

Evaluation of the Uptown Medical Clinic in White Rock-South Surrey



White Rock-South Surrey
Division of Family Practice
A GPSC initiative

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Table of Contents

1	Introduction	3
1.1	<i>Overview of the Initiative and Purpose of the Evaluation</i>	3
1.2	<i>Evaluation Questions Addressed</i>	3
2	Methods	3
3	Findings	3
3.1	<i>How does the Uptown Medical Clinic contribute to the goals of the Attachment Initiative?</i>	4
3.2	<i>To what extent is the program contributing to the achievement of Attachment goals?</i>	5
3.3	<i>What was the cost per patient attached?</i>	5
3.4	<i>What worked well, what were the challenges, and lessons learned?</i>	5
3.5	<i>Is this an effective model for recruiting and retaining new physicians to the community?</i>	8
	Appendix A: Description of the Uptown Medical Clinic	10
	Appendix B: Logic Model for Uptown Medical Clinic	11

1 Introduction

1.1 Overview of the Initiative and Purpose of the Evaluation

The Uptown Medical Clinic was established in December 2011 by the White Rock-South Surrey (WRSS) Division of Family Practice as a recruitment tool to help meet the community's need for additional family physicians.

This evaluation is part of a Division-wide evaluation of programs that fall under its Attachment Initiative. The Division is interested in learning about the effectiveness of the clinic as a model for supporting recruitment and increasing attachment. To support the uptake of this model in other communities, this evaluation also documents the process of setting up the clinic and surfaces the lessons learned along the way.

1.2 Evaluation Questions Addressed

The following evaluation questions are addressed in the Uptown Medical Clinic evaluation:

1. How does the Uptown Medical Clinic contribute to the goals of the Attachment Initiative?
2. To what extent is the program contributing to the achievement of Attachment goals?
3. What is the cost per patient attached?
4. What worked well, what were the challenges, and how can the model be improved?
5. Is this an effective model for recruiting and retaining new physicians to the community?

2 Methods

Interviews were conducted with all three physicians at the Uptown Medical Clinic as well as two Division staff members who managed the clinic between 2011 and 2014. The interviews explored the effectiveness of the Uptown Medical Clinic as a model to recruit and retain new physicians as well as what worked, what challenges were experienced, and how the model could be improved.

A review of Uptown's financial records from 2011 to 2014 was conducted to determine the cost per patient attached.

3 Findings

This section presents the evaluation findings according to the evaluation question addressed.

3.1 How does the Uptown Medical Clinic contribute to the goals of the Attachment Initiative?

The White Rock South Surrey (WRSS) Division of Family Practice established the Uptown Medical Clinic in 2011 with the objectives of:

1. Increasing the supply of physicians in the community, and
2. Ensuring that anyone who wants a family doctor can have one.

The clinic was created in response to the community's need for additional family physicians and the lack of capacity at existing clinics to take on new physicians. The need for additional clinic space was identified through a survey of local clinics conducted by the Division in 2010. At that time, the estimated number of residents that needed a family doctor was between 8,000 and 14,000.¹

As part of its physician recruitment and retention efforts, the Division set up the Uptown Medical Clinic as a strategy to attract new physicians. New physician recruits were offered a brand new, fully operational clinic, as well as business management and financial support for the first two years of practice. At the end of the two years, physicians could choose to assume ownership of the clinic from the Division or take their patients to another site. A detailed description of the main activities undertaken to establish the Uptown Medical Clinic is presented in Appendix A.

As mentioned, the clinic was established under the Attachment Initiative. The goals of the Attachment Initiative include:

1. Confirming and strengthening the GP-patient relationship – including better support for the needs of vulnerable patients;
2. Enabling patients that want a family doctor to find one; and
3. Increasing the capacity of the primary care system.

A logic model was created for the Uptown Clinic to show how the clinic connects to Attachment goals and identify outcomes of interest. A copy of the logic model can be found in Appendix B.

As shown in the logic model, the Uptown Medical Clinic contributes to two goals of the Attachment Initiative by:

- Increasing the capacity of the primary care system by recruiting new family physicians to the area and increasing access to physicians, and
- Enabling patients that want a family doctor to find one by increasing the number of residents attached to a family physician.

¹ Source: Interview with clinic manager.

