Edmonton West Primary Care Network

Business Plan Renewal

Stakeholder Consultation Report

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Prepared by: Jennifer Kwan
Kwan Consulting

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Business Plan Renewal

Every three years, the Primary Care Networks (PCNs) in Alberta are required to submit a business plan outlining their priorities and initiatives for the next three years. To support the identification of priorities for Edmonton West PCN's (EWPCN) 2024-2027 Business Plan stakeholder consultations were conducted with member physicians, staff, patients, and community partners. The key findings from the stakeholder consultations will inform the Leadership Team in their identification of the PCN's strengths, weaknesses, opportunities, and threats, and the Board's identification of the strategic priorities that will guide the business plan.

Consultation Methods

Quantitative data for the program prioritization question was averaged across responses and the average translated into a rank for the program. The other quantitative data for the survey was averaged. Qualitative data was themed across the member physician, staff, patient, and community partner surveys and the key themes are presented in this report.

Member Physicians

Member physicians were consulted via an online survey which was shared via email from the Medical Director. Physicians also had an opportunity to provide input into the consultations by attending a facilitated virtual town hall. The virtual town hall focused on the open-ended questions in the survey.

Forty-three physicians completed the survey, and nine physicians attended the town hall. The qualitative data (from the open-ended questions) was combined between the two consultation formats.

PCN Staff

Staff were also consulted via two methods of engagement. There was an online survey available for completion and additional input was gathered during an ED Update meeting. The ED Update meeting focused on the open-ended questions in the survey. Staff wrote their responses into the meeting chat and the responses were incorporated into the qualitative data received in the survey.

Forty staff completed an online survey which was shared via email. It is likely that the majority of the respondents also attended the ED Update and contributed to the chat. However, the ED Update did not collect any quantitative data, so there is no risk of duplicate counting for the ranking or Patient's Medical Home data.

Patients

The patient surveys were developed in an online platform called Ocean and was sent to patients who access the platform via email. Clinic staff also promoted the survey to their patients following appointments. 373 patient surveys were submitted; however, there were a number of duplicate responses based on unique identifiers. Duplicate submissions (25) were removed, keeping the earliest

submission from the unique identifier. There were also 29 submissions that had no data in them. These submissions were removed from the calculations. Data in this report represents the 319 patient surveys remaining after the duplications and empty submissions were removed.

Community Partners

An online survey was sent to community partners to better understand what is working well and what opportunities exist to enhance their collaboration with EWPCN. The survey also included three of the open-ended questions in the other surveys. Data from the three questions was integrated into the key themes across stakeholder groups. One community partner completed the survey.

Consultation Findings

Program Prioritization

EWPCN's member physicians, and staff who completed a survey were asked to prioritize EWPCN's current programs. The patient survey included a Likert scale for each of the programs where patients could indicate whether the program was not at all important, somewhat important, important, or very important. There was also an option to identify that the patient was not familiar with the program. The programs were prioritized and rated as follows:

Program	Physician Ranking	Staff Ranking	Overall Ranking	Average Importance (Patients)
Primary Care Nursing – Provides access to a Primary Care Nurse within eligible Physician-Member Clinics to support the delivery of primary care interventions and the prevention and management of chronic disease.	1	2	1	3.59 (n = 310)
Mental Health and Wellness – Provides access to Behavioural Health Consultants (BHC) and Psychiatrists. BHCs support the behavioural management of health issues through solution-focused brief interventions. Psychiatrists offer a single session consult aimed at providing recommendations to support the ongoing management in the patient's medical home.	2	1	2	3.75 (n = 313)
Active Living and Exercise – Provides access to Exercise Specialists who use active living and exercise as a tool for the prevention and management of chronic disease. This program offers individual appointments, Supervised Exercise Programs, GLA:D Hip and Knee, and GLA:D Back.	3	3	3	3.62 (n = 314)
Lower Leg Assessment Clinic – Provides access to Specialty-Trained Registered Nurses who	5	6	4	3.31 (n = 315)

