



# Annual Report

April 1, 2019 – March 31, 2020

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## ABOUT THE GPSC

The General Practice Services Committee (GPSC) is one of four joint collaborative committees that represents a partnership of the Government of BC and Doctors of BC.

Formed in 2002, the GPSC's mandate is to support and sustain full-service family practices. Bringing together representatives from its funders, health authorities, and divisions of family practice, the GPSC works collaboratively to improve patient care and family doctor job satisfaction.



# Executive Summary

## STRATEGY

The GPSC works to enable access to quality primary health care to meet the needs of British Columbians using the patient medical home (PMH) team-based care model as the foundation for care delivery within a broader, integrated system of primary and community care.

## KEY INITIATIVES

### Family Practice Incentive Program

- The Community Longitudinal Family Physician (CLFP) Payment was developed and provided to 3,309 family physicians, with a \$6,000 average payment.
- 35 GPSC incentives (~\$180M) were transferred to the Medical Service Commission's Payment Schedule after nearly 100 modifications were made to streamline fees, clarify rules, and better align with strategic objectives.

### Physician Practice & Clinical Supports

- Nearly 500 physicians received enhanced support in developing their patient panels.
- A new in-practice coaching practice facilitation framework was implemented, along with expanded, flexible Practice Support Program (PSP) offerings to build quality improvement capacity in practices.
- The Patient Experience Tool was made available across BC, with over 6,000 patients surveyed.
- The Doctors Technology Office (DTO) launched a virtual toolkit to support practices' online security and the rapid adoption of virtual care during the early stage of the COVID-19 pandemic. More than 700 participants attended the inaugural virtual care webinar.
- Pathways was expanded to all divisions and physicians in BC, reaching 13,000 users (7,000 family physicians and 6,000 specialists).
- Health Data Coalition (HDC) technology was made available to all electronic medical records (EMRs), expanding to 595 physicians with more than 560,000 patients contributing shared data.

### Division, Community & Partnership

- Divisions of family practice and local partners collaborated in establishing primary care networks (PCNs). Nine collaborative service committees began implementing PCN

plans. Twelve communities received PCN funding approval and three communities had service plans under review by the end of this fiscal year.

- Progress on the PCN work was accomplished through GPSC involvement in developing communications, reviewing PCN expressions of interest and service plans, supporting community partnership conversations, and participating in PCN planning and approval meetings.
- Divisions of family practice were key to coordinating a timely response in addressing the COVID-19 pandemic in communities across BC.

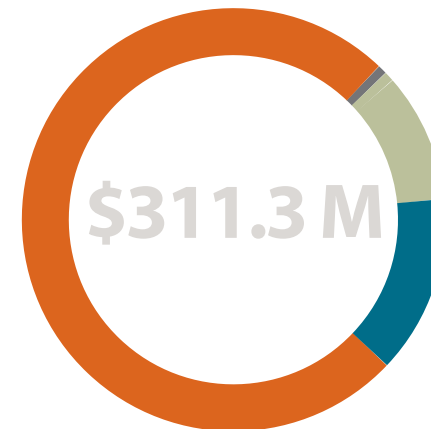
### Governance & Strategic Operations

- The GPSC membership was revised and the meeting format adapted to allow for more robust input from health authorities, nurse practitioners and other allied health representatives, and divisions of family practice.
- Family physicians contributed to BC's Digital Health Strategy and have been appointed to governance committees to ensure ongoing strategic representation.
- More than 100 participants attended the virtual GPSC Summit in October 2019.
- Twenty-nine physicians have 20 divisions of family practice took part in the Simon Fraser University Leadership Management Development Program.

## EXPENDITURES

### 2019-20 Preliminary Spend

*Explanatory Note:  
1. As billing against GPSC fees is ongoing, these figures are labelled preliminary.*



**1% | \$4.3M**  
Governance & Strategic Operations

**10% | \$32.5M**  
Division, Community & Partnership Supports

**13% | \$40.6M**  
Physician Practice & Clinical Supports

**75% | \$233.9M**  
Family Practice Incentive Program

# Message from the Co-Chairs

March 2020, the last month of our fiscal year, required our entire health care system to respond like never before. The COVID-19 pandemic called on health care professionals, and on every British Columbian, to change the way they live and work almost overnight. As family physicians, we were on the front lines, responsible for caring for patients with limited, continually evolving information about this new virus. Keeping patients and everyone working in family practice safe required an extreme pivot in delivering primary care.

