

# Enhanced Primary Health Care for Oceanside

## Report From the Oceanside Primary Health Care Taskforce

### MAY 2008

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### **Executive Summary**

The Oceanside Primary Health Care Taskforce is made up of representatives from all Oceanside communities (mayors of Parksville and Qualicum Beach, District 69 area directors from the Regional District of Nanaimo, and the Society of Organized Services) and physicians from the Mount Arrowsmith Medical Society. The Taskforce has met regularly from May 2007 – May 2008 with a staff Developer from the Vancouver Island Health Authority's (VIHA) Primary Health Care and Chronic Disease Management program. It is a continuing partnership created to develop options for the growing, and currently urgent, primary health care needs of the area. VIHA's 5-year plan identifies the Oceanside corridor as one of three underserved communities on Vancouver Island, and the VIHA Primary Health Care Strategy commits to enhancing these services for Oceanside's 43,000 residents by 2008.

This report highlights seven issues identified in a community consultation on enhanced primary health care that was completed during the summer of 2007:

- Access to sustainable local 24/7 urgent care services
- Physician workload and supply
- Physician support for new residential care facilities
- Network of chronic disease management services working together
- Access to services, including on-call, after hours and walk-in options for newcomers and visitors
- Medical transportation access
- Unique area needs within Oceanside

The Taskforce is recommending specific integrated responses to the four most pressing primary health care concerns of the Oceanside communities:

- 1. Sustainable After Hours Clinic and urgent care service operated by VIHA**
- 2. Timely solutions to physician recruitment & retention**
- 3. Process for paid physician coverage for new residential care facilities**
- 4. Enhanced collaborative resources for chronic disease management**

The communities of Oceanside have created a viable partnership between their leaders and the Mount Arrowsmith Medical Society family physicians who provide the cornerstone of local primary health care. The four recommendations above all build on a foundation of current shared services, focusing on urgent human resource or operational improvements rather than on costly capital projects. The Oceanside Primary Health Care Taskforce looks forward to working with NRGH, other VIHA programs and the Ministry of Health to ensure timely implementation of these enhancements for the people of Parksville, Qualicum Beach and the surrounding district.

## Introduction

The Oceanside Primary Health Care Taskforce is made up of representatives from the Oceanside communities (mayors of Parksville and Qualicum Beach, District 69 area directors from the Regional District of Nanaimo, and the Society of Organized Services) and physicians from the Mount Arrowsmith Medical Society. A representative from Qualicum First Nation attended the first meeting and continues to receive correspondence. *See Appendix A for membership.* The Taskforce has met regularly from May 2007 – May 2008 with a staff Developer from the Vancouver Island Health Authority's (VIHA) Primary Health Care/Chronic Disease Management program. It is a continuing partnership created to develop options for the growing, and currently urgent, primary health care needs of the area. VIHA's 5-year plan identifies the Oceanside corridor as one of three underserved communities on Vancouver Island, and the VIHA Primary Health Care Strategy commits to enhancing these services for Oceanside's 43,000 residents by 2008.

## Background to Primary Health Care Renewal in Oceanside

'Oceanside' encompasses the corridor of Vancouver Island communities in LHA 69, from just north of Nanoose Bay, along the ocean, to Bowser/Deep Bay and west to Coombs. The population of over 43,000 people is expected to increase 10-20% over the next 10 years. It has an older population, with an average age of over 47 years. As an example, Qualicum Beach has been labeled 'the oldest' town in Canada, with 38% of its residents over the age of 65, (compared to the provincial average of 13%). Since the risk of acquiring a chronic disease increases with age, this is a significant issue for the Oceanside communities.

In line with the Canadian demographics on aging and the work force, Oceanside's family physicians are almost all over 50, with many considering retirement or working part-time. Family physicians operate from group or single practices spread across Parksville and Qualicum Beach. These Oceanside physicians form the Mount Arrowsmith Medical Society. In 1998 there were 32 FTE of family physicians, which fell to 23 FTE by 2002 and has remained at that level. Compounding the shortfall, there are presently only 4 female physicians practicing in the area. While there is no Physician Supply Plan for the Oceanside area, it is estimated that at least 3-5 FTE additional family physicians are needed above those needed to replace loss from retirement and attrition.