3.2 To what extent is the program contributing to the achievement of Attachment goals?

The Uptown Medical Clinic has contributed to Attachment goals by:

- Increasing the capacity of the primary health care system through adding three new physicians to the community – In 2011 and 2012, the Division successfully recruited three new physicians to the community through the Uptown Medical Clinic recruitment strategy. On March 31, 2014, these physicians chose to continue to practice in the community and assumed ownership of the clinic.
- Increasing attachment – As of April 2014, the Uptown Medical Clinic has a roster of 4,296 patients. According to Division staff, the clinic only accepted patients who did not have a family physician at the time.

3.3 What was the cost per patient attached?

The cost to the Division per patient attached is estimated to be \$31.58. This was calculated by dividing the total cost of the Uptown Medical Clinic by the number of patients attached. The Division's financial records for the period of March 2011 to March 2014 were used to estimate the total cost of the clinic. A detailed breakdown of clinic costs is presented in Appendix B. The number of patients attached is based on the size of the patient roster as of April 2014.

It should be noted that this estimate does not include all costs associated with the establishment of the clinic (Division staff wages, consultant fees, and physician recruitment costs). It was not possible to include these expenses in the estimate because they were not reported as separate items in the Division financial statements. The actual cost per patient attached would therefore be slightly more than \$31.58 per patient attached.

3.4 What worked well, what were the challenges, and lessons learned?

The successes and challenges related to the setup, development, and transfer of the clinic are described below.

What worked well?

Providing a turn-key operation to new physicians

When asked what attracted them to the Uptown Medical Clinic, all three physicians pointed to the fact that the clinic was already setup and ready to go. They appreciated that they didn't have to worry about purchasing equipment, hiring staff or managing the business side of the clinic. This allowed them to focus on patient care. Two of the physicians also appreciated the opportunity of being able to develop relationships with a fresh patient roster (rather than inheriting patients from another physician).

"I could set up clinic from scratch and develop relationships with patients. Some new patients just delivered babies at the hospital, so I could start fresh with the young family." – Uptown physician

Each of the physicians mentioned that they were interested in moving to the area before they knew about the Uptown Medical Clinic, but the turn-key operation and the Division's recruitment/outreach facilitated the move and eased the transition into the community.

Support from other physicians in the community

All three Uptown physicians felt supported by other WRSS physicians. Given that all three physicians were both new graduates and new to the area, this support helped them feel less alone in the community, helped to increase their confidence, and helped them identify resources and referrals in the community.

“Support from community gives you confidence. You don't feel like you're lost. People extend resources and support. They are very willing to help.” – Uptown physician

The newly recruited physicians were provided with a number of opportunities to interact with and learn from other physicians in the community:

- *Hospital privileges* – Uptown physicians were required to obtain hospital privileges as part of their contract with the Division. These hospital shifts allowed them to meet, build relationships, and learn from other physicians in the community. The Division set up a mentoring system within the hospital to help support the integration of the Uptown recruits into the community.
- *Peace Arch Community Medical Clinic* – The Peace Arch Community Medical (walk-in) Clinic is adjacent to the Uptown Medical Clinic where over 40 community physicians rotate on a roster. Having the clinic in close proximity allowed Uptown physicians to easily debrief with senior physicians who work at the walk-in clinic regarding patient care or resources in the community.
- *Recruitment process* – During the recruitment process, local physicians provided the short listed candidates with tours of the hospital and their clinic spaces. The Division also arranged meetings and luncheons between community physicians and new recruits.
- *Locum* – One new physician worked as a locum in the community for five months prior to starting at the Uptown clinic. He noted that this allowed him to get to know other physicians in the community and helped him feel less alone.

The Uptown physicians felt a strong sense of collegiality among physicians in the community. Division staff explained that the clinic had the full support of community physicians from its inception. Everyone was invested in helping the new recruits succeed as it was widely known that the community needed to attract additional physicians and existing clinics could not accommodate additional physicians.

Central registry for patients seeking a family physician

When asked what helped build the clinic's patient roster, all interviewees pointed to the central registry. Before the launch of the Uptown clinic, the Division established a central registry for patients seeking a family physician. According to Division staff, there were over 400 names in the registry when the first Uptown physician was ready to take on patients. Patient referrals to

Uptown clinic also came directly from the hospital, the Peace Arch Community Medical Clinic, and other walk-in clinics in the community.