The Doctors Technology Office (DTO) had already been collaborating with the Ministry of Health and other partners on the potential role of virtual care in longitudinal family practice. When the pandemic necessitated a rapid adoption of virtual care, the DTO quickly created a comprehensive toolkit and delivered a series of informative webinars to support family physicians in learning how to provide longitudinal virtual care. Their first webinar attracted 723 participants from across BC.

Of course, the GPSC had a full year before the pandemic hit. We evolved our structure to enable greater partner participation. Through enhanced educational offerings and in-practice facilitation from the Practice Support Program (PSP), we continued to support community-based family practices in becoming patient medical homes. With many patient medical homes already in place throughout BC, divisions of family practice helped create local partnerships to work towards our key goal of creating primary care networks.

For family physicians, relationships form the foundation of the work that they do. The GPSC is a leading strategic table for collaboration on primary care. From health system design through locally driven rollouts of team-based care, building strong relationships with all those involved in health care creates opportunities for family physicians to not just deliver primary care, but to shape it. Each year, we have strengthened our collaborative relationships. The GPSC's Provincial Recruitment and Retention Steering Committee is an example of this. Initially launched as a forum for pursuing solutions to local issues, its membership has evolved to include representatives from every organization touching BC family physicians' careers, working together to support communities in attracting and retaining family doctors through collaborative regional recruitment efforts and tools such as *PracticeinBC.ca*.

As more family physician offices are supported in delivering care through patient medical homes and primary care networks, the GPSC continues to identify new opportunities to support physicians to enhance care. Maternity services form one such opportunity, as the GPSC is aware of the challenges faced by family physicians in providing this care and the challenges faced by patients in some parts of BC in accessing this care. We are actively working on solutions. Our learnings from the pandemic have shown us that there is no challenge we cannot rise to and that when health care partners work together, we can achieve transformational change.

**Dr Shelley Ross**

*GPSC Co-Chair, Doctors of BC*

**Ted Patterson**

*GPSC Co-Chair, Ministry of Health*



## THANK YOU!

The GPSC would like to thank **Dr Shelley Ross** for serving as GPSC Co-Chair from 2013 to 2020. Her leadership and dedication to improving primary care for both family physicians and patients is much appreciated.

Dr Anthon Meyer was named as the new GPSC Co-Chair in March, taking on the role in June 2020.

# Committee Members

## Doctors of BC\*

Dr Shelley Ross, *Co-Chair*  
 Dr Sari Cooper  
 Dr Fiona Duncan  
 Dr Mitch Fagan (*BC Family Doctors*)  
 Dr Khati Hendry  
 Dr Lee Mackay (*BC Family Doctors*)  
 Dr Tracy Monk (*BC Family Doctors*)

## Health Authorities

Dr Peter Barnsdale, *Regional Medical Director, Primary Care Integration, Fraser Health Authority*  
 Helen Bourque, *Interim Executive Lead, Primary and Community Care, Northern Health Authority*  
 Jason Giesbrecht, *Executive Director, Primary and Community Care Transformation, Interior Health Authority*  
 Carole Gillam, *Vancouver Coastal Health Authority*  
 Dr Leah MacDonald, *Executive Medical Director, Primary and Seniors Health Care, Vancouver Island Health Authority*  
 Dr Shannon McDonald, *Deputy Chief Medical Officer, First Nations Health Authority*  
 Pam Mulroy, *Executive Lead, Community and Primary Care, Northern Health Authority*

## Ministry of Health\*

Ted Patterson, *Co-Chair*  
 Mark Armitage  
 Dr Richard Crow  
 Danielle Daigle  
 Kelly Gunn  
 Dr John Hamilton  
 Richard Jock  
 Shallen Letwin

