

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

Approved Expressions of Interest

- Supporting Treatment of Eating Disorders in Youth – *BC Children's Hospital*
- Care of Homebound Elderly – *Sunshine Coast*
- Opioid Antagonist Therapy in the Emergency Department – *Victoria*
- Transitions in Care – *South Okanagan Similkameen*
- Post-Acute Sequelae of COVID-19 Care Network – *Thompson Region*

Approved Proposals

- Chronic Pain: Awareness, Prevention and Optimization in Pain Management - *Chilliwack*
- Pathology Decision Support Initiative – *Burnaby*
- [Adult Mental Health and Substance Use \(AMHSU\) Network](#) – *South Okanagan Similkameen*
- Prehab-Rehab MetS, Type 2 Diabetes and Cardiovascular – *Pacific Northwest*
- BC Rural Chronic Pain Program – *Northern Interior Rural*
- Improving Access to Care for Individuals with Vulvodynia – *BC Centre for Vulvar Health*

Completed Projects

Perinatal Mental Health & Perinatal Substance Use (Concurrent projects) – *South Island*

COMMITTEE UPDATES

- Co-Chair Shana Ooms and SCC members expressed their thanks to outgoing Co-Chair Dr Ken Hughes, whose term as Co-Chair has come to an end.
- Dr Jiwei Li was announced as the newly appointed SCC Co-Chair, Doctors of BC.
- SCC welcomed Dr Reena Khurana as the Specialist Representative.
- David Hebb joins staff as Initiative Liaison, Vancouver Island.
- Congratulations were shared with Rachel Nolte-Laird and Katie Purych, both of whom are expecting in September.
- Katie Purych's Project Coordinator maternity cover has been filled by Hamid Shirzad.
- Rachel Nolte-Laird's Manager, Strategic Initiatives maternity cover will be filled imminently

PRESENTATIONS | DISCUSSIONS

Victoria Supportive Cardiology Project

- It had been identified that patients with advanced cardiac diseases are frequently referred for palliative care too late, often as a result of unclear trajectories which make patient projections challenging.
- Silos of care, poor communication and lack of information exchange between providers, and with patients, are large contributing factors to these challenges.
- The project aimed to improve support and quality of life for end-stage heart failure patients and their families/caregivers.
- Community capacity was built through CME events, and a provider toolkit was developed and is available on Pathways. Supportive documentation was also created for patients and their families.

FOCUS OF SHARED CARE COMMITTEE

Developing innovative approaches to improving collaboration between family and specialist physicians, and spreading success through Networks and other strategies.

- Feedback suggested linking with Health Link BC and the heart failure guidelines developed through the Guidelines and Protocols Advisory Committee (GPAC).

2021/22 Work Plan

- SCC approved reallocation of its 2021/22 budget to address key priorities, including improving Cultural Safety & Humility and Virtual Care at the individual community level.

RACE Ownership / eCASE Sustainability discussion

- The three individual RACE systems are to be amalgamated into one RACEApp+ to support consistent access in BC to all specialties.
- Usage of RACE continues to grow, with the app generally favoured over the phone line.
- A new app developer Queo was enlisted following a Telus takeover of the previous provider. Ownership discussions between developers are underway providing challenges in moving forward with the migration, which is expected in early September.
- It was agreed that temporary ownership will be transferred to Doctors of BC. A decision about long-term funding and ownership of RACE will come back to SCC for discussion.

eCASE

- In partnership with RACE, eCASE provides non-urgent e-consults via email. eCASE has been funded by SCC through development and implementation, and with top-up funds to MSP for providers. However a longer term funding source is required to help sustain the work.
- In early 2021 SCC recommended that a request for funding for eCASE be taken to the Tariff Committee, however there was no opportunity available for an additional fee code to be created.
- SCC agreed to continue funding in 2022/23 to support utilization growth, and requested that further evaluation be carried out with inclusion of the patient and family caregiver perspective.

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