

## YOUR QUESTIONS ANSWERED

Throughout our PCN: Learning, Building, Growing, event, participants were invited to ask any questions they had about our PCN generally and about any of the current or upcoming PCN services being discussed.

### GENERAL SND PCN QUESTIONS

#### REFERRALS

##### **How is PCN referral different from our usual referrals through Pathways?**

You can refer to PCN services on Pathways Referral Tracker in the same way you would any other service that accepts RT referrals. The difference is in our approach – PCN services are designed to be part of Patient Medical Homes and operate using a team-based care model. This means that FPs/NPs can see the referral acceptance and their patient's PCN appointment times, and communicate with the PCN team via quick messages directly within Referral Tracker.

##### **What is the preferred method of referral? How many steps are involved?**

The only referral method currently accepted by the SND PCN is via Pathways Referral Tracker. This is to ensure that communication between the PCN team and our referring FPs and NPs is clear and transparent and can flow in both directions. For information about how the Referral Tracker works, visit <https://divisionsbc.ca/surrey-north-delta/pathways-referral-tracker>.

##### **Is Referral Tracker the only way to send a referral?**

Yes. See above.

##### **I work in Surrey, but a few of my patients live elsewhere (e.g., Langley, Maple Ridge, etc.). Can I refer to the Surrey-North Delta PCN?**

Yes, you can. Eligibility for SND PCN referral is determined by the clinic location of the FP or NP who is referring, not by the patient's address.

##### **I don't have an EMR – how can I refer to PCN programs?**

Unfortunately, we do not accept paper-based referrals.

## YOUR QUESTIONS ANSWERED

### GENERAL SND PCN QUESTIONS

#### REFERRALS CONT'D

**Some of my PCN referrals have been rejected – how can I prevent this from happening again?**

To minimize the likelihood of your referral being rejected, ensure you have read the referral inclusion and exclusion criteria on the [PCN referral form](#).

Sometimes, referred patients decline services, and the PCN team notifies the referring FP/NP.

A referral might also be rejected if it was sent in error to a PCN in another community or to Home Health, for which one outdated referral form has “Primary Care Network” in the heading.

Another common reason for rejection is if the patient has access to extended health benefits. Patients are advised to utilize their benefits first, and then, if needed, they can be referred to PCN.

**My patient’s PCN Clinical Counselling referral was rejected because they have extended health benefits. Why did that happen?**

To ensure that our PCN services are available to those who need them most and who are unable to access a similar service via other means, if your patient has access to counselling through their extended health benefits, they would need to use those benefits first. Once their extended health benefits have been exhausted, that patient can be referred to PCN Clinical Counselling if they still require the service.

**My referred patient refused to access the PCN service – how can FPs and NPs help ensure our patients agree to use the services that are available to them?**

To increase the likelihood that your patient consents to using the PCN service you have referred them to, we ask that you: ask the patient if they would like to be referred, let them know they will be receiving a call within a certain timeframe, and explain that the SND PCN is a part of your team.

## YOUR QUESTIONS ANSWERED

### GENERAL SND PCN QUESTIONS

#### AVAILABILITY

**So many FPs and NPs are referring to PCN services – are they overwhelmed? Will the teams grow?**

The demand for PCN services is indeed growing, and our PCN team is expanding to accommodate this increase. Currently, we are approaching maximum capacity for our counselling services. Once we reach full capacity, a waitlist and wait times will be established to manage the demand effectively.

**Which PCN services are available? Where can I easily find this information?**

Currently, there are three available PCN services: clinical counselling, social work and clinical pharmacy. This information is available on Pathways.

To stay informed about current and new PCN services, ensure you are receiving and reading our weekly member newsletters. You can also visit our website at <https://divisionsbc.ca/surrey-north-delta/pmhpcn-and-your-practice> to learn about the PCN services currently offered in Surrey-North Delta.

**How can I tell what the availability is of PCN programs, to ensure my patient is seen quickly?**

Because the SND PCN uses Pathways Referral Tracker exclusively for referrals, you can see the expected wait time for a referral directly on Pathways when you log in to send a referral. Typically, patients receive a call from the PCN team within a week. If your patient requires immediate attention due to the urgency of the case, please indicate on the referral form that the referral is urgent.

