

## Meeting summary

Key highlights GPSC meeting: April 22, 2021

### GPSC: Key items and decisions

#### New grant to support family doctors with quality improvement

The GPSC approved a new grant for family doctors who have completed panel management and enrolled in the [Health Data Coalition \(HDC\)](#). Doctors must also consent to share their data and meet with an HDC representative or Practice Support Program coach or peer mentor to learn about the tool and reflect on learnings to improve their practice.

Leveraging the GPSC's investment in data, tools and quality improvement (QI), this grant will encourage the broad use of data for QI activities by family doctors. Watch for an announcement with details and application information in the near future.

#### Inpatient Care Task Group report

The committee discussed the findings and recommendations of the [JCC Inpatient Care report](#) developed by the Inpatient Care Task Group. The goal of the task group is to integrate inpatient care within broader primary and community care settings, including primary care networks (PCN), in a sustainable way and ensure it meets patient and provider needs. The GPSC will act on recommendations, including engagement with small and mid-sized communities to better define the issues and scope of the challenges, and to help with formulating short-term service stabilization in addition to developing plans for the future of inpatient care delivery.

#### Incentive Working Group priority areas moving forward

The committee provided input into a number of principles that will help to guide the Incentive

Working Group in future decisions on priority areas for new incentive funding for physicians. The principles are informed by [The 10 Building Blocks of High-Performing Primary Care](#) by Bodenheimer et al, and will also consider physician capacity, health system needs in the context of COVID-19, building on GPSC investments in primary care transformation and longitudinal care, and support for cultural safety and humility.

Based on the principles, future proposals for incentive funding will focus on improving access, attachment, and seamless care by:

- Supporting team-based care
- Caring for patients struggling with mental health and substance use
- Coordinating with other health care providers.

#### First Nations and primary care

GPSC heard a presentation from the First Nations Health Authority (FNHA) that detailed their primary care services and initiatives. FNHA noted that every region has or will soon have an Executive Director that supports engagement with First Nations communities. These FNHA Executive Directors can advise divisions and others on best practices and who to connect with for local and regional engagement. Contact information for the Executive Directors will be available soon.

#### Physician Health Program (PHP) and Joint Collaborative Committee (JCC) to address physician wellness

With increased demand due to the stresses brought on by the pandemic, the PHP has been extraordinarily busy providing direct service and counselling to physicians in need. The GPSC approved proposals to address broader physician wellness with new training for

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physicians around the province to lead one-on-one peer support training and to establish a physician wellness network. The GPSC will join the other JCCs in the creation of a joint PHP/JCC collaborative table. Watch for more information on these initiatives in the coming months.

### **GPSC workshop: regional Interdivisional Strategic Council structures and governance**

This workshop, held on April 9, provided an opportunity to understand and refresh the mandate of the regional Interdivisional Strategic Councils (ISC) as part of the broader primary care landscape in BC. Through an engaged dialogue, participants identified and discussed how the current governance structure is functioning, what processes are working well, and what can be improved. ISCs embody the collaborative working relationships at the regional level between the divisions of family practice, regional health authorities, FNHA, and other community partners.

Participants identified several areas that are working well, including, increased engagement between ISC partners, establishment of a collective voice, strategic action-oriented discussion, and support for PCNs at a regional level.

The GPSC will share the lessons learned from this workshop with each ISC to form best practices and make improvements. A recurring theme during the workshop was a need to increase dialogue between GPSC and FNHA and First Nations. To address this, GPSC will be hosting a follow-up workshop with FNHA to determine tangible steps for fulsome First Nations engagement with primary care at a regional and community level.