

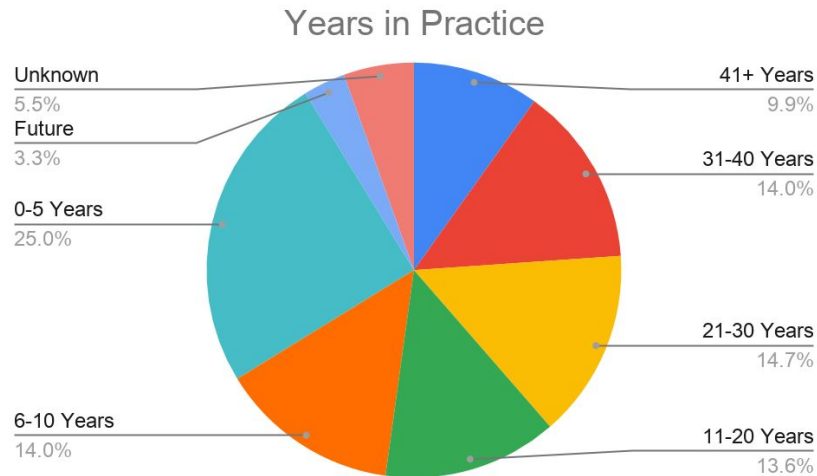
Fraser Northwest Primary Care Network

Period 4 Addendum Report

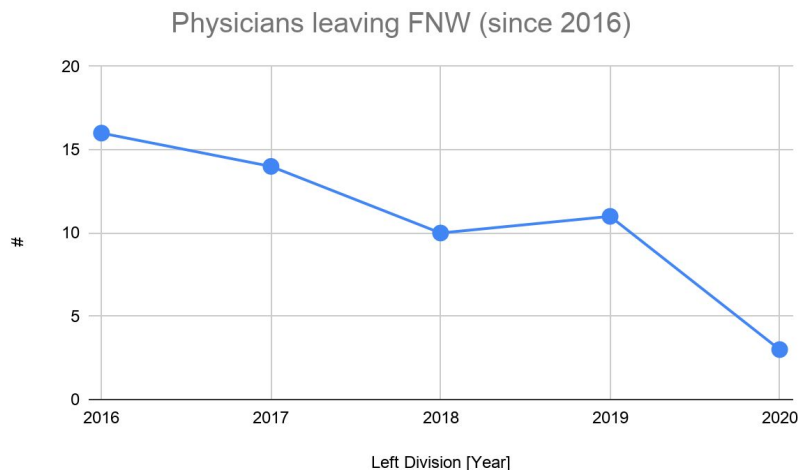
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FNW Community Overview

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:

