

Evaluation Report on the Progress and Impact of PMH and PCN

May 2024



Vancouver
Division of Family Practice
An FPSC initiative

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Executive Summary

Since 2010, the Vancouver Division of Family Practice has been working with partners to support Vancouver-based primary care providers. Many initiatives, supports, and engagement channels have been created over this time period, some of which have become fixtures of Division and partner supports. Since 2020 the concepts of patient medical homes (PMHs) and primary care networks (PCNs) have grounded this primary care system transformation work. This report speaks to the cumulative impact of this PMH and PCN work on providers. Program specific evaluations conducted over the years offer insights into the impact and value of individual programs but this report attempts to capture the overall progress in achieving PMH and PCN attributes and the value of the full range of supports available to Vancouver-based providers.

Information on the progress and value of PMHs and PCNs was collected via an online survey of 153 providers (121 FPs/18% of FPs, 26 NPs/43% of NPs, and 6 PCN RNs/26% of PCN RNs) in April 2024, about four years into the establishment of PMHs and PCNs. Because of targeted reach and controlled access to several key PMH and PCN supports, modest progress and impacts are to be expected. This report should therefore be considered a baseline for monitoring the ongoing spread and impact of PMH and PCN work.

Engagement in PMH and PCN Supports

Among survey respondents, there is good engagement in provincial supports including Care Connect Access, Pathways Access, Pharmanet Access, and the CBT Program). In terms of regional programs, survey respondents were most frequently engaged with the PCN Interprofessional Team Program, with 61% of respondents reporting access. When engagement-in and interest-in are examined together, it is clear that almost all PMH and PCN initiatives are attractive to survey respondents. The survey further revealed that there is a lack of awareness of PMH and PCN supports among a minority of providers.

Progress in Supporting Diversity, Equity and Inclusion

Progress in supporting diversity, equity, and inclusion amongst providers, one of the PCN attributes, has been modest, with just over half the survey respondents (55%) reporting participation in DEI training or DEI services.

Impact of PMHs and PCNs on Providers

The impact of PMHs and PCNs on providers is promising. The largest impact was reported in engagement in team-based care where 71% of providers reported some improvements. Just over or close to 50% of respondents also reported improvements in:

- Ability to accept new patients
- Capacity/ability to support the mental health needs of your patients
- Knowledge of quality improvement
- Collaborating with other providers
- Ability to coordinate patient care with other providers

- Networking within your PCN
- The efficiency of clinic operations or your clinical practice, and
- Job satisfaction.

Less progress has been made in improving:

- Communicating with VCH's Access and Assessment Centre
- Collaborating with other clinics
- Capacity to provide maternity care to patient up to 20 weeks
- Knowledge of clinic management
- Work-life balance, and
- Time spend on clinical care vs administration.

For these areas, under one-third of respondents reported improvements.

Feelings of Engagement with Primary Care Teams and Primary Care Networks

More providers report feeling “fully” engaged in a primary care team than a primary care network. However, the majority of providers report feeling only “somewhat” engaged in each. NPs report more feelings of connection to primary care networks than FPs.

Satisfaction with Division Support for PMHs and PCNs

Survey respondent satisfaction with Division support for PMHs and PCNs is modest, as the majority report being “somewhat satisfied” and only one-third report they are “very satisfied.”

Further Supports for PMHs and PCNs

Survey respondents offered a variety of ways for the Division and its partners to further support PMHs and PCNs. The most frequently mentioned were:

- Provide more information on Division supports
- Increase access to mental health supports
- Offer more professional development/CME
- Provide locum support, and
- Offer networking events.

Summary and Conclusions

As expected, the findings of this evaluation confirm that modest progress has been made in achieving PMH and PCN attributes and PMHs and PCNs have had modest impacts on providers. While the uptake of PMH and PHC initiatives varies among survey respondents, almost all are of interest to the majority of providers completing this survey. Furthermore, the majority of survey respondents feel “somewhat engaged” in primary care teams and primary care networks.

Collectively these initiatives are making a difference to about half of the survey respondents. The largest impacts were noted in team-based care, job satisfaction, clinic operations, networking, care coordination, and collaboration. As noted by one survey respondent, the work has begun but there is still more to do:

*"I think that Patient Medical Homes and Primary Care Networks **are amazing strategies in helping to facilitate better patient care.** We are off to a great start but there is still work to do." (FP Survey Respondent)*

Satisfaction with Division supports for PMHs and PCNs is modest, with 53% of survey respondents being "somewhat satisfied" and one-third being "very satisfied." Survey respondents offered a variety of areas for further supporting providers with PMHs and PCNs. The Division should review these to determine which are feasible and connect with partners to find ways to meet the needs of primary care providers that are outside the Division's sphere of control but within its sphere of influence.

