Healthcare Excellence Canada

Excellence en santé Canada

northern health
the northern way of caring

Promising practices to strengthen primary care in northern, rural and remote communities

If you are looking for strategies being used in other northern, rural and remote communities in Canada to improve access to safe, high-quality, team-based primary care, then this promising practice will be of interest to you.

About Healthcare Excellence Canada

Healthcare Excellence Canada (HEC) works with partners to spread innovation, build capability, and catalyze policy change so that everyone in Canada has safe and high-quality healthcare. Through collaborations with patients, essential care partners and people working in healthcare, we turn proven innovations into lasting improvements in all dimensions of healthcare excellence.

HEC focuses on improving care of older adults, bringing care closer to home, and supporting pandemic recovery and resilience – with quality and safety embedded across all our efforts. We are committed to fostering inclusive, culturally safe, and equitable care through engagement with different groups, including patients and essential care partners, First Nations, Métis and Inuit, healthcare workers and more.

Launched in 2021, HEC brings together the Canadian Patient Safety Institute and Canadian Foundation for Healthcare Improvement. We are an independent, not-for-profit organization funded primarily by Health Canada. The views expressed herein do not necessarily represent the views of Health Canada.

150 Kent Street, Suite 200
Ottawa, Ontario, K1P 0E4, Canada
1-866-421-6933 | info@hec-esc.ca

Social Media

Twitter | LinkedIn | Instagram | Facebook

Healthcare Excellence Canada honours the traditional territories upon which our staff and partners live, work and play. We recognize that the stewardship of the original inhabitants of these territories provides for the standard of living that we enjoy today. Learn more

Northern Health Virtual Primary and Community Care Clinic

What is the promising practice?

The virtual primary and community care clinic (VPCCC) was developed by Northern Health, to respond to the needs of the largest rural health region in British Columbia (BC), serving 300,000 people across more than two-thirds of the province's land mass. Many of its rural and remote communities, as well as the more than 55 First Nations communities, currently do not have a baseline level of access to healthcare services.

- VPCCC is embedded as a component of the Enhanced Access to Primary and Specialist Care Strategy. The VPCCC was established to address identified gaps in care and create a "safety net" for patients and their families. The VPCCC augments access to primary care services, as opposed to replacing local services.
- The clinic provides service to patients who are not attached to a primary healthcare provider, don't have reliable access to primary and community care or more urgent and emergent care, or need care evenings or weekends after health services are closed. Patients must also be physically located in the Northern Health region when they call.
- The importance of longitudinal care is emphasized during appointments with patients attached to a community primary care provider. Patients without a primary care provider are connected with services following the local attachment processes. Patients may continue to access the clinic as needed but may not be connected to the same provider each time.
- Mental health and substance use supports include conducting an initial assessment and connecting patients to local services if needed, and providing physician and nurse practitioner support to northern Opioid Agonist Therapy clinics that have experienced interruptions in provider coverage.
- Patients have access to VPCCC from 10:00 a.m. to 10:00 p.m. seven days a week (including holidays) by calling a toll-free number. Healthcare team members provide care by phone (mobile or landline) or video for a variety of primary care issues. Video appointments are encouraged, but most visits are by phone. Interpretation services are available to those who speak another language, are deaf, or hard of hearing.
- The clinic is staffed by telecare assistants, nurses, allied health (social work), and primary care providers (physician or nurse practitioner). Telecare assistants, nurses and

allied health providers are Northern Health staff who have been recruited through the health authority and are physically located in Prince George. Primary care providers are recruited through an expression of interest and work remotely in four hours shifts with the contract specification that their VPCCC work not detract from their community based primary care services.

- Care is provided in a pod structure consisting of a telecare assistant, nurse, and primary care provider. The pod has access to the patient's past clinic encounters through the Community Medical Office Information System (CMOIS) electronic medical record (EMR), and attached patients whose provider also uses CMOIS, as well as provincial systems such as PharmaNet. Callers can speak to staff in each of these roles or only one role, depending on their health issue.
- The clinic does not provide referrals for patients attached to a primary care provider (except for abortion care) and has guidelines in place regarding the prescription of high-risk medications. If a test or x-ray is required, the clinic will organize the tests based on the patient's preferred location (such as the closest community). The results will either be sent to the patient's primary care provider, if they have one and agree to share this information, or to the clinic. The results sent to the VPCCC are reviewed and actioned by a rotating weekly provider.
- Healthcare team members also help patients in navigating and accessing local health (including attachment to a primary care provider in the community if possible), social, and community services by connecting them with information and contact information.
- For those patients who have a primary care provider, and agree to share this information, a summary of the appointment is sent using Clinical Data eXchange to be received into the primary care home's EMR or by fax. If a caller's issue cannot be addressed virtually, team members will assist in connecting them with in-person services based on the patient's preferred location.

Evaluation and impact

A VPCCC evaluation (January 2023) shows that the clinic has improved patient access to team-based primary care for those who live in rural and remote communities in northern BC:

- those accessing the clinic are age 64 years and younger (87 percent), female (60 percent), and non-First Nation (71 per cent; there is a similar service, the Virtual Doctor of the Day program through the First Nation Health Authority, that First Nations patients

can also access)

- 51 percent of patients are unattached to a provider
- 42 percent of survey respondents state they would have visited an emergency department (ED) if the VPCCC was not available
- 87 percent say the clinic made it easier to see a healthcare provider; 82 percent say it saved them time; and 59 percent say it saved them money (not needing to take time off work)
- 93 percent say they are treated fairly; and 93 percent say they are treated with respect and dignity
- 74 percent of survey respondents who identified as Indigenous reported that their culture, values and preferences were respected during their visit
- 91 percent say their health issue was addressed during the virtual appointment.

