

Meeting Summary

KEY HIGHLIGHTS OF SCC MEETING: MARCH 8, 2022

PARTNERING WITH SHARED CARE

The following are approved funding requests from family physicians, specialists and communities/ divisions of family practice (DoFP) for new and ongoing Shared Care projects:

Expression of Interest

- Child Wellness Supports Kootenay Boundary DoFP
- Chronic Fatigue Care Ridge Meadows DoFP
- Neurology Ridge Meadows DoFP

Proposals

- Frail Elderly Sunshine Coast
- Post-COVID-19 Recovery Clinic Thompson Region DoFP
- Steering Committee Surrey-North Delta DoFP

Additional Funding

- Gate Released Funds Cranbrook and Kimberley Maternity Spread Network and the BOOST Collaborative
- Emergency Preparedness Thompson Region DoFP
- Patient Summaries National and Provincial Consultation

PRESENTATIONS | UPDATES

Chronic Disease Community of Practice (CoP)

In March, about 50 participants joined a virtual session on the creation of a chronic disease CoP. They discussed opportunities to advance heart failure care in alignment with national and provincial priorities including enhanced family physician and specialist communication, integration with primary care networks, and expanded access to virtual care in rural and remote communities. Participants also received presentations from the Child and Youth Mental Health and Substance Use CoP and heard from patients about their experiences.

Shared Measures

As a consistent way to measure and report results on Shared Care projects, seven communities piloted an evaluation framework. Their feedback informed updates to tools, resources, and processes before Shared Care broadly implemented the framework. Starting January 2022, all new project proposals are encouraged to identify appropriate shared measures as an adjunct to its evaluation. To support project leads with this change, two webinars about process requirements and data management were recently held.

SCC Networks Assessment

To better align and coordinate its two types of networks– spread and CoPs, the committee heard findings from an assessment that reviewed its networks' visions, governance, memberships, communications systems, and evaluation. Preliminary observations found that Shared Care networks:

- Evolve through implementation phases on average for about four to five years.
- Share a common aim to improve patient care by spreading good work and knowledge.
- Facilitate activities such as quarterly gatherings and connections among project leads.

The committee also discussed the purpose of networks, a desired future state, a network strategy and structure, and an evaluation framework for network-level outcomes.

Measurement System for Physician Quality Improvement (MSPQI)

Highlights from the MSPQI status update include progress on:

- Testing requirements for data sharing and data set linking.
- Collaboration on a proof-of-concept subset of surgical measures; development of measures for primary care.
- Recommendations from specialist and specialized care and acute and emergency care groups for a set of measures and physician engagement activities.
- Definitions to build and test a proof-of-concept for the MSPQI technical solution.

Next steps include developing a health information governance model, testing sector and physician-oriented measures and reports for a surgical section, and supporting physician engagement for emergency care measures.

Indigenous Cultural Safety and Humility

In providing culturally appropriate care to Indigenous people and communities (First Nations, Métis, and Inuit), the committee discussed what is needed by doctors and how the SCC can provide leadership to physicians and at the systemlevel. This includes supporting physicians to be champions in their work and providing them with opportunities to learn and talk in this space. Also, support is required for relationship building and trust and the integration of engagement with Indigenous people.

FOCUS OF SHARED CARE COMMITTEE

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