



Northern Interior Rural Division of Family Practice Primary Care Network

Operating in partnership with FNHA, Northern Health, Ministry of Health and engaging with communities across the region.

BACKGROUND ON PRIMARY CARE NETWORKS AND DIVISION OF FAMILY PRACTICE

WHAT IS THE PRIMARY CARE NETWORK?

- ✓ The Primary Care Network contemplates a partnership between FNHA, Northern Interior Rural Division of Family Practice (NIRD) and Northern Health to combine efforts and resources to understand the health needs and interests of a defined geographical population and to plan together to enhance services for the area.
- ✓ An opportunity to improve access to quality primary care for all people in an equitable way.
- ✓ The next step towards integrating community and primary care services.
- ✓ An opportunity to build on existing work to improve patient attachment, access to primary care services, coordination of care, virtual care, comprehensive care and care that is culturally safe and appropriate (Eight attributes of a Primary Care Network).
- ✓ Is built around team-based care provided through a mix of patient medical homes, urgent primary care centers (primarily in larger communities), community health centers (to better address the social determinants of health), and health authority based primary care services, linked together in Primary Care Networks.

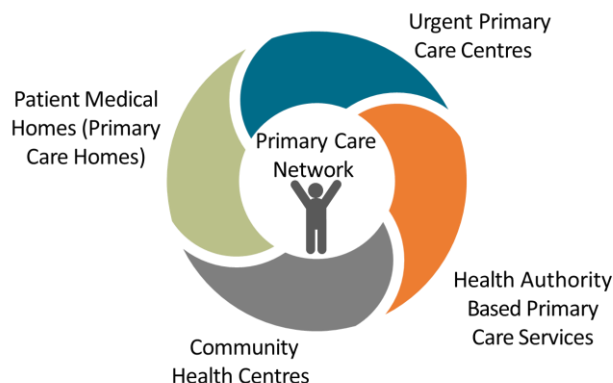


Figure 1: Team-Based Care in Primary Care Networks

PRIMARY CARE NETWORK CORE ATTRIBUTES

Primary Care Networks will work towards the adoption of eight attributes prioritized from the provincial policy direction over the first couple of years. These eight attributes include:

1. Process for ensuring all people in a community have access to quality primary care, and are attached within a Primary Care Network.
2. Provision of extended hours of care including early mornings, evenings and weekends.
3. Provision of same day access for urgently needed care through the Primary Care Network or an Urgent and Primary Care Centre.

4. Access to advice and information; virtually (for example online, text, e-mail) and face to face.
5. Provision of comprehensive primary care services through networking of Patient Medical Homes with other primary care physicians and nurse practitioners, and teams, to include maternity, inpatient, residential, mild/moderate mental health and substance use, and preventative care.
6. Coordination of care with diagnostic services, hospital care, specialty care and specialized community services for all patients and with particular emphasis on those with mental health and substance use conditions, those with complex medical conditions and/or frailty and surgical services provided in community.
7. Clear communication within the network of providers and to the public to create awareness about, and appropriate use of services.
8. Culturally safe care.

GENERAL INFORMATION ABOUT THE DIVISIONS OF FAMILY PRACTICE

Divisions of Family Practice are community-based groups of family physicians working together to achieve common health care goals. Divisions work collaboratively with community and health care partners to enhance local patient care and improve professional satisfaction for physicians. The initiative is founded on the belief that our communities are best served when we seek to improve the health of all residents in the region. Divisions of Family Practice initiatives are funded by the [General Practice Services Committee](#) (GPSC), a joint committee of the [Government of BC](#) and [Doctors of BC](#).

Beginning in 2009 the Divisions of Family Practice initiative has expanded to include 35 divisions representing more than 230 communities in BC, including a division that targets physicians in remote and rural areas of the province. Currently, more than 90% of BC's family physicians are members of their local division of family practice.

