April 9, 2024

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To: **All Longitudinal FPs and NPs**
PCN Steering Committees
PCN Managers and Attachment Coordinators
FPSC Core Committee
Division of Family Practice Board Chairs and Executive Directors
Regional HA Primary Care VPs and EDs
FNHA VPs
CHC Sector
Foundry Central Office

Re: **New 'End to End' Attachment Coordination**

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I am writing today to provide an update on steps we are taking to improve the attachment process for patients, as well as longitudinal family physicians (FP) and nurse practitioners (NP), through the Provincial Attachment System (PAS), and to let you know about a new 'end to end' attachment coordination approach launching this month.

Reporting through the $0 attachment fee code (98990) tells us that more than 400,000 people have been attached in BC since 2018/19 as a result of primary care initiatives funded through the Province's primary care strategy, with the rate of attachment accelerating in the past two years following the introduction of measures to stabilize and expand longitudinal primary care capacity.

With recent improvements in longitudinal FP compensation, and an increase in numbers of FPs and NPs providing longitudinal primary care in the province, we are confident that we can continue to increase the rate of attachment in 2024/25. However, we will also need to make improvements to the way that attachment is coordinated both provincially and locally if we are going to be successful.

As you are aware, the Ministry announced the creation of PAS in partnership with Doctors of BC (DoBC) and Nurses and Nurse Practitioners of BC (NNPBC) in July 2023. The goal of PAS is to better support patients and primary care providers by establishing a clear, consistent and digitally enabled approach to attachment coordination throughout the province. In addition, the PAS provides the opportunity to better connect patients with available supports while they are

waiting for attachment to an FP or NP, and it will help us to measure whether we are making progress in meeting our provincial objectives.

The PAS consists of three integrated elements within a single platform:

Health Connect Registry (HCR) – Hosted and supported by HealthLink BC, the HCR enables patients anywhere in the province to register themselves and/or their families for attachment. It was initially trialed as a limited prototype in some Primary Care Network (PCN) communities, but as of July 2023 is available to people anywhere in the province.

Panel Registry (PR) – Through the PR, longitudinal FPs and NPs can upload and maintain information about their patient panels so we know who is attached and to whom in the province and identify their availability for attaching new patients and how many so we can connect them with patients registered on HCR.

Clinic and Provider Registry (CPR) – The CPR will be used to build a comprehensive picture of primary care clinics and the providers working in them for every community in the province that will be used to better connect patients with services and to better understand and plan for clinic infrastructure and service capacity needed for primary care.

When we announced PAS in July 2023, we said we would incrementally build out these elements as well as additional tools and resources to support attachment. Since that time, we have been busy doing just that.

Updates on PAS Implementation

We now have close to 310,000 people registered for attachment through the HCR. HealthLink BC has been working with local PCN communities (and where there is not yet a PCN, with local Divisions of Family Practice) on merging local waitlists so that there is one single provincial registry for patients seeking attachment to an FP or NP. Of note, approximately 30,000 HCR registrants have been attached since July, which represents a significant increase relative to the HCR prototype phase.

HealthLink BC has also been busy working on improvements to the functionality of the HCR for both patients and Attachment Coordinators, as well as improved communications and other supports for HCR registrants that will be available this month. These improvements are described in more detail in the Appendix.

With respect to the PR and CPR, we said in July 2023 that we would work with DoBC and NNPBC over the summer and fall to make sure FPs, NPs and clinics would be well-supported to start using the PAS. After several months of user-testing, both PR and CPR launched for broader user adoption in late September 2023. We appreciate feedback we have received to date on opportunities to improve both the PR and CPR and will continue working to improve user experience for these registries over the next year.

There has been a significant uptake of the PR and CPR. For the PR, our early focus has been on supporting FPs and NPs to upload their patient panel data and to start identifying their availability for attaching new patients. We now have panel data from more than 87% of longitudinal FPs and NPs – that's almost 4,500 FPs and NPs – with approx. 675 more to go. While we want to get as close to 100% as possible, it is important to acknowledge this remarkable progress since October. We will continue to support remaining FPs and NPs to upload their panel data in the weeks ahead.

