Terms of Reference

CSC Sub-Committee - Primary Care Homes

***Definition:*** *Primary Care Homes are networked patient medical homes AND primary care services with formal links to specialized services and specialists.*

1. **Committee Purpose:**
   1. Provide a collaborative forum for the North Shore Division of Family Practice and Vancouver Coastal Health to engage in coordinated planning and support for the implementation of Primary Care Homes (PCH) on the North Shore, guided by the Triple Aim framework.
2. **Objectives:**
   1. Provide oversight, recommendations, and coordination across the North Shore for the development and implementation of Primary Care Homes, and projects and activities related to PCH’s.
3. **Activities:** 
   1. Identify physicians and/or practice sites for implementation of PCH’s.
   2. Identifyneed for working and/or task groups and provide oversight to working/task groups to ensure PCH activities are coordinated across North Shore’s Patient Medical Homes.
   3. Ensure evaluation, monitoring, and support for quality improvement is embedded in all activities related to Primary Care Homes.
   4. Identify project requirements and resources, and make recommendations to respective organizations/funders for allocation; develop budgets and monitor funds allocated to the PCH committee.
   5. Address project barriers and challenges through collaborative problem-solving; identify issues that need to be brought forward to other forums (eg., CSC)
   6. Liaise with other Division’s/HA’s to mutually share project learnings and successes.
4. **Governance:**
   1. The Primary Care Home Sub-Committee reports to the CSC (and on its activities to the respective organizations).
5. **Scope & Decision-Making:**
   1. Planning and implementation decisions will be made by the PCH sub-committee.
   2. Creativity and innovation in the PCH sub-committee working groups will be encouraged and supported, within the parameters established by the committee.
   3. Decision-making will be by consensus, guided by evidence-informed practices whenever possible.
6. **Membership:**
   1. Representation from NSDFP
   2. Representation from VCH
   3. Representation from others as necessary on an ad hoc basis