



# Blue Sky Clinic Building Primary Care Plus

PATIENT MEDICAL HOME PROTOTYPE CLINIC

ANCHOR FAMILY MEDICINE – NANAIMO, B.C.

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# Disclosures

- ▶ Fee for Service Family Physician 24 years, Nanaimo
- ▶ Blue Sky Clinic co-creator – Primary Care Plus, prototype PMH at Anchor Family Medicine
- ▶ UBC, Family Practice Preceptor and Behavioural Medicine Lead Faculty – Nanaimo Site (salary)
- ▶ Medical Director Community Health – Nanaimo for Island Health (salary)
- ▶ Nanaimo Division of FP member – Wound Care GP Lead (sessional)
- ▶ Lived experience in Nanaimo: i-Health activation, Ernst & Young report, Vector Report on culture



# Mitigating factors

- ▶ As a Family Physician, B.C. taxpayer, father of 3 and future heavier healthcare user my agenda is to help improve healthcare in B.C.
- ▶ In the interest of science and improvement in healthcare, my thoughts and comments are not representative of UBC, the Health Authority nor Nanaimo Division of FP... merely a curious scientist.
- ▶ Does **not** want or need to be paid for today's presentation... it's an honour to be here!



# The Bad News

EXHIBIT ES-1. OVERALL RANKING

**COUNTRY RANKINGS**

Top 2*
Middle
Bottom 2*

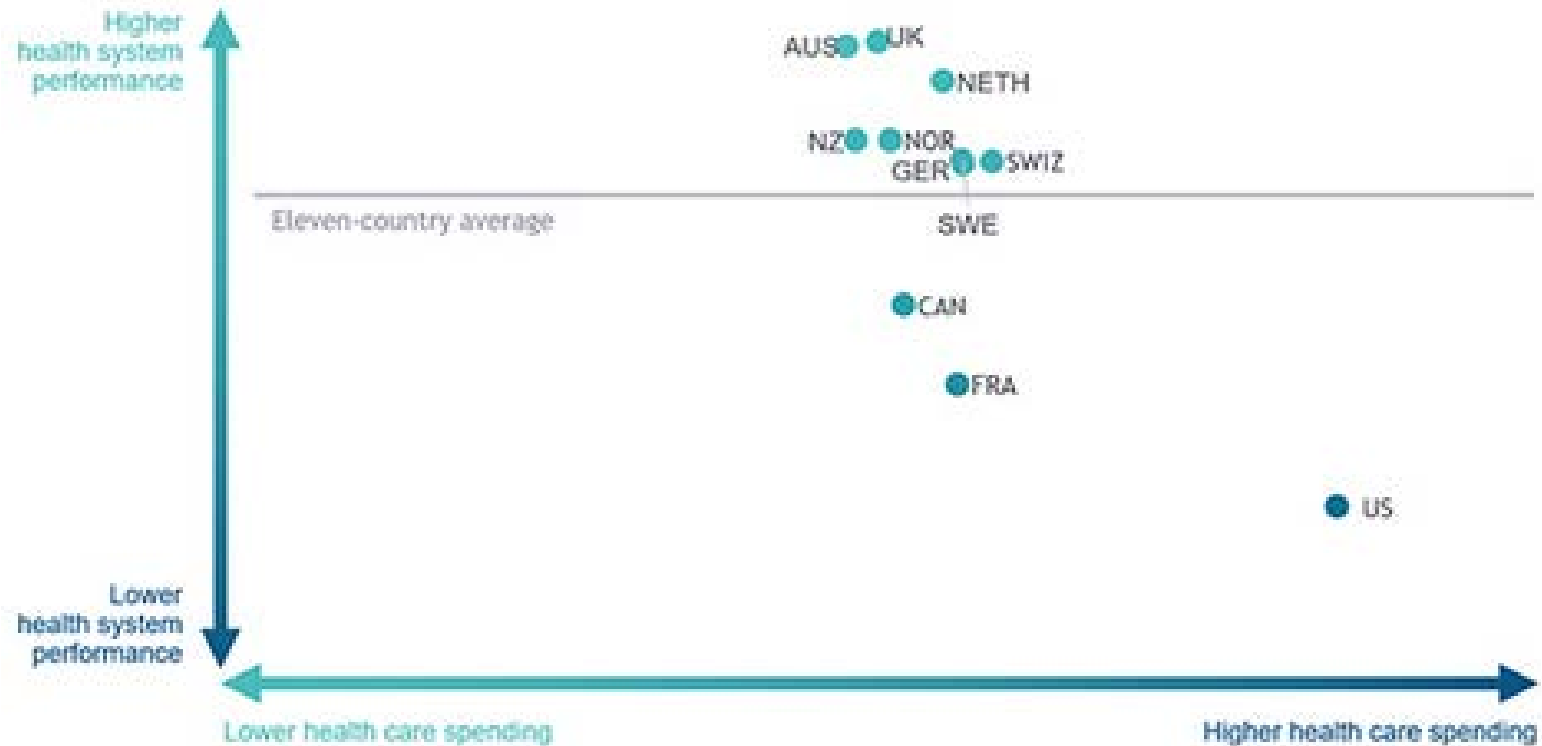


	AUS	CAN	FRA	GER	NETH	NZ	NOR	SWE	SWIZ	UK	US
<b>OVERALL RANKING (2013)</b>	4	10	9	5	5	7	7	3	2	1	11
