

# Fraser Northwest Primary Care Network

## Period 5 Addendum Report

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## FNW PCN Performance Monitoring Summary

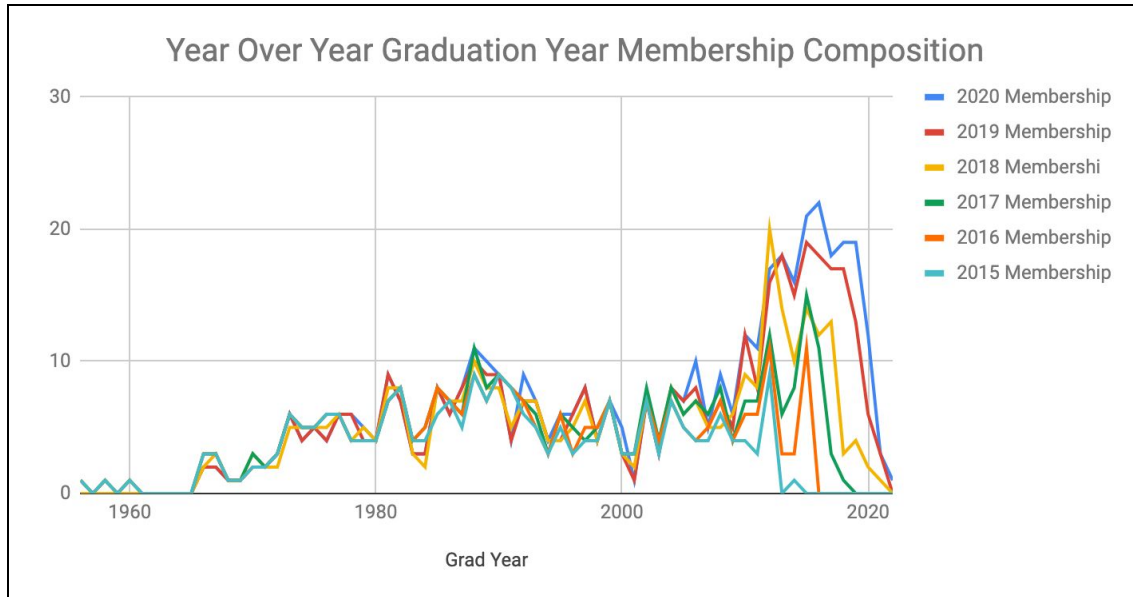
Work is underway between partner organizations to identify relevant indicators to measure and report on the following Primary Care Network Attributes:

PCN Attribute	Indicator Change ( <i>period over period comparison</i> )
Attachment and Access to Primary Care	Exact metrics to identify indicators under development between FNW PCN partner organizations
Extended Hours	Exact metrics to identify indicators under development between FNW PCN partner organizations
Same Day Access to Urgent Care	Exact metrics to identify indicators under development between FNW PCN partner organizations
Advice and Information	Exact metrics to identify indicators under development between FNW PCN partner organizations
Comprehensive Primary Care	Exact metrics to identify indicators under development between FNW PCN partner organizations
Culturally Safe Care	Exact metrics to identify indicators under development between FNW PCN partner organizations
Coordinated Care	Exact metrics to identify indicators under development between FNW PCN partner organizations
Clear Communication	Exact metrics to identify indicators under development between FNW PCN partner organizations

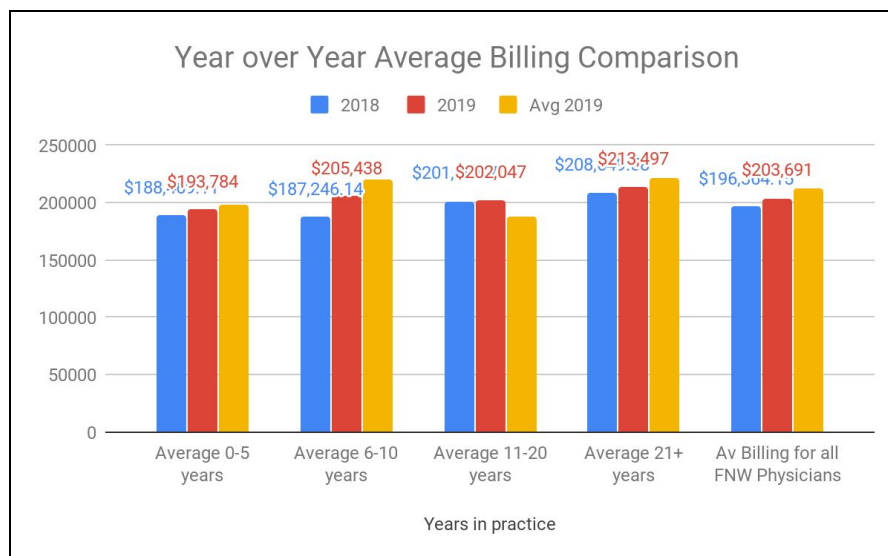
Additional details and reporting measures will be shared in the next period report upon identification and discussion at upcoming PCN Partner leadership discussions.

