

Fraser Northwest Primary Care Network

Period 8 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*

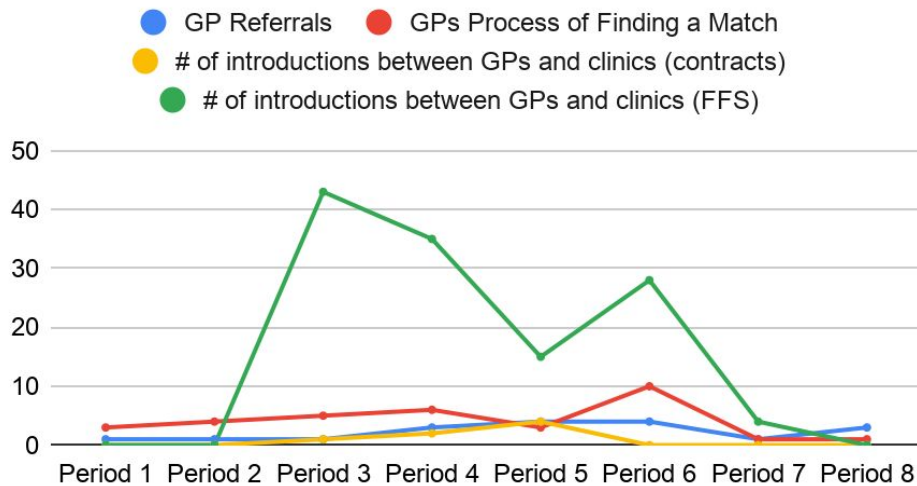
Further details on the distribution of PCN resources and the community demographics can be found at the end of this report.

GP and NP contracts

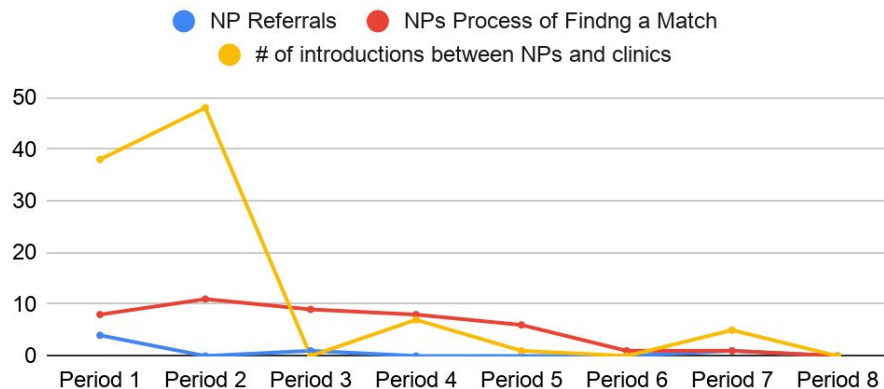
Collaborative work between the FNW, Fraser Health (FHA), HealthMatch and the Ministry of Health is vital in order to support increased GP and NP resources in the FNW communities. In Period 8 (October 18 - November 14), clinic openings stayed consistent at 17.6 FTE. Table 1 below provides a status overview 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	3	25	1	0	0
Nurse Practitioners	0	16	0	0	YTD = 5

FNW GP Recruitment Trends



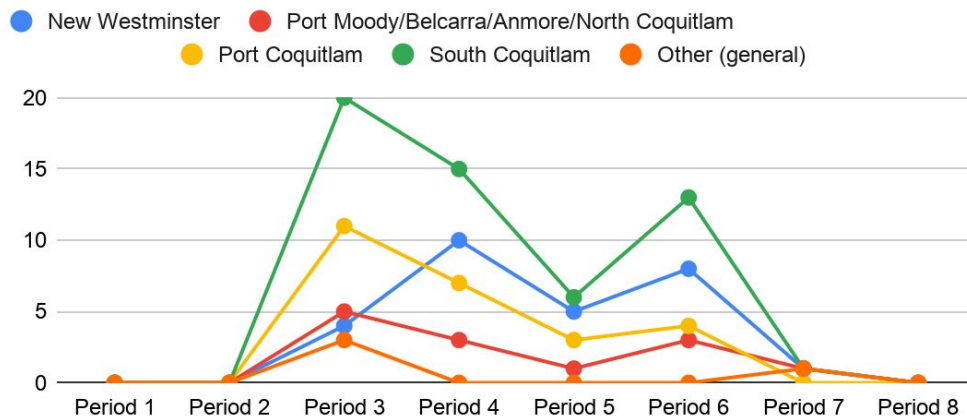
FNW NP Recruitment Trends



The number of GPs in the process of finding a match remained consistent at 1 throughout the period. The number of NPs in the same process also remained consistent at 0. 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.

