South Island PCNs Addendum/Cover Letter to LOI

Prioritized Items for September 23rd, 2019 Discussion with MoH

For Discussion:

- Significant concerns around the execution of collaboration.

- Challenges associated with placing health authority employed staff in physician practices that are a deterrent to PCN implementation:

    1. Overhead funding is insufficient and should reflect the current local market rate.
    2. The time required of medical directors for organization and managing of allied health staff should be compensated at sessional rates
    3. Costs associated with physician office accreditation should be covered by the Health Authority. This includes time required of physicians to participate in an accreditation process which should be compensated at the current sessional rate.
    4. Health authority employee professional liability insurance coverage costs should be covered by the health authority.
    5. Equipment that is required for by a health authority employee working within a physician office (e.g. computer, stethoscope, mobile phone) should be supplied and maintained by the health authority
    6. The RN in practice model must be cost-neutral and ideally incentivized, acknowledging increased risk to physicians, greater complexity of practice and significantly increased burden to the attaching physician.

For Confirmation:

- In the event the South Island PCNs are not able to implement specific types or numbers of allied care providers due to system complexities or other factors beyond our control, we reserve the right to change those providers for other types of allied care providers that better fit our needs, within our budget envelope.

- In the event the South Island PCNs are unable to allocate the full capital allotment in a particular neighbourhood, we request the ability to redirect remaining capital funds to the larger Community Primary Health Care Center projects, with approval from our PCN Steering Committee.

- The MoH is currently revising the new grad APP contract and it will be released as soon as possible, along with an APP contract for existing family physicians.

- Recognition of the expertise of family physicians in the delivery of primary care services.

Tabled for Future Discussions/potential inclusion in FTA

- Extension of the "Triple Aim" referenced under *Collaboration on Primary Care Networks* to the "Quadruple Aim" which acknowledges the importance of improving the experience of providing care.

- The South Island PCNs expect the governance structure will be iterative throughout this process and the initial PCN Steering Committee members will continue as already established locally. The PCN Steering Committee will include representation from the Division and Island Health. As South Island moves forward with implementation, the PCN Steering Committee membership will continue to evolve including First Nations Health Authority, Local First Nations Health Services, and Patient/Family Caregiver representation and will receive input from the broader community.

- Acknowledgement of the impact IT will have on the success of PCNs.