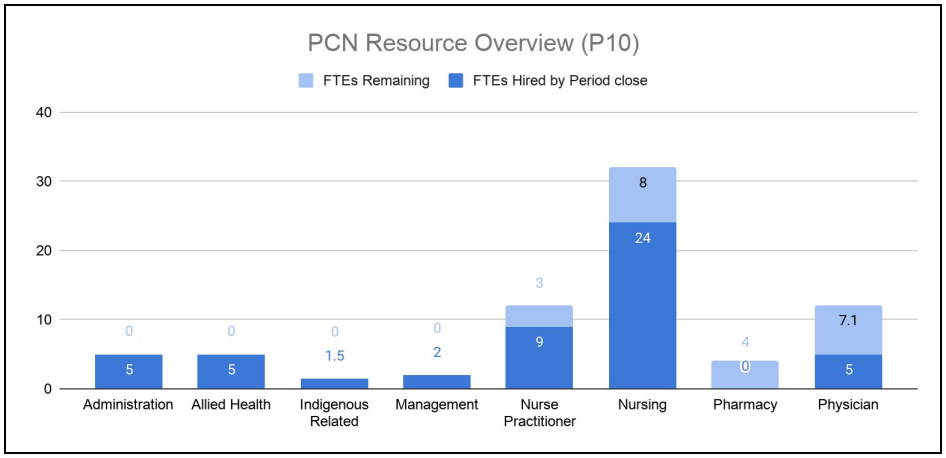
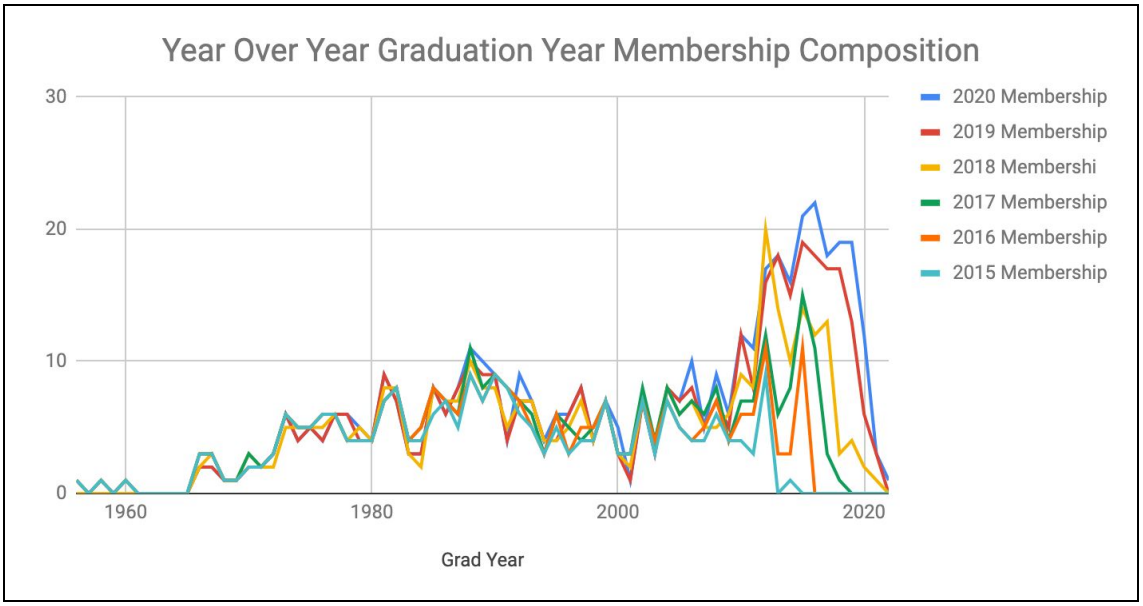
Fraser Northwest Primary Care Network

Period 10 Addendum Report

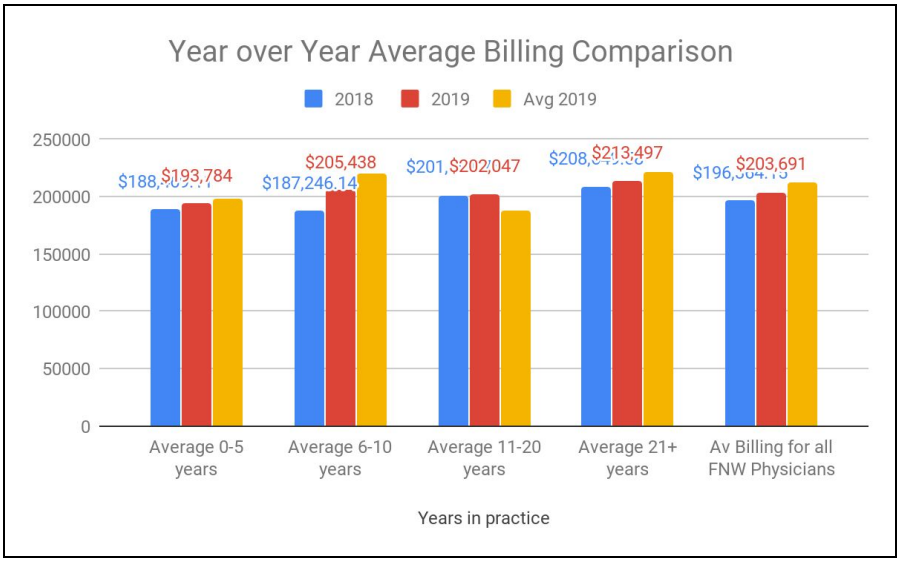


FNW Community Overview

FNW Division membership comprises approximately 450 physician and provider members. Although this number is large, 40% of FNW members have been in practice for 20+ years. This is a significant portion of the membership of FNW. Membership is, not surprisingly, largely made up of community Family Physicians with a similar number of locums and hospitalists comprising the bulk of the members. Year over year membership composition continues to show strong numbers for Physicians in their first 10 years of practice, the graph below represents the year over year membership composition based on members' graduation year:



The average Blue Book Listings for Physicians in the FNW in 2017, 2018 and 2019 are represented in the chart below. It's important to note that these numbers reflect Physicians in a variety of roles and providing primary care services in a number of different practice types - i.e. Family Practice, Walk-In Clinic, Hybrid, Locum, Residential Care, Hospitalist, Maternity, Addictions and a number of others practice types.



Overview: Primary Care Provider Community Adds & Losses

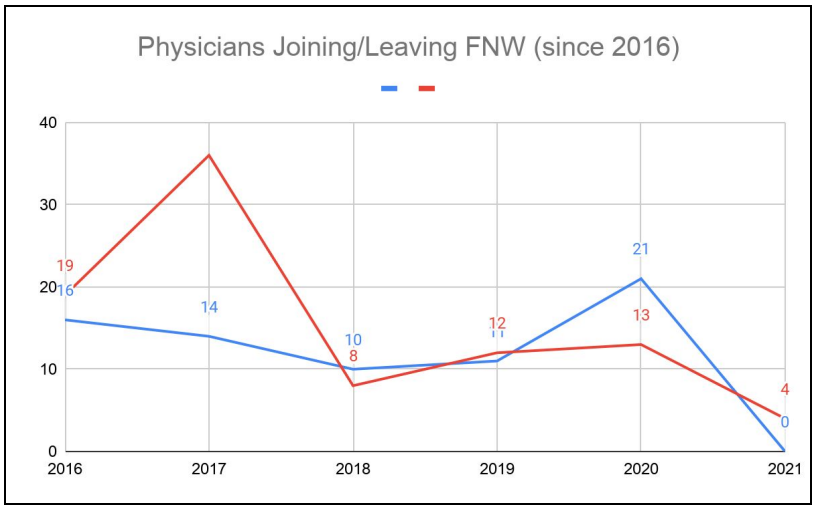
Since the inception of the FNW PCN in April 2019, there continues to be primary care providers joining and leaving the community. The visual below denotes the addition of primary care providers (including both Family Physicians and Nurse Practitioners) to the FNW communities; the leaves of primary care providers (including retirements and other leaves); and the correlating attachment based on data collected from the FNW Attachment Hub. A detailed breakdown of the projected retirements can be found later in this section.

