**Subject:** Eligibility Criteria and Membership Tiers

**Prepared by:** Implementation Working Group

**Date:** February 16, 2021

**Submitted to:** Leadership Team

# Background

As we work to bring allied health positions into the PCN, we must outline eligibility criteria and membership responsibilities.  This ensures that our members clearly understand what we expect from them and what supports we are offering.

The Implementation Working Group has reviewed and approved the eligibility criteria and a tiered membership.

# Options

# Primary Care Provider Eligibility

We recognize there is a wide variety of providers, organizations and settings that deliver primary care to the Oceanside area. Therefore, we are defining our PCN broadly, and consider it to be a community practice where people get the majority of their care, which includes primary care clinics, walk-in clinics, health centers in Indigenous communities and community in general.

All primary care clinics within the Oceanside area may apply to join the PCN, on the following terms;

* Member clinics will identify a physician and administrative PCN lead
* Member clinics will participate in:
	+ working groups (funded through Division funding)
	+ Patient Experience Survey (Practice Support Program)
	+ Panel Management with the Practice Support Program (PSP), panel clean up and ongoing maintenance every 6-12 months.
* Make time to engage in team development and processes required to implement a team-based care model and work within a team
	+ Central Island Division of Family Practice’s Patient Medical Home and Primary Care Network initiatives as applicable (i.e. team-based care orientation/educational opportunities; reporting/evaluation; patient attachment imperatives)
* Member must ensure a respectful workplace code of conduct is in place
* Commit to:
	+ Using the Health Data Coalition (HDC) to support reflective practice (if available with EMR)
	+ Ensuring all team members complete team-based care training that is culturally safe, trauma informed, and support them in doing so
	+ Sharing data and metrics for quality improvement and evaluation
	+ Working with other clinics/teams to coordinate “flow” of shared team members and share learnings
* Make a minimum 12-month commitment to the PCN Initiative. The commitment requires 3 months’ written notice of the clinic’s intent to terminate its PCN involvement
* Member must demonstrate active implementation of the attributes of the Patient Medical Home (see attachment)
* Full service family practice offering longitudinal care
* EMR

 It is also highly preferable that clinics seeking to join the Oceanside PCN have first been assessed in terms of PMH capability, which significantly enables integration within a PCN.

# Membership

### Vision

A Primary Care Network (PCN) is a clinical network of local primary care service providers located in a geographical area, with patient medical homes (PMHs) as the foundational units comprising the PCN. In a PCN, primary care providers work collaboratively with allied health care providers, health authority and Indigenous service providers, and community organizations to collaboratively coordinate and provide a comprehensive suite of primary care services in response to the specific needs of the local population. Participation in a PCN enables a patient medical home to operate at its full potential, ensuring all care givers can work to their scope of practice to improve both caregiver and patient satisfaction; ‘*right person, right role*’.

Through a PCN, patients get access to timely, comprehensive and coordinated team-based care guided by eight core attributes:

* Access and attachment to quality primary care
* Extended hours
* Same-day access for urgent appointments
* Advice and information
* Comprehensive primary care
* Culturally safe care
* Coordinated care
* Clear communication

The PCN is a partnership between the Island Health Authority, First Nations Health Authority and the  Division of Family Practice. Decision-making flows from  Working Groups through the PCN Steering Committee.

### Membership

When joining the PCN, members can decide which level of participation they prefer. Each level of membership comes with different benefits and expectations for members.

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| --- | --- | --- | --- |
|  | **Tier 1** | **Tier 2** | **Tier 3** |
| Stay informed about PCN news and get connected to other members | *
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 | *
 |
| Consult with or refer to allied health resources located anywhere in your PCN neighbourhood |   | *
 | *
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| Physically accommodate new PCN allied health *(shared with other PCN members)* or GP/NP resources within your clinic |   |   | *
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|  |  |  |  |
| --- | --- | --- | --- |
| **Member Responsibilities** | **Tier 1** | **Tier 2** | **Tier 3** |
| Work towards PMH attributes *(\*only applies to PMHs)* | *
 | *
 | *
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| Complete the [PMH assessment](https://gpscbc.ca/what-we-do/practice-support/psp/pmh-assessment) provided by GPSC |  | *
 | *
 |
| Actively partner in team-based care |   | *
 | *
 |
| Participate in cultural safety training, trauma informed, & change management training to support the introduction of new team members |  | *
 | *
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| Regularly provide data for PCN monitoring & evaluation, including patient experience surveys |  | *
 | *
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| Work collaboratively with the enhanced provincial Health Connect Registry if PCN resources require attachment |   |   | *
 |
| Ensure adequate space to support an interprofessional team member |   |   | *
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###  Supporting Team-Based Care

Team-based Care is a new model of care known to provide an overall benefit to patients and providers through improved coordination between primary care services when compared to fractioned models of care.[1]  The Oceanside PCN is dedicated to supporting the development and implementation of team-based care with participating clinics.  Team Based Care provides health services to individuals, families, and/or their communities by care providers.  Care givers work collaboratively with patients (according to their individul preferences) to accomplish shared goals to achieve coordinated high quality care that is patient centered.

We know that the main enablers of team-based care include:

* Agreed upon definitions of a successful team
* Shared values and principles
* Role Clarity
* Co-location where possible
* Effective communication
* IT Systems
* Leadership
* Training and team development
* Continuous measurement as a guide for continual improvement through feedback.

We are committed to implementing an onboarding and learning plan and the necessary supports to ensure that participating teams can be successful and are supported. This will include individual and clinic location orientation sessions as well as team learning opportunities, such as cultural safety and humility learning and team process mapping to name a few. As teams develop you can expect that we will be reaching out to determine change readiness and your team learning needs.

### Supports for Participating Teams

What does it mean to participate in the Oceanside PCN?  In addition to ensuring everything we do is culturally safe and embraces equity as a guiding principle, a core ethos of the PCN is that it is to be built by clinicians, for clinicians, maintaining the patient interest at the heart of all decisions. To do that, we, the core PCN program team, need constant and regular engagement and involvement from our entire network of clinicians, for which funding is being provided.

Participating care teams across the PCN will be supported by the PCN Manager, Change Management Lead, PCN Program Assistant and GPSC Practice Support Program (PSP).  Clinical teams will also be funded for time spent in PCN planning, development, implementation and quality improvement activities related (remember, this is ***by clinicians, for clinicians***).

# Recommendations

For approval to take to the Steering Committee.