The designated hospital for the area is Nanaimo Regional General Hospital (NRGH), which is 30-45 minutes away for most Oceanside residents. The Mount Arrowsmith Medical Society (MAMS) has no affiliation with the NRGH physician group. Due to the distances involved and the availability of hospitalists and emergency room physicians at NRGH, the MAMS physicians no longer maintain privileges at NRGH. They do operate a call group to provide 24/7 care for their own patients.

There is an After Hours Clinic operating in the Parksville Professional Building adjacent to the Parksville Medical Clinic, (5-9 pm weekdays, 9am-9pm weekends and holidays) to provide care for those without a primary care physician and for visitors to the Oceanside vacation communities, but there is no daytime walk-in clinic in Oceanside. There are private daytime laboratories, diagnostic imaging and pharmacy services located in Oceanside. Evening and nighttime diagnostic support and pharmacy services are challenging, with a drive to Nanaimo often the only option.

Several unsuccessful plans were drafted over the past decade - first seeking a local hospital, and failing that, an enhanced urgent care/primary health service for Oceanside. More recently, public and provider forums were held locally by both VIHA and the Ministry of Health to identify and clarify

health care needs. Since then, VIHA has designated the Oceanside corridor communities as 'underserved'. To begin addressing the needs of the Oceanside communities, separate initial discussions were held between VIHA, the Mayors of Parksville, Qualicum Beach and the Mount Arrowsmith Medical Society. The communities wanted new offerings to be built on the foundation of existing provider services; ones that would support those services. They requested community driven, local solutions that would ensure lasting changes in the health of the people of Oceanside. VIHA also made clear at that time its intent to become a facilitator, connector and partner more often, rather than just the owner/operator of health facilities and services.

## Issues from VIHA Consultation with the Communities of Oceanside

From May-July 2007, the VIHA Developer held wide-ranging consultations with residents, political representatives, agencies and a large variety of health and related service professionals. See *Appendix B for list of those consulted*. Reporting to the Taskforce in late August 2007, a clearer understanding of the gaps in service and opportunities to enhance local primary health care emerged. This section highlights and summarizes the collated responses around seven major issues identified by the consultation participants<sup>1</sup>.

### **A. Access to sustainable urgent care services locally 24/7**

- *If Oceanside can't have a hospital, we want appropriate urgent care services 24/7.*
- *Ensure triage capacity locally, days and evenings at least. Public needs help sorting out medical problems.*
- *Physician visits need to be available as drop-in or same day access: pharmacy needs to be available in the evening.*
- *Walk-in clinic should be open 10 to 10 - what about an NRGH outreach station?*
- *Can hospitalists or emergency physicians from NRGH provide coverage?*
- *How to avoid the line-up outside the door (in all weather) at the After Hours Clinic in the late afternoon waiting for the clinic to open?*
- *Need to connect with pharmacists in the area as part of the solution.*
- *Where will extra physicians come from to fully staff an urgent care centre? Parkville Clinic is willing to shift approach to after-hours care and other MAMS physicians support building on what is already there.*
- *What would it take to expand the call system beyond own patients?*
- *How to ensure timely access of Oceanside residents for testing that has to happen in regional centres?*

### **B. Physician Workload & Supply**

- *Oceanside needs a stable physician pool, more locums, and replacements for upcoming retirements.*
- *All sectors raised concerns about NRGH Emergency Room overload with urgent care patients who often wait 4 or more hours for service due to higher priority patients.*
- *'Everyone needs access to a doctor'. It's an ongoing problem during the day for Oceanside residents without their own doctor.*
- *The area needs more female physicians and more nurses to support all doctors.*
- *How can communities help with recruitment efforts?*

### **C. Physician support for new residential care facilities**

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<sup>1</sup> A detailed report of the consultation questionnaires and results is available upon request.