<b>Quality Care</b>	2	9	8	7	5	4	11	10	3	1	5
Effective Care	4	7	9	6	5	2	11	10	8	1	3
Safe Care	3	10	2	6	7	9	11	5	4	1	7
Coordinated Care	4	8	9	10	5	2	7	11	3	1	6
Patient-Centered Care	5	8	10	7	3	6	11	9	2	1	4
<b>Access</b>	8	9	11	2	4	7	6	4	2	1	9
Cost-Related Problem	9	5	10	4	8	6	3	1	7	1	11
Timeliness of Care	6	11	10	4	2	7	8	9	1	3	5
<b>Efficiency</b>	4	10	8	9	7	3	4	2	6	1	11
<b>Equity</b>	5	9	7	4	8	10	6	1	2	2	11
<b>Healthy Lives</b>	4	8	1	7	5	9	6	2	3	10	11
<b>Health Expenditures/Capita, 2011**</b>	\$3,800	\$4,522	\$4,118	\$4,495	\$5,099	\$3,182	\$5,669	\$3,925	\$5,643	\$3,405	\$8,508

Notes: \* Includes ties. \*\* Expenditures shown in \$US PPP (purchasing power parity); Australian \$ data are from 2010.

Source: Calculated by The Commonwealth Fund based on 2011 International Health Policy Survey of Sicker Adults; 2012 International Health Policy Survey of Primary Care Physicians; 2013 International Health Policy Survey; Commonwealth Fund *National Scorecard 2011*; World Health Organization; and Organization for Economic Cooperation and Development, *OECD Health Data, 2013* (Paris: OECD, Nov. 2013).

# Health Care System Performance Compared to Spending



Note: Health care spending as a percent of GDP.

Source: Spending data are from OECD for the year 2014, and exclude spending on capital formation of health care providers.



