

Primary Care Networks Collaborative Governance: Roles and Responsibilities

The vision for primary care is to enable access to quality primary health care that effectively meets the needs of patients and populations in BC, using the patient medical home as the foundation for care delivery within a broader, integrated system of primary and community care.

A key component for achieving this vision is the implementation of primary care networks (PCNs) across the province with specific attention to enhancing capacity and patient access through team-based primary care services. PCNs are clinical networks of local primary care providers and community service organizations that collectively meet the comprehensive primary care needs of a geographic population. PCNs link together and integrate patient medical homes, Urgent and Primary Care Centers (UPCCs), Community Health Centers (CHCs), health authority primary care services, First Nations Primary Care Clinics, Indigenous health organizations and non-governmental community agencies; and link with a range of specialized community service programs (SCSPs) including those focused on serving complex medical and/or frail adults; and mental health and addictions.

Patient medical homes (PMH) are the cornerstone of PCNs. A PMH is an evidence-based practice model that supports the delivery of key service attributes associated with full service, longitudinal primary care. In a PMH, family physicians and nurse practitioners work to their full scope and are complimented by a team of health care professionals either in practice or connected to their practice through their PCN.

Principles

There is a long history of collaboration and partnership in primary care in BC, expressed provincially through the GPSC, representing the strategic partnership of the Doctors of BC and Ministry of Health, supported by the health authorities. This collaborative approach is expressed locally through Collaborative Services Committees (CSC), representing divisions of family practice and health authority as key partners, supported by the Ministry, Doctors of BC, the GPSC, First Nations Health Authority, local First Nations and community partners; and regionally through the CSC Interdivisional Strategic Councils.

In moving forward to redesign the system around primary care, the partners have committed to the following principles in the planning and design of system changes through primary care networks:

- **The patient is at the centre of the local PCN.** Care is designed to be patient centered; as well as culturally safe through shared design and delivery of primary health care with First Nations in BC consistent with the Government of BC's commitment to true, lasting reconciliation with First Nations in BC by fully adopting and implementing the United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP), and Calls to Action of the Truth and Reconciliation Commission.
- The local PCN recognizes the importance of family and community in supporting patient care.
- The local PCN is intended to respect and preserve the longitudinal relationship between patients and their family physician or nurse practitioner.
- All partners in the local PCN will participate in information sharing and reporting within and between the local PCNs and with the rest of the health care system, based on provincial

collaborative direction (under development), to support optimization of direct patient care, as well as quality improvement and planning at the community level. This is not a tool for quality assurance.

- The local PCN acknowledges and respects the clinical and business autonomy of a primary care practice.
- Standardization and consistency of provincial policy direction are set by the Ministry of Health, and implementation is enabled through local decision making and flexibility in response to prioritized community needs.
- Support for implementation will occur through current collaborative structures and relationships, expanded to be inclusive of the local broader primary care service context as appropriate. New structures will be established only as needed to allow effective functioning of the system.
- The local PCN is intended to be inclusive of multi-disciplinary providers, where all providers are able to work to optimize their scope of practice.
- The local PCN will support the optimization of patient medical homes as the cornerstone of the local PCN in the best interests of patients and the local population.
- The local PCN will support the optimization of UPCCs, CHCs, FN PCCs, NP Clinics and Foundry Clinics as key models of primary care service in the community
- Ongoing iterative adjustments will be made as approaches are developed and tested, and measurement and evaluation metrics will be co-developed by the Parties.
- The local PCN will consult and engage with their community to ensure the needs of the community are met.
- The local PCN will seek to address disparities in primary care access, including, but not limited to, rural and First Nations patients.

Roles and Responsibilities – Local and Regional

Divisions of Family Practice (Divisions)

Divisions of family practice (divisions) are community-based networks of family physicians - and NPs in some cases - organized into not for profit societies with funding and support from GPSC through the Physician Master Agreement. Divisions provide support to their members in the delivery of primary care, and implement GPSC funded and supported initiatives such as, PMH enhancements, PCN implementation, and residential care and hospital care initiatives in agreement with GPSC. Divisions support clinical network development and work in partnership with their local HA and other community partners through the CSC to examine gaps in health care in their community and to address these gaps.

Together with the HA and other community partners, the division contributes to the design and governance of local PCNs, and facilitates broad engagement as a co-chair of the CSC. The division provides a practicing physician co-chair to the PCN steering committee which is formed by the CSC to oversee the operations of the PCN. The division provides fund administration and contract management for change management and PCN clinical coordination and administration, with hiring, and management of these supports being made through the PCN SC partners.

