

AFHTO 2013 conference: Leadership in Healthcare for Ontarians

Themes for the eight concurrent sessions

- 1. Leadership and governance for quality
- 2. Using data to improve care
- 3. Improving outcomes for "the 5%"
- 4. Integration: building the team beyond the FHT
- 5. Advances in health promotion and chronic disease management
- 6. <u>Improving care for seniors</u>
- 7. Innovation in interprofessional collaborative team implementation
- 8. Meaningful use of EMRs

1. Leadership and Governance for Quality

The primary care sector is at the centre of transformational change in Ontario. FHTs are faced with an increased need to be accountable to patients and the ministry for providing excellent quality care to their communities. Presentations in this category will focus on how FHT leaders are developing the skills, structures, processes, relationships and culture to govern effectively and advance quality in all its dimensions. This includes the board's role in developing, implementing and monitoring quality improvement plans and overall performance.

2. Using data to improve care

Quality improvement is built upon on-going performance measurement. This has been recognized by Ontario's Ministry of Health with the initiative to develop a Primary Care Performance Measurement Framework, the implementation of Quality Improvement Decision Support Specialist positions in a number of FHTs, and the performance measurement requirements associated with Quality Improvement Plans and Health Links. Presentations in this stream will focus on innovative methods to effectively and efficiently use data to improve care, and what is happening in Ontario that will affect FHTs as they work to monitor and improve care.

3. Improving outcomes for "the 5%"

With the introduction of "Health Links" Ontario is focusing on improving care for those who use the greatest amount of health care services. The business case is clear – a 10% reduction in the costs of the 5% highest users would save about \$2 billion per year. Primary care providers are essential to this equation, whether it's taking more responsibility for keeping people well, screening them appropriately for chronic diseases, and coordinating and managing their care when they are sick. FHTs are uniquely positioned to play a key leadership role in Health Link development – and are doing so. Presentations in this stream will focus on the strategies, partnerships and resources developed and/or required to give this patient population the care they need to reduce health system costs.

4. Integration: building the team beyond the FHT

While Health Links are focused on high users of health services, all Ontarians stand to benefit – as patients and citizens – from greater collaboration among healthcare providers, other agencies, community stakeholders and governments. Presentations in this stream will focus on building collaborative relationships and working with community partners towards providing the right care, at the right time, in the right place. This includes improving the patient's experience during their journey through the health care system, and identifying and addressing gaps in the quality of care and service delivery for individuals with complex chronic illnesses and other needs that compromise health.

5. Advances in Health Promotion and Chronic Disease Management

Family Health Teams have been focused on health promotion, disease prevention and chronic disease management since the first teams were announced in 2005. What advances have we made? What is the new knowledge that's emerging? What is the evidence for what works to keep people as healthy as they can be?

6. Improving care for seniors

Ontario's Seniors Strategy outlines the need for a team-based approach to primary care that prioritizes continuous quality improvement to care for Ontario's seniors. Presentations in this stream will focus on developing models of care that build on the Seniors Strategy's five principles: Access, Equity, Choice, Value, Quality. Potential topics include: promoting health and wellness, managing inter-related health and social care issues, expanding capacity to provide house calls, caring for caregivers, developing elder-friendly communities, addressing ageism and elder abuse, medications, and addressing unique needs of older aboriginal peoples and others with diverse needs, such as those from LGBTQ and ethnocultural communities and those with limited abilities.

7. Innovation in interprofessional collaborative team implementation

The whole is greater than the sum of its parts – this is the goal of interprofessional teams. Interprofessional collaboration is the process of communication and decision making that enables the separate and shared knowledge and skills of care providers – and the patient – to create synergy in patient care. It involves the concepts of mutual respect, maximum use of collective resources, and awareness of individual accountabilities, and competence and capabilities within respective scopes of practice. Presentations in this stream will focus on innovative methods to develop evolving, dynamic teams focused on the value of collaboration and inclusiveness.

8. Meaningful use of EMRs

"Meaningful use" goes beyond storing patient information in an electronic version of a paper chart. It includes using the data and functionality of the EMR to advance the clinical process of care and improve outcomes. The US Centres for Medicare/Medicaid Services (CMS) has defined "meaningful use" as using EHR/EMR technology to:

- •Improve quality, safety, efficiency, and reduce health disparities
- •Engage patients and families in their health care
- •Improve care coordination
- •Improve population and public health
- •All the while maintaining privacy and security

Presentations in this stream will focus on what can be done in the FHT environment to develop a greater degree of "meaningful use" to achieve these ends.