

## **North Quadra Urgent & Primary Care Centre Service Model Engagement Event**

**Monday July 20, 2020 | 5:30 PM-7:30 PM**

### **Introduction:**

The South Island Primary Care Network (PCN) identified an opportunity to bring together a wide variety of stakeholders on Monday July 20<sup>th</sup> for a two-hour dialogue to better understand the proposal for the North Quadra Urgent and Primary Care Center (NQ UPCC) Service Model, and to offer feedback on the proposed approach to a service delivery model that meets the needs of funders and local stakeholders. Following the last engagement event, there was support from the group to move forward with the engagement plan that was presented. It went to the Steering committee for approval. This is the second of three engagement events outlined in the approved engagement plan.

Participants attended the event including the following organizations:

- South Island Division of Family Practice (SIDFP)
- Island Health (VIHA)
- General Practices Services Committee (GPSC)
- Patient Voices Network
- Doctors of BC (DoBC)
- Saanich Peninsula Hospital and Medical Staff Association (SPH MSA)
- Ministry of Health (MoH)
- Family Practitioners (FPs)
- Saanich Peninsula Hospital and Healthcare Foundation
- Community Partners

### Agenda Item #1: Setting the Stage

- **Jaron Easterbrook, Physician and Co-Chair** discussed how the NQ UPCC Working Group (WG) has met to move things forward and has found real progress through continued participation and patience.
- **Rupert Downing, SIDFP PCN Director** introduced the new PCN team and amplified the WC and SP need for collaboration for both the PCN and the NQ UPCC to be as effective as possible. He discussed solutions to take into account the population increase, such as new housing and the engagement process model, and emphasized the need for the group's feedback towards the service model proposal.

### Agenda Item #2: Service Model Working Group Progress Presentation

- **Dan Horvat, Island Health Geo 4 Medical Lead and Jaron Easterbrook.**
  - The goal is to share progress and optimize the model through the group's feedback.
  - Engagement is a collaboration with representatives from Saanich Peninsula, Western Communities, SIDFP, Victoria Division of Family Practice (VDFP), Community Physicians and the Ministry of Health.
  - The presentation covers updates on timeline for process, which is nearly halfway along. Remaining steps for the NQ UPPCC Working group include further meetings to refine the service model based on feedback and issues raised, a final product presentation to stakeholders, and a final document submitted to the Ministry. The timeline is quick due to the build and the expected opening of the NQ UPCC in October of 2020.



### Agenda Item #3: Open Forum

The following are themed highlights, concerns and questions that were raised as part of the Open Forum, which was intended to seek feedback on the NQ UPCC Service Model. Questions and comments were made via Speakers list and the chat box in Zoom.

#### **Logistics, Layout and Hours of Operation:**

- As in other mixed primary and urgent care clinics, physicians would like to see a procedure room in the NQ UPCC, for urgent care issues as well as for biopsies by community physicians.
- Areas such as the waiting room and the “charting room/collar resources area” look too small to support physical distancing.
- There is little space for Virtual Care. Even with physicians providing offsite care, there would still be a need for support staff (Medical Office Assistants (MOAs) etc.)
- Extended hours are the starting point for the service model. Westshore and James Bay offer 8:00am-8:00pm, but the WG is not set on that. The general understanding is that evenings and weekends would be helpful.
- **QUESTION:** How is it envisioned for community physicians to be able to access the procedure room and Mental Health and Substance Use (MHSU) in the UPCC?

#### **Location:**

- There is no good public transport between the Uptown area and the NQ UPCC, though improvements may be a part of the Saanich Development Plan.
- Parking should be prioritized for patients to assure easy access. Suggestion for physicians to have offsite parking.
- With an increase in population through affordable housing projects, there may be opportunities to partner and co-locate service providers.
- Saanich Peninsula (SP) patients may overwhelm the NQ UPCC for urgent care as it is much closer than travelling to the Jubilee Hospital. The Working Group is mindful of the impact to the SP, though this would depend on the number of attached patients.
- Patient education regarding seeking appropriate care will be essential, especially with Saanich Peninsula Hospital (SPH) as an option.

