

Key Items

1. Patient medical home: tools and resources

In collaboration with doctors and divisions, the GPSC staff has developed practice improvement tools and resources to support doctors with continuing to improve services for patients. This month, the GPSC discussed the distinction between two foundational resources –the PMH Practice Characteristics Matrix and the PMH Practice Assessment.

The PMH Practice Characteristics Matrix, which describes what a family practice can look like as a patient medical home, distills the 12 attributes into further detail, showing the PMH is not static but rather implemented and developed over time. GPSC staff is working with divisions to engage practices to identify clinical examples of what attributes look like in their local communities. The matrix can be used to support divisions to engage with their members about community priorities so that divisions can plan and develop resources to support doctors.

The electronic PMH Practice Assessment helps doctors reflect on their practices and plan for improvements. Aggregated, anonymized data from the practice assessments can also help inform community and provincial planning.

Both of these resources are being introduced across the province. If you or your division would like to participate in these early stages, please contact psp@doctorsofbc.ca.

2. Longitudinal care

Residential care initiative

The committee learned that as of August 2017, 100% of local divisions are participating in the residential care initiative, covering 84% of eligible communities and 97% of the eligible 30,000 long-term care beds (both public and private). Local divisions and health authorities are tracking their progress with the initiative's best practice expectations and system level outcomes. For example, in the interior, there has been a:

- 15% reduction in transfer of patients from residential care facilities to emergency departments, resulting in a cost avoidance of more than \$300,000.
- 19% reduction in admissions from emergency departments, resulting in a cost avoidance of about \$1m.
- 15% reduction in fall-related emergency departments transfers.

The Vancouver Division of Family Practice also updated the committee on its local residential care efforts. Of note, the local program has increased physician capacity and attachment. Fifty-seven residential care physicians (of which, 32 are new to residential care) were attached to 993 residents in 30 facilities. As well, using a new after-hours care program, facility staff can now access a family physician within an average of three minutes. Twenty-seven physicians presently participate in this after-hours program, covering more

1

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.

than 1,700 residents in 22 facilities. For a copy of the presentation by the Vancouver Division, please contact divisions@doctorsofbc.ca and for information about Vancouver's program or their resources, please contact jashton@divisionsbc.ca.

In-patient care initiative

The GPSC received a brief update on its in-patient care initiative in preparation for an in-depth presentation next month.

3. Information technology

Doctors Technology Office (DTO)

The DTO presented its priorities for 2017/18 and demonstrated how these priorities align with the GPSC's strategic objectives. The DTO will focus on continued engagement and communication with physicians and divisions, on virtual care, and on ensuring the physician voice is represented in provincial conversations about IM/IT, including interoperability and partnerships with EMR vendors. As always, physicians can continue to receive practice-level technical support with EMRs by contacting the DTO at dtotechsupport@doctorsofbc.ca. Learn more about DTO at doctorsofbc.ca/doctors-technology-office.

Health Data Coalition (HDC)

The GPSC received a presentation from the HDC that outlined recent milestones in the following areas: technology development and vendor engagement, physician enrolment and engagement, governance and operations, and strategic planning and stakeholder partnerships. Physicians from 14 divisions of family practice are actively involved with the HDC across BC. Additionally, this update from HDC discussed increased vendor engagement, which would require an increased funding commitment from GPSC.

4. Feedback from the Profession

Nurse practitioners

Greater numbers of GPs and nurse practitioners are working in partnership on health system redesign, and the GPSC discussed correspondence from a division of family practice regarding gaps in partnership support. The committee will contact the division with a response.

Fee Incentives Changes

The committee discussed feedback received from physicians regarding the upcoming fee incentive changes, which take effect on October 1, 2017. The committee reminds doctors and divisions that information, including commonly-asked questions and answers, is available on the GPSC's [website](http://doctorsofbc.ca).

GPSC Meeting Summary

September 11, 2017



5. Hearing from our partners

Continuing with updates the GPSC receives from partners, this month the GPSC received a presentation from the Fraser Health Authority and Fraser Northwest Division of Family Practice. Some of the key lessons shared include:

- High dependency on local relationships and partnerships
- Balancing local solutions and regional standards (understanding the others' world)
- Resilience: ability to work in the unknown
- Mentoring staff as they begin the journey
- Less about the streams of work and more about the community needs as a whole

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

The GPSC's next meeting is scheduled for October 23.

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