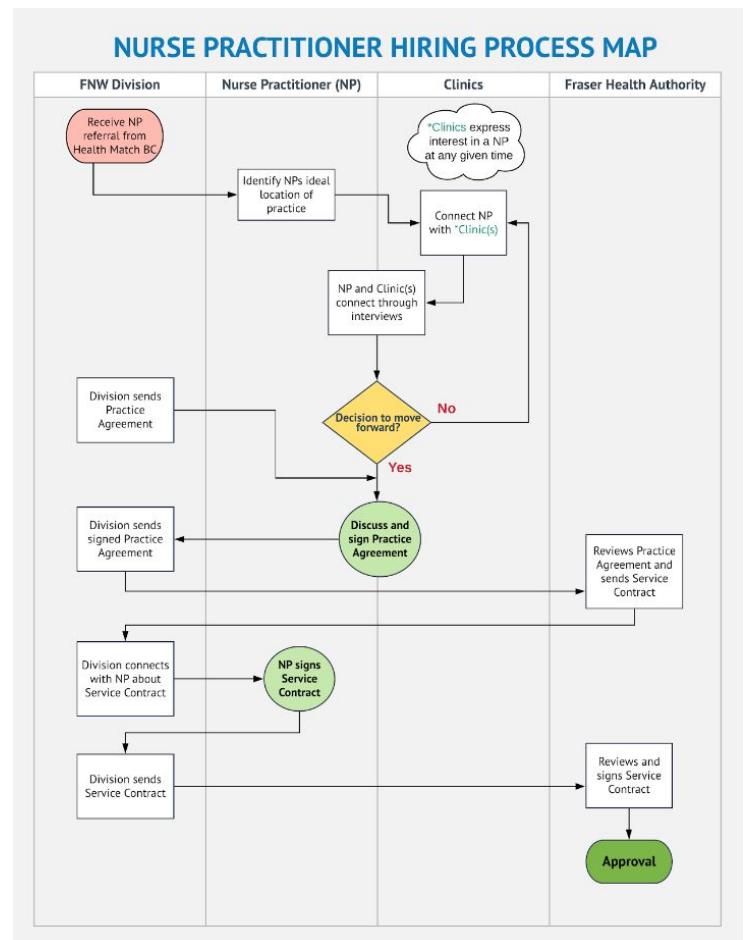
Fee For Service opportunities and engagement efforts are underway on an ongoing basis; however, in this period, there was no new introductions between GPs and practices for FFS opportunities.

