

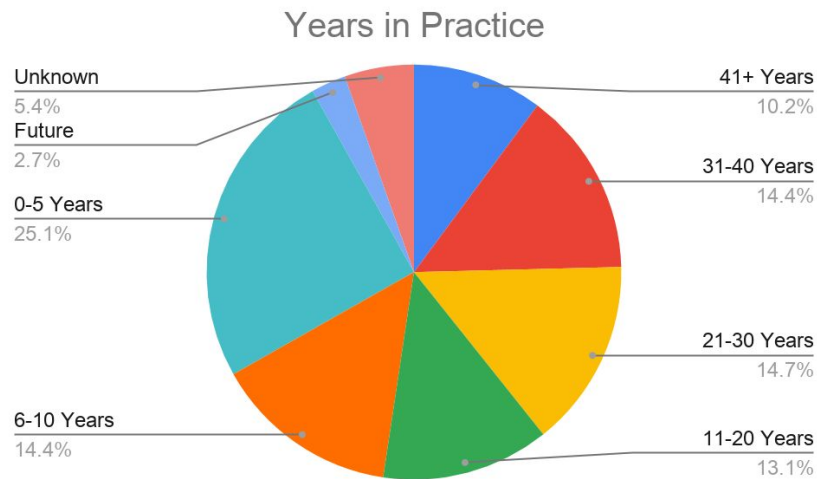
Fraser Northwest Primary Care Network

Period 1 Addendum Report

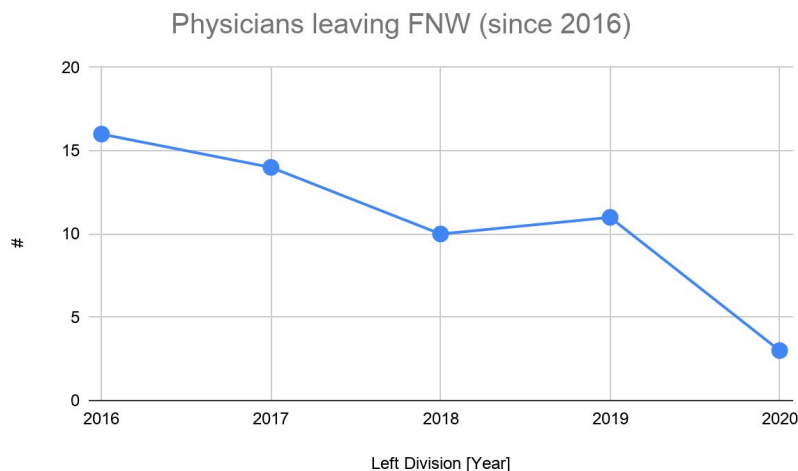
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FNW Community Overview

FNW Division membership is comprised of approximately 435 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. A detailed breakdown can be seen in the chart below:



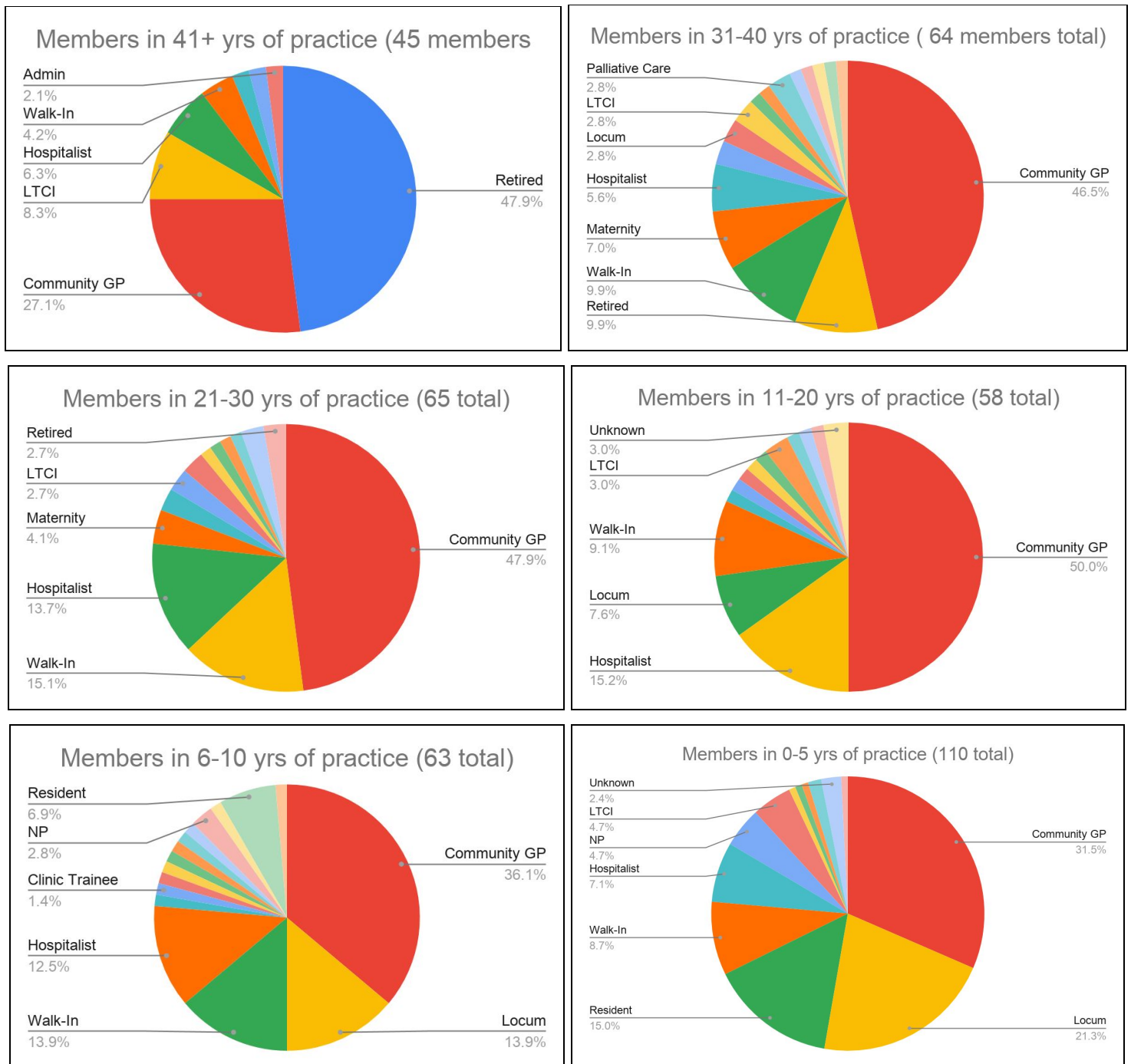
The number of physicians retiring and/or leaving the community continues to grow with those leaving citing high costs that the FFS compensation model currently can't meet with how some family physicians practice. Since 2016, there have been approximately 54 physicians leaving the community with 11 physicians leaving in 2019 and an additional 3 leaving in 2020 already.



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.

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. Residents are also popular members and there is a

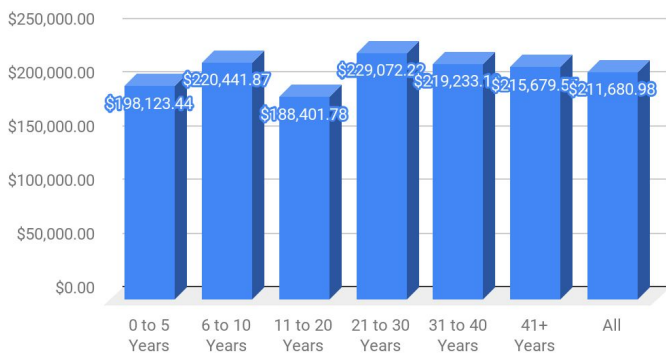
range of approximately 23 other positions including Nurse Practitioners, specialized physicians, retired physicians and medical students - some members may also have multiple roles. A detailed breakdown of the membership composition and years in practice is noted below:



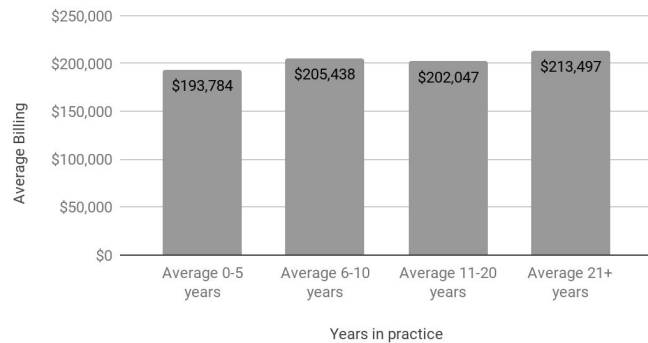
The average Blue Book Listings for Physicians in the FNW in 2019 and 2018 are represented in the charts below. It's important to note that these numbers reflect Physicians in a variety of roles and providing primary care services in a number of different practice types - i.e. Family Practice, Walk-In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

Care, Hospitalist, Maternity, Addictions and a number of others practice types.

