# PCN Physician Forum Summary
## Monday, January 11, 2021| 1730 – 1930 | ZOOM

**Event Participants** included:

- South Island Division of Family Practice (SIDFP)
- PCN Implementation Team
- Island Health (VIHA)
- Patient Voices
- Saanich Peninsula (SP) Family Physicians (FPs)
- Western Communities (WC) Family Physicians

**ACTIONS:**

- *Members to please complete a short survey to be distributed asking questions on frequency and timing and how to improve the physician forum in order to ensure it is beneficial to physicians.*

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**2.0 Follow up to November 2020 Physician Forum**

Please see PowerPoint 'Physician Forum Follow up' posted on SIDFP website

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**2.1 MOA Retention**

The PCN Implementation team followed up on MOA engagement and findings are being reviewed at the Team Based Care PCN Working Group. Next steps and core strategies to be developed and brought to a future forum. MOAs/office manager involvement and participation is a key enabler to PCN success.

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**2.2 New to Practice (NTP) and Group Contracts Update and Questions.**

- **NTP Process:** Interested physicians need to complete the PCN EOI template which will be reviewed and approved at respective LCs and then sent to Island Health and the MOH.
- **Group Process:** Please notify the SIDFP of any submissions for Group Contracts, to ensure support for any issues that may arise.
- **Must be a part of the PCN to receive contracts: this means:** Must be a SIDFP member, must be practicing in the PCN boundary, must have the capacity and willingness to attach Peninsula patients, have some form of participation with the PCN and participate in evaluation.
- **Questions raised with responses from DOBC received post forum included:**
  - **NTP contracts are open to anyone and not limited to just the services plan?** DOBC: At least initially, the Ministry will be focused on NTP positions within PCN approved service plans. They will consider NTP positions outside of PCN service plans if there is an identified attachment gap that needs to be filled.
  - **If an IMG joins a clinic can they get an NTP contract?** DOBC: Provisionally licensed physicians are eligible to pursue this contract. If the physician meets all conditions (i.e. supervision) then the Ministry may offer a NTP contract to an IMG upon completion of the IMG's training.
  - **What about new grads who want a contract, but are taking over a retiring practice? Which contract do they pick up? Do we detach and then re-attach? Would this count as NTP or Group?** DOBC: The new grad taking over a retiring practice may take an NTP based on the size of the practice - if it is an 800 patient panel, they may pursue the NTP contract and work up to the 1250 target the following year, but if the patient panel is already 1250, the NTP contract may not make financial sense and they may choose the Group Practice Contract instead.
  - **What about clinicians in a group clinic who want to stay on FFS? How does that work?** DOBC: Yes, we heard from Government this may be possible in the future. However, we expect that the Government will impose conditions. For instance, patients cannot go from physicians on the contract to FFS physicians within same clinic. This would mean that there would likely be two separate "groups" of physicians in the same clinic. In this regard, the group governance agreement that contracted physicians are required to create can capture such conditions. Further, the Ministry has since prioritized practices in which all clinicians are

on the same group contract and have mandated that one EMR system be used. However, this does not preclude the interested physicians in this group for submitting their EOI.

- **What if you go on a contract, and thus have an attached target, and then take on a nurse, does that mean your target is now X + 500 or X including 500? How are FTEs calculated and panel expectations sorted?** DOBC: Yes, a group would be expected to attach an additional 500 patients if they take on a HA supplied nurse. However, the time spent by the nurse on their patient care does not count toward the minimum number of hours for the work under this contract. The addition of a nurse does not impact the PSE of 1250 patients per FTE. As such, the additional patients will contribute towards achieving a higher payment level under the contract. It is important to ensure that the physician is able to meet the minimum number of hours as outlined in the contract. Any services provided to the patient by the attached nurse is not considered to be time worked by the physician under the contract, unless the physician is working simultaneously alongside the nurse.

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**2.3 Western Community (WC) Expression of Interest (EOI) Update:**
*M. Aeberhardt, Change Manager PCN Implementation Team* and *S. Scott, WC Project Manager VIHA* are formulating a Phasing Plan to be presented at the WC Leadership Committee January 21st 2021.

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**3.0 Resource Supports for Integrated Workflow into Practice**
Please see 'Integrated Workflow Presentation' presented by A*. Zabaras and D. West*

- *SP Change Manager, D. West went through* the Integrated Workflow which has been a collaborative document between Island Health, FNHA, PSP, and PCN/SIDFP.
- Within the 6 high level steps, there are many sub steps that are supported by the PCN Implementation Team. Workflow is based on learning from other clinics to date and is intended for the Implementation Team to coordinate, and not for physicians to memorize.
- It is a priority to tailor workflows to individual clinics and the respective patient panels. Timing may vary depending on clinic. Two-week training at Island Health occurs prior to clinician start. Feedback is welcome to help standardize a process to improve the SI PCN.

