**Primary Care Network Engagement Strategy**

Developing Primary Care Networks (PCNs) within Vancouver is a large multi-year journey to change primary healthcare for the better. This large system change will require a solid engagement framework, strong leadership, change management, as well as collaboration and involvement from those who will contribute to, and be impacted by, the change.

Engagement of different stakeholders will be a key piece of supporting this large change within the healthcare system. To build sustainable processes and achieve the goals of PCNs, The Vancouver Divisions of Family Practice (VDoFP) will need to inspire and activate stakeholders, create shared understanding, support trust and relationships, and allow stakeholders to feel invested in, and part of, the change.

**GUIDING PRINCIPLES of Primary Care Networks**

* Patients are at the center of the healthcare system.
* Doctors are supported to provide quality patient care.
* Autonomy and self-determination of individual family doctors is respected.
* Access to opportunities is fair and equitable for all members.
* System changes are spreadable and scalable across our city.
* Physician and care team wellness and personal capacity is paramount.
* Changes are evidence based; built on previous investments and experience where appropriate; and incorporate an iterative process.
* There is a commitment to partnership and system co-design between the Division and the Health Authority.

The Guiding Principles of PCNs can also help to guide how we engage our key stakeholders.

**WHY ENGAGE OUR STAKEHOLDERS?**

* Improve care by engaging and integrating team based primary care throughout the healthcare pathway
* Provide opportunities for primary care providers to have meaningful input into the system decisions that impact their practice and their patients
* Promote and foster a shared sense of understanding and responsibility for Primary Care Network development
* Work towards locally sustainable solutions to enable Primary Care Networks as appropriate to each community
* Improved provider and patient experiences and better outcomes for patients

\*Adapted from the [*Ontario Local Health Integration Network Primary Care Physician Engagement Resource Guide and Toolkit*](http://www.torontocentrallhin.on.ca/communityengagement/ceresources.aspx)

**KEY STAKEHOLDERS to engage**

* **Family Physicians (Members)**
* **Office Managers & Medical Office Assistants (clinics)**
* **Nurse Practitioners**
* **Nurses**
* **Allied Health Professionals**
* **Patients (including their Caregivers)**
* **Indigenous Representatives**
* **Community Partners (NGOs, CHCs and other health supports)**
* **Vancouver Coastal Health**
* **Vancouver Divisions of Family Practice Teams**

**OTHER STAKEHOLDERS influencing Primary Care Network Development**

* **First Nations Health Authority**
* **Nurses and Nurse Practitioners of BC**
* **Providence Healthcare**
* **Provincial Health Services Authority**
* **UBC Continuing Professional Development**
* **Doctors of BC**
* **BC Family Doctors**
* **Other Divisions of Family Practice**
* **General Practice Services Committee**
* **Collaborative Services Committee**
* **Ministry of Health**

**WHEN DO WE ENGAGE STAKEHOLDERS?**

We engage stakeholders when there is….



**LEVELS OF ENGAGEMENT**

The Levels of Engagement will help guide how, why, and when we engage our stakeholders as we develop PCNs. Within each level, the involvement of stakeholders increases, and the expectation and intention of engagement change accordingly. There are different methods of engagement that will work best within each level.



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| --- | --- | --- | --- | --- | --- |
| **Level** | **INFORM** | **CONSULT** | **INVOLVE** | **COLLABORATE** | **EMPOWER** |
| **Goal** | To provide information and/or education to support stakeholders to understand problems, solutions, goals, and opportunities | To gather feedback on current issues, alternatives, planning and processes to influence decisions | To work directly with stakeholders throughout the process to ensure that their concerns and aspirations are consistently understood and considered | To partner with stakeholders in each aspect of decision-making including the development of alternatives and identification of preferred solution | To achieve true partnership and support stakeholders to lead and make decisions |
| **Expectation** | We will keep you informed and provide opportunities for you to learn from and network with your community | We will listen and seek your input on plans and issues, and gather your feedback to influence solutions and decisions | We will work directly with you in planning and processes to ensure your concerns and aspirations are reflected in the alternatives developed | We will work together with you to formulate solutions and incorporate your advice and recommendations into the decisions to the highest level possible | We will support you to develop processes and structures necessary to identify issues and to implement solutions |
| **Method** | * Newsletters * Website * Social Media (potential to move to consult) * Town Halls * Info sessions * Webinars * Education sessions * Networking events * Fact sheets * Brochures * Direct contact | * Surveys * Evaluations * Polling (i.e using mentimeter or sli.do to poll participants) * Focus Groups * Interviews * Q & A | * Workshops * Working Groups * Task Groups * Reference Groups * Advisory Committees | * PCN Steering Committees * Governance Committees * Participatory decision making | * Physician led initiatives, policies, resources and work |

