Urgent & Primary Care Centres

Revised Policy Direction – Key Messages

2019/2020 Urgent and Primary Care Centre Revised Policy Direction Highlights

- Primarily health authority operated, in partnership with the local division of family practice as part of an integrated service delivery model within a Primary Care Network (PCN);
- Enhanced focus on providing longitudinal full-service primary care and attachment at the new Urgent and Primary Care Centres going forward (i.e., family physicians and nurse practitioners will have patient panels), in addition to meeting the episodic urgent primary care needs for both attached and unattached patients;
- Focus on the centre as a primary care hub in the primary care network by co locating team-based care resources for both the UPCC and the broader network.

Key Messages

Why did you change the name from Urgent Primary Care Centre to Urgent AND Primary Care Centre?

The name change better reflects the emphasis on longitudinal full-service primary care that will now be provided at these sites, and the greater role that they will play in the community as part of the full suite of primary care services available.

UPCCs will serve three main purposes:

- First, they will include new full service family physicians and nurse practitioners who will provide immediate attachment for patients who do not have a family physician or nurse practitioner; they will provide interim attachment for those who may not fit into the traditional model of primary care and for higher needs complex populations (difficulty maintaining appointments, requiring a higher level of team based care due to complexities, etc.), and act as a vehicle to attach patients to other practices/ patient medical homes within the primary care network as capacity is identified.
    - For patients without a primary care provider, the UPCC will become their home clinic or patient medical home (PMH). In other words, for some individuals, UPCCs will attach patients directly. Some patients will become regular patients of the UPCC, while others will eventually transition on to new practices or providers within the PCN as it becomes operational, allowing the UPCC panel to continuously attach patients moving forward.

- Second, they will fill a gap in terms of timely access that patients are experiencing in the community by addressing urgent primary care needs.
    - UPCCs will provide communities with better access to same-day, urgent, non-emergency health care and expanded access to primary health care evenings and weekends.
    - Patients who require medical attention within 12-24 hours for conditions such as sprains or minor cuts and burns, for example, can be treated at UPCCs.
    - These centres will improve access and reduce wait times by getting patients the care they need faster with the full support of a primary care team.
    - As a result, these centres will provide communities with alternatives to visiting the emergency department.

UPCCs are highly flexible primary care resources that will be able to adapt to meet the needs of their community. For example:

- As a net new resource to the community, it could accommodate additional PCN team members who will work across the PCN.
- They may provide patient group services.
- They will enable attachment of new patients and be the first place a patient can visit when arriving in the community.
- They can fulfil other administrative, linkage, and communication functions on behalf of the PCN.
- Within larger communities and primary care networks (PCNs), urgent and primary care centres will play an important role in complementing the work of team-based primary clinics within the community.
- Each UPCC will have a team of doctors, nurse practitioners, nurses and other allied health care providers, such as mental health and substance use clinicians, working together to the full extent of their skills.

Are UPCCs to be developed by health authorities or private clinics?

To date, two business models have been used for UPCCs. The first is a health authority owned and operated facility, for example with Kamloops, Surrey, Westshore and Quesnel. The second model is a partnership between the health authority and a local health-care service provider, such as City Centre (Vancouver), Burnaby, and Nanaimo. In this model, the health authority works with the third party to track and report on the service deliverables. Going forward, UPCCs will be primarily operated by health authorities working in collaboration with the local divisions of family practice and community partners to complement and support existing practitioners. This will ensure the unique needs of the community are reflected in the care and services they receive and will allow for net new resources to be created within the community.

That said, each UPCC proposal and community is unique, and the Ministry will need to consider each proposal based on their specific circumstances.

Why did the Ministry move towards having UPCCs be primarily operated by health authorities?

There are several specific reasons for this shift to primarily health authority operated facilities.

One of the main goals of the primary and community care strategy is the creation of an interconnected, integrated health care system. Historically, primary care provided through independent physician practices has been somewhat siloed from health authority operated community and acute care services, with health authorities focusing on the community and acute services. By leveraging HA structures as we establish UPCCs, and by connecting them with other community providers, and patient medical homes, we have an opportunity to more closely integrate the system and break down some of the silos and gaps in care felt by both patients and providers as they move through the system. This will also help ensure that primary care becomes more linked with public health and specialized community service programs and other pieces of the health system traditionally operated by HAs.

It is important to note that, while health authorities are ultimately responsible for the delivery of UPCCs, we expect that they work closely with the local physician and primary care community, particularly the local division of family practice, to ensure that they are well-integrated into the community and complement and support, rather than disrupt, existing primary care activities.

As we work with communities across the province to establish Primary Care Networks, we recognize that there are many communities where there is an urgent gap in access for patients. PCNs represent our ideal path forward as we redesign the system, but they take time to plan and get up and running. UPCCs have the potential to hold a unique space in that system, and to ensure that we can meet the immediate needs of communities to have access to care, while also better integrating into the broader community health system.

How do UPCCs work within the broad primary care budget?

While the primary care strategy is comprised by various components and team-based care models (e.g. PMHs, PCNs, UPCCs, CHCs, etc.), there is ultimately one overall primary care budget to fund this work. As we move forward, the bulk of that budget will be targeted towards increasing patient attachment and same-day access, as well as to support team-based care in the network. With the renewed focus on attachment for UPCCs, as well as positioning UPCCs as a potential 'hub' for team based PCN resources, community planning will need to ensure that each model of care works together to address these goals, within the one overall primary care budget.