Additionally, through the PR more than 800 FPs and NPs have told us they are available to consider up to roughly 170,000 new patient requests. This information will be used to support our efforts to attach patients as quickly as possible in 2024/25 and beyond. Enhancements to the functionality of the PR to streamline where and how FPs and NPs can access patient lists for selection and attachment will be available this month (refer to Appendix for the details). Note that we will also continue to use other information we have to support attachment (e.g., progress to target reports for FP and NP service contracts) as FPs and NPs continue to upload their panels and identify their availability through PR.

Another particularly important insight from the PR is that there are close to 490,000 patients who have been identified as attached to two or more FPs/NPs. On average, FP panels have shown 17% of patients attached to another FP/NP, and NP panels have shown 24% of patients attached to another FP/NP. We will work with patients and FP/NPs to clarify these instances of 'duplicate' attachment so that as many people as possible in BC have the opportunity to have a primary care relationship with an FP/NP to meet their health care needs. This process will commence later in April, and we will have more information to share on what that means for you over the next few weeks.

In terms of the CPR, our focus since July has been on working primarily with family practice clinics to validate, update and/or add information about their clinics and the people working in them. We have more work to do to make sure information in CPR is as accurate as possible, which will be an area of focus over the next few months.

We have also started expanding the CPR beyond family practice clinics to include health authority clinics, community health centres, and First Nations clinics, as well as other types of clinics and practice models, and will continue to build out as comprehensive a picture as possible through 2024/25. To date though, there are now almost 1,600 clinics with information in the CPR. This is a great start in terms of understanding more about the number and types of clinics operating in BC.

Next target for PAS - Implement 'End to End' Attachment Coordination

Building on the success of the PAS to date, we are well positioned to introduce enhanced functionality and workflow to better support patients and primary care providers. The Appendix provides an overview of the changes we have made to the system that I have alluded to above, and outlines the roles involved (patient to attachment coordinator to primary care provider) in a new 'End to End' Attachment Coordination model.

The changes described above and, in the Appendix, will be available on April 17, 2024. Over the next few weeks, you will hear more about 'End to End' from a variety of sources, including notifications in PAS, newsletters, webinars and/or demos. We are also developing a Provincial Attachment Policy document to guide us all in this important work.

Attachment Coordinators have been actively engaged throughout and in the design of the 'End to End' approach and will be working with you and your community as we shift to this new approach.

I want to thank all of you for your continued commitment to improving longitudinal primary care in our province. I am hopeful that the changes outlined above and, in the Appendix, combined with other initiatives we have underway to improve longitudinal primary care, will help us to accelerate the rate of attachment for British Columbians.

Kind regards,

Ted Patterson
Assistant Deputy Minister

Appendix

New 'End to End' Attachment Coordination - Starting April 2024
The Primary Care Division has been leading work with our partners to standardize and improve the attachment process from 'end to end' – that is, from the time of patient registration on HCR through to the time a patient is attached to a longitudinal primary care provider. The new attachment process will be available on April 17, 2024, and introduces new elements that will be deployed across all communities, including:

1. A new HCR Registration Experience and Prioritization Approach that supports patient registrant prioritization for attachment based on a number of factors, including the complexity of their health needs, and enables the ability for them to tell us when their health status changes so they can be re-prioritized based on new information;

2. A new, digitally enabled Attachment Coordination Approach within the PAS platform, supported by HealthLink BC's HCR team and Attachment Coordinators to streamline how we support primary care providers to receive, select and attachment patients by using PAS; and

3. A new Patient Communications Approach that will help us stay in regular contact with HCR registrants and get those with the most significant health issues connected to interim services while they wait for attachment.

