

A GP for Me Steering Committee

TERMS OF REFERENCE

Purpose

The purpose of the A GP for Me Steering Committee is to guide the A GP for Me implementation activities to align with the A GP for Me goals and Triple Aim Strategy.

Guiding Principles

The parties agree to the following principles to guide the use A GP for Me funds:

- a) Goals of A GP for Me:
 - To confirm and strengthen the GP-patient continuous relationship, including better support for the needs of vulnerable patients;
 - To enable patients who want a family doctor to find one; and
 - To increase the capacity of the primary health care system.
- b) Accountable: There should be clear reporting requirements in association with receiving the funding.
- c) Quality oriented: The model of improvement methods and theories, including measurement and Plan-Do-Study-Act (PDSA), should be embedded into all phases of the A GP for Me work. The A GP for Me work should aim to optimize the Triple Aim objectives.
- d) Locally based and community developed: Strategies for A GP for Me are expected to respond to unique community needs, priorities, and resources. Solutions should be guided by the culture and wisdom of each community, and public engagement and patient involvement should be key to the sustainability of the community's primary health care system. Where relevant, examples from other jurisdictions can be used as models.
- e) Collaborative: Work should take place primarily at the community level through the collaboration and support of all representatives on the Collaborative Services Committee (CSC) and local, regional, and provincial partners as appropriate.
- f) Aligned: Community-level work should align and with and support relevant regional and provincial strategies and initiatives. Care should be taken to leverage existing systems and to eliminate replication and duplication.
- g) Integrated: refers to the overall management and delivery of health services across a continuum of health care needs over time and different levels of the health system; services and providers are linking, communicating and coordinating to provide seamless care for patient population, functioning as a team as appropriate depending on level of integration required. Integrated care is seamless for patients, and above all avoids duplication and fragmentation of services, in particular when care is required across multiple providers.
- h) Patient centered: Patients are anticipated not only to benefit from the initiatives but also to have ongoing involvement in evaluating and assessing the impact of the initiative.
- i) Comprehensive: Strategies should support the Full Service Family Practice (FSFP) concept promoting generalization and full practice scope of GPs in keeping with the mandate of the GPSC.
- j) Sustainable: Recognizing that funding is guaranteed only until the end of March 2016, strategies implemented should consider models for sustainability beyond this time frame.
- k) Simplistic: Solutions that are transparent and easily understood are preferred.



- l) Avoid fragmentation: Strategies should seek to consolidate and streamline service delivery rather than fragment it. This should help with service delivery coordination.

1.0 Objectives

Due to the community challenges revealed in the Assessment and Planning Phase through extensive physician and community engagement, the CDoFP has identified six integrated strategies leveraging existing resources to address the following needs:

- Help patients find the appropriate primary care provider/team
- Stem the increase in unattached patients due to population growth and FP attrition
- Improve access to primary care services

2.0 Structure

The A GP for Me Steering Committee will be comprised of at least the following 11 members:

- a) CDoFP Physicians: At least one member each from the Board, Chilliwack, Agassiz-Harrison, and Hope
- b) CDoFP Staff: Executive Director and Operations Lead
- c) Fraser Health Authority: PSP Coordinator
- d) Provincial Division: Physician Engagement Lead
- e) A GP for Me Staff: Project Manager, Evaluation Coordinator, and Communications Coordinator

The Physician Lead and Project Manager will co-chair the A GP for Me Steering Committee.

3.0 Member Accountability

- a) Members will be expected to attend all Steering Committee meetings and provide input representing their specific area of expertise.
- b) Teleconference will be available to members who cannot attend in person.
- c) Members who are not able to attend in person will be responsible for reviewing meetings materials and connecting with the Steering Committee for clarification.

4.0 Reporting

The Steering Committee reports to the CDoFP Board of Directors and the Collaborative Services Committee.

5.0 Responsibilities

- a) Review and approve work plans, timelines, and evaluation frameworks.
- b) Physician/Staff Leads for the various strategies will provide:
 - Data reports on a monthly basis as per the evaluation framework.
 - Written reports on a quarterly basis as per the reporting template (to be release by the Provincial office)
- c) Attend community events when appropriate.

6.0 Decision Making Process

Each partner has the responsibility to ensure that all decisions made are aligned with the A GP for Me guiding principles, and their organizational policy and strategic direction.



6.1 Input

Members are encouraged to participate in discussion of agenda items. The majority of decisions will be made during Steering Committee meetings.

6.2 Consensus

Agreement will be sought in a consensus-based process. If consensus cannot be achieved, then the different options will be presented to the CDoFP Board for their decision.

6.3 Conflict of Interest

Conflict of interest is any situation which could influence the member's decision and impair the ability to act in the Steering Committees' best interest or represent the Steering Committee fairly, impartially, and without bias.

If a *Conflict of interest* or *appearance of conflict of interest* occurs the individual may choose, or be asked by the chair, to step outside the room for the duration of the discussion and return for the decision making process.

6.4 Urgent Decisions

In situations where decisions are of a critical, time-sensitive in nature, and require an immediate response, decisions will be made by mutual agreement of:

- Physician - **Lead Physician of A GP for Me** and/or **Lead Physician of the CDoFP**
- Administrator - **Program Manager for A GP for Me** and/or **the CDoFP Executive Director**

At least one Physician and one Administrator must be present to reach a decision. Once a decision is made, it will be brought forward to **the A GP for Me Steering Committee** and **CDoFP Board of Directors** via email to provide comment, confirmation, and approval within 24 hours.

7.0 Meetings

- a) Duration: 1-2 hours
- b) Meeting Intervals: Monthly
- c) Special meetings: May be called at the discretion of the Physician Lead or Project Manager. For items of an urgent nature, the chairs may issue an urgent call for feedback or decision.
- d) Meeting Materials: The agenda and other meeting materials will be circulated to all Steering Committee members prior to each meeting.
- e) Meeting Minutes: Meeting minutes shall be taken and will be circulated to all Steering Committee members.

8.0 Revisions to Terms of Reference

The Terms of Reference shall be reviewed on an annual basis.