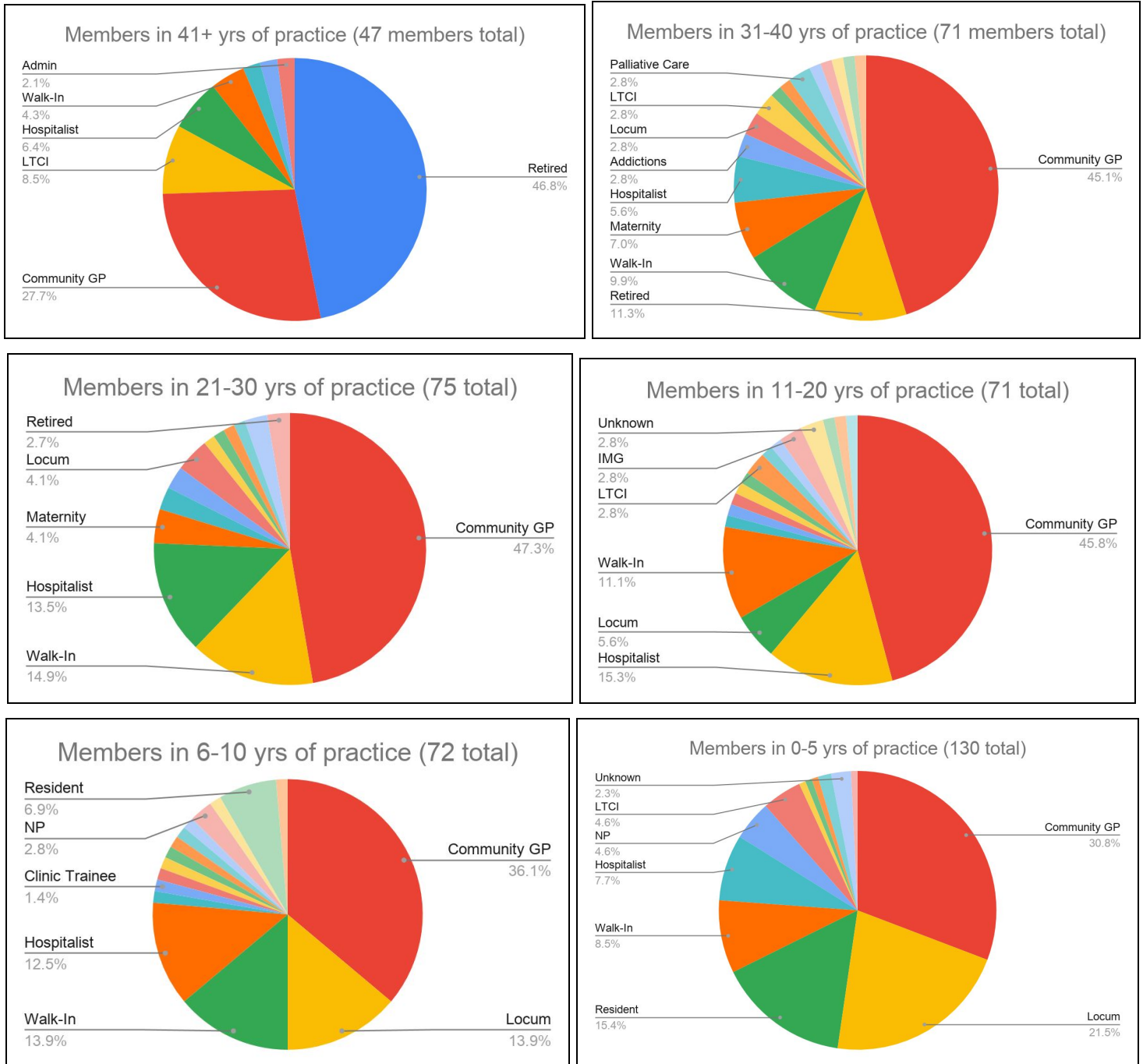


The number of physicians retiring and/or leaving the community continues to grow with those leaving citing high costs that the FFS compensation model currently can't meet with how some family physicians practice. Since 2016, there have been approximately 54 physicians leaving the community with 11 physicians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



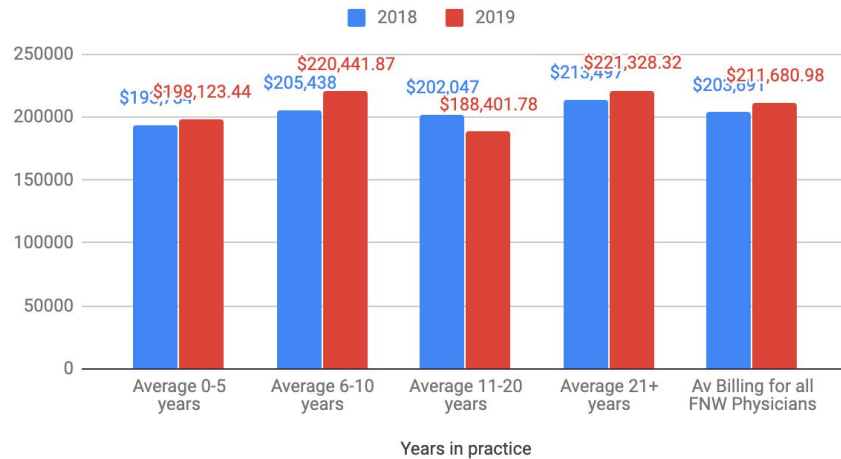
Projected retirements in the next year are set at 7 with a five year forecast of 25 family physicians retiring out of the FNW communities. This projection is an estimate and is based on an estimate that approximately 10% of our members that are 21+ years in practice will retire between 2020-2024 as we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



In this last reporting period, there has been **1 FFS Family Physician** who has indicated the closing of their 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. 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. This clinic continues to serve the diverse needs of the population in the New Westminster and Tri-Cities area. Physicians supporting this clinic are doing so in addition to their own practice; recognizing this, work is underway with Fraser Health (FHA) to establish a contingency plan around a Health-Authority (HA) led clinic.

