



# Victoria Collaborative Services Committee

### Strategic Planning Session Minutes (FINAL)

Date: Friday, November 24, 2023

Time: 9:00 am - 11:30 am

Location: Queen Alexandra Centre - A002

Members Attending:					
Name	Position	P/R	Name	Position	P/R
Dr. Leah MacDonald	Island Health, Executive Medical Director, Primary Care Strategy (CSC Co- chair)	P	Dr. Melissa Duff	VDFP Chair, (CSC Co-chair)	P
Dr. William Cunningham	Island Health, Medical Director, UGV	Р	Dr. Anna Mason	VDFP Vice-chair, (CSC Co-chair)	P
Dr. Kelsey Louie (interim)	Indigenous Advisory Group	R	Dr. Kristen Iverson	VDFP Board member, Family Physician	Р
Phil Lawrence	Island Health, Director, UGV	Р	Dr. Aaron Childs	VDFP, Family Physician	Р
Sarah Crawford-Bohl	Island Health, Executive Director	Р	Catriona Park	VDFP Executive Director	Р
Beth-Ann Parmar	Island Health, Site Director, (guest)	Р	Anna-Lise ter Mors (guest)	Victoria PCN Manager	Р
Matt Youens	Doctors of BC, Primary Care Transformation Partner	R	Nicole Dehoop	VDFP Operations Coordinator (minutes)	P

P = Present R = Regrets

### 1.0 Welcome & Introductions

Dr Mason opened the meeting at 9:00 am and shared <u>The Legend of the Lege</u>

### 2.0 Review of action items and approval of minutes

• October 27, 2023, Victoria CSC minutes were reviewed and there were no changes.

Decision: Approval of October 27, 2023, Vic CSC minutes. By consensus, approved.

- Review of action items from October 27, 2023:
  - o #1: Follow-up with FP re: WIC stabilization funding complete
  - o #2 Follow-up with SIDFP re: WIC letter incomplete
  - o #3 Info to VDFP for NewsFlash re: sentinel physicians and pickup of UPCC shifts complete.
  - o #4 One-pager about community respiratory services incomplete
  - #5 transition document to PCN SC, CSC, and VDFP Board complete
  - o #6 Questions for CSC strategy session complete

#### Ongoing items:

o #1 CSC communications strategy





o #2 meeting agenda items and volunteers for CSH sharing/learnings.

# 3.0 Context Setting from Partners – the What



- The goal of this session is to set 3-5 priorities for the CSC.
- Review of the key components of the PCN Governance Refresh and the five service streams.
- Review of the direction for the Refreshed CSC and PCN Tables.
- VDFP and Island Health perspectives shared on priorities and how to meet the priorities in the next year.
- We will need to contact Dr Louie for FNHA perspective as he will be unable to attend this session.
- Feedback/discussion:
  - o UPCCs→urgent episodic but there is no recognition that this is longitudinal primary care.
  - How are we bringing the five streams into the CSC? Unsure if representatives are needed for each stream and who those would be.
  - o The navigation and interfaces of the system need to work; map this out.
  - o Leverage the physician assistants that are coming to BC.
  - o We need to have panel data from EMRs (HDC) to understand PMHs for resource planning or prevention.
  - o Those assessing community services what numbers are the unattached?
    - Need more data from EMRs.
    - Attachment data is not necessarily accurate.
    - Not a good understanding of acute and community services
  - o Discussed differences between physician assistants and associate physicians:
    - Physician assistants will be in Island Health starting January 2024
    - Associate physicians are fully trained, salaried positions e.g., IMGs.
    - Both roles will only be in Island Health run facilities.
  - o CYMH identified as a big gap.
  - o Support primary care physician to provide acute care services to their patients i.e., CT scan etc.

#### 4.0 Way Forward - the How

- o Priorities for CSC breakout into two groups to discuss the questions:
  - 1. Can you set 3 to 5 priorities for the CSC for the next 6 to 12 months and articulate a desired outcome for each priority?
  - 2. Can you outline a high-level action plan for each priority what is a reasonable process and timeline e.g., form a new WG, push to another existing table to solve, dedicated staff or contractor, etc.
  - 3. What are your first thoughts about changes to CSC (if any) to support these priorities-membership, frequency of meetings, etc.

#### Group 1:

- Access/alignment with PCN and Island Health services
- Maternity
- CYMH
- Public Health

#### o Group 2

- Same day access unattached and attached; not necessarily a FP but could someone within the team-based care model depending on situation.
- Proactive connection to community health services
- Specialist community network
- Communication in transitions in care as points of connection
- Feedback/discussion:





- Reliable panel data needed:
  - Frailty
  - Comorbidities
  - PCN to work through panels to identify vulnerable patients and if they are connected to community health services.
- Need clarity around what is at the PCN and CSC and/or Divisions.
- Unsure if maternity is a CSC priority; WG to figure things out.
- CYMH→can't create services and wasn't identified when preparing PCN service plan.
- map all services to help with access and alignment.
- Prioritize recruitment of FP →outcome of PCN
- Indigenous Cultural Safety a priority in all the work.
- CSC needs a dedicated project manager. Unsure if this would be a division or Island Health funded position or both.
- Specialist community network is important, but we already have that work within Care Transitions SC and could engage there.
- We should look at a more formal mechanism for escalating issues to the CSC.
- o Dr Childs shared a draft of the Where do you go for care slide from AHCP.



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- Changes to CSC
  - o There was limited discussion on this due to lack of time.

## 5.0 Next Steps

- Ideas shared will be compiled and framework developed for the January meeting.
- Determine if a dedicated project manager for the CSC is possible.
- Connect with Dr Louie for FNHA perspective as he was unable to attend this session.

### 6.0 Other Business

- The committee confirmed there will be no meeting in December.
- Next meeting: Friday, January 26, 2024 9-11 am location, virtual or hybrid to be determined.
- Meeting adjourned at 11:30 am