2019 FNW Avg. Blue Book Listings by Years in Practice



2018 Average Billing per # Years in practice



Covid-19 Response

With the declaration of Covid-19 as a pandemic by the WHO on March 12, combined with the growing concern in the FNW around safety, accessible Personal Protective Equipment (PPE), closures, and impacts to community Family Physicians, the Division partnered with FHA to launch both a physical and a virtual assessment clinic hosted at a local family practice in New Westminster on March 16. This multi-phased approach included the development of a community based online screening tool (<http://covid19tool.com/>), the set up of a virtual telehealth clinic and the set up of a physical assessment clinic in close proximity to Royal Columbian Hospital in New Westminster.

There was an outpouring of response from community physicians who were willing to support these clinics by taking on shift work as well as a reshuffling of resources by the HA to adequately equip the clinic team with the necessary equipment, supplies and human resources to support this community outreach work. Within the first week of the callout to members to support these clinics, there were over 100 Physicians and Nurse Practitioners who responded to the request. The visuals below show the data collected and shared in the weeks that are included in Period 1 (Week 3 - Week 6):

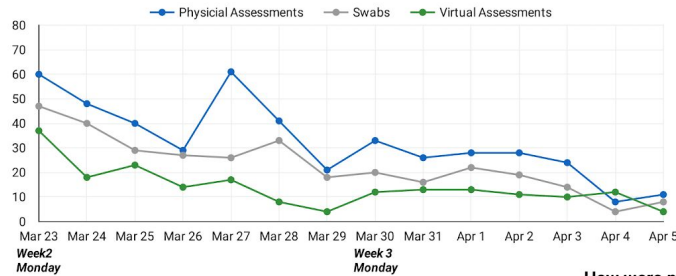
FNW Assessment Clinic Data

Week 3: March 30-April 5

Compared to Week 2 March 23-29

Total Starts to Online Screening	Completed Online Screening	Physical Assessments	Swabs	Direct Physician Referrals	Virtual Assessments	Transfers to ER
7,400	502	158	103	102	75	4
	↓ -11.3%	↓ -47.3%	↓ -53.2%		↓ -38.0%	↑ 1

Number of Patients and Assessments - Week 2 and 3



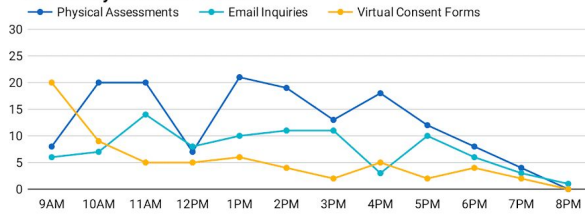
total # of doctors in clinic
11

total # of doctors on virtual clinic
21

Average per Day

- # of Physical assessments: 23
- # of Swabs: 15
- # of Direct physician referrals: 15
- # of Virtual assessments: 11
- Virtual wait times: <5 minutes
- Duration of virtual call: 8 minutes

Total Hourly Volume of Week 3

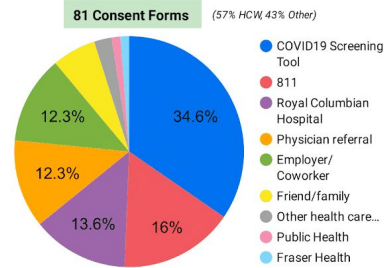


Notes:

- The assessment clinic is open 9-8pm on weekdays, 9-5pm on weekends
- The virtual clinic is open 9-8pm every day
- Healthcare workers require a virtual assessment first before their in clinic appointment

Fraser Northwest
Division of Family Practice

How were patients referred for an assessment? (Week 3)



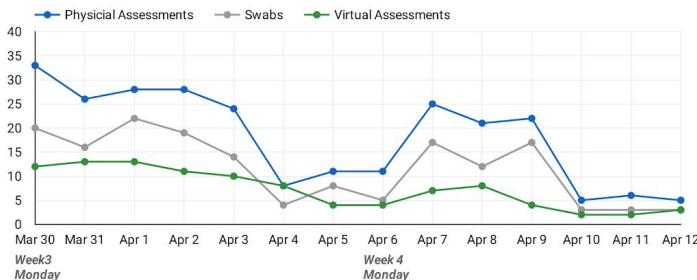
FNW Assessment Clinic Data

Week 4: April 6-12

Compared to Week 3 March 30-April 5

Total Starts to Online Screening	Completed Online Screening	Physical Assessments	Swabs	Direct Physician Referrals	Virtual Assessments	Transfers to ER
7,742	241	95	60	77	30	7
	↓ -52.0%	↓ -39.9%	↓ -41.7%	↓ -24.5%	↓ -75.2%	↑ 3

Number of Patients and Assessments - Week 3 and 4



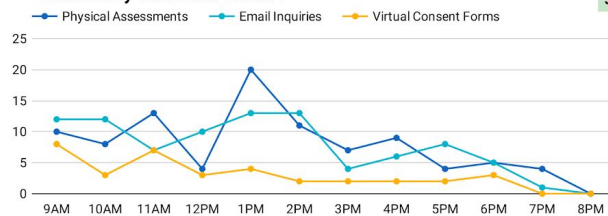
total # of doctors in clinic
11

total # of doctors on virtual clinic
14

Average per Day (Week 4)

- # of Physical assessments: 14
- # of Swabs: 9
- # of Direct physician referrals: 11
- # of Virtual assessments: 4
- Virtual wait times: <5 minutes
- Duration of virtual call: 8 minutes

Total Hourly Volume of Week 4



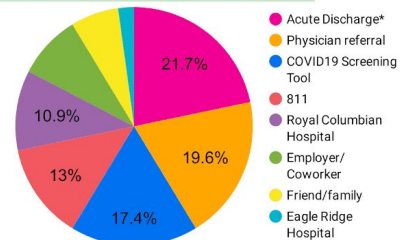
Notes:

- The assessment clinic is open 9-8pm on weekdays, 9-5pm on weekends
- The virtual clinic is open 9-8pm every day

