

VCH Community Engagement



Vancouver Urban Primary Care Redesign

Stakeholder Engagement Report

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Summary

Overview:

In Spring 2014, Vancouver Coastal Health announced changes to its Primary Care program in Urban Vancouver. Primary Care resources from the “Urban” clinics operated by Vancouver Coastal Health (Evergreen, South, Pacific Spirit, Pine) and a portion of non-physician funding from Mid-Main would be focused into a larger “Primary Care High Needs and Stabilization Clinic” at Raven Song Community Health Centre. This expanded clinic would be designed to serve those with very complex care needs. Primary Care services for vulnerable youth would be developed at Raven Song and expanded at two other existing youth clinics.

VCH Community Engagement was approached to conduct an engagement process around Primary Care redesign. The first stage of this process was a series of three “client and community meetings” focused on the Pacific Spirit, Evergreen and South Community Health Centres (CHCs). The purpose of these meetings was to provide the public with information on the redesign, hear concerns, and gather input on how to mitigate the impact of redesign on patients and improve accessibility to service at Raven Song. Overall, sixty-four people attended these meetings. This report is a summary of feedback and questions captured during those conversations.

Key Themes:

Although the populations served by the three CHCs are different, common themes emerged across these meetings:

- Clients appreciate the excellent quality of primary care they are currently receiving at the CHCs and expressed concern over the pending changes. Most understood the need for VCH to provide extra supports in order to reach patients with more complex needs. However, they would like to see care continue for the mainstream population.

- Transportation to Raven Song may be a challenge for frail seniors and those with low-incomes. It was suggested that VCH could look at volunteer driver programs such as the United Way administered, “Better At Home” model, to provide transportation for patients.
- Participants spoke of a lack of accessible information about the Primary Care redesign. Some patients felt anxious about their own care as a result (patients had not yet been informed about where they would be offered care). It was suggested that written information about Primary Care redesign be made easily accessible and available in other languages. This information should include a description of the Raven Song clinic and eligibility criteria.
- Participants called for greater consultation of partner agencies and patients in Primary Care redesign. Many service providers expressed willingness to collaborate with VCH to support people to access Raven Song’s services, particularly through satellite clinics and outreach.
- Several locations were suggested for outreach and satellite clinics with a focus on locations where seniors gather. Neighbourhood Houses as well as the existing clinic spaces at the CHCs were suggested as ideal locations for satellite clinics.
- People are concerned about a shortage of general practitioners (GPs) in their communities. New immigrants and those with limited English skills may need additional support to find and attach to new GPs.

Next steps:

- Implementation of Primary Care redesign is continuing. Patients are being notified of where they will be offered care, with transfers to Raven Song or Family Doctor practices in the community expected to be complete by October 2014.
- A youth engagement process has been launched that includes a Twitter channel (@VCHVanyouth) staffed by VCH clinicians as well as an online survey for Pine's youth clients that is being promoted at the clinic and via social media.
- Further engagement with service providers and populations who fit the Raven Song mandate is being undertaken as opportunities and needs are identified. The issues and concerns raised via this stakeholder engagement process are being used by VCH to support a smooth service transition for clients and their families.

Background

Primary care, according to Vancouver Coastal Health, is, “Where people get basic health care needs met and where access to specialist levels of care are coordinated. A Family Doctor or Family Nurse Practitioner is your main care provider. Often referred to as ‘family practices’ or General Practitioner (GP) offices.”

Vancouver Coastal Health directly operates eight primary care clinics across Vancouver and funds the operation of three additional clinics by non-profit organizations. Of these clinics, five serve “Inner-city” Vancouver (roughly composed of the downtown core and Downtown Eastside, Fairview Slopes and Grandview Woodlands), and the remaining six serve “Urban” Vancouver. Collectively, these clinics serve approximately 5% of the population of Vancouver (over 30,000 people).

Starting in 2012, VCH began a process to redesign its urban Primary Care clinics. VCH’s Primary Care clinics have always been funded and mandated to serve populations who would not otherwise have access to primary care through mainstream family practices due to very complex care needs and/or socioeconomic factors. Currently however, the clinics located within the urban community health centres serve a mostly mainstream population with mild to moderate complexity

In spring 2014, decisions regarding Vancouver Urban Primary Care Redesign were announced. Raven Song Community Health Centre’s Primary Care clinic would expand to become a “Primary Care High Needs and Stabilization Clinic”, designed to serve those who cannot access mainstream primary care (family doctors) . This expanded clinic would be open seven days a week for twelve hours a day, offer a broader mix of health professionals,

and have greater capacity to do home visits, outreach and offer satellite services.

