



GPSC LONG TERM CARE INITIATIVE

Draft TERMS OF REFERENCE

February 2021

BACKGROUND AND CONTEXT

GPSC recently completed a review on the GPSC Long Term Care Initiative. This initiative has now been operational for more than 5 years, and has been widely implemented across the province through the Divisions of Family Practice. The review highlighted accomplishments including improvements in best practice expectations and facility/provider working relationships, increased attachment, and increased accountability for physicians in delivering an agreed upon standard of care, along with a supportive community of practice in which to do so.

Several recommendations arose from this review, and next steps and implementation of these recommendations will require specific attention and guidance over the next several months.

MANDATE and SCOPE OF WORK

The purpose of the GPSC LTCI TG is to direct the implementation of recommendations found in the LTCI review on behalf of GPSC. This includes providing advice to staff, providing strategic guidance and seeking direction from GPSC as appropriate, and making recommendations about broader stakeholder engagement in the next phase of evolution of the LTCI.

The LTCI TG shall operate in alignment with the core mandate of the GPSC as specified in the following excerpt of the GPSC Terms of Reference:

- Enable family medicine to remain a desirable and attractive profession;
- Improve patient access to appropriate services;
- Enable Integration of care across the continuum of care (e.g., patient medical home);and
- Support general practitioners (GPs) to improve and maintain the longitudinal relationship in their practices and across care settings to optimize patient outcomes

TASK GROUP MEMBERSHIP

Chair: The LTCI task group shall be co-chaired by two GPSC member or senior staff representative one representing Ministry of Health and the other Doctors of BC members of the GPSC.

The GPSC will appoint core members to the GPSC LTCI Task Group.

Ad hoc or temporary members can be added to the core membership of this committee as needed to support the work or provide strategic guidance.

Support staff provided by the Ministry of Health and Doctors of BC may be regular attendees.

Primary task group contact: The main contact for the LTCI TG is Angie Chan, GPSC Senior Manager of Evaluation and Practice Incentives.



TERM: This task group will be in operation for one year, after which the ongoing needs will be assessed, and the purpose, deliverables and membership will be reviewed.

TASK GROUP DELIVERABLES

The following draft deliverables for this group are grouped in rough order of urgency and time lines. Some of these are primarily operational and can be largely carried out through staff with TG direction as needed where others will require further direction from the GSPC committee. Some of these may involve further stakeholder engagement. Regular updates are to be provided to GPSC.

1. Initiative funding and administration:

- I. Clarify process and details regarding the return of LTCI funding surpluses to GSPC as directed by the committee.
- II. Refine initiative funding parameters and distribution of funding and work at a physician and community level. This includes recommendations regarding the role and standardization of contracts/MOUs between participating physicians and divisions,
- III. guidelines about funding allocation for administration and on-call services, and the use of concentrated service models.
- IV. Adjust the funding formula with the goal of improving equity in how provincial funding is distributed to communities, particularly paying attention to the needs of small rural communities.

2. Service delivery:

- I. Refine the parameters around best practice expectations based on the service review feedback and bring back to committee for consideration. This may involve further stakeholder engagement.
- II. Outline considerations or recommendations regarding the appropriate role of virtual care in caring for this patient population, learning from the experiences and feedback during the COVID-19 pandemic
- III. Consider and advise how NPs and team based care providers can be better integrated into a model of care for this patient population.
- IV. For future consideration, recommend how this initiative could expand to support clients in assisted living facilities.

3. Quality Improvement and Measurement

- I. Recommend a process and support for ongoing quarterly QI reviews with participating communities including reporting back to GSPC.
- II. Provide feedback to GPSC regarding additional data that are needed or useful for informing ongoing refinement, evolution and assessment of this work. This includes financial data as well as ER data for instance.



- III. Advise GPSC on the potential utility and process for conducting a client/family survey to assess progress towards improving client experience.

4. Service integration

- I. Provide advice on how to integrate LTCI with other strategic initiatives underway in BC and specifically how to better incorporate this the broader PCN work.

Decision making

Decisions regarding GPSC recommendations and TG deliverables will be made by consensus with final decisions on all recommendations resting with the GPSC.

OPERATIONAL SUPPORT:

Operational support will be provided through the GPSC Evaluation and practice incentive portfolio

Minutes will be produced for all regular meetings, as well as extraordinary meetings when recommendations are made. Collaboration with other GPSC sub-committees and other stakeholders should be documented.

Member expenses: The cost of physician participation for physicians from Divisions and GPSC – other than employees of the parties – will be paid from funds to be allocated by the GPSC at the Doctors of BC JCC sessional rate. Other representatives (physicians and non-physicians) may be supported by their respective organizations or by the GPSC, as appropriate.

CONFIDENTIALITY

From time to time, task group members may possess information or documentation of a confidential nature. Such information will not be disclosed to any person(s) other than members of the working group and it's support staff without agreement of the TG and consultation of the GPSC.

CONFLICT OF INTEREST

Working group members shall disclose any matter which constitute a direct or indirect conflict of interest between personal and professional activities, and responsibility as a Working group member. Working group members must act in a manner that will prevent conflicts from arising.