\*Adapted from [IAP2 Spectrum of Public Participation](https://www.iap2canada.ca/resources/Documents/IAP2%20Canada-Foundations-Spectrum_revised_june_orange.pdf) and the [*Ontario Local Health Integration Network Primary Care Physician Engagement Resource Guide and Toolkit*](http://www.torontocentrallhin.on.ca/communityengagement/ceresources.aspx)

**ENGAGEMENT STRATEGIES for PCN DEVELOPMENT**

**STRATEGY 1: Engaging Primary Care Providers**

The power of our Division rests in our membership. Any system change must serve the needs of our members and will require strong physician leadership. Engaging our members will be the most prioritized strategy to enable team based primary care networks and support the relationship the Divisions has with its members.

Although they are not members, Nurse Practitioners, Nurses and Allied Health Professionals will also be an important part of the team working to build Primary Care Networks. The need for collaboration should be fostered where possible and these roles should be engaged alongside our members or on their own as appropriate.

**HOW WE ENGAGE OUR MEMBERS:**

Depending on the engagement initiative, one or more of these methods below can be used to engage our members.

* **PCN Steering Committees**
* **VDoFP Committees/Membership**
* **Through Recruitment & Retention**
* **VDoFP Board**
* **Team Based Care Education & Promotion**
* **Networking Events**
* **PCN Resources**
* **Town Halls and Information Sessions**
* **Working Groups**
* **Focus Groups**
* **Interviews**
* **Surveys**
* **Storytelling**
* **Community Network Managers – outreach and support**

**HOW WE SUPPORT THIS STRATEGY:**

1. **Communication**

To support engagement, the CNMs will needto be able to capitalize on our current regular communication platforms such as a newsletter and a website, as well as incorporate other platforms and methods of communication and engagement when appropriate.

Recently, we have heard our Steering Committee members say that these regular communication methods are working for them – they enjoy their consistency and practical content. Members tend to receive many e-mails, and they do not want anything additional to add to their workload. Using our current methods of communication for now and adding some engaging content will help us build up our PCNs and grow our engagement strategy over time.

CNMs will also need to promote and share news about network events, stories, engagement opportunities etc. Members can also be supported and empowered to share their own stories (i.e. “My PCN Story”).

It is important to engage our members, and it is equally important to share the contributions that they are making while being engaged and working on PCN Development. See “Closing the Loop” later on in this document.

**Current suggestions to support Communication around PCN Engagement:**

* + Fast Facts – Include a PCN Development Section for CNMs to populate
  + Website – CNMs to manage their own Community Pages to keep updated and relevant (CNMs will need to receive training on how to update their pages, as well as follow guidelines and maintain consistency)
  + Work a write up/report into every engagement process which can be shared and posted
  + Work with a Digital Communications Professional or team to support the best navigation and planning for providing info on PCN development
  + Support CNMs to skill build around communication & engagement – learning tools, how to engage, facilitation, writing, etc.

1. **Engagement Platforms and Tools**

Currently we use the following platforms to connect, engage and inform our stakeholders on PCN Development.

* Newsletters - MailChimp
* Direct E-mail
* Website – WordPress
* Checkbox Surveys
* Google Forms
* Survey Monkey
* Google Drive
* ZOOM
* Pathways

Note that these ways we connect are all online as we are unable to meet in-person safely due to COVID-19. When we can meet again safely, in-person events will be valuable to support network development and community building.

