

**Building Bridges,
Strengthening Care
BC Cancer & Primary Care
Strategy Session**

Report from October 19, 2018

**Prepared by Dr. Cathy Clelland,
Provincial Lead, BC Cancer Primary Care Program**

Background

Since 2003, the Family Practice Oncology Network (FPON) has provided oncology education, resources and connections to strengthen family physicians' abilities to care for people living with cancer in their communities. As part of its new five-year strategic plan, and in response to the ever increasing demand on the cancer care system, BC Cancer is expanding the mandate of FPON to become the Provincial Primary Care Program (PPCP). The goal of the new PPCP is to strengthen relationships with primary care providers across BC and ensure the lens of primary care informs its policy decisions and activities.

In 2017/18, the PPCP, in partnership with the University of British Columbia, Faculty of Medicine's Division of Continuing Professional Development (UBC CPD), conducted a province-wide Primary Care Needs Assessment. The goal of this needs assessment was to understand the current and ongoing unmet needs of family physicians (FPs) and other primary care providers as they care for cancer patients throughout the continuum of care; and to obtain guidance on mechanisms through which the PPCP can best engage FPs in ongoing, two-way communication to better meet their needs, and advocate on their behalf.

On October 19, 2018, the PPCP invited a focused group of representatives from the broader primary care community and from within BC Cancer to:

- review the results of the Primary Care Needs Assessment and their alignment with BC Cancer's 5-year strategic priorities;
- provide an update on the new provincial primary care landscape including strategic directions, policy papers and resulting initiatives at both BC Cancer and the Ministry of Health; and
- generate discussion of opportunities and strategies to guide BC Cancer and the PPCP in developing a plan to address the major themes identified.

This document summarizes the content presented and ensuing discussions at the session.

First, to understand the context in which the activities of BC Cancer and the PPCP need to be developed or expanded, a review was provided of the significant systemic changes currently underway in British Columbia's health care system.

Since 2014, the BC Ministry of Health (the Ministry) has published several policy papers and directives to advance a refreshed strategic direction. The initial paper published in 2014, "*Setting Priorities for the BC Health System*"¹, identified four major population and patient health needs including: Staying Healthy; Getting Better; Living with Illness or Disability; and Coping with End of Life. These are also embedded in the cross sector policy discussion papers, "*Primary and Community Care in BC: A Strategic Policy Framework (2015)*"² and "*An Integrated Cancer Control Program for British Columbia (2016)*"³.

The above four areas are also reflected in the "*Changing the Outcome. British Columbia's Cancer Plan 2018- 2023*"⁴: *Staying Healthy* (cancer prevention and screening), *Getting Better* (cancer treatment), *Living with Illness or Disability* (cancer survivorship), and *Coping with End of Life* (palliative care). Both the policy paper and the resulting cancer plan call for greater coordination and planning between key

provincial partners and BC’s regional health authorities to improve the patient experience throughout the cancer care continuum. These documents outline the foundation for the actions and strategies required to build a coordinated, person-centred provincial cancer system.

The Changing Health System Landscape

The first steps of provincial transformation to flow out of the 2015 paper are occurring in primary care with the implementation of the BC Patient Medical Home (PMH) model supported through the GP Services Committee. The BC PMH was adapted from the Canadian College of Family Physicians position paper released in 2011 “A Vision for Canada: Family Practice - The Patient’s Medical Home”.⁵ The goal of the PMH model is to support family practices to provide longitudinal care for their patients through working with expanded health care teams.

BC has expanded the 10 pillars of the PMH from the national paper to 12 to incorporate the BC-specific Divisions of Family Practice initiative (see Figure 1). At the center are the 5 “C’s” of core service attributes: Commitment to the Patient-Provider relationship; Point of first Contact for timely access; Comprehensive care; Continuity of care; and Coordination of care. The PMH is directly supported by the relational enablers of care: team-based care (both co-located and virtual); FP networks supporting practices; and PMH networks supporting communities. The foundational supports needed for the PMH are the structural enablers of care: IT enabled practice; Education, training and research; Evaluation and Quality Improvement; and Internal and external supports including policy and business models.

