

Implementation Issues and Solutions

As we move forward with Primary Care Network implementation, we have highlighted some process issues and proposed solutions.

Issue: GP contracts aren't competitive with other options in the community and with other provinces.
Proposed Solution: Review competitiveness of PCN GP contracts in relation to non-family practice contracts. Ensure UPCC resources are fully integrated into the PCN. Allow for flexibility around sharing of panel expectations in contracts.

Issue: NPs need more support to transition to full-service family practice.
Proposed Solution: Provide the local PCN with sufficient change management dollars to support NP transitions.

Issue: Expectations around NP overhead shifted after funding was approved, without consultation or additional funds, leading to damaged local relationships.
Proposed solution: Ministry of Health work to ensure overhead expectations and processes are the same for NPs and GPs, whether under contract or fee-for-service.

Issue: Number of unattached rural patients calculated by Ministry of Health isn't reflective of local experience; panel size expectations for full-service physicians are not reasonable; rural emergency is not embedded in PCN, as was previously indicated.

Proposed solution: Attachment gap is calculated based on rural resident numbers who sign up on the centralized waitlist; Ministry of Health adjust its panel size expectations to reflect the increased workload of full-service practice. Rural emergency care is embedded in the PCN.

Issue: Information flow and decision-making occurring with individual organizations, rather than with the PCN partnership as a whole.

Proposed solution: System change to true partnership communication model to support the PCN as a whole.

Primary Care Network Partners: Penticton Indian Band, Interior Health, Osoyoos Indian Band, Lower Similkameen Indian Band, Upper Similkameen Indian Band, SOS Division of Family Practice

South Okanagan Similkameen Primary Care Network Report

September 2019



The first five months of Primary Care Network funding have been full of great progress, allowing our region to address vulnerabilities and to strengthen our existing networks of care, as we continue our shift towards team-based primary care delivery.

For context, we have highlighted each of our networks of care, their vulnerabilities, and solutions to address those vulnerabilities. Some of these solutions pre-date Primary Care Network funding, some are being shored up by Primary Care Network funding, while still others are being introduced as a result of Primary Care Network funding.

We have also highlighted some process issues and proposed solutions in order to increase the success of Primary Care Network implementation, which began in Penticton, Summerland and Okanagan Falls, with service plan development underway with the communities of Oliver, Osoyoos, Osoyoos Indian Band, Keremeos, Lower Similkameen Indian Band, Upper Similkameen Indian Band, Hedley and Princeton.



Building a Strong Network of Care

FAMILY PRACTICE VULNERABILITIES

12,000+ patients in Penticton, Summerland and Okanagan Falls are without a primary care provider.

16 small clinics are staffed with 1-2 providers, which makes recruiting a challenge.

15 of the **79** physicians in our area (who have a panel of attached patients) have indicated that they will be retiring within the next 3-5 years.

The full extent of the gap in the rural SOS communities is still being quantified.

Additional support needed for the challenges of practicing rural medicine.

With the Patient Medical Home initiative, we have begun addressing vulnerabilities and preparing for a shift to team-based care, integrating LPNs and pharmacists into practice.

In first 5 months of Primary Care Network, we are:

PRIMARY CARE NETWORK SOLUTIONS

Opening a Team-Based Primary Care Clinic:

\$540,000 to secure and repurpose clinic space

Opening Nov. 4th 2019, with:

- 3** soon-to-retire family physicians
- 3** additional family physicians
- 2** NPs hired, who will also work .5 FTE at Penticton Indian Band
- 2** specialists
- 2** RNs

Positions posted for:

- 1** social worker
- 1** physiotherapist
- .5** dietitian
- .5** occupational therapist
- 1** pharmacist (TBD)

Large clinic attractive for recruitment

Teams expand primary care provider capacity

Extended hours provide better access (8am-8pm weekdays/10am-4pm weekends)

Attaching Patients:

Centralized waitlist (Patient Attachment List) developed in May 2019

1,057 patients attached to a primary care provider (Apr.1 - Sept. 10 2019)

40 providers participated in attachment

Hiring Social Workers:

1 for Summerland, **1** for Penticton to work in community's clinics

Hiring and Retaining Physicians:

28 GPs (Jan 2018 - Sept 2019) came to the SOS. Of those:

- 11** went into full-service family practice
- 17** provide additional capacity with regular locum, walk-in, inpatient service and Doctor of the Day, Martin Street, Foundry, maternity care, and rural emergency work

In Development:

Primary Care Network Service Plans for Oliver, Osoyoos, Osoyoos Indian Band, Keremeos, Lower Similkameen Indian Band, Upper Similkameen Indian Band, Hedley and Princeton, including supports for rural emergency, and MHSU. Planning is occurring for upcoming physician retirements in Penticton and Summerland

MENTAL HEALTH & SUBSTANCE USE VULNERABILITIES

In 2016, a lack of services for moderate to severe mental health and substance use patients in our region was identified, and a solution created.

Primary Care Network funding is shoring up existing solution

EXISTING AND PRIMARY CARE NETWORK SOLUTIONS

Existing Solution:

Opened Martin Street Outreach Centre in 2016

A partnership between SOS Division of Family Practice and Interior Health

This interdisciplinary clinic provides care to 1,000 patients who don't fit into traditional practice

Primary Care Network Solution:

1 NP and **1** social worker to be added to Martin Street Outreach Centre

1 GP and **1** social worker to assist with MHSU outreach to family practice clinics

INPATIENT AND LONG-TERM CARE VULNERABILITIES

A growing number of unattached and out-of-town patients in hospital was threatening to destabilize the existing community network of care.

Together, providers created a sustainable solution

EXISTING SOLUTIONS

All primary care providers in the SOS are networked into community call groups to provide hospital MRP and long-term care for all SOS primary care patients. At Penticton Regional Hospital, to alleviate the increasing burden, the SOS Division of Family Practice, with support from GPSC, contracts 8 physicians (as of 2018) to care for unattached patients in hospital and augment the afterhours call group.

Fully-staffed call groups, and no long-term care patients without an MRP, indicates that this solution is currently achieving stability.

MATERNITY CARE VULNERABILITIES

In 2013, a need to address a diminishing GP maternity call group (4 physicians) due to less births and an increase in midwives, was identified.

A Maternity Care Working Group created a solution

EXISTING SOLUTIONS

The primary care maternity care working group was formed by the SOS Division of Family Practice, with support from GPSC and Interior Health.

The culmination of this group's work led to the formation of a GP-Midwife interdisciplinary team-based clinic.

Staffing of 7 physicians and 1 midwife indicates that this solution is currently achieving stability.