The resources currently used to fund VCH’s “urban” clinics would support the expanded clinic at Raven Song. The change would mean that primary care resources from Evergreen, South and Pacific Spirit Community Health Centres would be moved to Raven Song. In addition, funding for some administrative and clinical positions at Mid-Main Community Health Centre (a non-profit agency contracted by VCH to provide primary care) would also be moved to Raven Song. Patients from Evergreen, South and Pacific Spirit who met the clinic’s mandate would be offered care at Raven Song. Patients who did not meet Raven Song’s mandate would either move with a physician from their clinic to a different family practice not funded by VCH, or be supported to attach to a new family doctor in the community.

In addition, it was felt that resources from Pine Clinic – a stand-alone primary care clinic in Kitsilano which serves a mostly (75%) youth clientele – could be better used to enhance services at other youth serving locations. This was due to demographic changes in the local area and the increased accessibility, across Vancouver, of youth health services since Pine’s establishment in the 1970s.

The decision was made to move those resources from the Pine Clinic location to develop a new youth clinic at Raven Song and expand the services available at East Van and 3 Bridges youth clinics. Other youth clinics in Vancouver would be unchanged.

Overview

Following the announcement of Primary Care Redesign in Vancouver, VCH's Community Engagement team was approached to support a community and client engagement process. The first stage of this engagement was to focus on primary care clinics located at the urban community health centres.

Three "Community and Client Meetings" were organized at community health centres (CHCs) in urban Vancouver:

- June 2nd at Evergreen CHC
- June 2^{4th} at South CHC
- June 26th at Pacific Spirit CHC

These meetings were primarily held for Primary Care patients at these community health centres, but they were also open to the public and to community partner agencies.

The same structure was used at all three meetings. A brief presentation was given by the directors responsible for Primary Care in urban Vancouver. Discussion was then held in smaller groups around tables. Each table had a Primary Care manager or director available as a reference person, as well as a facilitator/note-taker from VCH Community Engagement. The primary focus of these table discussions was to answer questions and capture comments and concerns. Table facilitators also posed the following questions:

1. Some Primary Care clients will be able to go with a doctor or nurse practitioner from their current clinic to a new location. But other clients will need or want to find a new doctor.

Some ideas already developed to help people find new doctors:

- VCH staff have called doctors' offices and compiled a list of doctors in or near each neighborhood accepting new patients.
 - A transition nurse available to help those who need more support to get connected to a new GP
- a) What do you think about these ideas?
 - b) Do you have any concerns?
 - c) What else could VCH do to help people who need it connect to new doctors?

2. Raven Song is being expanded to serve people from across the city with very high care needs who can't access a regular family doctor. We know that some people may struggle to get to Raven Song.

Some ideas already developed to connect with people who can't get to Raven Song.

- Providing outreach services to groups of clients in each neighborhood at key locations such as BC Housing, shelters, etc.
 - Home visiting available to clients who are frail and homebound
 - Satellite clinics, e.g. a clinic one day a week in the community if there are significant needs and barriers identified in the community
- a) What do you think about these ideas?
 - b) Do you have any concerns?
 - c) Do you have any ideas about places in your community where we should do outreach or hold satellite clinics? (e.g. locations where there are larger numbers of frail seniors, people with multiple chronic conditions, serious mental health and/or addiction issues, people who are homeless)
 - d) What else could VCH do to help people who need it get to Raven Song?

Participant feedback was also collected via comment forms that could be filled out at the event or mailed directly to VCH Community Engagement. At the end of each meeting, participants completed an evaluation form regarding their experience at the meeting.

This report summarizes the feedback and input heard at each of the client and community meetings. It's important to note that at the time of these meetings patients had not yet been informed of where they would be offered care. As a result, a significant portion of these meetings was dedicated to answering client questions. Reports such as this one typically summarize participant feedback and input, rather than questions and answers. However, given the context, some of the "Frequently Asked Questions" that emerged in these meetings have been captured in Appendix A.

NOTE: A separate meeting was held at the request of a group of patient representatives from Mid-Main Community Health Centre in May, 2014. Patient representatives are also a part of ongoing discussions between Vancouver Coastal Health and Mid-Main administration.

