

GPSC Summit 2018

EVENT SUMMARY



OVERVIEW

On April 16-17 2018, the General Practice Services Committee (GPSC) held its annual two-day provincial learning and knowledge exchange event in Vancouver. Colleagues and partners from Divisions of Family Practice, the GPSC, the Ministry of Health, health authorities, and other groups came together to strengthen partnerships, share experiences, exchange ideas, and acquire new knowledge.

In response to feedback from pre-event focus groups involving Division of Family Practice physician leads, executive directors, and health authority primary care directors, the 2018 Summit focused on learning and knowledge exchange related to the Patient Medical Home (PMH) and Primary Care Networks (PCNs). With the themes of Leadership, Teamwork, and Trust underpinning the Summit agenda, the event featured a blend of plenary and break-out sessions, networking opportunities, and a booth display where participants were able to learn about services, tools, and other resources to support the development of PMH and PCN care models in BC.



WHO ATTENDED?

More than **400** health care professionals, administrators, and policy leaders from across BC attended the 2018 Summit, as well as a handful of colleagues from Alberta.



Representatives of **all** Divisions of Family Practice from across the province

30 Division Executive Directors



Just under **150** physicians, the majority of whom were family physicians



79 Health Authority representatives, including **12** from the First Nations Health Authority

30 BC Ministry of Health representatives



WHAT WAS IT ALL ABOUT?

The Summit agenda centred on the concepts of the Patient Medical Home and Primary Care Networks, which form the foundation of an integrated primary and community health care system for BC.

A PMH is a family practice supported to work to its full potential. The core of the PMH model is longitudinal care—including care provided by interdisciplinary teams—with the doctor's office at the centre of primary care.

PCNs ensure comprehensive, person-centred, culturally safe, quality primary care services are available to patients within a defined geographic area. PCNs are being developed through a structured partnership between Divisions of Family Practice and health authorities, inclusive of local First Nations and patient representatives.

To create a PCN, a network of PMHs in a defined geographic area will be linked with primary care and community services delivered by the health authority, and with other organizations and services within that area. Physicians will work with teams of allied health professionals and other health care providers, and will be supported to expand services to meet the needs of patients in their practices. In this way, physicians are linked to a broader network of support, and patients get more convenient access to comprehensive care.

WHAT WERE THE HIGHLIGHTS?

Repeat Summit participants observed a buzz of interest, engagement, and positive energy at the 2018 Summit. Questions and dialogue during sessions reflected participants' curiosity about the system changes being proposed, and how to translate high-level concepts into concrete, locally relevant applications. There was a feeling of shared ownership for the job of system transformation, and a willingness to collaborate across roles, institutions, and geographies.

According to the Summit evaluation, stand-out elements of the Summit program were the dialogue around partnering with First Nations in health system transformation, and the participation of Alberta colleagues who have already implemented a province-wide system of PCNs.

First Nations Elder Syxwaliya (Ann) Whonnock set a warm and healing tone for the Summit as she welcomed participants on the first day. This tone was maintained throughout the Summit as cedar brushing was offered during breaks, as she explained,





“to brush off negativity and heavy feelings, opening minds, spirits, and hearts to do our work with good intentions.” Participants described this as a calming and spiritual experience.

FNHA’s Chief Operating Officer and GPSC Core Member, Richard Jock, set the context for the importance of partnership with First Nations at the opening plenary by highlighting the results of a new data match between the provincial Health System Matrix and the First Nations Client File. The data highlighted a stark picture on the health outcome inequities between First Nations and non-First Nations in BC, including overrepresentation in emergency departments, lower attachment to GPs and an elevated prevalence of 17 chronic conditions. FNHA will be working with GPSC to determine mechanisms to further disseminate and discuss the data findings.

Sessions throughout the Summit focused on valuing and harnessing First Nations’ experience and wisdom to transform the delivery of primary care in BC.

“The First Nations opening and closing set a different, more heart-felt tone. It was very much appreciated and also speaks to the commitment to truly work with and value First Nations partners.”

“The engagement of First Nations [was the most valuable element of the Summit]. The talk and explanation of FNHA (First Nations Health Authority) has been a long time coming.”

