Fraser Northwest Primary Care Network

Period 9 Addendum Report

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

Version - January 13, 2020

Overview of FNW Program Strategies

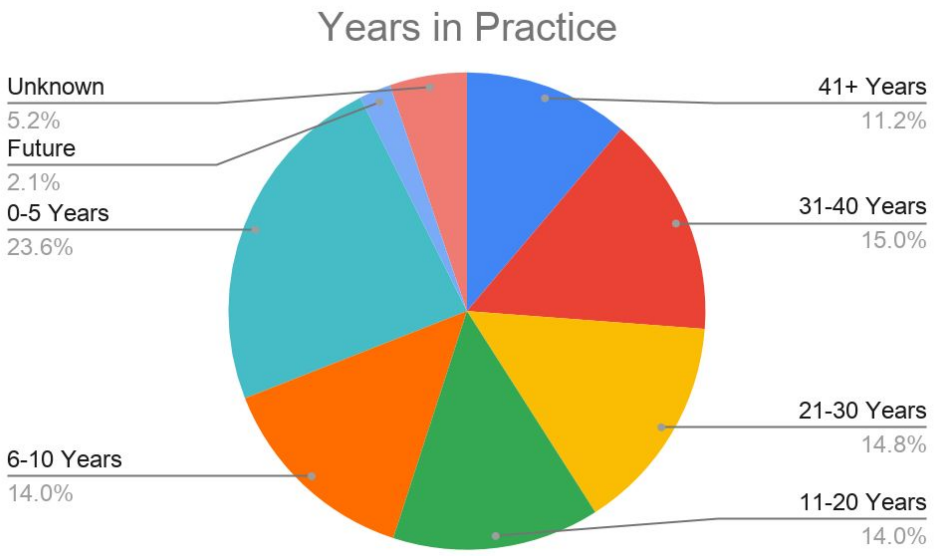
With a total population of 315,000 in the Fraser Northwest (FNW) and an attachment gap of 43,210 (Source: 2016/17 MoH Community Matrix data), an introduction of the PCN supports and services would significantly reduce this gap for members of the community seeking a family physician. On average, FNW physicians 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*

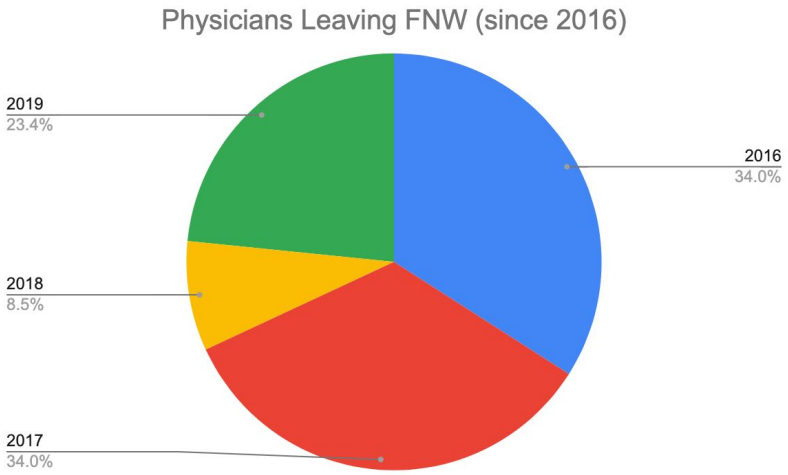
Further details on the distribution of PCN resources and the community demographics can be found at the end of this report.

FNW Community Overview **New*

FNW Division membership is comprised of approximately 419 physician and provider members. Although this number is large, 41% of FNW members have been in practice for 20+ years. This is a significant portion of the membership of FNW. A detailed breakdown can be seen in the chart below:



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 47 physicians leave the community with 11 physicians leaving in 2019 alone. Since the launch of the PCN, there have been 2 family physicians who have retired.

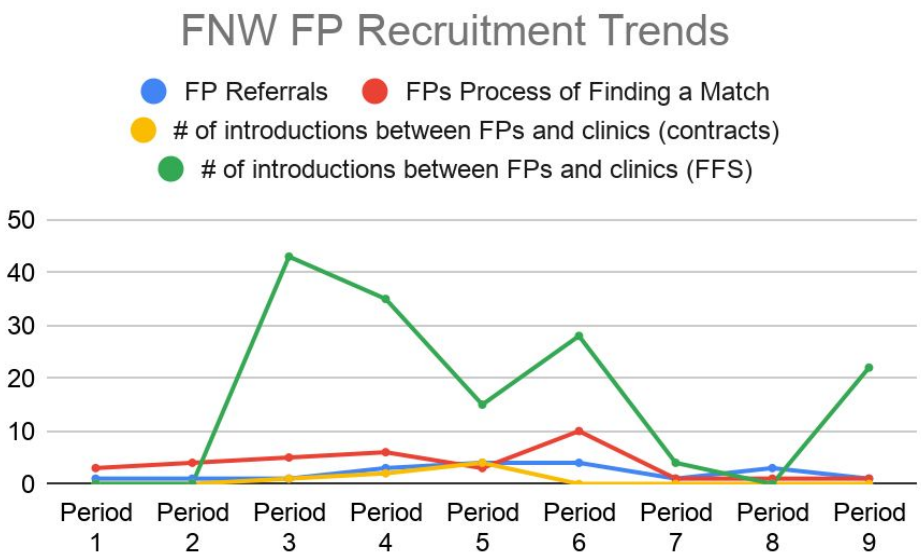


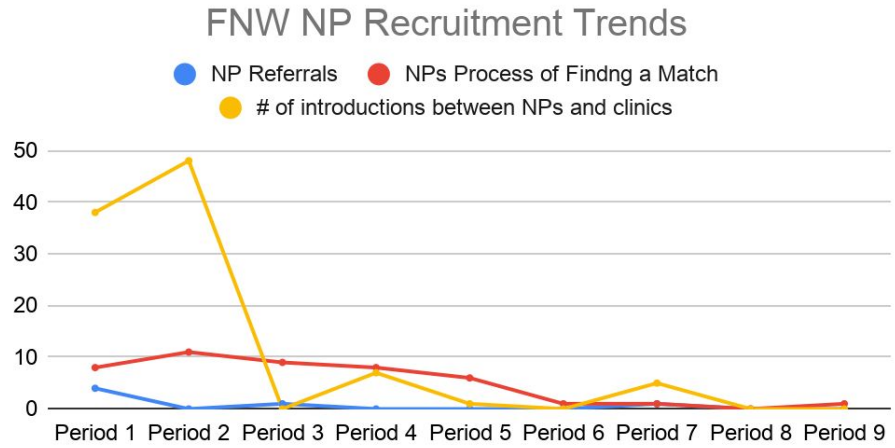
Projected retirements in the next year are set at 7 with a five year forecast of 25 family physicians retiring out of the FNW communities. This projection is an estimate and is based on an estimate that approx 10% of our members that are 21+ years in practice will retire between 2020-2024 as we have 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, Fraser Health (FHA), HealthMatch and the Ministry of Health is vital in order to support increased FP and NP resources in the FNW communities. In Period (November 15 - December 12), clinic openings stayed consistent at 17.6 FTE. Table 1 below provides a status overview and update on the breakdown of the NP and FP contracts by PCN within the FNW:

