



Overview:

The North Quadra Urgent Primary Care Centre (UPCC) will open on or around October 12th, 2020. In addition to urgent primary care services, physicians and nurse practitioners will provide longitudinal care with a commitment to provide attachment to a most responsible provider/team.

The North Quadra UPCC is surrounded by four CHSAs (4115, 4116, 4117 and 4131). According to Ministry Health System Matrix data 2017/2018 data, these four CHSAs have a population totalling 117,781 people of whom 18,889 are unattached patients.

Based on the current staffing model being considered, and once fully staffed, the North Quadra UPCC may be able to attach as many as 12,000 patients over the course of three years.

Managing an attachment registry, assessing patients and facilitating intakes is a considerable amount of work for a new clinic given the volume of patients requiring attachment. The clinic EHR (Cerner) will be utilized to collect the necessary medical and medication information. Input of information will be structured to ensure that reliable data is available to inform patient care needs (prevention, screening, chronic disease management) and to stratify patient complexity. Complexity scores will be used to inform panel size and composition.

Once the Health Connect Registry is active on the South Island, that system will be integrated into the NQUCC Attachment Protocol.

Principles:

Eligibility:

1. **Local residency:** Registration on the attachment roster will be limited to patients living in CHSAs 4115, 4116, 4117 and 4131 who have postal codes within a 2 km radius of the NQUCC (during the first phase of intake; during following phases, this geographic boundary will be expanded—reflective of other UPCCs in the larger area). Official identification or a utility bill in the patient's name will be required to verify a local address.
2. **Unattached:** Patients must be unattached, or have not seen their physician within the last 3 years and not have an intention to do so, in order to be eligible to be attached to the North Quadra UPCC. Exceptions for local CHSA residents would be if a physician retired or those who live close by and have transportation/logistical difficulties getting to their primary care provider.
3. **Families:** Unattached family members, living within the same geographic areas described above will be given the opportunity to register together; this refers to immediate family members living in the

same household only. Family members will be placed on the Attachment Roster according to the Attachment Protocol.

Process:

4. **Chronological order:** Patients will be attached from the Attachment Roster in chronological order with some exceptions, listed in the next section.
5. **Balanced/Complexity Adjusted Panel:** Each provider will develop a reasonably balanced (complexity-adjusted) panel. A system utilizing the EMR will be implemented to support an evidence-based approach to complexity adjustment of each provider's panel. This means, for example, that a provider with a higher complexity panel will have a lower number of patients on his/her panel to reflect the additional provider and team resources needed to care for more complex patients. Conversely, a provider with a lower complexity panel will have a higher number of patients to reflect the comparatively lower amount of provider and team resources required. Specific expertise of providers will be considered when placing patients as will keeping family units together.
6. **Exceptions:** The exception list below is meant as a guide and does not cover off all the scenarios of a patient that requires priority access to continuous primary care. Medical and clinical practitioners must still maintain autonomy for clinical decision making in order to ensure to the best of their ability that those in the greatest need receive service.
7. **Wait times:** There are no identified benchmarks for attachment wait times as there is variable capacity for primary care providers at the UPCC and patient needs will be factored in. In order to manage expectations from the public and factoring in patient complexities and priorities, patients will not be told specifically where they are on the roster.
8. **Quality Improvement:** This system of attachment will embrace a continuous quality improvement approach including key monitoring and implementation of changes to improve quality and effectiveness of care delivery.

Exceptions to Chronological Process:

Presentation to North Quadra UPCC from within the designated geographic area with:

- A. A complex condition that is at risk of deterioration and impending need of acute services and/or irreversible health impacts unless rapid access to primary care services is available.
- B. Patients whose hospital discharge is dependent on having a community primary care provider.
- C. Mom/baby dyads, pregnant women, and families without primary care, who are identified as vulnerable/at risk.
- D. Patients with potentially life threatening cancer, either palliative or under current treatment.
- E. Palliative patients not currently followed by palliative care, estimated to be within 1 year of end of life.
- F. Patients with "no fixed address" who are at risk of deterioration or impending need of acute services unless rapid access to primary care services is available.
- G. Patients seen in urgent care who are in need of follow up.

Attachment Protocol:

Patients attached to providers at the North Quadra UPCC will come from the North Quadra attachment roster unless another mechanism is identified and agreed upon. Processes will be in place to ensure this, including any priority access exceptions.

- Patients may submit, the web based Intake Form (available on the UPCC webpage) to be added to the **Attachment Roster**. If they meet the eligibility criteria, the intake form will be populated to allow complexity, geography and other criteria to be determined. If a patient is deemed eligible for attachment, they will be attached as per the North Quadra Attachment Protocol.
- Patients will also be able to call or walk in to the clinic and an MOA will enter their information into the intake form.
- North Quadra PCPs may also complete the Intake Form with patients.
- Patients will be notified if they are ineligible.

An MOA will call the patient to book them for their intake/pre-visit appointment. This history taking and medication review appointment can take place in person, by videoconference or over the phone, and be conducted by a Primary Care Provider or RN. A medical history, medication history, social determinants and other information as required will be collected at the intake appointment(s) and this information will be documented appropriately in Cerner. A confirmation letter will be generated after the intake appointment informing the patient of their attachment to the North Quadra UPCC and providing the name of their most responsible primary care provider and team.

Should the North Quadra UPCC have additional capacity once the population in the geography identified above be provided adequate opportunity for attachment, then a broader geographic area will be offered the opportunity for attachment. This process and the adjustment of geographic boundaries will be part of a six month assessment of the role and function of the North Quadra UPCC.