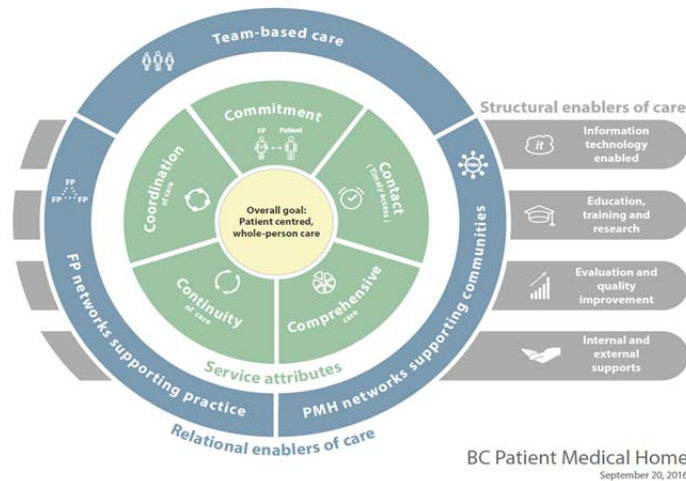


Figure 1. BC Patient Medical Home Model

Across BC, Divisions of Family Practice and health authority and community partners are working to establish Primary Care Networks (PCNs) – clinical networks of local primary care service providers located in a geographic area, with PMHs as the foundation for access to care. Through a PCN, family physicians in PMHs, other primary care providers, allied health care providers, health authority service providers, and community organizations will work together to provide comprehensive primary care services required by the population in that community. PCNs will also coordinate patients’ access to

Specialized Community Services Programs (SCSPs – see below), the Surgical Services Program (SSP), and the broader health system when indicated, with a goal to provide more integrated care.

The aim of SCSPs is to integrate and coordinate services that are currently fragmented such as cancer care, mental health and substance use care, and surgical services to meet the needs of a geographic community population. These programs will be linked to PCNs to provide effective and holistic care planning and comprehensive and coordinated service delivery wrapped around the needs of the individual patient.

The Ministry’s vision of the provincial health system transformation is to create a **quality, integrated** and **coordinated** delivery system that is **person-centred**, providing seamless care wrapped around the patient and their family. This system would effectively meet population and patient needs, and deliver a quality service experience for patients in terms of **access, appropriateness, acceptability, safety** and **efficiency**. Such a system would also be easy to understand for those who use it and those who work within it.

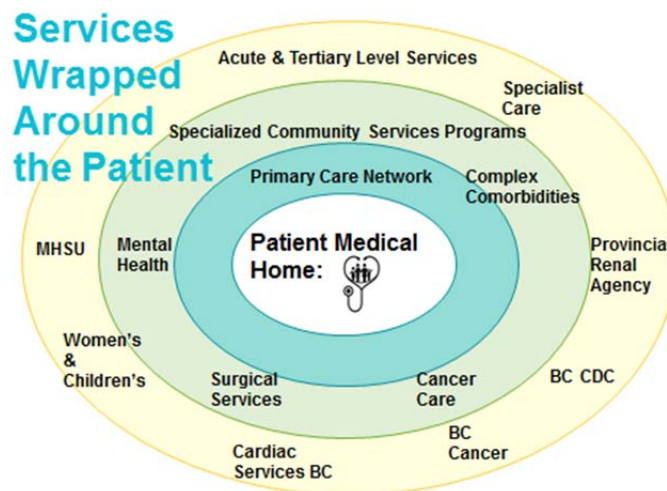


Figure 2. BC Health System Transformation

BC Cancer Strategic Direction

The mandate of BC Cancer is to provide oversight and direction across the entire continuum of cancer care in the province. The five-year cancer plan for BC acknowledges the important role of primary care providers as the first point of contact during cancer diagnosis, and their involvement through the provision of care and support for patients throughout active treatment and the post treatment journey. BC Cancer identifies “a strong need for system coordination, specifically around transitions between primary care, regional health authorities and more specialized cancer services, so that patients are able to easily navigate a complex system”. To achieve this, there is a need to partner with primary care to improve prevention and screening efforts and to support patients through all aspects of their cancer journey including end-of-life care and ongoing follow-up after treatment, particularly with the increasing

impact of often complex comorbidities. The BC Cancer 5 -year plan includes three strategic priority areas:

- (1) *Cancer System Governance*. BC CANCER will establish who is responsible and accountable for specific elements of the cancer system and improve cancer care by incorporating input from patients, families and the public and by strengthening relationships with our many partners across BC.
- (2) *Service Delivery Excellence*. BC CANCER will continue to develop innovative cancer prevention, screening, diagnostic and treatment strategies, and will improve the quality of care delivery with a more person-centred approach.
- (3) *Building Capacity*. BC CANCER will ensure that we have the right people to deliver care, that they have the education and support that they need, and that we have the facilities, equipment, programs and technology to provide the best care possible.

Highlights from the Primary Care Needs Assessment Report

After reviewing the changing provincial health system landscape and the proposed BC Cancer five-year plan strategic priorities, the methodology and recommendations from the Primary Care Needs Assessment were presented. The FPON Primary Care Needs Assessment consisted of three phases of engagement:

1. Key informant interviews were held with nine subject matter experts from across the continuum of cancer care.
2. This was followed by a comprehensive online survey disseminated to approximately 5000 FPs and other primary care providers across BC from which there were a total of 866 responses (757 complete; 109 partial).
3. After survey completion, focus groups were held with new to practice family physicians (9), rural family physicians (4), urban family physicians (9) and oncologists (7).

The three top priorities identified through the Needs Assessment process for the new Provincial Primary Care Program at BC Cancer are:

1. Advocacy;
2. Development of practice tools; and
3. Provision of education and training

Results reflected the lifelong relationships that FPs develop with their patients and the broad scope of family medicine practice. In particular, family physicians saw their role as being the main point of contact for their patients during their cancer journey as well as their main source of psychosocial support. They also saw the provision and organization of cancer screening and timely referral for treatment along with co-morbidity management and ongoing monitoring and surveillance after treatment as key primary care responsibilities. Consistently, family physicians want to remain involved in treatment decisions and informed of potential side-effects and necessary follow-up care during and after cancer treatment. They also value two-way communication with cancer care providers, and stress

that the more information they are given, the better they can support their patients in navigating the cancer care system successfully.

Recommendations from the Needs Assessment fell into four main categories: Relationship building; Communication practices; Information resources; and Educational programming. These recommendations are summarized in Appendix 1 and were used to inform discussions during the second part of the afternoon.

Pulling it all together

Participants at the October 19 BC Cancer & Primary Care Strategy Session were asked to provide the PPCP with their reflections on the information presented during the first half of the session. Specifically, they were asked to identify surprises and questions, and to note specific opportunities and/or challenges regarding the:

- **Vision** – BC Cancer Strategic Priorities
- **Opportunity** - Primary Care Transformation
- **Call to Action**- Engagement Feedback

Overall, feedback indicated support for BC Cancer’s vision and identified opportunities to improve the system through expanded connections and collaborations. Concern was voiced, however, that 5 years would not be sufficient given the changes occurring in community planned over a 10-year period. In identifying challenges, **relationships, two-way communication** and **education** were key topics of discussion. In addition, concerns were noted regarding capacity building including the current lack of capacity of both primary care providers and BC Cancer physicians.

“The overreaching vision is good, but in order for all this to work really well, much more emphasis and recognition of the importance of relationships and also education as an underpinning to all of this”.

“Number of unattached patients – is a concern. When BC Cancer is unable to discharge patients to community health care providers there is a decreased capacity at BC Cancer to take additional patients. Need to work closely with Division of FP – re: GP Initiative, attachment clinics.”

In response to the call to action, comments identified the opportunity to join the current transformation within the healthcare system and align with the PCN efforts to embed and support primary care cancer management into family physician and PMH workflow. Learning from other activities in the province and developing a clear plan that moves beyond the theoretic will be important to get buy-in from all partners.

“There is so much to learn from how the rural setting operates in this regard that could be beneficially applied to the more urbanized areas.”

