

# Fraser Northwest Primary Care Network

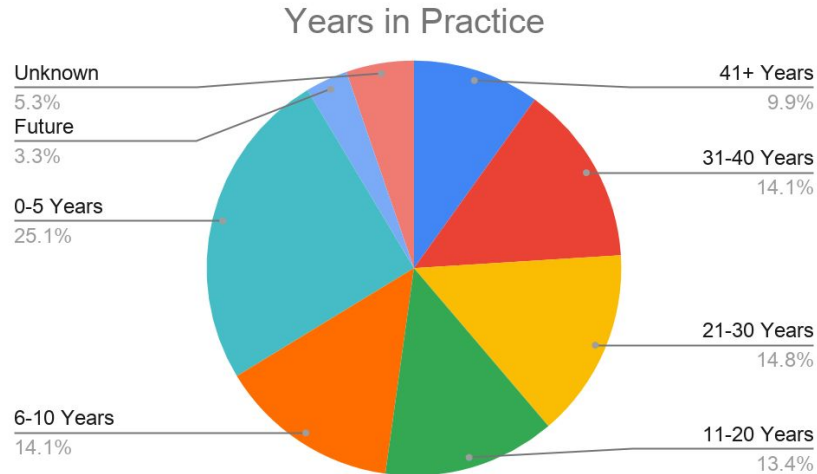
## Period 3 Addendum Report

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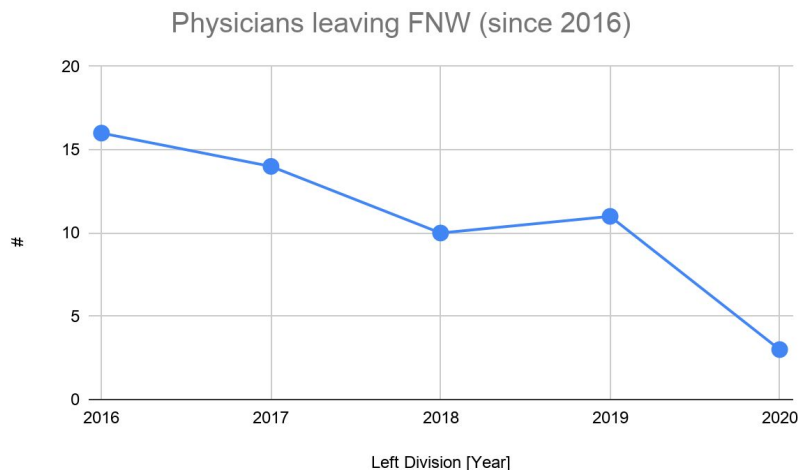
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## FNW Community Overview

