

# Fraser Northwest Primary Care Network:

## *Period 3 report*

### Program Overview

The Primary Care Network (PCN) is a network of local primary care service providers (a partnership between health authorities, physicians, and other community providers) working together to provide all the primary care services a population requires. The Patient Medical Home (PMH) is a family practice supported to operate at its full potential. The core of the model is longitudinal care, with the patient and their family practice at the centre of primary care. The PMH contains key attributes of what an ideal practice can deliver and how it can best be supported, including team-based care.

The vision for the integrated system of care is: by 2021, substantial progress across all 89 LHAs in British Columbia will be made to create a quality, integrated and coordinated delivery system for primary and community care that is patient-centred, effective in meeting population and patient needs, delivers a quality service experience for patients – a system that is easy to understand for those who use it and those who work in it. PCNs are foundational to achieving this vision. The patient medical homes and primary care networks are central to an integrated system, this is an opportunity to bring it all together. The Fraser Northwest Division of Family Practice (FNW) has two Local Health Areas (LHAs) identified: New Westminster and Coquitlam, served through the Fraser Health region of British Columbia and the associated Collaborative Services Committee (CSC) with representation from GPSC. Located in the Fraser North region of the Lower Mainland and comprised of the 6 municipalities of Port Coquitlam, Coquitlam, Belcarra, Anmore, Port Moody and New Westminster, the Fraser Northwest communities have a current population of over 315,000 people.

## Overview of Program Strategies

With a total population of 315,000 in the FNW and an attachment gap of 43,210, an introduction of the PCN supports and services would significantly reduce this gap for members of the community seeking a family physician. Currently, there are 43 family practice clinics residing within the FNW and 2 hospitals that reside within the communities. On average, FNW physicians see approximately 21 patients/day which is significantly lower than that of other communities in the province and this may be largely due to the growing complexity of the patient population paired with a growing mental health population. The introduction of various PCN supports and services would have an impact on not only the overall physician panel size, but ultimately on how many patients physicians are able to see in a day. To begin with, the proposed PCN supports related to responding to the FNW attachment gap are funding for:

- 12 GPs (15,000 attachments)
- 12 NPs (12,000 attachments)
- 32 RNs (16,000 attachments)

The proposed PCN supports related to expanding a team-based care model are funding for:

- 5 FTE allied health supports (i.e. clinical counsellors) - to be deployed across the communities as needed and determined by the PCN Advisory Committee
- 4 FTE clinical pharmacists

Additionally, there are designated resources approved to support timely and culturally safe access to health services for the Kwikwetlem First Nations population - these include:

- 0.1 FTE GP to support maternity care on reserve
- 1.5 FTE Support Workers to support team-based care for the community

Through the development process, 4 distinct PCN's have been identified by the Ministry of Health (MoH) within the FNW:

### **1. New Westminster**

New Westminster has seen an increasing population growth over the years with a current population of approximately 76,800 (*2018 BC Statistics*). With this growth, there is an increasing need for attachment and access to primary care services. This PCN does have one large tertiary hospital - Royal Columbian Hospital - which supports in serving access to acute and urgent care for the FNW communities. Currently, there are 10 family practice clinics in the community with a total number of 57 GPs practicing across the community in a variety of clinic/acute settings. With the proposed additional PCN supports, there are resources for an additional 3 GPs, 4 NPs, 5.5 RNs, and 1 clinical pharmacist.

### **2. Port Coquitlam**

Much like New Westminster, Port Coquitlam continues to see population growth with a current population of approximately 62,800 (*2018 BC Statistics*). There is currently no hospital located in this

community, but there are 9 family practice clinics in the community with a total number of 46 GPs practicing across the community in a variety of clinic/acute settings. With the proposed additional PCN supports, there are resources for an additional 2 GPs, 2 NPs, 7.5 RNs, and 1 clinical pharmacist.