	2019	2020
Provider Adds	10	8
Provider Losses	15	22
Net Loss/Gain	-5	-14
FNW Attachment Hub #	856	2792
MoH $0 Fee Code Attachment	NA*	73,386

**MoH Data currently only available for 2020*

Work is underway to welcome potential International Medical Graduates (IMGs) Return of Service (ROS) from the UBC program and the Practice Ready Assessment (PRA) program into community practices to take on a panel for longitudinal practice. 2 Physicians from the PRA program have been matched with FNW communities with the clinical assessment commencing in Spring 2021. With regards to the ROS program, 2 Physicians and 2 clinics have been successfully matched. It's anticipated that these 2 Physicians will start in FNW communities in Summer 2021.

The number of physicians retiring and/or leaving the community continues to grow with those leaving citing high costs that the FFS compensation model currently can't meet with how some family physicians practice. Since 2016, there have been approximately 77 physicians leaving the community with 11 physicians leaving in 2019 and an additional 21 leaving in 2020 already. The graph below shows the distribution of Physicians leaving the community compared to those joining the community since 2016.



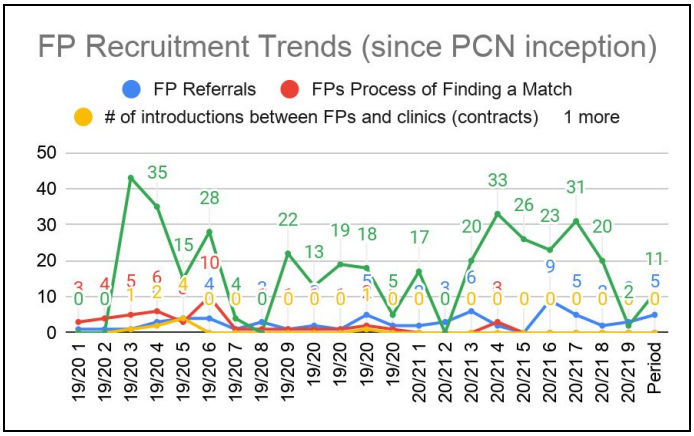
Projected retirements in the next year are set at 7 with a five year forecast of 25 family physicians retiring out of the FNW communities. This projection is an estimate and is based on an estimate that approximately 10% of our

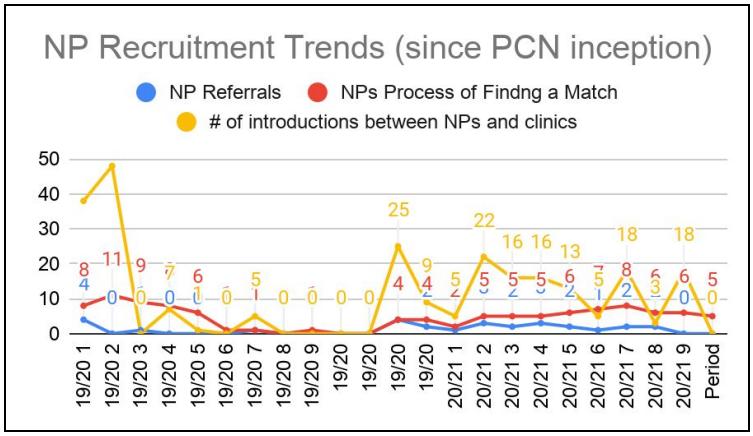
members that are 21+ years in practice will retire between 2020-2024 as we have 173 members that are 21+ yrs. Supportive resources such as RNs in Practice, access to rapid clinical counselling resources and practice improvement support are paramount to retaining the current physicians in the FNW, and recruiting future physicians to practice in these communities.

Family Physician and Nurse Practitioner Contracts

Collaborative work between the FNW, FHA, HealthMatch and the Ministry of Health is vital in order to support increased FP and NP resources in the FNW communities. In Period 10 (December 11 - January 7), clinic openings grew to 19.6 FTE. Table 1 below provides a status overview and update on the breakdown of the NP and FP contracts by PCN within the FNW:

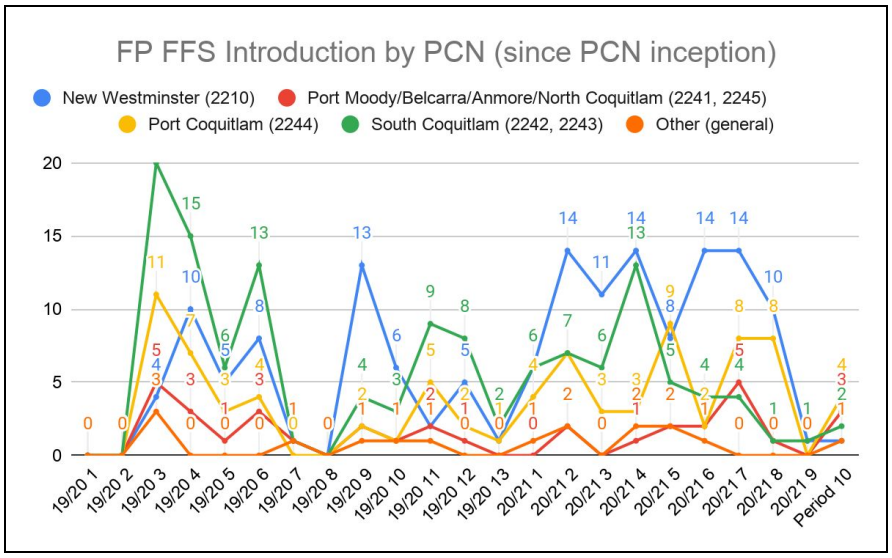
	Referrals		# in the process of finding a match	# of introductions between provider and clinics	# of contracts signed
	# of New Referrals	Running Total of Referrals since PCN Launch			
Family Physician	5	72	0	0	1 PCN Launch Total: 5
Nurse Practitioners	0	39	5	0	1 PCN Launch Total: 10





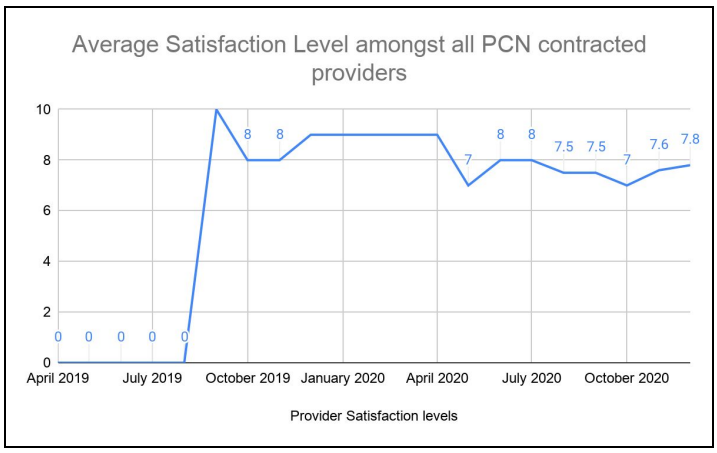
The number of active postings on HealthMatch BC for FPs for both FFS or contract positions decreased in this period to 29 active postings by period close. Opportunities for these postings include: locum and permanent part-time and permanent full-time in the FNW.

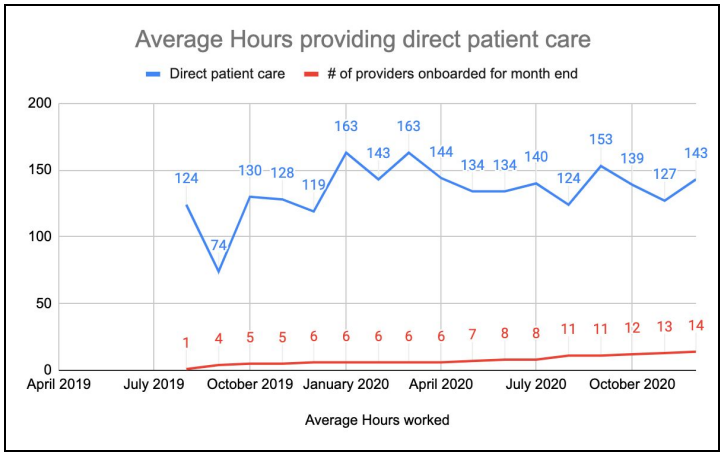
Fee For Service (FFS) opportunities and engagement efforts are underway on an ongoing basis and in this period, there were 11 new introductions between FPs and practices for FFS opportunities such as locum, permanent part-time and permanent full-time.



