



Public Sector Network's Health & Human Services Virtual Community Series

Delivering Healthcare to Remote Communities

September 10, 2021

Enhanced Access to Primary and Specialist Care Strategy



- Largest rural health region in the province
- Serves 300,000 individuals across two-thirds of BC's land mass
- 55 First Nations Communities
- 9 Tribal Councils
- 17 distinct linguistic groups
- 11 Metis Nation of BC Charter Communities
- Many rural and remote communities do not currently have baseline level access to health care services

Our Aim

To improve equity, access, and the care experience of people in rural, remote, and First Nations Communities and to support the provider's experience of caring for people

Enhanced Access to Primary and Specialist Care Strategy

OUR COMMITMENT

- Understand the needs and wants of the people we serve
- Enable personalization, convenience, and promotes choice for people and their families.
- Support relationship-based and longitudinal care by enabling coordination with, and patient understanding of, primary care homes
- Support the delivery of culturally safe care
- Support equitable access to care
- Support a continuous patient health record integrated with electronic medical records
- Work in partnership with Rural Coordination Centre of BC, First Nations Health Authority, and the Divisions of Family Practice

THE AIM STATEMENT: To improve equity, access, and the care experience of people in rural, remote, and First Nations Communities and, to support the provider's experience of caring for people.

THE FOUR PILLARS



Support providers to use virtual technology to extend the provision and access to services locally.



Integrate with existing local, regional, and provincial virtual and in-person primary care services, specialists and specialized service offerings (our own specialist services, 8-1-1, RTVS (Realtime Virtual Supports)).



Working in collaboration with existing community-based primary care services, develop a virtually-enabled regional primary and community care service, fulfilling the functions of an Urgent and Primary Care Centre, including connecting people to specialized services/care.



Engage with communities and partners to iteratively improve access and the care experience of people whose health and well being is supported virtually.

THE PRINCIPLES



Enable culturally safe and accessible primary and community care services for people and their families with a focus on the underserved and unattached.



Relationship-based care: Enable appropriate and timely connections for people requiring primary care and facilitate care coordination with local primary care homes and the interprofessional teams.

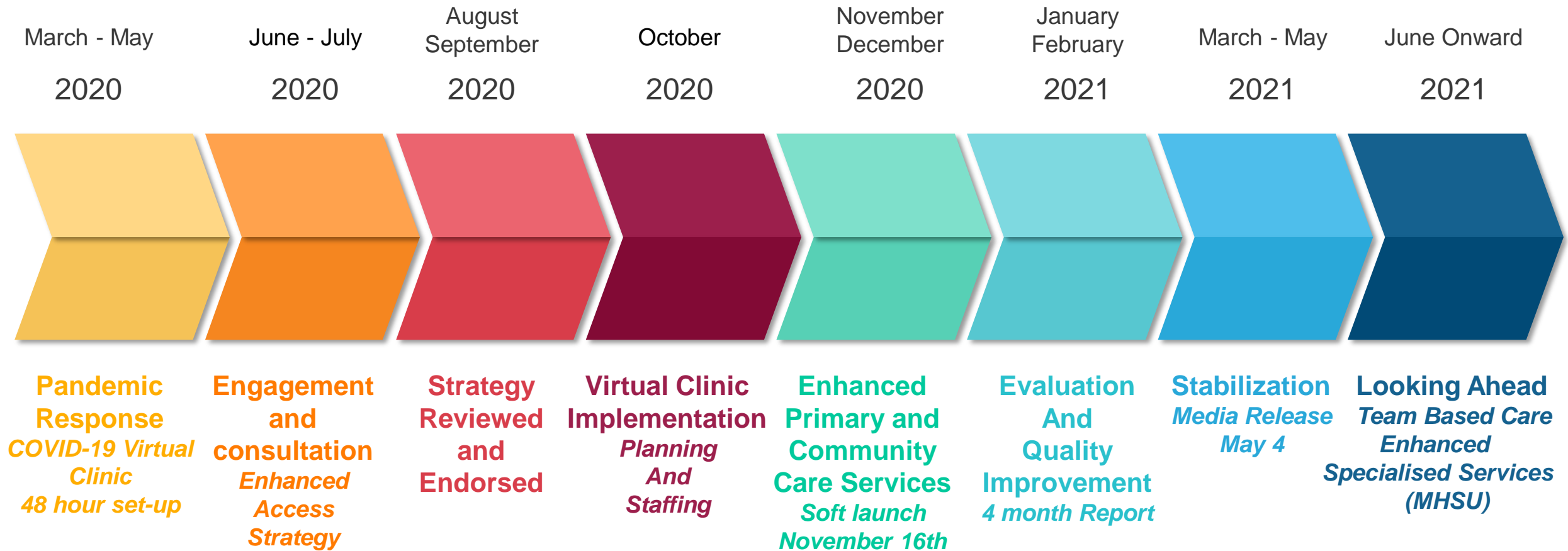


Facilitate the relationship between people and their specialist physician and supporting interprofessional team, including two-way care coordination between primary care homes and specialists.

