

Fraser Northwest Primary Care Network

Period 7 Addendum Report

Overview of FNW Program Strategies

With a total population of 315,000 in the Fraser Northwest (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*

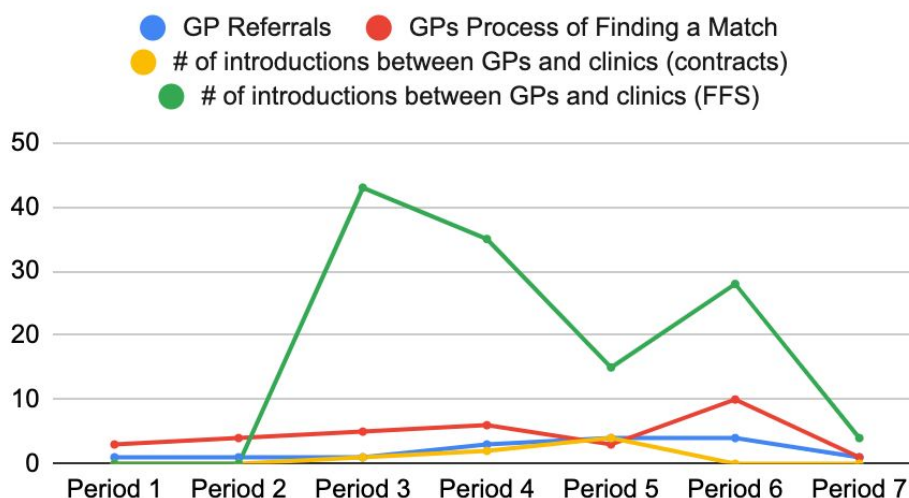
Further details on the distribution of PCN resources and the community demographics can be found at the end of this report.

GP and NP contracts

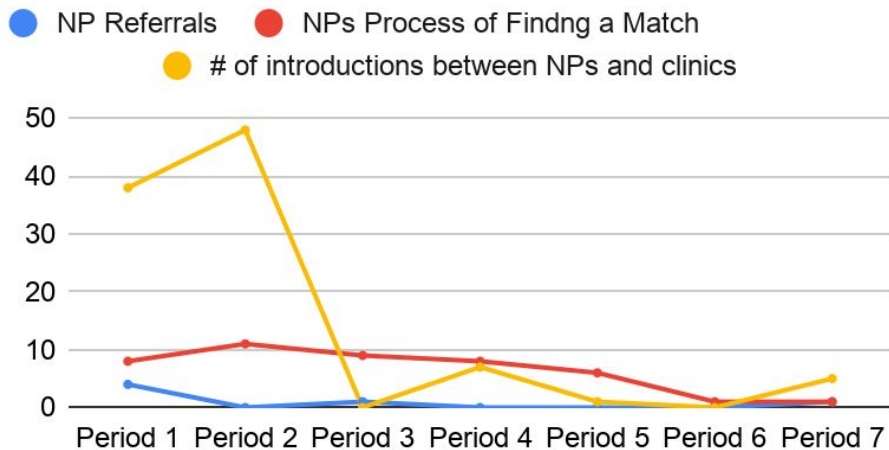
Collaborative work between the FNW, Fraser Health (FHA), HealthMatch and the Ministry of Health is vital in order to support increased GP and NP resources in the FNW communities. In Period 7 (September 20 - October 17), clinic openings continued to decrease from 18.6 FTE to 17.6 FTE as there was an increase in primary care providers joining the FNW community. Table 1 below provides a status overview and update on the breakdown of the NP and GP contracts by PCN within the FNW:

	Referrals		# in the process of finding a match	# of introductions between provider and clinics	# of contracts signed
	# of New Referrals	Running Total of Referrals (since Apr 1st)			
General Practitioners	1	22	<i>Changed from 1 to 2 and then dropped down to 1 by period end</i>	0	0
Nurse Practitioners	1	16	<i>Changed from 0 to 1 and then dropped down to 0 by period end</i>	5	3 YTD = 5

