

Primary Care Networks

Background

In 2018/19, the Ministry of Health launched a transformational team-based primary care strategy envisioned to increase patient attachment and access to quality, comprehensive, culturally safe, and person-centred primary care services across the province. This strategy was initially developed in response to challenges including increasing numbers of British Columbians without a regular primary care provider, fragmented and varied care across multiple providers and increasing levels of clinician and provider burnout.

Policy Objective

These clinical models and all primary care providers in a defined geography will be aligned together in local Primary Care Networks (PCNs) in order to better coordinate and leverage existing and new providers and services to better meet the needs of local citizens. The models operate within a PCN, linked to other community and specialty services.

PCNs will be locally planned and delivered through partnerships including Divisions of Family Practice (DoFP), health authorities, First Nations and other local community representatives. As the foundation of an integrated system of primary and community care, PCNs maintain clear pathways and linkages with specialized community service programs as well as the broader health system.

- **Patient Medical Homes (PMHs)** are family practice or health authority primary care clinics which have a majority of the person-and family-centred service attributes (commitment, contact, comprehensiveness, continuity, coordination) and relational attributes (team-based care and networks) of the BC PMH model.
- **Urgent and Primary Care Centres (UPCCs)** are a flexible resource to meet both urgent and planned primary care needs of people across the province by filling services gaps in urban and metro communities. They are a full-service facility with team-based care providing urgent, non-emergency care to people needing medical attention within 12-24 hours while also providing temporary or ongoing attachment to patients who do not have a regular care provider.
- **Community Health Centres (CHCs)** are multi-sector organizations providing a community population with primary health care. The populations served by CHCs are typically geographically defined although a CHC may target their services to a community of specialized need residing across multiple geographical areas. CHCs are community governed with services tailored to meet the health needs of the community.
- **First Nations Primary Care Centres (FNPPC)** deliver a combination of primary care, social services and Indigenous health supports in one team-based centre. A team of Indigenous and allied health practitioners offer culturally integrated and culturally safe primary care. Both Western medicine and traditional holistic approaches to health support cultural

connections, identity, wellness support, preventative health and address the social determinants of health.

- **Nurse Practitioner Primary Care Clinics (NPPCC)** provide patients with the opportunity to be attached to a primary care provider and receive the care they need near to home. Led by Nurse Practitioners, the team may be made up of registered nurses, social workers and mental health and substance use clinicians working together to provide primary care and attaching patients while integrated into a primary care network.
- **Foundry Centres** offer access to integrated health and wellness services for young people aged 12 to 24 in both rural and urban communities. Each centre provides primary care, youth and family peer supports, walk-in counselling, mental health and substance use services and social services.

Progress

Early adopter communities were identified in February 2018, with a representative sample of metro, urban, and rural areas. The first cohort of Collaborative Service Committees (CSCs) submitted service plans in August 2018. PCN service planning and implementation continued over the next 12 to 18 months, with an objective over the coming 3 years of substantive implementation of this model. The Ministry of Health service plan targets are as follows: 2018/19: 15 PCNs; 2019/20: 25 PCNs; 2020/21: 45 PCNs; 2021/22: 65 PCNs and 2022-23: 85 PCNs.

The Ministry is working to establish PCNs that will cover all 218 community health service area (CHSA) across the province. It is expected that greater than 80% of CHSAs in regional health authorities are covered by PCNs by the end of fiscal year 2020/21.

Governance

The Ministry is working collaboratively with the General Practice Services Committee to support collaborative services committees (CSCs), whose membership includes divisions of family practice and health authorities, to launch PCNs across BC. PCNs are governed through a steering committee, whose membership is minimally made up of:

- Physicians from local divisions of family practice,
- local regional health authority,
- Indigenous partners,
- nurse practitioner representative, and
- patients and families.

The Ministry also recommends including additional community groups and organizations in the steering committee, to ensure that the PCN is representative of the community and of the health care providers delivering services.

Core Attributes

PCNs will work towards the adoption of 8 attributes prioritized from the provincial policy direction over the first couple of years. These 8 attributes include:

1. Process for ensuring all people in a community have access to quality primary care, and are attached within a PCN.
2. Provision of extended hours of care including early mornings, evenings and weekends.
3. Provision of same day access for urgently needed care through the PCN or an Urgent and Primary Care Centre.
4. Access to advice and information virtually (e.g., online, text, e-mail) and face to face.
5. Provision of comprehensive primary care services through networking of PMHs with other primary care physicians and nurse practitioners, and teams, to include maternity, inpatient, residential, mild/moderate mental health and substance use, and preventative care.
6. Coordination of care with diagnostic services, hospital care, specialty care and specialized community services for all patients and with particular emphasis on those with mental health and substance use conditions, those with complex medical conditions and/or frailty and surgical services provided in community.
7. Clear communication within the network of providers and to the public to create awareness about and appropriate use of services.
8. Care is culturally safe and appropriate.