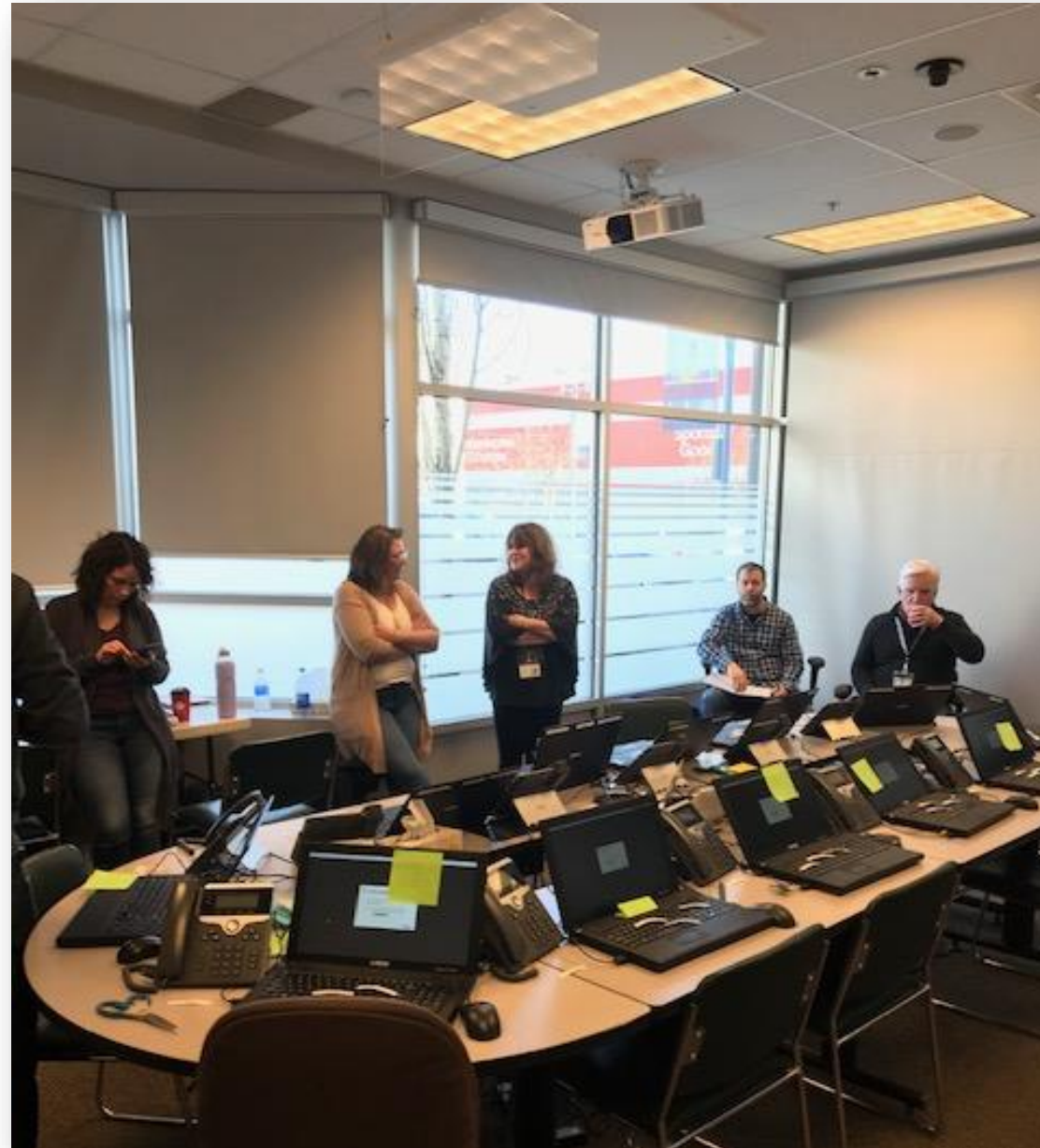


Build upon and complement existing community, regional, and provincial assets and services. Support and sustain rural providers in practice.