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**4.0 Saanich Peninsula (SP) Hub and Spoke Model**
L. Holloway presented '*Saanich Peninsula PCN Hub and Spoke' Dr. S. Bourdon and Dr. A. Lewis* spoke to their experiences.

- September 2019 the SP Leadership Committee decided to create a Hub and Spoke model for the SP with allied health care team. There is a continuous improvement approach to this model. Please connect with L. Holloway and team for specific questions.
- The Allied Health Care (AHC) Team's background includes various experience with acute care, addictions, child welfare, Indigenous populations, and victim services.
- Service model includes the following FTE positions: 3 Social Workers (SWs), 3 Mental Health Substance Use workers (MHSU), 1 Pharmacist (posted, anticipated by spring), and 1 MOA to support with Allied Health Care Team scheduling.
- Referral can be faxed, sent through Pathways or can be direct to the Allied Health Care team if they have access to clinic's EMR, which has proven for more collaborative care approach.
- The Allied Health Care Team reviews referral through a huddle to determine who is best suited to treat each patient. Well over 400 referrals at this stage.
- There five clinics accessing the AHC team, including Three Cedars Medical, Peninsula Health NP Clinic, Shoreline Medical and the W̱SÁNEĆ First Nations Communities Clinic. Any clinic who would like to access the Allied Health Care Team are to be directed to SP PCN EOI process.
- Shoreline physicians described the benefits for having the AHC team integrated into the clinic's EMR, rather than just faxing referrals.

- Benefits include:
  - Being able to direct message the ACH team which has proven essential for communication but more so how the patient's care is affected. For example, a young girl being looked after who has stopped taking her antidepressants- clinician has access to information the patient may not have discussed.
  - Being able to look into referral process and see what steps have been taken etc. ultimately allowing for collaboration and best patient care.
  - As there is greater workload due to COVID and populations' increased anxiety, a large benefit is the relief for Physician workload the team allows;
  - The team can select who is the most pertinent fit for the patient, which also increases confidence in the referral to a highly developed skilled team. The team can send them to further support. 100% improving the care they are providing.

***Questions and Responses***

- **How long does the Allied Health Care Team follow clients for?** Intended for short term stabilization (3-5 visits per case) with mild to moderate focus, though the AHC is a part of the longitudinal care team.
- **Considering that many RNs are not practicing anywhere near their full scope, is it (now) possible to recruit LPNs within this PCN?** There are very specific fund transfer agreements for 12 FTE RNs. To change the MoH allocation for LPN resources would require a LC decision.
- **Is counselling limited to patients who don't have access to private counsellors through their extended medical plans or workplace**? Have not declined cases for that reason.
- **Would you see the processes developed as portable to the WC geography?** Yes, the workflow is portable to other geographies. Some tweaking for varying EMRs would be needed.

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**5.0 Unionized Employees in Private Offices**

C. Haselden presented *'What to know about Clinicians working in your Practice,'*

- SWs, MHSU, and NPs are tied to Collective agreements or their respective unions. If requirements are outside of the collective agreements, it must be included with the posting. Posting is determined with prerequisites and acknowledges seniority. The hiring practice can include physician participation.
- 'Backfill' and casual staff is being discussed currently so to avoid NP workload deferring time off.
- PCN Nurses will be exempt from the 'bumping line' as opposed to other unionized practice, where more senior nurses are entitled to a 'bump' a nurse that is less experienced.
- There has been a situation where a nurse can take leave for a temporary position (six months-year). Then the positon in the clinic would too be posted as a temporary position.
- Shoreline physicians shared their experience integrating a PCN Nurse. While there have been obstacles being front runners, and situational issues at Shoreline Brentwood, overall they have been impressed with the nurses' skill level and the openness of the hiring process. Having the Change management team in motion, integration and training process have been smoothed out. Shoreline is a large clinic and has the support to manage the intake and share the work i.e. training the RNs to the tailored skill level including teaching pap smears.
- The RN 500 attachment requirement is distributed among all FPs using the PCN RN in the clinic. It was noted that smaller clinics may have difficulty attaching 500 if overprescribed and could they have a 0.5 FTE RN and the answer was yes we could try to make that work.