

Pender Harbour Health Centre (PHHC) and
Sunshine Coast Division of Family Practice (SCDFP):
Case Study of Partnership and Team-based Care
Final Report

November 2018

Executive Summary:

The case study was commissioned by the General Practice Services Committee¹ (GPSC) Evaluation Team in consultation with the Sunshine Coast Division of Family Practice and with the support of the Pender Harbour Health Centre (the centre). The centre, in partnership with the Division, provides a team-based approach to health care and was recently selected as a site to develop a model of team-based care through the Division's Patient Medical Home (PMH) initiative. This provides a unique opportunity to study team functioning and its development under this partnership model.

More generally, these partners are currently working out, within the context of their community, logistics related to how Divisions of Family Practice, Patient Medical Homes, Community Health Centres (CHC) and Health Authorities fit together to create a system of care for the patients they serve. These local processes are informed and impacted by the ongoing development of provincial policy. This case study may be able to inform policy development as well as local planning. The process will also inform the centres efforts to identify new areas for service expansion in the context of increased Ministry of Health (Ministry) support for the CHC model and provide guidance to other communities as they form strategic partnerships. It should be noted that concurrent with this case study the Ministry and the B.C. Association of Community Health Centres were meeting regarding a number of the areas identified in this document.

The case study was intended to:

1. Document the status and operations of the Pender Harbour Health Centre.
2. Document the growing partnership between the Sunshine Coast Division of Family Practice and the Pender Harbour Health Centre, including the development of a model of team-based care.
3. Capture formative information that might be of use to the GPSC, the Ministry and other rural community health centres.
4. Establish a baseline of information that can be used in tracking future health centre and partnership developments.
5. Provide information regarding envisioned 'next steps' for action, and identify issues to be addressed either locally or elsewhere in the system to support the centre and/or the partnership.

The process of the case study included a brief literature review, examination of data, key informant interviews, focus groups, and patient interviews, as well as analysis of the material gathered.

To examine Pender Harbour Health Centre requires an understanding of the Health Centre's history including how the development of the centre was a citizen-driven, largely community-funded initiative arising from the closure of the local hospital, the geographic remoteness of the community, and twelve years of advocating with the then Social Credit Ministry of Health for a community health centre. Today the centre operates with community ownership under a community Board and provides a broad range of services through the centre, community, volunteers and through home-based health with a significant

¹ The General Practice Service Committee is a Partnership of Doctors of BC and the Ministry of Health.

focus on seniors' programs. The population over 55 makes up 59% of the community population and individuals over 60 make up 57% of the centre's patients.

While the centre has developed a close working relationship with a medical clinic in Sechelt over the past 15 years, and this has led to a stable physician complement of five part time physicians (totaling 1.4-1.6 FTE) serving the centre, the relationship between the centre and the Sunshine Coast Division of Family Practice only began in 2014. At that time the Division was working on the A GP for Me initiative and included the centre administrator in their discussions. Over time the project evolved into discussions regarding the Patient Medical Home and Team-based Care and the development of a common agenda regarding how to take services forward in Pender Harbour. These two partners are now working together on a seniors' pilot project that creates a Seniors' Nurse Practitioner position that is jointly supported by the Division and the centre.

The relationship between the Health Authority and the centre involves several layers of complexity because of the need for clear expectations regarding how the various parts of the health system should work together. Differences in organizational structure, complexity and size impact organizational capacity to respond, timeliness of communications and actions, and clarity of roles when the centre and the Health Authority come together. At present the long-term relationship is contractual with both parties having concerns about closer relationship with the other. The centre indicated that while they would like to work more closely with the Health Authority, they remain cautious about entering into any formal arrangements that would impinge on their autonomy. The Health Authority has expressed concern that there is no agreed upon method of quality assurance at the centre². Both have recognized the potential benefits to working more closely together, and at present there is work being done by the partners. Future work should improve the timeliness of communication and explore how to manage the expectations of organizations that have different capacities to respond to changes in community needs, as well as different cultures and organizational processes.

Information from the case study led to the identification of key themes. They included:

1. **Partnerships** –The community partner relationships (with community groups and agencies) were strong and supportive of responsive services and facilitated the centre's nimbleness in responding to community needs and changing circumstances. The strategic partnerships (with the Division and Health Authority) required further development. Stakeholders and staff were unclear about the current strategic partnerships and needed to be better informed about the partnership with the Division.
2. **Trust** – A critical enabler identified for the development of strategic partnerships was the cultivation of trust between strategic partners. While the Centre provides quality services, the development of a clear quality assurance process for the centre was identified as something that would promote trust and confidence between the partner organizations. Clear, timely communication between the strategic partners was also identified as a trust building block. For

² Note that as of August 13, 2018, the Health Authority and the centre were developing quality assurance measures.

the team of providers within the centre, staff indicated that they are working toward team-based care, however the team could be strengthened by addressing issues relating to confidentiality, information sharing and role clarity to improve centre and worker capacity.

