

Meeting summary

Key highlights from GPSC meetings:

December 10, December 3, and October 15, 2021



GPSC: Key items and decisions

December 10, 2021

Maternity Care Risk Assessment Fee

The GPSC approved a **new maternity care risk assessment fee** designed to recognize the increased time, intensity, and complexity of undertaking maternity risk assessments for pregnant patients. The new fee adds to GPSC's programs supporting family doctors who provide maternity care, which include Maternity Care for BC (MC4BC), the Maternity Network Initiative, Family Physician Obstetrical Delivery Premiums, and the Maternity Care Initiative for Vulnerable Communities (MCI).

Valued at \$50, the new fee pays for maternity risk assessments based on the BC Antenatal Record. It's estimated to cost the GPSC approximately \$2.1-million per year. In 2019, approximately 28,000 patients were billed for a prenatal visit.

More details about the new maternity care risk assessment fee will be shared in the months ahead as GPSC staff work with MSP on implementation.

Community Longitudinal Family Physician (CLFP) Payment

The GPSC approved four proposals related to the [Community Longitudinal Family Physician \(CLFP\) Payment](#) to provide an ongoing increase and a one-time increase to the 2021 CLFP payment and to the 2021 New-to-Practice (NTP) CLFP payment.

By increasing payment amounts, GPSC demonstrates their belief in the value of relational continuity, reinforces its commitment to support community longitudinal practice, and distributes projected unspent GPSC funds to family physicians in a timely and equitable manner.

More information will be shared in the new year as GPSC staff prepare to operationalize the proposals.

Team-Based Care (TBC)

The GPSC endorsed continuing to participate in the work of the provincial **Team-Based Care Advisory (TBC) Group**, led by the Ministry of Health. TBC is a key feature of the patient medical home and primary care networks. It is an enabler of the goal to increase access to quality comprehensive primary care services for all British Columbians.

Long-Term Care Initiative (LTCI) Task Group

The GPSC approved these recommendations on unspent funds:

- All LTCI funds returned to the GPSC will be reallocated to exclusively support LTC work.
- Divisions can request to carry over up to \$25,000 of their unspent LTCI funds to the end of fiscal year 2022/23 without needing to submit a proposal. Divisions will return the remaining unspent funds to the GPSC. If a division would like to request to carry over more than \$25,000 of their unspent funds until the end of fiscal year 2022/23, they can submit a proposal for an additional \$25,000, for a maximum carry-over total of \$50,000.

GPSC Joint Leadership Report

Highlights from the report include:

- There are currently 53 PCNs in implementation and 16 PCNs in planning stages
- GPSC recently held two division-focused learning sessions with 89 participants, of which 67 were family doctors, on the topics of physician health and wellness, and managing burnout and change.
- Over the last half-year, 22 divisions have onboarded the HDC Discover tool, which provides information at the community level.
- Cohort 12 of GPSC Leadership program has launched with 35 physicians from 25 divisions.

Meeting summary

Key highlights from GPSC meetings:
December 10, December 3, and October 15, 2021



Presentation to GPSC: Provincial Prescription Management

Mitch Moneo (assistant deputy minister), Kelly Uyeno (executive director), and Taryn Drlik (PharmaCare) from the BC Ministry of Health presented to the GPSC on Provincial Prescription Management. This is a new approach to pharmaceutical care management that's about health information sharing in real time. New digital processes, including EMR integration with PharmaNet, will bring care practitioners into one system for improved clinical care in real time. The GPSC provided feedback to the presenters on the perspective and experiences of family physicians. There was consensus and commitment that a formal engagement with GPSC (family physicians in the field) is a priority to ensure a meaningful contribution, and to discuss the impact on work flow and care plans at the level of the patient medical home prior to the program launch.

Presentation to GPSC: Integrated Activity Agreement (IAA)

Quinn Fletcher, Senior Director, Privacy, BC Ministry of Health and co-chair for the Integrated Activity Agreement along with Dr Jaron Easterbrook (GPSC) and Dawn Lake (Doctors of BC) presented on the Integrated Activity Agreement (IAA). The agreement relates to PCN information sharing under privacy legislation. A pilot initiative is currently underway in Kootenay Boundary. Learnings from the pilot will be integrated into next versions of the agreement.

Further engagement and communications about IAA will take place in the new year

GPSC: Key items & decisions December 3, 2021

GPSC Draft Work Plan & Budget 2022/23

The GPSC reviewed and approved the draft GPSC work plan and budget for 2022/23.

GPSC: Key items & decisions October 15, 2021

Leadership Report

- Doctors of BC spring 2021 member survey results shows an increase in support for the work of the JCCs.
- An interim report on GPSC's second wave COVID-19 planning shows that almost half of the \$4.5-million budget allocated to divisions has been spent to date. The final report is expected in early 2022.
- The Health Connect Registry has soft-launched in several communities.
- As part of the UPCC Engagement Framework, sessions were held to gather feedback on the partner roles and responsibilities document. Feedback will be collated to support revising the document and on the next phases of work.

JCC Funding request from the Physician Health Program

GPSC approved a request to provide \$217,000 in funding to the Physician Health Program for the upcoming fiscal year. The Specialist Services Committee (SSC) and Shared Care Committee (SCC) are each providing this amount.

Presentation to GPSC: Provincial Maternity Services Strategy

The Provincial Health Services Authority, Perinatal Services BC, and members of the GPSC Maternity Working Group briefed GPSC on the draft Maternity Services Strategy developed by the Ministry of Health and system partners.