Practitioner Reporting Feedback

As part of the ongoing development around sustainable contract management, partner organizations co-developed reporting templates that were distributed to all PCN contracted Family Physicians and Nurse Practitioners to support accountability around contract reporting and quality improvement. Providers were asked to share their satisfaction levels and based on the reports received at the time of writing this report, aggregated data reflects an average satisfaction levels for the month of December to be 7.8 out of a scaling of 0-10 (*0 being very unsatisfied and 10 being very satisfied*). Satisfaction-level trends over time are noted below since the FNW PCN inception. The average hours of providing direct patient care are reported and the below graph provides this month over month information



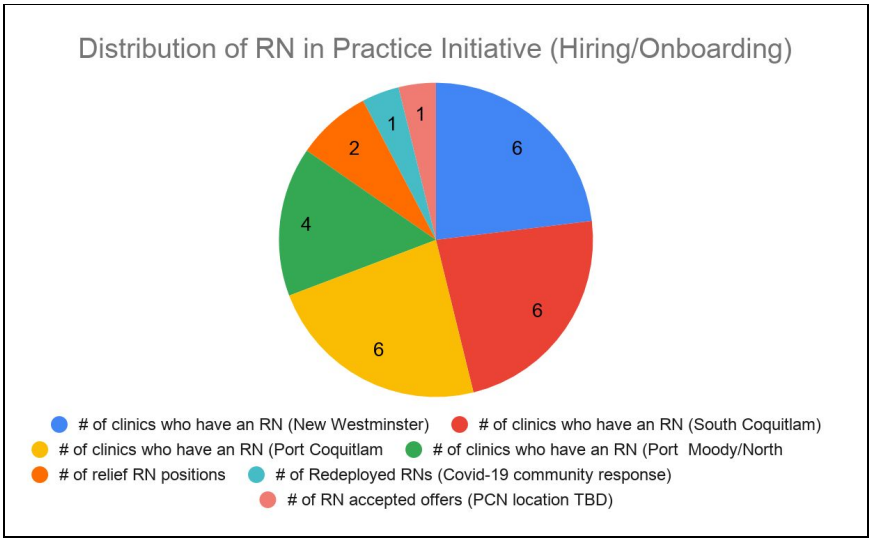


These providers also provide feedback around what's working well, ongoing challenges and what they'd like to share in order to support partner organizations' understanding of the experience providing longitudinal care in a contract-funded environment. Feedback collected in November notes the following lessons learned:

1. Patient volume and growing providers' patient panel is at the forefront for some and providers are eager to meet contract panel obligations while providing accessible care to their patients.
2. Shifting patient perspective and perception of the role of a Nurse Practitioner as this is the first encounter some patients have had with an NP being their primary care provider.

Registered Nurse in Family Practices

In Period 10, there are 23 family practices that now have a nurse. An additional RN has an accepted offer with a later start date in March 2021. The YTD distribution across the PCN's are:



RN In Practice Impact Stories

Recently, two Family Physicians shared their experience around having the RN support their practice in administering both influenza vaccines as well as childhood immunizations. One Physician indicated that when the RN began doing influenza vaccination clinics in the practice, this reduced a lot of pressure and ultimately burnout for Physicians. This Physician shared that they "*didn't realize we were burning out until someone else took the burden off us*." That being said, the same Physician shared the pressures and fear of having another provider providing these to their patients. This Physician felt that it was their obligation as they were patients' Family Doctor and it is their job to take care of them fully. Ultimately, this Physician identified that they were *"doing more disservice to my patients by spreading myself too thin - when I let this go, I found that I was a better doctor, and could spend more time with patients instead of worrying about the flu shot."*

The biggest aha moment for this Physician when recognizing the contributions of the RN and extension of the Physician's work was when *"I realized that there is someone else that can help me, and report back to me and have that shared care [for my patients]. Seeing happiness from patients afterwards and that they felt they were being well taken care of. Patients [have] said 'I really appreciated the nurse'... I felt like it was an extension of the way we practice and that it was good care - and it didn't have to come from me...I realized that I can release control and there can still be good care for my patients."*

The second Family Physician who shared their experience spoke around the impacts of the RN on providing childhood immunizations and - more recently - well-baby checks. Since joining the practice, one of the goals for the RN was to incorporate them into administering the childhood vaccines.

> *"This role developed from just vaccine administration to a more comprehensive visit: the RN will go in and meets with the family first, answers any questions about nutrition and growth, provides education and reviews all of the developmental milestones. The RN then reviews this with the Physician and the Physician will go in and complete the remainder of the check with the families...This has been a huge value add to the patients as patients feel like they have ample time to ask questions, get education, and the patient leaves feeling more satisfied with their visit."*

The story below explores the impacts that the Registered Nurse in Practice Program has had on Physicians and members of the clinic's care team.

The Nurse In Practice Journey….

Our office was one of the first 3 in Fraser Northwest to try out a new way to provide primary care services making use of an FHA-provided nurse – the RN in practice (RNiP). We really didn't know much about it other than it would force us to change. We all felt that the status quo was not sustainable or satisfactory. I guess we were desperate to embrace change of any sort. So we dove into the deep end, and hoped for the best.

It seemed that we would never come back to the surface, but after endless cycles of incremental changes, we've come to really appreciate how the RNiP truly assists us in our daily work. The COVID pandemic threw a huge wrench into our entire office, but again, we've risen to the surface, treaded water a bit, and are swimming towards the shore once more.

When our RN is on site, she's usually not noticed – and that's a compliment. She has integrated well into our workflow that she's generally seamless.

Nothing illustrates how integral our RNiP has become than when she is not available. This has happened on several occasions due to vacation (when a replacement was not available) and due to unforeseen emergencies – such as illness (thankfully not COVID).

Some examples of include the need for the doctors to actually syringe those plugged ears. We have to complete the well-baby checks rather than review the Rourke and do the focused physical exam. We are taking out sutures and staples, applying dressings, giving injections – rather than just appreciating the end results of a good wound assessment or vaccination. Our MOA's have to interrupt us more for panicked phone calls, rather than transfer them to the nurse. Our patients who are overdue for BP or weight checks – because the pharmacies no longer offer their devices – can easily book with our RN to do those checks and counsel them further. N patient intake is so much easier, because the core data set is already gleaned for us and documented in the chart. We have to spend double or triple the usual time doing our complex care planning as our RN has become adept at doing chart review, medication summaries, and advance care planning for us, ahead of time. She's even become the extra MOA assistant, when needed, to help clean our exam rooms!

In short, if we could afford it, I don't think we could ever go back to working without a nurse in our practice.

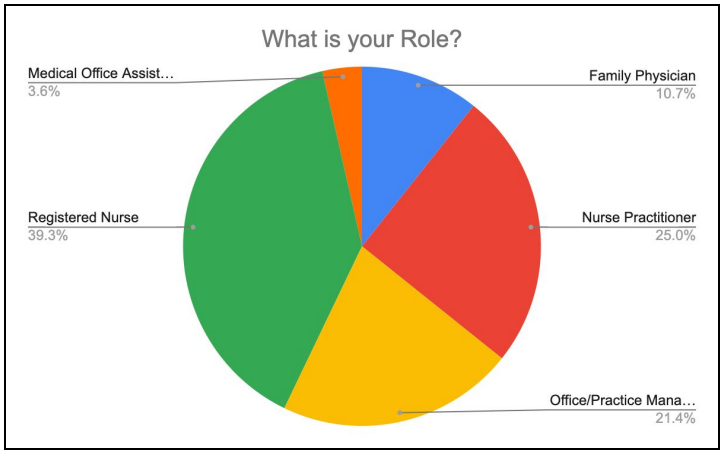
Another clinic shared an example of their RN knowing sign language and supporting communication between providers and patients who may be deaf and/or hard of hearing. This skill works to reduce barriers for access for both providers and patients and is an example of strengthened team-based care within a PMH.