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

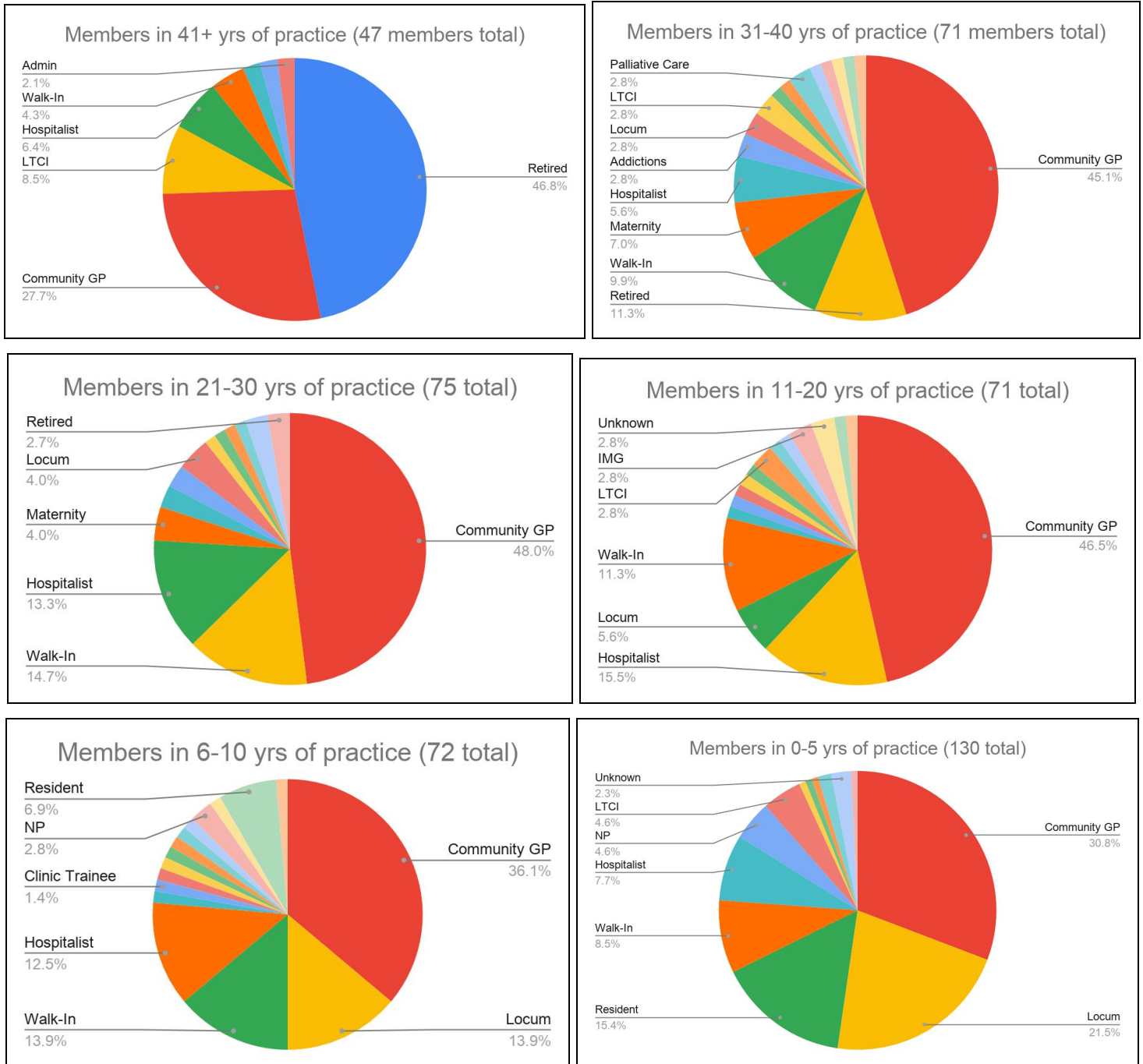


The number of physicians retiring and/or leaving the community continues to grow with those leaving citing high costs that the FFS compensation model currently can't meet with how some family physicians practice. Since 2016, there have been approximately 54 physicians leaving the community with 11 physicians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



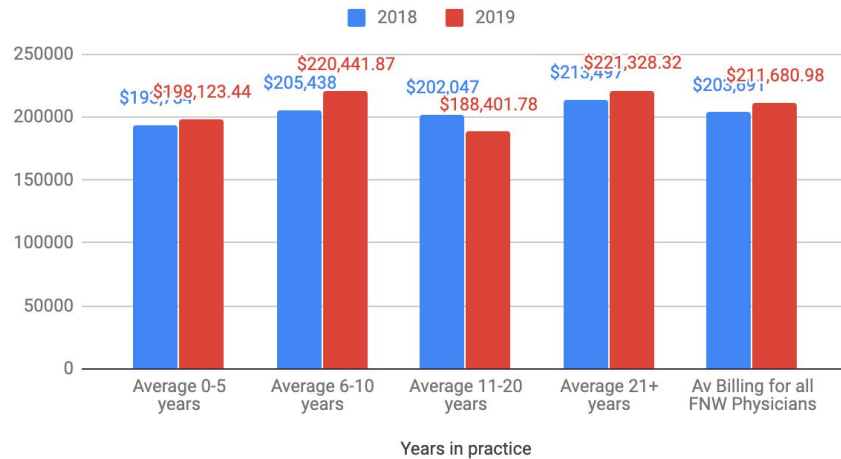
Projected retirements in the next year are set at 7 with a five year forecast of 25 family physicians retiring out of the FNW communities. This projection is an estimate and is based on an estimate that approximately 10% of our members that are 21+ years in practice will retire between 2020-2024 as we 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 make up a large subset 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 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.

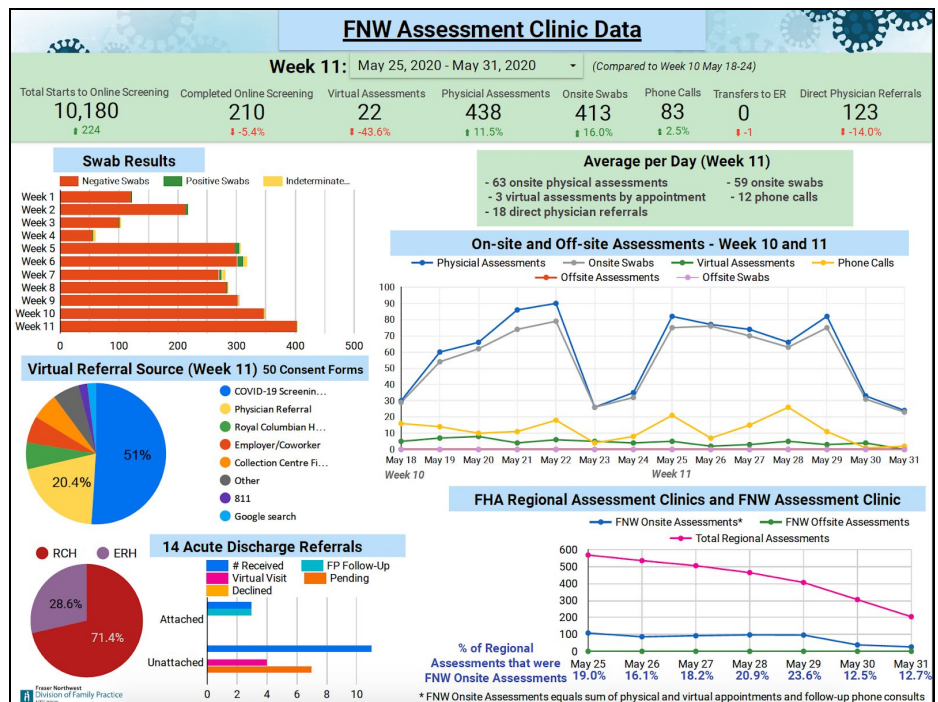
## Year over Year Average Billing Comparison

