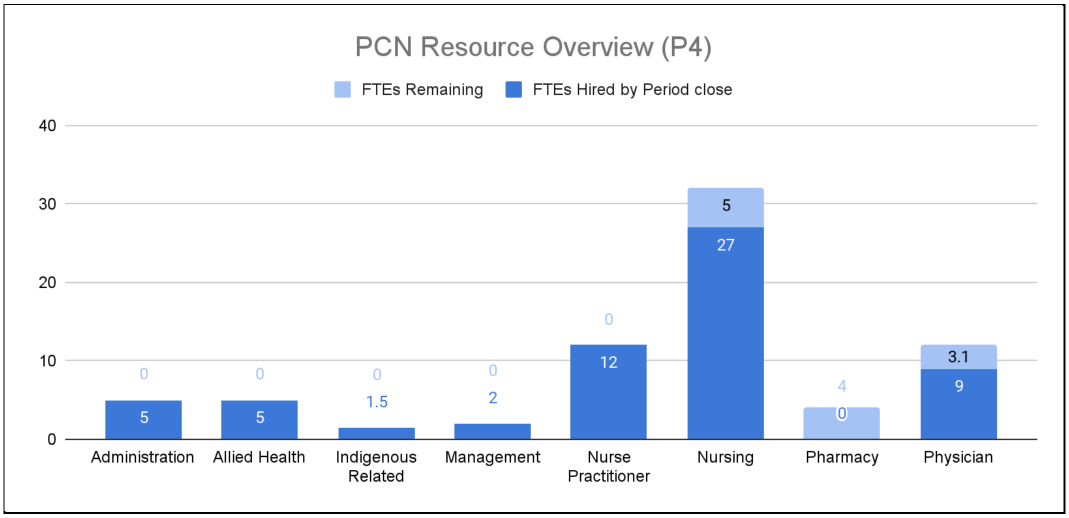
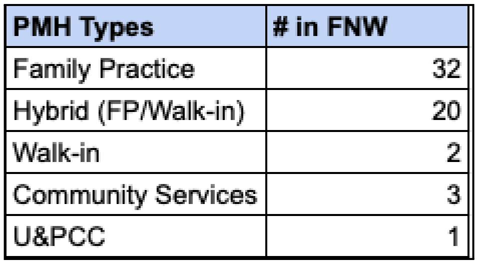
# Fraser Northwest Primary Care Network

## Period 5 Addendum Report



### Patient Medical Home Snapshot:

| Provider Types | # in FNW |
|---|---|
| FFS Longitudinal Family Physician | 139 |
| PCN funded FP | 9 |
| PCN funded NP | 12 |
| Community NP | 8 |



| PMH Types | # in FNW |
|---|---|
| Family Practice | 32 |
| Hybrid (FP/Walk-in) | 20 |
| Walk-in | 2 |
| Community Services | 3 |
| U&PCC | 1 |

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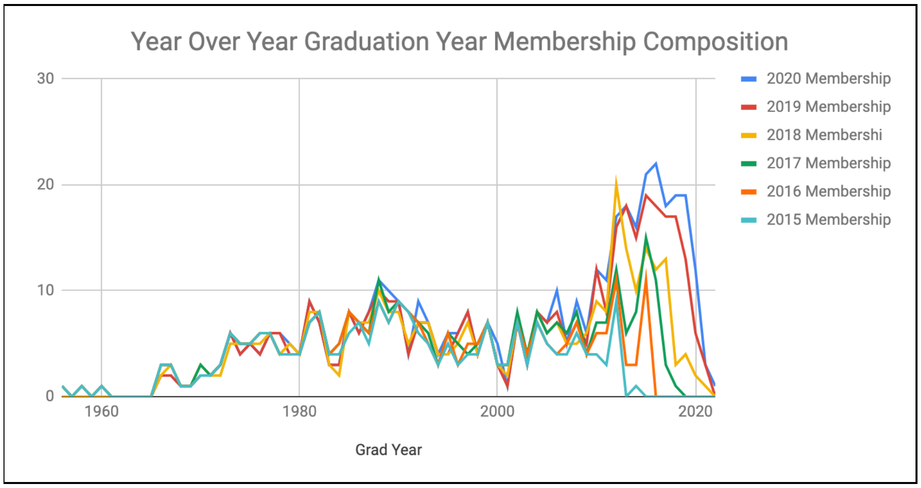
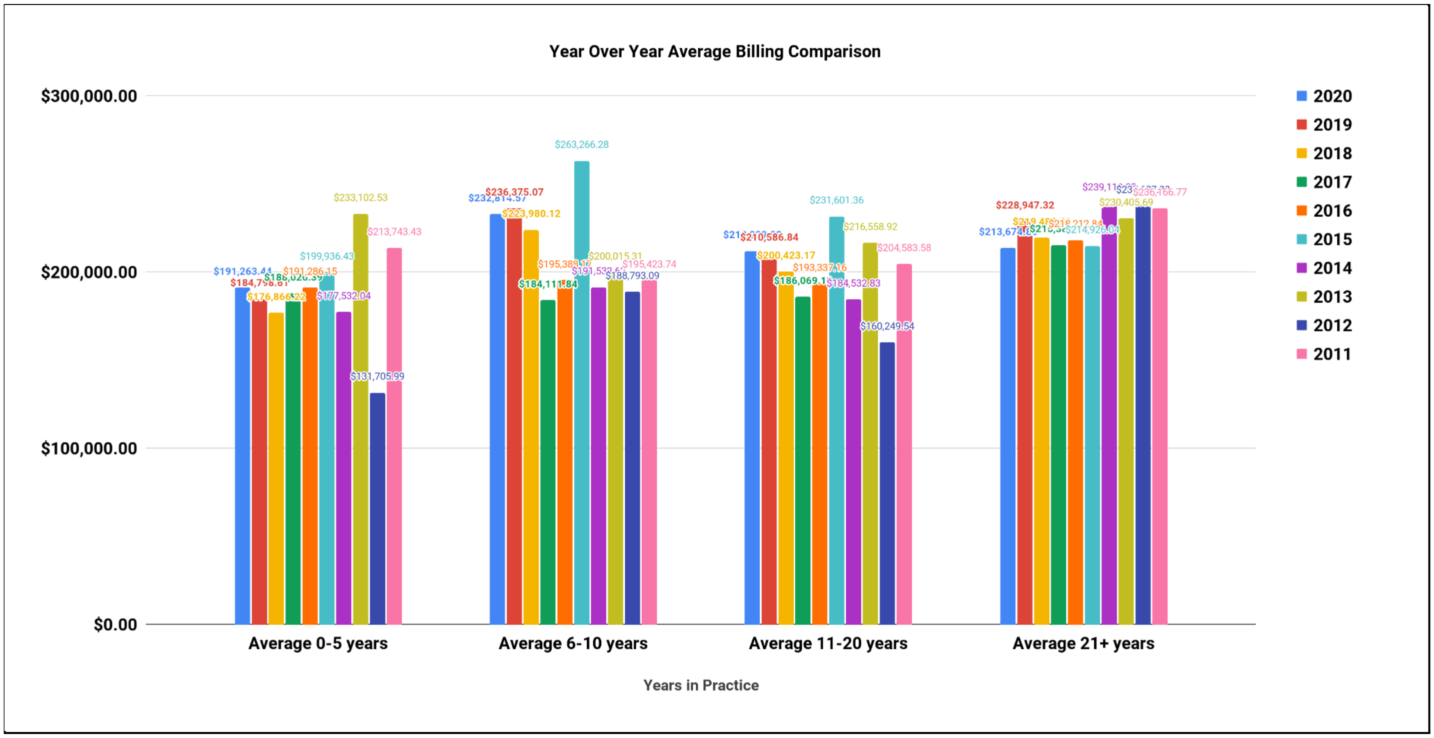
## FNW Community Overview

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.

Recently, 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.

5 years ago...
& the impact of the
Division

### 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 |
|---:|---:|---:|---:|
| **Provider Adds** | 12 | 18 | 11 |
| **Provider Losses** | 15 | 13 | 5 |
| **Net Loss/Gain** | -3 | +5 | +6 |
| **FNW Attachment Hub #** | 856 | 2792 | 4318 |
| **MoH $0 Fee Code Attachment** | NA* | 73,742 | 3457 |

**MoH Data not available for 2019*

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.

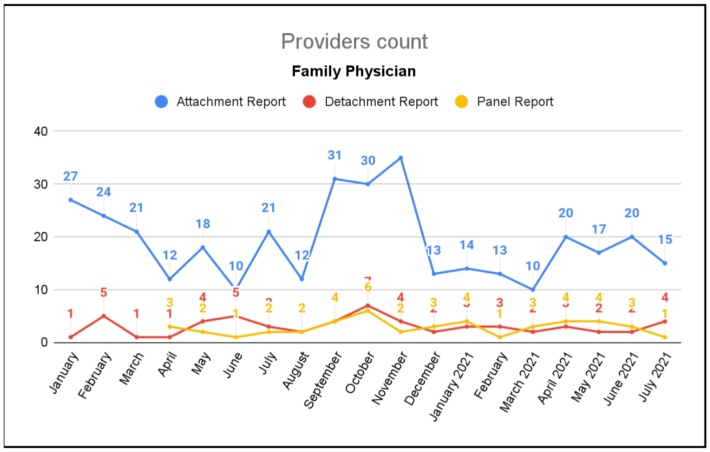
## Attachment

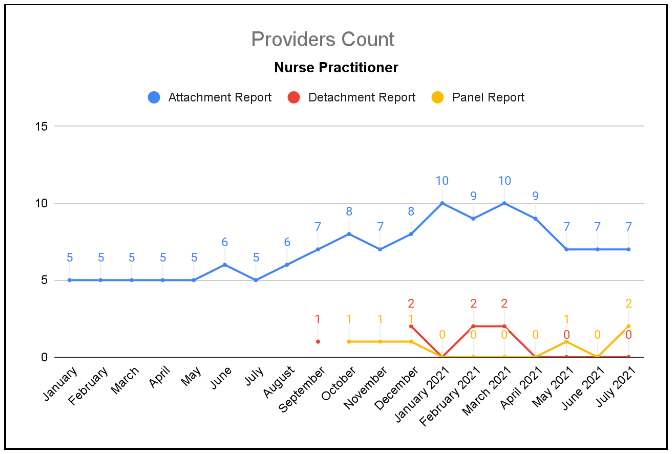
Measuring true attachment continues to be a conversation at all stakeholder and partner organization levels. Attachment level data through the use of the 0$ fee code provides a distinction between types of providers and patient counts. A challenge with implementing support for all PMHs to incorporate 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.

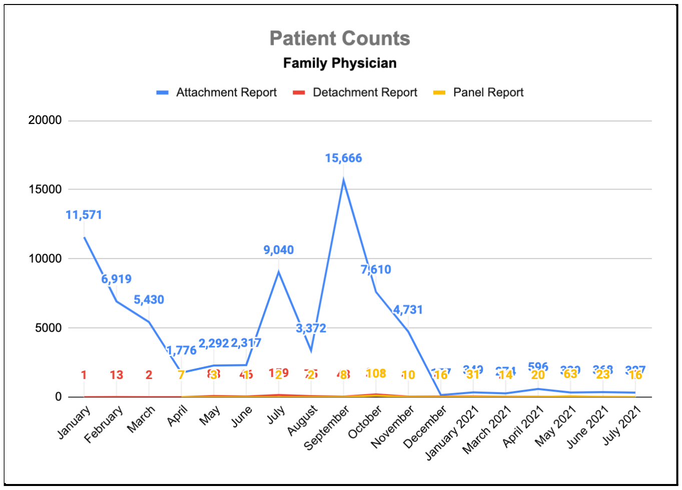
In tandem with the 0$ fee code, the FNW Division has an internal Attachment Hub mechanism which supports patients in the FNW seeking a primary care provider to be attached to primary care providers accepting new patients in the FNW communities.

