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Western Health

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.

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Western Health Regional Virtual Care Clinic

What is the promising practice?

A vision for a regional virtual care clinic (RVCC) was created that linked health hub sites throughout the region and centered on taking a team-based approach to care. The target populations are primarily located in rural communities. Only one community within the western region has a population exceeding 10,000 (Corner Brook) and the region has six remote communities.

This innovative approach to primary care service delivery in Western Health (WH) was required due to a shortage of primary care providers and an increase in the number of unattached patients throughout the western region, a growing waitlist, high utilization of the emergency department (ED) for issues that are non-urgent, increased wait times for an appointment at hub sites and many high risk patient populations (unattached or no healthcare provider, seniors, low income, rural with limited access to resources and supports, multiple chronic diseases, newborns, patients requesting controlled medications, etc.). The model of care needed to have a broad span of reach, allow us to tap into new human resources and provide support and care coordination to the unattached and underserved population throughout the region.

- The primary aim of this practice is to improve access and support for unattached patients.
- The secondary aim of this practice is to provide interim access for rostered clients.
- The RVCC operates as one of the key integrated entry points for primary care services for unattached patients in the western region of Newfoundland (NL). The service collaborates with the western health primary care network of health homes and hub sites to provide virtual care and facilitate health system navigation (both in-person and virtual). The service improves access to safe and high-quality care, and both preserves and complements existing in-person primary care resources in a flexible and responsive way extending the reach of our collaborative care teams throughout the region.
- The RVCC supports the utilization of enhanced virtual assessment to expand the geographical and clinical reach of virtual care and improve patient and provider experiences; and to address many of the geographical and resource location barriers encountered in rural areas. Enhanced virtual assessment processes include a combination of in-person support for patients, a variety of virtual care modalities and platforms, and the use of peripheral devices during virtual appointments with a remote

primary care provider.

- The RVCC is integrated into the existing network of health homes and hubs with a shared electronic medical record. This mitigates transition risks through the promotion of team-based continuity of care, improved communication, and improved comprehensiveness of patient records.
- Current staffing complement is 1.8 physicians, plus 1.5 clerical workers and two registered nurses (RN) with plans to add one nurse practitioner (NP). Additional resources as supports would be beneficial and seeking additional funding to allow growth and expansion of the team. The team currently operates Monday to Friday, from 8:30 a.m. to 4:30 p.m.

Evaluation and impact

Evidence shows that the RVCC's collaborative and integrated approach improves access to high-quality, safe team-based primary care for patients who live in rural and remote communities in western NL. Outcomes include:

- Over 3,000 primary care virtual visits in which the clinic provides continuity of care for unattached patients while awaiting attachment.
- Increased access to virtual care has the potential to reduce ED visits of people with no primary care provider. Qualitative feedback listed below from a local ED manager highlight this positive impact of RVCC on EDs. The clinic also proactively contacts patients who repeatedly make avoidable ED visits to divert future visits.
- Quick access to primary care whereby patients often only wait one to three days for an appointment.
- Improved experience of care for patients as noted in the qualitative feedback below.
- Enhance virtual assessment, care, case management and patient navigation as well as the consistent team approach can help to mitigate patient safety risks.
- Improved provider experience as demonstrated by qualitative feedback below and early evidence of providers accepting extensions that suggest an ability to retain regional virtual care providers.
- Equity of care through regional access for unattached patients and potential to provide

cross coverage throughout the region as needed.

What do the providers who deliver the innovation think?

A positive aspect is the consistent team approach. This mitigates risks related to patient transitions, team and patient miscommunication and improves team building and work environment. Use of a consistent team approach also provides the opportunity for longitudinal feedback and facilitates professional development and quality improvement work to identify trends and areas for improvement.

- “I get a lot of positive comments from patients who are grateful for my help … Even though people are frustrated with the system most of them thank me. It makes me feel like we are making a difference. I love this job.” (Clerical worker)
- “As an RN with the team at the RVCC, it has been a very rewarding experience to be able to provide a primary care service to the unattached patient population of the western region. The RN takes a holistic approach to the intake assessment, and we are able to identify the patient’s healthcare needs at that point-in-time. Through initial and follow-up virtual assessments, we’ve been able to support self-management of health conditions, provide health education, encourage health promotion and prevention and navigate connection with appropriate healthcare providers and community supports and resources.” (Registered nurse)
- “The RVCC has been a very valuable resource for the STRH [Sir Thomas Roddick Hospital] emergency room. Numerous patients without family providers have been successfully diverted and established with the RVCC to assist with treatment plans and follow-up. These patients reap the benefits of not having to wait in a busy ER and are provided better continuity of care which in turn eases some of the challenges our ERs have been facing with increased volume. It is reassuring to know that there is a program that is growing in response to the needs of the region. It’s a win!” (Hospital ED manager)

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

- “People talk about how bad our health system is, but I’ve got to say there’s some good with this system, she’s [provider] on top of this.” (Patient E.S. referring to the test the provider had ordered for her)
- “This case is another example of the benefit of a team approach to provide complex patient management and navigation. A Port aux Basques area unattached patient being

case managed by RVCC and seen in-person by a BSG medical clinic primary care provider, with resource support from Sir Thomas Roddick Hospital, to avoid travel to St. John's and the utilization of a specialist appointment for care that can be done in primary care. That is a mouthful, and we could not have asked for anything better – sincere thanks to you all!!!"