Further youth engagement activities will be conducted, but were not completed by the time of

the writing of this report. Further engagement with service providers who work with populations who fit the mandate for Raven Song's Primary Care High Needs and Stabilization Clinic will also follow.

Who Did We Hear From?

Overall, sixty-four people attended the three client and community meetings:

- Forty-four were community members, including primary care patients, family members of patients or other community members.
- Seventeen were staff or board members of service providing agencies. These were primarily representatives from local neighbourhood houses.
- Two were local MLAs, and an additional four were Constituency Assistants from MLA offices.

It should be noted that many of the participants were seniors, or service providers who work with seniors.

Meeting Summaries

Evergreen Community Health Centre – June 2nd, 6:30 pm

Total participants: 32

Key Themes:

- Cooperation and consultation
 - Several attendees of the Evergreen meeting were affiliated with service providing agencies in the Renfrew-Collingwood area, particularly Collingwood Neighbourhood House (located 1.5 blocks from Evergreen). These representatives felt that cooperation between Evergreen CHC and Collingwood Neighbourhood House has eroded in recent years with the loss of key liaison roles and the relocation of programs from Evergreen to other community health centres. They expressed a desire for an improved working relationship and communication.
“Evergreen has been a great partner to Collingwood Neighbourhood House... How can we effectively target satellite clinics to specific population needs? How do we work together?”
 - Some service providers and other attendees were critical of the redesign process and felt that VCH should have undertaken earlier consultation with community partners and patients.
- Transportation for seniors and those with low-incomes and/or other barriers
 - Transportation challenges, particularly for seniors, were a prominent theme. This was a concern not only in regards to those who will be offered care at Raven Song, but also for those who would be going with an Evergreen physician to a new practice.
“I operate a shuttle for seniors in this area. We get lots of calls from seniors who need help getting to their doctor’s appointments in the Cambie corridor.”
- Quality of care at Evergreen
 - Many patients expressed an appreciation for the quality of the care they had received at Evergreen and expressed a sense of loss. Many understood the need to provide a different model of care in order to reach those who can’t access mainstream primary care. However, notwithstanding the rationale provided for the redesign, some felt that the clinic worked well for patients and the community and did not see the need for change.
“Evergreen has been really good for me. I just don’t understand why this needs to change.”
- Client questions about their care:
 - Several patients were quite anxious to receive notification as soon as possible about where they would be receiving care in the future. Many wanted to know where their physician would be going.
 - Attendees had a number of questions about what the Raven Song clinic would be like with particular concern about the capacity of the clinic and the potential for long wait times.
 - Several attendees wanted to know about the criteria that would be used to determine eligibility and who will be offered care at Raven Song (See Appendix A for answers to some of these frequently asked questions).

Help for people who need to connect to new doctors:

- Many participants at Evergreen were glad to hear that support would be available for those who needed to find new doctors. However, many told stories about friends or family members struggling to find a family doctor. Having complex care needs or limited English skills were both cited as barriers for people seeking a new family doctor. It was suggested that the transition nurse would need to provide extra support to people facing these barriers.

“I’m surprised to hear that there’s a list of GPs taking new patients. I’ve heard stories of people getting accepted, but not their families.”

“People in this area are constantly looking for a doctor. Doctors won’t take you if you’re too complex.”

How to connect people who fit the mandate for care to Raven Song:

- Help with transportation
 - Taxi-savers, discounted or free transit passes and Handi-Dart were all mentioned as means of providing help to patients to get to Raven Song.
 - For seniors travelling to Raven Song, one suggestion was to examine the Better At Home shuttle operated by Collingwood Neighbourhood House with funding from United Way of Lower Mainland. This program provides volunteers to drive seniors to (non-surgical) appointments.
- Raven Song outreach or satellite clinics
 - Service providers expressed a desire to work with VCH to identify and partner on outreach or satellite clinics in order to most effectively reach those who are in need of this support.

“We need to meet and plan collaboratively to meet the needs and work together.”
 - The Kingsway Continental is a relatively new supportive housing site in the vicinity of Evergreen. Concern was raised that people living at the Continental would not travel to Raven Song for care. It was suggested as a site for outreach or a satellite clinic from Raven Song as there is space in the building that could be used for medical visits.
 - Evergreen and Collingwood Neighbourhood House were both mentioned as locations for satellite clinics for reaching seniors and newer immigrants. Collingwood Neighbourhood House’s “Morningstar Breakfast Program,” on Saturdays was mentioned as a place to connect with people who are homeless or at-risk of homelessness.
 - When determining where to locate satellite clinics, it was suggested that VCH map out existing primary care resources, e.g. walk in clinics, to find the gaps.