## FNW Community Overview

FNW Division membership comprises 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. 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 in 2017, 2018 and 2019 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.



## Overview: Primary Care Provider Community Adds & Losses

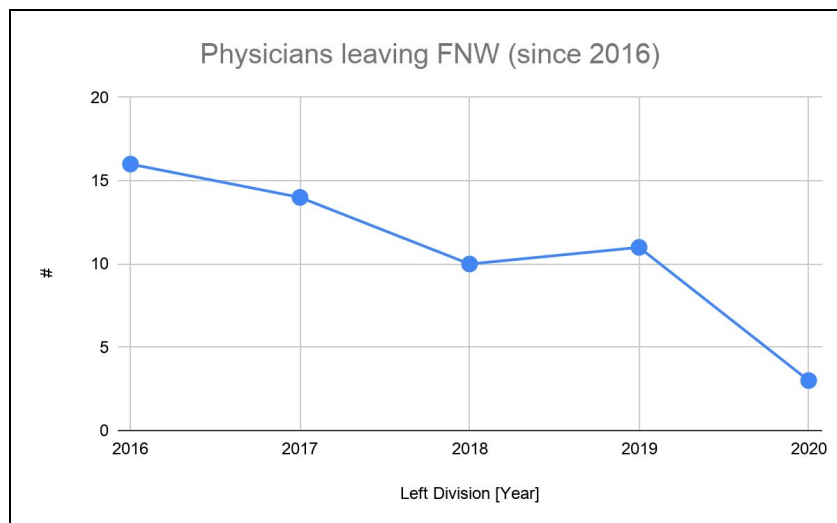
Since the inception of the FNW PCN in April 2019, there continues to be primary care providers joining and leaving the community. The visual below denotes the addition of primary care providers (including both Family Physicians and Nurse Practitioners) to the FNW communities; the leaves of primary care providers (including retirements and other leaves); and the correlating attachment based on data collected from the FNW Attachment Hub. A detailed breakdown of the projected retirements can be found later in this section.

	2019	2020 (as of August)
<b>Provider Adds</b>	10	4
<b>Provider Losses</b>	15	8
<b>Net Loss/Gain</b>	-5	-4
<b>Attachment*</b>	856	1180

\*Attachment numbers pulled from FNW Attachment Hub

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.

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 4 leaving in 2020 already.



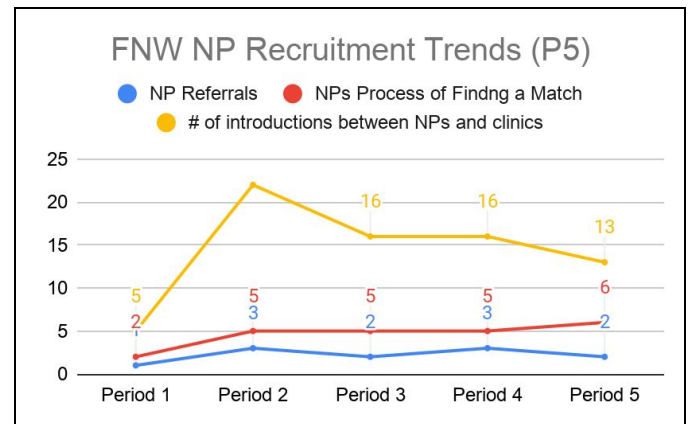
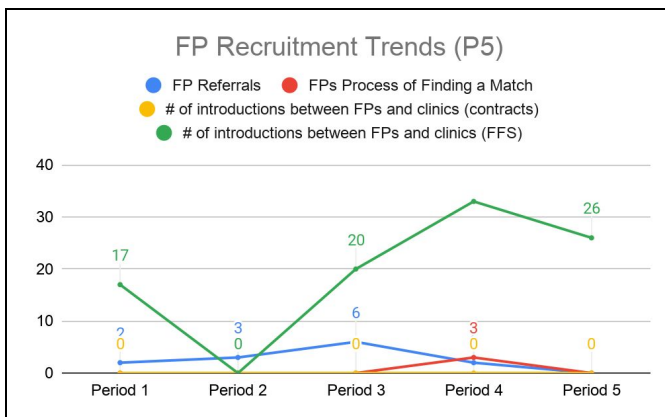
Projected retirements in the next year are set at 7 with a five year forecast of 25 family physicians retiring out of the FNW communities. This projection is an estimate and is based on an estimate that approximately 10% of our

