GPSC Meeting Summary
June 26, 2017

General Practice Services Committee

Key Items

1. Incentive Program

The GPSC discussed differences in provider requirements for its fees for GPs with Specialty Training (G14021 and G14022). The fee code G14021, can only be initiated by another physician; the second fee code, G14022, can be initiated by either a physician or allied care provider. In order to simplify and align fee requirements and to support team-based care, the committee agreed to expand the eligibility for fee G14021 to include requests for urgent telephone advice initiated by an allied care provider. These changes will be effective July 1, 2017.

2. Patient medical home

The GPSC reviewed and discussed a draft PMH practice characteristics matrix that describes the PMH attributes in more detail. It is intended to provide increased clarity, to support family physicians to transition their practices to patient medical homes, and to help the committee strategically design services and resources. To ensure the matrix is useful and supports physicians and other practice team members, the matrix will be piloted with practices and divisions in rural, urban and suburban areas. Developing real world examples will help to form a picture of what the ideal patient medical home will look like in BC, when we combine both local physicians' perspectives and the learnings from other jurisdictions. Further information will be forthcoming.

3. Impact funding

The GPSC received an update on how extensions to impact funding are supporting some divisions with projects related to attachment mechanisms and team-based care. The committee discussed how to strategize support for an approach that offers divisions sustainability in the context of broader provincial solution(s) to support expansion of team-based care approaches and which further the GPSC's goal to improve access to primary care services and longitudinal attachment. This is a complex issue, and one that generated significant conversation among committee members. This topic will be carried over to the GPSC's July meeting.

4. Division representatives attending GPSC meetings

Divisions of family practice representatives have been providing community perspectives to the GPSC at its monthly meetings since October 2016. Feedback indicates that both members of the GPSC and divisions representatives found these community perspectives contributed significantly to GPSC discussions. After the current pilot phase ends in September 2017, division representatives will continue to attend GPSC meetings, with an initial sixth-month term for each division representative.

Each ISC can identify a new representative or continue with an existing representative. Consideration should be given to adding new representatives using a phased approach in

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.

order to maintain some continuity of knowledge and experience while new representatives grow into their role. It is important to note that division representatives do not attend the GPSC meetings as representatives of their health authorities, but rather to represent the voice of divisions in their region. Also, attendance at ISC meetings is on behalf of their division; they are not expected to represent the GPSC. The GPSC co-chairs, committee members, or senior staff represent the GPSC at the various ISC meetings.

5. UpToDate

The committee reported that it has renewed its UpToDate contract until March 2019. Doctors of BC's Community Partnerships and Integration team are working with the Government's BC Clinical and Support Services to explore options for moving toward a provincial UpToDate contract.

6. Pharmacists in practice

The UBC Faculty of Pharmaceutical Sciences presented a model for increasing patient and physician access to pharmacists across the care continuum by integrating salaried non-dispensing clinical pharmacists into primary care teams. Current prototype work has pharmacists working with five divisions of family practice: Richmond, Vancouver, Fraser Northwest, Chilliwack, and Prince George. Feedback indicates that family physicians appreciate working with a co-located pharmacist to care for complex patients and value the pharmacist's expertise on optimal drug therapy and polypharmacy reduction, and that their patients like the interaction. Pharmacists in primary care teams also provide valuable linkages to pharmacists working in other settings (community pharmacies and health authorities). The GPSC had a robust discussion with the presenters regarding the process and administration of the co-located model, and how it can be considered to relate to the GPSC's broader team-based care strategy within the patient medical home and primary care network implementation. For more information, please contact divisions@doctorsofbc.ca.

Click here for a copy of the presentation by the UBC Faculty of Pharmaceutical Sciences.

7. GPSC Spring Summit

The GPSC reflected on what they heard and learned at the recent GPSC Spring Summit. Themes discussed included structural enablers, such as the importance of data and evidence, funding models, and the role of early adopters; relational enablers, such as team-based care, partnerships, and regional approaches to patient attachment mechanisms; and service attributes, such as the rural reality of a PMH, and patient-centred care. All feedback and comments will be compiled for further discussion at the July meeting.

8. Feedback from the Profession

Administrative process

To ensure that items received from physicians and divisions for the standing agenda item Feedback from the Profession are prepared for the committee's discussion, the GPSC agreed to slightly revise its administrative process as follows:

- Items to be submitted two weeks prior to GPSC meeting by emailing Milena Marokovic at gpsc@doctorsofbc.ca
- Briefing note (and correspondence, where appropriate) is submitted to the GPSC meeting attendees in advance of the meeting
- Feedback from the Profession (standing item) discussion among meeting attendees
- While not all items discussed may be included in the meeting summary, all submissions will receive a direct response from a committee representative

Adjustments to Fee Incentives

The committee received suggestions related to adjusting incentive fees from a few divisions. These suggestions were discussed at length and forwarded to the Incentive Working Group for further consideration.

Negotiating contracts with EMR vendors

The committee received a request for Doctors Technology Office to provide assistance to family doctors in negotiating consistent contracts with EMR vendors. This would help ensure fairness as well as oversight on data ownership. Staff with the Doctors Technology Office agreed to look into ways to advocate for family doctors on negotiating EMR contracts.

Transgender patient care

The committee heard that transgender care is an emerging health care issue for family physicians and primary care providers. Discussions focused on involving physicians in the health care management of transgender patients in family practice. The Shared Care Committee has approved a project in the Fraser region, led by the Abbotsford Division of Family Practice, with participation by Trans Care BC and the Fraser Health Authority to prototype a care pathway and to share resources for primary care physicians.

In-hospital care

The committee heard from a local division about implications of new hospital infrastructure on the division's Doctors of the Day program, which supports local physicians and admitting privileges. With its CSC and Doctors of BC's Community Partnerships and Integration, the division is working to explore how they can assist physicians to maintain in-hospital care. Understanding that issues are also emerging in

other communities, the committee discussed how it can best support this work, including reactivating its in-patient care working group.

9. Maternity care

The GPSC reviewed its working group's models of care report. The committee heard that there is a shift from solo to collaborative practice arrangements to providing maternity care because of a decline in physicians who do obstetrics in practice, an importance of work-life balance, and the value of the GP network initiative. One particular challenge that rural physicians providing maternity care face is transport for maternity patients, when needed. The GPSC discussed opportunities to engage family doctors in its maternity programs to enhance sustainability factors, such as: manageable on-call requirements and ability to sign-out, training and recruiting learners, recruitment of doctors with enhanced surgical skills and presence of rural surgical services, and the GPSC maternity incentives. The GPSC Maternity Working Group has also been collaborating with the Shared Care Committee on work with interprofessional teams for provision of maternity care.

10. Hearing from our partners

Continuing the updates the GPSC receives from its partners, this month the GPSC received a presentation from the Interior Health Authority and Kootenay Boundary Division of Family Practice. Some of the key lessons shared include:

- System changes are complex and iterative.
- Large scale initiatives require change management support.
- Clear, stable leadership and accountability are needed.
- Project success is facilitated through strong collaborative relationships and a shared vision with external partners (i.e. DoFP & Aboriginal partners).
- Local teams require committed clinical staff and partners familiar with target populations and services .
- New initiatives require dedicated project management support to hold the planning, design and implementation processes together.
- Timelines can help move initiatives forward, however, if they are unrealistic, quality and cost trade-offs result.

To receive a copy of the joint presentation between the Interior Health Authority and the Kootenay Boundary Division, please contact divisions@doctorsofbc.ca.