Program	Physician Ranking	Staff Ranking	Overall Ranking	Average Importance (Patients)
provide urgent and non-urgent wound care, lower leg assessments, and peripheral vascular disease management techniques. This program also provides monitoring and follow-up for Alberta Aids to Daily Living clients.				
Social Work – Provides access to Social Workers who use resources and expertise to enhance the problem-solving and coping capacity of their patients.	6	3	5	3.47 (n = 314)
Complex Care Transition Program – Provides access to a variety of team-based health professionals to support patients experiencing transitions between hospital to home, and homebound patients.	4	8	6	3.50 (n = 312)
Nutrition – Provides access to Registered Dietitians, who help patients gain nutrition knowledge, skills and confidence to improve their health.	7	5	7	3.48 (n = 310)
Low Risk Maternity Clinic – Provides access to a group of Family Physicians who provide prenatal and postpartum care for low risk maternity patients, along with labour and delivery care out of the Misericordia Hospital.	10	7	8	3.03 (n = 310)
Clinical Excellence Team – Provides access to Quality Improvement Consultants and Practice Improvement Assistants who support continuous quality improvement initiatives and provide basic EMR and panel support.	8	9	9	Accidentally omitted from survey
Building Resilience in Caregivers (BRiC) – Provides access to a variety of team-based health professionals and resources to give caregivers an opportunity to connect with other caregivers while learning about how to maintain their own health and wellbeing.	9	10	10	3.40 (n = 314)

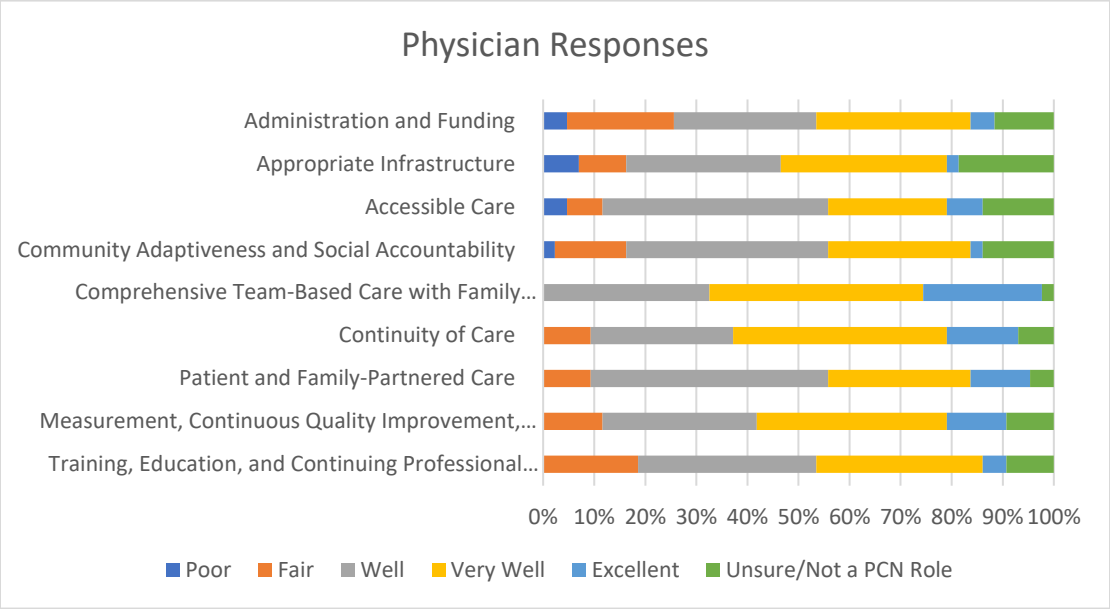
Addressing the Patient's Medical Home

Member physicians and staff were asked how well EWPCN is addressing various aspects of the Patient's Medical Home.