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.

### Family Physician and Nurse Practitioner Contracts

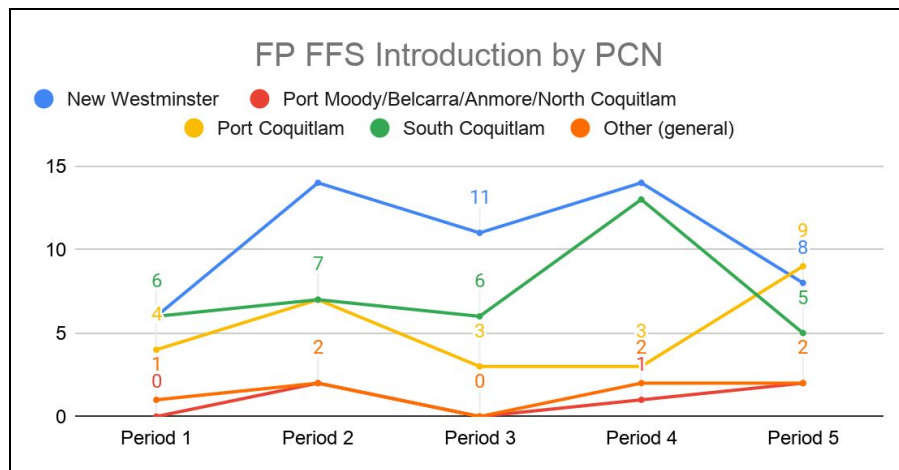
Collaborative work between the FNW, FHA, HealthMatch and the Ministry of Health is vital in order to support increased FP and NP resources in the FNW communities. In Period 5 (July 24- August 20), clinic openings grew to 18.6 FTE. Table 1 below provides a status overview and update on the breakdown of 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	0	51	0	0	2 PCN Launch Total: 4
Nurse Practitioners	2	34	6	13	1 PCN Launch Total: 7



The number of active postings on HealthMatch BC for FPs for both FFS or contract positions increased in this period to 36 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 26 new introductions between FPs and practices for FFS opportunities such as locum, permanent part-time and permanent full-time.



### Practitioner Reporting Feedback

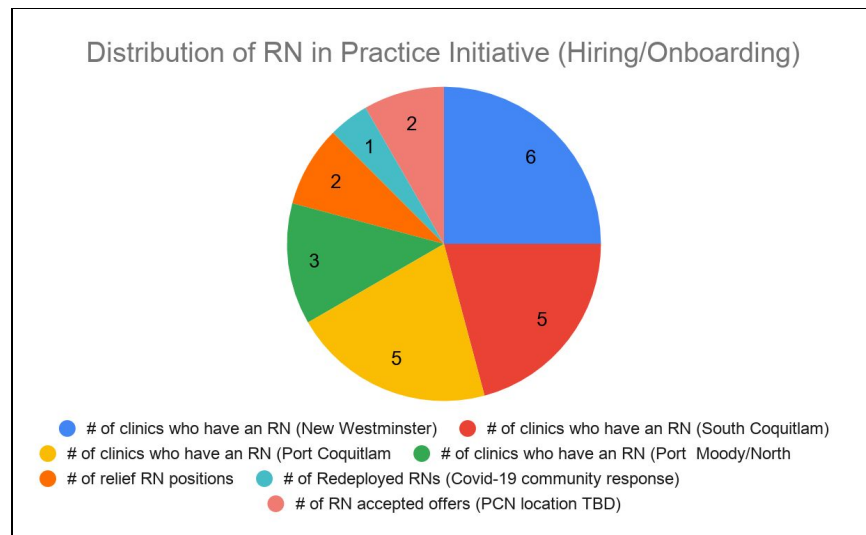
As part of the ongoing development around sustainable contract management, partner organizations co-developed reporting templates that were distributed to all PCN contracted Family Physicians and Nurse Practitioners to support accountability around contract reporting and quality improvement. Providers were asked to share their satisfaction levels and based on the reports received at the time of writing this report, aggregated data reflects an average satisfaction levels for the month of August to be 5.75 out of a scaling of 0-10 (*0 being very unsatisfied and 10 being very satisfied*). Satisfaction-level trends over time will be reported in the next period report as a more fulsome response rate is expected.

