

South Island Primary Care Network (PCN) Physician Forum Summary

Monday, April 12 2021 | 1730-1930 | Zoom

Event Participants included the following organizations:

- South Island Division of Family Practice (SIDFP)
- Primary Care Network Implementation Team
- Island Health
- University of British Columbia (UBC) Faculty of Pharmaceutical Sciences members
- South Island (SI) Family Physicians (FPs)

1. Esquimalt Urgent Primary Care Center (E UPCC)

Please see PowerPoint 'Esquimalt UPCC Service Plan', presented by Collette Christney and Jennifer Mackenzie.

- July 2020 Minister Dix announced the UPCC for Esquimalt. UPCC team sought feedback from physicians in the community regarding UPCC services and attachment protocols.
- June 14th temporary site will open with a model of 8am-8pm 365 days/year. This model will include MHSU resources and Outreach workers. Longitudinal Physician Provider attachment target is 1,250 and 500 for RNs. Final site targets will be dependent on staffing complement, though the year one aim for PCPs is 4,700 and 7,400 each consecutive year.
- As Esquimalt is a high needs and complex population with increasing mental health needs, PCPs felt that attachment goals for year 1 and 2 should be lower as initial consultations are more time consuming. Esquimalt is an area of low income and unemployment therefore the socioeconomic determinants input of poverty is heavy. Esquimalt is a population of complex conditions, cancer, co-morbidities, geriatric frail, along with a large military presence that brings young families with low attachment rates, maternity needs and turnover, leaving pressure on walk-ins clinics.
- Physicians and walk-in clinics in the area will be able to refer patients to the EUPCC for SW and MHSU consults.
- Longitudinal Care Recruitment feedback was discussed, as were the obstacles with the current UPCC Contracts. It was noted that feedback included allowing for PCP input as the model develops, tailoring clinic recruitment to how the specific team works together.

2. PCN Pharmacist Access

Pharmacists in the PCN Program

Please see UBC's PowerPoint 'South Island PCN Physicians Forum Primary Care Clinical Pharmacist (PCCP)' presented by Jillian Reader, Megan Ruddle, David Forbes and Kate McCammon.

- Pharmacist services and UBC support overview was shared. The model has both virtual and in-person consultation. Pharmacists will be using OSCAR EMR and have access to all Health Authority documentation systems.
- Detailed workflows and UBC Pharmacist/ MOA 'U-Haul' support system was shared. Two TBC Models of Pharmacists supporting FPs are as follows: 1. Hub and Spoke with referrals through EMR from MOAs. 2. Co-Location model: Pharmacist is at specific clinics with mornings pre-scheduled.
- As of April 11 2021, 6 PCN Pharmacists have been launched, two of which are actively seeing patients.
- South Island Pharmacist position to be hired imminently, interview process involved South Island physicians.

3. PCN Announcements and Updates

Please see 'PCN Update and Grant Opportunity-Overview' PowerPoint presented by A. Zabar.

South Island PCN Update Overview

- Charting Agreement Template can be found at the PCN toolkit <https://www.pcnbc.ca/pcn>

Group Family Practice Development Grant Opportunity

- It is an online application to be made AFTER the practice has formed. Apply up to \$200,000, based on a max of \$30 000 per physician, and can apply until March 31 2022. Eligibility includes NTP contracts. Expenses are limited and receipts must be provided with applications. Please email gpsc.billing@doctorsofbc.ca for further questions.

4. Indigenous Priority Attachment

Discussion was led by SIDFP Board member and Family Physician, Dr. Vanessa Young.

- There is significantly new capacity in the SI for attaching patients, whether from International Medical students, NTP Physician Contracts funded through the PCN, UPCC, and Practice Ready Assessment program. Summer 2020, SIDFP Board has made cultural safety training and learning for reconciliation opportunities as top priorities.
- There is approx. 4,000 indigenous peoples unattached in the SI. The importance of autonomy for the patients was noted, as not all unattached want to be 'attached' though there are also many indigenous community members who are unattached with complex high needs that are challenging to match in the current service model.
- Attending members asserted the priority to create accessible environments and practices that are designed to be culturally safe and sensitive.
- Identification was noted as a potential challenge. Although for some indigenous community members identification is imperative to their self-identity and their medical history, for others it is preferred that their identification be kept private. Self-reporting and how that information is utilized will need to be considered further.
- Attachment Coordinator will assist in embedding cultural safety standard and indigenous priority to the attachment protocol, further discussion to come at the Attachment Working Group.
- Next steps are to engage the PCN Primary Care Circles, the Indigenous Communities in the geography and First Nation Health Authority (FNHA) for input on priority attachment paths.
- It was noted that all SIDFP members are welcome and encouraged to undergo the San'yas course for further cultural safety training and the PCN/SIDFP will refund the \$300 fee.

5. Accessing PCN Resources- Physician Questions and Experience to Share

South Island Physicians shared their experience with accessing PCN Resources, such as PCN Nurses and their scope of support in practice.

- Nurse roles have expanded substantially to include care planning for diabetes, COPD, pain management, everyday practical procedures such as pap smears and immunizations, being first point of care for urgent care clinics (throat infections, urine infections etc.), end of life care planning, patient charting, outbound phone calls, x-ray initiation, irrigation, suture removal, COVID screening and Patient acuity assessments.
- It was noted that as the roles of nurses expand in PMH, the daily in practice support and access for physicians decrease; the balance of patient contact and ability to delegate responsibilities is paramount.