HCR Registration Experience and Prioritization Approach
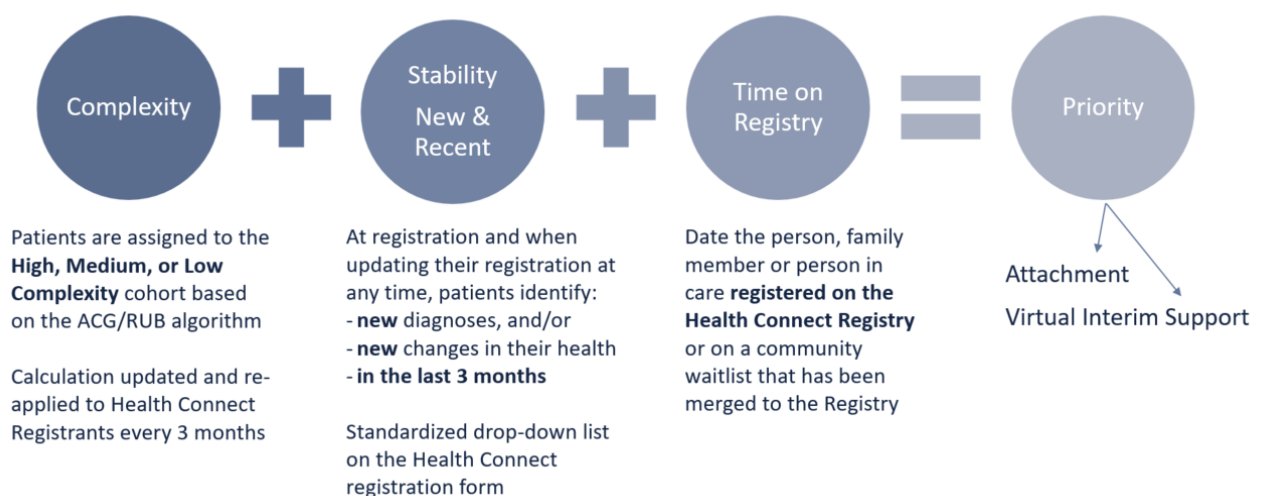
Patients registering for attachment through the HCR will be prioritized for attachment according to the following criteria and, where applicable, offered interim virtual supports while they wait:

- **Complexity** - Clinical administrative data available to the Ministry will be used to calculate complexity based on Adjusted Clinical Group and Resource Utilization Band scores, a well-known and widely used methodology for assessing patient complexity.

- **Stability/New and Recent Diagnoses -** Patients will have the opportunity both at initial registration, and on an ongoing basis, to provide health status information either by telephone or online. This may be particularly important for people with new/recent changes to their health status or for those new to the province and whose medical information is not yet available in our administrative data.

- **Time on Registry** – In addition to the first two factors, we will also prioritize based on the length of time people have been on the Health Connect Registry, or community wait list not yet merged with the HCR.

Attachment Coordinators will utilize these new or enhanced data elements to digitally recommend patients (up to 50 at a time) to accepting primary care providers, keeping in mind:
- A combination of high, medium and/or low priority registrants based on the above-noted criteria of complexity, stability and time on list,
- Family units, as defined by the HCR registrant for attachment together, and
- Where possible, registrant preferences will also be considered in the process.

Individual FPs/NPs or their delegates (Medical Office Assistants, or other staff) will be notified of a new list to review and link to access the information directly in the PR to select patients for intake and confirm success of intake (attachment) securely and digitally.

When selecting patients, we ask primary care providers to consider patients denoted as <u>high priority</u> first and most, while also ensuring balance for your clinic. We also ask that FP and NPs select quickly as registrants are not being considered by other primary care providers at that same time. Attachment coordinators will follow up regularly to support FPs, NPs and clinic staff.

Starting in May 2024, those patients identified as being <u>high priority</u> will be contacted and offered to be connected to a virtual care provider who can provide interim continuity of care and assist with connecting them with in-person care in their community as required. More information will be available on this approach in the coming weeks.

The information that will now be available about HCR registrants from clinical administrative data and self-reported health information has been informed by the many intake processes and referrals forms across B.C. Adding this upstream to the registration process will allow communities and clinics to retire their specific intake forms and process to further reduce administrative burden for clinics and primary care providers.