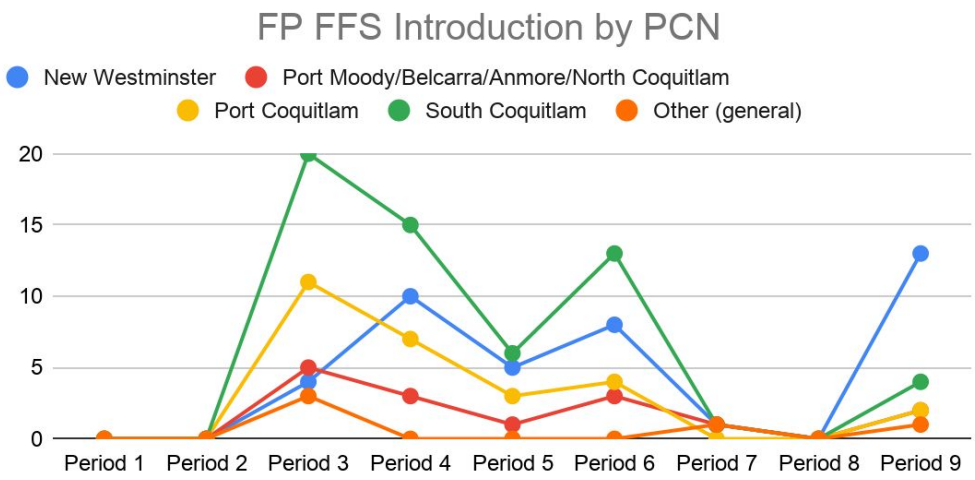
	Referrals		**# in the process of finding a match**	**# of introductions between provider and clinics**	**# of contracts signed**
	# of New Referrals	**Running Total of Referrals (since Apr 1st)**			
Family Physician	1	26	1	0	0
Nurse Practitioners	0	16	1	0	YTD = 5





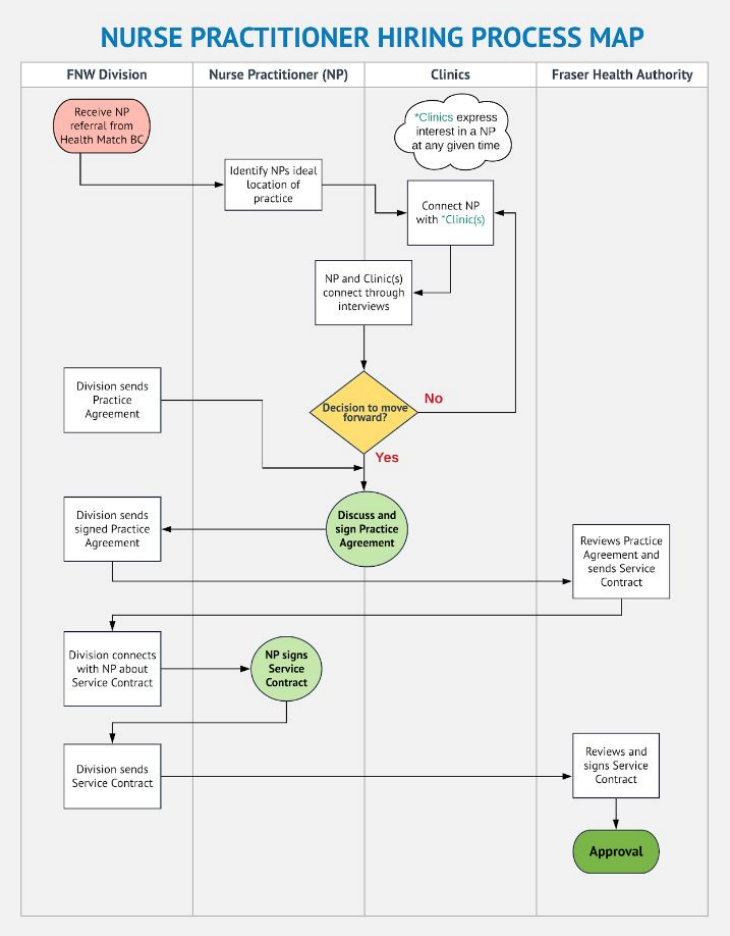
The number of FPs in the process of finding a match remained consistent at 1 throughout the period. The number of NPs in the same process grew to 1 in the same period. There continues to be 35 active postings on HealthMatch BC for FPs for both FFS or contract positions. Opportunities for these postings 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 and in this period, there were 22 new introductions between FPs and practices for FFS opportunities such as locum, permanent part-time and permanent full-time.

