

What is an Urgent and Primary Care Centre?

Overview

Urgent and Primary Care Centres (UPCCs) are an important piece of our primary and community care strategy. They were first introduced to the province in 2018, with the creation of five new UPCCs in the West Shore (Langford), Vancouver, Quesnel, Surrey and Kamloops.

The goal of UPCCs is to provide a flexible resource to meet both the urgent and ongoing primary care needs of people in communities (primarily in larger urban centres) across the province. UPCCs will work to address several key problems currently faced by patients and health care providers:

1. Many people do not have a regular family physician (GP) or nurse practitioner (NP), and as a result they must consistently visit walk-in clinics or the emergency department when they need primary care.
2. People go to the emergency department when they have a regular provider, but are not able to get a same-day or next day appointment when unexpected urgent medical issues arise.
3. Physicians and health care providers are unable to add team-based capacity to their clinics (such as a nurse or other allied health care provider) because their current space or lease arrangements do not allow for expansion.

UPCCs will help to address all these challenges by serving three main purposes. They will provide urgent care to patients who have health needs that should be attended to within 12 to 24 hours, but do not need the level of service found in an emergency department. They will have net new capacity for attaching patients to a GP/NP for their longitudinal primary care needs. They will be a team-based care clinic with interdisciplinary professionals who will support the urgent and ongoing care needs of all patients in the community, whether unattached, attached at the UPCC or attached elsewhere in the community.

They will provide an alternative to going to the emergency department by offering urgent care services, specifically:

- Basic in-office emergency services for sprains or simple fractures, minor cuts requiring stitches, mild to moderate breathing difficulties, minor burns or rapid access to mental health and substance use crisis intervention services;
- Assessment and treatment for minor illnesses, such as respiratory infections, eye irritation, fever or flu, skin rashes, urinary tract infections or abdominal pain; and
- On-site or close proximity access to diagnostic imaging and lab services that maintain the same hours as the clinic, such as x-rays, point of care testing and blood tests.

They also will serve as a key primary care resource for communities, by serving as a first point of contact for individuals who do not have a primary care provider. They will provide immediate attachment for these patients, many of whom will become regular patients of the UPCC. As part of a primary care network, UPCCs will also link in with other providers within the PCN to facilitate attachment of some patients to other regular full-service practices / patient medical homes as available.

For individuals who have a primary care provider but are simply not able to see them in a timely way, they will ensure there are clear protocols to ensure that information flows back to their regular provider.

Finally, these centres will serve as primary care hubs within a community. They can be the home-base for additional team-based supports to work with other clinics – especially those that do not have the physical capacity to add to their teams – and can also serve as a space for group patient visits and services.

Ultimately, the addition of UPCCs into the health care space will provide a highly flexible resource that complements the existing capacity of a community, and helps to provide integrated, comprehensive and well coordinated care.

Key Attributes

While the exact profile of each UPCC may be slightly different from community to community, depending on the local circumstances, the key attributes that UPCCs should include are:

- Provide immediate attachment to a regular primary care provider for residents of the community who do not have one, working with the patient attachment registry where it is in place; provide attachment to the UPCC for patients who are underserved and who may not fit the traditional model of primary care planned visits.
- Provide linkages with the PCN within the community to partner with other primary care clinics, and ensure that patients who are temporarily attached at the UPCC can be transitioned to permanent attachment at another full service practice within the PCN as available.
- Provide urgent primary care services to the local community – particularly to those who may otherwise attend an emergency department. These services should be available during extended hours, such as early mornings, evenings, weekends and holidays; they may also be available during regular daytime hours, depending on community needs.
- Provide team-based care for both urgent/drop-in appointments. This can include physicians, nurse practitioners, nurses, mental health clinicians, social workers, pharmacists or others.
- Ensure continuity of care for patients who attend the UPCC but who have a regular primary care provider, by ensuring there are clear protocols and mechanisms for communication between providers.

- Located in areas of high need, and with close (walking distance) access to lab and diagnostic services (or have transportation options available to patients).
- Support alternative service compensation models, to provide flexible care options for patients and flexible scheduling for GPs or NPs.
- Develop protocols with local health services, such as ambulance or hospitals, to ensure patients are able to be quickly transported to higher levels of care if needed.

What are our targets?

In 2018 there were five UPCCs opened across the province, and an additional five launched by summer 2019. Following those first 10, the Ministry has set a target of an additional 10 UPCCs to be opened across B.C. in 2019/20 – primarily in urban settings. A further 10 will be added in 2020/21.

How will UPCCs work within the system?

Urgent and Primary Care Centres have a flexible role to play within the larger primary care system. As outlined above, they are a resource that can offer several different benefits, from providing same-day urgent care access, to working to attach patients to a regular provider, to adding team-based capacity within a primary care network (PCN).

There are two ways that a UPCC will generally be established in a community. First, as part of overall PCN planning. As PCN steering committees undertake their planning work, they will be able to identify if a UPCC would be appropriate in their region, and how it would best fit into the overall continuum of care.

The other option for establishment of a UPCC in a community is outside of the PCN planning process. We recognize there is an immediate need for additional capacity within some communities in the province to meet the needs of patients – often because there is a large unattached or underserved population. PCN planning requires focused work, and not every community is ready to immediately begin full PCN planning right away. In these communities, a UPCC may be a useful way to start addressing that need before PCN development has begun. It is important to note that in these communities, when PCN planning does get underway, the UPCC will be brought into that work, and will help to inform the planning and implementation process. It will then become a crucial hub for the PCN as it gets established.

