September 1, 2026

The Honourable Ravi Kahlon
Minister of Health
PO Box 9071 Stn Prov Govt
Victoria, BC V8W 9E2
Sent via email: HLTH.Minister@gov.bc.ca

Re: Request for Meeting
Patient Impacts of Changes to Primary Care Funding Model at Spectrum Health

Dear Minister Kahlon:

We are writing to express our shared concerns regarding the decision to eliminate the Population-Based Funding model at Spectrum Health and other primary care clinics. We are requesting a meeting to discuss these changes and their potential impacts on patients and communities.

PAN is a network organization that works collaboratively with our 40+ member organizations and allies to address HIV, viral hepatitis, substance use, and other health and social inequities – while Ribbon Community, Dr. Peter Centre, Health Initiative for Men and McLaren Housing are organizations working on the frontline with people living with HIV (PLHIV), many of whom experience significant barriers to accessing and maintaining consistent and culturally safe care, and have or continue to experience stigma, discrimination or racism in mainstream healthcare settings. For many, trusted primary care providers and interdisciplinary teams like those that exist at Spectrum, offer an important pathway to care that feels safe, respectful, and responsive to their circumstances. We are deeply concerned about changes to primary care funding models that may affect continuity of care, accessibility, and the ability of providers and care teams to respond to patients with complex or intersecting needs.

While we recognize the Ministry's efforts to address the many challenges facing primary care, including through the Longitudinal Family Physician payment model, we are concerned that the decision regarding primary care clinic funding happened unilaterally, despite requests from people living with HIV and community groups to be meaningfully engaged. This has resulted in an abrupt end to services and other changes that occurred without engaging partners such as PAN, McLaren, Ribbon Community, Dr. Peter Centre and HIM - and the existing PCPs. The PBF model was developed in part to address limitations of fee-for-service compensation for patients with complex needs, including patients who require more time and support from their family physician. This change raises important questions about how patient access, continuity, and quality of care will be protected for PLHIV.

The transition away from the PBF model may not adequately recognize or support the full range of services and approaches required to care for patients with complex needs, particularly for highly marginalized populations. Importantly, the PBF model allowed Spectrum Health and other clinics to build and sustain interdisciplinary teams and supports for patients with complex needs, including nurses, social workers, pharmacists, and other care providers. A funding model that primarily recognizes the physician-patient encounter may not capture the time, relationships, coordination, outreach, and wraparound supports that are often necessary to successfully engage and retain people in care. Equitable, patient-centred primary care depends not only on physician compensation, but also on the broader teams and infrastructure that support patients.

Recent experiences within the HIV and broader community health sector illustrate the very real consequences of instability in primary care. The closure of Dr. Eben Nel's Spectrum Health practice has left patients facing the loss of an established primary care relationship and uncertainty about where they will receive ongoing care. Ribbon Community and other community organizations have been working to respond to calls from affected patients, develop a registry of people who will lose their primary care provider, and work with other providers to identify opportunities for attachment to care, including closer to home where possible. These efforts demonstrate both the importance of continuity of care for PLHIV, and the significant community resources required when patients lose an established primary care relationship. These relationships are particularly critical for patients who experience other syndemics, houselessness or housing instability, who may be at risk from the poisoned drug supply, experience significant health and social inequities, and others who may have or continue to experience stigma, discrimination and racism within conventional healthcare settings.

In addition to patient care, the PBF model has supported Spectrum to be a critical provider of HIV prevention services, including Treatment as Prevention (TaSP) and PrEP (pre-exposure prophylaxis). Similarly, looking at the alarming increase in syphilis rates, Spectrum's role in testing and treating this and other STBBIs should not be undermined. For example, Spectrum piloted daily doxycycline (Doxy) as an STI prevention strategy for approximately two years before the approach gained broader attention and subsequent support from the Public Health Agency of Canada (PHAC). This experience illustrates the value of supporting clinical environments that are able to identify emerging needs, test new approaches, and translate learning into practice. Spectrum's interdisciplinary model, with multiple providers able to share knowledge and experience internally, has also enabled the organization to develop and implement innovative approaches with speed and responsiveness. Preserving this capacity is particularly important at a time when BC is facing rising rates of HIV and other STBBIs and requires health-care providers who can respond quickly to emerging public health needs.

For many patients, a consistent relationship with a primary care provider and an interdisciplinary care team is an important foundation for accessing preventive care, screening, testing, treatment, referrals, and other health and social supports. Changes that affect the capacity of Spectrum and the other clinics to provide flexible, relationship-based and team-based care will have consequences beyond the physician-patient relationship, including increased pressure on other parts of the health-care system.

In the immediate term, we expect a coordinated approach to stabilizing HIV primary care and minimizing disruption for patients affected by the closure of Spectrum Health. This should include consideration of short-term bridging measures, such as transitional funding to support the continued provision of care while longer-term solutions are developed. Any response should also be informed by and developed in close partnership with the people and organizations who navigate these systems every day, including people living with HIV and community-based service providers. Their expertise and direct knowledge of the needs and experiences of affected patients are essential to identifying practical, equitable solutions that preserve continuity of care and support timely attachment to an appropriate primary care provider.

Finally, we also note that the Union of BC Municipalities passed a resolution in 2022 calling on the Province of BC to maintain its commitment to population-based funding or provide adequately funded alternatives, specifically recognizing the importance of continuity of care and encouraging physicians to practise family medicine.

Minister Kahlon, we would welcome the opportunity to share the perspectives of community-based organizations and PLHIV directly affected by changes to primary care funding and to better understand how the Ministry is assessing the patient and equity impacts of this transition. Particular areas of interest to discuss include:

- How the Ministry intends to ensure that interdisciplinary teams, wraparound supports, and other resources required to serve people with complex and intersecting needs are maintained under new funding arrangements;
- How continuity of care will be protected for patients who may have limited options for accessing safe, culturally responsive, and non-stigmatizing primary care;
- What safeguards are being considered to prevent disruptions or reduced access for PLHIV and other marginalized populations; and
- Whether there are opportunities to reconsider aspects of the current approach or strengthen alternative funding arrangements to ensure they adequately support comprehensive, longitudinal, team-based primary care.

We request a meeting with you at your earliest convenience. Our organizations bring perspectives from community-based settings and from direct work with people affected by these changes, and we hope to contribute constructively by ensuring that BC's primary care system remains equitable, accessible, and responsive to the needs of PLHIV and other patients.

Sincerely,

J. Evin Jones, Executive Director, PAN

Ilm Kassam, Executive Director, McLaren Housing Society of BC

Scott Elliott, CEO, Dr. Peter Centre / Dr. Peter AIDS Foundation

Darren Ho, Director of Health Services, Health Initiative for Men (HIM)

Sarah Chown, Executive Director, Ribbon Community

CC: Premier David Eby

CC: Stephanie Higginson, MLA, Parliamentary Secretary for Primary Care Access

CC: Spencer Chandra Herbert, MLA, Minister of Indigenous Relations and Reconciliation

CC: Shannon Salter, Deputy Minister to the Premier

CC: Brian Sagar, Executive Director of Communicable Disease Prevention and Control, Population and Public Health Branch, Ministry of Health

CC: Carl Swanson, Senior Director, Communicable Disease Prevention and Control, Ministry of Health

CC: The Physicians of Spectrum Health