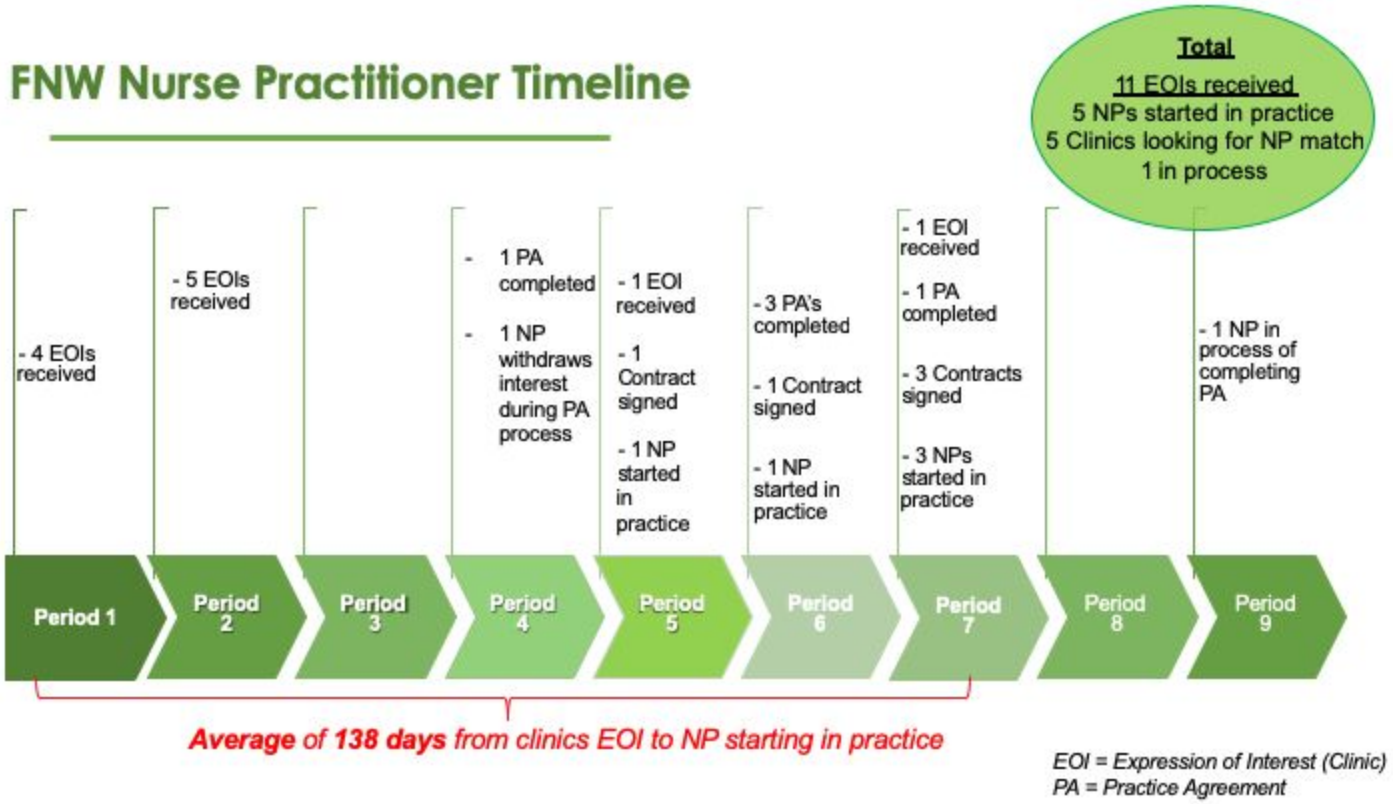


It's been identified that the onboarding of Nurse Practitioners to the FNW communities is a complex process. A hiring process map has been created to provide a visual description of the many steps in this process (Figure 1).

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.

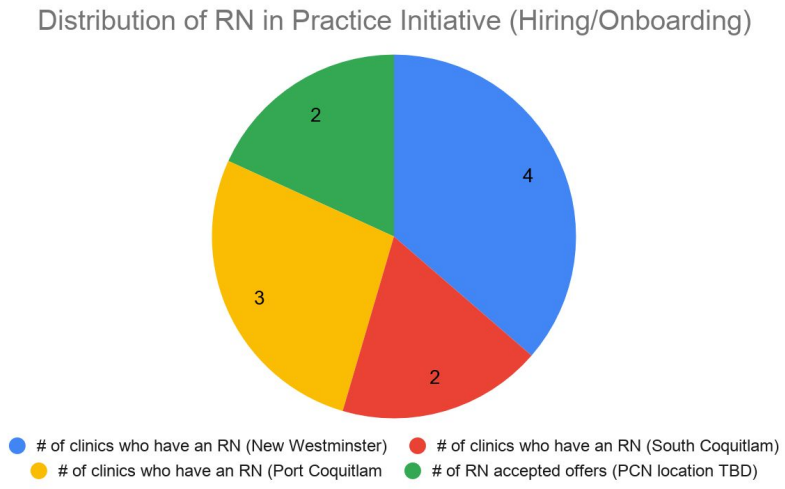


All data collected and shared between partner organizations (Fraser Health Authority, Kwikwetlem First Nations and Fraser Northwest Division of Family Practice)



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 having nurses in the orientation process. There have been 2 additional RNs who have accepted offers, 2 positions currently posted and an additional 6 positions in the finalization stages that will be posted in the next period. The YTD distribution across the PCN's are:



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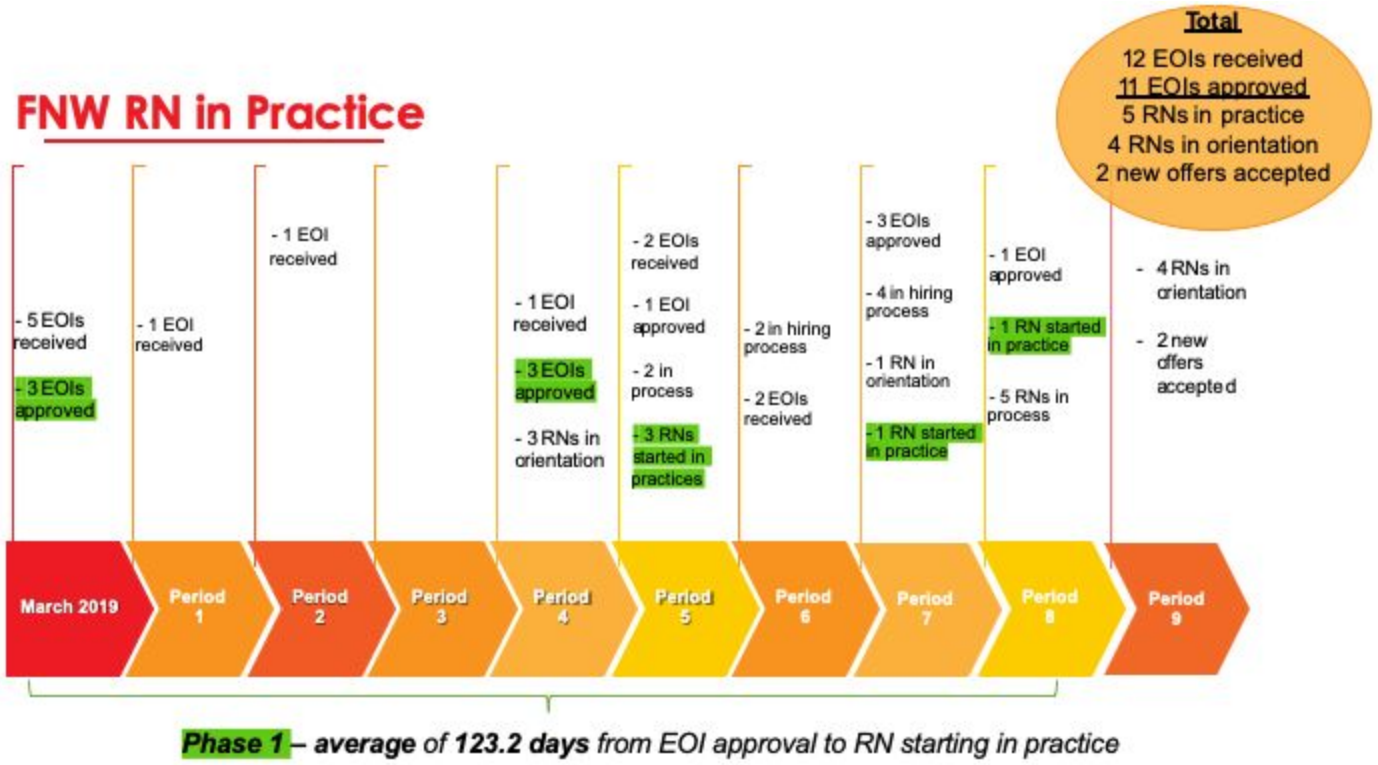
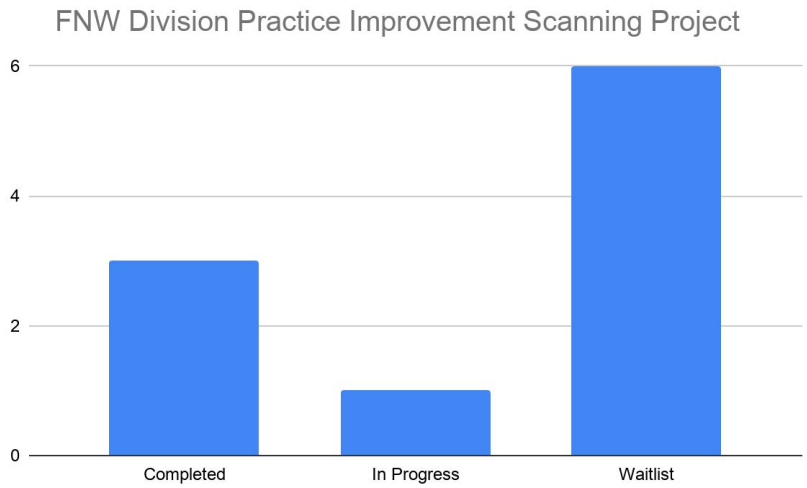
A timeline of the initiative's overall process can be found in Figure 3 below.



