General Practice Services Committee

Minutes
January 18 and 19, 2016
Vancouver

January 18, 2016

GPSC Members
Mark Armitage (Co-chair)
Dr. Shelley Ross (Co-chair)
Wendy Hansson (In-coming MoH GPSC Co-chair)
Peter Barnsdale
Dr. Fiona Duncan
Dr. John Hamilton
Dr. Khati Hendry
Dr. Garey Mazowita
Shana Ooms
Nancy South
Dr. George Watson
Dr. Joanne Young

Committee Secretariat
Angela Micco

HA Representatives & Guests
Darlene Arsenault
Georgia Bekiou
Dr. Bob Burns
Dr. Jean Clarke
Dr. Cathy Clelland
Tracy Devenish
Alana Godin
Marie Hawkins
Dr. Brenda Hefford
Salimah Lalli
Pam Mulroy
Susan Papadionissiou
Carol Park
Dr. Nataliya Skuridina

Regrets
Katie Hill

GPSC Strategic Session #5

1. **Welcome:** The GPSC welcomed Dr. Nataliya Skuridina to the GP Services Committee as First Nations Health Authority representative to the GPSC.

2. Review of the January 8 2016 Strategic Session

- Mark Armitage and Dr. Shelley Ross provided a review of the January 8th 2016 GPSC strategy session. The goal of the January 18 and 19 2016 GPSC meeting is to develop a unified view of the GP role in the future of primary care, and review the fiscal position of the GPSC in light of three year projections that will be included in the work plan that is being submitted to the Physician Services

Committee. The work plan will be ratified at the February 2016 GPSC meeting prior to submission to the Physician Services Committee.

3. Confirm the role of the GPSC and its Values and Decision Tenets:

- GPSC were asked to reflect on whether the decisions that the Committee is making reflect the GPSC's values, i.e., collaborative; responsive and reflective in its strategic leadership; courageously innovative; and results oriented. The GPSC has a key role in co-designing BC's primary care system at a strategic level, in particular the GPSC will define the GP interface with the primary care system including the scope of deliverables of family practice. Moreover, the GPSC will put in place structural supports, social capital, learnings and information, expertise, and financial resources in this regard.

- GPSC key decision tenets were reviewed and approved as follows:
    - voluntary participation;
    - allows for flexibility to respond to local needs and realities;
    - simplicity is valued;
    - provides for provincial spread and equity;
    - inclusivity;
    - achievable; and
    - value of the GPSC support, and in particular the incentive fees.

- The Canadian College of Family Physician's definition of the Patient Medical Home (PMH) was reviewed. The MOH Primary Care Home Model was discussed - it was described as a place of care where the patient (when needed) has access to a team for their care. GPSC comments included:
    - BC is already undertaking many of the PMH components, of which team based care is a major component;
    - Team based care should be included as an attribute of the physician practice as this is where the GP becomes integrated as part of the primary health care team; and
    - The BC Primary Care Home needs to be operationalized (e.g., specification of the services the patient can expect to receive);

- A pictorial vision of the Primary Care System was reviewed. GPSC feedback included:

- Questions were raised as to how health authority patient clinics interface with the GP networks of care;
- There is a need to clearly delineate the basket of services that are provided by physicians;
- Principles of what the team is trying to achieve would help bring clarity to the definition of the Primary Care Home.

4. The Emerging Future: The Primary Care System Picture

- The GPSC participated in break-out sessions to discuss the future vision of the primary care system from a GP perspective, attributes of the primary care home, GP networks, and integration of team based care and community based services. The small groups reported out on their discussion, which will be incorporated into the strategic report.

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5. A GP for Me: Review of Impact of Funding Submissions

- Shana Ooms and Dr. Fiona Duncan provide an overview of the impact funding to Divisions of Family Practice aimed to maintain the momentum and gains for patients achieved to date through the GP for Me Initiative (funding allocation and approval process previously approved by the GPSC at the November and December 2015 meetings, respectively).
- It was noted that recruitment and retention is major component of the impact funding work; it was agreed that the work should align/consolidate with the work of the GPSC Recruitment and Retention Steering Committee.

GPSC DECISION: The GPSC approved the release of $915,459 to Divisions of Family Practice for the GP for Me Impact Funding submissions received to date.