# PCN: LEARNING, BUILDING, GROWING



## CURRENT PCN PROGRAMS AND INITIATIVES

### PCN CLINICAL COUNSELLING

**Will you be adding supports for those under 18 years old for pediatric mental health services?**

Currently, our PCN services are only available for the adult population, aged 19+.

**Why are the number of PCN Clinical Counselling sessions limited to six sessions for each patient?**

PCN Clinical Counselling is designed to be a rapid, short-term intervention for patients with mild to moderate mental health concerns to help prevent these concerns from becoming more severe. The limitation to six sessions is based on literature and multiple research studies that suggest brief counselling services are effective for these levels of mental health concerns. For patients who require longer-term counselling, appropriate referrals can be made to other services, such as UCRC, Fraser Health Mental Health Specialized Services.

### PCN SOCIAL WORK

**How can FPs and NPs connect with the PCN Social Workers who are working with our patients?**

The FP or NP can contact the social worker at the phone number indicated on the letter they received from the PCN team regarding the referred patient.

### PCN CLINICAL PHARMACY

**How are PCN Clinical Pharmacists different from community pharmacists?**

PCN Clinical Pharmacists have an advanced level of training in clinical pharmacology. They operate as team-based care supports for FPs and NPs with patients who have complex medication needs. They will meet with patients to determine their medication goals, offer education, and develop an optimized medication plan based on the patient's needs, challenges and other concerns (including medication affordability and access, polypharmacy concerns, and more).

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## FUTURE PCN PROGRAMS AND INITIATIVES

### MATERNITY

#### **Would PCN case managers be a possibility?**

Unfortunately, PCN case managers are out of scope for PCN services and we do not have funding or support from the Ministry for this kind of role. This type of support is offered to the complex patients referred to the Specialized Community Services and Programs at Fraser Health.

#### **Could the PCN Obesity Clinic treat obese pregnant women?**

Due to the unique considerations for obesity during pregnancy and the high demand that we anticipate, the PCN Obesity Clinic will focus on non-pregnant people during its implementation.

### OBESITY

#### **Will referrals without lab work be possible?**

Yes. More information about lab work and expectations will be provided soon.

#### **What supports will be offered for bariatric patients? What about international bariatric surgeries?**

This is still to be determined.

#### **Will there be e-referral forms for the PCN Obesity Clinic?**

The SND PCN aims to be as user-friendly as possible and aligned with current technological practices. To that end, we will develop e-referral forms for all of our PCN referral-required services.

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## FUTURE PCN PROGRAMS AND INITIATIVES

### CHANGE PROGRAM

#### **What would be the referral waiting period?**

We are currently working to establish referral intake criteria to ensure a balanced inflow of patients to the program. These criteria will be adjusted to ensure the waiting period is within an adequate timeframe, with our target being 1-3 months.

#### **How much time would patients need to spare every week or month for the appointment?**

On average, for the first three months there will be one hour-long appointment per week. This tapers to one hour-long appointment per month in months four through 12. Additionally, patients are expected to exercise on their own in between appointments.

#### **Will the visits be all in person? What about the patients who are not able to make it to in person visits sometimes?**

There will be a combination of in-person and virtual visits. Accommodations will be made based on patients' specific needs.

#### **Are the patients excluded from the program if they have diabetes, hypertension or are on medications?**

Patients are not excluded based on these conditions, as long as they meet the referral requirements.

#### **Do we have enough resources to accommodate people with metabolic syndrome?**

On average, 30-40% of a physician's panel is patients with metabolic syndrome. The CHANGE team will be limited when launched (starting with one Clinical Exercise Physiologist and one Dietician). The team will not have capacity to accept all patients with metabolic syndrome. Priority will be given to patients who will benefit the most from the program. If the program is proven to be successful, we will have strong reasons to request additional resources to continue growing the program.

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## FUTURE PCN PROGRAMS AND INITIATIVES

### SENIORS

#### **Can PCN Social Workers help my senior patients to complete their Advance Care Planning forms?**

Yes, PCN Social Workers can help patients complete a variety of forms, including ACP forms, PWD forms and more.