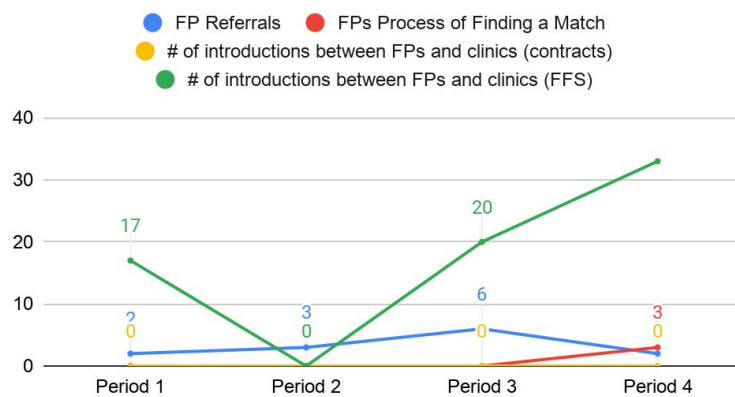
Family Physician and Nurse Practitioner Contracts

Collaborative work between the FNW, FHA, HealthMatch and the Ministry of Health is vital in order to support increased FP and NP resources in the FNW communities. In Period 4 (June 26- July 23), 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:

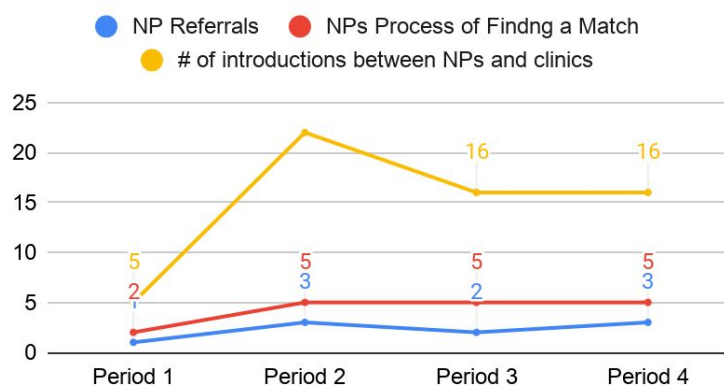
	Referrals	# in the process of finding a match	# of introductions between provider and clinics	# of contracts signed

	# of New Referrals	Running Total of Referrals since PCN launch			
Family Physician	2	51	3	0	0 PCN Launch Total: 2
Nurse Practitioners	3	32	5	16	0 PCN Launch Total: 6

FP Recruitment Trends (P4)

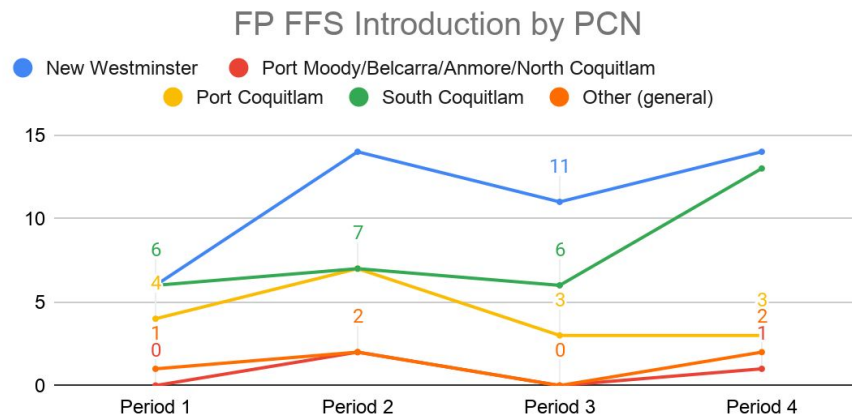


FNW NP Recruitment Trends (P4)



The number of active postings on HealthMatch BC for FPs for both FFS or contract positions decreased in this period to 33 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 33 new introductions between FPs and practices for FFS opportunities such as locum, permanent part-time and permanent full-time.