- *Physician coverage for residential care is maxed –how to cover new facilities?*
- *How can they get stable staffing for weekends and holidays?*
- *There is a need for ongoing communication with physicians before decisions are made by VIHA and province that add to their workload.*

#### **D. Network of chronic disease management services working together**

- *Multidisciplinary teams working together requested by many people.*
- *More visiting specialists (rheumatologist in particular).*
- *Trained geriatric specialty team needed.*
- *More use of volunteers & self-care teaching, a formal 'health in community' volunteer program (like hospital auxiliary - if there was one)*
- *Local cancer treatment.*
- *Concern that resources organized out of Nanaimo or Victoria will not meet Oceanside needs.*
- *Could a nurse practitioner from Mental Health & Addictions be included in the primary health care team?*
- *It is important to provide aboriginal health services. The services provided by the Inter Tribal Health Authority are mostly focused on prevention and health promotion.*
- *Co-location of VIHA staff to support network of care. Nutritionist and counselors are most needed team members.*
- *More support for chronic disease management from team collaboration, prevention, promotion and working with the social determinants of health.*
- *Need appropriate compensation and connection between VIHA and Oceanside physicians, but there is a willingness to create a common solution.*
- *Post-surgical recovery support for seniors going home is needed.*
- *Team needed to work with physician network around a wellness/chronic disease management approach for seniors.*
- *Need a local base for home and community care and an adult day care, building on strong hospice and palliation focus already in Qualicum Beach.*
- *Support co-location of VIHA and physician offices as appropriate; recognize reality of long-term leases. (Note that the formation of the Oceanside IHN has offered the opportunity for Diabetes Education Centre to be co-located May 2008.)*
- *Affordable assisted living beds needed in area.*
- *VIHA program relocations would help to facilitate integration and expansion of service possibilities.*

#### **E. Access to services, including on-call, after hours and walk-in options for newcomers and visitors**

- *Information about services needed.*
- *Want response from VIHA that says Oceanside needs are heard and valued.*
- *Need clearer communication between hospital, emergency rooms and services in Oceanside.*
- *Need a place to call about urgent health needs.*
- *Better discharge planning.*
- *Connect with seniors website and other local means of communication about services and options available to residents.*
- *Need clearer communication between professionals (timely, readable reports).*
- *Need to manage and support realistic expectations around non-emergent issues while allaying fears about emergency response capacity.*
- *Work with NRGH and other hospitals to find solutions to timely reporting and communication issues?*

**F. Medical Transportation**

- *Transport needs to mesh with appointments and to connect with things like bathing programs and support/respite situations.*
- *Cost of taxi from NRGH after being brought in by an ambulance is a problem.*
- *Need better bus transport for seniors; Wheels for Wellness going local is a big improvement.*
- *Ambulance is open to discussion to transport from whatever urgent care solution is put forward.*
- *48-hour notice for Handidart limits capacity; transport for maintaining wellness is not covered.*
- *Is old bus for SOS safe?*
- *Assisted transportation is an issue, also communication about what is available, and to help make arrangements, (i.e. Transportation buddies).*

*Note that since Taskforce has been meeting, RDN has purchased a vehicle for Wheels for Wellness to support their move into local medical transport.*

**G. Unique Area Needs Within Oceanside**

- *Recognize different needs of Bowser/Deep Bay and their preferred connection to Comox Valley rather than Nanaimo.*
- *Note that Nanoose area tends to use Nanaimo/Lantzville walk-ins & services.*
- *Identify special needs of Lasqueti.*
- *Consider joint planning with Comox Valley around health care needs of Area H.*

**Opportunities to Enhance Primary Health Care for Oceanside**

Working together in partnership and using the results of the consultation to consider local needs, it has become clear to both the community representatives and physicians on the Taskforce that improvements are *urgently* needed to sustain primary health care locally. The Oceanside Primary Health Care Taskforce makes the following prioritized recommendations:

**1. Sustainable After Hours Clinic and Urgent Care Service Operated by VIHA for Oceanside**

The Parksville After Hours Clinic (which serves all residents of Oceanside) has hours of operation currently posted as 5 pm-9pm weekdays, and 9 am-9pm weekends and holidays. It operates in the Parksville Professional Building and at this time all communities support building on this infrastructure for providing urgent care to Oceanside. Increasingly, however, the Clinic is closed during their posted hours of service and residents are required to find their way to Nanaimo for service. This inability to operate consistently is universally related to physician shortfall. While two physicians staff the majority of hours, securing any additional physician staffing for the After Hours Clinic is very challenging. There is, as noted previously, a physician shortage in the district and after-hours clinic work is relatively undesirable. This is because 40% of fees earned must go to the Clinic to cover operations overhead. Since most area physicians are already covering operating costs for their own full daytime practices and are additionally hampered by the MSP capping restrictions from receiving payment for additional hours in the evening, they are understandably not willing to work at such a reduced rate or carry the burden of the additional workload.

To secure physician staffing would require making the work situation more attractive by offering financial incentives and/or reasonable workloads. The following are recommended to achieve sustainable urgent care services in Oceanside:

Recommendation 1:

- 1.1 Through a lease arrangement, VIHA take responsibility for operating the existing After Hours Clinic. Ensuring the clinic is open after hours is in line with government direction to divert patients from already congested Emergency Rooms. If VIHA leased the space and took over the operation of the Clinic, there may be some innovative payment models (see below as samples) that would induce local physicians to provide those extended hours. Additionally, NRGH may be able to assist with a physician 'outreach pool' that would in effect treat the Clinic as a satellite operation.
- 1.2 As noted above, offer a financial bonus to participating physicians based on hours logged in the clinic, such as a sum of money for a block of time (i.e. 30 or 50 hours worked) or a bonus of \$1000 for providing a shift.
- 1.3 Provide an hourly minimum to participating MAMS physicians plus fee for service

**2. Integrated Approach to Physician Recruitment and Retention**

Family practice specialization is on the decline. It is estimated that one quarter of Canadians do not have a family physician. Increasingly, communities such as those in the Oceanside corridor are faced with the blunt reality of having insufficient health care services to assure safe and meaningful health care for their residents. Ensuring that Oceanside will continue to have the physician resources required to serve an increasingly aging population will require a concerted effort by all parties. Currently, there is no Physician Supply Plan to give an accurate picture of actual numbers or FTEs of Oceanside family physicians (BCMA figures include people who live in area but practice elsewhere, or who may not be practicing).

There is no question that communities can and should participate in recruitment and retention - perhaps through encouraging foundations and community groups to take a role, by passing on names to MAMS of any physicians interested in relocating their practice to Oceanside and by supporting local recreational and lifestyle opportunities for new physicians and their families. The Mount Arrowsmith Medical Society will continue to help with sponsorship and mentorship and with assisting new physicians with orientation and support upon arrival to the Oceanside area. The physicians do request a commitment to confidentiality to protect those physicians considering retirement as they participate in the process of finding a replacement. The following integrated approach to ensure successful physician recruitment and retention is recommended:

Recommendation 2:

Local and provincial governance work with VIHA and the physicians of the Mount Arrowsmith Medical Society to find both replacement and additional physicians as follows:

- 2.1 VIHA to develop, in cooperation with local communities and MAMS, a Physician Supply Plan for Oceanside to determine current and future requirements.
- 2.2 VIHA to provide clear and comprehensive information regarding monies available to encourage physicians to relocate to Oceanside, as well as clear processes to facilitate replacement.
- 2.3 Local Councils to continue to facilitate work towards solutions around physician recruitment, including provision of information packages, videos, etc that highlight the advantages of the Oceanside communities. They may assist with requests to community groups and foundations to recover costs of recruiting, including advertising, traveling to visit community, and/or help with immigration if needed.

- 2.4 Request support for the continued investment of provincial resources, through the Ministry of Health, for recruitment and retention of health professionals.

