2018 Strategic Priorities ~ Final

THE **BC PATIENT MEDICAL HOME** IS THE OVERARCHING FOCUS OF THE WORK OF THE DIVISION.

STRATEGIC PRIORITIES

1. *INCREASE APPROPRIATE ACCESS TO QUALITY PRIMARY CARE*
2. *CONTINUE TO INCREASE MEMBER ENGAGEMENT*
3. *IMPROVE PATIENT ENGAGEMENT*
4. *CHAMPION IT AND TECHNOLOGICAL INNOVATION*
5. *INCORPORATE EVALUATION AND A SCIENTIFIC EVIDENCE BASIS*

STRATEGIC PRIORITY ONE - INCREASE APPROPRIATE ACCESS TO QUALITY PRIMARY CARE

Evidence shows that ongoing access to a family doctor improves patient outcomes and reduces overall health expenditures. Increasing access to quality primary care for all of our citizens is of paramount importance to our Division and funders, including the Ministry of Health.

We will focus on three main streams of work for this priority:

A. Operationalize Patient Medical Homes (PMH) and the Primary Care Component of Primary Care Networks (PCN) in Vancouver

Working with our members and partners, we have identified three initial geographic zones and one population-based network where we are beginning our system transformation work. This work is:

    a. Informed by our in-house knowledge base from our work in primary care reform and the literature evidence for effective PMH and PCN models elsewhere in the world.
    b. Grounded on our understanding of the community of patients, providers, and partners in the selected areas.
    c. Predicated on equity, expandability and scalability to the rest of Vancouver.

There are three innovative aspects of the PMH model which we intend to explore to varying degrees.

    a. Networks of GPs working together to support each other and the community.
    b. Team Based Care (integration of allied healthcare providers, specialists and community resources)
    c. The role of IT as an enabler of PMHs and PCNs. For example, how IT supports a robust understanding of a patient panel.

We will bring together PMHs in a primary care framework for the city that allows for the deployment of resources to increase capacity in local communities, improve access to primary care, and support physicians to provide quality care for their patients. The Division's primary care framework for PCNs will use the current Local Health Areas

(LHAs) and the newly created Community Health Service Areas (CHSAs) to create manageable zones that enable a clear understanding of patient needs so as to inform resource planning. These zones allow for the development, organization and management of local physician networks, each supported by the Division to address the PMH attributes for their respective patient populations. This framework may ultimately be used to deploy allied healthcare providers and other system enablers with help from Division's partners, such as GPSC and the Health Authorities.

We will work to optimize intra-organizational communication to ensure clear and cohesive links to our PMH work, across all Committees; appropriate linkages between Committees; consistency across the Division; and the realization of opportunities for efficiencies and influence.

B. Continue our work to increase appropriate access and capacity to quality primary care, through our Recruitment and Retention, Practice Optimization and Matching Mechanism strategies.

Building on the success of these initiatives to date, we aim to transition them into our Patient Medical Home work by continuing to:
   a. Create capacity and access in the system for both attached and unattached patients, focussing on identified vulnerable populations, by supporting physicians in practice efficiency and retirement planning/ transitioning from practice.
   b. Identify GPs who have the capacity to take on additional patients and support the matching process to ensure those patients most in need of a GP are prioritized to find one.

C. Improve overall healthcare system efficiency and effectiveness

Relating to all tenets of the Quadruple Aim, health system efficiency and effectiveness speak to improved population health, decreased expenditures and improved patient and provider experience. Central to an improved system of care that is framed around the PMH and PCN, we will continue our focussed work on:

   a. Improving communication and relationships between primary care providers, acute care providers, specialists and allied healthcare providers to optimize patient transitions in care and the overall understanding of the concept of shared care.
   b. Leveraging existing collaborative relationships with partners including Vancouver Coastal Health, Providence Health Care, Provincial Health Services, Divisions BC and other community partners to work towards the PMH, including team-based care.

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STRATEGIC PRIORITY TWO - CONTINUE TO INCREASE MEMBER ENGAGEMENT

The power of our Division rests in our membership. Any system change will require the support and interest of our members, and will benefit from Family Physician leadership. To maintain member buy-in for our work, we must continue to show value to them both at the individual member level and the various levels of system change. Our work in this priority will include:

A. Encouraging family doctors to help lead the change and participate at various levels of change management and overall governance.
B. Being the voice of family doctors in Vancouver to influence the changes in the primary care system and identifying the resources required for effective system transformation.
C. Hosting member events targeted at relationship building (with members, specialists and other partners) and increasing the knowledge base around the concepts and actualization of PMHs and PCNs.
D. Advocating for the needs and challenges of Vancouver GPs in the provincial context.
E. Engaging a broad cross section of members.
F. Communicating with members on the status of ongoing projects and as a means of engaging them in the Division's work.

STRATEGIC PRIORITY THREE - IMPROVE PATIENT ENGAGEMENT

Patients are the ultimate focus of the work we undertake and it is essential we effectively incorporate their voice. As both users and funders of the health care system, patients are an important resource as we work towards system changes that contemplate the effects on, and needs of, individual patients, patient populations and future patients. Effectively engaging patients and incorporating their viewpoints on our work requires both focus and innovation. This is especially important as we focus on the PMH and PCN. In committing to this aim, we will consider:

A. A focussed effort to determine how the patient voice might be captured and incorporated in all aspects of our work to plan appropriately, moving forward.
B. Our responsibility to reflect and advocate for the needs and challenges of patients locally and in the provincial context.
C. The socioeconomic, environmental, spiritual and cultural determinants of health and how they might impact and be considered in the work we undertake.
D. How our Committee work reflects the diversity of the population of Vancouver.

STRATEGIC PRIORITY FOUR – CHAMPION IT AND TECHNOLOGICAL INNOVATION

Information Technology is an essential tool in achieving improvements in system efficiency, patient access, population health and overall experience of the system for both patients and providers. Attention to IT solutions is a requirement for any sustainable change. The significant barriers that currently exist in this domain necessitate its prioritization in all the work in which we engage.   We will continue to:

A. Encourage and support the proper use and integration of digital information in the form of coding, data use and analysis for both practice quality improvement as well as a communication tool to support the concepts of the PMH and PCN.
B. Advocate for regional and provincial level solutions to issues of communication and data exchange. For example, interoperability between the acute centre and community EMRs as well as between community EMRs with the goal of reducing duplication, improving accuracy and reducing the overall cost of care.

STRATEGIC PRIORITY FIVE – INCORPORATE EVALUATION AND A SCIENTIFIC EVIDENCE BASIS

To understand the effects of our work and justify the ongoing investment or redeployment, of resources, evaluation must be incorporated in all our activities. We will strive to maintain a balance between rigour and productivity by:

A. Creating a robust evaluation infrastructure, with accountability as the focus and to help the Board make better decisions about resource allocation and areas of impact.
B. Utilizing pre-existing studies, literature and evaluation in the evaluation of Division work.