PrimaryCare NETWORKS

PCN Operating Agreement Principles

Version 1.0: July 4, 2013

VISION

Manitoba's vision for Primary Care Networks (PCNs) is to develop a coordinated primary care system within the province where: health system and community partners work together to provide accessible high-quality primary care for Manitobans; services are planned based on population needs; and these attributes of a well-functioning, proactive system are continuously measured and improved.

GOALS

1. Improve access to primary care for all Manitobans, and in particular, those without a regular primary care provider.
2. Demonstrate quality and safety in primary care.
3. Strengthen the emphasis on comprehensive person and patient-centred care, including chronic disease management.
4. Enhance continuity in primary care.
5. Build a coordinated primary care system, contributing to the sustainability of Manitoba's broader health system.

CORE SERVICES AND FEATURES

Core Service:

- Accessible Primary Care
- Comprehensive Patient-Centered Care
- Coordinated Care
- Continuous Care

Core Features:

- Collaboration
- Interprofessional Teams
- Community Engagement
- Planning Based on Population Health Needs
- Use of Information, Technology, and Quality Measurement

SHARED VALUES

1. **Person-centredness** – the PCN will provide patients with the care they need, when they need it. The PCN will strive to use patient-centred approaches and anticipate issues which may become important or are sensitive to individuals, families and communities.

2. **Creation of supportive environments** – The PCN will use a variety of strategies to support at-risk and vulnerable populations within their community and provide interventions tailored to these populations to assist them to maintain and improve their health and wellness.

3. **Collaboration** – RHA and independent providers will use team-based approaches to health care, service coordination, and community engagement. The PCN will support links with other service providers such as resource teams, community outreach and social workers, public health, mental health, home care, diabetes education teams, and First Nations, Métis and Inuit health service providers, as well as non-health care sector providers.

4. **Communication and care coordination** – The PCN will use processes and mechanisms to maintain timely, effective and ongoing communication. Transitions in patient care will be shared between primary care providers and specialists, and across programs and services.

5. **Utilization of information and communications technology** – The PCN will encourage and support good practice through the use of EMR, clinical practice guidelines, feedback on quality indicators, patient registries, technology devices, etc.

6. **Practice Improvement** – The PCN will encourage and support ongoing practice improvement of providers through the use of evidence-based approaches, the use of data for continuous quality improvement, continuing education and training, etc.

PRINCIPLES TO GUIDE THE PCN OPERATING AGREEMENT

1. **Collaborate among equal members.** PCNs will be formalized through an operating agreement between all member organizations, including the regional health authority, the participating fee-for-service group practices, Manitoba Health, and other service organizations as applicable (referred to collectively as the "PCN Members"). The PCN will not establish a new legal entity, nor cause existing organizational structures to be subsumed or subjugated by the PCN, but instead seeks to establish a single coordinated system through a joint operating agreement.

2. **Clarify Roles.** Within a framework of collaboration, the specific roles of each member organization in supporting the shared PCN core services and the delivery of its PCN plan will be clearly defined within the agreement to avoid ambiguity.

3. **Implement annual service plan updates.** Each year the PCN will update its service plan(s) to progressively implement the PCN core features and services. Annual service plans must be approved by all PCN Members. Incremental PCN funding will be dependent upon improvements in service acceptable to Manitoba Health.

4. **Measure and evaluate performance.** PCN Members will participate in ongoing PCN performance and quality measurement, as well as a formal annual analysis of the PCN's performance relative to its service plans for that year. The PCN performance measurement framework, developed with input from all PCNs, will guide all performance measurement and evaluation activities.

5. **Agree to share accountability.** PCN Members will share accountability for progress towards the achievement of PCN goals.

