

FPSC Primary Care Partners Event Summary

On October 24th, 2023, over 350 primary care leaders from across the province came together at the FPSC Primary Care Partners Event in Vancouver to:

- Celebrate Primary Care Networks (PCNs) and acknowledge the efforts to date;
- Reinvigorate our collaborative commitment and action to transform primary care; and
- Provide opportunities for collaboration, connection and sharing lessons learned across the primary care sector.



The Co-chairs highlighted the importance of all primary care partners being in a room together to learn and share with each other and advance PCNs in BC.

Traditional Welcome and Opening Remarks

Tstatsu Stalqayu (Coastal Wolf Pack) opened the event in a good way, performing the Seven Sisters Welcome Song and the Eagle Honouring Song. The traditional welcome laid the foundation for honouring and respecting each other, when together in partnership.

The FPSC Co-chairs, Dr Sari Cooper (Doctors of BC) and Ted Patterson (Ministry of Health), provided opening remarks noting the range of attendees: PCN Steering Committee Co-chairs, Collaborative Services Committee Co-chairs, PCN Managers; leaders from divisions of family practice, regional health authorities, First Nations Health Authority and the Nurse and Nurse Practitioners of BC; local First Nations and Métis partners; and staff from Doctors of BC and Ministry of Health. The Co-chairs highlighted the importance of all primary care partners being in a room together to learn and share with each other and advance PCNs in BC.



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Keynote Address

Stephen Brown, Deputy Minister of Health, delivered the opening plenary session, *Primary Care in BC: Reflecting on the Past and Looking to the Future*, with the goal of reinforcing, re-energizing and recommitting to primary care in BC. The Deputy Minister noted that collaboration is both exciting and challenging, and pivotal to primary care transformation. Primary care is the bedrock of a well-functioning health care system, and PCNs are a foundational component of that system. The Deputy shared that there are currently 75 PCNs in implementation across BC, with a total of 1800 approved FTEs; within the next 12 months, it is anticipated that PCNs will cover the entire province.

In addition to sustaining existing PCNs and adding new PCNs, a key priority in the coming months and years is to strengthen support for maternity care through expanding the Longitudinal Family Physician Payment Model, as well as supporting mental health, seniors and cancer care via integration with health authority-led Specialized Community Services Programs. The Deputy Minister ended his plenary by reiterating the vision of comprehensive, well-funded team-based primary care that is linked to health authorities, community partners and local First Nations to serve all people in BC.

Primary Care in BC: Reflecting on the Past and Looking to the Future, with the goal of reinforcing, re-energizing and recommitting to primary care in BC.





PCN Governance Refresh

During the [PCN Governance Refresh](#) plenary, the FPSC Co-chairs provided a high-level overview of the refreshed approach to PCNs, including a review of its five key components: 1) empowering physician leadership and community connections, 2) strengthening team-based care, 3) creating opportunities for innovative PCN clinic models, 4) engaging with First Nations, and 5) strengthening supports for patients. The FPSC Co-chairs then provided answers to a series of pressing questions, including the following:

- **What is the role of CSCs in relationship to the PCN?** PCN Steering Committees organize primary care in community, while Collaborative Services Committee (CSCs) are the point of integration and collaboration between primary care and the broader health system.
- **Can the PCN Steering Committee configuration remain as is if it is working well?** If a PCN Steering Committee is functioning well the convener may reconvene the table in the same way it is currently structured (i.e., co-chair or tri-chair model).
- **Will divisions of family practice receive additional funding as they assume the backbone support role?** Yes, new funding will be made available to divisions to fulfill the obligations, following input from divisions and discussions at FPSC.

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- **How will PCN reporting work in the refreshed approach?** Health authorities will support PCNs as the primary conduit for financial, human resource and other administrative reporting to the Ministry. PCN Managers and PCN Steering Committees will also have reporting responsibilities, given their PCN oversight roles.

The FPSC Co-chairs also provided a high-level overview of the new Nurse in Practice model and Community-led Clinics, noting that additional details will be finalized and shared in the coming weeks.



Breakout Sessions: Provincial Primary Care Initiatives

Following the [PCN Governance Refresh](#) session, there were four concurrent breakout sessions about provincial primary care initiatives: the Provincial Attachment System (PAS), Indigenous-Led Clinics, the Longitudinal Family Physician Payment Model and Team-Based Care Supports.

Provincial Attachment System: Making the Connection between Patients and Primary Care

In this session, Ministry of Health executive staff shared the rationale behind the creation of the Provincial Attachment System (PAS): 1) patients long-term health outcomes are better when they have consistent access to primary care; 2) there is currently inequitable access to primary care; and 3) health system partners and the public have provided feedback that an

organized system to support attachment is needed. PAS will enable the Ministry to accurately measure the number of patients seeking a primary care provider, the number of FPs and NPs that have capacity to take on patients, as well as the number of clinics in the province and how they are structured. PAS is comprised of three key registries: Health Connect Registry, Clinic and Provider Registry, and Panel Registry. The presentation closed by outlining the short-term and long-term priorities to support primary care across the three registries.

