Physicians Forum
Monday, November 2, 2020| 1730 – 1930
ZOOM

November 2nd 2020 the South Island Primary Care Network (PCN) Physician Forum occurred, the following is a summary of the discussions.

Event Participants included the following organizations:

- South Island Division of Family Practice (SIDFP)
- Primary Care Network (PCN) Implementation Team
- Island Health (VIHA)
- First Nations Health Authority (FNHA)
- Community Health Center (CHC)
- Patient Voices
- Family Caregivers Network
- Saanich Peninsula (SP) Family Physicians (FPs)
- Western Communities (WC) Family Physicians

Agenda 1. First Nations Health Authority (FNHA) Primary Care and Virtual Services

- As a response to COVID-19 and the Overdose Crisis, at a provincial level FNHA has moved to two new virtual services for primary and specialty care to be more accessible: **First Nations Doctor of the Day** (FNvDoD) and **First Nations Virtual Substance Use and Psychiatry Service** (FNVSUPS). These services are extended to Metis and to non-First Nations family members.
- Care Coordinator (FNHA employed) plays a key role working directly with virtual services, supporting intake and the referral service. General Practitioners (GPs) and Nurse Practitioners (NPs) will be encouraged to use referral forms whereas other care providers are to make an appointment with the Care Coordinator for intake.
- Please see www.fnha.ca (FNHA public website) for additional information.
- Randal Mason, AVI Health and Community Center, is also available to support questions regarding specialty services on Substance Use. *SIDFP is happy to share contact information, if you would like to be connected, please contact Alexandra Armstrong at SIDFP. 250.658.3303*
- Traditional Wellness Specialist, also considered Traditional Medicine Specialist, Knowledge Keeper, Traditional Healer and other titles varying from region to region and community to community. The role provides support from a traditional sense in a First Nations community, can include making traditional medicine off of the land, or leading and initiating healing ceremonies.
    - *K. Wuttunee, Regional Manager for Primary Care at FNHA*, is a resources to connect physicians to the Island's Traditional Wellness support Jessica Barudin. *SIDFP is happy to share contact information, if you would like to be connected, please contact Alexandra Armstrong at SIDFP. 250.658.3303*
    - Referrals from any practitioners are welcomed.
    - Suggestion for Traditional Wellness referral to be added to *Pathways.*
- There was a request for the FNHA new virtual programs to be linked to the current Mental Health Substance Use (MHSU) form that physicians use for easier access.
    - There will be physician and client facing posters available in the coming weeks.
- Depending on the region of the caller and the resources in the area, the FHNA virtual services are aimed to support the PCNs and strive for a Team Based Care (TBC) approach.

Agenda 2. Physician Contracts Update

- 'COVID Contract' will be shared as information becomes available.
- SIDFP is unable to help negotiate contract terms, though is available to help in other ways, including sharing physician experiences. SIDFP aims to help this process as seamless as possible.
- The application process is to be shared from General Practice Services Committee (GPSC).
- Resources available at Doctors of BC (DoBC) public website: NTP Information GEP Information FAQs Negotiation Questions: negotiations@doctorsofbc.ca
- Please contact SIDFP if interested: Aspasia (Sia) Zabaras at aspasia.zabaras@sidfp.com or Clay Barber at executive.director@sidfp.com

Agenda 3. Capital Improvements

S. McCartan, VIHA Capital Manager, spoke to the **Island Health Decision-Making Process**.

- VIHA operates heavily on two sources of funding: Routine Capital Investment (RCI) or Priority Investment (PI). It was noted that RCI and PI can only be spent on Island Health owned and operated projects, unless very complex situations and are not specifically for Urgent Primary Care Center (UPCC) and PCN projects.
- *RCI funding is targeted at asset sustainment (e.g. renovations, equipment replacement) and is confirmed annually with a 3-year notional budget allocation. These annual and notional future allocations are subject to change, and VIHA is only permitted to commit 75% of out year one and 50% of each of out years two and three.*
- *PI funding is targeted at new asset procurement or whole asset replacement (e.g. a net new MRI, or hospital replacement) with funding approved ad hoc by Treasury Board. Each year, VIHA provides the MoH with an itemized list of needed PI. These are then prioritized by MoH against all other Provincial Health Authority requests.*
- Simple renovation projects are suggested to go to the GPSC funding without VIHA. Though major projects require provincial funding through VIHA. MoH mandate requirements for funding request include the following: 1. Defined space requirement. 2. Lease abstract form, incremental lease cost and benefit, which may require a procurement or competitive process. 3. Capital cost for tenant improvements draw, requires consultants. 4. Funding sources need to be identified through the MoH. I.e. operating grant or identifying other partners that contribute. 5. Identify incremental operating cost to MoH and a project plan schedule.
- It was clarified that incremental operating costs consist of rent, maintenance and supplies etc. in terms of overhead and current PCN negotiation; another department would have to speak to that concern.

