

South Island Primary Care Network (PCN) Physician Forum Summary

Monday, June 21 2021 | 1730-1930 | Zoom

Event Participants included the following organizations:

- South Island Division of Family Practice (SIDFP)
- Island Health (VIHA)
- Ministry of Health (MoH)
- Doctors of BC (DoBC)
- Primary Care Network Implementation Team
- South Island (SI) Family Physicians (FPs)

1. Team Charting Agreement (TCA) Update

Please see 'SI Physician Forum Team Charting and Service Agreement' PowerPoint, presented by Dr. Jaron Easterbrook, Three Cedars MD, and Aspasia Zabaraz, PCN Project Director.

- BC has two legal infrastructures that enable a Team Based Care (TBC) model in private clinics: PIPS and HPA privacy legislations. The TCA acts as the conduit to transfer information while following six principles: Charting to be done once, done in the EMR, patient centric, brief and actionable, to follow existing data standards and maintain accessibility of information.
- There are specific circumstances when the Health Authority (HA) can request access to a private clinic's EMR: If there is an employee complaint, as there is an employer requirement to manage the employee performance. This access can be granted remotely to the EMR or the clinic can choose to send a copy of the notes to the HA.
- If a clinic is implementing a HA employee resource, they are expected to sign this document, as are any additional physicians joining the practice via an addendum. Please see DoBC toolkits FAQ to determine your clinic's Privacy Officer. The FAQ also explains each section of the agreement in plain English.

2. Service Agreement/ Primary Care Collaboration Agreement

Please see 'SI Physician Forum Team Charting and Service Agreement' PowerPoint.

- The agreement has been revised (by local physicians and Island Health) to be more consistent with the Provincial Standard. If a Physician has additional revisions or questions, the recommendation is to share with DoBC who will then connect with VIHA.
- For practices participating in the PCN, the clinic is expected to sign the Primary Care Collaboration Agreement if accessing PCN/Island Health resources. The agreement is between the HA (Island Health) and the private clinic (all clinic physicians).

3. PCN Resources in Action

Please see 'MHSU Experience' PowerPoint presented by Dr. Vanessa Young, Keeler Young McLurg Clinic, and Joyce Brown.

PCN Experience- Mental Health and Substance Use (MHSU) Consultant

- J. Brown is a MHSU Consultant that has been integrated at Grow Health Patient Medical Home (PMH) and Doctors Keeler Young and McLurg PMH. Clinic teams have been working through workflow development, patient type identification and developing a referral process.
- It has proven to be a beneficial and welcomed model for patient outcomes and physician benefit. Case examples that J. Brown has guided include the following: A 30-year-old mother of two with no transport and a learning disorder, J. Brown offered support while the patient waited for long term counselling. A 65-year-old patient that has suffered from workplace bullying and harassment, the usual strategies were insufficient, though J. Brown was able to validate the patient's experience.
- J. Brown listed the learning curve to new individual EMR systems as the largest obstacle. However, the work has proven successful with quick turnarounds while working simultaneously with the physician team. The model has proven highly rewarding as it has allowed the opportunity to act as prevention to cases becoming severe, and was noted as a privilege to intervene and support patients in an effective way.
- In terms of charting, the MHSU consultant worked directly with the clinic and added their notes into the EMR where the FP can review immediately after the appointment. Minimal charting has been done on HA platform and only done so when referring out to a HA program.

4. How to Implement NTP Contracts in your Practice

Please see 'Physicians Forum NTP Presentation' PowerPoint, presented by Jacob Hart, PCN Change Manager.

Additional questions were answered by the following supporting individuals: Brendon Stewart- MoH Primary Care initiatives, Quinn Cerna- MoH Sr. Policy Analyst (supporting NTP and Group Contracts, Policy Branch), Gregory Homes- Team Support/Group Contracts, Leslie Hoestra- VIHA Manager for Strategic Initiatives for Primary Care, Cindy Daniuk- VIHA Medical Affairs (Contracts Analysts working primarily with PCNs, UPCCs, and NTP Contracts).

- The NTP process is a complex landscape with various support pathways. Step 1: local PCN Expression of Interest (EOI) process and Leadership Committee approval. Step 2: DoBC and the HA administers the contracts. There are various support opportunities at each stage from the PCN Team and DoBC to offer negotiations support. It was recommended to do as much research and utilize the PCN toolkit prior to beginning the NTP application process.
- It was explained that consideration would be given on a case-by-case basis to those that are retroactively applying for an NTP Contract; there is no specific date or set amount of time. However, the FP panel would need to be less than 800 as that is the required attachment for Year 1. Application process would still go through the local PNC first and then to MoH approval.
- The complexity of requiring all clinic physicians to sign the practice agreement for one physician to implement an NTP contract was noted, MoH contacts are to offer further clarification and feedback. Conceptually the Practice Agreement is not for other physicians to have any responsibility or obligation, rather that they understand and acknowledge what the contracted NTP physician has individually committed to with the HA.
- The nuances of moving from a fee-for-service model to a contract are acknowledged as significantly different compensation models; please see the PCN Toolkit for additional resources. It was noted that the MoH will publish FAQs for Encounter coding and further NTP workflow documentation. Please email PCN.Compensation@gov.bc.ca for contract and reporting questions.

5. PCN Announcements and Updates

Please see 'PCN Updates' presented by J. Hart, PCN Change Manager, A. Zabaras and S. Mkisi, PCN Co-Project Directors.

Evaluation

- A subcommittee of the SI PCN Steering Committee is revising the 56 page Evaluation Proposal and will be returning feedback to Dr. Eileen Pepler, PCN Evaluation Consultant, by June 30, 2021.
- The document outlines the relevant indicators and measurements of success for the PCN Evaluation. Included themes are as follows: Primary Care inputs and support, access and quality of care, patient outcomes, and provider experience. Rate of burnout, rate of joy and fulfillment in work, and experience in TBC/team dynamics will be included in the provider experience metrics. Another level of the evaluation structure includes the logic model, which has the developmental frameworks you work within, the tools used, cases studies, surveys and interviews.

PCN Project Update

- Please see PowerPoint, includes the current project status and percentage of active implementation per geography and implementation team changes. The PCN is actively recruiting to fill vacant PCN implementation team positions.

Health Connect Registry (HCR)

- Health Connect Registry is live as of June 16th 2021 and can be accessed by calling 811 or connecting through the online website. There is a community page for the Saanich Peninsula and for the Western Communities, under Greater Victoria at the following link: <https://www.healthlinkbc.ca/health-connect-registry>
- The PCN team alongside HCR is inputting the existing lists prior, and then working through the output process to connect patients with a new family physicians. This process is currently under review in terms of postal code filtration to clinics.
- Open call to all PMH to get involved with the HCR. Depending on if a clinic already has a waitlist to input or not, each onboarding process will look a bit different. Benefit is to take away the clinic's responsibility to maintain individual time-consuming waitlists. There are specific communications for internal MOAs and structured communication outputs from the PMH to the community. If interested please contact the PCN team, jacob.hart@sidfp.com or kim.brown@sidfp.com.
- HCR is operational in the South Island despite being in a soft launch stage; a full launch will be once more progress has been made that will come with a Public announcement. Patients can be referred to the HCR today!