Primary Care Networks

Background

The Ministry of Health's 2017 policy direction states primary care networks (PCNs) will be established across BC to provide quality team-based primary care services to the population of local communities, coordinating access to health authority specialized services through integration and service redesign.

Policy Objective

A PCN is a network of family practices (including traditional physician owned family practices, community health centres, and health authority primary care clinics) in a defined geography linked with each other and with other primary care services, delivered by the health authority and other community-based organizations. They will increase patient access and attachment to a regular primary care physician or nurse practitioner through interdisciplinary team-based care.

PCNs will include networking of patient medical homes, urgent primary care services, and community health centres.

- **Patient medical homes (PMHs)** are advanced primary care clinics that are defined by 12 attributes. Key attributes of PMHs include the provision of timely access to comprehensive, coordinated primary care which will require a focus on the following building blocks: Engaged leadership, data-driven quality improvement, panel assessment and management, and team-based care.

- PCNs will provide access to urgent care services, including extended hours and coverage for other practices, and access to a wider range of health care professionals. This may include the development of **urgent and primary care centres (UPCCs)**, particularly for urban and metro PCNs.

- **Community health centres (CHCs)** across BC deliver primary care services alongside services to enhance access to primary care for vulnerable, hard-to-reach populations. The Ministry is in the process of developing a supportive policy directive to guide primary health care service delivery at CHCs and their participation in PCNs.

Progress

Work will proceed in a focused fashion starting with early adopter communities identified in February 2018, with a representative sample of metro, urban, and rural areas. The first cohort of CSCs submitted service plans in August 2018. The second cohort of 7 CSCs submitted service plans in October 2018:

The next intake of CSCs submitted service plans beginning in June 2019. PCN service planning and implementation will continue 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; and 2021/22: 65 PCNs.

July 2019

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 though 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.