### **3. Process for paid physician coverage for new residential care facilities**

The physicians of the Mount Arrowsmith Medical Society currently provide after-hours rotating coverage for their own patient populations through the 'District 69 Call Group'. This includes after-hours care for populations of the current residential care facilities in Parksville and Qualicum Beach. A new privately built and operated VIHA facility, Stanford Place, is scheduled for completion with 40 assisted living units opening June 2008 and 140 extended care beds operating by January 2009. Initial discussions have taken place between Dr Hugh Fletcher, representing Mount Arrowsmith Medical Society and Heather Cook and Dr. Tom Bailey representing VIHA. For MAMS to provide after-hours coverage, a contract is required with the new facility. The Taskforce is supporting the MAMS request from VIHA:

#### Recommendation 3:

- 3.1 VIHA to develop a process with MAMS and local communities to ensure physician coverage is available for Stanford Place and for all future residential facilities.
- 3.2 Establish a framework, including length of contract, process for renegotiation of ongoing agreements, a termination clause, (i.e. 6-months written notice to Medical Director, LTC), and bylaws of facility that reflect the contract, (i.e. VIHA responsible for procuring after-hours coverage on an ongoing basis).
- 3.3 Identify facility to be covered, times of coverage, duties (i.e. Emergent issues not housekeeping/admissions, etc), commit to one hour on-site Saturday/Sunday morning, dollar amount (1/2 session week night 1700-0800, 1 session weekend day/stat 0800-0800)
- 3.4 Provide a grievance mechanism.
- 3.5 Ask BCMA legal to review any contract before bringing it to MAMS membership, and reserve the right to ask for changes they suggest.

### **4. Enhanced collaborative approaches to chronic disease management for Oceanside residents**

"Vancouver Island Health Authority looks for health care options...other than facilities" (The News, December 25, 2007 A9). In response to the needs of their community, several local physicians have expressed interest in adding primary health care practice nurses to their staff to focus particularly (but not exclusively) on chronic disease management. In September 2007, VIHA utilized Health Improvement Funds from the Ministry of Health to begin developing six integrated primary health care networks (IHNs) focused on patients living with multiple chronic diseases. As a result of the initial work of the Taskforce and in recognition of the unmet needs of the area, Oceanside received 1.2 FTE primary health nurses and .5 FTE medical office assistant to work in partnership with nine Oceanside family physicians (in single or partnered practices) offering enhanced support to registered patients with multiple chronic diseases. As in other areas of Vancouver Island, the resources of the VIHA Physician Support Program are now available to support physicians' use of the Ministry of Health's Chronic Disease Management Toolkit and other office enhancement modules. There are opportunities to teach patients to plan their visits and their needs as part of self-management so they don't get caught short on medications. Partnerships with other local VIHA programs and associated local agencies are being pursued by VIHA's Primary Health Care and Chronic Disease Management program to improve the continuum of care for

those with chronic diseases. The Oceanside IHN and Diabetes Education Centre are being co-located in May 2008 in the Parksville Professional Building to encourage closer relationships with the After Hours Clinic and other physicians.

However, the Oceanside IHN is missing the dietitian and social work positions available in four other Integrated Health Networks and they do not have a mandate for broader primary health care beyond their provincial mandate. Additional primary health nurses and/or nurse practitioners could significantly enhance the physician practices already in place –and could add appreciably to the urgent care team requested in Recommendation 1 above. Physicians and community members see these positions as sustainable elements of a fully integrated team approach to chronic disease management for the older than average population of Oceanside.

#### Recommendation 4:

- 4.1 Enhance the Oceanside Integrated Health Network by augmenting the current minimal team to include an additional .4 FTE primary health care nurse plus .5 FTE dietitian and .5 FTE social work clinician.
- 4.2 Use 2 existing IHN physician family practices in Oceanside to pilot an extension to the concept of the integrated health network, moving beyond the current IHN scope of 'patients with 2 or more co-morbid chronic conditions'. This expanded model of IHN practice would allow the family physician, as the cornerstone of the primary health care team, to utilize a practice nurse to maximum advantage with their full patient population, maintaining a strong emphasis on chronic disease prevention and self-management support. *(See Appendix C for a sample proposal for an Oceanside practice of this Collaborative Model of Primary Health Care).*

#### Next Steps?

The people of Oceanside have conscientiously created a viable partnership between their community leaders and the group of Mount Arrowsmith Medical Society family physicians who provide the cornerstone of local primary health care. The four recommendations put forward by the Taskforce all build on a foundation of current shared services and focus on much needed human resource or operational improvements rather than costly capital projects. The Oceanside Primary Health Care Taskforce looks forward to working with VIHA and the Ministry of Health to ensure timely implementation of these enhancements for the people of Parksville, Qualicum Beach and the surrounding communities.

