PATIENT MEDICAL HOME PROTOTYPE CLINIC

ANCHOR FAMILY MEDICINE – NANAIMO, B.C.

DEREK POTERYKO, MD, CCFP, FCFP

DANIELLE DOWNE, MD, CCFP

SHELLY CHOPRA, MD, FAMILY PRACTICE RESIDENT, R1

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Disclosures

- Fee for Service Family Physician 24 years, Nanaimo
- 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 – paid for various activities including Wound Care GP Lead
- 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
- 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
OVERALL RANKING (2013)	4	10	9	5	5	7	7	3	2	1	11
Quality Care	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
Access	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
Efficiency	4	10	8	9	7	3	4	2	6	1	11
Equity	5	9	7	4	8	10	6	1	2	2	11
Healthy Lives	4	8	1	7	5	9	6	2	3	10	11
Health Expenditures/Capita, 2011**	$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).

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

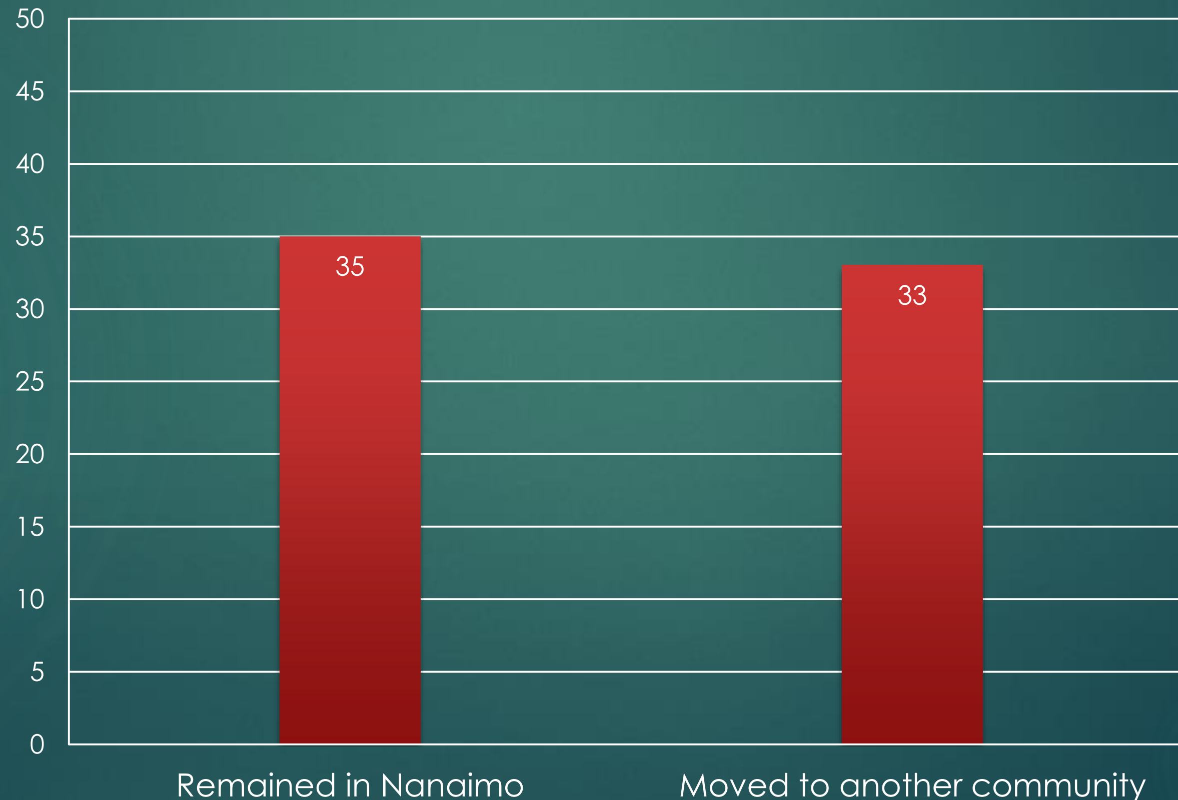
A version of this commentary appeared in the Globe and Mail, the Huffington Post and Ottawa Life

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.