3. **The key role of the administrator** – Instead of a health background, the current centre administrator has brought a strategic business background to the centre that has led to broader strategic planning for expansion of health services and improved fiscal preparation for the future of the centre.
4. **Strong Board with clear separation of governance and operations** – The Pender Harbour Health Centre Board is a mature board that focuses on governance, planning and funding. It has a strong relationship with its administrator and does an excellent job of succession planning for the Board and is preparing for the retirement of the administrator. The Board has strong community ties and is accessible to community members, supporting the responsiveness of planning for the centre. The separation of roles, the responsiveness/nimbleness and autonomy as well as community governance, ownership and funding were all seen as critical enablers of the success of the centre.
5. **Definition of team**– The importance of team work is supported by both the centre Board and administrator. Professionals at the centre work well together and physicians report that Pender Harbour Health Centre facilitates improved patient-follow-up practices (in comparison to referral-follow-up practices in other Sunshine Coast communities). Physician administrative duties at Pender Harbour Health Centre are also reportedly reduced. While the Pender Harbour Health Centre team of professionals work reasonably well at their current size, there are no processes in place to support the advancement or maintenance of teamwork should the centre continue to grow.
6. **Communications improvements**– Communication is a fundamental enabler at the team level, in working with other providers, and at the strategic partnership level. At present the strategic partners have no articulated expectations regarding effective cross-organization communications. Upon the development of provincial guidelines regarding how the parts of the health system fit together, the local organizations will need to determine how their systems and cultures (some small and nimble, others larger and slower) can improve their communications. In addition, there are challenges establishing a common Electronic Medical Records (EMR) system and confidentiality challenges with the use of volunteers. There is a need to improve data/information sharing across professions at the Health Centre and externally with other providers of health services. Barriers to technologies that support improved communication must be addressed.
7. **Funding challenges** – While the centre has had funding challenges since the centre was created, this has led to creativity and community funding. The result has been discretionary funds that allow the centre to be creative and responsive to community needs.
8. **Importance of community** – It is important to recognize the community's unique background and how that has impacted the centre in terms of ownership of the centre, the importance of retaining autonomy and the willingness to locally fund services and capital ventures that address community needs.

Focus group participants offered their suggestions for the development of closer strategic partnership and identified barriers and enablers to achieving the strategic partnerships. There was a strong interest expressed in working together to further develop this partnership.

The next steps identified by the focus group included:

- Maintaining communication between the strategic partners (including the Health Authority, the Division and the centre) and continuing the joint work of the division and the centre.
- Moving forward with the seniors’ nurse practitioner pilot as a test for a common EMR system and as a pilot of a program to meet the needs of the significant seniors population in Pender Harbour.
- Establish and work with a pilot group to set up team-based care for seniors in Pender Harbour.
- Work together with the Health Authority to address quality assurance concerns/requirements within the centre and flag this issue as something the Ministry may wish to work on at a provincial level.
- As the Ministry continues to clarify how community health centres fit within the Ministry’s primary care model, this thinking will be incorporated into strategic planning.

The Sunshine Coast community, through its work between the Division and the centre, provides an exemplar of a community approach to integrating Patient Medical Home (PMH) and CHCs while laying the groundwork for a Primary Care Network. The centre compliments the PMH model by supporting a broader range of services and providers to meet the unique needs of the rural community.

The observations from the case study suggest key lessons for the Pender Harbour strategic partners and other jurisdictions.

Key Lessons for Pender Harbour and Other Jurisdictions	
Observations	What this means
<p>Team Building /Capacity Building – Pender Harbour Health Centre has provided an environment that brings together various health practitioners and that is supportive of team-based care. Over time this has resulted in the development of teamwork. However, as the centre increases in size, more formalized processes to foster Team-based Care may be needed. Development of the team-based care model will be facilitated by the strategic partnership of the centre, the Division and the Health Authority as well as by local site management and staff.</p>	<ul style="list-style-type: none"> • Pender Harbour Health Centre may wish to consider evaluating their teamwork structure against specific criteria and providing opportunities for professionals to further bond as a team. They may also wish to align their team-based care with criteria being established in the province for evaluation purposes. This could provide useful information to the GPSC, the Ministry, other CHCs and the BC Association of Community Health Centres. • Furthering the TBC at the centre requires the strategic partners to locally tailor a definition of the Patient Medical Home model and TBC services envisioned for Pender Harbour. Implementation requires strategic partnerships/interconnection between the Patient Medical Home and the acute system to work together to meet patient needs.
<p>Strategic Partnerships – While the centre and the Division of Family Practice have</p>	<ul style="list-style-type: none"> • The GPSC may wish to consider the partnership model developed between the Sunshine Coast