Development and Implementation of the Northern Health Virtual Primary and Community Care Clinic

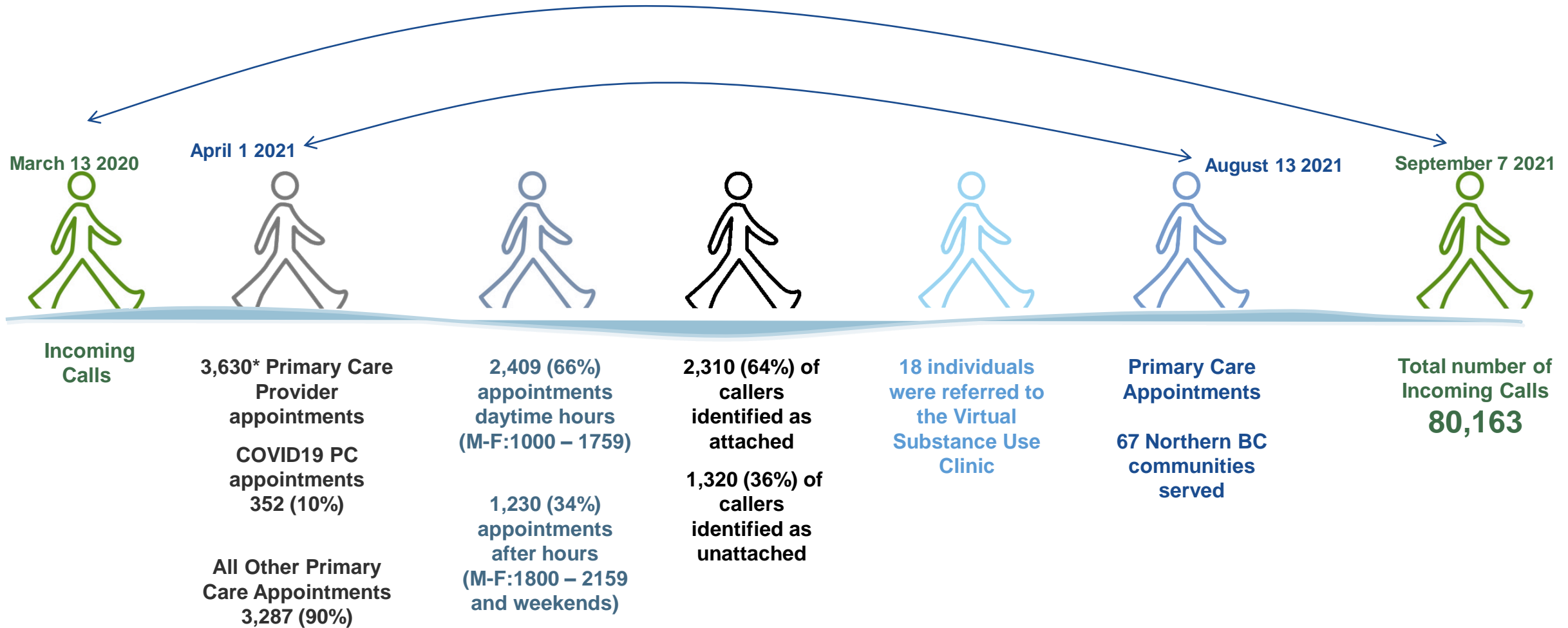


The First 48 Hours



Northern Health Virtual Primary and Community Care Clinic

Key Findings - All Communities

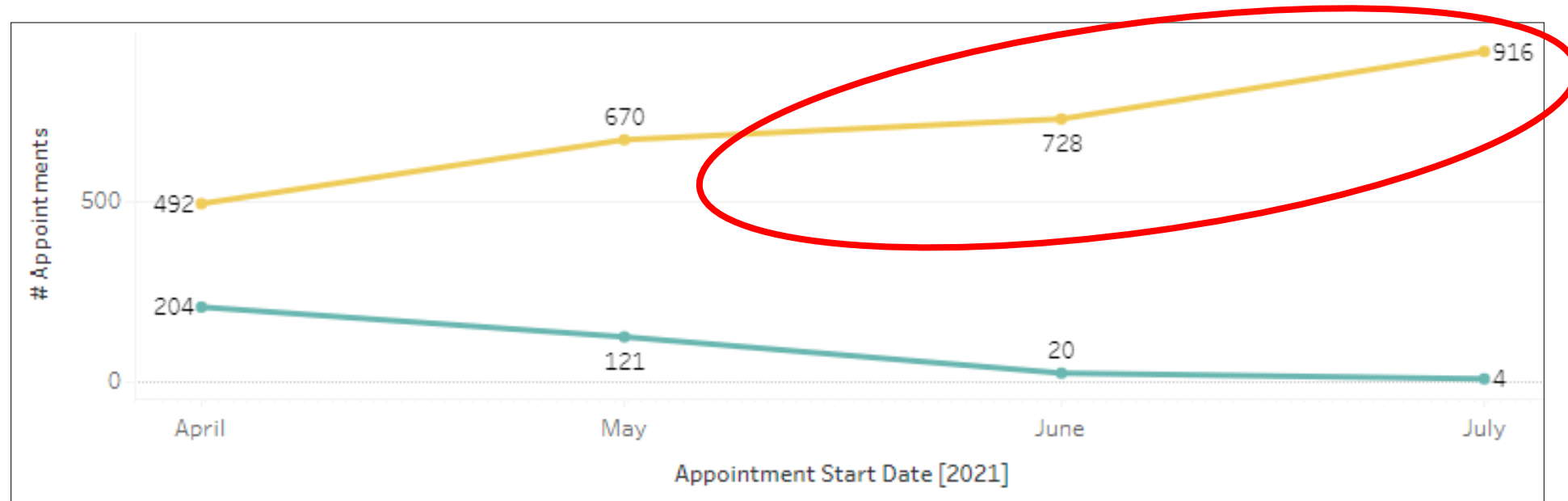


* For unique appointment counts, one appointment may be coded as both a COVID PCP visit and as Primary Care Concern

Northern Health Virtual Primary and Community Care Clinic

Primary Care Provider Appointment Type: All Communities

April 1 2021 – July 31 2021



| | # Appointments | % Appointments |
|------------------------------------|----------------|----------------|
| COVID Primary Care Provider Visits | 349 | 11.09% |
| All Other Primary Care Concerns | 2,806 | 89.19% |
| Grand Total | 3,146 | 100.00% |

| Appointment Type | |
|---------------------------------------|------------------------------------|
| ■ | COVID Primary Care Provider Visits |
| ■ | All Other Primary Care Concerns |

Mental Health and Substance Use Service Stream

Building a virtual service utilizing Physicians and Nurse Practitioners to support the delivery of Opioid Agnostic Therapy (OAT) and Prescribed Safer Supply through the Northern Health Virtual Substance Use Stream.

Since November 2020 the Virtual Primary and Community Care Clinic has received 154 referrals from 22 Northern Communities

A MS Teams virtual clinic message:

“Hello everyone! I have some positive news to share to let you know we are doing amazing work. I was speaking with a client who voiced that because we asked the question [around] her substance use...she is now 42 weeks ‘clean’. She asked me to thank-you all. She is very thankful that you were there to listen and offer help when she needed it most”

(August 2021)

What difference is this service making to patients and to providers?

“Fantastic service! I needed a prescription refill before leaving on a last minute work assignment and had little time; the virtual clinic was very easy to schedule and service was great.... without having to take time off work or spend my night at the emergency since I do not have a Family doctor and our town has no walk in clinic. Wait time was much shorter than I would have expected too.”

(Patient Experience Survey, August, 2021)

Access for Patients (unattached and attached)

- The Virtual PCC clinic is open 7 days a week from 1000 hrs – 2200 hrs and has received over 80,000 calls since March 13 2020 with the lowest call volumes typically reported over the weekends
- Serving individuals who are **unattached** living in northern BC