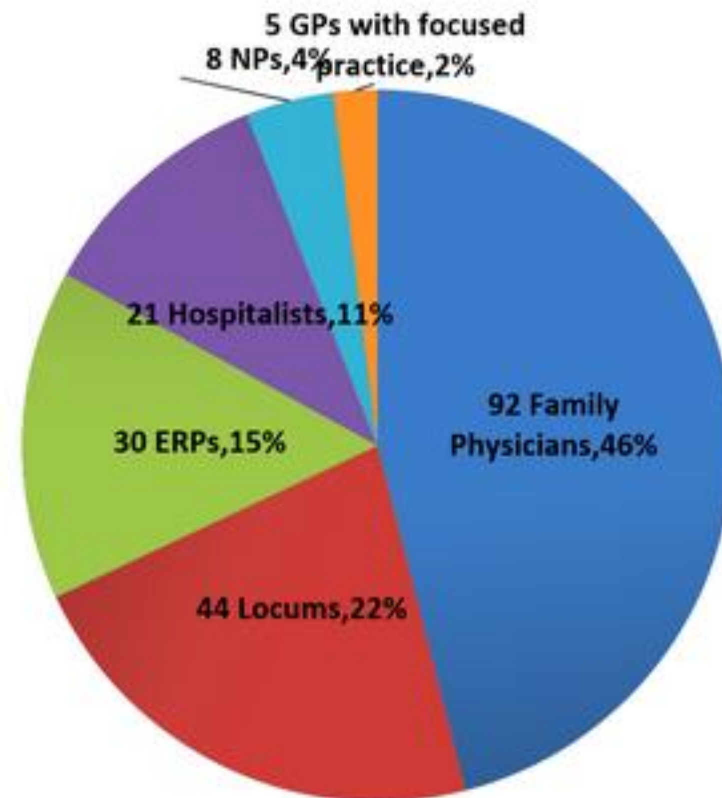
The Nanaimo FM Residency Site Experience

- Started in 2007.
- By 2017, 68 new FPs graduated from Nanaimo site



Nanaimo Division of FP Data

200 Working Primary Care Providers (Jan/18)

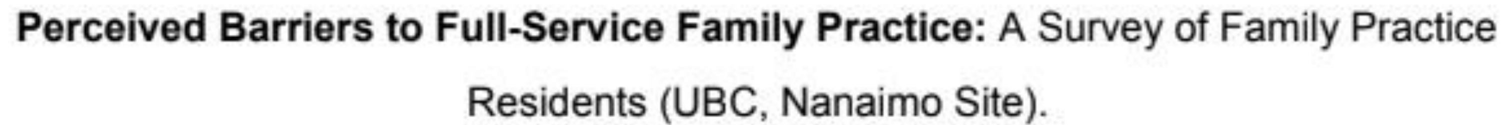


*18 Family Medicine Residents not included

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

Qualitative Focus groups explore challenges (2016)

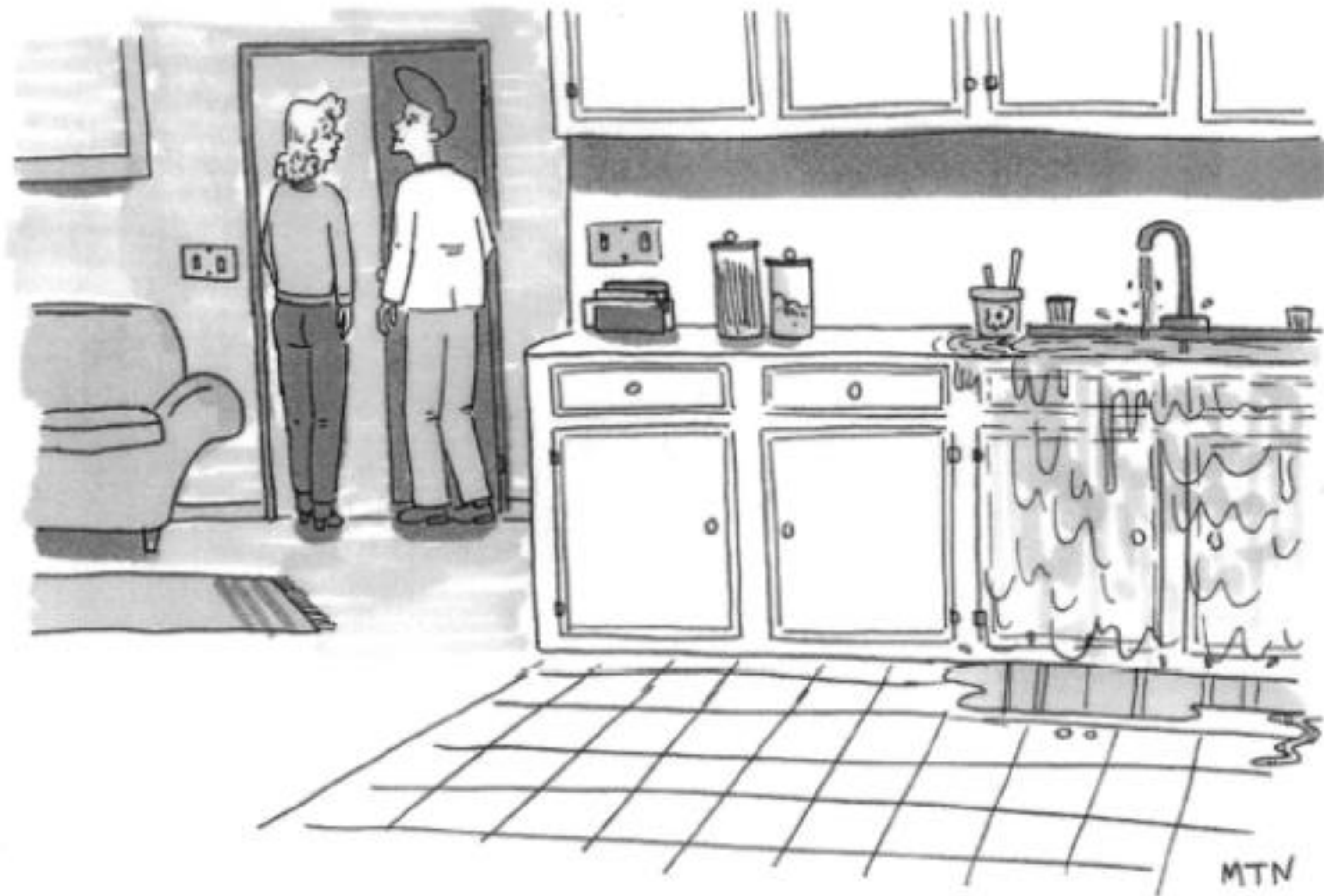
- Key themes emerged;
  - Want to work hard, be dedicated to community and a cohort of patients
  - Willing and expect to be on call, evening, weekend work
  - Want to be connected to acute, residential/complex and home care
  - Prefer not to manage or be involved in the business of clinics
  - Want 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