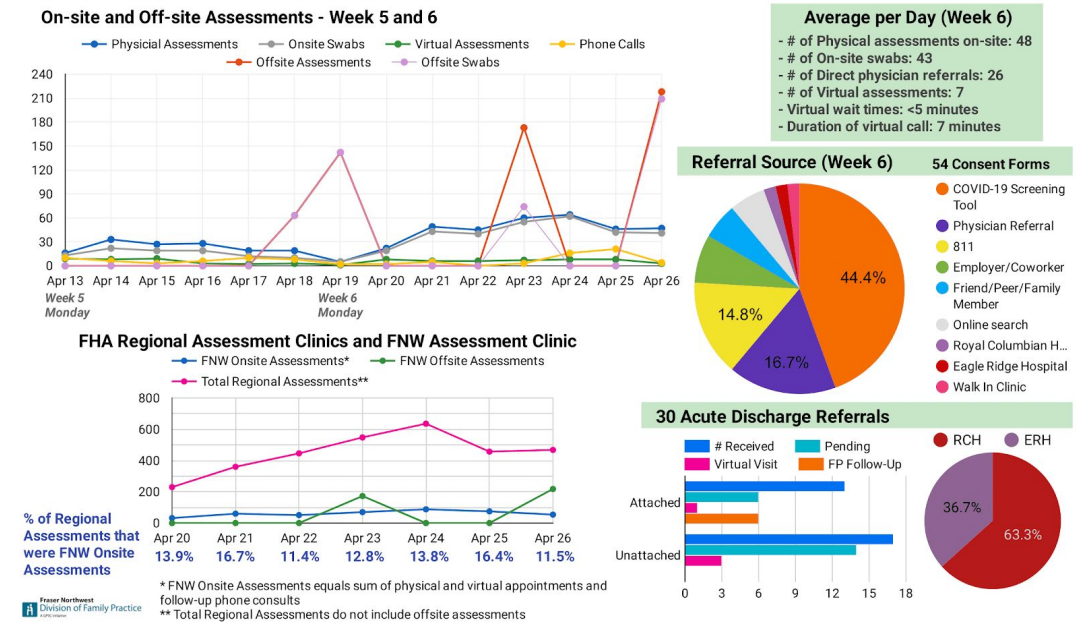
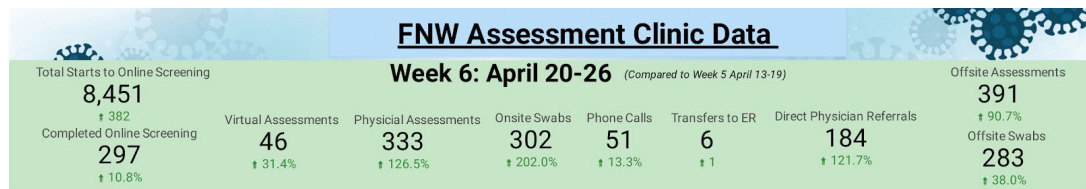
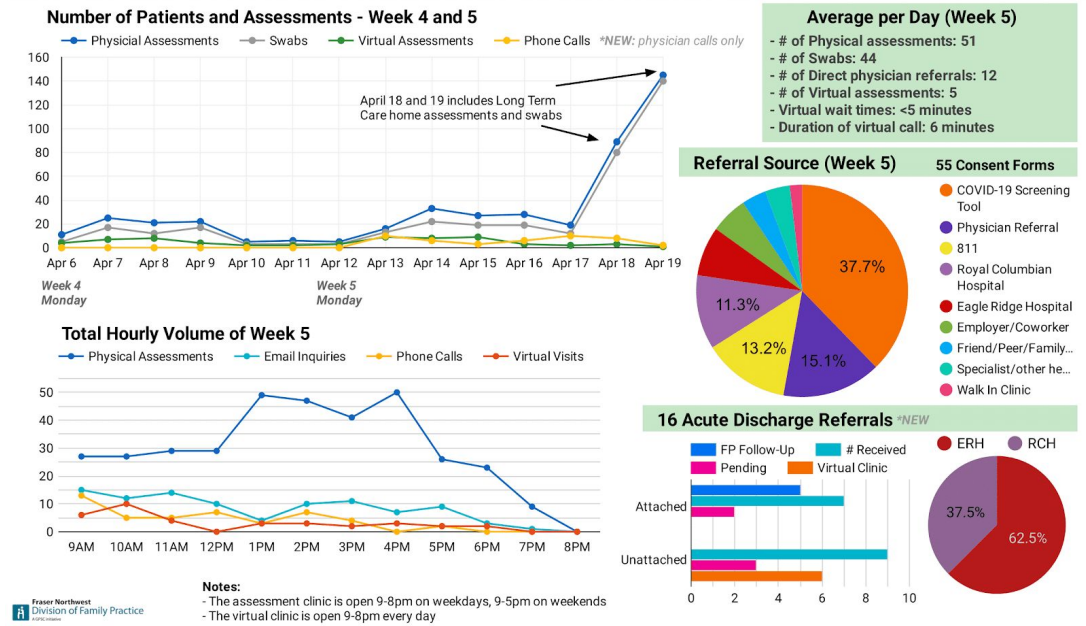
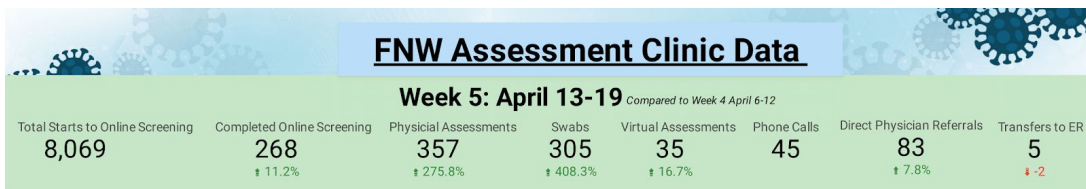
Fraser Northwest
Division of Family Practice

How were patients referred for an assessment? (Week 4)

36 Consent Forms and 10 Acute Discharge Referrals (50% HCW, 50% Other)



* Acute Discharge patients are followed up with their family doctor first or the FNW virtual clinic if not available



With the announcement of the pandemic, this had significant implications on primary care services in the FNW; however, out of this, stories and experiences of strength and community collaboration also emerged, below are a few impact stories that took place during this reporting period:

This initiative has played an integral role in our local response to COVID-19. The Registered Nurses (RNs) that were placed into practices prior to the pandemic have been supporting the Patient Medical Homes (PMH) in such a positive way during this time. A couple of the biggest ways the RNs have impacted the workflow in practices are by triaging and screening COVID-19 calls and doing proactive phone calls to those patient populations that have been identified with additional risk to COVID-19.

Impact Story - MHSU Supports for Patients

These providers are now seeing patients virtually which is ensuring that especially during this challenging and stressful time, that patients are still able to receive the mental health support needed.

As part of the FNW PCN work, physician engagement has expanded since the program's implementation. Building on that, with the current covid-19 outbreak, physicians' peer support has rapidly expanded resulting in a strengthened and unified network of Family Physicians across the FNW. Since launching the COVID-19 & Influenza-Like Assessment Clinics (both virtual and in-person) there was an immediate response of community support from physicians not only within the FNW, but across the province offering to help provide immediate access to patients both in-person and virtually.

Additionally, two virtual community events have been held (March 17th and 31st) where community Family Physicians were joined by a regional Medical Health Officer, representatives from GPSC, the president of Doctors of BC, Hospitalists as well as local Family Physicians sharing how they've adjusted to practicing during these unprecedented times. These two events were attended by over 200 Family Physicians with many of them engaging in both sessions. When Family Physicians were asked what positive impact they've experienced throughout this current landscape, the responses were amazing (see word bubble).



Additionally, engagement on FNW Slack channels increased by 420% in the last month by Family Physicians. This platform enables physicians to communicate with each other, share new and/or updated information, celebrate each other's work as well as ask questions to peers in a generative, organic and real-time format. In the last month, there have been over 6600 posts with an average of 238 posts/day by members.

Prior to the Assessment sites creation, because many patients weren't disclosing their symptoms until in the exam rooms with the physician, there were several physician's that fell ill, or were potentially exposed to Covid19. Leaving them at home, quarantined and unable to provide medical care to their patients. This

jeopardized their patients' good health from Covid spread, as well as the financial stability of their practice from being closed. The Division's response to get telehealth set-up in each of its member clinics, has allowed the physicians to still provide care for their patient panels. With each of the clinics being able to triage their own patient panel virtually, this has allowed the practices to extend their PPE supplies, which are costly for small practices, and on back order from their suppliers.

Impact Story - Panel Management

Part of the PCN work that was implemented in the FNW focused around patient panel management. Those Primary Medical Homes who had completed panel clean up had a good grasp of patients who may require serious illness conversations. Resources from the local palliative care teams and health authority were shared and members were about to reach their patients to have these conversations and could update MOST designations.

This was especially made urgent within our Long Term Care Homes as our practitioners pro-actively reached out to families and residents regarding impacts of COVID-19.

Impact Story - Telehealth for the Vulnerable & Home Insecure

With residents at the Fraser Northwest Shelters facing greater difficulties in accessing healthcare, and being more at-risk because of underlying health issues and other high-risk characteristics that predispose them to visit more often than the general population, an innovative response was the solution.

The Solution

Designate a clinic area in each of the shelters as a virtual health space during the hours of operation of the FNW DoFP's Virtual Clinic, and have a staff member that could help residents to navigate the care that they need via use of the self-assessment tool at www.covid19tool.com. They could also help the residents to book and logon to the appointments in the clinic room.

