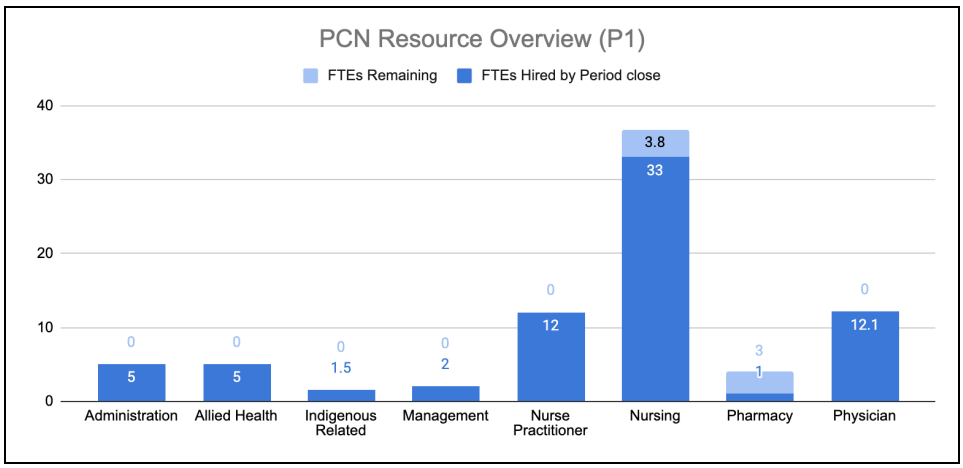
Fraser Northwest Primary Care Network

Period 1 Addendum Report



Patient Medical Home Snapshot

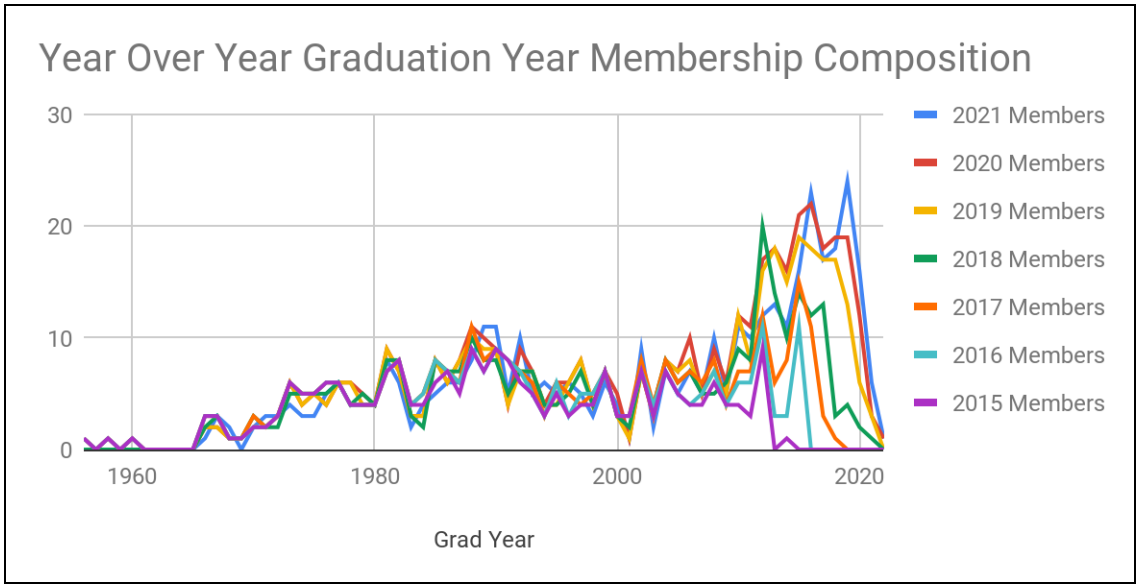
Provider Types	# in FNW
FFS Longitudinal Family Physician	153
PCN funded FP	12
PCN funded NP	12
Community NP	23

PMH Types	# in FNW
Family Practice	29
Hybrid (FP/Walk-in)	21
Walk-in	2
Community Services	4
U&PCC	1

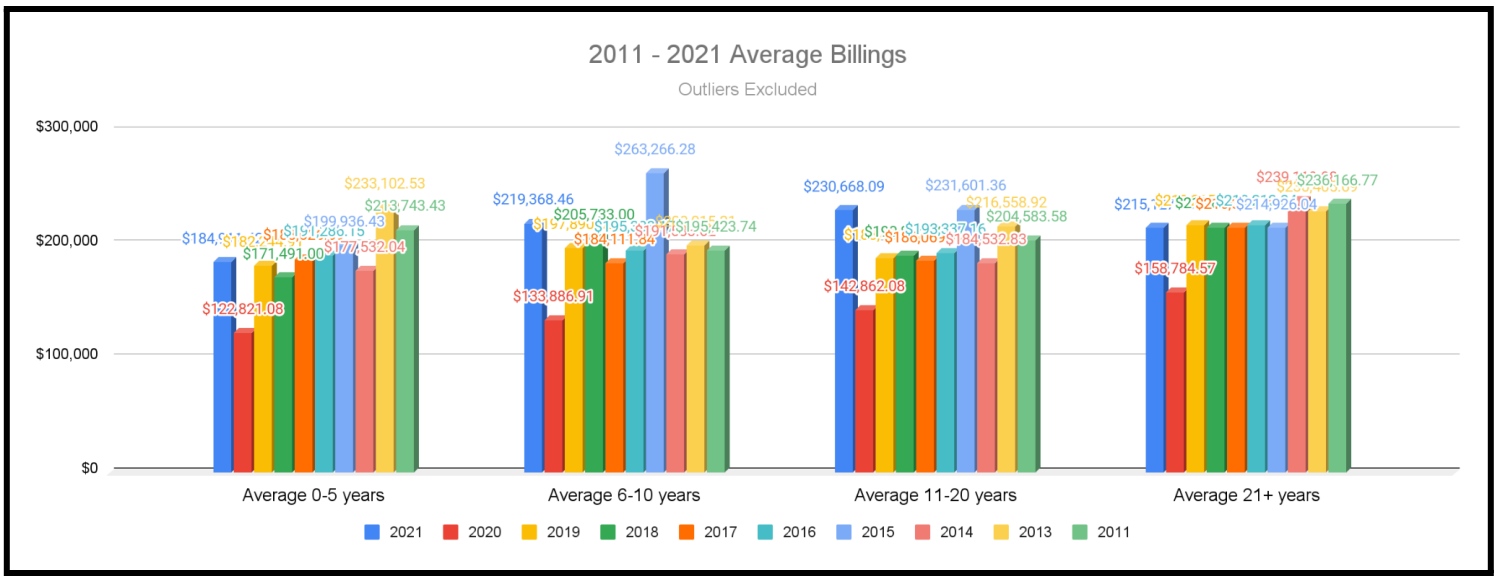
The FNW population surpasses 327,000 people. With 152 primary care providers currently working in these communities, for all people to become attached, that would result in an average panel size of 2153 people/provider

FNW Community Overview

FNW Division membership comprises approximately 500 physician and provider members. Although this number is large, almost 40% of FNW members have been in practice for 20+ years, making up 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 from 2011-2020 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, Long Term Care, Hospitalist, Maternity, Addictions and a number of others practice types.



The number of primary care providers (including both Family Physicians and Nurse Practitioners) providing longitudinal primary care in the New Westminster and Tri-Cities communities comprises approximately 33.4% of the total FNW membership.

Members of the FNW Board reflected on how much primary care has shifted and evolved over the past 5 years and how the support of the Divisions continue to enable a strengthened system of primary care. **Clicking on the visual below will redirect to a short video** of the board members sharing their experiences.

Overview: Primary Care Provider Community Adds & Losses

Since the inception of the FNW PCN in April 2019, there continue to be primary care providers joining and leaving the community. The table 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.

	2019	2020	2021	2022	Total
Provider Adds	12	18	18	3	**-13 providers since PCN inception**
Provider Losses	27	13	15	9**	
Net Loss/Gain	-15	+5	+3	-6	
# of Patients attached through *FNW Attachment Hub*	856	2792	6783	1158	
# of Patients registered through the FNW Attachment Hub	NA	5564	8677	4301	
MoH $0 Fee Code Attachment	NA*	73,742	6980	2667	

**MoH Data not available for 2019*

***Data was corrected in Period 1 to reflect accurate representation of current retirements/leaves in the FNW communities*

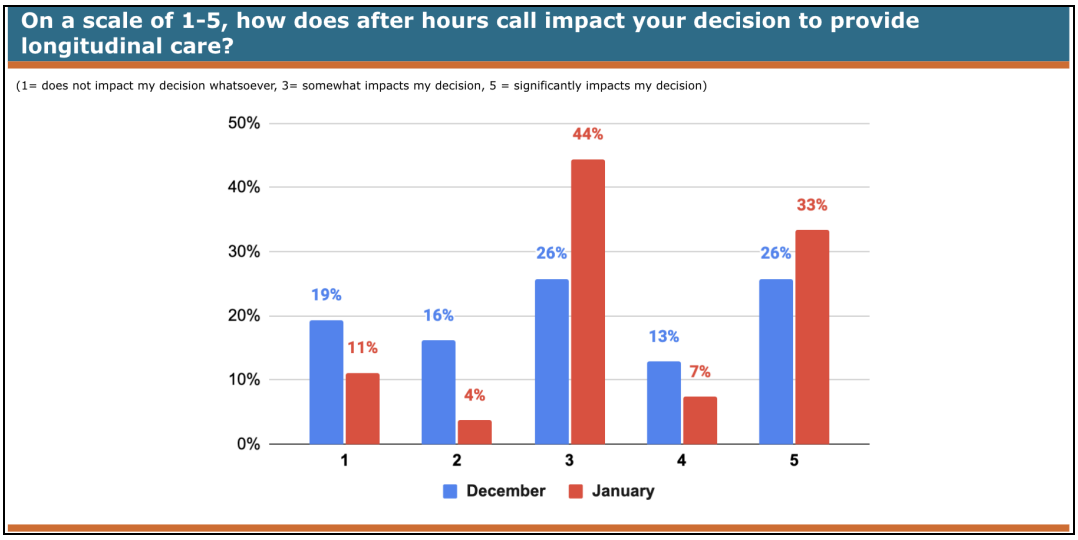
There are approximately 10 longitudinal Primary Care Providers set to retire or leave Family Practice in 2022. Family Physicians in the area recognize the impact of retaining and recruiting primary care providers to the FNW

communities. Recently, one FP reached out and expressed concern and interest in getting involved in recruiting potential providers to the area. This provider identified the impacts of losing these providers and that *"it's beginning to feel a bit hopeless being a youngish doc in this area and seeing/hearing all the docs retiring or planning to soon. It's causing me some panic too about the state of things moving forward. Although I already feel overwhelmed and overworked,* ***I feel like I need to find a way to be part of the solution to this.*** *If you could let me know who I could speak with about finding a way to be involved, I'd appreciate it."*

An anecdote from a community family physician noted the deflated feeling in continuing to support community primary care when the larger public system is funded at a higher cost to support less patients, and ultimately not having the same obstacles that community Family Physicians have in struggling to pay rent, staff, office costs, etc.