Key success factors that support sustainability

- **Interdisciplinary collaboration and team approach to care:** RVCC core team comprised of physicians, RNs, clerical and clinic manager and the extended team includes all health hub team members that support in-person assessments. The integrated processes and care delivery partnership with health hubs expands the reach of support that is provided to clients who are followed through the RVCC. Clinic coverage support is also provided when there are provider vacancies; thus, reducing need for clients to go the ED when there is no provider in their clinic. Established collaborative processes and a consistent virtual team facilitates a timely and flexible response to cross coverage needs throughout the region.
- **Electronic medical record:** One electronic documentation system for all primary care clinics and team members in the Western Regional Health Authority (and some fee-for-service [FFS]) allows team members to connect across the region and maintain continuity of information; building patient profiles and preparing them for attachment in their own health neighbourhood. Maintaining continuity of the primary care patient record mitigates risks associated with patient transitions and provides a warm hand-off at the time of patient attachment. The RVCC was integrated as an additional clinic into that EMR instance.
- **Regional waitlist management:** Regional waitlist management processes are utilized to monitor unattached patient needs, identify those for urgent attachment and link to services while they await attachment in their assigned health neighbourhood. The waitlist data supports decision-making and advocacy for primary care resource utilization.
- **Dedicated and assigned leadership:** Director and manager with assigned leadership in virtual care and primary healthcare; regional primary healthcare management team with dedicated leadership in each health neighbourhood; and benefits gained from temporary project funding for a virtual care project manager (Healthcare Excellence

Canada grant) to gain momentum on components of work.

- **Client and community engagement and resource development:** A project manager led extensive client and community engagement, via client and provider interviews, client surveys, etc. and provided support and direction for virtual care service delivery in the region. In addition, feedback is continuously sought when developing support materials and resources for clients, families, and the healthcare team. A broader communication plan includes presentations to stakeholder groups and adding information to our public website.

Opportunities for spread

- Staff who lead this RVCC would be willing to explore partnerships with other communities in Canada to provide support to help them adapt this model to meet the needs of their communities and providers and benefit from shared learning opportunities.
- The flexibility and adaptability of this model to respond quickly and meet multiple cross coverage needs while continuing to serve regional unattached patients provides a value-added approach by maximizing human and financial resources.
- Collaboration with the network of health homes or hubs and full scope practice of additional health care professionals serves to preserve limited in-person resources and would be of benefit to systems and networks that are looking for collaborative care models of virtual care.
- This model of service delivery was introduced (and continues to grow) in a stepped or gradual manner that can be adapted to varying levels of comprehensiveness and resource availability.
- The WH RVCC is likely replicable in northern, rural and remote communities, provided the following is in place:
    - shared electronic documentation platform or EMR
    - appropriate workstations and equipment with access to internet and phone service
    - comprehensiveness of assessment capabilities would be dependent on virtual modalities available (such as telephone only care can be implemented but would

be less comprehensive than enhanced virtual care assessment implementation that is dependent on telehealth end points and peripheral devices)

  - human resource minimum would be a primary care provider with clerical support; capacity and quality would be improved with additional HR supports including inclusion of other healthcare professionals such as nursing or allied health
  - information technology and information management (can be shared) support would be required for implementation and ongoing trouble shooting and growth or support

- Leadership involved with this RVCC would be interested in participating in a national community of practice to share learnings and support spread.

Facilitators of spread

- Partnerships and formal collaboration. The RVCC team received formal and informal support as needed by the health neighbourhood staff and manager.
- Additional support for planning and implementation from the regional primary healthcare director and manager group, virtual care project manager, Newfoundland and Labrador Centre for Health Information (NLCHI) telehealth coordinator, NLCHI EMR support team, community advisory committees and client and partner engagement.
- Formalized collaborations with additional branches and services have progressively increased in volume and comprehensiveness.
- Funding from the regional health authority (primarily from position vacancies).
- Funding, learnings (for example the HEC virtual care toolkit) and support from the previous HEC virtual care together design collaborative.
- Governance structure integrated within existing organizational branch structure and supported by senior team.
- Intentional, ongoing engagement and relationship building with the communities who will

be served, to ensure that the programs meet their needs in a culturally safe way.

Costs

Annual operating costs for a full recommended staffing compliment of two physicians, one NP, two RNs, and a clerical position is $952,652.08.

- Funding for temporary positions, equipment purchases and supply and operational costs to date has been provided piecemeal from multiple regional health authority existing health neighbourhood budgets (related to position vacancies) and a previous HEC Virtual Care Together design collaborative grant.
- Manager, leadership, EMR, evaluation support, information technology and telehealth practice support are funded within existing regional health authority resources.
- Improved ongoing operational financial tracking will be facilitated by the recent development of a dedicated budget general ledger designation number and regional health authority approval for temporary regional virtual care clinic operational funding for two years.
- WH continues to seek additional funding sources to support growth, refinement and validation initiatives for quality improvement.
- Of note, the RVCC and regional health authority health hub sites have played an essential role in supporting patients left unattached due to FFS departures (retirements and out-migration). As such, savings from medical care plan billings related to the previous FFS practices could be considered as an offset of costs to the healthcare system.

For more information

To learn more about RVCC, contact:

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