With the generosity from a member's spouses company, 5 laptops were donated to assist those shelters that needed a computer for their resident's access. The Divisions IT coordinator has been able to go into those shelters and set up those laptops as virtual clinics, and telehealth in the other shelters who have fitting technology already in place.

Impact Story - Maternity & Newborn/Well Baby Clinic

Patient medical homes are limiting in-person physical assessments due to a shortage of PPE and concerns around potential exposure, which has many clinics not seeing maternity patients or doing deliveries. FNW has 2 maternity clinics that take on the patient for wellness checks and until delivery, at which point they connect them to their family physicians.

However, 30-40% of babies born at RCH are discharged into the community and are unattached. Most of the babies' moms are truly unattached. Some have doctors who won't see the baby within the first week of life or have offices too distant to suit the moms, as 60-70% of attached patients are attached to a family physician/patient medical home outside of the FNW.

The lack of in-person exams has limited well baby visits, as well as delayed some infant's vaccination schedules. An FNW member offered their clinic space and preceptors to operate a resident-run well-baby clinic. Partnering with the hospital maternity groups, a follow-up with a virtual physician 24 hours after discharge and regular intervals thereafter could be provided. Physical assessments and immunizations could be completed in a quick, timely, in-person visit at a newborn/well-baby clinic that has the appropriate PPE.

One of the FPs at the clinic shared a patient story that detailed one patient delivering in early April and in late April she still had not seen anyone. The clinic immediately was able to book her an appointment and see her. The patient shared that due to the lack of communication from health professionals, she had felt unsupported and rushed out of the hospital. The FP noted that this clinic is to support attachment within the community and connect moms and newborns to the necessary services while providing a safe and sterile environment for physical assessments to take place.

In addition to this patient feedback, a survey was developed and distributed to patients who visited this clinic. Participants were invited to share their experience and 100% of the respondents indicated they were very satisfied with the care they and their baby received. All respondents noted that the care they received from the Physician and RN was helpful, personal, and made them feel comfortable.

Impact Story - Hospital Follow Up

In order to provide continuous care and follow up following discharge from hospital and prevent readmission, all patients (COVID-19 affected or not) are now being contacted by a family physician within 48 hours of discharge from ERH and RCH. To reduce the risk of exposure to COVID-19, these assessments are being done virtually by either the patient's own family physician or one of the virtual clinic physicians at the COVID-19 and Influenza-like Assessment Site. Community FPs will receive a phone call notifying them of their patient's recent hospital discharge, and asking if they are willing and able to provide virtual follow-up care. If they are unable to provide this, or the patient is unattached, the patient will be contacted by a virtual clinic physician, who will assess the patient and determine which supports (if any) the patient needs in the community. This may include referrals to Home Health, Mental Health, OAT clinic, or the New Westminster Specialized Seniors Clinic.

Impact Story - Enhanced Home Health Services

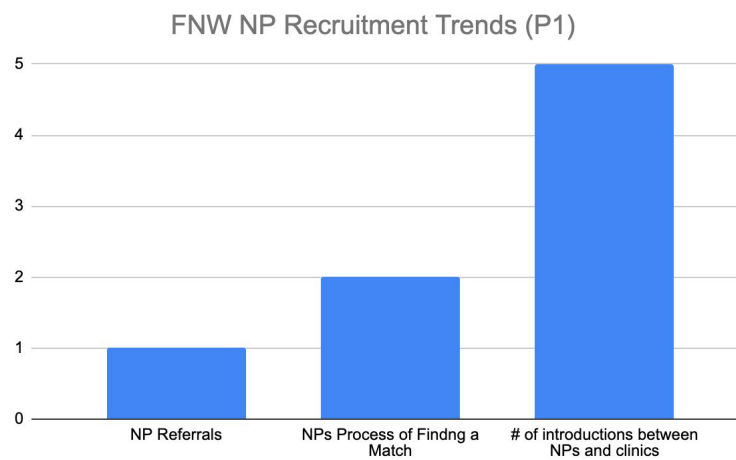
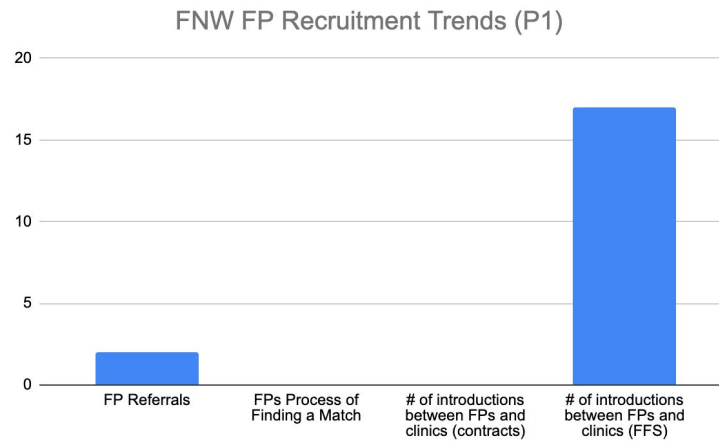
In an effort to support patients who are at higher risk of decompensation or readmission following discharge from hospital, Home Health primary care nursing services have expanded to support those who may require short-term episodic care, and who might not otherwise be followed by a Community Health Nurse.

In addition to regular Home Health referrals, Home Health will respond to referrals from the virtual care physicians at the FNW COVID-19 and Influenza-like Assessment Clinic. All referrals will be prioritized and as required, will be followed either virtual or in person by a CHN same day or within 24 hours.

Family Physician and Nurse Practitioner Contracts

Collaborative work between the FNW, Fraser Health (FHA), HealthMatch and the Ministry of Health is vital in order to support increased FP and NP resources in the FNW communities. In Period 1 (April 1 - April 30), clinic openings were at 17.6 FTE. Table 1 below provides a status overview and update on the breakdown of the NP and FP contracts by PCN within the FNW:

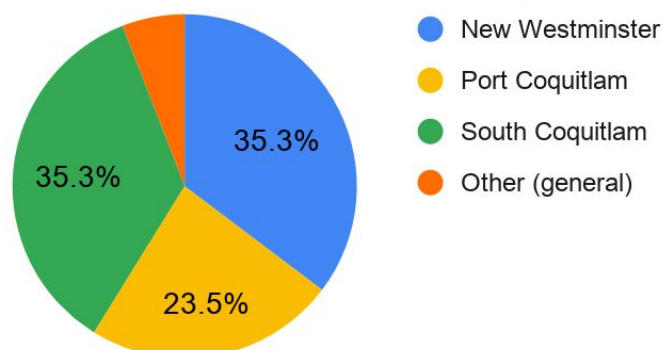
	Referrals		# in the process of finding a match	# of introductions between provider and clinics	# of contracts signed
	# of New Referrals	Running Total of Referrals since PCN launch			
Family Physician	1	24	2	5	1
Nurse Practitioners	2	38	0	0	1



The number of active postings on HealthMatch BC for FPs for both FFS or contract positions decreased in this period to 41 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 opportunities and engagement efforts are underway on an ongoing basis and in this period, there were 17 new introductions between FPs and practices for FFS opportunities such as locum, permanent part-time and permanent full-time.

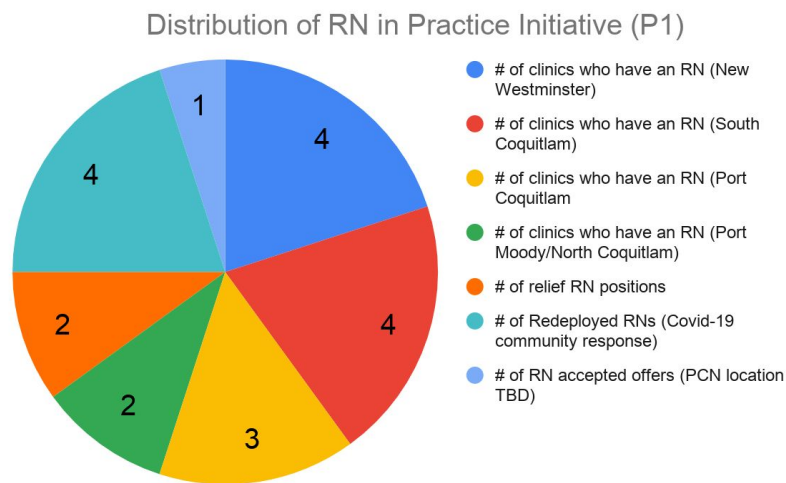
FNW FP FFS Introductions by PCN



Registered Nurse in Family Practices

Work between the FNW Division, family practices and the FHA continues throughout this period to deploy these resources into the community practices in a phased approach. 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. At the end of FY 19/20, 14 family practices had RNs with 2 of those RNs being redeployed to support the Covid-19 and Influenza-Like Illness Assessment Clinics. Additionally there were 2 RNs who had accepted offers.