<p>developed their partnership, strategic partnership with the Health Authority involves additional layers of complexity due in part to different organizational size, structure and cultures.</p>	<p>Division of Family Practice and the centre as a model for exploration by other Divisions and CHCs in the province.</p> <ul style="list-style-type: none"> • Policy development at the provincial level should be complimented by strategies to enable supportive, strategic relationships between CHCs, Health Authorities and Divisions of Family Practice within communities. • The three Pender Harbour strategic partners should track the development of their partnership in order to foster accountability to each other and to document what does and does not work.
<p>Unique Community Context – After twelve years of advocating for a health centre and ultimately fund raising and assuming financial responsibility for the centre and (initially)³physician payment, the community has a strong sense of ownership of the centre and wants to retain its independence. At the same time, residents expect adequate quality health services for their remote and rural area. Strong community support has led to a sense of community ownership and willingness among community members to contribute to funding.</p>	<ul style="list-style-type: none"> • The strong, grassroots bond between the community and the centre has led to strong volunteerism and community funding to support the Centre’s services. • Patient and community engagement is at the core of the CHC model of governance and operations. As PMHs and PCNs develop strategies for patient engagement, the GPSC and the Ministry may wish to look to CHCs for insights and best practices. • Pender Harbour may have lessons for other community health centres and the Ministry when examining whether a CHC has true community support.
<p>Nimbleness/Independence and Funding – The centre’s independent funding and close ties to the community have contributed to its ability to respond quickly to changing community needs.</p>	<ul style="list-style-type: none"> • CHCs operate and are embedded in communities in specific ways. The GPSC and Ministry may wish to consider the implications for how CHCs, PMHs, PCNs and other Health Authority services fit together to satisfy local patient needs in sustainable ways. • Divisions of Family Practice and Primary Care Networks may wish to engage CHCs as a means to quickly respond to community needs, recognizing their ability to bring resources to the table. • Community health centres should examine how to foster community ownership and develop fundraising capacity in partnership with their community. • The Ministry and the BC Association of Community Health Centres may wish to support CHC development of fundraising skills.

³ Note that initially the centre paid for physician wages, however when the Fee for Service payment was introduced, the physician enrolled in that payment option.

<p>Strong Board – Pender Harbour Health Centre has a mature Board with a strong governance focus that facilitates clear separation of governance and operations.</p>	<ul style="list-style-type: none"> • The strong governance focus of the board provides an example of board structure that could be a model for other, less well-established CHCs. Such a well-functioning board that supports a strong organization will be more attractive to Health Authorities and Divisions of Family Practice in developing strategic partnerships.
<p>Administrative Qualities – The Pender Harbour Health Centre administrator brought unique skills to the centre that has supported a more strategic approach to managing the centre’s future.</p>	<ul style="list-style-type: none"> • Pender Harbour and other community health centres may wish to recruit future administrators with similar strong strategic business skills along with health experience.
<p>Quality Assurance – At present, while the centre endeavours to provide services of the same quality as the Health Authority, there is no established method to assess the quality of services provided at Pender Harbour Health Centre. This is a risk management issue for the Health Authority as it considers expanding partnerships for service delivery with the centre. Currently the centre and health Authority are working together to develop local measurement criteria.</p>	<ul style="list-style-type: none"> • In order to ensure consistency across CHCs and Health Authorities, the Ministry may wish to provide guidance regarding how CHCs should address quality assurance concerns/standards, whether through accreditation or a set of made-in-BC criteria to which CHCs must adhere. • The Pender Harbour Strategic Partners may wish to develop an interim method to address this concern.
<p>Confidentiality/Information Technology– The development of a single EMR system for Pender Harbour Health Centre continues to be the vision, but at present three different patient record systems exist, resulting in duplication of effort. The centre is piloting a joint EMR system for the new seniors’ nurse practitioner. Challenges to developing a system arise from the EMR service provider. Confidentiality continues to pose challenges both within the centre and with its partners in terms of sharing patient information (e.g. release of test results requisitioned by nurse practitioners but sent to physicians, or advising that a Pender Harbour Health Centre patient has entered or been released from hospital.)</p>	<ul style="list-style-type: none"> • The Pender Harbour strategic partners may wish to work together to address the confidentiality barriers/challenges. • The GPSC, Ministry, Divisions of Family Practice and CHCs may wish to follow the results of the pilot EMR program for potential spread to other communities and work together to address barriers to rural/remote services.