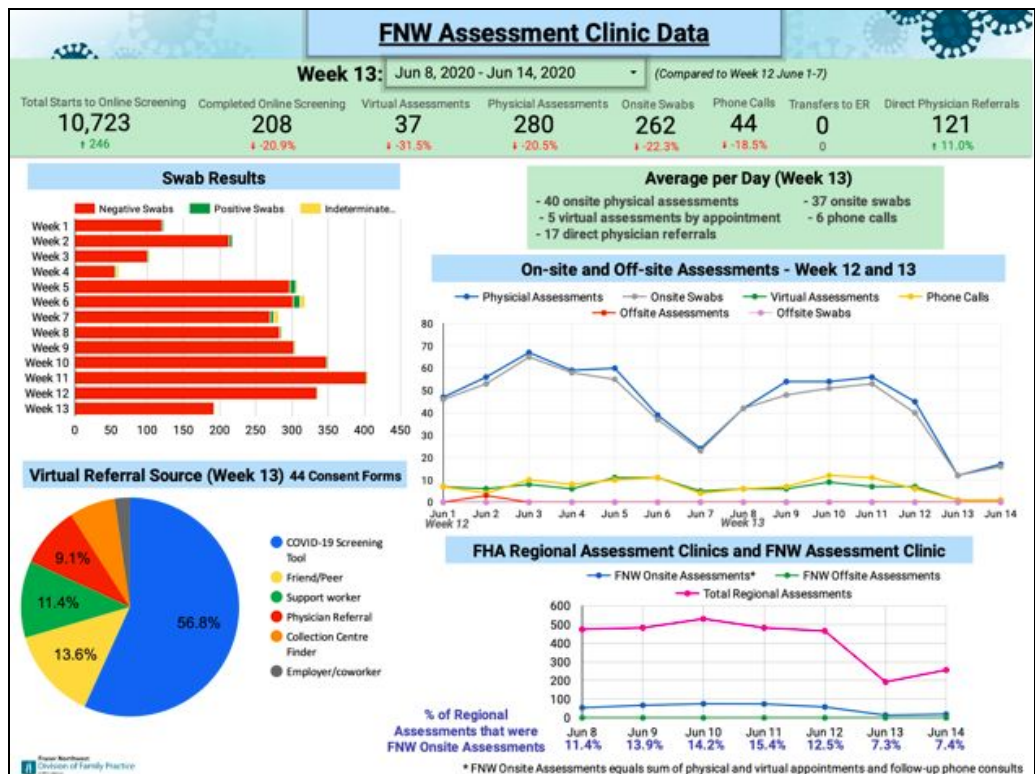
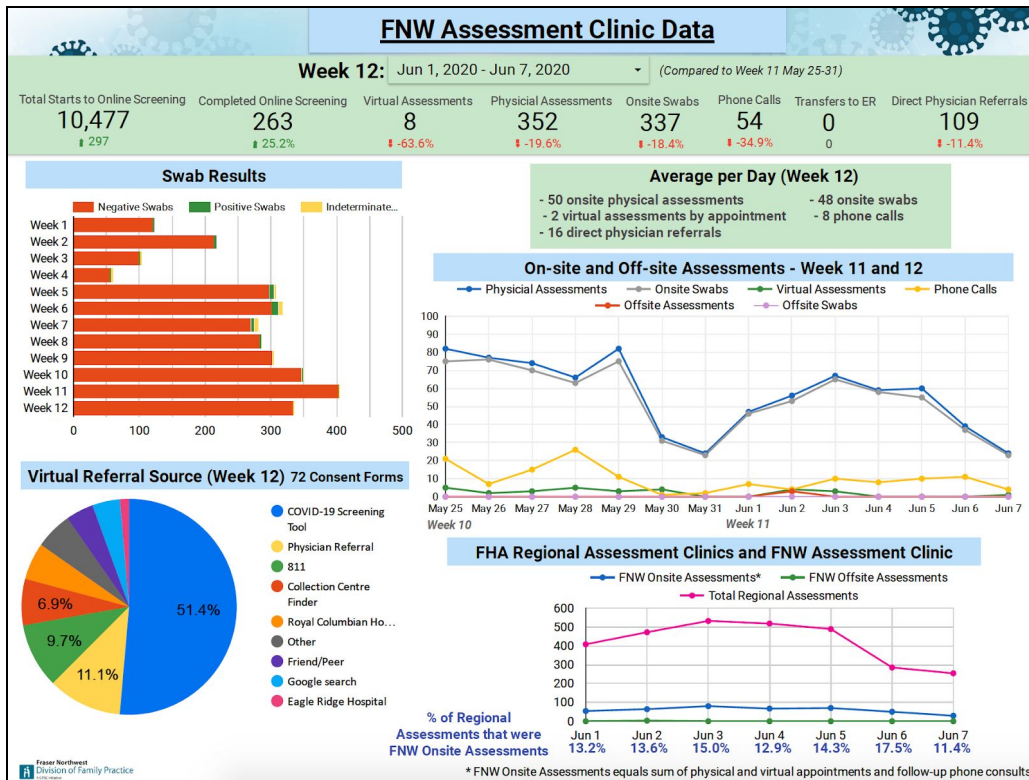


