

## The Situation in the Western Communities

Based on recommendations from the Physician Compensation and Physician Leadership Working Groups, the Western Communities PCN Steering Committee (SC) specified that:

- Physicians in the Western Communities are working at full capacity;
- Recruitment of new physicians has proven challenging due to more financially attractive opportunities in salaried positions within our communities, which are not providing longitudinal care;
- The almost 36,000 unattached patients (2019) in the Western Communities represents a need for 29 FTEs of primary care providers using the Ministry of Health's panel size of 1,250/FTE. This number increases to 44 FTEs by 2022;
- These unmet needs cannot be addressed without the recruitment of net-new physicians and the retention of existing physicians;
- Attractive options for physician compensation and the implementation of team-based care are needed to encourage the attachment of patients to primary care providers in the Western Communities;
- Team-based care models are being operationalized through the implementation of Primary Medical Homes and Primary Care Networks; and

### **What the Ministry of Health approved for the Western Communities PCN:**

#### ***PCN Level***

- 1 Clinical Pharmacist shared across all 4 PCN neighbourhoods
- 16 GP APP (new to practice) and 6 NP contracts committed to identified practices
- High Complexity Care Team: 1.35 GP, 1.5 NP and 0.4 Social Worker
- PCN Administration funding: 1 Manager, 1 Administrative Support: \$246,150
- Up to \$505K in change management funding, based on the provision of a detailed rationale and alignment with PCN Service Plan deliverables.
- Supported change management activities include recruitment and training expenses, patient and community partner engagement and communications, engagement with Indigenous Health providers, evaluation and reporting, and development of processes for the attachment of patients to the centralized provincial waitlist once operational.

#### ***Neighbourhood Level***

- Resources for Esquimalt to provide attachment for 4,000 patients, specifically 3 GP APP and 1 RN.
- A total of 6 Allied Care Providers, allocation of which is based on physician and community input to have 4.6 Social Workers and 1.4 MHSU Clinicians to be distributed among the 4 neighbourhoods. Approximately \$15 - 25K per ACP would be available annually to compensate for overhead expenses.

#### ***Clinic Level***

- 11 Health Authority RNs to work in community practices that have space capacity.
  - *Benefits:* 15% of total RN salary would be available annually to compensate for overhead expenses.
  - *Challenges:* Additional clarity is needed regarding eligibility for physician billing, recruitment qualifications for Nurse in Practice, physician role in recruitment and reporting, and the attachment expectation of 500 patients.

- IT Supports – Ongoing discussion. MoH will be initiating a process to determine needs

### **Further Developments for the Western Communities PCN:**

#### ***Resource Allocation\****

Between August 2018 – April 2019, family practice clinics in the Western Communities were asked to identify their interest in acquiring PCN resources (service contracted GPs and NPs and Island Health employed RNs and Social Workers) for their clinics, with the following details:

Family Practice Clinic	Physicians (MoH Service Contracts)	Nurse Practitioners (MoH Service Contracts)	Nurse (Island Health Employed)	Social Worker** (Island Health Employed)	Expansion/ Renovations Required
West Coast Family Medical Clinic	2	1	2		yes
Colwood Medical Treatment Centre	2		1		yes
Westwind Medical Clinic	1		2		no
Wheelhouse Medical Clinic	2		1		yes
Langford Community Clinic (proposed)	4	2	4	1	new clinic
Admirals Medical Clinic	2	2	1		yes
Drs. Keeler, Young, and McLurg	.6				no
Eagle Creek Medical Clinic	2	2	1	.6	yes
Esquimalt Medical Clinic	1.5		1		no
Esquimalt Community Clinic (proposed)	3	1	2	1	new clinic
St. Anthony's Primary Care Pods 1 and 2	13.6	2.3	6.2		no
Grow Health (resources requested June 20, 2019)	2	1	1	1	yes
<b>Total</b>	<b>35.7</b>	<b>11.3</b>	<b>22.2</b>	<b>3.6</b>	

\*Excludes High Complexity Care Team's resources and does not include an additional 4.0 Social Workers to be shared amongst the clinics on a rotational basis

\*\*Dedicated in-clinic social workers

#### ***Capital Planning***

Some of the clinics that have expressed interest in the PCN resources will require expansion and/or renovations in order to accommodate these additional personnel.

There is the possibility that some capital funding may be available from the Ministry of Health/GPSC to facilitate this. This funding is specific only for the additional space required to

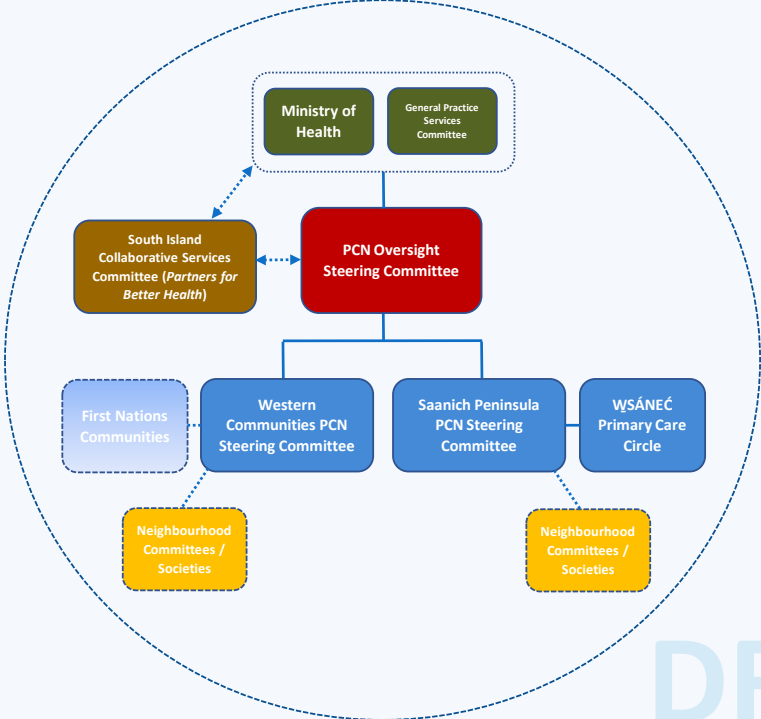
accommodate these resources; other clinic renovations or expansion including those for common areas or for the relocation of existing staff will likely not be supported except through existing and new overhead allowances.

Capital planning support from SIDFP is available to identify cost estimates associated with renovations and/or expansion of Western Communities clinics. Currently, cost estimates have been prepared although not finalized for the West Coast Medical Clinic and Eagle Creek Clinic. The Capital Planner is available to assist other interested clinics in calculating cost estimates and completing the templates required for submission to the Ministry for their consideration. Capital funds are likely limited and if our PCN is successful in acquiring some of these resources, their distribution will be determined once the governance structure of the PCN is implemented.

**Governance**

On August 14, 2019, the South Island Collaborative Services Committee (Partners for Better Health) endorsed the governance structure identified below; subject to test, review, and revision. It was agreed that the PCN Oversight Steering Committee (red box) will be launched in September 2019;

South Island PCN Collaborative Governance Model v9.7 - Draft for Discussion



DRAFT

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