# Primary Health Care

## Primary Health Care in Nova Scotia

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Western Zone
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# Presentation Overview

- Planning
- Engagement
- Implementation
- Primary Care in Long Term Care

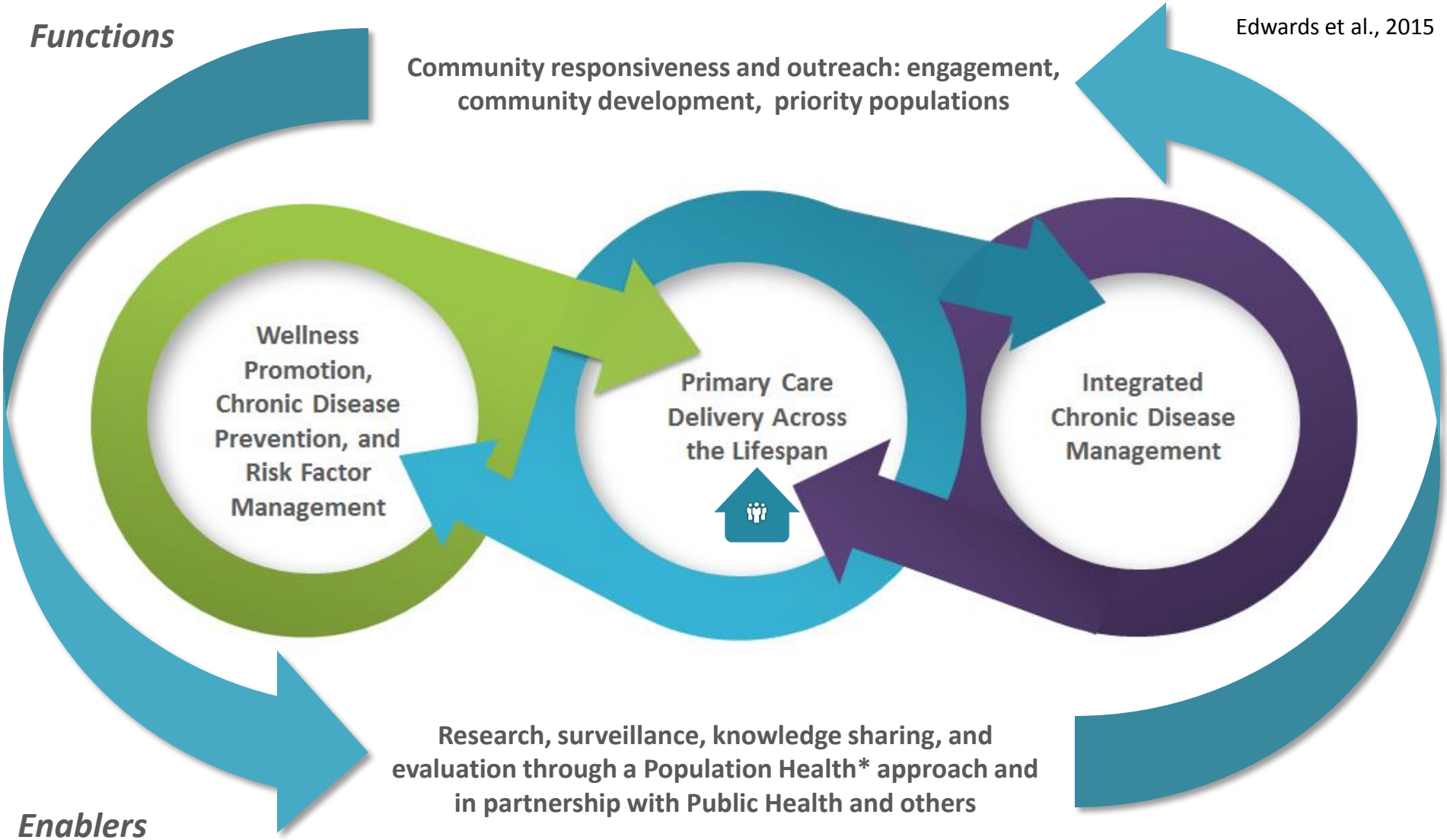
# High Performing Health Systems

- ***Strong primary health care and robust primary health care teams are the foundation of the health care system*** *(Baker & Denis, 2011).*