“Transitions are chaotic. If we plan to move beyond lip service and towards shifts in practice that support more accessible, efficient, effective care then our engagement strategy has to change from

teaching people about cancer care in the community towards empowering primary care docs to both navigate and (influence) the proposed system.”

Service delivery excellence as a strategic priority garnered the most feedback from participants. There was concern around navigation of a system of both care and information that currently operates in silos. Consideration of the use of IT and modern communication tools to support virtual care and virtual networks, as well as navigation/care coordinators to reduce barriers to care were encouraged as was improvement of BC Cancer’s website.

BC Cancer and the PPCP were also asked to identify opportunities for involving oncology and primary care to develop improved shared care as well as to undertake Quality Improvement projects such as the transitions in care work ongoing in other areas of healthcare. While family physician funding models are not under the control of BC Cancer, it was felt that the PPCP should have discussions with the General Practice Services Committee (GPSC) around the role of Multi-Disciplinary Care (MDC) team role and scope of practice with respect to who and how cancer patients are managed in community as the PCNs are rolled out. Some participants were surprised at the feedback, but there was recognition that the concerns raised in the Needs Assessment Report regarding access to oncology may have been more around immediate needs for advice. Questions around the role of education at all levels of training and practice across the system were also raised and well summarized in one participant’s feedback:

“(There is) only one Academic department of FP in BC. Where does the UBC DFP (design for people) fit in this plan? Where is Undergrad (UG) and Postgrad (PG) education with this? How can UG + PG curriculum support BC Cancer in achieving strategic priorities? Heavy focus on CPD but is an education continuum + needs to off load a little from CPD to Undergraduate + Postgraduate. Integration to UG + PG will also support sustainability.”

Participants identified a need to increase investment in supporting improved resources both at BC Cancer and within the primary care system to address the challenges raised. Specific recommendations on service delivery excellence were made for the consideration of BC Cancer and the PPCP:

1. *Education + Tools to increase Capacity* - Guidelines via Tumour Groups + Primary Care.
2. *Communication Pathways to support Patients + Providers* (RACE/ Web/Regional Centre Contacts, New Platforms).
3. *Discharge and transitions of care support* (Information to support follow-up. Develop provincial standards).
4. *Assessment via Provincial Programs* (How do we better engage FP + Patients in creating solutions and working with Regional Health Authorities)

Following the formal information sharing presentation phase of the afternoon, participants divided into three groups for a strategic priority exercise around the alignment of the recommendations from the Needs Assessment Report with the three strategic priorities of the BC Cancer five-year plan. Key themes and feedback from each of these groups can be found in Appendix 2 and are summarized below:

1. Governance
 - Stakeholders & Organizations to engage
 - Partnerships to strengthen
 - Role of the PPCP
 - Advisory group role and composition
2. Service Delivery Excellence
 - Relationship building benefits and approaches
 - Communication practice improvements
 - Information resources to support needs
 - Education programming recommendations
3. Capacity Building
 - Communication is key
 - Navigation improvements
 - Shifting the flow of information
 - Need to be respectful of current capacity issues and perceived implications

Finally, at the conclusion of the session, participants were asked to submit two key take-aways from the work of the afternoon. In reviewing these comments, a common theme around the governance priority included a hope that this session will be the start to the work needed to increase collaborative care as well as a reminder of the need to identify levers that might be in existence for the PPCP to influence and implement system change.

Much of the service delivery excellence take-away focused on stronger supports for individual patient care and reflected the need for better access to “wisdom” rather than information as well as the need for direct contact and interaction between providers. It was pointed out that there is an *“opportunity to leverage the expertise at BC Cancer to improve transitions in care and patient care overall”* to better support primary care (providers) in cancer care at the individual patient level. Similar to the 2017/18 Needs Assessment Report, prevention and screening as well as care plans for primary care, and access to additional support in rural and remote areas were identified as key pieces.

A summary of these takeaways aligned with BC Cancer Strategic Priorities and additional feedback can be found in Appendix 3.