Another provider, retired for 2 years, shared *"I am very happy in retirement. I was ready to retire from practice. It wasn't as much fun as it used to be, and I found being on-call stressful; I never knew when the phone would ring. I miss working with people skilled in their jobs, discussions about patients and treatments, and the sense of community. I was so lucky to work with amazing colleagues my whole career.*
I didn't find anyone to take over my office practice, but my patients got absorbed by colleagues. I don't think that would happen today. There are so many reasons for the situation we are in, mostly systemic and governmental, and no simple solutions. The existence of Divisions has provided a central hub in each area, and a province-wide structure for communication. It is probably frustrating at times, but we all appreciate you all. Keep up the good work!"

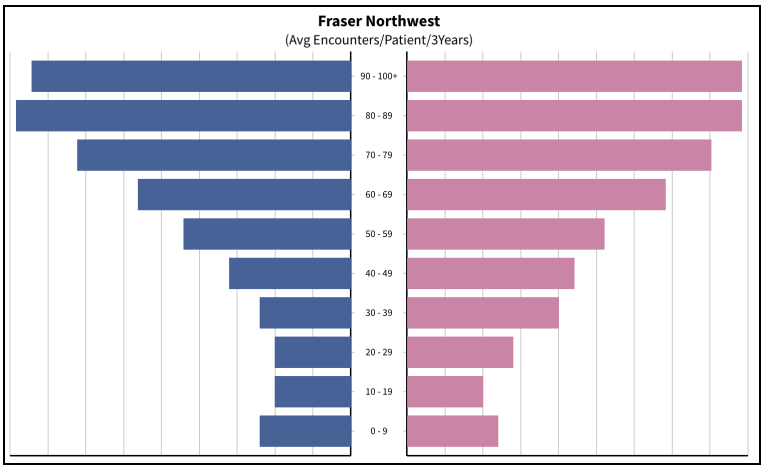
Recently, providers shared feedback regarding how providing after-hours call services impacts their decision to provide longitudinal primary care. As noted by the visual below, the significant majority of providers noted that after-hours call **does** impact their decision to provide longitudinal care.

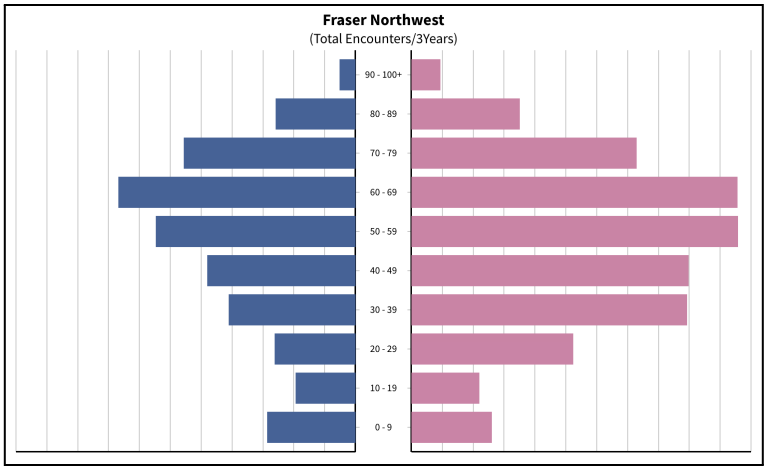


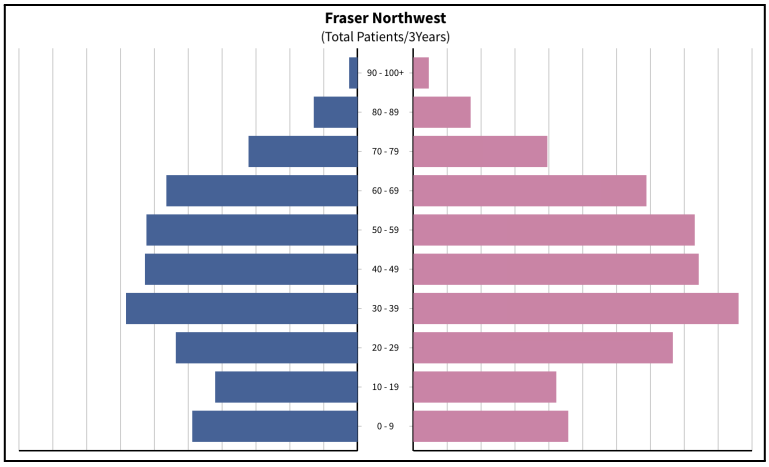
Despite high demand, Locum availability is limited in the community. In February 2022, data has been collected to document the number of locum opportunities currently available in the community, including vacancies and filled vacancies and unfilled positions. In Period 1, vacancies grew to 23 by period close.

Overview: FNW Population Summary

The population in the New Westminster and Tri-Cities communities has steadily been growing over the past few years with a high increase in young families moving to these communities. The Health Data Coalition (HDC) provides population based summaries based on the panels of PMHs who use HDC in their practice. Below is a visual representation of the population in the FNW and average encounters/patient/3 years, total encounters/3 years, and total patients/3 years:







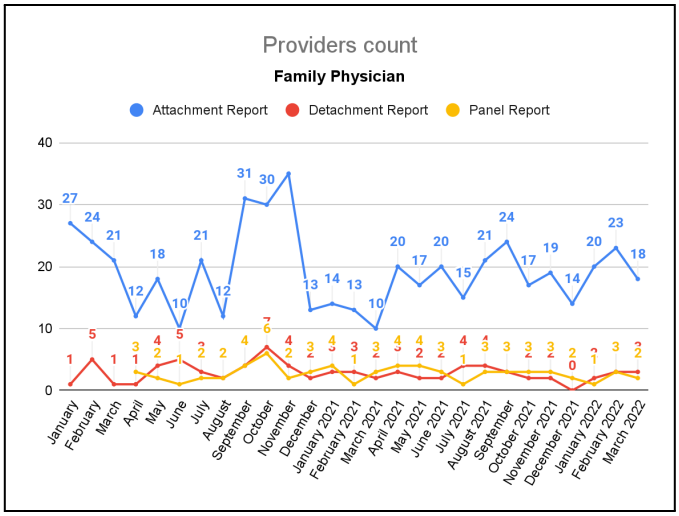
Attachment

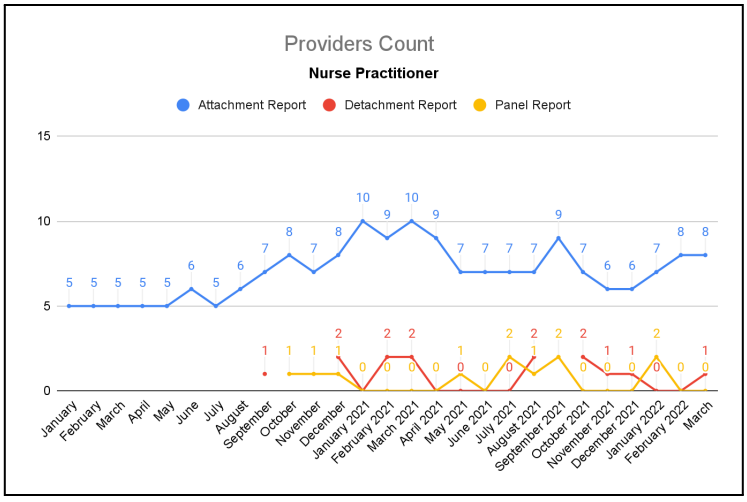
Measuring true attachment continues to be a conversation at all stakeholder and partner organization levels. Attachment level data through the use of the 0$ fee code provides a distinction between types of providers and patient counts. A challenge with implementing support for all PMHs to incorporate the use of these codes has been consistency in education across a variety of PMHs who utilize differing EMRs. An overestimation of attachment in the FNW is reflected in the data from 2020 whereas the 2021 data may reflect a more accurate representation of attachment in the community. This data is shared by the MoH out to FNW PCN partner organizations.

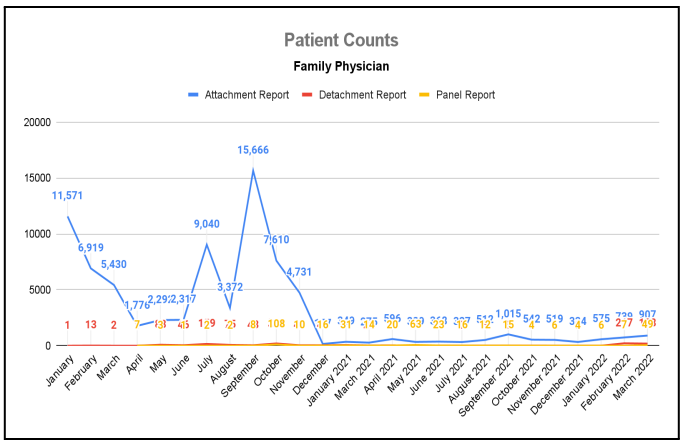
In tandem with the 0$ fee code, the FNW Division has an internal Attachment Hub mechanism which supports patients in the FNW seeking a primary care provider to be attached to primary care providers accepting new patients in the FNW communities.