These providers also provide feedback around what's working well, ongoing challenges and what they'd like to share in order to support partner organizations' understanding of the experience providing longitudinal care in a contract-funded environment. Feedback collected so far note the following lessons learned

1. One provider noted that what drew them to the contract environment was the ability to provide a holistic approach to their patients. Patients are able to bring multiple medical concerns to the provider and the provider is able to respond accordingly to the patients' needs in the moment. This needs to be balanced between meeting patients concerns, while also addressing the need for accurate MSP billing that's reflective of patients' multiple concerns.
2. Patient volume and growing providers' patient panel is at the forefront for some and providers are eager to meet contract panel obligations while providing accessible care to their patients.
3. Billing rejections for contracted providers are arising; specifically around ICBC and WorkSafe BC related billings.

### Registered Nurse in Family Practices

In Period 5, there are 20 family practices now having a nurse. 2 RNs have accepted offers with later start dates in Fall 2020. The YTD distribution across the PCN's are:



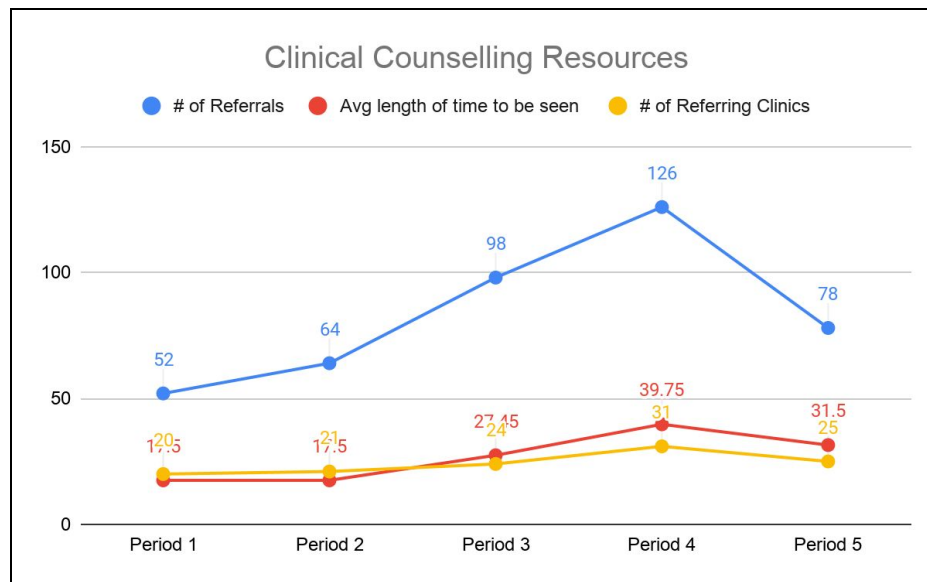
Accurate encounter code data is vital to the ongoing implementation of the RN in Practice Initiative and it's important that PCN funded resources do not add to the workload, but reduce it. Clinics that receive billing rejections have noted that correcting these are increasing the overall workload as 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 decreased. The table below details the change over the last period to the current period:

	Previous Period (P4)	Current Period (P5)	Difference
# of Referrals	126	78	↓
# of Referring Clinics	31	25	↓
Average length of time for patients to be seen ( <i>days</i> )	39.75	31.5	↓

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 5:

- 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 (P4)	Current Period (P5)	Difference
# of Referrals	20	56	↑
# of Referring Clinics	10	16	↑