As a principle partner, the division helps to enable community information and data sharing in support of the PCN. The division advises GP and NP members on local, regional and provincial direction and issues related to implementation of PCNs and patient medical homes, UPCCs, and CHCs in local communities and SCSP developments; it informs and participates in SCSP alignment/linkages through the CSC.

Regional Health Authorities (HAs)

Regional health authorities (HAs) provide integrated and effectively linked primary and community care services to the PCN and PMHs. HAs act as a co-chair of local CSC and participate in the PCN SC, which is formed by the CSC to coordinate the operations and implementation of the PCN. The HA is a signatory to information and data sharing agreements in support of the PCN and linked SCSP services. Health authorities provide fund administration and contract management for team based clinical providers (RNs and allied health providers) as well as new FP and NP service contracts. Decisions regarding hiring, and deployment of these providers will be made through the CSC and PCN steering committee partnership, and these clinicians will be working under the clinical coordination and direction of the PCN SC and the practices.

Regionally, the HA participates as an interdivisional strategic council (ISC) co-chair partner and helps to ensure regional alignment and local support of HA primary care services and SCSPs. Provincially, the HAs participate in the provincial Primary and Community Advisory Forum (PCC Advisory Forum) and GPSC.

Collaborative Services Committees (CSCs)

Community based collaborative services committees (CSCs) are co-led by health authority primary and community care leadership and division of family practice leadership. The CSC governs local primary care networks and facilitates broad engagement of providers and key community partnerships including local FN service provider organizations, community agencies and service providers, patients and families. They provide PCN strategic leadership with respect to establishment of local PCN steering committee(s), PCN design and implementation, SCSP alignment, and analysis of data to help identify community care needs and outcomes.

Primary Care Network Steering Committee (PCN SCs)

Established by the local CSC, the primary care network steering committee (PCN SC) has primary responsibility and oversight to operationalize the PCN clinical services, as defined in the PCN service plan and as part of the local network of primary care services. The PCN SC will be co-chaired by a practicing physician member of the local division, and a health authority representative. A local First Nations representative may also co-chair the PCN Steering Committee. The local PCN Steering Committee will be minimally comprised of local patient representatives, local First Nations representatives, physician representatives from local primary care practices, nurse practitioners, the division, and the health authority. Other local partners may be invited to participate as members of the PCN Steering Committee at the discretion of the CSC. Decisions in regards to the operations of the local PCN will be made by consensus, consistent with existing primary care governance committees.

Regionally, the divisions participate in interdivisional strategic councils; they provide physician leadership including a co-chair to these regional strategic committees. Provincially, they provide input to the GPSC with respect to GPSC funding initiatives and policy/practice issues related to implementation of PCNs and patient medical homes, UPCCs, and CHCs in local communities and SCSP developments. They are a participant in the provincial PCC Advisory Forum.

Interdivisional Strategic Councils (ISC)

Interdivisional strategic councils (ISCs) are a regional forum including representatives of all Division and HA Primary Care leads within a region. They provide an opportunity for information sharing and problem solving and help to ensure strategic alignment of PCNs and primary care services within a HA region. They provide HA and divisional representation to the provincial PCC Advisory Forum in consultation with the HA and GPSC. They advise the PCC Advisory Forum and GPSC on issues related to PCN implementation and SCSP alignment, and GPSC on issues related primarily to PMH implementation. The ISC advises local CSCs on regional issues related to PMH/PCN implementation and SCSP alignment.

Roles and Responsibilities – Provincial

Ministry of Health

The Ministry of Health holds the overall accountability and funding for the health care system. Through the GPSC it holds joint accountability for the support and establishment of the PMH model as the ideal primary care practice and the cornerstone for PCNs, and for community engagement and local implementation of the PCN. The Ministry is responsible for the PCN, team based care and SCSP policy development, oversight, funding and accountability. The Ministry provides data for regional and local planning and evaluation, and oversees ongoing monitoring and evaluation and policy revisions. In addition, the Ministry is developing and evaluating new physician payment models and contracts in support of this work.