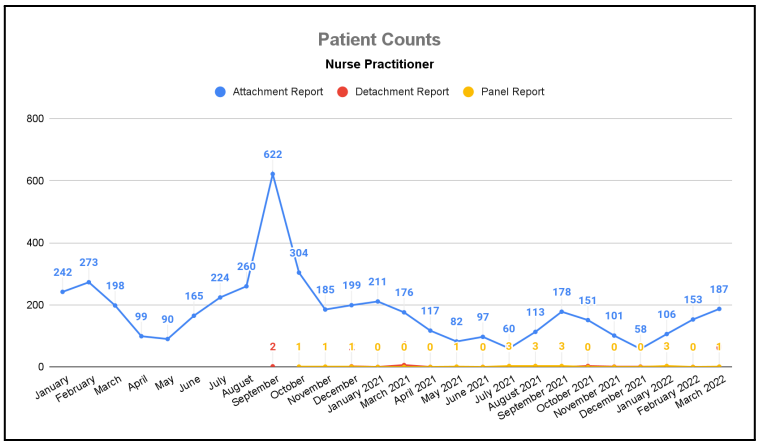
Attachment Coding (MoH)

Attachment data from the MoH is available and provides 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):









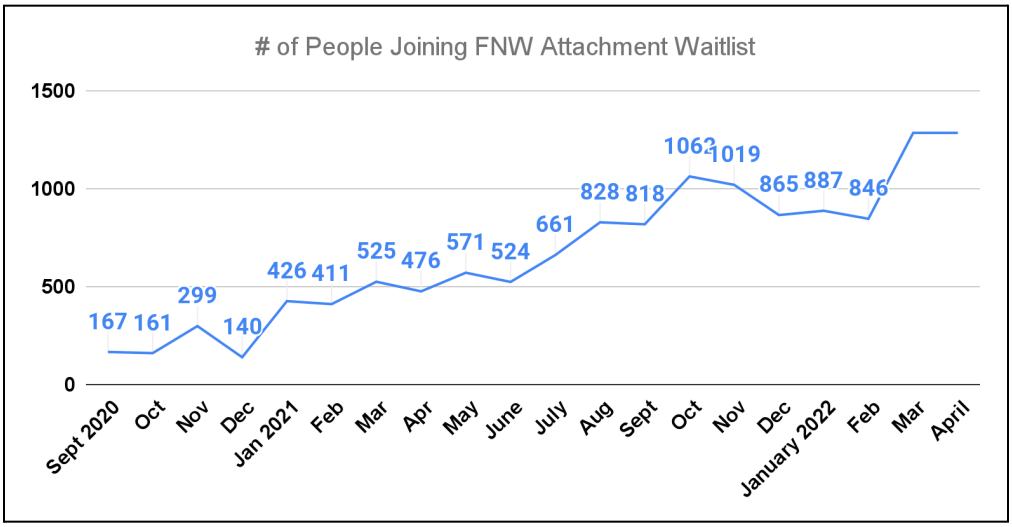
FNW Attachment Hub Waitlist

The FNW Division Attachment Coordinator continues to support the attachment between the public seeking primary care providers 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:

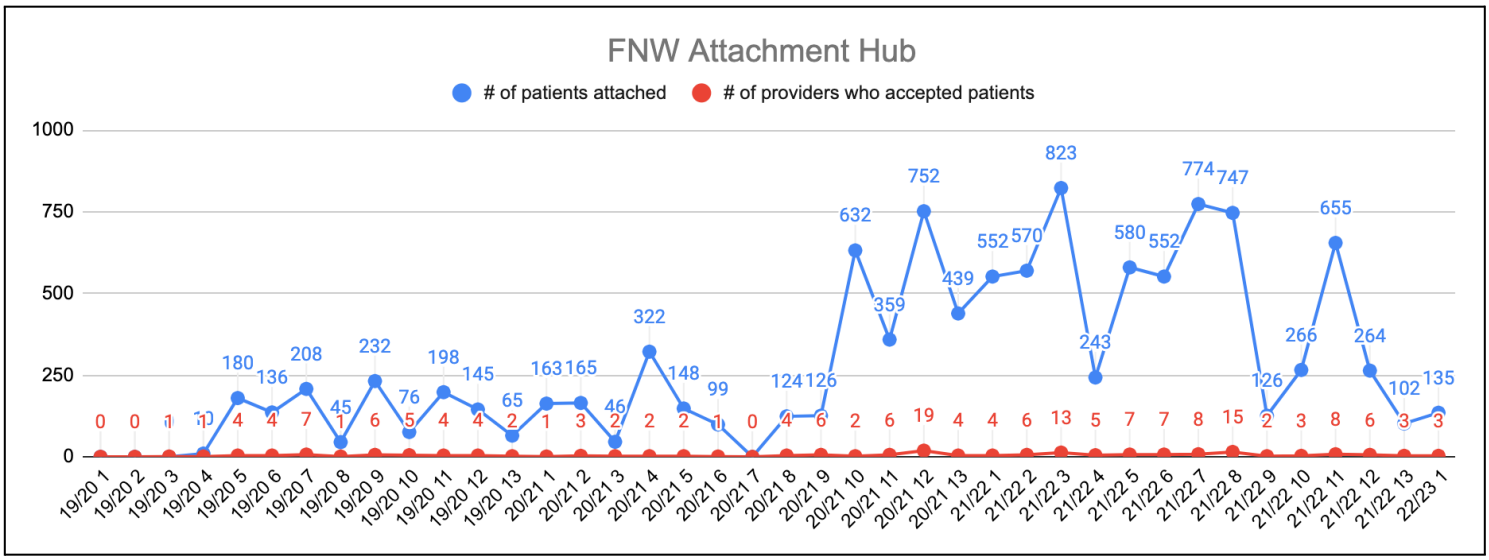
Community	**Average Wait Time (*days*)**
New Westminster	191
Port Moody	244
Coquitlam	174
Port Coquitlam	103

Month over month, the demand to find a longitudinal primary care provider by members of the FNW communities continues to grow. Since Fall 2020, data has been collected to reflect the month over month increase in attachment requests. The table below reflects the ongoing need and high demand for primary care providers:



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	2	0	0
# of patients attached	103	24	2	6
Total Attachments to date	**10,822**			
# of people waitlisted	3555 ***6% ↑ from P13***	2991 ***1% ↑ from P13***	444 ***78% ↑ from P13***	2195 ***10% ↑ from P13***
Total people waiting to be attached	**8886**			



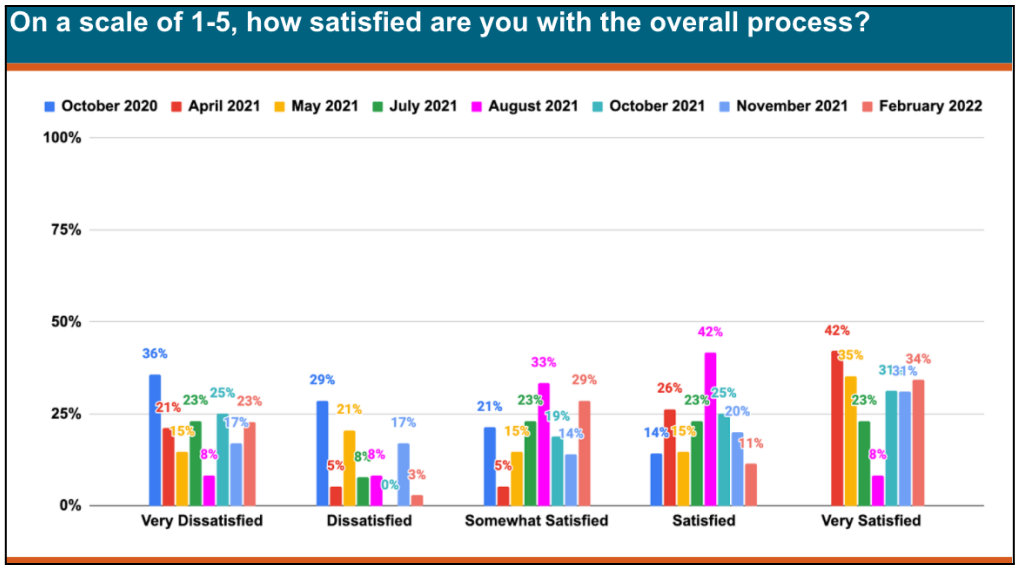
Patient Impacts: Impact of Unattachment

Knowing the depth of the unattachment rates in the communities is one thing; however, understanding the impacts of this for those people and their families truly reflect the importance and huge need of attachment and access to a primary care provider. Through mechanisms such as the Division's Attachment Hub, stories are shared from community members reflecting the impacts of not having access to a longitudinal primary care provider. Wait time data such as the table shared in an earlier section reflect the length of time - on average - it take for attachment to occur after signing up for the waitlist.

> *A patient who was recently attached to a primary care provider noted the impacts of communication. After being attached, they noted not having heard from the clinic and mentioned their need to speak with their primary care provider to provide accurate dosage for their existing mental health concerns.*
>
> *Patients receiving letters from their existing providers that note that the provider is no longer practicing (i.e. retiring, moving, closing the clinic) can result in distress as patients and their families begin the search for a new provider.*
>
> *A patient who was attached to a provider, but also wasn't contacted by the attaching provider noted the importance of the immediate contact given ongoing health related testing that this patient requires.*
>
> *A patient and their family sought care elsewhere from their primary care provider as they weren't satisfied with the care; upon seeking support elsewhere, they were directed that because they currently have a provider, they were unable to see another one. This reflects the difficulty and **importance** in finding a primary care provider where patients and their families feel safe, and a part of their health care journey.*

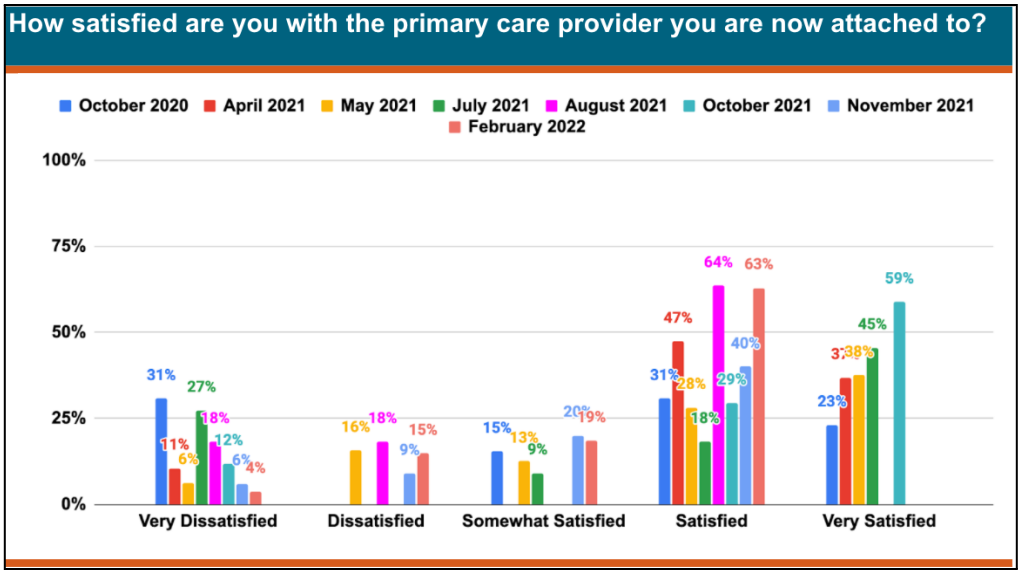
Patients who previously had a primary care provider and are now unattached also may have ongoing health concerns and needs which may be complex to support through alternative means of access such as walk-in clinics, the U&PCC and telehealth. Examples of these include patients who have chronic pain needs where medication for these needs is not easily available through these alternative primary care services.