## Covid-19 Response

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. Funding for this clinic concluded on June 14 and subsequently after that a physician-led clinic opened in the Tri-Cities to continue to support access for people in the community. The visuals below show the data collected and shared in the weeks included in Period 3 (Week 11 - Week 13) prior to the clinic closing on June 14th:





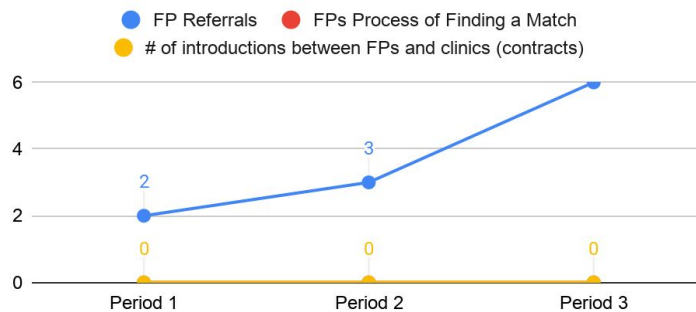


## Family Physician and Nurse Practitioner Contracts

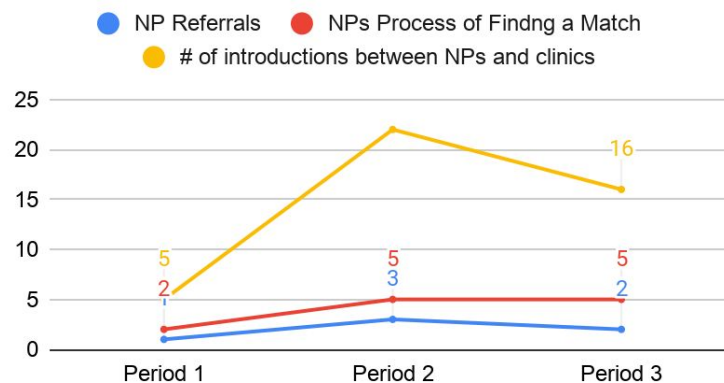
Collaborative work between the FNW, Fraser Health (FHA), HealthMatch and the Ministry of Health is vital in order to support increased FP and NP resources in the FNW communities. In Period 3 (May 29 - June 25), clinic openings remained consistent at 17.6 FTE. Table 1 below provides a status overview 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	6	48	0	0	0 PCN Launch Total: 2
Nurse Practitioners	2	29	5	16	0 PCN Launch Total: 6

FNW FP Recruitment Trends (P3)

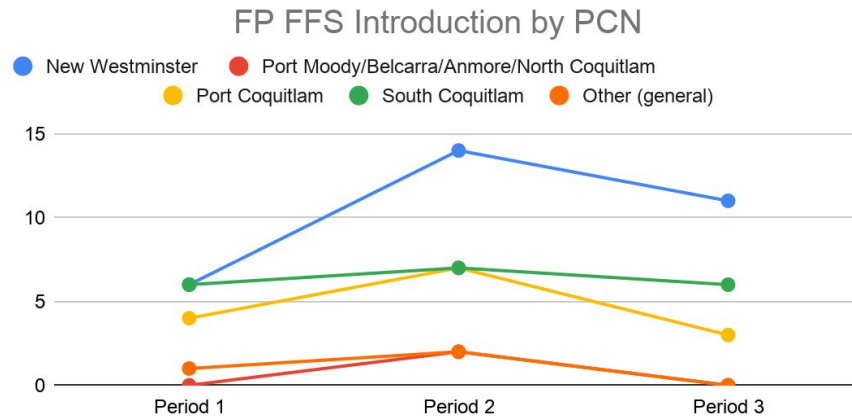


FNW NP Recruitment Trends (P3)



The number of active postings on HealthMatch BC for FPs for both FFS or contract positions decreased in this period to 34 active postings by period close. Opportunities for these postings include: locum and permanent part-time and permanent full-time in the FNW.

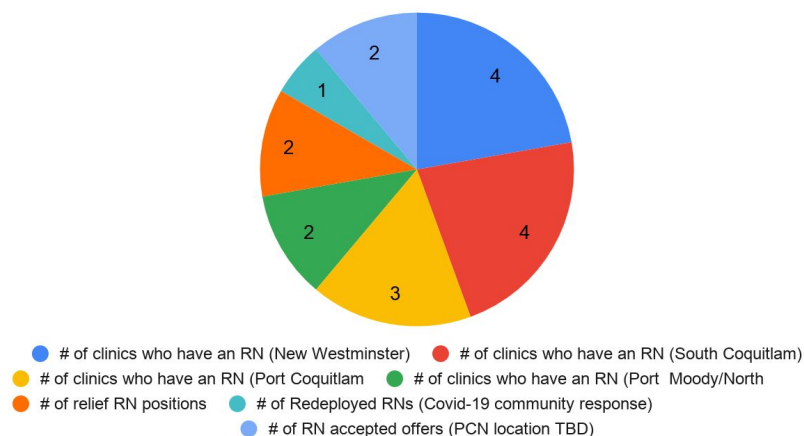
Fee For Service (FFS) opportunities and engagement efforts are underway on an ongoing basis and in this period, there were 20 new introductions between FPs and practices for FFS opportunities such as locum, permanent part-time and permanent full-time.



