

Key Items

GPSC meeting administration

The committee welcomed Ted Patterson as the new Ministry of Health co-chair and Dr Mitch Fagan as the new Doctors of BC appointee to the committee. Members discussed new processes needed to support the GPSC's reduced meeting schedule and changed CSC representation, and also protocols for decision-making and support between committee meetings. A comprehensive plan is in development to ensure that key protocols are clear and designed in a way that meets the needs of the committee, health authorities, divisions and other committee partners.

Provincial Language Services update

The committee received an update about the Provincial Language Services pilot that began October 1, 2018. To date, 22 divisions are participating and uptake in the first month has not been high. The committee acknowledged that utilization of a language service requires a change in workflow, and this may be a factor in the low uptake. Several options are being pursued to encourage use of the service, and structure it in a way that meets the needs of physicians. For more information about the Provincial Language Services pilot, please email Joanna Richards (Joanna.Richards@gov.bc.ca)

Maternity care

The GPSC's Maternity Care Working Group presented results from its recent model of care review, which provides a shared understanding of maternity care issues and approaches from a variety of providers across the province. The committee approved sharing the report, and it will be made available to other organizations involved in maternity care such as Perinatal Services BC, Shared Care, and Divisions of Family Practice. The working group also shared its work plan for the information of the committee.

Supporting team-based care and networks

The committee received an update about the purpose and outcomes of the two-day session on November 3 and 6, 2018: Moving Forward Together: Supporting Team-based Care and Networks in Community. Attendees included members of the Team-based Care Task Group, Incentive Working Group, and division representatives. Key findings from the session include a need for engagement with physicians and primary care partners around the vision and value proposition behind Primary Care Networks. Next steps include further refinement of GPSC incentive support options, jointly developed by the Team-based Care Task Group and Incentive Working Group.

Practice Support

The GPSC received a presentation from its Practice Support Program (PSP). Currently, PSP offers a vast collection of content, tools, and practice improvement activities. There is an opportunity to shift how PSP delivers its services so that doctors could receive support – such as coaching and mentoring – via a practice coaching model. The GPSC had a discussion about this proposal and approved the direction, starting with a prototyping approach where PSP would report regularly on progress toward developing and implementing this new framework.

Feedback from the Profession

The committee received another letter outlining challenges with providing in-patient care in hospital. This letter echoes challenges that the committee has previously heard from other communities. At its October meeting, the GPSC agreed to organize a three-month time limited task group to explore these issues, and look for equitable and sustainable solutions for in-patient care that are in the context of the broader primary care network implementation, and scalable to all communities with a similar circumstance. The task group will work with affected communities to develop solutions that will be presented to the GPSC.

Primary and Community Care

The GPSC spent the afternoon with Ministry of Health leadership, including Deputy Minister of Health Stephen Brown. Conversations focused on the vision of the integrated system of primary and community care, specifically related to governance and resources and supports to continue to advance the direction. Discussion highlighted that the work at a local level should address the distinct needs of individual communities, and that it will evolve based on the PMH as the foundation for the integrated system of care and on the foundational work of divisions and health authorities around a defined population. It was also emphasized that moving forward, a holistic approach should address the various components of the integrated system of care (PMH, PCNs and specialized services), rather than to take these components on in isolation. Based on the conversation at the meeting, a small subgroup will meet in the short term to further develop the governance and implementation resources and deployment approach-related feedback from the committee to create a working draft for ongoing discussions.

GPSC and JSC Rural Workshop: Enhancements in Rural Health Care Provision

On November 21, the GPSC and the Joint Standing Committee for Rural Issues (JSC) held a joint workshop. This opportunity allowed the two committees to share and understand each other's work, and spend focused time on six thematic table discussions related to rural health care using an appreciative inquiry approach. The themes for discussion included: access, team-based care, data and quality improvement, community, resiliency, and networks. The workshop concluded with statements of change the participants and co-chairs might envision from the day's discussions and some potential opportunities where there could be collective impact. Next steps include creating a summary report with recommendations for change for the committees to consider.

The GPSC's next meeting is scheduled for February 8.