Unfortunately, stories such as these that reflect the need for longitudinal attachment are not unheard of and to ensure an ongoing understanding of these impacts, the Division has launched a Patient Attachment Survey that is distributed to patients 6 weeks after matching with a primary care provider in the community. This survey has run for a number of cycles and the visual below reflects the diversity in satisfaction levels. Themes from this scaling question noted:



- Patients weren't contacted by the providers
- The wait time to be attached was extensive
- Patients found their own provider by calling clinics or through friends
- Patients requesting a specific type of doctor - i.e. male, female.

Once attachment was completed, satisfaction levels with the longitudinal provider certainly is weighted towards a higher and more positive satisfaction level; however, there continues to be diversity in patients satisfaction.



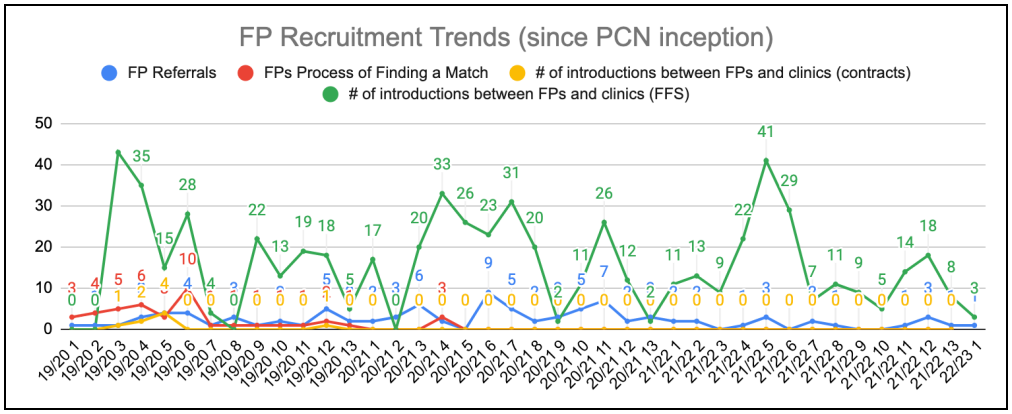
Patient feedback stories such as the ones shared above will continue to be collected and shared through this report as well as work is underway to establish a reporting metric on the number of patients who return for re-attachment.

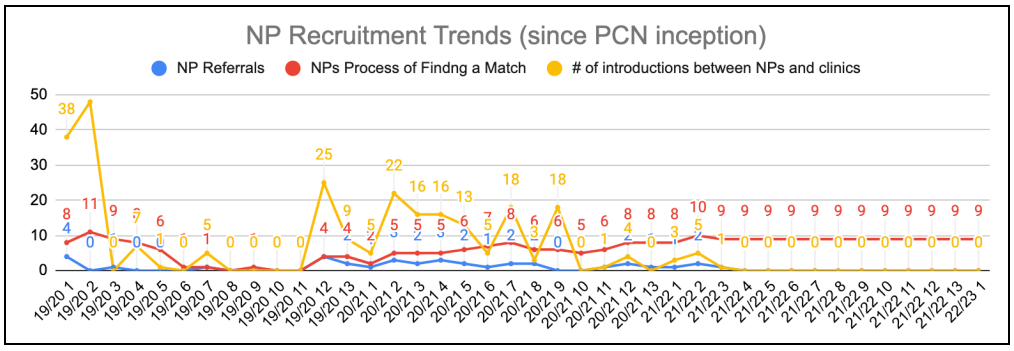
Family Physician and Nurse Practitioner Contracts

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. Table 1 below provides a status overview and update on the breakdown of the NP and FP contracts by PCN within the FNW:

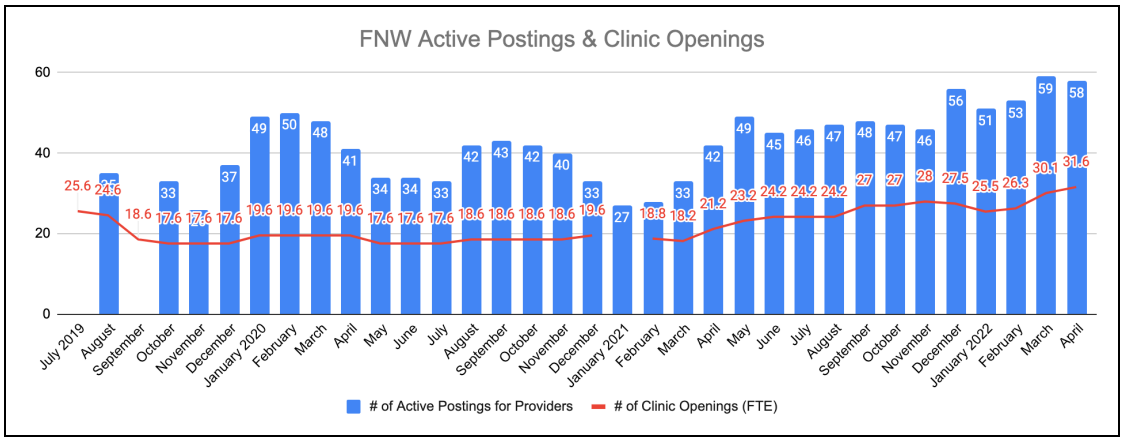
	Referrals	# of introductions between provider and clinics (*FFS &*	# of contracts signed

	# of New Referrals	Running Total of Referrals since PCN Launch	*Contract)*	
Family Physician	1	105	3	0 Current PCN contracts: 12
Nurse Practitioners	0	46	0	0 Current PCN contracts: 12

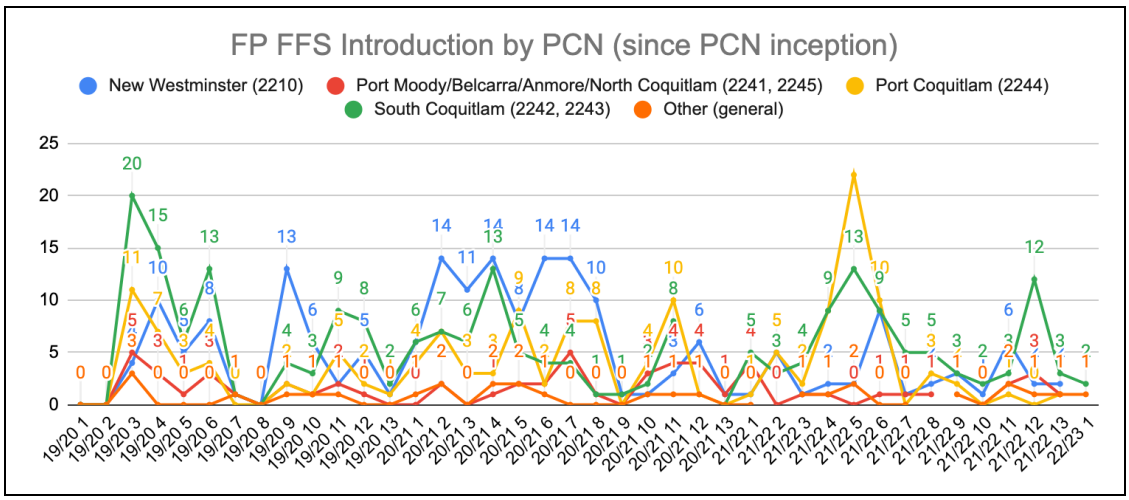




The number of active postings on HealthMatch BC for FPs for both FFS or contract positions decreased to 58 active postings by period close. Opportunities for these postings include: locum and permanent part-time and permanent full-time in the FNW. The table below shows the overall number of active postings and clinic openings available in the FNW communities since data tracking began in July 2019.

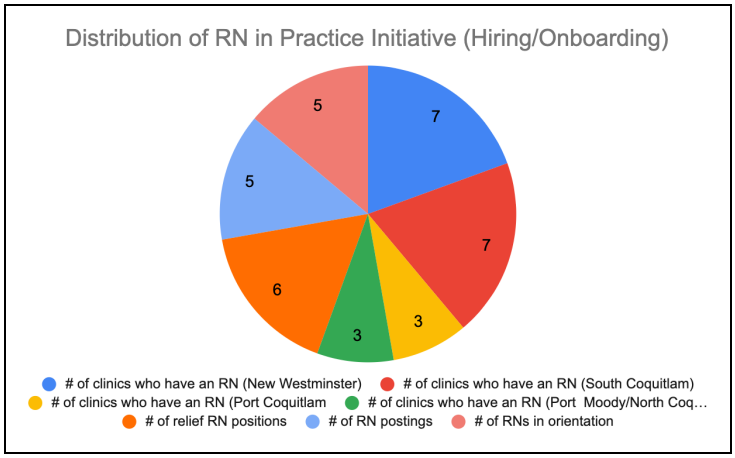


Fee For Service (FFS) opportunities and engagement efforts are underway on an ongoing basis and in this period, there were 3 new introductions between FPs and practices for FFS opportunities such as locum, permanent part-time and permanent full-time.