What were the challenges and lessons learned?

Managing a high volume of new patients

Ready access to new patients through the central registry meant that the Uptown physicians could take on as many new patients as the clinic could handle. The high influx of new patients presented challenges for the physicians and support staff. In addition to meeting and building relationships with new patients, patient records (e.g., charts and diagnostic tests) needed to be located and inputted into the clinic's electronic medical record system. While the physicians and Division staff recognized that this is a need when setting up any new clinic, it was, none the less, emotionally draining and overwhelming at times. To help manage the workload, physicians took breaks from new patient intakes. Over time, an increasing number of returning patient appointments created a more manageable balance with new patient appointments.

Creating a clear and comprehensive contract with physicians

This was the first time the Division had undertaken the establishment and management of a clinic. While they did engage a consultant to facilitate the recruitment process, this was their first experience in drafting and negotiating a contract of this kind with physicians. The following learnings were noted by Division staff:

- *Clearly define the terms for surplus payouts to physicians* – The contract stipulated that surpluses would be paid out to the physicians, as the Division is a not-for-profit entity and did not want to profit from the clinic. The terms surrounding the surplus (i.e., annual surplus versus accumulated surplus; start and end date of the fiscal period) should be clearly defined in the contract.
- *Calculate physician compensation based on revenue (rather than billings)* – The Division retained 30% of the clinic's revenue to help cover the operating costs of the clinic and paid 70% of the revenue to physicians. The actual revenue received from the Ministry is lower than the physician billings, as the Ministry retains a portion of the billings. For this reason, it is important to base the physician compensation on the actual revenue, rather than the billings.

Managing the transition of the clinic to physicians

Transferring ownership of the clinic from the Division to the physicians required time, effort and patience from all parties. The process involved transferring liability insurance, payroll, utilities, MSP billings, credits cards, as well as a full valuation of the clinic. Physicians and Division staff identified the following learning from the process:

- *Allow sufficient time for the transfer process* – The transfer process took place over an 8 week time period. According to physicians, if they had to do it over again they would have planned further in advance and allowed more time for the transfer. One physician also

noted that he would have got involved in the business side of the clinic earlier in order to gain experience running a clinic.

- *Setup the clinic with the exit plan in mind* – Division staff noted that the transfer process might have been easier if the clinic was originally set up as a separate entity from the Division. Consultation with a lawyer or expert ahead of time is advised to ensure the most appropriate form of business entity is established to position the clinic for eventual physician ownership.
- *Keep a record of the equipment costs and clearly define what is included* - When the physicians assumed ownership of the clinic, they bought the equipment from the Division. Having a complete record of equipment costs and a defined list of what is included in these costs would have assisted the Division in calculating the market price for the sale of the equipment to physicians. Clinic management also noted that it was not possible to determine the market price of the equipment due to challenges in finding someone with the expertise to perform a valuation. As a result, the amortization of the equipment was used instead of the market price. Management advises that the method for determining fair market price be included in the contract with physicians.
- *Consider leasehold improvement in the valuing of the clinic* – When the physicians assumed ownership of the clinic, leasehold improvements were not included in the valuing and sale of the clinic to physicians. Including this in the contract with physicians could have protected the Division's investment in property improvements.
- *Consider alternative models for clinic ownership* – One Division staff member suggested an alternative model that would alleviate the need to transfer ownership of the clinic. The Division would work with experienced physicians to set up a new clinic that would recruit, house, and mentor new physicians for a fixed term. During this time, the new physicians would build their patient roster and receive mentorship from the experienced physicians. At the end of the fixed term, the physicians would move on and four new recruits would be brought in. This variation of the model would create a lasting space to mentor new physicians, ensure a continuous flow of new physicians into the community, and could be less costly if spaces for new recruits could be added to existing practices.

3.5 Is this an effective model for recruiting and retaining new physicians to the community?

Yes, the Uptown Medical Clinic is an effective way to recruit and retain new physicians to the community and increase attachment. The initiative successfully recruited and retained three new family physicians and led to the attachment of 4,296 patients to Uptown physicians.