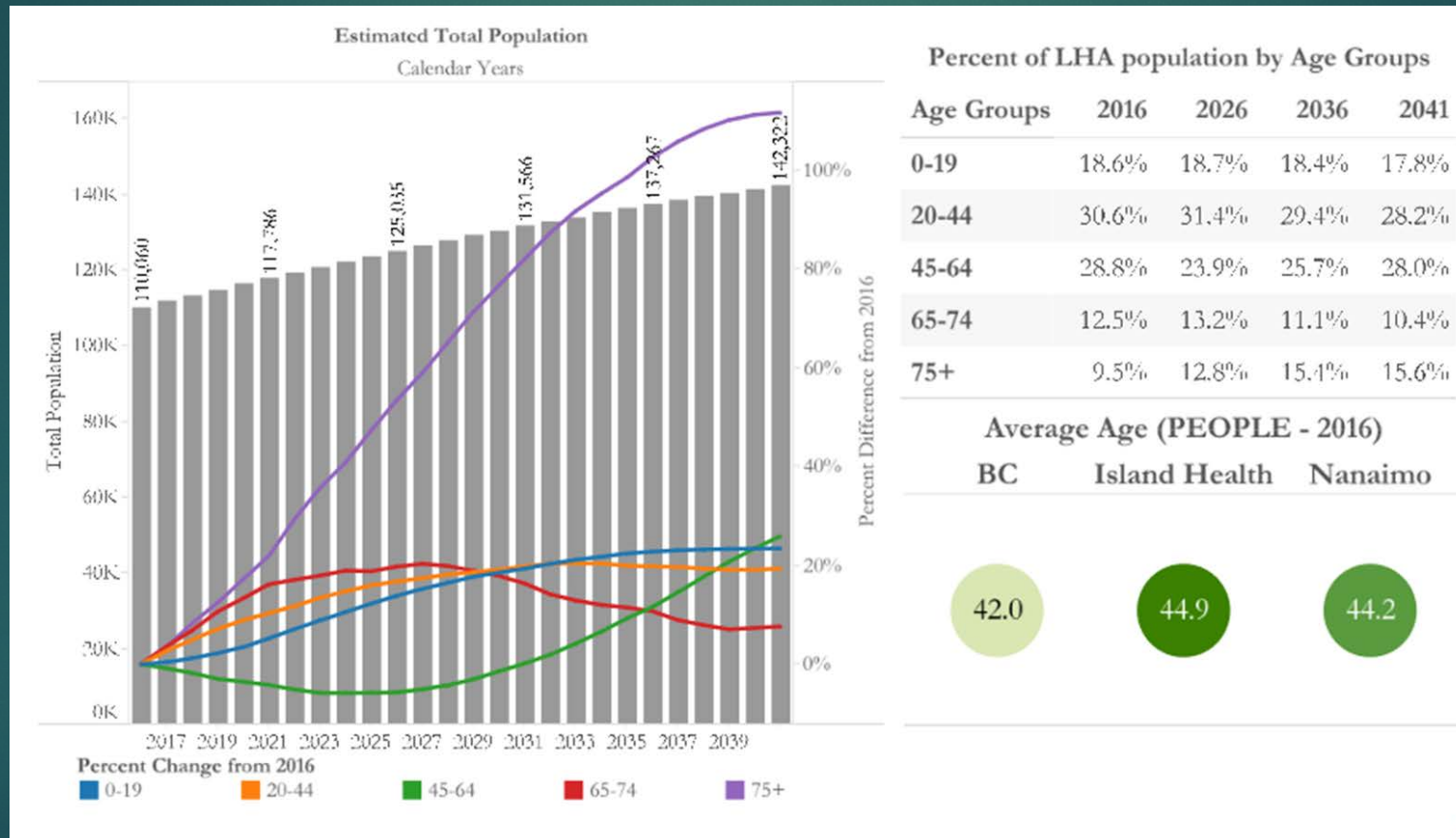
**Canada**  
**“woefully unprepared”**  
**for senior population surge.**



**Ready or not, Canada's  
demographic change is coming.**

**So is the opportunity to  
make a difference in  
Canada's future.**

# “There is a storm coming...”





# CHRONIC DISEASE IN CANADA

## TOP 4 CHRONIC DISEASES



CARDIOVASCULAR  
DISEASE



CANCER



DIABETES



CHRONIC  
RESPIRATORY DISEASES

**40%** of cancers and **80%** of heart disease, type II diabetes and respiratory disease **are preventable** by eliminating these **4 common risk factors**:



POOR  
NUTRITION



LACK OF  
PHYSICAL ACTIVITY



SMOKING



HARMFUL USE  
OF ALCOHOL

## HEALTHY POLICIES CAN SUPPORT CHRONIC DISEASE PREVENTION



**Urban planning: healthy built environments**  
Walkable communities with parks and bike paths encourage physical activity and active living.