GP FFS Introduction by PCN

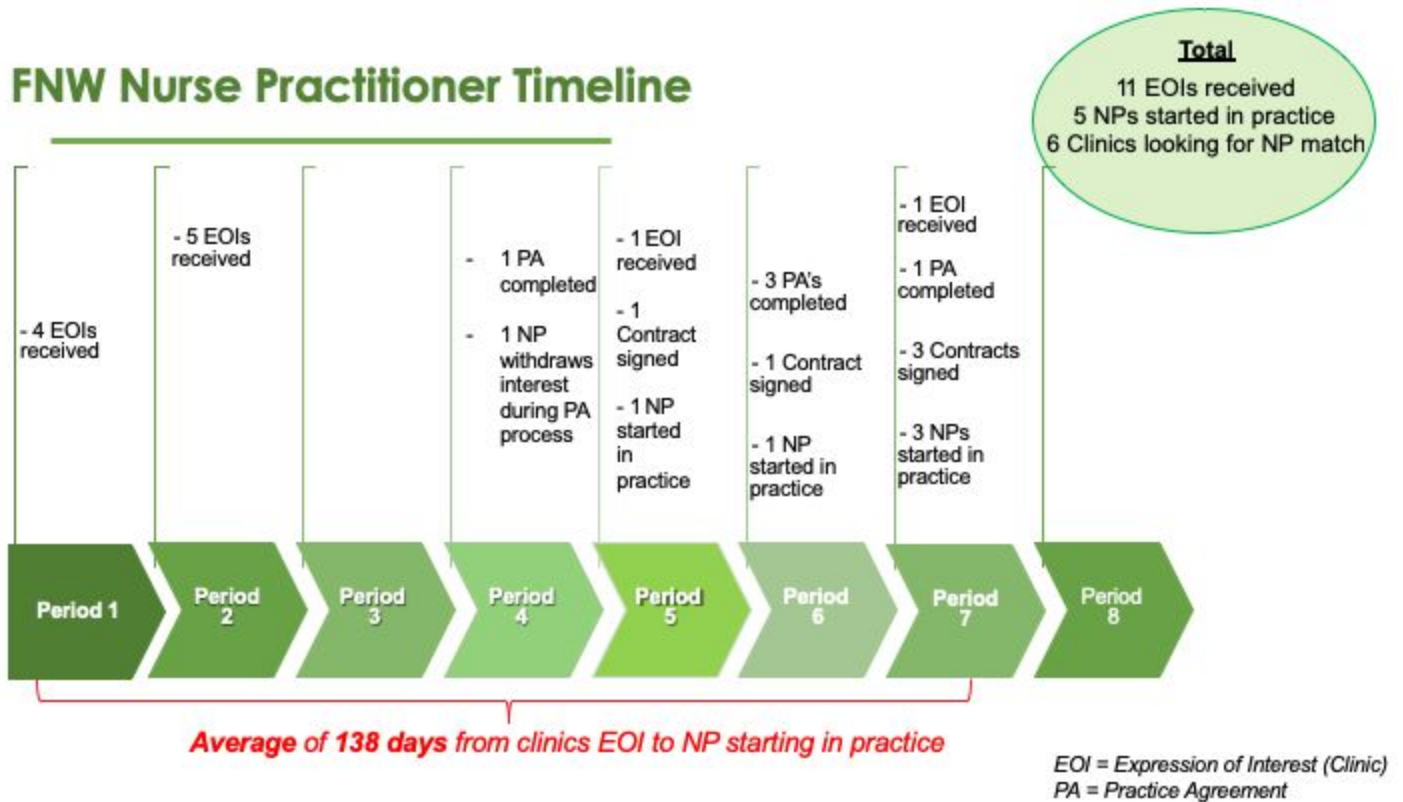


It's been identified that the onboarding of Nurse Practitioners to the FNW communities is a complex process. A hiring process map has been created to provide a visual description of the many steps in this process (Figure 1).

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. To date, the average length of time for this onboarding process is 138 days.



