

Meeting summary

Key highlights GPSC meeting: September 17, 2021



General Practice Services Committee

GPSC: Key items and decisions

Inpatient care bridge funds

The GPSC approved a proposal for one year of funding to support networks of family doctors in providing longitudinal care for hospital inpatients. This means that bridge funding initially provided in 2018 will be renewed for seven communities – Campbell River, Chilliwack, Comox Valley, Cowichan Valley, Prince George, South Island, South Okanagan Similkameen – and provided to an additional 40 communities for one year.

The funding eligibility criteria will be defined and communicated in the weeks ahead. This is a complex piece of work and the committee anticipates that it will be several months before more details are available. The funding formula for each community will be based on the number of inpatients who need care.

This one year of funding will allow the GPSC to collaborate with partners in identifying a sustainable solution for providing primary care support to hospital inpatients.

UPCC Roles & Responsibilities

In response to feedback from physicians and divisions, the GPSC has contributed to work led by the BC Ministry of Health to clarify and articulate the roles and responsibilities of the Urgent Primary Care Centres (UPCCs). There will be a series of consultation sessions with divisions and partners in October to seek feedback on the roles and responsibilities. The GPSC endorsed the UPCC principles and the engagement process.

GPSC Work plan

The GPSC discussed strategic priorities that would guide development of its 2022/23 work plan. With physician well-being at the forefront,

the work plan will aim to strengthen and support longitudinal family practice and system design while also supporting emerging primary care transformation initiatives.

UpToDate clinical decision support tool

The GPSC's contract with UpToDate (Wolters Kluwer), an online evidence-based clinical decision support platform, expires March 31, 2022. After reviewing usage and cost data associated with its subscription, the GPSC decided to extend the contract while looking at leveraging partnerships to optimize value for members.

GPSC workshop: Patient rostering

This workshop, held on September 23, provided an opportunity to understand and discuss the value of patient rostering for patients and providers in BC and begin collaborative dialogue on potential approaches to rostering in BC. Patient rostering is recognized as a key feature of high-performing primary care systems. It is defined as a process by which patients register with a family practice, family doctor, or team. More information on patient rostering can be found [here](#).

Participants discussed four key areas during the workshop, including the concept, the process of change, measurement and usage, and the impact on attachment and access of rostering. Key areas that were covered include the opportunities available to patients, providers, and the primary care system, barriers to implementation, educating care providers and patients, and patients rostering to a doctor, clinic, or team.

The GPSC will consider all of the participant feedback as it determines next steps in implementation and what implementation could look like for patient rostering in BC.