**Education**  
Schools can engage children in learning about nutrition and healthy eating and promote physical activity.



**Agriculture and food**  
The availability of safe, nutritious and affordable food enables healthy eating.



**Smoke-free environments**  
Municipal and workplace smoke-free policies protect us from exposure to second-hand smoke.

## WHAT CAN YOU DO?

- Get regular physical activity — at least 30 minutes a day
- Don't smoke or use other forms of tobacco
- Eat a nutritious and healthy diet including lots of fruits and vegetables
- Limit your alcohol consumption
- Maintain a healthy weight





# BC fails to improve primary healthcare after more than a billion dollar investment

By Ruth Lavergne and Kimberlyn McGrail

## Increased doctor incentives do not improve access to care

*A version of this commentary appeared in the Globe and Mail, the Huffington Post and Ottawa Life*



Since 2006, British Columbia has spent more than a billion dollars to improve primary healthcare. So have BC patients benefited from such a massive investment? Sadly, it appears not.

Primary care – access to doctors and nurses for general health concerns – forms the backbone of our healthcare system. Good primary care means we can quickly and easily access services and get referrals to more specialized services when needed. We also rely

on primary care providers to maintain a patient record, monitor chronic conditions, such as diabetes or high blood pressure, help prevent disease, and coordinate care with specialists or in hospitals.

**2/3**

feel that their  
**workload is too  
demanding.**

**1/2**

feel that tiredness,  
exhaustion, or sleep  
deprivation **affects the  
care they deliver.**

**1/2**

Feel that their **family  
and personal lives  
have suffered.**

**1/2**

of residents have  
symptoms of  
**burnout.**





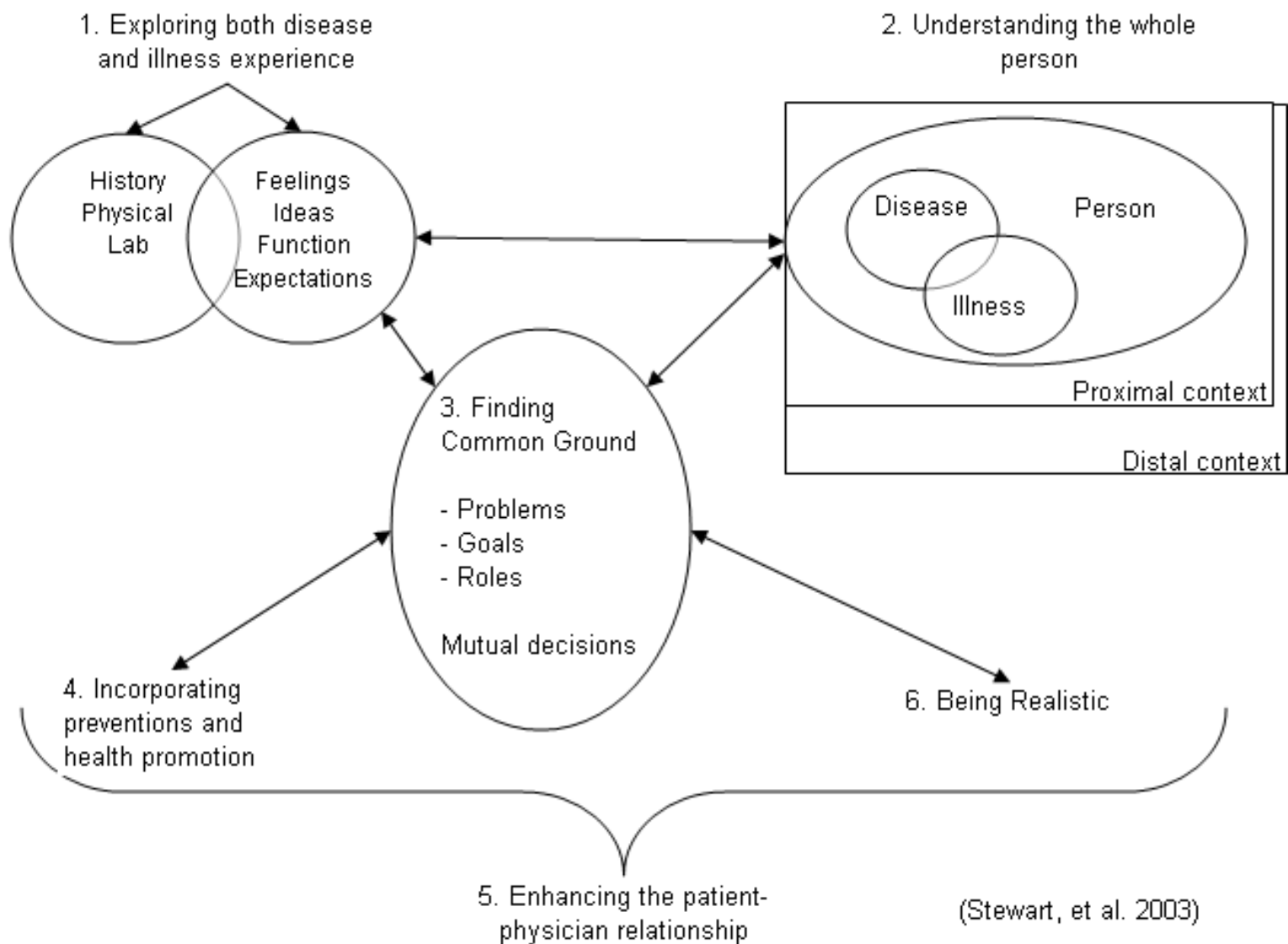
# Key Points of Nanaimo Community Town Hall

