

# Refreshed approach to Primary Care Networks

Five years after the launch of the Province’s team-based care primary care strategy and the creation of the first Primary Care Networks (PCNs) in British Columbia (BC), there are many successful examples of teams providing care for patients in new and innovative ways. As can be expected, there have been challenges as well. PCNs represent a major shift in the way we work, and we have learned a lot since we started.

In response to a constantly shifting landscape, and feedback from physicians and partners, in late 2022, the Family Practice Services Committee (FPSC) committed to refreshing the approach to PCNs. We met with partners to discuss opportunities to improve the PCN model. Through changes we are introducing today, we aim to improve patient access to quality primary care by:



**EMPOWERING PHYSICIAN LEADERSHIP AND COMMUNITY CONNECTIONS**



**STRENGTHENING TEAM-BASED CARE**



**CREATING OPPORTUNITIES FOR INNOVATIVE PCN CLINIC MODELS**



**ENGAGING WITH FIRST NATIONS**



**STRENGTHENING SUPPORTS FOR PATIENT ATTACHMENT**

These changes are part of an ongoing evolution with respect to PCNs in the spirit of continuous improvement. We can expect further changes in the future to be informed by continuous dialogue and engagement with our partners.



## Empowering physician leadership and community connections

To be successful, PCNs need strong physician leadership and robust community connections. This will be supported through redesigning the PCN steering committees.

- PCN Steering Committees (PCN SCs) will direct the assignment of PCN primary care clinical staff to support the development of effective teams and will coordinate the network of clinics in alignment with [PCN attributes](#).
- Family physicians will convene PCN SCs, which will make decisions by consensus. The physician will lead and bring together physicians, nurse practitioners (NPs), and community and health authority partners to collaboratively design local primary health services that meet the population’s needs.

- Local First Nations, Inuit and Métis partners will continue to be an important partner and will instruct on how they would like to be involved and represented on PCN SCs. The Ministry will take additional steps to work with Indigenous partners to support their participation and to ensure their resource needs are prioritized within the primary care strategy.
- PCN SCs will purposefully and regularly meet with local patient, family and community representatives to ensure their voices inform the work being done by PCNs. FPSC will work with PCNs and patient, family, and community representatives to support and ensure effective approaches to this deeper engagement.
- The Divisions of Family Practice (divisions) will provide backbone support to the PCN by employing PCN management and administrative staff and taking on the secretariat role for the PCN SC.

- Health authorities will support PCNs by being the primary conduit for financial, human resource, and other administrative reporting to the Ministry for PCNs.
- Additional tools and supports providing guidance on the composition and functioning of PCN SCs will be available in fall 2023.
- Finally, PCN SCs are the place for primary care planning. In the fall, the Ministry and Doctors of BC will provide further information on refreshing Collaborative Services Committees (CSCs) as the tables where primary care, community services and facility-based work come together as part of an integrated health system.



### Strengthening team-based care

We know that the work of primary care has become more complex and that there are people living in BC who are not attached to a family physician (FP) or an NP, but wish to be. Recruiting and retaining FPs and NPs is important for building capacity in the system. Strengthening team-based care is also essential to improve access and better meet the complex needs of BC's population.

- We will strengthen team-based care in family practices by enabling them to hire Registered Nurses (RNs) and Licensed Practical Nurses (LPNs). The Ministry and Doctors of BC are developing policy and funding parameters to advance this approach and will have more detailed information to share soon. In the longer term, our intent is to enable this change through the Longitudinal Family Physician (LFP) Payment Model. In the short term, to move forward as quickly as possible, we expect to build on the Nurse in Practice contract model used by some Interior region practices.
- Health authorities will remain the employers of PCN allied health providers, while the PCN SC will direct the assignment of PCN primary care clinical staff working within teams. Exceptions will include psychologists and clinical counsellors who may be independent contractors.
- Working with the Ministry and regional health authorities, FPSC will lead on the establishment of a provincial practice collaboration agreement for the placement of health authority clinical staff in family practice clinics or PCN clinics. This agreement will set out mutual expectations of partners, including with respect to health and safety in the workplace.



### Creating new opportunities for innovative PCN clinic models

The Ministry has received requests from family physicians and community representatives for funding to support consolidation and/or development of new practice space for team-based primary care and new models of care. These models are often referred to as Community Health Centres (CHCs); however, often what proponents are seeking to establish is not a CHC but rather a team-based primary care clinic with strong physician leadership and community participation. As such, we want to create new opportunities for our partners to propose new PCN clinic models that are physician-led and community governed to respond to evolving community needs.

- Work is being done to develop policy, funding and process parameters to bring opportunities for new PCN clinics forward for consideration by FPSC.
- This PCN clinic model will need to support the overall primary care strategy of increasing attachment and access for the population and be aligned to the patient medical home (PMH) [attributes of care](#).
- These clinics will not be operated by health authorities or divisions of family practice.
- Opportunities for new clinics will be subject to the availability of funding and to ensure equity of opportunity for PCNs throughout the province.
- FPSC will have more details in the coming weeks on how this new option will be supported.