Appendix A: Oceanside Primary Health Care Taskforce

Mayor Sandy Herle, City of Parksville (Chair)  
Mayor Teunis Westbroek, Town of Qualicum Beach  
Director Joe Stanhope, Chair, Regional District of Nanaimo, Area G  
Director Lou Biggemann, Area F, RDN  
Director Dave Bartram, Area H, RDN  
David Bob, Co-chair, Intertribal Health Authority  
Christine Jiggins, Society of Organized Services  
Mark Brown, CAO, Town of Qualicum Beach  
Fred Manson, CAO, City of Parksville  
Dr. Gordon McIntyre, MAMS  
Dr. Graham White, MAMS (retired)  
Dr. Cary Sulz, MAMS  
Dr. John Atherstone, MAMS  
Dr. Hugh Fletcher, MAMS  
Dr. Garth Loughhead, MAMS  
Arlene Trustham, Developer, Enhanced Primary Health Care, VIHA

Appendix B: Who Was Consulted About Primary Health Care in Oceanside?

Oceanside Health Fair 2007 and 2008 presentation and discussion with 20+ residents  
'Seniors are Talking' support group of ~30 seniors who live alone  
BC Ambulance Service (John McKinstry)  
Community Partners Team  
Trillium/Eagleview Residential Care Facilities (Cathy Eliason)  
Qualicum Gardens (Noella Pertch)  
Mental Health & Addictions (Janet James)  
Home & Community Care (Robyn Monrufet, Deb Burkit)  
Mid-Island Aboriginal Advisory Committee (David Bob, Darlene Wells, James Hauck)  
Capital Planning (Jon Cooper)  
Gatekeepers (Bev)  
Oceanside Hospice  
Society of Organized Services (Christine Jiggins)  
Town of Qualicum Beach  
City of Parksville  
NRGH (Brenda Uhryuk, Jennifer Proctor, Leanne Mackenzie)  
Oceanside Healthy Community Network  
MS Society, CI Chapter  
Stroke Recovery Assn  
Wheels for Wellness  
Mount Arrowsmith Medical Society (Drs. Atherstone, McIntyre, White and Fletcher)  
Parksville After-Hours Clinic  
Dr. Tom Dorran (previous CHC Study for Oceanside)  
RCMP Victim Services  
Lasqueti Island residents  
Regional District of Nanaimo area representatives  
21 Questionnaire responses from individual residents and couples  
Pharmacy reps

## Appendix C: Sample Proposal for Collaborative Model of Primary Health Care

### Overview Proposal from a Qualicum Beach Family Practice

This project aims to improve health care delivery (outcomes) to the residents of Qualicum Beach and surrounding areas. Specifically it:

1. Endeavors to promote and deliver client specific health activities so as to prevent and/or minimizes the use of tertiary health care facilities
2. Is a strategy to improve the retention/recruitment of health care providers by enhancing job satisfaction?

Community members are demanding action and are willing to consider novel ways of improving health outcomes "There is a third way forward, and it involves engaging communities in health care" (Making Waves V 0118, No.3 Mid Island Consumer Services Co-operative). Complex problems demand a multifaceted approach that deals with both immediate and futuristic issues. Action plans need to be sustainable, client centered, and attainable with measurable outcomes.

### Proposal Goals

This proposal has the immediate goal of improving the quality of a family practice environment through the use of primary health care principles at the community level. There are two long-term goals that over time will become actualized:

1. Reduce the need for secondary and tertiary health care services by local residents
2. Continue to provide an exemplary practice environment for health care professionals (retain and recruitment strategy).

