

PCN Update Issue 1



With a total of thirty-one physicians, partners, Division of Family Practice, Patients, Indigenous Health, PCN and Island Health Team members in attendance we carried out our first Primary and Community Care (PACC) mapping session October 19th. Co-hosted by the PCN, Dr. Morgan Price and Sarah Fletcher from the Innovation Support Unit (ISU) at the Department of Family Practice UBC, focused on Mental Health and Substance Use service gaps in the Comox Valley to support confirmation of the MHSU roles that we will start with within our PCN. Thank you all for attending!

The objectives of the session were to:

- Review the health area data for the Comox Valley to support decision-making
- Collectively map the Mental Health and Substance Use gaps for adults and seniors in the Comox Valley
- Explore ideas to meet the needs of people with mild to moderate MHSU challenges in the community
- Make proposal(s) to allocate resources to address the identified gaps.

For an abbreviated report of the session [click here.](#)

For the full report [click here.](#)

Our next steps as a PCN team are to reach out to participating clinics to finalize the first roles to be implemented into the PCN based on the information gathered and the PACC Mapping report. We will be getting in touch to set up a convenient time to meet with clinic leads very soon.

The main ideas that emerged from the PACC Mapping Session were to:

Embed a **MHSU Clinician** into primary care clinics to provide rapid access to supportive counselling with some say day access for those with mild to moderate issues.

Add a **Primary Care RN** (or similar type clinical role) to the Primary Care Network Team to provide support to the MHSU Clinician while also provide traditional nursing care, supportive counselling, navigation, public health intervention and to do outreach to select patients and at select locations.

Provide Navigator services through a **Navigator Role** where clients are served by addressing specific barriers to care such as physical access to care, understanding where emotional barriers may exist and supporting clients through those barriers.

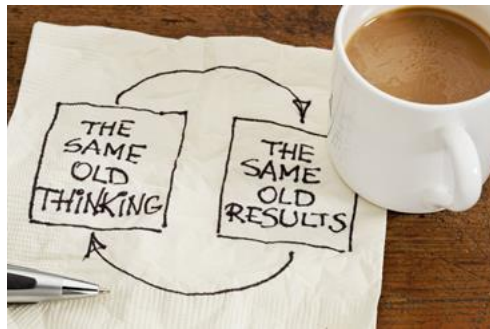
Include an **Indigenous Wellness Advocate** as part of the team. This role would support Indigenous people in both advocacy, navigation, continuity between Indigenous-specific services and act as a bridge between Indigenous clients and the PCN. This role would also support the inclusion of Indigenous health perspectives and practices and provide education and care option ideas to clinicians

What worked well



*Cased based personas and learning resonated to help identify gaps in MHSU service
Collaboration and sharing of philosophies and resources regarding Team-Based Care
It was interactive and lots of chances to share ideas with a wide variety of participants
It was focused on MHSU only for this session*

To do differently



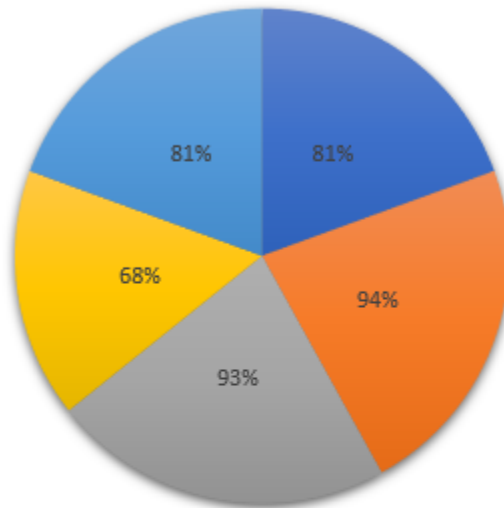
Smaller groups for more focus to keep the attention of participants

Reduce time on introductions

The post-it note platform was difficult to see

Information from other communities as to what they are doing

Participants agreed or strongly agreed



■ session objectives were met

■ session was relevant

■ service gaps were explored

■ strongly agreed to take part in future PACC mapping session with 25% somewhat agreeing with this statement

■ of participants stated they felt very engaged in the development of the Comox valley PCN

Questions left to be addressed



- Mapping additional personas – ie: cognitively disabled
- Understand of the PCN's next steps towards implementation
- An understanding of who is making decisions and how decisions are being made

60% of respondents expressed as desire to take part in a bi-weekly PCN update phone/zoom call at 8am.

Please stay tuned as we schedule this call in the coming weeks.

ISU - Capacity and Access: PCN Clinics - We need your help!

As we move forward with the development and implementation of our PCN, we would like to collect some information about our PCN clinics as a part of our measurement and evaluation efforts. UBC's ISU (Innovation Support Unit) has developed a short survey that helps us understand how primary care is organized at the clinic level. We want to collect this information now, to develop a baseline, to see how capacity and access to primary care change with the implementation of team based care and the primary care network.

What we need from you: 15 to 20 minutes of MOA or Office Manager time to complete an [online survey](#) (one completed survey per clinic). We can provide an honorarium of \$40 for your MOA or Office Manager for their time.

[This letter](#) from ISU may answer some more detailed questions you may have about the survey or feel free to get in touch with

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PCN Measurement and Evaluation Lead

Please reach out to the PCN Team if you have any questions or require information as we move towards implementation of the Primary Care Network in the Comox Valley

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