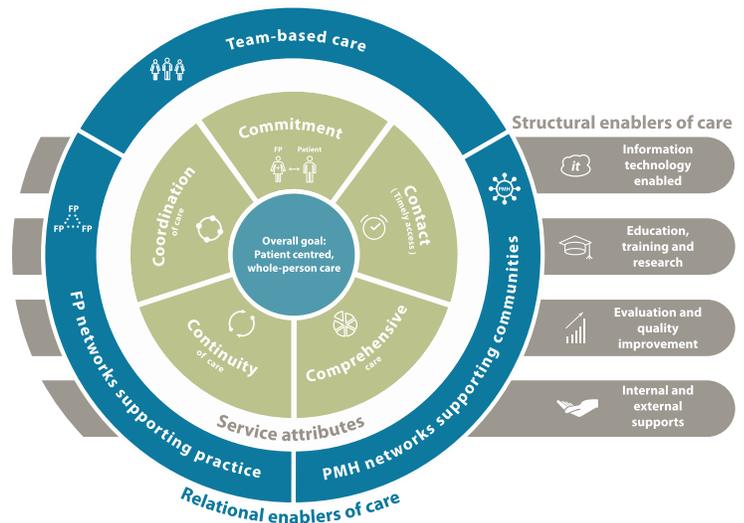
PMHs and PCNs in Vancouver

Since 2010, the Vancouver Division of Family Practice has been working with partners to support Vancouver-based primary care providers. Many initiatives, supports, and engagement channels have been created over this time period, some of which have become fixtures of Division and partner supports. Since 2020 the concepts of patient medical homes (PMHs) and primary care networks (PCNs) have grounded this primary care system transformation work. This report speaks to the cumulative impact of this PMH and PCN work on providers. Program specific evaluations conducted over the years offer insights into the impact and value of individual programs but this report attempts to capture the overall progress in achieving PMH and PCN attributes and the value of the full range of supports available to Vancouver-based providers.

PCNs, as defined by the BC Ministry of Health, encompass eight core attributes and link providers within specific geographical locations to enhance patient care and improve access. PMHs are key enablers of PCNs and describe the elements that enable medical practices to optimally meet the needs of patients, providers and the community.

PCN Attributes

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 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 providers 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.

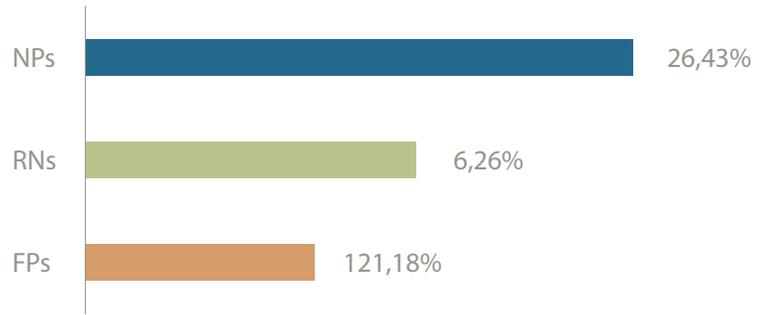


As the largest Division in the province with close to 1,200 members (1,113 in April 2024, 794 of whom work in a PMH) representing about 90% of the practicing family doctors in Vancouver and about 18% of FPs province-wide, the Vancouver Division does not have the resources to meet all of the needs of all of its members. Two flagship PCN programs, the IPT program and the PCN RN program, for example, are currently only able to reach between 35% (IPT) and 11% (PCN RN) of Vancouver-based providers. This means that collectively, the impact of the PMH and PCN supports is expected to be modest. This report should therefore be considered a baseline for monitoring the ongoing spread and impact of PMH and PCN work as the Division continues to find ways to increase its reach within its budget envelope.

About the Evaluation

As mentioned, the intent of the PMH/PCN evaluation was to determine the progress in achieving PMH and PCN attributes and the collective impact of this work. An online survey was sent to 733 providers (672 FPs, 61 NPs, and 23 PCN RNs) in April 2024, 4 years after the focus on PMHs and PCNs began. FPs were compensated at .25 of an hour at the current sessional rate for completing the survey. The survey was advertised in multiple ways including direct outreach, Fast Facts and a page on the Division website.

Figure 1: Number of Respondents and Response Rates for each



One-hundred and fifty-three providers completed the online survey, the number of respondents and response rates is shown in Figure 1. As can be seen in Figure 1, there were very few PCN RN survey respondents (6), so it is not possible to conduct any analysis for this type of provider. When relevant, findings are shown by type of provider.

Engagement in PMH/PCN Supports

The Vancouver Division and its partners deliver a variety of programs to support PMHs and PCNs. The survey asked about engagement in separate 21 initiatives delivered by the Division and its partners. Some of these initiatives are long standing programs (e.g., Patient Attachment Initiative, Recruitment and Retention, and Clinic Business Supports), others were more recently created, and others were offered on a pilot basis. Some are able to reach all members (e.g., Cognitive Behavioural Therapy, Pregnancy Vancouver website) but most have a restricted reach or a specific audience (e.g., new to practice supports, clinic owner’s forum). The engagement numbers therefore reflect the limited or targeted reach of some initiatives.