The breakout session slide deck can be found [here](#).

Indigenous Led Clinics: Delivering High Quality Culturally Safe Care

During this breakout, participants learned about services provided through the First Nations Primary Care Initiatives (FNPCIs), Lu'ma Medical Centre, and the First Nations and Aboriginal PCN. Key concepts shared during the breakout included:

- Culture is medicine.
- Relationships are built on trust, and the relationship itself can be the intervention that individuals need.
- Indigenous-led clinics can be a model for PCNs incorporating Indigenous-specific roles into clinics. The people in these roles are part of the care team, and, in addition to providing patient care, also provide supports to the rest of the team.

The breakout session slide deck can be found [here](#).

LFP Payment Model Expansion: Creating Compensation Solutions for Family Medicine

Participants provided Doctors of BC and BC Family Doctors with input on the key considerations for the expansion of the LFP Payment Model to facility-based care, including maternity, long-term and inpatient care, and the unique needs of rural and remote communities. The LFP Payment Model is an opportunity to change the way physicians are paid and how physicians provide care to the population. Doctors of BC and BC Family Doctors acknowledged the introduction of the LFP Payment Model has created pay inequities between longitudinal care and other aspects of care (i.e., facility-based care and focused practices) and, in order to stabilize care delivery across the province, these inequities need to be remedied in a timely manner.

The breakout session slide deck can be found [here](#).

Team-Based Care: Supports for Teams and Optimizing Patient Experience

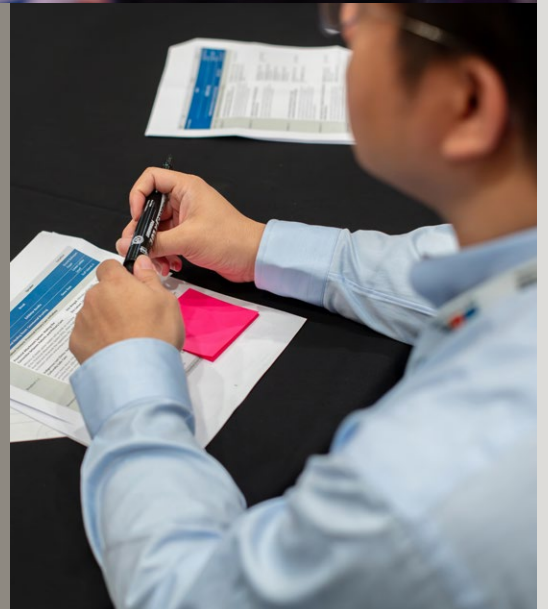
Participants learned about the FPSC Practice Support Program (PSP) and UBC Innovation Support Unit (ISU) resources, tools and coaching that support patient medical homes and PCNs to implement a team-based care approach to improving patient care. As shared by the FPSC and UBC ISU, effective teams need psychological safety, dependability, clear structure, and role clarity. Tools like team mapping (offered through UBC ISU) can help to initiate, facilitate, and ground the sometimes difficult conversations required to optimize role scope, and team flow and functioning. The presentation and discussion also highlighted the need to create a shared understanding of what team-based care is for both providers and patients. Team-based care is the way to a sustainable health system. Examples and tangible resources help to build shared understanding and embark on the journey to integrate team-based care in primary care.

The breakout session slide deck can be found [here](#).

“The effort invested into this event was obvious and appreciated. I am leaving this day energized with new ideas to share with my team.”



"This was amazing to attend. I hope this could be covered annually or every second year. The ability to liaise with provincial partners is energizing."



Panel Q&A: Primary Care in BC

Following the *Provincial Primary Care Initiatives Breakout Sessions*, a panel of primary care leaders from across the province responded to questions event attendees submitted in advance, sharing their thoughts on the future of primary care in British Columbia. Panel members included Dr Sari Cooper (FPSC and Doctors of BC), Eliza Henshaw (Nurses and Nurse Practitioners of BC), Yasmin Jetha (Vancouver Coastal Health), Lisa Montgomery-Reid (First Nations Health Authority), and Dr Shaun van Zyl (East Kootenay Division of Family Practice).

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Reciprocal Accountability: A Regional Perspective

The afternoon started with a plenary [presentation](#) from Lisa Montgomery-Reid (Vice President, Regional Operations, Interior Region, First Nations Health Authority) about the concept and principles of reciprocal accountability. Lisa shared the history of First Nations engagement in PCNs, highlighting the challenges and opportunities, as well as some of the foundational guiding documents. She spoke about First Nations engagement pathways and how PCNs can improve engagement efforts by reverse engineering current processes – i.e., connecting with existing First Nations engagement pathways and governance structures rather than, or in addition to, requesting local First Nations participation at PCN tables.

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Workshop Breakouts: Enhancing your PCN

The *Enhancing your PCN* breakouts provided opportunities for PCN partners to share their successes and learnings encountered in the implementation of various aspects of their PCNs.