6. Incentive Program Working Group

- *Maternity Planning Fee Update*: Dr. George Watson reported that the working group has deferred making a recommendation on increasing the value of the maternity care incentive fees; instead a decision will be made within the overall context of the 2016/17 strategic plan and budget.
- CMPA Increase Discussion: A recommendation was not tabled regarding allocation of funding to cover the CMPA premium increase for maternity care as the Incentive Working Group needs to undertake a more fulsome costing of the budgetary implications of the CMPA increase (information is currently missing in order to make an informed decision, e.g., Doctors of BC rebates). Concern was raised by some GPSC members that that BC GPs providing maternity care might be lost to the profession due to the CMPA premium increase.

Action Items:

- ***A communication will be sent to GPs providing maternity care noting that the GPSC is looking at the CMPA premium increase issue as part of its overall review of its program funding (Lead: Brenda Hefford & Carolyn Grafton).***
- ***Brenda Hefford to investigate whether the Doctors of BC will be undertaking measures to allocate funds to offset the cost of the CMPA increase.***

- The Incentive Working Group conducted a review of whether the GPSC should mirror changes that the Specialist Services Committee made to their telephone fees. The Incentive Working Group did not recommend mirroring the fee code changes at this point in time.

7. Divisions of Family Practice

- *Up to Date*: Susan Papadionissiou reported that GPs find *Up to Date* to be a valuable resource in their practice, but provision of *Up to Date* is expensive and the GPSC expressed concern that a provincial solution (as previously discussed by the GPSC in 2015) needs to be developed as the GPSC is not in a position to provide on-going funding for Up to Date.

  GPSC DECISION: The GPSC approved $1.2 million through the Divisions of Family Practice innovation fund to support continued provision of Up to Date to BC GPs for fiscal year 2016/17.

  - ***Action Item: Wendy Hansson and Shana Ooms (in consultation with Mark Armitage) will investigate further the development of a provincial solution for provision of Up to Date to BC GPs.***

- Feedback from the Profession: Susan Papadionissiou provided an overview of recent feedback from the profession which will require a decision from the GPSC – these items will be brought forward at the February 2016 GPSC meeting for decision.
- Vancouver Coastal Health Authority is requesting funding to support GPs participation in the community frail elderly initiative. This item will be brought forward at the February 2016 GPSC meeting.
- Child and Youth Mental Health & Substance Use (CYMHSU) Collaborative: The Shared Care Committee has been leading the CYMHSU Collaborative with support of one time funding from the GPSC and the Specialist Services Committee. Since its implementation the Collaborative has expanded to 65 communities, and additional funding is needed to bring the Collaborative to a successful close in March 2017.
  GPSC DECISION: The GPSC approved a $3.5 million allocation to support the Child and Youth Mental Health & Substance Use Collaborative for fiscal year 2016-17.

8. Strategic Planning – The GPSC continued its strategic planning discussions with a focus on team based care, GP networks, sequencing of work and implementing lessons learned, and the role of the GPSC in the governance of refocusing primary health care. An analysis of the discussion will be included in the GPSC Strategic Report

9. GPSC Budget

- Tracy Devenish provided an overview of the budget planning process, providing an example of a financial reporting template to be completed by each program area.
- $324.38 million, $279.65 million, $252.40 million and $275.90 million in total funding is available for 2015/16, 2016/17, 2017/18 and 2018/19, respectively,
- The program budget for 2015/16 to 2018/19 exceeds available funding by $56.33 million, and therefore the GPSC will need to decrease its spending in order to manage within its available budget.
- The program stream budgets and a number of budget scenarios for balancing the budget (e.g., program funding cuts, fee cut, no fee increases for 2017/18 and 2018/19) were tabled for GPSC review. The GPSC will need to make budget prioritization decisions; it was suggested that budget cuts should be identified in the context of the GPSC's strategic direction/priorities.
- It was also suggested that the fees be revisited in terms of their value for money (e.g., complex care fee)
- The PMA states that cuts to programs need to occur before thought is given to cutting fees.
- Reduction in costs to areas that do not affect patient care was suggested as a lens for budget cuts.
- Next steps include:
    - Process for developing strategic priority document;
    - Process for developing budget and work plan; and
    - Plan for communicating to partners, psc, physicians, and divisions.

Next Meeting Dates

February 15 and 16, 2016
March 21 and 22, 2016
April 18 and 19, 2016
May 30 and 31, 2016
June 27 and 28, 2016
July 25 and 26, 2016

General Practice Services Committee

August – no meeting
September 12 and 13, 2016
October 17 and 18, 2016
November 14 and 15, 2016
December 12 and 13, 2016

All meeting are in Vancouver