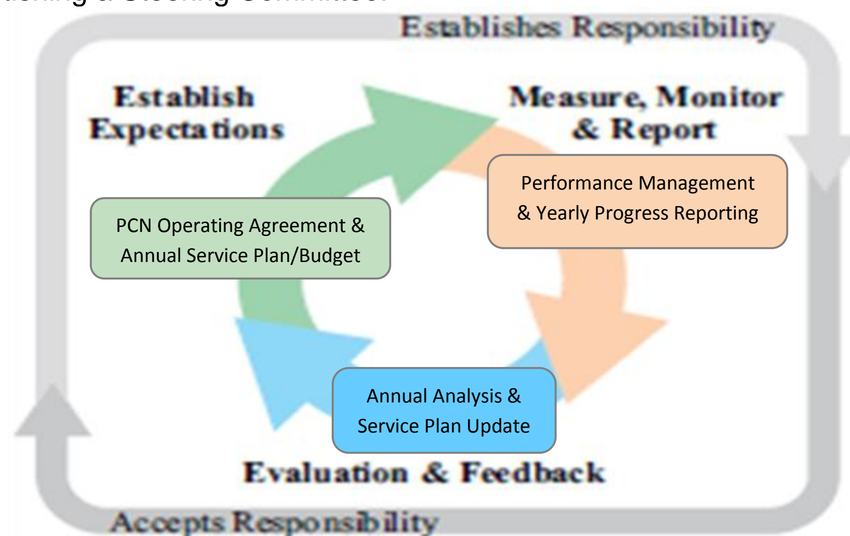
6. **Agree to share information.** The operating agreement will include the requirement for information sharing, and will be signed by all PCN Members, enabling data for PCN performance measurement, mutual accountability and continuous quality improvement to be shared among the PCN Members.

7. **Strengthen community involvement.** PCNs will work with agencies and organizations outside the health sector to support healthy public policy and community-based initiatives for health promotion, prevention and wellness.

8. **Establish a steering committee.** Each PCN will establish and maintain a well-functioning, effective steering committee to provide direction and decision-making on the operations of the PCN and delivery of PCN core services. The steering committee will be developed based on the following principles:

    - PCN Members will have the opportunity for representation on the Steering Committee.
    - It is desirable to have a member of the public at large as a non-voting representative on the Steering Committee.
    - Other stakeholder organizations may have representation at the table, at the discretion of the PCN Members.
    - No one party will hold the majority of seats.
    - Manitoba will have a non-voting representative on the Steering Committee.
    - The Steering Committees decisions will not be overruled by another body, e.g. RHA senior management committee.
    - The Steering Committee will be organized and operated using recognized best practices (resource websites available from Manitoba Health, Policy #HSC 200.1 – Board Governance and Accountability).
    - The Steering Committee will ensure that decision making and dispute resolution processes identified in the PCN Plan are implemented and followed.

    Establishing a Steering Committee:



FUNDING PRINCIPLES

1. **Leveraging Existing Investments.** PCNs will be expected to demonstrate how they are leveraging existing resources to help address the Core Features and Services. Through closer collaboration and economies of scale, PCNs will strive to be more cost-effective than if services were provided in isolation. PCN Services are not expected to be funded entirely through new PCN-specific funding from Manitoba Health.

2. **Focus on Service.** Funding allocated to the PCN is expected to be used primarily to augment direct service delivery for Manitobans. While it is recognized that some funds may

be required to support PCN coordination functions, this should represent a minority of the PCN funding. PCN Members will be expected to leverage existing space and PCN funding will not be allocated to building new facilities.

3. **RHA Trustee of PCN Funds.** PCN funds will be allocated through the RHA's global funding allocation. Funds allocated to the PCN will be held by the participating RHA on behalf of the PCN. Pursuant to the agreement, the RHA will be required to use the funds only to support the PCN service plan(s) developed and endorsed by all its Members, and approved by Manitoba Health.