## Divisions of Family Practice

Dr Chip Bantock, *Thompson Region Division*  
 Dr Ruth Campling, *North Shore Division*  
 Dr Angela Logan Majoros, *Campbell River and District Division*  
 Dr Charlene Lui, *Burnaby Division of Family Practice*  
 Dr Ursula Luitingh, *Ridge Meadows Division*  
 Dr David May, *Powell River Division*  
 Dr Greg Selinger, *South Okanagan Similkameen Division*  
 Dr Catherine Textor, *Prince George Division*  
 Dr Vanessa Young, *Victoria Division*

## Staff

Marisa Adair, *Vice President, Communications and Public Affairs, Doctors of BC*  
 Dr Brenda Hefford, *Vice President, Physician Affairs and Community Practice, Doctors of BC*  
 Dr Renee Fernandez, *Executive Director, BC Family Doctors*  
 Alana Godin, *Director, Engagement and Quality Improvement, Doctors of BC*  
 Jennifer Killam, *Senior Manager, Communications and Public Affairs, Doctors of BC*  
 Linda Lemke, *Vice President, Engagement and Quality Improvement, Doctors of BC*  
 Kelly McQuillen, *Executive Director, Primary Care Division, Ministry of Health*  
 Milena Markovic, *Project Coordinator, Engagement and Quality Improvement, Doctors of BC*  
 Afsaneh Moradi, *Director, Community Partnerships and Integration, Doctors of BC*  
 Shana Ooms, *Executive Director, Primary Health Care, Ministry of Health*  
 Natasha Prodan-Bhalla, *Executive Director, Nurse Practitioners and Primary Health Care, Ministry of Health*  
 Carol Rimmer, *Director, Doctors Technology Office, Doctors of BC*

\* voting members

# Year in Review

## FAMILY PRACTICE INCENTIVE PROGRAM

The Family Practice Incentive Program provides financial incentives, billing support, and billing education to support full-service family practice, improve management of priority patient populations, and increase multi-disciplinary care.

### Community Longitudinal Family Physician Payment (CLFP)

The CLFP Payment was introduced to recognize the non-clinical responsibilities of providing longitudinal patient care. Community-based, fee-for-service family physicians are eligible for between \$3,000-\$12,000 annually, based on the number and complexity of patients. This year, 3,309 physicians received the CLFP Payment, with average compensation of \$6,000.

### Transfer of GPSC fees

As part of the 2019 Physician Master Agreement, most GPSC fees were transferred to the Medical Service Commission (MSC) Available Amount on April 1, 2020. The GPSC's Incentive Working Group, with GPSC physician members and representatives from the BC Family Doctors Economics Group and the Ministry of Health's MSP team, developed recommendations to optimize fee transfer. Nearly 100 modifications were made to streamline fees, clarify rules, and better align with strategic objectives. All 35 eligible fees, valued at \$180 million, were successfully transferred.

## PHYSICIAN PRACTICE AND CLINICAL SUPPORTS

The Physician Practice and Clinical Supports assists family physicians in adopting the patient medical home (PMH) model of team-based care. A suite of quality improvement and practice evolution education, services, and tools are provided by the Practice Support Program (PSP) and implemented through regional health authorities. The Doctors Technology Office (DTO) offers centralized support to physicians and Doctors of BC partner programs.

### Clinical and Practice Management Content and Tools

Through the University of British Columbia's Faculty of Medicine Continuing Professional Development, extensive evolutions were completed for six clinical learning series: palliative care, pain management, hypertension, heart failure, chronic obstructive pulmonary disease, and diabetes. A new team-based care learning series was introduced, and new substance use content was developed.

### Data and Learning Opportunities

Pathways became available to all divisions and physicians in BC, bringing its total users to 13,000 (54% family physicians, 46% specialists). PSP's electronic medical record (EMR) learning opportunities continued to be popular with 207 family physicians, 105 medical office assistants, and 15 other team members participating. As well, PSP provided two training sessions to support the adoption of the Health Data Coalition (HDC)'s Discover application, which enables family physicians to compare their EMR data to provincial averages.



## COMMUNITY LONGITUDINAL FAMILY PHYSICIAN PAYMENT

**+3,000**

family physicians received the first CLFP payment

## DATA LEARNING OPPORTUNITIES

**65%**

increase in HDC enrolment

## JOINT COLLABORATIVE COMMITTEES: SHARED INITIATIVE

### The BC Integration Program (BCIP)

The BCIP supports the successful transition of eligible international medical graduates to practice medicine in BC in partnership with UBC Professional Development.