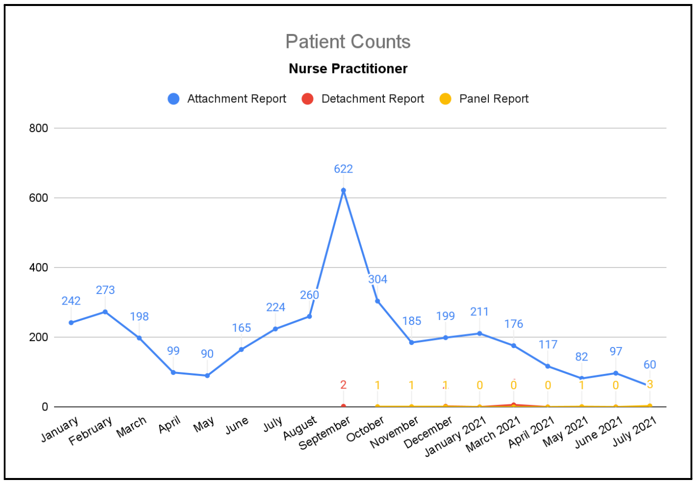
### Attachment Coding (MoH)

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):







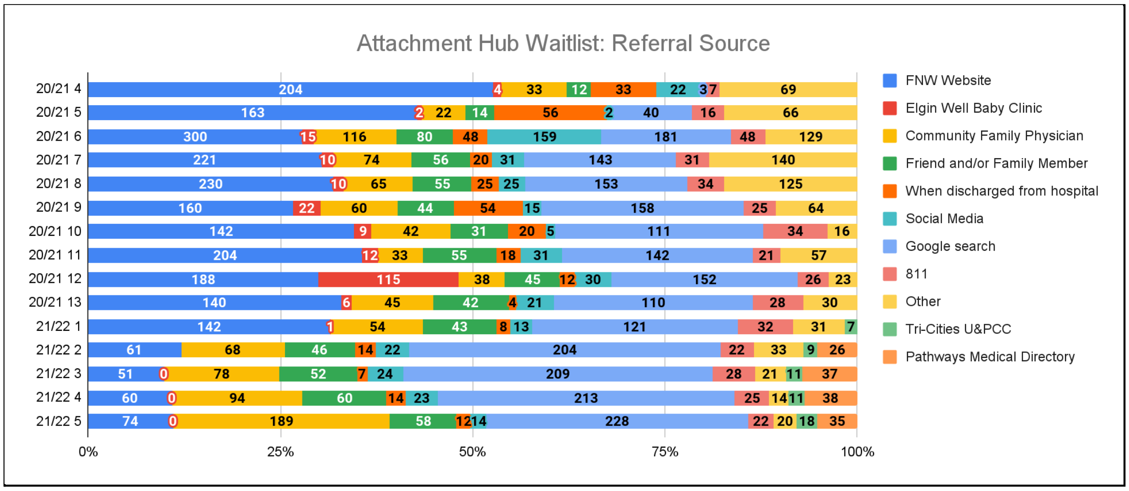


## FNW Attachment Hub Waitlist

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 | 207 |
| Port Moody | 226 |
| Coquitlam | 152 |
| Port Coquitlam | 120 |

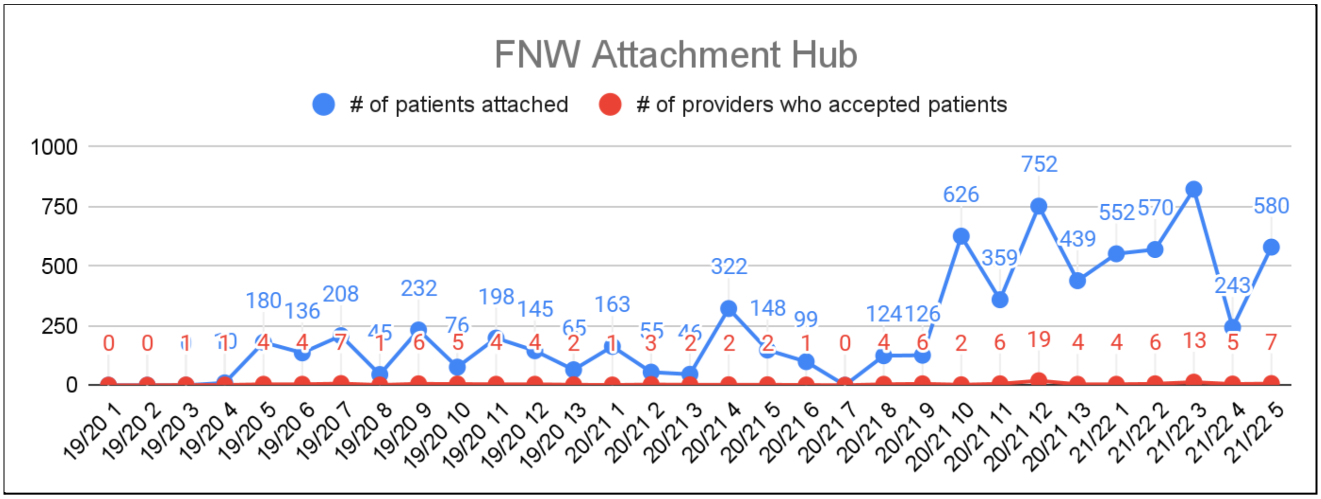
When people join the Attachment Hub Waitlist the referral source is also collected, below is a breakdown of the main referral sources by period since FY 20/21 Period 4 as a data is currently available for these periods:



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** | 2 | 3 | 1 | 1 |
| **# of patients attached** | 249 | 246 | 31 | 54 |
| **# of people waitlisted** | 1134<br>***13% ↓ from P4*** | 1660<br>***7.5% ↑ from P4*** | 357<br>***3.8% ↓ from P4*** | 1315<br>***2% ↑ from P4*** |

| **Total Attachments to date** | **7110** |
|---|---|



### Program Impacts: RN In Practice Attachment

As part of the FNW PCN Service Agreement, attachment targets per provider were shared in association with PCN funded provider resources. For RNs, it was identified that the addition of this provider could support up to 500 new attachments in PMHs. Recently, reach outs between Division staff, and PMH practice staff took place to identify net new attachments since PCN inception. Below is a breakdown of the net new attachments reported by PMHs:

| Clinic | RN in Practice since | # of providers | # of net new attachments *(since April 2019)* |
|---|---|---|---|
| Clinic A | January 2020 | 5 | 84 |
| Clinic B | July 2020 | 2 | 109 |
| Clinic C | December 2019 | 5 | 494 |
| Clinic D | October 2019 | 6 | 2402 |
| Clinic E | October 2020 | 4 | 63 |
| Clinic F | August 2020 | 4 | 1543 |
| Clinic G | September 2019 | 5 | 406 |
| Clinic H | September 2019 | 4 | 1030 |
| Clinic I | October 2020 | 10+ | 2100 |
| Clinic J | June 2020 | 8 | 592 |
| Clinic K | December 2019 | 4+ | 2166 |
| Clinic L | March 2020 | 1 | 24 |

| | | | |
|---|---|---|---|
| Clinic M | December 2019 | 2 | 1420 |

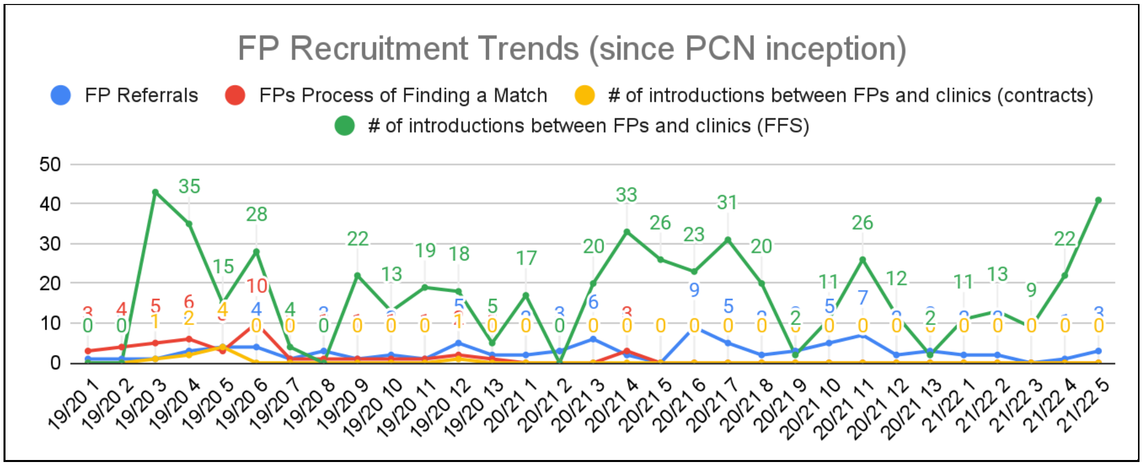
**Please note, the # of providers does not reflect the total # of providers at a clinic, it reflects the # of providers who were able to provide attachment numbers.*

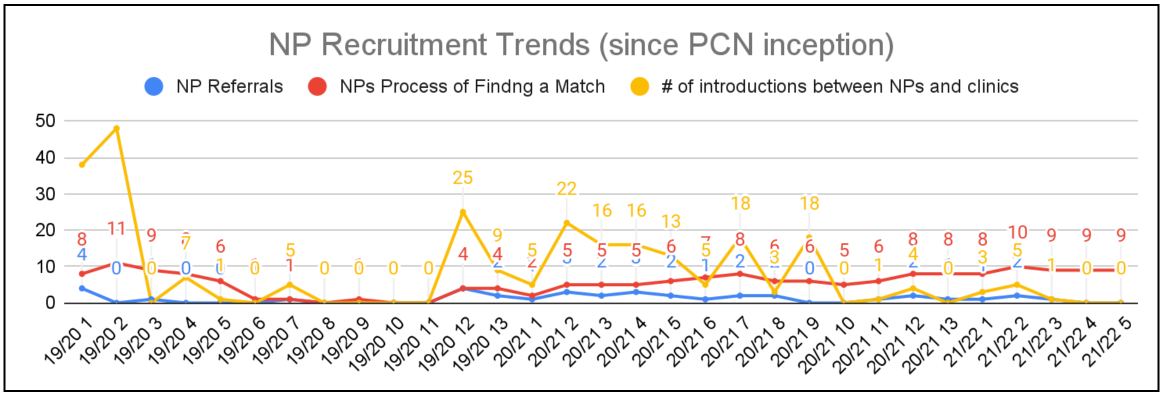
Of the 13 clinics that reported back with their attachment numbers, the average community level attachment/PMH is well above 500 net new attachments. Incorporating an RN into a practice not only enables attachment, but increased coordination, communication and quality of care between providers, patients, and health care services.

