



## **GREY BRUCE PRIMARY CARE NETWORK – Strategic Vision**

### **Vision Statement**

An inclusive network of primary care providers united by a shared voice to improve the health and well-being of our community.

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### **Mission**

We envision a healthier community where primary care is at the forefront of care delivery. Our network strives to create an equitable and seamless continuum of care that:

- Actively improves population health
- Meets unique needs of individuals
- Reduces inequity and addresses disparity in health outcomes for all

Empowering and connecting primary care providers through integration, collaboration, and innovation, our mission is to ensure healthcare that is equitable, accessible, and sustainable for every individual in our community.

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### **Values**

Accountability   Respect   Inclusivity   Equity   Compassion   Collaboration

### **Strategic Priorities**

1. Connect Grey Bruce Primary Care Providers (PCPs) in a way that enables them to serve as a unified voice for primary care at local health system decision making tables
2. Connect to Teams and Partners to improve the integration and coordination of care
3. Lead local health system delivery and planning that reflects the unique needs and disparities in our region

## **GREY BRUCE PRIMARY CARE NETWORK TERMS OF REFERENCE**

### **Grey Bruce Primary Care Network (PCN)**

#### **1. Purpose of the PCN**

The Primary Care Network (PCN) is established to connect, integrate, and support primary care providers (PCPs) within Grey Bruce. The network aims to enhance the delivery and coordination of patient care across the region. Additionally, the PCN will elect representatives to serve on the Primary Care Network Leadership Council.

#### **2. Functions of the PCN**

1. *Connect Grey Bruce Primary Care Providers (PCPs) to serve as a unified voice for primary patient care in local health system decision making.*
  - Identify gaps and opportunities in local primary care delivery, and work to address these challenges
  - Engage local Primary Care Providers in PCN activities through outreach and communication efforts
  - Provide “value add” opportunities for decreasing administrative burden for local primary care providers
  - Support primary care workforce wellness, sustainability and succession planning, including health human resource retention and recruitment within Grey Bruce.
  - Create opportunities for PCPs to learn from each other, share knowledge and deliver care that is evidence based
2. *Connect to Teams and Partners to improve integrated care*
  - Improve PCP’s access to and collaboration with community partners
  - Drive care navigation in primary care, making it easier for PCPs to provide seamless and integrated care to patients
  - Support clinical change management and population health management approaches to improve care quality and population health outcomes
  - Facilitate access to clinical and digital resources, enhancing primary care capabilities to deliver evidence-based care
  - Increase access to and integration of digital platforms and technologies within primary care practices, regardless of funding model (FFS, FHO, FHT, CHC)
  - Develop integrated care delivery pathways aimed at improving system efficiency

- Adopt innovative enablers to reduce administrative burdens, improve patient care, and enhance both the patient and provider experience of care delivery

### *3. Lead local health system delivery and planning*

- Act on behalf of Grey Bruce primary care practices for the advancement and integration of primary care in the local health system and lead health system transformation
- Secure funding to ensure representation and engagement of primary care providers

## **3. Term of the PCN**

The PCN will become an entity upon the approval of the Terms of Reference (TOR) and continue indefinitely unless dissolved by unanimous resolution.

## **4. Membership**

PCPs providing care to the attributed population of Grey Bruce. Membership will be based on an “opt-out” model whereas Grey Bruce Primary Care Providers will be considered PCN members unless otherwise indicated to the PCN Leadership Council. PCPs must be considered members of the GBPCN in order to take advantage of GBPCN “value-add” opportunities. Members will be eligible to submit for remuneration for subcommittee work as per the GBOHT PCP Remuneration Policy. Initial membership will include local Primary Care Providers (physicians and nurse practitioners providing care within the publicly funded system). As the PCN matures, membership may grow to include allied health professionals and administrators. PCN leadership opportunities will remain limited to local primary care providers.

## **5. Group Activities and Operations**

The PCPs agree that the activities and business of the PCN will be conducted collaboratively, with input from all relevant members. The network will prioritize transparency and inclusivity in decision-making, with a focus on improving patient outcomes and supporting primary care professionals in the community.

## **6. PCN Meetings**

The Primary Care Network (PCN) will meet at least quarterly. Meetings can be held either virtually or in person. Notice of meetings will be provided by the PCNL Chair/Co-Chairs at least 15 days prior to the scheduled meeting, and will include an agenda outlining the topics to be discussed.

Review of TOR and Strategic Priorities will be annual.

## **7. Primary Care Network Board of Directors (PCNB)**

### *7.1 Purpose*

The PCNB serves as the leadership body for the PCN. It is responsible for providing parameters within which the PCN operates and represents the voice of the PCN within the broader health system.

### *7.2 Board Membership*

The membership of the PCNB consists of primary care providers who are from the Primary Care Network. Efforts will be made to encourage active participation and ensure diverse representation across various domains, including various primary care payment models, geographic regions within Grey Bruce, high-priority communities, and focused practices. Intentional recruitment strategies will be employed to achieve the desired balance in representation. Distinguishing and focussed efforts will be made to expand involvement and support active participation. There will be a minimum membership of 5 voting members. Chair and Vice Chair will be decided through an internal vote. Chair of PCNB will sit as the Co-Chair of the GBOHT.

**Composition of the PCNB will include 7 voting members, with a minimum of 5:**

- Chair
- Vice chair
- Past chair
- 4 Board Members
- Clinical Lead from the GBOHT as a non-voting member
- GBOHT Executive Director as non-voting member

### *7.3 Terms of Members*

PCNB members shall serve for a two-year term in a position with the option to renew for one additional term, if desired, and with approval of the Chair/Co-Chairs, based on performance.

Roles will be staggered (Chair, Vice Chair, Past Chair) to ensure legacy experience is retained within the PCN Leadership. Members at large will be encouraged to take on Vice Chair role as terms expire.

Decisions about termination of a PCN/PCNLC member or change of the governance model require 2/3 majority

### *7.4 PCNB Voting*

Decision making will abide by general rules of board conduct. Any other decision of the Council shall be decided by consensus or vote as Board may determine.

#### *7.5 PCNB Meetings*

*7.5.1 Meeting Frequency* The council will meet at least 10 times per year for 60 – 90 minutes with some work efforts taking place in between meetings. The Board shall meet at the call of the Chair/Co-chairs, or at the request of any two (2) council members within 2 weeks notice or unanimous consent

*7.5.2 Minutes* Action items and decisions of the Board will be recorded and shared with the Board after the meeting in a timely manner. Reviewed by the chair before sent to the board.

*7.5.3 Quorum* A quorum for all meetings of the Board shall be a majority of the voting members of Board (more than half).

*7.5.4 Notice* Notice of all meetings of the Council shall be given to all council members in a timely manner.

*7.5.5 Meeting Format* Meetings will take place in-person or virtually and will facilitate every council member in participating in the meeting to communicate with each other simultaneously and instantaneously.

*7.6 Stipends and Honoraria* Eligible PCAB members and the Chair/Co-Chairs may receive stipends and/or honoraria in recognition of time spent on applicable and approved activities in alignment with the GBOHT Primary Care Renumeration Policy.

*7.7 PCNB Members will represent the PCN at the GBOHT Leadership Table in accordance with the GBOHT CDMA.*

*7.8* These Terms of Reference (ToR) will be reviewed/changed at the discretion of the PCN Board during their terms, not withstanding a complete review by membership at the completion of Board terms (every 2 years).