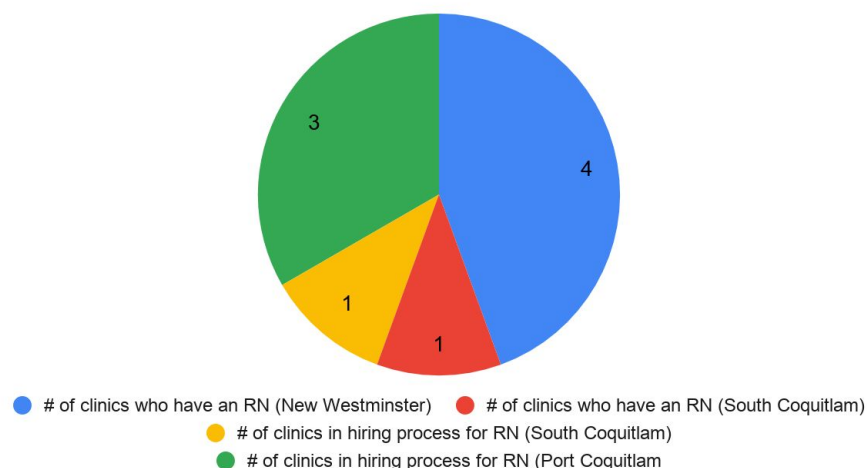
FNW Nurse Practitioner Timeline



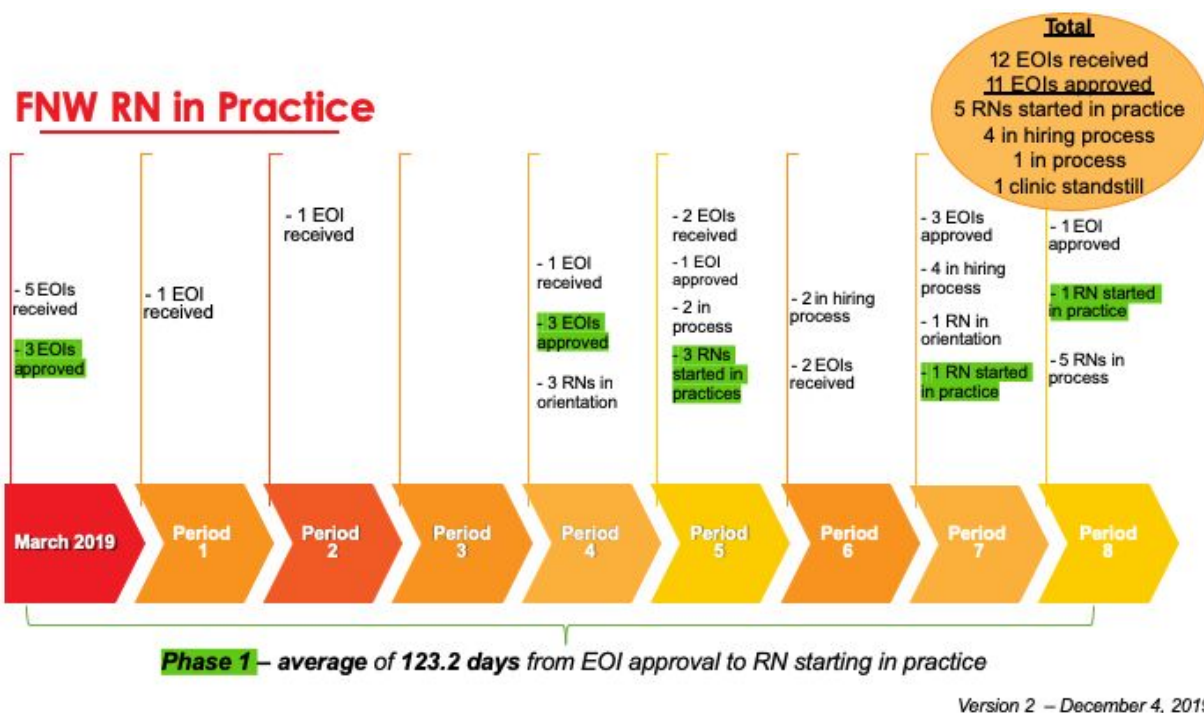
Registered Nurse in Family Practices

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. An additional 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)

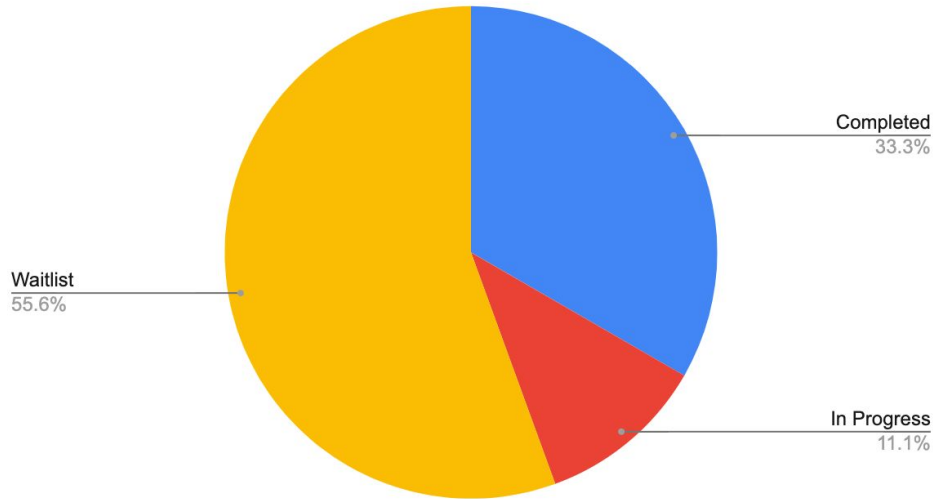


In Period 8, there have been 4 postings for RN positions in the South Coquitlam and Port Coquitlam PCNs. Further updates to these positions will be reflected in future period reports. A timeline of the initiative's overall process can be found in Figure 3 below.



As part of supporting the clinic optimization and preparation before the onboarding of a Registered Nurse in Practice, the FNW Division's Practice Improvement team supports clinics to optimize the physical space they have available by converting existing paper charts to the clinic's existing EMR. This work is done after hours by a team so as not to disrupt the clinic flow. The YTD clinics that have taken part in this project or are waiting to take part is represented below:

FNW Division Practice Improvement Scanning Project



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 8.