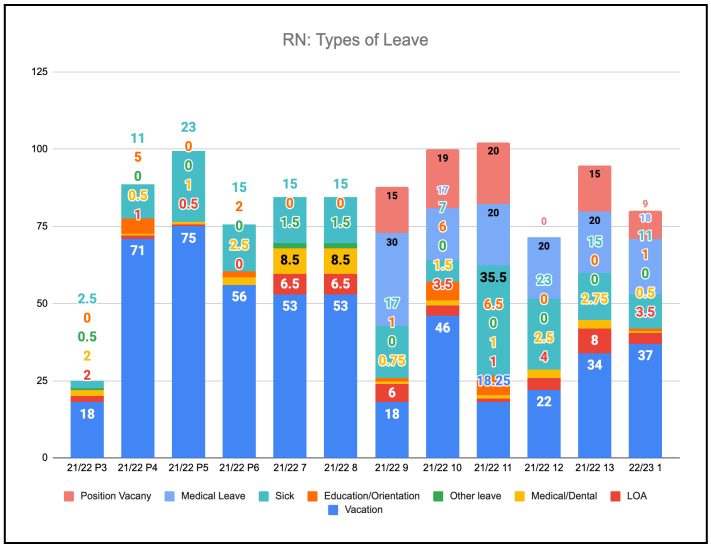


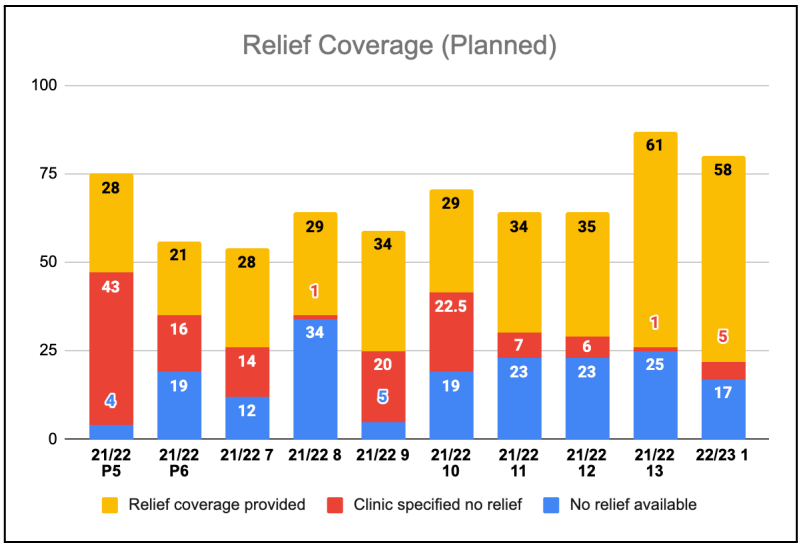
Registered Nurse in Family Practices

At the end of this period, there remain 20 clinics in this program with permanent RN in practices, 4 additional clinics with temporary coverage, 1 clinic who is actively recruiting and additional relief positions. Out of the 9 relief positions, 3 relief RNs positions are currently posted. The period distribution across the PCN's are:



Reporting on the number of days that RNs are out of practice has began and the Period over period distribution for the number of days away are included in the graph below alongside the breakdown of planned coverage:





Discussions are occurring at the local, regional and provincial level around the process for incorporating practice agreements into this initiative (and similar initiatives in other communities). Currently, these agreements are not signed at the local level and currently there are implications to signing and not signing that directly impacts patient access to care. FHA is not able to place new RNs into clinics without a clinic practice agreement being signed; however, anecdotal feedback from clinics indicates a level of risk to the private business if these agreements are signed. Work is underway between partner organizations and funders to develop a provincial agreement to support seamless placement and continued access to primary care resources within the PMH setting.

RN In Practice Impact Stories

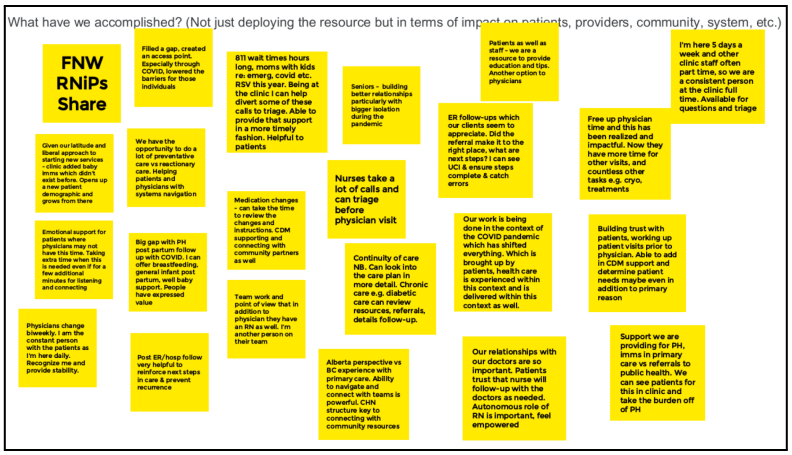
A number of providers shared their experiences of having a RN in practice as an extension of team based care within the PMH. **The short video below** shares these firsthand experiences and benefits of having an RN working in clinics as an extension of primary care.

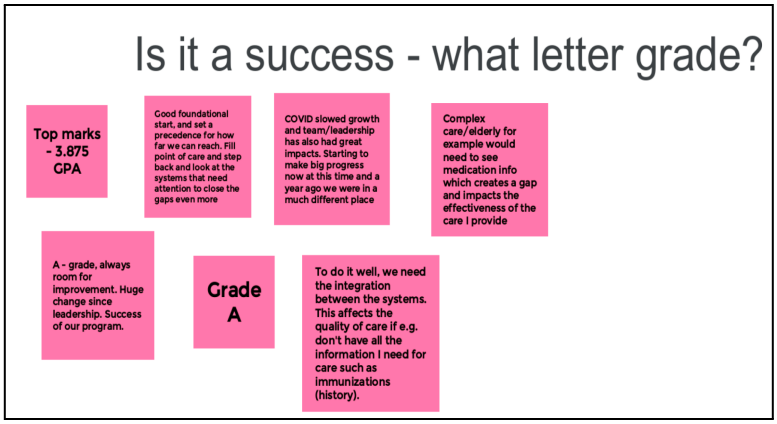
Recently, it was shared that a new Family Physician has started to practice at one of the FNW community maternity clinics. In citing reasons why they began to practice in maternity care - which traditionally in this community has seen challenges in recruitment and retention- they cited the capacity created by the RN in

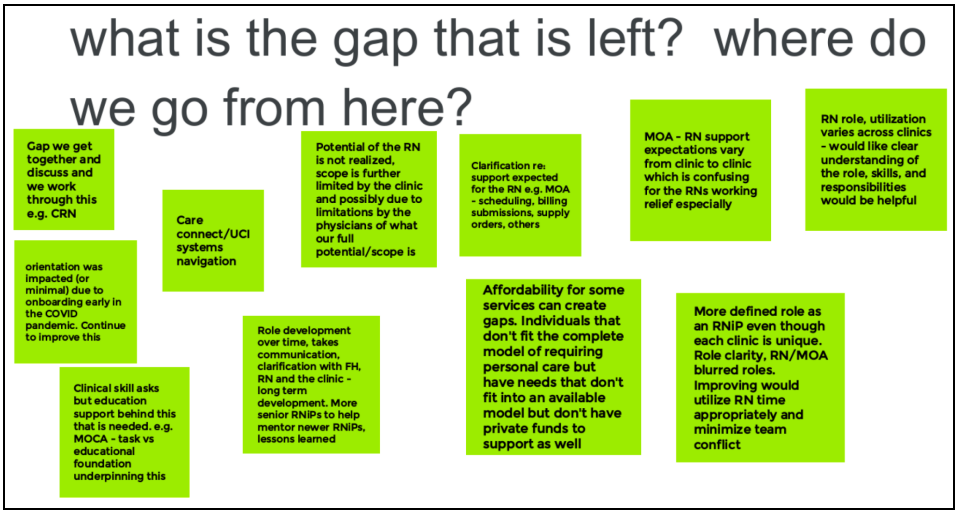
practice working at this clinic. The extension of the team allows for an increased coordinated approach in providing care to patients.

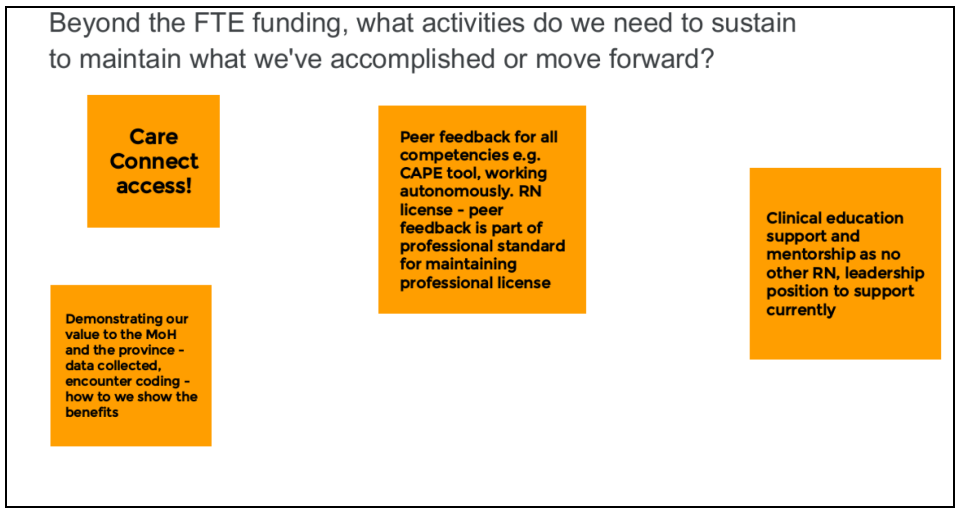
Program Impacts: RN Team Feedback

A tool often used to generate discussion and collect feedback for the purposes of brainstorming challenges, successes and solutions is JamBoard. The RN in Practice team engaged in a discussion surrounding a thorough overview of their experiences in being a part of this PCN initiative and their feedback is shared below:



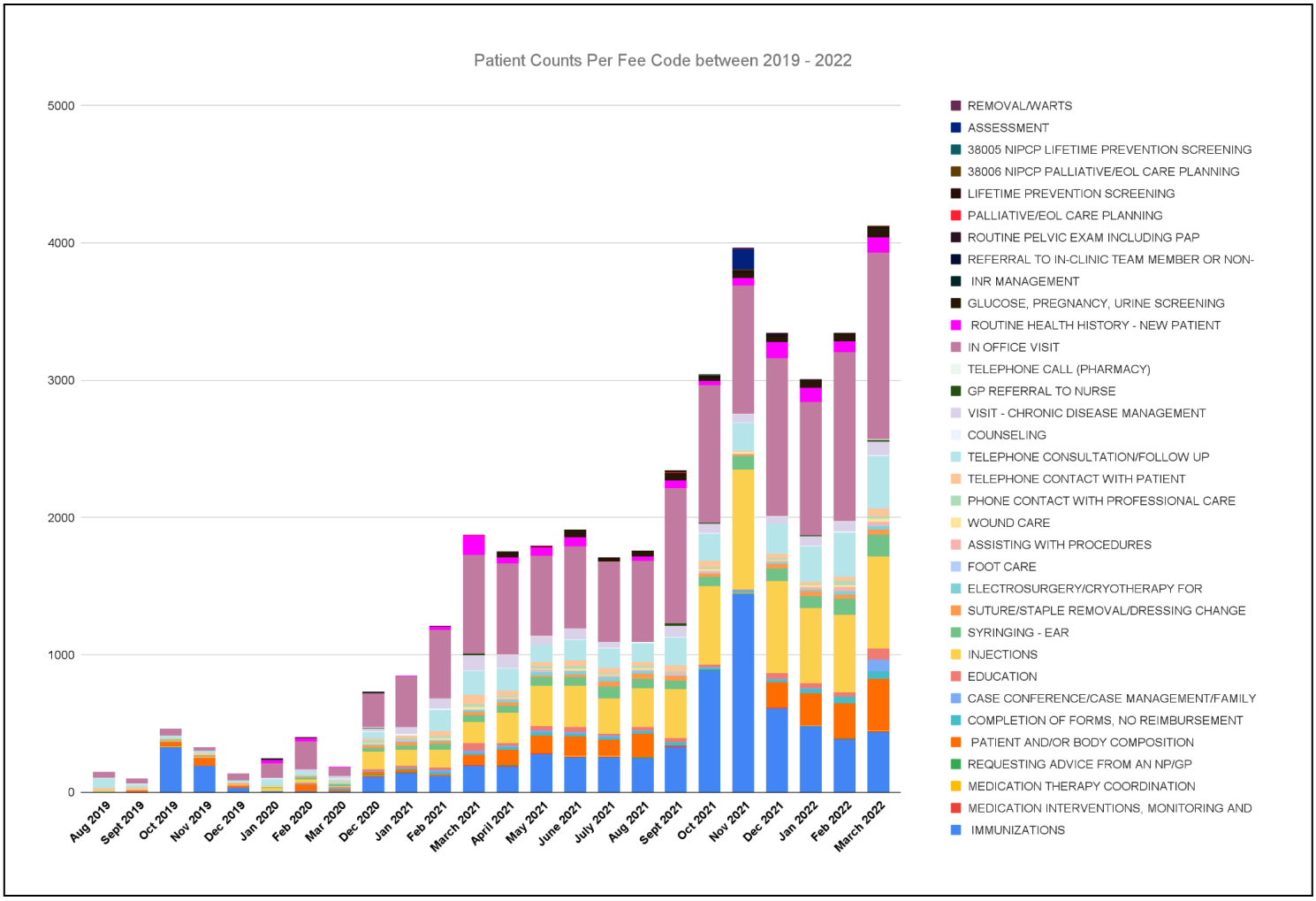






RN Encounter Coding

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 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. MSP generated a monthly encounter code report which reflects the encounter codes that have been accepted, unfortunately the provider count was still low providing an indication that rejections are ongoing and this continues to be a burden on providers. A break in the available data between March 2020 and December 2020 indicates the time period where providers were advised to stop submitting encounter coding as the rejections continued. This data will need to be submitted; however, hesitancy around submitting this is evident given the experience with rejections from practices.

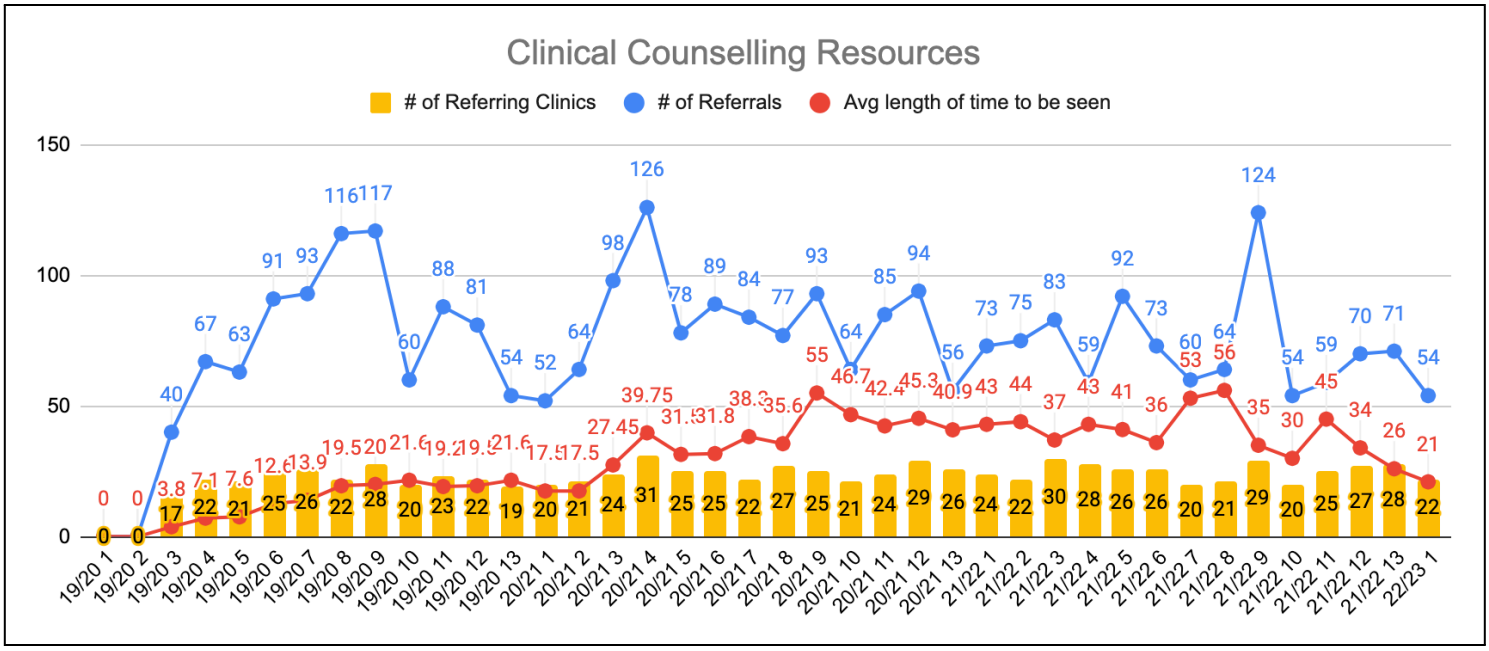


Allied Health (Clinical Counsellors) Supports - *Contracted Agency*

All reported metrics below show a decrease in usage over the last period. The table below details the change over the last period to the current period:

	Previous Period (P13)	Current Period (P1)	Difference
# of Referrals	71	54	↓
# of Referring Clinics	28	22	↓
Average length of time for patients to be seen (*days)*	26	21	↓
# of clients seen	178	153	↓
# of appointments scheduled	345	280	↓
# of cases open	277	253	↓

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*

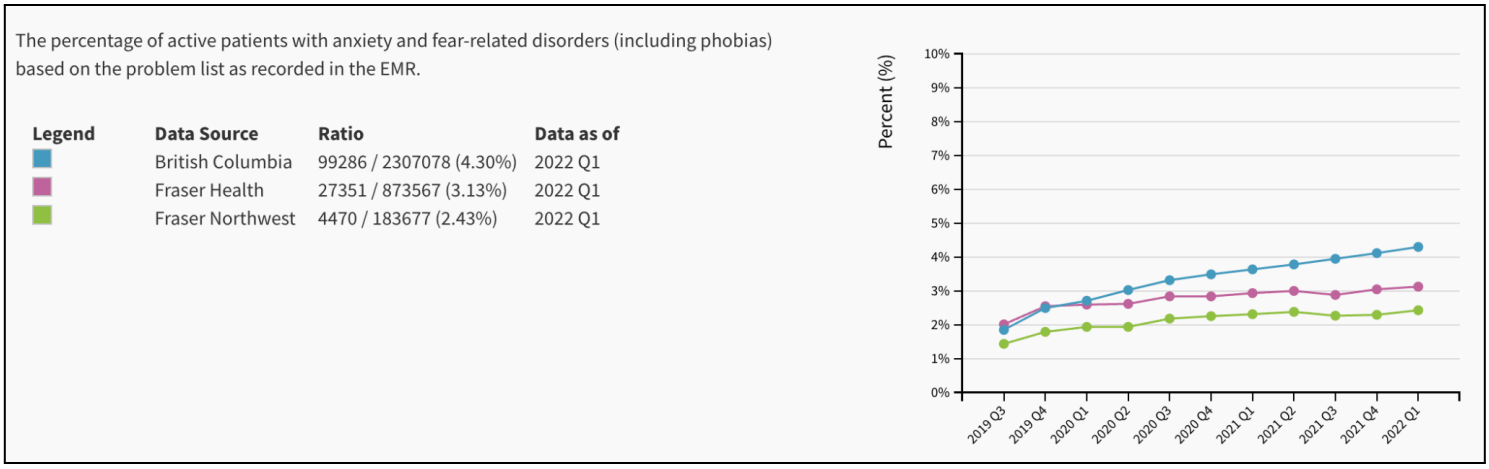
A FHA resource developed to support access to mental health and substance use supports for FNW community physicians launched where 4 FTE Mental Health Clinical Counsellors are available to FNW physicians to support providers and patients as part of the Primary Community Care team. Details on the number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

	Previous Period (P13)	Current Period (P1)	Difference
# of Referrals	72	64	↓
# of Referring Clinics	32	22	↓

Avg. caseload/Clinician	30	32	↑
# of appointments scheduled	285	301	↑

Mental Health Program Impact: HDC

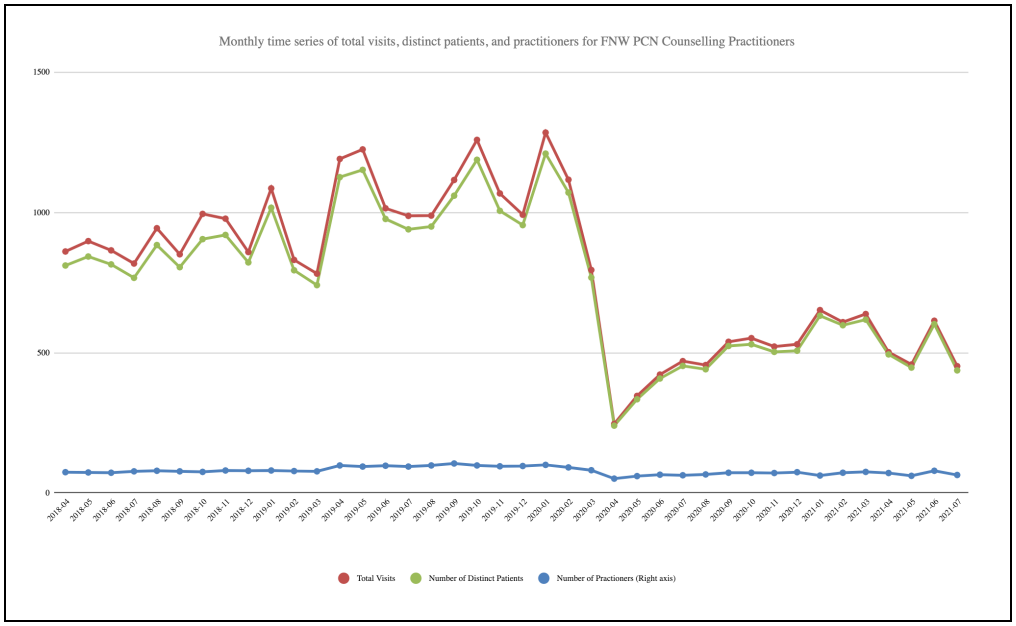
HDC offers demographic data based on aggregated patient data coded into the platform from participating PMHs EMRs. One coded measurement if the prevalence on patient with **anxiety and fear-related disorders** and compares quarterly data from 1 year, 3 year or 5 years across all FNW clinics, Fraser Health and BC. The visual below is a snapshot of the trending increase in prevalence for anxiety and fear-related disorders across FNW clinics. Data such as this reflects the ongoing, and growing, need for rapid access mental health supports for mild-moderate MH concerns.