Summit participants also valued the opportunity to take a deep dive into Alberta’s PCN system, which developed organically over the period of a decade. Through the first day keynote address, panel session, and break-out sessions, the Alberta team offered critical insights into the journey, lessons learned, leadership requirements, and details about implementing PMHs and PCNs at the local, regional, and provincial levels. Participants had the opportunity to contemplate how Alberta’s experience may apply to BC’s PMH and PCN development during the networking breaks—an experience they found to be particularly valuable.

“Learning from the Alberta folks [was the most valuable element of the Summit], especially when we could talk together about how it applies and maybe how it doesn’t. So just listening to them wasn’t the true benefit; contextualizing their thoughts in our reality was the key.

“The generous, straightforward sharing of learnings provided by the team from Alberta was excellent and will inform the work we do.”



WHAT WERE THE KEY THEMES?

Learning and gaining inspiration from others' journeys

Participants valued the opportunity to learn from and be inspired by each others' journeys—particularly the Alberta experience, and how it could inform the process of building a made-in-BC model. The Day 1 keynote address by Dr Phillip van der Merwe traced Alberta's journey from a collection of like-minded individuals frustrated with the status quo, to the development of a provincial system of PCNs with PMHs at the centre. This was described as bringing about a renaissance in general practice and delivering measurable benefits for patients like improved screening and coordinated provincial disaster response. Many of the roadblocks experienced by Alberta appeared to resonate with BC Summit participants, including historical divides within the physician community (and between physicians and health authorities), and cultural barriers like physician autonomy. However, participants took away powerful reminders of why we are embarking on this journey, as well as inspiration that it is possible.

"Hearing from Alberta [was the most valuable element of the Summit]. They've actually tried some things and shared what worked and didn't. It was nice to get beyond theory."

"The keynote on the Alberta experience from Dr. Phillip van der Merwe and panel discussions [were the most valuable elements of the Summit]. Interesting to learn about differences and similarities with the BC model, and challenges they experienced and the key elements for success"



LEADERSHIP IS NOT A POSITION OR A TITLE, IT IS ACTION AND EXAMPLE

Summit participants were also inspired by home-grown successes in developing PMHs and PCNs. A highlight for many participants was Gabriola Island's experience in building the Gabriola Community Health Centre, by harnessing community energy and using supports from the Rural and Remote Division of Family Practice. The project started with an isolated community of 4,000 people who voiced their unmet needs and took steps to create and support a health system to serve those needs. The Gabriola Community Health Centre now operates as a PMH that has recruited and retained three full-time GPs providing primary and urgent after-hours care (on-call), supports permanent positions for a social worker and mental health nurse, and has expanded home care, seniors outreach, public health, and specialist services.



"I was very pleased to see Gabriola featured. Their community passion, commitment and innovation should be acknowledged."

Deepening engagement

A key theme from the Summit was the need to bring more diversity to PMH and PCN development tables, and to deepen engagement with individuals and organizations that are not yet fully represented. Panel speakers urged participants to advance authentic patient engagement as a means of achieving the PMH and PCN goals, using Gabriola Island's example as a case in point of what can be achieved. Other panel speakers spoke of the need to move from engagement to partnership with First Nations in the journey towards PMHs and PCNs. They spoke of the unique value that First Nations voices and perspectives bring to conversations about PMHs and PCNs, and how this is not just about ensuring that services meet First Nations' needs, but how the voices contribute to a better result all around.

"The patient engagement sessions [were the most valuable elements of the Summit], especially the FNHA one. Because we need to be doing this much more. It's an essential part of the work."



Celebrating and promoting physician leadership

A strong theme at the Summit was recognizing the need for strong physician leadership to enable PMHs and PCNs to flourish, and celebrating how much BC's primary care physicians have already contributed through the Divisions of Family Practice. Dr van der Merwe's keynote highlighted that physician leadership was a key success factor in the development of Alberta's PMH and PCN system, and stressed the importance of a team-based lens to leadership. The Day 2 keynote featured research commissioned by the GPSC to understand the evolving role of physician leadership in the divisions. Two physicians (Dr Sheila Findlay, an established leader, and Dr Josh Greggain, a more recent leader) who participated in the research highlighted the differences in their individual leadership journeys and how the work of a physician leader has changed over time as the divisions movement has matured. Both spoke about the many different roles that physician leaders in the divisions must play to be effective change leaders, especially in a context where divisions are taking on an increasingly prominent role in system change. The ability to influence is seen as a central role, along with the ability to transform high-level concepts, such as a PMH or PCN, into something that is concrete, relevant, and feasible at the local level.