Attachment Coordination Approach

HealthLink BC's HCR team and Attachment Coordinators will have access to prioritization details for each HCR registrant digitally within the HCR Attachment Interface and will transmit the suggested patient lists described above (along with the patient's information) digitally from the HCR to individual FPs/NPs in PR to facilitate attachment - all within PAS.

From the perspective of an Attachment Coordinator and/or the primary care provider (FP or NP), the new attachment process has been broken down into several key steps described in the diagram below. These steps will be digitally enabled with new technical functionality within PAS.
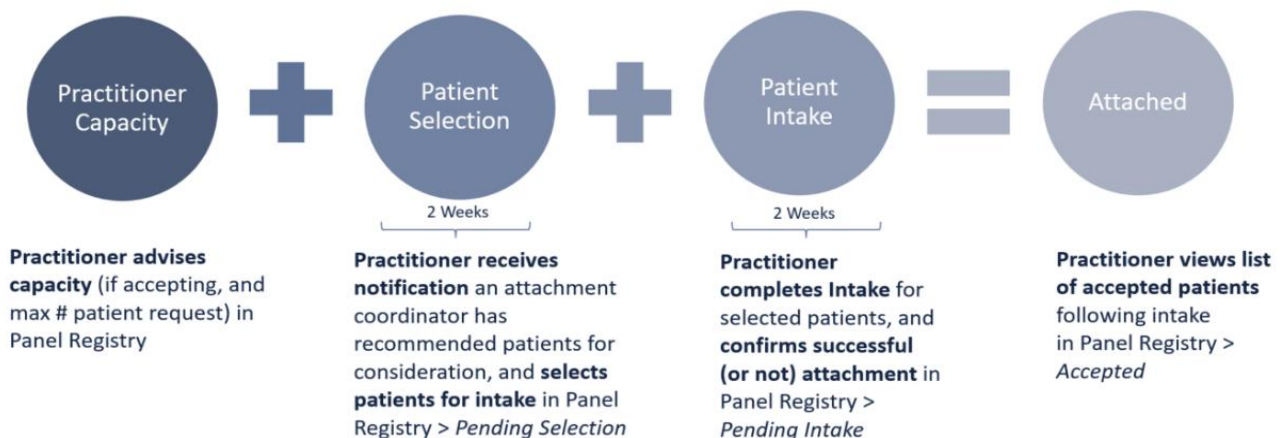
To start, in addition to having digital information on HCR registrants within PAS, the HealthLink BC HCR team and Attachment Coordinators now also have access to digital information on FPs/NPs who have capacity for attachment as identified in PR. Once an FP/NP has advised capacity or been identified with availability, Attachment Coordinators will prepare lists of HCR registrants and transmit them electronically.

FPs and NPs will receive an email notification that they have a list of patients for consideration, and Attachment Coordinators will contact their clinic to follow up to make sure they are aware and to support them as required. When the FP/NP receives the patient list, they will see patient

demographic information and prioritization information from HCR in the new Patient Selection tab in PR.

The FP/NP will review the patient list and digitally select any patients they are interested in contacting for intake. Patients selected for intake will receive a notification that a clinic will be contacting them shortly for an appointment. Those not selected will be placed back on the HCR list – patients do not receive notification if they are not selected for intake.

To support active decision-making by FPs/NPs, the Ministry will be setting a benchmark of two weeks from the time the Attachment Coordinator sends an electronic list to the time an FP/NP selects patients from that list. Patients not selected for intake after two weeks will be returned to HCR to be distributed to another FP or NP for consideration.