In Period 1 of this new FY, there are now 14 family practices now having a nurse and 4 additional RNs have been redeployed to support the FNW community Covid-19 response. There are 2 additional RNs who are relief positions and another 1 RN who has accepted an offer with a start date in Fall 2020. The YTD distribution across the PCN's are:



An unanticipated consequence of working within multiple organizational structures and systems has been the overall timeline for overhead payments to FNW family practices who have an RN in the clinic. These clinics are private businesses and as with any new initiative, these unanticipated factors such as delays in overhead compensation for these clinics by the Health Authority may have consequences on the family practice. Tracking of these unintentional consequences will continue throughout the upcoming reporting periods. This process **needs to become streamlined** as the administrative burden on following up and ensuring payments have been successfully processed and received is not sustainable. Figure 4 below details the RN overhead invoice tracking from the start of this new fiscal year.

FNW RN Invoice Payment Tracking

Clinic Invoice Months FY 2020-2021

	4 Apr	5 May
 # of Submissions	13	12
 # of Invoices Processed *	13	12
 # of Inquiries	2	0

*Invoices processed do not reflect received payments

As of April 30, 2020

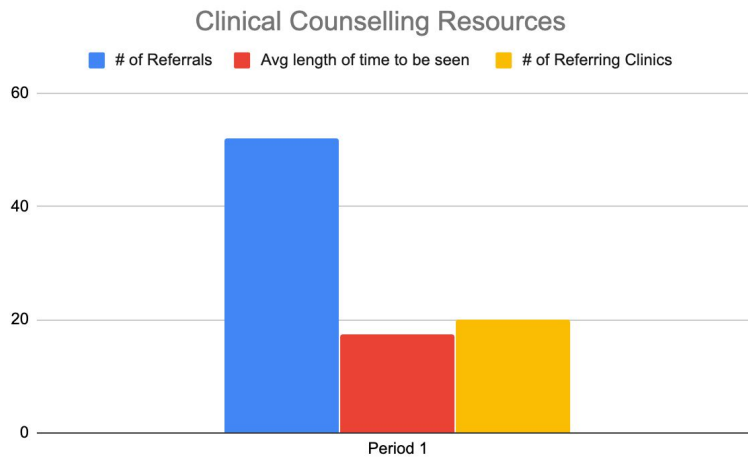
Accurate encounter code data is vital to the ongoing implementation of the RN in Practice Initiative and it's important that PCN funded resources do not add to the workload, but reduce it. Clinics that receive billing rejections have noted that correcting these are increasing the overall workload as 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. Due to the **continued** billing rejections, and the additional workload and demand required in correcting these in each practice, the decision was made to **stop** the encounter code billings until a resolution to the rejections occurs.

Allied Health (Clinical Counsellors) Supports - Contracted Agency

The number of referrals and referring clinics during this reporting period both decreased; however, the avg. length of time to be seen increased. Table 2 below details the change over the last period to the current period:

	Previous Period (P13)	Current Period (P1)	Difference
# of Referrals	54	52	↓
# of Referring Clinics	19	20	↑
Average length of time for patients to be seen (<i>days</i>)	21.6	17.5	↓

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.



Feedback from the program includes:

“Many clients have expressed appreciation for the accessibility offered during this time via phone and ZOOM.”

“Counsellors disclosed that many clients have reported being thankful and appreciative to still receive sessions despite recent disruptions and the pandemic crisis.”

Although the PCN funded supports for this program are for 5 FTE clinical counsellors, there are additional resources and FTE involved in ensuring this initiative is providing care to the patients of FNW physicians. Program administration reported this breakdown for FTE involved in Period 13:

- 4.6 FTE Clinical Counselling Resources (**Funded by FNW PCN**)
- 1 FTE Intake Support Worker
- .38 FTE Supervision

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.

The FHA MHSU clinical counsellors have reached out to clinics in the FNW to set up ‘meet and greets’ where physicians and practice staff can learn about this new resource and FHA can provide an overview of what can be provided through this service. Additionally, these meet and greets allow for continued relationship building between the clinic and the clinical counsellor ‘assigned’ to that practice. Details on the number of referrals can be found in the table below:

	Previous Period (P13)	Current Period (P1)	Difference
# of Referrals	19	31	↑
# of Referring Clinics	17	8	↓

In Period 13, referrals significantly decreased and a key factor to take into consideration for this decrease is the shift in the communities due to covid-19. This drastically impacted the PCN activities and work took place that developed strategies for redeploying resources such as the mental health clinical counsellors to meet the needs of the community members while still taking into consideration the directions for physical distancing. As such, virtual counselling supports were developed and deployed in the FNW as well as patients can now self-refer. This latter strategy was developed as there is a high degree of anxiety and other mental health concerns that may increase due to the stress that the pandemic may have on people. Of the 31 referrals, 11 of them were self-referrals citing covid-related concerns.

Indigenous Related Supports

As one of the partner organizations, Kwikwetlem First Nation worked to identify the supports needed in the community to support increased attachment and access to primary care services for the community population. Through the planning process, it was identified that 1.5 FTE support workers and 52 FP sessionals could support access to continued primary care services for the community. As a signing partner in the PCN, Kwikwetlem First Nation is underway in implementation of their PCN resources. A partnership table is being established on the Nation inclusive of Regional Health Authority, Division, and First Nation leadership. Unanticipated costs include the need to modify the space to support additional practitioners, the need for supplies to be provided, the lack of MOA assistance for the GP, and need to address poor connectivity. Currently a casual home support worker has been hired to provide services to the elderly.

There has been forward motion with the Kwikwetlem First Nation Primary care clinic including completion of tenant improvements, the posting of the 1.5 positions. Additional work has been underway to finalize the physician contracts as there are two Family Physicians able to support this work. There has been a challenge in getting the contracts set up as with multiple systems and teams working together require coordination and this process highlights the need to have flexibility.

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. PSP offers clinical and practice management learning opportunities and data-informed tools and resources.”* In the FNW, there are 3 Practice Leaders who support the work of Family Physicians. Each month, PSP is able to provide a Patient Medical Home Activity report to the Division, below is the report from March.

PATIENT MEDICAL HOME ACTIVITY											
PSP SUPPORT			MSOC	# PMH	PANEL MANAGEMENT PARTICIPATION						
					% of MSOC		In Progress				Complete
Community	PSP Team	FTE	# MSOC Physicians	# PMH Assess. Comp.	Started Panel	Completed Panel	Started Panel	Working on Phase 1	Working on Phase 2	Working on Phase 3	Workbook Complete
FRASER NW	Byron, Michelle, Tanmay	3.0	170	114	63%	48%	107	12	6	7	82

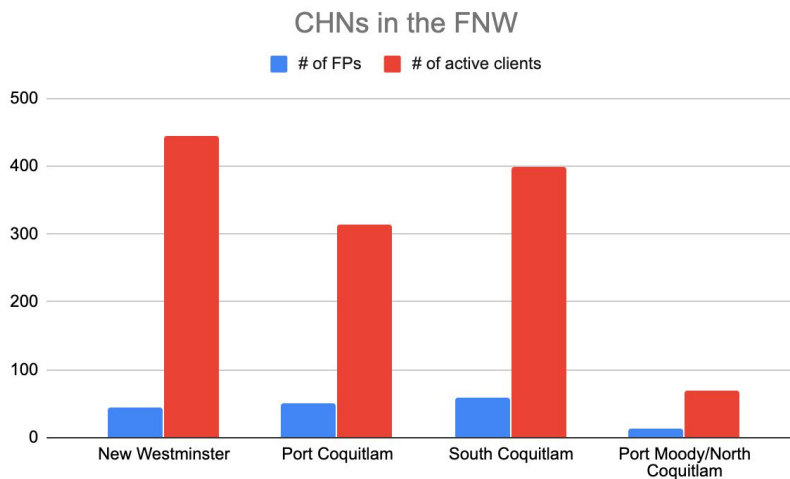
PSP reported that “they continue to provide both panel management and practice facilitation support within FNW. A PSP sponsored Panel Assistant was assigned to FNW, and it is hoped that with their support we will be able to encourage additional uptake in the GPSC Panel Management Incentive. Since the start of the Covid-19 response, PSP has seen a number of physicians requesting support on implementing virtual care solutions. PSP and FNW Division has organized two cohorts of the Quality Improvement Small Group Learning Session that are being delivered virtually to FNW physician members.”

