



June 24, 2019

## **Interim Letter of Intent – Primary Care Networks**

This letter is intended to serve as an interim agreement that will enable provision of funding to the undersigned Division of Family Practice and Health Authority to support implementation of Primary Care Networks (PCNs) in a Wave 1a and 1b community.

Details with respect to governance and roles and responsibilities of parties are set out in an accompanying document, *Patient Medical Homes and Primary Care Networks - Roles and Responsibilities*. Funding, information sharing, and reporting and evaluation will continue to be defined in collaboration as our collective work on primary care transformation progresses.

The signatories to this interim agreement are the Ministry of Health (the Ministry), the Health Authority and the respective Division of Family Practice (the “Parties”), each of which will play a key role in realizing the successful establishment and operations of the local PCNs. Local First Nations may also be a signatory.

## **Collaboration on Primary Care Networks**

The Parties are committed to improving primary care access and attachment, patient experience, and health outcomes for British Columbians through the establishment of local PCNs, which consist of Patient Medical Homes, networked to each other and linked to Health Authority primary and community care services, Indigenous health organizations and community-based health and social services.

There is a long history of collaboration in primary care in BC, expressed provincially through the General Practice Services Committee (GPSC), representing the strategic partnership of the Doctors of BC and the Ministry, supported by the Health Authorities, including First Nations Health Authority. This collaborative approach is expressed locally through Collaborative Services Committees (CSC), representing Divisions of Family Practice, Health Authorities, First Nations and local community partners as key stakeholders, supported by the Ministry, Doctors of BC, the GPSC, and regionally through the CSC Interdivisional Strategic Councils.

- As the BC health system is redesigned around patients and their interactions with primary care, the Parties have made a commitment to the following principles in how the system changes through PCNs will be planned, designed, and delivered:
- The patient is at the centre of the PCN. Care is designed to be patient centered and culturally safe, through shared design and delivery of primary health care with First Nations in BC consistent with the Government of BC’s commitment to true, lasting reconciliation with First Nations in BC by fully adopting and implementing the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP), and Calls to Action of the Truth and Reconciliation Commission.

- The local PCN recognizes the importance of family and community in supporting patient care.
- The local PCN is intended to respect and preserve the longitudinal relationship between patients and their family physician or nurse practitioner.
- The local PCN acknowledges that nurse practitioners are recognized as primary care providers.
- Information sharing and reporting within and between the local PCNs, and the rest of the health care system, is to support quality improvement and planning at the community level and is not a tool for quality assurance.
- The local PCN acknowledges and respects the clinical and business autonomy of a primary care practice.
- Standardization and consistency of provincial policy direction are set by the Ministry, and implementation is enabled through local decision making and flexibility in response to prioritized community needs.
- Support for implementation will occur through current collaborative structures and relationships, expanded to be inclusive of the local broader primary care service context as appropriate. New structures will be established only as needed to allow effective functioning of the system.
- The local PCN is intended to be inclusive of multi-disciplinary providers, where all providers are able to work to optimize their scope of practice.
- The local PCN will support the optimization of Patient Medical Homes, as the foundation of the local PCN, in the best interests of patients and the local population.
- Ongoing iterative adjustments will be made as approaches are developed and tested, and measurement and evaluation metrics will be co-developed by the Parties.
- The local PCN will consult and engage with their community to ensure the needs of the community are met.
- The local PCN will seek to address disparities in primary care access, including, but not limited to, rural and First Nations patients.

These principles will be embedded into any future iteration of the “Common Program Agreement” (CPA) and related documents in respect of the local PCN.

## **Key Provisions**

### **1. Collaborative Local Partnership**

Collaborative local partnership is a hallmark feature of the local PCN. The CSC (or rural alternative) will establish the local PCN Steering Committee, in consultation with local PCN members, which will oversee the establishment and ongoing operation of the local PCN in accordance with an approved service plan, and will report to the CSC to ensure ongoing community coordination and partnership.