Allied Health Group Visits: Building Capacity Within Primary Care Networks

Central Okanagan (CO) PCN partners shared how they are utilizing Allied Health Providers (AHPs), a scarce PCN resource, to improve access and care for patients. Given capacity issues and long wait times for some AHPs across their PCNs, CO has now implemented a variety of AHP group visits, including diabetes education, cognitive behavioural therapy for insomnia, falls prevention and perinatal care. While these efforts have not necessarily resulted in reduced workloads, there have been positive results from the AHP group visits thus far, such as high patient satisfaction, improved quality of care and increased primary care capacity through a 'train the trainer' approach. In addition, CO shared that group visits have become a mechanism to identify patients who may require more individualized support from an AHP.

For more information about AHP Group Visits in Central Okanagan, view the slide deck [here](#).

Creating and Walking Your Learning Journey: Humility Based Practice and Cultural Safety

Comox Valley PCN and Pacific Northwest PCN partners shared their experiences engaging with Indigenous partners in a culturally safe way. Key shared learnings from their PCN development journeys included:

- Transformation takes time;
- Pause when necessary to build relationships and share knowledge; and
- Consider how to integrate local Indigenous protocols, laws, or principles into PCN planning and implementation.

For more information about Humility Based Practice and Cultural Safety in the Comox Valley PCN view the slide deck [here](#) and in the Pacific Northwest PCN view the slide deck [here](#).

Patient Partnerships: Finding Ways Forward

Focusing on principles of good patient engagement and utilizing case studies, the Primary Care Patient Voices Group, along with Kootenay Boundary and Victoria PCN partners, discussed meaningful patient participation in PCNs. During the session there were several suggestions as to how PCNs can better engage patient partners, including:

- Frame recruitment of patient partners like any other PCN role (e.g., include a job description and engagement agreements);
- Invite patient partners to contribute when and where they can truly influence decisions; and
- Draft patient and community engagement plans to guide the PCN.

For more information about patient partnerships in PCNs, view the slide deck [here](#).

RN Integration in PCN

qathet PCN and South Okanagan Similkameen PCN partners shared their models and approaches to RN integration, highlighting their key learnings for other PCNs:

- Develop a comprehensive onboarding process, allowing for sufficient time to orient the nurse and the clinic, offering shadowing opportunities to understand different work styles, and building the foundation for a strong team culture.
- Focus on building team relationships and clear communication. Build trust between the family doctor and nurse to optimize patient care and ensure support for and ongoing engagement of the full team (i.e., clinic manager, FPs, RNs, MOAs) to define roles, and develop and adjust processes as necessary.
- Take a continuous improvement approach (e.g., define key performance indicators, collect data, align appointment types with reporting deliverables, and ensure a feedback mechanism is in place).

For more information about RN integration in qathet and South Okanagan Similkameen, view the slide deck [here](#).



"It is amazing to reflect on how the system is changing for good and how impactful our roles are."



Closing

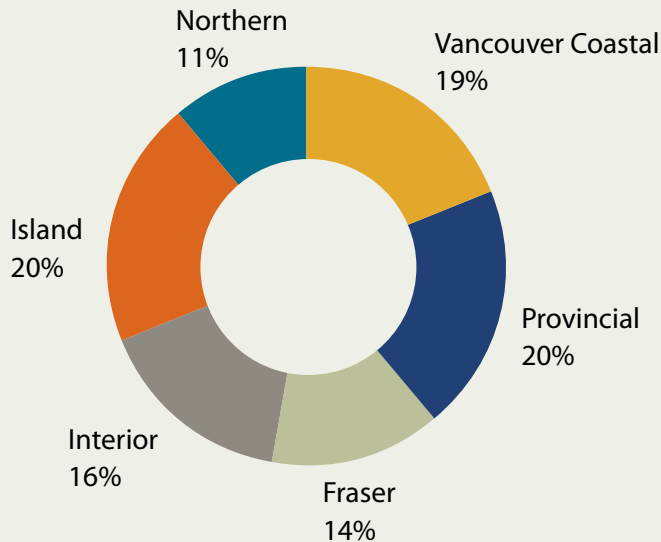
The event ended with participants sharing their one-word reflections on sticky notes. A few participants also shared their reflections of the day with the larger group of attendees, noting a sense of togetherness and re-commitment to the shared vision, as well as the need to continue to listen to patients and providers to know we're making a difference.

The FPSC Co-chairs offered final closing remarks, recognizing that everyone in the room is leading primary care transformation and acknowledging there is so much good work happening in PCNs across the province.



Feedback

Based on the event's evaluation survey, all regions of the province were represented. Participants were very pleased with the event, with 96% of the 121 survey respondents indicating they 'strongly agreed' or 'agreed' that the event was a good use of their time.



Resources:

- FPSC Primary Care Partners Event [Agenda](#)
- Photo gallery: <https://robtrendiak.pixieset.com/drsfbcfpssc/>

“The First Nations welcome and introduction at the event...created a positive and collegial environment from the first minute. It was really wonderful to see some of the ministry/ community connections growing and to actually feel as though we were all working collaboratively...the whole event made everyone actually feel as though we were working together and in lock step. Nice to feel united in our efforts and vision.”
