May 21, 2024

To: Primary Care Partners

Re: Clarifying Attachment Relationships in the Provincial Attachment System

Greetings everyone,

I am writing further to my [Memo of April 9, 2024](#), regarding the Provincial Attachment System (PAS), in which I noted the significant number of patients that have been identified as attached to multiple Family Physicians (FP) and/or Nurse Practitioners (NP) during the panel upload process and the need to clarify attachment relationships for these patients.

Since that Memo and a subsequent Ministry and partner [progress update](#), we now have roughly 91% of expected FP and NP panels uploaded to the PAS - a phenomenal achievement - and we thank all of you who have helped get us this far. However, with more panels uploaded, the number of patients attached to multiple providers has grown to more than 500,000, and the average percentage of duplicate attachments has increased to an average of 23% of patients on FP panels and 31% of patients on NP panels.

We must address this issue to ensure as many people as possible can receive longitudinal primary care. As such, I am pleased to provide you with further information on our approach to clarifying attachment relationships for these patients and how FP and NP panels in the PAS Panel Registry will be adjusted as a result starting on May 28, 2024.

A Multi-Step Approach to Clarifying Attachment Relationships
There may be a number of reasons why patients were submitted on multiple FP or NP panels. However, in PAS we want to ensure to the greatest extent possible that patients are only identified on the panel for the FP or NP they visit as their regular source of care (i.e., their Most Responsible Provider or 'MRP').

Over the past several months, the Ministry, Doctors of BC (DoBC) and Nurses and Nurse Practitioners of BC (NNPBC), have discussed ways to resolve instances where more than one FP and/or NP have identified themselves as MRP for the same patient.

In doing so, we have tried to balance a number of considerations. For example, we want to clarify MRP status with as little impact as possible for patients or primary care providers. We also want to reenforce the fundamental importance of longitudinal relationship-based primary care, while at the same time supporting patients to access care where and when they need it.

Ultimately, we landed on a multi-step process that includes:

- **Step 1**: Analyzing Service Utilization (MSP visit) History
    - To start, the Ministry has conducted an analysis of service utilization history to assess whether there is a clear, consistent pattern that identifies an MRP. We used two algorithms:

        Group A:
        - 100% of visits with single provider but appearing on the panels of more than one provider.
        - Minimum of five visits over the last three years.

        Group B:
        - 80% of visits with the same provider over three years, including the most recent visit.
        - No minimum number of visits, *or*
        - Fewer than five visits and all visits with a single provider.

- **Step 2**: Patient Confirmation
    - Where a case is unresolved using the above approach, we will ask patients to confirm from among the list of FPs or NPs who submitted them.

- **Step 3**: Clinic Confirmation / Steady State
    - If a case is still unresolved after Step 2, we will ask clinics and providers to confirm a patient's status as they come in for a visit. More information will be provided on this approach at a later date.

Through our analysis at Step 1, we are confident we can resolve more than half of the duplicate attachments submitted to date (approx. 320,000). Starting in July, patients in Group B above will begin to receive a letter from the Ministry that will identify the primary care provider we believe to be their regular FP or NP based on the criteria above. If they agree, no further action is needed. If they disagree, they will be instructed to go online to

a new, secure patient portal or call 8-1-1 to select from among the list of the FPs or NPs who submitted them on their panels. Given the very strict criteria for 'Group A', we will not be contacting patients in that group regarding the results.

Patients whose MRP cannot be clarified using the approach described above will also be contacted and asked to visit the secure patient portal or call 8-1-1 to select among the FPs or NPs who submitted their names during the panel upload process. We expect to begin contacting this group of patients later this summer.

What this Means in Terms of FP and NP Panel Data in the PAS
Starting May 28, 2024, FPs and NPs will be able to see the results of the above process for each patient reflected in a new 'MRP Status' column displayed within the PAS Panel Registry. The column will indicate the following:

- ***Confirmed*** – The patient is confirmed as attached to the FP or NP (i.e., they are on the panel).
- ***Not the MRP*** – The patient is confirmed as attached to a different FP or NP, or the patient has indicated they are not attached to the FP or NP (i.e., they are not on the panel).
- ***Pending*** – The patient's attachment status remains unresolved at this time.

As patients clarify their MRP through 8-1-1 or the patient choice portal, the MRP Status column in the PAS Panel Registry will continue to be updated by the Ministry.

If an FP or NP has patients with the ***Not the MRP*** status, they may wish to remove them from their panel in the PAS. Once that has occurred, an MRP status of ***Removed*** will be displayed.

Please note that the Ministry, DoBC and NNPBC are working toward EMR integration with the PAS, with the goal of automating addition and removal of patients in the Panel Registry through EMRs. However, in the interim, FPs, NPs or their delegates will need to remove patients from the PAS Panel Registry manually.

Patient information in the Panel Registry will be sortable by each MRP status so that an FP or NP may view only the patients they want (e.g., Confirmed attachments).

Guidance for FPs and NPs

Ultimately, it is up to each FP and NP to decide whether they continue seeing a patient who is confirmed as attached on another panel or pending. We encourage FPs and NPs to take the opportunity as they are able to add new patients who are waiting for attachment once their panel information has been clarified in the PAS.

Webinars for MOAs

Soon you will hear about webinars to support MOAs who are important in helping support our work in PAS. These interactive webinars will help MOAs understand how to use the PAS and where to get the help they need.

New Web Resource

The B.C. government has also published new web pages for the Provincial Attachment System. They are intended to complement web resources already provided by our DoBC and NNPBC partners. Over the coming months, we will be keeping these pages up to date and they will be a source of technical and training support.

Group Attachment in PAS

The Ministry has heard feedback from partners about the need to express attachment in terms of a clinic or a group roster within the PAS. We are working on that and will provide an update as soon as we are able.

Thank you for helping us reach this level of success in PAS

We hope that you are already starting to see some of the benefits of PAS in your daily work. If you have indicated in the PAS that you are able to take on new patients in the coming weeks, you can expect attachment coordination teams to begin working with you and your clinical staff to match patients from the Health Connect Registry (HCR).

Thank you again for your support and participation in the PAS and for your continued commitment to supporting B.C.'s team-based, primary care strategy.

Sincerely,

Ted Patterson
Assistant Deputy Minister