Mental Health Program Impact: MoH

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. This table looks at the data that was submitted pre PCN program (July 2019 and earlier) implementation and post-PCN program (august 2019 and later) implementation as well as the change in trends over time. The significant drop in March and April 2020 is likely due to the initial impacts that the Covid-19 pandemic had on access to primary care. 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



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.

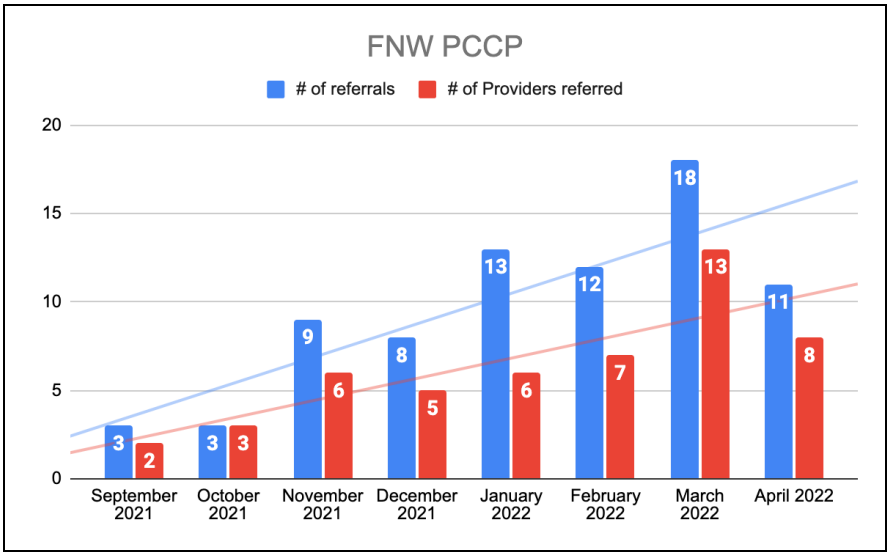
The Aboriginal wellness advisor has assisted the Director of health to assess the wellness needs of the community. They are currently working on meeting the needs of the community by seeking community partnerships with local organizations. In addition, the wellness team is actively seeking grants for 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." The doctors and community leaders have identified interest in having the doctors move towards doing outreach in the community. The health clinic continues to work on relationships with other partners in the Tri-Cities communities.

Primary Care Clinical Pharmacists (PCCP)

As part of the funding for the FNW PCN, the New Westminster and Tri-Cities communities were allocated resources for 4 Clinical Pharmacists across the Fraserhealth region. Work has been underway since the PCN inception around identifying strategies for incorporating these positions to support longitudinal primary care services. The first Pharmacist was hired in Period 5 and has been meeting with FNW clinics to set up clinic meet and greets and introductions to identify how best to support providers and their patients needs.

Work is currently underway to establish an ongoing discussion between UBC, FHA, FNW Primary Care Providers and Division staff to better understand the implementation plan of these resources as well as navigate and establish a collaborative and equitable reporting structure to share out the successes, challenges and lessons learned from this program. Referral data shared by the program reflects an upward trend of usage and referrals for the PCCP.



Urgent & Primary Care Centre: Tri-Cities

In February 2021, the Tri-Cities Urgent and Primary Care Centre (UPCC) opened its temporary location at Eagle Ridge Hospital. The UPCC is meant to provide primary care access to patients in the community who are unattached or attached and potentially seeking care outside of regular clinic office hours. Data was not available at the time of writing this report and as of Period 1 FY 22/23 all UPCC reporting will take place on the MoH PCN web portal.

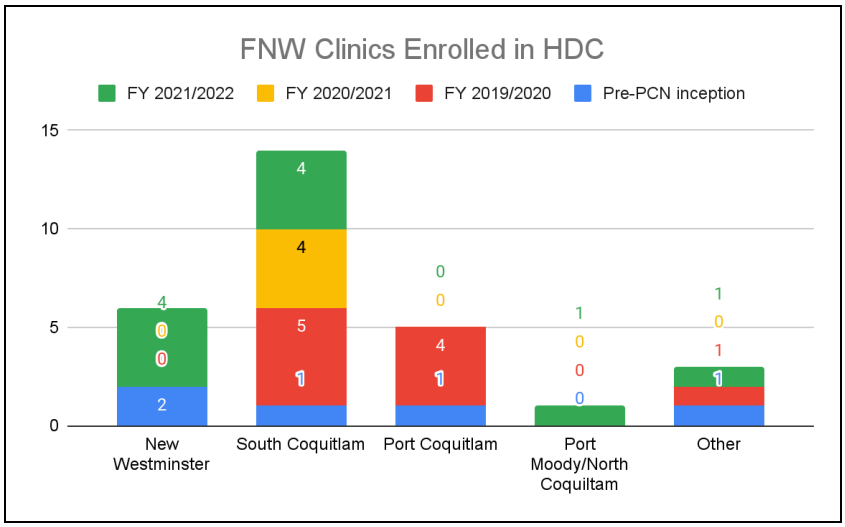
Program Impact: Accessible Primary Care

A Physician shared an experience whereby having access to the Tri-Cities UPCC enabled follow-up for a patient who was considered high risk and had received routine testing in the ER; however, was not attached to a primary care provider in the community. The UPCC was able to contact this patient for ongoing treatment regarding the test results and ensure follow-up is supported at this site.

Health Data Coalition (HDC)

The Health Data Coalition is a non-profit organization funded by GPSC that "*is a physician-led data sharing network that encourages self-reflect and practice improvement in patient care. HDC provides access to a secure,*

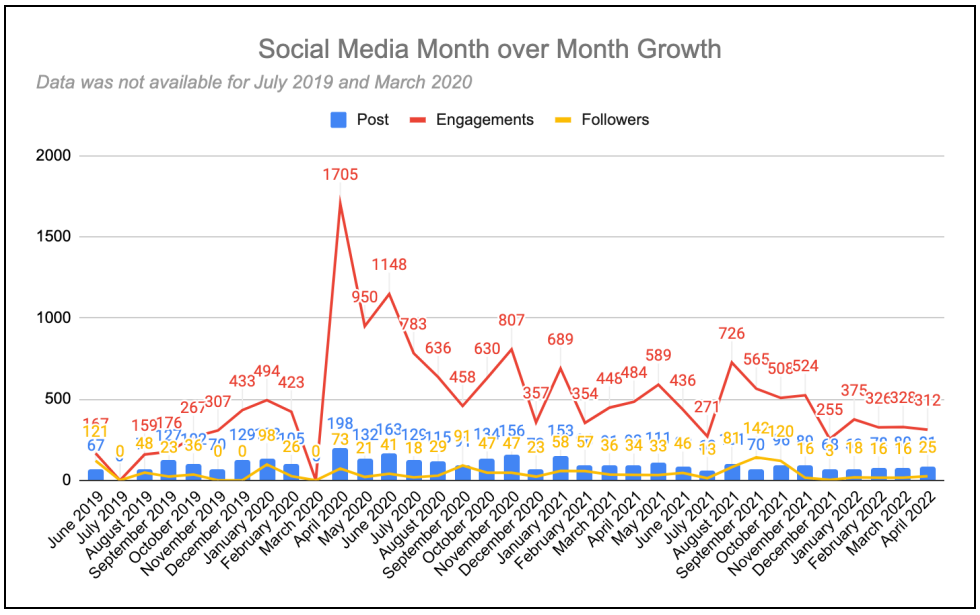
core set of anonymized aggregate data" for physicians and practices. HDC representatives are working alongside FNW Division staff and Physician leadership to identify opportunities for integration into FNW led engagement events for members. This tool will provide practical and tangible solutions to specific topic areas that events are centered around.



Feedback from the Community

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 April 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)	+81	312	+25



Each quarter, a newsletter is distributed to patients in the communities who have signed up or agreed to receive newsletters from the Division. When this resource launched in May 2020, there were a total of 170 subscribers, whereas in May 2021 the overall year end growth was 2103%. A breakdown of the # of subscribers, opens and % of opens is below:

	# Subscribers	# Opens	% Opened
May 2020	170	63	38.20%
August 2020	573	279	49.60%
November 2020	1982	1447	73.60%
February 2021	3288	1364	41.70%
May 2021	3745	2203	59.10%
August 2021	3830	1012	28.3%
November 2021	3459	1474	42.6%
February 2022	3473	1942	56%

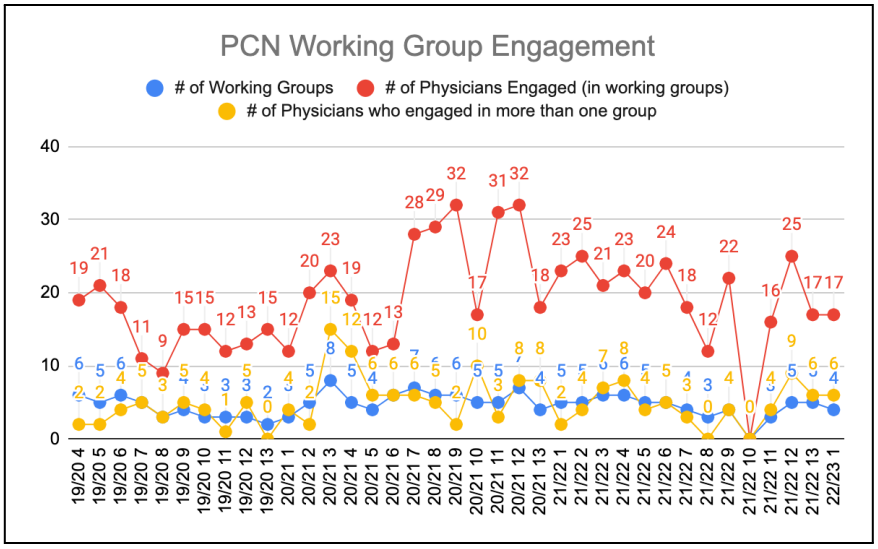
Public Engagement: Feedback Collection

Members of the public are encouraged to provide ongoing feedback on the public facing division website. This method of feedback collection was introduced in 2019 and has been ongoing. Themes from this data collection largely focus on the need for attachment to FPs in the community with additional feedback inquiring about finding either a FP or an NP in the community. These themes continue to be consistent with what was heard when this mechanism was initially launched and is a reflection of the ongoing need for access to primary care despite the addition of the PCN Primary Care Provider resources.

