

Key Items

1. Impact funding

The GPSC committed to notifying divisions by the end of July 2017 about further funding for a limited number of high impact projects involving team-based care and attachment mechanisms, to allow more time for the provincial strategies to be identified. As there has been an unforeseen delay, in the interim the GPSC has:

- Approved directing previously unallocated impact funds to four divisions that had requested additional funding to support their attachment mechanisms projects.
- Directed staff to meet to discuss next steps with each of the divisions involved in team-based care projects with impact funding slated to end September 30, 2017. If ongoing transitional needs are clearly identified, the GPSC has approved arranging for additional funds to be dispersed.

2. Building QI capacity in practices

As directed by the GPSC in April 2017, the Community Practice and Quality (CPQ) team developed a proposal to build family practices' capacity to provide proactive, data-informed care based on consultation with stakeholders including: family doctors, local divisions of family practice, PSP Regional Support Teams, EMR vendors, Doctors Technology Office and the Health Data Coalition.

The proposal highlights the finding that EMRs are typically used to support daily practice needs (e.g. scheduling and billing). Using EMRs to track data as a means to inform patient care varies significantly across the province. Therefore, it is suggested that the GPSC establish and build QI capacity through optimal use of EMRs by creating coaching and mentoring resources, working with a critical mass of practices, and demonstrating measurable patient care improvements.

To support physicians who are interested in this work, the proposal recommends that the GPSC plan to:

1. Engage physicians to co-design a tangible, practical way to overcome significant barriers to implementing further QI capacity in practices.
2. Leverage the existing Regional Support Team skills to achieve a high-impact, high-performing coaching team, and enhance the impacts of peer-to-peer mentorship (e.g. local user groups) structured within the Practice Support Network.
3. Introduce a practice improvement framework that will guide family practices through clinical focus areas as a means to building QI capacity.
4. Maximize the efficiency and availability of QI tools through continued partnerships with EMR vendors and the HDC.
5. Measure provincially, and ensure the goals and impacts of practice support at the practice level are measured.

After a robust conversation about the significant barriers family physicians face to undertake additional quality improvement activities in their practices, the GPSC endorsed these recommendations and directed the CPQ team to continue this work.

3. Incentive Program

In support of the GPSC's strategy to simplify and align fees in its incentive program, as well as to make adjustments to enable team-based care, the GPSC approved additional modifications which will take effect in 2018. These build on the changes to GPSC fees that were shared with physicians a few weeks ago. Details about what was approved at the July committee meeting will be communicated in the next edition of *Divisions Dispatch*, and will be available on the [GPSC website](#). The website includes a downloadable summary chart of what's new with GPSC fees. Both the site and chart will be updated regularly as changes are approved.

4. UBC interCultural On Line Health Network (iCON) Program

The committee received a joint presentation from [Patients as Partners](#) and [iCON](#) regarding ways that iCON's patient self-management supports align with GPSC's patient medical home work to help move towards an integrated system of primary care. The GPSC had a discussion about ways to support iCON with its community-based work.

5. Feedback from the Profession

BC Wildfires

The committee discussed the response to from divisions and physicians involved in BC's interior that are affected by the wildfires. Physicians from five divisions are working with the Interior and Northern Health Authorities to co-ordinate clinic space for use by displaced physicians and additional support to meet the needs of evacuated patients. The GPSC thanks these local divisions and family physicians for their outstanding commitment to continuing to care for patients during one of the province's largest emergencies.

Team-based care funding

The GPSC discussed a request for the committee to take a lead role in advocating for the need to support funding for nurse practitioners. The Interior Health Authority representative agreed to connect with the division further.

6. Hearing from our partners

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

- Collaboration is the linchpin to build and support key features of the new primary care models
- Active and direct participation supports partner alignment, readiness and action.
- Adaptability in partnerships is vital as is recognizing and respecting the limitations of each party, its resources and interests.

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 gpssc@doctorsofbc.ca.

GPSC Meeting Summary

July 24, 2017



- Team-based care requires support.
- Keen early adopters are critical.
- Urgent need for payment reform.

To receive a copy of the joint presentation between Vancouver Coastal Health Authority and the Richmond Division, please contact divisions@doctorsofbc.ca.

7. GPSC co-chair farewell

The GPSC congratulates Doug Hughes on his new role as deputy minister with the Ministry of Mental Health and Addictions. The committee would like to thank Doug for his work as the Ministry of Health's co-chair of the GPSC during his tenure.

There is no GPSC meeting in August.
The next meeting will be September 11, 2017.

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