## 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 5 (July 23 - August 19), clinic openings remained consistent at 24.2 FTE. Table 1 below provides a status overview and update on the breakdown of the NP and FP contracts by PCN within the FNW:

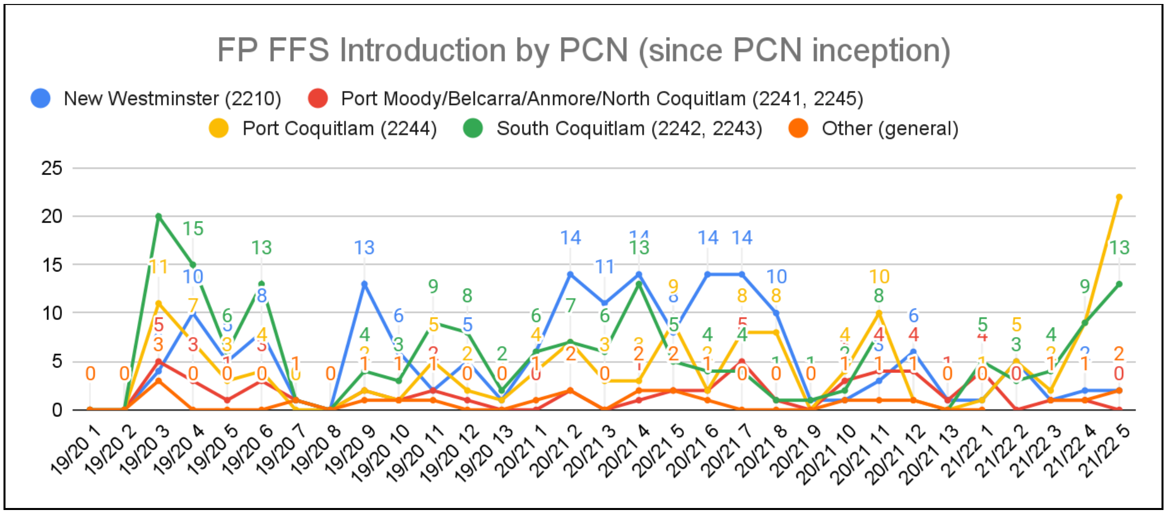
| | **Referrals** | | **# in the process of finding a match** | **# of introductions between provider and clinics** | **# of contracts signed** |
|---|---|---|---|---|---|
| | **# of New Referrals** | **Running Total of Referrals since PCN Launch** | | | |
| Family Physician | 3 | 87 | 0 | 0 | 0<br>PCN Launch Total: 9 |
| Nurse Practitioners | 0 | 46 | 9 | 0 | 0<br>PCN Launch Total: 12 |



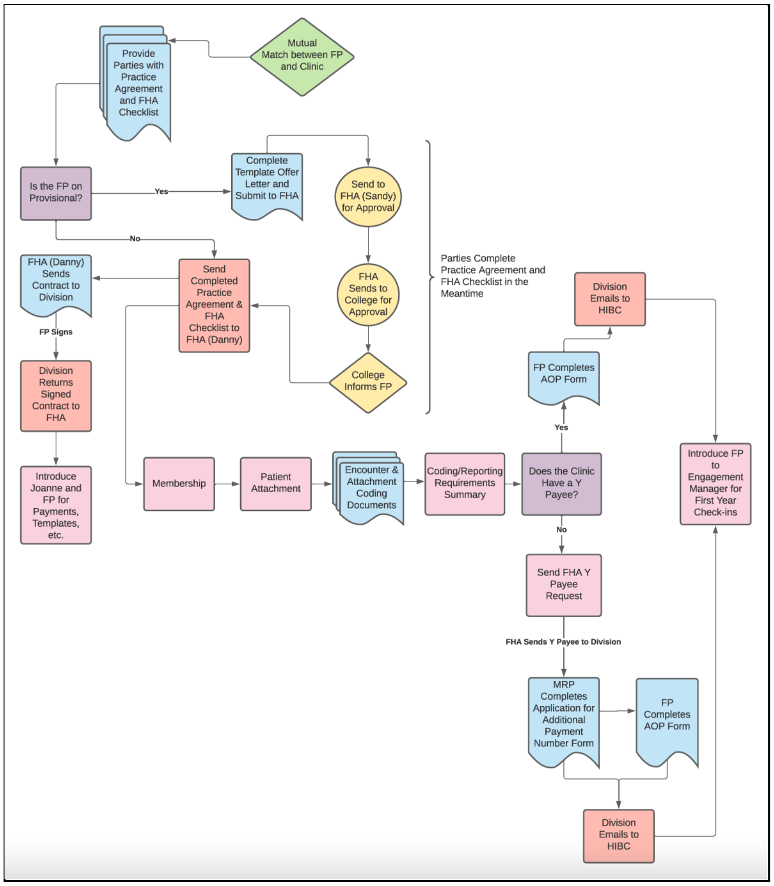


The number of active postings on HealthMatch BC for FPs for both FFS or contract positions increased slightly to 47 active postings by period close. Opportunities for these postings include: locum and permanent part-time and permanent full-time in the FNW.

Fee For Service (FFS) opportunities and engagement efforts are underway on an ongoing basis and in this period, there were 41 new introductions between FPs and practices for FFS opportunities such as locum, permanent part-time and permanent full-time.

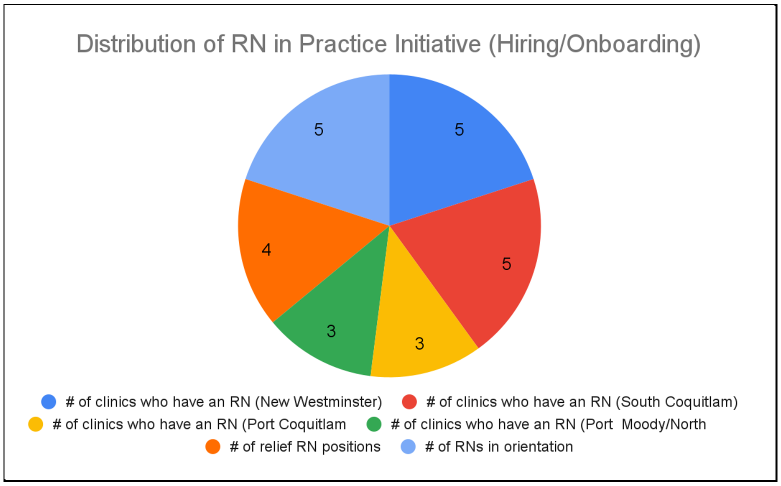


Division staff created a workflow visual demonstrating the steps required to successfully onboard new contracted providers:

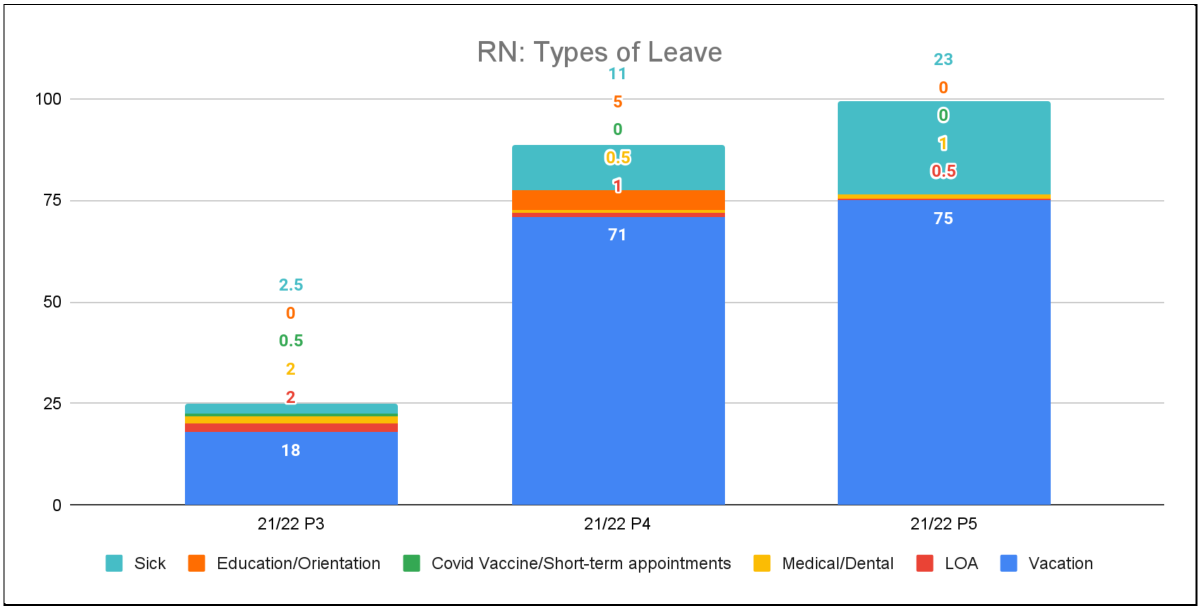

Mutual Match between FP and Clinic
Provide Parties with Practice Agreement and FHA Checklist
Is the FP on Provisional?
Yes
Complete Template Offer Letter and Submit to FHA
Send to FHA (Sandy) for Approval
No
FHA (Danny) Sends Contract to Division
Send Completed Practice Agreement & FHA Checklist to FHA (Danny)
FHA Sends to College for Approval
Parties Complete Practice Agreement and FHA Checklist in the Meantime
Division Emails to HIBC
FP Signs
Division Returns Signed Contract to FHA
College Informs FP
FP Completes AOP Form
Yes
Introduce Joanne and FP for Payments, Templates, etc.
Membership
Patient Attachment
Encounter & Attachment Coding Documents
Coding/Reporting Requirements Summary
Does the Clinic Have a Y Payee?
Introduce FP to Engagement Manager for First Year Check-ins
No
Send FHA Y Payee Request
FHA Sends Y Payee to Division
MRP Completes Application for Additional Payment Number Form
FP Completes AOP Form
Division Emails to HIBC

## Registered Nurse in Family Practices

This initiative has seen some fluctuations in the number of family practices who have RNs, at the end of this period, there are 16 clinics in this program with RN in practices, additional relief positions and a number of clinics working with FHA to actively recruit into available clinics. The period distribution across the PCN's are:



Recently, 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 include:



## RN In Practice Impact Stories

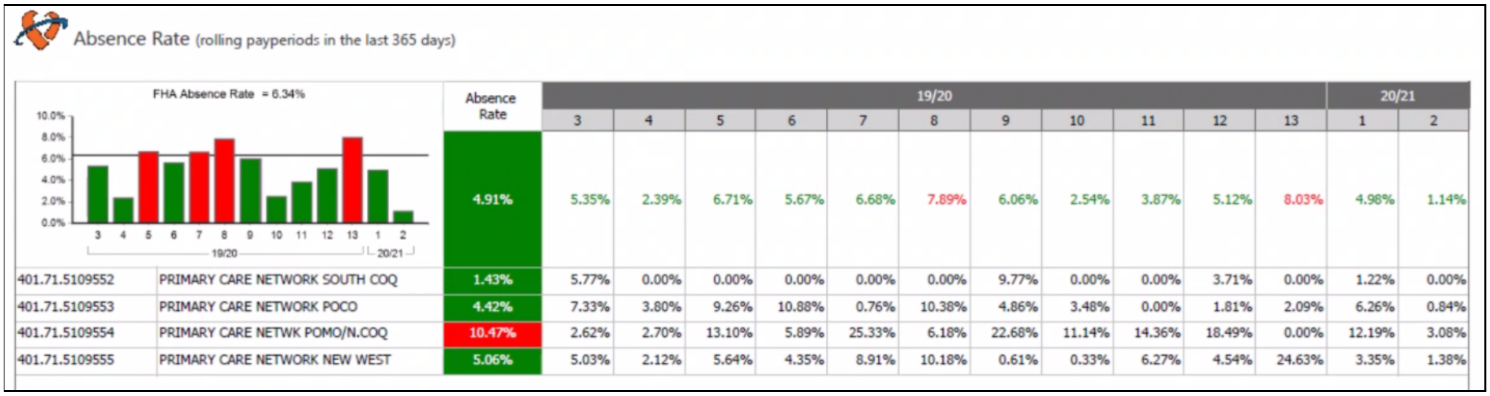
Recently, Family Physicians have shared their experience around having RNs supporting their practice. A Family Physician Lead at a practice shared a note of appreciation around their RN. *"We have a complicated patient who is going for surgery and we were all confused about their meds and what to start/stop, especially being as they have been in and out of hospital a few times recently (which happened after her pre-op optimization consult). With limited time, the RN made a number of calls and connects to ensure that the surgeon and the anesthetist were up to date on the patients new meds, and got them to make a new plan for what to do. This patient has waited 2 years for the surgery and was really scared she would have to postpone or cancel the surgery due to the new meds, and because of the RNs work the surgery is a go!"*

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.

