General Practice Services Committee

Wave 1 Divisions Learning Session

September 24, 2019

Purpose

On September 24 2019, the GPSC provided an opportunity for Divisions of Family Practice (DoFP) in Wave 1 communities to meet and share learnings and identify process improvements from their work on Primary Care Network (PCN) implementation. The following recommendations are a reflection of the collective voice of Wave 1 physician leads and Executive Directors, based on their discussions from the day. The purpose of this paper is to outline their shared issues, suggestions and to ensure their feedback contributes to improvement and informs communities of next steps to address pain points in the process.

Wave 1 Divisions Recommendations

The pain points that were identified as a priority to address were change management, and governance and decision-making.

Topic area	Pain points and lessons learned	Recommended actions
Change management	• Gaps identified in the supports provided through PSP at a clinic level • Inconsistency in how PSP funding is utilized in collaboration with other funding streams working towards supporting physicians and primary care transformation e.g. PMH and PCN	• Discuss and review funding buckets and resources available for change management • Carry out a review of how PSP are working with communities provincially which captures successes, areas for improvement and recommends changes that help PSP to provide support that better meets the needs of clinics for PMH implementation. • Continue to support and invest in full service family practice through support of PMH, and strengthening partnerships and community-level governance • Consider how to ensure an iterative approach to the process, meaning we are continually reflecting, learning and adjusting based on successes as well as failures • Ensure physician engagement adds value
Governance and provincial vs. regional vs. local decision making	• Community level governance and decision making needs to be appropriately supported • Decision-making doesn't reflect variations in geography and needs of communities in terms of access or attachment	• Implement reliable and accountable processes and mechanisms which: o improve communication chains between all partners o identify shared issues that are getting in the way of making progress, develop a collective voice, escalate

	• Cultural differences between HAs and DoFPs in terms of decision-making – hierarchical and standardization vs. local level • Lack of understanding around how to break down silos, develop a collective voice and escalate and influence discussions at GPSC • Strength in system change at community level presents an opportunity but it is felt that there is a disconnect between GPSC and community groups	issues to the right table and ensure all partners are updated on progress o track local initiatives, measure successes and learnings and identify opportunities to leverage successes and failures o strengthen the connection between GPSC and community groups to create a stronger sense of teamwork o opportunity for improved connection with DoBC through Dr. Brenda Hefford's new strategic role as VP, Physician Affairs & Community Practice • Improve understanding of the role of provincial, regional and local partners in: o the decision-making process o advocating for physicians • Improve understanding of the role of GPSC liaisons and empower them to share feedback and updates from GPSC with communities, and vice versa.
GP contracts	• Inequity between physician contracts for UPCCs, HAs and PCNs in terms of compensation, deliverables and QI	• Better align contracts across primary care models such as PCNs and UPCCs and ensure that longitudinal care is rewarded
Role of NPs, NP contracts and NP clinics	• Hesitation from GPs about NPs taking the simple and easy cases • Requirements that come with NP contracts are restrictive • NP Clinics give the impression that NPs are the solution to attachment issues, but the numbers aren't there • Broad concern about the relative value placed on Family Physicians, and the results on physician engagement	• Develop supported models for NP practice in community where NPs are supported to practice alongside FPs • Develop equitable overhead models for all community-based care providers • Improve understanding of roles for all providers, and the value they can add in a practice setting • Clarify the differences in practice between a PCN NP and a HA NP
Global budget	• Funds are being spent on models such as UPCCs and NP Clinics, rather than PMH	• Opportunity to collectively define primary care and improve shared understanding of why we are

	• Models such as UPCCs should be co-governed as per the PCN governance	moving in this direction to transform primary care amongst the public, partners and MoH • Support divisions to work with HAs to work out how to integrate UPCCs, CHCs, NP clinics under the umbrella of PCNs • Incorporate SCSP budgets into PCN planning governance to expand available resources
UPCCs	• UPCCs are impacting local innovation and creating competition between resources available within communities	• Communication about UPCCs to go to CSCs, where there is an ability to influence decisions so that it is operated, structured and organized in a way that makes sense in the community
Evaluation	• Lack of evaluation, and understanding of what the measures of success are going to be • Measure of success is broader than attachment and access	• MoH to share evaluation reports with other PCNs • Opportunity for divisions to co-design an evaluation framework that measures success and provides an opportunity to evaluate which models are cost effective and delivering what they should be. This will provide a starting-point to making evidence-informed decisions by all partners.
Next phases of PCN work	• Lack of clarity around Phase II and future directions for PCN expansion of work • Lack of understanding around SCSP integration with PCN	• Opportunity for divisions to take leadership on Phase II and focus discourse on PMH