#### **Desired Service for NQ UPCC:**

##### ***Primary/Longitudinal Care***

- There is a desire for the North Quadra location to be focused on primary and longitudinal care, though concern that the MoH has laid out parameters requiring North Quadra be used for Urgent Care as well.

- Requiring both Urgent and Primary care puts physicians in a position of trying to fill too many roles: By focusing on Urgent care, they will have no time for longitudinal care and will end up with very small practices. Community physicians are already providing after hour care 24/7 to their patients and have a 15 min response time to labour and delivery.
- If the NQ UPCC is both for Urgent and Primary Care, Urgent Care may fill up too quickly due to lack of space, resulting in an inability to accept drop-ins, creating the same problem filling up Emergency Rooms (ERs) or walk-in clinics. By doing both urgent and primary care, the UPCC will operate like a walk-in clinic, not reflecting a proper longitudinal quality of care. It may be more effective and representative of the community's needs to choose one route, offering this facility for Primary longitudinal care and the next facility for Urgent care.
- The North Quadra space could be a primary care support area, with services accessible to all PCP in the geographic area.
- A shift towards virtual care may be something more permanent, due to COVID-19 impact.
- Focus should not be on the NQ UPCC facility limitations, but on the opportunity to improve the health of the entire community.

#### ***Mental Health***

- Mental Health is one of the top priorities to include at the NQ UPCC.
- **QUESTION:** What are the planned hours of operation for MHSU services? How will those needs be determined? How does this work with youth mental health services located in Royal Oak?

#### ***Social Workers***

- There is a need for a Social Worker (SW) at the NQ UPCC despite space limitations. This could be a virtual, part-time SW.
- If other Patient Care Providers (PCPs) were offsite/virtual, this too could accommodate more space for in-person SW.

#### ***Staffing and Attachment:***

- 4000-5000 patients are anticipated to be attached by the NQ UPCC, depending on the number of Primary Care Providers and urgent care delivery.
- Each role of urgent and primary care is indicated in the service model. There will be a need for approximately 3.4 Full Time Equivalents (FTEs) (6-10 PCPs) to meet the hours indicated, depending on what services will be provided and when. Approximately 6-7 FTEs to attach 5000. A model that includes virtual care would attach more patients.
- Attachment challenges may be linked to population increases, high demand in the geographical area of NQ UPCC, as well as other parts of the city due to proximity to daycare and work facilities. Given anticipated demand and COVID-19 implications, attachment criteria will have to be considered.
- Pathways states there are 5 FPs providing patient care at James Bay (JB) UPCC, but it is unclear how physicians are working and attaching.
- **QUESTION:** Is it possible to provide longitudinal care at the NQ UPCC and to still follow those patients in hospital at SPH?
- **QUESTION:** Will physicians be able to bring their practice with them to the UPCC, as it sounds like the service model for the NQ UPCC will provide good longitudinal care?

### **Urgent Care Shift Allocation:**

- WG proposed that urgent care will be provided by those with practices preferably. Ideally, FPs who are building practices would receive first pick at the urgent care shifts. This reflects the desired outcome from physicians.
- WG discussed solution to have a prioritized list of groups that would access Urgent Care shifts, with longitudinal providers at the top of the list, and then those with less “community attachment” lower down, and those with the least at the bottom. Two types of contracts were also discussed: “north contracts” for those with privileges and attachment and “south contracts” for others.
- Proposal for urgent care shifts to be open to South Island and Victoria FPs with longitudinal care practices. Urgent care shifts would be a “reward” for those FPs who have practices and are providing longitudinal care. Regularly scheduled physicians who are not attaching patients should be scheduled as locums. Opinion that unattached doctors should get last pick at shifts.
- By promoting unattached care, longitudinal primary care clinics suffer.
- Staffing model drafted by Charlie, Vanessa and Sienna includes attachment physicians from both the SIDFP and VDFP, requiring collaboration from physicians from both divisions to decide on how the UPCC will be staffed and scheduled.
  - Model includes 8:00am-8:00pm, dividing the days into thirds for shift purposes. With the current goal of 50/50 urgent and primary care, urgent care hours would be in the evening, and attached care in the morning.
  - Redirection may occur for patients in non-emergency situations, and those attached to a community FP.
  - Necessary to have contracts before opening in order for model to come into action
- Use of a locum roster and doctor of the day model can also promote attachment.
- If it is not possible to secure enough longitudinal physicians to fill urgent care shifts, it is essential to keep the possibility open for others.