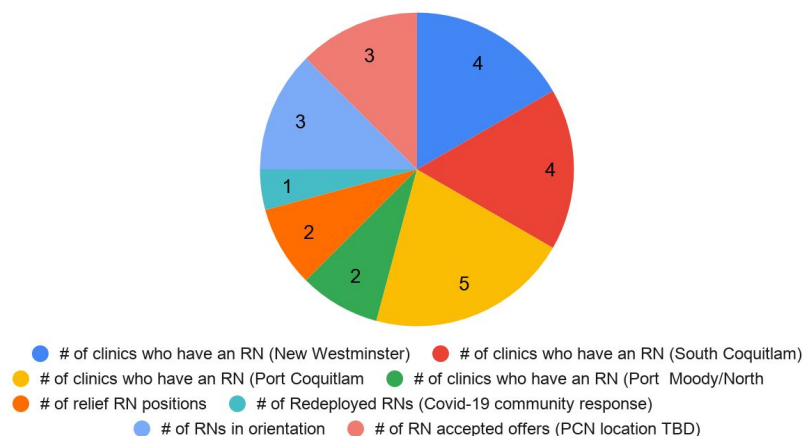
Since the launch of the PCN in April 2019, there have been a total of 3 FFS Family Physicians who joined practices in the FNW and have taken on a panel for longitudinal practice. These Physicians were accounted for and reflected in earlier versions of this report shared out in the FY 19/20 Period 6 Addendum Report.

In the FNW, work is underway to welcome potential International Medical Graduates (IMGs) Return of Service (ROS) from the UBC program and the Practice Ready Assessment (PRA) program into community practices to take on a panel for longitudinal practice. ROS candidates have the ability to apply to prospective clinics where they can be introduced and both parties can take part in an interview process to assess fit. At the end of July, there were 10 IMG candidates who indicated interest in practicing in the FNW and 5 Family Practices who indicated opportunities for candidates. Since the applications have been received, there have been a total of 38 introductions between candidates and clinics. With respect to the PRA program, the Division is currently supporting FHA in this process for Physician sponsorship and work permits. Additional information on these processes will be available in the next reporting period.

Registered Nurse in Family Practices

In Period 4, there are 16 family practices now having a nurse and 3 additional RNs who are in orientation. An additional 3 RNs have accepted offers with 2 of those having a later start date in Fall 2020. The YTD distribution across the PCN's are:

Distribution of RN in Practice Initiative (Hiring/Onboarding)



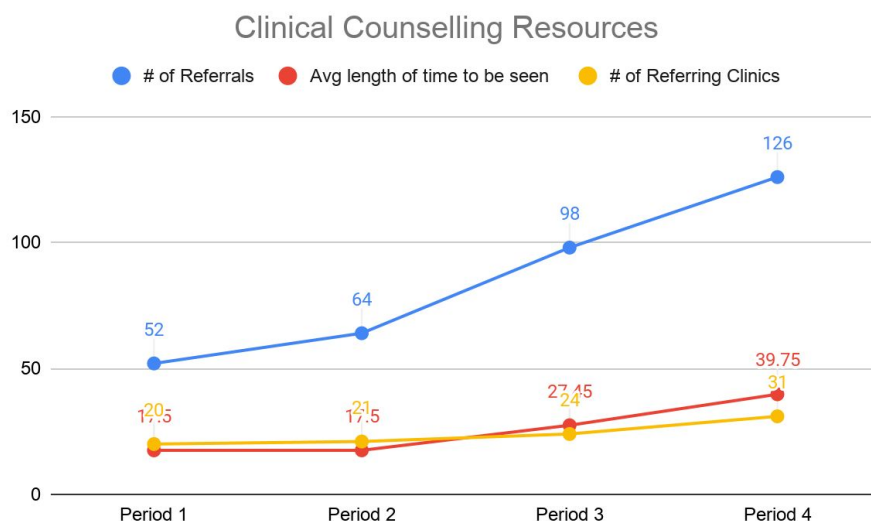
Accurate encounter code data is vital to the ongoing implementation of the RN in Practice Initiative and it's important that PCN funded resources do not add to the workload, but reduce it. Clinics that receive billing rejections have noted that correcting these are increasing the overall workload as 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 (P3)	Current Period (P4)	Difference
# of Referrals	98	126	↑
# of Referring Clinics	24	31	↑
Average length of time for patients to be seen (<i>days</i>)	27.45	39.75	↑

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 4:

- 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 (P3)	Current Period (P4)	Difference
# of Referrals	42	20	↓
# of Referring Clinics	11	10	↓

In Period 4, 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 20 referrals, 1 of them were self-referrals citing covid-related concerns. Previous period data noted that approximately 10% of the referrals were self referrals compared to the 5% of self-referrals in the current period.