Figure 2: Number of PCPs Engaged in Division and Partner Programs 2023-24

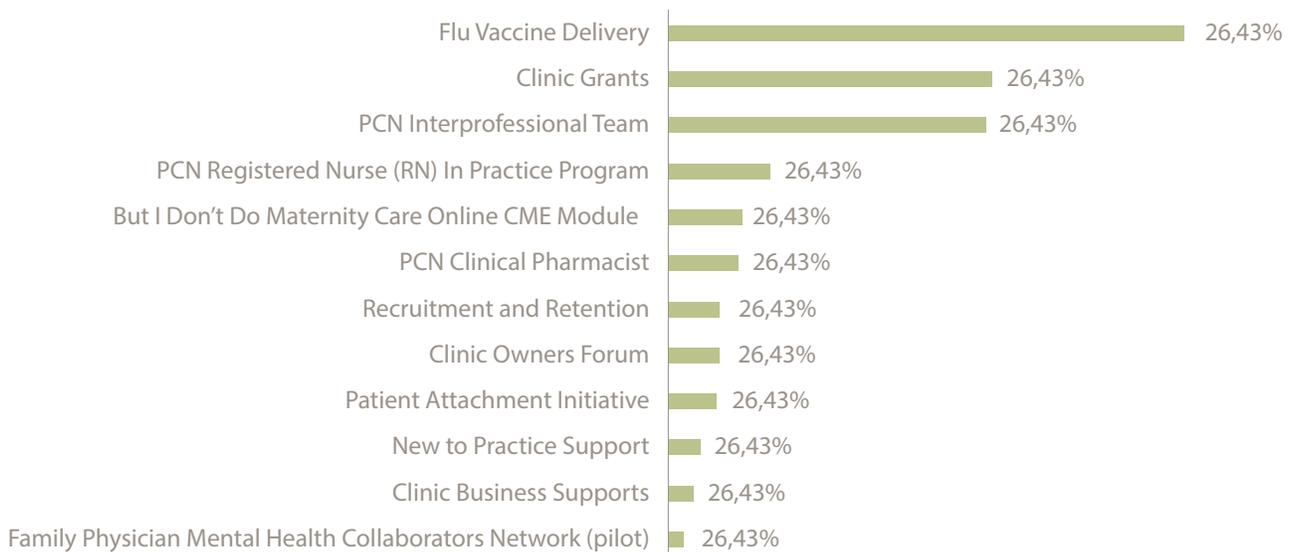
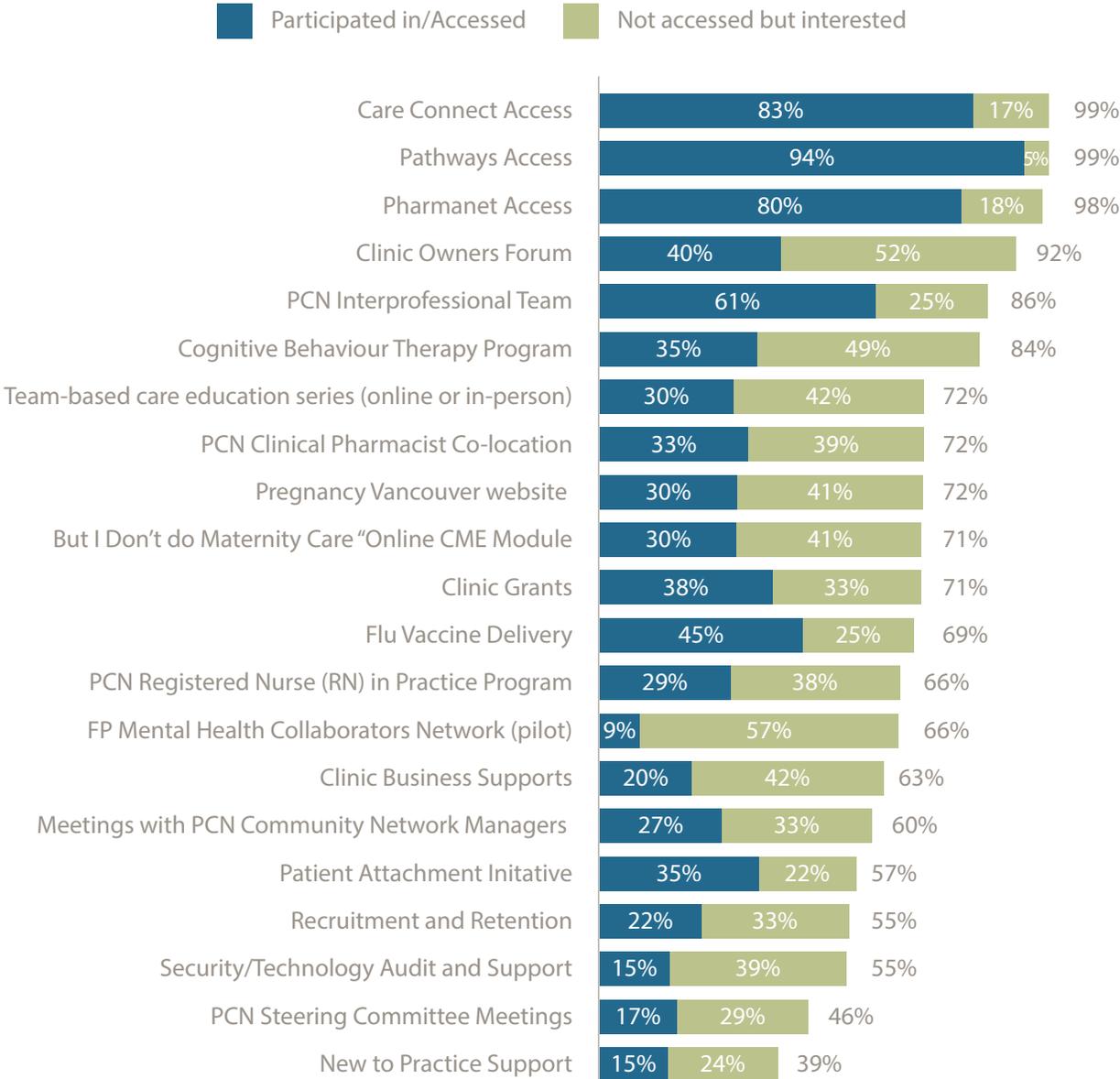


Figure 3 shows the engagement of survey respondents in the PMH/PCN initiatives. As can be seen, survey respondents most frequently participated in Care Connect Access (83% of survey respondents) and least frequently participated in New to Practice Supports (15% of survey respondents). Provincial initiatives are well subscribed among these of survey respondents (Care Connect, Pathways, Pharmanet, and CBT Program).

