



Annual Conference – October 28 & 29, 2015

Team-Based Primary Care:

The Foundation of a Sustainable Health System

Westin Harbour Castle, One Harbour Square, Toronto, Ontario

Concurrent Session Themes:

1. [Population-based primary health care: planning and integration for the community](#)
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Theme Descriptions:

1. Population-based primary health care: planning and integration for the community

Primary care organizations serve communities with diverse populations facing unique needs and barriers. Identifying needs and planning programs to improve population health and achieve greater equity requires engagement and collaboration with patients and community partners. This stream will focus on population-based approaches to program planning to respond to community needs, developing partnerships, caring for patients in the broader community and Health Links.

Topics of Interest include: *patient involvement/input in needs identification and program planning; using data to understand needs; improving transitions of care; how to build collaboration to address population needs; health equity*

2. Optimizing capacity of interprofessional teams

Interprofessional primary care teams are being called upon to provide high-quality, comprehensive, well-integrated care to all patients who need it. This requires high functioning teams able to provide healthy working environments, optimize capacity and allow all team members to work to full scope of practice. This stream focuses on how teams have overcome barriers to engage all team members in providing care, leverage the team to meet community needs, change behavior from solo to group practice, manage conflict within the team, strengthen care coordination internally and in the community, and expand access.

Topics of Interest include: *measuring team performance from a quality perspective; tools to support team development and culture; learning from failure in team development; embedding FHT/NPLC staff within partner organizations and vice versa; opportunities and risks of accepting community referrals*

3. Transforming patients and caregivers experience and health

Healthcare in Ontario is moving towards an integrated, population-based health care system; it's about what's important to the patient and evolving our health care system to match that. Interprofessional primary care teams work with patients and caregivers to develop services that respond to their expectations and needs. This stream focuses on the programs, initiatives and changes that include the patient and caregiver voice in strategic and program planning, and care delivery.

Topics of Interest include: *patient advisory councils, tips and tricks for engaging patients in a meaningful way; examples of successful patient engagement & improving the patient experience in different health sectors; addressing communications issues from a system & practice level; timely access to service; access to patient information (patient portals); coordination and continuity of care; information coordination (FHT/NPLC team providers and external partners).*

4. Building the rural health care team: making the most of available resources

Rural health care teams face unique challenges in providing care across large areas with small teams, isolated patients and limited access to resources. These teams find innovative solutions to reach remote patients and specialist care using technology, creating teams and community partnership across significant distance to provide care in a timely manner. This stream focuses on the lessons and innovations that maximize the use of resources in these environments which can be applied in wider team-based primary care settings.

Topics of Interest include: *use of technology (OTN) to improve access to care; sharing IHPs & other resources with community partners; transportation challenges; partnerships and collaboration (Health Links and others)*

5. Advancing manageable meaningful measurement

Primary health care is growing its capacity to use data for improvement and give measurable evidence of the value of interprofessional primary care. This stream will share experiences of teams collecting and using data, improving access to patient health records while maintaining privacy, and maximizing use of EMRs.

Topics of Interest include: *how to use the EMR to identify patient needs and inform program development; engaging the team in quality/data improvement efforts; effect of relationships on improving data (with community partners, etc.); enabling patient self-efficacy in the EMR; examples of success of team wide behaviour change in data entry*

6. Leadership and governance for accountable care

Boards hold their organization's management accountable for performance. In turn, boards are accountable to their "shareholders" – for FHTs and NPLCs, this is the Ministry of Health and Long-Term Care. Accountability in primary care is evolving -- it includes patients, the local community, community partners, Health Links, and increasingly, LHINs. Primary care boards and leaders must have the means to track performance, quality of care and value delivered, take action when needed, and meet the expectations of those to whom the organization is accountable. This stream focuses on the practices, tools and tips to support boards and leaders in good governance, strategic population-based planning, performance measurement, making evidence-informed decisions and supporting the development of leadership within the team.

Topics of Interest include: *Board accountability; physician accountability to the FHT; the relationship between FHT & FHO/FHN; understanding the board's role in performance management; exploring the role of the Executive Director vs. Administrator; leadership in creating team culture*

7. Clinical innovations keeping people at home and out of the hospital

A sustainable health system must meet the triple aim of better health, better care and better value. Primary care teams have comprehensive programs focused on everything from health promotion, mental health, illness prevention through chronic disease management to palliative care. These programs engage the whole team in providing care where and when patients need them in order to help them stay home and out of the hospital. This stream focuses on successful examples and lessons learned in program planning and delivery for teams to use in their own community.

Topics of Interest include: *successful implementation of quality improvement initiatives (QIPs); prioritizing clinical programs (measuring need, identifying programs and ensuring sustainability of programs); health promotion; programs to support medically complex patients; integrating care in program delivery (working with community partners e.g. CCACs, hospitals)*