FNW GP Recruitment Trends



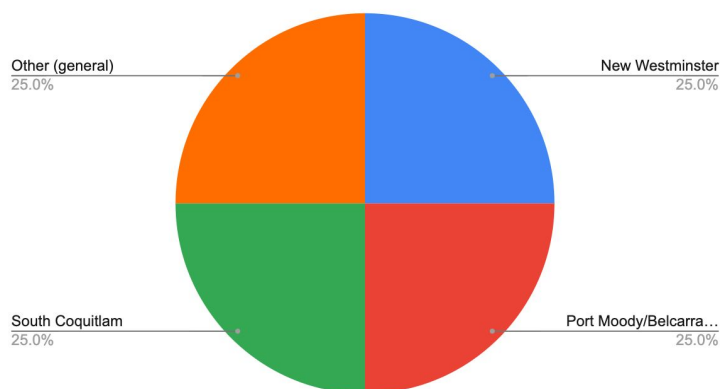
FNW NP Recruitment Trends



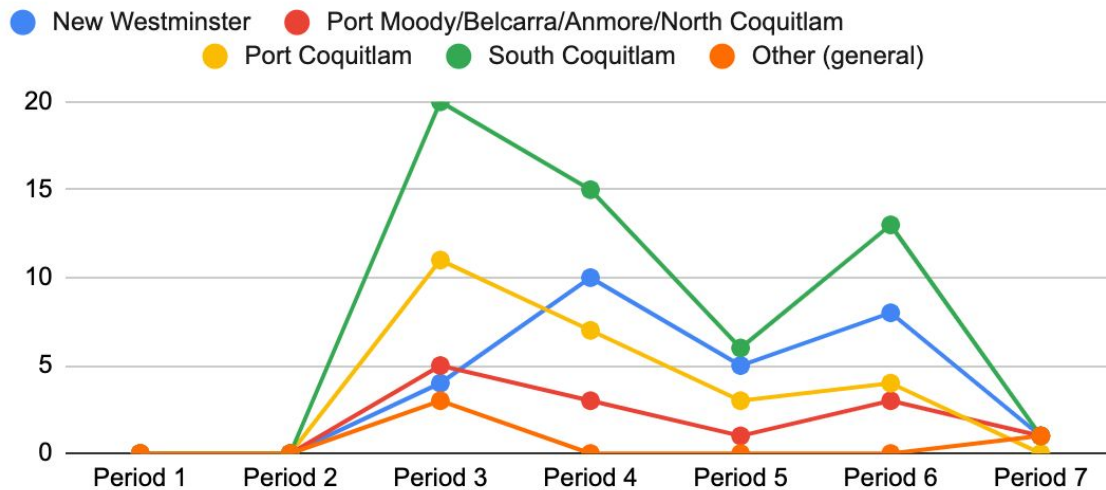
The number of GPs in the process of finding a match changed from 1 to 2 and then back to 1 by period end. One GP formally withdrew their interest in signing a contract as they decided to move forward with a FFS opportunity. The number of NPs in the same process changed from 0 to 1 to 0 by period end as the interested NP signed a contract with a FNW clinic. There were a total of 3 NP Practice Agreements that NPs and prospective clinics were working through. There continues to be 35 active postings on HealthMatch BC for GPs for both FFS or contract positions. Opportunities for these postings include: long term locum, short term locum, Shared Care - psych, cardiac assist and sessionals at the FHA Opioid Agonist Treatment (OAT) clinic in the FNW.

Fee For Service opportunities and engagement efforts are underway on an ongoing basis, there was a total of 5 introductions between GPs and practices for FFS opportunities in the FNW for period 6. The distribution across PCNs are:

FFS introduction distribution across FNW PCNs: Period 7



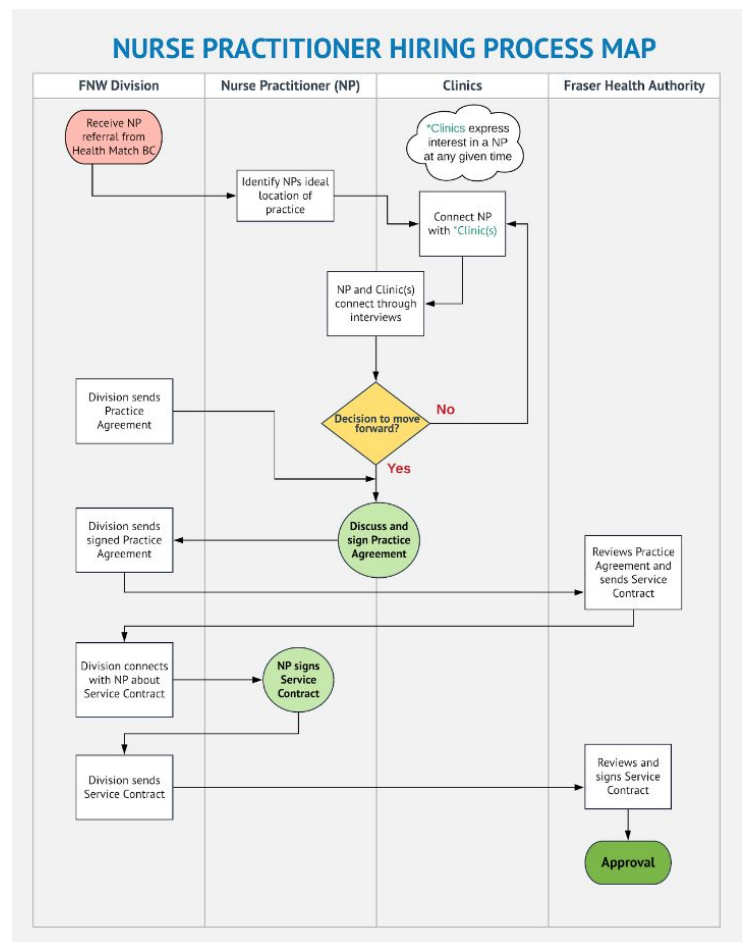
GP FFS Introduction by PCN



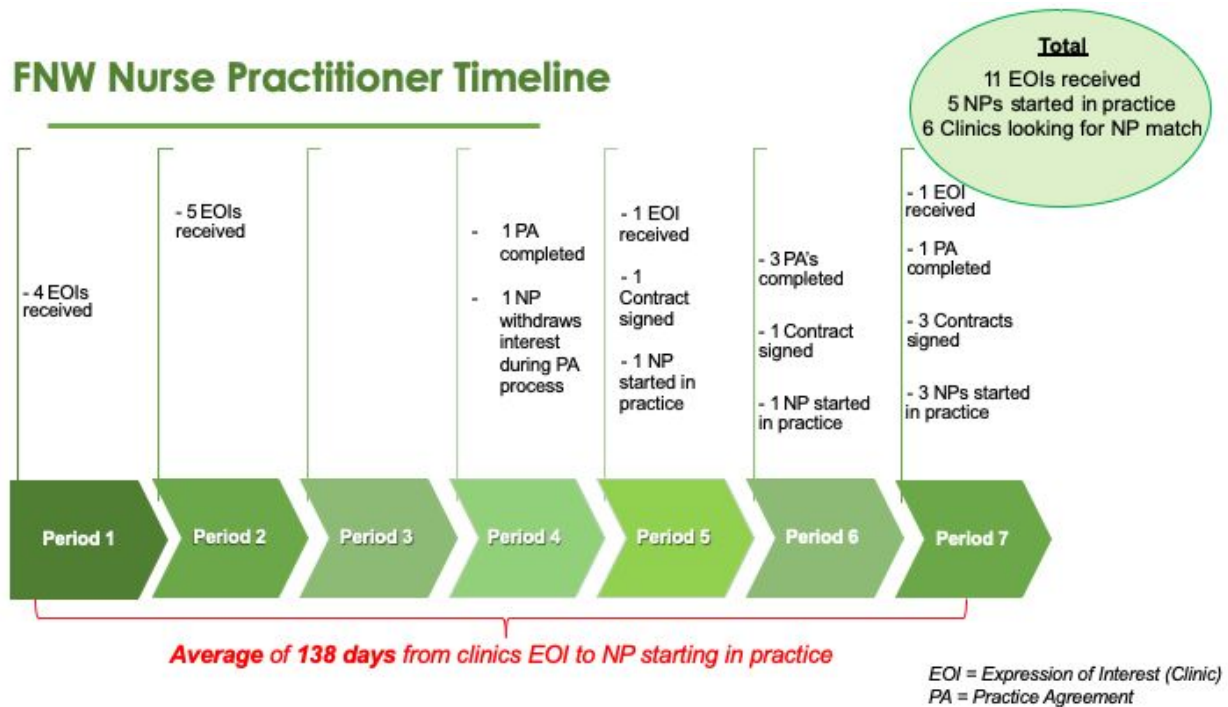
Opportunities for FFS as a result of these introductions includes: general internist, Long Term Care, locum and permanent full time positions.