R. Downing, SI PCN Director, presented **GPSC Process and New MOH Information**.

- A report was given on capital allocations to date.
- Physicians are encouraged to connect with Change Managers for support on proposals for GPSC requirements. GPSC proposal turnaround is three weeks.
- There was confusion as to why the capital funding allocation is limited to 2 rooms. SI PCN Director was unable to speak to that decision from the GPSC, though presumed that is was based on rationing resource funds.

Agenda 4. Integration of Nurses and Allied Health Workers in Physician Clinics

- The PCN Implementation Team is significantly involved in the later allocations. Particularly, D. West supporting Shoreline on the SP where there are efforts being made in training and onboarding of NPs and Registered Nurses (RNs). There is hope to develop a consultation practice for other clinics from this experience. Additionally, it has been understood that Social Work (SW) integration is another difficult process.
- The possibility was noted that unallocated Full Time Equivalents (FTEs) can be swapped for NP allocations etc. This is being discussed at the WC Leadership Committee (LC), with guidelines from the MoH. Plans in writing to be shared amongst PCN Stakeholders to come. Though it was noted that there is an NP supply problem, as not many are qualified with provincial licensing.
- *Physicians attending the forum requested that PCN documents retire the term 'General Practitioners' and replace it with 'Family Physicians.'*
- It was noted that there is a substantial unallocated column for WC Clinician allocations.
- Clinical Pharmacist is to be temporarily housed at St. Anthony's Clinic, and then to be located at the Community Health Center (CHC). Presentation details to come.

Physician experience and success with Allied Health Worker integration including models of care providers working alongside physicians under the Fee for Service Model and a Hybrid Fee for Service Model and PCN in the same space:

- *Dr. Ward shared allied health care team integration experience at Eagle Creek Clinic.*
    - Overall success with Allied Health Care Team integration though limited space has proven as a challenge. Finding ways to integrate allied health care model (including NPs and SWs) with Fee for Service model. Codes seem to work nicely.
    - 2 NPs have been on boarded successfully, and have already attached 100 patients each since their start, one month ago. One NP is still on a provisional license and therefore requires a supervising physician.
    - New RN starting this week and 2 FPs to join in February 2021 and June 2021. In terms of fee for service billing and transition, the FPs may be on different timelines as attaching and matching patients can be a 45min initial appointment. Plan for the incoming resident to be on the new Physician Contract and the other FP to go directly to fee for service.
- *Dr. Evans and Dr. Ritonja shared allied health care team integration experience at Ocean Pier Clinic.*
    - Integration worked very well at Ocean Pier. Paid for allied Health Care Teams privately.
    - Currently has 2 Nurses, responsibilities include running flu clinics, patient immunizations, dressing changes etc. Both are on a fee for service model and have proven very helpful.
- *Dr. Saunders shared allied health care team integration experience at Sooke Clinic.*
    - Sooke Clinic has 3 Nurses attached to the clinic as 1 FTE, with success thus far.
    - One of the most important aspects about bring allied health care professionals into the Fee for Service model is to make certain that they are good fit with the clinic, it is not only about what services they can provide.
    - Sooke Clinic is training their nurses to do many procedures beyond immunizations, such as assisting in minor surgical procedures such as pap tests, chronic disease management, and basic mental health assessments. Patients can then be attached to an NP with some supervision- this is very much so a process under development.
- *Dr. Morrice shared allied health care team integration experience at Brentwood Shoreline Clinic.*

  - Brentwood Shoreline has both a PCN RN and a Fee for Service RN, both have proven to be very helpful. Fee for Service RN is 1-2 days/week and is billing for walk in assessments, injections, pap tests etc. She is motivated in upgrading courses that she herself pays for. The PCN RN has an indigenous focused background and assists with whoever is in the office, makes a lot of phone calls with better response in the evening, misc. tasks, notes and there are plans for her to do emergency home visits.
  - Additionally, Brentwood Shoreline has a mental health worker and a SW for support.
- Dr. Ross discussed her previous experience at Island Sexual Health where there have been nurses in practice for years. There are numerous courses available for nurses to upscale their skillset, which can fall within the Fee for Service Model. Many nurses at Island Sexual Health were able to prescribe contraception and did not require physician supervision. Jessica Pope was an exemplary nurse who was enthusiastic and despite being a new grad was quick to be brought up to speed on basic mental health topics, preventative care and palliative care.
- Additional comments in the chat box were made regarding RNs job shadowing in practice.
- There will be information offered at future WC LC and SP LC for clinics who would like integrate Allied Health Care professionals. The PCN is currently working through an Expression of Interest (EOI) application process.