Indigenous Related Supports

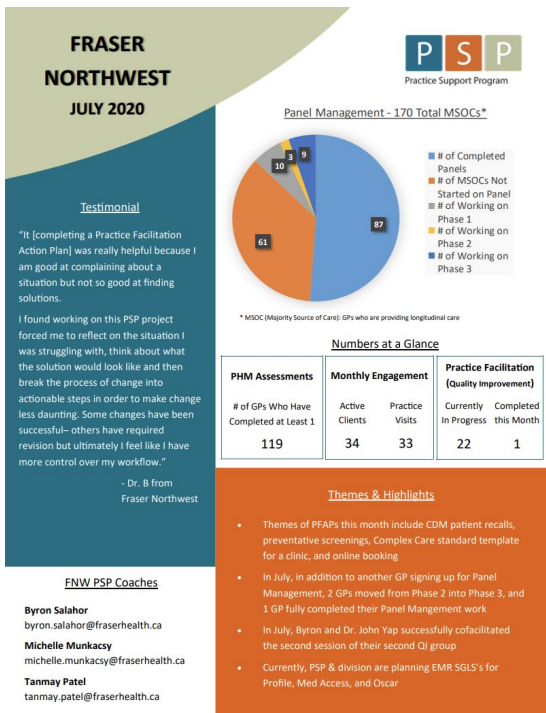
As one of the partner organizations in the Fraser Northwest Primary Care Network, Kwikwetlem First Nation has worked to identify the resources needed in their First Nation Community. These resources will work to support increased attachment and access to primary care services for the Nation, as well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

Through the planning process, it was identified that 1.5 FTE support workers and 52 FP sessional would support increased access to culturally safe primary care services for the community. A partnership table was established on the Nation, inclusive of FHA, the FNW Division, and First Nation leadership and meeting regularly to move forward the opening of the Kwikwetlem First Nation primary care clinic. This table had begun development of a clinical service plan for the KFN Primary care clinic and health services, in partnership with the community. 2 local FPs have offered their services, and have met with the Kwikwetlem Health team, currently consisting of a nurse practitioner, and full time community health nurse, to discuss workflows. Tenant improvements to the Kwikwetlem clinic site were made and completed, offering two full clinic rooms, as well as a waiting room.

Due to Covid 19 related closures, as of Monday June 8, Kwikwetlem First Nation Council made the decision to extend the community closure to all outside members of the public and professionals. In regards to the clinic, they requested it be postponed indefinitely, until council has more confidence in community safety. The leadership for the community has expressed they would like to consider a phased approach to opening the community to primary care services for their members only to begin. This planning is occurring at the community level with the regional health authority.

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

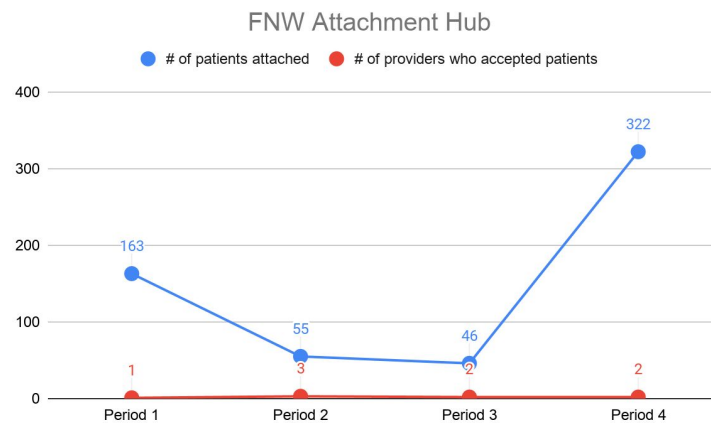
Below is the month over month comparison from the previous report shared:

	# 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
Previous month (June)	169	119	64%	51%	108	10	5	7	86
Current month (July)	170	119	64%	51%	109	10	3	9	87
Change	↑	=	=	=	↑	=	↓	↑	↑