Below is the month over month comparison from the previous report shared in the FY 19/20 P13 Addendum Report:

	# 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 (March)	171	112	61%	47%	105	11	6	8	80
Current month (April)	170	114	63%	48%	107	12	6	7	82
Change	↓	↑	↑	↑	↑	↑	=	↓	↑

Home Health - Community Health Nurses (CHN's)

The Community Health Nurses work alongside Family Physicians in the FNW and work as an extension of the PMH in the community with frail, homebound and/or complex patients. CHNs are funded and employed by the HA; however, work closely with the community Physicians. This program was developed in 2015 as a way to enhance the team-based care model as well as reduce the number of ER visits by this population. An article published in the BC Medical Journal in September 2019 provides a fuller scope overview of the program work to date ([click here to access the article](#)). Currently, data shared from the Home Health administrative team shows the distribution across Family Physicians and PCNs that the CHNs are supporting:



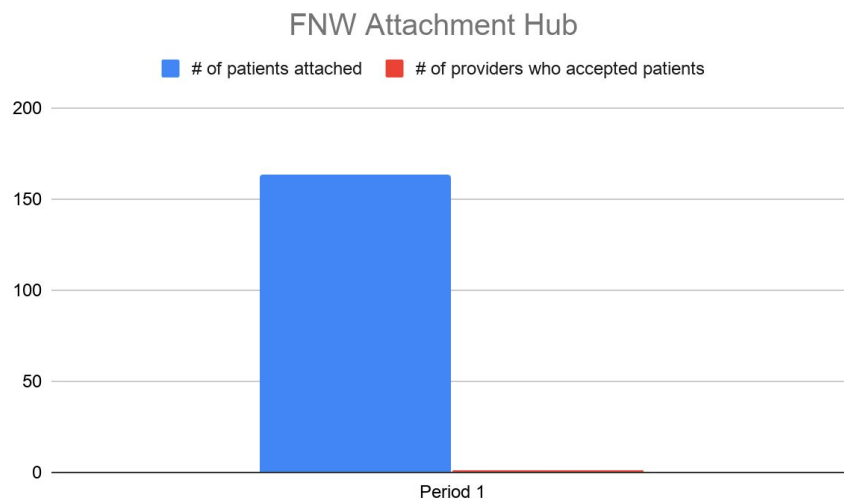
Currently, the CHNs are supporting a total of 167 Family Physicians in the FNW and 1225 of their patients. It's important to note that the data set used to share this information did include Physicians who have since retired and or closed their practice which indicates there may be an opportunity for reviewing and updating this information to provide a more current view of this.

An unintentional consequence of the collaborative work between partner organizations with regards to the local Covid-19 community response was identifying an opportunity for redeployment of RN resources from the Home Health team at a local shelter. RNs had supported the resident's of the shelters but with certain clinic changes due to the pandemic, these resources were deployed elsewhere. Upon further exploration it was identified that there was an opportunity for these resources to come back to the shelter as a need was identified by the shelter residents and staff that having these primary care providers available to the residents was important. This example reflects how patient care was at the forefront and also the immediate response of the HA to respond to the populations' needs.

Attachment

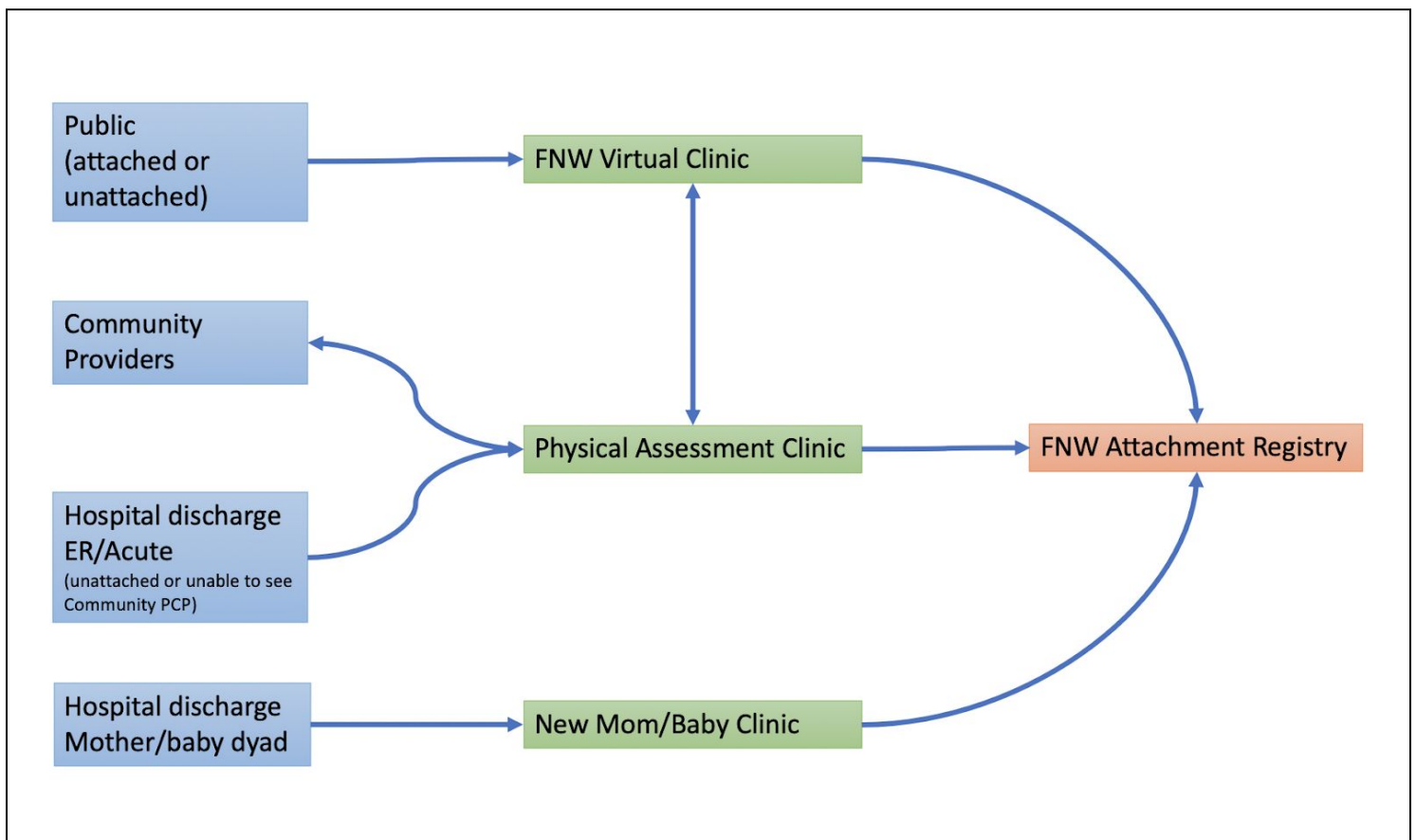
During this reporting period, the FNW Division Attachment Coordinator continued to support the attachment between the public seeking a FP and family physicians accepting new patients. It is important to note that these numbers do not capture the full scope of the community attachment taking place as there are primary care providers attaching patients without connecting with the Attachment hub. True attachment data may be reflected in the O\$ MSP fee codes; however, work to implement those across the region is an ongoing process between partners. Table 3 details a breakdown of the attachment work currently taking place:

	New Westminster	South Coquitlam	Port Coquitlam	Port Moody, Anmore, Belcarra, North Coquitlam
# of providers who accepted patients	1	1	1	0
# of patients attached	99	33	31	0
# of patients waiting to be attached	82	0	11	10



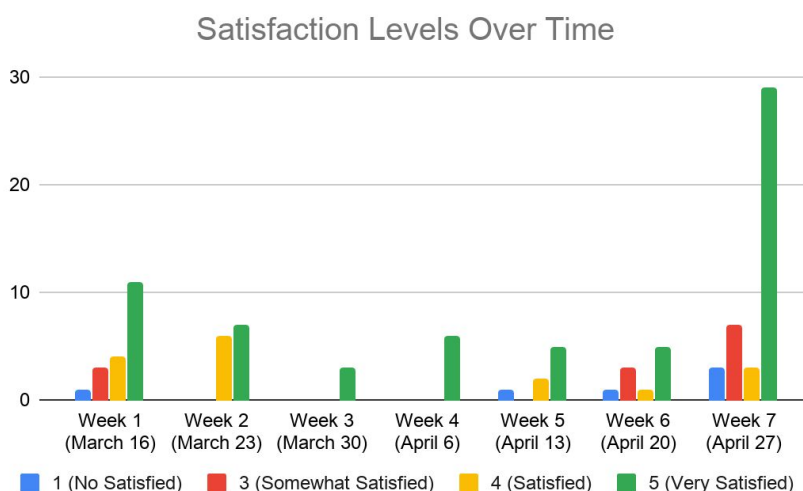
This role is to work in conjunction with the HealthConnect Provincial Registry which has not yet launched - originally the launch date was set for early July 2019. Once launched, this role will continue to support and facilitate connecting patients with doctors; however, rather than being directly contacted by patients, they will utilize the registry which will house all attachment requests.

Recently, a Family Physician in the FNW developed this diagram to illustrate how the recently launched clinics (as part of the Covid-19 community response) interact and link back to the FNW Attachment Registry. The linkage between these community supports is vital to creating attachment and access to people living in the FNW communities.

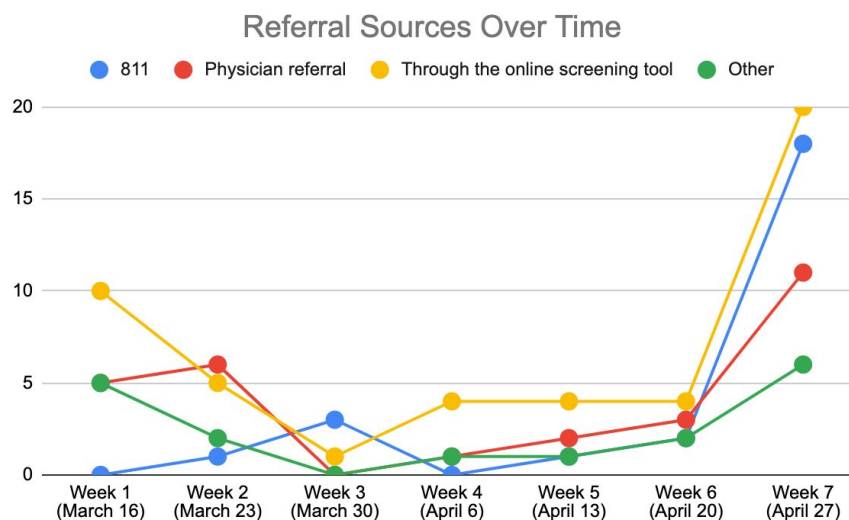


Feedback from the Community

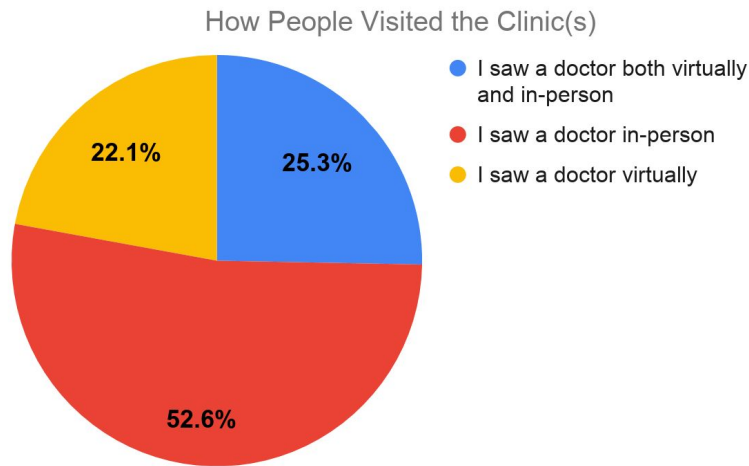
A number of patient surveys have been deployed to create feedback loops between patients accessing services in the FNW and the program teams in order to continue to identify opportunities for Quality Improvement work as well as work within a PDSA cycle. Feedback from patients who visited the Covid and Influenza Like Illness Clinic show the changing satisfaction rates over time in the table below. It's important to note that this survey was sent out in the last week of April which may be an indication of the high levels of response rate in Week 7 compared to the previous weeks.



Additional data visualizes the various referral sources over the same time period in the table below:



There was a distribution of how patients visited the clinic and responses from patients are noted in the chart below. The majority of patients indicated that they saw a Physician in-person with only approximately a quarter of respondents only seeing a Physician through the virtual clinic.



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 the last month they've recorded the following changes in public engagement through the social media platforms:

Channel	# of Posts	Engagements	Followers (+/-)
Facebook	86	778	+14
Twitter	55	114	+23
Instagram	55	811	+36
LinkedIn	2	2	+0