As part or 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:



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

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 9.

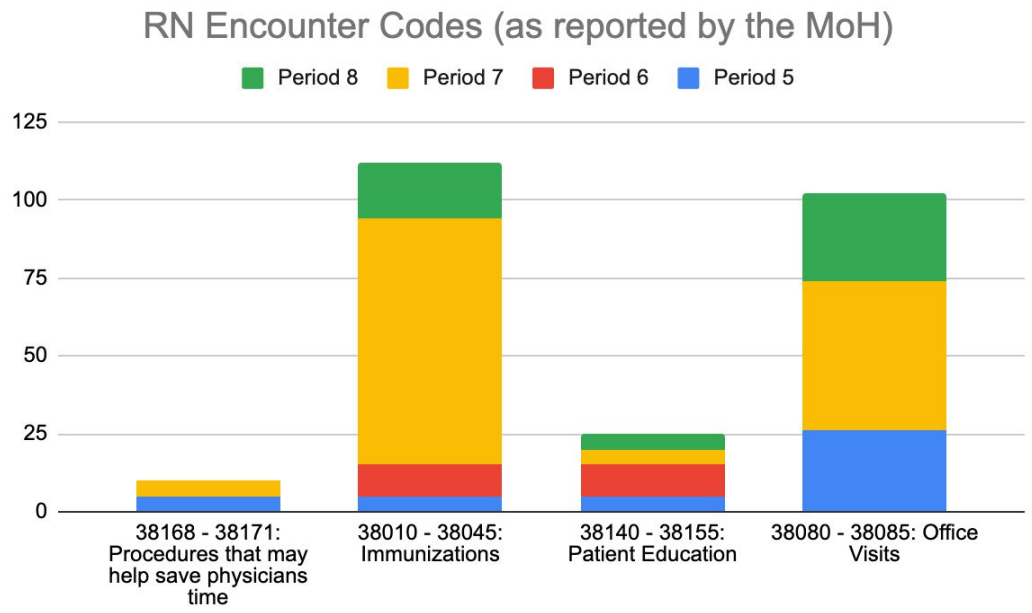
FNW RN Invoice Payment Tracking

	Clinic Invoice Months					
	7 July	8 August	9 September	10 October	11 November	12 December
# of Submissions	3	3	3	5	7	9
# Pending	0	0	0	1*	5*	9*
# Received	3	3	3	4	2	0
Average # of Days to Receive Payment	67	67	66	38	45	N/A

**Payment(s) are prorated*

As of December 12, 2019

Work has 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 previously generated by manually pulling this information from clinic EMR data; however, as of period 9, the Ministry of Health has provided an aggregate report that provides an overview of RN encounter codes. This report does not currently provide the same level of detail as previous reports as it is an aggregated report; however, work is underway to identify strategies in providing as much detail as possible moving forward. The table below provides an overview of the encounter code data provided by the Ministry:



It's important to note that this data does not match what has been previously reported through the available clinic EMR data (collected and reported in Period 8) and anecdotal feedback from clinics have noted that there have been a number of encounter code billing rejections therefore leading to a snapshot of the encounter code data. Work is underway with the MoH to correct these reporting issues, this is an important ongoing learning opportunity between all PCN partners, funders and stakeholders. Accurate encounter code data is vital to the ongoing implementation of RNs in practices 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.

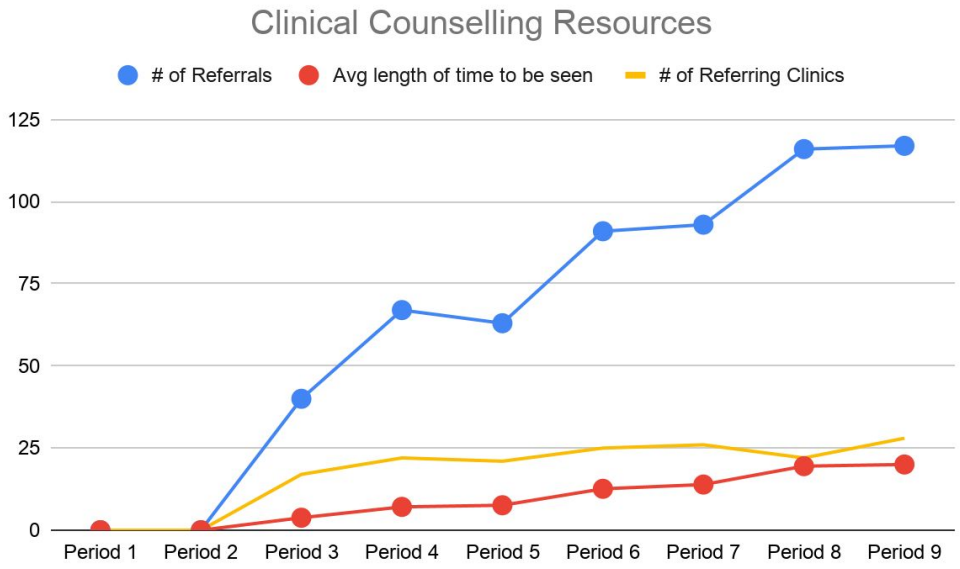
Unanticipated costs related to supplies for the RNs in family practices are documented here as these costs were not specifically funded by the MoH for the FNW PCN. The YTD costs for supplies across the FNW is $5754.00.

