

## Meeting of June 18, 2021

### [Incentive Working Group fee proposals](#)

The Incentive Working Group presented two fee proposals for consideration. The GPSC approved a fee change to improve access to mental health care and a new fee to further support longitudinal care. This is in addition to other fee changes approved in May, with the goal of increasing patient access to care. Watch for announcements on all of the fee changes to come in the weeks and months ahead, once the fees are ready to be implemented.

### [Group Family Practice Development Grant application dates](#)

In March 2021, the GPSC introduced the [Group Family Practice Development Grant](#) to help cover expenses incurred when family doctors join or form a new or expanded group family practice. The GPSC has received requests to review the eligibility timeframe, currently September 2020 to March 2022. The committee determined that, for now, the eligibility timelines will remain the same; however, the committee will be monitoring the number of requests and budget implications in the coming months to determine if it may be able to reconsider the decision.

### [Interior Physician Recruitment and Retention Steering Committee update](#)

The Interior Physician Recruitment and Retention Steering Committee presented to the GPSC on its work to improve physician recruitment and retention in the region with funding provided by the GPSC. The committee includes family doctors, divisions of family practice, the Interior Health Authority, the GPSC, and Health Match BC. Learnings included:

- Regional work on recruitment and retention complements and supports important groundwork at the division and rural and remote chapter level.
- Physician leadership at the local and regional levels is crucial to success.
- It is important that all partners providing resources work in unison to address gaps in recruitment and retention.

### [Debrief on the GPSC Dialogue on Virtual Care: Knowledge Exchange with Kaiser Permanente](#)

The GPSC debriefed and discussed learnings from the Dialogue on Virtual Care event held June 7. The committee discussed key learnings, including:

- Virtual care is a journey, not a destination.
- Change management focussed on people, processes and then technology is important to success.
- Clear communication between care providers and patients built upon a foundation of relationships needs to be a priority.
- Integration of technologies is critical to success.

The ultimate goal of virtual care is to improve the health of patients and the health care that is provided to them. Dr Khang Nguyen, the Kaiser Permanente keynote speaker, spoke about the benefits of an integrated longitudinal care model with a single point of entry.

[Read the event summary.](#)

### [GPSC Leadership for Collaboration training program](#)

The GPSC spoke about the value of a new Leadership for Collaboration training program,

## Meeting summary

Key highlights GPSC meeting: June 18 2021

which will enhance current opportunities available. The new training program was approved by the committee in May. Its purpose is to fill the need for physicians and health administrators to learn together about leadership in a collaborative space so that they can work more effectively within local partnerships. A task group comprised of doctors, health authority representatives and ministry staff will work together to inform the content. The goal is to have the training available in early 2022.

### [GPSC Year-in-Review infographic](#)

The GPSC reviewed the [GPSC Year-in-Review infographic](#) and reflected upon the great progress on its planned activities and unplanned efforts due to the COVID-19 pandemic.