

## Key Items

### 1. GPSC administration

*Representatives to the Collaborative Services Committees (CSCs) and Interdivisional Strategic Councils (ISCs)*

The GPSC approved a new approach – beginning early in 2018 – to provide a consistent, personal link at CSCs and ISCs. This follows several months of ongoing discussions about how to address the impact of inconsistency of GPSC representation, particularly at the CSCs; due to a growing number of vacancies, currently half of CSCs have no GPSC representation.

Each health authority region will be assigned a team of three representatives, including people from both Doctors of BC and the Ministry of Health, as well as a senior GPSC support staff member. These changes are intended to:

- Ensure CSC and ISC partners have regular support and advice from the GPSC, as well as to better enable two-way communication and a more fulsome role at CSCs and ISCs, as needed; and
- Enable GPSC members to dedicate necessary time to the work that happens outside of regular committee meetings, including governance functions, working groups, and task groups.

Increasingly, regional and community collaborative tables such as the CSCs and ISCs are playing a pivotal role in health system transformation, including the establishment of patient medical homes and primary care networks, and specialized community care programs.

*New GPSC meeting schedule for 2018*

To help free up time for GPSC members to support CSCs and ISCs, as well as enhance availability of the broader membership for increased support for working groups or task groups, the GPSC agreed to decrease its meeting frequency from eleven to five times a year. [Click here](#) for an updated 2018 meeting schedule.

### 2. Opioid Overdose Public Health Emergency

The committee received an update on escalating the province-wide response to the opioid crisis from the new Ministry of Mental Health and Addictions. [Click here](#) for the presentation, including the latest statistics on the crisis. In particular, the ministry reported on its journey-mapping event that took place in July 2017 in Vancouver. From that session, four journey maps were created, including two maps about the provider experience. The GPSC is examining what additional practice resources will be helpful in addressing this crisis. More information will be forthcoming.

**3. Specialty care connecting to primary care networks**

The GPSC heard from the Shared Care Committee about its work to expand patient medical homes and primary care networks to include care provided by specialists. Including specialty care in the overall work underway reflects the importance of specialist and GP-focused practice physicians' care in meeting patient needs, and is in response to physicians' requests to approach health care changes holistically. The proposed approach is to initially focus on timely access and coordinated care for seniors with complex, co-morbid conditions.

**4. Information sharing within primary care networks**

Doctors and health authorities have identified patient privacy and information sharing barriers between private family practices and public organizations including health authority expanded team members - nurses and allied health providers- as they move forward with team-based care. The GPSC received an update from the Ministry of Health's Information Privacy and Security Branch on its work to create a tool, called the 'common or integrated program agreement', COIPA for short. This tool is being developed to support information sharing between primary care providers in primary care networks who fall under the two main privacy and information sharing legislations, PIPA and FIPPA. The ministry has formed an ad-hoc working group, which includes family physicians representing Doctors of BC, that is working with some communities across the province, and is undertaking broad stakeholder consultations to help inform its work.

**5. EMR interoperability**

EMR interoperability is continually identified as a key barrier to implementing team-based care in the province. Given the challenges with EMR interoperability, the ministry along with the Doctors of BC, health authorities and other partners under the provincial Standing Committee for Information Management and Information Technology, created a strategy that supports the implementation of health information exchange (HIE) technology and the development, deployment, and adoption of HIE standards. Health information standards are a cornerstone of electronic health information exchange because they establish consistency in documenting, exchanging, and interpreting a patient's health information. The GPSC received an update on key recommendations and next steps around governance, standards creation, and HIE, change management, vendor and physician funding, training and improved communication. To learn more about the key recommendations, priorities and timelines presented, [click here](#).

## **6. In-patient Care initiative**

The committee received an update on its In-patient Care initiative. Some communities are experiencing challenges with not enough community-based family doctors providing in-patient care, and with managing a high number of unassigned\* patients. Given the challenges and also the learnings from the initiative over the last four years, the GPSC agreed to form a time-limited task group to explore challenges and potential sustainability solutions. This task group will be in alignment with the work to move forward the patient medical home and primary care networks.

*\*Unassigned patients are those admitted to hospital without a family physician, whose family physician does not have hospital privileges, or who are from out-of-town.*

The GPSC's next meeting is scheduled for November 20.