



COMMUNITY ENGAGEMENT

Listening to physicians to inform direction

The Vancouver Division engaged 475+ physicians through meetings, events, focus groups and surveys, over the past two years, to learn about current and anticipated challenges in providing care within Patient Medical Homes (PMHs) and Primary Care Networks (PCNs), and to assess practice and system needs. Our primary care system work currently underway is informed by this physician engagement.

WHAT WE LEARNED

“I am concerned about creating, developing and working in a network environment.”

Physicians' primary concerns around networking are fit of personality, style of practice and equal contribution with other members.

“Communicating and coordinating care with multiple specialists is my biggest challenge in caring for patients.”

3 of the top 4 challenges identified in providing quality care relate to coordinating care, of which many are administrative issues.

“What Health Authority services are available for my patients?”

1 in 3 physicians are unaware of Health Authority services that support cooperative care. Of those familiar, 1 in 4 is unsatisfied with the capacity of services.

“It is difficult to manage my patients' care when they access services from other healthcare providers.”

Lack of communication and inadequate compensation are concerns in maintaining care continuity when patients access care across multiple health providers.

“I believe physician networking can increase system capacity, but not in this current environment.”

Physicians believe that team-based care and physician networks have the potential to significantly increase capacity, but are insufficiently supported in the current environment.

WHAT WE ARE DOING

To **support networking of practices** our Physician Champions and Community Outreach Facilitators (staff leads) are working with physicians and clinics in Community Health Areas to bring them together and start local conversations. Participation in a network is voluntary, but necessary to better understand physicians' concerns, common goals and areas of focus.

PCNs provide **coordinated, streamlined care** through team-based connections, making it easier for physicians to manage patient care and provide increased access and capacity. Administrative support can significantly improve physician and staff satisfaction.

Communication is important in the implementation and management of networks. Our Physician Champions and staff leads will offer **ongoing support**, and our communication channels will provide updates and resources for each of the PMH/PCN communities.

We are working towards realizing the opportunities created by digital health and intend for **IT to be a valuable component** within the networks. PCNs will provide more streamlined, coordinated care, which will ease the challenges of managing patient care across multiple providers.

Transforming primary health requires more than adding new healthcare professionals into the system. Taking on the challenge of working together (team-based) and understanding your team, respecting their roles and capacities to assist in good wrap around care for patients, will result in a **primary care shift** that provides workplace satisfaction, prevents physician burnout and ultimately increases access, quality of care and better health outcomes for patients.

The term 'physicians' referenced in What We Learned is not inclusive of all Vancouver physicians, only those who engaged in this evaluation work.



COMMUNITY ENGAGEMENT

Listening to patients to inform direction

The Vancouver Division engaged 2600 patients over the past two years, to gain insight and an understanding of their perspective on primary care in the community, and the work being done around Patient Medical Homes (PMHs) and Primary Care Networks (PCNs). Our primary care system work currently underway is informed by this patient engagement.

WHAT WE LEARNED

“I receive high quality care.”

82% of patients believe they receive high quality care from their family physician, compared to 42% of walk-in clinic patients.

“I do not have enough time with my physician.”

#1 reason patients have a negative perception of their quality of care is insufficient time with their physician.

“I trust other healthcare providers to participate in my care, depending on need.”

2/3 patients are willing to incorporate an RN, pharmacist, physiotherapist or NP as part of their healthcare team.

“I have visited a hospital for a non-emergency.”

Unattached patients are 2x more likely to visit the ED for non-emergency.

“If my doctor isn't available, and walk-in options aren't convenient I will go to the ED.”

Inconvenient/timely access to primary care drives ED utilization for non-emergency issues.

“Older patients appreciate the value of longitudinal care.”

As patients age, they are less willing to use a walk-in option in lieu of their family doctor.

WHAT WE ARE DOING

Our Patient Attachment Initiative continues to attach more complex and vulnerable patients. Efforts are underway to **create more capacity** in primary care by recruiting physicians as well as facilitating physician retirement to ensure patients remain attached by repatriating them to these new physicians.

Primary care networks will allow physicians **more time to focus on patients** and build stronger relationships, while working towards providing increased quality of care and better health outcomes.

Patients are open to a **shared care model** across a multi-disciplinary care team. Team-based care supports patients to see the most appropriate healthcare provider at the right time, which may not be their doctor.

Attaching patients to a family physician or clinic results in better overall health, **reduced hospitalizations**, and improved outcomes for patients with chronic diseases or maternity, frail elders and mental health and substance use issues.

PCNs intend to deliver **comprehensive primary care services** through team-based care and after-hours coverage, including urgent primary care services open evenings and weekends to redirect less acute visits from the ED and provide lab, diagnostic, x-ray and pharmacy services to patients within the PCN.

The PCNs will provide **consultation, comprehensive assessment and care for seniors** with, or at risk of frailty to better support with self-management strategies and interventions to avoid unnecessary ED visits.

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