

Fraser Northwest Primary Care Network:

Period 5 report

Overview of Program Strategies

With a total population of 315,000 in the FNW and an attachment gap of 43,210, an introduction of the PCN supports and services would significantly reduce this gap for members of the community seeking a family physician. Currently, there are 43 family practice clinics residing within the FNW and 2 hospitals that reside within the communities. On average, FNW physicians see approximately 21 patients/day which is significantly lower than that of other communities in the province and this may be largely due to the growing complexity of the patient population paired with a growing mental health population. The introduction of various PCN supports and services would have an impact on not only the overall physician panel size, but ultimately on how many patients physicians are able to see in a day. To begin with, the proposed PCN supports related to responding to the FNW attachment gap are funding for:

- 12 GPs (15,000 attachments)
- 12 NPs (12,000 attachments)
- 32 RNs (16,000 attachments)

The proposed PCN supports related to expanding a team-based care model are funding for:

- 5 FTE allied health supports (i.e. clinical counsellors) - to be deployed across the communities as needed and determined by the PCN Advisory Committee
- 4 FTE clinical pharmacists

Additionally, there are designated resources approved to support timely and culturally safe access to health services for the Kwikwetlem First Nations population - these include:

- 0.1 FTE GP to support maternity care on reserve
- 1.5 FTE Support Workers to support team-based care for the community

Through the development process, 4 distinct PCN's have been identified by the Ministry of Health (MoH) within the FNW:

1. New Westminster

New Westminster has seen an increasing population growth over the years with a current population of approximately 76,800 (*2018 BC Statistics*). With this growth, there is an increasing need for attachment and access to primary care services. This PCN does have one large tertiary hospital - Royal Columbian Hospital - which supports in serving access to acute and urgent care for the FNW communities. Currently, there are 10 family practice clinics in the community with a total number of 57 GPs practicing across the community in a variety of clinic/acute settings. With the proposed additional PCN supports, there are resources for an additional 3 GPs, 4 NPs, 5.5 RNs, and 1 clinical pharmacist.

2. Port Coquitlam

Much like New Westminster, Port Coquitlam continues to see population growth with a current population of approximately 62,800 (*2018 BC Statistics*). There is currently no hospital located in this community, but there are 9 family practice clinics in the community with a total number of 46 GPs practicing across the community in a variety of clinic/acute settings. With the proposed additional PCN supports, there are resources for an additional 2 GPs, 2 NPs, 7.5 RNs, and 1 clinical pharmacist.

3. South Coquitlam

For the purposes of the PCN, the city of Coquitlam has been split between north and south - simply due to the large population. Within South Coquitlam, there is a population of approximately 100,000 (*2018 BC Statistics*). Like Port Coquitlam, there is no hospital located in this geographic boundary, but there are 22 family practice clinics in the community with a total number of 83 GPs practicing across the community in a variety of clinic/acute settings. With the proposed additional PCN supports, there are resources for an additional 4 GPs, 4 NPs, 9 RNs, and 1 clinical pharmacist.