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

The number of referring clinics during this reporting period grew slightly whereas the total number of referrals only increased by one. Table 2 below details the change over the last period to the current period:

	Previous Period (P8)	Current Period (P9)	Difference
# of Referrals	116	117	↑
# of Referring Clinics	22	28	↓
Average length of time for patients to be seen (*days)*	19.5	20.0	↑

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.



Feedback from patients includes:

> ***"Clients have expressed gratitude for this service."***
>
> ***"Clients have expressed that they are capable of moving on and implementing some of the skills taught in session."***

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 9:

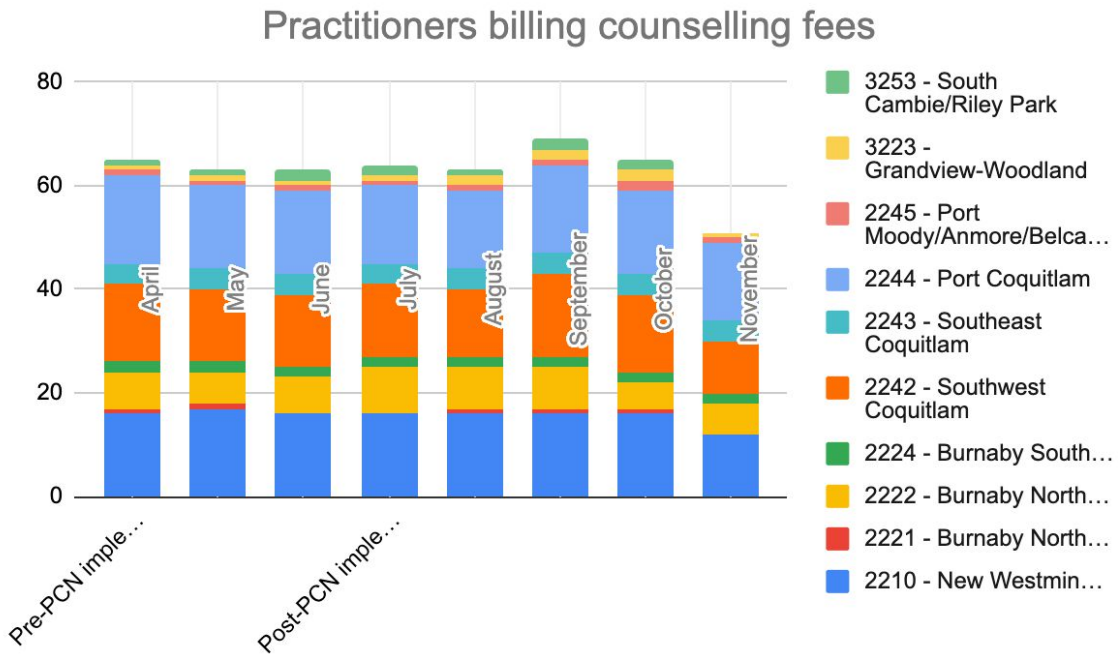
- 4.6 FTE Clinical Counselling Resources (**Funded by FNW PCN**)
- 1 FTE Intake Support Worker
- .38 FTE Supervision

Program Impact

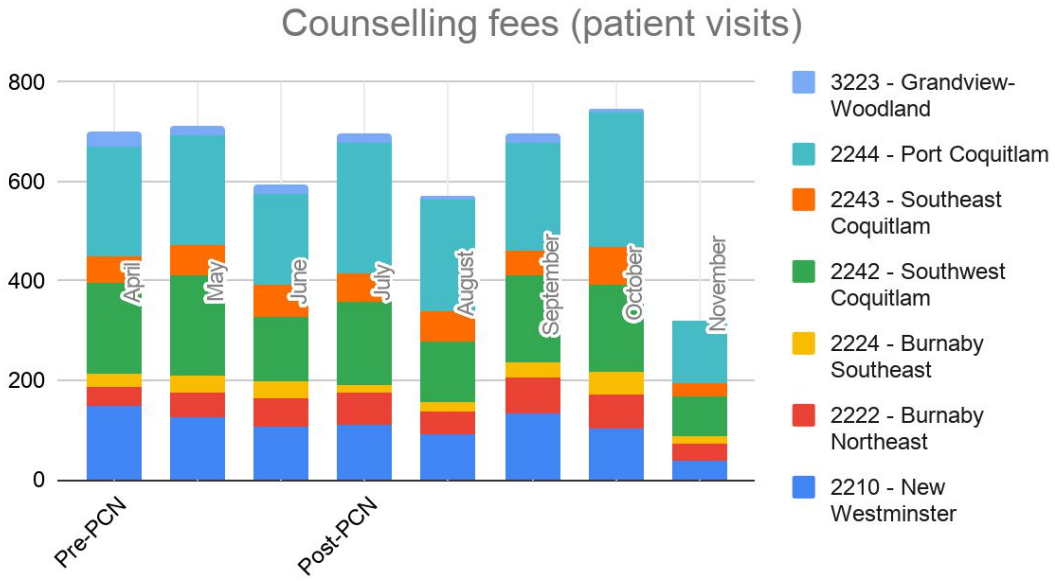
Through the co-development of this program, the intention was to increase patient and physician access to rapid counselling supports given the high waitlist for existing community supports. This intent in turn decreases the burden in caring for these patients that is placed on family physicians which then could create increased capacity.

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, on average, there has been a decrease in FP counselling

billings when looking at the number of billings pre-launch of this program (April 2019 - June 2019) and comparing that to the post-launch (July 2019 - November 2019) billing details. This data is based on the FPs billing address and so some locations may fall outside of the FNW PCN as these could reflect the physician mailing address (i.e. home office). The table below shows a significant drop in the number of physicians billing counselling fees when looking at April 2019 to November 2019.