- Serving individuals who are **attached** and experiencing challenges accessing their primary care provider

Support for Providers and Communities

- Local community providers are reaching out when local wait times are lengthy, local providers are away, or when services are poised to be severely limited or interrupted
- Longitudinal care and relationships are valued; communication and coordination of care, between and among the virtual and local team members is embedded in the work

Survey respondents indicated that had they not accessed a virtual appointment, 40% would have visited the ED (41%) or visited a walk-in-clinic (22%) if one was available.

(Patient Experience Survey, August, 2021)

Patient experience related to good communication, being understood and cultural safety were rated very positively with 80-90% Strongly Agreeing or Agreeing that these elements were present during their appointment.

(Patient Experience Survey, August, 2021)

Lessons Learned

You can't do this alone, collaboration and partnerships are key to integrated, coordinated care.

- The Ministry of Health, Primary Care Division
- First Nations Health Authority, Metis Nations BC
- Provincial Services (e.g. 811 and Real Time Virtual Supports (RTVS))
- Local community, local solutions (e.g. Divisions of Family Practice)

This is not an evolutionary experience (gradual change), it is revolutionary (a radical change)

- Teams must be agile, nimble, encouraged and supported to innovate rapidly.
- Sustain momentum and energy by identifying and capitalizing on new ideas and areas of growth (e.g. integrate more specialised services (MHSU) and use technology to leverage the contributions of a limited Health Human Resource pool)

Expect the unexpected

- We expected to predominantly serve the unattached, we are largely serving the attached population (In a recent patient experience survey, over half (55%) of those accessing service were attached to a primary care provider). This bears watching from an overall access perspective but it may also serve as a positive indicator that the service is supporting work-life balance for rural and remote providers (whose patients have access to primary care when they are off ,so they can truly be off).
- While some providers feared and even resisted this service, it has quickly become experienced as an asset and resource for providers who need support

Continued Learning through Evaluation and Research

- We are evaluating in 6 mos. cycles with shorter term learning cycles embedded in the iterative, CQI approach

Thank you