Evaluation

Recommendations were expressed around the need for BC Cancer to develop a shared evaluation strategy with key partners to measure key attributes such as coordination of care, and access to care. In particular, it was suggested that BC Cancer develop a new logic model for the PPCP (FPON). There will be a need to develop receptive capacity to use feedback for change in all priority areas with a clear means to evaluate impact and outcomes. The recommendations

were to include identification and feedback from vulnerable and underserved groups to ensure that this voice is not lost in any system changes. It is often these populations who have the least optimal cancer outcomes, and would likely benefit the most from improvements that have been advocated for both in the 2017/18 needs assessment as well as the October 19 strategy session. (Note: BC Cancer has a Patient (and Family) Engagement and Experience Committee and the recommendations around evaluation will be shared with that group for discussion.)

Summary

In reviewing all input from the session, recommendations emerged around governance and the development of a strategic advisory council to guide the work of both the Provincial Primary Care Program as well as BC Cancer as a provincial leadership vehicle. There was recognition that collaboration is needed across the spectrum, starting with the UBC Faculty of Medicine undergraduate and residency programs to support of the Department of Family Practice through to practicing physicians at many levels. BC Cancer and the PPCP need to leverage the current health system changes already underway.

In summary, to support the three strategic priorities of the 5-year cancer plan, BC Cancer, including the PPCP, should collaborate with partners both within and outside the cancer care system to develop strategies to address the issues identified through the Primary Care Needs Assessment. Additionally, relationships with the Divisions of Family Practice through their existing infrastructure of the Regional Inter-divisional Strategic Councils should continue to be nurtured providing opportunities for further consultation and collaboration. Opportunities have also been identified to collaborate with other external parties such as the GPSC, Shared Care Committee, UBC CPD, and specialists such as surgeons and others. Opportunities are evolving to support work being undertaken in health system redesign through Patient Medical Homes, Primary Care Networks and Specialized Community Services Programs. These valuable partnerships will serve to create improvements both regionally, and provincially. The transition of care at the end of cancer treatment impacts a wide range of healthcare providers and stakeholders, all of whom should be involved in planning and implementing process improvements that could have a lasting impact on the healthcare system.

Next Steps

This report along with the 2017/18 needs assessment report will first be shared with all participants in the October 19 strategic session, and within BC Cancer and its various provincial and regional programs. It will then be shared with external stakeholders including the Ministry of Health, the GP Services Committee, the Shared Care Committee and the Specialist Services Committee.

Based on the 2017/18 province-wide primary care oncology needs assessment, the October 19th strategy session and PPCP BC Cancer visioning to date, the Provincial Primary Care Program will work with BC Cancer to:

- Put in place an advisory council and governance structure that reflects the changing provincial health care landscape to bring the lens of these partners to the work of both the primary care program and BC Cancer;
- Further prioritize the “asks” identified through both the 2017/18 needs assessment and the October 19 strategy session around service delivery excellence and capacity building in order to develop a plan to address these through the appropriate avenues within BC Cancer and in partnership with system and community partners including patients and families; and
- Identify the top three priorities with potential for quick wins in impacting service delivery excellence, as well as the most relevant BC Cancer internal lead(s) to guide the response to these priorities. This will include assembling of relevant partners and stakeholders, identifying the resources and capabilities to respond to each priority and guiding work towards solutions, implementation and evaluation.

The Provincial Primary Care Program will work with BC Cancer toward developing a plan to support the exciting, but complex work that will be needed over the next five years or more, to improve the cancer patient journey for both patients and providers. The goal of supporting a more sustainable healthcare system with improved outcomes will require a diligent collaborative approach across multiple organizations and providers. The PPCP commits to working with our partners to continue to build bridges and strengthen care within the BC healthcare system.

Appendix 1: Primary Care Needs Assessment Recommendations

➤ RELATIONSHIP BUILDING

- Use **Quality Improvement projects** as a key method **for relationship building** among family physicians, specialists, nurses, and allied health professionals.
- Further **develop shared care** and inter-professional team approaches, including family physicians in inter-professional teams, even if virtually or asynchronously. Have **one point of contact** for patients and for primary care providers, with that contact reaching out to other resources as needed.
- Use **existing methodologies, procedures, and technologies adapted from other specialist-FP shared care work**. Connecting BC Cancer to the community EMR system and normalize use for team communications.
- **Partner** with key stakeholders and organizations to **ensure alignment of priorities** and to maximize communication channels. In particular, involve the Divisions of Family Practice, the BC College of Family Physicians, Doctors of BC and UBC CPD in the expansion of the Provincial Primary Care Program.