It's been identified that the onboarding of Nurse Practitioners to the FNW communities is a complex process. A hiring process map has been created to provide a visual description of the many steps in this process (Figure 1).

The timeline below (Figure 2) details the process so far for onboarding NPs into the FNW communities. The Expression of Interest (EOI) denotes those clinics that have reached out and expressed interest in onboarding an NP into the clinic. Once a match has been identified, the NP and clinic sign a Practice Agreement (PA). After this is signed off, FHA drafts a formal contract for the NP to sign. As mentioned above, so far the average length of time for this onboarding process has been 138 days.



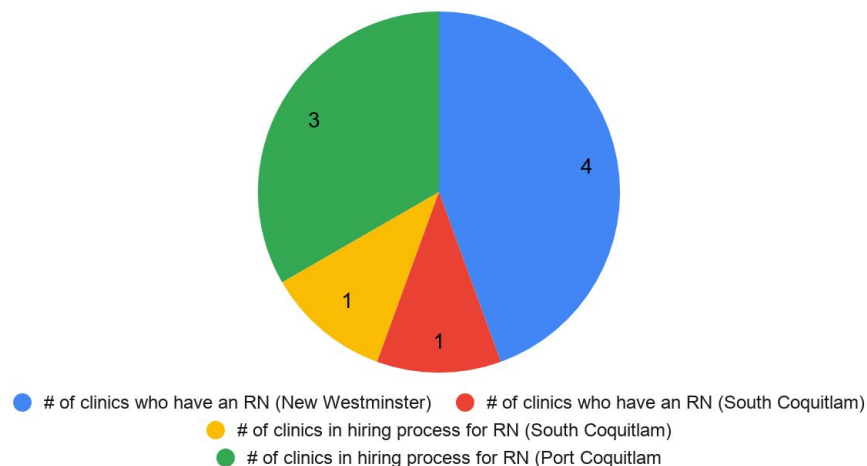
FNW Nurse Practitioner Timeline



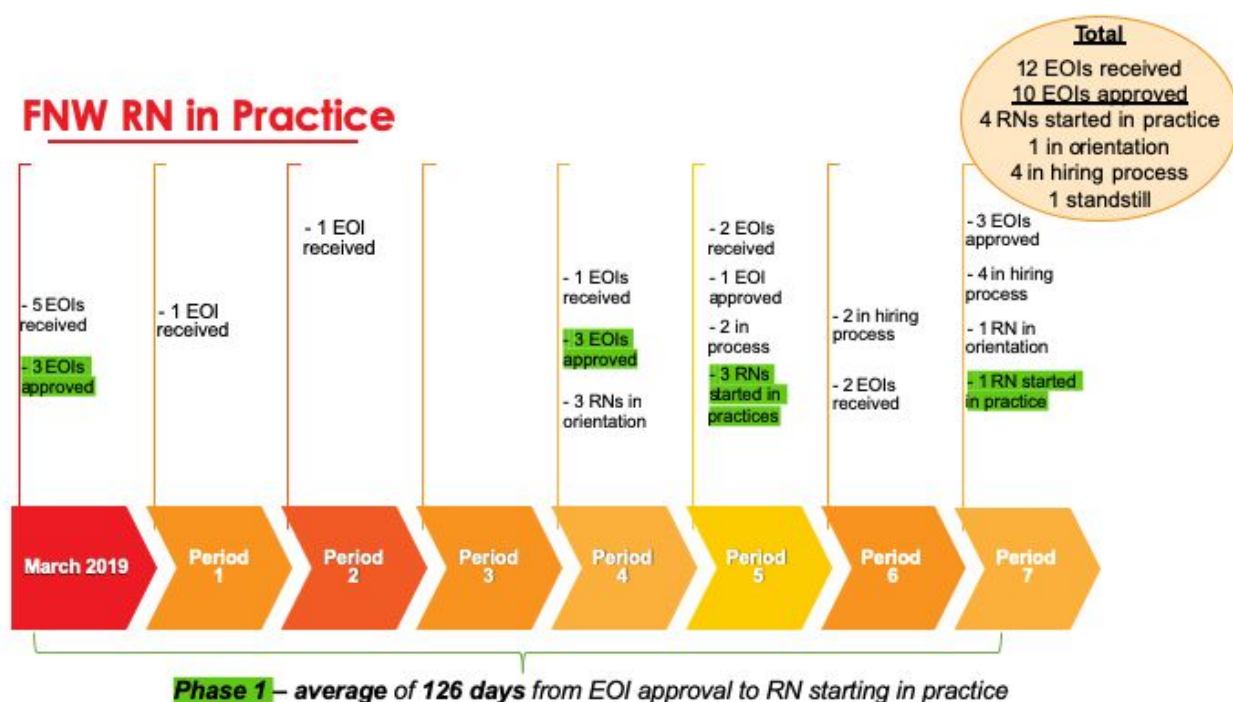
Registered Nurse in Family Practices

Work between the FNW Division, 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. 5 family practices now have a nurse with 4 additional clinics in the hiring process. 1 clinic has been approved to receive an RN; however, the clinic is holding off on moving forward in the process as more clinic readiness support is needed. The YTD distribution across the PCN's are:

Distribution of RN in Practice Hiring & Onboarding (YTD)



In Period 7, there have been 4 postings for RN positions in the South Coquitlam and Port Coquitlam PCNs. Further updates to these positions will be reflected in future period reports. A timeline of the initiative's overall process can be found in Figure 3 below.