## Registered Nurse in Family Practices

In Period 3, there are 13 family practices now having a nurse, and 1 additional RN has been redeployed, and 2 additional RNs who are in orientation. An additional 2 RNs have accepted offers with 1 of those having a November 2020 start date. The YTD distribution across the PCN's are:

Distribution of RN in Practice Initiative (Hiring/Onboarding)



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. The figure below details the RN overhead invoice tracking from the start of this new fiscal year.

## FNW RN Invoice Payment Tracking



\*Invoices processed do not reflect received payments

As of June 25, 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 is found.

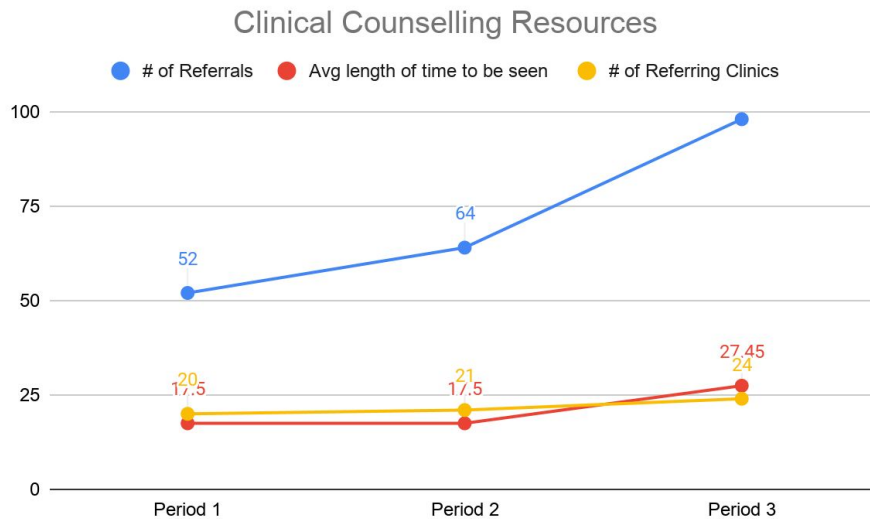
## Allied Health (Clinical Counsellors) Supports - Contracted Agency

The number of referrals, referring clinics and the average length of time for patients to be seen during this reporting period increased. The table below details the change over the last period to the current period:

	Previous Period (P2)	Current Period (P3)	Difference
# of Referrals	64	98	↑
# of Referring Clinics	21	24	↑
Average length of time for patients to be seen ( <i>days</i> )	17.5	27.45	↑

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.





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 3:

- 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. Details on the number of referrals can be found in the table below:

	Previous Period (P2)	Current Period (P3)	Difference
# of Referrals	63	42	↓
# of Referring Clinics	17	11	↓

In Period 3, referrals decreased compared to the previous period. Patients are able to self-refer as there has been increasing concerns around anxiety and depression as it relates to the current pandemic situation. Virtual counselling have been developed in the FNW to support ease of access for patients and physicians given the current environment. Of the 42 referrals, 4 of them were self-referrals citing covid-related concerns. Previous period data noted that approximately 37% of the referrals were self referrals compared to the 10% of self-referrals in the current period.

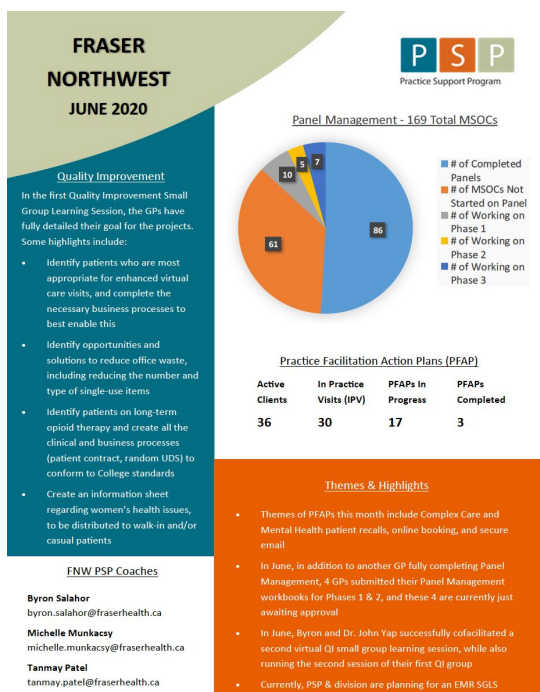
## Indigenous Related Supports

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 and 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. The Family Physicians who will be supporting this work have shared personal welcome/introductory videos with the community as the current covid-19 restrictions have contributed to minimal opportunities for engagement and relationship building.

## 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 June.



PSP and the FNW Division organized two cohorts of the Quality Improvement Small Group Learning Session (SGLS) that were delivered virtually to FNW physician members and in June, the 2nd part of the SGLS was delivered and co-facilitated by a PSP representative and a community Physician. Work is underway to provide an EMR SGLS to Family Physicians in the FNW.

