



December 22, 2023

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To: PCN Steering Committee Co-Chairs  
Divisions of Family Practice Physician Leads and Executive Directors  
Health Authority Primary Care Leads

Re: Episodic Virtual Care – Notice to Vendors

You may be aware that the Ministry of Health (the Ministry) and the Provincial Health Services Authority have recently posted a notice on BC Bid to identify service providers able to supply contracted episodic virtual care services.

The Ministry's goal is for the majority of primary care delivered in British Columbia to be via longitudinal family practice clinics. The Ministry has made significant investments to support team-based longitudinal primary care and will continue to do so as the top priority in our primary care strategy. For example, working collaboratively with partners:

- We have added an unprecedented number of team-based care resources, including family physicians, nurse practitioners, registered nurses, pharmacists, clinical social workers and mental health and addictions supports, dietitians, and other allied health workers, as well as elders and traditional healers – all through funding for Primary Care Networks and other initiatives in our strategy.
- Further, at our recent FPSC Partners Event on October 24, we spoke about expanding the Nurse in Practice initiative starting early in 2024 to enable family practices to receive funding to recruit more RNs and LPNs to work in their clinics.
- We have introduced the New to Practice Incentives Program and the Longitudinal Family Practice (LFP) Payment Model to support recruitment and retention of longitudinal family physicians, and of course, work continues to expand the LFP to incorporate other areas of comprehensive longitudinal practice and to address the unique needs of those working in rural, remote and Indigenous communities.
- To better support attached patients who need urgent or after-hours care, and to support family practice clinics to meet regulatory requirements, we introduced an after-hours coverage pilot in five PCN communities that leverages HealthLink BC call centre operations working in partnership with local PCN call groups.

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- We have introduced and will continue to incrementally build out the Provincial Attachment System so that we can better support both patients and providers and measure and manage attachment in our province.

Those are but a few examples that reflect the Ministry's commitment to continue working with its partners to better support longitudinal primary care. However, we know that it will take time to establish the capacity and service levels in longitudinal primary care that are required to meet demand. That is why we must also continue to focus on ensuring British Columbians – whether attached or unattached – have timely access to episodic services when they need them.

Based on patient utilization patterns, we estimate that we need to deliver a minimum of 30 million visits to British Columbians in 2024/25 and using an estimate of 90% longitudinal and 10% episodic, that means we will need to deliver a minimum of approx. 3 million episodic visits through Urgent and Primary Care Centres (UPCCs), walk-in and other clinics and virtual services while access to longitudinal care continues to improve over time.

Through the recent PCN refresh, and consistent with the core attributes for PCNs, the Ministry has been clear that PCNs need to have a plan in place for urgent, after-hours, and episodic services in their communities. In addition to initiatives like the PCN after-hours coverage pilot, this means engaging and coordinating local UPCCs, walk-in clinic and other episodic clinic services and leveraging virtually enabled care. We understand that there is further work required to support this approach and in particular the sustainability of walk-in clinic services as a complement to longitudinal care, and we are working to address those challenges as quickly as we can in context of all the priority work underway to support longitudinal family practices.

We believe that virtual services can and should complement our efforts to provide both longitudinal and episodic care. That is why the Ministry has worked with various partners over the past several years and invested in a number of important virtual care initiatives. For example, in addition to the after-hours coverage pilot:

- At HealthLink BC (which is part of my division) we have established the HEiDi virtual physician service, available to British Columbians anywhere in the province.
- The Ministry funds First Nations Health Authority's Virtual Doctor of the Day and Virtual Substance Use and Psychiatry Services, which have grown significantly and now serve First Nations people in every region of the province.

- Building on the good work and early investment of the Joint Standing Committee on Rural Issues, we now fund the Rural Coordination Centre's suite of Real Time Virtual Services, which have demonstrated great value in supporting providers to continue serving their patients in isolated communities.
- The Northern region virtual primary care clinic, which makes a valuable contribution to supporting people and providing access to timely and coordinated care across great distances in Northern communities.

The recently posted Notice to Vendors is another opportunity for the province to sponsor virtual care capacity for British Columbians. The services procured through this process are intended to complement and support – not replace – initiatives underway through our primary care strategy by bringing some of the episodic virtual services already provided by vendors in the province under a contractual arrangement. We believe this approach will enable us to integrate their services more intentionally with other activities underway through the primary care strategy.

We have set a lower threshold for applicants of 150,000 visits and an upper threshold of 1.5 million visits in total to be provided by one or more vendors – noting that this reflects only approx. 5% of the total visits we need to deliver overall. Additionally, we have built requirement criteria intended to reinforce the importance of longitudinal primary care as well as the connection of virtual services to clinics on the ground throughout our province. For example, to name a few criteria:

- We will require that only health professionals licensed and practicing in our province are eligible to provide the service;
- They must also be connected to a physical clinic location in the province;
- They may not work for the service on a full-time basis;
- There will be targets for timely access to service and sharing of clinical information to other clinics, providers and parts of the health system;
- Vendors will be expected to work with the province and its partners to make connections and ensure coordination and integration with in-community services.

We recognize there will be significant service design work required so that any new provincially coordinated virtual service is not duplicative of other provincially sponsored virtual services and to ensure virtual services in general are better linked to in-person clinics and services in a way that existing episodic virtual services are not.

For clarity, nothing in this Notice precludes local efforts within PCNs to organize and provide complementary after-hours, urgent and other episodic services as part of their efforts to organize and deliver coordinated care in their communities per the PCN core attributes. However, it is an expectation that PCNs are communicating those efforts to the Ministry so that we may work with you to ensure there is coordination.

In terms of the Notice to Vendors, the deadline for submission of the application packages will be January 11, 2024, and our intention is to have this service available for British Columbians by April 1, 2024. Our work to integrate and coordinate services will take time and we will want to do it in partnership with PCNs and other partners to ensure it is a success.

In closing, I want to thank you for all that you do to strengthen access to quality primary care in your communities and look forward to our continued partnership as we further this important work together.

Please don't hesitate to reach out to me if you have any questions or concerns.

Sincerely,

A handwritten signature in black ink, appearing to read 'Ted Patterson', with a long horizontal flourish extending to the right.

Ted Patterson  
Assistant Deputy Minister