- ***Primary care improvement is viewed as a critical starting point for transforming health care systems and improving access and quality of care***
  *(Starfield et al., 2005; Hutchison, 2008; Health Council of Canada, 2009; as cited in Baker and Dennis, 2011).*

Edwards et al., 2015

## Functions




## Enablers

- Leadership & Governance
- Economic Conditions
- Workforce
- Engagement Platform
- Quality, Safety, & Risk
- Infrastructure
- Accountability
- Culture

**Functions and Enablers for the Nova Scotia Primary Health Care System**

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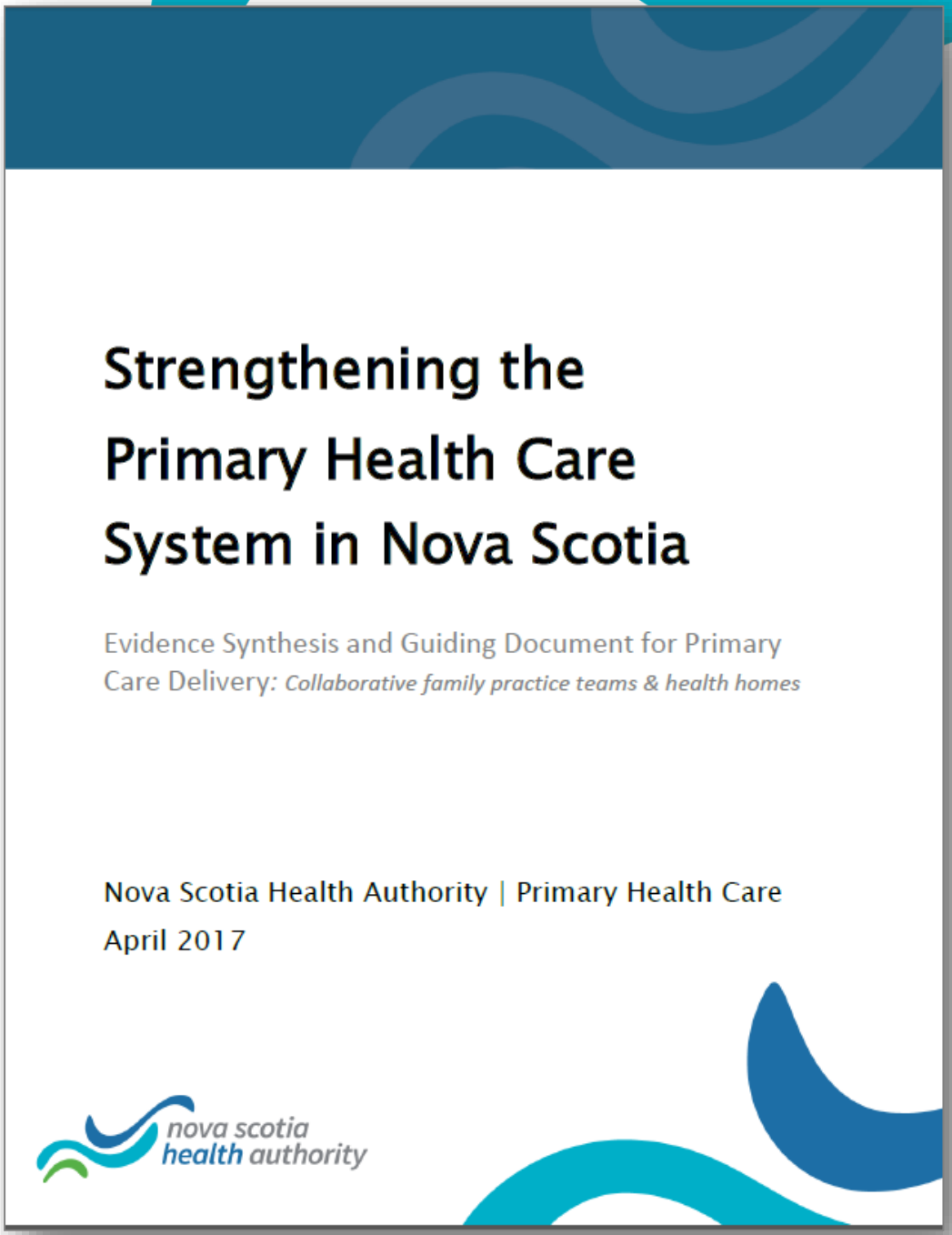
# Evidence to Support Future Recommendations