Perceived Barriers to Full-Service Family Practice: A Survey of Family Practice Residents (UBC, Nanaimo Site).

Study authors: Wolfe, Jesse MD, Yeker, Christopher MD.

University of British Columbia Department of Family Practice
Nanaimo Family Medicine Residency Program

Competing interests: None declared



"Did I turn off the stove?"

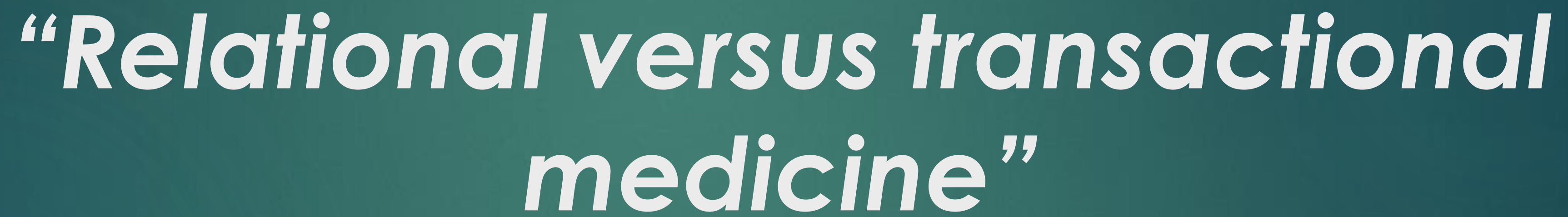
Blue Sky Clinic

- Exercise done yearly with R1 residents during Behavioural Medicine session
- TRIZ exercise – Black Sky, Blue Sky, Better Sky
- 2016 Early Career Physician focus group
- These physicians are listening: Dr. Steve Beerman and Dr. Jessica Otte

- In 2017, the creation of Primary Care Plus – a prototype Primary Care Clinic with Family Medicine principles at its roots

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 assess 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/primary care providers to engage in meaningful, effective care based on concepts learned from focus groups and key principles garnered from evidence regarding high-quality primary care.


“Relational versus transactional medicine”

Blue Sky Enabler:
Value Based Physician Remuneration

Patient-Centredness	• Appropriateness • Accessibility • Acceptability
Physician Performance	• Efficiency • Complexity and Continuity of Care • Research, Education and Innovation
System Operation	• Efficiency • Administrative Resource Use

Chopra, S and Ostrow, D. Physician Remuneration Systems: Assessment and Recommendations for British Columbia. UBC Master of Health Administration Capstone Project. April 2017.

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 networks of Family Physicians who agree to practice relational, longitudinal and comprehensive Family Medicine

Ultimate Goal

Quadruple Aim:

1) Patient-centred care
2) Cost effective and evidence-based (Quality Assurance and Quality Improvement)
3) Population health (Outreach)
4) Clinician experience (Resiliency and work-life balance)

- Improve the existing healthcare culture.

STAR
PRIMARY CARE AWAKENS
WARS