RN Encounter Coding

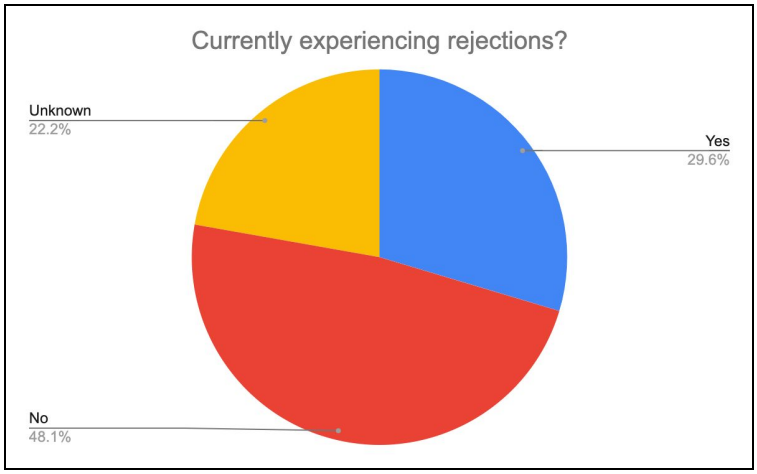
Accurate encounter code data is vital to the ongoing implementation of the RN in Practice Initiative and it's important that PCN funded resources do not add to the workload, but reduce it. Clinics that receive billing rejections have noted that correcting these are increasing the overall workload as opposed to reducing it. The continued rejections have been affecting the Family Physicians, Nurse Practitioners, RNs and practice staff in these clinics and some rejections date back to the summer. Collaborative work between the Division team, the PCN contracted providers and the support team from the MoH continues throughout this period.

To better understand the scope of these rejections, the support required to rectify them, as well as the overall current state, an Encounter Coding feedback survey was distributed to all PCN Contracted Primary Care

Providers, RNs, and PMH practice/office staff to better understand the current scope of the PMHs encounter coding progress. 12 separate PMHs responded with a total of 28 distinct responses, the distribution of respondents was predominantly RNs completing the survey:



82% of the respondents indicated that they are currently doing encounter coding and when asked about receiving rejections, approximately 30% indicated they are still receiving rejections to some degree (some indicated one, or a few codes, specifically, others indicated all are getting rejected):



Collaborative work is underway between the FNW Division, FHA, Doctors of BC, PSP and the MoH to provide support for the PMHs and providers who are encountering these rejections. Work is also underway to begin reporting on the MSP level data for these encounter codes in the next period report.

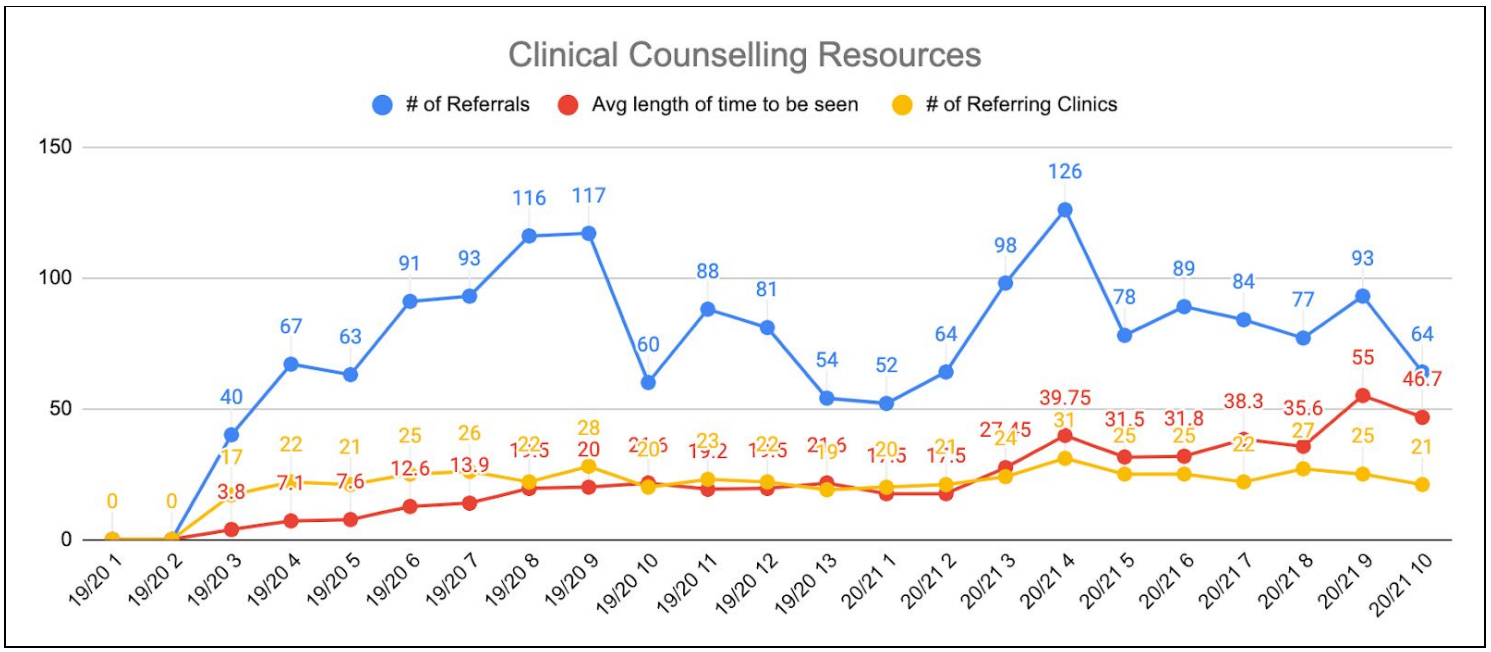
Allied Health (Clinical Counsellors) Supports - *Contracted Agency*

The number of referrals for this reporting period decreased along with the average length of time for patients to be seen when comparing numbers from the last reporting period. The table below details the change over the last period to the current period:

	Previous Period (P9)	**Current Period (P10)**	**Difference**
# of Referrals	93	64	↓
# of Referring Clinics	25	21	↓

Average length of time for patients to be seen (*days)*	55.0	46.7	↓
# of clients seen	157	84	↓
# of appointments scheduled	252	135	↓

The chart below details the period over period trends for the # of referrals, # of referring clinics and the average length of time for patients to be seen after first contact since PCN inception.



Allied Health (Clinical Counsellors) Supports - *FHA MHSU*

A FHA resource developed to support access to mental health and substance use supports for FNW community physicians launched where 4 FTE Mental Health Clinical Counsellors are available to FNW physicians to support providers and patients as part of the Primary Community Care team. Details on the number of referrals can be found in the table below:

	Previous Period (P9)	**Current Period (P10)**	**Difference**
# of Referrals	60	41	↓
# of Referring Clinics	21	20	↓

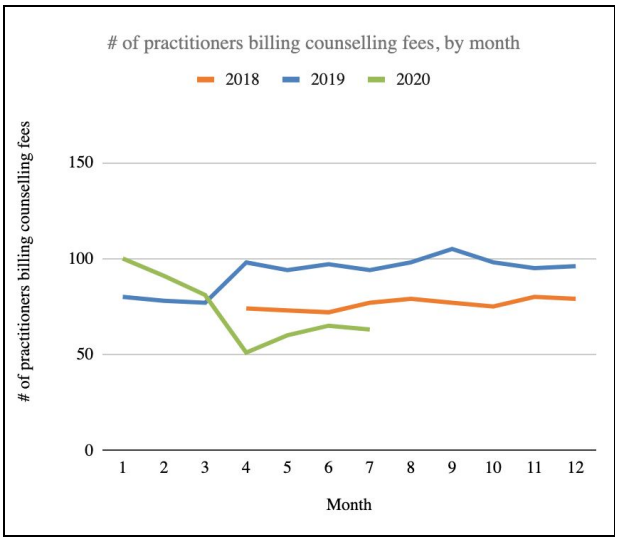
In Period 10, referrals to the program decreased compared to the previous period. This resource is working closely alongside the other clinical counselling resource in the above section to support the demand for services, approximately 12% of the referrals for this period were from the other service provider.

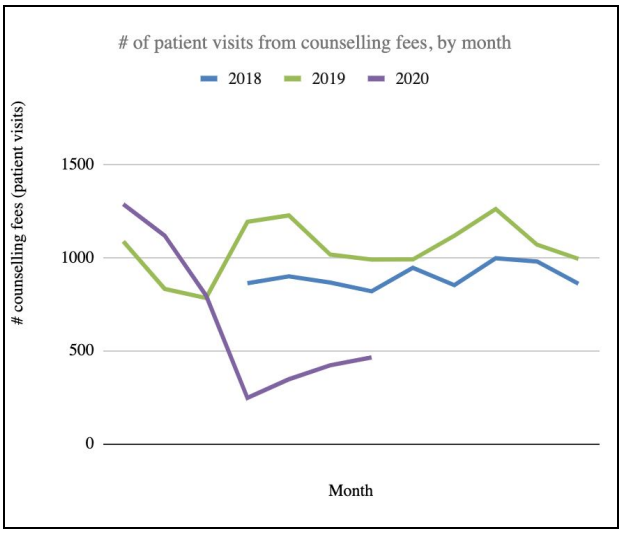
Work is underway between partner organizations to develop and implement patient feedback surveys to get a sense of the impacts that both mental health programs have had on patients in the FNW communities.