Version 2 – October 31, 2019

An unanticipated consequence of working within multiple organizational structures and systems has been the overall timeline for payment to FNW family practices who have an RN in the clinic. These clinics are private businesses and as with any new initiative, these unanticipated factors such as delays in overhead compensation for these clinics by the Health Authority may have consequences on the family practice. Tracking of these unintentional consequences will continue throughout the next reporting periods. Figure 4 below details the RN overhead invoice tracking from the start of placing the RNs into clinics until the end of Period 7.

FNW RN Invoice Payment Tracking

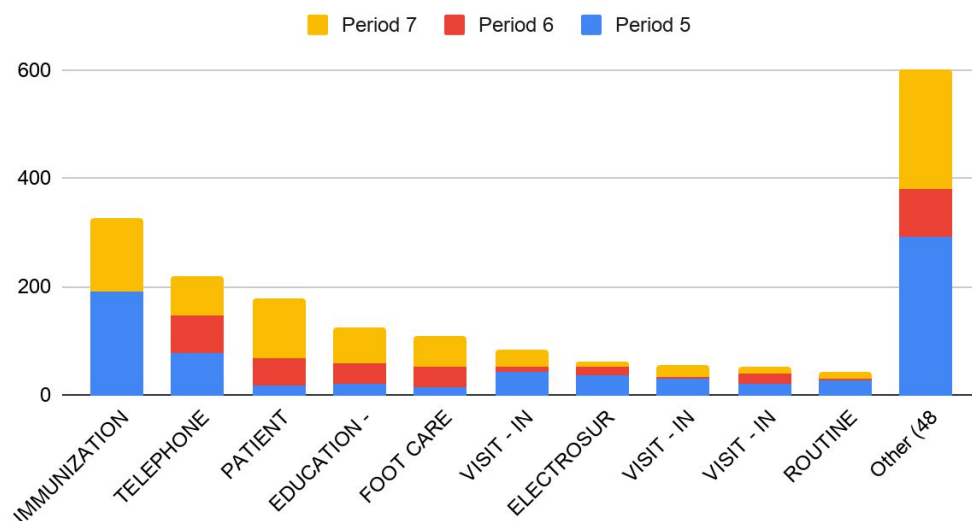
Clinic Invoice Months - July to October 17, 2019

	7 July	8 August	9 September	10 October
# of Submissions	3	3	3	5
# Pending	2	2	2	5
# Received	1	1	1	0
Average # of Days to Receive Payment	49	49	49	N/A

Work has also been underway this period to track and monitor the role and scope of these RNs and how they are working to support physicians, clinics, and patients accessing primary care services in the FNW. Encounter code reports were generated from 3 clinics who use the same EMR system and the below graphs provide an overview of what the RNs are doing. The top 10 encounters YTD that the RNs have documented are:

1. IMMUNIZATION-NOS (NOT OTHERWISE SPECIFIED)	2. TELEPHONE FOLLOW-UP
3. PATIENT ASSESSMENT	4. EDUCATION - RELATED TO SPECIFIC DIAGNOSIS
5. FOOT CARE	6. VISIT - IN OFFICE (AGE 2-49)
7. ELECTROSURGERY/CRYOTHERAPY FOR REMOVAL/WARTS	8. VISIT - IN OFFICE (AGE 0-1)
9. VISIT - IN OFFICE (AGE 80+)	10. ROUTINE PELVIC EXAM INCLUDING PAP

Top 10 RN Encounter Codes



It's important to note that the encounter code data is vital to continued planning across the FNW; however, generating these reports are time consuming and with multiple EMRs make the data collection process difficult. Work is underway to identify alternative strategies to generating this information on a period by period basis. Unanticipated costs related to supplies for the RNs in family practices are documented here as these costs were not specifically funded by the MoH for the FNW PCN. The YTD costs for supplies across the FNW is \$3609.00.

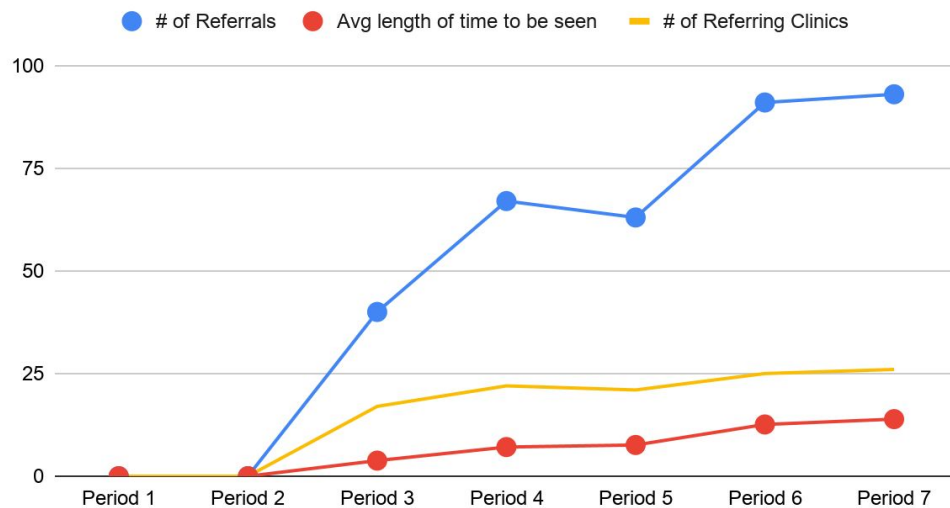
Allied Health (Clinical Counsellors) Supports

Referrals from clinics during this reporting period grew slightly in Period 7. Table 2 below details the change over the last period to the current period:

	Previous Period (P6)	Current Period (P7)	Difference
# of Referrals	91	93	↑
# of Referring Clinics	25	26	↑
Average length of time for patients to be seen	12.6	13.9	↑

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.

Clinical Counselling Resources



The program administration previously had a .6 FTE posting available for an additional clinical counsellor support, in period 7 this position was filled. Feedback from patients includes:

“A client came in after he told his doctor he had a suicide plan (medium risk). Client attended 4 sessions and stated tools have helped significantly and he has not had a single thought of suicidal ideation despite other stressors coming up in his life.”

“A client reported that they have not had any episodes of nightmares since commencing therapy, and has found closure regarding certain childhood experiences through therapeutic letter writing and learning to put herself in their shoes. Client has since been discharged, equipped with tools and techniques to support her in case the nightmares return, but has found getting closure removed the nightmares completely.”