Once an FP/NP selects a patient for intake, the next step will be for the clinic to contact the patient and arrange an intake meeting. Patient information, including contact information, is available in the new Patient Intake tab in PR. Ideally, this intake meeting will occur within two weeks following patient selection and notification.
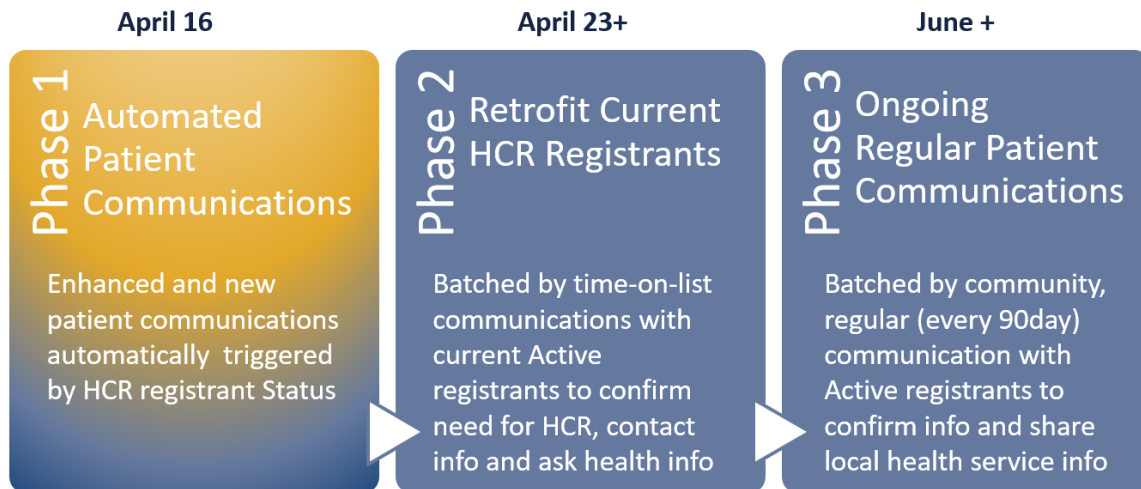
Once intake has occurred, the FP/NP will confirm digitally within the PR whether the attachment relationship will proceed. If the attachment is confirmed, the patient will receive a notification confirming their attachment and their file with HCR will be closed. The FP/NP (or their delegate) will update their EMR to add the patient and submit a $0 fee code (98990) to make sure the patient is included in the PR.

If the intake meeting does not result in attachment, the patient will be notified that they will remain on the HCR and the HealthLink BC HCR team and Attachment Coordinators are working to find the registrants a more suitable FP/NP match.

Patient Communications Approach

HealthLink BC has heard concerns from HCR registrants regarding a need for improved communication while waiting on the list for attachment, thus improvement of the 'end to end' attachment process will be enhanced communication with HCR registrants.

April 16	April 23+	June +
Phase 1 — Automated Patient Communications Enhanced and new patient communications automatically triggered by HCR registrant Status	**Phase 2 — Retrofit Current HCR Registrants** Batched by time-on-list communications with current Active registrants to confirm need for HCR, contact info and ask health info	**Phase 3 — Ongoing Regular Patient Communications** Batched by community, regular (every 90day) communication with Active registrants to confirm info and share local health service info

Starting in mid-April, HealthLink BC will introduce new, automated communications associated with the HCR Registration Experience and Prioritization Approach, and Attachment Coordination Approach as described above. This is Phase 1 noted above and will include:

- More substantial and customized information at the point of registration regarding services available in a registrant's Primary Care Network while they are waiting for attachment, as well as information about the process for providing updates if they move, change their contact information or experience a change in health status through 8-1-1 or online;
- Registrant notifications when they are selected for an intake by an FP/NP;
- Registrant notifications regarding the outcome of intake meetings (i.e., attachment or otherwise); and,
- Other system communications, such as when a patient withdraws from the HCR.

HealthLink BC will also be reaching out to all current HCR registrants starting in late April to re-confirm their need for attachment, check with them on any changes to their health status, and provide information on health services in their area. Phase 2 noted above.

Additionally, our goal will be to maintain contact with all active HCR registrants at least every 90 days to re-confirm registration, contact information, health status information and provide updates on services in their Primary Care Network while they wait.

HCR registrants determined to be high priority will also be contacted directly by HealthLink BC regarding interim virtual care support starting in May 2024.