The local PCN Steering Committee will be minimally comprised of local patient representatives, local First Nations representatives, physician representatives from local

primary care practices, nurse practitioner representatives, the Division, and the Health Authority. Other local partners may be invited to participate as members of the PCN Steering Committee at the discretion of the CSC.

Each PCN Steering Committee will be co-chaired by a (i) representative of the regional Health Authority and (ii) a Physician representative from the Division. A local First Nations representative will also be invited to co-chair the PCN Steering Committee.

## **2. PCN Resource Management**

The Health Authority and Division will act as fund administrators for the local PCN in their region and, through the PCN Steering Committee, will collaboratively make decisions with respect to allocation of funds and other resources to enable timely access to care for patients within the network (the “Fund Administrator(s)”). Specifically with respect to funding:

- Health Authorities will generally receive Ministry funding to contract physicians and nurse practitioners and to directly employ nursing and allied providers on behalf of the PCN;
- Divisions will generally receive Ministry funding for clinical service management and administration, change management and collaborative governance, and will contract or directly hire individuals to support those functions on behalf of the PCN.

Details regarding the operations of the PCN will be set out in a service plan developed by the local CSC and approved by the Ministry in writing (the “Service Plan”). Specific operational details will be further developed by the PCN Steering Committee.

## **3. Interim Funding and Reporting**

Upon acceptance of this interim agreement, the Ministry will provide funding to the Fund Administrator(s) for the current fiscal year in order to proceed with the implementation of the local PCN, in accordance with the approved Service Plan. These funds will be used by the Fund Administrator(s) only for the purposes of implementing the Service Plan.

The undersigned Parties acknowledge shared decision-making and accountability regarding the use of the local PCN funding in accordance with the Service Plan. The Fund Administrator(s) will provide financial and other reporting on regular intervals to the Ministry, as directed by the Ministry under separate cover.

## **4. Continued Discussions on the CPA**

The parties to this letter affirm their commitment to further collaborative discussions regarding the development of a CPA that supports our common vision for primary care transformation. In signing this letter, no party will be required to sign a CPA at a later date unless they are in agreement with doing so.

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**Key Next Steps**

This interim agreement is intended to confirm the Parties' intent to establish a local PCN in accordance with the minimum expectations and guiding principles set out above.

Please indicate your agreement to continue planning for the implementation of the local PCN in accordance with the terms summarized in this letter by signing below and returning to Joanna Richards at the Ministry of Health.

On behalf of the Ministry, I look forward to continuing to work with your organization to meaningfully improve the impact of primary care delivery for the residents of BC.

Sincerely,

Ted Patterson, Assistant Deputy Minister  
Ministry of Health

**Signatures to the Local Primary Care Network**

Island Health  
Health Authority  
Cheryl Damstetter  
Signing representative name  
*Cheryl Damstetter*  
Signature  
September 4, 2019  
Date

South Island  
Division of Family Practice  
Vanessa YOUNG  
Signing representative name  
*Vanessa Young*  
Signature  
15 Aug 2019  
Date

First Nations Organization  
\_\_\_\_\_  
Signing representative name  
\_\_\_\_\_  
Signature  
\_\_\_\_\_  
Date

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Sincerely,

\_\_\_\_\_  
Ted Patterson, Assistant Deputy Minister  
Ministry of Health

***Signatures to the Local Primary Care Network***

\_\_\_\_\_  
Health Authority

\_\_\_\_\_  
Division of Family Practice

TSARTLIP - On behalf of Tsartlip  
First Nations Organization First Nations

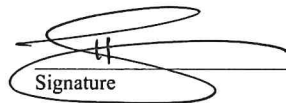
\_\_\_\_\_  
Signing representative name

\_\_\_\_\_  
Signing representative name

HEATHER HASTINGS  
Signing representative name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

SEPT 4, 2019  
Date