

Nanaimo Division of Family Practice AGM – October 29th, 2020

OVERVIEW OF THE PCN SERVICE PLAN

Slides and additional info will be available at <https://divisionsbc.ca/nanaimo/initiatives/primary-care-planning>

Process for Submission, Approve and Implementation

Service Plan = High Level Plan

- Request for funding to support service opportunities identified
- Includes the proposed services and estimated resources required
- Eligible resources are mostly known and are based on population size and attachment gap
 - Population Nanaimo: 114,000
 - Attachment Gap Nanaimo: 20,420

Submission/Approval

- Date of Submission – November 2nd.
- Expect some negotiations with the Ministry prior to approval
- Aim is to get funding at the start of next fiscal year

Implementation

- Progression from a high-level plan to a more detailed design of the services
- Implementation over 3 Years
- Funding is incremental each year

Clinical Resources Available

MoH attachment parameters for Providers:

	General Population	SDOH Population
Family Physicians	1250	650-800
Nurse Practitioners	1000	600-700
RN	500	0-300
AHP	1200	325-400

Non-Clinical Resources

Ministry of Health Funding

- Ongoing annual funding to operate the PCN
 - Administration
 - Governance
- Funding during Implementation
 - Change Management
 - Capital + One Time Funding

GPSC Funding

- Ongoing annual funding
 - Patient Attachment Mechanism
- Funding during Implementation
 - Physician Change Management – Support physician leadership & participation (coaching, team development training etc.)
 - Division Infrastructure Support – Support for the increased demand on Division

Service Plan Development Process

From our extensive engagement we identified priority service areas which are reflected in the service plan below. More info at <https://divisionsbc.ca/nanaimo/initiatives/primary-care-planning/what-weve-heard>

THE SERVICES

Overall Aims - All are interconnected!

- **ACCESS** – create access to primary care, especially for those who experience significant health, social and system barriers to care
- **ATTACHMENT** – create attachment by supporting foundation longitudinal Family Medicine and creating attractive opportunities to practice
- **TEAM-BASED CARE** – design services that enhance team-based care both for attached patients and our existing primary care community, and also to support more vulnerable and complex patient populations
- **CULTURALLY SAFE & APPROPRIATE** – ensure all care across the PCN is culturally safe and appropriate

Services to Support Existing Practices

Primary Care Link Allied Health Clinicians

A team of Allied Health Providers that are connected to and/or co-located with Primary Care Practices.

New Providers: 9.5 FTE of Allied Health Providers*

(*2 FTE already approved as shared PCN resources with NP Clinic)

Attachment Target: n/a

Primary Care Nurse in Practice Team

A team of nurses that are connected to and/or co-located with Primary Care Practices to support complex patients. Connection to Clinical Pharmacist.

New Providers: 8.0 FTE RNs, 1 FTE Clinical Pharmacist

Attachment Target: 4000

Services to Create Attachment

New to Practice Physician Practices

Create opportunities for new to practice physicians to establish a practice on salary-based contract

New Providers: 5.0 FTE GP Contracts

Attachment Target: 6250 (general population)

Primary Care Access & Attachment Clinic

High Complex Clinic Model which provides team-based Primary Care services and attachment to unattached, complex and vulnerable patients in Nanaimo.

New Providers: 3.0 FTE GP Group Contract, 1.0 FTE NP, 2.0 FTE RN, 1.0 FTE Clinical Pharmacist, 5.0 FTE Allied Health Team

Attachment Target: 2850

Services Focused on Access to Primary Care & Connection to Attachment

Note: Provides access to primary care to address immediate barriers, while at the same time identifying and supporting unattached patients to be connected to longitudinal primary care. *These services are currently being piloted through Ministry COVID funding.*

Primary Care Home Visiting

Network of Family Physicians providing home visits for complex/vulnerable unattached and attached patients (when MRP not available)

New Providers: 0.5 FTE GP Contract

Attachment Target: 325*

GP Psychiatry Network

Network of FPs providing MHSU consults for Moderate MHSU patients who cannot access Psychiatry.

New Providers: 0.5 FTE GP Contract

Attachment Target: 325*

Vulnerable Child/Youth PC Outreach

FPs working in collaboration with existing School Health Teams to provide primary care to vulnerable children in the school setting.

New Providers: 0.3 FTE GP Contract, 0.4 FTE Social Worker

Attachment Target: 195*

*Access care through service with attachment to the Primary Care Access & Attachment Clinic

Clinic Models Supporting Vulnerable Populations

Youth Wellness Clinics

Stabilize and expand Primary Care services based on existing models (e.g. John Barsby Wellness Centre)

New Providers: 1.0 FTE GP Contract (increase of 0.6 FTE), 1.0 FTE Social Worker

Attachment Target: 650

Low Barrier Primary Care Clinic and Outreach

Primary Care Team with Peers provide care to unsheltered individuals in a low barrier clinic model with outreach. *Outreach team currently working under COVID Funding*

New Providers: 1.0 FTE GP Contract, 2.0 FTE Registered Nurse, 2.0 Peer Support Workers

Attachment Target: 650

Services for First Nations, Urban Indigenous and Metis

Tillicum Lelum Health Centre – Nurse Practitioner

Provide new Primary Care Services

New Providers: 1.0 FTE NP Contract

Attachment Target: 600

Snaw-Naw-As Wellness Centre – Nurse Practitioner

Sustain and expand Primary Care Services

New Providers: 0.8 FTE NP Contract

Attachment Target: Prevent unattachment from current NP contract ending

Snuneymuxw Health Centre – Primary Care Team

Sustain and expand Primary Care Services

New Providers: 2.0 FTE GP Contract

Attachment Target: 1300

Indigenous Health Team

Team of Indigenous Health Providers/Liaisons who will support patient advocacy, access to care and traditional healing and facilitate culturally safe care across the PCN.

New Providers: 4.0 FTE Indigenous Health Roles (to be defined)

Attachment Target: n/a

Important Notes:

- These are high level service proposals aimed to support the identified priority service areas in a way that will fit with the PCN funding envelope.
- Each of these services will need the leadership and support of Primary Care Providers to understand what these will actually look like, monitor for continuous quality improvement, and manage unintended consequences.
- These proposed services could shift and/or change depending both on what the Ministry approves, and how we collaboratively design and implement each service.