The Northern Interior Rural Division of Family Practice commonly known as the "NIRD", is one of four divisions and one chapter in Northern BC that includes the North Peace Division of Family Practice, Pacific Northwest Division of Family Practice, Prince George Division of Family Practice and the South Peace Chapter. For more information, go to <https://divisionsbc.ca/northern-interior-rural>

Benefits of a local Division of Family Practice

- ✓ Shared efforts to provide full-spectrum primary care.
- ✓ Forming a collective physician voice and providing greater impact on the organization of local and regional health services around a division practice area.
- ✓ Work with other health care stakeholders and government partners, and refine a framework for collaborative health care decision-making.
- ✓ Enhanced professional collegiality and access to physician health and wellness programs.
- ✓ Shared local and regional efforts for recruitment, retention, and locums.
- ✓ Support from colleagues in caring for complex-care or unattached patients.
- ✓ Engagement in both community-based projects and province-wide initiatives to improve access to primary care.

The Northern Interior Rural Division of Family Practice represents 94 family physicians in Burns Lake, Fort St. James, Fraser Lake, McBride, Mackenzie, Quesnel, Valemount, Vanderhoof, and the following Indigenous Communities:

Cheslatta Carrier Nation, Lake Babine Nation serving the communities of; Woyenne, Tachet, Fort Babine, Donald's Landing, Old Fort (Nedo'ats), Nee-Tahi-Buhn, Skin Tyee, Tsil Kaz Koh / aka Burns Lake Band, Wet'suwet'en, Nak'azdli, Tl'azt'en serving the communities of; Tache, Middle River (Dzit'l'ainli), K'uzche, Binche, Takla Lake 1st Nation – Takla Lake, Nadleh Whut'en, Stellat'en, Kwadacha, McLeod Lake, Tsay Keh Dene, ?Esdilagh, Lhoosk'uz Dene, Lhtako Dene, Nazko and Saik'uz.

