GPSC Meeting Summary
February 28, 2017

General Practice Services Committee

Key Items

1. Impact Funding

Previously, the GPSC acknowledged the value of team-based care and patient attachment mechanism projects funded initially through A GP for Me and then through impact funding, which ends on March 31, 2017. The GPSC endorsed funding to support initiatives identified by the divisions, their CSCs, and the GPSC/Community Liaisons as being valuable to carry on, leading into the Integrated Primary and Community Care Strategy.

Of the 41 attachment mechanism and team-based care initiatives:

- eight are winding down;
- 12 will have a time extension of six months; and
- 21 will receive some funding.

Impact funding decisions will be communicated to divisions in the next week. To enable more time for planning or transitioning in the future, the GPSC agreed that divisions will be notified by the end of July 2017 as to whether or not further funding will be available.

The GPSC also discussed divisions' team-based care projects that were not funded through impact funding yet also have sustainability concerns. Given ongoing challenges with sustaining team-based care in communities, the committee recommended a task group be established to explore province-wide, sustainable ways to support team-based care.

2. Sessional Guidelines for Practice Support

Currently, PSP has guidelines for use of sessional funding within its program, but the GPSC does not have a standard set of guidelines on these payments for physicians across GPSC programs and initiatives. The GPSC agreed it would be beneficial to have consistent guidelines throughout its programs and greater alignment across the joint collaborative committees (JCCs). The GPSC directed CPQI staff to work with a small group of committee members and division representatives to consider whether guidelines for sessional payments made by the GPSC would be helpful. The committee also agreed to bring this forward to an upcoming JCC co-chair meeting, with a view to discussing of the opportunities for standard guidelines for sessional payments across the JCCs.

3. Full-service Family Practice Fee Incentive Program Update

The committee received an update from the Incentives Working Group on its work to support the redesign of GPSC incentives. The goal of reviewing the incentives, as reported previously, is to ensure the incentives support physicians and practices as they work towards fully implementing the PMH. The initial review is focused on the conferencing and telephone management fees. This area has been prioritized in an effort to understand the incentives' use and impact on team-based care.

We encourage divisions to share this meeting summary, in whole or in part, with member doctors. As always, the GPSC would like to hear from you. If you have any comments or questions, please connect with your GPSC/Community Liaison or through gpsc@doctorsofbc.ca.

4. Opioid Overdose Public Health Emergency

The GPSC co-chairs have been copied on a letter to Doctors of BC President, Dr Alan Ruddiman, from the Associate Deputy Minister and the Chief Medical Health Officer to provide leadership and guidance to support primary care physicians in prescribing opioid agonist therapy (OAT), and to reduce opioid overdose deaths. GPSC co-chair Dr Shelley Ross followed up with Dr Perry Kendall who indicated that he would appreciate any and all support to enable family physicians to help with this crisis. The committee had a robust discussion focused, in part, on the need for greater social supports to address the root cause of addictions, ways to support physicians in treating patients, and about the role of OAT prescribing.

To date, the GPSC and its initiatives address pain management and opioid prescribing in a number of ways. Information is being shared about available supports created by local divisions and the GPSC (such as PSP's Pain Management module) and is summarized on this webpage.

The GPSC will continue to provide leadership and guidance on a strategy to expand the role of primary care in the treatment of addictions within the context of the work on the PMH/PCH. This includes the GPSC's currently available fee incentive supports and PharmaCare coverage for some OATs such as:

- **Fee code G14074 – GP Unattached Complex / High Needs Patient Attachment Fee**: This fee compensates for the time, intensity and complexity of integrating a new patient with high needs, including mental health and/or substance use patients, into a family physician's practice. For more information, please refer to the following attachment billing guide.

- **Fee code G14043 – GP Mental Health Planning Fee**: This fee is payable upon the development and documentation of a patient's Mental Health Plan for patients resident in the community. Patients must have a confirmed Axis I diagnosis of sufficient severity and acuity to warrant the development of a management plan, and both Alcohol Dependency (303) and Substance Abuse (non-nicotine) (304) qualify as Axis I diagnoses. If this fee is billed for a patient with either Alcohol or Substance Abuse issues, all other criteria of the fee must be met. For more information, please refer to the following mental health billing guide.

- Effective February 1, 2017, PharmaCare will cover Methadose™ for maintenance and buprenorphine/naloxone under its Psychiatric Medications Plan (Plan G). By covering these drugs under Plan G, 100% PharmaCare coverage may be available to more individuals with lower incomes. For more information, please refer to the links below:
  - Coverage of Methadose™ and Buprenorphine/Naloxone under Plan G
  - PharmaCare Newsletter

This information will also be communicated through an upcoming issue of *Divisions Dispatch*.

5. Collaborative Services Committees (CSC) Meetings

Since September 2016, the GPSC has introduced ways to strengthen links between GPSC, local divisions, and CSCs including:

- Webinar calls with CSC co-chairs and division executive directors directly after the GPSC meetings;
- Attendance at GPSC meetings by divisions representatives;
- Attendance at ISC/interdivisionals by GPSC representatives; and
- Increased use of video/teleconference by GPSC representatives to participate in meetings, when they are not able to attend in person.
- Expanded roles of the GPSC/Community Liaisons to more comprehensively support the partnership work and alignment between divisions, health authorities, and the GPSC

The GPSC also recognized that there is a growing number of GPSC representative vacancies at the CSC meetings, and that there is an increase in volume of CSC meetings that need representation from the GPSC. The GPSC agreed to lead a consultation on the future role of GPSC representatives at CSC meetings. Consultations will include CSC co-chairs and GPSC members.

6. Workshop Discussion: Work Plan and Budget

The committee reviewed its draft work plan and budget for the 2017/2018 fiscal year. Discussions included the role practice support plays in terms of supporting physicians to understand their practice panels and patient needs, the role the JCCs can fill regarding technology, and how local divisions' priorities are directly connected to and aligned with the PMH policy direction and targeted implementation priority areas. The committee's feedback will inform further development of the work plan prior to seeking final approval from the Physician Services Committee.

The GPSC's next meeting is scheduled for March 27.