FNW RN Invoice Payment Tracking

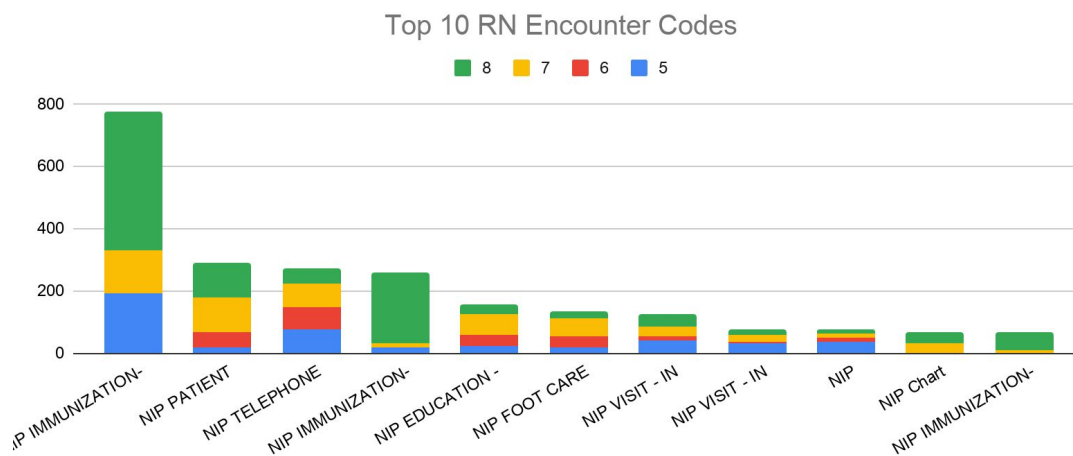
	Clinic Invoice Months				
	7 July	8 August	9 September	10 October	11 November
# of Submissions	3	3	3	5	5
# Pending	0	0	0	2	5
# Received	3	3	3	3	0
Average # of Days to Receive Payment	67	67	66	27	N/A

As of November 14, 2019

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 for Period 8 that the RNs have documented are:

1. IMMUNIZATION-NOS (NOT OTHERWISE SPECIFIED)	2. Immunization - Adults who Qualify Free Vaccine
3. PATIENT ASSESSMENT	4. Immunization - Patient <17 Yrs Influenza
5. Telephone Follow-Up	6. Chart Assessment
7. Immunization - Pneumococcal PPV23	8. Education - Related to Specific Diagnosis
9. Foot Care	10. Medication Therapy Monitoring



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 \$5754.00.

Allied Health (Clinical Counsellors) Supports - Contracted Agency

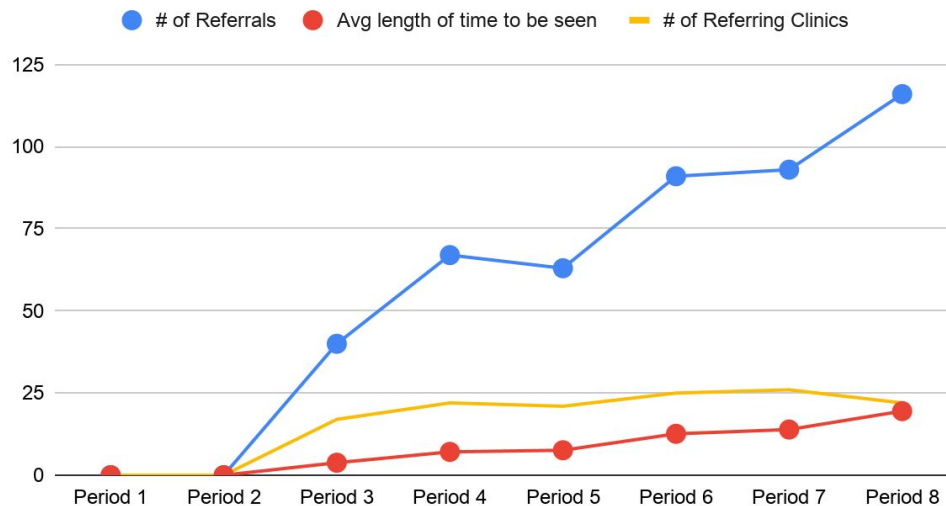
Referrals from clinics during this reporting period grew slightly in Period 8. Table 2 below details the change over the last period to the current period:

	Previous Period (P7)	Current Period (P8)	Difference
# of Referrals	93	116	↑
# of Referring Clinics	26	22	↓

Average length of time for patients to be seen	13.9	19.5	↑
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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



Feedback from patients includes:

“Clients have expressed revelations and breakthroughs as a result of the counselling sessions and have found the services to be very helpful.”