Physician Responses

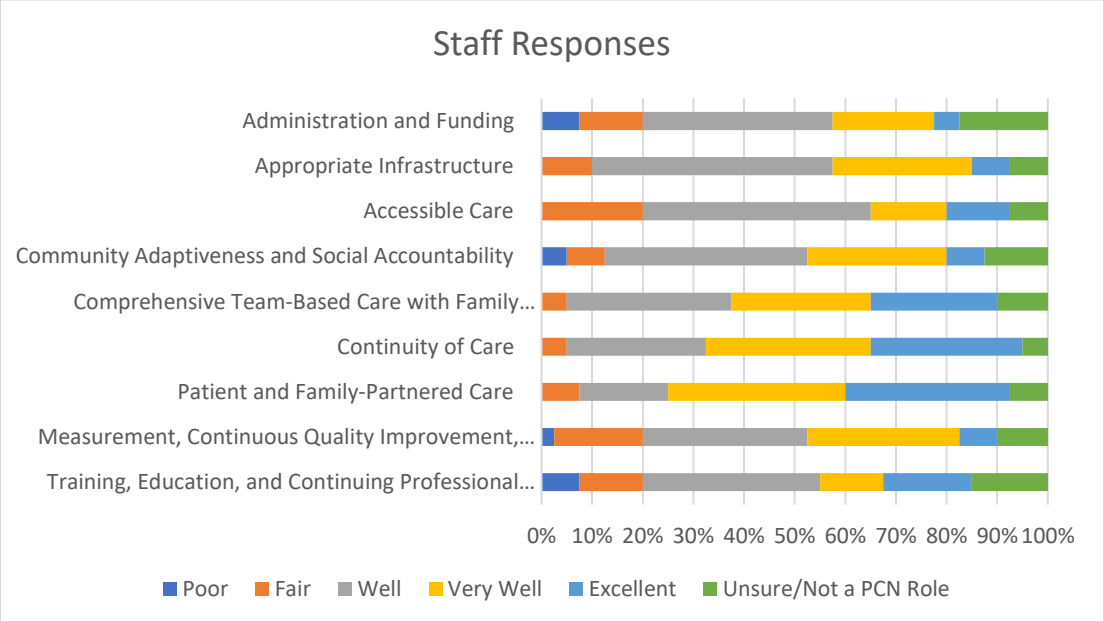
Physicians felt that EWPCN is best at addressing Comprehensive Team-Based Care (average score = 3.90), Continuity of Care (3.65) and Measurement, Continuous Quality Improvement, and Research (3.54).

They also felt that the PCN could do a better job at addressing Administration and Funding (3.11), Community Adaptiveness and Social Accountability (3.16) and Appropriate Infrastructure (3.17). The distribution of the physician responses is depicted below.



Staff Responses

Staff felt that EWVPCN addresses Patient and Family-Partnered Care (4.00), Continuity of Care (3.92), and Comprehensive Team-Based Care with Family Physician Leadership (3.81) best. They felt that the PCN could do a better job at addressing Administration and Funding (3.03). The distribution of the staff responses is depicted below.



Strengths

All four stakeholder groups were asked what areas of patient/community needs the PCN does a good job of addressing.

Team-based care was the most frequent strength identified by member physicians and staff, with physicians highlighting collaboration with interdisciplinary team members in both the survey and at the town hall. Some respondents highlighted specific disciplines or programs whereas other commented on the strength of team-based care overall. A few patients also complimented the PCN's team-based care, especially primary care nursing.

> *Access to allied health professionals; team based care within the medical home. (Physician 37)*

> *The PCN does a great job of addressing many areas of patient needs, such as having access to a diverse array of healthcare services in primary care. (Staff 25)*

> *I'm pleased to see the integrative and collaborative work between the various professionals. (Patient 156)*

Mental health was also frequently identified as a strength of the PCN by member physicians, staff, and patients; and was the most common strength identified by patients.

> *Helping with providing access to mental health support. (Physician 9)*

> *Mental health (increased BHC's, reduced TNA, workshop). (Staff 11)*

> *They are amazing with mental health supports and trying to change behaviours so that there is less stress and anxiety in my life and so that I can handle it better. :). (Patient 188)*

The **Complex Care Transition Program** was identified by some physicians and staff as a strength, while physicians, staff and patients highlighted the **Active Living and Exercise** program, and **Lower Leg Assessment Clinic**. The Active Living and Exercise program was also one of the most common strengths identified by patients.

> *The CCTP team has been very helpful for ensuring adequate community care for those patients who have difficulty leaving their home. This has been very helpful ensuring continuity of care. (Physician 20)*

> *I am currently using the Active Living and Exercise /GLA:D program and am so thankful to have found it. I wish I would have known about it two years ago and eliminated two years of pain and disability. It is a fantastic program. (Patient 74)*

I love the leg clinic, need to use the transition team more as I've been impressed, nursing is great. These have very obvious point of care benefits and very complementary and easy to access. (Physician 22)

Other areas of strength that multiple member physicians and staff highlighted were the maternity clinic, providing access to care, chronic disease management, nutrition, social work, quality improvement, relationships between the PCN and physician clinics, and professional development.

Multiple patients also commented on the Nutrition program, the PCN's strength in caring for patients and follow up, as well as the Building Resilience in Caregivers program, Chronic Pain Clinic, patient education, medication management, and the variety of services offered.

Additional areas of strength identified by an individual respondent included comprehensive care, the wound clinic, COVID support, seniors' care, social need and support, financial support for physician clinics, caring for complex patients, virtual care, physiotherapy, and communication between the PCN and physicians. Seniors' care was also identified as a strength by the community stakeholder.

