

AGENDA FOR PPCBC TELECONFERENCE

DATE: March 6, 2024

Chair: Val Poirier

Recorder: Beth Ott

Vancouver Coastal

1. Beth Ott - attended beth.ott@vch.ca
2. Trish Lee - attended patricia.lee2@vch.ca

Northern

1. Fabiola Toyata - attended fabiolat@cdcp.org
2. TBD

Fraser

1. Robyn Holmgren (Fraser North) Jenn Lifford attended rholmgren@fvcdc.org
2. Rowan Kimball (South Fraser) Rowan@the-centre.org

Interior

1. Estera Hazlewood - attended EHazlewood@shuswapchildrens.ca
2. Sally Woodard (East Kootenays) - attended Sally.Woodard@interiorhealth.ca
3. Kim Carter (West Kootenays) - attended kimc@kootenaykids.ca

Vancouver Island

1. Valerie Poirier (South Island) - attended Valerie.Poirier@islandhealth.ca
2. Tami Hirasawa (Central Island) - attended tami@nanaimocdc.com

Provincial

1. Diane Wickenheiser (SHHC) - attended dwickenheiser@cw.bc.ca
2. Stacey Miller (BCCH) smiller4@cw.bc.ca
3. Andrea Soo (PABC) - attended Andrea.Soo@bc-cfa.org

MCFD

1. Kate Evans – attended Kathaleen.Evans@gov.bc.ca

1. Land Acknowledgement (Tami)

Tami provided great land acknowledgement of the Indigenous Peoples who have been long-time stewards of the land on which she was calling in from and who continue to be prominent members of the community of Nanaimo.

2. Meeting Minutes Recorder (Beth Ott)

3. **Previous meeting minutes (Sept 27, 2023)** - Previously reviewed and approved by Council members via email and posted on BCACDI website.

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4. Provincial Updates

- a. Andrea Soo, PABC
 - New PABC group of paediatric therapists to gather information to present to MCFD.
 - Initial meeting will be to gather information from group participants about problems and solutions to present to MCFD.
 - Mostly, there appears to be private practice PTs and some public PTs in Vancouver Coastal region. Andrea would like to see public PTs from outside of the lower mainland attending and providing input. They need to be PABC members.
 - Initial meeting is next Tuesday, 6:00pm. Val and Andrea will be attending and will bring back information to PPCBC.
- b. Stacey Miller, BCCH: not present.
- c. Diane Wickenheiser, SHHC: No updates from SHHC. Open positions at BCCH for those interested in working at BCCH.
- d. Kate Evans, MCFD:
 - 1) **FCC update** – All 4 FCCs are up and running. Policy Team are now supporting more at arm's length. "Engagements" that have occurred including from professional symposium series in November – December will be summarized and analyzed by an outside agency.
<https://engage.gov.bc.ca/children-youth-support-needs>
They are adding new discussion areas and other areas, such as Parents and Professionals input on on-line. <https://engage.gov.bc.ca/children-youth-support-needs/discussion-1-the-parents-and-professionals-plan/>
Individuals can subscribe (see above link, scroll down page a bit) to get automatic updates.
Questions from PT Council members that arose after Kate left the meeting:
1. How (and by whom) is success of the FCC model and other outcomes defined and measured?

Jogging strollers - concerns about recent denial of jogging stroller with reason given that the "user's environment is not considered a reasonable justification for funding". Kate recommends that therapists contact Sarah Angus, Manager at AHP Medical Benefits with their concerns (MCF.MedicalBenefitsSupervisor@gov.bc.ca). Response from Sarah: the current state for funding is based on medical necessity of the equipment (not the environment in which the equipment is used); this should be clearly stated in the LOJ. Kim replied that, if "standard/approved" medical equipment does not work in child's environment, then it can't and won't be used. This type of policy creates an inequity for children who live in remote and rural areas that do not have environment to support/use the more "standard" equipment, as opposed to children in urban areas for whom a more standard form of mobility wheelchair can be used in their environment.