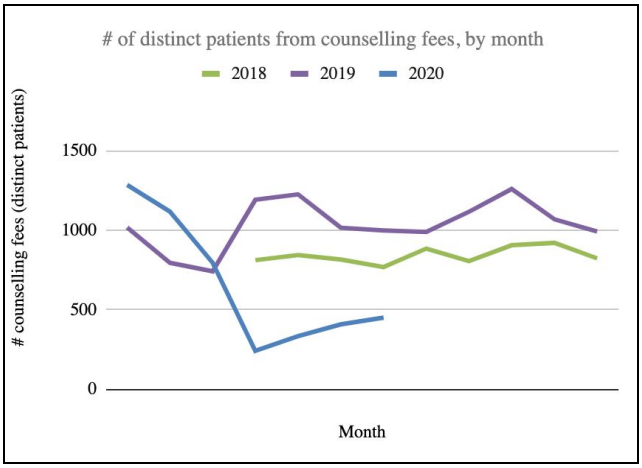
Mental Health Program Impact

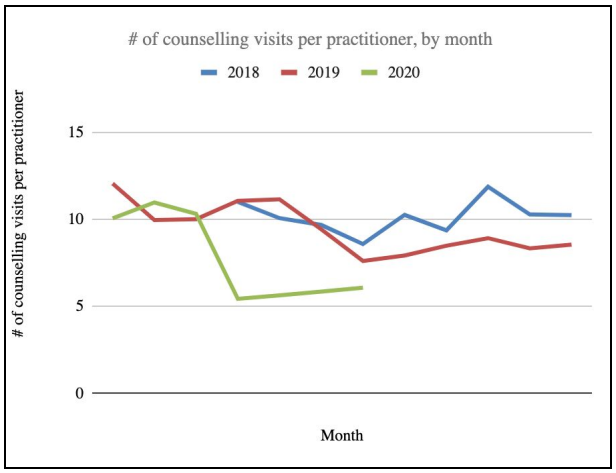
Through the co-development of these programs, the intention was to increase patient and physician access to rapid counselling supports given the high waitlist for existing community supports. This intent in turn decreases the burden in caring for these patients that is placed on family physicians which then could create increased capacity. Year over year comparative data provided from the Ministry of Health which looked at the MSP billings for those physicians in the FNW who have referred to this program details that although there has been an increase in the number of physicians billing, the counselling fees, distinct patients and average counselling visits/provider have all decreased. As a note, the MSP data is not fully complete until after 90 days. The tables below shows the year over year comparison broken down by month for:

- The # of practitioners billing for counselling fees
- The # of patient visits from the counselling fees
- The # of distinct patients
- The # of counselling visits/provider









Indigenous Related Supports

As one of the partner organizations in the Fraser Northwest Primary Care Network, Kwikwetlem First Nation has worked to identify the resources needed in their First Nation Community. These resources will work to support increased attachment and access to primary care services for the Nation, as well as surrounding urban and away from home Indigenous population.

The Kwikwetlem Primary Care clinic opened mid-October for community members. The clinic is staffed with two doctors (52 FP Sessional), an MOA, a Nurse Practitioner, a Registered Nurse, elder home support worker (0.5 FTE) and an Aboriginal wellness advisor (1.0 FTE).

The members of the Kwikwetlem First Nation are accessing the services from the clinic. The soft opening has been a great success according to the team and the community members accessing services. The Physicians are in on Tuesdays. There is also a Nurse Practitioner in the clinic on alternate Fridays. The Community Health Nurse is in 2 days/week to do drop-in for Kwikwetlem First nations members for injections, medical assessments, referrals, wellness checks, blood pressure, blood glucose checks, wound care and assisting with the Physician of the day's phone calls.

The elder home support worker is serving three elders and has two elders waiting to be seen. Now, they are in 3 days/week and help the elders with meals, housework, shopping, medical appointment transport for specialist appointments, referral for specialists, and when it can be done safely planning activities for the elders in the community hall.

The Aboriginal wellness advisor has assisted the Director of health to assess the wellness needs of the community. They are currently working on meeting the needs of the community by seeking community partnerships with local organizations. In addition, the wellness team is actively seeking grants for wellness programs. Lastly, the Aboriginal wellness advisor worked with the Nurse to hand out food to the community members and provide lunch for the children, youth, and elders.

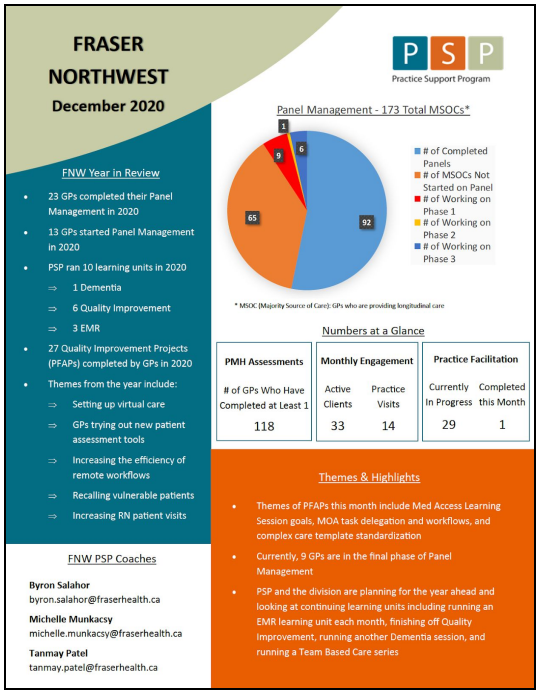
Feedback from the community identified "love[ing] the two new doctors and the elders are incredibly happy with the elder support person. They are seeking an increase in elder support due to increasing needs in the community."

FNW Practice Support Program

The Practice Support Program (PSP) provides family physicians the opportunity to *"practice more efficiently, focus on providing proactive care, and work towards adopting attributes of the Patient Medical Home."* As reported by PSP, most of the PMH/PCN work that is taking place relates to:

- Panel Management
- Panel Maintenance
- Patient Experience Tools
- EMR Skills Assessments

Below is the month over month comparison from the previous report shared:



	# of MSOC Physician	# of PMH Assessments completed	% started Panel (MSOC)	% Completed Panel (MSOC)	Started Panel	Working on Phase 1	Working on Phase 2	Working on Phase 3	Workbook Complete
Previous month (November)	172	118	63%	53%	108	9	1	6	92
Current month (December)	173	118	62%	53%	108	9	1	6	92
Change	↑	=	↓	=	=	=	=	=	=

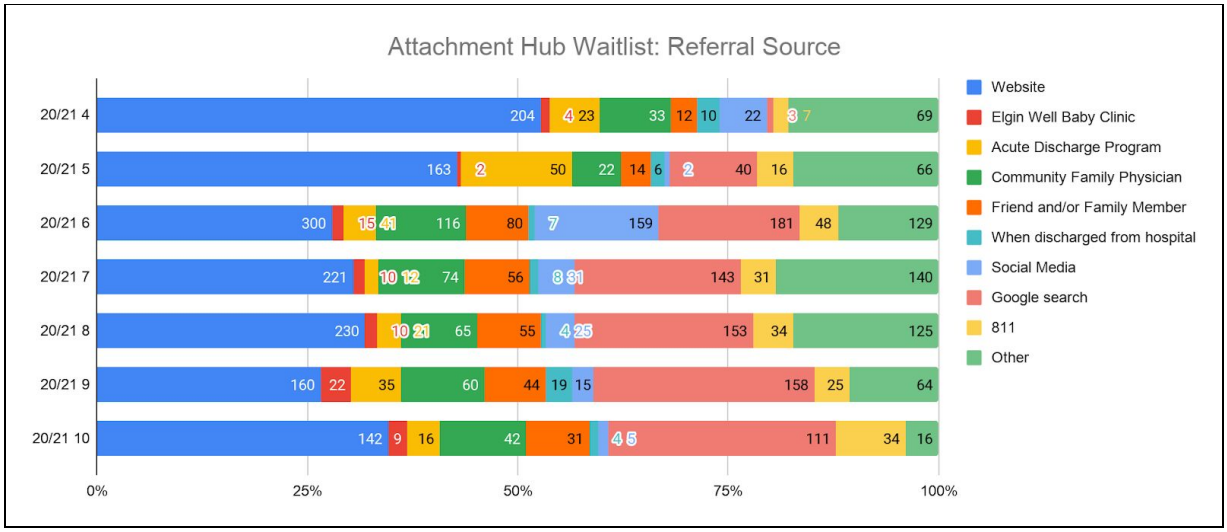
Attachment

Attachment Hub Waitlist

The FNW Division Attachment Coordinator continues to support the attachment between the public seeking a FP and family physicians accepting new patients. It is important to note that these numbers do not capture the full scope of the community attachment taking place as there are primary care providers attaching patients without connecting with the Attachment hub. True attachment data may be reflected in the 0$ MSP fee codes; however, work to implement those across the region is an ongoing process between partners. Since the inception of this dedicated resource to the community in Summer 2019, the waitlist for patients continues to grow and recent data provides an indication of the average wait time of those who have been attached broken down by community:

Community	**Average Wait Time (*days)***	**Total # of people attached**
New Westminster	95	201
Port Moody	92	49
Coquitlam	34	257
Port Coquitlam	99	620

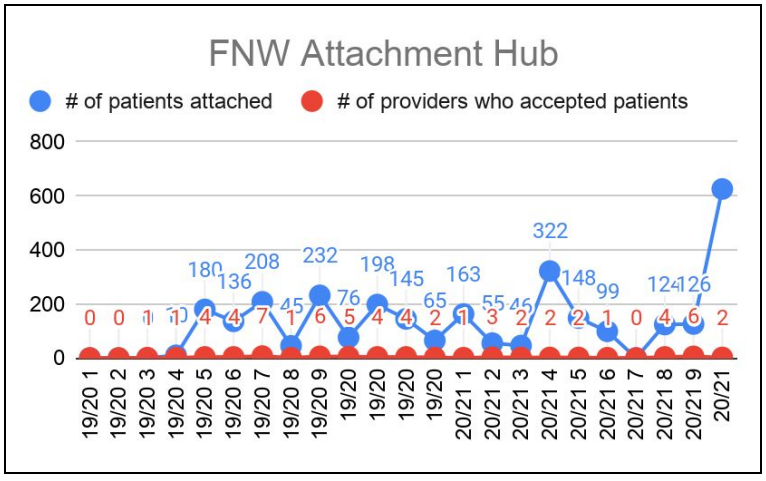
When people join the Attachment Hub Waitlist the referral source is also collected, below is a breakdown of the main referral sources by period since FY 20/21 Period 4 as a data is currently available for these periods:



Passive Attachment

During this reporting period, the table below details a breakdown of the attachment work that took place by the Attachment Hub:

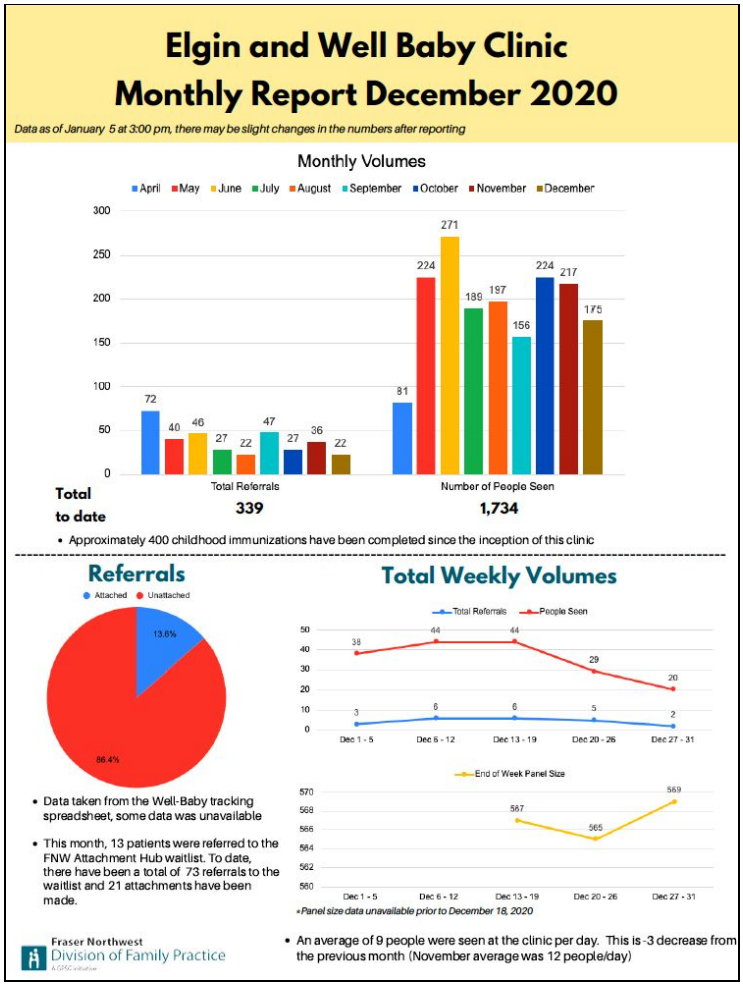
	New Westminster	South Coquitlam	Port Coquitlam	Port Moody, Anmore, Belcarra, North Coquitlam
# of providers who accepted patients	1	0	1	0
# of patients attached	1	0	625	0
# of patients waiting to be attached	1598	1422	274	823

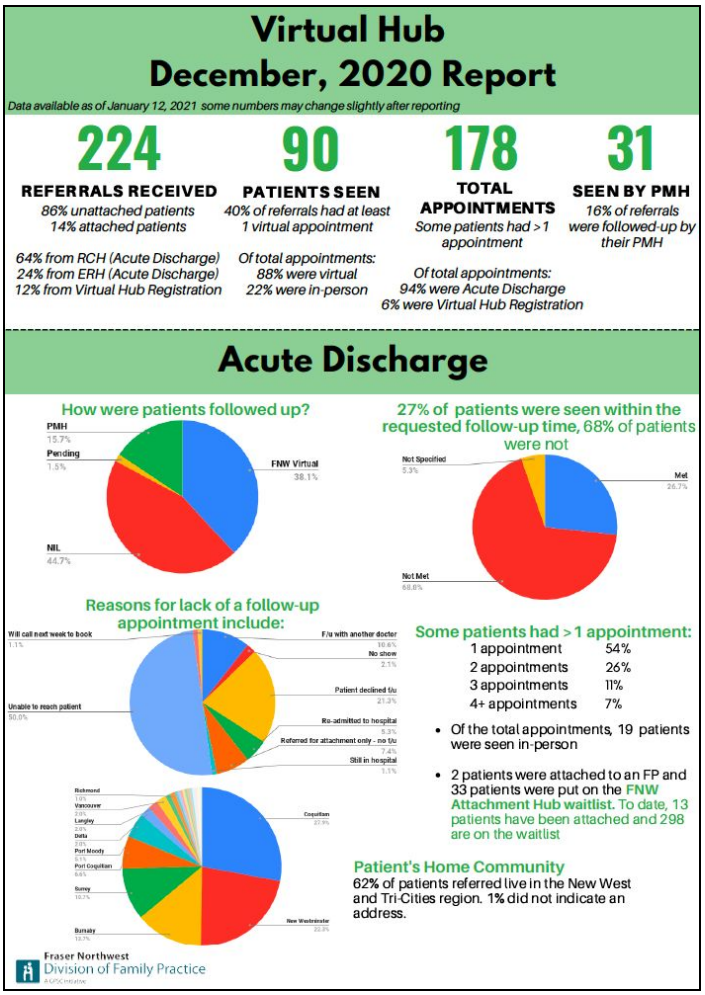


Active Attachment

Recently, with the introduction of additional mechanisms that support the coordination of care between systems, an opportunity was identified to build on and actively link these with the FNW Attachment Hub.