In Period 5, referrals significantly increased 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 56 referrals, 5 of them were self-referrals citing covid-related concerns. Previous period data noted that approximately 5% of the referrals were self referrals compared to the 9% 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 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:

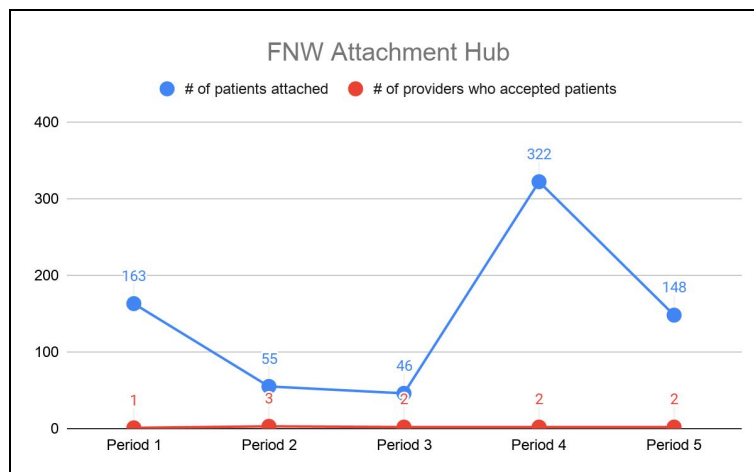
	# of MSOC Physician	# of PMH Assessments completed	% started Panel (MSOC)	% Completed Panel (MSOC)	Started Panel	Working on Phase 1	Working on Phase 2	Working on Phase 3	Workbook Complete
<b>Previous month (July)</b>	170	119	64%	51%	109	10	3	9	87
<b>Current month (August)</b>	168	117	64%	51%	108	10	4	9	85
<b>Change</b>	↓	↓	=	=	↓	=	↑	=	↓

## Attachment

### Passive 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 Westminister	South Coquitlam	Port Coquitlam	Port Moody, Anmore, Belcarra, North Coquitlam
# of providers who accepted patients	1	1		0
# of patients attached	21	127	0	0
# of patients waiting to be attached	357	73	65	143

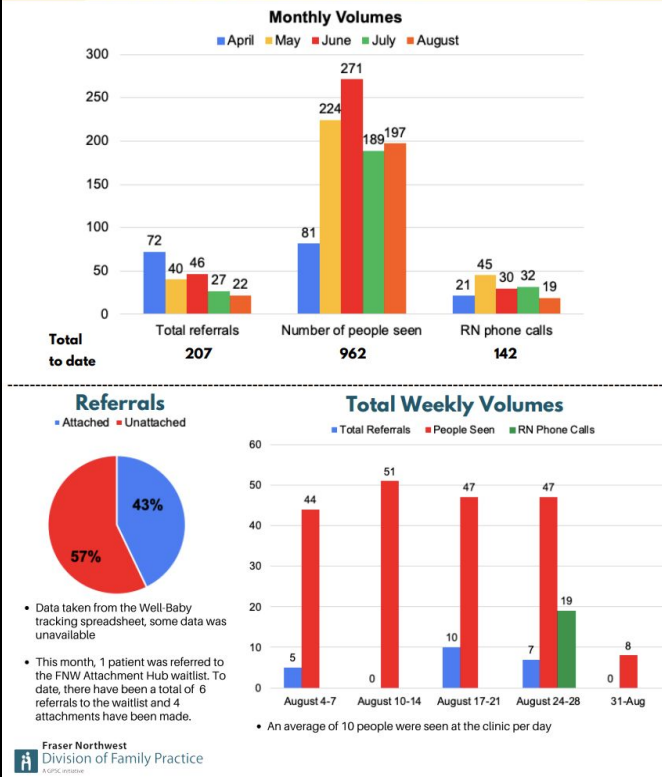


### Active Attachment

Recently, with the introduction of additional mechanisms that support the coordination of care between systems, an opportunity was identified to build on and actively link these with the FNW Attachment Hub. Unattached moms and babies seeking prenatal and postnatal care at the FNW New Mom/Well Baby Clinic (stationed at a local clinic in Port Coquitlam) are now directly linked with the Attachment Hub and upon discharge from this clinic are connected with a Family Physician in the community. Currently 67% of the referrals have already been successfully attached with a Family Physician or Nurse Practitioner. Additionally, work has taken place to connect unattached patients recently discharged from the hospital to a Family Physician. Immediate follow-up care is provided through the Acute Discharge Program with the intention that longitudinal care will be provided by the attaching Physician. The visuals below reflects both programs' August referral data:

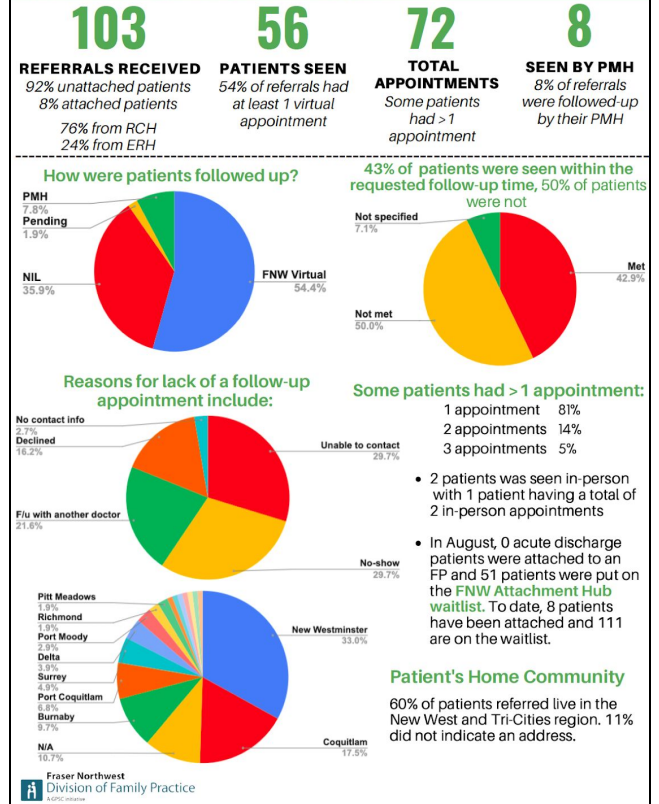
## New Mom and Well Baby Clinic Monthly Report August 2020

Data as of September 2 at 2pm, there may be slight changes in the numbers after reporting



## Acute Discharge Program August 2020 Report

Data available as of September 4 at 2pm, some numbers may change slightly after reporting



Work is currently underway with FHA Home Health to identify and establish workflow processes for attachment between patients that may be medically complex and/or frail with a Primary Care provider. Additional details on this will be provided in the next period report.

### Stories of Attachment

Several stories have emerged in the FNW communities that identify the importance of meaningful attachment for people living in the New Westminster and Tri-Cities communities.

*"A patient who did not have MSP coverage and was visiting family temporarily in Canada before Covid-19 has been here since the onslaught of the pandemic. This patient required a narcotic related prescription refill due to chronic pain and had presented to the ER and FNW Acute Discharge Clinic multiple times due to the ongoing deterioration of their health condition. Local Family Physicians worked alongside the Palliative Care Team and successfully found a Physician who speaks the same language as the patient and agreed to attach to this patient as their longitudinal Family Physician. "*

Based on this experience, work is underway in the FNW to identify how community resources and PCN funded supports can handle these situations in the future and provide meaningful attachment and ongoing access to healthcare for patients in the community.

Another example was brought to the forefront by a Family Physician in the Port Coquitlam PCN shared an experience where *"they had a frail and elderly patient who had a recent medical procedure which required them to recover with home support in another region. Unfortunately the home support person tested positive for*

covid-19 and was no longer able to provide the same level of care to this patient. Upon the Family Physician sharing this story, an opportunity was identified through connecting with the FHA Home Health Team where they were able to connect and coordinate ongoing care with the home support team in the community where the patient was staying.” This example of multiple partner and stakeholder organizations working together keenly aligns with multiple PCN attributes including access to quality primary care; comprehensive care; and coordination of care.