Doctors of BC

In its strategic collaboration with the Ministry of Health through the GPSC, Doctors of BC also holds joint accountability for the PMH policy and implementation and for community engagement and local implementation of the PCN. Doctors of BC provides strategic advice and influence to the primary care policy direction, and is a participant in the provincial PCC Advisory Forum. Doctors of BC employs staff for the collaborative committees and provides administrative and practice support services on behalf of GPSC. Doctors of BC also communicates to its members as needed regarding the PMH/PCN policy and implementation. In its advocacy role for physicians and its commitment to helping achieve the highest standard of health care, Doctors of BC participates in the development of physician payment models and reviews physician contracts and agreements.

General Practice Services Committee (GPSC)

The GPSC is a strategically important collaborative committee and a partnership of the Doctors of BC and the Ministry of Health. Within the context of the Ministry of Health's role outlined above, the GPSC is the leading collaborative table for primary health care transformation. It supports the implementation of primary care networks (PCNs) enabled by team-based care, and development of patient medical homes (PMHs) as the foundation for care delivery and the cornerstone of PCNs. With effective collaboration as an ideal goal and success factor for system change, the GPSC is working toward facilitating strong partnerships, co-leadership and relationships between physicians and government, nurse practitioners, allied health care providers, health authorities, Indigenous communities and other key partners; as well as supporting the evolution of effective, collaborative processes that bring providers, teams and various service models together in PCNs to improve patient access and care.

The GPSC continues to provide governance, direction and resources to support full-service family practice; ensuring robust physician engagement, collaborative partnership and leadership in primary care transformation at provincial, regional, and local collaborative tables; providing in-practice coaching and

supports, incentives, and technology supports for family practices to create patient medical homes (PMHs) and provide team-based, comprehensive, longitudinal care; supporting divisions of family practice to facilitate partnerships, local collaborative governance, shared planning and implementation, information sharing and evaluation with health authorities, nurse practitioners, allied health care providers, First Nations and other community partners in PCNs; and working with and improving alignment across all Joint Collaborative Committees.

Nurse Practitioner Council of Nurses and Nurse Practitioners of BC (NNPBC)

Nurses and Nurse Practitioners of BC (NNPBC) is the association for nurses and nurse practitioners in BC and advances all nursing designations through advocacy, education and leadership. They provide strategic advice to other provincial bodies and local PCNs on the implementation of LPN, RPN, RN, and NP roles and provide ongoing role clarity relevant to PCN implementation.

The Nurse Practitioner Council (NPC) of NNPBC provides strategic advice and influence on primary care policy and is a member of both the Primary and Community Care Advisory Forum and GPSC. In its advocacy role for NPs, the NPC reviews NP contracts and agreements. As a member of the NP Provincial Services Committee, a collaborative committee between the MOH and NNPBC, the NNPBC, in collaboration with the NPC, will provide a Practice Support and Leadership Program for NPs in PCNs in the coming months.

First Nations Health Authority (FNHA)

First Nations Health Authority (FNHA) will work collaboratively to provide strategic advice, resources and supports to other provincial bodies and local PCNs as needed related to relevant issues and programs for indigenous populations; in order to enhance and enable cultural safety and humility at the local level; and to support information sharing across all local PCN and SCSPs. FNHA is a member of the provincial PCC Advisory Forum and plays a key role in planning, implementation and oversight of FN primary care clinics provincially, regionally and locally.

Provincial Health Services Authority (PHSA)

The Provincial Health Services Authority (PHSA) will communicate collaboratively with other provincial bodies and with local PCNs as needed on issues relevant to the PCN program and with effective linkages to SCSPs, and will support information sharing across all local PCN and SCSPs.

Primary and Community Advisory Forum (PCC Advisory Forum)

This provincial forum, chaired by the Ministry of Health, has been developed to advise Ministry decision making on BC's health system transformation agenda through collaboration and consensus. Specifically, it will allow partners to:

- Share information and provide advice regarding the implementation of PCN policy (including UPCCs, CHCs, FN PCCs, NP Clinics and Foundry Clinics) and Specialized Community Service Programs (SCSP) policy for Mental Health and Substance Use & Adults with Complex Medical Conditions and/or Frailty;
- Provide updates on progress, challenges, and issues;
- Seek advice on how best to continue to move work forward and how to resolve issues.

It has a broad membership reflective of the PCC partners. This includes 5 regional divisions of family practice physician representatives, 5 regional HA representatives, and representation from Nursing and Nurse Practitioner association, First Nations Health Authority, allied health, public health, and patient representation.