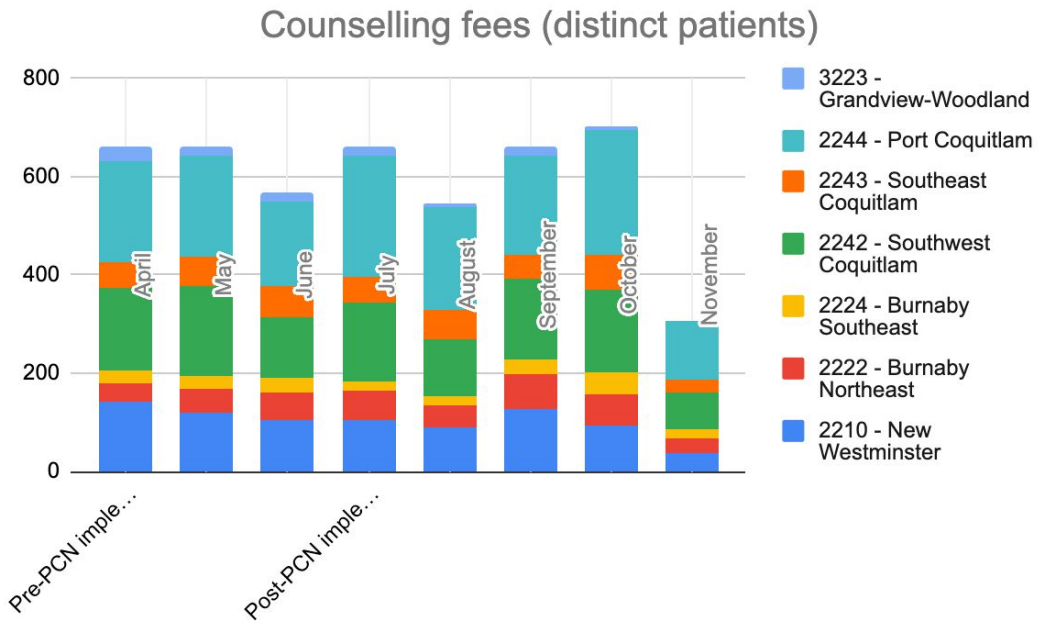


The overall total of counselling visits also shows a decrease in billings. Looking at the month by month breakdown, in April there were a total of 708 counselling visits provided, whereas in November there were 328. The table below compares the pre-launch (Apr - June) and post-launch (July - Nov) of this program:

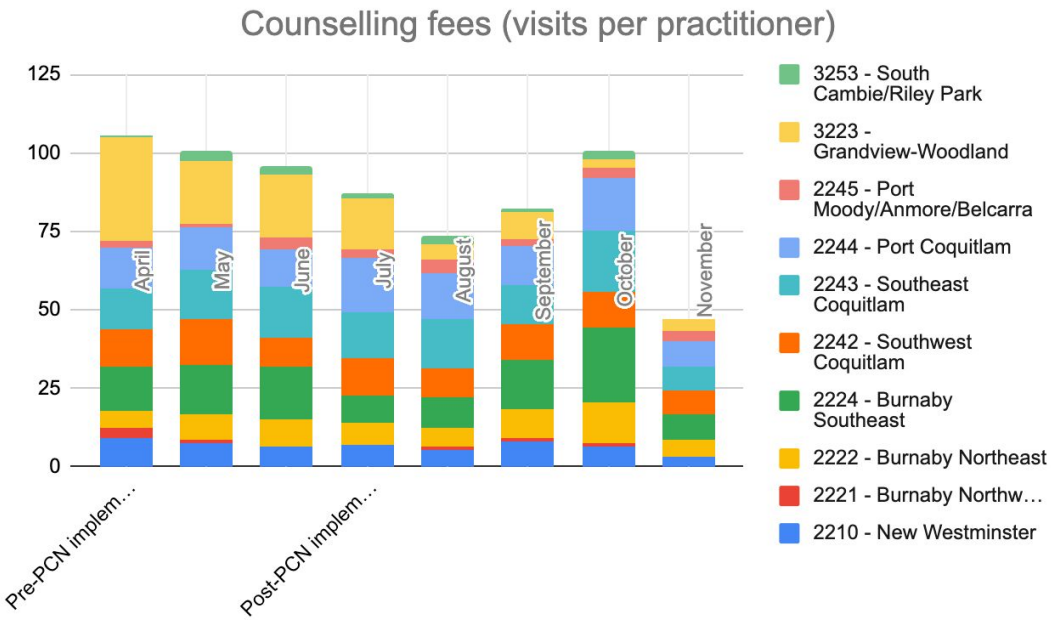


All data collected and shared between partner organizations (Fraser Health Authority, Kwikwetlem First Nations and Fraser Northwest Division of Family Practice)

When looking at the total average pre-launch compared to post-launch there is also a decrease in the total average. The table below shows the overall total of counselling fees for distinct patients and a decrease is also represented:



The total average visits per practitioner by counselling fees for the pre-launch was approximately 10.4 visits per practitioner whereas the average visits per practitioner decreased to 8.3 since the launch of this program. The table below breaks down the counselling fees by visits per practitioner month-by month and a notable decrease can be seen when looking at the pre-launch months compared to the post-launch months.



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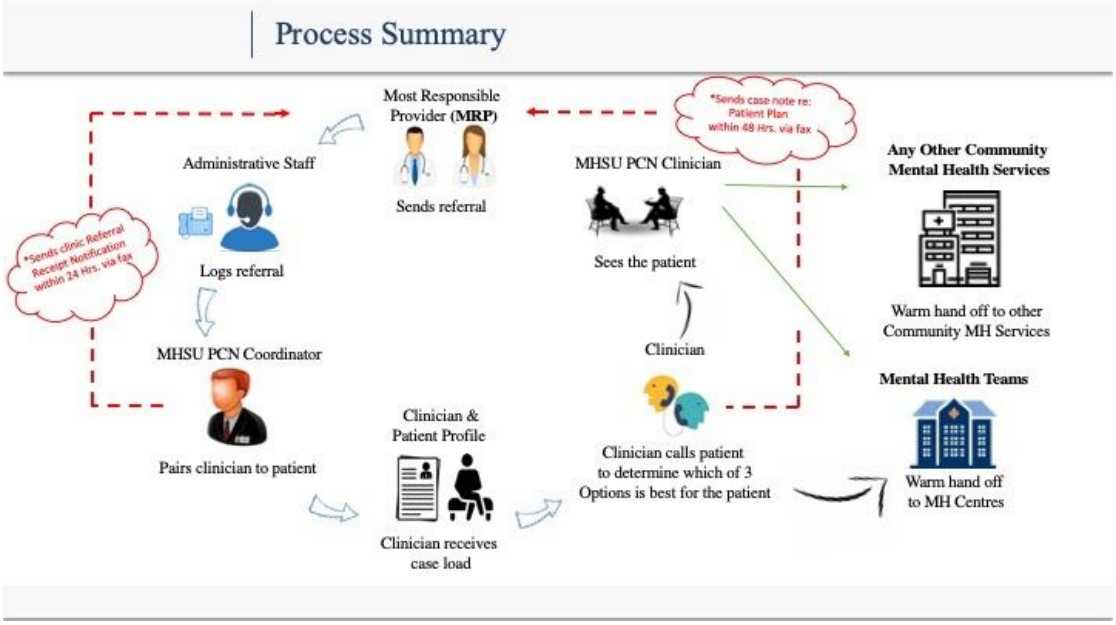
Allied Health (Clinical Counsellors) Supports - *FHA MHSU*