### Proposal Structure

This proposal envisions clinics, which go beyond traditional physician care. These will function as a collaborative practice initially between family physicians and \*specialty trained primary health care nurses (at a minimum baccalaureate educated nurses with at least five years of experience that includes community/rural practice). Primary health care RNs will "share the care" through independent and complementary practice activities such as initial assessments, case management, follow up, teaching, counseling, problem priority setting and prevention activities. This role will enhance the capacity of physicians to see more patients (as the need arises) in a safe, collaborative environment that centers on the patient. Outcomes become less focused on pharmaceuticals and more focused on individuals and their abilities to retain/attain responsibility for individual health. In particular this proposal aims to improve health outcomes for marginalized individuals such as the frail elderly, those with chronic health and socio-economic challenges. Associated wellness clinics will build on a philosophy of "healthy aging through partnerships", of particular importance in the Qualicum Beach area.

### Funds Requested

VIHA is being asked to provide a grant of \$16,000 in partial support of a practice nurse in a Qualicum Beach area clinic for a period of 1 year. Outcomes will be evaluated through the use of a questionnaire to patients; health care personnel involved in the clinic and the IHN, and community leaders. Should outcomes be viewed positively, permanent funding will be sought.

Appendix D: Summary of Recommendations1. Enhanced After Hours Clinic and Urgent Care Service for Oceanside

- 1.1 Through a lease arrangement, VIHA take responsibility of operating the existing After Hours Clinic as an Urgent Care Centre. Ensuring the clinic is open after hours is in line with government direction to divert patients from already congested ERs. If VIHA leased the space and took over the operation of the clinic, there may be some innovative payment models (see B. and C. below as samples) that would induce local physicians to provide those extended hours. Additionally, NRGH may be able to assist with a physician "outreach pool" that would in effect treat the clinic as a satellite operation.
- 1.2 As noted above, offer a financial bonus to participating physicians based on hours logged in the clinic, such as a sum of money for a block of time (i.e. 30 or 50 hours worked) or a bonus of \$1000 for providing a shift.
- 1.3 Provide an hourly minimum to participating MAMS physicians plus fee for service

2. Provide an Integrated Approach to Physician Recruitment and Retention for Oceanside

- 2.1 VIHA to develop, in cooperation with local communities and MAMS, a Physician Supply Plan to determine current and future requirements.
- 2.2 VIHA to provide clear and comprehensive information regarding monies available to encourage physicians to relocate to Oceanside, as well as clear processes to facilitate replacement.
- 2.3 Local Councils to continue to facilitate work towards solutions around physician recruitment, including provision of information packages, videos, etc that highlight the advantages of the Oceanside communities. They may assist with requests to community groups and foundations to recover costs of recruiting, including advertising, traveling to visit community, and/or help with immigration if needed.
- 2.4 Request support for the continued investment of provincial resources, through the Ministry of Health, for recruitment and retention of health professionals.

3. Process for paid physician coverage for new residential care facilities

- 3.1 VIHA to develop a process with MAMS and local communities to ensure physician coverage is available for Stanford Place and for all future residential facilities.
- 3.2 Establish a framework, including length of contract, process for renegotiation of ongoing agreements, a termination clause, (i.e. 6-months written notice to Medical Director, LTC), and bylaws of facility that reflect the contract, (i.e. VIHA responsible for procuring after-hours coverage on an ongoing basis).
- 3.3 Identify facility to be covered, times of coverage, duties (i.e. Emergent issues not housekeeping/admissions, etc), commit to one hour on-site Saturday/Sunday morning, dollar amount (1/2 session week night 1700-0800, 1 session weekend day/stat 0800-0800)
- 3.4 Provide a grievance mechanism.
- 3.5 Ask BCMA legal to review any contract before bringing it to MAMS membership, and reserve the right to ask for changes they suggest.

4. Enhanced collaborative approaches to chronic disease management for Oceanside residents

- 4.1 Enhance the Oceanside Integrated Health Network by augmenting the current team to include an additional .4 FTE primary health care nurse plus .5 FTE dietitian and .5 FTE social work clinician.
- 4.2 Use existing IHN physician family practices in Oceanside to pilot an extension to the concept of the integrated health network, moving beyond the current IHN scope of patients with 2 or more co-morbid chronic conditions. This expanded model of IHN practice would allow the family physician, as the cornerstone of the primary health care team, to utilize a practice nurse to maximum advantage with their full patient population, maintaining a strong emphasis on chronic disease prevention and self-management support.