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 7:

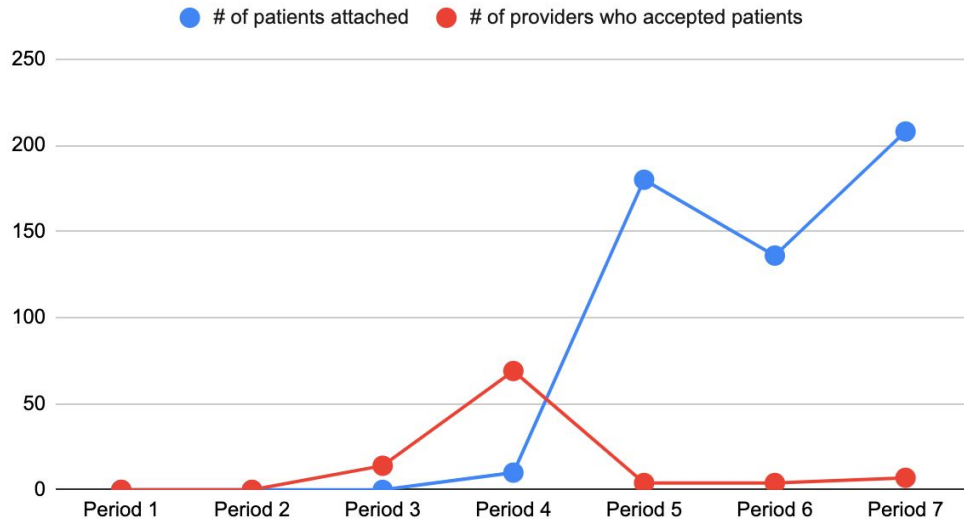
- 4.6 FTE Clinical Counselling Resources (**Funded by FND PCN**)
- 1 FTE Intake Support Worker
- .38 FTE Supervision

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. Table 3 details a breakdown of the attachment work currently taking place:

	New Westminster	South Coquitlam	Port Coquitlam	Port Moody, Anmore, Belcarra, North Coquitlam
# of providers who accepted patients	1 (GP)	3 (GPs) 2 (NPs)	1 (GP)	-
# of patients attached	42	154	12	-

FNW Attachment Hub



This role is to work in conjunction with the HealthConnect Provincial Registry which has not yet launched - originally the launch date was set for early July. Once launched, this role will continue to support and facilitate connecting patients with doctors; however, rather than being directly contacted by patients, they will utilize the registry which will house all attachment requests.

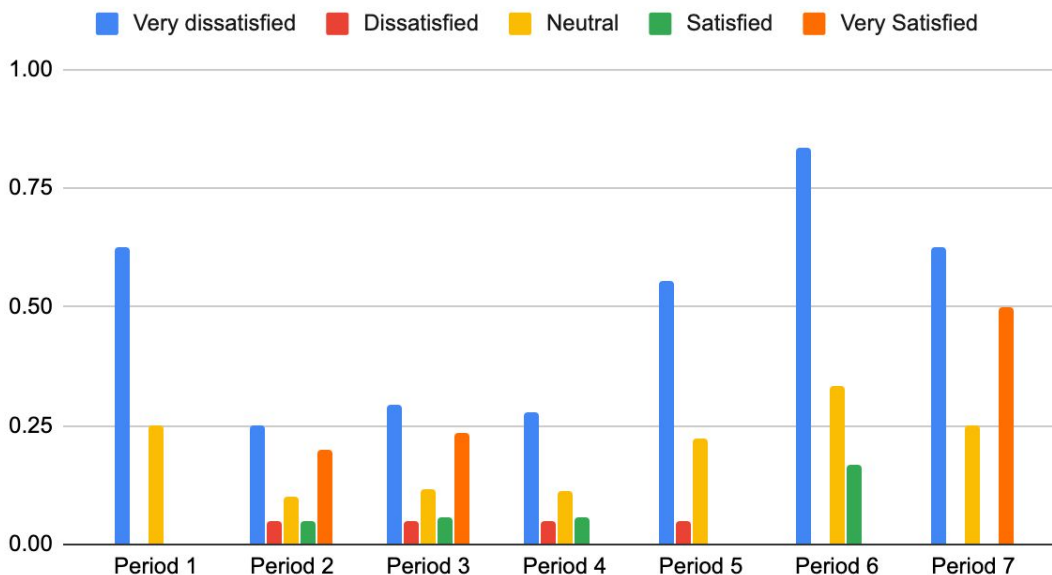
Feedback from the Community

The FNW Division previously introduced an opportunity for the public to share feedback through the public facing division website. 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. Responses and feedback compiled from April-October 2019 show the most common words used by visitors, as shown by the word cloud below (Figure 5).