Opportunities within Current Offerings

All four stakeholder groups were asked what areas of patient/community needs the PCN is already addressing but could do a better job of addressing.

Mental health was by far the most frequently mentioned opportunity by physicians, staff, and patients.

I believe we still need to work on more mental health resources especially children's mental health. I would also like to see more emphasis on family doctors being the cornerstone of a patient's medical care. (Physician 8)

Mental health - I think the PCN does a good job with the BHC, but it could be expanded. Including adolescents <18 would significantly help, as well as providing "family based" interventions would also be useful. Lastly, although I do appreciate the one-time psychiatric consults, I really wish there could be a "short term stabilization" option, where we could refer, and the patient could have a limited amount of visits (ex. 3-4) or time (ex. 6 months) with a psychiatrist to try and achieve some longitudinal care and better optimization before sending them back to us. (Physician 35)

More resourcing and programming to support mental health for our patients, particular for our youth. Identifying our vulnerable populations and either creating specific programs or tailoring our program to meet their needs (i.e., overcome some of their barriers). (Staff 31)

More robust and long-term mental health care options. Also, making available services more apparent to potential clients (I only learned about it through a referral). (Patient 106)

Timely access to care was also a frequently highlighted opportunity by the three stakeholder groups. Respondents commented on improving both access to PCN services and to a family physician's care.

> *Timely access for some programs. (Physician 2)*
>
> *There is a need for more family doctors and patients finding a consistent attachment to a family doc. (Staff 33)*
>
> *The length of time from medical referral to initial contact plus actual follow up with consultant was excessive. (Patient 59)*

Many patients also commented on the opportunity for the PCN to **promote its services more**.

> *Promoting awareness of all the services noted above. The service I have accessed I only found out about as my daughter is a physician. Even my physician did not present it as an option until I asked him. (Patient 121)*
>
> *Informing the General Public about the services offered and how these services can be accessed. (Patient 227)*

Multiple respondents from the three stakeholder groups also identified opportunities for the PCN around support for frail elderly patients, increased accessibility to programs and/or professionals, support for chronic pain, nutrition support, increased Active Living and Exercise services, increased communication between services and physicians, improved continuity of care, complex patient care, and preventative medicine.

Multiple physicians and staff also identified women's health, after hours clinic, patient education, additional physician and team training and support, quality improvement, decreased emphasis on quality improvement, office practice management, pharmacy, wound care, the social determinants of health, care for unattached patients, more efficient uses of resources, more decentralized services, and improved decision-making processes as opportunities. Multiple patients also identified social work, leg care and seniors support as opportunities.

Additional opportunities that were identified by an individual respondent included Indigenous health, support for low income patients, diabetes support, obesity management, patient triage, support for caregivers, more variety of services, emphasis on physicians as the cornerstone of a patient's medical care, and support for infrastructure costs.

New Opportunities

All four stakeholder groups were asked if there are opportunities for the PCN to provide services in areas of patient/community needs that are not addressed or underserved. Some of the responses overlapped with opportunities identified for current offerings.

Mental health, again, was noticeably the most frequently mentioned opportunity by physicians, staff, and patients. The need for child and adolescent mental health supports was highlighted especially by multiple respondents.

> *Mental health could use more resources, more timely access to psychiatrist, children and adolescent mental health. (Physician 8)*

> *I think psychological services triage (BHC and social work does this to a degree) would be useful. Someone to simply connect patients to resources and help navigate coverage. (Physician 22)*

> *Mental health seems to be underserved-having access to psychiatrists and formal counselling would be beneficial. (Staff 41)*

> *More mental health counselling for longer term, a few sessions aren't enough. (Patient 23)*

> *I can think of many more specified in Behavioral Consulting/Cognitive Behavioral Therapy. For individuals for their own purpose, and educational development for others. (Patient 315)*

The three stakeholders were also interested in **more team members** including physicians within PCN clinics, clinic staff and consulting specialists.

> *Extra team members for our clinics e.g., Nurse Practitioners. (Physician 1)*

> *More consulting psychiatrists - wait times are too long. Attracting physicians to join EWPCN. (Staff 34)*

> *Having a doctor on site would help or someone who could write repeat prescriptions would help. Having a nurse or someone give flu injections in Sept or November on site. Would help more people get the injections. Offer information in multiple languages. (Patient 238)*

Patient education, and **physiotherapy** were also frequently identified by the three stakeholders. There were also many patients and a few practitioners who highlighted opportunities for the **Active Living and Exercise** program.