What do the providers who deliver the innovation think?

- Through yearly focus groups, staff have shared that the clinic provides opportunities for improved work-life balance by being able to work from home (providers) or leveraging different shifts or part-time opportunities (operational team). Staff feel supported in their roles, from the frontline to leadership. They also like that the work environment is focused on continuous improvement and appreciate the team-based care approach that the clinic provides.
- Staff say that the clinic provides relief to their colleagues in emergency and urgent care by providing an alternative for patients who would otherwise need to seek care at an ED.
- The team appreciates that the clinic allows patients to access care in a timely way and that the hours are accessible.

Improved access to care for patients

- "… there's such a limitation of doctors to be available … so this, this is a huge resource for people that don't have physicians." (VPCCC operational team member)

Improved experience of care for patients

- "patients have the right to approach the care the way they want to, not necessarily the way we think it needs to be delivered." (VPCCC provider)

Improved experience of care for providers

- "Because if something's not working, we're very empowered to let … our leadership know and then they will do what they can to try to find something that works a little better for us." (VPCCC operational team member)
- "… it's such a positive and supportive atmosphere here to work in." (VPCCC operational team member)

What do the patients and care partners who have received the innovation think?

Satisfaction with care provided

- "Although it is sometimes hard to communicate what's happening with your body, I found the doctors to be very helpful. I made a comment that for the first time in my life I required quite urgent mental health assistance. They told me I could call back and make an appointment to talk to someone, which I wasn't aware I could do... the doctor helped me, talked to me and made me feel a lot better. Thank you, guys, for this service. It might have saved my life." (VPCCC patient)

Improved access to care

- "Although I would like a family doctor, so a relationship is built, the service through the virtual clinic is friendly, efficient and flexible which is great. It is nice being able to make appointments outside of normal working hours, so I do not have to take time off work." (VPCCC patient)
- "From the nurse who booked my appointment to the physician I spoke to the experience was pleasant and caring. I felt heard and cared for. Since I can't find a healthcare provider or primary physician in my community, this attention to detail really made me feel better than going to the ER." (VPCCC patient)

Key success factors that support sustainability

- **An urgent need to act due to the pandemic and a lack of access to primary care providers.** COVID-19 demonstrated how virtual services can help to address accessibility barriers. These combined elements allowed leadership to create the clinic and provide the environment needed to improve it over time.
- **The right technology to support virtual services.** Modern technology has progressed to the point that it can now support virtual services, for example the development and adoption of video platforms and EMRs. The clinic employs a base level of technology, but the service is focused on enhancing the technology used.
- **Financial factors including the introduction of virtual fee codes for providers and funding from the government of BC Ministry of Health.**
- **Partnerships and collaboration with organizations such as Doctors of BC, First Nations Health Authority (FNHA), Government of BC Ministry of Health, northern divisions of family practice and the Rural Coordination Centre of BC (RCCbc).** Northern Health staff and these partners served on the core team to co-develop the Enhanced Access to Primary and Special Care Strategy which informed the development of the VPCCC.
- **Communications were developed jointly with Métis Nation BC and FNHA to share information on the available virtual service offerings, including the VPCCC.**
- **Local virtual supports (including the FNHA Virtual Doctor of the Day program and RCCbc's Real-Time Virtual Supports) shared their experience and processes to inform the clinic.** The successful delivery of virtual services by these partner organizations helped to provide an evidence base for the clinic's implementation.

Opportunities for spread

Given that VPCCC implementation has been successful in northern BC, embedded virtual clinics can be successfully adapted to fit the needs of other communities in Canada and internationally. Northern Health staff who are leading the development of the VPCCC would be willing to explore partnerships with other communities across Canada. A national community of practice could be developed to share learnings and support spread.

Facilitators of spread

- Government financial support for augmenting care virtually in the form of virtual fee

codes and direct funding.

- Government and professional college (physician and nurse practitioner) support for augmenting care virtually that is reflected in policy and guidelines.
- Engagement and partnerships with health and community services, to assist in identifying care gaps that could be filled virtually and assist with the continuity of care between virtual and in-person services.
- Partnerships with other virtual care services, to learn from each other's experiences, share processes and resources and together communicate the value of virtual care.

Costs

While British Columbia Ministry of Health initial funding for the clinic was short term and tied to the pandemic, clinic streams have been graduated to long term funding models. Within the context of northern BC and the 300,000 residents we serve in rural and remote communities, these are the cost considerations for a virtual clinic:

- Administration (privacy, billing clerk, evaluator, IT support): $1.7 million
- Clinical (see below for the staffing compliment): $4.2 million.
    - Physician: one primary care medical lead and two mental health and substance use medical leads; 25 primary care providers (21 physicians, four nurse practitioners); and six mental health and substance use providers (nine physicians and one nurse practitioner). Physicians are remunerated based on the physician master agreement hourly contract rate. Nurse practitioners are paid a salary.
    - Non-physician: 14 nurses; two clinic coordinators; 14 telecare assistants; and three allied health professionals
- Overhead (video platform, after-hours security for staff, call centre service, clinic space): $800,000

For more information

To learn more about the VPCCC, contact Pam Mulroy, Executive Lead, Primary Health Care: Pamela.Mulroy@northernhealth.ca.