Other online engagement specific platforms and tools to be considered (based on engagement goals)

**Platforms**

* [Engagement HQ (Bang the Table)](https://www.bangthetable.com/engagementhq-community-software)
* [76 Engage](https://76engage.com/)
* [The Hive](https://demo.the-hive.com.au/)

**Polling Tools**

* [Sli.do](https://www.sli.do/)
* [Mentimeter](https://www.mentimeter.com/features)
* [Meeting Pulse](https://meet.ps/)

**Current suggestions to increase PCN Engagement through online platforms:**

* + Create a regular space for members to be informed, educated and engaged i.e. – “PCN Meet Up” or “PCN Connect” series – every month a different topic is discussed. A yearly calendar can be populated according to relevant current themes or events or PCN Development. This could be across PCNs or specific to PCNs

**SAMPLE IDEAS:**

* + - April is Patient Experience Month – we could ask a physician who has used the PX Tool to talk about why they feel PX is important, etc.
    - Unlocking the potential of an RN in your practice – have a physician champion present on this
    - Social Prescribing Programs in Your Community – Invite Neighborhood houses to share about their Social Prescribing programs
    - What does Team Based Care Really Mean? Managing the Change – Team Based Care is about more than just adding resources. How do we manage the culture shift?

1. **Incentivized Engagement & Participation**

We know that incentivized activities help to support participation of our members. Offering compensation, CME credits, food/gift, etc. is a way we can encourage participation and provide value to our members. We can also continually work to show the value that building PCNs can bring to our members. A sense of community, better patient care, more support for providers, etc. can be powerful incentives.

1. **Identify Physician Champions**

Physician Champions can play a key role in increasing engagement on a project or initiative. Where possible, identify physician champions who can help support your engagement project. This could entail supporting facilitation, leading a discussion, telling their story, sharing a tool or resource, etc.

**STRATEGY 2: Engaging Patients**

Opportunities to engage those with lived experience receiving care or supporting someone receiving care can help to guide us in planning and making better decisions. As patient-centred care is a main component of Primary Care Networks, developing PCNs should consider the impacts on patients and their caregivers and involve their input. The patient voice can be a powerful motivator for health care providers and can be used to support buy in for physicians around PCN development.

**HOW WE ENGAGE PATIENTS:**

* **PCN Steering Committees**

Each of the 6 PCNs will recruit a Patient Partner to participate on their steering committee. Currently, 3 of the 6 PCN committees have Patient Partners, and we are recruiting for the remaining 3. This group of 6 advisors can be engaged outside of Steering Committee meetings on appropriate projects and initiatives.

* **PCN Evaluation Framework**

Our Evaluation Consultant is engaging with 6 Patient Partners on the development of the framework (2 Steering Committee members are included in this group). She will be working with them over the next 3 – 4 months.

* **Patient Advisor Networks**

There is a VCH Specific patient advisory network called the [Community Engagement Advisory Network](http://cean.vch.ca) (CEAN) as well as a Provincial network called [Patient Voices Network](https://patientvoicesbc.ca/) (PVN – administered by the [BC Patient Safety & Quality Council](https://bcpsqc.ca/)).

Each of these networks have weekly newsletters and allow external partners to recruit patients. There is also a Mental Health & Substance Use Consumer e-mail list at Vancouver Coastal Health called [Spotlight on Mental Health](https://www.spotlightonmentalhealth.com/) that sends out information and recruitment opportunities to a distribution list of approx. 700 people. These networks and e-mail lists will be a valuable resource in recruiting patients for engagement processes, as well as sharing information directly with them.

* **Community Partners**

Community Partner organizations often have a newsletter, membership or community that they can send information out should we want to share an engagement opportunity through them.

**HOW TO SUPPORT THIS STRATEGY:**

1. **Connection to Patient Engagement Resources in Vancouver**

CNMs will be introduced to these services and become oriented to their process for recruitment (Saori can also provide support as needed).

1. **Engagement Training**

Training on engaging patients and the public would be essential to support CNMs as they engage patients on a more regular basis. Training on Facilitating Engagement would also help to build the skill set needed when engaging the public and also stakeholders in general.

**Suggested Training**

* Spectrum Engagement Consulting

[Patient and Family Engagement Course](https://drive.google.com/file/d/1xhxBa4cpago2t8FVhUwk4yMZKqOdIYFr/view?usp=sharing)

[Advisory Members Engagement Course](https://drive.google.com/file/d/19kjg3PNHgj62YLijwyoId2Ek5dafvkQ4/view?usp=sharing)

* Delaney & Associates (recommend in person if possible)

[Facilitating Engagement](https://www.rmdelaney.com/training/facilitating-engagement-workshop/)

[Engagement Planning and Techniques](https://www.rmdelaney.com/training/upcoming-iap2-courses/)

1. **Honorarium**

Depending on the project or initiative that Patient Partners are involved in, honorarium should be considered to support their participation. Especially if all other stakeholders are being compensated in the process.