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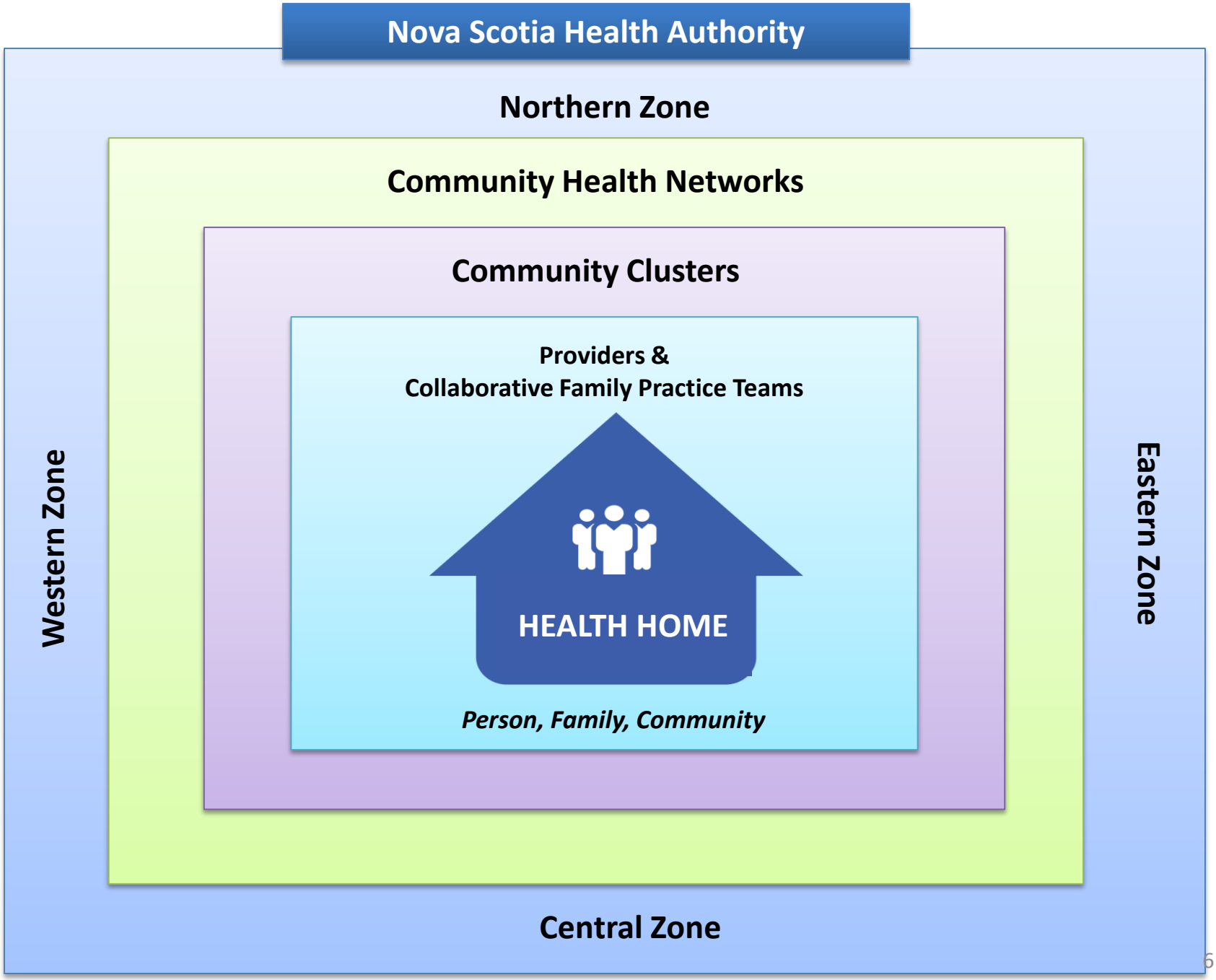
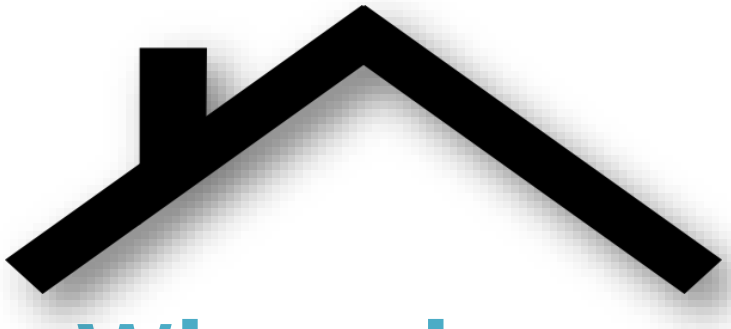

