

VICTORIA COLLABORATIVE SERVICES COMMITTEE (FINAL)

Friday, January 27th, 2023

9:00 am-11:00 am

Zoom - virtual video/tele conference

Members Attending:					
Name	Position	P/R/T	Name	Position	P/R/T
Keva Glynn	Island Health, Executive Director, (CSC Co-chair)	P	Dr. Melissa Duff	VDFP Chair, (CSC Co-chair)	P
Dr. Leah MacDonald	Island Health, Executive Medical Director, Primary Care Strategy (CSC Co-chair)	P	Dr. Anna Mason	VDFP Vice-chair, (CSC Co-chair)	P
Dr. William Cunningham	Island Health, Medical Director, UGV	P	Dr. David Harrison	VDFP Board member, Family Physician	P
Dr. Kelsey Louie (interim)	Indigenous Advisory Group	P	Dr. Aaron Childs	VDFP, Family Physician	P
Phil Lawrence	Island Health, Director, UGV	P	Catriona Park	VDFP Executive Director	P
Sarah Crawford-Bohl (guest)	Island Health, Executive Director	P	Nancy Falconer (guest)	Victoria PCN Director	P
Beth-Ann Parmar	Island Health, Site Director, (guest)	R	Annebeth Leurs	Doctors of BC, Engagement Partner	P
Jennifer Zadorozniak	Island Health, PCN Project Manager	R	Nicole Dehoop	VDFP Operations Coordinator (minutes)	P
tbd	SI PBH	R			

P = Present R = Regrets T=Telephone (chair highlighted)

1.0 Welcome

- Leah opened the meeting at 9:05 am with a welcome and land acknowledgement.
- **Consent Agenda:**
 - VDFP projects summary
 - PCN Progress Report

By consensus, the January 27th, 2023, meeting Agenda and Consent Agenda were accepted.

2.0 Review of CSC minutes and action items

- The December 9th, 2022, Victoria CSC minutes were reviewed and approved.

Motion: It was moved by Dr. William Cunningham and seconded by Catriona Park that the December 9th, 2022, Victoria CSC minutes were accepted.

All in favor, motion carried.

- Review of action items from December 9th, 2022
 - #1 – PCN governance changes – ongoing – standing agenda item.
 - #2 – Joint CSC meetings follow-up for when and how often – further discussion was held – follow-up for confirming dates/times.
 - #3 – Confirm how funding flows for NPs to clinics – complete – Island Health arranges the contract, then depending on then NP pays the clinic depending on FTE amount.
 - #4 – Clarify access and referral pathways for MHSU consultants at UPCCs – Leah/Phil to follow-up and bring back to future CSC agenda.
 - #5 – Develop a business case for Familiar Faces work – No separate contract allowed from HEABC. There is a workload application being put forward in the next few months. – Complete and will bring back when workload application is complete.
 - #6 – Accountability framework for PCN resources – Remove from actions until PCN governance refresh is complete.
 - #7 – Cultural Safety & Humility sharing/learnings – ongoing – Phil/Jennifer - February
 - Deferred/pending items:
 - #1 – CSC communications strategy – add to future agenda – ongoing

3.0 Cultural Safety & Humility Learnings

- Dr Aaron Childs shared his personal experiences and learnings.

4.0 Group Patient Education Classes

- Query as to why classes continue to be virtual as in-person group sessions beneficial for patients.
- Island Health follow-up:
 - Diabetes program has increased acuity of patients and an educator shortage. Diabetes program will continue virtually with their community virtual care program.
 - AFib only has a telephone service right now with two clinicians working from home. There are no plans to return to in-person education. They have received excellent feedback from patients.
 - One on one education is available if patient requires.
- Other suggestions:
 - Review resources for those services who previously provided group education.
 - Form letter being sent to physicians needs to be re-assessed.

Action #1: Review resources and group patient education services with the various Island Health programs for updating information and communication to FPs.