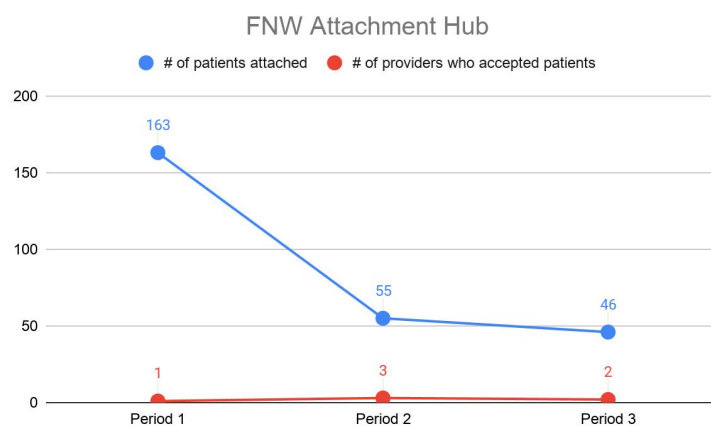
Below is the month over month comparison from the previous report shared:

	# 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
<b>Previous month (May)</b>	170	118	64%	50%	108	12	6	5	85
<b>Current month (June)</b>	169	119	64%	51%	108	10	5	7	86
<b>Change</b>	↓	↑	-	↑	=	↓	↓	↑	↑

## Attachment

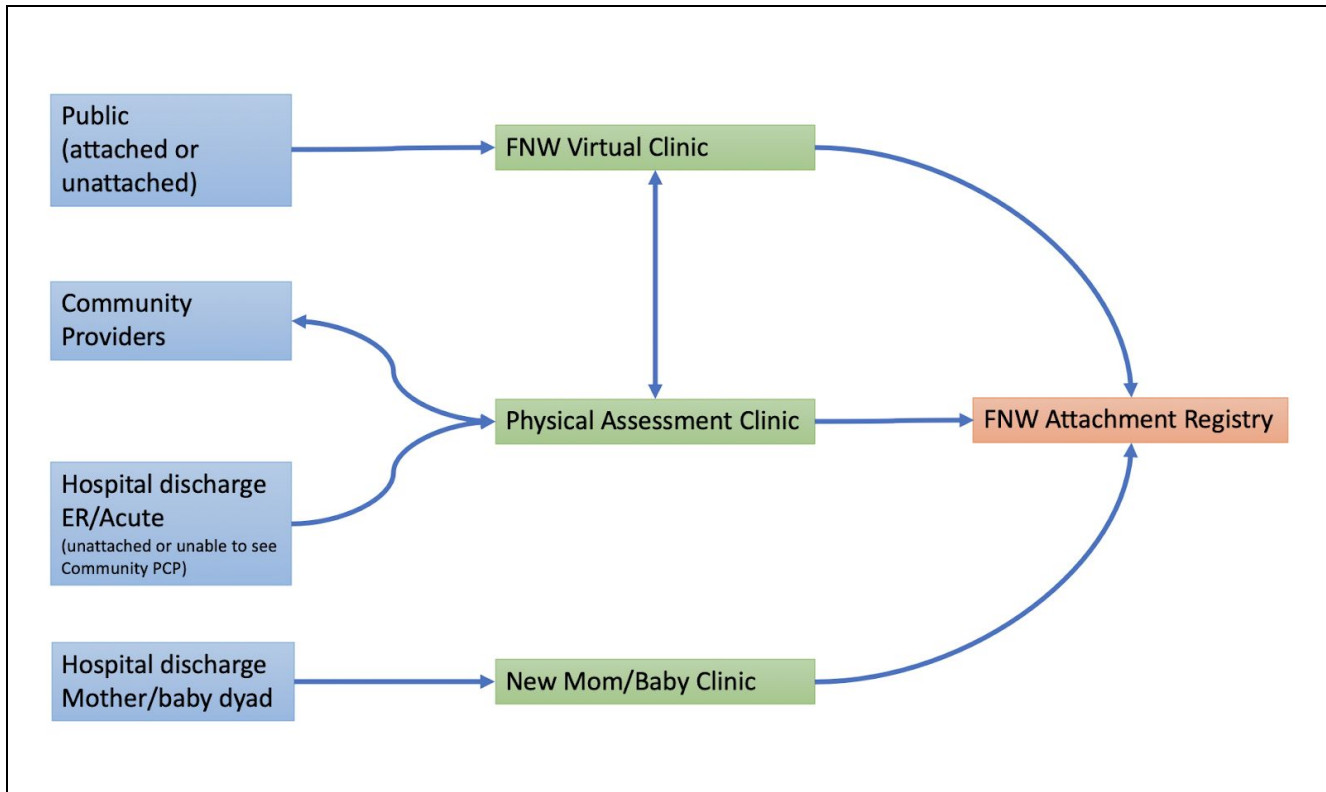
During this reporting period, the FNW Division Attachment Coordinator continued to support the attachment between the public seeking a FP and family physicians accepting new patients. It is important to note that these numbers do not capture the full scope of the community attachment taking place as 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. The table below details a breakdown of the attachment work currently taking place:

	New Westminster	South Coquitlam	Port Coquitlam	Port Moody, Anmore, Belcarra, North Coquitlam
<b># of providers who accepted patients</b>	0	1	1	0
<b># of patients attached</b>	0	28	11	7
<b># of patients waiting to be attached</b>	137	28	14	20



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.