Getting down to the nuts and bolts

Summit participants valued the many sessions that helped them operationalize the PMH and PCN. Presentations provided helpful legal, regulatory, and technological context for participants wrestling with issues such as integration of nurses into practices, and how patient data may be shared. Presentations also provided updates on provincial projects that affect PMH and PCN implementation, such as PCN governance, GPSC incentives, and implementation of BC’s Electronic Medical Record (EMR) Interoperability Strategy. Participants were also offered the opportunity to provide input on emerging models for PCN governance and the GPSC incentives. Finally, participants had the opportunity to learn about how different aspects of the PMH and PCNs are being implemented at the division level, using a range of models. The Nurses in Primary Care session, featuring four case experiences across BC, was mentioned by participants as a highlight.

“The governance session [was the most valuable element of the Summit]. This is a key strategic consideration in BC as PMH and PCN emerge.”

“[Sessions about] IT infrastructure [were the most valuable elements of the Summit]. Because none of these programs work without informative data - this relies on the IT infrastructure.”

“Nurses in Primary Care was the most valuable to me because it allowed everyone to see and think about real possibilities--how we can think and do differently, together, so patients can get the right service in the right place when they need primary care.”

“All the sessions that highlighted successful examples of team-based care [were valuable].”



WHERE TO FROM HERE?

A message from the GPSC Co-chairs

We were very fortunate to have our Alberta colleagues join us for the Summit. As we contemplate the way forward for BC, it will be important to bear in mind the lessons we can take away from the experiences of our colleagues over the Rockies. But, it will also be critical to recognize that BC is starting from a different place, with different strengths, and we will need to develop models that work for us. For example, we have critical infrastructure already through the Divisions of Family Practice. Alberta started with PCNs, and latterly moved to incorporating and formalizing the PMH, whereas for us these concepts are integrated from the start. BC health authorities have been partners from the beginning.

Summit presentations and discussions also reinforced that we need to continue to work towards standardized frameworks that simultaneously permit effective and efficient provincial and regional oversight and decision-making but allow for local variation.

Finally, we need to continue to acknowledge that we are on a journey. The PMH and PCN are not time-limited initiatives with time-limited funding. We need to continue to build on the work that we have done already, learn from our successes as well as our mistakes, and develop sustainable integrated primary care models for our communities.





RESOURCES

For pictures from the Summit please visit our [photo galley](#)

For resources and presentations from the GPSC Summit please click Session Names listed below

- [The Vision for an Integrated System of Primary and Community Care](#)
- [Keynote: The Alberta Experience](#)
- [Starting up a Primary Care Network](#)
- [Team-based Care Buffet](#)
- [Who's in Charge? Governance in Alberta's Primary Care Network](#)
- [Integrating Specialized Care into Your Local Primary Care Network](#)
- [Are We There Yet? Our Journey Toward an Interoperable Health System](#)
- [Engaging Specialist Physicians in Primary Care Transformation](#)
- [Doing it Legally – You Need a Common Program Agreement!](#)
- [New GPSC Incentives: Supporting Patient Medical Homes and Primary Care Networks](#)
- [Keynote: The Physician as Change Leader](#)
- [Moving from Engagement to Partnership with First Nations Communities](#)
- [Patient and Citizen Engagement within Primary Care Networks](#)
- [The BC Primary Care Research Network: A Vehicle for Innovation and Transformation](#)
- [Connecting the Dots on the Practice Support Program: Physician and Regional Support Team](#)
- [Recruitment and Retention: A Conversation with the Next Generation of Family Doctors](#)
- [Building Blocks for Maternity Care](#)
- [Nurses in Primary Care: Four Experiences Across BC](#)