4. Port Moody/Anmore/Belcarra/North Coquitlam

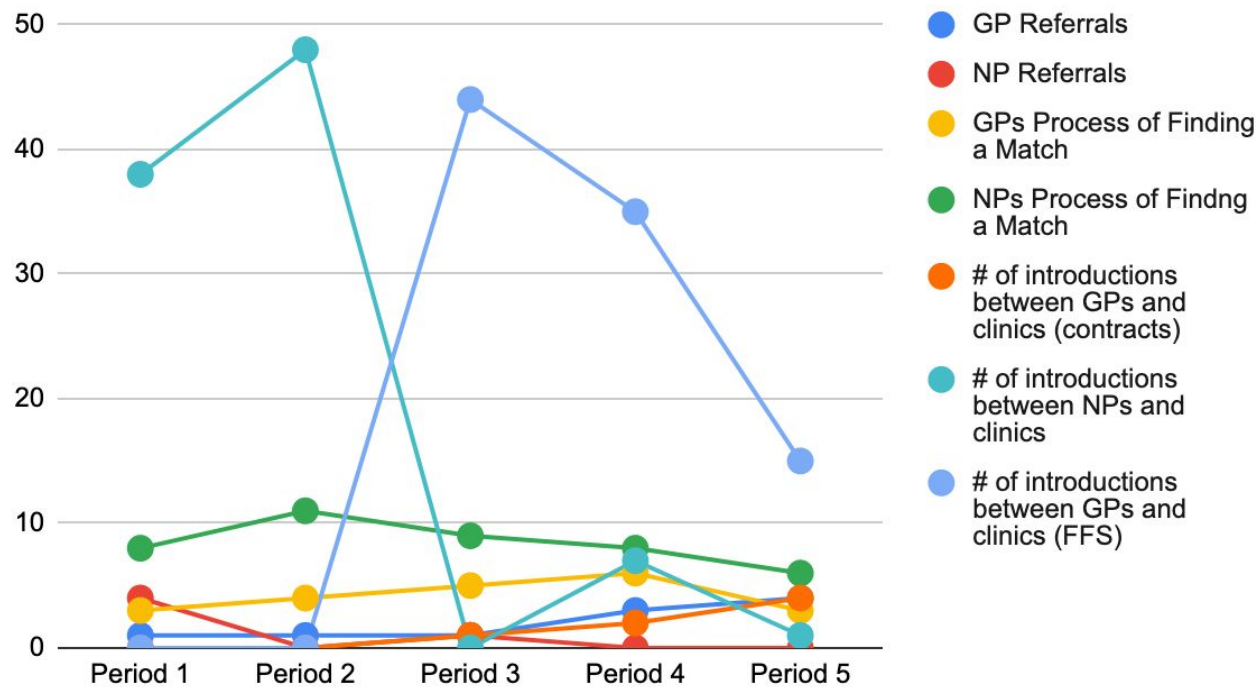
The fourth PCN is comprised of Port Moody, Anmore, Belcarra and North Coquitlam and makes up an approximate population of 88,000 (*2018 BC Statistics*). This PCN also has a hospital, although smaller than RCH, Eagle Ridge Hospital resides within Port Moody and is a smaller acute site. Currently, there are 4 family practice clinics in the community with a total number of 31 GPs practicing across the community in a variety of clinic/acute settings. With the proposed additional PCN supports, there are resources for an additional 3 GPs, 2 NPs, 10 RNs, and 1 clinical pharmacist.

GP and NP contracts

Collaborative work between the FNW, FHA, HealthMatch and the Ministry of Health is vital in order to support increased GP and NP resources in the FNW communities. In Period 5 (July 26 - August 22), there continued to be a total of 24.6 FTE of clinic openings available in the FNW communities. The table below provides a status overview and update on the breakdown of the NP and GP 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 Apr 1st)			
General Practitioners	4	17	3	4	0
Nurse Practitioners	0	15	6	1	0

FNW GP/NP Recruitment Trends



The number of GPs in the process of finding a match decreased this period as no further interest from them had been expressed. Similarly, the number of NPs in the same process decreased as they had opted to take non-PCN related opportunities and are no longer available. Additionally, in this reporting

period there were 2 NP Practice Agreements that NPs and prospective clinics were working through. There continues to be 35 active postings on HealthMatch BC for GPs for both FFS or contract positions. Opportunities for these postings include: long term locum, short term locum, Shared Care - psych, cardiac assist and sessionals at the FHA Opioid Agonist Treatment (OAT) clinic in the FNW.

Fee For Service opportunities and engagement efforts are underway on an ongoing basis and in Period 5, there was a total of 15 introductions between GPs and practices for FFS opportunities in the FHA. The distribution across PCNs are:

- 5 introductions in New Westminster
- 6 introductions in Southeast and Southwest Coquitlam
- 3 introductions in Port Coquitlam
- 1 introductions in Port Moody/North Coquitlam/Anmore/Belcarra

Opportunities for FFS as a result of these introductions includes: long term locum, short term locum, and permanent positions. In this reporting period there have not been any GPs on boarded into existing positions.

Registered Nurse in FNW Family Practices

Work between the FNW Division, FNW family practices and the FHA is well underway to deploy these resources into the community practices in a phased approach. In Phase 1, it was agreed by the PCN Advisory Committee and PCN Steering Committee that 5 clinics would be selected for this first phase to receive a Registered Nurse (RN) in each of their practices. 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. 3 family practices have been confirmed, with the additional 2 in the process. The distribution across the PCN's are:

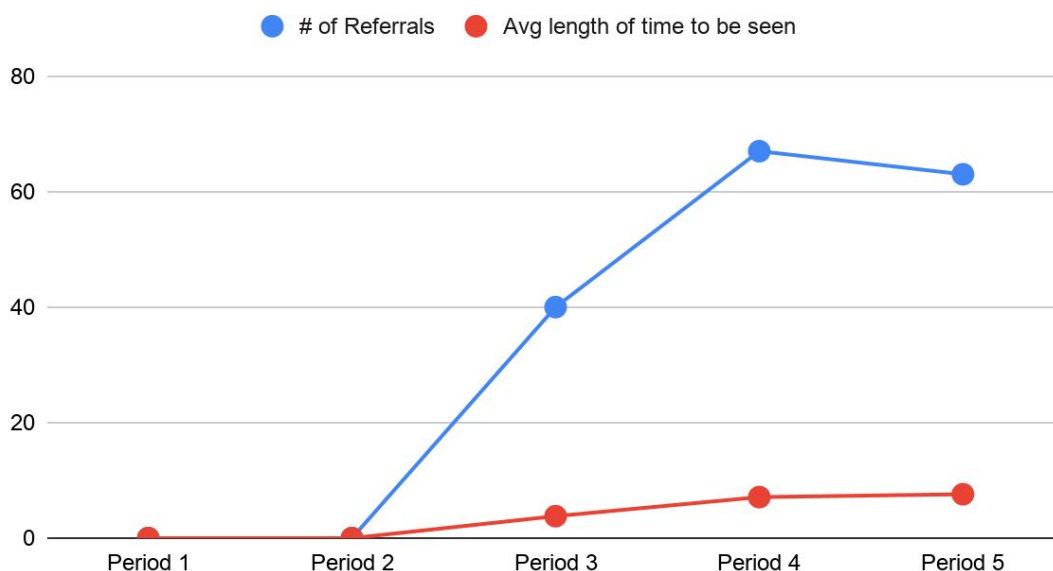
- **New Westminster PCN**
 - 2 Family Practices **received** an RN
 - 2 Family Practices **in the process** to receive an RN
- **Port Moody/Anmore/Belcarra/North Coquitlam PCN**
 - 1 Family Practice **received** an RN

Work is underway to support clinic readiness as well as successfully onboard RNs to meet the needs of the additional 2 clinics who are in this process to receive this resource. In this reporting period, the first 3 RNs completed the training and began work in the family practices. Feedback from the clinics has been positive and there continues to be further opportunity and need to improve and strengthen the overall implementation process by identifying key aspects that are required by the employer, as well as tailoring the RNs training to meet the specific clinic's needs as best as possible.

Allied Health (Clinical Counsellors) Supports

Referrals from clinics during this reporting period continue to be consistent with previous periods. Referrals came from over 20 clinics across the FNW. As reported by the program administration, based on the increasing demand for services, the average length of time for patients to be seen - from first point of contact - increased to 7.6 days from 7.1 days reported in the previous period. 12% of visits scheduled with patients were scheduled outside of the traditional business hours - with supports that existed previous to these, accommodating appointments that fall outside of business hours could be an obstacle.

Clinical Counselling Resources over Reporting Periods



As reported by the program administration, feedback from patients includes:

“Clients who have received 4-5 sessions consistently report implementing the strategies and coping skills discussed in session to their daily lives. They report that they are able to cope and manage their emotions better and appear very engaged and committed to the therapy process.”

“A Spanish speaking client was incredibly impressed by how accommodating the Primary Care Network has been to his language barrier. He has never been offered free translation services and was appreciative to have counselling in his first language.”

Feedback from community GPs includes

“I started to notice, much to my surprise, they [my patients] did not need to see me as much. When I called to check in on my patients, they were already ready to go back to work and

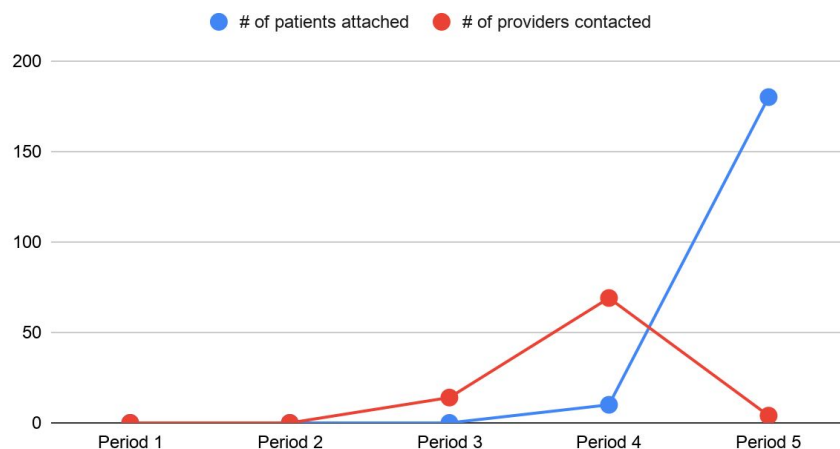
were applying coping strategies. When I asked if there was paperwork needed, they told me that things were better and didn't need to be filled out. I was thrilled to hear that."