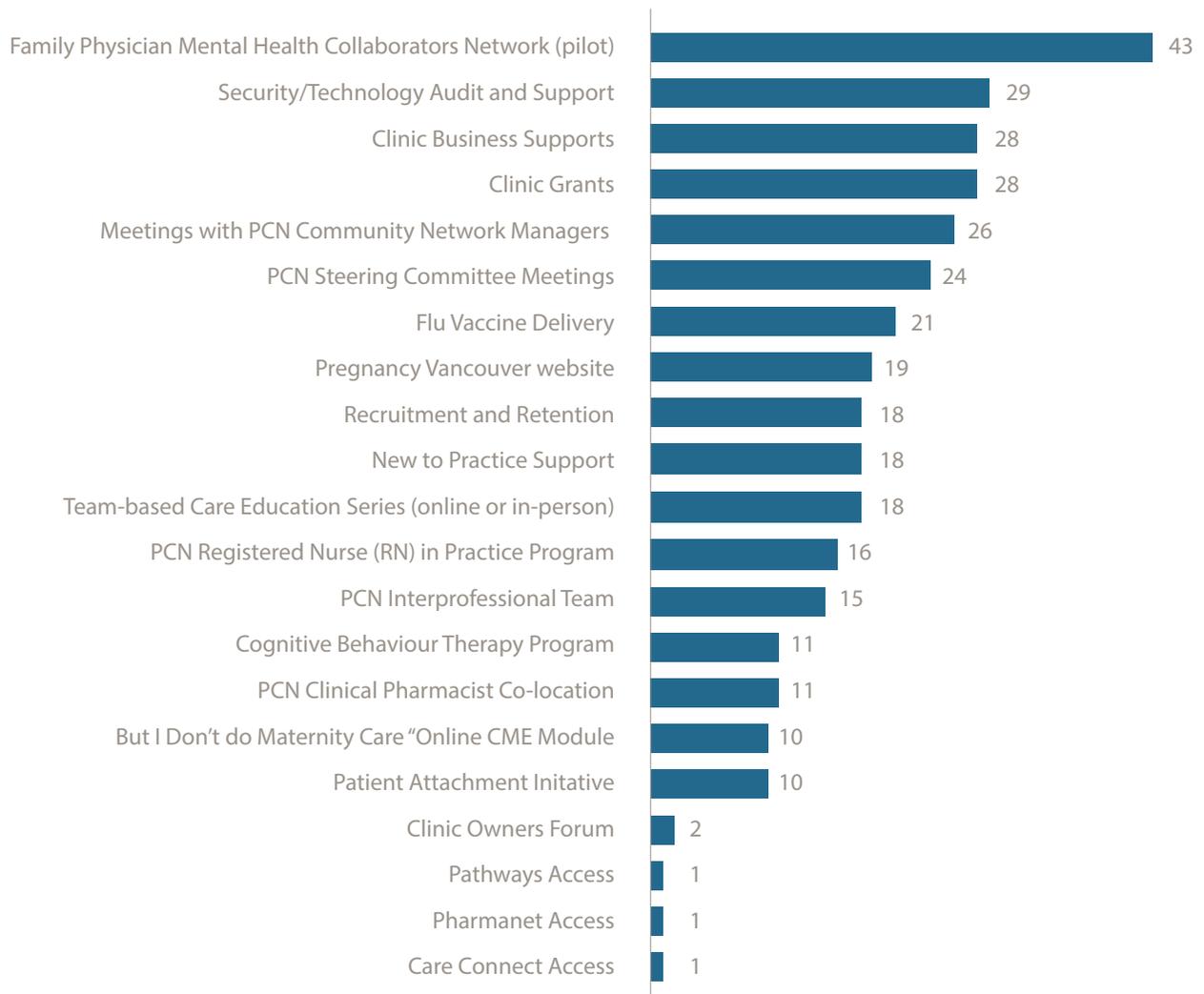
Figure 3: Survey Respondent Engagement-in or Interest-in PHM/PCN Initiatives



When engagement-in and interest-in are combined, it is clear that almost all initiatives are attractive to survey respondents.

The survey also revealed that there is some a lack of awareness of some of Division and partner supports among many survey respondents. This ranged from just a few people not knowing about an initiative to 29% of respondents (43 people). Shown in Figure 4, are the number of respondents indicating lack of awareness of each initiative. It should be noted that the initiative with the least awareness was the pilot FP Collaborators Network; this is as expected as the initiative was only promoted to a limited number of providers.

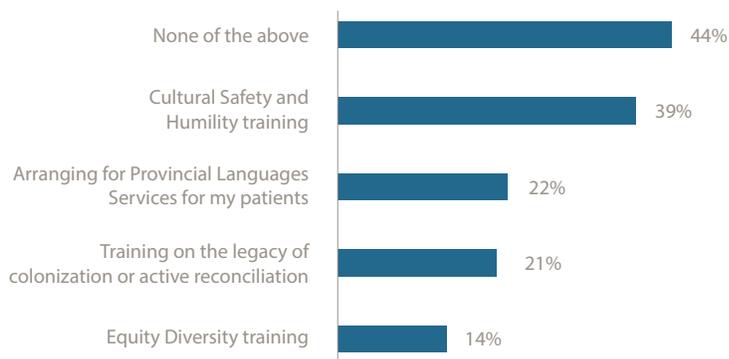
Figure 4: Number of Respondents Reporting “Not Knowing” about Initiatives



Diversity, Equity & Inclusion

Progress in supporting diversity, equity, and inclusion amongst providers, one of the PCN attributes, has been modest, with just over half the survey respondents (55%) reporting participation in DEI training or DEI services as shown in Figure 5.