The estimated cost per patient attached was \$31.58. To be able to determine whether this was a cost-effective model, we would need to be able to compare this cost to the costs of implementing other recruitment and retention models and this was not possible in this evaluation.

Lessons learned from this recruitment and retention approach can be used to inform and advise other communities interested in implementing a similar model. Key learnings included:

- The new, fully outfitted clinic was an appealing draw for new physicians.

- Support from the Division and physicians in the community helped the Uptown physicians integrate into the community and feel confident in their practice.
- The Central Registry and strong relationships with community partners (i.e., hospital and walk-in clinics) helped the new recruits efficiently build their patient rosters.
- It is important to draft a comprehensive contract with clearly defined terms for physician compensation, surplus payouts, transfer agreements and valuation of clinic equipment.
- It is important to seek legal advice and keep the end goal (or exit plan) in mind when setting up the clinic and drafting the contracts.

Appendix A: Description of the Uptown Medical Clinic

Key activities associated with the Uptown Medical Clinic

Clinic setup - In order to address the community's need for additional physicians and lack of clinic vacancy, the Division setup the Uptown Medical Clinic at 1545 Johnston Road in White Rock. The clinic offered prospective physicians a brand new fully operational clinic to start their practice. Setting up the clinic involved leasing the clinic space, purchasing equipment, hiring and training support staff and establishing a central patient registry. These activities were carried out by Division staff with extensive experience in clinic management and operations. Attachment Initiative funding was used to cover the costs of setting up and managing the clinic.

Physician recruitment – The physician recruitment strategy was designed and carried out by Division staff with support from a consultant. As part of the recruitment strategy, the Division offered short listed candidates the opportunity to view the new clinic, arranged tours of local hospitals and introduced candidates to physicians who were already practicing in the community. The Division successfully recruited three new physicians between December 2011 and September 2012. The first physician recruited completed a five month locum in the WRSS community before joining the Uptown Medical Clinic. This allowed the physician to gain experience in the community and get to know local physicians and resources before starting at the Uptown clinic. This physician also supported the recruitment of the additional Uptown physicians.

Clinic management - For the first two and a quarter years, while the physicians were building their patient rosters, the Division managed the day-to-day operations of the clinic. This included processing invoices, paying bills, managing support staff, overseeing office maintenance and general bookkeeping. The Division retained 30% of the physician fees to help cover the cost of clinic expenses but did not bill the clinic for management.

Patient roster – In anticipation of the newly created capacity to attach patients, the Division set up a central patient registry during the planning phases of the Uptown Medical Clinic. The central registry was operated by Division staff and housed at the Primary Care Access Clinic. The Division promoted the registry in the local newspaper and to community partners (e.g., hospitals, walk-in clinics, etc.). Residents seeking a family physician were instructed to call the central registry and complete a short telephone survey. When the Uptown Medical Clinic physicians were ready to start taking on patients, many were drawn from the central registry.

Clinic transfer – Towards the end of the two year contract, the Division provided the physicians with the option to assume ownership of the clinic or take their patients to another site (e.g., start their own clinic or join another practice). In March 2014, the three physicians assumed ownership of the clinic and purchased the clinic equipment from the Division. They now operate the Uptown Medical Clinic independently and continue to support a roster of almost 4,300 patients.

Appendix B: Logic Model for Uptown Medical Clinic

The logic model presented below identifies the key inputs and activities associated with the establishment and transfer of the Uptown Medical Clinic and shows the main outcomes that the clinic was expected to achieve. Each outcome is linked to its Attachment goal.

Goals of Attachment Initiative:

1. Strengthen the GP-patient relationship including providing better support for vulnerable patients
2. Increase attachment
3. Increase the capacity of the primary health care system.

Inputs	Activities	Outputs	Outcomes (Attachment Initiative Goals)
<u>Personnel</u> Three family physicians Clinic support staff Division staff <u>Space</u> Leased clinic space <u>Capital</u> Medical equipment Furniture Computer equipment <u>Funding</u> Attachment Initiative Physician fees	Setup clinic Recruit new family physicians to community Manage day-to-day operations of clinic Build patient roster (partnership with Central Registry) Transfer clinic ownership and operations to physicians	# of new physicians # of patients	Improved access to care (Attachment Goal 3) Increased # of physicians providing care (Attachment Goal 3) Increased attachment (Attachment Goal 2)

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