

February, 2022

Issue # 11

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The Primary Care Network will soon Welcome Registered Nurses in Practice

Through a collective effort of the PCN Early Adopter Clinics, Island Health and Indigenous partners, soon the Primary Care Network will soon be adding two Registered Nurses in Practice. Nursing roles in primary care practice can achieve a number of benefits including improvements in chronic disease management, practice efficiency, relationships between physicians and patients, attachment and patient and physician satisfaction. In the Comox Valley PCN nurses will be co-located to support team-based care along with the other members of the allied care team. There are several stages we will follow as we implement these new roles over the course of one-year.

Stage 1 - Development of the role and adoption of the concept by PCN stakeholders and partners.

Stage 2 - Implementation & transition of the role into practice - working together to integrate the role into the existing team, patient awareness, clarifying roles and responsibilities.

Stage 3 - Establishment & full implementation - settling into the daily workflow, observing and measuring initial outcomes from provider and patient perspective.

Stage 4 - Sustainment over time, fully embedding the team-based care approach with the nurse in the clinic. These activities will be fully supported by the PCN program team along with our Indigenous and Island Health partners.

The Central Okanagan Division of Family Practice published an evaluation of the transition stage of integrating nurses into practice in 2020. What they found was readiness for practice change was influenced by a champion in the clinic who was responsible for managing the change, physician engagement, dedicated space for the nurse to use, and funding to cover the cost of modifications or supplies.

Generally, it was found integrating an RN into practice was a value add to the team with highlights such as the nurse introducing new services to the practices, getting patients setup with community services, and freeing up physician time. Both RN's and physicians reported positive links between job satisfaction and team-based care. To read the full report click here











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PG14077

To be used for a family physician conference with allied care provider and/or physician - per 15 minutes or greater portion thereof. **PG14077** pays for two-way case conferencing about a patient with at least one allied care provider or physician. The fee is billable regardless of where the patient is located or how the conference occurs. a) If conferencing takes place as a series of separate phone calls, use the start time of the first call and calculate the "end time" based on total time spent conferencing. b) If billing a same day out-of-office hour's visit fee code (which also requires start/end times), the time submitted must either be before or after the **PG14077** start/end time

Attachment Code (\$0 fee) 97600

All family physicians (FPs) Nurse Practitioners (NPs) participating in a Primary Care Network (PCN) are required to submit attachment records so that the attachment of new patients can be counted as a key metric of PCN evaluation. This "PCN attachment" is tracked using a (\$0) 97600 administrative fee code that is submitted to the Medical Services Plan Health Insurance BC through Teleplan on a one-time basis. It is only to be submitted once for each patient at the time of their attachment to the FP or NP.

The code is to be submitted when the patient is considered attached to the provider. The process of attachment happens through an initial conversation between the new patient and provider to make sure there is a suitable fit and willingness by both parties to proceed.



PCN BILLING CODE









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Health Link BC

Heath Connect Registry - What is It?

<u>The Health Connect Registry</u> was launched in the Comox Valley in April 2021. This Registry has replaced the Central Referral Mechanism (CRM) which has now been closed. The Health Connect Registry is available to all Comox Valley community members seeking a primary care provider. Unlike the CRM, it is open to all and is not restricted to those with complex medical needs.

What is the Registry for?

The Registry provides a centralized waitlist that:

- Connects patients to a primary care provider on a first registered, first attached basis.
- Reduces the administrative requirements of maintaining waitlists at clinics.
- Provides a centralized location for clinic staff to direct inquiries about finding a physician.
- Creates equity for community members looking for a care provider.
- Supports the development/maintenance of balanced panels for physicians and nurse practitioners who are accepting patients into their practice.
- Supports geographically based attachment for individuals who reside south of the Oyster River to Bowser.

Since the launch in April 2021, 4684 people have registered and 348 have been attached from the Registry to a physician or nurse practitioner within the Comox Valley.

I have Space on My Panel, What Should I Do?

Any physicians/nurse practitioners who have space on their panel, either for one patient, 10 patients, or 100 patients, are invited to contact Lisa McDougall-Lee, Attachment Coordinator themselves or through their Office staff to coordinate the attachment process in a way that works for your practice.

Long-Term Care and the Registry:

The Health Connect Registry does not process a patient's attachment to long-term care (LTC). LTC patient attachment is managed directly by the care homes and the attending physician. If you are interested in providing long-term care or have any questions about LTC attachment, please connect with Dr. Sue Hunter, LTCI Physician Lead, or Catherine Browne, Project Manager.

Supporting Our Understanding of the Attachment Gap:

With the implementation of the Registry, we are encouraging clinics to stop maintaining their own waitlists and to direct patients to the Health Connect Registry. This will support our understanding of the size of the attachment gap and the associated resources required in our community.

Patients from the Registry are Already Attached:

We have received feedback that many patients who are in the registry, have been able to become attached while they have been waiting. While this is great news for the patient, we acknowledge that this creates extra work for the clinic team and are working to identify ways to minimize the burden on clinics of calling patients who are already attached.

