New Services

INTRODUCING

Your Care Team

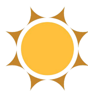
As a Richmond resident, you now have access to **many different free services** provided by your Care Team, such as physiotherapy, occupational therapy, counselling, and more.

- ✓ **Free and timely access to your Care Team**
- ✓ **Improved health, independence, and safety**
- ✓ **Better access to community services and social supports**

Visit your family physician (FP) or nurse practitioner (NP) and ask to be connected to your Care Team.

What is a Primary Care Network (PCN)?

A **Primary Care Network (PCN)** connects the different members of your Care Team in a coordinated way so that everyone is working together with your health goals in mind.



Richmond
Primary Care Network

The Richmond Primary Care Network (PCN) is funded by the B.C. Ministry of Health, and is a partnership between the Richmond Division of Family Practice and Vancouver Coastal Health.

You are the Heart of your Care Team

- Based on your health goals, your FP/NP can connect you to any member of your Care Team.
- Your Care Team can share observations and recommendations with each other.
- You are involved in and informed about the aspects of your care.

To access your Care Team, discuss with your family physician (FP) or nurse practitioner (NP)

LEARN MORE ABOUT

Your Care Team

Every patient's Care Team will look a little different. Learn about available services and talk to your FP/NP about inviting any of these professionals onto your Care Team.

Family Physician (FP)

- receive primary care as your main health care contact
- get support managing disease, illness, and long term general health
- heal injuries
- identify health risks
- learn strategies for prevention
- receive end-of-life care

Nurse Practitioner (NP)

- receive primary care as your main health care contact
- get support managing disease, illness, and long term general health
- obtain diagnoses, prescriptions, and lab tests
- understand laboratory and diagnostic tests
- get referred to specialists

Dietitian

- receive nutrition assessment/ consultation
- improve your eating habits
- prevent/delay chronic conditions
- learn about your nutrition needs
- make sustainable lifestyle changes

Occupational Therapist

- maintain skills for daily activities (personal care/meals)
- learn adaptive energy conservation skills
- develop stress management strategies

Chronic Disease Management Nurse (RN)

- get support to manage chronic diseases (diabetes, heart failure, high blood pressure, more)
- understand and develop self-management strategies

Clinical Counsellor

- get support for anxiety, depression, relationship issues, grief/loss
- gain new perspectives
- develop tools to cope with personal issues

Physiotherapist

- treat musculoskeletal/neurological conditions (arthritis/MSK injuries/ stroke/MS/ Parkinson's)
- receive a personalized home exercise program
- prevent falls
- get advice on gait aids

Clinical Pharmacist

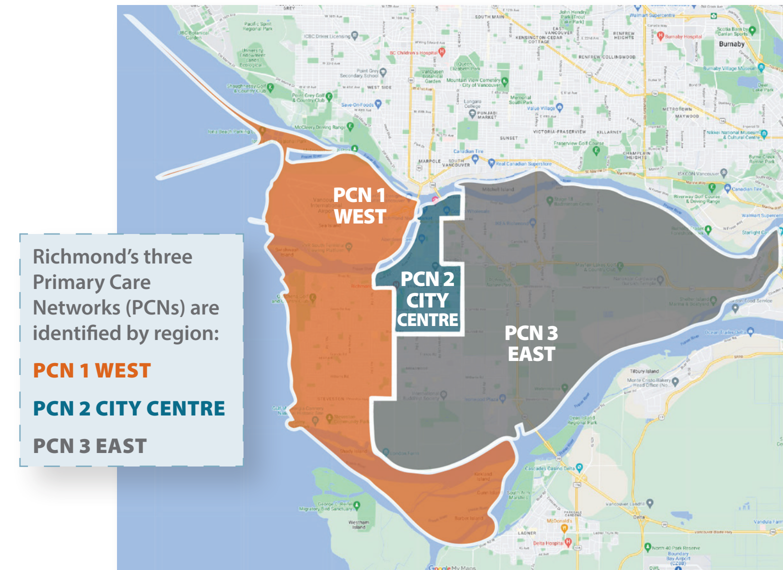
- receive medication assessments
- ensure prescriptions are suitable for each condition
- get advice on dosage and adverse reactions

Social Worker

- address factors that impact your health (finances, housing, social supports),
- develop an advanced care plan
- get referred to community programs

Frail Seniors Team

- receive timely, appropriate senior care
- improve overall health
- increase independence
- enhance safety



OTHER SERVICES

Community Link Worker

- get help to set and meet your health and wellness goals
- connect with social and physical activities
- improve your mental wellness
- be informed about local community services

Chronic Disease Group Education

- learn knowledge and skills to better self-manage chronic diseases

Workshops offered throughout the year based on need

"Now, everyone involved in my care is able to understand the whole picture, and can approach the same issues from different perspectives. I am telling everyone I know to ask their family physician or nurse practitioner for a Care Team."

Patient | Richmond PCN 1

Richmond
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ELIGIBILITY

To access the Care Team, you must meet **ALL FIVE** criteria:

1. Be a Richmond resident **and/or** the patient of a Richmond FP or NP
2. Be a patient of the FP or NP who connects you to your Care Team (i.e. not a walk-in physician)
3. Have valid B.C. Medical Service Plan (MSP) coverage
4. Not have an active insurance claim related to the recommendation (ICBC, WorkSafe)
5. Not be in hospital or long-term care

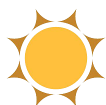
GET CONNECTED

- ✓ If you meet **ALL FIVE** criteria, talk to your FP/NP about being connected with any member of the Care Team (see inside for details).
- ✓ If you do not have a primary care provider, visit the **Richmond Health Connect Registry** online to join the wait list for a Richmond FP/NP.

For information about the Primary Care Network (PCN) and how the PCN Nursing and clinical teams can help, contact:

richmonddivision.ca/richmond-primary-care-networks

rmdpcn@vch.ca



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Published Sept 2022