



# A Picture of Health

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B.C.'S MINISTRY OF HEALTH



## Transforming our primary care system through Primary Care Networks

Primary care has been described as the “first point of contact with the health care system, and where the majority of health problems are identified, treated and where other health and social care services can be mobilized and coordinated to prevent illness and support wellness.” (Canadian Centre for Policy Alternatives).

However, we know that for patients and providers, this is too often not the case. Patients say it is difficult to find and access the care they need. They may receive inconsistent care or be forced to wait in multiple queues and navigate disparate care pathways all on their own.

Similarly, many of our primary care physicians are asking for different and healthier working environments, where they can work with their colleagues across disciplines to better manage patient care and workloads. And, many of our highly skilled health professionals, such as nurse practitioners, pharmacists and nurses, are not practicing to their full scope, and want and need to be fully integrated into the system.

To address these issues, the Government of B.C., through the Ministry of Health, and all our partners, are working to transform the way care is delivered by setting up networks of providers and clinicians who come together to plan for and deliver all of the primary care needs of a community.

We know that for primary and community care to become truly integrated, and for patient care to be provided in a more holistic way, there need to be structures in place to help providers connect, ensuring care is coordinated across all clinics, centres and services within a community – and to provide consistent support to patients, physicians and other health care providers so that everyone has equal access to care. We also know that all primary care providers need to come together to help plan for the health-care needs of their communities.

As a community-based network of providers and services, including [patient medical homes \(PMH\)](#), urgent and primary care centres, community health centres and other models of care, [Primary Care Networks \(PCNs\)](#) will be the way team-based care is made possible.

PCNs are partnerships between the Divisions of Family Practice representing BC's family physicians, the regional health authorities, the First Nations Health Authority (FNHA) and local community partners, along with other community providers such as nurse practitioners. All partners are working together in their local communities and collectively to redesign B.C.'s primary and community care system so that it works better for patients and health-care providers.

The General Practice Services Committee (GPSC), as the leading collaborative committee with respect to primary care in B.C., will provide strategic guidance for PMH and PCN implementation embodying the partnership approach that is necessary for this work. The GPSC facilitates representation from a range of primary care partners – physicians, health authorities, nurse practitioners, the First Nations Health Authority (FNHA), Nurses and Nurse Practitioners of BC (NNPBC), the Ministry and Doctors of BC.

Since the [Primary Care Strategy](#) launched in May 2018, work is underway to implement service plans in 20 communities and planning is underway in an additional 21 PCN communities. We would like to recognize and acknowledge all the partners for their role in planning and implementing PCNs. Each new PCN brings us further along our path to improve the every day health care needs of British Columbians.

For more information about the Primary Care Strategy, below are some questions and answers to help you stay informed.

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### What is the Primary Care Strategy?

- The Ministry of Health is taking steps to make sure people have faster and better access to the day-to-day health-care services they need. This includes:
  - Using **team-based care** to bring doctors, nurse practitioners and other health-care professionals together to deliver comprehensive care.
  - Creating **primary care networks** that link these teams of health-care providers together with other community organizations and services, and who work together to streamline and coordinate patient services, and better support the unique primary care needs of the entire community.
  - Supporting the establishment of **patient medical homes** as the cornerstone of PCNs - to provide comprehensive, relationship-based longitudinal care, and improve patients' access to full-service, preventative primary care.
  - Opening **urgent and primary care centres** to give people better access to same-day, urgent, non-emergency health care and expanded access to primary health care on evenings and weekends, and add primary care capacity to a community.
  - Supporting **community health centres** to bring health and social services together to improve access to health promotion, preventive care and ongoing services.



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- Supporting **First Nations-led projects** to address First Nations' health equity, access and attachment while honouring traditional practices and teachings.
- These team-based models of care – patient medical homes, urgent and primary care centres, community health centres, First Nations-led projects, and others – will be integrated into primary care networks so that services are more effectively linked and patients benefit from continuity of care.