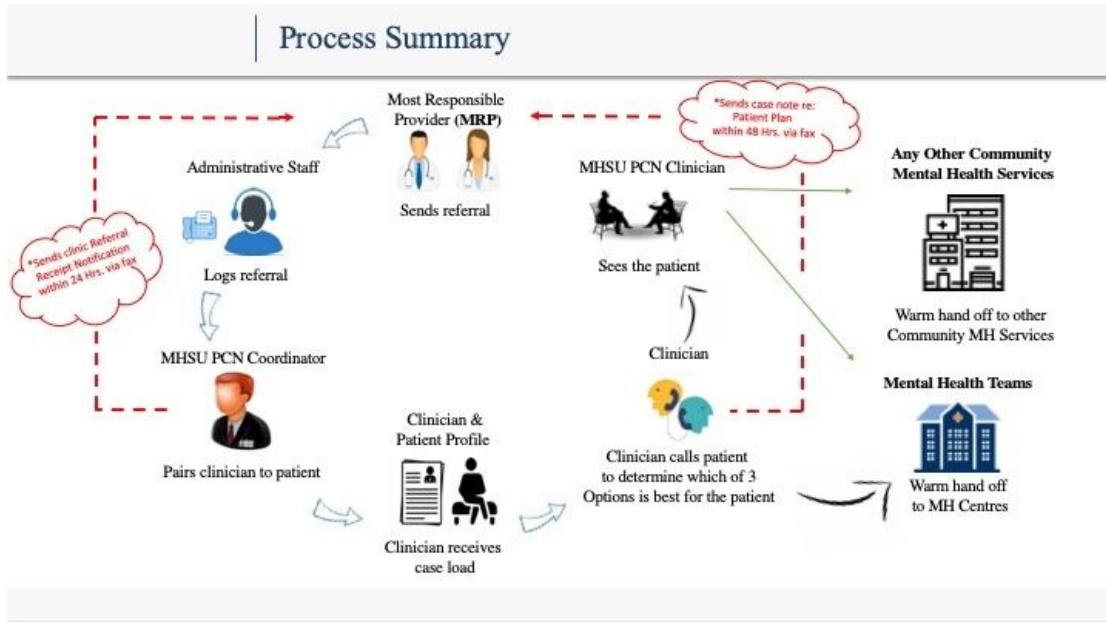
“Clients have reported being pleased that we offer evening appointments because they have to work or have other commitments during the day time.”

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 8:

- 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 recently launched resource within the FHA to support access to mental health and substance use supports for FNW community physicians recently launched in period 8 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. Below is the process summary for this service:



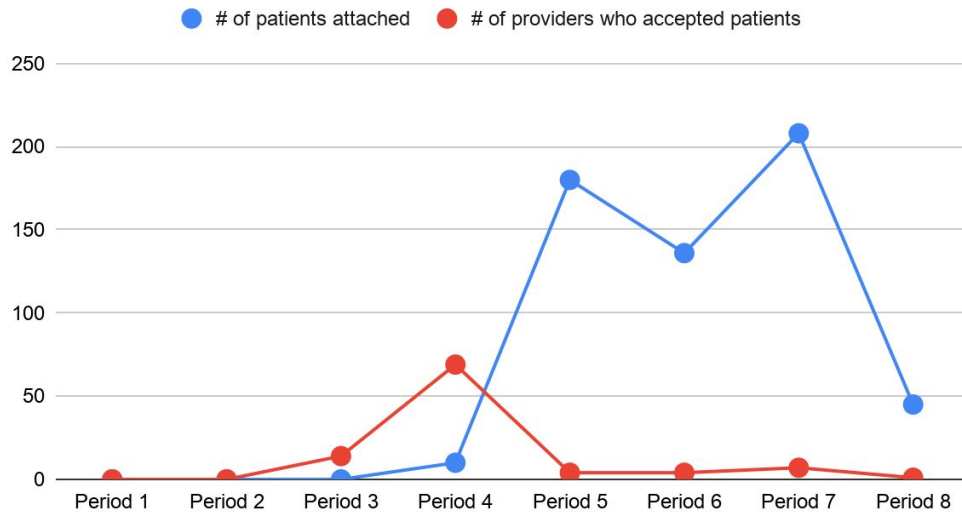
In this reporting period, this service received 29 referrals from 16 GPs and 1 NP. The FHA MHSU clinical counsellors have reached out to clinics in the FNW to set up 'meet and greets' where physicians and practice staff can learn about this new resource and FHA can provide an overview of what can be provided through this service. Additionally, these meet and greets allow for continued relationship building between the clinic and the clinical counsellor 'assigned' to that practice.