> *General public education to wider audiences from a legitimate trusted source. (Staff 13)*

> *Group programs, online supports/resources. (Patient 249)*

> *Physiotherapy. I have SO many patients who would benefit from this but can't afford it. I do refer to the exercise specialist often for this, and I worry they will get overburdened with this as our patients get older. (Physician 35)*

> *Coordinate exercise program to integrate lifestyle medicine. (Physician 24)*

Multiple respondents also identified new opportunities for enhanced relationships with the broader health system, after hours clinics, home care, additional specialty services, women's health, lactation consultants, walk-in clinics, seniors' support, support for low income patients, Indigenous health, support for vulnerable patients and newcomers, patient follow up, chronic pain, foot care, obesity management, preventative medicine, help accessing community referrals, and advocating for primary care.

Individual respondents also cited respiratory therapy, an eating disorder program, screening, support for substance use patients, group medical visits, social work, basic assessment and diagnosis, new parent support, treatment for elderly patients with limited mobility, coordinating transportation for rural patients, and a cross-referral system between services. The community stakeholder suggested the PCN consider the learning from Ontario's MINT Clinics.

Activities that Could Be Stopped or Reduced

Member physicians and staff were asked if there were activities that the PCN was undertaking that could be stopped or reduced to advance other activities. The most frequent response was **none or unsure**.

Physicians and staff frequently identified the **Low Risk Maternity Clinic** and staff identified the **Complex Care Transition Program**.

> *Low risk maternity clinic - it is under utilized? If so, consider sunsetting the clinic. (Physician 33)*

> *Low risk maternity clinic. Too much money for population served. Services can be obtained elsewhere. (Staff 34)*

> *I would question if the role of the CCTP team could be transitioned to a nurse navigator role or supporting clients to better access the services already in the community. (Staff 8)*

Staff also frequently commented on opportunities to **find efficiencies** within current offerings.

> *Trying to make small changes at the program level being delayed because of larger initiatives, we still need to function day to day. (Staff 11)*

> *Duplication of services to ensure our system partners are taking that work on. I think we need to see how we can collaborate more with system partners, while ensuring we are not duplicating any services. (Staff 31)*

Physicians and staff also highlighted the potential to review **administration/management** and **quality improvement** activities.

> *Reassess the amount of administration we have. (Physician 11)*

Quality Improvement programs - I find that these take away from clinical time and add an extra layer of "annoyance". Personally, I haven't seen any changes to my panel/clinic because of QI. (Physician 35)

More funding for patient care services and less for management and excellence team. (Staff 18)

Multiple physicians and staff also commented on dieticians, social work, the Active Living and Exercise program, panel management, the Lower Leg Assessment Clinic, and Building Resilience in Caregivers. Individual respondents cited under utilized resourcing, measurement, home program review, after hours clinic, Britannia School, and pediatric psychology. Two respondents stated that they would need a cost analysis to answer this question.

Additional Comments

All four stakeholder groups were asked if they had any additional comments. Majority of the comments expressed **appreciation for the PCN or individual programs or practitioners**.

Appreciate the ongoing support of the PCN in patient care! (Physician 21)

I really appreciate the "people power" that the PCN provides to us - nurses, BHCs, nutrition, exercise specialists. At its core, these are the things that make the most difference to me and my patients and I'm glad I'm part of the PCN to access these. (Physician 35)

The PCN is doing a lot of great work and the opportunity for feedback on the business plan is appreciated. (Staff 25)

I am very thankful that Primary Care Network has been available to me and am thankful that my doctor referred me when I have needed something that you provide. I have told others of my experience as many don't know that these resources exist. (Patient 51)

I am very thankful to have this service to help me with getting me healthy. (Patient 245)

I am extremely satisfied with all the interactions I have had with the PCN. The services offered are very valuable to me. I extend my sincere thanks to all of the staff I have had interactions with. (Patient 250)

There were also five patients who shared their dissatisfaction with their care. Multiple respondents also commented on revisiting EWPCN's resource formula and programming decisions, more or less emphasis on patient education, advocacy to the government, wanting to learn more about the PCN's services, communication between the PCN and patients, transparency around administration, and office space.

Physician Retention

The member physician respondents were asked if they anticipated retiring, changing their practice focus, or leaving EWPCN in the next three years. Five of the 43 respondents said they will be retiring, two said they would be changing their practice focus, and 36 respondents indicated no changes. No respondents had plans to leave the PCN other than through retirement.