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- Other examples brought up by members regarding problems with current “medical necessity” definition/policy because some equipment is not approved. There are also changes in what equipment is used therapeutically (ie/ estim) and/or available.
- Q to Kate: How can we provide input to the guidelines and policies to bring them up to date with current practice, etc.? Kate suggested that we write out this information to present to her and MCFD. Recommends that a collective voice/document from PT Council about this topic would be better than individuals providing submissions. Ministry is open to ideas. With upcoming elections, the political landscape may be beneficial at present for submissions and changes to policies.
- Val requested that the term “medically necessary” be defined so that that therapists who write the LOJs have more clarity/knowledge about what criteria for medical necessity is being used in making decisions about funding.
- Members also mentioned frustration at last PT/OT joint council meeting with MCFD that there was not any room for discussion about funding enclosure beds. Does not feel that enclosure beds are any more “restraints” than other equipment we provide, such as standing frames and wheelchairs (with straps). Child safety is the main reason for therapists to request beds. For example, wandering child who does not have good safety awareness or one who has seizures and can get injured when falling down during seizure. Beth mentioned that she has prescribed several enclosure beds over the years and has not had any entrapment or other safety issues with them, so this is not a valid justification to not fund enclosure beds.
- Kate recommended that we provide this information to MCFD. Beth would like MCFD to provide evidence/data that supports the safety concerns/reasons why they will not fund the enclosure beds.
- Members expressed that it is problematic that MCFD Adjudicators are questioning our clinical judgement in our LOJs, especially since they do not have medical background.
- Suggestion to use ICF framework or F words to educate MCFD because “medical necessity” is often based on impairment, but our clients’ participation is often negatively impacted by their decisions.

ACTION:

1. Develop specific Qs on certain topics to ask our colleagues, such as enclosure beds. Kim will draft questions to send to PT Council for feedback.
2. Reps for a geographical area to gather feedback about MCFD policy for “medical necessity” and other challenges around equipment that has been denied in order to write a letter from PT Council to MCFD. Send out emails to colleagues to gather more input, feedback and make recommendations.

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3. Can we use Google Forms for this? Val will ask her IT folks and BCACDI. One-drive might work. Person who creates the One-drive document will have to share the links.
 4. Recommendation to seek information from OT Council regarding this issue to include in our letter.
 5. Input from colleagues to come back to PT Council to write the letter to MCFD.

5. Business Arising

- a. FCC – Advocacy as a council and how to support therapists at the pilot sites. Consider inviting to next council meeting as guests.

Actioned item:

1. Val connected with DOTS and others have sent Val contact info. Suzanne from Starbright in Kelowna responded but Val didn't get other feedback.
 - Apparently Starbright is not providing PT; Kids Physio is providing PT. OT is provided by private company, Meridian.
 - Courtney, PT from CFA doing outreach to two FCCs to provide physiotherapy services.
 - Family locally looking for services through Starbright was told it would be 3 years before they would be able to get PT (for an infant).

New ACTIONS:

2. Suggestion that feedback may be limited because not all PTs know what PT Paediatric Council does, in particular regarding bringing concerns about FCCs to the Ministry. Val will reach out again and describe PPCBC's mandate and role and to clarify that we are not affiliated with MCFD.
3. Members encouraged to reach out to known colleagues for input.

- b. CMEDS and growth of wheelchairs.

Actioned item:

Val reported back from meeting with Michelle Harvey, manager at HME/CMEDS who said that there is not a change in process. Michelle indicated that CMEDS previously required therapists to request quotes and write LOJs for "growth" parts, even if there are parts in CMEDS.

Beth indicated that she also had a similar conversation with Michelle and Michael from CMEDS/HME, although this is inconsistent with her past experience (and those of her previous PMT colleagues) with CMEDS (it was not ancient history with Red Cross/CMERLS).

- c. Peds Symposium

Actioned item:

Stacey has been in touch with OT Council reps and expects to have the draft survey next week to find out what paediatric PTs are interested in in terms of content and format, e.g., virtual vs. and/or in person. Suggestion to combine with equipment

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demos, (now that there is no longer a Sunny Hill ISS). Draft to come back to PT Council for input before it goes out.

1. New Business

- a. Minutes from PT & OT joint Council meeting: members, please review and give Val feedback about them.
- b. BCACDI focus groups: many leadership therapists/department leads were told to attend. Val attended focus group on workforce and workload. Val will circulate feedback when she receives it.
- c. Change in Minister for MCFD: any possibility of change in the FCCs? Tami discussed FCCs with her MLA who is interested in discussing but it's not in her portfolio. Suggestion for other PTs to contact their MLAs to bring forward concerns.
- d. HSA Union meeting: Tami wanted more awareness about FCCs and other members wanted additional information about hospital workers. Tami brought forward need for more awareness to the general public about PTs issues.
- e. Recording members' names in minutes: Beth asked if members would prefer to have "member" on the minutes or if they are okay with their names be on the minutes when they bring forward certain items. Agreed that members are generally okay with having their names included in minutes but have the opportunity to request that they are anonymous when review the draft minutes for approval, prior to being posted on the BCACDI website.
- f. Keeping on using Teams for meetings? Generally, there is a preference for Zoom because a few PTs had trouble getting into the Teams meeting today. Plan: will go back to Zoom.

Next PT meeting September 18th 3:00 – 4:30.

Next PT/OT meeting coming up in April 15th 3:30 – 4:30pm. OT will be hosting. PT will be taking minutes.