

## PARTNERING WITH SHARED CARE

Each month the Shared Care Committee (SCC) reviews Expressions of Interest (EOIs) and Proposals submitted from communities/Divisions of Family Practice and Specialists interested in engaging in Shared Care work. The following are details of approved 'new and ongoing' partnerships from the meeting.

### NEW OR ONGOING PARTNERSHIPS

#### Additional Funds Approved

- **Emergency Medicine** – Kootenay Boundary Division

#### Approved Expressions of Interest (EOIs)

- **Chronic Disease Community of Practice** (decision made by Co-chairs outside of SCC)
- **Child and Youth Mental Health & Substance Use** – Northern Interior Rural Division

#### Approved Proposals

- **Palliative Care** – Thompson Region Division
- **Gender Affirming Care** – East Kootenay Division

## PRESENTATIONS

### Quarterly RACE Update – Providence and Vancouver Coastal Health

- Use of the RACE app has **steadily increased** with some decrease in phone line use.
- Race calls totaled 12,215 in 2019/2020 **up nearly 4% from the previous year**.
- Planning for redevelopment of the RACE app is underway, including **upgraded features and user interface**.
- A new governance structure is in place, which **supports provincial, regional and local levels of the initiative**, and outlines roles and expectations for partners and funders.
- The committee highlighted the **importance of aligning and intersecting RACE with other virtual peer support**, particularly when looking at sustainability of the RACE platform.

- An **environmental scan** was suggested of virtual peer supports across the province.
- **Action:** To raise this item for JCC Co-Chairs and JCC Integration Council: Virtual Care.

### eCASE – Update and recommendations

- e-CASE allows for **non-urgent family physician to specialist patient advice** via a secure messaging platform (dr2dr).
- SCC provided start-up funding in 2016, which was **extended until 2022**.
- The program has **expanded from five to over 90 specialty areas**, addressing over 21,000 consults to date.
- In an evaluation of 104 e-consults, **54% avoided a face-to-face referral**. Each e-consult avoided \$32 for the system and \$68 for the patient.
- Feedback from patients and providers shows a **high level of appreciation and value for the program**.
- An ongoing issue is that there is **not appropriate compensation to support this type of service** within the current fee structure.
- Currently Fee for service pays **\$10.10 per written consult, and this is topped up by the JCCs to total \$60 per written consult**, which takes on average of 20 minutes.
- A more **permanent fee code** will be required for ongoing sustainability after 2022.
- **Action:** To be brought forward to April JCC Co-Chairs meeting, with potential to also be included at the JCC Integration Council: Virtual Care.

### Supporting projects with sustainability

- Supporting projects to sustain outcomes is **aligned with the work of the Quality Impact team and SSC**. It also has foundations in sustainability models from the **UK's National Health Services (NHS)**.
- **Recommendations were discussed**, recognizing that sustainability is not relevant for all projects:
  - **Build improved sustainability planning into the project process** via guidelines and processes throughout the project lifecycle.
  - **Provide funding to review completed projects** to assess sustainability and ensure outcomes are still effective.

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Developing innovative approaches to improving collaboration between GPs, GPs with focused Practice, and specialist physicians, and spreading success through Spread Networks and other strategies.

- Support increases to **project budgets to include sustainability costs**.
- Consider **education and learning opportunities**, with potential links to Quality Improvement training.
- **Decision:** The SCC approved briefing note option 1: to **build improved sustainability planning into the project process, and provide sustainability funding to review completed projects**. To be reviewed in one year.

## South Peace Polypharmacy Risk Reduction – Coordinating Complex Care (CCC) Project

- The purpose of the project was to **increase to appropriateness of medications for older adults (65+)** taking five or more medications.
- Focus areas were **polypharmacy education, team based medical assessments, transitions in care**, and improving the medication reconciliation assessment process.
- **Strong engagement from partners**, including pharmacists, supported robust roll-out medication assessments, and **patient stories highlighted the high impact** in the older adults population.
- Challenges included **time commitment required from teams, and funding models** to support this work.
- Future plans include looking at **spread and sustainability** within the community.
- Committee members **highlighted [polypharmacy resources available](#)** on the Shared Care website which can help move this work forward.
- Staff made the **connection between this work and the upcoming medication management plan** coming forward through the CCC initiative.
- **Action:** Laura Becotte to **review historic Polypharmacy Risk Reduction initiative data** and look for synergies with the SCC Shared Measures.
- A story highlighting the **impact of this project** can be found [here](#).

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