Unattached moms and babies seeking prenatal and postnatal care at the FNW New Mom/Well Baby Clinic (stationed at a local clinic in Port Coquitlam) are now directly linked with the Attachment Hub and upon discharge from this clinic are connected with a Family Physician in the community. Additionally, work has taken place to connect unattached patients recently discharged from the hospital to a Family Physician. Immediate follow-up care is provided through the Acute Discharge Program with the intention that longitudinal care will be provided by the attaching Physician. The visual below reflects the New Mom/Well Baby and the Virtual Hub programs December referral data:





On November 9th, the FNW Virtual Care Hub was launched to the public. This clinic will continue to be introduced through a phased approach with current access being 5 days a week between 9-1; however, it's intention is to provide 7 days/week access to routine and non-emergent care to patients in the FNW communities. This care hub builds off of the current Acute Discharge Program and will continue to collaboratively work with the local hospitals, FNW PCN resources and the FNW Attachment Hub. Patients are able to access this service whether they're attached or unattached. The three main program objectives are:

1. To reduce incidence of hospital readmissions and ER visits by providing timely, accessible and comprehensive follow-up care post-acute discharge for patients who:
    - Are not attached to a longitudinal primary care provider
    - Are attached, but whose primary care provider is unable to provide follow-up care
2. To facilitate attachment to continuous primary care for patients without a longitudinal provider
3. To provide access to a virtual care platform for patients seeking after hours care

Achieving the above will aim to reduce acute care costs through

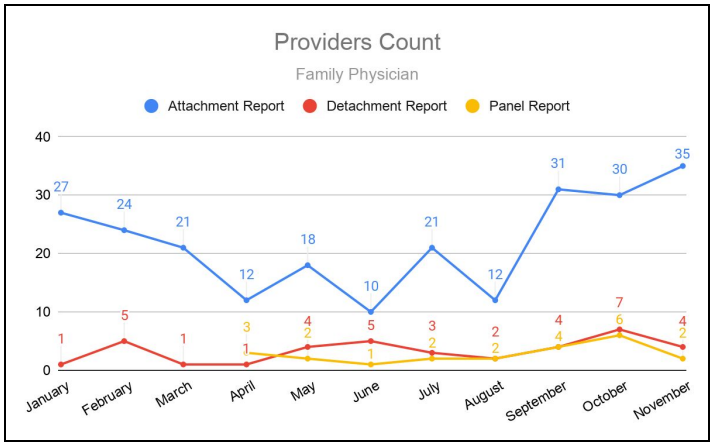
- early identification of complications following discharge from hospital
- reduction of unnecessary ER visits through diversion to an after hours virtual service
- Attachment with an FP may reduce costs given previously patients seeking care may go to ER; now, that same may be provided by FP

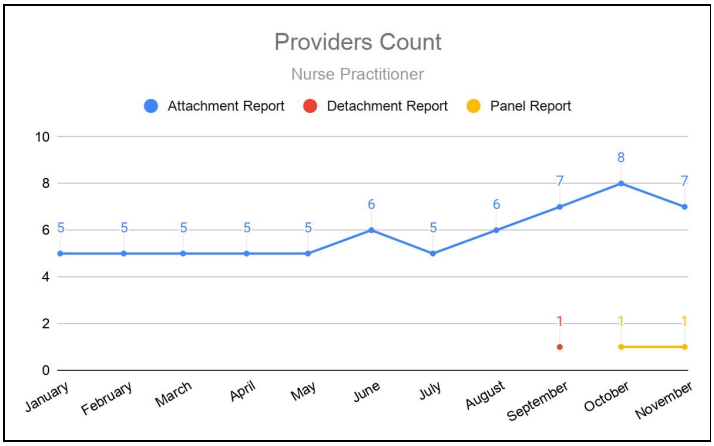
Impact Story

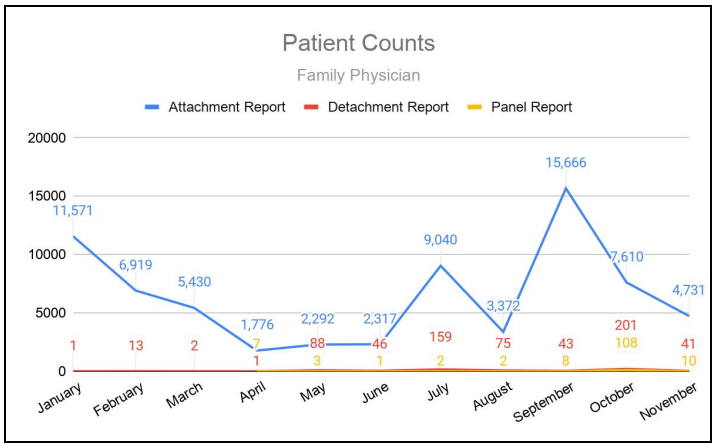
Recently, an experience was shared by FHA Community Health Nurses (CHNs) whereby they had been supporting multiple homebound patients whose FP has had to retire on short notice. These patients required timely follow up due to their health status. The CHN was immediately connected with the FNW Virtual Care Hub whereby these patients were able to be seen within the week. The CHN shared this sentiment after connecting with the Virtual Care Hub MOAs to set up appointments *"this was/is very helpful, thank you for getting this information into my hands. I have spoken with [the MOA] this morning at your office and [they were] kind enough to talk over the process for my clients in an effort to make things as easy as possible for them. [They] took all the client information from me on the phone to set up their accounts so that the clients may focus on their scheduling of an appointment and their care moving forward. [The MOA] was fantastic and very helpful! I have now notified both clients that they are to call and book a phone appointment and it is my hope that they will do this as soon as possible as [the MOA] had mentioned that there was some availability this week. Thank you all for your help and guidance here. Hopefully we can make a positive impact on the health of these two clients."*

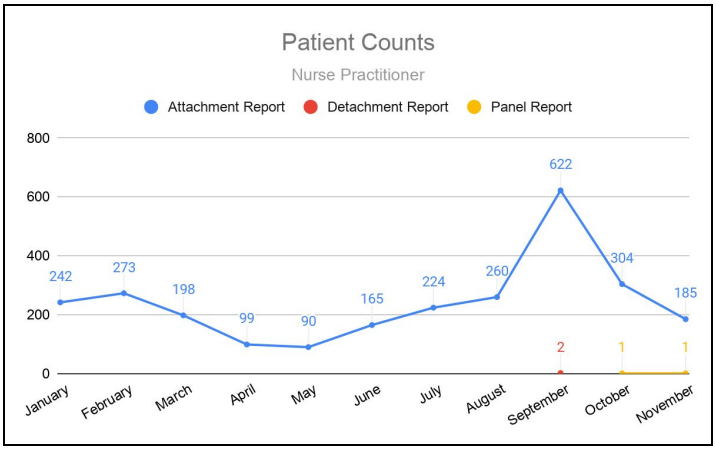
Attachment Coding (MoH)

Attachment data from the MoH has recently become available providing an analysis of the breakdown of attachments and detachments based on provider type and the associated patient counts. Data was shared starting from January 2020 reflecting the trends of provider counts and patient counts - broken down by type of provider and # of times that the specific encounter code was used. The visuals below reflect the month over month trends for both distinct providers (Family Physicians and Nurse Practitioners) and distinct patients (that are attached/unattached to a Family Physician or a Nurse Practitioner):









Feedback from the Community

Preliminary work is underway to develop a PCN related public engagement strategy that collects feedback and stories from patients to better understand what primary care healthcare supports are integral to their continued access and overall health. Engagement work is currently underway to identify opportunities for people in the community to provide feedback on accessing healthcare services for their needs. Responses from the public survey decreased in December with a total of 55 new responses. Main themes surrounded patients looking for a Family Physician and the FNW Attachment Hub Coordinator is working to connect with these people.

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. In December they've recorded the following changes in public engagement through the social media platforms:

Channel	# of Posts	Engagements	Followers (+/-)
All Channels (Facebook, Instagram, Twitter, LinkedIn)	+153	689	+58

Physician Feedback and Engagement

In this reporting period, staff members of the Division proactively reached out to all PMHs to inquire about access to PPE supplies. This approach reflects how important proactive reach outs' with members are.