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 9 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:



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. Details on the number of referrals can be found in the table below:

	Previous Period (P8)	Current Period (P9)	Difference
# of Referrals	16	26	↑
# of Referring Clinics	11	9	↓

Indigenous Related Supports

As one of the partner organizations, Kwikwetlem First Nation worked to identify the supports needed in the community to support increased attachment and access to primary care services for the community population. Through the planning process, it was identified that 1.5 FTE support workers and 52 FP sessionals could support access to continued primary care services for the community. As a signing partner in the PCN, Kwikwetlem First Nation is underway in implementation of their PCN resources. A partnership table is being

established on the Nation inclusive of Regional Health Authority, Division, and First Nation leadership. Unanticipated costs include the need to modify the space to support additional practitioners, the need for supplies to be provided, the lack of MOA assistance for the GP, and need to address poor connectivity. Currently a casual home support worker has been hired to provide services to the elderly. The permanent part-time home support worker position has been posted and is in the process of being filled, the full time Community health worker position is scheduled for posting in the new year.

Medication Management Program - *Clinical Pharmacy*

By working collaboratively with community physicians in the New Westminster and Tri-Cities the FHA Medication Management Program works to optimize medication regimens by working with family physicians' patients through providing home visits that aim to have patients on the fewest medications and fewest dosing times with maximum benefit/least toxicity. Feedback from the Clinical Pharmacist who works with this program notes the changes over the last 2 years have resulted in the following:

	2 Years Ago	Today (Period 9)	Difference
# of referrals (*by month*)	25-30	25-45	↑
Referral Sources (*where the referrals are coming from - the percentages reflected here represent how many - of the total referrals - come from community physicians*)	5-10%	15 - 30%	↑

The Clinical Pharmacist reported that, on average, home visits can approximately 1.5 hours. The pharmacist covers all medications, non-prescription medications and herbal medications are reviewed and all indications are covered for patients. The pharmacist reviews available EMR data, consultation notes, discharge summaries, and any available labs to support a fulsome medication review with the family, caregivers, patients' dispensing pharmacy, their family physician and other healthcare team members as needed.

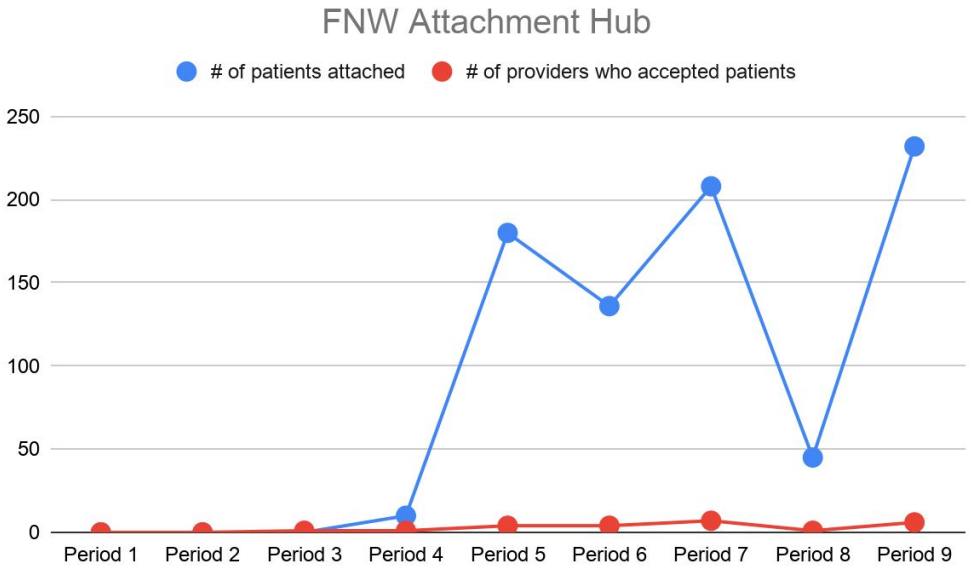
Attachment

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. 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 clinic (*providers not specified*)	2 (FP), 1 (NP)	2 FPs	-
# of patients attached	73	113	46	-

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

# of patients waiting to be attached	26	2	4	31



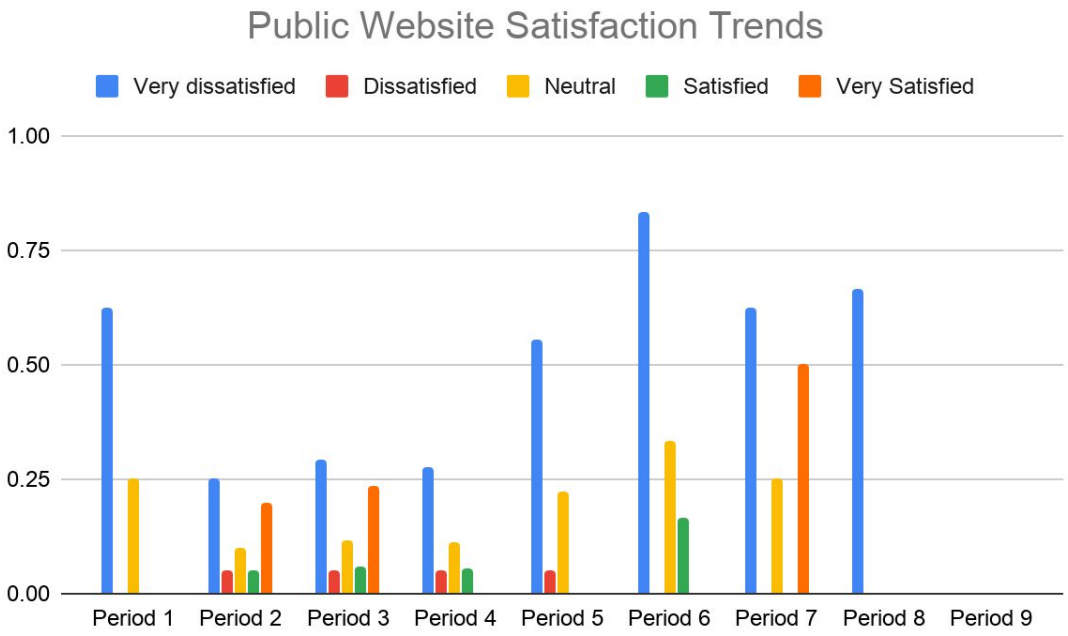
This role is to work in conjunction with the HealthConnect Provincial Registry which has not yet launched - originally the launch date was set for early July. Once launched, this role will continue to support and facilitate connecting patients with doctors; however, rather than being directly contacted 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 FPs in the community with additional feedback inquiring about finding either a FP 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).

