

VICTORIA COLLABORATIVE SERVICES COMMITTEE

Friday, February 24th, 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 | R |
| Dr. Kelsey Louie (interim) | Indigenous Advisory Group | R | 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) | P | Annebeth Leurs | Doctors of BC, Engagement Partner | P |
| Jennifer Zadorozniak | Island Health, PCN Project Manager | P | Nicole Dehoop | VDFP Operations Coordinator (minutes) | P |
| Dr. Robin Saunders | SI PBH | P | Helen Welch | VDFP Project Manager | P |

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

1.0 Welcome

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

Decision: Approval of February 24th meeting agenda and Consent Agenda.
By consensus, approved.

2.0 Review of CSC minutes and action items

- The January 27th, 2023 Victoria CSC minutes were reviewed and there were no changes.

Decision: Approval of January 27th, 2023 Victoria CSC minutes.
By consensus, approved.

- Review of action items from January 27th, 2023:
 - #1 – group patient education services review – in-progress
 - #2 – ISC summary – to be circulated once available
 - #3 – Circulate PCN shared purpose document - complete
 - #4 – joint CSC date/time – pending
 - #5 – Clarify access and referral pathways for MHSU consultants at UPCCs. – no referral FP; patient directed - complete
 - #6 – Agenda items & CSH learnings – ongoing
 - deferred
 - #1 – CSC communications strategy – add to future agenda – ongoing

3.0 Cultural Safety & Humility Learnings

- Phil Lawrence and Jennifer Zadorozniak shared their experience and learnings from a recent Blanket Exercise.

4.0 Shared Strategic Work

- Victoria PCN update
 - February 21st PCN webinar update - over 60 attended. Congratulations to all involved as outstanding session.
 - High Complexity Care Team – Proposal submitted to MoH and waiting to hear back.
 - RN in practice – Interviews in progress and placements soon.
 - NP program – Two students going to Gorge UPCC one to Ross Bay Medical, and two going to VNFC. PCN team is engaging with first year NP students to explore opportunities for practicum placements in PMHs.
 - MHSU/Social work - new cohort model and starting to get referrals. Lessons learned will be applied to the next cohort. Recruiting for cohort 2 – social worker and healthcare consultant.
 - PCN Indigenous Health – 58 people attended the first Indigenous Cultural Conversations with Andy Bird. The next session is today, February 24th. Indigenous Art Project has had a planning meeting with the artists and they have been presented four initial projects.
 - Health Connect Registry – listen to recording
 - Maternity update – Working with SIDFP and a group of maternity providers on environmental scan. Alternative care actions are being considered. Majority of the work will be supported through South Island’s Shared Care.
 - Change request approach – MoH has asked is that PCN use up all resources prior to requesting any net new. PCN is looking at a process to be fair, transparent, and equitable.
- FP Recruitment & Retention
 - Locum pilot update –
 - We are waiting to hear back on our request to increase the daily rate to increase the number of interested locums.
 - Positive feedback being received from clinics and locums regarding orientation and support.
 - After-hours care pilot update
 - This still in the planning stages and working groups in the four pilot communities.
 - Tentatively launching in March.
 - Island Recruitment & Retention
 - Partnership across the island for recruitment, attending conferences etc.
 - Discussion/feedback:
 - Celebrate the success of these three areas. Within a year all will be up and running. Allowing physicians to live and work that is well supported.
 - The next challenge will be how the division can help physicians to start a practice.
 - Administrative burden is the greatest pain point for LFP.
 - A proper maternity leave is needed.

- Looking at all programs through a GBA+ lens

5.0 MHSU task group update

- Two working groups are moving ahead:
 - Gap analysis-
 - Group has met twice. Co-chairs Monica Flexhaug and Dr Diane Wallace
 - focus is to have an inventory by community by May (includes health authority, community, FNHA and may add in private).
 - Deliverable is to present the inventories along with evidence-based best practice.
 - Next meeting May 1
 - Patient navigator & family supports
 - Bring forward a service model for patient navigator and family supports in the PCN based on evidence review.
 - Co-chairs to be determined
- Query: Is there a formal link back to PCN with this work? ISC has indicated as a priority and MHSU TF within ISC. Island Health is one partner and co-chair of the meeting. The work is shared island wide through the CSCs.

6.0 Partner Updates

- Island Health
 - As per discussion at JEC regarding associate privileges, medical affairs is looking at credentialing to remove barriers.
 - Increasing demand in the community for home care services and support. RJH is doing better with ALC numbers.
 - There is a need for alternative housing for those who don't need acute care.
 - CHS client to patient ratio is going up.
 - Support is needed to get workforce to LFP→reduce administrative burdens/barriers. TiC is working on this. Also, new payment model is a start but not the only thing to get physicians into LFP.
- VDFP
 - Strategic plan refreshed. Broader approach and outreach to FPs practicing in Victoria, not just those in LFP. (LTC, hospitalists, addiction services etc.)
 - LTC is an issue across the south island and work together to come up with joint plans.
 - LTCI Recruitment session on February 9th was well attended and there are potential recruits.
- ISC update
 - No update; will circulate most recent meeting summary when available.
- Follow-up for Joint CSC
 - Co-chairs will meet to determine date/time.

7.0 PCN Governance Refresh updates

- New definition of PCN will be a geographic location; no sign-up, if practicing there then you are in the PCN. Also, expanded from longitudinal to episodic care including maternity.
- The four working groups (governance, evaluation and reporting, HHR, and finance) will be making recommendations to FPSC. They will decide on the details of the transition.
- Query: How will LTCI fit into PCN Governance refresh? This has been discussed and likely will end up in the CSC under the five streams.
- PCN service plan will not change. PCN SC will be a better representation of who is delivering primary care in the community.
- There have been no conversations about the CSC.
- Query: What details have been provided regarding CHS stream? There is still no clarity around the CHS. This is different ministry branch and will need alignment or there will be issues in the future.
- Outreach is starting next week to the divisions about the proposed changes and what they will need to make the changes happen.
- Discussion/feedback:
 - Attachment data is out of date, so lack of funding already.
 - LTC and Maternity are in trouble and will be the next major issues.

8.0 Walk-in clinic stabilization

- Helen Welch provided an update:
 - Seven out of the nine WICs benefitted from the contracts; funding runs out March 31st.
 - Understanding is that a provincial solution is coming (collaboration between FPSC, DoBC, and MoH) but hearing that WICs should go on new payment model.
 - With only a month remaining, this causes issues for the physicians with the college.
- SIDFP wrote a letter asking for an extension to the contracts and was denied.
- Next steps:
 - Write a joint SI PBH and Victoria CSC letter asking for six month extension and explain why new payment model won't work for WICs.
 - Annebeth to confirm WICs should go on new payment model.
 - Reach out to island representative – Janet Evans
 - Helen to work with Dr Bridger and Leslie Keenan, SIDFP ED to get letter sent next week.

Action #1: Write formal letter from SI PBH and Victoria CSC co-chairs requesting six month extension to WICs stabilization funding.

9.0 Other Business

- Three Bullets of interest to GPSC and WGs
 - WICs need extension to stabilization funding! (3X)
- Next meeting:
 - Victoria CSC – Friday, April 28th, 2023
 - Agenda items for next CSC meeting - tbd

Meeting adjourned at 11:00 am
Next meeting: Friday, April 28th, 2023 via Zoom