### What does team-based care look like?

- Team-based care brings together doctors, nurse practitioners and other health-care professionals to create community-based networks of care that will help better meet the needs of British Columbians.
- Team members may include, but are not limited to, physicians, nurse practitioners, registered nurses, psychiatric nurses, licensed practical nurses, pharmacists, physiotherapists, case managers, dietitians, nutritionists, occupational therapists, social workers, midwives, and mental health specialists, depending on the needs of patients in the community.
- The goal of team-based care is to ensure patients have better access to comprehensive primary care they need, closer to home.
- Team-based care offers many potential advantages, for patients and providers alike:
  - For individuals without a primary care provider, team-based care helps to increase capacity in clinics and communities so they can access a regular primary care provider, which is important for their health outcomes.
  - For patients who have a regular provider, team-based care enhances the services available to them, so that they can more easily receive care specific to their needs.
  - Some teams will include additional care providers for Indigenous people, such as Elders, cultural advisors or Aboriginal liaisons.
  - For physicians and other health-care providers, teams will support them to provide comprehensive patient care when needed, and relieve them of the pressure of providing all of the care alone. They can work to their scope of practice and rely on the expertise of other team members to help support patients.
- Team-based care has been shown to reduce hospitalizations and physician visits while improving outcomes for patients with chronic diseases and enhancing the care experience for both patients and providers.
- It reduces duplication, streamlines care and increases the efficiency and sustainability of the health-care system.



## What is a Primary Care Network?

- A [Primary Care Network](#) (PCN) is a local collaboration of health-care teams that include health authorities, Divisions of Family Practice physicians, nurse practitioners, allied health providers, First Nations and other community providers and services.
- Networks provide the platform to organize teams of primary care providers together to streamline and coordinate patient services, increase patient attachment to regular primary care providers and better support the unique needs of the entire community – they are one of the ways we are working to enable true team-based care.
- Primary care networks include new and existing health-care teams who work to meet local health needs.
- PCNs are designed to integrate team-based primary care that meets the needs of a community through a network of services within a geographic location (much like a school district) – so local providers can easily connect together, and patients can receive services closer to home.
- Each network will serve a population size of 50,000-100,000 people in metro and urban areas and smaller populations in rural and remote regions.
- In the next three years, the Ministry of Health aims to have primary care networks in 70% of B.C. communities.
- Transformation takes time and will happen over the course of the coming months and years. It will take some time for PCNs to become fully operational.

## What are some of the benefits to participation in a PCN?

- For patients, this means they have continuity of care, prompt access to quality care, comprehensive and coordinated team-based care.
- Patients have a better health care experience, and everyone involved in their care communicates with each other.
- When participating in a PCN, family physicians and nurse practitioners can:
  - Get what they need for patients quickly and conveniently from an array of services in the community.
  - Provide optimal care for patients with the support of teams, allied health care providers, and easily-accessed health authority services.
  - Access expanded services for vulnerable patients and those with complex health conditions.
  - Have the support of the network to ensure patients continue to receive care when they need to be away from the office (such as for professional development or family time), or when they are seeking mentorship and interprofessional support for clinical challenges.



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## What is an Urgent and Primary Care Centre?

- Urgent and Primary Care Centres (UPCC) provide communities with better access to same-day, urgent, non-emergency health care and expanded access to primary health care on evening and weekends.
- The goal of the UPCCs is to provide a flexible resource to meet both the urgent and primary care needs of communities (primarily in larger urban centres) across the province.
- UPCCs will fill the primary care gap patients are experiencing in the community by addressing urgent primary care needs.
  - UPCCs will provide communities with better access to same-day, urgent, non-emergency health care and expanded access to primary health care evenings and weekends.
  - Patients who require medical attention within 12-24 hours for conditions such as sprains or minor cuts and burns, for example, can be treated at UPCCs, as an alternative to visiting emergency departments.
- Moving forward, UPCCs will also provide immediate temporary attachment for those patients through the provision of full-service family medicine for those who do not have a primary care provider, and act as a vehicle to attach patients to other clinics within the primary care network as capacity is identified. The goal is to move patients forward to establishing an ongoing relationship with a regular primary care provider (family physician or NP), for optimal lifelong health.
- Within larger communities and primary care networks, UPCCs will play an important role in linking to, and complementing the work of team-based primary care practices and clinics within the community. Each UPCC will have a team of doctors, nurse practitioners, nurses and other allied health care providers, such as mental health and substance use clinicians working together to the full extent of their skills.
- To date, 14 UPCCs have been announced across the province. These urgent and primary care centres will form part of local primary care networks as they are established.

## What are community health centres?

- Community Health Centres (CHC) are a key feature of B.C.'s integrated primary care system.
- Designed by the community, for the community, CHCs are multi-sector, not-for-profit or cooperative organizations that provide team-based, interprofessional, culturally safe care.
- A CHC is typically a team-based health centre focused on not just the health needs of the population, but the social needs as well. They include primary care services as well as a broader range of social supports to help get at the root of some of our health inequities by addressing what are called the social determinants of health – things like housing, poverty, language barriers, social isolation and food security.



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