



PMH/PCN Member Consultations Fall 2018

Physician Feedback Summary Report - Feb 2019

Introduction:

In 2018 the NSDFP received funding from GPSC to engage members in the planning and development of Patient Medical Homes (PMH's) and Primary Care Networks (PCN's). The Division identified the following key objectives for the funding:

- Inform and raise awareness about PMH/PCN's
- Solicit member input into the development of PMH/PCN's
- Gauge member interest in team-based care
- Identify the type of clinical positions members prefer
- Identify potential challenges in the implementation of PMH/PCN's
- Engage as many NSDFP members as possible

To fulfill these objectives, the Division held a four-hour learning session (combined with the AGM) September 2018 with two physician guest speakers from Alberta's Primary Care Networks to provide an overview of PCN's and to share their experiences of working in them, followed by a Q+A. This event was well attended, with 64 physicians participating.

From October – December the Division held 10 small group consultation sessions with 50 members (of whom 46 also completed an in-person survey) and distributed an electronic survey to members who did not attend the sessions (33 surveys returned).

In total, 86 physicians attended at least one in-person event (of which 28 attended two events); this report summarizes the key findings from all events and the surveys (n=119 Physicians).

Key Learnings:

Engagement:

The high level of participation – 119 Family Physicians, approximately 50% of the Division's members - together with the vigorous discussions at the in-person events, indicate a high level of interest in PMH/PCN and team-based care. Common themes occurred in all of the sessions, and the discussions generated different ideas for implementation. Although there is still much to learn about PMH/PCNs and how they can be implemented, there appears to be an overall willingness to move forward with the initiative. In particular, the concept of team-based care and allied health to support practices resonated with physicians, despite the fact that there were concerns about how to operationalize it.

Common Themes:

Space: the issue of space was raised at every session (either by facilitators or attendees). Although there was a general interest in clinical staff (especially nursing) co-located in practices, concerns about the high costs of leasing, lack of space to accommodate additional staff, and the need for an overhead component were key issues. One quarter of the respondents indicated they could provide space (if subsidized).

Update Jan 2019: Divisions across the province have been raising the issue of overhead costs for co-location, and recently the MOH announced overhead funding will be attached to the new allied health positions.

Practice Management: Paperwork, billing complexities, fear of audits, optimal use of EMR's, and shortage of locums were consistent themes and seen as major contributors to physician burn-out. Concerns were also raised that team-based care could create greater workload for both physicians and MOA's. There was interest in "super MOA's" or "patient coordinators" to support practices and to coordinate services for team-based care. (see below, "Supports").

Fees to Support Team-based Care: physicians expressed the need for fee codes to support the work, such as team conferencing fees and virtual care fees, and felt they needed to better understand the billing structure as nursing and allied health integrate into patient medical homes.

Quality of Health Authority Staff: although there was a lot of excitement around team-based care, concerns were raised about health authority staff turnover, the quality of hires, and managing staff performance. There was a general recognition that the success of the relationship between staff and physician is based on individual persons and a good "fit" is important. Participants frequently noted the need for Physician participation in the hiring process.

Incorporating Specialists: the need to include Specialists in the design of PMH/PCN was raised several times. *Note: The Division will be working with its GP/Specialist Committee and Shared Care Committee reps on this issue.*

IT & EMR's: issues related to EMR integration and inter-operability were raised, as well as the cost of licencing for additional staff on a shared EMR. *Participants were informed that VCH is working on inter-operability and that it is considered a high-priority for all partners (Divisions, Health Authority, & MOH).*

Virtual Care: Utilizing virtual care technology to provide team-based care generated a lot of interest, and participants' suggested tools and apps to support it. Almost half of the participants already use some form of virtual technology with patients (emails, texts, etc) and 74% stated an interest in future opportunities; approximately 20% indicated "no interest" when surveyed.

Additional Staff Supports:

When asked what type of supports are needed to implement team-based care (in addition to overhead, nursing and allied health), over 25% of written responses requested a Patient Navigator to help patients navigate the system. There was also a lot of interest in Patient Coordinators to support booking and coordinating patient care, and Panel Managers to establish and maintain panel and registries. Other

supports identified included IT tech support and billing specialists. Overall, almost everyone identified the need for additional supports to effectively implement team-based care.

Summary of Nursing & Allied Health Positions:

The following information is based on the small groups’ consultations and survey, whereby physicians were asked to identify the top 3 positions they would like for team-based care (half of the respondents checked off more than three). Below are the results, in order of priority:

Position	% (n=81)	
Mental Health (MH)	99% (80)	Includes both mental health /behavioral health consultants (60) and psychiatric nurses (20)
Social Worker (SW)	44% (36)	
Registered Nurse (RN)	40% (32)	Nursing was the position most requested for in-practice co-location.
Physiotherapy (PT)	37% (30)	
Dietician	33% (27)	
Pharmacist	22% (22)	
Chronic Disease Nurse (CDN)	19% (15)	
Occupational Therapy (OT)	17% (14)	
Nurse Practitioner (NP)	16% (13)	One respondent noted there may be more interest for NP’s if physician’s have alternative compensation models

Moving Forward:

NSDFP, in collaboration with VCH, is incorporating this feedback into the development of a PCN Service Plan that will be submitted to MOH June 2019¹. The Service Plan is a request for funding that outlines the types and number of positions the North Shore requires to develop its three Primary Care Networks.

As PCN development is an iterative process and on-going feedback is desired, a Family Physician Focus Group has been formed (first meeting was held Jan 2019). The group will meet regularly to provide

¹ Initially the North Shore was to receive its first round of Nursing and Allied Health funding from the MOH prior to March 31, 2019. However, this has been delayed to align with Service Planning timelines.

consultation to the project management team. Physicians interested in participating should contact the Division at 778-945-3017 or northshore@divisionsbc.ca. The Division will host additional member consultation events in the coming year to ensure physician needs are incorporated into all stages of PCN development.

NSDFP and VCH are developing communication strategies to provide physicians, health authority staff, and community partners with regular updates and consistent messaging. Division members can expect monthly updates in The Bulletin <https://www.divisionsbc.ca/north-shore/ns-news-and-events/newsletters/the-bulletin> and weekly updates on the Division PMH/PCN website : <https://www.divisionsbc.ca/north-shore/our-initiatives/patient-focused/primary-care-homes>. VCH and NSDFP will also engage with the community-at-large and patient reference groups, beginning with community forums April 2019, to ensure that services meet the needs of patients and families.

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