**1 of 2** BCIP participants was a family physician





# Year in Review

## PHYSICIAN PRACTICE AND CLINICAL SUPPORTS *continued*

### Enhanced Team-Based Care Support

A group of primary care representatives collaborated to develop a team-based care operational plan for primary care clinics. Slated to roll out next year, the plan includes practice readiness assessment tools and family physician training, EMR optimization supports, as well as enhanced in practice coaching resources.

### Panel Management

Helping physicians improve panel management continued to be a focus this year, with 11 new panel assistants hired. Across BC, 497 physicians received enhanced panel management support, with 92% rating it as exceeding their expectations. Also, a training strategy and a workshop were created for medical office assistants this year.

### Patient Experience Tool

This new tool enables PSP and divisions of family practice to use patient experience data to inform quality improvement activities in patient medical homes and primary care network planning. It has been used to survey more than 6,000 patients.

### Patient Medical Home Assessment

This year, 1,020 family physicians used the PMH Assessment Tool to assess their practices and provide information on their practices. In January, an expanded version of the tools was introduced, which includes support for primary care networks.

### Peer Mentor Network Skills

PSP delivered two peer mentoring sessions, EMR Optimization Skills for 13 physician peer mentors and Motivational Interviewing for 26 peer mentors interested in delivering PSP's new substance use content.

### Privacy and Security

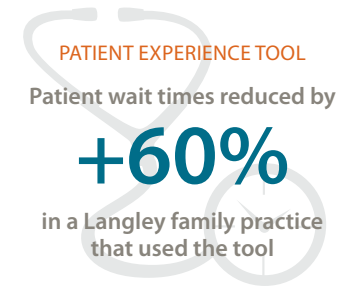
Ten privacy and security workshops were held to support community physicians. The DTO's online security course, *Security in Low Doses: Safeguarding Information in Private Practice*, was developed with UBC's Faculty of Medicine Continuing Professional Development. It attracted 97 participants, 100% of whom rated it as valuable and 92% would recommend it.

### Quality Improvement Capacity

To improve their support to family physicians, PSP significantly shifted in how support is provided by implementing a new practice facilitation approach to coaching and practice improvement. This approach is designed to offer increased flexibility in accessing quality improvement education to meet immediate practice needs and enable sustained enhancements.

### Virtual Care

The PSP and the DTO partnered with the North Shore Division of Family Practice to develop and pilot virtual care learning opportunities. At the onset of the pandemic, the DTO built on this work and developed a *Virtual Care Toolkit and Quick Start Guide*, weekly webinars, training videos, and a peer mentor network.



## PATIENT MEDICAL HOME ASSESSMENT



# Year in Review

## DIVISION AND COMMUNITY PARTNERSHIPS

Divisions of family practice collaborate with local, regional and provincial health authorities; First Nations; and community partners to support the establishment of primary care networks (PCNs) in communities around the province.

### Funding

The GPSC distributed about \$32M to support division work in local communities across the province to engage physicians to create PCNs, welcome new physicians to expand across communities, lead local projects to enhance access to care, align with the Health Connect Registry, support cross-division collaboration, and enable team-based care in PCN clinics.

### Primary Care Networks

The GPSC supported the first 24 communities in establishing PCNs. Nearly 800 attendees participated in learning opportunities including in-person gatherings, webinars, monthly calls, and a provincial event. Over the course of the year, nine collaborative service committees began implementing PCN plans; 12 communities received PCN funding approval; and three communities have service plans under review.

## GOVERNANCE AND STRATEGIC OPERATIONS

As the GPSC provides strategic oversight for PMH and PCN implementation in BC, it plays a leading role in supporting the integration and alignment of physicians with other health service delivery to ensure family physicians have a strategic voice in provincial health system design.

### Reorganization

The GPSC restructured committee meeting formats enable enhanced input from health authorities, divisions of family practice, and nurse practitioners and other allied health professionals. As well, the operational teams supporting the Joint Collaborative Committees at Doctors of BC were reorganized, as the department of Engagement and Quality Improvement, to improve alignment across the GPSC, Specialist Services Committee, and Shared Care Committee.