4. **Incremental Funding.** Increments to PCN funding in years 2, 3, and 4 of its operations is based on meeting specific deliverables and will be made available once the following criteria are met and approved by Manitoba:
   a) demonstrated implementation of the PCN Plan for Year 1 and progress on PCN Plan targets and milestones, accounted for in the yearly PCN Progress report
   b) demonstrated progress towards the PCN attachment target of 2000 patients as follows:
      i. First full Operating Year — a minimum of 35% or 700 net new patients attached
      ii. Operating Year 2 – an additional 65% or 1300 net new patients attached
   c) A yearly update to the PCN Plan, approved by Manitoba, including a plan to address one or more areas identified collaboratively between Manitoba and the PCN as areas for performance improvement and/or PCN scope expansion.

ROLE DEFINITIONS

A. Health Regions:

A1. Administration and Accountability

a. The RHA will provide general coordination and secretariat functions for the PCN and the PCN Steering Committee.
b. The RHA will invite and facilitate Clinic and other Service Organization representation on the Steering Committee.
c. The RHA will participate in the PCN Steering Committee and contribute to PCN decision-making.
d. The RHA will participate in the provincial PCN initiative: participate on a coordinating committee, with representation from all PCNs; and, participate on an ongoing performance measurement and indicator review committee.
e. The RHA will support strong network collaboration and communication between independent fee-for-service physicians and group practices, the RHA, service organizations, and other stakeholder organizations.
f. The RHA will collaborate within the PCN to meet PCN goals, core features and services, including performing the roles and functions agreed to by all PCN Members and described in the PCN Plan.
g. The RHA will email to Manitoba an issues management summary in the case a significant issue is identified that will have an immediate and critical affect on PCN service delivery.

h. The RHA will ensure that the PCN decision-making and conflict resolution processes, as identified in the PCN Plan, are implemented and followed.

A2. Regional Leadership and Coordination

a. The RHA will communicate the status of the PCN within the health region, and ensure an integrated approach to service delivery with other regional programs (e.g. public health, mental health, home care).
b. When a RHA primary care clinic provider informs the RHA that he or she intends to leave, the RHA will notify the PCN Steering Committee as early as possible to ensure the PCN is able to plan for PCN patients accordingly.

A3. Public Engagement

a. The RHA will proactively inform patients about other PCN Members, PCN function and structure, and what services are available through the PCN.

A4. Financial Management

a. The RHA will hold PCN funds on behalf of all PCN Members to be used to support the PCN Plan endorsed by all PCN Members and approved by Manitoba.
b. The RHA will comply with any PCN financial policies documented and made available by Manitoba.
c. The RHA will review the PCN's finances monthly, and prepare financial summaries for the PCN Steering Committee quarterly, at minimum, and more frequently as required.

A5. Data Collection, Measurement, Evaluation, and Reporting

a. The RHA will participate in the ongoing performance management and evaluation of the PCN initiative. This includes, but is not limited to, administering periodic patient and provider surveys respecting PCNs.
b. The RHA will provide PCN Data Extracts for each of its operated primary care facilities to Manitoba through its agent, the Manitoba eHealth program of the WRHA, on a quarterly basis through the secure electronic data transmission process established by Manitoba eHealth to support planning, performance measurement, analysis, evaluation, and continuous quality improvement.

<u>B. Fee-for-Service Providers/Home Clinics</u>:

B1. Administration and Accountability

a. Through representation from the Clinics on the PCN Steering Committee, the Clinics will contribute to PCN decision-making.
b. The Clinics will support strong network collaboration and communication between independent fee-for-service group practices, the RHA, and other stakeholder organizations.
c. The Clinics will collaborate with the other PCN Members to meet PCN goals, core features and services, including performing the roles and functions agreed to by all PCN Members and described in the PCN Plan.
d. The Clinics will participate in routine tracking of quality indicators, accountability and quality improvement measures, and other PCN performance management and evaluation

activities, and in support of these activities, will agree maintain and share information amongst the PCN Members pursuant to this Agreement.

