Primary and Community Care (PACC) Mapping

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ISU

The Innovation Support Unit (ISU) is part of the Department of Family Practice at UBC that was established to connect, engage, and partner with those who are actively involved in innovation in community-situated, primary care in British Columbia (BC).

AIM

PACC Mapping is an engagement approach that helps communities collectively explore how they could address local primary care needs such as attachment and other specific service gaps. It does this through a short series of patient-centred, facilitated workshops where those who are actively involved in planning changes to primary care can prototype options and see how ideas can best serve the population(s) in need.

BACKGROUND

Communities across BC are currently developing Service Plans to support the transformation of primary and community care through the implementation of Patient Medical Homes (PMHs) and Primary Care Networks (PCNs). The ISU developed PACC Mapping to engage community organizations, primary and community care providers, and patients in an integrated, evidence-based planning process for primary and community care.

The PACC Mapping process supports communities in their development and maturation of PCNs that are aligned with patient and community needs to provide equitable primary care in all communities, including more marginalized communities, and for patients with more complex care needs that require a social determinants lens. The PACC Mapping process addresses the planning gaps and helps communities to support the improved design.

METHOD

There are four stages to PACC Mapping:

1. Preparation – First we work with a community to identify core stakeholders. Then we consult with core stakeholders to (1) understand and confirm goals, current service gaps, current services, and participants for the mapping; and (2) coordinate a session.

2. Mapping Session – Then we facilitate a session with group of stakeholders (those who are involved in meeting the goals, 12-15 representatives). Together, we work on a large map and explore service change options that could address parts of the service gaps. We do this using patient personas (simulated cases) to keep things real.

3. Feedback – We do the analysis and then meet back with core stakeholders to review proposed changes, expected capacity changes, and to answer unanswered questions that come up during the mapping session. We also prepare everything in a brief report.

4. Take Action – In the feedback stage, we recommend action planning tools that support the community in facilitating a prioritization process. This process supports the community to capture which changes are considered higher priority to act towards (e.g. those that are most feasible and impactful).

PILOT

PACC Mapping has been tested with Nanaimo to address the challenges and perceived gaps in Mental Health Substance Use services and supports to better meet the needs of the populations served. Over the course of the mapping there was agreement that the needs of some population groups are already well-met by existing supports and programs and others who require relational continuity. Important work is already underway to address some of the gaps that have been identified and changes that were highlighted in the pilot are now being prioritized by the community.

NEXT STEPS

Next steps for PACC Mapping is to make changes to the method based on feedback from the pilot and then to pilot the method with communities looking to address planning gaps within a PCN. We are currently engaging several communities across BC to test the PACC Mapping method.