### 3. South Coquitlam

For the purposes of the PCN, the city of Coquitlam has been split between north and south - simply due to the large population. Within South Coquitlam, there is a population of approximately 100,000 (2018 BC Statistics). Like Port Coquitlam, there is no hospital located in this geographic boundary, but there are 22 family practice clinics in the community with a total number of 83 GPs practicing across the community in a variety of clinic/acute settings. With the proposed additional PCN supports, there are resources for an additional 4 GPs, 4 NPs, 9 RNs, and 1 clinical pharmacist.

### 4. Port Moody/Anmore/Belcarra/North Coquitlam

The fourth PCN is comprised of Port Moody, Anmore, Belcarra and North Coquitlam and makes up an approximate population of 88,000 (2018 BC Statistics). This PCN also has a hospital, although smaller than RCH, Eagle Ridge Hospital resides within Port Moody and is a smaller acute site. Currently, there are 4 family practice clinics in the community with a total number of 31 GPs practicing across the community in a variety of clinic/acute settings. With the proposed additional PCN supports, there are resources for an additional 3 GPs, 2 NPs, 10 RNs, and 1 clinical pharmacist.

## GP and NP contracts

Collaborative work between the FNW, FHA, HealthMatch and the Ministry of Health is vital in order to support increased GP and NP resources in the FNW communities. In Period 3 (May 31 - June 27, 2019), there is 25.6 FTE of Clinic openings available in the FNW communities, the table below provides a status overview and update on the breakdown of the NP and GP contracts by PCN within the FNW:

	Referrals		# in the process of finding a match	# of introductions between provider and clinics	# of contracts signed
	# of New Referrals	Running Total of Referrals (since Apr 1st)			
General Practitioners	1	10	5	1	0
Nurse Practitioners	0	13	9	0	0 (1 practice agreement signed and in the process of completion between NP, FHA and clinic. Another 1 practice agreement expected)

					to be completed, signed and forwarded to partners in P4)
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There was a significant influx of NP referrals in previous periods with a steady increase in the number of clinics expressing interest, prompting a large number of introductions. There were no additional NP referrals or clinics in this last period, causing a slow down with regards to introductions; however, more focus has been directed to those practices and NPs in the process of signing agreements or contracts.

Fee For Service opportunities and engagement efforts are underway on an ongoing basis and in Period 3, there was a total of 44 introductions between GPs and practices for FFS opportunities in the FHA. The distribution across PCNs are:

- 4 introductions in New Westminster
- 20 introductions in Southeast and Southwest Coquitlam
- 11 introductions in Port Coquitlam
- 5 introductions in Port Moody/North Coquitlam/Anmore/Belcarra
- 3 general introductions (i.e. to a specific initiative that spans PCN boundaries - e.g. Residential Care)

Opportunities for FFS as a result of these introductions includes: long term locum, short term locum, cardiac assist, permanent full time, Residential Care, Obstetrics, and to the Opioid Agonist Treatment Clinic in Port Moody.

### Registered Nurse in FNW Family Practices

Work between the FNW Division, FNW family practices and the FHA is well underway to deploy these resources into the community practices in a phased approach. In Phase 1, it was agreed by the PCN Advisory Committee and PCN Steering Committee that 5 clinics would be selected for this first phase to receive a Registered Nurse (RN) in each of their practices. This phased approach provides an opportunity to learn from what works and what opportunities are available for the next phases of this initiative's implementation. 3 family practices have been confirmed, with the additional 2 in the process. The distribution across the PCN's are:

- **New Westminster PCN**
  - 2 Family Practices **confirmed** to receive an RN
  - 2 Family Practices **in the process** to receive an RN
- **Port Moody/Anmore/Belcarra/North Coquitlam PCN**
  - 1 Family Practice **confirmed** to receive an RN

As per what was reported in the previous period, there have been 3 RN's hired to be onboarded into the first 3 confirmed family practices. This onboarding will occur in late summer 2019. Much of the

work in Period 3 focused on clinic readiness supports, and establishing a consistent onboarding structure between partner organizations to support the following phases.

