

Victoria Collaborative Services Committee

Minutes

Date: Friday, June 23, 2023

Time: 9:00 am – 11:00 am

Location: Zoom

Members Attending:					
Name	Position	P/R	Name	Position	P/R
Dr. Leah MacDonald	Island Health, Executive Medical Director, Primary Care Strategy (CSC Co-chair)	R	Dr. Melissa Duff	VDFP Chair, (CSC Co-chair)	P
Dr. William Cunningham	Island Health, Medical Director, UGV	R	Dr. Anna Mason	VDFP Vice-chair, (CSC Co-chair)	P
Dr. Kelsey Louie (interim)	Indigenous Advisory Group	P	Dr. Kristen Iverson	VDFP Board member, Family Physician	P
Phil Lawrence	Island Health, Director, UGV	R	Dr. Aaron Childs	VDFP, Family Physician	P
Sarah Crawford-Bohl (guest)	Island Health, Executive Director	P	Catriona Park	VDFP Executive Director	P
Beth-Ann Parmar	Island Health, Site Director, (guest)	P	Cynthia Durand-Smith (guest)	Victoria PCN Director	P
Jennifer Zadorozniak	Island Health, PCN Project Manager	P	Annebeth Leurs	Doctors of BC, Engagement Partner	P
Sheri Fielding	PCN Project Manager (guest)	P	Sunita Maghera	VDFP Administrative Assistant (minutes)	P
Dr. Sarah Lea (guest)	Family Physician	P			

P = Present R = Regrets

1.0 Welcome & Introductions

- Dr Duff opening the meeting at 9:04am with a welcome and land acknowledgement. Introductions were made after guests arrived.
- Approval of Agenda
 - Addition of strategies for reducing Acute Care volume working group
- Consent Agenda:
 - VDFP projects summary
 - PCN Progress Report

**Decision: Approval of June 23 meeting agenda and Consent Agenda
By consensus, approved**

2.0 Review of action items and approval of minutes

- May 26, 2023, Victoria CSC minutes were reviewed and there were no changes.

Decision: Approval of May 26, 2023, Victoria CSC minutes
By consensus, approved

- Review of action items from May 26, 2023:
 - #1 – Review/update Victoria CSC Terms of Reference. – on agenda
 - #2 – Share feedback re: maternity/perinatal care and invitation to Sheri Fielding for project update at next CSC. - complete
 - #3 – Invite Drs Bos and Lea to FP leads meeting - complete.
 - #4 – Attachment WG to develop a mechanism for priority attachment for mother/baby dyad. – in-progress
 - #5 – Send a specific communication to FPs in the community regarding the maternity crisis. – complete
- Ongoing items:
 - #1 – Add the CSC communications strategy to a future agenda – ongoing.
 - #2 – Request agenda items and volunteer for Cultural Safety & Humility sharing or any learnings/reflections from course/presentations – Complete for June

3.0 Sharing Cultural Safety and Humility Learnings

- Dr Kelsey Louie
 - Dr. Louie shared three videos to the committee.
 - Shared the cultural importance of family, coming together as a community, and showing support in times of need.
 - “Culture provides good medicine.”
 - Power of healing
 - Holistic health
 - Checking-in
 - Dr. Louie shared his background and briefly shared his work with telemedicine with the First Nations Virtual Doctor of the Day providing culturally safe care for indigenous populations, and his work with the First Nations Health Authority

Action #1: Dr. Duff to reach out to Dr. Louie to discuss finding a more permanent rep for this table.

4.0 Shared Strategic Work

Victoria PCN

- Implementation of high complexity care team contracts
 - The ministry is offering short-term support to APP contracts up to 75k per 1.0 FTE.
 - Will be meeting with Dr. Cleave to discuss the opening of the high complexity care team.
 - Stipulations with time limits
 - Currently only going to the end of fiscal year
- Primary Care Clinical Pharmacist Transition
 - Currently a UBC supports program.
 - Have not gotten any formal update on how transition will look in terms of admin support for pharmacist.
 - Transition will happen in September.

Maternity Update

- A generational shift in the working populations is a participating factor to the current maternity crisis with many retirements and a change in approach to work and the want for a work-life balance.
- Many new grads are choosing not to do FP-obstetrics.
 - Less exposure to FP-obstetrics for residents through residency training
 - UBC is continuously shifting how they mandate exposure to FP-obstetrics to residents, so it is easy to opt-out of this exposure.
 - We do not have a strong mentorship model.
 - Have lost a number of new grads in recent years.
 - The lack of nurses is traumatizing as a care provider when you don't have enough support.
- Compensation also comes in to play.
 - Compensation models have not improved in quite some time.
 - With the shift in the LFP model it is now more lucrative to work in community
- Challenging, minimally supported, and minimally compensated, and difficult to connect to Island Health leadership, and did not have a strong voice or engagement with between FP-obstetrics team with leadership.
- Victoria and South Island have been working since Fall 2022 to find resources.
 - Looking at gathering information, where are the gaps in services, and what is or isn't working well.
 - Have pulled together a group of FPs- OBs, midwives, and obstetricians to meet regularly to discuss and support and streamline post-partum care in the community.
 - Just about finished an EOI for a very large physician and midwifery engagement event next week that is over-subscribed.
 - This will lead to a Shared Care proposal being submitted in September for a two-year project to tackle this work in a strategic way.