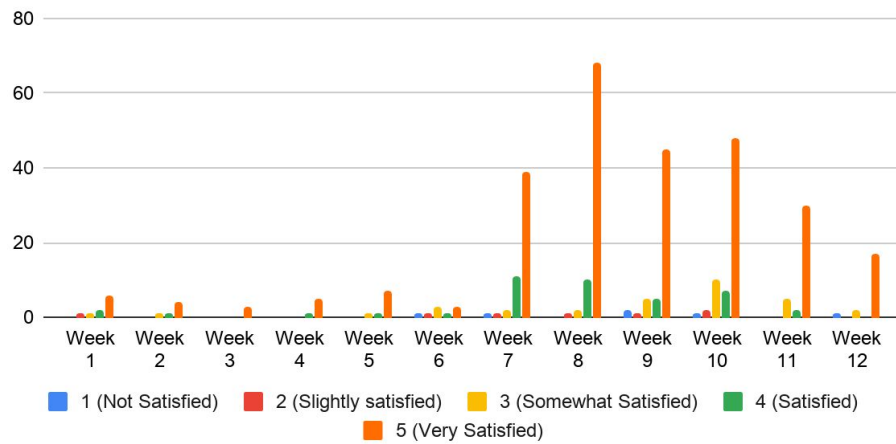
Recently, a Family Physician in the FNW developed this diagram to illustrate how the recently launched clinics (as part of the Covid-19 community response) interact and link back to the FNW Attachment Registry. The linkage between these community supports is vital to creating attachment and access to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



## Feedback from the Community

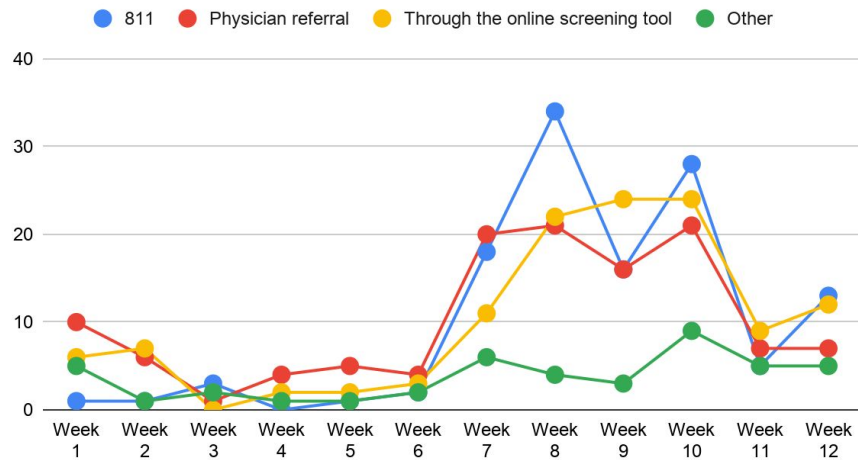
A number of patient surveys have been deployed to create feedback loops between patients accessing services in the FNW and the program teams in order to continue to identify opportunities for Quality Improvement work as well as work within a PDSA cycle. Feedback from patients who visited the Covid and Influenza Like Illness Clinic show the changing satisfaction rates over time in the table below.

Satisfaction Levels Over Time



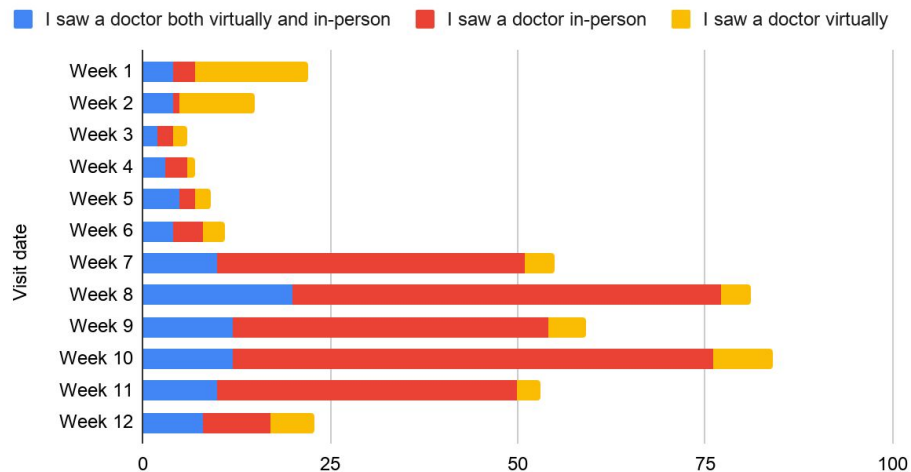
Additional data visualizes the various referral sources over the same time period in the table below:

Referral Sources Over Time



There was a distribution of how patients visited the clinic and responses from patients are noted in the chart below.