Nova Scotia Health Authority
Northern Zone
Community Health Networks
Community Clusters
Providers &
Collaborative Family Practice Teams
HEALTH HOME
Person, Family, Community
Western Zone
Eastern Zone
Central Zone



# What does it mean to be a health home?

Adapted from: *A Vision for Canada: Family Practice - The Patient's Medical Home* (College of Family Physicians of Canada, 2011)

- **Person- and family- centred**
- **Timely access**
- Every patient has a **most responsible provider**
- **Comprehensive** scope of services carried out by teams or networks of providers
- **Continuity and coordination of** relationships, & information
- Ideal sites for **training and research**
- Electronic medical records **(EMR)**
- Commitment to **continuous quality improvement and safety**
- Strongly **supported** by governance structures, practice management, the public, etc.
- Health homes work in **collaboration** with other health homes to foster collaboration

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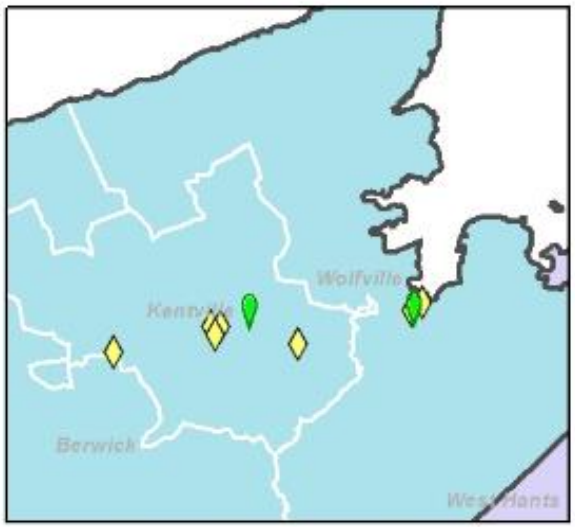
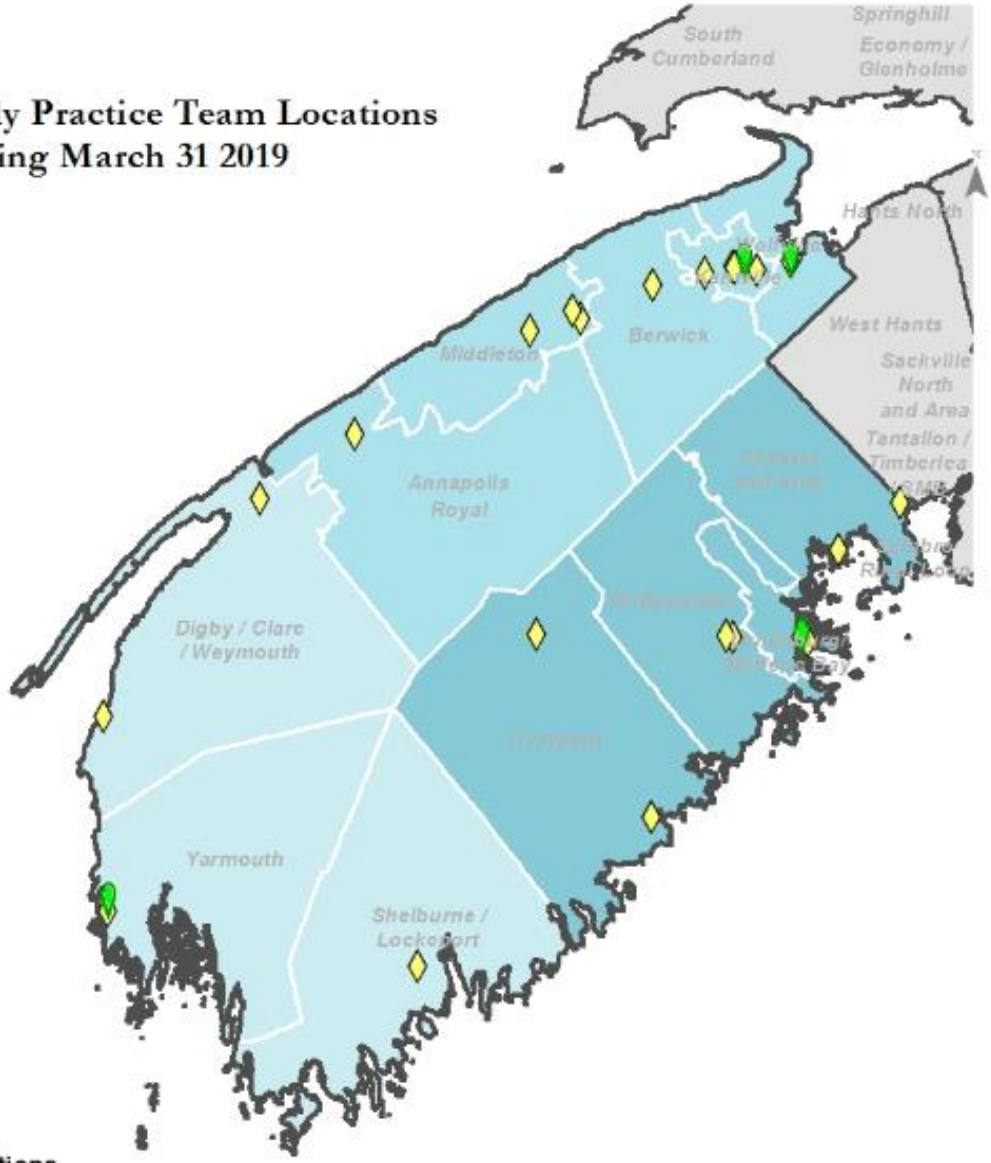
# Western Zone
## Collaborative Family Practice Team Locations
## FY 2018-19 Q4 Ending March 31 2019