➤ COMMUNICATION PRACTICES

- **Reduce the number of steps** to get to advice or information by identifying the most accessible and effective communication types. Develop strategies to ensure clear and **accurate contact information** is included, limiting duplications.
- Modify the discharge letter to address feedback regarding its limitations and create a **template to ensure consistency in information provided** to primary care.
- Focus on two types of communication accessibility to individual FPs :
 - ❖ **Urgent:** real-time consults such as secure text messaging, direct phone.
 - ❖ **Non-urgent:** asynchronous such as email or EMR.
- BC Cancer should prioritize **communication to the FP community as a whole**. Example of hosting a monthly poll on the BC Cancer website, to do straw votes on topics for information resources and education programs. Ask questions such as:
 - ❖ What are the most common questions you get from patients that you are not certain how to answer?
 - ❖ What are your top three CME needs this year?
 - ❖ What is the best resource you have found in the past month?
- Use existing and preferred communication channels to **increase awareness** of FPON/Provincial Primary Care Program programs (email, websites, and Divisions of Family Practice meetings).

➤ INFORMATION RESOURCES

- Continue developing tumour-group **guidelines** and updating existing guidelines and set a timeline pattern for development as well as review/revision process.
- Create **resources** for commonly requested areas of knowledge, such as: how ER treatment protocols are adjusted or different for cancer patients; treatment options explanation for

physicians to use with patients; tips for differentiating side effects from symptoms; and, overview of how to treat cancer patients with common illnesses or comorbidities.

- **Expand existing information tools** to include cancer care, including adding oncologists to **Pathways** and to the **RACE line**.
- Bring the BC Cancer **website up to a standard** ensuring that family physicians and cancer patients will not need to look beyond it for information.
- Explore ways to push updates to existing guidelines and other information resources to family physicians. Use existing technologies and communication channels.

➤ **EDUCATIONAL PROGRAMMING**

- Create **new programming** to meet the highest **identified needs** along the cancer care continuum, particularly at transition points.
- **Coordinate** release of new guidelines and other information resources with more in-depth education opportunities such as: webinars for review and discussion; 5-10 minute presentation for division meetings.
- **Transition** existing and future in-person workshops to self-paced online modules after two years. To retain some of the facilitator-led and peer-to-peer aspects of workshop learning, the follow-up component could be done as a webinar, with the option to attend live for questions and discussion or view later as a recording.

Appendix 2: Summary of Small Group Strategic Priority review of Needs Assessment Report alignment with the 3 BC Cancer strategic priorities

Group #1: Governance	
Stakeholders & Organizations:	<ul style="list-style-type: none"> • Need to better leverage data to understand opportunity • PT voice • Need to engage 5 Inter-Division Strategic Councils • Leverage BC Cancer priorities and resources as well as Ministry Policy Instruments
Partnerships to Strengthen	<ul style="list-style-type: none"> • Partnership with RHA + Regional Centres/ FNHA • With Primary Care – Interdivisional – division of Primary Care – Primary Care in RHA • GPSC • Academic Centres + Schools of Nursing and Allied • College/ Associations • Public/ Patients/Families • UBCM • Other Provinces
Role of PPCP	<ul style="list-style-type: none"> • Fulcrum & Focus <ul style="list-style-type: none"> ➤ Need to draw people/groups in – Become an attractor – Draw in ➤ Need to play a role to guide the BC Cancer system in the provision of care ➤ Develop a strategy to engage the Primary Care System, leaders and resources to support/guide/lead • Relational Enablers • Pull from + Push to
Advisory Group	<ul style="list-style-type: none"> • Network • Input from BC Cancer/ System and Primary Care • Points – need to drive vision & implement change

