primary care nurses, mental health clinicians, and home and community care clinicians, previously in siloed roles to positions on interprofessional teams.

6. Child and Youth Mental Health Substance Use Collaborative (CYMHSU)

The GPSC received a presentation by Val Tregillus from the CYMHSU collaborative, which is winding down this year. The presentation included key aspects of the CYMHSU collaborative such as: foundational aspects, model of care, and lessons learned. The SSC is creating an evaluation report that will share its findings about sustainable options for community child and youth mental health activities into the future. The SCC anticipates releasing the report in March 2017.

7. Information-sharing and privacy legislation

The Ministry of Health presented draft privacy guidelines relating to the primary care home, and sought feedback from the GPSC about the clarity of information and the understanding of risks. The Ministry is also seeking feedback from Doctors of BC.

The GPSC's next meeting is scheduled for February 28.