**Primary Care Clinic**

**Current Collaborative Family Practice Team Locations**

Primary Health Care, Nova Scotia Health Authority
Source: NS Health Atlas; Collaborative Family Practice Teams in NS; Q4 as of March 31 2019

0 12.5 25 50 Kilometers

# Need a Family Practice

## At a Glance - May 2019
## Primary Health Care in Western Zone

| | Found a Family Practice | Need a Family Practice |
|---|---|---|
| **Western Zone** | **15,910** | **18,647** |
| **Annapolis & Kings County** | **6,662** | **9,144** |
| Annapolis Royal | 167 | 889 |
| Berwick | 632 | 2,274 |
| Kentville | 2,847 | 1,525 |
| Middleton | 1,987 | 4,024 |
| Wolfville | 1,029 | 432 |
| **Queens & Lunenburg Counties** | **5,176** | **5,282** |
| Bridgewater | 1,763 | 2,630 |
| Chester | 1,309 | 865 |
| Liverpool | 1,515 | 911 |
| Lunenburg/Mahone Bay | 589 | 876 |
| **Yarmouth / Shelburne / Digby Counties** | **4,072** | **4,221** |
| Digby / Clare / Weymouth | 1,269 | 2,305 |
| Shelburne / Lockeport | 1,118 | 577 |
| Yarmouth | 1,685 | 1,339 |

# Services Outside the Health Home

- Members of the team (in particular, family physicians) are also required to provide services outside of the Health Home setting to serve the **broader community cluster population and network.**

- Additional FTE required to be added to the Health Home FTE complement for a community cluster:
  - General Inpatient Care
  - Long Term Care (Nursing Homes & Residential Care Facilities)
  - Collaborative Emergency Centre Coverage and Emergency Care
  - Intra-partum care

- These metrics are added separately to account for the variation across community clusters in the services that teams are required to cover

# Stakeholder Conversations: What we heard…..


## Positives:

- Variety of providers
- Team-based care
- Evening & weekend access
- EMR/sharing of information
- Teams foster retention

## Concerns:

- Recruitment & retention
- Physician remuneration
- Understanding collaborative care
- More communication needed
- NFP Registry data
- Privacy of medical record
- Timelines & cost