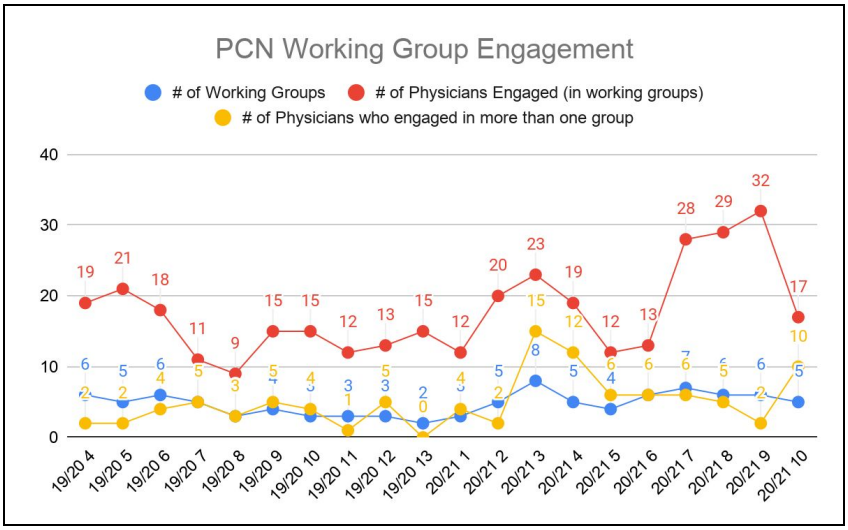
Feedback from physicians, partner organizations, internal and external stakeholders has also been collected and key themes from this reporting period that have emerged include:

- In relation to the FP/NP contracts:
    - Division connecting with contracted practitioners around any support and questions/clarifications that may have emerged since being in practice.
    - Division connecting with MoH around billing rejections and identification of strategies for improvement
- In related to the RN in Practice Initiative:

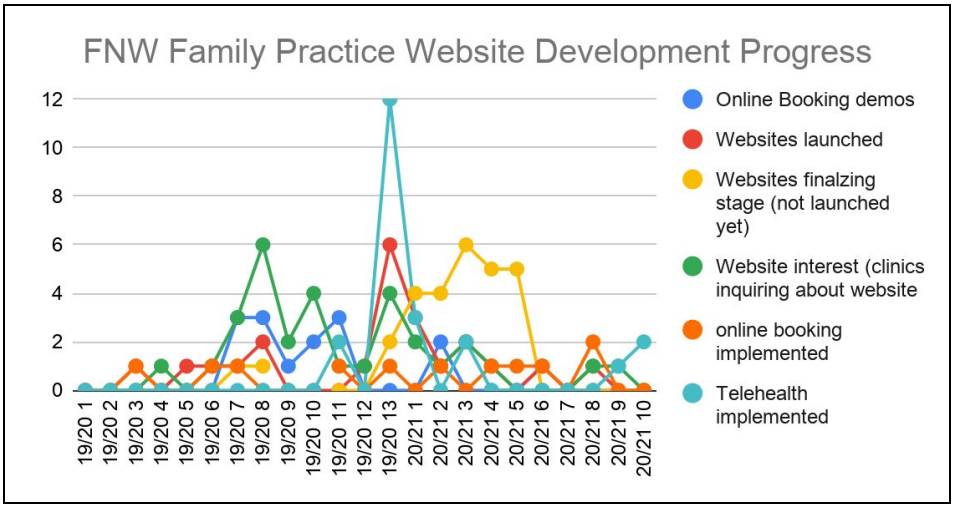
- Billing questions around virtual care between the RN and clinic Physicians
- Physician Leads are identifying and sharing Most Significant Change stories around the RN in Practice and the impacts that the provider can have on patients that enhance access.
- Ensuring seamless coverage when short-term and/or long-term leaves arise is an ongoing conversation. For some PMHs this impacts patient access and care when unexpected leaves arise and no coverage is available.
- Encounter coding support may be required with clinics as there are still discrepancies between those that are fully doing encounter coding and those that are still encountering all rejections and those that are encountering rejections on specific codes.

- In relation to the other Allied Health Professional positions:
  - Communication with partner organizations around support from Home Health and identification of strategies for strengthening relationships between primary care and community care

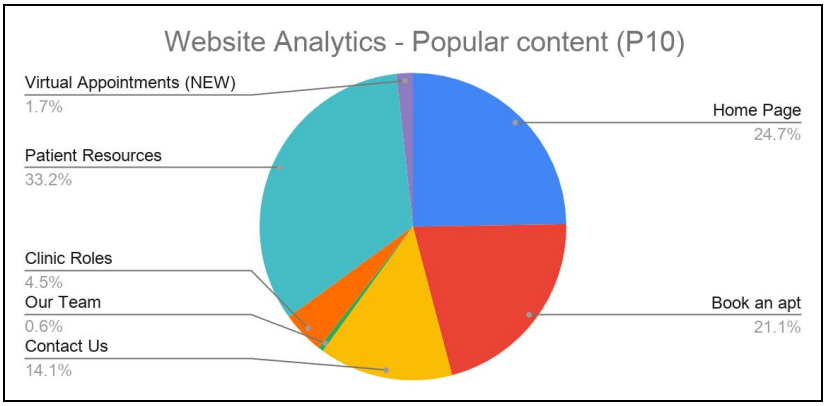
Physician engagement for this reporting period includes:



Additional engagement support provided to FNW physicians is the website development as supported by a FNW Communications and Strategies Coordinator. The move to providing primary care services in a virtual setting continues to grow and expand. A full list of the clinics in the FNW and their associated websites can be found by clicking here. The chart below details the main steps in clinic website developments period by period.

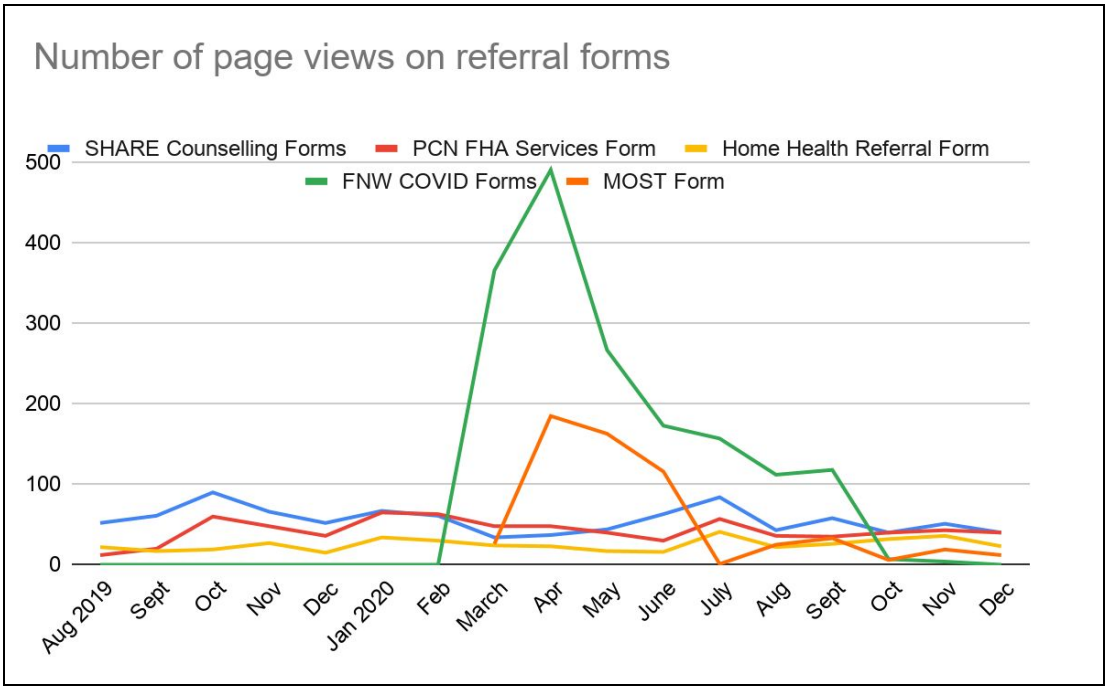


Website analytics that looks at the total page views and visits from the public on popular links from each clinic website and approximately 21.1% of the total 'clicks' were on Booking an Appointment.



Pathways

Pathways is a virtual directory that allows local Family Physicians and providers to identify and access resources, supports and services for their patients on a variety of healthcare related concerns. It is a tool used by Physicians and Specialists for referral resources, wait times, and has been proven to play an important role in the coordination of care between providers. Data pulled from the FNW Pathways site from August 2019 shows the page views of PCN related referral supports as well as details the rapid increase in Covid-19 supports since March 2020.



PCN Lessons Learned

1. ***New*** Designated overhead funds for Allied Health positions embedded within PMHs has emerged as a concern from both the PMHs and the HA. There is an unrecognized management role that the Physicians play in

creating a workplace for these team members and currently that is covered under the existing overhead amount.

2. For FNW PMHs to be eligible for in-practice allied health support, all members of the PMH must be a member of the Division.
3. Work is underway between partner organizations to develop and identify information required to set up Clinic Payee information as it relates to RN in Practice encounter code reporting.