Impacts of a Registered Nurse in Practice

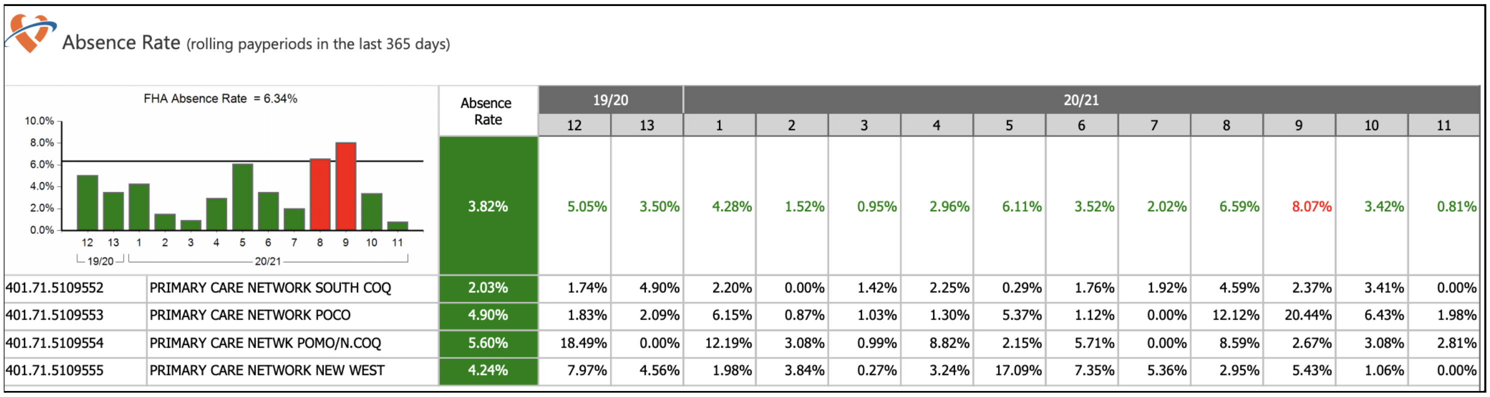
## Program Impacts: Absence Rate Analysis

Aggregate level program reports on the absentee rate of RNs in this program compared to other HA settings - acute and community are shown below. The images below are a snapshot of the absence rate by period and PCN since FY 19/20 P3. In FY 19/20, on average the absence rate shown by this program is 4.91% which is below the FHA average of 6.34%.


Absence Rate (rolling payperiods in the last 365 days)

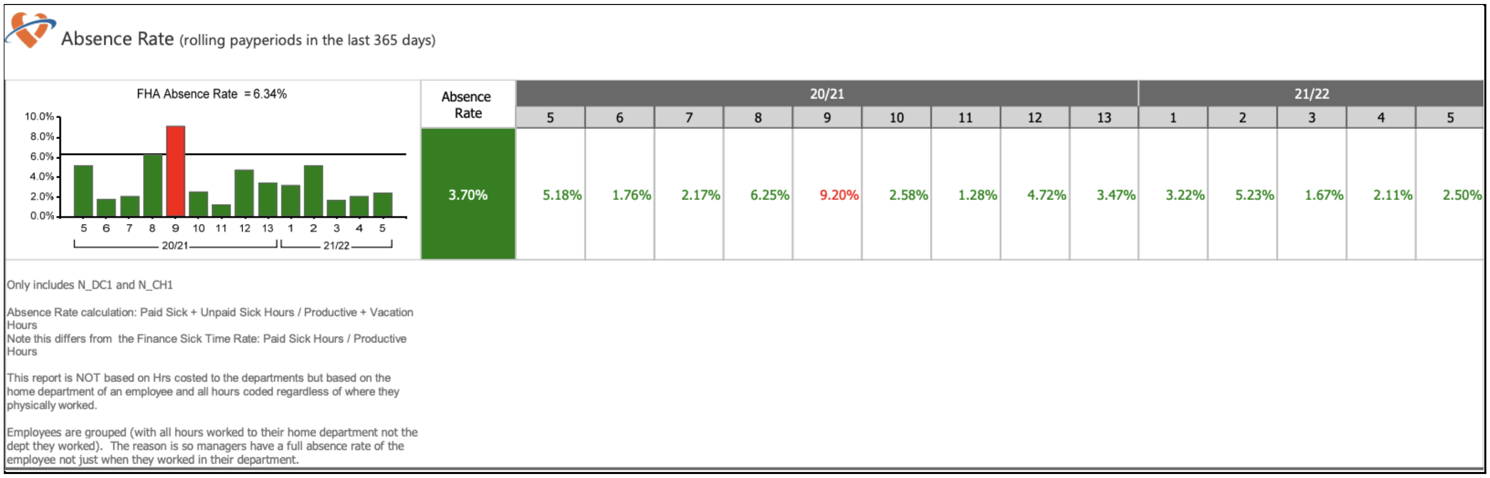
| | | Absence Rate | 19/20 | | | | | | | | | | | 20/21 | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 1 | 2 |
| | | 4.91% | 5.35% | 2.39% | 6.71% | 5.67% | 6.68% | 7.89% | 6.06% | 2.54% | 3.87% | 5.12% | 8.03% | 4.98% | 1.14% |
| 401.71.5109552 | PRIMARY CARE NETWORK SOUTH COQ | 1.43% | 5.77% | 0.00% | 0.00% | 0.00% | 0.00% | 0.00% | 9.77% | 0.00% | 0.00% | 3.71% | 0.00% | 1.22% | 0.00% |
| 401.71.5109553 | PRIMARY CARE NETWORK POCO | 4.42% | 7.33% | 3.80% | 9.26% | 10.88% | 0.76% | 10.38% | 4.86% | 3.48% | 0.00% | 1.81% | 2.09% | 6.26% | 0.84% |
| 401.71.5109554 | PRIMARY CARE NETWK POMO/N.COQ | 10.47% | 2.62% | 2.70% | 13.10% | 5.89% | 25.33% | 6.18% | 22.68% | 11.14% | 14.36% | 18.49% | 0.00% | 12.19% | 3.08% |
| 401.71.5109555 | PRIMARY CARE NETWORK NEW WEST | 5.06% | 5.03% | 2.12% | 5.64% | 4.35% | 8.91% | 10.18% | 0.61% | 0.33% | 6.27% | 4.54% | 24.63% | 3.35% | 1.38% |

By FY 20/21 P11, on average the absence rate shown by this program is 3.82% which is below the FHA average of 6.34%. This rate is a decrease of 1.09% from the previous report (image above)


Absence Rate (rolling payperiods in the last 365 days)

| | | Absence Rate | 19/20 | | 20/21 | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | 12 | 13 | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 |
| | | 3.82% | 5.05% | 3.50% | 4.28% | 1.52% | 0.95% | 2.96% | 6.11% | 3.52% | 2.02% | 6.59% | 8.07% | 3.42% | 0.81% |
| 401.71.5109552 | PRIMARY CARE NETWORK SOUTH COQ | 2.03% | 1.74% | 4.90% | 2.20% | 0.00% | 1.42% | 2.25% | 0.29% | 1.76% | 1.92% | 4.59% | 2.37% | 3.41% | 0.00% |
| 401.71.5109553 | PRIMARY CARE NETWORK POCO | 4.90% | 1.83% | 2.09% | 6.15% | 0.87% | 1.03% | 1.30% | 5.37% | 1.12% | 0.00% | 12.12% | 20.44% | 6.43% | 1.98% |
| 401.71.5109554 | PRIMARY CARE NETWK POMO/N.COQ | 5.60% | 18.49% | 0.00% | 12.19% | 3.08% | 0.99% | 8.82% | 2.15% | 5.71% | 0.00% | 8.59% | 2.67% | 3.08% | 2.81% |
| 401.71.5109555 | PRIMARY CARE NETWORK NEW WEST | 4.24% | 7.97% | 4.56% | 1.98% | 3.84% | 0.27% | 3.24% | 17.09% | 7.35% | 5.36% | 2.95% | 5.43% | 1.06% | 0.00% |

By FY 21/22 P5 (current period), on average the absence rate shown by this program is 3.7% which is below the FHA average of 6.34%. This rate is a decrease of .12% from the previous report (image above).


Absence Rate (rolling payperiods in the last 365 days)

| Absence Rate | 20/21 | | | | | | | | | 21/22 | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 1 | 2 | 3 | 4 | 5 |
| 3.70% | 5.18% | 1.76% | 2.17% | 6.25% | 9.20% | 2.58% | 1.28% | 4.72% | 3.47% | 3.22% | 5.23% | 1.67% | 2.11% | 2.50% |

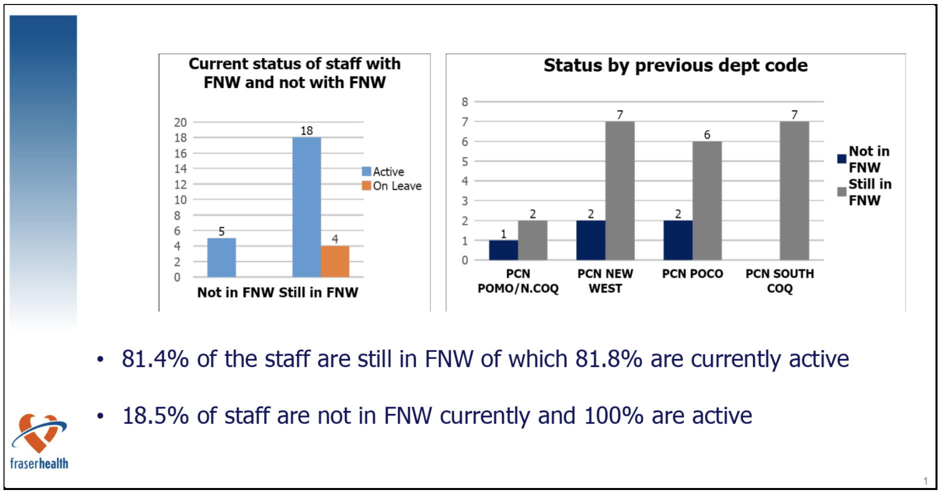
Only includes N_DC1 and N_CH1

Absence Rate calculation: Paid Sick + Unpaid Sick Hours / Productive + Vacation Hours
Note this differs from the Finance Sick Time Rate: Paid Sick Hours / Productive Hours

This report is NOT based on Hrs costed to the departments but based on the home department of an employee and all hours coded regardless of where they physically worked.

Employees are grouped (with all hours worked to their home department not the dept they worked). The reason is so managers have a full absence rate of the employee not just when they worked in their department.

A recent analysis on employment status noted that of the RNs that have worked in the RN in Practice program, 81% are still currently working within this program.