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 (NP)	-	-
# of patients attached	-	45	-	-

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.

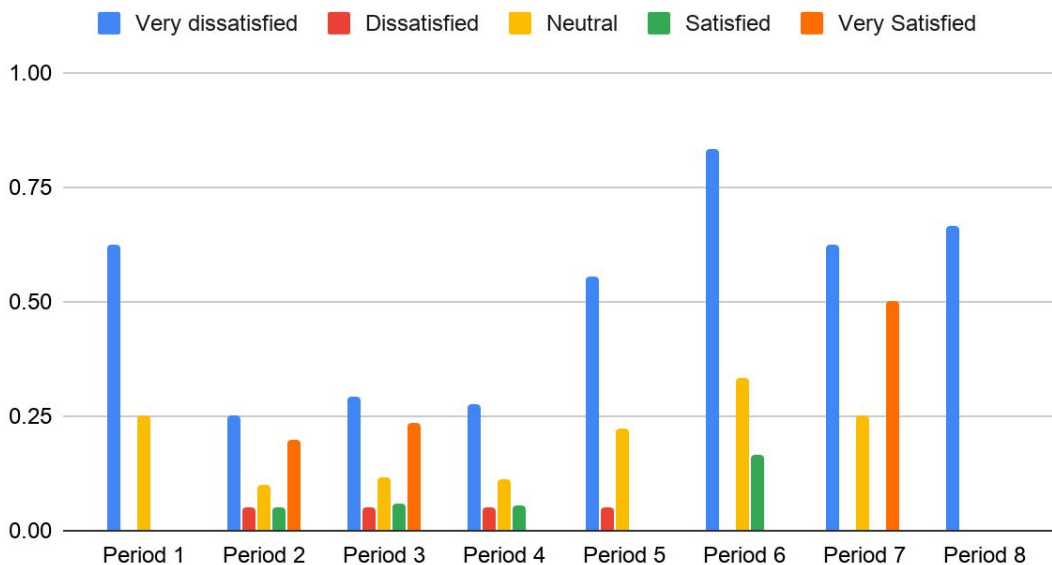
Feedback from the Community

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-November 2019 show the most common words used by visitors, as shown by the word cloud below (Figure 5).



67% of respondents to the online survey noted that they felt dissatisfied with being able to find what they were looking for.. The graph below details the satisfaction trends over time. Analytic analysis of the FNW division website indicated that 44% 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

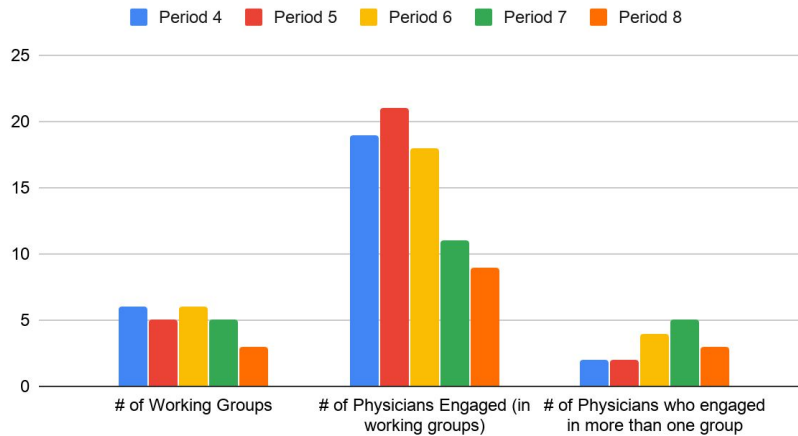
In Period 8, the Division hosted an update event for members to attend and learn more about the available PCN services in the FNW communities. These services included access to clinical counsellors, Primary Community Care RNs, a clinical pharmacist, mental health counsellors, social workers, and representation from physician leads and RNs currently working with the RN in Practice initiative. There were 35 members in attendance at this event. Before this event took place, physicians across the community were engaged with and asked a similar question, what does a [Primary Care Network mean to you?](#) Physicians were also asked how [primary care services have evolved](#) in the FNW. At this engagement event, attending members (including both physicians and NPs) shared [what allied healthcare provider they'd like to work with.](#)