### Engaging with First Nations

PCN Steering Committees need to engage with Indigenous partners in a way that is respectful of local protocols and capacity. This aligns with the *United Nations Declaration on the Rights of Indigenous Peoples Act* and supports self-determination.

- PCN SCs will seek instruction from local First Nations, Inuit, and Métis partners on how they would like to be involved with PCN governance and to discuss how the PCNs can best serve their communities. They will also provide guidance on how PCNs can better integrate with existing Indigenous governance structures and processes (e.g., existing First Nations health governance structures).
- At the provincial level, the Ministry will work with Indigenous partners to address concerns regarding support for their participation in PCNs.
- Additionally, the Ministry will work directly with Indigenous partners to understand their need for primary care resources and how those needs can be met within the context of the unique relationship between the federal government, the Province and Indigenous Peoples in the delivery of health care services.



## Strengthening supports for attachment

### Recruitment and Retention of Family Physicians and Nurse Practitioners

- The new [LFP Payment Model](#) came into effect on February 1, 2023, through close collaboration between the Doctors of BC, the BC Ministry of Health and BC Family Doctors. To date, there are more than 3,500 family physicians on the new payment model, and work to expand and improve the model is ongoing.
- New to Practice (NTP) service contracts and incentives (and/or Alternative Payment Plan service contracts, where applicable) are an important recruitment tool for early career or 'new to BC' family physicians who choose to work in longitudinal family practice. To date, more than 150 new family physicians have signed onto NTP service contracts.
  - > FP contracts will continue to be held by regional health authorities on behalf of PCNs. They will continue to be available on an unlimited basis, subject to Ministry approval and with the expectation that the contracting partners are meeting service and other requirements set out in the contract.
- NPs play a key role as primary care providers in PCNs, and NPs will continue to work within PCNs under service contracts held by health authorities or employed by health authorities on salary. Like the approach taken with NTP FP service contracts, there is now no limit to the number of NP contracts allowed in a PCN, provided the contracting parties are meeting service and other requirements as set out in the contract. Contracts will be subject to Ministry approval and further information on this change will be provided by the Ministry in the coming weeks. In the meantime, PCNs interested in additional NP service contracts can contact their Ministry Regional Director. Furthermore, by 2024/25, the Ministry will establish an LFP type payment model specifically for NPs that will provide an alternate compensation option for NPs working in primary care.

### Attachment coordination

- On July 5, 2023, the Province, Doctors of BC and the Nurses and Nurse Practitioners of BC jointly announced the creation of a new [provincial attachment system](#) that will help bring together unattached patients and family doctors/NPs who have capacity to expand their panels.
- A key component of this system is the expanded Health Connect Registry (HCR) which will allow a more consistent, streamlined approach for unattached patients to register as needing an FP or NP.
- PCNs will be supported to merge existing local patient lists with the HCR. Attachment coordinators will continue to play an important role facilitating connections between patients on the HCR and local primary care providers and clinics accepting new patients in their communities.

- Details on what this means for family physicians will be provided in the coming weeks.
- The Ministry and Doctors of BC will be sharing further information shortly on additional resources that will be made available to PCNs to strengthen local capacity for attachment coordination and support.

### Next steps on advancing change to the PCN model

More information on the PCN Governance Refresh will be shared in the coming months, including at the FPSC Primary Care Partners Event in October 2023. In the meantime, if you have questions, please email [pcn@doctorsofbc.ca](mailto:pcn@doctorsofbc.ca).

### Context about the PCN Governance Refresh process

At the May 2022 meeting between the Minister of Health, former Premier, Doctors of BC Board Chair and former Doctors of BC President, the Ministry committed to working with Doctors of BC to consider the approach to PCN governance in response to feedback from physicians and divisions, with FPSC leading this work.

In December 2022, FPSC Co-Chairs Dr Sari Cooper and Ted Patterson held a provincial session with representatives from the divisions of family practice, regional health authorities, and the First Nations Health Authority about refreshing primary and community care.

In January 2023, the FPSC Co-Chairs held five regional engagement sessions with primary care partners to share the latest developments, proposed next steps, and to seek input. The PCN Governance Refresh Transition Working Group (TWG) formed to provide recommendations and advice to the FPSC Co-Chairs about the transition of PCN governance, management, and administration, with four sub working groups on specific topics. Thank you to the [TWG members](#) for generously contributing their time and insights.

Since the launch of the Province's team-based care primary care strategy and the creation of the first PCNs, and through the efforts of family physicians, health authorities and other partners working together, we have a total of 68 PCNs in implementation throughout BC. By 2025, we expect to have approximately 100 PCNs underway. To date, close to 2,400 Full-Time-Equivalent (FTE) clinical and non-clinical positions have been funded to support improvements in primary care through various PCN initiatives with close to 1,600 of those FTEs now recruited.

New teams are forming, new clinics are being created, innovative new models of care are emerging – all the result of local collaboration and commitment to better serve people in our communities. Together, we are making a difference for patients and families, as well as for those providing primary care services, and we will continue that important work.