**VCH Regional Primary Care Empanelment Definitions**

*Revision: August 2, 2019*

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| **Primary Care** | Primary Care is the first point of contact into the health care system where the majority of health problems are treated by a generalist (e.g. family physician or nurse practitioner) and coordinated continuing care occurs with specialists as needed. The goal of primary care is to provide comprehensive, high quality health care across the lifespan.  |
| **VCH Primary Care Clients** | Residents of Vancouver (for Vancouver VCH Primary Care Clinics) or the North Shore (for North Shore VCH HealthConnection Clinic) living with complex clinical and psycho social needs, who are vulnerable and underserved and who require a higher intensity of services to achieve and maintain functional stability.VCH Primary Care Clinics are the patient medical homes for the most complex of clients. Some clients may improve over time and become suitable for transition to community primary care providers (e.g. fee for service GPs). However, other, more complex clients may always be cared for within VCH Primary Care. For more detailed description of VCH PC mandate:Vancouver Primary Care Mandate: HealthConnection Mandate:  |
| **Active client** | Any client with an in-person, in-clinic contact with VCH Primary Care in the past 12 months.  |
| **Inactive client** | Any client with no in-person, in-clinic contact with VCH Primary Care in the past 12 months and has been inactivated as part of a panel management process or another reason.Inactive clients include those who:* Visit clinic infrequently (less than once every 12 months)
* Moved out of service area (either permanently or temporarily)
	+ Temporary indicates client is away for an extended period of time but intends to return to clinic (e.g. school, temporary job elsewhere)
* Are receiving primary care elsewhere (e.g. FFS GP)

Any inactive client can be re-screened and potentially re-activated) at a future date.  |
| **Deceased client** | Any client who has died. |
| **MRP** **(Most Responsible Provider)** | The MRP as outlined by the CMPA:  <https://www.cmpa-acpm.ca/en/advice-publications/browse-articles/2012/the-most-responsible-physician-a-key-link-in-the-coordination-of-care> Every client is assigned an MRP (NP or GP).* For new clients, the MRP is the NP or GP that the client sees at the first visit.
* The MRP can be changed at later date based upon client complexity and MRP’s capacity once there is a better understanding of the client’s needs.
* The MRP is NP or GP that provides majority of care in last 12 months.
* If client sees more than one MRP equally, discussion is required between the client and the MRPs providing care to determine the MRP. The listed MRP must approve the release of the client.
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| **POS** **(Point of Service)** | POS in VCH Profile EMR is limited to VCH Primary Care Clinics only. All other clinics in VCH Profile EMR are “Alt POS” (i.e. alternate point of service).Every PC client is assigned a POS.* For new clients, the POS is the clinic that the client first visits.
* The POS can be changed at later date based upon clinic visits.
* The POS is the clinic that provides the client’s majority of care in the last 12 months.
* If the client visits more than one clinic equally, discussion is required with client and clinics’ MRPs providing care to determine the POS. The listed POS must approve the release of the client.
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**Updates to MRP and/or POS in VCH Profile EMR:**

* A review of MRP or POS can be initiated by any Primary Care team member.
* Discussion must occur between MRPs providing care to the client to transfer care from one MRP to another. The listed MRP must approve the transfer.
* Discussion must occur between MRPs providing care to the client, clinical coordinators or clinic managers to transfer care from one POS to another. The listed (or “home”) POS must approve the transfer.
* Clinical coordinators are responsible for coordinating the updates to MRP and/or POS. This includes tasking the update(s) to other staff (e.g. clinical assistant).