# South Island PCN

## Saanich Peninsula and Western Communities

March 2023

## Grow Health's Team-Based Success

**Grow Health is a team of doctors who specialize in Family Practice and Maternity Care in the Western Communities. Dr Alicia Power reached out to share Grow Health's experience having a PCN Mental Health and Substance Use Consultant as part of their team-based care.**

"I just wanted to share our tremendous experience working with one of our PCN Staff, our Mental Health and Substance Use Consultant, who has worked with us for 15 months now.

Our consultant works remotely, which has never been an issue, to support our patients. She is incredibly skilled in the work that she does, and is able to manage her time well, and help direct patients to the most appropriate resources, if that is not her.

The workflow was co-created with the clinics, our consultant, Island Health and SIDFP and is as follows:

We send a referral to the consultant via the EMR and let the patient know that she will be connecting with them within 2-4 weeks. The consultant then connects with the patient and does an intake to determine the patient's needs, and creates a support plan with them. She is able to take the time she needs with the patients to support them with their issues at hand, which varies tremendously from person to person and visit to visit. She is also excellent at finding resources for longer term support and makes suggestions to us as to how to support the patients.

She documents in our EMR through a form we created, and connects with the physicians regularly to update on important aspects of care and to make referral suggestions, as well as to notify of closing of client cases.

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### Primary Care Networks

The South Island has been leading the way in primary care transformation at the community level since early 2020. By being innovative, collaborative, and flexible, resources are being implemented across South Island PCNs while establishing mechanisms for success.

**Learn More!**

**21,358**

South Island residents attached to a new patient home since 2018

**15,510**
Western Communities
**5,848**
Saanich Peninsula

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The consultant has supported a variety of patients from those struggling with life altering diagnoses, substance use, mental health challenges, caregiver burnout and grief to name a few.

She supported one of our patients, who I have been working with for 15 years, to be open to attending detox (which I have not been able to do for our entire relationship.)

Overall it has been a very successful example of allied health supporting physicians to improve access, and demonstrating the benefits of having a care team with different skills working to scope in the goal of supporting patients within the context of a patient's medical home.

I just wanted to share this tremendous patient focused model we have all created together, as sometimes we can get bogged down with the challenges we continually face...it is nice to celebrate the wins!

Happy to chat more with anyone curious about the model.

Thank you for supporting the work we do in this way."

**Thank you, Dr Powers and the Grow Health Team, for sharing your knowledge and experience with the PCN community.**

# Ask A Change Manager

***Ask a Change Manager*** *is your new monthly guide to how PCN Change Managers can help support you and your clinic to provide the very best primary care. Do you have a question you'd like answered? Let us know!*

**Q: What can my primary care practice expect in the first 30 days of PCN Clinician Integration?**

**A: You can expect a variety of Team Based Care (TBC) activities that focus on Orientation, Training and Development facilitated by your PCN Change Manager, in collaboration with the Patient Medical Home, PCN Clinician and Island Health Managers.**

Adding team members into a primary care practice requires time and attention to some basic change management principles.

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First, ensuring support from all participants (FPs, NPs, office staff, etc.) – so expect Change Managers to ask plenty of questions and to connect frequently with the team. Second, look for ways to implement small incremental changes over time and establish opportunities for feedback. Being a part of an engaged, high-functioning team with opportunity to collaborate and learn will help attract and retain staff. The first few months (maybe even as many as 6) involve testing, trialing, discussions about successes and failures, and adjusting workflows until everyone is comfortable and satisfied with the process.

Here is a sample of the work your clinic can expect to be part of in the first month of integrating a PCN Clinician into your primary care practice:

**1. Orientation and Training:**

PCN Clinicians will complete Health Authority required onboarding activities and core training modules, usually in the first two weeks. An In-Clinic Meet & Greet is an opportunity to introduce the new team and for the clinician to share their experience, services, role, and scope. Additional training and orientation activities may be identified by the Clinician and/or Clinic. Identifying opportunities for relationship building, like team huddles or daily check-ins, is crucial to establishing processes for collaboration and coordination of patient care as a team.

**2. Development of:**

- **Clinic Workflow incorporating the new PCN Clinical service.** Before a clinician starts, workflow samples (usually from other clinic integrations) are reviewed, but once a clinician is on-site and learns more about the clinic operations, a draft workflow is discussed and created with input from all.
- **EMR Proficiency** for Clinician and Clinic staff around the new workflow. PCN Clinicians do not usually have experience in primary care EMRs, so it may take some time for the new team member to become comfortable with the clinic EMR and any associated reporting, such as RN Encounter Reporting. Like anything new, it may also take time for clinic staff to incorporate the new workflow into their routine.
- **Scheduling and Patient Volumes Expectations.** Communication and establishment of expectations for the number of patient visits should happen in the first month, as well as working with providers and managers on a plan to increase capacity over time to achieve role optimization.
- **Communication plans (internal, external and patient facing) and reporting structures** that will assist in relationship building and establishing trust. The clinic needs to inform patients that they will sometimes receive care by care team members. Staff need to be prepared to help support the questions a patient may have regarding TBC.

This collaborative work is facilitated by your Change Manager and change management funds.

Questions? Contact your Change Manager
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