B2. Enrolment

When a provincial patient enrolment policy and procedure is implemented, the Clinic will:

a. Implement processes to enrol all new patients to the Clinic – and if applicable, to a specific physician or nurse practitioner who works within the Clinic – in accordance with the provincial policy and procedures.
b. Maintain a record of any patients deemed, by mutual agreement between the Clinic and Manitoba, to be automatically enrolled with the Clinic, based on an established continuous care relationship between the patient and the Clinic.
c. Document and notify Manitoba of all new patient enrolments and de-enrolments. Where the Clinic uses a Manitoba-approved EMR, it will document enrolments and de-enrolments within its EMR using the fields designated by Manitoba for this purpose. Strive to provide its enrolled patients with comprehensive, continuous, patient-centred care and to coordinate patient care amongst providers.
d. Strive to adopt and support an inter-professional team approach, and will work collaboratively with primary care team members made available to support the Clinic through the PCN.

B3. Group Practice Participation

a. The Clinic will identify, at minimum, one of its physicians as a Physician Lead for the purposes of the PCN initiative.
b. All regular members of the family medicine group practice at the Clinics are deemed to be participants in the PCN initiative.
c. When a family practice physician provides notice to the Clinic that he or she intends to leaves or joins the group practice, the Clinic will notify the PCN Steering Committee as early as possible to ensure the PCN is able to plan for PCN patients accordingly.
d. The Clinics will participate in the Family Doctor Connection Program.

B4. Data Collection, Measurement, Evaluation, and Reporting

a. The Clinics will participate in the ongoing performance management and evaluation of the PCN initiative. This includes, but is not limited to, administering periodic patient and provider surveys respecting PCNs.
b. The Clinics will provide PCN Data Extracts to Manitoba through its agent, the Manitoba eHealth program of the WRHA, on a quarterly basis through the secure electronic data transmission process established by Manitoba eHealth to support planning, performance measurement, analysis, evaluation, and continuous quality improvement.

<u>C. Manitoba Health</u>:

C1. PCN Initiative Support and Sustainability

a. Manitoba will provide information, oversight, support, and monitoring of the delivery of PCNs.

b. Manitoba will provide central resources and support, such as workshops or toolkits, for PCNs in areas of common interest and need as identified by the stakeholders.
c. Manitoba will inform Manitoba eHealth of connectivity requirements to facilitate the development of information technology solutions to support the objectives and functions of PCNs.
d. Manitoba will lead and develop a plan to ensure the sustainability of PCNs.

C2. Provincial Leadership and Coordination

a. Manitoba will coordinate the provincial PCN initiative: Chair a PCN coordinating committee with representation from all PCNs; and, Chair an ongoing performance measurement and indicator review committee.
b. Manitoba will ensure PCN deliverables align with the province's strategic direction.
c. Manitoba will ensure an integrated approach with other provincial initiatives.
d. Manitoba will provide necessary policy support.
e. As per the mandate of the Health Workforce division of Manitoba Health, Manitoba will provide support for primary care provider recruitment and retention planning.
f. Manitoba will receive risk management reports and work with PCN Members to mitigate risks.

C3. PCN Funding

a. Manitoba will secure and provide funding for PCNs, in accordance with the Funding Principles.
b. Manitoba will provide oversight and monitor the use of funds.
c. Examples of eligible PCN expenses includes: primary care team members, supports for reaching vulnerable populations; supports for system navigation and care coordination; capacity building between specialist providers and primary care providers; supports of extended primary care clinic hours; ongoing project management and coordination.

C4. PCN Data Collection, Measurement, Evaluation, and Reporting

a. Manitoba will lead an ongoing performance management and evaluation of the provincial PCN Initiative.
b. Manitoba will work with Manitoba eHealth to establish primary care information reporting mechanisms.
c. With input from the PCN Members, Manitoba will define PCN performance management, and measure and report on outcomes.