Meeting summary

Key highlights GPSC meeting: May 14, 2021



GPSC: Key items and decisions

Meeting of May 14, 2021

GPSC Leadership for Collaboration training program

The GPSC approved principles and an approach to develop the Leadership for Collaboration training program for division physician leaders, GPSC Core representatives and health authority partners. The goal is to offer the training in 2022.

The training program will provide physician leaders and health administration partners who work together in collaborative spaces with an opportunity to develop their leadership capabilities and meet local needs.

GSPC Incentive Working Group

The GPSC approved two proposals from the Incentive Working Group for the 2021/22 fiscal year:

- A new brief clinical counselling fee that will support team-based care. This will pay family doctors for two-way case conferencing regarding a patient with at least one other allied health care provider or physician. The fee will be billable for a brief clinical conference that is under eight minutes.
- Expansion of the Personal Health Risk
 Assessment fee code in the Lifetime
 Prevention Schedule to include alcohol use disorder and substance use disorder.

GPSC staff will be working with MSP to operationalize these new fees. Announcements will be made once these fees are ready for use.

Group Contracts for Practicing Full Service Family Physicians

The GPSC reviewed the current status of the Group Contracts for Practicing Full Service Family Physicians. The Ministry of Health is the lead on development and administration for these contracts.

The GPSC recognizes that introducing new payment models is important in enabling primary care transformation. This payment model aims to enable change in the way a family practice delivers care. Supporting family doctors in transitioning to new payment models will require new change management supports. The Practice Support Program is playing a key role here, and more discussion is needed to determine how these broader supports for new workflows and reporting are provided.

Measurement System for Physician Quality Improvement

Physicians from the Measurement System for Physician Quality Improvement (MSPQI) Steering Committee briefed the GPSC on this provincial initiative intended to enable clinicians to access data that will allow them to better understand and make improvements to their practices. MSPQI will also enable system level quality improvement (QI) and planning through use of aggregated, anonymized physician data linked with other provincial data sets. Discussion included: an outline of primary care specific indicators that have been created by the MSPQI Primary Care Measures Working Group, the importance of assuring doctors that data will remain anonymous, and the need and opportunity for the GPSC to play a key role in supporting the implementation of these measures and supporting physicians to participate in QI.

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Nurse practitioners involvement with divisions of family practice

The GPSC supported a proposal by government to provide funding for those divisions who are interested in bringing nurse practitioners in as members. Information can be found here.