Visit Type



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 (June) they've recorded the following changes in public engagement through the social media platforms:

Channel	# of Posts	Engagements	Followers (+/-)
Facebook	64	296	+6
Instagram	52	771	+21
Twitter	47	81	+14
Linkedin	0	0	0

## Physician Feedback and Engagement

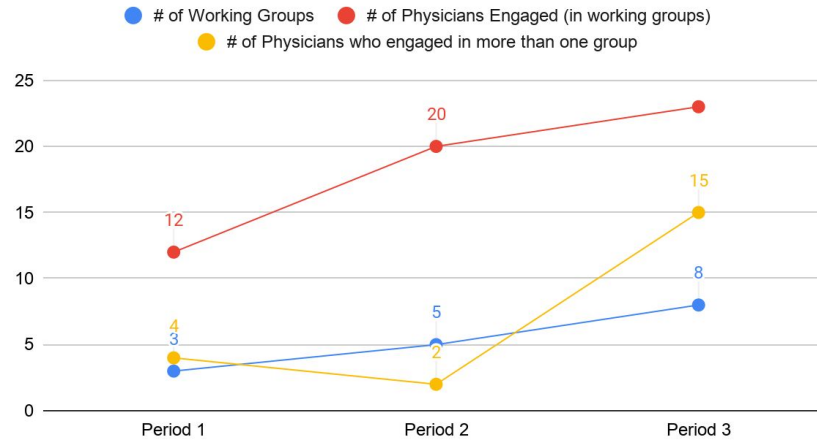
Feedback from physicians, partner organizations, internal and external stakeholders has also been collected and key themes from this reporting period that have emerged include:

- In relation to the FP/NP contracts:
  - An inquiry from a local NP around allotted educational costs within the contract and whether that can be applied to tuition expenses.
- In relation to the RN in Practice:
  - Continued billing rejections from MSP related to the RN encounter codes continue to occur. The MoH reached out to FNW to inquire around further information from clinics to further investigate the ongoing rejections.
- In relation to the KFN primary care clinic
  - Continued discussion between partner organizations on workflow and relationship building. Interest in regular meetings to discuss clinic planning have been set up.
- 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
  - As the community assessment clinic transitioned to be a Physician led clinic, discussions around operational sustainability took place - for example: access to supplies, EMR, and scheduling.

Physician engagement for this reporting period includes:

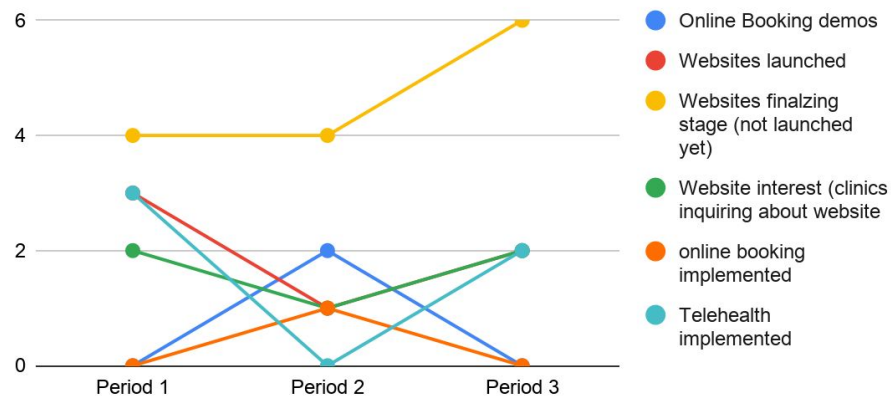


### PCN Working Group Engagement



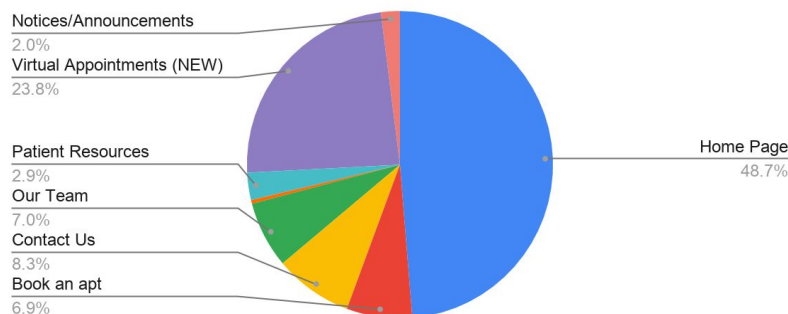
Additional engagement support provided to FNW physicians is the website development as supported by a Digital Content Coordinator. In Period 3, there were 2 new websites launched. The move to providing primary care services in a virtual setting continues to grow and expand. A full list of the clinics 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.

### FNW Family Practice Website Development Progress



Website analytics that looks at the total page views and visits from the public on popular links from each clinic website and approximately 6.9% of the total 'clicks' were on Booking an Appointment.

### Website Analytics - Popular content (P3)



## 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. Dialogue with community Family Physicians identified that if the RN is working within the PMH with the Family Physician, then their access is in line with what's available to the FPs.
2. Accountability related to contract management for the NP and FP 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.
4. Incorporating all partners and stakeholders at the planning stages before project implementation as recognizing the impacts that any changes may have on all partners requires representation from all partners at the early stages of development.
5. *\*New\** Further clarity and discussion is needed at the planning stages when sessional contracts are created to support an interim response - specifically around volume expectations and accountability.