

**Board Briefs** summarizes the board meetings of the Provincial Health Services Authority. It is shared via the PHSA websites to keep stakeholders informed about the activities of PHSA.

- Media contact: PHSA Communications at 604-871-5699

## Summary of April 23, 2015 Board Meeting

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The Provincial Health Services Authority (PHSA) Board has six scheduled open board meetings per year. As a health authority with a province-wide mandate, PHSA is committed to holding open board meetings outside the Lower Mainland twice a year. The April 23 open board meeting was held in Vancouver.

### Question & Answer / Public Presentation Period

In the spirit of its commitment to public accessibility, the board of the Provincial Health Services Authority provides opportunities for the public to schedule presentations and to ask questions of the board prior to the beginning of every open board meeting. No questions were received prior to the meeting.

### Presentations (available on request)

**Dr. Stuart Peacock, distinguished scientist, Cancer Control Research (BCCRC); co-director, Canadian Centre for Applied Research in Cancer Control; associate professor, School of Population and Public Health (UBC)**

Dr. Peacock stated that the biggest challenge over the next 20 years will be the sustainability of cancer care within the health care system.

BC's population is both growing and aging – the number of people aged 65 and older is forecast to increase by 72 per cent between 2011 and 2027. Cancer rates are highest in this senior population – cancer incidence (for all cancers) is projected to increase by 45 per cent over the period noted before. Meanwhile, the mean cost of cancer after diagnosis continues to rise – expenditures rose from \$116 million in 2007 to \$206 million in 2013.

Some of the increase is due to new drugs being available to treat patients for whom there was little that could be done for before. Genomics is also enabling the subcategorization of diseases, leading to targeted treatments.

Through his work at the Canadian Centre for Applied Research, Dr. Peacock is considering how to make BC a world leader in sustainable cancer systems.

As a result of questions from the board, Dr. Peacock touched on:

- The importance of clinical trials and the difficulty conducting them as the patient base for specific diseases smaller.
- Funding for medical research is not currently part of health care's core budget, but rather through philanthropy.
- Quality of life versus quantity: transparency in decision making and the de-politicization of the process

- Use of genome research and personalization of cancer care.

**Dr. Jan Christilaw, vice-president, Provincial Women's and Newborn Health, and site administrator, BC Women's Hospital + Health Centre**

**Dr. Wee-Shian Chan, head, Dept. of Medicine, and acting co-medical director, Complex Chronic Disease Program, BC Women's Hospital + Health Centre**

The presentation provided an overview of the Complex Chronic Disease Program (CCDP) established at BC Women's Hospital + Health Centre. Included in the overview was information about the program mission and mandate, accountability structure and inter-professional team. The presentation also provided updates on the clinical program and metrics, recent activity completed by clinical advisory committee, research proposals in progress, and the role and function of the community advisory committee.

It was noted that the clinic has a unique opportunity change the mindset of new physician trainees and residents by educating about complex chronic disease.

It was also noted that antibiotics are the standard treatment for patients with acute and serologically proven Lyme disease. Patients who have proven Lyme disease who still have symptoms after standard antibiotic therapy will be managed individually, but there is evidence that additional antibiotics do not improve the situation and come with considerable risk of their own.

There was also a caution that some patients are under the impression they have Lyme disease based on unapproved test from alternative labs in the United States. A recently published report found the alternative laboratory tests have an astounding false positive rate, labelling 50 per cent of the people without Lyme disease as positive for the illness.

## **Committee reports**

The **Quality & Access Committee** reported that fourth-quarter hand hygiene results have been received, and at 92 per cent, PHSA is above the target of 80 per cent compliance.

The imPROVE program continues to bring lean thinking and processes to PHSA and its agencies. Its report to the committee detailed the work undertaken to increase capacity and capability. The focus remains on value to patients, right care and minimal waste in the system.

The committee also reported that the latest updates to Accreditation Canada come into effect in 2016.

The **Governance & Human Resources Committee** is developing a schedule of 10-12 topics to educate and inform the board about during the course of the next several meetings. Board members are asked to advise the committee if there are topics they would like to see included.

To bolster tax payer accountability, PHSA's senior executive team has voluntarily accepted the new language around post-employment obligations.

It's time for board members to review the Code of Conduct and Conflict of Interest Guidelines for Directors and sign off to acknowledge their compliance with the policy.

The **Finance Committee** reported that the C&W Redevelopment Phase 2 (planning and construction of Tech Acute Care Centre) as well as Phase 3 (relocation of Sunnyhill Health Centre) are both on track and on budget.

Management is reporting a small surplus of at the end of February and is forecasting a balanced budget for year end.

Management reported that PHSA's investment portfolio as of March 27, 2015 is well placed and as they mature, the funds will be deposited in the government-mandated Central Deposit Program.

PHSA received \$2.5 million in targeted funding since the 2014/15 Capital Fund was last approved at the February meeting. An updated 2014/15 Capital Fund of \$60.5 million was approved.

Management reported that minor clerical revisions are required to the Banking, Borrowing, Capital Asset Governance, Investment Management and Financial Signing Authority – Board and CEO policies in order to replace terminology and position references. The revised policies were approved

The **Audit Committee** reported that, in accordance with the Board Policy Frameworks, annual reviews of two policies – Safe Reporting and Auditor Independence – were performed and only minor revisions required. The updated policies were approved by the board.

The **Research Committee** reported that PHSA is advancing with two important initiatives with University of Northern BC and Northern Health in order to establish research activity in the North:

- A grant program has been established and a call for applications issued for seed grants of up to \$10,000 for modest projects that can be completed with UNBC students. Five grants will be issued beginning this summer; the second intact will be announced this summer for projects starting in 2016.
- PHSA is developing an application to Genome BC to establish a Bio Bank in Northern BC.

The board approved a revised terms of reference for the Research Committee.

**Next Meeting** of the board in public is scheduled for June 18, 2015 in Abbotsford.