How will UPCCs benefit patients?

There are many ways that an Urgent and Primary Care Centre can benefit patients. First – it will provide somewhere to go for urgent needs that must be seen to quickly, but do not require the emergency department. This will save patients from having to spend hours waiting in a hospital emergency department if what they need can be more appropriately provided within primary care. UPCCs are typically open extended

hours, in the evenings and on weekends, and so are somewhere patients can go when their regular provider is closed or if they are unable to get a same day or next day appointment.

Through the UPCC, patients will have access to onsite or nearby laboratory and diagnostic services, which will be open the same hours as the UPCC.

For patients who do not have a regular primary care provider, they will be able to go to the UPCC and receive consistent, full-service primary care, and can be confident that all their information stays with them and their providers. As a PCN gets established in their community, they may be transitioned to a regular primary care provider – a GP or NP – within the PCN as capacity becomes available, through the UPCC.

How will UPCCs benefit health care providers?

UPCCs will be a valuable resource for health care providers within the community that they serve, as they will be a place where their patients can go to receive comprehensive primary care, when they are not able to see them (such as after their clinic is closed in the evening). Physicians and other providers can be confident that their patients will get the care that they need, and the information from their visit will be shared back with them, so they understand all their patient's needs and current health status.

In addition, as PCNs are established, UPCCs will serve as additional physical capacity for other primary care clinics in the network – so they will be able to use the resources at the facility. These resources could include physical clinic rooms for patients to attend group visits, as well as allied health providers who work out of the UPCC but are available to serve patients from across the network.

These are innovative, exciting team-based centres that allow for the health professionals working there to have more work-life balance. They also allow for alternative compensation models, providing more flexibility to providers.

How are they staffed?

As part of their core staffing teams, UPCCs will have a GP, an NP and a nursing complement. From there, allied staff will be added to reflect the specific needs of the communities. For example, in Kamloops, the emergency department at Royal Inland Hospital typically sees a lot of lower acuity CTAS 4/5 patients who come in with musculoskeletal issues (like a broken or sprained wrist). In recognition of that specific community need, the Kamloops UPCC added a physiotherapist to their team, to help provide targeted care to that population.

In addition, UPCCs typically will allow for alternative compensation models. For example, the first five UPCCs are all staffed outside of the typical fee-for-service model.

What are the different models of UPCC? Are they all operated by health authorities?

To date, two business models have been used for UPCCs. The first is a health authority owned (or leased) and operated facility, which is the case with Kamloops, Surrey, Westshore and Quesnel.

The second model is a partnership between the health authority and a local health-care service provider, which is the case of City Centre (Vancouver), Burnaby, and Nanaimo.

Going forward, UPCCs will primarily be operated by health authorities, working in partnership with local physicians, nurse practitioners and other partners to support the community. This will ensure the unique needs of the community are reflected in the care and services they receive and will allow for net new resources to be created within the community.

Ultimately, the goal is for UPCCs to be a net new resource within the community which can be flexible enough to meet a variety of primary care needs. Each UPCC proposal and community is unique, and the Ministry will consider each proposal based on their specific circumstances.

How are UPCCs different from a walk-in clinic?

Urgent and primary care centres provide urgent, non-emergency care to people who need medical attention within 12-24 hours. They also provide a broader range of services than those available at walk-in clinics.

They bring together a team of health care professionals – such as doctors, nurse practitioners, registered nurses, licensed practice nurses, mental health and substance use clinicians, social workers and pharmacists – to provide comprehensive care to patients.

They also provide temporary attachment to patients who do not currently have a regular care provider, and then work to link them to permanent providers as capacity opens up within a broader PCN. In fact, going forward new UPCCs will provide a minimum of 50 per cent of their clinical service hours (up to 70 per cent) building capacity for ongoing attachment.

For patients who do already have a regular provider, they will link back with that provider after the patient's visit, to ensure that all of the relevant information is shared and there are no gaps in care.

How are UPCCs different from “urgent primary care services”?

An urgent and primary care centre is a full-service facility that offers the full suite of services outlined in the key attributes above. It's what you would think of as a stand-alone centre with a “Urgent & Primary Care Centre” signage out front directing people to their services.

Urgent and primary care services are less formalized. As part of PCN planning, communities are asked to consider how these services can be incorporated into their networks – this does not always need to look like a formal UPCC. It simply means ensuring that a network has considered how they will work to accommodate services like same-day or extended hour access across their network.

How are UPCCs going to act as “hubs” for the PCN?

One of the most exciting uses of Urgent and Primary Care Centres is as a “hub” for team-based care resources in the community. One of the key learnings of PCN planning to date has been that for many physicians and practices, it is challenging to add additional team members to their practices simply because there are physical constraints on their clinics – they don’t always have room for additional providers to work at their home clinic.

But, with the introduction of UPCCs, we are able to purposely create a space that is designed to support team-based care, and can accommodate additional health professionals. By working collaboratively with the PCN practices, patients and providers across all the PCN clinics will be able to refer patients on to the team supports at the UPCC and can be confident that all their relevant medical history and information will be captured and shared across the network.

In this way, we can begin to fully realize the collaborative, patient-centred possibilities of the network, through the UPCC.