South Community Health Centre – June 24th, 5:30 pm

Total Participants: 8

Key Themes :

- Support for Primary Care redesign
 - Many participants at the meeting at South were generally understanding and supportive of the Primary Care redesign.
“Raven Song evening hours will be good for caregivers of frail seniors.”
“I like the direction South is heading.”
- Communication to patients and the community
 - The need for improvement in communication about Primary Care redesign was the primary theme of the conversation. Participants reported that some of their constituents/clients were quite anxious due to lack of available information, or misinformation circulating in the community. Some mentioned that media stories about Primary Care redesign have created fear and misunderstanding of what is happening.
“People think that the community health centres are closing.”
 - Attendees recommended that translated information about Primary Care redesign be made available to the community through service providers and MLAs offices. It was mentioned that the translated version of the poster promoting the community and client meeting at South used very formal Punjabi not commonly used in the community.
“It is not always a problem about a lack of information but the problem is often information accessibility.”
- Transportation challenges in South Vancouver
 - Participants reported that South Vancouver is significantly underserved by public transit. For those who are offered care at Raven Song who have mobility challenges or low-incomes, access to transportation will be a barrier to them continuing to access care.

Help for people who need to connect to new doctors:

- Participants were generally in favour of the supports planned for helping people find new physicians and had no further suggestions.
- Given the large population of newer immigrants in South Vancouver, participants raised concerns that some current clients who have limited ability to communicate in English may face challenges in finding new GPs. For example, one service provider mentioned that VCH clinics have access to telephone interpreters through Provincial Language Services. Participants wondered if the same service is available for private practices outside of VCH.

How to connect people who fit the mandate for care to Raven Song:

- Make Raven Song a welcoming place
 - It was suggested that volunteers be present at Raven Song during the transition to welcome and orient new clients. Preferably these volunteers would speak multiple languages.
 - Participants stressed the importance of the doctor/patient relationship, particularly for seniors and newer immigrants. They suggested that, as much as possible, patients at Raven Song see the same health care provider at each visit.
- Satellite Clinics
 - A participant suggested that satellite clinic be layered with other elements, e.g. social activities, to reduce social isolation.
 - Participants suggested that satellite clinics could be held at Killarney Gardens seniors home or senior's centres. Champlain Heights was mentioned as a community needing better access to primary care. There is a dentistry office at the Champlain Mall by Macquina Street that was suggested as an ideal location for a satellite clinic, given the high population of seniors in the area.
 - A service provider mentioned that a clinic run by VCH at Beulah Gardens Adult Day Centre was underutilized despite efforts to promote it. That space could potentially be used for a satellite clinic. However, there is the question of whether or not people will attend a satellite clinic.
- Transportation
 - Better at Home program, which is operated in partnership with some neighbourhood houses, may be a good partner in terms of reaching seniors and filling transportation gaps.

Pacific Spirit Community Health Centre – June 26th, 6:30 pm

Total participants: 24

Key Themes:

- The patient-doctor relationship and quality of care
 - The Primary Care clients in attendance spoke highly of the care they receive at Pacific Spirit. Many had longstanding relationships with their physician there. Some spoke about the importance of continuity of care, particularly for seniors, and their concern for those who had to go to a new doctor.

“[My main concern is] that I will no longer have a family doctor. It is very important to have a doctor who knows ones physical and emotional condition over the years. For fifteen years I have had excellent care at VCH.”
 - For those who would be going with their existing doctor to a new private practice, some expressed concern that the care they would receive at a private practice would not be as good.

“I want to see the same person when I go to the doctor, which often doesn’t happen in a clinic setting.”
- Capacity at Raven Song
 - Several participants at Pacific Spirit asked questions about the capacity of the Raven Song clinic to successfully meet its mandate of serving the most vulnerable and complex. People wondered if the clinic might be overburdened with very complex patients, which they worried might mean long waits or difficulty getting appointments.
- Transportation issues for those with mobility issues
 - Transportation for seniors and those with mobility issues was raised as a concern, not only for those who would need to travel to Raven Song, but for those whose physician will be moving to a new location. The distance to Raven Song from Kerrisdale was mentioned as an issue for those requiring frequent, routine visits like prescription refills.