Discussion

- Have 1000 pregnant unattached mothers in their first trimester.
 - Pre-natal care is being received from Eds, UPCCs, and walk-in clinics.
 - VGH has stood up an antenatal clinic to help support those unattached moms.
 - Looking to expand that service at VGH to have a few more appointment spots, but the demand is very high.
 - Need to map out within this CSC:
 - What is the urgent short-term strategy?
 - What is the medium to long-term plan? What is a sustainable future for this population?
- Victoria has a unique model for maternity care compared to other centers.
 - Primary care is exclusively provided by FPs or midwives, and Obstetricians are consulted only.
 - We should continue this model as we get better outcomes.
 - The antenatal assessment clinic is a band-aid solution, but the intrapartum care providers are being overburdened and the work is getting to unsafe levels.
- What can be done via the community?
 - Advocacy and support for FPs doing this work.
 - Advocating the residency program to shift how they are approaching the training for intrapartum care.
 - How can we do more recruitment?
 - How can we better support new grads?
 - Is there potential to create a place for people to be seen for their primary care/maternity needs with physicians that have specific contracts to work there?

- If this space is available in a few places downtown with dedicated funding and dedicated MOA support, would that be a benefit?
- There is talk about moving this unattached prenatal clinic to a community setting.
- There is no clear guided pathway.
- MC4BC (Maternity Care for BC), program for physicians that want to work in maternity.
 - program can be applied for
 - Doing obstetrics under the supervision of a FP-OB
 - Compensation for both the FP and the supervising FP-OB
- Helen is currently working with Full Circle maternity clinic to help them approach the ministry to look at some stabilization funding.
- There doesn't seem to be a point person from the physician side that we can direct people to
 - Potential for some work to be done here.
 - Dr. Sarah Lea is happy to be a point-person in the interim
 - Important to have appropriate compensation/funding for this work.
- Is there anything this CSC can do to help complement the proposal that is being put forward?
- Welcoming a new PCN lead that does maternity.
- There will likely be a second event in the fall as this event is quite popular.

Action #2: Dr. Childs to speak to Helen Welch about setting up a maternity specific recruitment pathway.

Strategies for Reducing Acute Care Volume WG

- This is a cross-system issue involving many parts of existing health authority services as well as other community services and family practices in the community.
- Idea of creating a time-limited working group regarding Strategies for Reducing Acute Care Volume that can do some further exploration.
- Would like endorsement of plan from CSC to continue working on this and task it to the Care Transitions team and Island Health
 - Committee gives endorsement.
- Want it to be a joint collaborative with island health.
 - Would be beneficial to have physician reps at this table (hospitalist, longitudinal and long-term care physicians, and physicians that work in virtual care)
 - Dr. Rosenberg would be a good rep to have as he works with a unique model.

Decision: Committee gives endorsement

Action #3: Catriona to take back information to Kristin Atwood

5.0 Partner Updates

Island Health

- Re-organization of Island Health
- MOH are asking Health Authorities for a stronger focus on LHAs.
- Specifically looking at Mental Health, Mental Illness and Substance Use, CHS, Primary care, and Long-term care in an LHA model
 - CHS, Primary Care and LTC will be bundled in LHA format across the island.
 - Victoria (LHA-1) will be one portfolio due to the size, LHA-2,3,4 which is western communities, Peninsula, and Cowichan will be bundled together, and similarly up island as well.
- Leah MacDonald and Sarah Crawford-Bohl will still be connected and more focused on LHA-1 (urban-greater Victoria)

<ul style="list-style-type: none"> • Sarah Crawford-Bohl will no longer be covering PBH. <ul style="list-style-type: none"> ○ Job posting will be going up soon. ○ Realigning the roles and turning this temporary role into a permanent • Hoping to have everyone in their new seats by the fall
<p>VDFP</p> <ul style="list-style-type: none"> • Not discussed
<p>ISC update</p> <ul style="list-style-type: none"> • Not discussed
<p>6.0 Victoria CSC Terms of Reference review</p> <ul style="list-style-type: none"> • Both divisions and PBH agree that there needs to be a better streamlined system • Transforming the JEC into a joint table which would have the two division co-chairs from JEC, Eds, and the two CSC co-chairs to avoid duplication of discussions at the various tables. • This is a non-decision-making table, and more for informing and strategic planning. • Suggestion for one annual joint CSC meeting for joint strategic planning <ul style="list-style-type: none"> ○ VDFP feels this new meeting should be ad-hoc, but this can be difficult to plan. <ul style="list-style-type: none"> ▪ Alternative is to hold a place for this meeting every 3-4 months and cancel if not needed. • Our leadership at this table is different than the leadership at the PBH, may be worthwhile to align them. <ul style="list-style-type: none"> ○ Proposing Catriona, Dr. Anna Mason, Dr. Leah MacDonald, and an additional rep from FNHA • The relationship between VDFP and SIDFP is strong, and communication is open, frequent meetings do not seem necessary. <ul style="list-style-type: none"> ○ Discussed sharing each division's CSC meeting minutes and sharing in the consent agenda so that we can see what is being covered by each division and avoid duplication. <ul style="list-style-type: none"> ▪ PBH minutes as part of the Consent Agenda are okay, seems unnecessary for the board to have to read them. • ToRs were not discussed. <p>Action #4: Dr. Mason to speak with Dr. Saunders to inform him of this discussion for moving forward for the new JEC meeting</p>
<p>7.0 PCN Governance Refresh updates</p> <ul style="list-style-type: none"> • No updates
<p>8.0 Other Business</p> <ul style="list-style-type: none"> • Three bullets of interest to FPSC and WGs <ul style="list-style-type: none"> ○ We need to support maternity care with a recruitment pathway. ○ There is a priority to stabilize community maternity care. This will also help with the unattached patients. ○ We endorsed the shared strategic project <i>Strategies for Reducing Acute Care Volume</i>. • Summer meetings? <ul style="list-style-type: none"> ○ Invite Sheri to July meeting to inform of proposal • Next meeting and agenda items – TBD <ul style="list-style-type: none"> ○ Meeting closed at 11:08 am