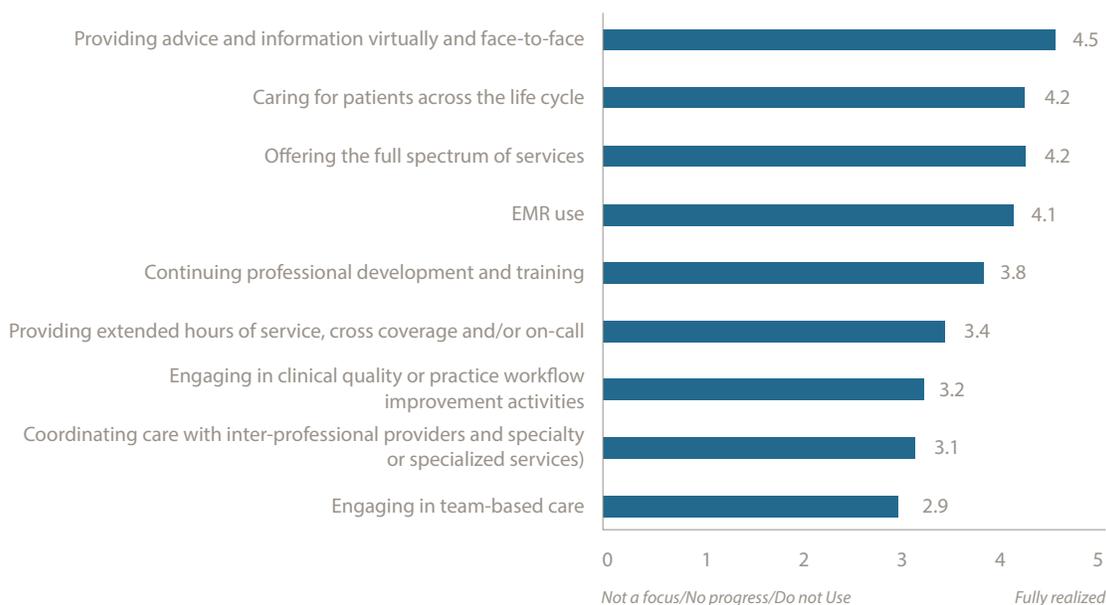
Figure 5: Survey Respondent Participation in DEI Training or Services



Progress in Achieving PMHs and PCNs

Progress in achieving PMH and PCN attributes is promising as shown in Figure 6. Good progress has been made on four attributes: virtual care, caring for patients across the life cycle, offering the full spectrum of services, and EMR use. Areas where progress is slower include continuing professional development and training; extended hours of service; quality improvement; care coordination; and team-based care.

Figure 6: FP Ratings of Achievement of PMH and PCN Attributes



Engagement in PMH/PCN Supports

The impact of PMHs and PCNs on providers is promising as shown in Figure 7. The largest impact was reported in engagement in team-based care where 71% of providers reported some improvements. While it may seem odd that team-based care was the lowest rated PMH/PCN attribute, as seen on previous page, the present question asked about the level of improvement. While providers may not feel that they have fully achieved team-based care, Figure 7 shows that they do feel there have been improvements. The area with the least improvements is ability to accept new patients.

Just over or close to 50% of respondents also reported improvements in:

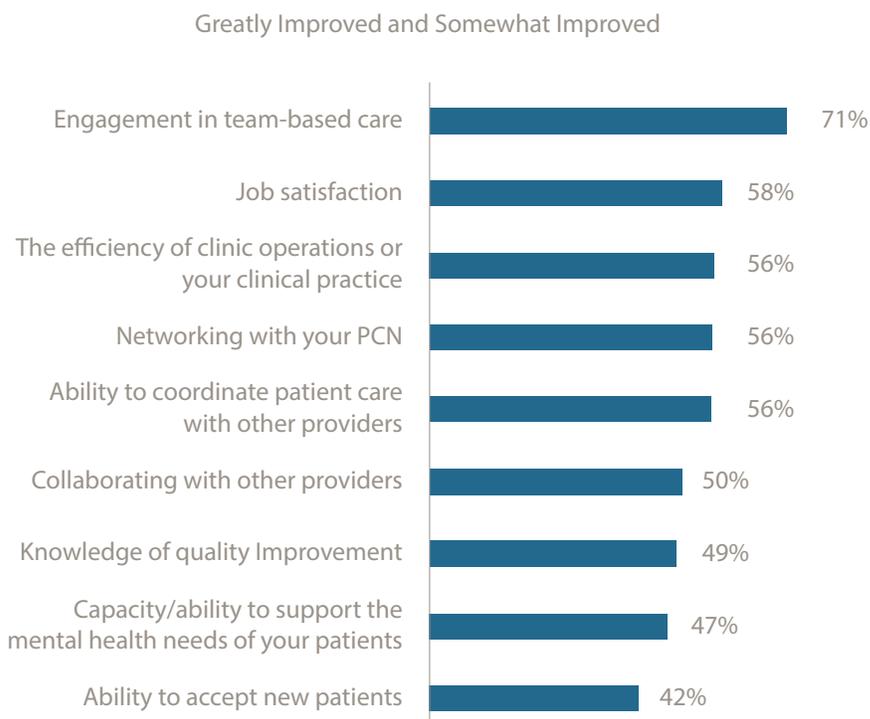
- Ability to accept new patients
- Capacity/ability to support the mental health needs of your patients
- Knowledge of quality improvement
- Collaborating with other providers
- Ability to coordinate patient care with other providers
- Networking within your PCN
- The efficiency of clinic operations or your clinical practice, and
- Job satisfaction.