Agenda 5. Urgent Primary Care Center (UPCC) Update

- *S. Tice, Director of Primary Care Strategy within Island Health,* presented an update on UPCCs.
- North Quadra UPCC (NQ UPCC):
  - Working towards an opening phase for November 30th beginning with Urgent Care.
  - Currently in a recruitment phase. First month of opening will likely look at daytime hours, dependent on availability of the hired team. Site Medical Lead has been posted as a temporary position till the end of the fiscal year, interviews have been scheduled. Hiring for Urgent Care RNs, MHSU Staff, Operational Manager and Office Coordinator. All positions are open and will be posted until filled.
  - Medical Office Assistant (MOA) Recruitment has proven itself to be the largest challenge.
- Esquimalt UPCC (E UPCC):
  - Process is underway, RFP posted, though process was momentarily stalled due to the election. Victoria and South Island Division of Family Practice (VDFP and SIDFP) participated in reviewing proposals. Currently going back to the MoH for a temporary space opportunity, as there were no proposals were submitted for temporary space though there is a proposal for the permanent space. Depending on MoH Response, timeline on engagement for the E UPCC will be determined.
  - Next steps include forming service plan and outlining how to partner with both the VDFP and the SIDFP.
- Service Plan proposals for additional UPCCs in the Victoria area are at the MoH for review.
- The impact on PCN Resources from a UPCC perspective will be dependent on the MoH approval.
- There are collaboration conversations underway with both the VDFP and the SIDFP at the Joint Executive Committee.

Open Discussion

- The commonality of a lack of MOAs across UPCCs and family practices was discussed. It was noted that often clinics will spend time to train MOAs for them to only be recruited to other various organizations, notably Island Health as they appear to have a better pay scale.
- There was a suggestion for collaboration between UPCCS and Family Practices for training programs and meshing payment schedules to avoid competing for MOAs in future.
- S. Tice offered another perspective that Island Health did not pay as well as some private clinics. She has reached out to the Director of HR to coordinate how to reach out and entice MOAs.
- It was noted that it is not only an issue of salary, but what the MoH offers in pensions and benefits, and what higher salaries Specialist Offices are able to offer. As family physicians operate as small businesses, it is challenging to give competitive benefits.
- Forum participants recommended that this discussion to be brought forward at future Physician forums or TBC Working Groups as MOAs are an essential part of clinics and allied health care teams.
- Chat Box Question: Can the PCN purchase a benefits package for MOAs in family practices beyond the more limited package currently on offer through the DoBC?

Agenda 6. Community Health Center (CHC)

- Key factor of CHCs is that they operate under community governance, some under a Cooperative model and others that have a stronger commitment to social justice. The Westshore CHC aims to support the communities needs and help to close the attachment gap.
- The CHC service delivery model is similar to AVI's Community Health Worker (CHW) model. It is defined as staff that hold two positions- which includes peer support work with lived experience in substance disorders so to help patients navigate steps and provide support to the team. And acts as an outreach worker, often having a SW background entailing a divers set of tasks, including seeking out patients and connecting them to services. The role is defined by the specific needs of the patient population.
- The hope is to have enough space to provide a Hub for the WC PCN, including a mental health team to be used as a PCN wide resource. Additionally, the CHC is proposed to be the long term home for the PCN Pharmacist and the 3 unallocated SW positions.
- The CHC is to act as the Hub and spoke to providers, act as outreach, and have providers refer patients to the CHC.

Chat Box Questions and Comments

- Suggestion to have Complex Care codes changes so to include severe mental health, addictions, cancer, mild cognitive impairment (MCI), and chronic pain.
- *What stages is the CHC process in? I.e. is funding approved? Equipment approved?* The CHC had planning funds approved by MoH in approx. March 2020 and is in the final submission stage, with MoH reviewing submission approval. The CHC has gone through the Steering Committee process as well. The CHC is still working through the steps for approval of capital improvements.