## Considerations for success:

- Promote wellness/consider factors that influence health
- Help with navigating the health system
- Be flexible, collaborate, understand community needs Consider geography-transportation is an issue
- Rely on community leaders
- Keep communicating

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# Implementation Quick Facts

## Primary Health Care 18/19 Progress Update As of March 31, 2019

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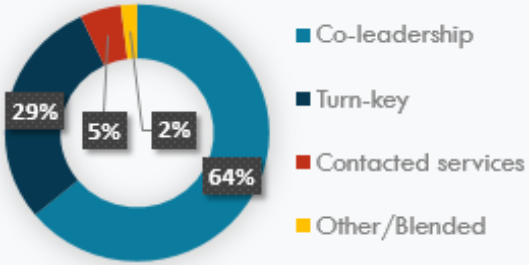
### Collaborative Family Practice Teams

**83** Collaborative Family Practice teams

2x Up from **39** In 2015




**50** Memorandums of Agreement

**35** Completed Team Agreements

### Enhancing Access to Primary Care

**80,802** **Nova Scotians** Have found a family practice since November 2016

Approximately **5,200** people found a family doctor or nurse practitioner **each month** in the past 12 months

**51,802** **Nova Scotians** Are on the Need a Family Practice Registry, as of April 1, 2019

This represents **5.6%** of the NS population

**7** New primary care (access) clinics for unattached patients

Resulting in **7080** unattached patients being able to access to primary care

### Building and Strengthening Teams

**129** New staff hired since March 2017 to strengthen the PHC system (NPs, FPNs, LPNs, SWs)

**>150%** increase in the primary care workforce since 2015

**358** Family physicians working in teams

**99** Nurse Practitioners working in primary care and CDM (including 82 in CFPTs)

2x Up from **169** Family physicians working in teams in 2015

**100** FPNs, RNs, and LPNs (FTE) working in primary care (including 81 in CFPTs)

### Patient Experience and Community Engagement

**97%** feel their health care team helped them feel confident in their ability to take care of their own health

**84%** of respondents rated the clinic experience highly


**36** sessions with 25 communities and 11 groups of community leaders

**874** participants in person + online

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# Primary Care in LTC is a partnership

- In 2017, co-lead by NSHA CC & PHC-DFP work started to look at primary care coverage in LTC facilities across the province
- Review included the leadership structure required to support this work
- Engagement occurred  with multiple stakeholders:
    - NSHA PHC, DFP and CC leadership
    - LTC Facilities
    - LTC Family & Resident Councils
    - Medical Directors
    - LTC Planning Forum 2017- LTC & PHC stakeholders from across the province

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# What we heard…

The current delivery model requires enhancement with considerations given to:

- Regularly scheduled visits to sites
- Provide coverage for after-hours, vacations, etc.
- Medication reviews
- Admitting privileges (to hospital)
- Providing timely or emergency services
- Occupational Therapy
- Palliative Care
- Internal examinations
- Attending care conference
- Physical examinations
- Other services: i.e. ear irrigation, manual wound debridement, removal skin lesions, etc.

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# Key takeaways from the literature….

- No consensus on the right model to manage the care of the elderly to achieve improved health outcomes.

## Defining characteristics of successful approaches included:

- Investment in relationship building
- Responsibility for a defined population
- Providing age appropriate clinical services
- Clear governance arrangements with contractual and financial incentives

****Leads to the importance of clear roles and responsibilities*

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# Primary Care in LTC is a partnership

- Deliverable from work - 7 recommendations to support the development of a sustainable provincial framework for primary care coverage in long –term care
- Local adaptability from an implementation perspective critical success factor
- Planning and implementation of the recommendations will **require cross system partnerships** between Department Health & Wellness, the Nova Scotia Health Authority's (NSHA) Continuing Care, Department of Family Practice and Primary Health Care portfolios, the long term care sector and partners such as Drs. Nova Scotia.
- Currently working with DHW to review and final recommendations + next steps

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# Thank you

Transforming the primary health care system in Nova Scotia is **large scale change.** Principles for large scale change must be front and centre in our work as we move forward, including, the “movement towards a new vision that is better and fundamentally different from the status quo” and recognizing the complexity and uncertainty involved and willing to be flexible, adaptable, and engage others (NHS, 2017).