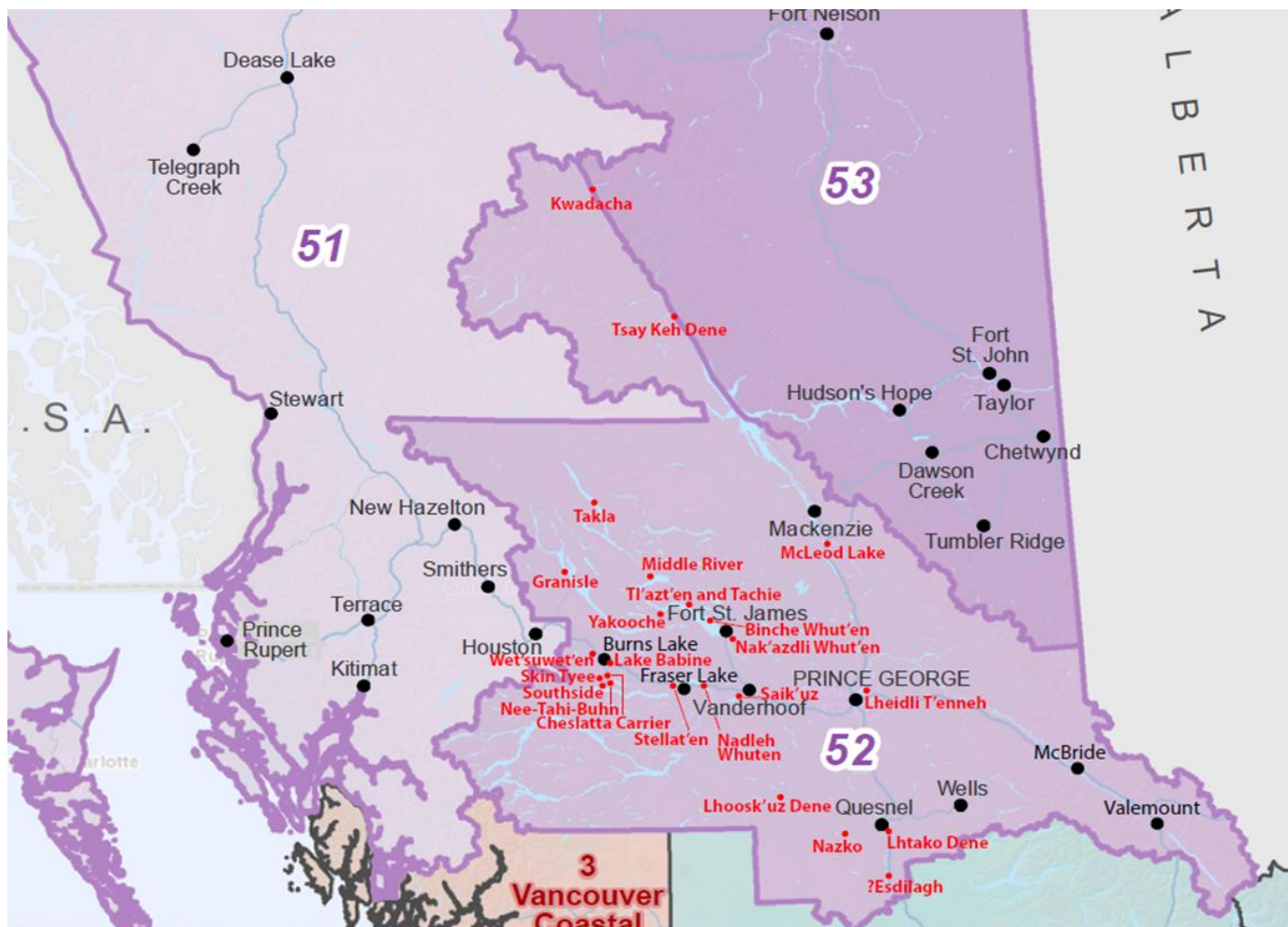


Figure 2: Map of Eight NIRD Communities and 22 First Nations Communities (Health Services Delivery Area 52)

NIRD PRIMARY CARE NETWORK STRATEGIES

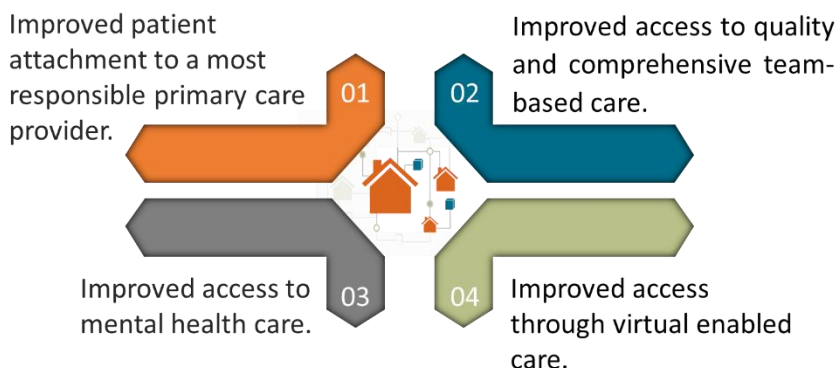


Figure 3: NIRD Primary Care Network Strategies

INDIGENOUS PARTNERS

A First Nations Led Primary Care Initiative (primary care site) will also be a key focus area of our Primary Care Network. The First Nations-Led Primary Health Care Initiative is a partnership between the Ministry of Health and FNHA) to support First Nations communities to develop and enhance innovative primary healthcare service and delivery models that address the social determinants of health and enhanced access to culturally safe and trauma-informed care.

We recognize Carrier Sekani Family Services (CSFS) as a well-established First Nations Health Services Organization. CSFS has developed and demonstrated a robust primary health care model that delivers services both in community and through virtual longitudinal, relationship-based, culturally safe, quality team-based primary health care.

ROLE OF SPECIALISTS IN PRIMARY CARE NETWORKS

Specialists and specialized services for complex conditions play an integral role in primary care networks. Along with Shared Care initiatives and discussions on a local and regional level, promoting collaboration and open communication to develop local, grassroots models of care in which the Specialists play an important role in providing wrap-around care for patients.