5.0 Partner updates

Island Health

- Appreciation for the collaboration across the health authority and physician community in resolving recent pediatric surge. Division supported communications helped with getting additional manpower for shifts at UPCCs. A good example of success and how the system worked to get credentialing fast-tracked etc.
- A discussion held to use the learnings from the COVID response and the recent pediatric surge to package what was done well as a way of creating plans to be better prepared for further disaster planning or other urgent events.
- ALC update:
 - A lot of work to do and looking at workflow for priority attachment for those in hospital.
 - System-wide partnership and prioritizing attachment in community teams. Attachment coordinator is trying to ensure complex individuals are prioritized.

VDFP - LTCI

- LTCI is starting to see similar issues as in community LFP. Physicians are retiring and no new physicians are coming in.
- There will be many orphaned patients in the next few months (~11%).
- For the short-term physicians in facilities will take on extra patients.
- Working on longer term strategies to get physicians into LTC facilities:

- Feb 9 recruitment event
 - LTC physicians are doing personal outreach to their colleagues.
- LTC is a different environment now and very supportive.
 - 24/7 after-hours care in all facilities
 - Dedicated call group
 - Organized system and easy for physicians to step into and still enjoy their clinical practice
- All the work is in partnership with Island Health as most facilities are funded/operated by Island Health.

ISC update

Due to time no update and formal summary will be sent out to all when available.

Action #2: Circulate ISC summary.

6.0 PCN Governance Refresh

- Discussion/feedback from the most recent PCN Governance refresh update:
 - Overall, positive messaging, discussion, and overview.
 - Commitment from all partners and confirmation the collaborative work will continue.
 - Dr Duff is on the transition working group and can take any concerns forward.
 - This may not be as dramatic shift for us as already working well together.
 - Hiring of allied health is complicated and will be interesting to see how this develops.
 - Questions around the future of CSC and our role in the future:
 - Responsible for the broader health streams
 - Need patient and indigenous representation.
 - May be renamed.
 - We need to sort out what our community needs and determine the structure of the operations table.
 - Overlying theme is to provide more flexibility; less prescriptive.
 - Focus on reinvigorating physician workforce→help local FPs clinics from closing.
 - Policies and procedures guidelines for nurses in clinics needs to be looked at. Questions around how we support that as partners.
 - Questions around who is going to be the contract holder for allied health. Health authority may have information to share if divisions are needing to maintain contracts.
 - We need clarity on the rules that are provincially controlled for the health authority; need to understand where there is flexibility.
 - We need to be mindful moving forward that PCN resources aren't designed to look like Island Health services.
 - The Shared purpose document was shared provincially and can circulate here too.
 - Future vision is to have more personal support to PMHs for each service to improve the basic system; shared goal and relationship→integrate, enhance, communicate.
 - Need to remove barriers/bureaucracy where possible.

Action #3: Circulate Shared Purpose document.

7.0 Shared Strategic Work

- Victoria PCN
No formal update due to time; refer to report and slides circulated.
- Community Council update
 - Starting to build relationships and have discussions with various municipalities and leaders in our communities to create a community council for primary care.
 - Infrastructure is the challenge. Exploring how to create something like the Victoria foundation or SPPH foundation where leaders in the community can contribute, become leaseholders etc.
- FP R & R
Due to time no update

8.0 MHSU task group update

Due to time no update

9.0 Other Business

- Three Bullets of interest to GPSC and WGs
 - Victoria PCN team is meeting with municipalities and other community leaders to create a future vision for primary care infrastructure in Victoria.
 - We are curious to hear about changes to the CSC. We appreciate the collaborative relationship at the CSC.
 - We are working collaboratively in LTC to recruit physicians to LTCI.
- Next meeting:
 - Victoria CSC – Friday, February 24th, 2023 – 9:00 am-11:00 am, via Zoom
- Agenda items for next CSC meeting - tbd

Meeting adjourned at 11:05 am
Next meeting: Friday, February 24th, 2023, via Zoom