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GPSC Information Sharing Task Group

To support the Province's [Primary Care Strategy](#), the Ministry of Health and our partners, through the [General Practice Services Committee](#) (GPSC), are taking steps to make sure people have faster and better access to the day-to-day health care services they need by investing in team-based primary care. This includes using team-based care to bring doctors, nurse practitioners and other health care professionals together to deliver comprehensive care through [Primary Care Networks](#) (PCNs), to help ensure patients have better access to comprehensive primary care and attachment to primary care providers.

PCNs are networks of care made up of teams of health care providers. The networks include existing providers and clinics, health authority services and community service organizations within a geographical location. The goal is to provide a full suite of primary care services that meet the needs of patients within that community.

To that effect, PCNs are transforming the way patient information is shared between care providers, across the network, to more effectively deliver comprehensive care. In response, GPSC established the time-limited Information Sharing Task Group to address this challenge.

The task group will establish the framework that enables safe and secure information sharing within PCNs as it is crucial to understand if the changes we are making in the primary care system are creating positive outcomes for patients, providers and the health system. This framework is important for both the direct delivery of services to patients and for learning, quality improvement and evaluation. This work will support PCNs to effectively and efficiently share information between providers, including the development of an Information Sharing Agreement (ISA) that enables team-based care and information sharing, while simultaneously protecting privacy.

The task group represents GPSC and PCN partners including community physicians, nurse practitioners, nurses, allied health providers, Divisions of Family Practice, Doctors of BC, Ministry of Health, regional health authorities and the First Nations Health Authority. The group also works closely with the GPSC Team Based Care Working Group.



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PCNs in B.C. are impacted by two different privacy legislations: Private practices are governed by B.C.'s [Personal Information Protection Act](#) (PIPA), and health authority staff and public bodies are governed by B.C.'s [Freedom of Information and Protection of Privacy Act](#) (FIPPA). Differences between PIPA and FIPPA require an ISA to help all the parties involved in the PCN share and access the information they need to deliver care, enhance and evaluate care delivery models, and report on the services provided by the PCN.

A major piece of the work developing an ISA is engaging with stakeholders and PCN partners to gain feedback and create opportunities for dialogue around information sharing. [Read more](#) on the task group.

Team Charting Principles

Most recently, the task group developed comprehensive team charting principles (below) and recommendations that will guide where team members should chart, with consideration of best practices for the team and the patient's best interests.

Principles for Team Charting within Primary Care Networks

1. **Chart once:** Whenever possible, care team members should only chart in one system.
2. **Chart in the Patient Medical Home (PMH) EMR:** Care team members should chart in the PMH EMR of the primary care practice in which they are working either directly, or indirectly via integrated chart notes*.
3. **Patient-centric:** The primary care practice manages the most complete longitudinal patient record in the community.
4. **Information accessibility:** Information will be made accessible to care team members (and organizations) when needed for patient care. Information for other required purposes will be made accessible under mutually agreeable governance, privacy and security provisions.
5. **Brief and Actionable:** Care team members consider brevity in charting actions and encounter summaries.
6. **Maintain Data Standards:** Charting should be optimized for team performance, patient safety, clinical decision support and reporting and should meet minimum charting requirements of the PMH in which they are working.

* Integrated chart notes are bidirectional, shared, read-only chart notes which integrate directly across systems.

These approved principles offer guidance to local PCN partners and practices on where team members will chart within the PCN.

Partners will be looking at current patient records systems and changes and supports that will be needed to accommodate these principles.

The GPSC Information Sharing Task Group Team Charting Principles, including a detailed description of the context and rationale for each principle is available on the PCN Toolkit website.

The Information Sharing Task Group is engaging with PCNs and partners across the province to elicit feedback and raise awareness about their work. You can view their informational webinar online at the [Doctors of BC](#).

For additional information on the GPSC Information Sharing Task Group, visit the [PCN Toolkit](#).



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