“I’m unable to get prescriptions over the phone. I can’t go to Raven Song just for a refill of my prescription. It’s up to physicians, but most physicians aren’t doing this.”
- Questions about the evidence used to inform the Primary Care redesign
 - Some participants at the Pacific Spirit meeting firmly disagreed with Primary Care redesign. Some wanted to know more about the research that was used to inform Primary Care redesign, in particular, the external review commissioned by VCH to inform the Primary Care Redesign. Some questioned why the Redesign proceeded despite the cautions contained in the external review (See Appendix A).

Help for people who need to connect to new doctors:

- A local service provider suggested that Pacific Spirit work with community partner agencies to help people find new doctors, e.g. Kitsilano Neighbourhood House has a Seniors Resource Centre which could help seniors concerned about finding a new physician to connect to the Transition Nurse.
- A number of participants raised concerns about lack of family doctors, not only in the local community, but across the system. Participants appealed to VCH or the Ministry of Health to increase the availability of family doctors in the community.

How to connect people who fit the mandate for care to Raven Song:

- Help with transportation
 - Kitsilano Neighbourhood House’s “Better At Home” program will soon have a volunteer driver service. Volunteers will be available to pick seniors up who live between Burrard and Alma, and 16th Avenue to the water. The program currently also offers friendly visiting and light housekeeping.
 - Participants wondered if Handi-Dart, Taxi Saver or taxi vouchers, or a hospital shuttle bus to Raven Song might be possible for seniors and those with low incomes.
 - It was suggested that Raven Song provide patients with a list of volunteer drivers with the days and times they are available.
- Satellite clinics and outreach
 - Participants identified the following as possible locations for satellite clinics or outreach from Raven Song: Church halls such as St. Mary’s Church, St. Mary’s Mews (Subsidized senior’s housing located next to the church), Kerrisdale Community Centres, or Kitsilano Neighbourhood House.
 - It was suggested that Raven Song offer a satellite clinic at Pacific Spirit one or two days a week. However, additional supports would be needed to provide care to those who needed more urgent attention outside of this “clinic day.”

Engagement Evaluation Summaries

At the end of each session, participants were asked to complete an evaluation form. Thirty-four evaluation forms were returned (53%). Overall, respondents indicated feeling generally satisfied with the structure and clarity of the meeting. Many expressed an appreciation for the opportunity to be heard and to have their questions answered directly.

	Strongly Agree	Agree	Neutral	Disagree	Strongly disagree	No answer
The purpose of the activity was clearly explained	6	18	6	1	0	1
The information was presented in a way that was easy to understand.	4	26	4	0	0	0
I was able to express my views freely.	9	14	6	0	0	5
I feel that my views were heard	7	16	11	0	0	0
I feel that the views of those most affected by the issue were heard.	3	18	6	4	0	3
I feel there is value in what was produced from this activity.	7	15	8	1	0	3
I have a clear understanding of how the input from this activity will be used.	3	16	9	5	0	1
I am better informed about changes to primary care as a result of my participation.	5	19	7	2	0	1

Themes from evaluation form comments included:

- Appreciation for the engagement session.
 - “Thank you for the opportunity to express my views. I felt the meeting was well organized, clear information and I felt heard.”*
 - “Thank you for the compassion shown.”*
- Concern that the input gathered will not be utilized.
 - “[I felt] Heard, yes but what will be done about it?”*
 - “[There is value in what was produced] if it is acted upon.”*
- Suggestions that the engagement sessions be held at different times or locations to accommodate impacted populations.
 - “The presentation was helpful to hear, however, the people who would benefit most from the discussion weren’t well represented. I understand there are challenges (timing, etc.) to consider so perhaps forthcoming meetings with the patients will be more fruitful.”*
 - “The timing of this consultation was too late for seniors. I would have liked it to be at Kits Community Centre.”*

Appendix A: Frequently Asked Questions

The following are questions that were frequently asked by participants at the three Primary Care Redesign client and community meetings.