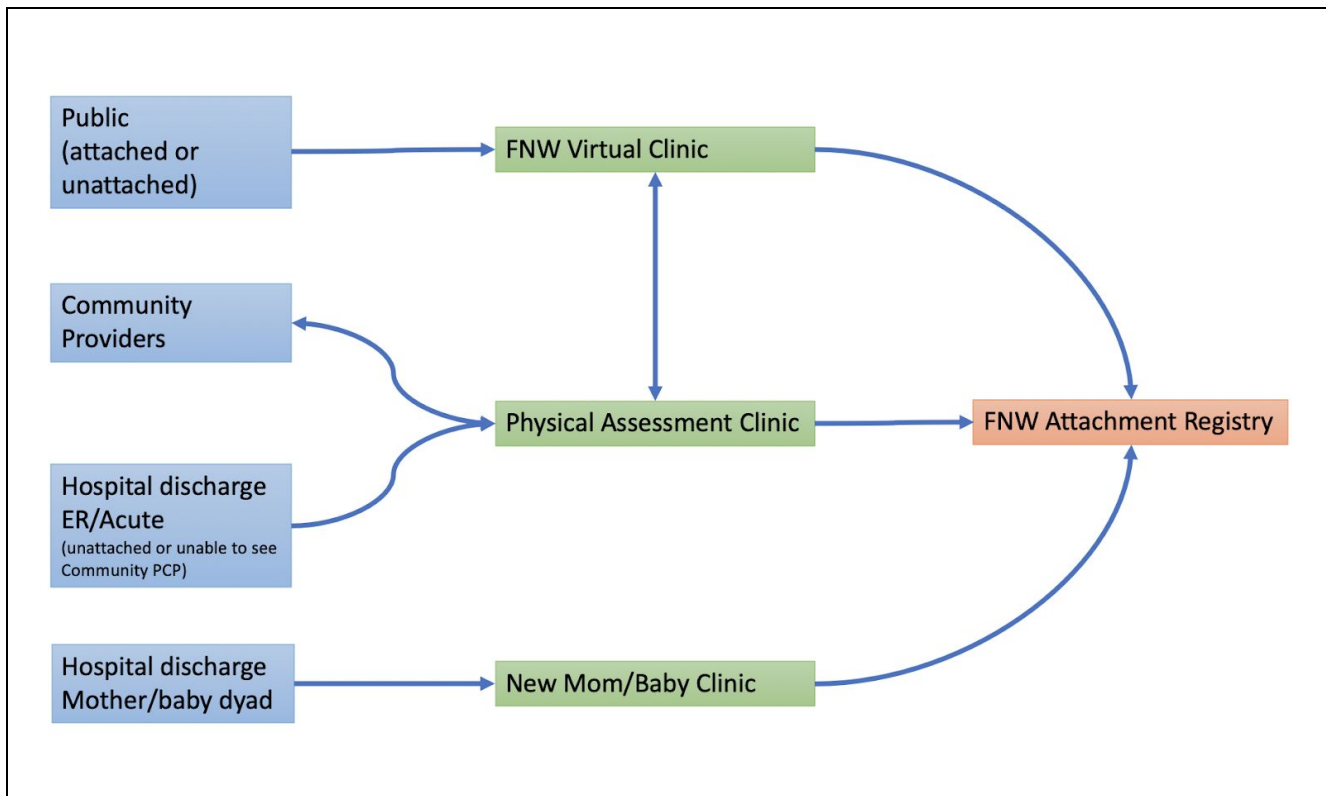
Attachment

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 0\$ 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
# of providers who accepted patients	0	1	1	0
# of patients attached	0	301	20	1
# of patients waiting to be attached	506	79	228	192



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

Preliminary work is underway to develop a PCN related public engagement strategy that collects feedback and stories from patients to better understand what primary care healthcare supports are integral to their continued access and overall health. This work will move to take place in Fall 2020. Patient feedback continues to be collected as it relates to specific project and program areas. Two patient representatives have recently indicated their interest in supporting the continued implementation and planning of the FNW PCN and these representatives will be a part of the program team.