Group #2: Service Delivery Excellence	
Relationship Building	<ul style="list-style-type: none"> • Improve communication + use existing technology
Communication Practices	<ul style="list-style-type: none"> • RACE + Pathways – already used by Family Practice • Effective, accessible and timely • Need to access advice for patients not yet referred to BC Cancer
Information Resources	<ul style="list-style-type: none"> • Pathways – upload guidelines • Medical Office Assistant can use Pathways • Resources for physician contact • Bulletins • Information in 1 place • Referral requests, requirements and process • Discharge letters as communication tools
Education Programing	<ul style="list-style-type: none"> • Market Education
Group # 3: Capacity Building	
Communication	<ul style="list-style-type: none"> • Change the way we communicate to focus and get the most critical issues in front of people • Adapt to communication models to minimize steps needed
Navigation	<ul style="list-style-type: none"> • Improve navigation within BC Cancer (website and other) to access resources
Shift the flow of information	<ul style="list-style-type: none"> • What would GP's do? Vs. What would Specialists do? • What education would expand my delivery of care? By GPS's for GP's • Reframe competencies required "But I don't do cancer care"
Be respectful	<ul style="list-style-type: none"> • Capacity Building is not/ can't be code for "GP's should do more work" it should be about reducing transaction costs.
Integration	<ul style="list-style-type: none"> • Build upon and integrate with current system changes underway • Integrate across the continuum of education to improve awareness and reduce duplication of effort

Appendix 3: Top two takeaways identified

Governance

BC Cancer Primary Care “System to System” Connection

- Need to have the right linkages between BCC and Primary Care to bring these partners into the “tent” to participate and inform change. By learning from FP’s and involve FP’s in finding solutions BC Cancer and Primary Care can benefit from bi-lateral knowledge and wisdom sharing
- Although this was not included in this process, there is a need to also bring the patients view to the table
- The concept of the “Partnership Pentagon” adopted by the WHO to bring the lens of participants rather than “representation” supports the use of appreciative inquiry to advance change

Role of PPCP

- Keep strength of FPON and history, leveraging successes while moving to new phase of broader primary care representation within BC Cancer.
- The PPCP can function as a fulcrum and a focus to assist with better cancer care and contributing to system change. “Catalysts don’t get used up- facilitating change small amounts of energy in the right direction

Taking Action- Ways to Move Forward

- Change is already happening in primary care and the potential of the PPCP fits nicely into the PMH PCN work. Active engagement of and communication with Divisions of Family Practice is key to success.

Service Delivery Excellence

Stronger Supports for Individual Patient Care

- Better access to wisdom versus information- through meaningful communication both directly (FP-Specialist) and indirectly (guidelines and point of care and other tools)
- BC Cancer needs to better support primary care docs in cancer care at the individual patient level. In particular there is an opportunity to leverage the expertise at BCC to improve transitions in care and patient care overall

Taking Action- Ways to Move Forward

- Engage, listen and learn from FP’s to inform change within BC Cancer and develop solutions that are effective and efficient
- Prevention and screening, care plans for family docs, access to help in rural and remote areas are key to improved patient care. Adapt and use the tools/ideas that already exist and are working
- Find out about RACE/Pathways so BC Cancer can leverage these initiatives to improve cancer care.
- Engage patients to determine their needs and goals for system change

Questions and Challenges

- Wary that capacity building will result in giving GP's more work without system supports to effectively enable this within their practices eg. right now screening programs and BCC send follow-up surveys for FP to fill out which is not directly related to patient care but adds to the paperwork time demands
- How does supportive care figure into this work?
- So much change proposed what does ideal care look like in practice? Why not start from a vision of ideal state?

Capacity Building

- Key role of education from undergrad to residency and ongoing CPD
- BC Cancer's need to hear the experiences of FP's and how best to enrich their learning
- Transition to 21st century tools to educate e.g. podcasts
- Capacity building is key

Avenues for Change

- Change is already happening in primary care and this fits nicely into the PMH PCN work but engaging Divisions is key
- Opportunity to work with the primary care system during system transformation
- FPON- how FP's can be aware
- Two-way knowledge/ wisdom sharing "BCC to PC" and "PC to BCC"

General Comments

- Positive discourse appreciated
- We have a ton of work ahead of us

References

1. *“Setting Priorities for the BC Health System”*:
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2. *“Primary and Community Care in BC: A Strategic Policy Framework (2015)”*:
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