APPROVED CLINICAL RESOURCES

As part of the Wave 2 communities, the Ministry of Health approved 34.0 FTE clinical resources to strengthen the existing primary care teams in the eight communities and 22 First Nations communities within the geographical area of the NIRD Primary Care Network.

Summary of Approved Positions per Category			
GP	4.0 FTE	Social Worker	8.0 FTE
NP	2.0 FTE	Mental Health Clinician/Counsellor	4.0 FTE
Primary Care Nurse/RN	9.5 FTE	OT/PT/Rehab Assistant	1.5 FTE
Registered Dietitian	1.0 FTE	Pharmacist	1.0 FTE

WHAT IS THE ROLE OF THE NIRD PRIMARY CARE NETWORK GOVERNANCE MODEL?

- ✓ The model is a guide towards strategic direction, shared accountability, facilitation and decision making.
- ✓ The model provides opportunity to embrace local knowledge and wisdom in what primary care should look like in a community. This includes advocating for local perspectives of care into the decision-making process to assist in determining what primary care should look like in a community.
- ✓ The model aims to reflect the diversity of perspective engaged in health care improvement. Based on the Pentagram Partnership Plus it is an evolution in the work on partnerships in health system transformation developed by the World Health Organization.

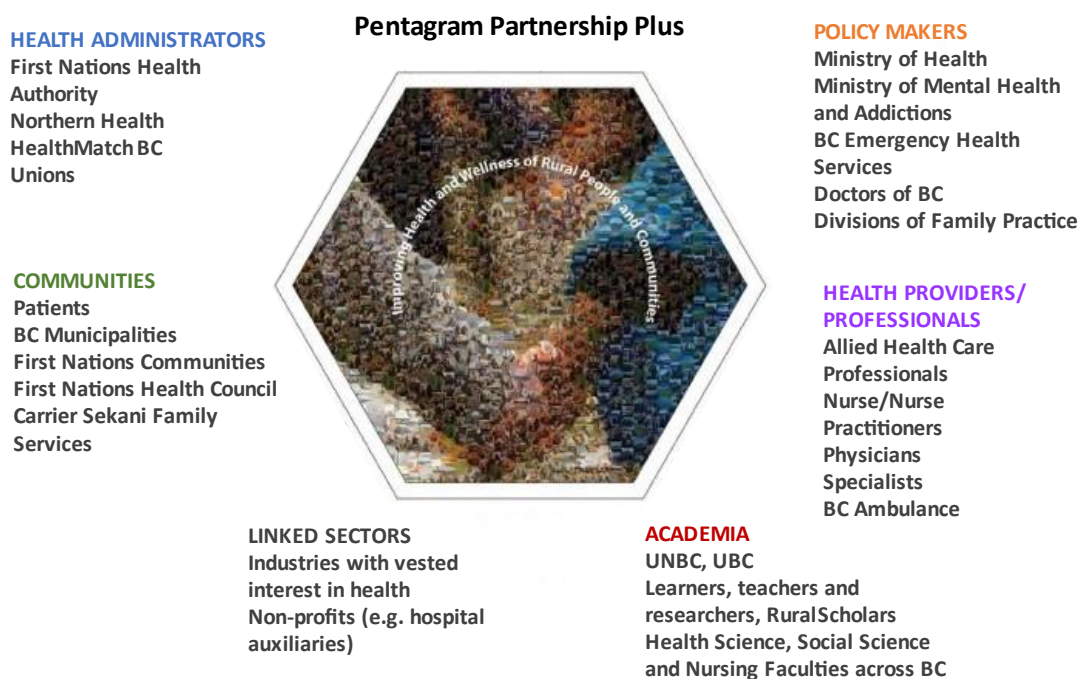


Figure 4: Pentagram Partnership Plus Framework for Social Accountability

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