Less progress has been made on improvements in:

- Communicating with VCH's Access and Assessment Centre
- Collaborating with other clinics
- Capacity to provide maternity care to patient up to 20 weeks
- Knowledge of clinic management
- Work-life balance, and
- Time spend on clinical care vs administration.

For these areas, under one-third of respondents reported improvements. Again, given the reach of PMH and PCN supports, this should be considered promising.

Figure 7: Impact of PMHs and PCNs on Providers (Greatly Improved and Somewhat Improved Combined)



Feelings of Engagement with Primary Care Teams and Primary Care Networks

More providers report feeling “fully engaged” in a primary care team than a primary care network. However, the majority of providers report feeling only “somewhat engaged” in each as shown in Figure 8. It is noteworthy that very few respondents report feeling no connection to either a primary care team or a primary care network.

When we examine the perspectives of FPs and NPs separately, some differences emerge with respect to feeling part of a primary care network (see Figure 9). Here, NPs report feeling more connected to primary care networks than FPs.

Figure 8: Providers Feelings of Belonging

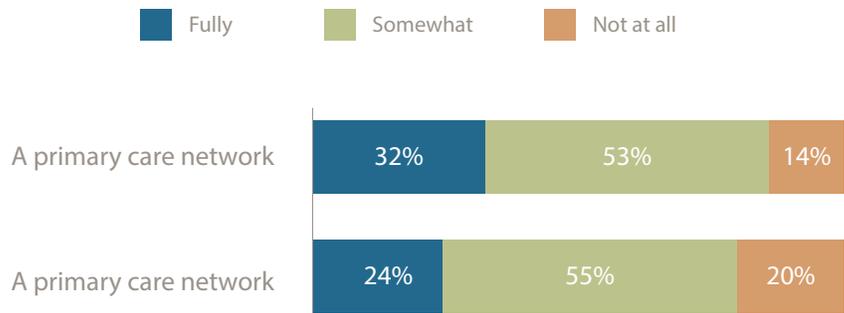
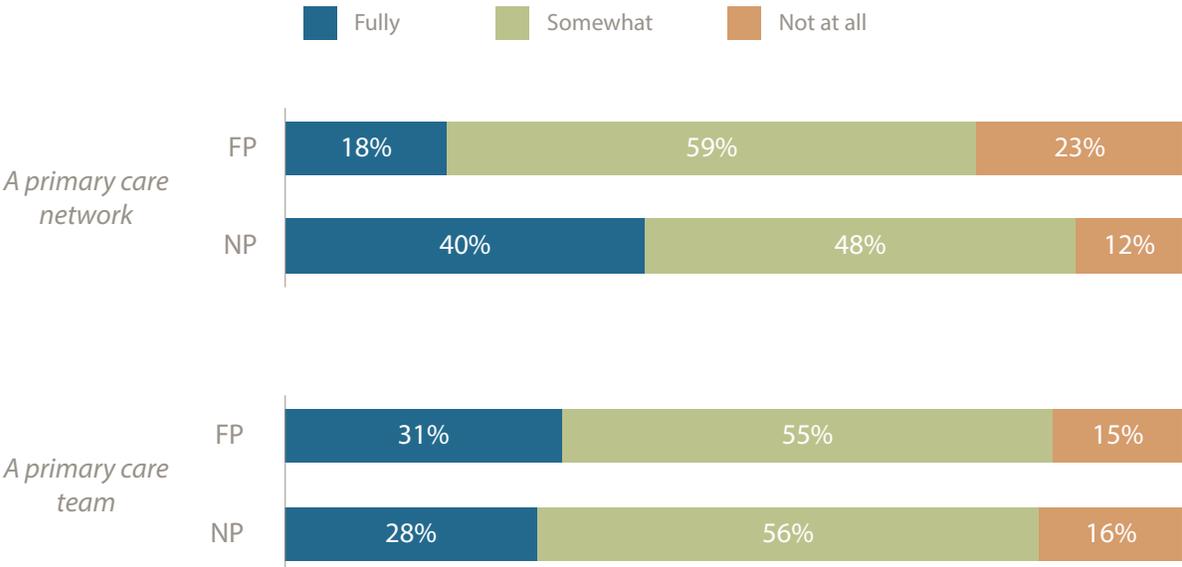


Figure 9: FP and NP Feelings of Belonging



Engagement in PMH/PCN Supports

Survey respondent satisfaction with Division support for PMHs and PCNs is modest as shown in Figure 10. The majority of survey respondents are “somewhat satisfied” with one-third of respondents reporting they are “very satisfied.”

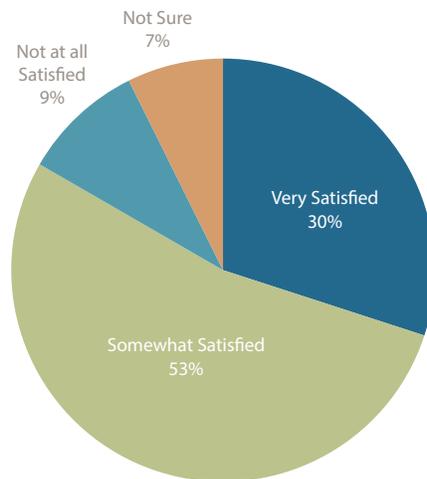


Figure 7: Impact of PMHs and PCNs on Providers (Greatly Improved and Somewhat Improved Combined)

Further Supports for PMHs and PCNs

Survey respondents were asked to identify up to three things that would further support PMHs and PCNs. Thirty-two areas of support were mentioned. The most frequently mentioned were:

- Provide more information on Division supports
- Increase access to mental health supports
- Offer more professional development/CME
- Provide locum support, and
- Offer networking events.