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

There were no new responses for the online survey for period 9. Analytic analysis of the FNW division website indicated that 34% of visitors to the website first entered through the "finding a family doctor" link. The graph below details the satisfaction trends over time



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.

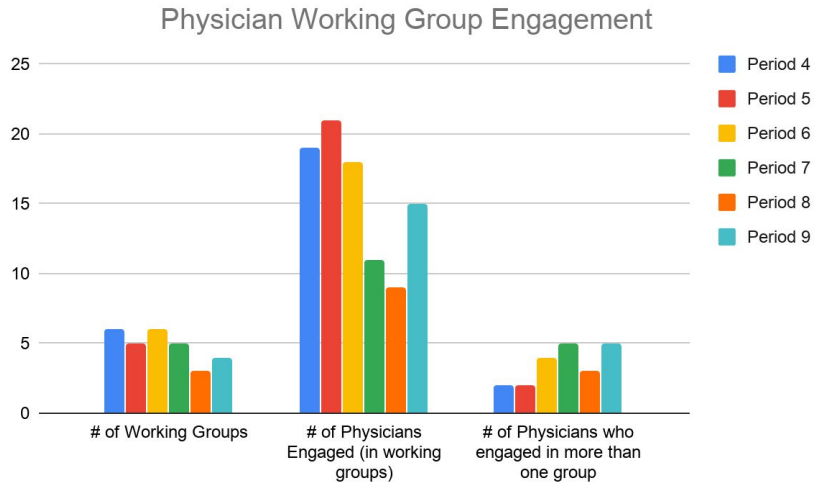
Physician Feedback and Engagement

In the previous period, the Division hosted an update event for members to attend and learn more about the available PCN services in the FNW communities. 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:

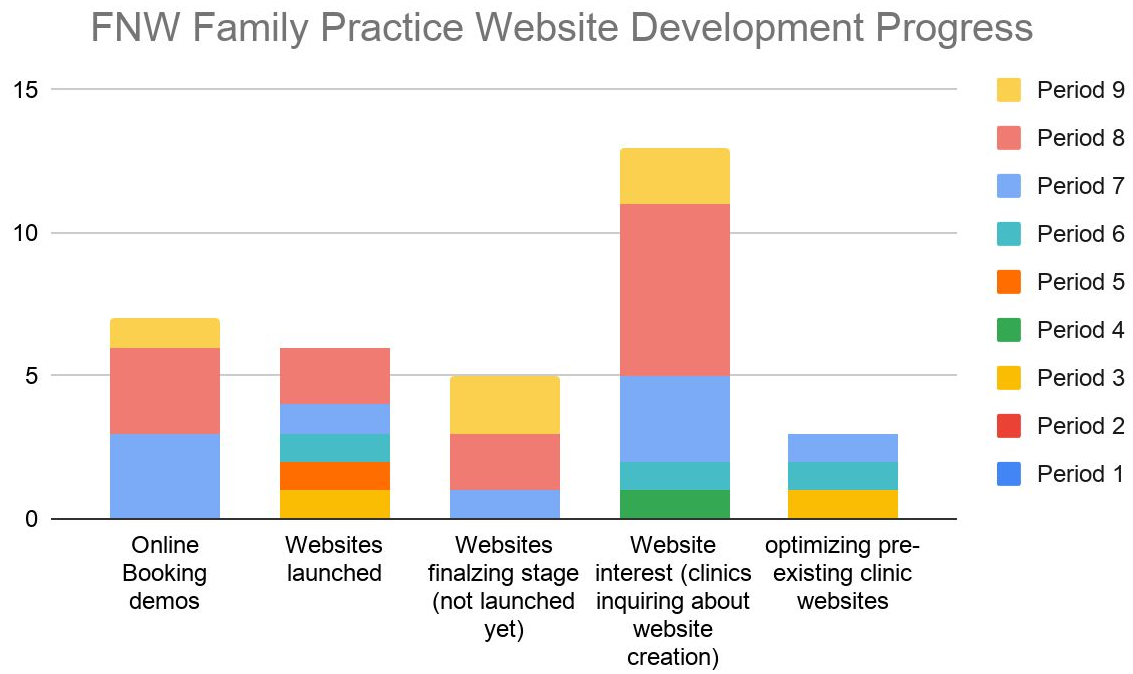
- In relation to FP/NP contracts:
  - An interested Physician inquired about the available FP contracts.
  - Payment remissions related to ICBC payments for NPs
- In relation to the FHA mental health supports:
  - Feedback from community FPs noted that meeting the MHSU counsellors supports a strengthened understanding and feeling of team supports. Fostering a relationship between the FP and the counsellor is important to FPs trusting that these new resources will reach out and support patients
  - A story emerged about how a MHSU clinician was able to follow up with a patient with substance use issues who had been admitted to the ER and this clinician was able to work with the ER staff and local action team to develop a plan to support the patient. When the FP saw the patient, they communicated that knowing that there was a team supporting this person made a significant difference in terms of confidence for both the patient and the physician.
- In relation to the RN in Practice:
  - Continued conversations around identifying and creating a process for hiring and onboarding relief coverage RN positions.
  - Improving the length of time currently needed for onboarding new positions and a request for an accelerated implementation of remaining positions
  - Improving process for overhead invoicing between clinics with an RN and partner organizations
  - A maternity leave position was filled by adjusting an RN attached to another clinic as the onboarding for maternity leave position was not successful. The family practice that was slated to get this new nurse was collaborative and understanding of the circumstances and supported this coverage adjustment.

Physician engagement for this reporting period includes:



Additional engagement supports provided to FNW physicians is the website development as supported by a Digital Content Coordinator. To date, there have been 6 new clinic websites launched, 13 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. 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 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. Three clinics have received approval (2 in Period 8, 1 in Period 9) 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 those clinics $38,700.

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.
12. ***New*** The development of an MOU between clinics and FHA to expedite and automate PCN related overhead payments (i.e. RN in Practice related overhead) is ongoing. Work is underway between partner organizations and stakeholder organizations to develop this. Given how PCN resources may not be specific to local communities, the development MOU may have applicability to other Wave 1 PCN communities across the province.

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 FPs practicing across the community in a variety of clinic/acute settings. With the proposed additional PCN supports, there are resources for an additional 3 FPs, 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 FPs practicing across the community in a variety of clinic/acute settings. With the proposed additional PCN supports, there are resources for an additional 2 FPs, 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 FPs practicing across the community in a variety of clinic/acute settings. With the proposed additional PCN supports, there are resources for an additional 4 FPs, 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 FPs practicing across the community in a variety of clinic/acute settings With the proposed additional PCN supports, there are resources for an additional 3 FPs, 2 NPs, 10 RNs, and 1 clinical pharmacist.