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:

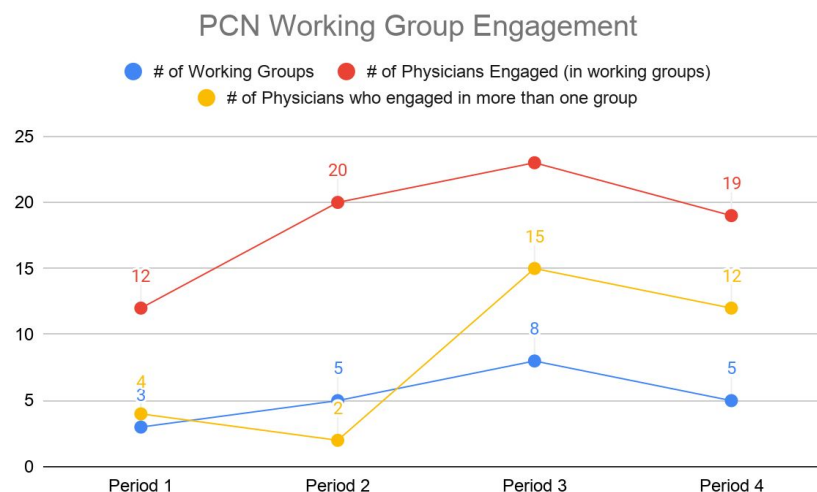
Channel	# of Posts	Engagements	Followers (+/-)
Facebook	51	179	+6
Instagram	41	570	+7
Twitter	37	34	+5
Linkedin	0	0	0

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:

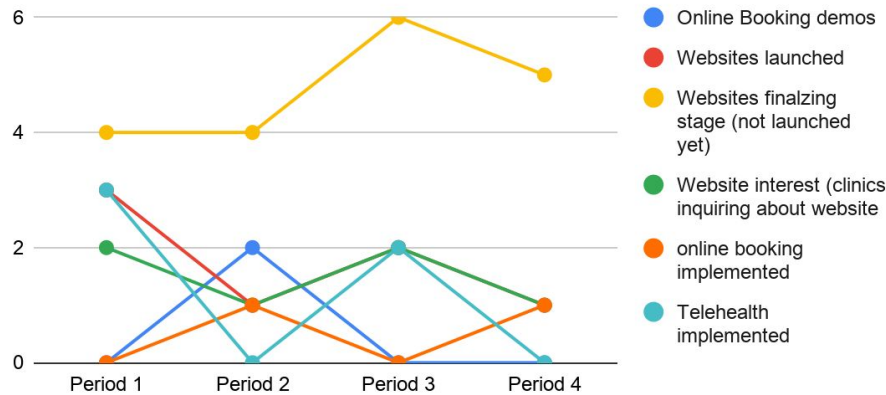
- In relation to the FP/NP contracts:
 - Division connecting with Family Physicians around any support and questions/clarifications that may have emerged since being in practice.
- In relation to the other Allied Health Professional positions:
 - Inquiry around current AHP positions and scope of roles to support advance care planning for homebound, frail and complex patients.
- 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.
 - FHA is developing a contingency plan to run a covid-19 testing and assessment clinic. Work continues to be underway to develop a succession plan and identify when this clinic will be ready to meet the needs of people in the New Westminster and Tri-Cities communities.

Physician engagement for this reporting period includes:



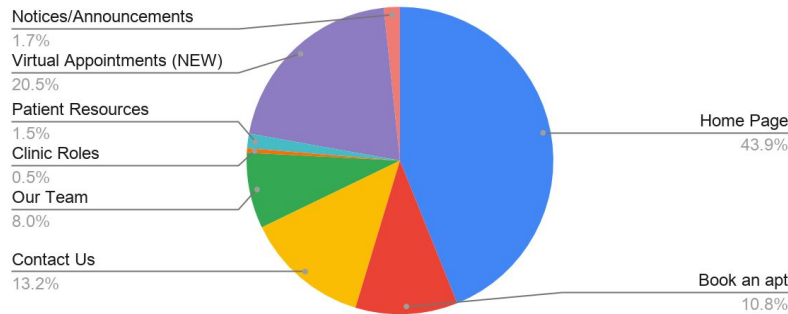
Additional engagement support provided to FNW physicians is the website development as supported by a Digital Content Coordinator. In Period 4, there was 1 new website launched. The move to providing primary care services in a virtual setting continues to grow and expand. A full list of the clinics in 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