### **Contracts:**

- The intent with the UPCCs is that they will not be funded fee for service, to allow for a “higher quality of care”.
- Physicians expressed frustration about having no reliable data on proposed contracts, despite a promise 10 months ago.
- In its PCN submission, Saanich Peninsula negotiated FP contracts that would be available to 4 community physicians. Expressed concern how these community contracts work alongside UPCC contracts. There will be a major impact on the region if contracts are not offered to existing physicians.
- The MoH is willing invest new resources, including MOA positions and start up support.
- Goal is to have equity for providers. Key for it to be accessible to everyone at the same time.
- It will be necessary to meet with the MoH to negotiate higher number of contracts.
- **QUESTION:** Would these contracts account for overhead (e.g. rent) and practice costs (e.g. MOAs, Nurses)?
- **QUESTION:** How can physicians apply for these contracts?

- **QUESTION:** How does the MoH and VIHA expect this WG and PCN Leadership committees to consider physician impact, without knowing the community contracts? This engagement is to explore the clinic model, but how can they expect us to do this without key details?
- **QUESTION:** Will the contracts will be available for anyone with an existing contract, or existing panel?
- **QUESTION:** What is the Ministry's contingency if the contracts aren't acceptable?

#### ***MoH Response RE: Contracts***

- As a contingency plan if the contracts are not deemed acceptable from the physicians' perspective, the Ministry will mirror actions from JB UPCC with blended contracts.
- In terms of contracts for urgent care and longitudinal care, there will be 2 urgent care providers during the day and 2 longitudinal virtually, translating to 2.4 FTEs. Same Ministry contracts can be attained by any longitudinal care physician, with no cap on the number of contracts.
- The contract is a collaborative work with the Ministry, GPSC, and Doctors of BC. The service delivery model matches the contracts. It is hoped that the contracts to be available within the next 6 weeks. An update was given from the GPSC July 20<sup>th</sup> referencing plans to get contracts by end of August 2020.
- Where tweaking to contracts is needed, the Ministry is willing to do so.
- The Ministry acknowledged the destabilizing effects of the Westshore Urgent Primary Care Center (WUPCC) contracts. This has informed their attempt to shift the way the contracts were operating, recognizing what they did was not helpful to longitudinal care. The MoH is negotiating with DoBC and is trying to not have a higher rate for urgent care, which is why policy is changing. The MoH saw no one was signing up, hence the change.

#### ***Resources /Victoria PCN:***

- Resources should be shared amongst the walk-in clinics nearby. Physicians asked for resources to be spread out among the Westshore clinics, and the political decision was that they had to go all into the WUPCC.
- **QUESTION:** Where do community and patients' needs fit in determining UPCC resources versus the location of the physicians? **ANSWER:** Patient and community needs have directed the location, the hours, and the need for urgent and primary care.
- To add more PCPs, PCN budgets will need to be accessed. Current resources from South Island PCN and proposed incorporation of budget from Victoria PCN.
- If NQ UPCC is looking for resources from the Victoria PCN, this will need to be added to the existing Victoria PCN planning. The Victoria Division is currently working towards submitting service plan by end of September. Need to assure all 4 PCNs get fair distribution of resources.
- Impact on the Victoria Division geography must be considered, though the NQ UPCC is in the South Island. Victoria Division has not been represented to an ideal extent at this point in the conversation.

#### **Agenda Item #4: Next Steps & Close**

- NQ UPCC Working Group Meeting July 22<sup>nd</sup> 2020.
- Next NQ UPCC Engagement Event July 30<sup>th</sup> 2020.

The Meeting is called to close at 7:30pm