# Fraser Northwest Primary Care Network: Period 6 report

## **Overview of FNW Program Strategies**

With a total population of 315,000 in the FNW and an attachment gap of 43,210 (Source: 2016/17 MoH Community Matrix data), an introduction of the PCN supports and services would significantly reduce this gap for members of the community seeking a family physician. 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. Through the development process, 4 distinct PCN's have been identified by the Ministry of Health (MoH) within the FNW:

- 1. New Westminster
- 2. Port Coquitlam
- 3. South Coquitlam
- 4. Port Moody/Anmore/Belcarra/North Coquitlam

Further details on the distribution of PCN resources and the community demographics can be found at the end of this report.

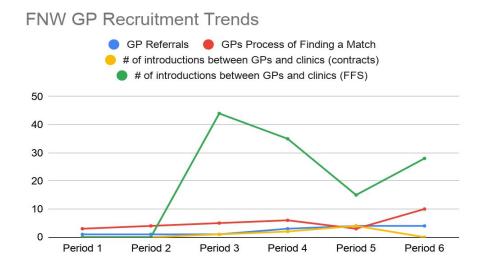
#### **GP and NP contracts**

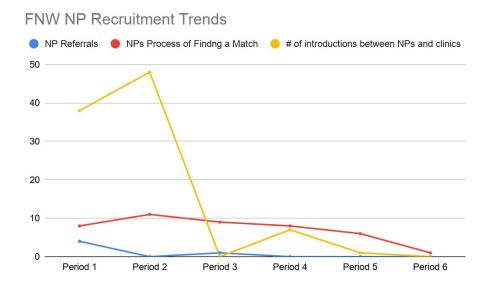
Collaborative work between the FNW, FHA, HealthMatch and the Ministry of Health is vital in order to support increased GP and NP resources in the FNW communities. In Period 6 (August 23 - September 19), clinic openings decreased from 24.6 FTE to 18.6 FTE as there was an increase in primary care providers joining the FNW community. 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	# of introductions	# of contracts
	# of New Referrals	Running Total of Referrals (since Apr 1st)	finding a match	between provider and clinics	signed
General Practitioners	4	21	Decreased from 3 (period start) to 1 (period end)	0	0
Nurse Practitioners	0	15	Decreased from 4 (period start)	0	1 YTD total =

All data collected and shared between partner organizations (Fraser Health Authority, Kwikwetlem First Nations and Fraser Northwest Division of Family Practice)

to 1 (period end) 2





The number of GPs in the process of finding a match changed from 3 to 1. 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 or they are in the process of signing contracts with FNW family practices. There were 2 NP Practice Agreements that NPs and prospective clinics were working through with an additional contract being signed between the NP, clinic and Fraser Health. 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, there was a total of 28 introductions between GPs and practices for FFS opportunities in the FNW for period 6. The distribution across PCNs are:

- 8 introductions in New Westminster
- 13 introductions in South Coquitlam
- 4 introductions in Port Coguitlam
- 3 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. There have been 3 GPs who have joined FFS opportunities in the FNW during period 6:

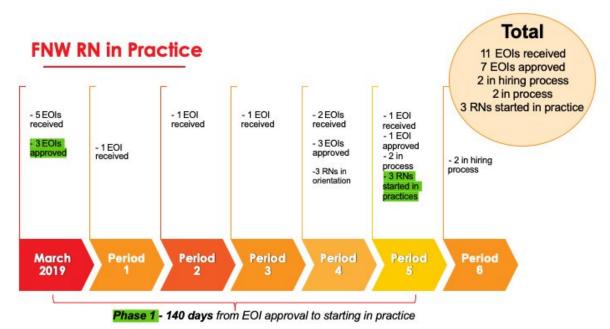
- 1 FFS GP joined in Southeast and Southwest Coquitlam PCN
- 2 FFS GPs joined in Port Coguitlam PCN

## **Registered Nurse in 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. 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 currently have a nurse with 2 additional clinics in the hiring process and an additional 2 clinics in the pipeline. The distribution across the PCN's are:

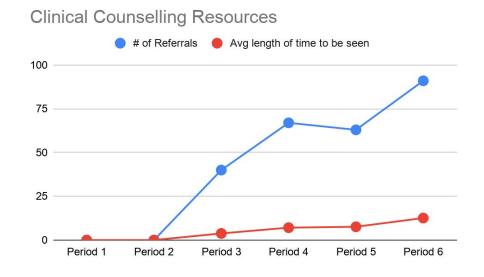
- New Westminster PCN
  - 2 Family Practices received an RN
  - 2 Family Practices in the hiring process to receive an RN
- Port Coquitlam PCN
  - 2 Family Practices in the process to receive an RN
- South Coguitlam PCN\*\*
  - 1 Family Practice received an RN

An RN has been hired in this period and their start date will fall within the next period for one of the family practices in New Westminster. The second RN position had been posted and further updates to this position will be reported in period 7. 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.



# **Allied Health (Clinical Counsellors) Supports**

Referrals from clinics during this reporting period grew approximately 30% from the last period. Referrals came from over 25 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 12.6 days from 7.6 days since the previous period which denotes a 40% increase. The contracted agency currently has a .6 FTE posting available for an additional clinical counselling resource.



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

"Clients voluntarily stating that they feel competent and capable to cope and asking to be discharged"

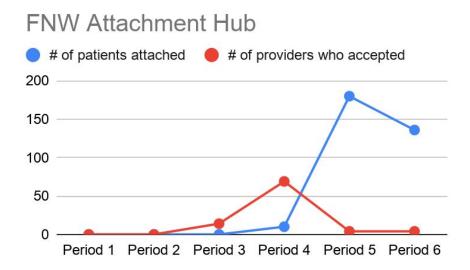
<sup>\*\*</sup>A previous version noted this PCN incorrectly as the Port Moody/Anmore/Belcarra/North Coquitlam PCN.

"Clients continue to be surprised by the promptness in calling and setting up the initial appointment. The family of one outreach client thanked the counsellor profusely because their mother would not have been able to attend if it was not for the outreach service."

#### **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 providers who accepted patients	1 (NP)	2 (NPs)	1 (GP)	-
# of patients attached	35	95	6	-



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. 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. 33% of respondents noted that they felt dissatisfied with being able to find what they were looking for. Analytic analysis of the FNW division website indicated that 45% 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.

Feedback collected from the public reflects the public perception and awareness of the different primary care service providers:

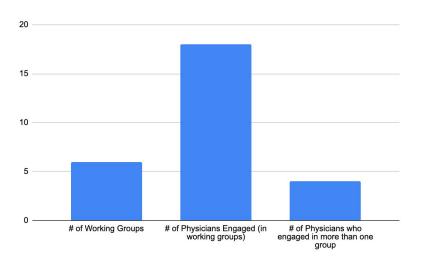
- Some unattached patients declined having a Nurse Practitioner as their primary care provider
- Patients asking about the differences between a General Practitioner and a Nurse Practitioner. This is an opportunity to increase public awareness and education.

### **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 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.
  - Inquiries from FNW clinics around overhead payments and invoicing processes in relation to onboarding an NP into the family practice.
- In relation to the clinical counsellors:
  - As the demand for the clinical counsellor resources continues to grow, the wait time from first point
    of contact to seeing patients also has grown. Physicians are working with partner organizations to
    identify solutions that doesn't exclude the FNW patient population requiring these services
- In relation to the RN in Practice:
  - Improving process for overhead invoicing between clinics with an RN and partner organizations
  - Clarifications on workflow and scope of practice that the RNs are entering clinics with, specifically
    with regards to the initial training program and equipping the RNs with the necessary clinical skills to
    support the needs of the clinic.
  - Discussions around the clinic specific workflow processes prior to the RN joining that are required and potential renovation costs to support the addition of a new provider.

Physician engagement for this reporting period includes:



#### **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.
- 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.

# **FNW Primary Care Networks Geography & Demographics**

**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.

**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.

**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.

**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.