1. I'm getting good care at my community health centre. Why are you making this change?

The primary care clinics at the community health centres have provided great care to many people over the years. However, these clinics are funded by VCH to serve people who would not be able to access primary care through a regular family doctor's office. VCH receives specific physician funding to serve those who cannot be served by mainstream family practice. There are a few clinics across the province that receive this type of funding. The vast majority of primary care in BC is provided by family doctors who are funded through MSP. Over the years, because of the way our clinics were set up and designed, our clinics have ended up serving mostly people who could see a regular family doctor.

We need to change our clinics to make sure we are serving the people who couldn't otherwise get primary care. Research has told us what a clinic needs to look like in order to serve this high-need population (longer hours, ability to accept walk-ins, different staff mix, more outreach, etc.), so we are expanding Raven Song's clinic to offer those things. To do that, we needed to pool the resources from different primary care settings into one clinic. Unfortunately, this means that our patients who have low-to- moderately complex care needs can no longer be served by VCH's Primary Care program.

2. Is this about saving money?

The budget for Primary Care in Urban Vancouver remains the same. However, the purpose of this redesign is to do a better job at providing primary care to people who aren't currently accessing it and are ending up in hospital a lot as a result. The goal is to help keep people as healthy as possible so we can reduce their need to go to the hospital, and thereby help to manage the whole healthcare system within the budget we have.

3. Why not have the Raven Song model at every community health centre?

It would be ideal if we could create a "Primary Care High Needs and Stabilization Clinic" like Raven Song at all our community health centres for the people who need that level of care. Currently, we are working within existing resources to develop Raven Song. At the same time, not everyone needs this level of service to stay healthy or get better.

4. I've heard on the news that I will have to go to a "Fee-for-Service" clinic. Does that mean I'll be charged money for the services the doctor provides at my new clinic?

No. "Fee-for-service" means the doctor bills the government for the services they provide to you through MSP. You as the patient are not charged. The majority of doctors in the community are considered "fee-for-service."

5. Why not have a fee-for-service clinic operate out of each community health centre?

We explored this. At some community health centres, the space that would be available does not suit a private family practice, e.g. the space is too small. There are also regulatory and union reasons why we cannot do this. We were hoping to have a fee-for-service practice move into the space currently

occupied by Pine Clinic (which is a clinic, not a Community Health Centre), but have been unable to find a practice that is interested.

6. What will happen to people who can't find a new family doctor in time?

A transition nurse will be available to support people who are struggling to find a new doctor. If someone still has not found a new doctor by the time the clinics close in October, they will be offered care at Raven Song until they can find a new doctor in the community. No client will be left without a doctor.

7. Who will get care at Raven Song? How will it be decided? What will be the criteria for getting care at Raven Song in the future?

The people needing Raven Song services are those who are not able to access care in regular family practice in the community or whose health is failing so much they are frequently using Emergency Departments and hospital care. There are a number of ways we will bring clients into Raven Song: Central Intake, self-referral, community referral, emergency department and hospital referral, etc. There are a few screening tools that are available that are in use in other parts of BC and other jurisdictions. The tools allow the complexity of someone's needs to be measured at the start and throughout the care they receive. We will also rely on clinical judgment by Raven Song and other clinical teams to make the appropriate referrals.

8. Will Raven Song have the capacity to serve all these new, complex patients? I'm worried that there will be long waits.

This change has resulted in having space to take in many thousands of new patients. Plus, because the service will be available 7 days per week, and 12 hours a day, people will not be limited to coming in within the regular 9-5 weekday hours. We will also have many extended hours of walk-in for those who cannot make or keep appointments. All of this should help ensure there is capacity throughout the day and the week.

Many people are also unable to attend clinic at all and they will be served by satellite, outreach or home visiting rather than have to come to the site for service.

9. When and how will I find out about where I will be going?

The letters to every individual client began to be sent out in late-July. Every individual will either receive a letter or they will be contacted directly by a transition nurse.

10. The external review that VCH commissioned didn't support this model you are proposing. Why are you still doing it?

The external review was just one piece among a large amount of data reviewed and research done prior to reaching a decision. VCH took the recommendations of the report seriously and is focused on continuously working on the various systems-level issues it identified together with other partners such as the Division of Family practice, community partner agencies, and our hospital system. There had also been lessons learned from other redesign and assessment work done on the Primary Care program prior to the most current changes.

We also needed to be able to implement a model of care that was the role of VCH to provide and was within existing resources. The decision was not an easy one to make. We have attempted to make the changes that are needed to serve this very vulnerable population while ensuring that the vast majority of our current clients retain access to their own current primary care provider.