- 81.4% of the staff are still in FNW of which 81.8% are currently active
- 18.5% of staff are not in FNW currently and 100% are active

## 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.

| | Patient Counts | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 08/19 | 09/19 | 10/19 | 11/19 | 12/19 | 01/20 | 02/20 | 03/20 | | 12/20 | 01/21 | 02/21 | 03/21 | 04/21 | 05/21 | 06/21 | 07/21 |
| 38010-38045 IMMUNIZATIONS | | | 71% | 59% | 22% | 2% | 2% | 3% | | 14% | 15% | 10% | 10% | 17% | 8% | 9% | 9% |
| 38060-38062 AND 38064-38065 MEDICATION INTERVENTIONS, MONITORING AND INFORMATION | | | | | | | | | | 1% | 1% | | 1% | | 1% | 2% | 3% |
| 38063 MEDICATION THERAPY COORDINATION | | | 1% | | | | | | | 1% | 1% | | | | 2% | 2% | 1% |
| 38070 NIPCP REQUESTING ADVICE FROM AN NP/GP | | | | | | | | | | 1% | 1% | | | | | | 1% |
| 38117-38119 NIPCP PATIENT AND/OR BODY COMPOSITION ASSESSMENT | | 9% | 6% | 17% | 11% | | 13% | 8% | | 3% | 2% | 1% | 4% | 6% | 4% | 6% | 2% |
| 38125 NIPCP COMPLETION OF FORMS, NO REIMBURSEMENT | | | | | | | | 3% | | 1% | 1% | 1% | 1% | 1% | 5% | 6% | 4% |
| 38130-38135 NIPCP CASE CONFERENCE/CASE MANAGEMENT/FAMILY CONFERENCE | | | | | | | 1% | 3% | | 1% | 1% | 1% | 1% | 1% | 2% | 2% | 1% |
| 38141-38155 NIPCP EDUCATION | | 5% | 1% | 2% | 4% | 2% | 1% | 4% | | 2% | 2% | 1% | 2% | 1% | 5% | 6% | 3% |
| 38160-38162 NIPCP INJECTIONS | 3% | | 1% | 2% | 4% | 8% | 6% | 5% | | 18% | 11% | 11% | 9% | 14% | 9% | 10% | 11% |

| | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 38168 NIPCP SYRINGING - EAR | | | 1% | 2% | 4% | 3% | 3% | 4% | | 3% | 3% | 4% | 3% | 2% | 8% | 7% | 8% |
| 38169-39170 NIPCP SUTURE/STAPLE REMOVAL/DRESSING CHANGE | 3% | 5% | 1% | 2% | 4% | 2% | 1% | 3% | | 3% | 1% | 2% | 1% | 1% | 7% | 5% | 7% |
| 38171 NIPCP ELECTROSURGERY/CRYOTHERAPY FOR REMOVAL/WARTS | | | | | | | 1% | 3% | | 1% | 1% | 1% | 1% | 1% | 2% | 3% | 4% |
| 38172 NIPCP FOOT CARE | | | | | | | | | | 1% | 1% | | | | 1% | 1% | 2% |
| 38174 NIPCP ASSISTING WITH PROCEDURES | | | | | | | | | | 1% | 1% | | | 1% | 3% | 2% | 3% |
| 38175 NIPCP WOUND CARE | | 5% | | 2% | | 2% | 1% | 3% | | 1% | 1% | | 1% | 1% | 2% | 3% | 4% |
| 38180 NIPCP PHONE CONTACT WITH PROFESSIONAL CARE PROVIDER | 3% | 5% | 1% | | | | | 3% | | 3% | 1% | 1% | 1% | 1% | 3% | 5% | 4% |
| 38184 NIPCP TELEPHONE CONTACT WITH PATIENT FAMILY/FRIEND | 12% | 11% | 1% | 2% | 5% | 2% | 1% | 3% | | 2% | 1% | 3% | 4% | 2% | 6% | 6% | 5% |
| 38185-38186 NIPCP TELEPHONE CONSULTATION/FOLLOW UP | 47% | 18% | 4% | 6% | 12% | 19% | 5% | 9% | | 8% | 9% | 13% | 11% | 8% | 8% | 6% | 7% |
| 38191-38192 NIPCP COUNSELING | | 5% | | | | 2% | 1% | 3% | | 1% | 2% | 1% | | | 1% | 1% | 2% |
| 38195 NIPCP VISIT - CHRONIC DISEASE MANAGEMENT | | | | | | 2% | 4% | 8% | | 3% | 4% | 5% | 5% | 4% | 6% | 6% | 5% |
| 38073 NIPCP GP REFERRAL TO NURSE | | | | | | | | | | 1% | | | 5% | | | | |
| 38188 NIPCP TELEPHONE CALL (PHARMACY) | 3% | | | | | | | 3% | | 1% | | | | | 1% | | |
| 39080-38085 NIPCP VISIT - IN OFFICE VISIT | 27% | 36% | 11% | 7% | 35% | 42% | 50% | 33% | | 30% | 43% | 42% | 41% | 35% | 9% | 9% | 11% |
| 38116 NIPCP ROUTINE HEALTH HISTORY - NEW PATIENT | | | | | | 10% | 7% | 3% | | | | 2% | 2% | 2% | 2% | 2% | 2% |
| 38165-38167 NIPCP GLUCOSE, PREGNANCY, URINE SCREENING | | | | | | 2% | 1% | | | 1% | | | | 2% | 4% | 2% | 1% |
| 38173 NIPCP SUTURING MINOR LACERATIONS | | | | | | 2% | | | | | | | | | | | |
| 38123 NIPCP COMMUNICABLE DISEASE FOLLOW UP | | | | | | | | | | 1% | | | | | | | |
| 38176 NIPCP INR MANAGEMENT | | | | | | | | | | 1% | | | | | 1% | | |

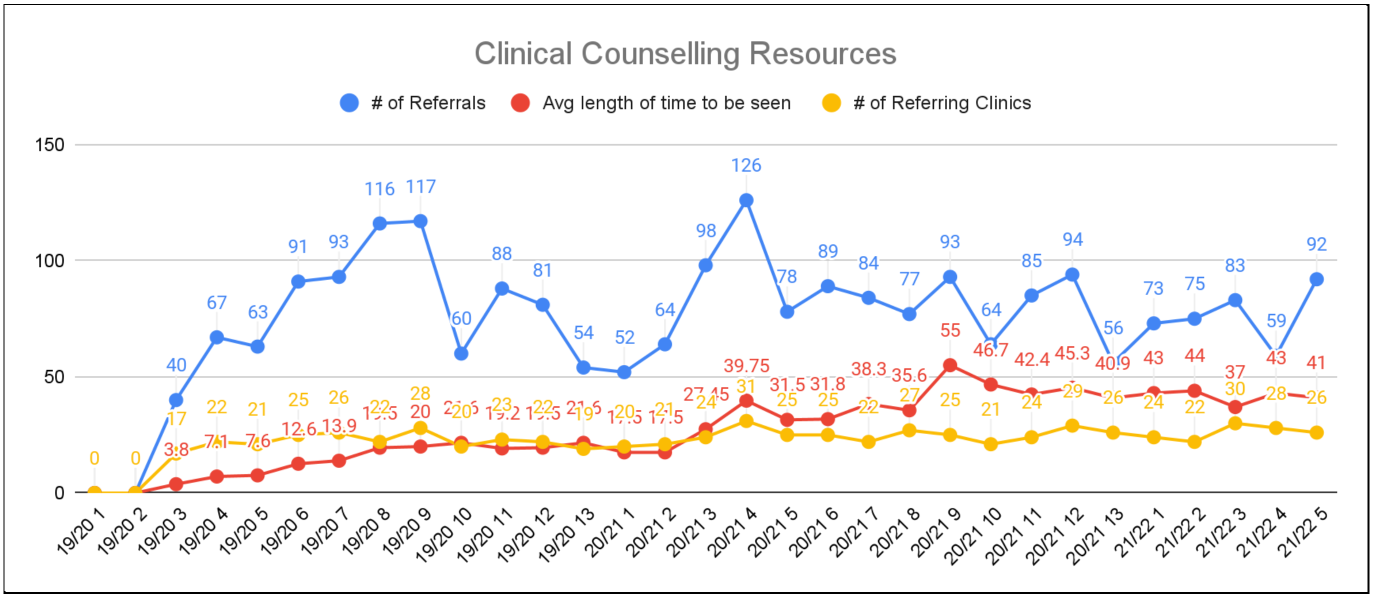
## Allied Health (Clinical Counsellors) Supports - *Contracted Agency*

The number of referrals, average length for patients to be seen, number of clients seen and appointments scheduled all increased in this reporting period, whereas the # of referring clinics decreased when comparing numbers from the last reporting period. The agency noted that this may be due to some internal resource changes which arose during this period. The table below details the change over the last period to the current period:

| | **Previous Period (P4)** | **Current Period (P5)** | **Difference** |
|---|---|---|---|
| # of Referrals | 59 | 92 | ↑ |
| # of Referring Clinics | 28 | 26 | ↓ |
| Average length of time for patients | 43 | 41 | ↓ |

| | | | |
|---|---|---|---|
| to be seen (*days*) | | | |
| # of clients seen | 129 | 150 | ↑ |
| # of appointments scheduled | 209 | 251 | ↑ |
| # of cases open | NA | 395 | ↑ |

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*

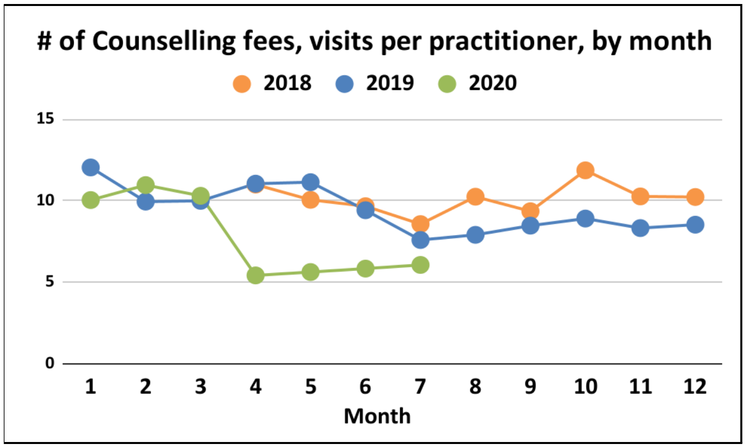
A FHA resource developed to support access to mental health and substance use supports for FNW community physicians launched where 4 FTE Mental Health Clinical Counsellors are available to FNW physicians to support providers and patients as part of the Primary Community Care team. Details on the number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

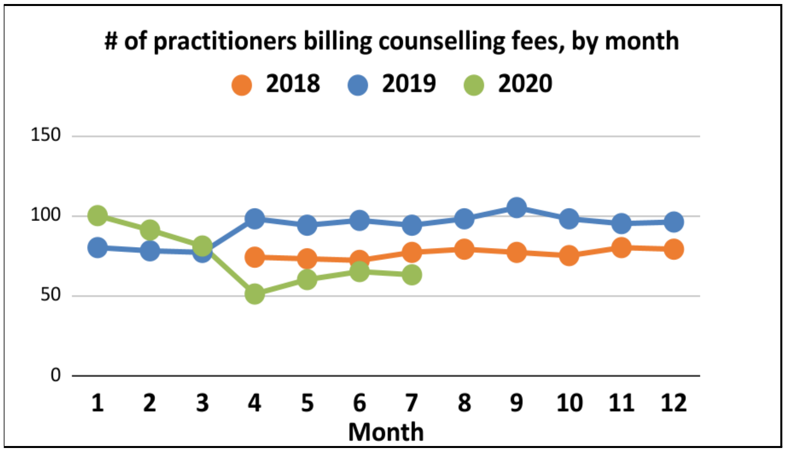
| | **Previous Period (P4)** | **Current Period (P5)** | **Difference** |
|---|---|---|---|
| # of Referrals | 66 | 70 | ↑ |
| # of Referring Clinics | 22 | 31 | ↑ |
| Avg. caseload/Clinician | 31 | 29 | ↓ |
| # of appointments scheduled | 261 | NA | - |

