



# Boundary Proof of Concept Patient Medical Home/Primary Care Network Case Study: Early Learnings Report

**February 7, 2019**

## List of Acronyms

ALC	Alternate Level of Care
ALOS	Average Length of Stay
BDH	Boundary District Hospital
CATC	Community Ambulatory Clinic
CPA	Common Program Agreement
CSC	Collaborative Services Committee
CTAS	Canadian Triage Acuity Scale
ED	Emergency Department
EMR	Electronic Medical Record
GF/KV GSA	Grand Forks/Kettle Valley Geographic Services Area
GPSC	General Practice Services Committee
IH	Interior Health
KB	Kootenay Boundary
KBDoFP	Kootenay Boundary Division of Family Practice
LHA	Local Health Area
MHSU	Mental Health and Substance Use
MOA	Medical Office Assistant
NP	Nurse Practitioner
PMH/PCN	Patient Medical Home/Primary Care Network
PoC	Proof of Concept
QI	Quality improvement
SCSP	Specialized Community Services Program
TNA	Third next available

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Appendix 2: Literature Review Summary

Appendix 3: Evaluation Framework

Appendix 4: Evaluation Instruments



General Practice Services Committee



Kootenay Boundary  
Division of Family Practice  
A GPSC initiative



Interior Health  
Every person matters

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## Introduction

This is a case study of the Boundary Proof of Concept Patient Medical Home/Primary Care Network (PMH/PCN), a three-year project in the Boundary area of British Columbia started in late 2016 to support the implementation of PMHs in five medical clinics and create a PCN to connect those clinics with each other and the local health authority.<sup>1</sup> The Boundary area is comprised of six communities in the western part of the Kootenay Boundary region: Christina Lake, Grand Forks, Midway, Greenwood, Rock Creek and Beaverdell.<sup>2</sup> The Boundary Proof of Concept PMH/PCN (Boundary PoC) was a collaborative initiative of the Kootenay Boundary Division of Family Practice (KBDofP), Interior Health Authority (IH) and the physicians and nurse practitioner in the Boundary area. As part of the initiative, five clinical staff members (four nurses and one social worker comprising four full-time equivalent positions) were hired to work for a health care cooperative in the five Boundary area medical clinics. The design phase of the initiative commenced in December 2016 and ran until April 2017, with the implementation phase starting in May 2017 with the development of the health care cooperative. The first clinical staff started work in July 2017 and the final clinical staff member began work in December 2017. This case study, based on in-depth interviews with multiple stakeholders, direct observation of project meetings, surveys of patients and providers, and clinic- and health authority-level administrative data, provides an overview of the project implementation and identifies key successes and challenges.

This case study is broken into the following main sections: 1) overview of case study approach, 2) Overview of Boundary PoC design and implementation, 3) Key outcomes achieved to date, 4) Key Boundary PoC successes, 5) Key enablers of success in the Boundary PoC process, 6) Key Boundary PoC challenges; and 7) Conclusions and recommendations.

## Overview of Case Study Approach

Work on this case study commenced in January 2018, a little over year after the design phase of the Boundary PoC started. The evaluator completing this case study also developed the quality improvement framework for the Boundary PoC, which included collection of baseline data for the PoC in January through November of 2017. As such, this case study also draws upon that baseline data collected.

The case study is based on the following key sources of data:

- 33 in-depth key informant interviews undertaken from April to October 2018 with:
  - 8 physicians and 1 nurse practitioner (NP)

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<sup>1</sup> For a description of the General Practice Services Committee's (GPSC) 12 attributes of a PMH, see Appendix 1.

<sup>2</sup> The community of Big White near Kelowna is also technically part of the Boundary area. However, most people in Big White seek medical care in Big White or Kelowna and thus, for the purposes of the Boundary PoC is not considered part of the Boundary area.

- 4 KBDofP project managers
- 5 Boundary Health Care Cooperative staff members
- 10 IH administrators, managers and front-line staff
- 5 patients
- Review of all project documentation, including notes taken by evaluator at design and implementation meetings from December 2016 to October 2018;
- A Patient Experience Survey undertaken at baseline in September/October 2017 and again one year after implementation in November/December 2018;
- A Provider Satisfaction Survey undertaken at baseline in August 2017 and again in September 2018;
- Time to third next available appointment data collected for the 10 physicians/1 NP in September/October 2017, February 2018 and September/October 2018;
- Administrative data from IH on CTAS 4 and 5 visits by Boundary residents to Boundary District Hospital, scheduled visits to Boundary District Hospital, and total hospital days by Boundary residents; and
- A review of this report by KBDofP project managers, key IH staff, the Kootenay Boundary Collaborative Services Committee, the health care coop staff, and physicians/NP in November 2018 (review ongoing).

This case study was based on a detailed evaluation framework and is grounded in a review of the literature on PMH implementation. Both the evaluation framework and literature review are available for further reading. This case study was funded by the General Practice Services Committee (GPSC) with many hours provided in-kind by the KBDofP for the evaluator to attend design and implementation meetings, collect time to third next available appointment data and undertake the surveys as part of the Boundary PoC quality improvement framework.