### Digital Health Initiative

Through the DTO, the GPSC worked closely with the Ministry of Health Information Management / Information Technology to create BC's Digital Health Strategy. A total of 20 doctors, both family physicians and specialists, have been appointed to governance committees in support of the province's Digital Health Initiative.

### Physician Leadership

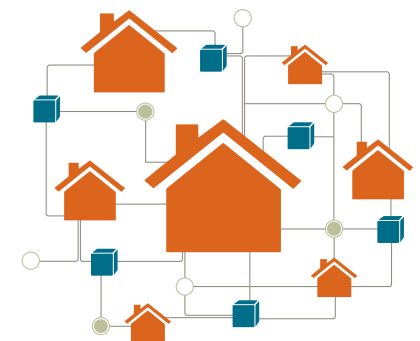
More than 100 participants attended the GPSC's two-day virtual summit in October to learn more about collaborative approaches to primary health care system transformation. As well, 29 physicians from 20 divisions took part in the Leadership and Management Development Program at Simon Fraser University.

### JOINT COLLABORATIVE COMMITTEES: SHARED INITIATIVE

#### JCC Pre-Forum

The Pre-Forum provides an opportunity for JCCs to showcase their work and provides an opportunity for the health care community to explore future initiatives together. Delivered in partnership with BC Patient Safety and Quality Forum, 2019/20 was the fifth year the event was held.

**73%** more family physicians attended the JCC Pre-Forum than last year





# Strategic Plan 2020–2022

## OUR VISION

Enable access to quality primary health care that effectively meets the needs of patients and populations in BC.

## OUR MISSION

Strengthen full-service family practice as the foundation of an integrated system of care.

## OUR GUIDING PRINCIPLES

We follow the Institute for Health Care Improvement's triple aim as guiding principles for our work.

- Improve population health.
- Improve patient & provider experience of care.
- Reduce the per capita cost of health care.



## OUR STRATEGY

To create an integrated team-based system of care through patient medical homes and primary care networks across BC.

## OUR VALUES

- Collaborative.
- Responsive and reflective strategic leadership.
- Courageously innovative.
- Results oriented.

## OUR STRATEGIC PRIORITIES



### 1. Build capacity

Help family physicians adopt the patient medical home model so that they can deliver proactive, preventative care.



### 2. Strengthen relationships

Collaborate at local, regional, and provincial partnership tables, and expand practice teams so that family physicians can provide more comprehensive, longitudinal care.



### 3. Improve access to quality care

Lead the implementation of primary care networks so that services and care can wrap around patients in practices and in communities.

We work towards these through programs and initiatives in the following areas:



# Appendix: 2019-2020 Budget

|  |                      |
|--|----------------------|
| <b>Family Practice Incentive Program</b>             | <b>\$220,886,000</b> |
| <b>Physician Practice and Clinical Supports</b>      | <b>\$73,932,683</b>  |
| Payments to Physicians                               | \$4,070,000          |
| Physician In-Office Practice Support Teams           | \$12,464,449         |
| Clinical Network/Practice Support                    | \$30,095,734         |
| Provincial Physician Engagement                      | \$762,500            |
| Program Development and Enhancement                  | \$26,540,000         |
| <b>Division, Community, and Partnership Supports</b> | <b>\$39,911,827</b>  |
| Physician-Directed Division Supports                 | \$31,236,827         |
| Provincial Divisions Support Teams                   | \$1,400,000          |
| Recruitment and Retention/Attachment                 | \$3,875,000          |
| Provincial Partners Supports                         | \$800,000            |
| Program Development and Enhancement                  | \$2,600,000          |
| <b>Governance and Strategic Operations</b>           | <b>\$7,245,000</b>   |
| <b>TOTAL</b>   | <b>341,975,510</b>   |

**JOINT COLLABORATIVE COMMITTEES:  
SHARED INITIATIVE**

**Health System Redesign**

By facilitating physician engagement and collaboration, the Health System Redesign initiative supports physicians in planning, decision making, and implementation of new or revised health services provided by the health authorities.

**55%** more than half of participants in health redesign projects were family physicians

