

## BC SUPPORT Unit Advisory Council

### Minutes

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November 30, 2020 at 9:00am – 10:30am

**Attendees:** Lynn Stevenson (chair), Ellen Chesney, Bev Holmes, Stephanie Irlbacher-Fox, Alison McLean, Martha MacLeod, David Ostrow, Bernie Pauly, Anni Rychtera, Swapnil Shah,

**Ex-officio:** Minnie Downey, Michelle Duffy, Danielle Lavallee, Victoria Schuckel

**Tentative:** Anne-Marie Visockas

**Regrets:** Terri Fleming, Gregory Haljan, Martin Wright

**Guests:** Kelly Moran

**Secretariat:** Sara Lima Branco

## **1. Call the Meeting to Order**

L. Stevenson welcomed all members to this meeting of the BC SUPPORT Unit Advisory Council and brought the meeting to order at 9:02am.

## **2. Territorial Acknowledgement**

L. Stevenson acknowledged that this meeting is being hosted from within the ancestral, traditional, and unceded territory of the Coast Salish Peoples, including the territories of the Esquimalt, Songhees, Tsawout, WJOLELP, Pauquachin, MÁLEXEŁ (Malahat), and Tseycum First Nations, and of the Metis people.

## **3. Introductions**

### **a. Welcome new members.**

M. Downey introduced two new patient partner members: A. McLean and M. O'Reilly. K. Moran has moved from his Director, Operations role to a project management role with the BC AHSN. M. Duffy has moved into a Director role with the Unit. W. Mughal will be joining in a Program Director, Data, as well. After the update, brief round table introductions took place.

## **4. Action items review**

There were no action items from the previous meeting.

## **5. Approval of Minutes**

The minutes were presented to the group. It was moved to approve the minutes, and then seconded. The minutes were approved.

## **6. Terms of Reference update**

The annual review of the Terms of Reference (ToR) is taking place. At the next meeting (March 1, 2021), these changes will be reviewed with the group. A discussion regarding next year's chair will also occur.

## **7. SUPPORT Unit Phase I update**

M. Duffy provided a brief update on Phase I. Though Phase II planning has begun, focus remains on Phase I, completing work in the workplans, Phase I close out and building a foundation for Phase II.

As Phase I activities can be extended for up to one year, discussions are ongoing to ascertain how to assist the Hub and all partners. Regional Centres have a 6-month no cost extension, to allow them to execute awards. Concerns were raised, regarding funding for Regional Centre staff during the extension period. Bridge funding will be made available, and discussions are ongoing.

## **8. Phase II**

### **a. Application update**

Many thanks to the Ministry of Health and V. Schuckel for all their hard work on the application, and to members of the Advisory Council for their feedback and assistance. The grant will be reviewed, and questions (if any) will be provided to the Unit. While Phase II is set to start April 1, 2021, the estimated confirmation date regarding the Phase II award is April 29, 2021.

### **b. Phase II workplan update**

K. Moran provided a summary on the Phase II workplan. The discussion portion focused on the shift from Phase I to Phase II.

Concerns were reiterated, regarding Regional Centre staff, and the potential for institutional knowledge loss and loss of momentum on work should staff move on.

Some of the new areas of focus in Phase II (EDI and Patient Engagement are some examples) are examples of evolution between Phases I and II. The Unit has already made progress in these areas.

A need was expressed for a common understanding of Learning Health Systems (LHS), and how best to provide support. This will be discussed in more detail in subsequent agenda topics.

### **c. Synthesized, individual conversations**

Many thanks to all council members that were able to meet for 1:1 discussions. 4 key takeaways were identified in these discussions:

- The concept of LHS needs to be placed in BC context (this includes a definition).
- Data access and data analytics are central to health system transformation.
- Phase I provides foundational work for expanding on patient engagement.
- Equity, diversity, and inclusion (EDI) is important to patient engagement and LHS work.

Feedback and recommendations provided included:

- Is EDI meant to include tackling systemic racism and discrimination? While this is not the case, this could be translated into the workplans via the working groups. This feedback will be added to the synthesis document.
- Could other forms of discrimination and stigma could also be included? For example, socioeconomic marginalization and gender discrimination?
- Common definitions of the different forms and stigma would be beneficial.

### **d. Learning Health Systems – Phase II core component**

During the 1:1 discussions, it was clear that there are different understandings of what a LHS is, and that individuals are unsure if their own definition is consistent with other definitions. Discussions have taken place with other groups of stakeholders, with similar results.

Working groups are being formed. These working groups will welcome individuals from different stakeholder groups in coordinated discussion, to create a workplan that will be integrated into a provincial business plan.

This COVID-19 reality has been a social experiment, with both successes and failures. How can we best welcome public health and health authority personnel to conversations? How can changes be responded to in a timely and nimble way?

### **9. Next steps**

Meeting attendees are encouraged to reach out with additional thoughts and ideas after this meeting. Specific asks of this group were:

- Advise of any specific groups or individuals within the ecosystem that you think may not have yet been approached.
- What are any challenges that we may face as we work to build the plan?
- How can we best leverage this opportunity and support the work taking place across the ecosystem?

### **10. Group adjourned at 10:31am.**