### Allied Health (Clinical Counsellors) Supports

As per what was reported in Period 2, 4 FTE. clinical counsellors have been successfully onboarded. With the program launching halfway through this reporting period, there have been referrals made to the program from community GPs with the average length of time for patients to be seen - from first point of contact - being 3.8 days. Of the total referrals, 18% of patients were not able to be contacted by the contracted agency. 80% of referrals were for patients between the ages of 18-49 years.

Anecdotal feedback from the counsellors has noted that the patient requested distributing sessions to work on techniques and tools they had learned to better support coping on their own. General feedback from patients notes that they are happy to hear of this program and get immediate support. From the GPs end, feedback from GPs who have referred patients notes:

*"Yesterday I referred my patient. I got a notification that same day and got a call today to my staff my patient is being seen Friday. This is really amazing!"*

### Attachment

During this reporting period, the FNW Division hired an internal Attachment Coordinator to support the attachment between the public seeking a GP and family physicians accepting new patients. This role is to work in conjunction with the HealthConnect Provincial Registry which is set to launch in the next reporting period. This role will continue to support and facilitate connecting patients with doctors; however, rather than being directly contacted by patients, they will utilize the registry which will house all attachment requests.

### Feedback from the Community

As mentioned in the previous report, at the beginning of the fiscal year, the FNW Division introduced an opportunity for the public to share feedback through the public facing division website. Not surprisingly, themes from this data collection largely focused on the need for attachment to GPs in the community with additional feedback inquiring about finding either a GP or an NP in the community. With the anticipated launch of the provincial HealthConnect Registry, patients in the FNW will have a direct route of communication to request a family physician within the FNW. There continues to be an increase in the number of responses between periods with further analysis noting that 50% of respondents feeling somewhat dissatisfied or not satisfied with being able to find what they were looking for and 18% of respondents feeling somewhat satisfied or very satisfied with being able to find what they were looking for. Further analysis and monitoring of this format for engagement will continue to be tracked, analyzed and shared.

Additional resources have been launched related to public engagement through various FNW Division social media strategies where the division's communication team is utilizing multiple social media platforms to:

- Increase public perception, understanding and satisfaction of what primary care services are available in the FNW
- Increase the promotion of division specific activities and programs to members through ongoing maintenance of division resources on the public facing website
- Increasing attachment and access to primary care services in the community through increased public education and understanding of what's available, but also how to properly utilize the primary care services within their communities.

Feedback from physicians, partners, internal and external stakeholders has also been collected and key themes that have emerged include:

- In relation to NP contracts:
  - Questions around financial compensation, overhead, and general feedback from a physician noting excitement around finding a fit for their practice
- In relation to the RN in Practice:
  - Feedback and questions emerged in relation to billing, overhead, and the general implementation of the RNs into family practices.

## Lessons Learned

1. How stakeholders define 'team' may differ based on the organization they belong to and/or their current role.
2. Opportunity for patients to access services online (i.e. booking appointments through an online portal) in some FNW clinics has reduced barriers - as described by patients - for accessing appointments that are convenient for them. An additional potential benefit is that by receiving confirmation emails of the scheduled appointment, the likelihood of no-shows is reduced. That being said, patients may book inappropriate appointments which previously, the MOA would have been able to adjust over the phone.
3. The intent of the PCN supports and initiatives in FNW family practices is to increase efficiencies, decrease redundancies and obstacles in the health system and ultimately increase attachment, access and improve health outcomes for the population in the FNW. With that being said, the introduction of PCN related supports has required physicians to provide a level of documentation that is an increase compared to what was provided previously. The FNW works collaboratively with physicians, stakeholders and partners to ensure that these supports do not create additional burden (i.e. costs, time, stress) to physicians.
4. Access and ownership to data is an ongoing conversation between PCN partners and stakeholders. With diverse organization structures, the conversation around data sharing, access, and frequency are aspects that interact and it's important to acknowledge that the data sharing process is not always clear and straightforward.