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 around working with multiple organizations regarding payment schedules for overhead payments and specific billing payments.
 - An interested Physician inquired about the available GP contracts.
 - Discussion around the attachment codes and process for NPs to use these codes.
- In relation to the clinical counsellors:
 - Discussions are the referral process and communication between the contracted agency and community family physicians.
 - Meet and greets between clinics and FHA PCN Mental Health Clinical Counselling team have begun to take place to familiarize both the counsellors, physicians and practice staff to what supports this service can provide.
- In relation to the RN in Practice:
 - Conversations around identifying and creating a process for hiring and onboarding relief and maternity coverage RN positions.
 - 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.
 - Creating an MOU Agreement between partner organizations and sharing out with other communities

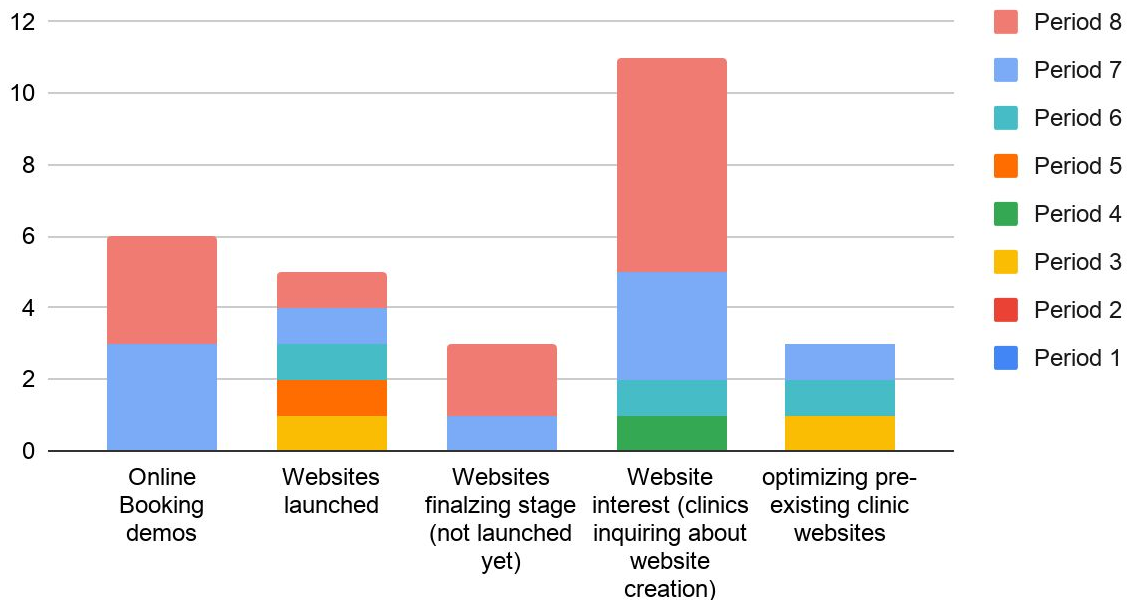
Physician engagement for this reporting period includes:

Physician Working Group Engagement



Additional engagement supports provided to FNW physicians is the website development as supported by a Digital Content Coordinator. To date, there have been 5 new clinic websites launched, 11 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



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. Two clinics have submitted and received approval for these funds which can cover up to 85% up to a maximum of 2 rooms and \$41k/room. The approximate total costs covered for these clinics is \$8,700.

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.

10. Accountability of contracts can be complex given multiple partner organizations. The oversight provided for contracts held by one organization, but the impacts are on community physicians requires a dynamic approach by both partner organizations and contracted agencies.
 11. Developing a process for coverage for the RNs in Practice where the RNs are slated to go on leave is an emerging matter. Multiple systems are factors in this change; however, ultimately if sufficient coverage isn't provided, there is a risk around the impact that this would have on the family practice that may not have a nurse for this coverage. This risk was identified by family physicians at the beginning of this initiative and it's paramount that partner organizations collaboratively work together to ensure the coordination of these resources to support the clinic providing seamless primary care services.
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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.