March 2018

- ▶ Finding a community Family Physician is challenging
- ▶ Delay in ER care (++ busy), unnecessary ER visits
- ▶ Long waitlists for specialist appointments/care and Medical Imaging
- ▶ Transportation to medical appointments and care for frail elderly is lacking (little caregiver support)
- ▶ Loneliness/social isolation is a disease
- ▶ Lack of continuity with NRGH providers
- ▶ At NRGH, there was consensus that patient-centred care did not occur in most areas of the hospital: lack of continuous communication – one exception Palliative Care ward
- ▶ Families of patients at NRGH felt intimidated with giving feedback because they feared that their loved ones would not be cared for if they “complained”

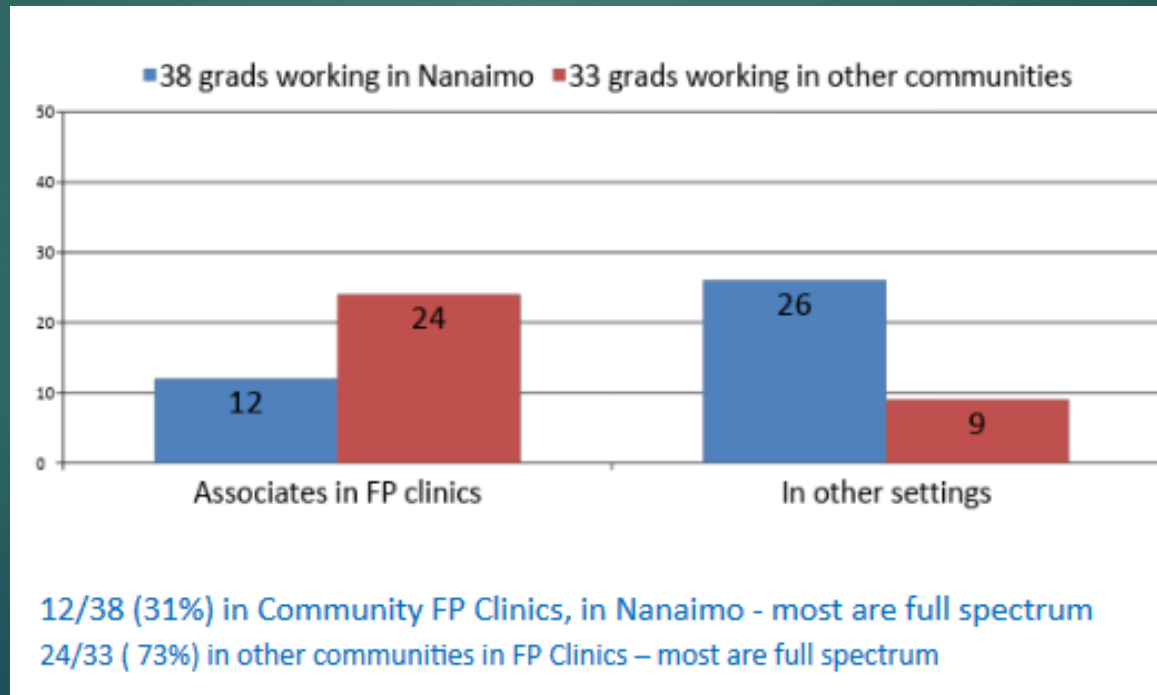


## Patient-Centered Care Model



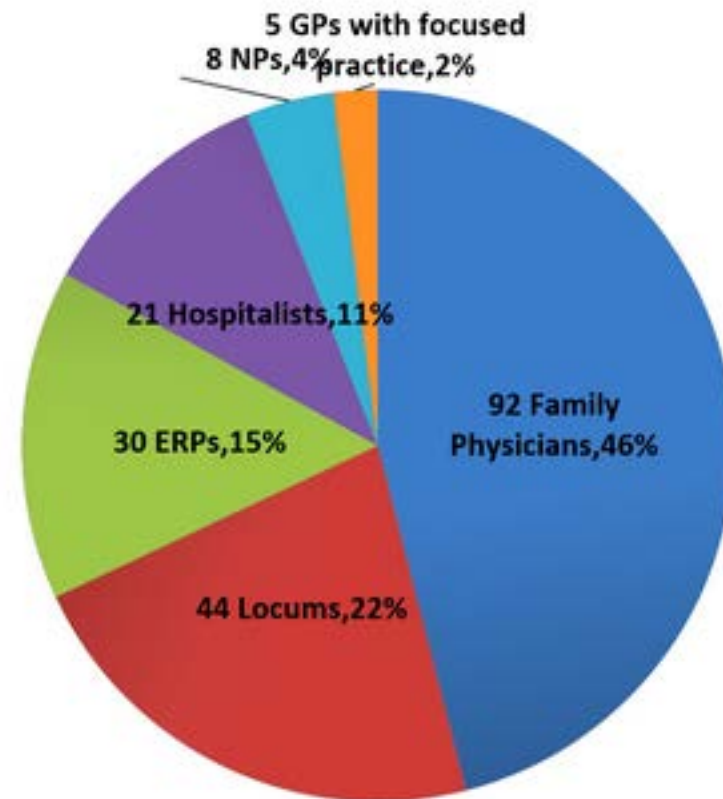
# The Nanaimo FM Residency Site Experience

- ▶ Started in 2007.
- ▶ By 2017, 71 new FPs graduated from Nanaimo site



# Nanaimo Division of FP Data

200 Working Primary Care Providers (Jan/18)



\*18 Family Medicine Residents not included





# Inter-generational challenges to engage early career Family Physicians in full spectrum primary care in community clinics