The full list of supports wanted can be found in Appendix A. The list includes a number of services that the Division already provides (e.g., support for locums, practice supports, clinic outreach, and check-ins with Community Network Managers) underscoring the need for most frequently requested support, more information on Division supports and services. The list also includes suggestions for improvements to the IPT and PCN RN programs. A more comprehensive list of program improvements for these programs can be found in the IPT/PCN RN Evaluation Report.

Summary and Conclusions

This evaluation examined the progress in achieving PMH and PCN attributes and the collective impact of 21 PMH and PCN supports on providers. Some initiatives have been on offer since the creation of the Division in 2010; others were created over the past 4 or so years when PMHs and PCNs became the focus for primary care system transformation. Some initiatives are open to all Division members, others serve specific audiences like clinic owners or new to practice providers, and others have limited reach due to resource limitations. All these factors affect the uptake and impact of PMH and PCN initiatives and place limits on progress and impact.

As expected, the findings of this evaluation confirm that modest progress has been made in achieving PMH and PCN attributes and PMHs and PCNs have had modest impacts on providers. While the uptake of PMH and PCN initiatives varies among survey respondents, almost all are of interest to the majority of providers completing this survey. Furthermore, the majority of survey respondents feel “somewhat engaged” in primary care teams and primary care networks.

Collectively these initiatives are making a difference to about half of the survey respondents. The largest impacts were noted in team-based care, job satisfaction, clinic operations, networking, care coordination, and collaboration. As noted by one survey respondent, the work has begun but there is still more to do:

*“I think that Patient Medical Homes and Primary Care Networks **are amazing strategies in helping to facilitate better patient care.** We are off to a great start but there is still work to do.” (FP Survey Respondent)*

Satisfaction with Division supports for PMHs and PCNs is modest, with 53% of survey respondents being “somewhat satisfied” and one-third being “very satisfied.” Survey respondents offered a variety of areas for further supporting providers with PMHs and PCNs. The Division should review these to determine which are feasible and connect with partners to find ways to meet the needs of primary care providers that are outside the Division’s sphere of control but within its sphere of influence.

Appendix A: List of PMH and PCN Supports Wanted

Area of Support Wanted	Specific needs
Access to mental health supports	<ul style="list-style-type: none"> • Longer term mental health care • Increased access to psychiatry • Increased access to psychiatric consultations • More information on mental health resources • Group visit tools
Access to non-medical services	<ul style="list-style-type: none"> • Facilitate connections with areas of health care that are non-MSP
Advocacy with MoH	<ul style="list-style-type: none"> • Advocate with the government to create governmental owned but physician run patient medical homes. • Advocate for funding for physician team leaders • Set fees for administrative work such as insurance company reports that insurance companies adhere to • If we could have physician assistants legal by the college that would be a great help! • Lobby for the reduction of unnecessary paperwork when coordinate referrals (i.e. IPT, amongst specialists, imaging) • Support expansion of community-led and governed CHCS • Negotiate for better fees and reduction of business overhead costs. • Promote value-based health care (care organized around certain medical conditions with outcomes routinely assessed)
After hours clinic/calls	<ul style="list-style-type: none"> • Division or PCN support for an after-hours clinic, after-hours coverage, or after-hour calls • Support coordination between geographically linked clinics for call coverage (e.g., group call schedule)
Better access to specialists	<ul style="list-style-type: none"> • Internal medicine • GI • Psychiatry
Business support	<ul style="list-style-type: none"> • Review the attachment and overhead parameters so that AFP clinics can better engage • Help with reducing clinic overhead expenses • Provide resources to help reduce clinic costs • Provide more ancillary support for overburdened walk in/acute care clinics Help optimize clinic operations • Provide more EMR training/ workflow advice • Offer practice support from more experienced providers

Care Coordination and TBC	<ul style="list-style-type: none"> • Support care coordination • Help with the integration of non md/np team members into clinics • Provide more support for team-based care (i.e. nursing supports with an adequate nurse/provider ratio) • Ensure clinics that are “part of the PCN” actually meet these attributes and have a team culture and access to services
Check-ins/Outreach	<ul style="list-style-type: none"> • Regular check-ins with the clinic manager in terms of quality improvement/clinic workflow/workplace culture • Continue to engage with physicians to see what needs are for allowing them to continue longitudinal care • Identify 3 lowest hanging fruits for each clinic, rather than giving too long a menu for them to select from • Actively have CNM ask if clinic directors are interested in specific business supports • Visit clinic to clinic to see what can be offered. • It’s confusing. A lot of acronyms thrown out and requests to come outside of office hours to engage but we are already fully extended. Makes it difficult to engage in something new. Need to come to us. • More proactive clinical assistance rather than waiting for PCP to reach out
Continue to offer clinic grants	<ul style="list-style-type: none"> • Assist with funding • Provide more funding for equipment • Fund Quality Improvement projects involving whole Clinic Team
Support collaboration between FP and Specialists	<ul style="list-style-type: none"> • Mediate with specialties such as GI • Better communication from the hospitals and specialists when patients are being discharged or getting timely consultation notes after specialists have see patients • Set up sessions between specialists and family doctors to work together as team. • More cooperation with the specialists • Promote a more collegial attitude with specialists rather than “dumping” on the family physician to do all the forms, referrals, work-up, investigations etc.
Support collaboration between PCNs	<ul style="list-style-type: none"> • There needs to be more collaboration between all the primary care networks- to be able to use programmes that are working well and improve programmes that can be working better
Support co-location	<ul style="list-style-type: none"> • With psychiatrists
Facilitate communications with home health	<ul style="list-style-type: none"> • Increase communication with home health services for patients
Connect clinics with UPPCs	<ul style="list-style-type: none"> • Connect clinics with urgent care centres to make coordinate patient care
Connect with MDs working for Telus Health	<ul style="list-style-type: none"> • Make connections doctors working with Telus health my care