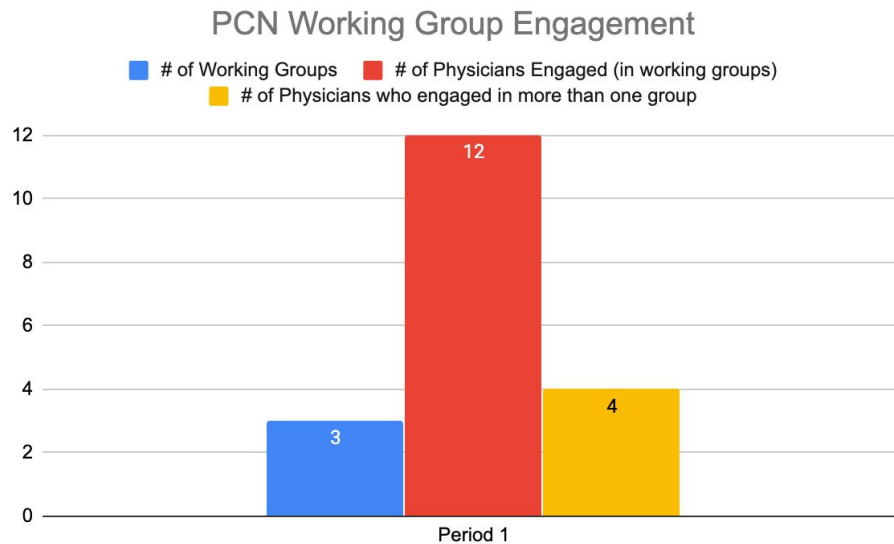
Physician Feedback and Engagement

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

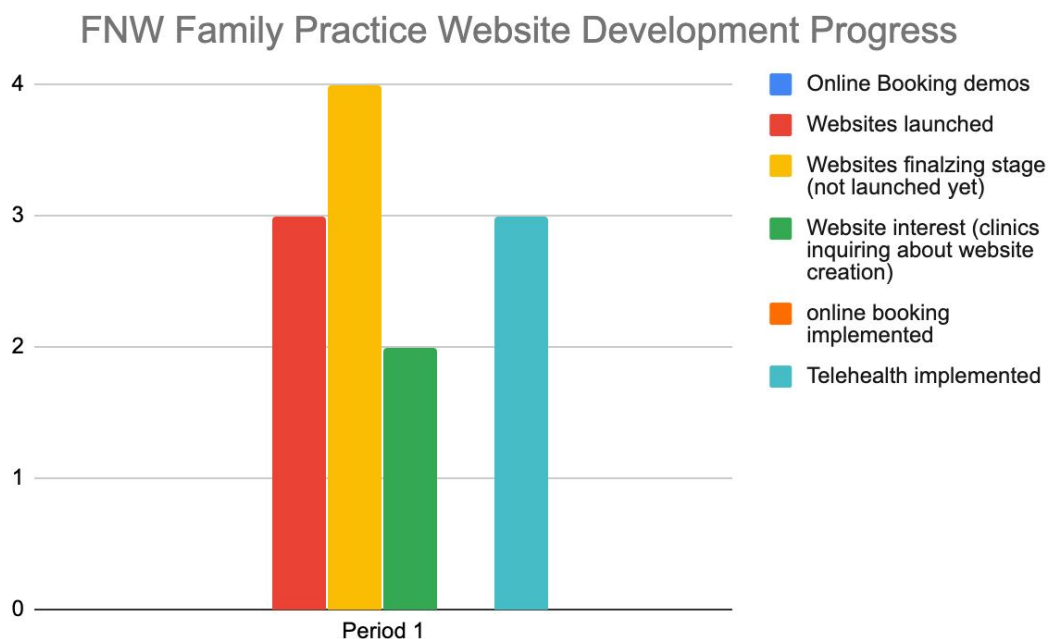
- In relation to FP/NP contracts:
 - An NP rescinded their practice agreement due to the management of the additional overhead costs
 - Inquiring from another Division around the process and documentation related to onboarding NPs
 - FHA supported the reallocation of some physician contract funds to staff the FNW Covid-19 and Influenza Like Illness Assessment Clinics.
- In relation to the RN in Practice:
 - Billing rejections from MSP related to the RN encounter codes continue to occur. A consequence of this leads to increased work in the clinic setting.
- In relation to the KFN primary care clinic
 - Sessional contracts have been signed by the two Family Physicians and ongoing meetings between the program team have been established to continue this dialogue and implementation process moving forward,
- In relation to the Covid-19 response

- A number of Family Physicians moved to utilizing phone and telehealth to continue to provide primary care services to their patients
- The Division reached out to a community agency to inquire around the development of a 'pop-up' assessment clinic at a local food bank to address the need for access to services for vulnerable populations

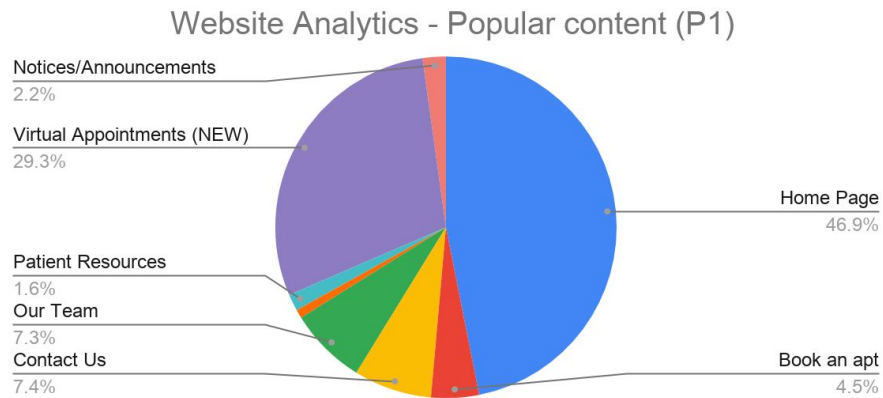
Physician engagement for this reporting period includes:



Additional engagement support provided to FNW physicians is the website development as supported by a Digital Content Coordinator. In Period 1, there were 3 new websites launched. Additionally there was a significant surge in incorporating telehealth into family practices due to the significant impacts that Covid-19 has had on family physicians. 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 4.5% of the total ‘clicks’ were on Booking an Appointment.



Since the onset of Covid-19, Family Physicians have had to look into alternative modes of providing primary care services through utilizing technology. Virtual telehealth has seen a fast expansion and adoption across family practices. In late March the Division facilitated a callout to Practice Managers across the FNW and the response was impressive. Within a few days, almost 20 clinics responded and indicated their interest in setting this up. Data will continue to be collected and shared in upcoming period reports.

Covid-19 Physician Feedback

Feedback from community Physicians that is specific to covid-19 continue to indicate concerns held by Family Physicians around the impact that this current context will have on their family practices. Below are a number of experiences shared by FPs detailing these concerns:

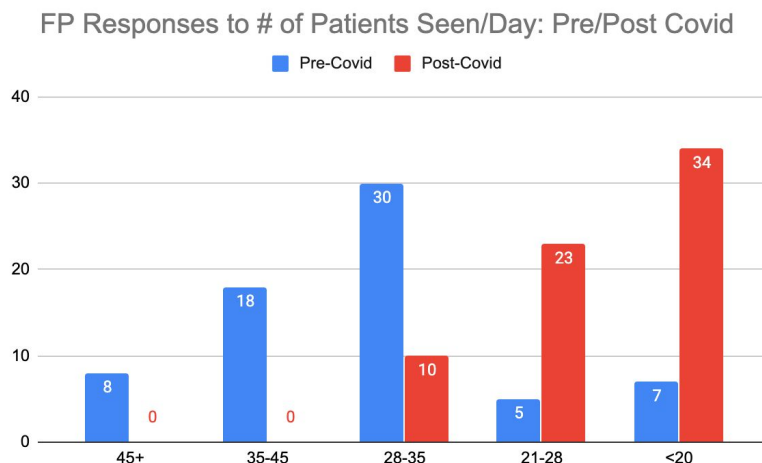
"I just received an email from a doctor- their practice has been closed since March and is closed indefinitely. They do not intend to renew the lease in July. They had been connected with another clinic about joining that practice and had also been in talks with a practice outside of the FNW. I know they have been looking at closing their practice for some time now before the pandemic but the timeline has definitely been forced given the healthcare climate."

"I am getting back to you about the locum listing. The locum listing seems good but on further evaluation of the current situation, I think it's very unwise for me to commit myself to the unknown as honestly no one knows when this lockdown will ease off and with what restrictions when we re-open. For this reason I have decided to abandon the locum commitment idea. I have been in touch with a couple of telehealth companies and it sounds promising so far, I am likely to get a few shifts here and there in the near future. After all, telehealth may be the norm for a while even when we re-open."

"I was hoping that our Division could ask members through FF if there is a group of physicians interested in sharing an office space to see patients that need assessment in person while most of the care is delivered virtually. I really want to keep my staff and my patient panel. I have a great team. If there is no physicians interested in developing such a clinic then I will definitely look for an office space at other clinics. I don't even have to share EMR system. All I need is access to WiFi. I've realized that opening a brand new clinic is not an option. I've checked out other communities and am shocked to learn about the prices for a lease at a new development."

These experiences indicate the growing concerns held by FPs in the community surrounding the current context with regards to the pandemic and it's important to note and share these out with partners, funders and stakeholders across the FNW.

Recently polled Physicians were asked about the effects on seeing their patients that Covid has had. Before Covid, almost 50% of the FPs surveyed indicated they saw about 28-35 patients/day, whereas after covid, almost 50% of FPs indicated they now see less than 20 patients/day. The graph below details this pre/post comparison



PCN Lessons Learned

1. Access to online community resources such as Pathways allow for providers to identify accessible services and resources in the FNW region. . RNs require this access as a team member in the family practice. Recently Provincial Pathways announced a policy that does not acknowledge the different models of team based care and thus doesn't allow for RNs to access this resource. Finding a solution is key so to ensure that all team members in Patient Medical Homes have access to the same resources to better support patients.
2. Accountability related to contract management for the NP and GP contracts is an ongoing conversation. As the contracts are held within FHA, identifying where the accountability lies to ensure that contracted primary service providers are meeting the contract obligations is an ongoing discussion between partner organizations.
3. With the impacts that Covid-19 have had on delivering primary care services to the community, the development of consolidated clinics emerged where funds originally allocated towards PCN GP contracts were re-deployed to support the sessional payment for community Physicians who stepped forward to support the Covid Assessment Clinics and the Physical Assessment Clinics. Payment processes for these sessional payments have been an ongoing discussion between the HA, the Division and the Physicians which originally resulted in significant payment delays.