A first-of-its-kind Canadian partnership for a stronger health care system

In BC, doctors have a unique opportunity to get involved with system transformation through the Joint Collaborative Committees (JCCs)—a first-of-its-kind partnership in Canada between Doctors of BC and the BC government. The JCCs bring together doctors, government, health authorities, patients and families, health professions, and other stakeholders to improve access to care by centring it on patients and families, building physician capacity, and coordinating system services. Through their Physician Master Agreement, Doctors of BC and the BC government allocate funding to four committees that each have a distinct focus and mandate:

- Joint Standing Committee on Rural Issues: Enhances physician services in rural and remote areas.
- General Practice Services Committee: Strengthens primary and community care.
- Shared Care Committee: Improves collaboration between family doctors and specialist doctors.
- Specialist Services Committee: Engages specialist doctors to collaborate, lead quality improvement, and deliver quality services.

Work of the JCCs is grounded in the Institute for Healthcare Improvement's (IHI) principles of quality improvement and framed by the IHI's Triple Aim.[1] JCC funding and support enables divisions of family practice, medical staff associations, and the Rural Coordination Centre of BC (RCCbc) to take a grassroots approach to enhance patient care and improve professional satisfaction for doctors. Through the JCCs, doctors engage and lead in taking a quality improvement approach to co-create solutions and strengthen relationships.

This article is the opinion of the Joint Collaborative Committees (JCCs) and has not been peer reviewed by the BCMJ *Editorial Board.*

Enhancing surgical and obstetrical care

In rural BC communities where surgical care is provided by family physicians with enhanced surgical skills or solo general surgeons, the Rural Surgical and Obstetrical Networks (RSONs) Initiative stabilizes, supports, and enhances the delivery of surgical and obstetrical care to local populations. The initiative is based on a five-pillar framework: scope and volume, remote presence technology, clinical coaching, continuous quality improvement, and evaluation. RSONs build on local, regional, and provincial relationships to enhance the care provided by and between teams. Teams include members of interdisciplinary OR and maternity teams supported by a local community coordinator and with support from RCCbc. These networks are supported in Creston, Fernie, Golden, Hazelton, Port Alberni, Revelstoke, Smithers, and Vanderhoof, and are in development in Powell River and Sechelt. Read more at https://enews.rccbc.ca/tag/rson.

Establishing team-based care networks

Physicians in divisions of family practice are working with health authority and community partners to establish primary care networks (PCNs) through 39 regional collaborative partnerships. A PCN is a team of health care providers made up of doctors and other health care professionals who work together to provide primary care to patients in a geographical area. The foundation of the PCN is the patient medical home, a community practice where patients get the majority of their care with an emphasis on longitudinal relational continuity and a team-based approach to care. While the focus is on primary care, specialists have an important role within PCNs. They are involved in PCN planning and in conversations at the provincial, regional, and community levels. Forty-three PCNs have started implementation as of spring 2021. Read more at https://gpscbc.ca/what-we-do/system-change/primary-care-networks.

Coordinating surgical optimization

Doctors are working with health authorities and facilities to improve assessment and management of patients in need of surgery. The Surgical Patient Optimization Collaborative (SPOC) addresses the need for a coordinated approach to optimize or prehabilitate patients for surgery. Prehabilitation can reduce adverse events during a surgery, improve outcomes and recovery for patients, and increase patient and caregiver satisfaction.

Since May 2019, SPOC has worked on developing a sustainable process that enables patients to optimize different components of their health (e.g., diet, smoking, anemia, physical activity) in preparation for an elective procedure. To date, the collaborative has formed multidisciplinary surgical prehabilitation teams in 15 hospitals, created a resource guide for caregivers to help implement prehabilitation practices, and improved communication between family doctors, surgeons, and patients. SPOC is scheduled to complete in May 2021. It is anticipated that the prehabilitation processes initiated by the collaborative will be integrated into routine surgical practices in BC. Read more at https://sscbc.ca/programs-and-initiatives/transform-care-delivery/surgical-patient-optimization-collaborative-spoc-0.

Spreading and accelerating health care improvements

Spread Networks engage family and specialist physicians, communities/divisions, and partners

Continued on page 178

benzodiazepines are adulterants in an illicit opioid overdose, patient sedation may be enhanced and patients' response to naloxone may be incomplete. However, responders should still administer naloxone, as it will reverse opioid-related toxicity. Naloxone should be titrated to effect, and opioid withdrawal precipitated by naloxone should be avoided. At the BC Drug and Poison Centre, we recommend the following naloxone regimen if there is clinical suspicion of opioid overdose: 0.04 to 0.1 mg initially, followed by subsequent doses (q2–3 min): 0.4 mg, 0.4 mg, 2.0 mg, 4.0 mg, then 10 mg.[6] If ongoing sedation persists due to prolonged effects of concurrent benzodiazepines, patients should be monitored until they are safely ventilating and their level of consciousness returns.

Please contact the BC Drug and Poison Information Centre in all suspected cases. We are pleased to work with you in the management of these complex cases. ■

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Continued from page 176

to collectively improve coordination of care for priority populations locally and provincially. A maternity network was the first to be created in 2017 to improve interprofessional collaboration and delivery of maternity care in BC. The network has since grown to involve 25 communities/divisions, and is transitioning to a community of practice. Other Spread Networks cover adult mental health and substance use, chronic pain, coordination of care for older adults, and palliative care. Read more at https://sharedcarebc.ca/our-work/spread-networks.

Learn more at www.CollaborateOnHealthBC.ca. ■

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