## 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 (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)	+115	636	+29

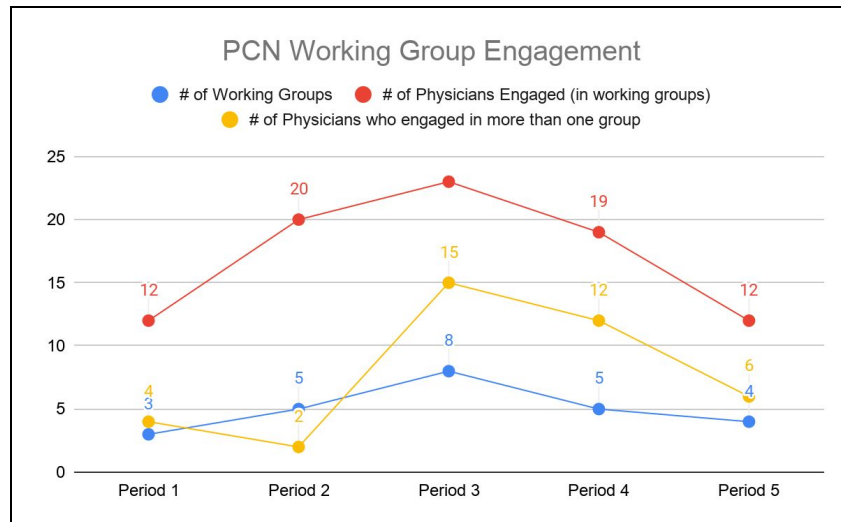
## Physician Feedback and Engagement

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

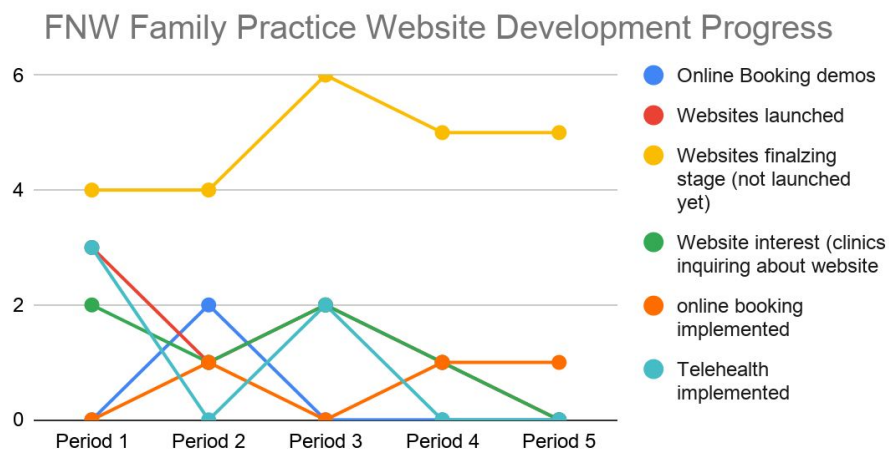
- In relation to the FP/NP contracts:
  - Division connecting with contracted practitioners around any support and questions/clarifications that may have emerged since being in practice.
  - Information sharing between partner organizations around contract management and introduction of new processes.
- In related to the RN in Practice Initiative:
  - Advocacy for increased overhead reimbursement from clinics grows as this was identified in the PCN funding agreement.
- In related to the Kwikwetlem First Nations PCN resources:
  - Collaborative work between partner organizations continues virtually as in-person meetings and trainings have been postponed given the current Covid-19 pandemic.
- In relation to the other Allied Health Professional positions:
  - Inquiry around current AHP positions and scope of roles to support communication between Physicians, patients and AHPs.
- In relation to the Covid-19 response:

- 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.

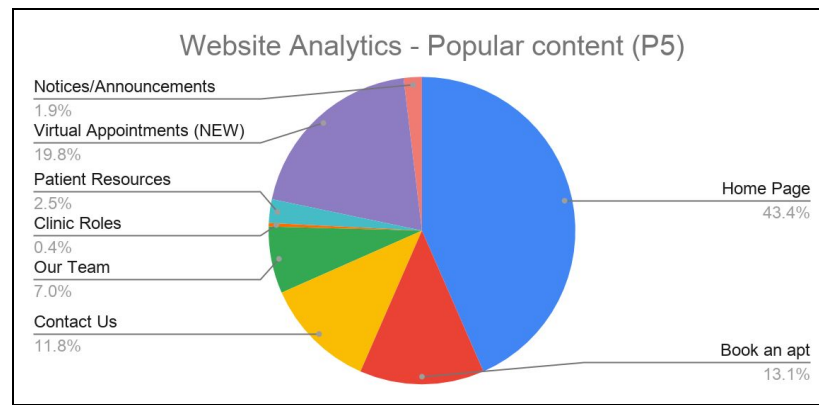
Physician engagement for this reporting period includes:



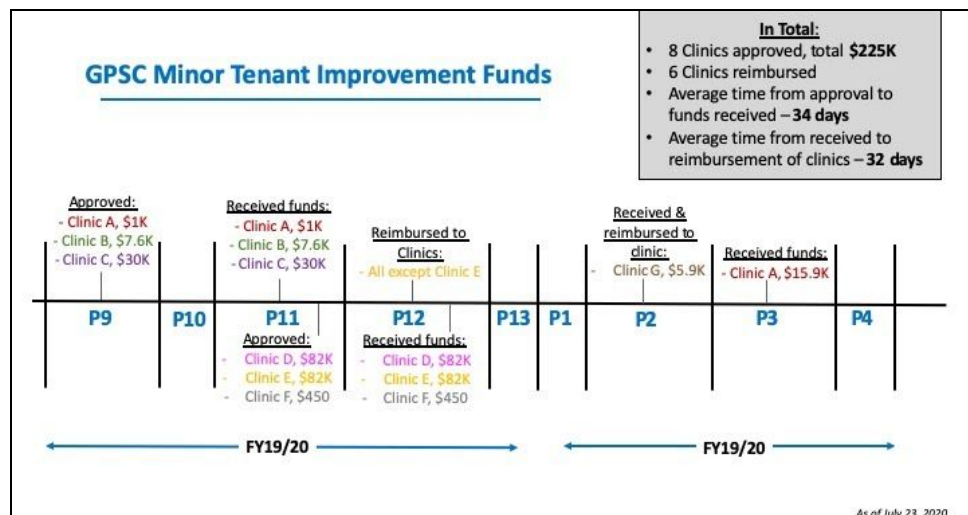
Additional engagement support provided to FNW physicians is the website development as supported by a Digital Content Coordinator. In Period 5, there were no new websites launched; however, one practice did implement online booking into their existing website. The move to providing primary care services 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.



Website analytics that looks at the total page views and visits from the public on popular links from each clinic website and approximately 13.1% of the total 'clicks' were on Booking an Appointment.

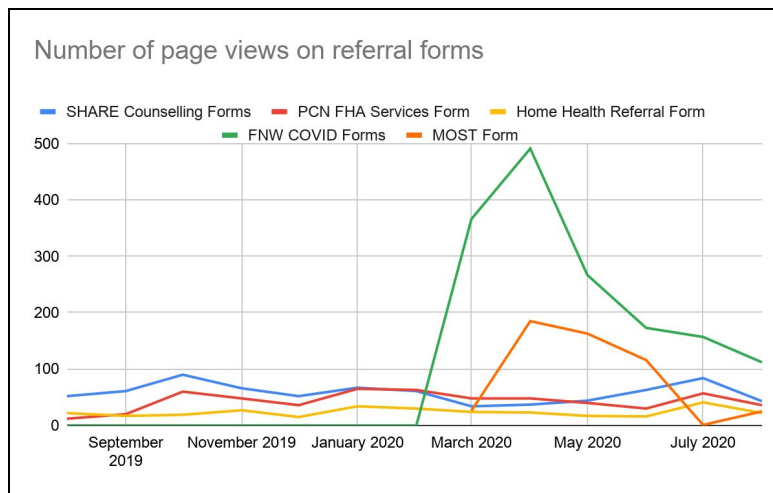


As part of onboarding additional primary care providers, the GPSC Minor Tenant Improvement Program was introduced. Clinics across the FNW communities are able to submit applications for funds dedicated to enhancing team-based care by incorporating an additional allied health professional and/or primary 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.



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. Recent development of contract management accountability between partner organizations identified an opportunity for provider reporting related to overall contract management and quality improvement. Feedback from practitioners identified an opportunity for follow-up around language clarification and information-sharing expectations.
  - a. An offshoot of this process has been identified that in order to provide clear data from clinic EMRs that supports contract reporting, there is a time commitment, cost associated and programming with retrieving information.
2. Ongoing work with partner organizations around the flexibility and adaptability of traditional unionized positions continues and in Period 5, there was forward motion with regards to the RNs in Family Practices around schedule adjustments.