

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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