I am attaching patients outside of the registry process - why my help is needed?

If you are attaching patients outside the registry process, your help is needed to ensure that we are not overburdening your colleagues and their teams with the work of calling patients who are already attached. Here's what we need from you:

- 1) Confirm with any new patients that you attach whether they have registered in the Health Connect Registry
- a. If they have, please send an email to Lisa McDougall-Lee so Lisa can update the patient's status in the registry.
- b. If they have not registered in the Health Connect Registry, please direct the patient to register and then they will be attached to the provider.

We would like your feedback about the Registry, please complete this short survey to help us evaluate the Health Connect Registry. If you are interested in finding out more about the Health Connect Registry please contact Lisa McDougall-Lee, Attachment Coordinator at Imcdougall@comoxvalleydivision.ca









Partnering with K'ómoks First Nation

The Comox Valley PCN in partnership with Island Health and the K'ómoks
First Nation has leased office space for two of the PCN Team Members. Reina Thurmer, Indigenous Wellness
Advocate and Alex Jules, Indigenous Wellness Liaison have moved into their new space in the former KDC Health
Unit. Reina will have an office space where she can meet with clients:

In-person at the office located on the K'ómoks First Nation, at the persons doctors office, over the telephone or via virtual appointment using a tablet or cell phone.

For more information call 250.702.1588 or email cvindigenouswellness@islandhealth.ca

We extend our gratitude to the members of the K'ómoks

First Nation for supporting our shared efforts to enhance patient care.



Culturally Informed Team-Based Care

Due to the risk of Covid in February, the Indigenous Health Working Group made the difficult decision to postpone the Feb/March Sessions of the Learning Journey. We will regroup and be offering new dates for the Spring so please watch for an invitation.

April - Relational Practice Part 2 **May**- Indigenous Diversity & Addressing Lateral Racism

TEAM-BASED CARE GRANT

A reminder that the **team-based care grant** has been provided to support the implementation of team-based care. All early adopter clinics have received at least one (of 3) installments of the Team-based Care Grant. The grant is intended to provide funding to longitudinal family practices to recognize additional administrative costs of establishing an Interprofessional Team (IPT). The grant provides a payment of \$15,000 per FTE (full-time equivalent) of net new eligible IPT position filled.

Payment

The grant comes as a lump sum payments over the year. The grant is paid by Doctors of BC to an individual physician accepting the payment on behalf of all the physicians in the clinic. The grant is intended to be shared with the group of physicians applying for the grant. Physicians and clinic owners should come to an agreement on how the grant is distributed.

Use of Funds

Examples of such costs and use of the funds are (but may not be limited to):

• EMR set-up and migrations, licensing, and hardware (phone/fax/computer) upgrades to enable interprofessional care.

• Physician and/or clinic staff time to:

oReview and implement changes to office capacity to accommodate new IPT members.

oRecruit, interview, hire, and onboard new IPT members.

Review medico-legal requirements relevant for IPT members (e.g. may include legal/consultant fees)

To confirm that your grant has been paid to you or your clinic, check your <u>Doctors of BC Account</u>.

GET SUPPORT FROM THE VIRTUAL CARE TEAM!

Our mission is to enhance collaboration between primary care providers, patients, and other specialists/specialized services through video-enabled encounters.



WEET THE VIRTUAL CARE TEAM



LAUREN HOOK Virtual Care Coordinator



KATE CARLSON Virtual Care Coordinator



ALIDA SKLARSKI Virtual Care Administrator

OUR TEAM'S APPROACH

We want to meet you where you're at.

Whether you are a care provider, patient or clinic team member, we are here to support your virtual care needs.

OUR TEAM'S ROLE

- Provide in-clinic assistance to support office staff. For example: schedule coordination, equipment set up, etc.
- Support patients in appointment set up, tech troubleshooting, mock appointments etc.
- Coordinate communication with other care providers to support virtual care collaboration.

HERE ARE THE BENEFITS

- Improved access to care for patients bringing health care to the patient.
- Technical support for providers, office staff, and patients.
- Support collaboration by enabling virtual team based care when needed.

If you or your patients are interested in receiving support from the Virtual Care Team, or have any questions please contact us at:



virtualcare@comoxvalley.ca

Your PCN Team:

Bonnie Bagdan – PCN Physician Lead - bbagdan@me.com

Leanne Frechette - Island Health, Director Comox Valley - Leanne.Frechette@islandhealth.ca

Destinée Barrow - Métis Nation BC, Regional Health Coordinator - destineebarrowconsulting@shaw.ca

Tanille Johnston - First Nations Health Authority, Regional Primary Care Manager - tanillle.johnston@fnha.ca

Gavin Arthur - PCN Manager - garthur@comoxvalleydivision.ca

Maureen Clarke - PCN Change Lead - mclarke@comoxvalleydivision.ca

Alex Jules - PCN Indigenous Wellness Liaison - alexander.jules@islandhealth.ca

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Please email comoxpcnadmin@comoxvalleydivision.ca to **OPT OUT** of this newsletter