**STRATEGY 3: Engaging Community Partners**

Within our PCNs, Community Partners provide a wide range of services to support the health of their communities. Building relationships with these partners will help CNMs to support the providers and clinics within their PCNs. These community partners also see a value in being connected with Primary Care Providers as well as the Primary Care Networks to support their programs and the people they serve.

**HOW WE ENGAGE COMMUNITY PARTNERS:**

* **CNMs connect with Community Partners to support projects and initiatives happening in their PCN**
* **Where possible and appropriate, provide info to any providers who are looking for info on resources and support**
* **Through Pathways**

**HOW TO SUPPORT THIS STRATEGY:**

1. **CNMs to continue to make connections with community organizations in our PCNs that support the health of the community such as:**

* Non-Governmental Organizations (NGOs)
* Community Health Centres
* Urgent Primary Care Centres
* Neighborhood Houses

1. **Work with Community Partner to help build PCNs**

* Engage them to find out how they can participate in PCNs
* Connect them to Primary Care Services that support the community they serve
* Seek out opportunities to collaborate with them to maximize resources

**STRATEGY 4: Engaging First Nations Stakeholders**

**HOW WE ENGAGE FIRST NATIONS STAKEHOLDERS:**

* Through connection to the First Nations Primary Care Network
* Have invited PCN Coordinator to our PCN 2 Steering Committee Meeting and seeking guidance as to how to meaningfully involve Indigenous representatives.

**HOW WE SUPPORT THIS STRATEGY:**

1. **Support meaningful involvement of Indigenous Representatives on our PCN Steering Committees and inside PCN Development**

* [Indigenous Engagement and Cultural Safety Guidebook](https://www.pcnbc.ca/media/pcn/PCN_Guidebook-Indigenous_Engagement_and_Cultural_Safety_v1.0.pdf)
* <https://bcpsqc.ca/resource/applying-cultural-safety-humility-in-patient-engagement/>
* <https://healthstandards.org/general-updates/5-tips-preparing-engage-indigenous-communities-canada/>

1. **Support cultural safety of participants**

* <https://www.sanyas.ca/>

**Evaluation**

Evaluation is important within engagement because it shows our commitment to listening as well as ongoing quality improvement. More importantly it helps us to understand how best to engage with our stakeholders, and ensure we are meeting expectations.

As a regular practice, we should plan to evaluate every engagement opportunity to ensure they are meaningful to participants. See Steering Committee Evaluation as an example: <https://docs.google.com/forms/d/e/1FAIpQLSdEEcM23N60p-MBQIOIa_W69ipJXTgzRC-Fb08GwtZ0j1pLdA/viewform?usp=sf_link>

Summarized evaluation results can be worked into write-ups and reporting.

**Closing the Loop & Tracking Engagement**

Sharing the engagement and support work that the CNM team is working on right now will help to create excitement and energy around PCN Development. Engaging key stakeholders is very important, but equally important is sharing what engagement is happening, and what that engagement is contributing to. This supports ‘closing the loop’, which stakeholders really value when they are being asked to participate and contribute. This allows people to know and understand the role the community is playing in the development of the networks. It fosters ownership, transparency, accountability, and trust.

The CNMs should regularly share and report out about the work that is going on in their PCNs, as well as stories from within their PCNs that will support engagement goals. Keeping track of engagement work will help to support this reporting, as well as how much engagement we are doing and how this is affecting outcomes.

**KEY ENABLERS**

* Value Based Processes – offer opportunities that have a value to providers
* Peer Led – Physician and provider champions can support engagement
* Use what’s already working - Start with touchpoints that are currently working for providers (i.e. Fast Facts, Pathways)
* PCN Resources – access to PCN resources can help incentivize participation
* Better Patient Care – Ability to provide better patient care is at the heart of PCN Development
* Better Provider Experience – More time to better support patients will allow providers to have a better experience
* Community Network Managers – Specific role to support engagement and network building
* Team Based Care – culture of Team Based Care can support us to build networks
* Information Sharing – timely access to information is offered by connection to our Division and membership

**ENGAGEMENT OBSTACLES**

* Physician burnout
* Amount of communication already being received by providers
* Large systems change can be overwhelming
* COVID-19 shifts priorities
* Lack of connection to PCN work
* Lack of communication around PCN work and development