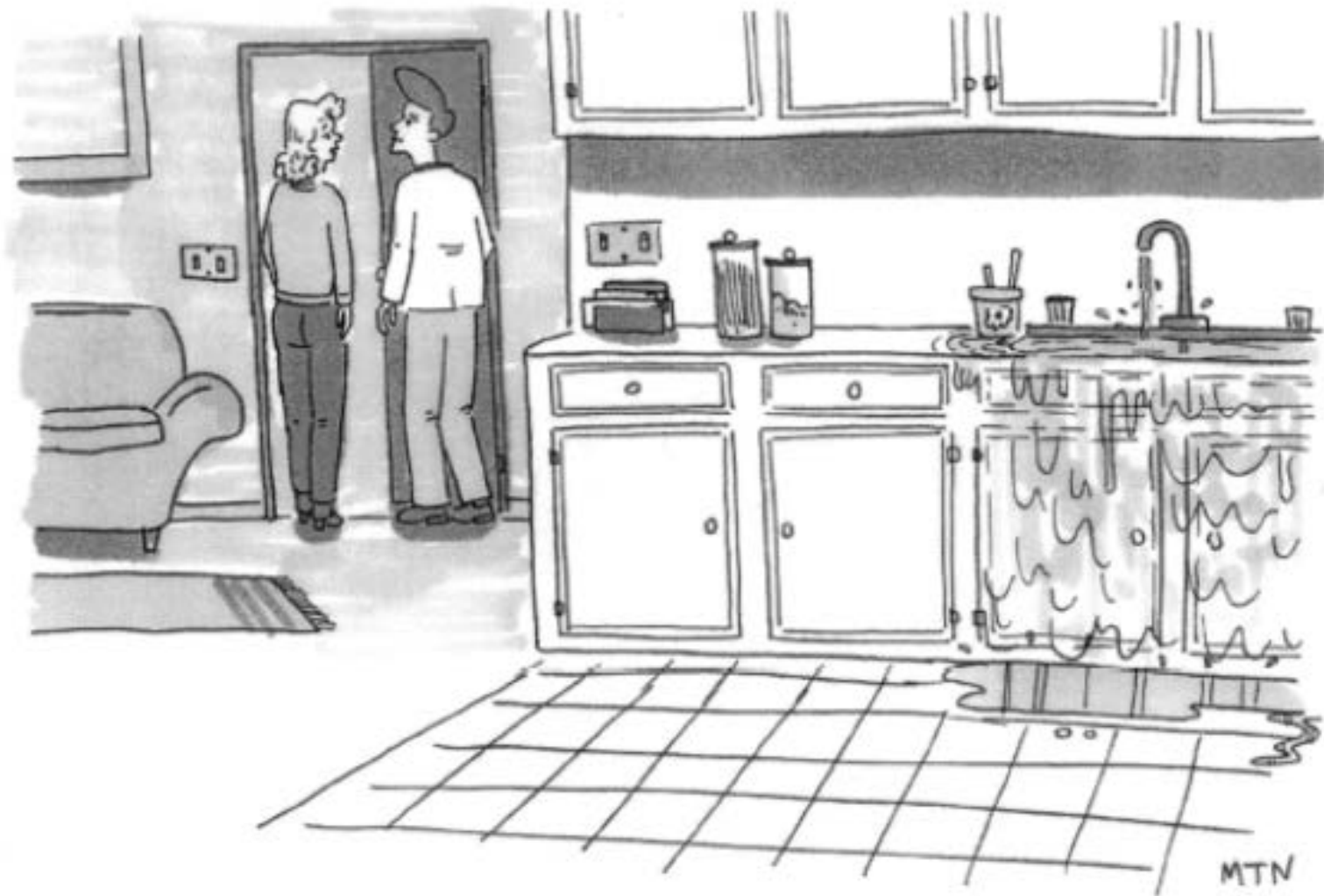
Qualitative Focus groups explore challenges (2016)

- ▶ Key themes emerged;
  - ▶ Want to work hard, be dedicated to community and a cohort of patients
  - ▶ Willing and expect to be on call, evening, weekend work
  - ▶ Want to be connected to acute, residential/complex and home care
  - ▶ Prefer not to manage or be involved in the business of clinics
  - ▶ Want to provide full spectrum experiential learning clinics for FP Residents
  - ▶ Want to be team members in care – with allied health providers
  - ▶ Want provider wellness acted upon
  - ▶ Want alternatives to fee for service
  - ▶ Want to focus on quality care delivery
  - ▶ Not wanting to juggle multiple responsibilities/work locations at same time/day



*“Relational versus transactional medicine”*





*"Did I turn off the stove?"*



## Research Proposal

### Perceived barriers to entering Full-Service Family Practice in the Nanaimo Family Practice Residency cohort.

Poteryko, Derek MD CCFP, Wolfe, Jesse MD, Yeker, Christopher MD.

