SharedCare
Partners for Patients

Shared Care Meeting Summary

December, 2018

1. Approved funding

i) Comox EOI – Pregnancy Loss Model of Care

ii) Golden - Maternity Initiative

iii) Fraser North West Maternity Initiative

iv) Chilliwack Chronic Pain Initiative

iv) East Kootenay – A person-centred approach to transitions in end of life care

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2. Presentation: Victoria Cognitive Behaviour Therapy (CBT) Spread: Dr Wanda Crouse, Chrissy Tomori

- An overview of Victoria CBT spread work was provided, along with a patient story stressing the significant impact that the group CBT visits have made on her and her family well-being, and the feeling of not feeling alone with their life challenges living with depression.
- Interest in this group CBT model of care has been received from as far away as Ontario and Oslo Norway.
- Space for the group CBT patient visits has been a very expensive aspect of the program: Island Health Authority and the Victoria Division of Family Practice have been providing office space, equipment/computer server.
- Physician facilitators are currently providing 15% of the overhead component of their fee to support the physician training portion of the project which is not sustainable. Work is underway to determine how the work can align with Primary Care Networks and other Shared Care Committee funded networks.
- In terms of spread, a CBT Skills Society has been established to provide the work with a provincial home. Next steps include working with UBC Continuing Professional Development to determine if they could support the training aspects of this work.
- Shared Care Committee comments included:
  Family physicians need to be properly remunerated for taking part in CBT group visit training; this is especially important for spread as project funding was used to compensate doctors for their training time during the project phase of this work.

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3. **Presentation: Northern Shared Care Psychiatry Project: Dr. Catherine Textor – Family Practice Lead, Dr. Aarti Jani – Psychiatry Lead, Sharon Tower, Project Lead**

- An overview of the northern region highlighted challenges in providing care in the vast geography of the region; 3 health service delivery areas, five divisions, and one rural remote chapter serve the area which is largely rural and remote with 285,000 residents, comprising two thirds of the province.
- In January, 2015 it was identified at an Interdivisional meeting, that access to Mental Health and Substance Use (MH&SU) Services was a common problem, with no service model in place.
- The Divisions in partnership with Northern Health, with Prince George division taking the lead, agreed to partner to address the issue.
- Funding from Shared Care over the course of 18 months started with a consultation phase, with travel across the region to determine priorities.

- A Child and Youth Regional Management table, merged with the existing Child and Youth council. This table provides the place for the appropriate people to get together to oversee service plans (HA, MCFD, community providers, 5 psychiatrist, a rep from each division, 5 GPs and others). Together a service plan and process model was developed.
- An update was provided on regional outcomes and local highlights.
- The committee agreed that the work provided good examples of integration of specialized services and specialist physicians with primary care teams, as well as aligning well with First Nations initiatives.
- Lessons learned included the need for good CME, clear referral pathways, good triage, clear agreements re responsibilities, and expectations for primary care and specialised services.
- This work will continue with unspent funds to further develop the service model locally and regionally.