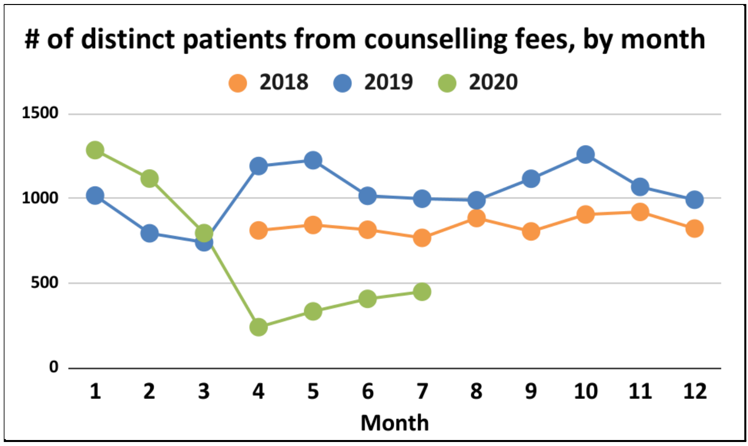
## Mental Health Program Impact

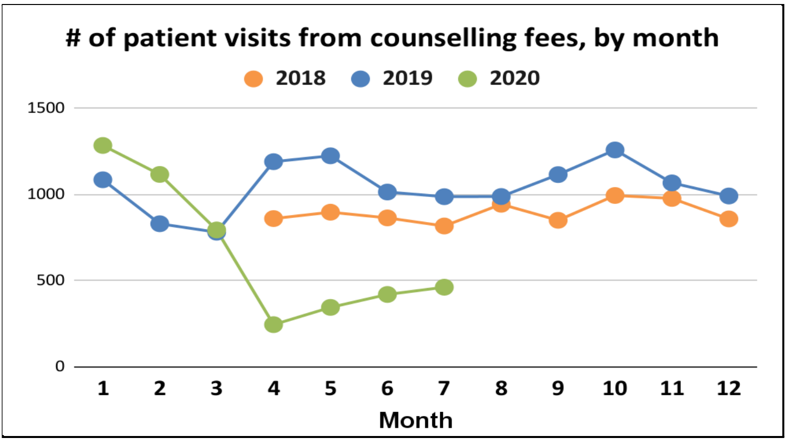
Through the co-development of these programs, the intention was to increase patient and physician access to rapid counselling supports given the high waitlist for existing community supports. This intent in turn decreases the burden in caring for these patients that is placed on family physicians which 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. 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
- The # of counselling visits/provider



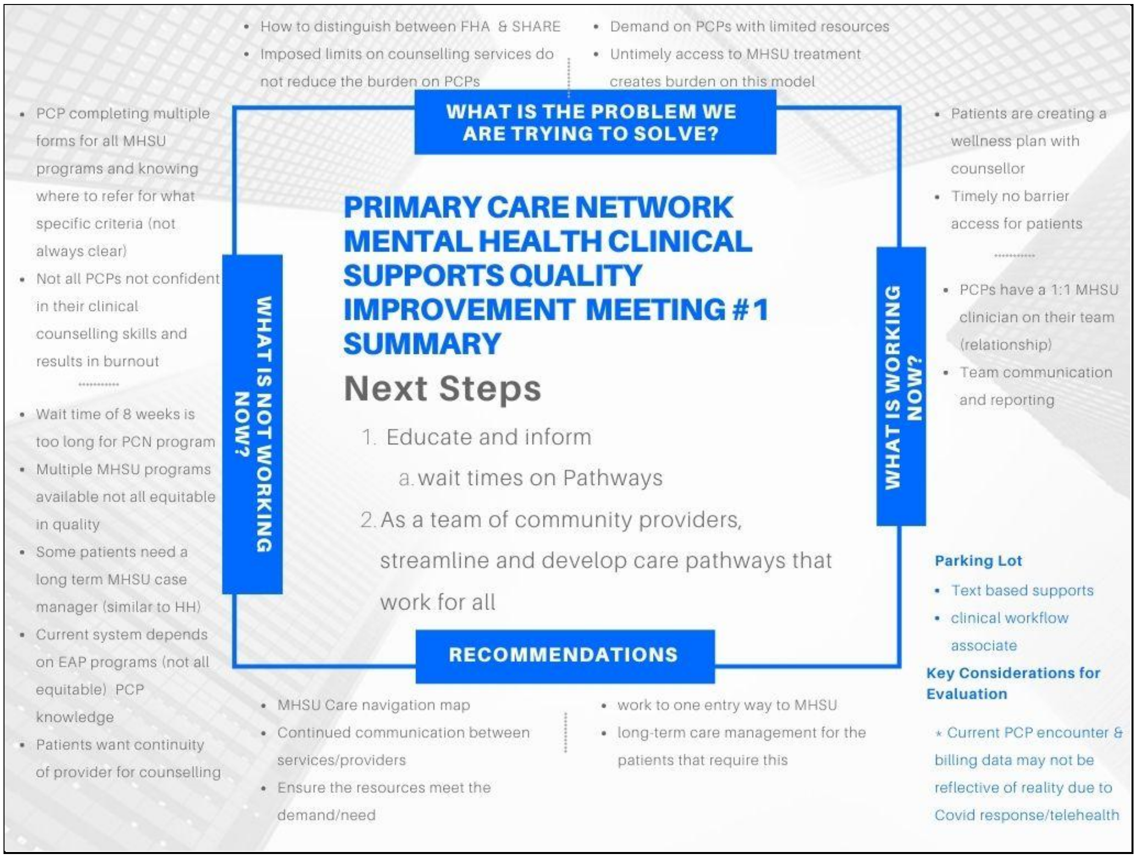






## Mental Health Community Physician Engagement

In FY 20/21 Period 12, the first PCN Mental Health Clinical Supports Quality Improvement meeting took place where representatives from both community support agencies, local family physicians and FHA and FNW Division support staff came together to engage in a discussion about ensuring continued access to patients in the community seeking support for mild to moderate mental health concerns. An overview of the discussion and identified next steps is shared below:



**PRIMARY CARE NETWORK MENTAL HEALTH CLINICAL SUPPORTS QUALITY IMPROVEMENT MEETING #1 SUMMARY**

**WHAT IS THE PROBLEM WE ARE TRYING TO SOLVE?**

- How to distinguish between FHA & SHARE
- Imposed limits on counselling services do not reduce the burden on PCPs
- Demand on PCPs with limited resources
- Untimely access to MHSU treatment creates burden on this model

**WHAT IS NOT WORKING NOW?**

- PCP completing multiple forms for all MHSU programs and knowing where to refer for what specific criteria (not always clear)
- Not all PCPs not confident in their clinical counselling skills and results in burnout

…………

- Wait time of 8 weeks is too long for PCN program
- Multiple MHSU programs available not all equitable in quality
- Some patients need a long term MHSU case manager (similar to HH)
- Current system depends on EAP programs (not all equitable) PCP knowledge
- Patients want continuity of provider for counselling

**WHAT IS WORKING NOW?**

- Patients are creating a wellness plan with counsellor
- Timely no barrier access for patients

…………

- PCPs have a 1:1 MHSU clinician on their team (relationship)
- Team communication and reporting

**Next Steps**

1. Educate and inform
   a. wait times on Pathways
2. As a team of community providers, streamline and develop care pathways that work for all

**RECOMMENDATIONS**

- MHSU Care navigation map
- Continued communication between services/providers
- Ensure the resources meet the demand/need
- work to one entry way to MHSU
- long-term care management for the patients that require this

**Parking Lot**

- Text based supports
- clinical workflow associate

**Key Considerations for Evaluation**

* Current PCP encounter & billing data may not be reflective of reality due to Covid response/telehealth

## 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)

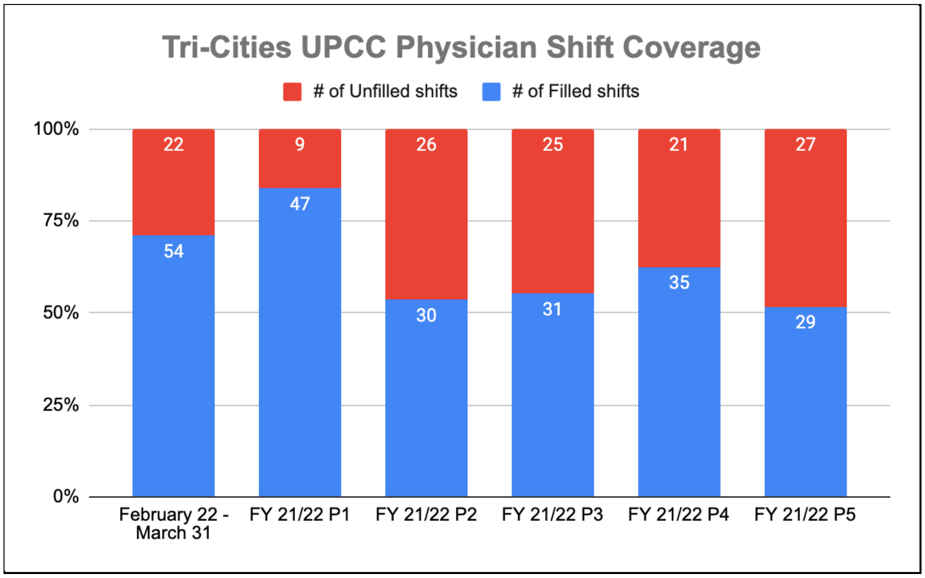
As part of the funding for the FNW PCN, the New Westminster and Tri-Cities communities were allocated resources for 4 Clinical Pharmacists across the Frasernorthwest region. Work has been underway since the PCN inception around identifying strategies for incorporating these positions to support longitudinal primary care services. The first Pharmacist has been successfully hired during this reporting period with an anticipated start date in the next reporting period.

## Urgent & Primary Care Centre: Tri-Cities

In February, 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. The UPCC currently operates from 1pm-8pm 7 days a week.

| | **Period 4** | **Period 5** | **Difference** |
|---|---|---|---|
| # of In-person patient visits | 167 | 172 | ↑ |
| # of virtual patient visits | 261 | 160 | ↓ |
| # of new attachments | 116 | 23 | ↓ |
| Total # of attachments | 126 | 149 | ↑ |

Physician shift coverage is a challenge at this site as shown by the visual below comparing the total number of available shifts by breaking down those which were filled and those shifts where there was no Physician at the UPCC.



Program Impact: Accessible Primary Care

A Physician recently 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.

## 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."* As reported by PSP, most of the PMH/PCN work that is taking place relates to:

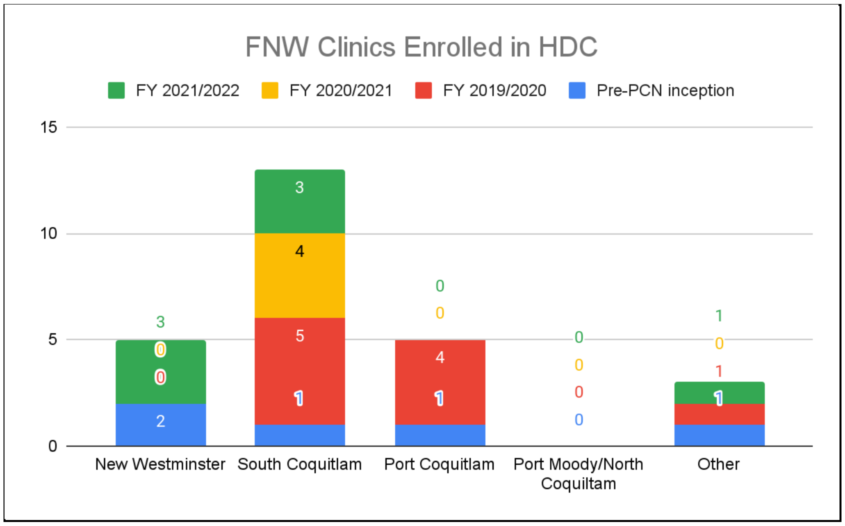
- Panel Management
- Panel Maintenance
- Patient Experience Tools
- EMR Skills Assessments