#### Introduction:

##### *Topic Overview*

Primary care is generally considered the foundation of the Canadian health care system.<sup>1</sup> Family doctors are often the first point of contact for people with a new complaint, manage an extremely broad spectrum of illnesses, refer patients to specialist care, and act as stewards of limited resources.<sup>2</sup> A value that has long been a component of the practice of family medicine is continuity of care. This concept is defined in a variety of ways but we feel a good summary is characterized by Mazowita and Cavers in 2011<sup>1</sup> who define Full-Service Family Physicians as practitioners “who provide primary care throughout patients’ lifespan.” This has traditionally encompassed out of office care in the form of inpatient hospital care, obstetrical care, care facility visits, and home visits.





# Blue Sky Clinic



- ▶ Exercise done yearly with R1 residents during Behavioural Medicine sessions  
TRIZ exercise – Black Sky, Blue Sky, Better Sky
- ▶ 2016 Early Career Physician focus group (Nanaimo Div of FP)
- ▶ 2018 Research: “Perceived Barriers to Full Service Family Practice”
- ▶ These physicians are listening: Dr. Steve Beerman, Dr. Jessica Otte and colleagues at Anchor Family Medicine (co-creators)
- ▶ In 2017, the creation of Primary Care Plus – a prototype Primary Care Clinic with Family Medicine principles at its roots and a focus on Physician Resiliency, Early Career Physician (ECP) engagement and enhanced patient care through prevention and relational care



# Principles of Primary Care Plus

1. Comprehensive, preventive-focus, longitudinal, relationship-based care
2. Prioritizing continuity for patients, in management, relationships and information
3. Include patients of greatest need from the geographic community of the clinic
4. Facilitate access to unattached and highest risk patients
5. Reduced stress for patients and care providers, decreasing barriers and burnout
6. Attract and inspire young Family Physicians to engage in meaningful, effective care based on concepts learned from focus groups and key principles garnered from evidence regarding high-quality primary care.

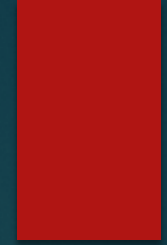
# PCP clinical roles

clinic-based

hospital-based

residential care  
& community-  
based





# Family Medicine Evolution: CBT Plus is Good for You and Me

DEREK POTERYKO, MD, CCFP, FCFP

JUNE 14, 2018





Shaw TV

E E E

Better  
Living

E

Search YouTube: md minute shaw 4e's



*“We are using the old system parts to try  
and build a new one...”*



# Blue Sky Enabler: Value Based Physician Remuneration

## Patient-Centredness

- Appropriateness
- Accessibility
- Acceptability

## Physician Care

- Efficiency
- Complexity and Continuity of Care (relational medicine)
- Research, Education and Innovation

## System Operation

- Efficiency
- Administrative Resource Use



# Blue Sky Enabler: Value Based Physician Remuneration



- ▶ Now?
  - ▶ Value-based and time-based MSP fee for service code (\$50/15 minutes) for Complex Medical, Frail Elderly, Moderate to Severe Mental Health and Substance Use patients (aka community members)\*
  - ▶ For 24/7 availability and access - Telehealth on-call stipend (95% of all care can be done in a high functioning primary care clinic)
- ▶ \* for Clinics or Primary Care Networks of Family Physicians who agree to practice relational, longitudinal and comprehensive Family Medicine

# Ultimate Goals

## Quadruple Aim:

- 1) Patient-centred/empowered care
- 2) Cost effective and evidence-based (Quality Assurance and Quality Improvement)
- 3) Population health (prevention, Outreach)
- 4) Clinician experience (Resiliency and work-e-work-life balance)
  - ▶ Improve the existing healthcare culture is paramount.









STAR

FAMILY MEDICINE AWAKENS

WAR



# Ecocycle Planning