Attachment

During this reporting period, the FNW Division Attachment Coordinator continued to support the attachment between the public seeking a GP and family physicians accepting new patients. A breakdown of the attachment work taking place currently includes:

	New Westminster	South Coquitlam	Port Coquitlam	Port Moody, Anmore, Belcarra, North Coquitlam
# of GP's contacted	5 (*additional one was an NP, bringing the total providers contacted to 6)	17 (*additional one was an NP, bringing the total providers contacted to 18)	3	1
# of Patients Attached	62 (60 of these were sent to an NP - attachment pending)	60 (these were sent to an NP - attachment pending)	65 (60 of these were sent to a GP - attachment pending)	0

FNW Attachment Hub



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. 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.

Feedback from the Community

The FNW Division previously introduced an opportunity for the public to share feedback through the public facing division website. Not surprisingly, themes from this data collection largely focused on the need for attachment to GPs in the community with additional feedback inquiring about finding either a GP or an NP in the community. With the anticipated launch of the provincial HealthConnect Registry, patients in the FNW will have a direct route of communication to request a family physician within the FNW. 80% of respondents noted that they felt somewhat dissatisfied or not satisfied with being able to find what they were looking for. Analytic analysis of the FNW division website indicated that 38% of visitors to the website first entered through the “finding a family doctor” link.

Additional 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 to:

- Increase public perception, understanding and satisfaction of what primary care services are available in the FNW
- Increase the promotion of division specific activities and programs to members through ongoing maintenance of division resources on the public facing website
- Increasing attachment and access to primary care services in the community through increased public education and understanding of what’s available, but also how to properly utilize the primary care services within their communities.

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 GP/NP contracts:
 - Feedback and perceptions around the contracts and perceptions on valuing primary care providers and rigidity around local innovation to meet the contextual needs at the community level.
 - Feedback on longitudinal GP compensation - disparate approaches between GP and NP compensation related to the contracts creates obstacles for GPs to engage in the ongoing process and collaborate with the Ministry.
 - Perspectives on barriers in recruiting GPs to longitudinal care. Opportunities in other sectors have a higher “take home” pay compensation.
 - NP’s feedback around overhead payments and setting up payment transfers
- In relation to additional clinical resources related to the MHSU Specialized Community Services Program:
 - Co-development of approach in utilizing health authority funded positions to support the ongoing PCN work taking place in the FNW communities. Partner organizations agreement that the clinical positions are to support GPs and their clinics care of patients

with mild/moderate MHSU issues. It was agreed that the development of these roles and the need they address will be co-developed with family physicians.

- In relation to the RN in Practice:
 - Billing questions around the need to have a billing number for the encounter codes
 - Logistics around getting RNs trained and approved to provide key duties that the clinics had previously identified (i.e. childhood immunization certification)
 - Implementation questions included one clinic rescinding their EOI due to hesitancy around the sustainability of the RN in Practice initiative and another clinic seeking clarification on implementation timelines for the RNs into the practices.

Physician engagement for this reporting period includes:

- 5 separate Working Group and/or Advisory Committee meetings with family physicians and specialists.
 - At least 21 different physicians engaged through these meetings/working groups
 - At least 2 different physicians participated in more than one meeting/working group

Lessons Learned

1. The role of the Registered Nurse in Practice is new and defining the scope of the role, workload, and workflow processes may differ slightly depending on the practice setting. This flexibility is key to supporting the individual family physicians and practice staff at a family practice.
 - a. Already with the implementation of this program, community physicians have reported that having this resource in their practice has saved time in some situations (i.e. patient follow up)
2. Identifying how PCN partner organizations share communications internally and externally with stakeholders and to support a vetting process that ensures all organizations are aware of what information is communicated out.
3. With the introduction of PCNs across the province, it is inherent that any organizational involvement is invited in by the local PCN governing leadership. Having clear and concise collaborative local leadership supports:
 - a. Solution-finding as opposed to only identifying problems within the current system
 - b. Clear communication to stakeholders about what the intent of the PCN is and supporting a strengthened understanding around PCN perceptions and 'misperceptions'
4. The intent of the PCN supports and initiatives in FNW family practices is to increase efficiencies, decrease redundancies and obstacles in the health system and ultimately increase attachment, access and improve health outcomes for the population in the FNW. With that being said, the introduction of PCN related supports has required physicians to provide a level of documentation that is an increase compared to what was provided previously. The FNW works collaboratively with physicians, partners and stakeholders to ensure that these supports do not create additional burden (i.e. costs, time, stress) to community physicians.
5. Access and ownership to data is an ongoing conversation between PCN partners and stakeholders. With diverse organization structures, the conversation around data sharing,

access, and frequency are aspects that interact and it's important to acknowledge that the data sharing process is not always clear and straightforward.

6. Identifying gaps and opportunities for improvement in the established cash flow and funding definitions, specifically as they relate to required operational non-labour expenses.
7. Information sharing from different partners and working within the varying timelines can be an ongoing process which results in delays at the community level when waiting on information sharing at the regional or provincial level.