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)** | 173 | 116 | 64% | 54% | 111 | 11 | 1 | 6 | 93 |
| **Current month (July)** | 176 | 116 | 63% | 53% | 111 | 11 | 1 | 5 | 94 |
| **Change** | ↑ | = | ↓ | ↓ | = | = | = | ↑ | ↑ |

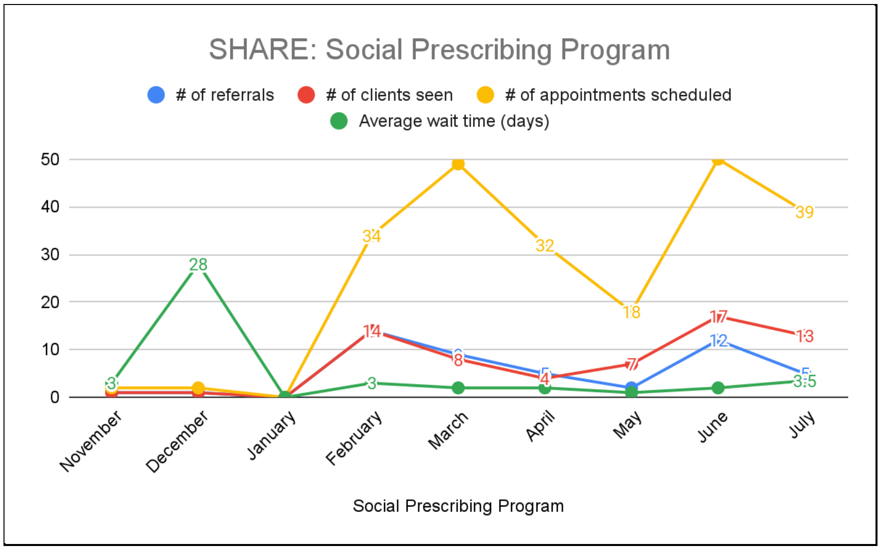
## Health Data Coalition (HDC)

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.



## Social Prescribing: CARES Program

CARES (Community Actions and Resources Empowering Seniors) is a primary care Frailty management program that helps primary care providers support their patients to prevent further frailty. In the FNW this social prescribing program to SHARE Society launched in November 2020. Below is the referral data since this program launched. The increase in wait time in December was subject to the holiday closures and the referral was immediately followed up on after the agency reopened.

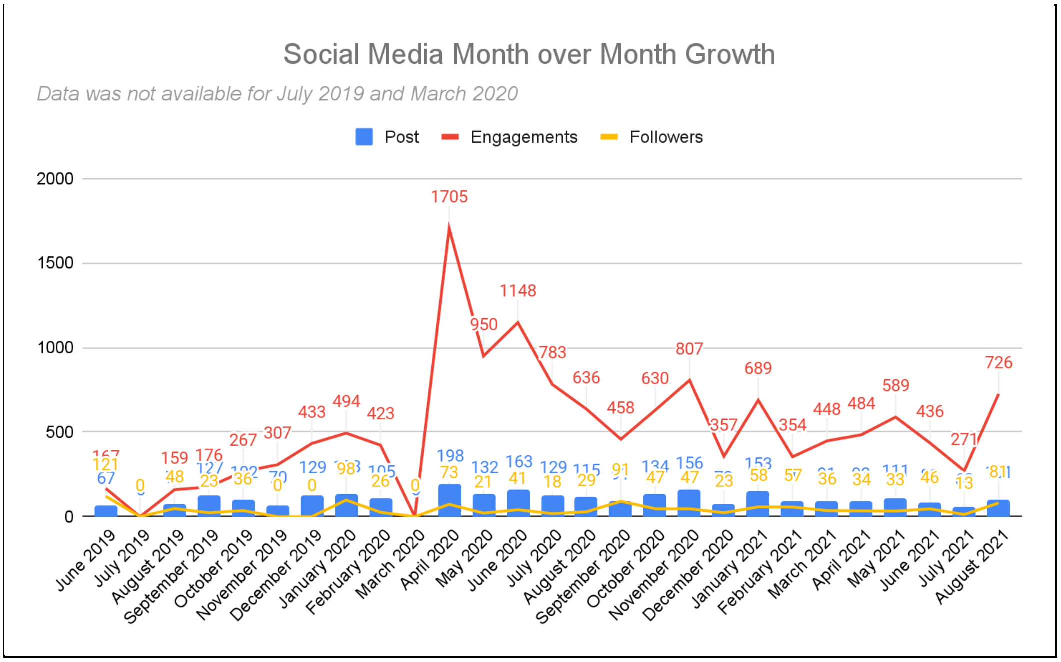


The program shared a testimonial regarding one of the referred patients who was able to successfully update their identification and care card information.  These identification pieces had been expired for over 10 years and through cross-agency collaboration, the patient now has valid picture identification.

## 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 August 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)** | +101 | 726 | +81 |


Social Media Month over Month Growth

*Data was not available for July 2019 and March 2020*

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:

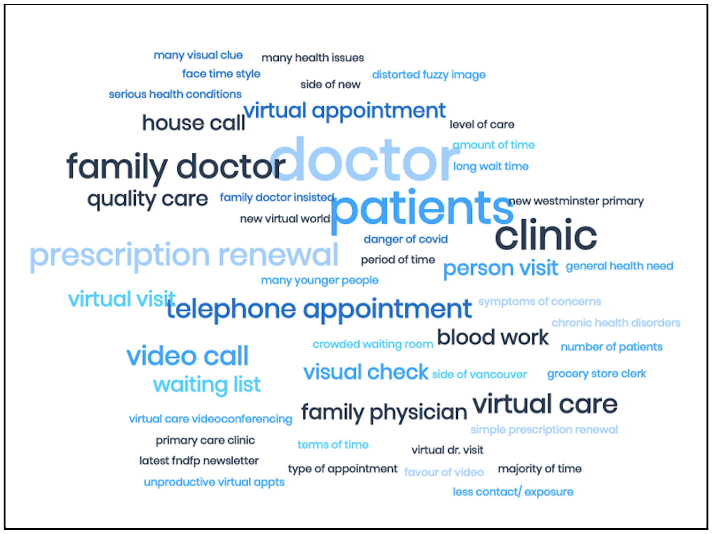
|  | # Subscribers | # Opens | % Opened |
|---|---|---|---|
| May 2020 | 170 | 63 | 38.20% |
| August 2020 | 573 | 279 | 49.60% |
| November 2020 | 1982 | 1447 | 73.60% |
| February 2021 | 3288 | 1364 | 41.70% |
| May 2021 | 3745 | 2203 | 59.10% |

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. Engagement work is currently underway to identify opportunities for people in the community to provide feedback on accessing healthcare services for their needs. Recently, through the distribution of the patient newsletter, people were asked to share their perspectives and experiences related to virtual care. A number of responses came in highlighting the diversity of access to the health system when asked the following questions:

- We want to know: what are your thoughts on this form of doctor's appointments?
    - What kind of visits do you think should be done virtually?
    - What kind of visits do you think should be done in-person?
    - What other thoughts/opinions do you have on this topic?

One experience highlighted the opportunities for improvement around the healthcare system as well as themed phrases from all responses are shared in the word bubble:

> *“We've been in the lower mainland for three years, we'd be happy to *get* a family doctor, virtual or otherwise. Myself and two daughters use walk-in clinics because we have not found a physician accepting patients. It has materially affected how we seek out and receive care. Fortunately, we are moving out of province soon, to a location in the Prairies that, as a side benefit, actually has physicians!* ***Access to a waiting list is not access to care****. This system is badly broken. Please pass this comment on and never let it go. No amount of cheerful emails or apps or press releases compensates. Access to a waiting list is not access to care. I have lived in Finland and in the United States. *Both* systems are better.”*


many visual clue
many health issues
face time style
distorted fuzzy image
side of new
serious health conditions
virtual appointment
house call
level of care
family doctor
doctor
amount of time
long wait time
quality care
family doctor insisted
patients
new westminster primary
new virtual world
clinic
danger of covid
prescription renewal
period of time
person visit
general health need
many younger people
virtual visit
telephone appointment
symptoms of concerns
chronic health disorders
crowded waiting room
blood work
number of patients
video call
visual check
side of vancouver
grocery store clerk
waiting list
virtual care videoconferencing
family physician
virtual care
simple prescription renewal
primary care clinic
terms of time
virtual dr. visit
latest fndfp newsletter
type of appointment
favour of video
majority of time
unproductive virtual appts
less contact/ exposure

### Community Engagement Series: “Whats Up Doc” Mini-Med School

In June 2021, “*What’s Up Doc?*”, a community engagement series aimed at providing a space for dialogue and conversation between community members and Primary Care practitioners and experts to support a growth in public education and capacity building for creating a common understanding of health related needs in an accessible format. The following have been topics focused on:

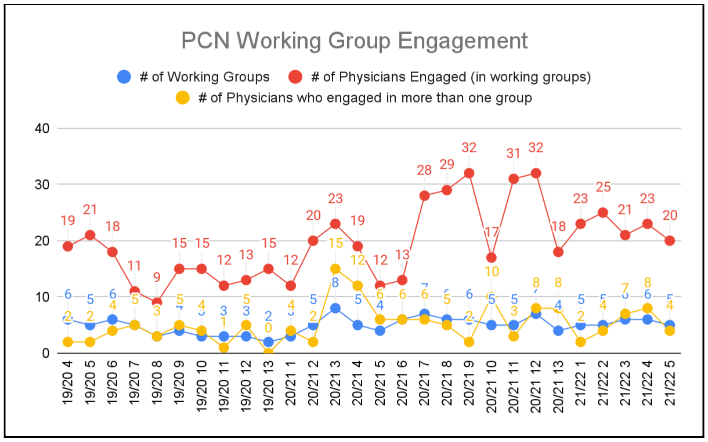
- June 2021 - Infant Development in the first 12 months
- July 2021 - General Primary Care
- August 2021 - Palliative Care

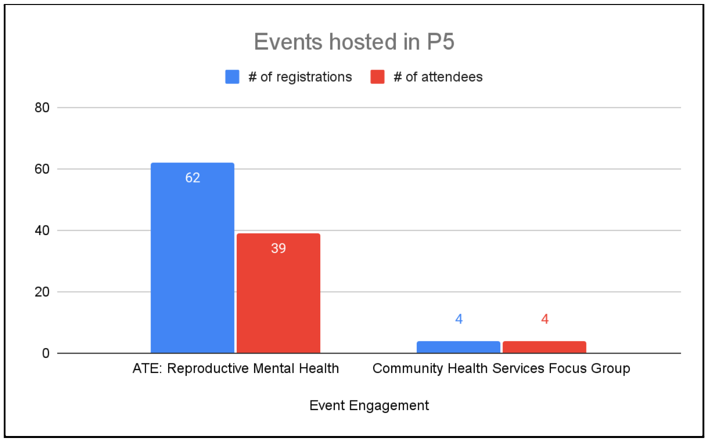
### Public Engagement: Feedback Collection

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.

