

FPSC: Key Items and Decisions

FPSC 2023-24 Workplan

The FPSC approved the 2023-24 workplan with a total funding allocation of approximately \$230-million. The workplan includes new priorities including the after-hours care program pilot, the urban locum program pilot, supporting the design and implementation of a provincial rostering system, and a refresh of PCN governance. Oversight and management of ongoing initiatives and programs including managing payments and incentives to support longitudinal care, supporting practice level QI, providing clinical programs, and supporting partnerships and transformation also continues. The workplan is organized into five main sections:

1. Stabilize and strengthen longitudinal family practice
2. Refresh PCN governance
3. Support partnerships to enable team-based care
4. Improve access to quality care through physician payments, practice support activities, and clinical initiatives
5. Advance cultural safety and humility
6. Promote shared accountability and measurement.

Expanding the FPSC urban locum program pilot

FPSC approved expanding the urban locum program pilot to include one mid-sized rural community, which responds to recurring requests. Adding a mid-sized rural community will provide more insight and learnings to prepare for expanding the pilot across the province at a later date. The provincial approach would balance urgent requirements between urban, mid-sized communities, and rural locum programs.

The urban locum program pilot launched on October 1, 2022. Since then, it has received requests from 65 physicians for covering 775

shifts (5,450 hours) between October 1, 2022 and September 30, 2023. Of these, 33% of shifts (35% of hours) have been filled. The pilot team is looking at additional options to increase locum participation in the program.

PCN Update

- As of February 1, 2023, there were 63 PCNs that have received funding and are in implementation phase.
- As of February 6, 2023, there are 20 geographic areas in planning.

Foundational component of infrastructure funding

FPSC approved a revised funding formula for the divisions of family practice, which is supported by the divisions. The new formula is a consistent per family physician member funding model that is equitable across the province.

FPSC Workshop

Update on PCN governance refresh

Doctors of BC co-chair Dr Sari Cooper provided an update on the [PCN governance refresh](#). In December, the FPSC co-chairs held a provincial session about the refresh with representatives from the divisions of family practice, regional health authorities, and the First Nations Health Authority. In January, the FPSC co-chairs held five regional engagement sessions with primary care partners to share the latest developments, proposed next steps, and to seek input. In January, a cross-sector Transition Working Group (TWG) formed to provide recommendations and advice to the FPSC co-chairs about the transition of PCN governance, management, and administration. The TWG includes four Sub-Working Groups (SWGs) on specific topics. The TWG will deliver their recommendations by March 15th.

First Nations Health Authority Engagement and Governance Pathways

Lisa Montgomery-Reid, Vice President, Regional Operations, Northern Region and Brennan MacDonald, Vice President, Regional Operation Vancouver Island from First Nations Health Authority, presented on First Nations Health Authority Engagement and Governance Pathways. Within BC, there are 203 First Nations communities, making the rollout of primary care transformation services that include these populations a complex task. The communities have unique political, geographic, and cultural structures that require a customized approach within every region and PCN.

Ms Montgomery-Reid spoke about reciprocal accountability, which is a shared responsibility among First Nations, the federal government, and the provincial government (including regional health authorities) to achieve common goals. She also spoke about key challenges, including:

- How to bring PCNs to existing First Nation engagement tables so that communities are driving the agenda.
- Some First Nations communities fall within the boundaries of two different PCNs due to the different land bases.
- The needs of Urban and Away from Home (UAH) First Nations population are not being addressed by PCNs.
- As PCNs are a provincial government initiative, they should uphold the provisions of BC's Declaration on the Rights of Indigenous Peoples Act (DRIPA), a commitment to consult and cooperate with Indigenous Peoples and affirms Indigenous Peoples' rights to administer their own health programs and institutions.

Next steps:

- Implement First Nations reciprocal accountability principles into PCN governance framework terms of references.
- Develop policies to enable implementing reciprocal accountability principles.
- Equitable financial resources and capacities for First Nations to implement and support PCN administration, governance, and change management as part of PCN governance refresh.

Update on the LFP payment model

Dr Brenda Hefford and Mark Armitage provided an update on the new [longitudinal family physician \(LFP\) payment model](#) (login required), which combines billing for time and interactions with payment for panel size and complexity. It's a compensation option for family physicians who provide longitudinal, relationship-based, family medicine care to a known panel of patients aligned with the attributes of a patient medical home. Over 1600 family physicians enrolled in the new model within the first two weeks since it launched, which is approximately 34 per cent of longitudinal family physicians.

The next phases of developing the payment model include building a rostering system and adapting the model for rural, in-patient, maternity, long-term, and team-based care.