Create a Division run clinic	<ul style="list-style-type: none"> • Run administration for a clinical space for physicians and allied health to work together
Provide additional funding for PCN RNs	<ul style="list-style-type: none"> • Provide funding for nursing support
Support geriatric care and services	<ul style="list-style-type: none"> • Geriatric assessments • More services for elderly patients • System navigators for elderly patients with limited help
Improve referral system for specialists	<ul style="list-style-type: none"> • Streamline referral process for clinics • Make referral system easier to navigate with better communication from specialist and less forms to fill out • Get rid of special referral forms - move to generic referrals • Simplify complicated referral guidelines • Quicker referrals • Improve the communication from specialists regarding appointment times and information
Provide information on clinic hours	<ul style="list-style-type: none"> • Educate providers re resources and how the Division can help • Spread the word on how to connect to the services • Short, concise sheet summarizing services available (not too many words) • Be more visible • More meetings for updates with PCN
IPT improvements	<ul style="list-style-type: none"> • Home visits • Add physiotherapists • Co-location • Mental health for youth and elderly • Pediatric providers • Support group medical visits • Provide IPT services for longer • Providers who speak other languages • Reduce wait times • Reduce rejections • Integrate referral form in EMR • Find a way for FPs and allied health providers to connect during office hours
IT Support	<ul style="list-style-type: none"> • Continuously update OSCAR EMR referral forms in a searchable database for all patient services/referrals • Help with eforms • Cover the costs of cortico (patient booking platform)
Locum help	<ul style="list-style-type: none"> • Help with finding locums

MOA Help	<ul style="list-style-type: none"> • MOA Recruitment Database similar to Richmond Division of FP that we can call and arrange for hire. • Create an on-call MOA "locum" pool to cover vacation and sick days • MOA training and retention strategies • Have a list of MOA's • List of MOA locums with different language abilities
More focus on Associates	<ul style="list-style-type: none"> • Focus on ASSOCIATES not only clinic owners.
Networking events	<ul style="list-style-type: none"> • More events and networking. • Provide more in-person events • Host meetings with similar clinics • Host PCN networking events
NP Recruitment	<ul style="list-style-type: none"> • Support the recruitment of NPs
Professional Development	<ul style="list-style-type: none"> • Ongoing medical webinars • More CME (relevant topics) • Host Maternity Care for Physician who don't do Maternity on person course again • Organize more evening talks with specialists. • Provide access to training around practice decarbonization and climate change preparedness • Training for topics like pregnancy / MH • More dinner/education meetings like the frail elderly care one. • Do In-clinic Training for all staff at once. • Share examples of best practices through regular virtual community of practice opportunities • More professional /mentorship /practice for family nurse practitioners • Encourage continued development of mental health initiatives such as the CBT skills course • Continue to offer remunerated CPD opportunities especially for cultural safety training • Individual sessional support for physicians learning • More education on maternal health • Provide CME on Maternity Care, Mental Health, Elder Care • Resources for equity and diversity to help patients who need supports most
Pt info sessions	<ul style="list-style-type: none"> • Provide information sessions for patients that they all struggle with e.g. available seniors community resources, patient transport, etc. • Create an accessible document outlining disability options for patients, such as DTC criteria etc. • Offer group programmes- happiness basics, relaxation, healthy lifestyle, stress management etc to be run every quarter via patient self referral

Referral support	<ul style="list-style-type: none"> • PMH to coordinate all referrals for family doctors • Enables clinics to hire their own RNs directly • Offer a Q&A session with clinics about their clinic needs and placing a RN that meet their needs
Referral support	<ul style="list-style-type: none"> • PMH to coordinate all referrals for family doctors • Enables clinics to hire their own RNs directly • Offer a Q&A session with clinics about their clinic needs and placing a RN that meet their needs
PCN RN suggestions	<ul style="list-style-type: none"> • Ensure Providers/Clinics are aware of the job description, expectations and purpose of having a PCN RN prior to confirming their decision to have one. • Improve the understanding of how primary care nurses differ from nurses in other settings.
Screening coordination help	<ul style="list-style-type: none"> • Help with the coordination of screening
Streamline Division Support	<ul style="list-style-type: none"> • “There is too much money spent on the different tiers of admin staff; there are too many levels. of staff involved causing great inefficiency. the money should go to the end user physician and have direct communication with the end user, instead of employing an army of intermediary staff” – Survey Respondent
Support for Chronic Disease Management	<ul style="list-style-type: none"> • Provide support for long term chronic disease management.
Support for language services	<ul style="list-style-type: none"> • Support use of language services
Support staff	<ul style="list-style-type: none"> • Support the hiring of well-trained ancillary support staff to take some of the workload off overburdened physicians
Support with forms	<ul style="list-style-type: none"> • More support with forms - so much time taken up with insurance forms - would be so great to have support and assistance with this
Trouble shoot with MoH	<ul style="list-style-type: none"> • Mediate communications with MoH re LPR provincial attachment system
Vaccine delivery support	<ul style="list-style-type: none"> • Help us community with MDT