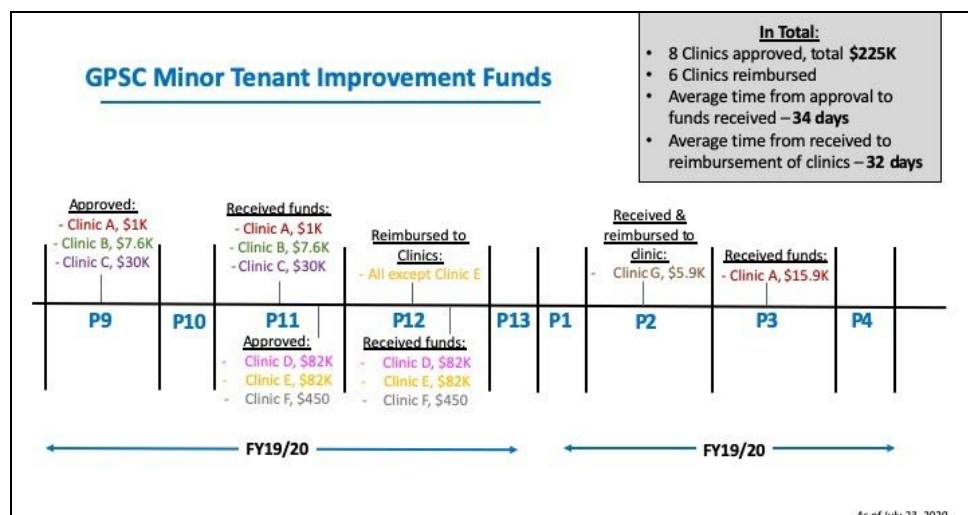


Website analytics that looks at the total page views and visits from the public on popular links from each clinic website and approximately 10.8% of the total 'clicks' were on Booking an Appointment.

Website Analytics - Popular content (P4)



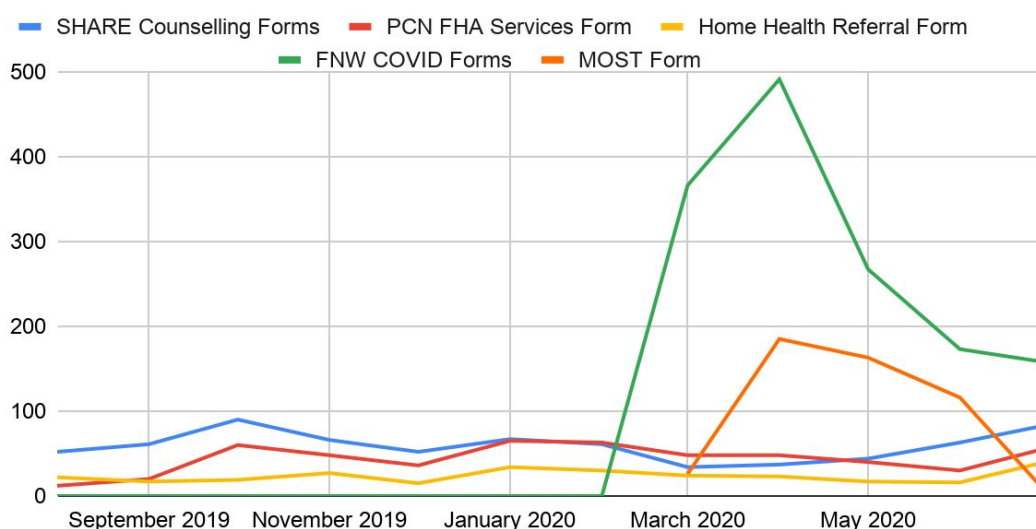
As part of onboarding additional primary care providers, the GPSC Minor Tenant Improvement Program was introduced. Clinics across the FNW communities are able to submit applications for funds dedicated to enhancing team-based care by incorporating an additional allied health professional and/or primary care provider. The visual below describes this process in further detail for FNW clinics.



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.

Number of page views on referral forms



On July 22, the Pathways Virtual Care Directory was launched in the FNW. This directory enables the public to search the Family Physician and/or clinic they're attached to in order to identify whether virtual care is set up by the FP and/or clinic and allows for ease of access. If patients are unattached, there are community resources available including access to walk-in clinics across the FNW, access to the FNW Virtual Clinic and some primary care practitioners may specify whether they are attaching new patients.

PCN Lessons Learned

1. 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.
2. 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.
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. 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.
5. 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.