63% of respondents to the online survey noted that they felt dissatisfied with being able to find what they were looking for whereas 50% felt very satisfied. The graph below details the satisfaction trends over time since Period 1. Analytic analysis of the FNW division website indicated that 47% of visitors to the website first entered through the “finding a family doctor” link.

Public Website Satisfaction Trends



Additional resources have been launched related to public engagement through various FNW Division social

media strategies where the division's communication team is utilizing multiple social media platforms to:

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

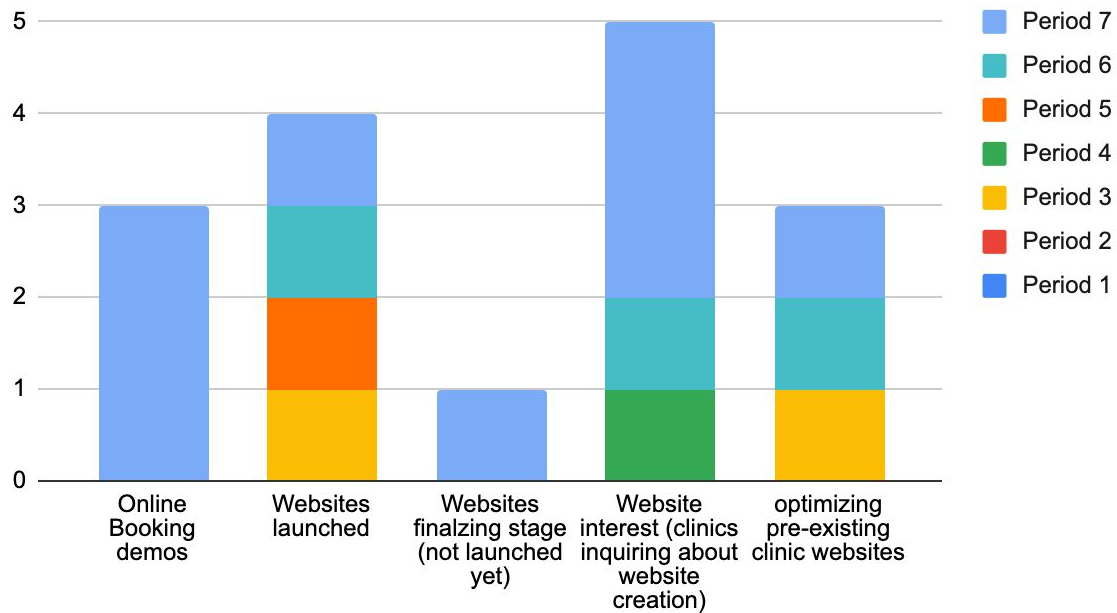
Physician Feedback and Engagement

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

- In relation to GP/NP contracts:
 - Process adjustments as they relate to paying overhead to clinics who have NPs in them.
 - Increase in pay rate for NPs to match the hospital rate. Family physicians are concerned about the rate at which NP concerns are being addressed more quickly than concerns raised by family physicians.
- In relation to the clinical counsellors:
 - Discussions are the referral process and communication between the contracted agency and community family physicians.
- 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. A key theme that is emerging is the ability for RNs to provide immunizations, including flu clinics.
 - A small success story - An RN was able to see a patient with over 80 stitches, this allowed for the physician to see 2 other patients.
 - 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.

Additional engagement supports provided to FNW physicians is the website development as supported by a Digital Content Coordinator. To date, there have been 4 new clinic websites launched, 5 separate clinics have expressed interest in this service and work is underway to identify and evaluate incorporating online booking into both new and pre-existing clinic websites. The chart below details the main steps in clinic website developments period by period.

FNW Family Practice Website Development Progress



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.
 8. It was identified that the overhead payment processes to FNW family practices differ across the FNW PCN initiatives and collaborative work is underway between partner organizations and stakeholders to streamline payment processes moving forward.
 9. The unanticipated costs of supplies for the RNs in Practice is an ongoing dialogue between partner organizations. Funds for supplies were not originally built into the PCN funds; however, specific supplies required by the employer (FHA) for the RNs may be needed. These supplies were not built into the clinic overhead and funding for them is coming out of a different budget; despite these being specific PCN resources.
-

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.