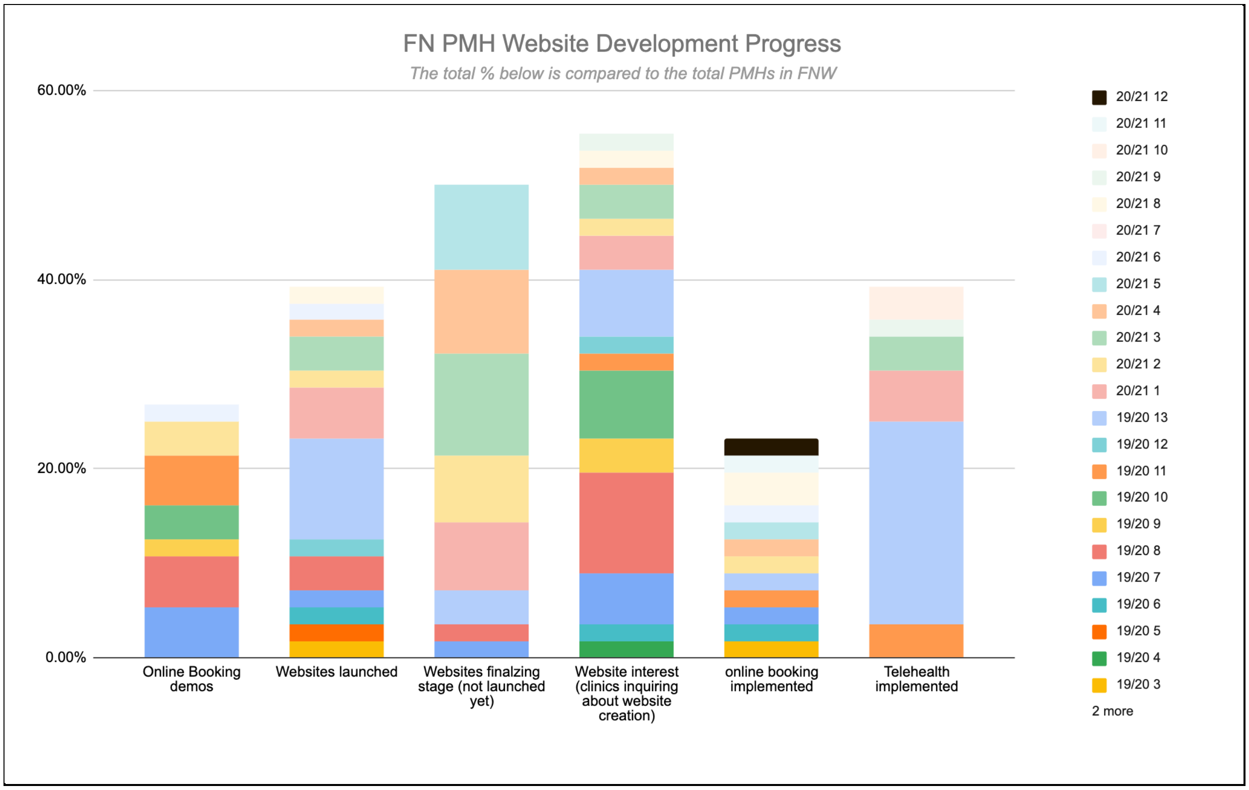
## Physician Feedback and Engagement

Physician engagement for this reporting period includes:

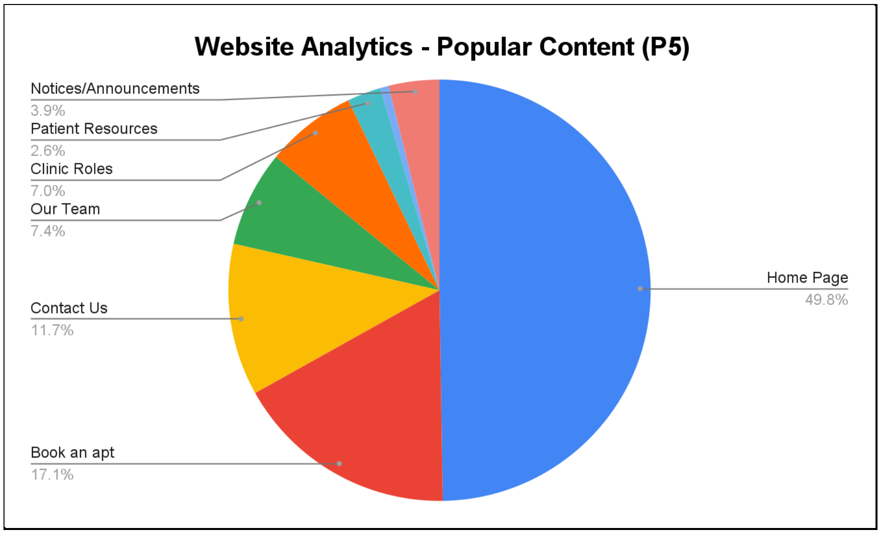




Additional engagement support provided to FNW physicians is the website development. The move to providing primary care services in a virtual setting continues to grow and expand. A full list of the clinics in the FNW and their associated websites can be found by [clicking here.](#) The chart below details the main steps in clinic website developments period by period as a comparison to the total PMHs in the FNW.



Website analytics that looks at the total page views and visits from the public on popular links from each clinic website and approximately 17% of the 'click's in this period were on Booking an Appointment.



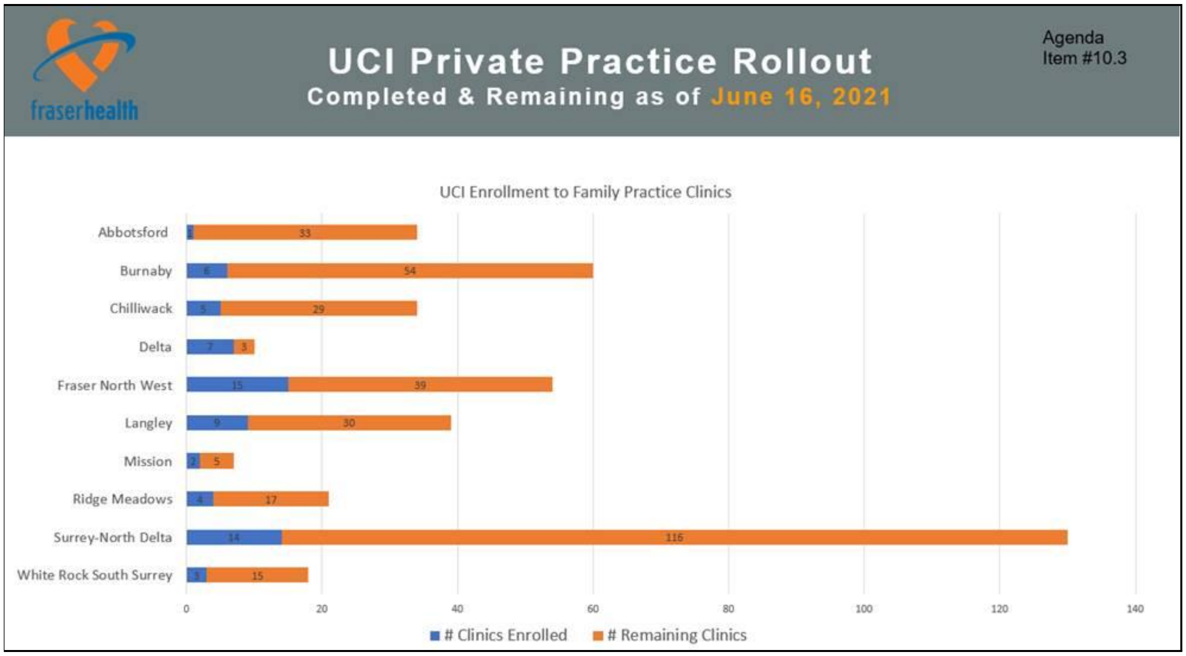
## Physician Engagement: Virtual Care

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*).

The Future
of Virtual Care

## Physician Engagement: UCI and/or CareConnect Access

The ability for PMHs to incorporate either UCI or CareConnect to enable access of patient information between acute and community settings is vital in enabling coordination of care across care providers and settings. Recently, FHA provided a snapshot of the number of clinics who have access to UCI across the region.



fraserhealth

UCI Private Practice Rollout

Completed & Remaining as of June 16, 2021

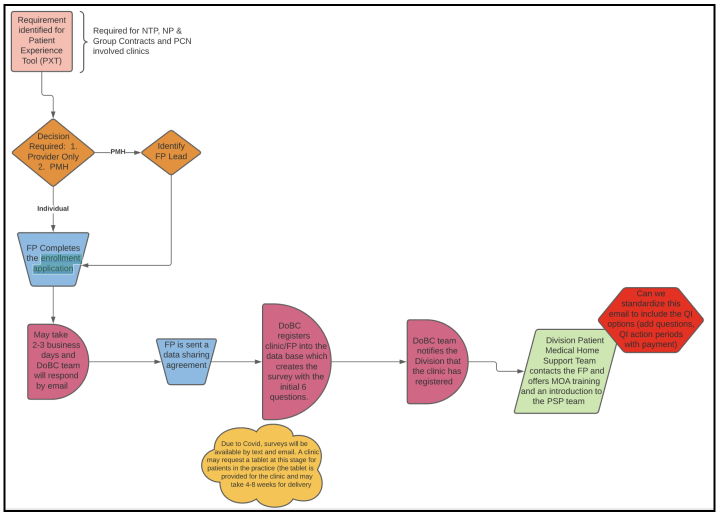
Agenda
Item #10.3

UCI Enrollment to Family Practice Clinics

So far, approximately 28% of FNW clinics have enrolled with UCI. UCI is developed by FHA whereas CareConnect was developed by VCH, but can be used across regions.

## 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 below is a draft representation of the workflow process for this tool's implementation:



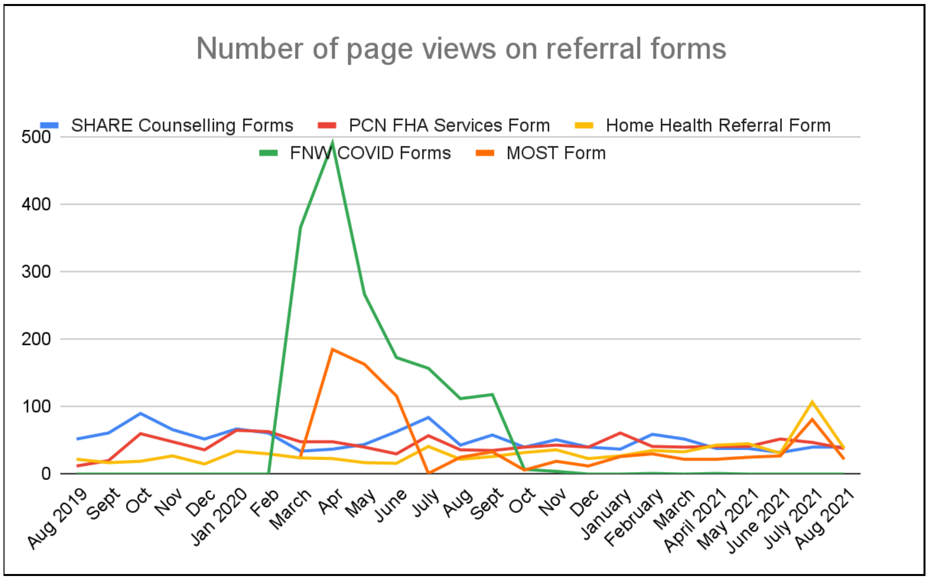
Requirement identified for Patient Experience Tool (PXT)
Required for NTP, NP & Group Contracts and PCN involved clinics
Decision Required: 1. Provider Only 2. PMH
PMH
Identify FP Lead
Individual
FP Completes the enrollment application
May take 2-3 business days and DoBC team will respond by email
FP is sent a data sharing agreement
DoBC registers clinic/FP into the data base which creates the survey with the initial 6 questions.
DoBC team notifies the Division that the clinic has registered
Division Patient Medical Home Support Team contacts the FP and offers MOA training and an introduction to the PSP team
Can we standardize this email to include the QI options (add questions, QI action periods with payment)
Due to Covid, surveys will be available by text and email. A clinic may request a tablet at this stage for patients in the practice (the tablet is provided for the clinic and may take 4-8 weeks for delivery

So far, 1 PMH 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 not work. RNs and FPs at practices that don't have a group payee # continue to receive rejections. Some practices have rejections dating back to late 2019.
    a. In some practices the rejections are piling up in the 1000s, there needs to be an identification of whose responsibility it is to support this and ensure accuracy
    b. 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.