Physician Feedback and Engagement

Physician engagement for this reporting period includes a breakdown of both the PCN Working group engagement as well as the PMH team engagement events. As part of the FNW PCN, Primary Care Provider engagement and leadership is integral to the successful development and delivery of community services and resources. This engagement is reflected through a number or provider working groups and advisory committees which include:

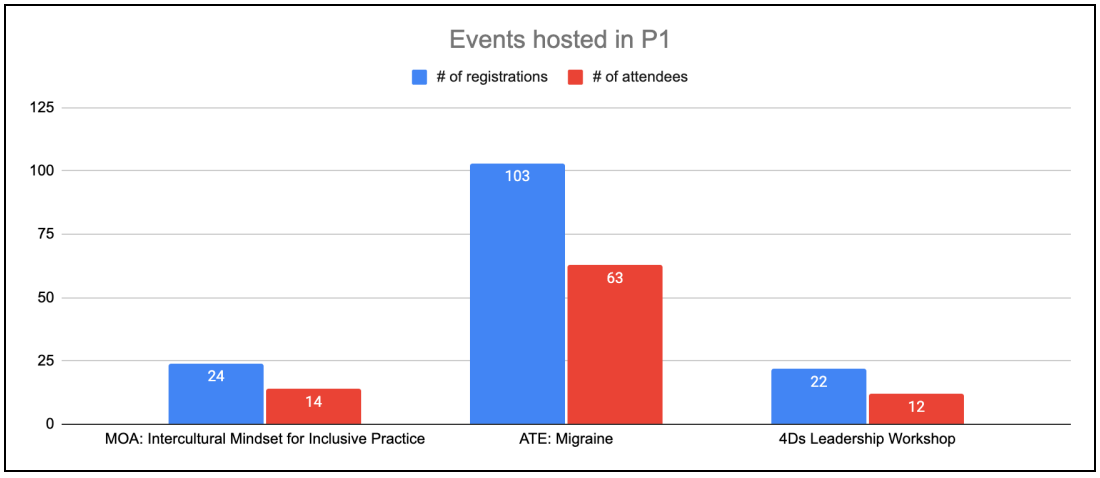
- PCN Steering Committee



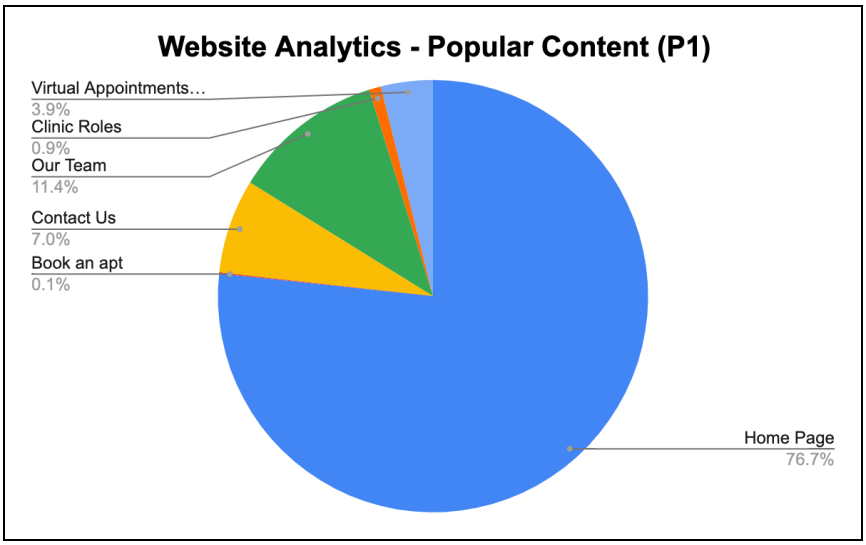
- *The purpose of the FNW PCN Steering Committee is to provider governance and leadership to te activities, working groups and strategic planning for the FNW PCNs.*
- *Membership is comprised of PCN partner organizations, community family physicians, hospitalists, administrative program staff and non-profit and stakeholder groups*

- PCN/PMH Provider Advisory Committee
  - *The purpose of this committee is to advise the Division and FHA Leadership regarding the direction of the primary care improvement work underway in the FNW communities*
  - *Membership is comprised of FNW Family Physicians, Hospitalists, Nurse Practitioners, Maternity providers and Division program staff*
- RN in Practice Physician Leads group
  - *The purpose of this group is to provide a space for Physician leads at clinics where RNs are placed to come together, share learning, ask questions and support the ongoing development of the initiative within PMHs and the FNW PCN.*
  - *Membership is comprised of Physician Leads for clinics who have RNs in practice and Division program staff.*
- Community Health Focus Groups
  - Initially launched to support discussion and conversation between FHA Home Health and Family Physicians, these recurring monthly focus groups have evolved to encompass additional aspects of community care including medication management, and mental health supports.

The following events were hosted for members in this reporting period:



Additional engagement support provided to FNW physicians is the website development. 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. Analytic data provided below from websites provides an overview of patient navigation based on popular content and searches for all clinic websites.

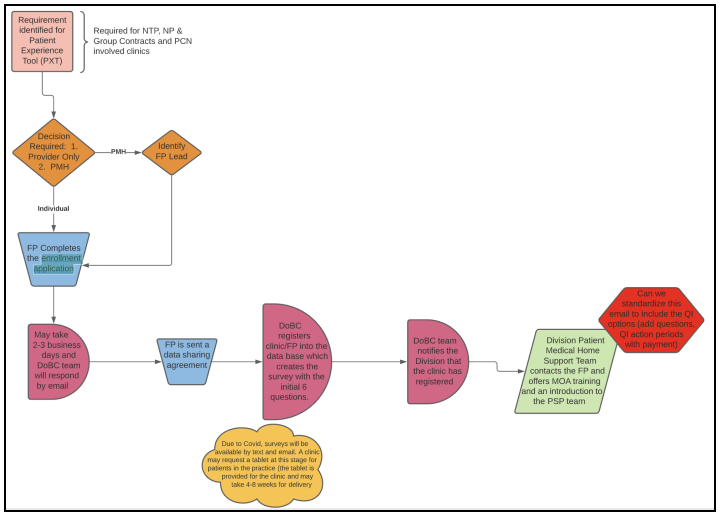


Physician Engagement: Virtual Care

The influx of virtual care over the last 18 months has been significant, largely due to the impacts of the Covid-19 pandemic; however, it's opened up opportunities for access in a quick and convenient manner for patients for certain concerns. Physicians on the FNW Board sat down and shared their reflections on the impacts and benefits of virtual care in a short video (***click the picture below***).

Patient Engagement

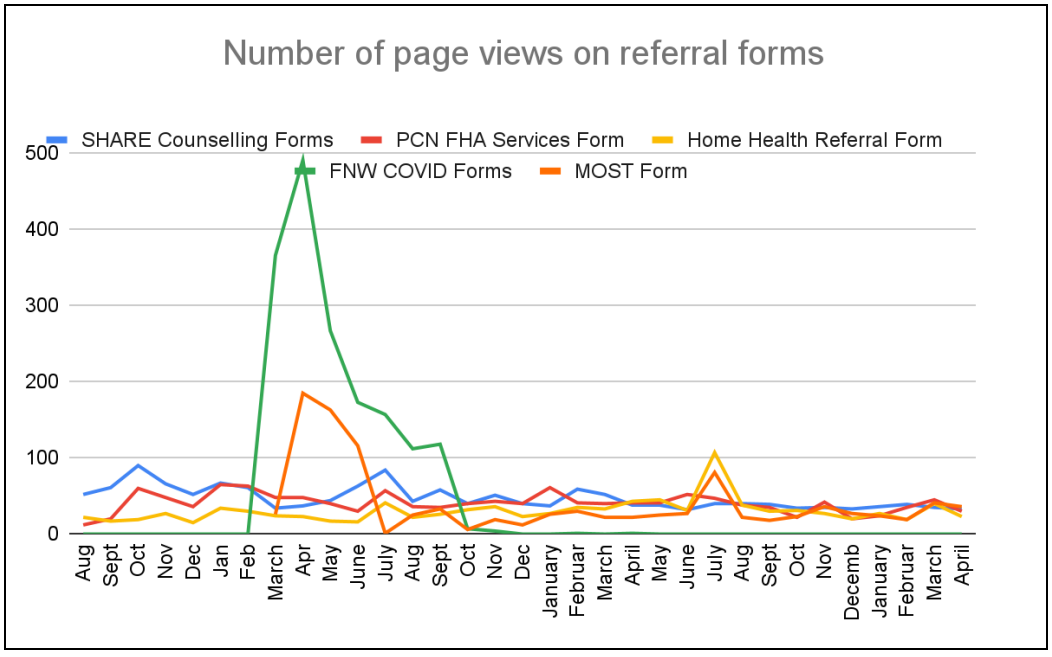
Work is underway to implement the GPSC created Patient Experience Tool (PET) within all practices who have RNs in Practice, or providers on contract. A workflow was developed to share out to PMHs to visually represent the process for implementing the PET into practice. The visual is a draft representation of the workflow process for this tool's implementation.



So far, 2 PMHs within the FNW have signed up for the Patient Experience Tool.

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. Identifying a process for transition and support related to contract terminations is needed to support the provider as well as how to support the panel of patients.

2. Coordination of care is a core attribute of both the PMH and PCN work. Recent experiences related to colposcopy referrals between primary care providers, provincial organizations and local hospitals highlighted differing processes for referral pathways which have a potential for impacts on patient care and safety.
3. The encounter coding system continues to be a struggle.
    a. It's key to have a point person for Physicians to contact to reach out for adequate and clear support as encounter coding issues continue to impede upon these providers' providing patient care.
4. Attachment between priority populations and primary care providers emerged as an obstacle as some processes don't collect certain contact information making it difficult for seamless and expedited attachment between patients and primary care providers.
5. 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.
    a. Additional overhead funds for PMHs include cyber insurance policies which noted a 22% increase for 2021. This reflects another cost for PMHs to successfully continue to provide longitudinal primary care services.
6. For FNW PMHs to be eligible for in-practice allied health support, all members of the PMH must be a member of the Division.